



## IA Health Link:

### April 2016 to June 2017 Capitation Rate Amendments – Effective April 1, 2016 through June 30, 2016 and July 1, 2016 through June 30, 2017

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

Prepared for:  
**Elizabeth Matney**  
Medicaid Managed Care Bureau Chief

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

**Ian M. McCulla, FSA MAAA**  
Consulting Actuary

Chase Center/Circle  
10 West Market Street  
Suite 1600  
Indianapolis, IN 46204 USA

Tel +1 317 639 1000

milliman.com

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## I. BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Iowa, Department of Human Services, Division of Medical Services, Iowa Medicaid Enterprise (IME) to develop and certify actuarially sound capitation rates for the IA Health Link program. The capitation rate development provided in this report is an amendment to the capitation rate certification report titled “Iowa High Quality Healthcare Initiative: April 2016 to June 2017 Capitation Rate Development – Amendment” dated March 10, 2016. This previous report served as an amendment to the initial certification report dated July 30, 2015. Please note that this amendment is a complete replacement of the amendments dated October 26, 2016 and May 12, 2017.

This amendment is a replacement to the amendment dated October 26, 2016 resulting from discussions with CMS. Therefore, this amendment and associated actuarial certification were developed using data and information available at the time of writing the October 26, 2016 amendment. No additional changes were applied for purposes of this replacement amendment.

Please note that the managed care program was previously referred to as the Iowa High Quality Healthcare Initiative (IHQHI). The managed care program has since been named IA Health Link, and therefore this amendment refers to the program as IA Health Link.

This certification report amends the prior certification report for policy and program changes not incorporated into the prior capitation rate certification or amendment. Certain policy and program changes were not effective until July 1, 2016. Separate capitation rates were developed effective April 1, 2016 through June 30, 2016 and July 1, 2016 through June 30, 2017 to reflect the applicable policy and program changes for each time period.

Additionally, certain adjustments were applied to reflect the following:

- Emerging fee-for-service trends prior to the April 1, 2016 effective date of the IA Health Link contract
- Updates to Wellness Plan pent-up demand and acuity adjustment factors
- Updates to TANF Adult and Wellness Plan managed care factors
- The addition of a risk corridor to the program for LTSS services.

The adjustments are described further in the following section of this report.

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

This amendment has also been developed to document to CMS compliance with actuarially sound capitation rate requirements as outlined in 42 CFR §438.6(c). The capitation rates within this amendment are certified as actuarially sound consistent with the documentation of the prior report.

## II. DESCRIPTION OF CAPITATION RATE AMENDMENTS

Appendix A1 and Appendix A2 illustrate the updated capitation rates for the IA Health Link program effective April 1, 2016 through June 30, 2016 and July 1, 2016 through June 30, 2017, respectively. The values shown in Appendix A1 and Appendix A2 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 the appropriation for this fee is included under this capitation rate certification.

There is a withhold arrangement under the IA Health Link program 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 A1 and Appendix A2 are illustrated on both a gross and net of the 2% withhold basis. The capitation rates have been shown for the state plan, including 1915(c) waiver services, and for the 1915(b)(3) expenditures.

The following highlights the modifications that were included with this amendment.

### (a) Policy and Program Changes Effective April 1, 2016

The initial and amended capitation rate certification reflected various policy and program changes. These were outlined in Section I.2.B.iv. on pages 13 and 14 of the initial certification report and amended in Section II.a on page 3 of the certification report amendment. The capitation rates included in Appendix A1 reflect the following additional policy and program changes which are effective April 1, 2016.

- **Exclusion of Iowa Veterans Home Residents:** Individuals residing in the Iowa Veterans Home facility will be retrospectively excluded from the IA Health Link program effective April 1, 2016. These individuals were excluded from the SFY 2014 base data for the development of this rate amendment. This exclusion affected the base data utilized in the under age 65 and over age 65 custodial care nursing facility rate cells.
- **Outpatient Hospital Rebasing:** IME updated the outpatient hospital APC base rates for non-critical access hospitals effective April 1, 2016. This outpatient hospital rebasing replaces the outpatient hospital rebasing effective October 1, 2015 that was included in the amended certification report. The outpatient rebasing impact on reimbursement was estimated by repricing October 1, 2014 through September 30, 2015 outpatient claims using the new outpatient hospital APC base rates. The inpatient hospital reimbursement was not adjusted, and therefore the inpatient hospital rebasing program adjustment was not changed from the prior capitation rate amendment.

The annualized fiscal impact is estimated to be a reduction of \$4.9 million and impacts all rate cells with the exception of the maternity case rate, family planning, dual eligible, LTSS-elderly, LTSS-children's mental health, breast and cervical cancer, brain injury waiver, hospice, and state resource center rate cells. Table 1 provides the percentage impact on outpatient services for each affected population.

<b>Table 1</b> <b>State of Iowa</b> <b>Department of Human Services, Division of Medical Services</b> <b>Iowa Medicaid Enterprise</b> <b>IA Health Link</b> <b>Hospital Rebasing Impact Summary</b>		
<b>Group Name</b>	<b>Outpatient Hospital Services</b>	
	<b>Non-CAH Impact</b>	<b>All Hospital Impact<sup>1</sup></b>
Newborn	17.38%	13.01%
Children	0.32%	0.24%
Non-Expansion Adult	(0.96%)	(0.71%)
Pregnant Women	1.07%	0.80%
Wellness Plan	(1.85%)	(1.39%)
Non-Dual <21	(3.18%)	(2.38%)
Non-Dual 21+	(1.77%)	(1.33%)
<b>Composite</b>	<b>(0.86%)</b>	<b>(0.65%)</b>

**Note**

1. Critical Access Hospitals (CAH) were estimated at 25.16% of total hospital outpatient expenditures.

- **SFY 2016 Low Utilization Payment Adjustment (LUPA) Rebase:** The low utilization payment adjustment (LUPA) affects home health services within the home health provider type. The LUPA adjustment was removed from the capitation rates until the state received CMS approval for the adjustment. CMS has recently approved the LUPA rate change. The adjustment was estimated to be a 2.06% increase to home health services across all rate cells which had home health services in their base experience.

**(b) Policy and Program Changes Effective July 1, 2016**

IME additionally implemented certain program adjustments effective July 1, 2016. The capitation rates included in Appendix A2 reflect additional adjustments for the following policy and program changes.

- **Home and Community Based Services Provider Rate Increase:** Medicaid reimbursement for home and community based service (HCBS) providers was increased July 1, 2016. Reimbursement is estimated to increase by 0.73% across all home and community based waiver services for each of the HCBS waiver rate cells.
- **SFY 2017 Low Utilization Payment Adjustment (LUPA) Rebase:** A SFY 2017 LUPA is scheduled to be effective July 1, 2016. The SFY 2017 LUPA is structured similar to the SFY 2016 LUPA, and it is similarly estimated to be a 2.06% increase to home health services across all rate cells which had home health services in their base experience.

**(c) Emerging Trends Adjustment**

As a part of ongoing discussions with IME, we have reviewed emerging service trends compared to the assumptions utilized in the IA Health Link capitation rates. In this analysis, we compared the fee-for-service experience data through March 31, 2016 to adjusted SFY 2014 base data utilized in the IA Health Link capitation rate development. We adjusted the IA Health Link capitation rate SFY 2014 base data to reflect an estimate of the assumed emerging fee-for-service experience. We used a methodology similar to the capitation rate setting process with the following adjustments:

- Reducing capitation rate development trend adjustments to reflect a shortened time frame from the SFY 2014 base data period.
- Removing managed care adjustments.
- Removing administrative costs.
- Gross-level adjustments for maternity case rates, third party liability, and copays.

The adjusted base data was then compared to fee-for-service expenditures incurred after the base data period to understand how the estimates made within the IA Health Link capitation rate setting compared to the emerging fee-for-service experience. The following observations were made:

- Pharmacy trends were higher than estimated within the IA Health Link capitation rate setting, particularly for the Wellness Plan population.
- Inpatient trends were lower than estimated within the IA Health Link capitation rate setting, but the differences in the inpatient trends do not fully offset the differences in the pharmacy trends.
- Family planning waiver service trends were lower than estimated within the IA Health Link capitation rate setting.
- LTSS trend differentials vary by population, with the intellectual disability waiver population accounting for the most significant variance.

Following our review and discussions with IME, we are implementing the following adjustments to reflect emerging fee-for-service trends prior to the April 1, 2016 effective date of the IA Health Link contract. Table 2a illustrates adjustments to the medical component of the capitation rates, while Table 2b illustrates adjustments to the LTSS component of the capitation rates.

<b>Table 2a</b> <b>State of Iowa</b> <b>Department of Human Services, Division of Medical Services</b> <b>Iowa Medicaid Enterprise</b> <b>IA Health Link</b> <b>Emerging Trend Adjustment Medical Factors by Population</b>	
<b>Group Name</b>	<b>Adjustment</b>
TANF Children	2.0%
TANF Adults	2.0%
Pregnant Women	0.0%
hawk-i Children	0.0%
Maternity Case Rates	0.0%
Wellness Plan	6.5%
Family Planning Waiver	(10.0%)
Community Disabled	3.0%
Community Duals	3.0%
Elderly LTSS	0.0%
Physically Disabled LTSS	3.0%
Intellectually Disabled LTSS	3.0%
Children's Mental Health LTSS	3.0%

**Note**

1. Community disabled group includes ABD non-dual, breast and cervical cancer, and residential care facility rate cells.

<b>Table 2b</b> <b>State of Iowa</b> <b>Department of Human Services, Division of Medical Services</b> <b>Iowa Medicaid Enterprise</b> <b>IA Health Link</b> <b>Emerging Trend Adjustment LTSS Factors by Population</b>	
<b>Rate Cell</b>	<b>Adjustment</b>
Intellectual Disability Waiver	5.0%
All other LTSS Rate Cells	0.0%

Note

1. The LTSS trend adjustment is applied at the rate cell level, before the LTSS blended capitation rate is developed.

**(d) Updates to Wellness Plan Assumptions**

Following our review of emerging experience for the Wellness Plan population, we made the following additional adjustments:

1. **Removal of pent-up demand adjustment** – The contract year one capitation rate development utilized the first six months of Wellness Plan population experience, January 2014 through June 2014, as base data for the capitation rate development. An adjustment factor of 0.95 was applied to the base data to account for higher utilization of services during this six month period attributable to pent-up demand. Based on emerging fee-for-service experience for this population, we have eliminated the adjustment factor for the removal of inherent pent-up demand from the rate development.
2. **Adjustment to medically exempt acuity factor** – The Wellness Plan population base data utilized in the contract year one capitation rate development was unable to be stratified between the medically exempt and non-medically exempt rate cells. Therefore, an acuity adjustment was estimated to stratify the composited Wellness Plan capitation rate into rates for the medically exempt and non-medically exempt rate cells. Emerging calendar year 2015 claims experience and calendar year 2014 membership (consistent with the base data period) was utilized to re-develop the acuity factors applied for each wellness plan category. The following table illustrates the prior and revised acuity adjustments.

<b>Table 3</b> <b>State of Iowa</b> <b>Department of Human Services, Division of Medical Services</b> <b>Iowa Medicaid Enterprise</b> <b>IA Health Link</b> <b>Wellness Plan Estimated Acuity Factor</b>				
<b>Rate Group</b>	<b>July 30, 2015 Rate Setting</b>		<b>August 30, 2017 Rate Setting</b>	
	<b>Estimated Prevalence</b>	<b>Estimated Acuity Factor</b>	<b>Estimated Prevalence</b>	<b>Estimated Acuity Factor</b>
Medically Exempt	10.0%	1.225	4.9%	2.434
Non-Medically Exempt	90.0%	0.975	95.1%	0.927
<b>Composite</b>	<b>100.0%</b>	<b>1.000</b>	<b>100.0%</b>	<b>1.000</b>

Note

1. The analysis utilized in the development of the emerging trend adjustment for the Wellness Plan population normalized for changes in the mix of medically exempt and non-medically exempt Wellness Plan members.

**(e) Updates to Managed Care Factors**

We have reviewed managed care assumptions applied in the contract year 1 rate development and have modified the factors for the Wellness Plan and TANF Adult populations. The following table illustrates the change in the managed care factors.

**Table 4**  
**State of Iowa**  
**Department of Human Services, Division of Medical Services**  
**Iowa Medicaid Enterprise**  
**IA Health Link**  
**TANF Adult and Wellness Plan Estimated Acuity Factor**

Service Category	July 30, 2015 Rate Setting				August 30, 2017 Rate Setting			
	FFS/MediPASS		VHMO		FFS/MediPASS		VHMO	
	Utilization / 1,000	Cost per Unit	Utilization / 1,000	Cost per Unit	Utilization / 1,000	Cost per Unit	Utilization / 1,000	Cost per Unit
Inpatient – Medical/Surgical	0.7750	1.0100	0.9000	1.0025	0.8313	1.0075	0.9250	1.0019
Inpatient – Psychiatric/SUD	0.8750	1.0025	0.9500	1.0025	0.9063	1.0019	0.9625	1.0019
Inpatient – Other IP	0.9800	0.9900	0.9800	0.9900	0.9850	0.9925	0.9850	0.9925
Outpatient – ER	0.7750	1.0050	0.8000	1.0025	0.8313	1.0038	0.8500	1.0019
Outpatient – General	0.8000	1.0100	0.9250	1.0025	0.8500	1.0075	0.9438	1.0019
Ancillary – Pharmacy	0.8750	0.9800	0.9500	0.9800	0.9063	0.9850	0.9625	0.9850
Ancillary – Other	0.9000	1.0025	0.9500	1.0025	0.9250	1.0019	0.9625	1.0019
Professional – Inpatient Visits	0.7750	1.0100	0.9000	1.0025	0.8313	1.0075	0.9250	1.0019
Professional – Urgent Care/ER	0.7750	1.0050	0.8000	1.0025	0.8313	1.0038	0.8500	1.0019
Professional – Office/Home Visits	1.0400	1.0000	1.0300	1.0000	1.0300	1.0000	1.0225	1.0000
Professional – Preventive Care	1.0300	1.0000	1.0050	1.0000	1.0225	1.0000	1.0038	1.0000
Professional – Lab/Path/Rad	0.8250	1.0000	0.9000	1.0000	0.8688	1.0000	0.9250	1.0000
Professional – Other Professional	0.8250	1.0000	0.9250	1.0000	0.8688	1.0000	0.9438	1.0000
Behavioral Health – Inpatient	0.9000	1.0000	0.9000	1.0000	0.9250	1.0000	0.9250	1.0000
Behavioral Health – Outpatient	0.9250	1.0000	0.9250	1.0000	0.9438	1.0000	0.9438	1.0000
Behavioral Health – Intermediate	0.9250	1.0000	0.9250	1.0000	0.9438	1.0000	0.9438	1.0000
LTSS – NF/ICFMR	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
LTSS – Waiver	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

**Note**

1. TANF Adult population includes Pregnant Women rate cell.

**(f) LTSS Risk Corridor**

This amendment outlines the parameters of the LTSS services risk corridor. This is an update to the “Risk Sharing Arrangement [Section I.7.D]” of the July 30, 2015 certification report.

- i) Rationale for use of risk sharing arrangement

The LTSS services risk corridor provides protection to the MCOs and DHS for certain populations and services with inherently increased volatility within the projected benefit costs. The LTSS capitation rate covers services traditionally solely covered under the fee-for-service program in Iowa for members with complex and specialized needs. Given the unique characteristics of LTSS services, a risk corridor was implemented.



ii) Description of how risk-sharing arrangement is implemented

The risk corridor for LTSS services provides graduated profit or loss sharing between DHS and the MCOs starting at plus/minus 2% of the targeted PMPM benchmark for LTSS services covered under the LTSS capitation rate. The targeted PMPM benchmark is based on the LTSS service cost included within the capitation rates and is described further below. Any profit or loss between 8.0% and 12.5% above the targeted PMPM benchmark is fully retained by DHS. Any profit or loss at or above 12.5% above the targeted PMPM benchmark is fully retained by the MCO.

The following table illustrates the risk corridor thresholds for the LTSS services:

<b>Table 5</b> <b>State of Iowa</b> <b>Department of Human Services, Division of Medical Assistance</b> <b>IA Health Link</b> <b>LTSS Services Risk Corridor Parameters</b>	
<b>Variance from Benchmark PMPM</b>	<b>Remittance</b>
(12.5%) or more	DHS retains 0% of losses
(8.0%) to (12.5%)	DHS retains 100% of losses
(6.0%) to (8.0%)	DHS retains 75% of losses
(4.0%) to (6.0%)	DHS retains 50% of losses
(2.0%) to (4.0%)	DHS retains 25% of losses
(2.0%) to 2.0%	DHS retains 0% of losses/gains
2.0% to 4.0%	DHS retains 25% of gains
4.0% to 6.0%	DHS retains 50% of gains
6.0% to 8.0%	DHS retains 75% of gains
8.0% to 12.5%	DHS retains 100% of gains
12.5% or more	DHS retains 0% of gains

The PMPM benchmark is defined as the LTSS capitation rate net of the LTSS administrative load multiplied by the risk adjustment factor. PMPM benchmarks are developed at a rate cell and MCO specific level. Benchmark expenditures will be developed using MCO specific enrollment multiplied by the benchmark PMPMs. The aggregate profit or loss will be determined by comparing the aggregate MCO LTSS expenditures for the LTSS rate cells to the benchmark expenditures.

Appendix 3 illustrates the MCO-specific PMPM benchmark anticipated to be used for each rate cell separately for the capitation rates effective April 1, 2016 and July 1, 2016. Specifications of the calculation of the timing of remittances is specified in the contract amendment.

iii) Effect of risk-sharing arrangement on capitation rates

An explicit adjustment was not made in the capitation rate development process for the LTSS services risk corridors.

All other assumptions outlined in the initial capitation rate certification and amendment reports have not been modified. The non-benefit cost component was allowed to change for the components that were calculated as a percentage of the capitation rate. Furthermore, the emerging trends adjustment was applied to the benefit and non-benefit cost component of the capitation rate to reflect the higher acuity of the populations. Appendix D1 and Appendix D2 illustrate the application of the emerging trend adjustments.

Table 6 illustrates the fiscal impact of the changes contained in this amendment. The fiscal impact analysis utilizes the SFY 2014 member months illustrated in Appendix 1 to estimate the expenditure change. Please note the Wellness Plan enrollment was annualized in Appendix 1, and additionally Wellness Plan enrollment has increased to approximately 140,000 members in contract year one. The total expenditures are illustrated on an annualized basis for the capitation rates under the following:

- The prior amendment.
- The capitation rates adjusted for emerging trends.
- The capitation rates effective April 1, 2016.
- The capitation rates effective July 1, 2016.
- The capitation rates adjusted for certain Wellness Plan assumptions.
- The capitation rates with adjusted managed care factors.

<b>Table 6</b> <b>State of Iowa</b> <b>Department of Human Services, Division of Medical Services</b> <b>Iowa Medicaid Enterprise</b> <b>IA Health Link</b> <b>Capitation Rate Amendment Changes</b> <b>Annualized Expenditures – SFY 2014 Enrollment</b> <b>(values in millions)</b>	
<b>Policy / Program Change</b>	<b>Projected Fiscal Impact (State and Federal)</b>
<b>March 10, 2016 Rate Amendment – Baseline</b>	<b>\$ 3,735.3</b>
Emerging Trends Adjustment	83.8
<b>Emerging Trends</b>	<b>\$ 3,819.1</b>
Exclude Iowa Veterans Home Population	(1.4)
Outpatient Hospital Rebase	(4.8)
SFY 2016 Home Health LUPA Rebase	2.8
<b>April 1, 2016 Program Changes</b>	<b>\$ 3,815.7</b>
SFY 2017 Home Health LUPA Rebase	2.8
HCBS Provider Rate Increase	4.3
<b>July 1, 2016 Program Changes</b>	<b>\$ 3,822.8</b>
Pent-Up Demand Factor Adjustment	22.3
Acuity Factor Adjustment	34.7
<b>Wellness Plan Assumption Changes</b>	<b>\$ 3,879.8</b>
Managed Care Factor Adjustment	33.6
<b>Managed Care Adjustment</b>	<b>\$ 3,913.4</b>

### III. DATA RELIANCE

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

We have relied upon IME for the accuracy of the information provided. Although the data were reviewed for reasonableness, we have accepted the data without audit. To the extent the data provided to Milliman was incomplete or was otherwise inaccurate, the information presented in this report will need to be modified. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this letter. IME and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free. The capitation rates provided in this letter will change to the extent that there are material errors in the information that was provided.

## IV. ACTUARIAL CERTIFICATION

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

This amendment is a replacement to the amendment dated October 26, 2016 resulting from discussions with CMS. This actuarial certification and related definition of actuarial soundness were developed using data and information available at the time of writing the October 26, 2016 amendment. No additional changes were applied for purposes of this replacement amendment.

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

August 30, 2017  
Date

## V. LIMITATIONS

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

The information contained in this report has been prepared for the State of Iowa, Department of Human Services, Division of Medical 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 IA Health Link 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 A1

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Summary

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation					
		Gross Base	1915b(3)	GME	UIHC	Gross Total State Plan Rate	1915b(3)
		Medical Capitation		Supplemental PMPM	Supplemental PMPM		
Children 0-59 days M&F	57,527	\$ 1,844.73	\$ 0.00	\$ 5.28	\$ 40.14	\$ 1,890.15	\$ 0.00
Children 60-364 days M&F	194,558	216.43	-	5.28	11.42	233.13	-
Children 1-4 M&F	717,933	117.49	(0.02)	5.28	5.39	128.14	0.02
Children 5-14 M&F	1,342,686	129.20	(0.36)	5.28	3.11	137.23	0.36
Children 15-20 F	243,143	222.21	(2.92)	5.28	6.39	230.96	2.92
Children 15-20 M	217,242	201.29	(4.10)	5.28	3.32	205.79	4.10
Non-Expansion Adults 21-34 F	303,557	330.64	(8.34)	5.28	9.92	337.50	8.34
Non-Expansion Adults 21-34 M	70,383	222.81	(1.70)	5.28	4.84	231.23	1.70
Non-Expansion Adults 35-49 F	126,218	479.94	(4.72)	5.28	11.80	492.30	4.72
Non-Expansion Adults 35-49 M	54,475	401.17	(1.50)	5.28	8.17	413.12	1.50
Non-Expansion Adults 50+ M&F	23,288	570.27	(1.83)	5.28	13.75	587.47	1.83
Pregnant Women	118,189	338.60	(5.27)	5.28	21.29	359.90	5.27
CHIP - Children 0-59 days M&F	-	\$ 1,844.73	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,844.73	\$ 0.00
CHIP - Children 60-364 days M&F	-	216.43	-	-	-	216.43	\$ 0.00
CHIP - Children 1-4 M&F	-	117.49	(0.02)	-	-	117.47	\$ 0.02
CHIP - Children 5-14 M&F	156,522	129.20	(0.36)	-	-	128.84	\$ 0.36
CHIP - Children 15-20 F	26,346	222.21	(2.92)	-	-	219.29	\$ 2.92
CHIP - Children 15-20 M	25,645	201.29	(4.10)	-	-	197.19	\$ 4.10
CHIP - Hawk-i	396,408	\$ 155.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 155.76	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 6,172.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,172.05	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 5,468.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,468.90	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 534.25	\$ (1.41)	\$ 0.00	\$ 9.74	\$ 542.58	\$ 1.41
Wellness Plan 19-24 M (Medically Exempt)	7,785	517.53	(0.51)	-	5.60	522.62	0.51
Wellness Plan 25-34 F (Medically Exempt)	12,677	761.49	(2.77)	-	12.26	770.98	2.77
Wellness Plan 25-34 M (Medically Exempt)	13,931	756.28	(1.27)	-	8.24	763.25	1.27
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,218.18	(1.73)	-	18.17	1,234.62	1.73
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,181.74	(1.13)	-	14.13	1,194.74	1.13
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,532.05	\$ (0.23)	\$ 0.00	\$ 21.08	\$ 1,552.90	\$ 0.23
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 202.24	\$ (0.54)	\$ 0.00	\$ 7.75	\$ 209.45	\$ 0.54
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	195.87	(0.19)	-	4.46	200.14	0.19
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	288.78	(1.06)	-	9.75	297.47	1.06
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	286.80	(0.48)	-	6.56	292.88	0.48
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	462.72	(0.66)	-	14.46	476.52	0.66
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	448.84	(0.43)	-	11.25	459.66	0.43
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 582.25	\$ (0.09)	\$ 0.00	\$ 16.78	\$ 598.94	\$ 0.09
Family Planning Waiver	288,967	\$ 18.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 18.44	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 618.33	\$ (2.50)	\$ 5.28	\$ 12.18	\$ 633.29	\$ 2.50
ABD Non-Dual 21+ M&F	246,727	1,164.83	(9.71)	5.28	26.27	1,186.67	9.71
Breast and Cervical Cancer	2,694	1,718.20	(1.19)	-	22.24	1,739.25	1.19
Residential Care Facility	8,517	\$ 1,827.58	\$ (31.73)	\$ 5.28	\$ 11.43	\$ 1,812.56	\$ 31.73
Dual Eligible 0-64 M&F	315,371	\$ 458.35	\$ (15.18)	\$ 0.00	\$ 0.00	\$ 443.17	\$ 15.18
Dual Eligible 65+ M&F	71,746	\$ 229.61	\$ (1.15)	\$ 0.00	\$ 0.00	\$ 228.46	\$ 1.15

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Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation					
		Gross Base Medical Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Gross Total State Plan Rate	1915b(3)
Custodial Care Nursing Facility 65+	119,554	\$ 123.96	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 123.89	\$ 0.07
Hospice 65+	7,556	123.96	(0.07)	-	-	123.89	0.07
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 242.74</u>	<u>\$ (1.50)</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 241.24</u>	<u>\$ 1.50</u>
LTSS blended with actual membership mix	232,932						
LTSS blended with 3.25% rebalanced membership							
Custodial Care Nursing Facility <65	20,300	\$ 814.20	\$ (2.39)	\$ 5.28	\$ 22.50	\$ 839.59	\$ 2.39
Hospice <65	1,831	814.20	(2.39)	5.28	22.50	839.59	2.39
Non-Dual Skilled Nursing Facility	947	2,545.58	(0.16)	5.28	60.70	2,611.40	0.16
Dual HCBS Waivers: PD; H&D	17,055	366.49	(5.91)	-	-	360.58	5.91
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,622.81	(2.21)	5.28	38.85	1,664.73	2.21
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 826.91</u>	<u>\$ (6.43)</u>	<u>\$ 5.28</u>	<u>\$ 41.96</u>	<u>\$ 867.72</u>	<u>\$ 6.43</u>
LTSS blended with actual membership mix	71,171						
LTSS blended with 2.25% rebalanced membership							
ICF/MR	18,095	\$ 489.45	\$ (0.07)	\$ 5.28	\$ 10.28	\$ 504.94	\$ 0.07
State Resource Center	4,880	183.25	(0.01)	5.28	6.47	194.99	0.01
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 533.61</u>	<u>\$ (5.91)</u>	<u>\$ 5.28</u>	<u>\$ 29.99</u>	<u>\$ 562.97</u>	<u>\$ 5.91</u>
LTSS blended with actual membership mix	163,964						
LTSS blended with 1.0% rebalanced membership							
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 585.18	\$ (21.49)	\$ 5.28	\$ 10.61	\$ 579.58	\$ 21.49
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 974.90</u>	<u>\$ (4.71)</u>	<u>\$ 5.28</u>	<u>\$ 7.22</u>	<u>\$ 982.69</u>	<u>\$ 4.71</u>
LTSS blended with actual membership mix	15,184						
LTSS blended with 3.0% rebalanced membership							



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Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation					
		Net Base Medical Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Net State Total Plan Rate	1915b(3)
Children 0-59 days M&F	57,527	\$ 1,807.84	\$ 0.00	\$ 5.28	\$ 40.14	\$ 1,853.26	\$ 0.00
Children 60-364 days M&F	194,558	212.11	-	5.28	11.42	228.81	-
Children 1-4 M&F	717,933	115.15	(0.02)	5.28	5.39	125.80	0.02
Children 5-14 M&F	1,342,686	126.62	(0.36)	5.28	3.11	134.65	0.36
Children 15-20 F	243,143	217.76	(2.87)	5.28	6.39	226.56	2.87
Children 15-20 M	217,242	197.26	(4.01)	5.28	3.32	201.85	4.01
Non-Expansion Adults 21-34 F	303,557	324.03	(8.18)	5.28	9.92	331.05	8.18
Non-Expansion Adults 21-34 M	70,383	218.35	(1.67)	5.28	4.84	226.80	1.67
Non-Expansion Adults 35-49 F	126,218	470.34	(4.62)	5.28	11.80	482.80	4.62
Non-Expansion Adults 35-49 M	54,475	393.14	(1.47)	5.28	8.17	405.12	1.47
Non-Expansion Adults 50+ M&F	23,288	558.87	(1.80)	5.28	13.75	576.10	1.80
Pregnant Women	118,189	331.83	(5.17)	5.28	21.29	353.23	5.17
CHIP - Children 0-59 days M&F	-	\$ 1,807.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,807.84	\$ 0.00
CHIP - Children 60-364 days M&F	-	212.11	-	-	-	212.11	-
CHIP - Children 1-4 M&F	-	115.15	(0.02)	-	-	115.13	0.02
CHIP - Children 5-14 M&F	156,522	126.62	(0.36)	-	-	126.26	0.36
CHIP - Children 15-20 F	26,346	217.76	(2.87)	-	-	214.89	2.87
CHIP - Children 15-20 M	25,645	197.26	(4.01)	-	-	193.25	4.01
CHIP - Hawk-i	396,408	\$ 152.64	\$ 0.00	\$ 0.00	\$ 0.00	\$ 152.64	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 6,048.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,048.61	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 5,359.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,359.53	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 523.56	\$ (1.37)	\$ 0.00	\$ 9.74	\$ 531.93	\$ 1.37
Wellness Plan 19-24 M (Medically Exempt)	7,785	507.18	(0.50)	-	5.60	512.28	0.50
Wellness Plan 25-34 F (Medically Exempt)	12,677	746.26	(2.72)	-	12.26	755.80	2.72
Wellness Plan 25-34 M (Medically Exempt)	13,931	741.15	(1.25)	-	8.24	748.14	1.25
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,193.82	(1.71)	-	18.17	1,210.28	1.71
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,158.10	(1.11)	-	14.13	1,171.12	1.11
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,501.41	\$ (0.24)	\$ 0.00	\$ 21.08	\$ 1,522.25	\$ 0.24
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 198.20	\$ (0.53)	\$ 0.00	\$ 7.75	\$ 205.42	\$ 0.53
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	191.96	(0.19)	-	4.46	196.23	0.19
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	283.00	(1.04)	-	9.75	291.71	1.04
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	281.06	(0.48)	-	6.56	287.14	0.48
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	453.47	(0.65)	-	14.46	467.28	0.65
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	439.86	(0.43)	-	11.25	450.68	0.43
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 570.61	\$ (0.09)	\$ 0.00	\$ 16.78	\$ 587.30	\$ 0.09
Family Planning Waiver	288,967	\$ 18.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 18.07	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 605.96	\$ (2.45)	\$ 5.28	\$ 12.18	\$ 620.97	\$ 2.45
ABD Non-Dual 21+ M&F	246,727	1,141.53	(9.52)	5.28	26.27	1,163.56	9.52
Breast and Cervical Cancer	2,694	1,683.84	(1.16)	-	22.24	1,704.92	1.16
Residential Care Facility	8,517	\$ 1,791.03	\$ (31.10)	\$ 5.28	\$ 11.43	\$ 1,776.64	\$ 31.10
Dual Eligible 0-64 M&F	315,371	\$ 449.18	\$ (14.88)	\$ 0.00	\$ 0.00	\$ 434.30	\$ 14.88
Dual Eligible 65+ M&F	71,746	\$ 225.01	\$ (1.13)	\$ 0.00	\$ 0.00	\$ 223.88	\$ 1.13

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Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation					1915b(3)
		Net Base Medical Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Net State Total Plan Rate	
Custodial Care Nursing Facility 65+	119,554	\$ 121.48	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 121.41	\$ 0.07
Hospice 65+	7,556	121.48	(0.07)	-	-	121.41	0.07
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 237.89</u>	<u>\$ (1.47)</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 236.42</u>	<u>\$ 1.47</u>
LTSS blended with actual membership mix	232,932						
LTSS blended with 3.25% rebalanced membership							
Custodial Care Nursing Facility <65	20,300	\$ 797.91	\$ (2.35)	\$ 5.28	\$ 22.50	\$ 823.34	\$ 2.35
Hospice <65	1,831	797.91	(2.35)	5.28	22.50	823.34	2.35
Non-Dual Skilled Nursing Facility	947	2,494.67	(0.16)	5.28	60.70	2,560.49	0.16
Dual HCBS Waivers: PD; H&D	17,055	359.16	(5.79)	-	-	353.37	5.79
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,590.35	(2.17)	5.28	38.85	1,632.31	2.17
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 810.37</u>	<u>\$ (6.30)</u>	<u>\$ 5.28</u>	<u>\$ 41.96</u>	<u>\$ 851.31</u>	<u>\$ 6.30</u>
LTSS blended with actual membership mix	71,171						
LTSS blended with 2.25% rebalanced membership							
ICF/MR	18,095	\$ 479.66	\$ (0.07)	\$ 5.28	\$ 10.28	\$ 495.15	\$ 0.07
State Resource Center	4,880	179.58	(0.01)	5.28	6.47	191.32	0.01
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 522.94</u>	<u>\$ (5.79)</u>	<u>\$ 5.28</u>	<u>\$ 29.99</u>	<u>\$ 552.42</u>	<u>\$ 5.79</u>
LTSS blended with actual membership mix	163,964						
LTSS blended with 1.0% rebalanced membership							
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 573.48	\$ (21.06)	\$ 5.28	\$ 10.61	\$ 568.31	\$ 21.06
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 955.40</u>	<u>\$ (4.62)</u>	<u>\$ 5.28</u>	<u>\$ 7.22</u>	<u>\$ 963.28</u>	<u>\$ 4.62</u>
LTSS blended with actual membership mix	15,184						
LTSS blended with 3.0% rebalanced membership							

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

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Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation					
		Gross LTSS Capitation	1915b(3)	GME	UIHC	Gross State Total Plan Rate	1915b(3)
				Supplemental PMPM	Supplemental PMPM		
Custodial Care Nursing Facility 65+	119,554	\$ 4,285.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,285.11	\$ 0.00
Hospice 65+	7,556	3,143.51	-	-	-	3,143.51	-
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 1,106.45</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,106.45</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	232,932	\$ 2,804.00	\$ 0.00	\$ 0.00	\$ 0.00	2,804.00	\$ 0.00
LTSS blended with 3.25% rebalanced membership		\$ 2,700.69	\$ 0.00	\$ 0.00	\$ 0.00	2,700.69	\$ 0.00
Custodial Care Nursing Facility <65	20,300	\$ 4,855.82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,855.82	\$ 0.00
Hospice <65	1,831	3,052.78	-	-	-	3,052.78	-
Non-Dual Skilled Nursing Facility	947	22,611.64	-	-	-	22,611.64	-
Dual HCBS Waivers: PD; H&D	17,055	1,201.73	-	-	-	1,201.73	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,674.12	-	-	-	1,674.12	-
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 2,579.54</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 2,579.54</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	71,171	\$ 2,960.74	\$ 0.00	\$ 0.00	\$ 0.00	2,960.74	\$ 0.00
LTSS blended with 2.25% rebalanced membership		\$ 2,892.40	\$ 0.00	\$ 0.00	\$ 0.00	2,892.40	\$ 0.00
ICF/MR	18,095	\$ 10,224.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,224.88	\$ 0.00
State Resource Center	4,880	25,825.17	-	-	-	25,825.17	-
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 3,481.80</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 3,481.80</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	163,964	\$ 4,890.96	\$ 0.00	\$ 0.00	\$ 0.00	4,890.96	\$ 0.00
LTSS blended with 1.0% rebalanced membership		\$ 4,792.33	\$ 0.00	\$ 0.00	\$ 0.00	4,792.33	\$ 0.00
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,658.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,658.04	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 1,041.29</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,041.29</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	15,184	\$ 2,802.67	\$ 0.00	\$ 0.00	\$ 0.00	2,802.67	\$ 0.00
LTSS blended with 3.0% rebalanced membership		\$ 2,664.17	\$ 0.00	\$ 0.00	\$ 0.00	2,664.17	\$ 0.00

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**April 2016 to June 2016 Capitation Rate Summary**

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Summary

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation					
		Net LTSS Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Net State Total Plan Rate	1915b(3)
Custodial Care Nursing Facility 65+	119,554	\$ 4,199.41	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,199.41	\$ 0.00
Hospice 65+	7,556	3,080.64	-	-	-	3,080.64	-
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>1,084.32</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,084.32</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	232,932	\$ 2,747.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,747.92	\$ 0.00
LTSS blended with 3.25% rebalanced membership		\$ 2,646.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,646.68	\$ 0.00
Custodial Care Nursing Facility <65	20,300	\$ 4,758.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,758.70	\$ 0.00
Hospice <65	1,831	2,991.72	-	-	-	2,991.72	-
Non-Dual Skilled Nursing Facility	947	22,159.41	-	-	-	22,159.41	-
Dual HCBS Waivers: PD; H&D	17,055	1,177.70	-	-	-	1,177.70	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,640.64	-	-	-	1,640.64	-
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>2,527.95</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,527.95</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	71,171	\$ 2,901.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,901.52	\$ 0.00
LTSS blended with 2.25% rebalanced membership		\$ 2,834.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,834.55	\$ 0.00
ICF/MR	18,095	\$ 10,020.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,020.38	\$ 0.00
State Resource Center	4,880	25,308.67	-	-	-	25,308.67	-
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>3,412.16</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,412.16</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	163,964	\$ 4,793.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,793.14	\$ 0.00
LTSS blended with 1.0% rebalanced membership		\$ 4,696.48	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,696.48	\$ 0.00
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,544.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,544.88	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>1,020.46</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,020.46</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	15,184	\$ 2,746.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,746.62	\$ 0.00
LTSS blended with 3.0% rebalanced membership		\$ 2,610.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,610.88	\$ 0.00

## APPENDIX B1

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,042.5	\$ 2,235.40	\$ 194.20	0.9857	0.9928	0.7750	1.0100	1.0000	0.9398	796.4	\$ 2,106.48	\$ 139.80
Psychiatric/SUD	0.5	1,680.00	0.07	0.9857	0.9928	0.8750	1.0025	1.0000	0.9398	0.4	1,800.00	0.06
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Well Newborn	5,246.8	837.86	366.34	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	5,068.3	773.92	326.87
Other Newborn	9,329.2	1,346.56	1,046.86	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	9,011.8	1,243.81	934.08
<b>Subtotal</b>	<b>15,619.0</b>	<b>\$ 1,235.01</b>	<b>\$ 1,607.47</b>							<b>14,876.9</b>	<b>\$ 1,129.92</b>	<b>\$ 1,400.81</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,256.8	\$ 82.21	\$ 8.61	1.0144	1.0736	0.7750	1.0050	1.0000	1.1301	988.1	\$ 100.19	\$ 8.25
General	6,869.5	47.65	27.28	1.0144	1.0736	0.8000	1.0100	1.0000	1.1301	5,575.0	58.40	27.13
<b>Subtotal</b>	<b>8,126.3</b>	<b>\$ 53.00</b>	<b>\$ 35.89</b>							<b>6,563.1</b>	<b>\$ 64.69</b>	<b>\$ 35.38</b>
<b>Ancillary</b>												
Pharmacy	2,371.0	\$ 55.82	\$ 11.03	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	2,104.6	\$ 60.61	\$ 10.63
DME/Supplies/Prosthetics	362.3	216.28	6.53	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	316.8	229.55	6.06
Ambulance	186.8	143.90	2.24	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	163.3	168.28	2.29
Non-Emergency Transportation	72.6	34.71	0.21	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	63.5	35.91	0.19
Home Health/Hospice	1,430.1	83.41	9.94	0.9715	1.0586	0.9000	1.0025	1.0000	1.0206	1,250.4	90.31	9.41
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	5.6	85.71	0.04	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	4.9	97.96	0.04
Other Ancillary	351.1	31.44	0.92	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	307.0	33.22	0.85
<b>Subtotal</b>	<b>4,779.5</b>	<b>\$ 77.61</b>	<b>\$ 30.91</b>							<b>4,210.5</b>	<b>\$ 83.99</b>	<b>\$ 29.47</b>
<b>Professional</b>												
Surgery	1,750.3	\$ 194.44	\$ 28.36	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,528.6	\$ 197.28	\$ 25.13
Anesthesia	75.3	524.30	3.29	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	65.8	530.70	2.91
Inpatient Visits	11,614.6	175.60	169.96	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	9,528.7	179.91	142.86
Urgent Care/Emergency Room	1,019.7	67.67	5.75	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	836.6	68.99	4.81
Office/Home Visits	3,725.0	67.07	20.82	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,101.0	68.03	23.25
Preventive Care	13,920.9	69.80	80.97	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	15,178.5	70.81	89.56
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	0.8	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.7	-	-
Lab/Path/Rad	5,097.8	14.57	6.19	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4,452.1	14.77	5.48
Office Adm. Drugs	39.7	30.23	0.10	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	34.7	31.12	0.09
Clinic	2,776.6	161.38	37.34	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	2,424.9	146.98	29.70
Psych/SUD	0.3	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Physical Therapy	11.6	41.38	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	10.1	47.52	0.04
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,395.4	51.34	5.97	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,218.6	52.09	5.29
<b>Subtotal</b>	<b>41,428.0</b>	<b>\$ 103.93</b>	<b>\$ 358.79</b>							<b>39,380.6</b>	<b>\$ 100.29</b>	<b>\$ 329.12</b>
<b>Total Medical</b>	<b>69,952.8</b>	<b>\$ 348.76</b>	<b>\$ 2,033.06</b>							<b>65,031.1</b>	<b>\$ 331.19</b>	<b>\$ 1,794.78</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	5.9	61.02	0.03	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	5.4	66.67	0.03
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	0.01
<b>Total Behavioral Health</b>	<b>5.9</b>	<b>\$ 81.36</b>	<b>\$ 0.04</b>							<b>5.4</b>	<b>\$ 88.89</b>	<b>\$ 0.04</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	686.3	\$ 2,888.71	\$ 165.21	0.9857	0.9928	0.9000	1.0025	1.0000	0.9398	608.8	\$ 2,702.17	\$ 137.09
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9398	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Other Newborn	11,878.7	1,131.66	1,120.22	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	11,474.6	1,045.30	999.53
Subtotal	12,565.0	\$ 1,227.63	\$ 1,285.43							12,083.4	\$ 1,128.78	\$ 1,136.62
<b>Outpatient Hospital</b>												
Emergency Room	1,610.2	\$ 120.21	\$ 16.13	1.0144	1.0736	0.8000	1.0025	1.0000	1.1301	1,306.8	\$ 146.19	\$ 15.92
General	7,333.9	51.56	31.51	1.0144	1.0736	0.9250	1.0025	1.0000	1.1301	6,881.8	62.70	35.96
Subtotal	8,944.1	\$ 63.92	\$ 47.64							8,188.6	\$ 76.03	\$ 51.88
<b>Ancillary</b>												
Pharmacy	2,656.4	\$ 53.58	\$ 11.86	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	2,560.0	\$ 58.17	\$ 12.41
DME/Supplies/Prosthetics	530.0	139.92	6.18	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	489.2	148.41	6.05
Ambulance	136.4	75.66	0.86	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	125.9	88.64	0.93
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	398.8	94.78	3.15	0.9715	1.0586	0.9500	1.0025	1.0000	1.0206	368.1	102.69	3.15
Chiropractic Services	284.3	29.55	0.70	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	262.4	31.55	0.69
Podiatry	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	16.7	50.30	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	15.4	54.55	0.07
Other Ancillary	66.9	34.08	0.19	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	61.7	36.95	0.19
Subtotal	4,089.5	\$ 67.52	\$ 23.01							3,882.7	\$ 72.60	\$ 23.49
<b>Professional</b>												
Surgery	1,934.3	\$ 128.23	\$ 20.67	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,894.0	\$ 130.07	\$ 20.53
Anesthesia	88.5	409.49	3.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	86.7	415.22	3.00
Inpatient Visits	14,298.2	159.67	190.25	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	13,622.3	162.38	184.33
Urgent Care/Emergency Room	1,399.4	71.69	8.36	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,185.1	72.91	7.20
Office/Home Visits	5,053.8	63.26	26.64	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,510.4	64.18	29.47
Preventive Care	19,250.7	62.20	99.79	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	20,480.4	63.10	107.70
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	5,883.7	13.42	6.58	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,605.6	13.61	6.36
Office Adm. Drugs	41.0	5.85	0.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	40.1	5.99	0.02
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	20.5	52.68	0.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	20.1	53.73	0.09
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,636.7	44.65	6.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,602.6	45.30	6.05
Subtotal	49,606.8	\$ 87.45	\$ 361.51							50,047.3	\$ 87.46	\$ 364.75
<b>Total Medical</b>	<b>75,205.4</b>	<b>\$ 274.06</b>	<b>\$ 1,717.59</b>							<b>74,202.0</b>	<b>\$ 254.99</b>	<b>\$ 1,576.74</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	252.9	\$ 1,940.21	\$ 40.89	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	193.2	\$ 1,898.14	\$ 30.56
Psychiatric/SUD	0.2	2,400.00	0.04	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.2	1,800.00	0.03
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	0.2	600.00	0.01	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	0.2	600.00	0.01
Other Newborn	0.9	1,466.67	0.11	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	0.9	1,333.33	0.10
<b>Subtotal</b>	<b>254.2</b>	<b>\$ 1,937.84</b>	<b>\$ 41.05</b>							<b>194.5</b>	<b>\$ 1,894.09</b>	<b>\$ 30.70</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,608.6	\$ 96.23	\$ 12.90	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	1,264.7	\$ 104.09	\$ 10.97
General	6,189.7	58.98	30.42	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	5,023.3	64.09	26.83
<b>Subtotal</b>	<b>7,798.3</b>	<b>\$ 66.66</b>	<b>\$ 43.32</b>							<b>6,288.0</b>	<b>\$ 72.14</b>	<b>\$ 37.80</b>
<b>Ancillary</b>												
Pharmacy	5,194.2	\$ 53.83	\$ 23.30	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	4,610.6	\$ 58.46	\$ 22.46
DME/Supplies/Prosthetics	631.9	103.31	5.44	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	552.5	109.68	5.05
Ambulance	60.4	95.36	0.48	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	52.8	111.36	0.49
Non-Emergency Transportation	43.9	38.27	0.14	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	38.4	40.63	0.13
Home Health/Hospice	996.3	59.02	4.90	0.9715	1.0586	0.9000	1.0025	1.0000	1.0206	871.1	63.92	4.64
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	32.3	59.44	0.16	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	28.2	63.83	0.15
Other Ancillary	350.5	29.79	0.87	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	306.5	31.71	0.81
<b>Subtotal</b>	<b>7,309.5</b>	<b>\$ 57.94</b>	<b>\$ 35.29</b>							<b>6,460.1</b>	<b>\$ 62.66</b>	<b>\$ 33.73</b>
<b>Professional</b>												
Surgery	224.6	\$ 250.58	\$ 4.69	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	196.2	\$ 254.43	\$ 4.16
Anesthesia	95.2	224.37	1.78	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	83.1	228.16	1.58
Inpatient Visits	499.5	163.36	6.80	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	409.8	167.50	5.72
Urgent Care/Emergency Room	1,102.6	63.56	5.84	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	904.6	64.74	4.88
Office/Home Visits	3,965.6	66.18	21.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,365.8	67.15	24.43
Preventive Care	6,456.4	51.06	27.47	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	7,039.7	51.79	30.38
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	8.9	53.93	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	7.8	61.54	0.04
Lab/Path/Rad	2,222.4	15.93	2.95	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,940.9	16.14	2.61
Office Adm. Drugs	184.4	27.33	0.42	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	161.0	27.58	0.37
Clinic	1,609.3	161.36	21.64	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,405.5	146.94	17.21
Psych/SUD	1.0	120.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.9	133.33	0.01
Physical Therapy	33.5	35.82	0.10	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	29.3	36.86	0.09
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	748.4	57.08	3.56	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	653.6	57.83	3.15
<b>Subtotal</b>	<b>17,151.8</b>	<b>\$ 67.98</b>	<b>\$ 97.17</b>							<b>17,198.2</b>	<b>\$ 66.03</b>	<b>\$ 94.63</b>
<b>Total Medical</b>	<b>32,513.8</b>	<b>\$ 80.03</b>	<b>\$ 216.83</b>							<b>30,140.8</b>	<b>\$ 78.38</b>	<b>\$ 196.86</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	8.0	75.00	0.05	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	7.3	82.19	0.05
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	0.01
<b>Total Behavioral Health</b>	<b>8.0</b>	<b>\$ 90.00</b>	<b>\$ 0.06</b>							<b>7.3</b>	<b>\$ 98.63</b>	<b>\$ 0.06</b>
<b>Short Term Institutional / HCBS</b>	<b>1.8</b>	<b>\$ 600.00</b>	<b>\$ 0.09</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>1.8</b>	<b>\$ 600.00</b>	<b>\$ 0.09</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	238.5	\$ 1,689.06	\$ 33.57	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	211.6	\$ 1,640.08	\$ 28.92
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>238.5</b>	<b>\$ 1,689.06</b>	<b>\$ 33.57</b>							<b>211.6</b>	<b>\$ 1,640.08</b>	<b>\$ 28.92</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,026.2	\$ 113.30	\$ 19.13	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	1,644.4	\$ 122.23	\$ 16.75
General	6,563.7	69.25	37.88	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	6,159.1	74.72	38.35
<b>Subtotal</b>	<b>8,589.9</b>	<b>\$ 79.64</b>	<b>\$ 57.01</b>							<b>7,803.5</b>	<b>\$ 84.73</b>	<b>\$ 55.10</b>
<b>Ancillary</b>												
Pharmacy	4,912.2	\$ 72.77	\$ 29.79	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,734.0	\$ 79.04	\$ 31.18
DME/Supplies/Prosthetics	647.2	105.13	5.67	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	597.3	111.50	5.55
Ambulance	72.3	73.03	0.44	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	66.7	84.56	0.47
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	119.1	96.73	0.96	0.9715	1.0586	0.9500	1.0025	1.0000	1.0206	109.9	104.82	0.96
Chiropractic Services	261.3	30.31	0.66	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	241.2	32.34	0.65
Podiatry	1.0	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	0.9	-	-
Vision	25.9	50.97	0.11	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	23.9	55.23	0.11
Other Ancillary	98.3	29.30	0.24	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	90.7	31.75	0.24
<b>Subtotal</b>	<b>6,137.3</b>	<b>\$ 74.05</b>	<b>\$ 37.87</b>							<b>5,864.6</b>	<b>\$ 80.13</b>	<b>\$ 39.16</b>
<b>Professional</b>												
Surgery	219.4	\$ 164.63	\$ 3.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	214.8	\$ 167.04	\$ 2.99
Anesthesia	90.8	190.31	1.44	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	88.9	193.03	1.43
Inpatient Visits	623.9	143.10	7.44	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	594.4	145.56	7.21
Urgent Care/Emergency Room	1,449.1	70.14	8.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,227.2	71.28	7.29
Office/Home Visits	5,116.9	62.31	26.57	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,579.2	63.21	29.39
Preventive Care	9,678.3	48.43	39.06	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	10,296.5	49.14	42.16
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	3.1	38.71	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	3.0	40.00	0.01
Lab/Path/Rad	3,008.2	13.44	3.37	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,866.0	13.65	3.26
Office Adm. Drugs	216.4	7.76	0.14	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	211.9	7.93	0.14
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	42.9	36.36	0.13	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	42.0	37.14	0.13
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,164.1	46.90	4.55	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,139.9	47.58	4.52
<b>Subtotal</b>	<b>21,613.1</b>	<b>\$ 52.30</b>	<b>\$ 94.19</b>							<b>22,263.8</b>	<b>\$ 53.11</b>	<b>\$ 98.53</b>
<b>Total Medical</b>	<b>36,578.8</b>	<b>\$ 73.04</b>	<b>\$ 222.64</b>							<b>36,143.5</b>	<b>\$ 73.61</b>	<b>\$ 221.71</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	65.4	\$ 2,034.86	\$ 11.09	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	50.0	\$ 1,989.60	\$ 8.29
Psychiatric/SUD	0.1	2,400.00	0.02	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.1	2,400.00	0.02
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>65.5</b>	<b>\$ 2,035.42</b>	<b>\$ 11.11</b>							<b>50.1</b>	<b>\$ 1,990.42</b>	<b>\$ 8.31</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,087.7	\$ 102.71	\$ 9.31	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	855.1	\$ 111.14	\$ 7.92
General	4,570.8	80.73	30.75	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	3,709.5	87.73	27.12
<b>Subtotal</b>	<b>5,658.5</b>	<b>\$ 84.96</b>	<b>\$ 40.06</b>							<b>4,564.6</b>	<b>\$ 92.12</b>	<b>\$ 35.04</b>
<b>Ancillary</b>												
Pharmacy	3,733.3	\$ 37.90	\$ 11.79	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	3,313.8	\$ 41.17	\$ 11.37
DME/Supplies/Prosthetics	228.5	85.08	1.62	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	199.8	90.09	1.50
Ambulance	39.9	87.22	0.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	34.9	103.15	0.30
Non-Emergency Transportation	26.0	41.54	0.09	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	22.7	42.29	0.08
Home Health/Hospice	182.5	80.88	1.23	0.9715	1.0586	0.9000	1.0025	1.0000	1.0206	159.6	87.22	1.16
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	225.5	41.51	0.78	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	197.2	43.81	0.72
Other Ancillary	256.1	28.58	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	223.9	30.55	0.57
<b>Subtotal</b>	<b>4,691.8</b>	<b>\$ 41.97</b>	<b>\$ 16.41</b>							<b>4,151.9</b>	<b>\$ 45.38</b>	<b>\$ 15.70</b>
<b>Professional</b>												
Surgery	243.7	\$ 224.05	\$ 4.55	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	212.8	\$ 227.26	\$ 4.03
Anesthesia	112.0	202.50	1.89	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	97.8	204.91	1.67
Inpatient Visits	90.8	116.30	0.88	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	74.5	119.19	0.74
Urgent Care/Emergency Room	682.6	61.53	3.50	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	560.0	62.79	2.93
Office/Home Visits	2,629.2	63.30	13.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,894.6	64.22	15.49
Preventive Care	1,620.6	54.87	7.41	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,767.0	55.69	8.20
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	20.2	89.11	0.15	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	17.6	88.64	0.13
Lab/Path/Rad	1,739.3	14.76	2.14	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,519.0	15.01	1.90
Office Adm. Drugs	78.3	19.92	0.13	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	68.4	21.05	0.12
Clinic	804.3	160.09	10.73	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	702.4	145.90	8.54
Psych/SUD	4.1	58.54	0.02	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3.6	66.67	0.02
Physical Therapy	22.6	42.48	0.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	19.7	42.64	0.07
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	326.2	49.29	1.34	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	284.9	50.12	1.19
<b>Subtotal</b>	<b>8,373.9</b>	<b>\$ 66.91</b>	<b>\$ 46.69</b>							<b>8,222.3</b>	<b>\$ 65.72</b>	<b>\$ 45.03</b>
<b>Total Medical</b>	<b>18,789.7</b>	<b>\$ 72.98</b>	<b>\$ 114.27</b>							<b>16,988.9</b>	<b>\$ 73.52</b>	<b>\$ 104.08</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	1.0	\$ 480.00	\$ 0.04	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	0.9	\$ 533.33	\$ 0.04
Outpatient Treatment	462.5	78.88	3.04	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	421.7	78.82	2.77
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>463.5</b>	<b>\$ 118.58</b>	<b>\$ 4.58</b>							<b>422.6</b>	<b>\$ 122.39</b>	<b>\$ 4.31</b>
<b>Short Term Institutional / HCBS</b>	<b>0.2</b>	<b>\$ 600.00</b>	<b>\$ 0.01</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>0.2</b>	<b>\$ 600.00</b>	<b>\$ 0.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	87.1	\$ 1,795.18	\$ 13.03	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	77.3	\$ 1,743.34	\$ 11.23
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	87.1	\$ 1,795.18	\$ 13.03							77.3	\$ 1,743.34	\$ 11.23
<b>Outpatient Hospital</b>												
Emergency Room	1,345.5	\$ 111.75	\$ 12.53	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	1,091.9	\$ 120.56	\$ 10.97
General	4,548.5	69.44	26.32	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	4,268.1	74.90	26.64
Subtotal	5,894.0	\$ 79.10	\$ 38.85							5,360.0	\$ 84.20	\$ 37.61
<b>Ancillary</b>												
Pharmacy	3,558.6	\$ 31.53	\$ 9.35	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	3,429.5	\$ 34.26	\$ 9.79
DME/Supplies/Prosthetics	148.4	78.44	0.97	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	137.0	83.21	0.95
Ambulance	51.6	67.44	0.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	47.6	78.15	0.31
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.0	84.00	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0206	9.2	91.30	0.07
Chiropractic Services	167.4	30.82	0.43	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	154.5	32.62	0.42
Podiatry	4.4	54.55	0.02	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	4.1	58.54	0.02
Vision	212.6	38.95	0.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	196.2	41.59	0.68
Other Ancillary	128.6	27.99	0.30	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	118.7	29.32	0.29
Subtotal	4,281.6	\$ 33.97	\$ 12.12							4,096.8	\$ 36.70	\$ 12.53
<b>Professional</b>												
Surgery	238.3	\$ 141.00	\$ 2.80	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	233.3	\$ 142.99	\$ 2.78
Anesthesia	100.8	201.19	1.69	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	98.7	204.26	1.68
Inpatient Visits	108.6	104.97	0.95	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	103.5	106.67	0.92
Urgent Care/Emergency Room	974.0	67.39	5.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	824.8	68.53	4.71
Office/Home Visits	3,157.0	62.30	16.39	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,442.2	63.20	18.13
Preventive Care	2,323.0	54.71	10.59	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	2,471.4	55.50	11.43
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	14.2	50.70	0.06	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	13.9	51.80	0.06
Lab/Path/Rad	2,638.0	12.83	2.82	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,513.3	13.03	2.73
Office Adm. Drugs	96.0	11.25	0.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	94.0	11.49	0.09
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.1	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Physical Therapy	52.0	39.23	0.17	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	50.9	40.08	0.17
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	453.8	45.75	1.73	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	444.4	46.44	1.72
Subtotal	10,155.8	\$ 50.52	\$ 42.76							10,290.5	\$ 51.80	\$ 44.42
<b>Total Medical</b>	<b>20,418.5</b>	<b>\$ 62.74</b>	<b>\$ 106.76</b>							<b>19,824.6</b>	<b>\$ 64.04</b>	<b>\$ 105.79</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	35.6	\$ 2,349.44	\$ 6.97	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	27.2	\$ 2,298.53	\$ 5.21
Psychiatric/SUD	0.3	1,200.00	0.03	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.3	1,200.00	0.03
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>35.9</b>	<b>\$ 2,339.83</b>	<b>\$ 7.00</b>							<b>27.5</b>	<b>\$ 2,286.55</b>	<b>\$ 5.24</b>
<b>Outpatient Hospital</b>												
Emergency Room	531.8	\$ 112.82	\$ 5.00	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	418.1	\$ 121.98	\$ 4.25
General	2,623.9	79.58	17.40	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	2,129.4	86.50	15.35
<b>Subtotal</b>	<b>3,155.7</b>	<b>\$ 85.18</b>	<b>\$ 22.40</b>							<b>2,547.5</b>	<b>\$ 92.33</b>	<b>\$ 19.60</b>
<b>Ancillary</b>												
Pharmacy	5,374.5	\$ 74.62	\$ 33.42	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	4,770.6	\$ 81.05	\$ 32.22
DME/Supplies/Prosthetics	141.3	109.55	1.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	123.5	116.60	1.20
Ambulance	20.1	89.55	0.15	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	17.6	102.27	0.15
Non-Emergency Transportation	19.9	42.21	0.07	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	17.4	41.38	0.06
Home Health/Hospice	65.1	35.02	0.19	0.9715	1.0586	0.9000	1.0025	1.0000	1.0206	56.9	37.96	0.18
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	887.6	35.15	2.60	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	776.1	37.26	2.41
Other Ancillary	280.2	29.98	0.70	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	245.0	31.84	0.65
<b>Subtotal</b>	<b>6,788.7</b>	<b>\$ 67.91</b>	<b>\$ 38.42</b>							<b>6,007.1</b>	<b>\$ 73.65</b>	<b>\$ 36.87</b>
<b>Professional</b>												
Surgery	178.9	\$ 191.84	\$ 2.86	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	156.2	\$ 194.37	\$ 2.53
Anesthesia	45.6	218.42	0.83	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	39.8	223.12	0.74
Inpatient Visits	43.7	98.86	0.36	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	35.9	100.28	0.30
Urgent Care/Emergency Room	319.2	64.29	1.71	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	261.9	65.52	1.43
Office/Home Visits	1,537.8	69.22	8.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,693.0	70.24	9.91
Preventive Care	635.0	52.91	2.80	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	692.4	53.73	3.10
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Allergy/Immunotherapy	71.4	65.55	0.39	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	62.4	67.31	0.35
Lab/Path/Rad	1,183.3	17.75	1.75	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,033.4	18.00	1.55
Office Adm. Drugs	40.1	71.82	0.24	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	35.0	72.00	0.21
Clinic	510.6	159.11	6.77	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	445.9	145.05	5.39
Psych/SUD	2.0	60.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1.7	70.59	0.01
Physical Therapy	89.3	33.59	0.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	78.0	33.85	0.22
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	154.6	48.12	0.62	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	135.0	48.89	0.55
<b>Subtotal</b>	<b>4,811.8</b>	<b>\$ 68.48</b>	<b>\$ 27.46</b>							<b>4,670.9</b>	<b>\$ 67.54</b>	<b>\$ 26.29</b>
<b>Total Medical</b>	<b>14,792.1</b>	<b>\$ 77.30</b>	<b>\$ 95.28</b>							<b>13,253.0</b>	<b>\$ 79.68</b>	<b>\$ 88.00</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	24.7	\$ 1,583.81	\$ 3.26	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	21.9	\$ 1,583.56	\$ 2.89
Outpatient Treatment	4,219.3	81.08	28.51	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	3,847.0	81.07	25.99
Intermediate Care	2.8	257.14	0.06	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	2.6	230.77	0.05
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,246.8</b>	<b>\$ 94.18</b>	<b>\$ 33.33</b>							<b>3,871.5</b>	<b>\$ 94.32</b>	<b>\$ 30.43</b>
<b>Short Term Institutional / HCBS</b>	<b>3.5</b>	<b>\$ 480.00</b>	<b>\$ 0.14</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>3.6</b>	<b>\$ 500.00</b>	<b>\$ 0.15</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	26.3	\$ 2,555.13	\$ 5.60	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	23.3	\$ 2,482.40	\$ 4.82
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>26.3</b>	<b>\$ 2,555.13</b>	<b>\$ 5.60</b>							<b>23.3</b>	<b>\$ 2,482.40</b>	<b>\$ 4.82</b>
<b>Outpatient Hospital</b>												
Emergency Room	650.4	\$ 117.90	\$ 6.39	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	527.8	\$ 127.09	\$ 5.59
General	2,670.2	60.13	13.38	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	2,505.6	64.85	13.54
<b>Subtotal</b>	<b>3,320.6</b>	<b>\$ 71.44</b>	<b>\$ 19.77</b>							<b>3,033.4</b>	<b>\$ 75.68</b>	<b>\$ 19.13</b>
<b>Ancillary</b>												
Pharmacy	4,855.1	\$ 74.72	\$ 30.23	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,679.0	\$ 81.15	\$ 31.64
DME/Supplies/Prosthetics	98.0	101.63	0.83	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	90.4	107.52	0.81
Ambulance	20.9	63.16	0.11	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	19.3	74.61	0.12
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	1.3	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0206	1.2	-	-
Chiropractic Services	264.6	31.29	0.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	244.2	33.42	0.68
Podiatry	23.5	66.38	0.13	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	21.7	71.89	0.13
Vision	817.5	34.50	2.35	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	754.5	36.58	2.30
Other Ancillary	65.0	27.69	0.15	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	60.0	30.00	0.15
<b>Subtotal</b>	<b>6,145.9</b>	<b>\$ 67.34</b>	<b>\$ 34.49</b>							<b>5,870.3</b>	<b>\$ 73.24</b>	<b>\$ 35.83</b>
<b>Professional</b>												
Surgery	189.3	\$ 125.52	\$ 1.98	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	185.4	\$ 127.51	\$ 1.97
Anesthesia	42.0	205.71	0.72	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	41.1	210.22	0.72
Inpatient Visits	39.1	98.21	0.32	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	37.3	99.73	0.31
Urgent Care/Emergency Room	466.2	68.98	2.68	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	394.8	70.21	2.31
Office/Home Visits	1,761.7	63.82	9.37	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,920.9	64.72	10.36
Preventive Care	895.1	54.56	4.07	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	952.3	55.32	4.39
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	109.09	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1.1	109.09	0.01
Allergy/Immunotherapy	78.0	36.92	0.24	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	76.4	37.70	0.24
Lab/Path/Rad	1,640.9	15.80	2.16	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	1,563.3	16.04	2.09
Office Adm. Drugs	39.7	18.14	0.06	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	38.9	18.51	0.06
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.8	150.00	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	127.0	31.18	0.33	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	124.4	31.83	0.33
Family Planning	0.1	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Other Professional	155.2	44.07	0.57	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	152.0	45.00	0.57
<b>Subtotal</b>	<b>5,436.2</b>	<b>\$ 49.71</b>	<b>\$ 22.52</b>							<b>5,488.8</b>	<b>\$ 51.09</b>	<b>\$ 23.37</b>
<b>Total Medical</b>	<b>14,929.0</b>	<b>\$ 66.22</b>	<b>\$ 82.38</b>							<b>14,415.8</b>	<b>\$ 69.22</b>	<b>\$ 83.15</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	65.5	\$ 2,297.40	\$ 12.54	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	50.0	\$ 2,248.80	\$ 9.37
Psychiatric/SUD	0.9	1,733.33	0.13	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.8	1,650.00	0.11
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	11.7	1,312.82	1.28	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	11.3	1,263.72	1.19
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>78.1</b>	<b>\$ 2,143.41</b>	<b>\$ 13.95</b>							<b>62.1</b>	<b>\$ 2,061.84</b>	<b>\$ 10.67</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,239.1	\$ 107.98	\$ 11.15	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	974.2	\$ 116.77	\$ 9.48
General	8,835.4	62.05	45.69	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	7,170.4	67.44	40.30
<b>Subtotal</b>	<b>10,074.5</b>	<b>\$ 67.70</b>	<b>\$ 56.84</b>							<b>8,144.6</b>	<b>\$ 73.34</b>	<b>\$ 49.78</b>
<b>Ancillary</b>												
Pharmacy	9,105.5	\$ 46.51	\$ 35.29	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	8,082.4	\$ 50.51	\$ 34.02
DME/Supplies/Prosthetics	158.0	126.08	1.66	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	138.1	133.82	1.54
Ambulance	90.9	80.53	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	79.5	93.58	0.62
Non-Emergency Transportation	28.5	33.68	0.08	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	24.9	33.73	0.07
Home Health/Hospice	58.7	59.28	0.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.0206	51.3	63.16	0.27
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	1,068.7	34.36	3.06	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	934.4	36.47	2.84
Other Ancillary	679.3	31.80	1.80	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	594.0	33.74	1.67
<b>Subtotal</b>	<b>11,189.6</b>	<b>\$ 45.89</b>	<b>\$ 42.79</b>							<b>9,904.6</b>	<b>\$ 49.71</b>	<b>\$ 41.03</b>
<b>Professional</b>												
Surgery	290.2	\$ 208.41	\$ 5.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	253.4	\$ 211.68	\$ 4.47
Anesthesia	55.5	250.81	1.16	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	48.5	254.85	1.03
Inpatient Visits	112.9	88.22	0.83	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	92.6	90.71	0.70
Urgent Care/Emergency Room	722.3	76.26	4.59	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	592.6	77.76	3.84
Office/Home Visits	2,334.7	68.62	13.35	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,570.3	69.61	14.91
Preventive Care	607.6	53.32	2.70	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	662.5	54.16	2.99
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	145.5	171.55	2.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	127.1	173.72	1.84
Allergy/Immunotherapy	76.8	64.06	0.41	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	67.1	64.38	0.36
Lab/Path/Rad	3,900.3	26.40	8.58	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3,406.3	26.77	7.60
Office Adm. Drugs	634.4	30.08	1.59	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	554.0	30.54	1.41
Clinic	880.7	161.87	11.88	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	769.1	147.45	9.45
Psych/SUD	28.9	49.83	0.12	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	25.2	52.38	0.11
Physical Therapy	397.0	31.44	1.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	346.7	31.84	0.92
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	351.0	117.95	3.45	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	306.5	119.80	3.06
<b>Subtotal</b>	<b>10,537.8</b>	<b>\$ 64.70</b>	<b>\$ 56.82</b>							<b>9,821.9</b>	<b>\$ 64.37</b>	<b>\$ 52.69</b>
<b>Total Medical</b>	<b>31,880.0</b>	<b>\$ 64.14</b>	<b>\$ 170.40</b>							<b>27,933.2</b>	<b>\$ 66.23</b>	<b>\$ 154.17</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	85.9	\$ 1,779.74	\$ 12.74	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	76.2	\$ 1,779.53	\$ 11.30
Outpatient Treatment	4,858.8	96.54	39.09	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	4,430.1	96.54	35.64
Intermediate Care	53.5	379.07	1.69	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	48.8	378.69	1.54
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,998.2</b>	<b>\$ 132.10</b>	<b>\$ 55.02</b>							<b>4,555.1</b>	<b>\$ 131.67</b>	<b>\$ 49.98</b>
<b>Short Term Institutional / HCBS</b>	<b>20.7</b>	<b>\$ 771.01</b>	<b>\$ 1.33</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>21.0</b>	<b>\$ 788.57</b>	<b>\$ 1.38</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	61.6	\$ 2,370.78	\$ 12.17	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	54.6	\$ 2,305.49	\$ 10.49
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	12.2	1,357.38	1.38	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	11.8	1,301.69	1.28
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	73.8	\$ 2,203.25	\$ 13.55							66.4	\$ 2,127.11	\$ 11.77
<b>Outpatient Hospital</b>												
Emergency Room	1,815.8	\$ 118.29	\$ 17.90	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	1,473.6	\$ 127.61	\$ 15.67
General	10,557.4	49.60	43.64	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	9,906.6	53.52	44.18
Subtotal	12,373.2	\$ 59.68	\$ 61.54							11,380.2	\$ 63.11	\$ 59.85
<b>Ancillary</b>												
Pharmacy	8,091.4	\$ 40.96	\$ 27.62	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	7,797.8	\$ 44.49	\$ 28.91
DME/Supplies/Prosthetics	134.2	93.89	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	123.9	99.76	1.03
Ambulance	129.5	61.16	0.66	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	119.5	71.30	0.71
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.1	95.05	0.08	0.9715	1.0586	0.9500	1.0025	1.0000	1.0206	9.3	103.23	0.08
Chiropractic Services	705.0	31.49	1.85	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	650.7	33.38	1.81
Podiatry	45.8	75.98	0.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	42.3	79.43	0.28
Vision	957.2	33.72	2.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	883.4	35.73	2.63
Other Ancillary	84.8	29.72	0.21	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	78.3	32.18	0.21
Subtotal	10,158.0	\$ 40.70	\$ 34.45							9,705.2	\$ 44.09	\$ 35.66
<b>Professional</b>												
Surgery	355.4	\$ 158.69	\$ 4.70	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	348.0	\$ 161.03	\$ 4.67
Anesthesia	60.1	229.62	1.15	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	58.8	232.65	1.14
Inpatient Visits	140.3	81.25	0.95	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	133.7	82.57	0.92
Urgent Care/Emergency Room	1,141.1	81.18	7.72	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	966.4	82.57	6.65
Office/Home Visits	2,832.7	60.62	14.31	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,088.6	61.50	15.83
Preventive Care	849.0	52.01	3.68	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	903.2	52.75	3.97
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	296.4	223.48	5.52	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	290.2	226.60	5.48
Allergy/Immunotherapy	22.3	53.81	0.10	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	21.8	55.05	0.10
Lab/Path/Rad	6,004.2	22.94	11.48	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,720.4	23.29	11.10
Office Adm. Drugs	852.6	26.88	1.91	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	834.9	27.31	1.90
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	37.4	51.34	0.16	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	36.6	52.46	0.16
Physical Therapy	618.4	28.53	1.47	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	605.5	28.93	1.46
Family Planning	8.3	14.46	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	8.1	14.81	0.01
Other Professional	345.7	145.79	4.20	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	338.5	147.83	4.17
Subtotal	13,563.9	\$ 50.75	\$ 57.36							13,354.7	\$ 51.72	\$ 57.56
<b>Total Medical</b>	<b>36,168.9</b>	<b>\$ 55.37</b>	<b>\$ 166.90</b>							<b>34,506.5</b>	<b>\$ 57.32</b>	<b>\$ 164.84</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	87.6	\$ 2,212.33	\$ 16.15	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	66.9	\$ 2,165.02	\$ 12.07
Psychiatric/SUD	4.2	1,142.86	0.40	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	3.6	1,133.33	0.34
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>91.8</b>	<b>\$ 2,163.40</b>	<b>\$ 16.55</b>							<b>70.5</b>	<b>\$ 2,112.34</b>	<b>\$ 12.41</b>
<b>Outpatient Hospital</b>												
Emergency Room	732.2	\$ 118.66	\$ 7.24	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	575.7	\$ 128.40	\$ 6.16
General	3,729.2	87.82	27.29	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	3,026.4	95.44	24.07
<b>Subtotal</b>	<b>4,461.4</b>	<b>\$ 92.88</b>	<b>\$ 34.53</b>							<b>3,602.1</b>	<b>\$ 100.71</b>	<b>\$ 30.23</b>
<b>Ancillary</b>												
Pharmacy	6,460.3	\$ 80.67	\$ 43.43	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	5,734.4	\$ 87.60	\$ 41.86
DME/Supplies/Prosthetics	151.3	145.14	1.83	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	132.3	154.20	1.70
Ambulance	64.1	84.24	0.45	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	56.0	98.57	0.46
Non-Emergency Transportation	19.9	48.24	0.08	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	17.4	48.28	0.07
Home Health/Hospice	37.1	61.46	0.19	0.9715	1.0586	0.9000	1.0025	1.0000	1.0206	32.4	66.67	0.18
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	0.1	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Vision	793.4	34.33	2.27	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	693.7	36.50	2.11
Other Ancillary	450.0	31.47	1.18	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	393.5	33.24	1.09
<b>Subtotal</b>	<b>7,976.2</b>	<b>\$ 74.37</b>	<b>\$ 49.43</b>							<b>7,059.8</b>	<b>\$ 80.69</b>	<b>\$ 47.47</b>
<b>Professional</b>												
Surgery	233.3	\$ 229.92	\$ 4.47	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	203.7	\$ 233.28	\$ 3.96
Anesthesia	44.3	260.05	0.96	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	38.7	263.57	0.85
Inpatient Visits	96.2	88.57	0.71	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	78.9	91.25	0.60
Urgent Care/Emergency Room	414.7	71.47	2.47	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	340.2	73.02	2.07
Office/Home Visits	1,356.4	69.71	7.88	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,493.3	70.72	8.80
Preventive Care	425.4	55.29	1.96	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	463.8	56.14	2.17
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	50.6	59.29	0.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	44.2	59.73	0.22
Lab/Path/Rad	1,599.1	26.11	3.48	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,396.5	26.47	3.08
Office Adm. Drugs	51.7	62.67	0.27	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	45.2	63.72	0.24
Clinic	448.7	156.72	5.86	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	391.9	142.69	4.66
Psych/SUD	5.6	64.29	0.03	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4.9	73.47	0.03
Physical Therapy	344.8	29.93	0.86	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	301.1	30.29	0.76
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	178.8	44.30	0.66	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	156.2	44.56	0.58
<b>Subtotal</b>	<b>5,249.6</b>	<b>\$ 68.26</b>	<b>\$ 29.86</b>							<b>4,958.6</b>	<b>\$ 67.81</b>	<b>\$ 28.02</b>
<b>Total Medical</b>	<b>17,779.0</b>	<b>\$ 87.99</b>	<b>\$ 130.37</b>							<b>15,691.0</b>	<b>\$ 90.34</b>	<b>\$ 118.13</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	65.6	\$ 1,825.61	\$ 9.98	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	58.2	\$ 1,824.74	\$ 8.85
Outpatient Treatment	7,573.8	93.75	59.17	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	6,905.5	93.75	53.95
Intermediate Care	90.6	284.77	2.15	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	82.6	284.75	1.96
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>7,730.0</b>	<b>\$ 113.01</b>	<b>\$ 72.80</b>							<b>7,046.3</b>	<b>\$ 112.84</b>	<b>\$ 66.26</b>
<b>Short Term Institutional / HCBS</b>	<b>13.6</b>	<b>\$ 855.88</b>	<b>\$ 0.97</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>13.8</b>	<b>\$ 878.26</b>	<b>\$ 1.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	104.8	\$ 2,856.87	\$ 24.95	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	93.0	\$ 2,774.19	\$ 21.50
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>104.8</b>	<b>\$ 2,856.87</b>	<b>\$ 24.95</b>							<b>93.0</b>	<b>\$ 2,774.19</b>	<b>\$ 21.50</b>
<b>Outpatient Hospital</b>												
Emergency Room	933.5	\$ 121.99	\$ 9.49	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	757.6	\$ 131.63	\$ 8.31
General	3,782.8	75.34	23.75	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	3,549.6	81.27	24.04
<b>Subtotal</b>	<b>4,716.3</b>	<b>\$ 84.57</b>	<b>\$ 33.24</b>							<b>4,307.2</b>	<b>\$ 90.13</b>	<b>\$ 32.35</b>
<b>Ancillary</b>												
Pharmacy	4,914.8	\$ 81.87	\$ 33.53	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,736.5	\$ 88.90	\$ 35.09
DME/Supplies/Prosthetics	104.9	120.11	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	96.8	127.69	1.03
Ambulance	79.2	60.61	0.40	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	73.1	70.59	0.43
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	350.0	31.54	0.92	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	323.0	33.44	0.90
Podiatry	35.8	67.04	0.20	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	33.0	72.73	0.20
Vision	622.1	33.95	1.76	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	574.2	35.95	1.72
Other Ancillary	29.9	28.09	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	27.6	30.43	0.07
<b>Subtotal</b>	<b>6,136.7</b>	<b>\$ 74.17</b>	<b>\$ 37.93</b>							<b>5,864.2</b>	<b>\$ 80.71</b>	<b>\$ 39.44</b>
<b>Professional</b>												
Surgery	270.9	\$ 166.56	\$ 3.76	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	265.3	\$ 168.71	\$ 3.73
Anesthesia	48.3	243.48	0.98	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	47.3	246.09	0.97
Inpatient Visits	90.3	115.61	0.87	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	86.0	117.21	0.84
Urgent Care/Emergency Room	589.2	74.75	3.67	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	499.0	75.99	3.16
Office/Home Visits	1,406.1	63.84	7.48	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,533.1	64.73	8.27
Preventive Care	577.9	54.20	2.61	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	614.8	55.04	2.82
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	49.1	43.99	0.18	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	48.1	44.91	0.18
Lab/Path/Rad	1,826.1	23.53	3.58	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	1,739.8	23.86	3.46
Office Adm. Drugs	25.6	14.06	0.03	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	25.1	14.34	0.03
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.4	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Physical Therapy	589.2	29.12	1.43	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	576.9	29.54	1.42
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	147.8	45.47	0.56	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	144.7	46.44	0.56
<b>Subtotal</b>	<b>5,620.9</b>	<b>\$ 53.69</b>	<b>\$ 25.15</b>							<b>5,580.5</b>	<b>\$ 54.70</b>	<b>\$ 25.44</b>
<b>Total Medical</b>	<b>16,578.7</b>	<b>\$ 87.78</b>	<b>\$ 121.27</b>							<b>15,844.9</b>	<b>\$ 89.92</b>	<b>\$ 118.73</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	121.9	\$ 2,677.60	\$ 27.20	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	99.9	\$ 2,697.90	\$ 22.46
Psychiatric/SUD	1.6	600.00	0.08	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	1.4	600.00	0.07
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	28.7	1,459.23	3.49	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	27.9	1,445.16	3.36
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	0.5	480.00	0.02	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	0.5	480.00	0.02
<b>Subtotal</b>	<b>152.7</b>	<b>\$ 2,419.65</b>	<b>\$ 30.79</b>							<b>129.7</b>	<b>\$ 2,397.22</b>	<b>\$ 25.91</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,358.5	\$ 100.74	\$ 19.80	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,988.9	\$ 107.82	\$ 17.87
General	16,774.1	63.84	89.24	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	14,463.9	68.56	82.64
<b>Subtotal</b>	<b>19,132.6</b>	<b>\$ 68.39</b>	<b>\$ 109.04</b>							<b>16,452.8</b>	<b>\$ 73.31</b>	<b>\$ 100.51</b>
<b>Ancillary</b>												
Pharmacy	13,809.7	\$ 40.14	\$ 46.19	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	12,696.5	\$ 43.81	\$ 46.35
DME/Supplies/Prosthetics	254.4	113.21	2.40	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	228.6	120.21	2.29
Ambulance	133.3	76.52	0.85	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	119.8	89.15	0.89
Non-Emergency Transportation	23.4	35.90	0.07	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	21.0	40.00	0.07
Home Health/Hospice	40.4	151.49	0.51	0.9715	1.0586	0.9250	1.0019	1.0000	1.0206	36.3	165.29	0.50
Chiropractic Services	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Podiatry	0.3	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.3	-	-
Vision	872.3	36.18	2.63	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	783.9	38.42	2.51
Other Ancillary	950.7	31.93	2.53	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	854.4	33.85	2.41
<b>Subtotal</b>	<b>16,084.5</b>	<b>\$ 41.17</b>	<b>\$ 55.18</b>							<b>14,740.8</b>	<b>\$ 44.79</b>	<b>\$ 55.02</b>
<b>Professional</b>												
Surgery	605.9	\$ 228.35	\$ 11.53	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	557.2	\$ 231.73	\$ 10.76
Anesthesia	128.6	235.15	2.52	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	118.3	238.38	2.35
Inpatient Visits	223.5	81.07	1.51	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	196.7	82.97	1.36
Urgent Care/Emergency Room	1,312.3	77.45	8.47	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	1,154.8	78.87	7.59
Office/Home Visits	3,219.5	64.41	17.28	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,510.4	65.33	19.11
Preventive Care	655.3	46.51	2.54	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	709.3	47.20	2.79
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	340.2	161.55	4.58	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	312.9	163.76	4.27
Allergy/Immunotherapy	41.3	95.88	0.33	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	38.0	97.89	0.31
Lab/Path/Rad	6,577.4	29.45	16.14	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	6,049.2	29.88	15.06
Office Adm. Drugs	683.9	48.78	2.78	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	629.0	49.41	2.59
Clinic	1,149.2	163.00	15.61	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,056.9	148.51	13.08
Psych/SUD	33.5	50.15	0.14	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	30.8	50.65	0.13
Physical Therapy	432.6	28.29	1.02	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	397.9	28.65	0.95
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	557.7	97.26	4.52	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	512.9	98.73	4.22
<b>Subtotal</b>	<b>15,960.9</b>	<b>\$ 66.89</b>	<b>\$ 88.97</b>							<b>15,274.3</b>	<b>\$ 66.44</b>	<b>\$ 84.57</b>
<b>Total Medical</b>	<b>51,330.7</b>	<b>\$ 66.39</b>	<b>\$ 283.98</b>							<b>46,597.6</b>	<b>\$ 68.50</b>	<b>\$ 266.01</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	56.8	\$ 1,231.69	\$ 5.83	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	51.8	\$ 1,232.43	\$ 5.32
Outpatient Treatment	2,577.6	89.20	19.16	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	2,397.9	89.18	17.82
Intermediate Care	129.6	711.11	7.68	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	120.6	710.45	7.14
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,764.0</b>	<b>\$ 148.35</b>	<b>\$ 34.17</b>							<b>2,570.3</b>	<b>\$ 148.37</b>	<b>\$ 31.78</b>
<b>Short Term Institutional / HCBS</b>	<b>29.7</b>	<b>\$ 347.47</b>	<b>\$ 0.86</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>30.1</b>	<b>\$ 354.82</b>	<b>\$ 0.89</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	101.6	\$ 2,377.56	\$ 20.13	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	92.6	\$ 2,383.15	\$ 18.39
Psychiatric/SUD	2.5	1,680.00	0.35	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	2.4	1,650.00	0.33
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	36.1	761.22	2.29	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	35.0	757.71	2.21
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>140.2</b>	<b>\$ 1,948.93</b>	<b>\$ 22.77</b>							<b>130.0</b>	<b>\$ 1,932.00</b>	<b>\$ 20.93</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,798.1	\$ 121.75	\$ 28.39	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	2,412.7	\$ 130.01	\$ 26.14
General	17,500.2	56.93	83.02	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	16,755.2	60.79	84.88
<b>Subtotal</b>	<b>20,298.3</b>	<b>\$ 65.86</b>	<b>\$ 111.41</b>							<b>19,167.9</b>	<b>\$ 69.50</b>	<b>\$ 111.02</b>
<b>Ancillary</b>												
Pharmacy	12,402.8	\$ 40.44	\$ 41.80	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	12,110.1	\$ 44.14	\$ 44.55
DME/Supplies/Prosthetics	242.1	113.51	2.29	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	226.4	120.32	2.27
Ambulance	171.8	57.28	0.82	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	160.6	66.50	0.89
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	8.6	97.67	0.07	0.9715	1.0586	0.9625	1.0019	1.0000	1.0206	8.0	105.00	0.07
Chiropractic Services	905.6	32.33	2.44	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	846.8	34.29	2.42
Podiatry	61.4	64.50	0.33	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	57.4	68.99	0.33
Vision	819.7	35.87	2.45	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	766.5	38.04	2.43
Other Ancillary	118.7	32.35	0.32	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	111.0	34.59	0.32
<b>Subtotal</b>	<b>14,730.7</b>	<b>\$ 41.15</b>	<b>\$ 50.52</b>							<b>14,286.8</b>	<b>\$ 44.75</b>	<b>\$ 53.28</b>
<b>Professional</b>												
Surgery	665.8	\$ 160.59	\$ 8.91	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	665.2	\$ 162.90	\$ 9.03
Anesthesia	106.5	236.62	2.10	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	106.4	240.23	2.13
Inpatient Visits	259.0	81.54	1.76	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	253.6	82.81	1.75
Urgent Care/Emergency Room	1,784.1	84.21	12.52	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,605.3	85.59	11.45
Office/Home Visits	3,785.9	60.64	19.13	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	4,097.9	61.52	21.01
Preventive Care	995.3	47.86	3.97	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,057.6	48.56	4.28
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	533.3	229.74	10.21	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	532.8	233.11	10.35
Allergy/Immunotherapy	35.5	67.61	0.20	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	35.5	67.61	0.20
Lab/Path/Rad	10,239.0	26.05	22.23	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	10,025.9	26.43	22.08
Office Adm. Drugs	833.1	25.64	1.78	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	832.3	25.95	1.80
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	43.9	46.47	0.17	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	43.9	46.47	0.17
Physical Therapy	453.5	27.78	1.05	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	453.1	28.07	1.06
Family Planning	9.5	50.53	0.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	9.5	50.53	0.04
Other Professional	552.8	115.27	5.31	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	552.3	116.89	5.38
<b>Subtotal</b>	<b>20,297.2</b>	<b>\$ 52.84</b>	<b>\$ 89.38</b>							<b>20,271.3</b>	<b>\$ 53.71</b>	<b>\$ 90.73</b>
<b>Total Medical</b>	<b>55,466.4</b>	<b>\$ 59.30</b>	<b>\$ 274.08</b>							<b>53,856.0</b>	<b>\$ 61.49</b>	<b>\$ 275.96</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	233.5	\$ 2,330.11	\$ 45.34	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	191.3	\$ 2,347.94	\$ 37.43
Psychiatric/SUD	3.0	920.00	0.23	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	2.7	933.33	0.21
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>236.5</b>	<b>\$ 2,312.22</b>	<b>\$ 45.57</b>							<b>194.0</b>	<b>\$ 2,328.25</b>	<b>\$ 37.64</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,568.3	\$ 105.67	\$ 13.81	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,322.6	\$ 113.05	\$ 12.46
General	7,558.9	79.19	49.88	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	6,517.9	85.04	46.19
<b>Subtotal</b>	<b>9,127.2</b>	<b>\$ 83.74</b>	<b>\$ 63.69</b>							<b>7,840.5</b>	<b>\$ 89.76</b>	<b>\$ 58.65</b>
<b>Ancillary</b>												
Pharmacy	7,903.8	\$ 52.76	\$ 34.75	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	7,266.7	\$ 57.58	\$ 34.87
DME/Supplies/Prosthetics	326.0	139.14	3.78	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	293.0	147.44	3.60
Ambulance	114.2	83.01	0.79	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	102.6	97.08	0.83
Non-Emergency Transportation	0.1	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.1	-	-
Home Health/Hospice	41.5	176.39	0.61	0.9715	1.0586	0.9250	1.0019	1.0000	1.0206	37.3	189.81	0.59
Chiropractic Services	0.7	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.6	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Vision	626.2	37.18	1.94	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	562.7	39.45	1.85
Other Ancillary	660.0	32.00	1.76	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	593.1	33.99	1.68
<b>Subtotal</b>	<b>9,672.5</b>	<b>\$ 54.13</b>	<b>\$ 43.63</b>							<b>8,856.1</b>	<b>\$ 58.83</b>	<b>\$ 43.42</b>
<b>Professional</b>												
Surgery	414.3	\$ 244.46	\$ 8.44	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	381.0	\$ 247.87	\$ 7.87
Anesthesia	82.5	257.45	1.77	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	75.9	260.87	1.65
Inpatient Visits	260.6	89.33	1.94	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	229.3	91.06	1.74
Urgent Care/Emergency Room	861.9	73.79	5.30	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	758.5	75.15	4.75
Office/Home Visits	1,743.2	66.84	9.71	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,900.7	67.81	10.74
Preventive Care	226.4	42.40	0.80	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	245.1	43.08	0.88
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.2	600.00	0.01	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	0.2	600.00	0.01
Allergy/Immunotherapy	18.7	77.01	0.12	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	17.2	76.74	0.11
Lab/Path/Rad	2,493.7	25.26	5.25	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	2,293.5	25.64	4.90
Office Adm. Drugs	232.2	29.46	0.57	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	213.6	29.78	0.53
Clinic	571.0	157.83	7.51	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	525.1	143.74	6.29
Psych/SUD	0.9	133.33	0.01	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	279.3	27.93	0.65	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	256.9	28.49	0.61
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	371.0	55.63	1.72	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	341.2	56.27	1.60
<b>Subtotal</b>	<b>7,555.9</b>	<b>\$ 69.56</b>	<b>\$ 43.80</b>							<b>7,239.0</b>	<b>\$ 69.11</b>	<b>\$ 41.69</b>
<b>Total Medical</b>	<b>26,592.1</b>	<b>\$ 88.76</b>	<b>\$ 196.69</b>							<b>24,129.6</b>	<b>\$ 90.21</b>	<b>\$ 181.40</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	57.8	\$ 1,060.90	\$ 5.11	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	52.7	\$ 1,061.10	\$ 4.66
Outpatient Treatment	1,615.5	82.15	11.06	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	1,502.9	82.16	10.29
Intermediate Care	32.5	590.77	1.60	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	30.2	592.05	1.49
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,705.8</b>	<b>\$ 135.56</b>	<b>\$ 19.27</b>							<b>1,585.8</b>	<b>\$ 135.75</b>	<b>\$ 17.94</b>
<b>Short Term Institutional / HCBS</b>	<b>4.8</b>	<b>\$ 150.00</b>	<b>\$ 0.06</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>4.9</b>	<b>\$ 146.94</b>	<b>\$ 0.06</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	203.9	\$ 2,334.09	\$ 39.66	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	185.9	\$ 2,338.68	\$ 36.23
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>203.9</b>	<b>\$ 2,334.09</b>	<b>\$ 39.66</b>							<b>185.9</b>	<b>\$ 2,338.68</b>	<b>\$ 36.23</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,035.2	\$ 115.98	\$ 19.67	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	1,754.9	\$ 123.84	\$ 18.11
General	8,939.6	63.72	47.47	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	8,559.0	68.05	48.54
<b>Subtotal</b>	<b>10,974.8</b>	<b>\$ 73.41</b>	<b>\$ 67.14</b>							<b>10,313.9</b>	<b>\$ 77.55</b>	<b>\$ 66.65</b>
<b>Ancillary</b>												
Pharmacy	6,624.0	\$ 59.18	\$ 32.67	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	6,467.7	\$ 64.60	\$ 34.82
DME/Supplies/Prosthetics	318.9	115.90	3.08	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	298.2	122.74	3.05
Ambulance	96.7	62.05	0.50	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	90.4	73.01	0.55
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	40.9	96.82	0.33	0.9715	1.0586	0.9625	1.0019	1.0000	1.0206	38.2	103.66	0.33
Chiropractic Services	628.5	32.08	1.68	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	587.7	34.10	1.67
Podiatry	69.7	70.59	0.41	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	65.2	75.46	0.41
Vision	528.1	39.31	1.73	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	493.8	41.80	1.72
Other Ancillary	93.0	32.26	0.25	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	87.0	34.48	0.25
<b>Subtotal</b>	<b>8,399.8</b>	<b>\$ 58.07</b>	<b>\$ 40.65</b>							<b>8,128.2</b>	<b>\$ 63.19</b>	<b>\$ 42.80</b>
<b>Professional</b>												
Surgery	459.8	\$ 199.39	\$ 7.64	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	459.4	\$ 202.18	\$ 7.74
Anesthesia	92.7	257.61	1.99	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	92.6	261.77	2.02
Inpatient Visits	299.4	87.37	2.18	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	293.2	88.81	2.17
Urgent Care/Emergency Room	1,174.5	81.43	7.97	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,056.8	82.78	7.29
Office/Home Visits	1,954.0	65.65	10.69	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	2,115.0	66.61	11.74
Preventive Care	444.9	43.43	1.61	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	472.8	44.16	1.74
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	51.0	58.82	0.25	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	51.0	58.82	0.25
Lab/Path/Rad	2,817.0	25.52	5.99	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	2,758.4	25.88	5.95
Office Adm. Drugs	69.5	12.09	0.07	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	69.4	12.10	0.07
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	824.1	29.27	2.01	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	823.4	29.73	2.04
Family Planning	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Other Professional	300.3	52.75	1.32	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	300.0	53.60	1.34
<b>Subtotal</b>	<b>8,487.2</b>	<b>\$ 58.99</b>	<b>\$ 41.72</b>							<b>8,492.0</b>	<b>\$ 59.84</b>	<b>\$ 42.35</b>
<b>Total Medical</b>	<b>28,065.7</b>	<b>\$ 80.88</b>	<b>\$ 189.17</b>							<b>27,120.0</b>	<b>\$ 83.20</b>	<b>\$ 188.03</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	321.7	\$ 2,356.73	\$ 63.18	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	263.6	\$ 2,374.51	\$ 52.16
Psychiatric/SUD	2.2	872.73	0.16	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	2.0	840.00	0.14
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	3.7	1,816.22	0.56	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	3.6	1,800.00	0.54
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>327.6</b>	<b>\$ 2,340.66</b>	<b>\$ 63.90</b>							<b>269.2</b>	<b>\$ 2,355.42</b>	<b>\$ 52.84</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,969.9	\$ 103.38	\$ 16.97	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,661.2	\$ 110.59	\$ 15.31
General	18,224.9	79.43	120.64	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	15,714.9	85.30	111.71
<b>Subtotal</b>	<b>20,194.8</b>	<b>\$ 81.77</b>	<b>\$ 137.61</b>							<b>17,376.1</b>	<b>\$ 87.72</b>	<b>\$ 127.02</b>
<b>Ancillary</b>												
Pharmacy	24,289.5	\$ 47.84	\$ 96.83	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	22,331.5	\$ 52.22	\$ 97.17
DME/Supplies/Prosthetics	637.9	117.57	6.25	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	573.3	124.75	5.96
Ambulance	168.0	75.71	1.06	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	151.0	88.21	1.11
Non-Emergency Transportation	8.2	43.90	0.03	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	7.4	48.65	0.03
Home Health/Hospice	124.6	134.83	1.40	0.9715	1.0586	0.9250	1.0019	1.0000	1.0206	112.0	145.71	1.36
Chiropractic Services	1.2	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1.1	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Vision	1,098.7	37.57	3.44	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	987.4	39.86	3.28
Other Ancillary	1,184.6	31.81	3.14	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1,064.5	33.71	2.99
<b>Subtotal</b>	<b>27,512.7</b>	<b>\$ 48.92</b>	<b>\$ 112.15</b>							<b>25,228.2</b>	<b>\$ 53.23</b>	<b>\$ 111.90</b>
<b>Professional</b>												
Surgery	960.0	\$ 245.75	\$ 19.66	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	882.9	\$ 249.27	\$ 18.34
Anesthesia	189.9	243.29	3.85	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	174.7	246.59	3.59
Inpatient Visits	428.0	81.31	2.90	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	376.6	83.17	2.61
Urgent Care/Emergency Room	1,081.7	81.65	7.36	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	951.9	83.20	6.60
Office/Home Visits	4,151.4	66.28	22.93	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	4,526.4	67.23	25.36
Preventive Care	535.7	52.19	2.33	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	579.8	52.98	2.56
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	78.9	138.40	0.91	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	72.6	140.50	0.85
Allergy/Immunotherapy	79.8	72.18	0.48	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	73.4	73.57	0.45
Lab/Path/Rad	6,800.7	29.68	16.82	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	6,254.6	30.10	15.69
Office Adm. Drugs	709.7	69.83	4.13	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	652.7	70.78	3.85
Clinic	1,204.5	161.00	16.16	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,107.8	146.67	13.54
Psych/SUD	12.4	38.71	0.04	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	11.4	42.11	0.04
Physical Therapy	751.5	28.10	1.76	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	691.2	28.47	1.64
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	925.8	57.03	4.40	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	851.5	57.92	4.11
<b>Subtotal</b>	<b>17,910.0</b>	<b>\$ 69.50</b>	<b>\$ 103.73</b>							<b>17,207.5</b>	<b>\$ 69.20</b>	<b>\$ 99.23</b>
<b>Total Medical</b>	<b>65,945.1</b>	<b>\$ 75.95</b>	<b>\$ 417.39</b>							<b>60,081.0</b>	<b>\$ 78.09</b>	<b>\$ 390.99</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	67.5	\$ 1,445.33	\$ 8.13	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	61.5	\$ 1,445.85	\$ 7.41
Outpatient Treatment	3,311.7	81.89	22.60	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	3,080.9	81.87	21.02
Intermediate Care	72.3	668.88	4.03	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	67.3	668.65	3.75
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,451.5</b>	<b>\$ 126.07</b>	<b>\$ 36.26</b>							<b>3,209.7</b>	<b>\$ 125.92</b>	<b>\$ 33.68</b>
<b>Short Term Institutional / HCBS</b>	<b>37.1</b>	<b>\$ 342.86</b>	<b>\$ 1.06</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>37.6</b>	<b>\$ 351.06</b>	<b>\$ 1.10</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	359.8	\$ 2,429.02	\$ 72.83	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	328.1	\$ 2,433.65	\$ 66.54
Psychiatric/SUD	1.8	2,066.67	0.31	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	1.7	2,047.06	0.29
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	2.4	1,800.00	0.36	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	2.3	1,826.09	0.35
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>364.0</b>	<b>\$ 2,423.08</b>	<b>\$ 73.50</b>							<b>332.1</b>	<b>\$ 2,427.46</b>	<b>\$ 67.18</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,550.4	\$ 123.56	\$ 26.26	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	2,199.1	\$ 131.94	\$ 24.18
General	20,735.8	73.68	127.32	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	19,853.1	78.69	130.18
<b>Subtotal</b>	<b>23,286.2</b>	<b>\$ 79.14</b>	<b>\$ 153.58</b>							<b>22,052.2</b>	<b>\$ 84.00</b>	<b>\$ 154.36</b>
<b>Ancillary</b>												
Pharmacy	23,974.0	\$ 44.38	\$ 88.66	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	23,408.2	\$ 48.44	\$ 94.49
DME/Supplies/Prosthetics	567.3	172.18	8.14	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	530.5	182.54	8.07
Ambulance	260.4	57.14	1.24	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	243.5	66.53	1.35
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	110.1	113.35	1.04	0.9715	1.0586	0.9625	1.0019	1.0000	1.0206	103.0	122.33	1.05
Chiropractic Services	1,185.7	31.78	3.14	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	1,108.7	33.66	3.11
Podiatry	157.2	56.49	0.74	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	147.0	59.59	0.73
Vision	1,057.2	37.46	3.30	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	988.6	39.69	3.27
Other Ancillary	143.4	34.31	0.41	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	134.1	36.69	0.41
<b>Subtotal</b>	<b>27,455.3</b>	<b>\$ 46.62</b>	<b>\$ 106.67</b>							<b>26,663.6</b>	<b>\$ 50.62</b>	<b>\$ 112.48</b>
<b>Professional</b>												
Surgery	1,174.2	\$ 188.96	\$ 18.49	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,173.1	\$ 191.70	\$ 18.74
Anesthesia	190.5	254.49	4.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	190.3	257.91	4.09
Inpatient Visits	469.6	86.63	3.39	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	459.8	87.95	3.37
Urgent Care/Emergency Room	1,583.7	89.64	11.83	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,425.0	91.12	10.82
Office/Home Visits	5,218.4	65.10	28.31	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	5,648.4	66.05	31.09
Preventive Care	942.6	55.76	4.38	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,001.6	56.55	4.72
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	98.9	189.28	1.56	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	98.8	191.90	1.58
Allergy/Immunotherapy	153.3	35.23	0.45	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	153.2	36.03	0.46
Lab/Path/Rad	10,771.9	26.62	23.90	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	10,547.7	27.01	23.74
Office Adm. Drugs	779.0	87.96	5.71	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	778.3	89.27	5.79
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	9.7	49.48	0.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	9.7	49.48	0.04
Physical Therapy	1,257.7	28.81	3.02	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,256.6	29.22	3.06
Family Planning	6.9	17.39	0.01	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	6.9	17.39	0.01
Other Professional	1,111.3	65.65	6.08	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,110.3	66.58	6.16
<b>Subtotal</b>	<b>23,767.7</b>	<b>\$ 56.15</b>	<b>\$ 111.21</b>							<b>23,859.7</b>	<b>\$ 57.17</b>	<b>\$ 113.67</b>
<b>Total Medical</b>	<b>74,873.2</b>	<b>\$ 71.31</b>	<b>\$ 444.96</b>							<b>72,907.6</b>	<b>\$ 73.69</b>	<b>\$ 447.69</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	396.6	\$ 2,770.05	\$ 91.55	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	325.0	\$ 2,791.02	\$ 75.59
Psychiatric/SUD	2.0	1,380.00	0.23	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	1.8	1,400.00	0.21
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>398.6</b>	<b>\$ 2,763.07</b>	<b>\$ 91.78</b>							<b>326.8</b>	<b>\$ 2,783.35</b>	<b>\$ 75.80</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,505.4	\$ 108.09	\$ 13.56	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,269.5	\$ 115.70	\$ 12.24
General	12,210.1	94.11	95.76	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	10,528.5	101.06	88.67
<b>Subtotal</b>	<b>13,715.5</b>	<b>\$ 95.65</b>	<b>\$ 109.32</b>							<b>11,798.0</b>	<b>\$ 102.64</b>	<b>\$ 100.91</b>
<b>Ancillary</b>												
Pharmacy	16,420.8	\$ 53.84	\$ 73.68	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	15,097.1	\$ 58.77	\$ 73.94
DME/Supplies/Prosthetics	845.3	123.36	8.69	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	759.6	130.81	8.28
Ambulance	166.9	89.87	1.25	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	150.0	104.80	1.31
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	73.2	227.87	1.39	0.9715	1.0586	0.9250	1.0019	1.0000	1.0206	65.8	246.20	1.35
Chiropractic Services	1.7	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1.5	-	-
Podiatry	2.9	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	2.6	-	-
Vision	854.5	38.20	2.72	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	767.9	40.47	2.59
Other Ancillary	940.5	32.03	2.51	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	845.2	33.93	2.39
<b>Subtotal</b>	<b>19,305.8</b>	<b>\$ 56.09</b>	<b>\$ 90.24</b>							<b>17,689.7</b>	<b>\$ 60.96</b>	<b>\$ 89.86</b>
<b>Professional</b>												
Surgery	724.5	\$ 257.56	\$ 15.55	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	666.3	\$ 261.32	\$ 14.51
Anesthesia	147.8	254.13	3.13	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	135.9	257.84	2.92
Inpatient Visits	563.0	81.21	3.81	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	495.4	83.08	3.43
Urgent Care/Emergency Room	840.6	80.80	5.66	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	739.7	82.25	5.07
Office/Home Visits	2,901.0	67.55	16.33	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,163.1	68.52	18.06
Preventive Care	306.4	42.30	1.08	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	331.6	43.06	1.19
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	33.1	97.89	0.27	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	30.4	98.68	0.25
Lab/Path/Rad	4,134.8	27.22	9.38	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	3,802.8	27.61	8.75
Office Adm. Drugs	403.5	58.59	1.97	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	371.1	59.50	1.84
Clinic	812.4	159.97	10.83	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	747.2	145.66	9.07
Psych/SUD	4.4	54.55	0.02	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	4.0	60.00	0.02
Physical Therapy	689.4	28.20	1.62	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	634.0	28.58	1.51
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	846.9	54.27	3.83	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	778.9	55.00	3.57
<b>Subtotal</b>	<b>12,407.8</b>	<b>\$ 71.06</b>	<b>\$ 73.48</b>							<b>11,900.4</b>	<b>\$ 70.78</b>	<b>\$ 70.19</b>
<b>Total Medical</b>	<b>45,827.7</b>	<b>\$ 95.53</b>	<b>\$ 364.82</b>							<b>41,714.9</b>	<b>\$ 96.87</b>	<b>\$ 336.76</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	50.2	\$ 1,525.10	\$ 6.38	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	45.8	\$ 1,524.89	\$ 5.82
Outpatient Treatment	2,022.3	91.62	15.44	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	1,881.3	91.60	14.36
Intermediate Care	23.3	664.38	1.29	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	21.7	663.59	1.20
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,095.8</b>	<b>\$ 140.91</b>	<b>\$ 24.61</b>							<b>1,948.8</b>	<b>\$ 140.89</b>	<b>\$ 22.88</b>
<b>Short Term Institutional / HCBS</b>	<b>204.3</b>	<b>\$ 483.99</b>	<b>\$ 8.24</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>207.3</b>	<b>\$ 496.09</b>	<b>\$ 8.57</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	356.4	\$ 2,575.42	\$ 76.49	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	325.0	\$ 2,580.18	\$ 69.88
Psychiatric/SUD	-	-	0.46	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	-	-	0.44
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Subtotal	356.4	\$ 2,590.91	\$ 76.95							325.0	\$ 2,596.43	\$ 70.32
<b>Outpatient Hospital</b>												
Emergency Room	1,673.5	\$ 125.41	\$ 17.49	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	1,443.0	\$ 133.97	\$ 16.11
General	13,030.2	74.53	80.93	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	12,475.5	79.60	82.75
Subtotal	14,703.7	\$ 80.32	\$ 98.42							13,918.5	\$ 85.23	\$ 98.86
<b>Ancillary</b>												
Pharmacy	15,741.0	\$ 48.99	\$ 64.26	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	15,369.5	\$ 53.47	\$ 68.49
DME/Supplies/Prosthetics	748.7	150.98	9.42	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	700.1	160.09	9.34
Ambulance	164.2	59.20	0.81	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	153.5	68.79	0.88
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	16.4	95.12	0.13	0.9715	1.0586	0.9625	1.0019	1.0000	1.0206	15.3	101.96	0.13
Chiropractic Services	787.0	32.33	2.12	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	735.9	34.24	2.10
Podiatry	80.8	62.38	0.42	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	75.6	66.67	0.42
Vision	692.6	41.76	2.41	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	647.6	44.29	2.39
Other Ancillary	50.6	30.83	0.13	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	47.3	32.98	0.13
Subtotal	18,281.3	\$ 52.32	\$ 79.70							17,744.8	\$ 56.72	\$ 83.88
<b>Professional</b>												
Surgery	773.8	\$ 242.39	\$ 15.63	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	773.1	\$ 245.87	\$ 15.84
Anesthesia	144.7	277.82	3.35	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	144.6	282.16	3.40
Inpatient Visits	464.0	87.67	3.39	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	454.3	89.02	3.37
Urgent Care/Emergency Room	999.0	90.09	7.50	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	898.9	91.58	6.86
Office/Home Visits	3,439.2	66.89	19.17	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	3,722.6	67.86	21.05
Preventive Care	605.9	45.35	2.29	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	643.8	46.04	2.47
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.1	87.80	0.03	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	4.1	87.80	0.03
Lab/Path/Rad	5,569.5	24.35	11.30	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	5,453.6	24.69	11.22
Office Adm. Drugs	245.7	28.82	0.59	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	245.5	29.33	0.60
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	1.4	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1.4	-	-
Physical Therapy	1,082.2	29.83	2.69	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,081.2	30.30	2.73
Family Planning	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Other Professional	739.7	70.24	4.33	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	739.0	71.29	4.39
Subtotal	14,069.2	\$ 59.94	\$ 70.27							14,162.1	\$ 60.97	\$ 71.96
<b>Total Medical</b>	<b>47,410.6</b>	<b>\$ 82.35</b>	<b>\$ 325.34</b>							<b>46,150.4</b>	<b>\$ 84.51</b>	<b>\$ 325.02</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	708.4	\$ 2,457.26	\$ 145.06	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	580.5	\$ 2,475.66	\$ 119.76
Psychiatric/SUD	4.2	285.71	0.10	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	3.8	284.21	0.09
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>712.6</b>	<b>\$ 2,444.46</b>	<b>\$ 145.16</b>							<b>584.3</b>	<b>\$ 2,461.41</b>	<b>\$ 119.85</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,153.3	\$ 108.73	\$ 10.45	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	972.6	\$ 116.35	\$ 9.43
General	18,647.2	90.30	140.32	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	16,079.0	96.98	129.94
<b>Subtotal</b>	<b>19,800.5</b>	<b>\$ 91.37</b>	<b>\$ 150.77</b>							<b>17,051.6</b>	<b>\$ 98.08</b>	<b>\$ 139.37</b>
<b>Ancillary</b>												
Pharmacy	26,964.3	\$ 43.91	\$ 98.67	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	24,790.7	\$ 47.93	\$ 99.02
DME/Supplies/Prosthetics	1,335.6	114.91	12.79	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1,200.2	121.88	12.19
Ambulance	252.4	81.77	1.72	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	226.8	95.24	1.80
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	450.6	210.65	7.91	0.9715	1.0586	0.9250	1.0019	1.0000	1.0206	404.9	227.91	7.69
Chiropractic Services	16.0	7.50	0.01	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	14.4	8.33	0.01
Podiatry	15.5	23.23	0.03	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	13.9	25.90	0.03
Vision	1,234.3	39.37	4.05	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1,109.2	41.76	3.86
Other Ancillary	943.5	31.92	2.51	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	847.9	33.82	2.39
<b>Subtotal</b>	<b>31,212.2</b>	<b>\$ 49.09</b>	<b>\$ 127.69</b>							<b>28,608.0</b>	<b>\$ 53.27</b>	<b>\$ 126.99</b>
<b>Professional</b>												
Surgery	1,330.0	\$ 273.56	\$ 30.32	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	1,223.2	\$ 277.53	\$ 28.29
Anesthesia	231.5	251.40	4.85	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	212.9	254.77	4.52
Inpatient Visits	986.0	73.51	6.04	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	867.7	75.10	5.43
Urgent Care/Emergency Room	746.7	85.50	5.32	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	657.1	87.11	4.77
Office/Home Visits	4,226.0	64.86	22.84	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	4,607.8	65.78	25.26
Preventive Care	495.5	47.71	1.97	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	536.3	48.33	2.16
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	74.5	35.44	0.22	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	68.5	36.79	0.21
Lab/Path/Rad	7,052.9	30.68	18.03	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	6,486.5	31.12	16.82
Office Adm. Drugs	718.3	212.50	12.72	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	660.6	215.62	11.87
Clinic	1,217.0	171.47	17.39	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,119.3	156.20	14.57
Psych/SUD	33.1	29.00	0.08	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	30.4	27.63	0.07
Physical Therapy	785.6	28.87	1.89	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	722.5	29.23	1.76
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,575.4	46.16	6.06	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	1,448.9	46.79	5.65
<b>Subtotal</b>	<b>19,472.5</b>	<b>\$ 78.71</b>	<b>\$ 127.73</b>							<b>18,641.7</b>	<b>\$ 78.13</b>	<b>\$ 121.38</b>
<b>Total Medical</b>	<b>71,197.8</b>	<b>\$ 92.93</b>	<b>\$ 551.35</b>							<b>64,885.6</b>	<b>\$ 93.87</b>	<b>\$ 507.59</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	38.5	\$ 2,122.60	\$ 6.81	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	35.1	\$ 2,123.08	\$ 6.21
Outpatient Treatment	2,593.3	86.44	18.68	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	2,412.5	86.45	17.38
Intermediate Care	7.5	1,664.00	1.04	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	7.0	1,662.86	0.97
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,639.3</b>	<b>\$ 127.44</b>	<b>\$ 28.03</b>							<b>2,454.6</b>	<b>\$ 127.40</b>	<b>\$ 26.06</b>
<b>Short Term Institutional / HCBS</b>	<b>233.8</b>	<b>\$ 249.96</b>	<b>\$ 4.87</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>237.2</b>	<b>\$ 256.49</b>	<b>\$ 5.07</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	225.7	\$ 3,727.60	\$ 70.11	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	205.8	\$ 3,734.69	\$ 64.05
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>225.7</b>	<b>\$ 3,727.60</b>	<b>\$ 70.11</b>							<b>205.8</b>	<b>\$ 3,734.69</b>	<b>\$ 64.05</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,388.3	\$ 125.07	\$ 14.47	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	1,197.1	\$ 133.52	\$ 13.32
General	17,087.7	67.76	96.49	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	16,360.3	72.37	98.66
<b>Subtotal</b>	<b>18,476.0</b>	<b>\$ 72.07</b>	<b>\$ 110.96</b>							<b>17,557.4</b>	<b>\$ 76.54</b>	<b>\$ 111.98</b>
<b>Ancillary</b>												
Pharmacy	26,579.0	\$ 46.77	\$ 103.60	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	25,951.8	\$ 51.05	\$ 110.41
DME/Supplies/Prosthetics	721.5	148.69	8.94	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	674.7	157.76	8.87
Ambulance	261.7	57.32	1.25	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	244.7	66.69	1.36
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	174.4	116.97	1.70	0.9715	1.0586	0.9625	1.0019	1.0000	1.0206	163.1	126.55	1.72
Chiropractic Services	927.7	29.88	2.31	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	867.5	31.68	2.29
Podiatry	115.0	50.09	0.48	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	107.5	53.58	0.48
Vision	1,692.8	38.07	5.37	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	1,582.9	40.41	5.33
Other Ancillary	210.1	43.41	0.76	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	196.5	45.80	0.75
<b>Subtotal</b>	<b>30,682.2</b>	<b>\$ 48.66</b>	<b>\$ 124.41</b>							<b>29,788.7</b>	<b>\$ 52.86</b>	<b>\$ 131.21</b>
<b>Professional</b>												
Surgery	1,122.6	\$ 194.44	\$ 18.19	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,121.6	\$ 197.29	\$ 18.44
Anesthesia	130.4	242.02	2.63	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	130.3	245.89	2.67
Inpatient Visits	454.6	83.68	3.17	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	445.1	84.92	3.15
Urgent Care/Emergency Room	901.3	96.53	7.25	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	811.0	98.10	6.63
Office/Home Visits	5,466.9	66.66	30.37	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	5,917.4	67.63	33.35
Preventive Care	996.1	50.60	4.20	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,058.5	51.36	4.53
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	102.8	31.52	0.27	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	102.7	31.55	0.27
Lab/Path/Rad	10,261.8	24.51	20.96	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	10,048.3	24.86	20.82
Office Adm. Drugs	565.3	46.28	2.18	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	564.8	46.95	2.21
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,423.1	28.28	5.71	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	2,420.9	28.70	5.79
Family Planning	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,351.9	43.14	4.86	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,350.7	43.80	4.93
<b>Subtotal</b>	<b>23,776.8</b>	<b>\$ 50.36</b>	<b>\$ 99.79</b>							<b>23,971.3</b>	<b>\$ 51.46</b>	<b>\$ 102.79</b>
<b>Total Medical</b>	<b>73,160.7</b>	<b>\$ 66.47</b>	<b>\$ 405.27</b>							<b>71,523.2</b>	<b>\$ 68.79</b>	<b>\$ 410.03</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
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	-	-	-
<b>Subtotal</b>	<b>2.5</b>	<b>\$ 2,496.00</b>	<b>\$ 0.52</b>							<b>2.0</b>	<b>\$ 2,460.00</b>	<b>\$ 0.41</b>
<b>Outpatient Hospital</b>												
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
<b>Subtotal</b>	<b>134.5</b>	<b>\$ 94.57</b>	<b>\$ 1.06</b>							<b>107.5</b>	<b>\$ 94.88</b>	<b>\$ 0.85</b>
<b>Ancillary</b>												
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	-	-	-
<b>Subtotal</b>	<b>567.1</b>	<b>\$ 44.23</b>	<b>\$ 2.09</b>							<b>497.2</b>	<b>\$ 44.41</b>	<b>\$ 1.84</b>
<b>Professional</b>												
Surgery	121.9	\$ 131.91	\$ 1.34	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	102.0	\$ 135.29	\$ 1.15
Anesthesia	2.3	260.87	0.05	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	1.9	252.63	0.04
Inpatient Visits	4.4	81.82	0.03	1.0144	1.0290	0.7750	1.0100	1.0000	1.0000	3.5	68.57	0.02
Urgent Care/Emergency Room	2.3	104.35	0.02	1.0144	1.0290	0.7750	1.0050	1.0000	1.0000	1.8	133.33	0.02
Office/Home Visits	340.9	50.34	1.43	1.0144	1.0290	1.0400	1.0000	1.0000	1.0000	359.7	51.71	1.55
Preventive Care	329.7	95.72	2.63	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	344.5	98.58	2.83
Maternity - Delivery	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.8	150.00	0.01	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	0.7	171.43	0.01
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	1,137.3	32.18	3.05	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	951.8	33.16	2.63
Office Adm. Drugs	1,674.2	39.28	5.48	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	1,401.2	40.42	4.72
Clinic	0.8	150.00	0.01	1.0144	1.0290	0.8250	1.0000	1.0000	0.8979	0.7	171.43	0.01
Psych/SUD	1.0	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	0.8	-	-
Physical Therapy	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	266.9	174.00	3.87	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	223.4	178.87	3.33
<b>Subtotal</b>	<b>3,882.5</b>	<b>\$ 55.39</b>	<b>\$ 17.92</b>							<b>3,392.0</b>	<b>\$ 57.70</b>	<b>\$ 16.31</b>
<b>Total Medical</b>	<b>4,586.6</b>	<b>\$ 56.49</b>	<b>\$ 21.59</b>							<b>3,998.7</b>	<b>\$ 58.25</b>	<b>\$ 19.41</b>
<b>Category of Service - Iowa Plan for BH</b>												
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	-	-	-
<b>Total Behavioral Health</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>							<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	61.8	\$ 2,242.72	\$ 11.55	0.9857	0.9928	0.8313	1.0075	1.0000	0.9843	50.6	\$ 2,210.28	\$ 9.32
Psychiatric/SUD	2.7	400.00	0.09	0.9857	0.9928	0.9063	1.0019	1.0000	0.9843	2.4	400.00	0.08
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Maternity Non-Delivery	146.8	1,589.10	19.44	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	142.5	1,541.89	18.31
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Other Newborn	0.1	2,400.00	0.02	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	0.1	2,400.00	0.02
<b>Subtotal</b>	<b>211.4</b>	<b>\$ 1,765.37</b>	<b>\$ 31.10</b>							<b>195.6</b>	<b>\$ 1,701.23</b>	<b>\$ 27.73</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,607.1	\$ 114.17	\$ 15.29	1.0144	1.0736	0.8313	1.0038	1.0000	1.0080	1,355.3	\$ 124.05	\$ 14.01
General	25,560.5	57.78	123.08	1.0144	1.0736	0.8500	1.0075	1.0000	1.0080	22,040.2	63.00	115.71
<b>Subtotal</b>	<b>27,167.6</b>	<b>\$ 61.12</b>	<b>\$ 138.37</b>							<b>23,395.5</b>	<b>\$ 66.54</b>	<b>\$ 129.72</b>
<b>Ancillary</b>												
Pharmacy	8,104.6	\$ 29.42	\$ 19.87	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	7,451.3	\$ 32.11	\$ 19.94
DME/Supplies/Prosthetics	204.6	105.57	1.80	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	183.9	112.23	1.72
Ambulance	166.1	96.81	1.34	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	149.3	112.53	1.40
Non-Emergency Transportation	73.8	37.40	0.23	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	66.3	39.82	0.22
Home Health/Hospice	182.1	104.12	1.58	0.9715	1.0586	0.9250	1.0019	1.0000	1.0206	163.6	112.96	1.54
Chiropractic Services	1.2	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1.1	-	-
Podiatry	0.1	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.1	-	-
Vision	736.8	35.34	2.17	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	662.1	37.52	2.07
Other Ancillary	1,030.2	32.50	2.79	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	925.8	34.48	2.66
<b>Subtotal</b>	<b>10,499.5</b>	<b>\$ 34.04</b>	<b>\$ 29.78</b>							<b>9,603.5</b>	<b>\$ 36.92</b>	<b>\$ 29.55</b>
<b>Professional</b>												
Surgery	420.6	\$ 211.70	\$ 7.42	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	386.8	\$ 214.68	\$ 6.92
Anesthesia	88.2	213.61	1.57	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	81.1	216.03	1.46
Inpatient Visits	439.5	72.63	2.66	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	386.8	74.15	2.39
Urgent Care/Emergency Room	1,017.5	85.39	7.24	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	895.4	86.98	6.49
Office/Home Visits	2,052.5	69.22	11.84	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	2,237.9	70.24	13.10
Preventive Care	1,450.6	19.69	2.38	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	1,570.1	19.95	2.61
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	2,538.8	186.56	39.47	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	2,334.9	189.23	36.82
Allergy/Immunotherapy	2.8	128.57	0.03	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	2.6	138.46	0.03
Lab/Path/Rad	12,583.5	37.72	39.55	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	11,573.0	38.26	36.90
Office Adm. Drugs	469.0	51.43	2.01	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	431.3	52.31	1.88
Clinic	1,729.3	173.06	24.94	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,590.4	157.62	20.89
Psych/SUD	440.1	48.53	1.78	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	404.8	49.21	1.66
Physical Therapy	187.6	32.62	0.51	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	172.5	33.39	0.48
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	558.9	165.11	7.69	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	514.0	167.39	7.17
<b>Subtotal</b>	<b>23,978.9</b>	<b>\$ 74.61</b>	<b>\$ 149.09</b>							<b>22,581.6</b>	<b>\$ 73.76</b>	<b>\$ 138.80</b>
<b>Total Medical</b>	<b>61,857.4</b>	<b>\$ 67.58</b>	<b>\$ 348.34</b>							<b>55,776.2</b>	<b>\$ 70.09</b>	<b>\$ 325.80</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	20.6	\$ 1,275.73	\$ 2.19	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	18.8	\$ 1,276.60	\$ 2.00
Outpatient Treatment	1,215.2	84.83	8.59	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	1,130.5	84.81	7.99
Intermediate Care	114.5	531.35	5.07	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	106.5	531.83	4.72
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,350.3</b>	<b>\$ 154.19</b>	<b>\$ 17.35</b>							<b>1,255.8</b>	<b>\$ 154.90</b>	<b>\$ 16.21</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	28.5	\$ 2,964.21	\$ 7.04	0.9857	0.9928	0.9250	1.0019	1.0000	0.9843	26.0	\$ 2,898.46	\$ 6.28
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9625	1.0019	1.0000	0.9843	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Maternity Non-Delivery	196.2	757.80	12.39	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	190.5	735.12	11.67
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Other Newborn	1.4	857.14	0.10	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	1.4	771.43	0.09
<b>Subtotal</b>	<b>226.1</b>	<b>\$ 1,036.53</b>	<b>\$ 19.53</b>							<b>217.9</b>	<b>\$ 993.48</b>	<b>\$ 18.04</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,728.1	\$ 123.74	\$ 17.82	1.0144	1.0736	0.8500	1.0019	1.0000	1.0080	1,490.1	\$ 134.17	\$ 16.66
General	22,944.9	56.43	107.89	1.0144	1.0736	0.9438	1.0019	1.0000	1.0080	21,968.2	61.17	111.99
<b>Subtotal</b>	<b>24,673.0</b>	<b>\$ 61.14</b>	<b>\$ 125.71</b>							<b>23,458.3</b>	<b>\$ 65.81</b>	<b>\$ 128.65</b>
<b>Ancillary</b>												
Pharmacy	9,172.0	\$ 32.75	\$ 25.03	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	8,955.5	\$ 35.75	\$ 26.68
DME/Supplies/Prosthetics	169.8	113.78	1.61	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	158.8	120.91	1.60
Ambulance	200.3	62.91	1.05	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	187.3	73.68	1.15
Non-Emergency Transportation	2.0	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	1.9	-	-
Home Health/Hospice	69.0	99.13	0.57	0.9715	1.0586	0.9625	1.0019	1.0000	1.0206	64.5	107.91	0.58
Chiropractic Services	1,068.3	31.34	2.79	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	999.0	33.27	2.77
Podiatry	19.6	61.22	0.10	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	18.3	65.57	0.10
Vision	673.8	36.87	2.07	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	630.1	39.04	2.05
Other Ancillary	131.9	46.40	0.51	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	123.3	49.64	0.51
<b>Subtotal</b>	<b>11,506.7</b>	<b>\$ 35.18</b>	<b>\$ 33.73</b>							<b>11,138.7</b>	<b>\$ 38.18</b>	<b>\$ 35.44</b>
<b>Professional</b>												
Surgery	627.3	\$ 155.52	\$ 8.13	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	626.7	\$ 157.78	\$ 8.24
Anesthesia	120.1	208.83	2.09	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	120.0	212.00	2.12
Inpatient Visits	572.7	71.24	3.40	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	560.8	72.33	3.38
Urgent Care/Emergency Room	1,208.1	84.13	8.47	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,087.0	85.56	7.75
Office/Home Visits	2,926.3	53.47	13.04	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	3,167.4	54.25	14.32
Preventive Care	1,660.8	24.42	3.38	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,764.8	24.75	3.64
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	4,429.8	243.64	89.94	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	4,425.8	247.17	91.16
Allergy/Immunotherapy	4.0	120.00	0.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	4.0	120.00	0.04
Lab/Path/Rad	17,855.0	28.50	42.40	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	17,483.4	28.91	42.12
Office Adm. Drugs	585.5	26.44	1.29	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	585.0	26.87	1.31
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	306.3	47.01	1.20	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	306.0	47.84	1.22
Physical Therapy	207.1	33.61	0.58	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	206.9	34.22	0.59
Family Planning	2.7	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	2.7	-	-
Other Professional	773.0	180.70	11.64	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	772.3	183.35	11.80
<b>Subtotal</b>	<b>31,278.7</b>	<b>\$ 71.21</b>	<b>\$ 185.60</b>							<b>31,112.8</b>	<b>\$ 72.39</b>	<b>\$ 187.69</b>
<b>Total Medical</b>	<b>67,684.5</b>	<b>\$ 64.64</b>	<b>\$ 364.57</b>							<b>65,927.7</b>	<b>\$ 67.31</b>	<b>\$ 369.82</b>



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	118.5	\$ 2,466.84	\$ 24.36	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	97.2	\$ 2,412.35	\$ 19.54
Psychiatric/SUD	5.2	2,746.15	1.19	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	4.7	2,629.79	1.03
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	10.3	2,248.54	1.93	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	10.0	2,172.00	1.81
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>134.0</b>	<b>\$ 2,460.90</b>	<b>\$ 27.48</b>							<b>111.9</b>	<b>\$ 2,400.00</b>	<b>\$ 22.38</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,616.5	\$ 103.78	\$ 13.98	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,361.5	\$ 112.38	\$ 12.75
General	10,860.3	66.65	60.32	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	9,352.9	72.44	56.46
<b>Subtotal</b>	<b>12,476.8</b>	<b>\$ 71.46</b>	<b>\$ 74.30</b>							<b>10,714.4</b>	<b>\$ 77.51</b>	<b>\$ 69.21</b>
<b>Ancillary</b>												
Pharmacy	6,695.4	\$ 36.40	\$ 20.31	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	6,228.6	\$ 37.72	\$ 19.58
DME/Supplies/Prosthetics	130.5	149.89	1.63	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	117.6	156.12	1.53
Ambulance	90.0	80.00	0.60	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	81.1	91.74	0.62
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	19.6	104.08	0.17	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	17.7	108.47	0.16
Chiropractic Services	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	224.8	67.79	1.27	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	202.5	70.52	1.19
Other Ancillary	545.2	31.47	1.43	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	491.2	32.74	1.34
<b>Subtotal</b>	<b>7,705.5</b>	<b>\$ 39.57</b>	<b>\$ 25.41</b>							<b>7,138.7</b>	<b>\$ 41.05</b>	<b>\$ 24.42</b>
<b>Professional</b>												
Surgery	368.4	\$ 227.36	\$ 6.98	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	341.5	\$ 230.16	\$ 6.55
Anesthesia	61.4	263.84	1.35	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	56.9	267.84	1.27
Inpatient Visits	170.6	92.85	1.32	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	151.3	94.38	1.19
Urgent Care/Emergency Room	901.5	81.06	6.09	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	799.6	82.39	5.49
Office/Home Visits	2,121.4	66.13	11.69	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,331.4	66.96	13.01
Preventive Care	421.7	69.72	2.45	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	460.1	70.68	2.71
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	25.7	158.75	0.34	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	23.8	161.34	0.32
Allergy/Immunotherapy	53.6	132.09	0.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	49.7	132.80	0.55
Lab/Path/Rad	4,025.7	27.54	9.24	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	3,731.7	27.91	8.68
Office Adm. Drugs	659.3	35.49	1.95	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	611.2	35.93	1.83
Clinic	680.4	162.79	9.23	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	630.7	148.03	7.78
Psych/SUD	15.8	53.16	0.07	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	14.6	57.53	0.07
Physical Therapy	239.7	29.54	0.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	222.2	29.70	0.55
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	311.3	99.07	2.57	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	288.6	100.21	2.41
<b>Subtotal</b>	<b>10,056.5</b>	<b>\$ 64.98</b>	<b>\$ 54.46</b>							<b>9,713.3</b>	<b>\$ 64.75</b>	<b>\$ 52.41</b>
<b>Total Medical</b>	<b>30,372.8</b>	<b>\$ 71.77</b>	<b>\$ 181.65</b>							<b>27,678.3</b>	<b>\$ 73.02</b>	<b>\$ 168.42</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	89.8	\$ 1,651.67	\$ 12.36	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	82.0	\$ 1,630.24	\$ 11.14
Outpatient Treatment	2,152.4	84.07	15.08	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	2,004.9	82.96	13.86
Intermediate Care	14.2	456.34	0.54	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	13.2	454.55	0.50
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,256.4</b>	<b>\$ 156.78</b>	<b>\$ 29.48</b>							<b>2,100.1</b>	<b>\$ 154.28</b>	<b>\$ 27.00</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	77.0	\$ 1,566.23	\$ 10.05	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	70.3	\$ 1,522.62	\$ 8.92
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	77.0	\$ 1,566.23	\$ 10.05							70.3	\$ 1,522.62	\$ 8.92
<b>Outpatient Hospital</b>												
Emergency Room	2,440.5	\$ 133.79	\$ 27.21	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,101.8	\$ 144.62	\$ 25.33
General	16,048.2	58.59	78.36	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	15,345.9	63.32	80.98
Subtotal	18,488.7	\$ 68.52	\$ 105.57							17,447.7	\$ 73.12	\$ 106.31
<b>Ancillary</b>												
Pharmacy	8,004.2	\$ 33.36	\$ 22.25	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	7,907.9	\$ 34.57	\$ 22.78
DME/Supplies/Prosthetics	98.8	172.47	1.42	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	92.6	180.13	1.39
Ambulance	128.8	54.04	0.58	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	120.7	61.64	0.62
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	-	-	-
Chiropractic Services	382.2	30.46	0.97	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	358.3	31.82	0.95
Podiatry	21.5	39.07	0.07	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	20.2	41.58	0.07
Vision	287.7	65.07	1.56	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	269.7	67.63	1.52
Other Ancillary	154.6	28.72	0.37	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	144.9	29.81	0.36
Subtotal	9,077.8	\$ 35.98	\$ 27.22							8,914.3	\$ 37.27	\$ 27.69
<b>Professional</b>												
Surgery	308.3	\$ 176.71	\$ 4.54	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	310.5	\$ 178.94	\$ 4.63
Anesthesia	64.2	302.80	1.62	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	64.6	306.50	1.65
Inpatient Visits	81.4	109.09	0.74	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	80.3	110.59	0.74
Urgent Care/Emergency Room	1,550.1	81.29	10.50	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,405.8	82.46	9.66
Office/Home Visits	2,749.0	62.16	14.24	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	2,999.1	62.98	15.74
Preventive Care	817.9	65.14	4.44	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	876.0	66.03	4.82
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	47.1	346.50	1.36	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	47.4	351.90	1.39
Allergy/Immunotherapy	8.6	111.63	0.08	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	8.7	110.34	0.08
Lab/Path/Rad	5,168.4	26.03	11.21	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	5,100.9	26.37	11.21
Office Adm. Drugs	582.3	27.82	1.35	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	586.4	28.24	1.38
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	17.1	56.14	0.08	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	17.2	55.81	0.08
Physical Therapy	154.2	38.13	0.49	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	155.3	38.63	0.50
Family Planning	102.8	11.67	0.10	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	103.5	11.59	0.10
Other Professional	462.5	75.24	2.90	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	465.7	76.27	2.96
Subtotal	12,113.9	\$ 53.15	\$ 53.65							12,221.4	\$ 53.94	\$ 54.94
<b>Total Medical</b>	<b>39,757.4</b>	<b>\$ 59.31</b>	<b>\$ 196.49</b>							<b>38,653.7</b>	<b>\$ 61.43</b>	<b>\$ 197.86</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	210.5	\$ 2,231.83	\$ 39.15	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	172.7	\$ 2,181.82	\$ 31.40
Psychiatric/SUD	12.0	1,200.00	1.20	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	10.7	1,166.36	1.04
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>222.5</b>	<b>\$ 2,176.18</b>	<b>\$ 40.35</b>							<b>183.4</b>	<b>\$ 2,122.57</b>	<b>\$ 32.44</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,407.4	\$ 110.16	\$ 12.92	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,185.4	\$ 119.25	\$ 11.78
General	6,529.5	73.46	39.97	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	5,623.2	79.83	37.41
<b>Subtotal</b>	<b>7,936.9</b>	<b>\$ 79.97</b>	<b>\$ 52.89</b>							<b>6,808.6</b>	<b>\$ 86.70</b>	<b>\$ 49.19</b>
<b>Ancillary</b>												
Pharmacy	4,264.1	\$ 81.72	\$ 29.04	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	3,966.8	\$ 84.67	\$ 27.99
DME/Supplies/Prosthetics	117.8	208.83	2.05	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	106.1	217.15	1.92
Ambulance	142.5	80.00	0.95	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	128.4	91.59	0.98
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	47.9	142.80	0.57	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	43.2	152.78	0.55
Chiropractic Services	2.7	44.44	0.01	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	2.4	50.00	0.01
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	139.4	73.17	0.85	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	125.6	76.43	0.80
Other Ancillary	348.3	31.70	0.92	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	313.8	32.89	0.86
<b>Subtotal</b>	<b>5,062.7</b>	<b>\$ 81.51</b>	<b>\$ 34.39</b>							<b>4,686.3</b>	<b>\$ 84.78</b>	<b>\$ 33.11</b>
<b>Professional</b>												
Surgery	279.3	\$ 231.58	\$ 5.39	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	258.9	\$ 234.53	\$ 5.06
Anesthesia	69.2	249.71	1.44	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	64.1	252.73	1.35
Inpatient Visits	276.3	94.25	2.17	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	245.1	95.96	1.96
Urgent Care/Emergency Room	747.0	77.91	4.85	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	662.6	79.14	4.37
Office/Home Visits	1,142.3	66.18	6.30	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	1,255.4	67.01	7.01
Preventive Care	133.0	62.26	0.69	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	145.1	62.85	0.76
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	23.2	129.31	0.25	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	21.5	128.37	0.23
Lab/Path/Rad	1,671.7	28.07	3.91	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	1,549.6	28.42	3.67
Office Adm. Drugs	123.8	54.28	0.56	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	114.8	55.40	0.53
Clinic	393.3	163.23	5.35	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	364.6	148.44	4.51
Psych/SUD	3.1	77.42	0.02	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	2.9	82.76	0.02
Physical Therapy	129.3	29.70	0.32	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	119.9	30.03	0.30
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	218.6	52.70	0.96	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	202.6	53.31	0.90
<b>Subtotal</b>	<b>5,210.1</b>	<b>\$ 74.19</b>	<b>\$ 32.21</b>							<b>5,007.1</b>	<b>\$ 73.50</b>	<b>\$ 30.67</b>
<b>Total Medical</b>	<b>18,432.2</b>	<b>\$ 104.06</b>	<b>\$ 159.84</b>							<b>16,685.4</b>	<b>\$ 104.58</b>	<b>\$ 145.41</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	163.7	\$ 1,639.10	\$ 22.36	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	149.4	\$ 1,618.47	\$ 20.15
Outpatient Treatment	2,332.5	85.35	16.59	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	2,172.6	84.23	15.25
Intermediate Care	3.3	1,018.18	0.28	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3.1	1,006.45	0.26
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,499.5</b>	<b>\$ 195.54</b>	<b>\$ 40.73</b>							<b>2,325.1</b>	<b>\$ 191.79</b>	<b>\$ 37.16</b>
<b>Short Term Institutional / HCBS</b>	<b>18.6</b>	<b>\$ 1,432.26</b>	<b>\$ 2.22</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>18.8</b>	<b>\$ 1,448.94</b>	<b>\$ 2.27</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	206.3	\$ 3,258.56	\$ 56.02	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	188.3	\$ 3,168.56	\$ 49.72
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	206.3	\$ 3,258.56	\$ 56.02							188.3	\$ 3,168.56	\$ 49.72
<b>Outpatient Hospital</b>												
Emergency Room	1,681.1	\$ 123.13	\$ 17.25	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	1,447.8	\$ 133.11	\$ 16.06
General	7,888.0	64.75	42.56	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	7,542.8	69.98	43.99
Subtotal	9,569.1	\$ 75.00	\$ 59.81							8,990.6	\$ 80.15	\$ 60.05
<b>Ancillary</b>												
Pharmacy	4,633.3	\$ 73.97	\$ 28.56	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	4,577.6	\$ 76.65	\$ 29.24
DME/Supplies/Prosthetics	125.6	105.10	1.10	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	117.7	109.09	1.07
Ambulance	166.2	58.48	0.81	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	155.8	67.01	0.87
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	-	-	-
Chiropractic Services	454.2	32.50	1.23	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	425.8	33.82	1.20
Podiatry	62.8	89.81	0.47	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	58.9	93.72	0.46
Vision	144.0	70.83	0.85	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	135.0	73.78	0.83
Other Ancillary	92.3	32.50	0.25	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	86.5	33.29	0.24
Subtotal	5,678.4	\$ 70.31	\$ 33.27							5,557.3	\$ 73.22	\$ 33.91
<b>Professional</b>												
Surgery	290.9	\$ 135.72	\$ 3.29	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	292.9	\$ 137.66	\$ 3.36
Anesthesia	62.6	251.12	1.31	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	63.0	255.24	1.34
Inpatient Visits	136.2	76.65	0.87	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	134.4	77.68	0.87
Urgent Care/Emergency Room	942.6	81.48	6.40	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	854.9	82.68	5.89
Office/Home Visits	1,391.8	62.94	7.30	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	1,518.4	63.78	8.07
Preventive Care	246.7	62.26	1.28	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	264.2	63.13	1.39
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	22.1	21.72	0.04	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	22.3	21.52	0.04
Lab/Path/Rad	1,947.8	30.62	4.97	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1,922.4	31.02	4.97
Office Adm. Drugs	99.4	7.24	0.06	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	100.1	7.19	0.06
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Physical Therapy	110.5	36.92	0.34	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	111.3	37.74	0.35
Family Planning	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Other Professional	316.6	26.91	0.71	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	318.8	27.10	0.72
Subtotal	5,567.2	\$ 57.27	\$ 26.57							5,602.7	\$ 57.96	\$ 27.06
<b>Total Medical</b>	<b>21,021.0</b>	<b>\$ 100.28</b>	<b>\$ 175.67</b>							<b>20,338.9</b>	<b>\$ 100.74</b>	<b>\$ 170.74</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	223.1	\$ 2,029.94	\$ 37.74	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	183.0	\$ 1,984.92	\$ 30.27
Psychiatric/SUD	18.9	1,066.67	1.68	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	16.9	1,036.69	1.46
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	4.2	1,714.29	0.60	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	4.1	1,639.02	0.56
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>246.2</b>	<b>\$ 1,950.61</b>	<b>\$ 40.02</b>							<b>204.0</b>	<b>\$ 1,899.41</b>	<b>\$ 32.29</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,941.4	\$ 100.07	\$ 16.19	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,635.2	\$ 108.39	\$ 14.77
General	14,343.0	66.15	79.07	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	12,352.2	71.90	74.01
<b>Subtotal</b>	<b>16,284.4</b>	<b>\$ 70.20</b>	<b>\$ 95.26</b>							<b>13,987.4</b>	<b>\$ 76.17</b>	<b>\$ 88.78</b>
<b>Ancillary</b>												
Pharmacy	11,481.3	\$ 38.35	\$ 36.69	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	10,680.9	\$ 39.73	\$ 35.36
DME/Supplies/Prosthetics	196.1	111.37	1.82	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	176.7	116.13	1.71
Ambulance	128.4	74.77	0.80	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	115.7	86.08	0.83
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	58.7	120.61	0.59	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	52.9	129.30	0.57
Chiropractic Services	2.3	52.17	0.01	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	2.1	57.14	0.01
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	204.4	72.21	1.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	184.1	74.96	1.15
Other Ancillary	839.1	31.89	2.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	756.0	33.17	2.09
<b>Subtotal</b>	<b>12,910.3</b>	<b>\$ 40.31</b>	<b>\$ 43.37</b>							<b>11,968.4</b>	<b>\$ 41.83</b>	<b>\$ 41.72</b>
<b>Professional</b>												
Surgery	539.1	\$ 225.04	\$ 10.11	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	499.7	\$ 227.90	\$ 9.49
Anesthesia	103.7	241.85	2.09	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	96.1	244.75	1.96
Inpatient Visits	297.8	89.05	2.21	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	264.1	90.87	2.00
Urgent Care/Emergency Room	1,033.3	82.57	7.11	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	916.5	83.93	6.41
Office/Home Visits	2,674.5	66.40	14.80	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,939.2	67.28	16.48
Preventive Care	417.7	71.25	2.48	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	455.7	72.15	2.74
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	11.7	276.92	0.27	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	10.8	277.78	0.25
Allergy/Immunotherapy	31.2	115.38	0.30	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	28.9	116.26	0.28
Lab/Path/Rad	4,678.8	28.31	11.04	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	4,337.1	28.69	10.37
Office Adm. Drugs	517.0	34.35	1.48	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	479.2	34.81	1.39
Clinic	937.8	162.64	12.71	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	869.3	147.98	10.72
Psych/SUD	6.1	59.02	0.03	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	5.7	63.16	0.03
Physical Therapy	367.9	28.38	0.87	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	341.0	28.86	0.82
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	393.8	82.58	2.71	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	365.0	83.51	2.54
<b>Subtotal</b>	<b>12,010.4</b>	<b>\$ 68.15</b>	<b>\$ 68.21</b>							<b>11,608.3</b>	<b>\$ 67.69</b>	<b>\$ 65.48</b>
<b>Total Medical</b>	<b>41,451.3</b>	<b>\$ 71.47</b>	<b>\$ 246.86</b>							<b>37,768.1</b>	<b>\$ 72.53</b>	<b>\$ 228.27</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	130.5	\$ 1,545.75	\$ 16.81	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	119.1	\$ 1,525.44	\$ 15.14
Outpatient Treatment	3,713.8	86.01	26.62	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3,459.3	84.88	24.47
Intermediate Care	15.5	890.32	1.15	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	14.4	883.33	1.06
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,859.8</b>	<b>\$ 143.26</b>	<b>\$ 46.08</b>							<b>3,592.8</b>	<b>\$ 140.85</b>	<b>\$ 42.17</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	46.9	\$ 2,210.66	\$ 8.64	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	42.8	\$ 2,150.47	\$ 7.67
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	6.3	2,495.24	1.31	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	6.1	2,419.67	1.23
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>53.2</b>	<b>\$ 2,244.36</b>	<b>\$ 9.95</b>							<b>48.9</b>	<b>\$ 2,184.05</b>	<b>\$ 8.90</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,910.2	\$ 129.64	\$ 31.44	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,506.3	\$ 140.09	\$ 29.26
General	17,404.6	56.42	81.83	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	16,642.9	60.98	84.57
<b>Subtotal</b>	<b>20,314.8</b>	<b>\$ 66.91</b>	<b>\$ 113.27</b>							<b>19,149.2</b>	<b>\$ 71.33</b>	<b>\$ 113.83</b>
<b>Ancillary</b>												
Pharmacy	12,775.2	\$ 43.27	\$ 46.07	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	12,621.5	\$ 44.84	\$ 47.16
DME/Supplies/Prosthetics	222.6	122.91	2.28	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	208.7	128.22	2.23
Ambulance	169.2	60.28	0.85	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	158.6	68.85	0.91
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	14.8	129.73	0.16	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	13.9	138.13	0.16
Chiropractic Services	1,228.8	31.05	3.18	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	1,151.9	32.29	3.10
Podiatry	47.5	48.00	0.19	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	44.5	51.24	0.19
Vision	329.5	63.00	1.73	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	308.9	65.65	1.69
Other Ancillary	154.3	29.55	0.38	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	144.6	30.71	0.37
<b>Subtotal</b>	<b>14,941.9</b>	<b>\$ 44.04</b>	<b>\$ 54.84</b>							<b>14,652.6</b>	<b>\$ 45.71</b>	<b>\$ 55.81</b>
<b>Professional</b>												
Surgery	657.0	\$ 136.99	\$ 7.50	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	661.6	\$ 138.75	\$ 7.65
Anesthesia	94.7	250.90	1.98	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	95.4	254.09	2.02
Inpatient Visits	85.8	95.10	0.68	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	84.7	96.34	0.68
Urgent Care/Emergency Room	1,695.7	82.66	11.68	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,537.9	83.88	10.75
Office/Home Visits	3,669.6	62.23	19.03	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	4,003.4	63.04	21.03
Preventive Care	867.1	63.80	4.61	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	928.7	64.61	5.00
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	59.2	283.78	1.40	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	59.6	287.92	1.43
Allergy/Immunotherapy	38.5	84.16	0.27	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	38.8	86.60	0.28
Lab/Path/Rad	7,389.6	27.61	17.00	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	7,293.1	27.97	17.00
Office Adm. Drugs	680.7	85.15	4.83	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	685.5	86.30	4.93
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	3.0	40.00	0.01	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	3.0	40.00	0.01
Physical Therapy	541.6	30.13	1.36	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	545.4	30.58	1.39
Family Planning	32.6	18.40	0.05	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	32.8	18.29	0.05
Other Professional	547.5	86.79	3.96	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	551.3	87.94	4.04
<b>Subtotal</b>	<b>16,362.6</b>	<b>\$ 54.53</b>	<b>\$ 74.36</b>							<b>16,521.2</b>	<b>\$ 55.39</b>	<b>\$ 76.26</b>
<b>Total Medical</b>	<b>51,672.5</b>	<b>\$ 58.62</b>	<b>\$ 252.42</b>							<b>50,371.9</b>	<b>\$ 60.70</b>	<b>\$ 254.80</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	374.5	\$ 2,757.92	\$ 86.07	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	307.3	\$ 2,696.00	\$ 69.04
Psychiatric/SUD	27.8	1,014.39	2.35	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	24.9	983.13	2.04
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>402.3</b>	<b>\$ 2,637.43</b>	<b>\$ 88.42</b>							<b>332.2</b>	<b>\$ 2,567.61</b>	<b>\$ 71.08</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,549.6	\$ 109.96	\$ 14.20	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,305.2	\$ 119.06	\$ 12.95
General	9,792.3	74.36	60.68	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	8,433.1	80.82	56.80
<b>Subtotal</b>	<b>11,341.9</b>	<b>\$ 79.22</b>	<b>\$ 74.88</b>							<b>9,738.3</b>	<b>\$ 85.95</b>	<b>\$ 69.75</b>
<b>Ancillary</b>												
Pharmacy	7,165.0	\$ 58.37	\$ 34.85	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	6,665.5	\$ 60.47	\$ 33.59
DME/Supplies/Prosthetics	195.9	161.72	2.64	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	176.5	168.61	2.48
Ambulance	178.8	77.18	1.15	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	161.1	88.64	1.19
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	41.0	184.39	0.63	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	36.9	195.12	0.60
Chiropractic Services	1.3	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	1.2	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	123.8	76.58	0.79	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	111.5	79.64	0.74
Other Ancillary	386.5	31.67	1.02	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	348.2	33.08	0.96
<b>Subtotal</b>	<b>8,092.3</b>	<b>\$ 60.92</b>	<b>\$ 41.08</b>							<b>7,500.9</b>	<b>\$ 63.29</b>	<b>\$ 39.56</b>
<b>Professional</b>												
Surgery	414.8	\$ 251.40	\$ 8.69	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	384.5	\$ 254.67	\$ 8.16
Anesthesia	82.9	273.58	1.89	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	76.8	276.56	1.77
Inpatient Visits	535.6	90.29	4.03	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	475.1	92.19	3.65
Urgent Care/Emergency Room	895.0	81.52	6.08	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	793.8	82.84	5.48
Office/Home Visits	1,621.7	68.37	9.24	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	1,782.2	69.29	10.29
Preventive Care	167.4	57.35	0.80	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	182.6	57.83	0.88
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	10.5	68.57	0.06	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	9.7	74.23	0.06
Lab/Path/Rad	2,432.2	27.43	5.56	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	2,254.6	27.78	5.22
Office Adm. Drugs	179.0	85.81	1.28	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	165.9	86.80	1.20
Clinic	527.7	160.55	7.06	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	489.2	145.95	5.95
Psych/SUD	8.8	68.18	0.05	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	8.2	73.17	0.05
Physical Therapy	234.0	30.26	0.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	216.9	30.43	0.55
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	396.8	51.11	1.69	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	367.8	51.88	1.59
<b>Subtotal</b>	<b>7,506.4</b>	<b>\$ 75.17</b>	<b>\$ 47.02</b>							<b>7,207.3</b>	<b>\$ 74.67</b>	<b>\$ 44.85</b>
<b>Total Medical</b>	<b>27,342.9</b>	<b>\$ 110.33</b>	<b>\$ 251.40</b>							<b>24,778.7</b>	<b>\$ 109.08</b>	<b>\$ 225.24</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	181.4	\$ 1,659.76	\$ 25.09	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	165.6	\$ 1,637.68	\$ 22.60
Outpatient Treatment	3,244.2	80.71	21.82	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3,021.9	79.66	20.06
Intermediate Care	7.6	742.11	0.47	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	7.1	726.76	0.43
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,433.2</b>	<b>\$ 170.85</b>	<b>\$ 48.88</b>							<b>3,194.6</b>	<b>\$ 167.50</b>	<b>\$ 44.59</b>
<b>Short Term Institutional / HCBS</b>	<b>11.6</b>	<b>\$ 755.17</b>	<b>\$ 0.73</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>11.8</b>	<b>\$ 762.71</b>	<b>\$ 0.75</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	352.4	\$ 1,386.27	\$ 40.71	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	321.7	\$ 1,347.72	\$ 36.13
Psychiatric/SUD	22.8	1,484.21	2.82	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	21.7	1,437.79	2.60
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	375.2	\$ 1,392.22	\$ 43.53							343.4	\$ 1,353.41	\$ 38.73
<b>Outpatient Hospital</b>												
Emergency Room	2,067.2	\$ 129.16	\$ 22.25	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	1,780.3	\$ 139.59	\$ 20.71
General	10,340.1	72.20	62.21	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	9,887.6	78.03	64.29
Subtotal	12,407.3	\$ 81.69	\$ 84.46							11,667.9	\$ 87.42	\$ 85.00
<b>Ancillary</b>												
Pharmacy	7,527.9	\$ 55.38	\$ 34.74	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	7,437.3	\$ 57.38	\$ 35.56
DME/Supplies/Prosthetics	176.9	148.56	2.19	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	165.8	154.89	2.14
Ambulance	220.2	53.41	0.98	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	206.4	61.05	1.05
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	11.8	122.03	0.12	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	11.1	129.73	0.12
Chiropractic Services	452.2	32.91	1.24	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	423.9	34.25	1.21
Podiatry	27.5	43.64	0.10	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	25.8	46.51	0.10
Vision	141.5	73.78	0.87	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	132.6	76.92	0.85
Other Ancillary	76.7	28.16	0.18	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	71.9	30.04	0.18
Subtotal	8,634.7	\$ 56.17	\$ 40.42							8,474.8	\$ 58.35	\$ 41.21
<b>Professional</b>												
Surgery	405.8	\$ 173.58	\$ 5.87	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	408.6	\$ 175.92	\$ 5.99
Anesthesia	72.5	251.59	1.52	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	73.0	254.79	1.55
Inpatient Visits	490.0	79.10	3.23	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	483.6	80.40	3.24
Urgent Care/Emergency Room	1,174.2	80.02	7.83	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,064.9	81.25	7.21
Office/Home Visits	1,946.5	66.70	10.82	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	2,123.6	67.58	11.96
Preventive Care	262.7	53.44	1.17	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	281.4	54.16	1.27
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.6	238.78	0.39	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	19.7	243.65	0.40
Lab/Path/Rad	3,500.9	26.98	7.87	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	3,455.2	27.33	7.87
Office Adm. Drugs	129.4	41.73	0.45	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	130.3	42.36	0.46
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	2.0	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	2.0	-	-
Physical Therapy	466.5	32.67	1.27	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	469.8	33.21	1.30
Family Planning	2.0	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	2.0	-	-
Other Professional	397.9	39.81	1.32	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	400.7	40.43	1.35
Subtotal	8,870.0	\$ 56.47	\$ 41.74							8,914.8	\$ 57.34	\$ 42.60
<b>Total Medical</b>	<b>30,287.2</b>	<b>\$ 83.26</b>	<b>\$ 210.15</b>							<b>29,400.9</b>	<b>\$ 84.71</b>	<b>\$ 207.54</b>



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	470.3	\$ 2,325.24	\$ 91.13	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	385.8	\$ 2,273.72	\$ 73.10
Psychiatric/SUD	7.2	1,550.00	0.93	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	6.4	1,518.75	0.81
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	0.5	2,880.00	0.12	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	0.5	2,640.00	0.11
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>478.0</b>	<b>\$ 2,314.14</b>	<b>\$ 92.18</b>							<b>392.7</b>	<b>\$ 2,261.88</b>	<b>\$ 74.02</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,834.2	\$ 112.01	\$ 17.12	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,544.9	\$ 121.25	\$ 15.61
General	20,714.1	78.91	136.21	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	17,839.0	85.76	127.49
<b>Subtotal</b>	<b>22,548.3</b>	<b>\$ 81.60</b>	<b>\$ 153.33</b>							<b>19,383.9</b>	<b>\$ 88.59</b>	<b>\$ 143.10</b>
<b>Ancillary</b>												
Pharmacy	21,606.5	\$ 42.19	\$ 75.96	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	20,100.2	\$ 43.71	\$ 73.22
DME/Supplies/Prosthetics	521.2	126.63	5.50	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	469.6	131.86	5.16
Ambulance	222.7	78.13	1.45	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	200.6	89.73	1.50
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	100.9	137.96	1.16	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	90.9	146.53	1.11
Chiropractic Services	1.3	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	1.2	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	289.7	74.15	1.79	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	261.0	77.24	1.68
Other Ancillary	976.7	32.19	2.62	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	879.9	33.55	2.46
<b>Subtotal</b>	<b>23,719.0</b>	<b>\$ 44.76</b>	<b>\$ 88.48</b>							<b>22,003.4</b>	<b>\$ 46.43</b>	<b>\$ 85.13</b>
<b>Professional</b>												
Surgery	938.1	\$ 241.77	\$ 18.90	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	869.6	\$ 244.94	\$ 17.75
Anesthesia	179.4	254.85	3.81	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	166.3	258.33	3.58
Inpatient Visits	653.3	83.02	4.52	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	579.5	84.69	4.09
Urgent Care/Emergency Room	1,068.5	87.37	7.78	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	947.7	88.89	7.02
Office/Home Visits	3,823.9	69.20	22.05	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	4,202.4	70.10	24.55
Preventive Care	392.3	71.88	2.35	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	428.0	72.90	2.60
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	2.4	250.00	0.05	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	2.2	272.73	0.05
Allergy/Immunotherapy	36.7	104.63	0.32	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	34.0	105.88	0.30
Lab/Path/Rad	6,635.9	28.77	15.91	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6,151.3	29.15	14.94
Office Adm. Drugs	488.0	69.59	2.83	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	452.4	70.56	2.66
Clinic	1,318.2	161.68	17.76	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	1,221.9	147.02	14.97
Psych/SUD	6.0	40.00	0.02	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	5.6	42.86	0.02
Physical Therapy	725.7	27.28	1.65	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	672.7	27.65	1.55
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	868.8	61.05	4.42	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	805.4	61.83	4.15
<b>Subtotal</b>	<b>17,137.2</b>	<b>\$ 71.68</b>	<b>\$ 102.37</b>							<b>16,539.0</b>	<b>\$ 71.27</b>	<b>\$ 98.23</b>
<b>Total Medical</b>	<b>63,882.5</b>	<b>\$ 81.97</b>	<b>\$ 436.36</b>							<b>58,319.0</b>	<b>\$ 82.40</b>	<b>\$ 400.48</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	112.1	\$ 1,565.03	\$ 14.62	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	102.3	\$ 1,544.87	\$ 13.17
Outpatient Treatment	3,273.1	78.49	21.41	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3,048.8	77.46	19.68
Intermediate Care	10.6	905.66	0.80	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	9.9	896.97	0.74
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,395.8</b>	<b>\$ 135.45</b>	<b>\$ 38.33</b>							<b>3,161.0</b>	<b>\$ 133.21</b>	<b>\$ 35.09</b>
<b>Short Term Institutional / HCBS</b>	<b>4.2</b>	<b>\$ 1,714.29</b>	<b>\$ 0.60</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>4.3</b>	<b>\$ 1,702.33</b>	<b>\$ 0.61</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	393.0	\$ 1,719.08	\$ 56.30	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	358.8	\$ 1,671.24	\$ 49.97
Psychiatric/SUD	20.3	390.15	0.66	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	19.3	379.27	0.61
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	413.3	\$ 1,653.81	\$ 56.96							378.1	\$ 1,605.29	\$ 50.58
<b>Outpatient Hospital</b>												
Emergency Room	2,324.1	\$ 135.79	\$ 26.30	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,001.5	\$ 146.77	\$ 24.48
General	24,109.7	74.22	149.12	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	23,054.6	80.22	154.12
Subtotal	26,433.8	\$ 79.63	\$ 175.42							25,056.1	\$ 85.54	\$ 178.60
<b>Ancillary</b>												
Pharmacy	21,016.0	\$ 36.11	\$ 63.24	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	20,763.2	\$ 37.42	\$ 64.74
DME/Supplies/Prosthetics	543.5	156.54	7.09	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	509.5	162.98	6.92
Ambulance	341.5	52.71	1.50	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	320.1	60.36	1.61
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	7.2	100.00	0.06	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	6.7	107.46	0.06
Chiropractic Services	1,130.2	30.47	2.87	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	1,059.5	31.71	2.80
Podiatry	57.7	64.47	0.31	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	54.1	66.54	0.30
Vision	418.4	65.11	2.27	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	392.2	67.92	2.22
Other Ancillary	185.2	32.40	0.50	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	173.6	33.87	0.49
Subtotal	23,699.7	\$ 39.41	\$ 77.84							23,278.9	\$ 40.80	\$ 79.14
<b>Professional</b>												
Surgery	997.4	\$ 204.41	\$ 16.99	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,004.4	\$ 207.05	\$ 17.33
Anesthesia	194.2	256.44	4.15	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	195.6	259.51	4.23
Inpatient Visits	481.9	81.93	3.29	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	475.6	83.26	3.30
Urgent Care/Emergency Room	1,321.1	90.74	9.99	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,198.1	92.15	9.20
Office/Home Visits	4,284.6	66.91	23.89	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	4,674.4	67.77	26.40
Preventive Care	652.2	71.02	3.86	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	698.5	71.98	4.19
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	19.2	150.00	0.24	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	19.3	149.22	0.24
Allergy/Immunotherapy	127.1	28.32	0.30	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	128.0	29.06	0.31
Lab/Path/Rad	8,869.0	26.60	19.66	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	8,753.2	26.95	19.66
Office Adm. Drugs	896.7	95.15	7.11	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	903.0	96.35	7.25
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	9.6	50.00	0.04	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	9.7	49.48	0.04
Physical Therapy	776.8	30.28	1.96	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	782.2	30.68	2.00
Family Planning	4.8	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	4.8	-	-
Other Professional	961.5	55.29	4.43	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	968.2	56.02	4.52
Subtotal	19,596.1	\$ 58.73	\$ 95.91							19,815.0	\$ 59.75	\$ 98.67
<b>Total Medical</b>	<b>70,142.9</b>	<b>\$ 69.48</b>	<b>\$ 406.13</b>							<b>68,528.1</b>	<b>\$ 71.27</b>	<b>\$ 406.99</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	728.2	\$ 2,152.32	\$ 130.61	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	597.4	\$ 2,104.52	\$ 104.77
Psychiatric/SUD	26.1	1,085.06	2.36	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	23.3	1,055.79	2.05
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>754.3</b>	<b>\$ 2,115.39</b>	<b>\$ 132.97</b>							<b>620.7</b>	<b>\$ 2,065.15</b>	<b>\$ 106.82</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,644.1	\$ 115.69	\$ 15.85	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,384.8	\$ 125.30	\$ 14.46
General	15,618.8	81.72	106.37	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	13,450.9	88.82	99.56
<b>Subtotal</b>	<b>17,262.9</b>	<b>\$ 84.96</b>	<b>\$ 122.22</b>							<b>14,835.7</b>	<b>\$ 92.23</b>	<b>\$ 114.02</b>
<b>Ancillary</b>												
Pharmacy	14,514.5	\$ 51.93	\$ 62.81	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	13,502.6	\$ 53.80	\$ 60.54
DME/Supplies/Prosthetics	581.9	169.72	8.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	524.2	176.73	7.72
Ambulance	281.2	72.97	1.71	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	253.3	83.85	1.77
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	84.2	173.87	1.22	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	75.9	184.98	1.17
Chiropractic Services	0.3	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	0.3	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	193.7	76.20	1.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	174.5	79.08	1.15
Other Ancillary	490.3	31.33	1.28	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	441.7	32.60	1.20
<b>Subtotal</b>	<b>16,146.1</b>	<b>\$ 56.84</b>	<b>\$ 76.48</b>							<b>14,972.5</b>	<b>\$ 58.95</b>	<b>\$ 73.55</b>
<b>Professional</b>												
Surgery	776.2	\$ 271.94	\$ 17.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	719.5	\$ 275.52	\$ 16.52
Anesthesia	150.3	270.66	3.39	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	139.3	273.94	3.18
Inpatient Visits	938.3	87.09	6.81	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	832.2	88.82	6.16
Urgent Care/Emergency Room	986.2	88.95	7.31	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	874.7	90.41	6.59
Office/Home Visits	2,719.5	70.34	15.94	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,988.7	71.27	17.75
Preventive Care	209.7	62.95	1.10	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	228.8	63.99	1.22
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	6.9	139.13	0.08	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6.4	150.00	0.08
Lab/Path/Rad	4,210.2	27.73	9.73	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	3,902.8	28.10	9.14
Office Adm. Drugs	168.5	84.75	1.19	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	156.2	86.04	1.12
Clinic	899.6	161.67	12.12	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	833.9	147.07	10.22
Psych/SUD	7.1	67.61	0.04	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6.6	72.73	0.04
Physical Therapy	501.9	28.45	1.19	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	465.3	28.88	1.12
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	947.3	54.60	4.31	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	878.1	55.35	4.05
<b>Subtotal</b>	<b>12,521.7</b>	<b>\$ 77.43</b>	<b>\$ 80.80</b>							<b>12,032.5</b>	<b>\$ 76.98</b>	<b>\$ 77.19</b>
<b>Total Medical</b>	<b>46,685.0</b>	<b>\$ 106.02</b>	<b>\$ 412.47</b>							<b>42,461.4</b>	<b>\$ 105.01</b>	<b>\$ 371.58</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	163.6	\$ 1,852.08	\$ 25.25	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	149.4	\$ 1,827.31	\$ 22.75
Outpatient Treatment	3,106.4	83.71	21.67	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	2,893.5	82.61	19.92
Intermediate Care	10.5	731.43	0.64	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	9.8	722.45	0.59
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,280.5</b>	<b>\$ 179.46</b>	<b>\$ 49.06</b>							<b>3,052.7</b>	<b>\$ 175.95</b>	<b>\$ 44.76</b>
<b>Short Term Institutional / HCBS</b>	<b>16.4</b>	<b>\$ 724.39</b>	<b>\$ 0.99</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>16.6</b>	<b>\$ 730.12</b>	<b>\$ 1.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,716.1	\$ 778.42	\$ 111.32	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	1,566.6	\$ 756.87	\$ 98.81
Psychiatric/SUD	1.9	3,347.37	0.53	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	1.8	3,266.67	0.49
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	1,718.0	\$ 781.26	\$ 111.85							1,568.4	\$ 759.76	\$ 99.30
<b>Outpatient Hospital</b>												
Emergency Room	2,511.3	\$ 135.71	\$ 28.40	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,162.7	\$ 146.65	\$ 26.43
General	18,967.7	75.75	119.73	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	18,137.6	81.87	123.74
Subtotal	21,479.0	\$ 82.76	\$ 148.13							20,300.3	\$ 88.77	\$ 150.17
<b>Ancillary</b>												
Pharmacy	13,908.4	\$ 63.05	\$ 73.08	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	13,741.1	\$ 65.33	\$ 74.81
DME/Supplies/Prosthetics	422.3	150.32	5.29	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	395.9	156.71	5.17
Ambulance	328.4	55.54	1.52	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	307.9	63.53	1.63
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	28.9	112.11	0.27	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	27.1	119.56	0.27
Chiropractic Services	283.3	30.50	0.72	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	265.6	31.63	0.70
Podiatry	81.2	42.86	0.29	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	76.1	44.15	0.28
Vision	305.0	62.95	1.60	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	285.9	65.48	1.56
Other Ancillary	88.4	29.86	0.22	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	82.9	30.40	0.21
Subtotal	15,445.9	\$ 64.48	\$ 82.99							15,182.5	\$ 66.89	\$ 84.63
<b>Professional</b>												
Surgery	809.7	\$ 197.11	\$ 13.30	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	815.4	\$ 199.71	\$ 13.57
Anesthesia	125.9	277.36	2.91	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	126.8	281.07	2.97
Inpatient Visits	762.9	79.28	5.04	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	752.9	80.49	5.05
Urgent Care/Emergency Room	1,338.6	91.71	10.23	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,214.0	93.11	9.42
Office/Home Visits	3,015.5	66.06	16.60	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	3,289.8	66.93	18.35
Preventive Care	332.9	66.33	1.84	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	356.5	67.32	2.00
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.8	54.55	0.09	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	19.9	54.27	0.09
Lab/Path/Rad	4,886.7	26.96	10.98	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	4,822.9	27.32	10.98
Office Adm. Drugs	185.3	164.49	2.54	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	186.6	166.56	2.59
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	1.8	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1.8	-	-
Physical Therapy	800.7	33.12	2.21	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	806.3	33.49	2.25
Family Planning	1.8	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1.8	-	-
Other Professional	860.0	39.35	2.82	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	866.0	39.91	2.88
Subtotal	13,141.6	\$ 62.60	\$ 68.56							13,260.7	\$ 63.48	\$ 70.15
<b>Total Medical</b>	<b>51,784.5</b>	<b>\$ 95.36</b>	<b>\$ 411.53</b>							<b>50,311.9</b>	<b>\$ 96.42</b>	<b>\$ 404.25</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	971.3	\$ 2,202.08	\$ 178.24	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	796.9	\$ 2,152.89	\$ 142.97
Psychiatric/SUD	18.4	834.78	1.28	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	16.5	807.27	1.11
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>989.7</b>	<b>\$ 2,176.66</b>	<b>\$ 179.52</b>							<b>813.4</b>	<b>\$ 2,125.60</b>	<b>\$ 144.08</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,106.2	\$ 123.02	\$ 11.34	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	931.7	\$ 133.18	\$ 10.34
General	21,754.5	89.51	162.27	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	18,735.0	97.28	151.88
<b>Subtotal</b>	<b>22,860.7</b>	<b>\$ 91.13</b>	<b>\$ 173.61</b>							<b>19,666.7</b>	<b>\$ 98.98</b>	<b>\$ 162.22</b>
<b>Ancillary</b>												
Pharmacy	23,450.0	\$ 39.55	\$ 77.28	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	21,815.2	\$ 40.98	\$ 74.49
DME/Supplies/Prosthetics	749.7	144.06	9.00	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	675.4	149.96	8.44
Ambulance	281.0	79.86	1.87	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	253.2	91.47	1.93
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	299.1	183.35	4.57	0.9740	1.0534	0.9250	1.0019	1.0000	1.0072	269.5	195.03	4.38
Chiropractic Services	1.0	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	0.9	-	-
Podiatry	0.7	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	0.6	-	-
Vision	251.4	75.89	1.59	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	226.5	78.94	1.49
Other Ancillary	632.9	31.66	1.67	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	570.2	33.04	1.57
<b>Subtotal</b>	<b>25,665.8</b>	<b>\$ 44.88</b>	<b>\$ 95.98</b>							<b>23,811.5</b>	<b>\$ 46.52</b>	<b>\$ 92.30</b>
<b>Professional</b>												
Surgery	1,203.6	\$ 280.86	\$ 28.17	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	1,115.7	\$ 284.49	\$ 26.45
Anesthesia	215.1	262.20	4.70	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	199.4	265.40	4.41
Inpatient Visits	1,261.5	85.90	9.03	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	1,118.9	87.62	8.17
Urgent Care/Emergency Room	754.3	94.50	5.94	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	669.0	96.14	5.36
Office/Home Visits	3,783.9	71.35	22.50	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	4,158.4	72.29	25.05
Preventive Care	340.2	67.72	1.92	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	371.1	68.55	2.12
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	21.4	72.90	0.13	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	19.8	72.73	0.12
Lab/Path/Rad	6,561.2	30.20	16.51	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6,082.1	30.58	15.50
Office Adm. Drugs	409.1	173.94	5.93	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	379.2	176.27	5.57
Clinic	1,313.3	161.73	17.70	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	1,217.4	147.07	14.92
Psych/SUD	5.0	48.00	0.02	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	4.6	52.17	0.02
Physical Therapy	735.1	27.59	1.69	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	681.4	28.00	1.59
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,378.9	50.13	5.76	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	1,278.2	50.79	5.41
<b>Subtotal</b>	<b>17,982.6</b>	<b>\$ 80.08</b>	<b>\$ 120.00</b>							<b>17,295.2</b>	<b>\$ 79.58</b>	<b>\$ 114.69</b>
<b>Total Medical</b>	<b>67,498.8</b>	<b>\$ 101.18</b>	<b>\$ 569.11</b>							<b>61,586.8</b>	<b>\$ 100.01</b>	<b>\$ 513.29</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	83.0	\$ 2,002.41	\$ 13.85	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	75.8	\$ 1,975.73	\$ 12.48
Outpatient Treatment	2,069.2	83.80	14.45	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	1,927.4	82.68	13.28
Intermediate Care	6.7	644.78	0.36	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	6.2	638.71	0.33
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,158.9</b>	<b>\$ 167.64</b>	<b>\$ 30.16</b>							<b>2,009.4</b>	<b>\$ 164.77</b>	<b>\$ 27.59</b>
<b>Short Term Institutional / HCBS</b>	<b>66.1</b>	<b>\$ 757.03</b>	<b>\$ 4.17</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>67.0</b>	<b>\$ 764.78</b>	<b>\$ 4.27</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	881.3	\$ 2,132.99	\$ 156.65	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	804.5	\$ 2,073.93	\$ 139.04
Psychiatric/SUD	49.0	680.82	2.78	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	46.5	663.23	2.57
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	930.3	\$ 2,056.50	\$ 159.43							851.0	\$ 1,996.85	\$ 141.61
<b>Outpatient Hospital</b>												
Emergency Room	1,534.6	\$ 147.95	\$ 18.92	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	1,321.6	\$ 159.90	\$ 17.61
General	25,088.4	87.37	182.67	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	23,990.5	94.43	188.79
Subtotal	26,623.0	\$ 90.86	\$ 201.59							25,312.1	\$ 97.85	\$ 206.40
<b>Ancillary</b>												
Pharmacy	21,432.9	\$ 41.21	\$ 73.60	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	21,175.1	\$ 42.70	\$ 75.34
DME/Supplies/Prosthetics	756.3	209.92	13.23	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	709.0	218.67	12.92
Ambulance	380.8	53.26	1.69	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	357.0	61.18	1.82
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	31.8	116.98	0.31	0.9740	1.0534	0.9625	1.0019	1.0000	1.0072	29.8	124.83	0.31
Chiropractic Services	614.3	31.84	1.63	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	575.9	33.13	1.59
Podiatry	163.2	66.91	0.91	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	153.0	69.80	0.89
Vision	399.4	68.50	2.28	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	374.4	71.47	2.23
Other Ancillary	70.3	32.43	0.19	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	65.9	34.60	0.19
Subtotal	23,849.0	\$ 47.22	\$ 93.84							23,440.1	\$ 48.78	\$ 95.29
<b>Professional</b>												
Surgery	1,198.6	\$ 217.65	\$ 21.74	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,207.0	\$ 220.51	\$ 22.18
Anesthesia	203.7	249.19	4.23	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	205.1	252.75	4.32
Inpatient Visits	1,120.5	79.25	7.40	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	1,105.9	80.41	7.41
Urgent Care/Emergency Room	1,035.9	98.12	8.47	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	939.5	99.63	7.80
Office/Home Visits	4,569.5	70.43	26.82	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	4,985.2	71.35	29.64
Preventive Care	674.7	62.43	3.51	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	722.6	63.27	3.81
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	5.3	45.28	0.02	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	5.3	45.28	0.02
Lab/Path/Rad	9,377.1	26.78	20.93	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	9,254.7	27.14	20.93
Office Adm. Drugs	423.3	54.15	1.91	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	426.3	54.89	1.95
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	1.3	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1.3	-	-
Physical Therapy	1,452.6	30.90	3.74	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,462.8	31.34	3.82
Family Planning	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,487.0	43.50	5.39	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,497.4	44.08	5.50
Subtotal	21,549.5	\$ 58.00	\$ 104.16							21,813.1	\$ 59.07	\$ 107.38
<b>Total Medical</b>	<b>72,951.8</b>	<b>\$ 91.95</b>	<b>\$ 559.02</b>							<b>71,416.3</b>	<b>\$ 92.53</b>	<b>\$ 550.68</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	673.4	\$ 2,448.83	\$ 137.42	0.9436	1.0437	0.7500	1.0150	1.0000	0.8904	476.6	\$ 2,309.86	\$ 91.74
Psychiatric/SUD	6.1	944.26	0.48	0.9436	1.0437	0.8500	1.0050	1.0000	0.8904	4.9	881.63	0.36
Maternity - Delivery	15.1	1,692.72	2.13	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	14.2	1,580.28	1.87
Maternity Non-Delivery	2.5	864.00	0.18	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	2.4	800.00	0.16
Well Newborn	1.0	840.00	0.07	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	0.9	800.00	0.06
Other Newborn	171.8	2,619.32	37.50	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	162.1	2,434.05	32.88
<b>Subtotal</b>	<b>869.9</b>	<b>\$ 2,452.42</b>	<b>\$ 177.78</b>							<b>661.1</b>	<b>\$ 2,306.52</b>	<b>\$ 127.07</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,208.7	\$ 102.26	\$ 10.30	1.0437	1.0437	0.7500	1.0050	1.0000	0.9762	946.2	\$ 104.76	\$ 8.26
General	14,319.4	72.93	87.03	1.0437	1.0437	0.7750	1.0100	1.0000	0.9762	11,582.9	75.06	72.45
<b>Subtotal</b>	<b>15,528.1</b>	<b>\$ 75.22</b>	<b>\$ 97.33</b>							<b>12,529.1</b>	<b>\$ 77.30</b>	<b>\$ 80.71</b>
<b>Ancillary</b>												
Pharmacy	16,554.7	\$ 120.96	\$ 166.87	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	15,106.8	\$ 136.01	\$ 171.22
DME/Supplies/Prosthetics	1,909.4	168.49	26.81	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,766.9	178.82	26.33
Ambulance	118.3	141.00	1.39	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	109.5	164.38	1.50
Non-Emergency Transportation	105.4	37.57	0.33	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	97.5	39.38	0.32
Home Health/Hospice	854.1	676.50	48.15	1.0887	1.0586	0.8500	1.0025	1.0000	1.0206	790.4	732.69	48.26
Chiropractic Services	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	740.8	33.86	2.09	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	685.5	35.89	2.05
Other Ancillary	339.4	30.76	0.87	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	314.1	32.47	0.85
<b>Subtotal</b>	<b>20,622.1</b>	<b>\$ 143.44</b>	<b>\$ 246.51</b>							<b>18,870.7</b>	<b>\$ 159.31</b>	<b>\$ 250.53</b>
<b>Professional</b>												
Surgery	348.2	\$ 285.70	\$ 8.29	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	294.9	\$ 289.73	\$ 7.12
Anesthesia	135.5	319.70	3.61	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	114.8	324.04	3.10
Inpatient Visits	1,002.3	184.97	15.45	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	795.8	190.45	12.63
Urgent Care/Emergency Room	672.7	76.71	4.30	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	534.1	78.19	3.48
Office/Home Visits	2,326.6	80.10	15.53	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,561.4	81.24	17.34
Preventive Care	606.6	53.61	2.71	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	680.7	54.30	3.08
Maternity - Delivery	4.6	1,330.43	0.51	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	3.9	1,353.85	0.44
Maternity - Non-Delivery	21.8	126.61	0.23	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	18.5	129.73	0.20
Allergy/Immunotherapy	50.4	57.14	0.24	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	42.7	59.02	0.21
Lab/Path/Rad	2,642.2	23.66	5.21	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	2,307.5	24.03	4.62
Office Adm. Drugs	146.6	70.40	0.86	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	124.2	71.50	0.74
Clinic	531.2	159.94	7.08	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	449.9	145.63	5.46
Psych/SUD	31.0	363.87	0.94	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	26.3	369.58	0.81
Physical Therapy	200.5	53.87	0.90	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	169.8	54.42	0.77
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	757.3	64.18	4.05	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	641.3	65.12	3.48
<b>Subtotal</b>	<b>9,477.5</b>	<b>\$ 88.52</b>	<b>\$ 69.91</b>							<b>8,765.8</b>	<b>\$ 86.90</b>	<b>\$ 63.48</b>
<b>Total Medical</b>	<b>46,497.6</b>	<b>\$ 152.66</b>	<b>\$ 591.53</b>							<b>40,826.7</b>	<b>\$ 153.37</b>	<b>\$ 521.79</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	137.9	\$ 2,341.70	\$ 26.91	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	129.5	\$ 2,342.55	\$ 25.28
Outpatient Treatment	10,165.4	119.17	100.95	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	10,079.5	119.17	100.10
Intermediate Care	18.5	525.41	0.81	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	18.3	524.59	0.80
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>10,321.8</b>	<b>\$ 151.33</b>	<b>\$ 130.17</b>							<b>10,227.3</b>	<b>\$ 149.81</b>	<b>\$ 127.68</b>
<b>Short Term Institutional / HCBS</b>	<b>59.4</b>	<b>\$ 680.81</b>	<b>\$ 3.37</b>	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	<b>59.8</b>	<b>\$ 694.31</b>	<b>\$ 3.46</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,666.4	\$ 1,987.23	\$ 275.96	0.9436	1.0437	0.7500	1.0150	1.0000	0.9856	1,179.3	\$ 2,074.89	\$ 203.91
Psychiatric/SUD	17.3	929.48	1.34	0.9436	1.0437	0.8500	1.0050	1.0000	0.9856	13.9	958.27	1.11
Maternity - Delivery	23.3	1,998.28	3.88	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	22.0	2,056.36	3.77
Maternity Non-Delivery	4.9	1,273.47	0.52	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	4.6	1,304.35	0.50
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>1,711.9</b>	<b>\$ 1,974.65</b>	<b>\$ 281.70</b>							<b>1,219.8</b>	<b>\$ 2,058.93</b>	<b>\$ 209.29</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,473.0	\$ 101.22	\$ 20.86	1.0437	1.0437	0.7500	1.0050	1.0000	0.9867	1,935.9	\$ 104.76	\$ 16.90
General	30,738.7	78.17	200.24	1.0437	1.0437	0.7750	1.0100	1.0000	0.9867	24,864.3	81.31	168.48
<b>Subtotal</b>	<b>33,211.7</b>	<b>\$ 79.89</b>	<b>\$ 221.10</b>							<b>26,800.2</b>	<b>\$ 83.01</b>	<b>\$ 185.38</b>
<b>Ancillary</b>												
Pharmacy	49,806.1	\$ 71.87	\$ 298.30	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	45,449.9	\$ 80.81	\$ 306.07
DME/Supplies/Prosthetics	3,029.5	128.58	32.46	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	2,803.5	136.46	31.88
Ambulance	519.3	71.87	3.11	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	480.6	83.90	3.36
Non-Emergency Transportation	5.0	24.00	0.01	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	4.6	26.09	0.01
Home Health/Hospice	1,906.3	166.06	26.38	1.0887	1.0586	0.8500	1.0025	1.0000	1.0206	1,764.1	179.85	26.44
Chiropractic Services	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	795.1	39.69	2.63	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	735.8	42.08	2.58
Other Ancillary	674.5	31.85	1.79	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	624.2	33.84	1.76
<b>Subtotal</b>	<b>56,735.8</b>	<b>\$ 77.13</b>	<b>\$ 364.68</b>							<b>51,862.7</b>	<b>\$ 86.10</b>	<b>\$ 372.10</b>
<b>Professional</b>												
Surgery	1,312.8	\$ 244.70	\$ 26.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,111.8	\$ 248.25	\$ 23.00
Anesthesia	207.2	276.25	4.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	175.5	280.34	4.10
Inpatient Visits	1,973.6	85.73	14.10	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	1,566.9	88.30	11.53
Urgent Care/Emergency Room	1,364.2	89.90	10.22	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	1,083.1	91.63	8.27
Office/Home Visits	4,420.4	67.68	24.93	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,866.5	68.65	27.84
Preventive Care	404.1	40.98	1.38	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	453.4	41.55	1.57
Maternity - Delivery	8.1	1,170.37	0.79	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	6.9	1,182.61	0.68
Maternity - Non-Delivery	28.8	141.67	0.34	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	24.4	142.62	0.29
Allergy/Immunotherapy	46.0	67.83	0.26	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	39.0	67.69	0.22
Lab/Path/Rad	8,954.5	27.46	20.49	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	7,820.3	27.85	18.15
Office Adm. Drugs	1,232.8	198.86	20.43	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,044.0	201.72	17.55
Clinic	1,169.9	160.42	15.64	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	990.8	146.06	12.06
Psych/SUD	14.9	1,763.76	2.19	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	12.6	1,790.48	1.88
Physical Therapy	612.3	28.61	1.46	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	518.5	28.93	1.25
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,233.2	53.30	9.92	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,891.2	54.06	8.52
<b>Subtotal</b>	<b>23,982.8</b>	<b>\$ 76.90</b>	<b>\$ 153.69</b>							<b>21,604.9</b>	<b>\$ 76.04</b>	<b>\$ 136.91</b>
<b>Total Medical</b>	<b>115,642.2</b>	<b>\$ 105.97</b>	<b>\$ 1,021.17</b>							<b>101,487.6</b>	<b>\$ 106.85</b>	<b>\$ 903.68</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	191.0	\$ 2,185.13	\$ 34.78	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	179.4	\$ 2,185.28	\$ 32.67
Outpatient Treatment	14,272.1	121.68	144.72	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	14,151.5	121.68	143.50
Intermediate Care	43.8	545.21	1.99	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	43.4	544.70	1.97
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>14,506.9</b>	<b>\$ 151.37</b>	<b>\$ 182.99</b>							<b>14,374.3</b>	<b>\$ 149.97</b>	<b>\$ 179.64</b>
<b>Short Term Institutional / HCBS</b>	<b>287.8</b>	<b>\$ 294.37</b>	<b>\$ 7.06</b>	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	<b>289.9</b>	<b>\$ 299.69</b>	<b>\$ 7.24</b>



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	2,062.4	\$ 264.86	\$ 45.52	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	1,931.2	\$ 261.72	\$ 42.12
Psychiatric/SUD	-	-	-	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>2,062.4</b>	<b>\$ 264.86</b>	<b>\$ 45.52</b>							<b>1,931.2</b>	<b>\$ 261.72</b>	<b>\$ 42.12</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,079.3	\$ 34.05	\$ 5.90	1.0736	1.0364	0.8000	1.0025	1.0000	1.0000	1,785.8	\$ 35.35	\$ 5.26
General	48,023.0	21.95	87.86	1.0736	1.0364	0.9250	1.0025	1.0000	1.0000	47,689.4	22.81	90.65
<b>Subtotal</b>	<b>50,102.3</b>	<b>\$ 22.46</b>	<b>\$ 93.76</b>							<b>49,475.2</b>	<b>\$ 23.26</b>	<b>\$ 95.91</b>
<b>Ancillary</b>												
Pharmacy	3,542.4	\$ 20.77	\$ 6.13	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	3,365.3	\$ 20.86	\$ 5.85
DME/Supplies/Prosthetics	20,187.6	40.40	67.97	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	16,670.7	44.10	61.26
Ambulance	1,180.0	56.34	5.54	0.9715	1.0887	0.8500	1.0025	1.0000	1.1000	974.4	67.61	5.49
Non-Emergency Transportation	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	1,386.5	9.00	1.04	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,145.0	9.85	0.94
Podiatry	912.1	16.97	1.29	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	753.2	18.48	1.16
Vision	1,255.7	24.66	2.58	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,036.9	26.96	2.33
Other Ancillary	107.5	16.74	0.15	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	88.8	18.92	0.14
<b>Subtotal</b>	<b>28,571.8</b>	<b>\$ 35.57</b>	<b>\$ 84.70</b>							<b>24,034.3</b>	<b>\$ 38.53</b>	<b>\$ 77.17</b>
<b>Professional</b>												
Surgery	2,677.6	\$ 39.48	\$ 8.81	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,548.7	\$ 42.99	\$ 9.13
Anesthesia	382.2	43.96	1.40	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	363.8	47.83	1.45
Inpatient Visits	5,572.0	18.84	8.75	1.0290	1.0887	0.9000	1.0025	1.0000	1.0000	5,160.3	20.56	8.84
Urgent Care/Emergency Room	1,674.4	24.73	3.45	1.0290	1.0887	0.8000	1.0025	1.0000	1.0000	1,378.4	26.99	3.10
Office/Home Visits	9,791.1	20.00	16.32	1.0290	1.0887	1.0300	1.0000	1.0000	1.0000	10,377.5	21.77	18.83
Preventive Care	65.7	56.62	0.31	1.0290	1.0887	1.0050	1.0000	1.0000	1.0000	67.9	61.86	0.35
Maternity - Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	79.1	15.17	0.10	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	75.3	15.94	0.10
Lab/Path/Rad	6,113.9	8.69	4.43	1.0290	1.0887	0.9000	1.0000	1.0000	1.0000	5,662.2	9.47	4.47
Office Adm. Drugs	2,110.3	41.17	7.24	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,008.7	44.81	7.50
Clinic	12.7	28.35	0.03	1.0290	1.0887	0.9250	1.0000	1.0000	0.8979	12.1	29.75	0.03
Psych/SUD	1,259.7	21.34	2.24	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,199.0	23.22	2.32
Physical Therapy	1,338.8	9.41	1.05	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,274.3	10.26	1.09
Family Planning	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,852.4	15.11	4.85	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	3,666.9	16.46	5.03
<b>Subtotal</b>	<b>34,929.9</b>	<b>\$ 20.26</b>	<b>\$ 58.98</b>							<b>33,795.1</b>	<b>\$ 22.10</b>	<b>\$ 62.24</b>
<b>Total Medical</b>	<b>115,666.4</b>	<b>\$ 29.36</b>	<b>\$ 282.96</b>							<b>109,235.8</b>	<b>\$ 30.48</b>	<b>\$ 277.44</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0736	1.0586	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	6,718.7	111.02	62.16	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	6,672.0	117.52	65.34
Intermediate Care	-	-	-	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,718.7</b>	<b>\$ 113.70</b>	<b>\$ 63.66</b>							<b>6,672.0</b>	<b>\$ 120.22</b>	<b>\$ 66.84</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

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

Member Months

17,055

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	527.2	\$ 183.92	\$ 8.08	0.9436	0.9436	1.0000	1.0000	1.0000	1.0109	497.5	\$ 175.36	\$ 7.27
Home Health/Hospice	34,121.6	174.06	494.94	0.9715	1.0887	0.8500	1.0025	1.0000	1.0206	28,177.3	193.89	455.27
Attendant Care/Nursing/Home Aide	8,469.5	616.73	435.28	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	8,279.5	629.70	434.47
Supported community living	9,897.7	136.76	112.80	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	9,675.7	139.64	112.59
Adult day care	60.2	424.58	2.13	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	58.8	434.69	2.13
Day Habilitation	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	43.9	1,697.49	6.21	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	42.9	1,734.27	6.20
Family and community support	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	121.1	592.57	5.98	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	118.4	605.07	5.97
Waiver Transportation	180.7	142.11	2.14	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	176.6	145.41	2.14
Other HCBS waiver	439.9	705.71	25.87	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	430.0	720.56	25.82
<b>Total Long Term Services and Supp</b>	<b>53,861.8</b>	<b>\$ 243.61</b>	<b>\$ 1,093.43</b>	1.0024	1.0554	0.9051	1.0038	1.0000	1.0026	<b>47,456.7</b>	<b>\$ 265.98</b>	<b>\$ 1,051.86</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,751.6	\$ 2,010.39	\$ 293.45	1.0586	1.0736	0.8750	1.0025	1.0000	0.9856	1,622.4	\$ 2,132.54	\$ 288.32
Psychiatric/SUD	-	-	-	1.0586	1.0736	0.9250	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>1,751.6</b>	<b>\$ 2,010.39</b>	<b>\$ 293.45</b>							<b>1,622.4</b>	<b>\$ 2,132.54</b>	<b>\$ 288.32</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,477.2	\$ 106.82	\$ 13.15	0.9436	1.0586	0.7750	1.0025	1.0000	0.9867	1,080.2	\$ 111.87	\$ 10.07
General	36,879.1	75.90	233.25	0.9436	1.0586	0.9000	1.0025	1.0000	0.9867	31,318.3	79.48	207.42
<b>Subtotal</b>	<b>38,356.3</b>	<b>\$ 77.09</b>	<b>\$ 246.40</b>							<b>32,398.5</b>	<b>\$ 80.56</b>	<b>\$ 217.49</b>
<b>Ancillary</b>												
Pharmacy	54,589.2	\$ 113.22	\$ 515.03	1.0144	1.1194	0.9250	0.9800	1.0000	1.0250	51,224.3	\$ 127.30	\$ 543.40
DME/Supplies/Prosthetics	17,010.5	163.78	232.17	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	16,393.4	173.81	237.45
Ambulance	832.5	71.21	4.94	1.0144	1.0586	0.9500	1.0025	1.0000	1.1000	802.3	83.16	5.56
Non-Emergency Transportation	21.3	39.44	0.07	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	20.5	40.98	0.07
Home Health/Hospice	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	41.9	8.59	0.03	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	40.4	8.91	0.03
Podiatry	11.4	21.05	0.02	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	11.0	21.82	0.02
Vision	793.2	36.76	2.43	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	764.4	39.09	2.49
Other Ancillary	556.8	32.33	1.50	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	536.6	34.22	1.53
<b>Subtotal</b>	<b>73,856.8</b>	<b>\$ 122.86</b>	<b>\$ 756.19</b>							<b>69,792.9</b>	<b>\$ 135.93</b>	<b>\$ 790.55</b>
<b>Professional</b>												
Surgery	1,412.2	\$ 205.04	\$ 24.13	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1,383.7	\$ 207.96	\$ 23.98
Anesthesia	263.2	322.80	7.08	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	257.9	327.57	7.04
Inpatient Visits	2,405.3	92.25	18.49	1.0887	1.0144	0.8750	1.0025	1.0000	1.0000	2,291.3	93.80	17.91
Urgent Care/Emergency Room	1,161.5	92.47	8.95	1.0887	1.0144	0.7750	1.0025	1.0000	1.0000	980.0	94.04	7.68
Office/Home Visits	5,104.9	79.81	33.95	1.0887	1.0144	1.0400	1.0000	1.0000	1.0000	5,780.0	80.95	38.99
Preventive Care	584.1	52.80	2.57	1.0887	1.0144	1.0150	1.0000	1.0000	1.0000	645.4	53.55	2.88
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	45.8	123.14	0.47	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	44.9	125.61	0.47
Lab/Path/Rad	8,136.7	22.79	15.45	1.0887	1.0144	0.8750	1.0000	1.0000	1.0000	7,751.1	23.11	14.93
Office Adm. Drugs	2,258.2	265.11	49.89	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	2,212.6	268.95	49.59
Clinic	813.2	156.86	10.63	1.0887	1.0144	0.9000	1.0000	1.0000	0.8979	796.8	142.92	9.49
Psych/SUD	71.2	30.34	0.18	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	69.8	30.95	0.18
Physical Therapy	1,574.5	44.81	5.88	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1,542.7	45.43	5.84
Family Planning	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,403.9	83.23	23.61	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	3,335.2	84.44	23.47
<b>Subtotal</b>	<b>27,234.7</b>	<b>\$ 88.69</b>	<b>\$ 201.28</b>							<b>27,091.4</b>	<b>\$ 89.67</b>	<b>\$ 202.45</b>
<b>Total Medical</b>	<b>141,199.4</b>	<b>\$ 127.25</b>	<b>\$ 1,497.32</b>							<b>130,905.2</b>	<b>\$ 137.40</b>	<b>\$ 1,498.81</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	47.2	\$ 1,723.73	\$ 6.78	1.0736	0.9715	0.9000	1.0000	1.0000	1.0000	45.6	\$ 1,673.68	\$ 6.36
Outpatient Treatment	6,004.8	117.31	58.70	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	5,963.1	113.96	56.63
Intermediate Care	0.7	1,200.00	0.07	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	0.7	1,200.00	0.07
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,052.7</b>	<b>\$ 132.93</b>	<b>\$ 67.05</b>							<b>6,009.4</b>	<b>\$ 128.92</b>	<b>\$ 64.56</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide

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

Member Months

17,027

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	450.1	\$ 291.94	\$ 10.95	1.0290	1.0144	1.0000	1.0000	1.0000	1.0109	463.2	\$ 299.48	\$ 11.56
Home Health/Hospice	17,359.1	533.49	771.74	1.0144	1.0586	0.9500	1.0025	1.0000	1.0206	16,729.3	577.82	805.54
Attendant Care/Nursing/Home Aide	4,003.3	645.22	215.25	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	3,969.5	658.78	217.92
Supported community living	2,316.5	111.74	21.57	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	2,296.9	114.10	21.84
Adult day care	8.5	211.76	0.15	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	8.4	214.29	0.15
Day Habilitation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	24.1	2,982.57	5.99	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	23.9	3,042.68	6.06
Family and community support	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
In-home family therapy	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	4,699.0	659.12	258.10	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	4,659.3	672.98	261.30
Waiver Transportation	143.8	141.03	1.69	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	142.6	143.90	1.71
Other HCBS waiver	2,039.6	1,150.87	195.61	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	2,022.4	1,175.08	198.04
<b>Total Long Term Services and Supp</b>	<b>31,044.0</b>	<b>\$ 572.50</b>	<b>\$ 1,481.05</b>	1.0284	1.0443	0.9504	1.0037	1.0000	1.0048	<b>30,315.5</b>	<b>\$ 603.30</b>	<b>\$ 1,524.12</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,619.4	\$ 320.04	\$ 43.19	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	1,516.4	\$ 316.22	\$ 39.96
Psychiatric/SUD	-	-	-	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,619.4</b>	<b>\$ 320.04</b>	<b>\$ 43.19</b>							<b>1,516.4</b>	<b>\$ 316.22</b>	<b>\$ 39.96</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,184.0	\$ 43.07	\$ 4.25	1.0736	1.0364	0.8000	1.0025	1.0000	1.0000	1,016.9	\$ 44.72	\$ 3.79
General	31,628.6	25.34	66.78	1.0736	1.0364	0.9250	1.0025	1.0000	1.0000	31,408.9	26.32	68.90
<b>Subtotal</b>	<b>32,812.6</b>	<b>\$ 25.98</b>	<b>\$ 71.03</b>							<b>32,425.8</b>	<b>\$ 26.90</b>	<b>\$ 72.69</b>
<b>Ancillary</b>												
Pharmacy	3,627.9	\$ 15.05	\$ 4.55	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	3,446.5	\$ 15.11	\$ 4.34
DME/Supplies/Prosthetics	11,838.1	39.27	38.74	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	9,775.8	42.87	34.92
Ambulance	991.7	59.90	4.95	0.9715	1.0887	0.8500	1.0025	1.0000	1.1000	818.9	71.95	4.91
Non-Emergency Transportation	4.0	210.00	0.07	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	3.3	218.18	0.06
Home Health/Hospice	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	674.0	9.79	0.55	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	556.6	10.78	0.50
Podiatry	1,123.2	16.77	1.57	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	927.5	18.37	1.42
Vision	1,353.6	23.49	2.65	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,117.8	25.66	2.39
Other Ancillary	134.2	19.67	0.22	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	110.8	21.66	0.20
<b>Subtotal</b>	<b>19,746.7</b>	<b>\$ 32.39</b>	<b>\$ 53.30</b>							<b>16,757.2</b>	<b>\$ 34.90</b>	<b>\$ 48.74</b>
<b>Professional</b>												
Surgery	1,958.4	\$ 43.26	\$ 7.06	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,864.1	\$ 47.12	\$ 7.32
Anesthesia	229.2	43.46	0.83	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	218.2	47.30	0.86
Inpatient Visits	3,848.9	19.39	6.22	1.0290	1.0887	0.9000	1.0025	1.0000	1.0000	3,564.5	21.18	6.29
Urgent Care/Emergency Room	1,034.5	26.10	2.25	1.0290	1.0887	0.8000	1.0025	1.0000	1.0000	851.6	28.46	2.02
Office/Home Visits	7,447.0	21.58	13.39	1.0290	1.0887	1.0300	1.0000	1.0000	1.0000	7,893.0	23.49	15.45
Preventive Care	38.8	40.21	0.13	1.0290	1.0887	1.0050	1.0000	1.0000	1.0000	40.1	44.89	0.15
Maternity - Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	10.8	22.22	0.02	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	10.3	23.30	0.02
Lab/Path/Rad	4,728.0	10.00	3.94	1.0290	1.0887	0.9000	1.0000	1.0000	1.0000	4,378.7	10.88	3.97
Office Adm. Drugs	1,730.7	52.49	7.57	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,647.4	57.11	7.84
Clinic	55.7	68.94	0.32	1.0290	1.0887	0.9250	1.0000	1.0000	0.8979	53.0	67.92	0.30
Psych/SUD	231.6	21.24	0.41	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	220.4	22.87	0.42
Physical Therapy	619.7	10.26	0.53	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	589.9	11.19	0.55
Family Planning	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,127.5	14.08	3.67	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,976.9	15.32	3.80
<b>Subtotal</b>	<b>25,060.8</b>	<b>\$ 22.19</b>	<b>\$ 46.34</b>							<b>24,308.1</b>	<b>\$ 24.18</b>	<b>\$ 48.99</b>
<b>Total Medical</b>	<b>79,239.5</b>	<b>\$ 32.39</b>	<b>\$ 213.86</b>							<b>75,007.5</b>	<b>\$ 33.66</b>	<b>\$ 210.38</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	1.0736	1.0586	0.9000	1.0000	1.0000	1.0000	0.3	\$ 3,600.00	\$ 0.09
Outpatient Treatment	1,477.0	148.27	18.25	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	1,466.7	156.92	19.18
Intermediate Care	0.1	-	-	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,477.4</b>	<b>\$ 161.15</b>	<b>\$ 19.84</b>							<b>1,467.1</b>	<b>\$ 169.89</b>	<b>\$ 20.77</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide  
Rate Cell: Elderly HCBS Waiver

Member Months

105,822

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	1,269.5	\$ 163.34	\$ 17.28	0.9436	0.9436	1.0000	1.0000	1.0000	1.0109	1,197.9	\$ 155.77	\$ 15.55
Home Health/Hospice	26,796.5	139.37	311.23	0.9715	1.0887	0.8500	1.0025	1.0000	1.0206	22,128.3	155.25	286.28
Attendant Care/Nursing/Home Aide	7,021.2	547.44	320.31	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	6,863.7	558.96	319.71
Supported community living	24,454.5	145.51	296.53	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	23,906.0	148.57	295.98
Adult day care	178.3	494.67	7.35	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	174.3	505.34	7.34
Day Habilitation	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	88.0	102.27	0.75	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	86.0	104.65	0.75
Family and community support	0.2	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	0.2	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	88.0	394.09	2.89	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	86.0	401.86	2.88
Waiver Transportation	1,196.8	118.82	11.85	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	1,170.0	121.33	11.83
Other HCBS waiver	286.9	690.55	16.51	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	280.5	705.03	16.48
<b>Total Long Term Services and Supp</b>	<b>61,379.9</b>	<b>\$ 192.51</b>	<b>\$ 984.70</b>	1.0093	1.0464	0.9193	1.0041	1.0000	0.9982	<b>55,892.9</b>	<b>\$ 205.42</b>	<b>\$ 956.80</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	474.8	\$ 957.62	\$ 37.89	1.0736	0.9575	0.9000	1.0025	1.0000	0.9856	458.8	\$ 905.75	\$ 34.63
Psychiatric/SUD	1.0	3,120.00	0.26	1.0736	0.9575	0.9500	1.0025	1.0000	0.9856	1.0	3,000.00	0.25
Maternity - Delivery	1.4	2,142.86	0.25	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	1.5	2,000.00	0.25
Maternity Non-Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>477.2</b>	<b>\$ 965.63</b>	<b>\$ 38.40</b>							<b>461.3</b>	<b>\$ 913.85</b>	<b>\$ 35.13</b>
<b>Outpatient Hospital</b>												
Emergency Room	739.7	\$ 70.08	\$ 4.32	1.0144	0.9162	0.8000	1.0025	1.0000	0.9867	600.3	\$ 63.57	\$ 3.18
General	15,518.4	54.21	70.10	1.0144	0.9162	0.9250	1.0025	1.0000	0.9867	14,561.8	49.12	59.61
<b>Subtotal</b>	<b>16,258.1</b>	<b>\$ 54.93</b>	<b>\$ 74.42</b>							<b>15,162.1</b>	<b>\$ 49.69</b>	<b>\$ 62.79</b>
<b>Ancillary</b>												
Pharmacy	19,000.7	\$ 74.44	\$ 117.86	1.0144	1.0217	0.9500	0.9800	1.0000	1.0250	18,311.4	\$ 76.39	\$ 116.57
DME/Supplies/Prosthetics	5,225.1	99.63	43.38	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	4,822.5	107.22	43.09
Ambulance	224.2	61.02	1.14	0.9715	1.0736	0.9500	1.0025	1.0000	1.1000	206.9	72.50	1.25
Non-Emergency Transportation	222.5	201.71	3.74	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	205.4	217.33	3.72
Home Health/Hospice	-	-	-	0.9715	1.0736	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	487.8	9.84	0.40	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	450.2	10.66	0.40
Podiatry	758.9	16.60	1.05	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	700.4	17.82	1.04
Vision	1,205.8	31.25	3.14	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	1,112.9	33.64	3.12
Other Ancillary	328.5	29.22	0.80	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	303.2	31.27	0.79
<b>Subtotal</b>	<b>27,453.5</b>	<b>\$ 74.97</b>	<b>\$ 171.51</b>							<b>26,112.9</b>	<b>\$ 78.11</b>	<b>\$ 169.98</b>
<b>Professional</b>												
Surgery	898.2	\$ 75.35	\$ 5.64	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	904.5	\$ 76.42	\$ 5.76
Anesthesia	165.7	142.67	1.97	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	166.9	144.52	2.01
Inpatient Visits	898.3	38.21	2.86	1.0887	1.0144	0.9000	1.0025	1.0000	1.0000	880.2	38.85	2.85
Urgent Care/Emergency Room	504.3	49.73	2.09	1.0887	1.0144	0.8000	1.0025	1.0000	1.0000	439.2	50.55	1.85
Office/Home Visits	4,508.2	41.13	15.45	1.0887	1.0144	1.0300	1.0000	1.0000	1.0000	5,055.3	41.73	17.58
Preventive Care	438.1	68.48	2.50	1.0887	1.0144	1.0050	1.0000	1.0000	1.0000	479.3	69.35	2.77
Maternity - Delivery	0.9	800.00	0.06	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	0.9	800.00	0.06
Maternity - Non-Delivery	3.4	141.18	0.04	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	3.4	141.18	0.04
Allergy/Immunotherapy	88.9	32.40	0.24	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	89.5	33.52	0.25
Lab/Path/Rad	2,620.2	15.57	3.40	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	2,567.3	15.80	3.38
Office Adm. Drugs	568.2	64.20	3.04	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	572.2	65.22	3.11
Clinic	324.8	155.91	4.22	1.0887	1.0144	0.9250	1.0000	1.0000	0.8979	327.1	141.97	3.87
Psych/SUD	1,231.9	1,006.64	103.34	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,240.6	1,021.15	105.57
Physical Therapy	562.4	23.04	1.08	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	566.4	23.31	1.10
Family Planning	0.2	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	0.2	-	-
Other Professional	1,207.8	59.31	5.97	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,216.3	60.18	6.10
<b>Subtotal</b>	<b>14,021.5</b>	<b>\$ 130.00</b>	<b>\$ 151.90</b>							<b>14,509.3</b>	<b>\$ 129.27</b>	<b>\$ 156.30</b>
<b>Total Medical</b>	<b>58,210.3</b>	<b>\$ 89.93</b>	<b>\$ 436.23</b>							<b>56,245.6</b>	<b>\$ 90.50</b>	<b>\$ 424.20</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	58.4	\$ 2,340.41	\$ 11.39	1.0437	1.0437	0.9000	1.0000	1.0000	1.0000	54.9	\$ 2,441.53	\$ 11.17
Outpatient Treatment	6,656.6	95.38	52.91	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	6,426.6	99.56	53.32
Intermediate Care	2.0	840.00	0.14	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	1.9	884.21	0.14
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,717.0</b>	<b>\$ 117.80</b>	<b>\$ 65.94</b>							<b>6,483.4</b>	<b>\$ 122.40</b>	<b>\$ 66.13</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide  
Rate Cell: Intellectual Disability HCBS Waiver

Member Months

140,989

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	165.5	\$ 318.31	\$ 4.39	0.9715	0.9715	1.0000	1.0000	1.0000	1.0109	160.8	\$ 312.69	\$ 4.19
Home Health/Hospice	5,049.2	342.47	144.10	0.9715	1.0736	0.9500	1.0025	1.0000	1.0206	4,660.1	376.19	146.09
Attendant Care/Nursing/Home Aide	739.2	1,029.87	63.44	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	722.6	1,051.54	63.32
Supported community living	9,993.1	2,611.68	2,174.90	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	9,768.9	2,666.65	2,170.85
Adult day care	283.5	808.89	19.11	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	277.1	825.84	19.07
Day Habilitation	7,394.7	611.50	376.82	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	7,228.8	624.37	376.12
Env/home and vehicle mod	2.4	1,750.00	0.35	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2.3	1,826.09	0.35
Family and community support	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	2,323.7	308.40	59.72	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2,271.6	314.90	59.61
Waiver Transportation	4,030.4	263.41	88.47	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	3,940.0	268.96	88.31
Other HCBS waiver	1,571.8	1,438.89	188.47	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	1,536.5	1,469.21	188.12
<b>Total Long Term Services and Supp</b>	<b>31,553.5</b>	<b>\$ 1,186.47</b>	<b>\$ 3,119.77</b>	1.0263	1.0310	0.9501	1.0049	1.0000	0.9889	<b>30,568.7</b>	<b>\$ 1,223.22</b>	<b>\$ 3,116.03</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,265.3	\$ 1,115.88	\$ 117.66	1.0736	0.9575	0.9000	1.0025	1.0000	1.0000	1,222.6	\$ 1,071.03	\$ 109.12
Psychiatric/SUD	5.2	1,200.00	0.52	1.0736	0.9575	0.9500	1.0025	1.0000	1.0000	5.3	1,154.72	0.51
Maternity - Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,270.5</b>	<b>\$ 1,116.22</b>	<b>\$ 118.18</b>							<b>1,227.9</b>	<b>\$ 1,071.39</b>	<b>\$ 109.63</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,116.6	\$ 69.00	\$ 6.42	1.0144	0.9162	0.8000	1.0025	1.0000	1.0000	906.2	\$ 63.43	\$ 4.79
General	29,718.9	53.71	133.01	1.0144	0.9162	0.9250	1.0025	1.0000	1.0000	27,887.0	49.33	114.63
<b>Subtotal</b>	<b>30,835.5</b>	<b>\$ 54.26</b>	<b>\$ 139.43</b>							<b>28,793.2</b>	<b>\$ 49.77</b>	<b>\$ 119.42</b>
<b>Ancillary</b>												
Pharmacy	21,669.9	\$ 76.90	\$ 138.86	1.0144	1.0217	0.9500	0.9800	1.0000	1.0250	20,883.7	\$ 78.92	\$ 137.34
DME/Supplies/Prosthetics	10,106.3	122.56	103.22	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	9,327.5	131.91	102.53
Ambulance	537.4	56.05	2.51	0.9715	1.0736	0.9500	1.0025	1.0000	1.1000	496.0	66.29	2.74
Non-Emergency Transportation	101.1	199.41	1.68	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	93.3	214.79	1.67
Home Health/Hospice	-	-	-	0.9715	1.0736	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	862.8	8.48	0.61	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	796.3	9.19	0.61
Podiatry	471.6	18.32	0.72	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	435.3	19.85	0.72
Vision	1,154.8	30.14	2.90	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	1,065.8	32.43	2.88
Other Ancillary	500.8	28.75	1.20	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	462.2	30.90	1.19
<b>Subtotal</b>	<b>35,404.7</b>	<b>\$ 85.31</b>	<b>\$ 251.70</b>							<b>33,560.1</b>	<b>\$ 89.28</b>	<b>\$ 249.68</b>
<b>Professional</b>												
Surgery	1,381.8	\$ 106.21	\$ 12.23	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,391.5	\$ 107.71	\$ 12.49
Anesthesia	235.4	182.50	3.58	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	237.1	185.24	3.66
Inpatient Visits	1,863.3	39.99	6.21	1.0887	1.0144	0.9000	1.0025	1.0000	1.0000	1,825.7	40.69	6.19
Urgent Care/Emergency Room	898.9	53.80	4.03	1.0887	1.0144	0.8000	1.0025	1.0000	1.0000	782.9	54.72	3.57
Office/Home Visits	6,095.8	44.65	22.68	1.0887	1.0144	1.0300	1.0000	1.0000	1.0000	6,835.6	45.29	25.80
Preventive Care	348.9	59.50	1.73	1.0887	1.0144	1.0050	1.0000	1.0000	1.0000	381.7	60.36	1.92
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	127.9	24.39	0.26	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	128.8	25.16	0.27
Lab/Path/Rad	4,469.3	18.31	6.82	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	4,379.1	18.58	6.78
Office Adm. Drugs	750.3	213.99	13.38	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	755.6	217.10	13.67
Clinic	244.4	161.05	3.28	1.0887	1.0144	0.9250	1.0000	1.0000	0.8979	246.1	146.77	3.01
Psych/SUD	1,462.4	1,000.52	121.93	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,472.7	1,014.95	124.56
Physical Therapy	3,130.9	30.32	7.91	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	3,153.0	30.75	8.08
Family Planning	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,034.7	49.95	8.47	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	2,049.0	50.66	8.65
<b>Subtotal</b>	<b>23,044.0</b>	<b>\$ 110.66</b>	<b>\$ 212.51</b>							<b>23,638.8</b>	<b>\$ 111.00</b>	<b>\$ 218.65</b>
<b>Total Medical</b>	<b>90,554.7</b>	<b>\$ 95.65</b>	<b>\$ 721.82</b>							<b>87,220.0</b>	<b>\$ 95.95</b>	<b>\$ 697.38</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	34.5	\$ 2,765.22	\$ 7.95	1.0437	1.0437	0.9000	1.0000	1.0000	1.0000	32.4	\$ 2,885.19	\$ 7.79
Outpatient Treatment	6,875.2	118.50	67.89	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	6,637.7	123.68	68.41
Intermediate Care	4.3	502.33	0.18	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	4.2	514.29	0.18
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,914.0</b>	<b>\$ 134.54</b>	<b>\$ 77.52</b>							<b>6,674.3</b>	<b>\$ 140.02</b>	<b>\$ 77.88</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide  
Rate Cell: Brain Injury HCBS Waiver

Member Months

14,011

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	305.7	\$ 415.70	\$ 10.59	0.9715	0.9715	1.0000	1.0000	1.0000	1.0109	297.0	\$ 408.08	\$ 10.10
Home Health/Hospice	13,627.5	355.43	403.63	0.9715	1.0736	0.9500	1.0025	1.0000	1.0206	12,577.4	390.41	409.19
Attendant Care/Nursing/Home Aide	3,144.9	892.19	233.82	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	3,074.4	910.93	233.38
Supported community living	7,369.5	1,922.17	1,180.45	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	7,204.2	1,962.61	1,178.25
Adult day care	646.5	648.35	34.93	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	632.0	661.90	34.86
Day Habilitation	476.1	486.45	19.30	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	465.4	496.61	19.26
Env/home and vehicle mod	33.6	2,182.14	6.11	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	32.8	2,231.71	6.10
Family and community support	157.5	263.62	3.46	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	154.0	268.83	3.45
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	2,598.3	699.60	151.48	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2,540.0	714.33	151.20
Waiver Transportation	1,644.4	248.99	34.12	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	1,607.5	254.26	34.06
Other HCBS waiver	2,748.9	1,311.27	300.38	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2,687.2	1,338.88	299.82
<b>Total Long Term Services and Supp</b>	<b>32,752.9</b>	<b>\$ 871.35</b>	<b>\$ 2,378.27</b>	1.0190	1.0363	0.9502	1.0046	1.0000	0.9931	<b>31,271.9</b>	<b>\$ 913.15</b>	<b>\$ 2,379.67</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	24.5	\$ 3,854.69	\$ 7.87	1.0586	1.0736	0.8750	1.0025	1.0000	1.0000	22.7	\$ 4,149.78	\$ 7.85
Psychiatric/SUD	-	-	-	1.0586	1.0736	0.9250	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>24.5</b>	<b>\$ 3,854.69</b>	<b>\$ 7.87</b>							<b>22.7</b>	<b>\$ 4,149.78</b>	<b>\$ 7.85</b>
<b>Outpatient Hospital</b>												
Emergency Room	631.6	\$ 108.49	\$ 5.71	0.9436	1.0586	0.7750	1.0025	1.0000	1.0000	461.9	\$ 115.09	\$ 4.43
General	6,756.3	63.80	35.92	0.9436	1.0586	0.9000	1.0025	1.0000	1.0000	5,737.5	67.70	32.37
<b>Subtotal</b>	<b>7,387.9</b>	<b>\$ 67.62</b>	<b>\$ 41.63</b>							<b>6,199.4</b>	<b>\$ 71.23</b>	<b>\$ 36.80</b>
<b>Ancillary</b>												
Pharmacy	38,190.0	\$ 80.30	\$ 255.56	1.0144	1.1194	0.9250	0.9800	1.0000	1.0250	35,835.9	\$ 90.29	\$ 269.64
DME/Supplies/Prosthetics	659.5	90.61	4.98	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	635.6	96.10	5.09
Ambulance	43.8	84.93	0.31	1.0144	1.0586	0.9500	1.0025	1.0000	1.1000	42.2	99.53	0.35
Non-Emergency Transportation	229.6	25.61	0.49	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	221.3	27.11	0.50
Home Health/Hospice	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	1,151.9	34.27	3.29	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	1,110.1	36.32	3.36
Other Ancillary	507.8	31.90	1.35	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	489.4	33.84	1.38
<b>Subtotal</b>	<b>40,782.6</b>	<b>\$ 78.26</b>	<b>\$ 265.98</b>							<b>38,334.5</b>	<b>\$ 87.75</b>	<b>\$ 280.32</b>
<b>Professional</b>												
Surgery	161.5	\$ 237.77	\$ 3.20	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	158.2	\$ 241.21	\$ 3.18
Anesthesia	39.8	331.66	1.10	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	39.0	335.38	1.09
Inpatient Visits	55.8	116.13	0.54	1.0887	1.0144	0.8750	1.0025	1.0000	1.0000	53.2	117.29	0.52
Urgent Care/Emergency Room	345.5	78.49	2.26	1.0887	1.0144	0.7750	1.0025	1.0000	1.0000	291.5	79.86	1.94
Office/Home Visits	2,088.6	93.77	16.32	1.0887	1.0144	1.0400	1.0000	1.0000	1.0000	2,364.8	95.15	18.75
Preventive Care	574.7	54.29	2.60	1.0887	1.0144	1.0150	1.0000	1.0000	1.0000	635.1	54.98	2.91
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1.1	-	-
Allergy/Immunotherapy	190.9	74.80	1.19	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	187.0	75.72	1.18
Lab/Path/Rad	2,515.9	19.70	4.13	1.0887	1.0144	0.8750	1.0000	1.0000	1.0000	2,396.7	19.98	3.99
Office Adm. Drugs	56.5	55.22	0.26	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	55.4	56.32	0.26
Clinic	632.8	160.62	8.47	1.0887	1.0144	0.9000	1.0000	1.0000	0.8979	620.0	146.32	7.56
Psych/SUD	90.7	136.27	1.03	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	88.9	137.68	1.02
Physical Therapy	604.4	43.08	2.17	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	592.2	43.77	2.16
Family Planning	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	288.9	98.86	2.38	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	283.1	100.46	2.37
<b>Subtotal</b>	<b>7,647.1</b>	<b>\$ 71.63</b>	<b>\$ 45.65</b>							<b>7,766.2</b>	<b>\$ 72.51</b>	<b>\$ 46.93</b>
<b>Total Medical</b>	<b>55,842.1</b>	<b>\$ 77.60</b>	<b>\$ 361.13</b>							<b>52,322.8</b>	<b>\$ 85.29</b>	<b>\$ 371.90</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	232.3	\$ 1,634.44	\$ 31.64	1.0736	0.9715	0.9000	1.0000	1.0000	1.0000	224.5	\$ 1,587.53	\$ 29.70
Outpatient Treatment	58,555.3	104.32	509.05	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	58,148.6	101.35	491.12
Intermediate Care	-	-	-	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>58,787.6</b>	<b>\$ 110.67</b>	<b>\$ 542.19</b>							<b>58,373.1</b>	<b>\$ 107.38</b>	<b>\$ 522.32</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

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

Member Months

9,391

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	23.4	\$ 266.67	\$ 0.52	1.0290	1.0144	1.0000	1.0000	1.0000	1.0109	24.1	\$ 273.86	\$ 0.55
Home Health/Hospice	164.9	166.65	2.29	1.0144	1.0586	0.9500	1.0025	1.0000	1.0206	158.9	180.49	2.39
Attendant Care/Nursing/Home Aide	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Supported community living	1.3	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	1.3	-	-
Adult day care	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Day Habilitation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	1.3	1,384.62	0.15	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	1.3	1,384.62	0.15
Family and community support	5,157.1	247.65	106.43	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	5,113.5	252.86	107.75
In-home family therapy	3,930.4	341.00	111.69	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	3,897.2	348.19	113.08
Respite	9,390.7	842.35	659.19	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	9,311.3	860.08	667.37
Waiver Transportation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Other HCBS waiver	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
<b>Total Long Term Services and Supp</b>	<b>18,669.1</b>	<b>\$ 565.81</b>	<b>\$ 880.27</b>	1.0436	1.0291	0.9500	1.0050	1.0000	0.9874	<b>18,507.6</b>	<b>\$ 577.90</b>	<b>\$ 891.29</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 Capitation Rate Development**  
**FFS/MediPASS**

Region: Statewide

Rate Cell: Custodial Care Nursing Facility &lt;65

Member Months

20,300

	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
<b>Inpatient Hospital</b>												
Medical/Surgical	2,553.4	\$ 938.75	\$ 199.75	0.9645	0.9436	0.9000	1.0025	1.0000	0.9856	2,216.4	\$ 875.20	\$ 161.65
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>2,553.4</b>	<b>\$ 938.75</b>	<b>\$ 199.75</b>							<b>2,216.4</b>	<b>\$ 875.20</b>	<b>\$ 161.65</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,127.0	\$ 73.58	\$ 6.91	1.0290	0.9715	0.8000	1.0025	1.0000	0.9867	927.8	\$ 70.75	\$ 5.47
General	62,736.5	26.92	140.75	1.0290	0.9715	0.9250	1.0025	1.0000	0.9867	59,715.3	25.87	128.75
<b>Subtotal</b>	<b>63,863.5</b>	<b>\$ 27.75</b>	<b>\$ 147.66</b>							<b>60,643.1</b>	<b>\$ 26.56</b>	<b>\$ 134.22</b>
<b>Ancillary</b>												
Pharmacy	51,491.3	\$ 45.44	\$ 194.98	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	49,623.2	\$ 51.09	\$ 211.28
DME/Supplies/Prosthetics	7,503.2	99.05	61.93	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	7,545.6	103.64	65.17
Ambulance	2,175.6	55.16	10.00	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	2,187.9	63.46	11.57
Non-Emergency Transportation	3.0	120.00	0.03	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	3.0	120.00	0.03
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	175.8	8.19	0.12	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	176.8	8.82	0.13
Podiatry	1,646.5	12.90	1.77	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,655.8	13.48	1.86
Vision	1,278.8	29.84	3.18	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,286.0	31.26	3.35
Other Ancillary	91.5	23.61	0.18	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	92.0	24.78	0.19
<b>Subtotal</b>	<b>64,365.7</b>	<b>\$ 50.75</b>	<b>\$ 272.19</b>							<b>62,570.3</b>	<b>\$ 56.30</b>	<b>\$ 293.58</b>
<b>Professional</b>												
Surgery	2,338.9	\$ 88.50	\$ 17.25	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,194.7	\$ 91.09	\$ 16.66
Anesthesia	331.3	119.17	3.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	310.9	122.74	3.18
Inpatient Visits	9,804.9	34.62	28.29	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	8,951.9	35.71	26.64
Urgent Care/Emergency Room	989.8	53.95	4.45	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	803.3	55.72	3.73
Office/Home Visits	4,116.3	34.66	11.89	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,301.0	35.66	12.78
Preventive Care	53.2	38.35	0.17	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	54.2	39.85	0.18
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.8	25.00	0.01	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	4.5	26.67	0.01
Lab/Path/Rad	7,265.0	16.65	10.08	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	6,632.9	17.13	9.47
Office Adm. Drugs	1,282.8	94.95	10.15	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1,203.7	97.70	9.80
Clinic	563.4	146.11	6.86	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	528.7	135.05	5.95
Psych/SUD	2,437.6	42.93	8.72	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,287.3	44.17	8.42
Physical Therapy	116.6	30.87	0.30	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	109.4	31.81	0.29
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,259.3	40.39	10.97	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	3,058.4	41.55	10.59
<b>Subtotal</b>	<b>32,563.9</b>	<b>\$ 41.43</b>	<b>\$ 112.43</b>							<b>30,440.9</b>	<b>\$ 42.46</b>	<b>\$ 107.70</b>
<b>Total Medical</b>	<b>163,346.5</b>	<b>\$ 53.78</b>	<b>\$ 732.03</b>							<b>155,870.7</b>	<b>\$ 53.67</b>	<b>\$ 697.15</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	36.9	\$ 1,320.33	\$ 4.06	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	33.4	\$ 1,246.71	\$ 3.47
Outpatient Treatment	1,459.2	98.19	11.94	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	1,359.5	92.68	10.50
Intermediate Care	0.6	400.00	0.02	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	0.6	400.00	0.02
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,496.7</b>	<b>\$ 140.47</b>	<b>\$ 17.52</b>							<b>1,393.5</b>	<b>\$ 133.39</b>	<b>\$ 15.49</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

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

Member Months

20,300

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	352,715.4	\$ 174.35	\$ 5,124.72	1.0144	1.0000	1.0000	1.0000	1.0000	1.0580	357,809.5	\$ 184.46	\$ 5,500.14
Home Health/Hospice	1,723.6	146.69	21.07	1.0586	1.0437	0.9500	1.0025	1.0000	1.0206	1,733.3	156.67	22.63
Attendant Care/Nursing/Home Aide	10.6	498.11	0.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.6	498.11	0.44
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	2.4	500.00	0.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.4	500.00	0.10
<b>Total Long Term Services and Supp</b>	<b>354,452.6</b>	<b>\$ 174.23</b>	<b>\$ 5,146.36</b>	<b>1.0146</b>	<b>1.0002</b>	<b>0.9998</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0578</b>	<b>359,556.4</b>	<b>\$ 184.34</b>	<b>\$ 5,523.34</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 Capitation Rate Development**  
**FFS/MediPASS**

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

**Member Months**

**119,554**

	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
<b>Inpatient Hospital</b>												
Medical/Surgical	971.2	\$ 282.83	\$ 22.89	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	896.4	\$ 259.71	\$ 19.40
Psychiatric/SUD	-	-	-	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>971.2</b>	<b>\$ 282.83</b>	<b>\$ 22.89</b>							<b>896.4</b>	<b>\$ 259.71</b>	<b>\$ 19.40</b>
<b>Outpatient Hospital</b>												
Emergency Room	507.9	\$ 47.73	\$ 2.02	1.0887	0.9162	0.8000	1.0025	1.0000	1.0000	442.4	\$ 43.94	\$ 1.62
General	25,453.5	16.94	35.94	1.0887	0.9162	0.9250	1.0025	1.0000	1.0000	25,632.8	15.56	33.24
<b>Subtotal</b>	<b>25,961.4</b>	<b>\$ 17.55</b>	<b>\$ 37.96</b>							<b>26,075.2</b>	<b>\$ 16.04</b>	<b>\$ 34.86</b>
<b>Ancillary</b>												
Pharmacy	15,339.1	\$ 10.66	\$ 13.63	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	14,572.1	\$ 10.71	\$ 13.01
DME/Supplies/Prosthetics	3,429.5	77.43	22.13	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	2,957.2	83.35	20.54
Ambulance	797.0	51.04	3.39	1.0144	1.0736	0.8500	1.0025	1.0000	1.1000	687.2	60.42	3.46
Non-Emergency Transportation	1.5	160.00	0.02	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1.3	184.62	0.02
Home Health/Hospice	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	96.4	9.96	0.08	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	83.1	10.11	0.07
Podiatry	1,525.7	13.45	1.71	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,315.6	14.50	1.59
Vision	752.0	23.46	1.47	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	648.4	25.17	1.36
Other Ancillary	77.0	24.94	0.16	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	66.4	27.11	0.15
<b>Subtotal</b>	<b>22,018.2</b>	<b>\$ 23.21</b>	<b>\$ 42.59</b>							<b>20,331.3</b>	<b>\$ 23.73</b>	<b>\$ 40.20</b>
<b>Professional</b>												
Surgery	771.2	\$ 36.72	\$ 2.36	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	734.1	\$ 37.76	\$ 2.31
Anesthesia	84.2	39.90	0.28	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	80.1	40.45	0.27
Inpatient Visits	4,987.7	20.19	8.39	1.0290	1.0290	0.9000	1.0025	1.0000	1.0000	4,619.2	20.83	8.02
Urgent Care/Emergency Room	380.0	26.53	0.84	1.0290	1.0290	0.8000	1.0025	1.0000	1.0000	312.8	27.24	0.71
Office/Home Visits	1,621.4	22.13	2.99	1.0290	1.0290	1.0300	1.0000	1.0000	1.0000	1,718.5	22.76	3.26
Preventive Care	3.3	36.36	0.01	1.0290	1.0290	1.0050	1.0000	1.0000	1.0000	3.4	35.29	0.01
Maternity - Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.2	28.57	0.01	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	4.0	30.00	0.01
Lab/Path/Rad	2,581.5	8.18	1.76	1.0290	1.0290	0.9000	1.0000	1.0000	1.0000	2,390.8	8.43	1.68
Office Adm. Drugs	266.0	72.18	1.60	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	253.2	74.41	1.57
Clinic	10.5	45.71	0.04	1.0290	1.0290	0.9250	1.0000	1.0000	0.8979	10.0	48.00	0.04
Psych/SUD	1,005.4	19.69	1.65	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	957.0	20.31	1.62
Physical Therapy	12.7	9.45	0.01	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	12.1	9.92	0.01
Family Planning	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,119.9	12.43	1.16	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	1,066.0	12.83	1.14
<b>Subtotal</b>	<b>12,848.0</b>	<b>\$ 19.71</b>	<b>\$ 21.10</b>							<b>12,161.2</b>	<b>\$ 20.38</b>	<b>\$ 20.65</b>
<b>Total Medical</b>	<b>61,798.8</b>	<b>\$ 24.18</b>	<b>\$ 124.54</b>							<b>59,464.1</b>	<b>\$ 23.23</b>	<b>\$ 115.11</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	0.1	\$ 0.00	\$ 0.00	1.0290	1.0586	0.9000	1.0000	1.0000	1.0000	0.1	\$ 0.00	\$ 0.00
Outpatient Treatment	49.4	102.02	0.42	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	47.0	107.23	0.42
Intermediate Care	-	-	-	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>49.5</b>	<b>\$ 465.45</b>	<b>\$ 1.92</b>							<b>47.1</b>	<b>\$ 489.17</b>	<b>\$ 1.92</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

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

Member Months

119,554

	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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	354,498.2	\$ 165.60	\$ 4,891.95	1.0144	1.0000	1.0000	1.0000	1.0000	1.0580	359,618.0	\$ 175.20	\$ 5,250.32
Home Health/Hospice	1,415.9	203.66	24.03	1.0144	1.0736	0.8500	1.0025	1.0000	1.0206	1,220.9	223.70	22.76
Attendant Care/Nursing/Home Aide	2.3	469.57	0.09	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	2.2	490.91	0.09
Supported community living	3.0	480.00	0.12	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	2.9	455.17	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
<b>Total Long Term Services and Supp</b>	<b>355,919.6</b>	<b>\$ 165.75</b>	<b>\$ 4,916.21</b>	<b>1.0144</b>	<b>1.0004</b>	<b>0.9993</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0578</b>	<b>360,844.2</b>	<b>\$ 175.37</b>	<b>\$ 5,273.30</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	4,704.2	\$ 2,320.46	\$ 909.66	0.9645	0.9436	0.9000	1.0025	1.0000	0.9856	4,083.4	\$ 2,163.34	\$ 736.15
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>4,704.2</b>	<b>\$ 2,320.46</b>	<b>\$ 909.66</b>							<b>4,083.4</b>	<b>\$ 2,163.34</b>	<b>\$ 736.15</b>
<b>Outpatient Hospital</b>												
Emergency Room	829.9	\$ 166.00	\$ 11.48	1.0290	0.9715	0.8000	1.0025	1.0000	0.9867	683.2	\$ 159.48	\$ 9.08
General	30,452.5	62.08	157.55	1.0290	0.9715	0.9250	1.0025	1.0000	0.9867	28,986.0	59.66	144.12
<b>Subtotal</b>	<b>31,282.4</b>	<b>\$ 64.84</b>	<b>\$ 169.03</b>							<b>29,669.2</b>	<b>\$ 61.96</b>	<b>\$ 153.20</b>
<b>Ancillary</b>												
Pharmacy	122,731.6	\$ 66.45	\$ 679.65	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	118,278.9	\$ 74.72	\$ 736.47
DME/Supplies/Prosthetics	23,017.4	230.65	442.42	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	23,147.6	241.34	465.54
Ambulance	2,934.8	59.21	14.48	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	2,951.4	68.14	16.76
Non-Emergency Transportation	12.8	140.63	0.15	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	12.9	148.84	0.16
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	628.0	54.46	2.85	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	631.6	57.00	3.00
Other Ancillary	230.7	30.17	0.58	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	232.0	31.55	0.61
<b>Subtotal</b>	<b>149,555.3</b>	<b>\$ 91.48</b>	<b>\$ 1,140.13</b>							<b>145,254.4</b>	<b>\$ 101.00</b>	<b>\$ 1,222.54</b>
<b>Professional</b>												
Surgery	2,551.1	\$ 280.63	\$ 59.66	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,393.8	\$ 288.80	\$ 57.61
Anesthesia	705.1	320.12	18.81	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	661.6	329.38	18.16
Inpatient Visits	14,050.3	84.93	99.44	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	12,827.9	87.62	93.66
Urgent Care/Emergency Room	923.0	104.79	8.06	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	749.1	108.13	6.75
Office/Home Visits	4,422.8	91.19	33.61	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,621.3	93.84	36.14
Preventive Care	38.5	96.62	0.31	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	39.3	100.76	0.33
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	11,255.7	21.82	20.47	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	10,276.4	22.46	19.23
Office Adm. Drugs	692.3	890.08	51.35	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	649.6	915.89	49.58
Clinic	115.4	147.66	1.42	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	108.3	136.29	1.23
Psych/SUD	25.6	8,175.00	17.44	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	24.0	8,420.00	16.84
Physical Therapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,871.6	72.54	17.36	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,694.6	74.64	16.76
<b>Subtotal</b>	<b>37,651.4</b>	<b>\$ 104.52</b>	<b>\$ 327.93</b>							<b>35,045.9</b>	<b>\$ 108.30</b>	<b>\$ 316.29</b>
<b>Total Medical</b>	<b>223,193.3</b>	<b>\$ 136.93</b>	<b>\$ 2,546.75</b>							<b>214,052.9</b>	<b>\$ 136.13</b>	<b>\$ 2,428.18</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	39.2	\$ 2,103.06	\$ 6.87	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	35.5	\$ 1,987.61	\$ 5.88
Outpatient Treatment	300.2	117.52	2.94	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	279.7	110.69	2.58
Intermediate Care	-	-	-	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>339.4</b>	<b>\$ 399.88</b>	<b>\$ 11.31</b>							<b>315.2</b>	<b>\$ 379.19</b>	<b>\$ 9.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	348,752.4	\$ 759.65	\$ 22,077.56	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	353,789.2	\$ 767.93	\$ 22,640.54
Home Health/Hospice	1,268.8	572.01	60.48	1.0586	1.0437	0.9500	1.0025	1.0000	1.0206	1,276.0	610.82	64.95
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>350,033.9</b>	<b>\$ 758.98</b>	<b>\$ 22,138.99</b>	<b>1.0146</b>	<b>1.0001</b>	<b>0.9999</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0109</b>	<b>355,077.9</b>	<b>\$ 767.37</b>	<b>\$ 22,706.44</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,393.4	\$ 593.45	\$ 68.91	0.9436	1.0437	0.7500	1.0150	1.0000	0.9856	986.1	\$ 619.65	\$ 50.92
Psychiatric/SUD	-	-	-	0.9436	1.0437	0.8500	1.0050	1.0000	0.9856	-	-	-
Maternity - Delivery	5.7	1,221.05	0.58	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	5.4	1,244.44	0.56
Maternity Non-Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>1,399.1</b>	<b>\$ 596.01</b>	<b>\$ 69.49</b>							<b>991.5</b>	<b>\$ 623.06</b>	<b>\$ 51.48</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,140.4	\$ 71.97	\$ 6.84	1.0437	1.0437	0.7500	1.0050	1.0000	0.9867	892.7	\$ 74.47	\$ 5.54
General	27,052.8	38.44	86.65	1.0437	1.0437	0.7750	1.0100	1.0000	0.9867	21,882.8	39.98	72.91
<b>Subtotal</b>	<b>28,193.2</b>	<b>\$ 39.79</b>	<b>\$ 93.49</b>							<b>22,775.5</b>	<b>\$ 41.33</b>	<b>\$ 78.45</b>
<b>Ancillary</b>												
Pharmacy	51,712.8	\$ 61.10	\$ 263.30	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	47,189.8	\$ 68.70	\$ 270.16
DME/Supplies/Prosthetics	4,056.9	42.03	14.21	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	3,754.2	44.62	13.96
Ambulance	674.5	65.11	3.66	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	624.2	75.94	3.95
Non-Emergency Transportation	2.8	85.71	0.02	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	2.6	92.31	0.02
Home Health/Hospice	1,709.0	155.32	22.12	1.0887	1.0586	0.8500	1.0025	1.0000	1.0206	1,581.5	168.22	22.17
Chiropractic Services	529.4	8.84	0.39	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	489.9	9.31	0.38
Podiatry	1,091.4	16.27	1.48	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,010.0	17.23	1.45
Vision	1,845.6	31.92	4.91	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,707.9	33.87	4.82
Other Ancillary	509.4	31.33	1.33	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	471.4	33.35	1.31
<b>Subtotal</b>	<b>62,131.8</b>	<b>\$ 60.15</b>	<b>\$ 311.42</b>							<b>56,831.5</b>	<b>\$ 67.19</b>	<b>\$ 318.22</b>
<b>Professional</b>												
Surgery	1,328.9	\$ 74.14	\$ 8.21	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,125.4	\$ 75.17	\$ 7.05
Anesthesia	463.0	59.09	2.28	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	392.1	59.98	1.96
Inpatient Visits	3,046.5	25.76	6.54	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	2,418.7	26.54	5.35
Urgent Care/Emergency Room	775.9	52.58	3.40	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	616.0	53.57	2.75
Office/Home Visits	6,258.8	33.46	17.45	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	6,890.5	33.94	19.49
Preventive Care	297.2	73.89	1.83	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	333.5	74.84	2.08
Maternity - Delivery	1.4	1,371.43	0.16	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1.2	1,400.00	0.14
Maternity - Non-Delivery	8.6	125.58	0.09	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	7.3	131.51	0.08
Allergy/Immunotherapy	4.3	27.91	0.01	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	3.6	33.33	0.01
Lab/Path/Rad	4,972.7	15.71	6.51	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4,342.8	15.94	5.77
Office Adm. Drugs	460.1	16.95	0.65	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	389.6	17.25	0.56
Clinic	690.2	161.87	9.31	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	584.5	147.41	7.18
Psych/SUD	2,512.1	25.17	5.27	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	2,127.4	25.55	4.53
Physical Therapy	322.9	20.81	0.56	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	273.5	21.06	0.48
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,536.1	19.45	2.49	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,300.9	19.74	2.14
<b>Subtotal</b>	<b>22,678.7</b>	<b>\$ 34.27</b>	<b>\$ 64.76</b>							<b>20,807.0</b>	<b>\$ 34.36</b>	<b>\$ 59.57</b>
<b>Total Medical</b>	<b>114,402.8</b>	<b>\$ 56.55</b>	<b>\$ 539.16</b>							<b>101,405.5</b>	<b>\$ 60.08</b>	<b>\$ 507.72</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	240.4	\$ 3,092.35	\$ 61.95	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	225.8	\$ 3,092.47	\$ 58.19
Outpatient Treatment	107,714.8	121.03	1,086.40	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	106,804.3	121.03	1,077.22
Intermediate Care	-	-	-	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>107,955.2</b>	<b>\$ 127.81</b>	<b>\$ 1,149.85</b>							<b>107,030.1</b>	<b>\$ 127.47</b>	<b>\$ 1,136.91</b>
<b>Short Term Institutional / HCBS</b>	<b>607.1</b>	<b>\$ 161.29</b>	<b>\$ 8.16</b>	1.0081	1.0071	1.0000	1.0000	1.0000	1.0108	<b>612.0</b>	<b>\$ 164.12</b>	<b>\$ 8.37</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	850.9	\$ 921.19	\$ 65.32	0.9928	0.9436	0.9000	1.0025	1.0000	0.9856	760.3	\$ 858.77	\$ 54.41
Psychiatric/SUD	-	-	-	0.9928	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>850.9</b>	<b>\$ 921.19</b>	<b>\$ 65.32</b>							<b>760.3</b>	<b>\$ 858.77</b>	<b>\$ 54.41</b>
<b>Outpatient Hospital</b>												
Emergency Room	687.5	\$ 73.66	\$ 4.22	0.9857	1.0736	0.8000	1.0025	1.0000	0.9867	542.1	\$ 78.14	\$ 3.53
General	14,252.8	43.87	52.10	0.9857	1.0736	0.9250	1.0025	1.0000	0.9867	12,995.2	46.59	50.45
<b>Subtotal</b>	<b>14,940.3</b>	<b>\$ 45.24</b>	<b>\$ 56.32</b>							<b>13,537.3</b>	<b>\$ 47.85</b>	<b>\$ 53.98</b>
<b>Ancillary</b>												
Pharmacy	44,381.7	\$ 54.16	\$ 200.31	1.0290	1.1194	0.9500	0.9800	1.0000	1.0250	43,386.2	\$ 60.90	\$ 220.18
DME/Supplies/Prosthetics	5,180.5	134.91	58.24	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	4,851.1	137.19	55.46
Ambulance	430.5	61.32	2.20	0.9857	1.0144	0.9500	1.0025	1.0000	1.1000	403.1	68.47	2.30
Non-Emergency Transportation	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	107.8	11.13	0.10	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	100.9	11.89	0.10
Podiatry	646.1	16.34	0.88	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	605.0	16.66	0.84
Vision	1,474.9	33.93	4.17	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	1,381.1	34.49	3.97
Other Ancillary	863.0	18.22	1.31	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	808.1	18.56	1.25
<b>Subtotal</b>	<b>53,084.5</b>	<b>\$ 60.40</b>	<b>\$ 267.21</b>							<b>51,535.5</b>	<b>\$ 66.15</b>	<b>\$ 284.10</b>
<b>Professional</b>												
Surgery	1,374.9	\$ 71.74	\$ 8.22	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	1,200.0	\$ 66.70	\$ 6.67
Anesthesia	312.9	139.60	3.64	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	273.1	129.62	2.95
Inpatient Visits	2,681.5	35.08	7.84	0.9436	0.9298	0.9000	1.0025	1.0000	1.0000	2,277.2	32.72	6.21
Urgent Care/Emergency Room	536.7	51.65	2.31	0.9436	0.9298	0.8000	1.0025	1.0000	1.0000	405.1	48.28	1.63
Office/Home Visits	4,520.7	37.72	14.21	0.9436	0.9298	1.0300	1.0000	1.0000	1.0000	4,393.6	35.07	12.84
Preventive Care	635.9	85.30	4.52	0.9436	0.9298	1.0050	1.0000	1.0000	1.0000	603.0	79.40	3.99
Maternity - Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	12.1	49.59	0.05	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	10.6	45.28	0.04
Lab/Path/Rad	3,543.8	12.33	3.64	0.9436	0.9298	0.9000	1.0000	1.0000	1.0000	3,009.4	11.44	2.87
Office Adm. Drugs	483.8	325.42	13.12	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	422.3	302.63	10.65
Clinic	284.1	161.77	3.83	0.9436	0.9298	0.9250	1.0000	1.0000	0.8979	248.0	135.00	2.79
Psych/SUD	452.3	26.27	0.99	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	394.8	24.32	0.80
Physical Therapy	46.9	20.47	0.08	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	40.9	17.60	0.06
Family Planning	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	957.5	31.58	2.52	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	835.7	29.44	2.05
<b>Subtotal</b>	<b>15,843.1</b>	<b>\$ 49.21</b>	<b>\$ 64.97</b>							<b>14,113.7</b>	<b>\$ 45.53</b>	<b>\$ 53.55</b>
<b>Total Medical</b>	<b>84,718.8</b>	<b>\$ 64.28</b>	<b>\$ 453.82</b>							<b>79,946.8</b>	<b>\$ 66.95</b>	<b>\$ 446.04</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	30.9	\$ 1,941.75	\$ 5.00	0.9715	0.9436	0.9000	1.0000	1.0000	1.0000	27.0	\$ 1,835.56	\$ 4.13
Outpatient Treatment	1,486.8	58.84	7.29	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	1,336.1	55.50	6.18
Intermediate Care	-	-	-	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,517.7</b>	<b>\$ 109.03</b>	<b>\$ 13.79</b>							<b>1,363.1</b>	<b>\$ 103.97</b>	<b>\$ 11.81</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	356,626.6	\$ 340.01	\$ 10,104.77	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	359,195.9	\$ 358.75	\$ 10,738.46
Home Health/Hospice	440.5	57.21	2.10	0.9857	1.0144	0.9500	1.0025	1.0000	1.0206	412.5	59.35	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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>357,067.1</b>	<b>\$ 339.66</b>	<b>\$ 10,106.87</b>	<b>1.0072</b>	<b>1.0437</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0109</b>	<b>359,608.4</b>	<b>\$ 358.41</b>	<b>\$ 10,740.50</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	995.3	\$ 536.40	\$ 44.49	0.9928	0.9436	0.9000	1.0025	1.0000	1.0000	889.3	\$ 507.37	\$ 37.60
Psychiatric/SUD	40.2	856.72	2.87	0.9928	0.9436	0.9500	1.0025	1.0000	1.0000	37.9	810.55	2.56
Maternity - Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,035.5</b>	<b>\$ 548.84</b>	<b>\$ 47.36</b>							<b>927.2</b>	<b>\$ 519.76</b>	<b>\$ 40.16</b>
<b>Outpatient Hospital</b>												
Emergency Room	329.5	\$ 44.43	\$ 1.22	0.9857	1.0736	0.8000	1.0025	1.0000	1.0000	259.8	\$ 48.04	\$ 1.04
General	10,498.5	26.82	23.46	0.9857	1.0736	0.9250	1.0025	1.0000	1.0000	9,572.2	28.86	23.02
<b>Subtotal</b>	<b>10,828.0</b>	<b>\$ 27.35</b>	<b>\$ 24.68</b>							<b>9,832.0</b>	<b>\$ 29.37</b>	<b>\$ 24.06</b>
<b>Ancillary</b>												
Pharmacy	218.9	\$ 26.86	\$ 0.49	1.0290	1.1194	0.9500	0.9800	1.0000	1.0250	214.0	\$ 30.28	\$ 0.54
DME/Supplies/Prosthetics	953.3	145.89	11.59	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	892.7	148.40	11.04
Ambulance	1,037.7	52.73	4.56	0.9857	1.0144	0.9500	1.0025	1.0000	1.1000	971.7	59.03	4.78
Non-Emergency Transportation	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	347.5	23.83	0.69	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	325.4	24.34	0.66
Vision	804.3	46.10	3.09	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	753.2	46.84	2.94
Other Ancillary	1,052.6	20.41	1.79	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	985.7	20.70	1.70
<b>Subtotal</b>	<b>4,414.3</b>	<b>\$ 60.38</b>	<b>\$ 22.21</b>							<b>4,142.7</b>	<b>\$ 62.74</b>	<b>\$ 21.66</b>
<b>Professional</b>												
Surgery	934.2	\$ 63.07	\$ 4.91	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	815.4	\$ 58.57	\$ 3.98
Anesthesia	419.9	77.73	2.72	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	366.5	72.36	2.21
Inpatient Visits	4,074.5	24.95	8.47	0.9436	0.9298	0.9000	1.0025	1.0000	1.0000	3,460.1	23.24	6.70
Urgent Care/Emergency Room	713.0	43.09	2.56	0.9436	0.9298	0.8000	1.0025	1.0000	1.0000	538.2	40.13	1.80
Office/Home Visits	2,482.0	34.91	7.22	0.9436	0.9298	1.0300	1.0000	1.0000	1.0000	2,412.2	32.44	6.52
Preventive Care	2.5	96.00	0.02	0.9436	0.9298	1.0050	1.0000	1.0000	1.0000	2.4	100.00	0.02
Maternity - Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	350.3	45.22	1.32	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	305.7	42.00	1.07
Lab/Path/Rad	5,175.2	12.85	5.54	0.9436	0.9298	0.9000	1.0000	1.0000	1.0000	4,394.9	11.93	4.37
Office Adm. Drugs	144.1	295.63	3.55	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	125.8	274.72	2.88
Clinic	2.5	192.00	0.04	0.9436	0.9298	0.9250	1.0000	1.0000	0.8979	2.2	163.64	0.03
Psych/SUD	29.8	1,453.69	3.61	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	26.0	1,352.31	2.93
Physical Therapy	2.5	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	2.2	-	-
Family Planning	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,011.2	17.68	1.49	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	882.6	16.45	1.21
<b>Subtotal</b>	<b>15,341.7</b>	<b>\$ 32.42</b>	<b>\$ 41.45</b>							<b>13,334.2</b>	<b>\$ 30.35</b>	<b>\$ 33.72</b>
<b>Total Medical</b>	<b>31,619.5</b>	<b>\$ 51.50</b>	<b>\$ 135.70</b>							<b>28,236.1</b>	<b>\$ 50.83</b>	<b>\$ 119.60</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	280.3	\$ 1,325.87	\$ 30.97	0.9715	0.9436	0.9000	1.0000	1.0000	1.0000	245.1	\$ 1,250.92	\$ 25.55
Outpatient Treatment	4,205.2	63.64	22.30	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	3,779.0	60.05	18.91
Intermediate Care	-	-	-	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,485.5</b>	<b>\$ 146.53</b>	<b>\$ 54.77</b>							<b>4,024.1</b>	<b>\$ 137.05</b>	<b>\$ 45.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	360,573.6	\$ 881.19	\$ 26,477.80
Home Health/Hospice	7.4	616.22	0.38	0.9857	1.0144	0.9500	1.0025	1.0000	1.0206	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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>358,019.2</b>	<b>\$ 835.12</b>	<b>\$ 24,915.83</b>	<b>1.0072</b>	<b>1.0437</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0109</b>	<b>360,597.8</b>	<b>\$ 881.15</b>	<b>\$ 26,478.31</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	699.5	\$ 2,847.75	\$ 166.00	0.9436	1.0437	0.7500	1.0150	1.0000	0.9141	495.0	\$ 2,757.82	\$ 113.76
Psychiatric/SUD	-	-	-	0.9436	1.0437	0.8500	1.0050	1.0000	0.9141	-	-	-
Maternity - Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Maternity Non-Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
<b>Subtotal</b>	<b>699.5</b>	<b>\$ 2,847.75</b>	<b>\$ 166.00</b>							<b>495.0</b>	<b>\$ 2,757.82</b>	<b>\$ 113.76</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,224.9	\$ 97.48	\$ 9.95	1.0437	1.0437	0.7500	1.0050	1.0000	1.0000	958.9	\$ 102.24	\$ 8.17
General	51,462.9	152.63	654.56	1.0437	1.0437	0.7750	1.0100	1.0000	1.0000	41,628.0	160.90	558.15
<b>Subtotal</b>	<b>52,687.8</b>	<b>\$ 151.35</b>	<b>\$ 664.51</b>							<b>42,586.9</b>	<b>\$ 159.58</b>	<b>\$ 566.32</b>
<b>Ancillary</b>												
Pharmacy	42,581.1	\$ 70.44	\$ 249.96	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	38,856.8	\$ 79.20	\$ 256.47
DME/Supplies/Prosthetics	1,810.2	126.09	19.02	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,675.1	133.82	18.68
Ambulance	196.9	79.84	1.31	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	182.2	93.52	1.42
Non-Emergency Transportation	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	924.4	165.77	12.77	1.0887	1.0586	0.8500	1.0025	1.0000	1.0206	855.4	179.57	12.80
Chiropractic Services	25.7	18.68	0.04	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	23.8	20.17	0.04
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	1,091.3	39.70	3.61	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,009.9	42.18	3.55
Other Ancillary	1,309.5	30.97	3.38	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,211.8	32.88	3.32
<b>Subtotal</b>	<b>47,939.1</b>	<b>\$ 72.61</b>	<b>\$ 290.09</b>							<b>43,815.0</b>	<b>\$ 81.14</b>	<b>\$ 296.28</b>
<b>Professional</b>												
Surgery	2,969.5	\$ 297.63	\$ 73.65	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	2,514.8	\$ 301.91	\$ 63.27
Anesthesia	726.3	260.55	15.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	615.1	264.35	13.55
Inpatient Visits	863.8	79.32	5.71	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	685.8	81.71	4.67
Urgent Care/Emergency Room	769.2	88.14	5.65	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	610.7	89.80	4.57
Office/Home Visits	10,773.7	66.17	59.41	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	11,861.1	67.13	66.35
Preventive Care	580.2	42.61	2.06	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	651.0	43.13	2.34
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	180.5	24.60	0.37	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	152.9	25.11	0.32
Lab/Path/Rad	28,681.1	49.68	118.73	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	25,048.1	50.39	105.19
Office Adm. Drugs	15,281.7	344.33	438.49	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	12,941.6	349.30	376.71
Clinic	911.1	162.13	12.31	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	771.6	147.74	9.50
Psych/SUD	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,346.4	26.70	5.22	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,987.1	27.05	4.48
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,174.5	45.42	8.23	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,841.5	46.07	7.07
<b>Subtotal</b>	<b>66,258.0</b>	<b>\$ 135.04</b>	<b>\$ 745.60</b>							<b>59,681.3</b>	<b>\$ 132.31</b>	<b>\$ 658.02</b>
<b>Total Medical</b>	<b>167,584.4</b>	<b>\$ 133.63</b>	<b>\$ 1,866.20</b>							<b>146,578.2</b>	<b>\$ 133.80</b>	<b>\$ 1,634.38</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	17.3	\$ 1,172.25	\$ 1.69	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	16.3	\$ 1,170.55	\$ 1.59
Outpatient Treatment	1,486.2	76.79	9.51	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	1,473.6	76.79	9.43
Intermediate Care	13.0	1,024.62	1.11	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	12.9	1,023.26	1.10
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,516.5</b>	<b>\$ 109.28</b>	<b>\$ 13.81</b>							<b>1,502.8</b>	<b>\$ 108.76</b>	<b>\$ 13.62</b>
<b>Short Term Institutional / HCBS</b>	<b>13.0</b>	<b>\$ 2,196.92</b>	<b>\$ 2.38</b>	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	<b>13.1</b>	<b>\$ 2,235.11</b>	<b>\$ 2.44</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,316.1	\$ 354.32	\$ 38.86	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	1,241.3	\$ 325.40	\$ 33.66
Psychiatric/SUD	-	-	-	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,316.1</b>	<b>\$ 354.32</b>	<b>\$ 38.86</b>							<b>1,241.3</b>	<b>\$ 325.40</b>	<b>\$ 33.66</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,930.0	\$ 34.20	\$ 5.50	1.0144	1.1040	0.8000	1.0025	1.0000	1.0000	1,566.3	\$ 37.85	\$ 4.94
General	33,741.7	23.27	65.44	1.0144	1.1040	0.9250	1.0025	1.0000	1.0000	31,661.8	25.76	67.96
<b>Subtotal</b>	<b>35,671.7</b>	<b>\$ 23.86</b>	<b>\$ 70.94</b>							<b>33,228.1</b>	<b>\$ 26.33</b>	<b>\$ 72.90</b>
<b>Ancillary</b>												
Pharmacy	1,844.3	\$ 25.31	\$ 3.89	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	1,752.1	\$ 25.41	\$ 3.71
DME/Supplies/Prosthetics	5,015.7	30.96	12.94	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	4,202.3	28.87	10.11
Ambulance	586.7	55.22	2.70	0.9857	0.9298	0.8500	1.0025	1.0000	1.1000	491.6	56.63	2.32
Non-Emergency Transportation	2.1	57.14	0.01	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1.8	66.67	0.01
Home Health/Hospice	2,599.6	120.30	26.06	0.9857	0.9298	0.8500	1.0025	1.0000	1.0206	2,178.0	114.44	20.77
Chiropractic Services	1,596.0	9.85	1.31	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,337.2	9.15	1.02
Podiatry	528.0	18.18	0.80	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	442.4	16.82	0.62
Vision	1,366.8	26.95	3.07	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,145.2	25.15	2.40
Other Ancillary	88.0	10.91	0.08	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	73.7	9.77	0.06
<b>Subtotal</b>	<b>13,627.2</b>	<b>\$ 44.79</b>	<b>\$ 50.86</b>							<b>11,624.3</b>	<b>\$ 42.35</b>	<b>\$ 41.02</b>
<b>Professional</b>												
Surgery	1,755.2	\$ 48.95	\$ 7.16	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,658.8	\$ 50.35	\$ 6.96
Anesthesia	310.4	45.62	1.18	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	293.4	47.03	1.15
Inpatient Visits	3,117.5	18.78	4.88	1.0217	1.0290	0.9000	1.0025	1.0000	1.0000	2,866.7	19.38	4.63
Urgent Care/Emergency Room	1,363.0	24.92	2.83	1.0217	1.0290	0.8000	1.0025	1.0000	1.0000	1,114.1	25.74	2.39
Office/Home Visits	7,895.3	22.28	14.66	1.0217	1.0290	1.0300	1.0000	1.0000	1.0000	8,308.7	22.93	15.88
Preventive Care	112.3	64.11	0.60	1.0217	1.0290	1.0050	1.0000	1.0000	1.0000	115.3	65.57	0.63
Maternity - Delivery	3.7	291.89	0.09	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	3.5	308.57	0.09
Maternity - Non-Delivery	14.3	41.96	0.05	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	13.5	44.44	0.05
Allergy/Immunotherapy	106.2	11.30	0.10	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	100.4	11.95	0.10
Lab/Path/Rad	4,298.6	10.27	3.68	1.0217	1.0290	0.9000	1.0000	1.0000	1.0000	3,952.7	10.56	3.48
Office Adm. Drugs	1,630.7	59.53	8.09	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,541.2	61.28	7.87
Clinic	23.2	82.76	0.16	1.0217	1.0290	0.9250	1.0000	1.0000	0.8979	21.9	76.71	0.14
Psych/SUD	1,878.0	34.06	5.33	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,774.9	35.02	5.18
Physical Therapy	1,145.3	8.38	0.80	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,082.4	8.65	0.78
Family Planning	0.4	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Other Professional	2,485.2	17.19	3.56	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	2,348.7	17.68	3.46
<b>Subtotal</b>	<b>26,139.3</b>	<b>\$ 24.41</b>	<b>\$ 53.17</b>							<b>25,196.6</b>	<b>\$ 25.14</b>	<b>\$ 52.79</b>
<b>Total Medical</b>	<b>76,754.3</b>	<b>\$ 33.43</b>	<b>\$ 213.83</b>							<b>71,290.3</b>	<b>\$ 33.73</b>	<b>\$ 200.37</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	1.7	\$ 3,035.29	\$ 0.43	1.1506	1.0144	0.9000	1.0000	1.0000	1.0000	1.8	\$ 3,000.00	\$ 0.45
Outpatient Treatment	19,001.5	124.58	197.27	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	20,223.2	126.38	212.99
Intermediate Care	39.8	425.13	1.41	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	42.4	430.19	1.52
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>19,043.0</b>	<b>\$ 126.41</b>	<b>\$ 200.61</b>							<b>20,267.4</b>	<b>\$ 128.16</b>	<b>\$ 216.46</b>
<b>Short Term Institutional / HCBS</b>	<b>261.3</b>	<b>\$ 191.04</b>	<b>\$ 4.16</b>	1.0887	1.0144	1.0000	1.0000	1.0000	1.0109	<b>284.5</b>	<b>\$ 195.71</b>	<b>\$ 4.64</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,034.5	\$ 322.47	\$ 27.80	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	975.7	\$ 296.16	\$ 24.08
Psychiatric/SUD	-	-	-	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,034.5</b>	<b>\$ 322.47</b>	<b>\$ 27.80</b>							<b>975.7</b>	<b>\$ 296.16</b>	<b>\$ 24.08</b>
<b>Outpatient Hospital</b>												
Emergency Room	827.0	\$ 40.77	\$ 2.81	1.0144	1.1040	0.8000	1.0025	1.0000	1.0000	671.2	\$ 45.05	\$ 2.52
General	20,492.3	25.75	43.98	1.0144	1.1040	0.9250	1.0025	1.0000	1.0000	19,229.1	28.50	45.67
<b>Subtotal</b>	<b>21,319.3</b>	<b>\$ 26.34</b>	<b>\$ 46.79</b>							<b>19,900.3</b>	<b>\$ 29.06</b>	<b>\$ 48.19</b>
<b>Ancillary</b>												
Pharmacy	2,475.9	\$ 23.02	\$ 4.75	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,977.8	34.90	11.57	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	3,332.8	32.55	9.04
Ambulance	619.8	59.63	3.08	0.9857	0.9298	0.8500	1.0025	1.0000	1.1000	519.3	61.24	2.65
Non-Emergency Transportation	-	-	-	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	2,198.0	108.75	19.92	0.9857	0.9298	0.8500	1.0025	1.0000	1.0206	1,841.6	103.48	15.88
Chiropractic Services	807.7	10.25	0.69	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	676.7	9.58	0.54
Podiatry	505.2	17.10	0.72	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	423.3	15.88	0.56
Vision	1,298.1	24.96	2.70	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,087.6	23.28	2.11
Other Ancillary	104.3	18.41	0.16	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	87.4	16.48	0.12
<b>Subtotal</b>	<b>11,986.8</b>	<b>\$ 43.64</b>	<b>\$ 43.59</b>							<b>10,320.8</b>	<b>\$ 41.19</b>	<b>\$ 35.43</b>
<b>Professional</b>												
Surgery	1,490.2	\$ 51.86	\$ 6.44	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,408.4	\$ 53.34	\$ 6.26
Anesthesia	237.2	45.53	0.90	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	224.2	47.10	0.88
Inpatient Visits	3,722.9	19.37	6.01	1.0217	1.0290	0.9000	1.0025	1.0000	1.0000	3,423.4	19.98	5.70
Urgent Care/Emergency Room	715.7	28.00	1.67	1.0217	1.0290	0.8000	1.0025	1.0000	1.0000	585.0	28.92	1.41
Office/Home Visits	5,048.4	23.53	9.90	1.0217	1.0290	1.0300	1.0000	1.0000	1.0000	5,312.8	24.21	10.72
Preventive Care	41.3	52.30	0.18	1.0217	1.0290	1.0050	1.0000	1.0000	1.0000	42.4	53.77	0.19
Maternity - Delivery	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	24.2	9.92	0.02	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	22.9	10.48	0.02
Lab/Path/Rad	3,736.7	10.31	3.21	1.0217	1.0290	0.9000	1.0000	1.0000	1.0000	3,436.1	10.62	3.04
Office Adm. Drugs	1,077.2	44.89	4.03	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,018.0	46.21	3.92
Clinic	22.9	83.84	0.16	1.0217	1.0290	0.9250	1.0000	1.0000	0.8979	21.6	77.78	0.14
Psych/SUD	256.6	37.41	0.80	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	242.5	38.60	0.78
Physical Therapy	480.0	9.25	0.37	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	453.6	9.52	0.36
Family Planning	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,473.2	13.63	2.81	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	2,337.4	14.02	2.73
<b>Subtotal</b>	<b>19,326.5</b>	<b>\$ 22.66</b>	<b>\$ 36.50</b>							<b>18,528.3</b>	<b>\$ 23.41</b>	<b>\$ 36.15</b>
<b>Total Medical</b>	<b>53,667.1</b>	<b>\$ 34.59</b>	<b>\$ 154.68</b>							<b>49,725.1</b>	<b>\$ 34.71</b>	<b>\$ 143.85</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	1.1506	1.0144	0.9000	1.0000	1.0000	1.0000	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	1,945.8	195.25	31.66	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	2,070.9	198.06	34.18
Intermediate Care	1.8	666.67	0.10	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,948.1</b>	<b>\$ 205.43</b>	<b>\$ 33.35</b>							<b>2,073.3</b>	<b>\$ 207.67</b>	<b>\$ 35.88</b>
<b>Short Term Institutional / HCBS</b>	<b>4,856.2</b>	<b>\$ 170.92</b>	<b>\$ 69.17</b>	1.0886	1.0145	1.0000	1.0000	1.0000	1.0109	<b>5,286.4</b>	<b>\$ 175.29</b>	<b>\$ 77.22</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	64.6	\$ 2,190.09	\$ 11.79	0.9645	0.9436	0.9000	1.0025	1.0000	1.0000	56.1	\$ 2,070.59	\$ 9.68
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>64.6</b>	<b>\$ 2,190.09</b>	<b>\$ 11.79</b>							<b>56.1</b>	<b>\$ 2,070.59</b>	<b>\$ 9.68</b>
<b>Outpatient Hospital</b>												
Emergency Room	687.0	\$ 132.58	\$ 7.59	1.0290	0.9715	0.8000	1.0025	1.0000	1.0000	565.5	\$ 129.23	\$ 6.09
General	17,024.4	34.60	49.09	1.0290	0.9715	0.9250	1.0025	1.0000	1.0000	16,204.6	33.70	45.51
<b>Subtotal</b>	<b>17,711.4</b>	<b>\$ 38.40</b>	<b>\$ 56.68</b>							<b>16,770.1</b>	<b>\$ 36.92</b>	<b>\$ 51.60</b>
<b>Ancillary</b>												
Pharmacy	74,108.9	\$ 49.76	\$ 307.29	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	71,420.3	\$ 55.95	\$ 332.98
DME/Supplies/Prosthetics	211.9	122.89	2.17	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	213.1	128.39	2.28
Ambulance	127.6	65.83	0.70	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	128.3	75.76	0.81
Non-Emergency Transportation	15.4	23.38	0.03	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	15.5	23.23	0.03
Home Health/Hospice	16.7	79.04	0.11	1.0586	1.0437	0.9500	1.0025	1.0000	1.0206	16.8	85.71	0.12
Chiropractic Services	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	3,219.5	34.96	9.38	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	3,237.7	36.58	9.87
Other Ancillary	222.9	24.76	0.46	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	224.2	25.69	0.48
<b>Subtotal</b>	<b>77,922.9</b>	<b>\$ 49.30</b>	<b>\$ 320.14</b>							<b>75,255.9</b>	<b>\$ 55.26</b>	<b>\$ 346.57</b>
<b>Professional</b>												
Surgery	418.1	\$ 135.47	\$ 4.72	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	392.3	\$ 139.49	\$ 4.56
Anesthesia	47.3	190.27	0.75	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	44.4	194.59	0.72
Inpatient Visits	985.8	48.20	3.96	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	900.0	49.73	3.73
Urgent Care/Emergency Room	434.1	85.97	3.11	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	352.3	88.56	2.60
Office/Home Visits	2,846.5	75.17	17.83	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	2,974.2	77.35	19.17
Preventive Care	1,662.9	47.63	6.60	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	1,695.4	48.98	6.92
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	13.3	45.11	0.05	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	12.5	48.00	0.05
Lab/Path/Rad	7,530.2	37.98	23.83	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	6,875.1	39.08	22.39
Office Adm. Drugs	117.1	29.72	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	109.9	30.57	0.28
Clinic	288.2	163.64	3.93	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	270.4	151.33	3.41
Psych/SUD	1.8	466.67	0.07	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1.7	494.12	0.07
Physical Therapy	329.2	37.55	1.03	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	308.9	38.46	0.99
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,563.3	32.24	4.20	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1,466.9	33.21	4.06
<b>Subtotal</b>	<b>16,237.8</b>	<b>\$ 52.00</b>	<b>\$ 70.37</b>							<b>15,404.0</b>	<b>\$ 53.71</b>	<b>\$ 68.95</b>
<b>Total Medical</b>	<b>111,936.7</b>	<b>\$ 49.20</b>	<b>\$ 458.98</b>							<b>107,486.1</b>	<b>\$ 53.23</b>	<b>\$ 476.80</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	23,470.2	77.36	151.30	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	21,866.3	72.99	133.01
Intermediate Care	25.0	1,627.20	3.39	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	23.3	1,534.76	2.98
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>23,495.2</b>	<b>\$ 79.77</b>	<b>\$ 156.19</b>							<b>21,889.6</b>	<b>\$ 75.37</b>	<b>\$ 137.49</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide

Rate Cell: Children in a Psychiatric Mental Institute

Member Months

5,793

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

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	8,308.5	\$ 1,261.31	\$ 873.30	0.9645	0.9436	0.9000	1.0025	1.0000	1.0000	7,212.1	\$ 1,193.11	\$ 717.07
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>8,308.5</b>	<b>\$ 1,261.31</b>	<b>\$ 873.30</b>							<b>7,212.1</b>	<b>\$ 1,193.11</b>	<b>\$ 717.07</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,260.2	\$ 86.12	\$ 16.22	1.0290	0.9715	0.8000	1.0025	1.0000	1.0000	1,860.6	\$ 83.84	\$ 13.00
General	43,680.9	58.22	211.91	1.0290	0.9715	0.9250	1.0025	1.0000	1.0000	41,577.4	56.70	196.45
<b>Subtotal</b>	<b>45,941.1</b>	<b>\$ 59.59</b>	<b>\$ 228.13</b>							<b>43,438.0</b>	<b>\$ 57.86</b>	<b>\$ 209.45</b>
<b>Ancillary</b>												
Pharmacy	23,196.5	\$ 66.87	\$ 129.26	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	22,354.9	\$ 75.19	\$ 140.07
DME/Supplies/Prosthetics	4,834.4	58.41	23.53	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	4,861.7	61.11	24.76
Ambulance	4,101.7	67.14	22.95	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	4,124.9	77.27	26.56
Non-Emergency Transportation	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	125.8	18.12	0.19	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	126.5	18.97	0.20
Podiatry	470.0	13.53	0.53	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	472.7	14.22	0.56
Vision	517.9	31.74	1.37	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	520.8	33.18	1.44
Other Ancillary	37.5	22.40	0.07	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	37.7	22.28	0.07
<b>Subtotal</b>	<b>33,283.8</b>	<b>\$ 64.14</b>	<b>\$ 177.90</b>							<b>32,499.2</b>	<b>\$ 71.51</b>	<b>\$ 193.66</b>
<b>Professional</b>												
Surgery	2,675.4	\$ 137.88	\$ 30.74	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,510.5	\$ 141.87	\$ 29.68
Anesthesia	452.8	146.55	5.53	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	424.9	150.81	5.34
Inpatient Visits	25,276.2	49.19	103.61	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	23,077.1	50.74	97.58
Urgent Care/Emergency Room	2,382.4	69.46	13.79	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	1,933.4	71.63	11.54
Office/Home Visits	3,888.3	49.90	16.17	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,062.8	51.36	17.39
Preventive Care	70.0	27.43	0.16	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	71.4	28.57	0.17
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	14,469.3	26.07	31.44	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	13,210.4	26.83	29.54
Office Adm. Drugs	2,816.4	142.69	33.49	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,642.8	146.84	32.34
Clinic	669.2	155.47	8.67	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	628.0	143.69	7.52
Psych/SUD	139.6	24.93	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	131.0	25.65	0.28
Physical Therapy	79.8	10.53	0.07	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	74.9	11.21	0.07
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,592.9	23.45	7.02	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	3,371.4	24.13	6.78
<b>Subtotal</b>	<b>56,512.3</b>	<b>\$ 53.29</b>	<b>\$ 250.98</b>							<b>52,138.6</b>	<b>\$ 54.83</b>	<b>\$ 238.23</b>
<b>Total Medical</b>	<b>144,045.7</b>	<b>\$ 127.49</b>	<b>\$ 1,530.31</b>							<b>135,287.9</b>	<b>\$ 120.49</b>	<b>\$ 1,358.41</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	81.3	\$ 66.42	\$ 0.45	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	73.7	\$ 61.87	\$ 0.38
Outpatient Treatment	4,127.4	22.24	7.65	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	3,845.4	21.00	6.73
Intermediate Care	-	-	-	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,208.7</b>	<b>\$ 27.37</b>	<b>\$ 9.60</b>							<b>3,919.1</b>	<b>\$ 26.36</b>	<b>\$ 8.61</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

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

Member Months

1,831

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	3,834.9	\$ 169.04	\$ 54.02	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	3,890.3	\$ 170.89	\$ 55.40
Home Health/Hospice	45,751.2	754.57	2,876.87	1.0586	1.0437	1.0000	1.0000	1.0000	1.0206	48,431.5	803.79	3,244.08
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>49,586.1</b>	<b>\$ 709.29</b>	<b>\$ 2,930.89</b>	<b>1.0578</b>	<b>1.0429</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0204</b>	<b>52,321.8</b>	<b>\$ 756.74</b>	<b>\$ 3,299.48</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>												
Medical/Surgical	623.5	\$ 280.22	\$ 14.56	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	575.5	\$ 257.31	\$ 12.34
Psychiatric/SUD	-	-	-	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>623.5</b>	<b>\$ 280.22</b>	<b>\$ 14.56</b>							<b>575.5</b>	<b>\$ 257.31</b>	<b>\$ 12.34</b>
<b>Outpatient Hospital</b>												
Emergency Room	383.4	\$ 47.26	\$ 1.51	1.0887	0.9162	0.8000	1.0025	1.0000	1.0000	333.9	\$ 43.49	\$ 1.21
General	7,540.4	18.33	11.52	1.0887	0.9162	0.9250	1.0025	1.0000	1.0000	7,593.5	16.85	10.66
<b>Subtotal</b>	<b>7,923.8</b>	<b>\$ 19.73</b>	<b>\$ 13.03</b>							<b>7,927.4</b>	<b>\$ 17.97</b>	<b>\$ 11.87</b>
<b>Ancillary</b>												
Pharmacy	5,089.0	\$ 11.01	\$ 4.67	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	4,834.6	\$ 11.07	\$ 4.46
DME/Supplies/Prosthetics	1,966.5	57.85	9.48	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,695.7	62.28	8.80
Ambulance	960.8	47.84	3.83	1.0144	1.0736	0.8500	1.0025	1.0000	1.1000	828.5	56.63	3.91
Non-Emergency Transportation	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	6.4	18.75	0.01	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	5.5	21.82	0.01
Podiatry	1,178.9	14.15	1.39	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,016.5	15.23	1.29
Vision	364.1	25.38	0.77	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	314.0	27.13	0.71
Other Ancillary	30.5	27.54	0.07	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	26.3	27.38	0.06
<b>Subtotal</b>	<b>9,596.2</b>	<b>\$ 25.29</b>	<b>\$ 20.22</b>							<b>8,721.1</b>	<b>\$ 26.47</b>	<b>\$ 19.24</b>
<b>Professional</b>												
Surgery	428.4	\$ 29.41	\$ 1.05	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	407.8	\$ 30.31	\$ 1.03
Anesthesia	35.4	47.46	0.14	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	33.7	49.85	0.14
Inpatient Visits	6,718.2	20.22	11.32	1.0290	1.0290	0.9000	1.0025	1.0000	1.0000	6,221.8	20.85	10.81
Urgent Care/Emergency Room	381.7	27.35	0.87	1.0290	1.0290	0.8000	1.0025	1.0000	1.0000	314.2	28.26	0.74
Office/Home Visits	666.8	21.24	1.18	1.0290	1.0290	1.0300	1.0000	1.0000	1.0000	706.7	21.90	1.29
Preventive Care	-	-	-	1.0290	1.0290	1.0050	1.0000	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	2,267.8	7.62	1.44	1.0290	1.0290	0.9000	1.0000	1.0000	1.0000	2,100.3	7.83	1.37
Office Adm. Drugs	91.8	27.45	0.21	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	87.4	28.83	0.21
Clinic	11.3	42.48	0.04	1.0290	1.0290	0.9250	1.0000	1.0000	0.8979	10.8	44.44	0.04
Psych/SUD	444.5	19.98	0.74	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	423.1	20.42	0.72
Physical Therapy	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	694.2	8.12	0.47	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	660.8	8.35	0.46
<b>Subtotal</b>	<b>11,740.1</b>	<b>\$ 17.85</b>	<b>\$ 17.46</b>							<b>10,966.6</b>	<b>\$ 18.39</b>	<b>\$ 16.81</b>
<b>Total Medical</b>	<b>29,883.6</b>	<b>\$ 26.21</b>	<b>\$ 65.27</b>							<b>28,190.6</b>	<b>\$ 25.65</b>	<b>\$ 60.26</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	6.4	\$ 0.00	\$ 0.00	1.0290	1.0586	0.9000	1.0000	1.0000	1.0000	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	327.1	5.87	0.16	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	311.3	6.17	0.16
Intermediate Care	-	-	-	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>333.5</b>	<b>\$ 59.73</b>	<b>\$ 1.66</b>							<b>317.2</b>	<b>\$ 62.80</b>	<b>\$ 1.66</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

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

Member Months

7,556

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	10,019.4	\$ 170.96	\$ 142.74	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	10,164.1	\$ 172.82	\$ 146.38
Home Health/Hospice	46,162.1	903.86	3,477.01	1.0144	1.0736	1.0000	1.0000	1.0000	1.0206	46,828.8	990.35	3,864.74
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>56,181.5</b>	<b>\$ 773.15</b>	<b>\$ 3,619.75</b>	<b>1.0144</b>	<b>1.0707</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0202</b>	<b>56,992.9</b>	<b>\$ 844.55</b>	<b>\$ 4,011.12</b>



## **APPENDIX B1 – hawk-i**

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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
<b>Inpatient Hospital</b>													
Medical/Surgical	60.8	\$ 3,559.08	\$ 18.05	1.0038	0.9575	1.0586	0.9500	1.0025	0.6000	0.9758	55.6	\$ 2,211.27	\$ 10.24
Psychiatric/SUD	52.0	1,088.97	4.72	1.0038	0.9575	1.0586	0.9500	1.0025	1.0000	0.9758	47.5	1,127.64	4.46
Maternity - Delivery	0.9	1,405.90	0.11	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	0.9	1,437.66	0.11
Maternity Non-Delivery	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	113.8	\$ 2,412.75	\$ 22.87								103.9	\$ 1,709.72	\$ 14.80
<b>Outpatient Hospital</b>													
Emergency Room	399.2	\$ 300.21	\$ 9.99	1.0038	0.9928	1.0290	0.9500	1.0025	0.6000	1.0024	377.9	\$ 186.25	\$ 5.87
General	2,276.9	236.24	44.82	1.0038	0.9928	1.0290	0.9500	1.0025	0.6000	1.0024	2,155.7	146.57	26.33
Subtotal	2,676.1	\$ 245.78	\$ 54.81								2,533.6	\$ 152.49	\$ 32.20
<b>Ancillary</b>													
Pharmacy	5,760.3	\$ 69.03	\$ 33.13	1.0000	1.0144	1.0887	0.9500	0.9800	0.8000	1.0350	5,551.3	\$ 60.98	\$ 28.21
DME/Supplies/Prosthetics	171.1	149.88	2.14	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	161.0	82.94	1.11
Ambulance	23.4	693.97	1.35	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	22.0	384.02	0.70
Non-Emergency Transportation	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Chiropractic Services	436.2	35.04	1.27	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	410.5	19.39	0.66
Podiatry	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Vision	657.9	93.04	5.10	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	619.0	51.49	2.66
Other Ancillary	1.5	369.27	0.04	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	1.4	204.34	0.02
Subtotal	7,050.3	\$ 73.26	\$ 43.04								6,765.2	\$ 59.19	\$ 33.37
<b>Professional</b>													
Surgery	561.0	\$ 170.02	\$ 7.95	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	550.8	\$ 123.69	\$ 5.68
Anesthesia	83.3	455.40	3.16	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	81.8	331.31	2.26
Inpatient Visits	119.2	133.91	1.33	1.0028	1.0586	1.0290	0.9500	1.0025	0.7070	1.0000	120.2	97.67	0.98
Urgent Care/Emergency Room	324.5	121.03	3.27	1.0028	1.0586	1.0290	0.9500	1.0025	0.7070	1.0000	327.3	88.27	2.41
Office/Home Visits	3,335.1	100.51	27.93	1.0028	1.0586	1.0290	1.0050	1.0000	0.7070	1.0000	3,558.2	73.12	21.68
Preventive Care	595.8	121.71	6.04	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	585.1	88.55	4.32
Maternity - Delivery	0.4	2,478.08	0.08	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	0.4	1,802.84	0.05
Maternity - Non-Delivery	0.3	268.10	0.01	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	0.3	195.05	0.00
Allergy/Immunotherapy	151.2	108.34	1.37	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	148.5	78.82	0.98
Lab/Path/Rad	2,317.2	26.66	5.15	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	2,275.4	19.40	3.68
Office Adm. Drugs	603.7	114.36	5.75	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	592.8	83.20	4.11
Clinic	13.1	202.79	0.22	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	12.8	147.54	0.16
Psych/SUD	758.4	102.92	6.50	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	744.7	74.87	4.65
Physical Therapy	593.8	40.42	2.00	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	583.1	29.41	1.43
Family Planning	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Case Management	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Targeted Case Management	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Other Professional	1,969.5	52.46	8.61	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	1,934.0	38.17	6.15
Subtotal	11,426.6	\$ 83.36	\$ 79.37								11,515.5	\$ 60.99	\$ 58.53
<b>Total Medical</b>	<b>21,266.8</b>	<b>\$ 112.91</b>	<b>\$ 200.10</b>								<b>20,918.2</b>	<b>\$ 79.68</b>	<b>\$ 138.89</b>

## APPENDIX B1 - MATERNITY

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

3,530

3,530

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
HMO

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
FFS/MediPASS

Region: Statewide

Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

7,320

7,320

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development  
HMO

Region: Statewide

Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

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

## APPENDIX C1



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	48,063						9,464		57,527
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	796.4	\$ 2,106.48	\$ 139.80	608.8	\$ 2,702.17	\$ 137.09	765.5	\$ 2,184.45	\$ 139.35
Psychiatric/SUD	0.4	1,800.00	0.06	-	-	-	0.3	2,000.00	0.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	5,068.3	773.92	326.87	-	-	-	4,234.5	773.93	273.10
Other Newborn	9,011.8	1,243.81	934.08	11,474.6	1,045.30	999.53	9,417.0	1,204.01	944.85
Subtotal	14,876.9	\$ 1,129.92	\$ 1,400.81	12,083.4	\$ 1,128.78	\$ 1,136.62	14,417.3	\$ 1,129.77	\$ 1,357.35
Outpatient Hospital									
Emergency Room	988.1	\$ 100.19	\$ 8.25	1,306.8	\$ 146.19	\$ 15.92	1,040.5	\$ 109.68	\$ 9.51
General	5,575.0	58.40	27.13	6,881.8	62.70	35.96	5,790.0	59.23	28.58
Subtotal	6,563.1	\$ 64.69	\$ 35.38	8,188.6	\$ 76.03	\$ 51.88	6,830.5	\$ 66.92	\$ 38.09
Ancillary									
Pharmacy	2,104.6	\$ 60.61	\$ 10.63	2,560.0	\$ 58.17	\$ 12.41	2,179.5	\$ 60.12	\$ 10.92
DME/Supplies/Prosthetics	316.8	229.55	6.06	489.2	148.41	6.05	345.2	210.66	6.06
Ambulance	163.3	168.28	2.29	125.9	88.64	0.93	157.1	158.12	2.07
Non-Emergency Transportation	63.5	35.91	0.19	-	-	-	53.1	36.16	0.16
Home Health/Hospice	1,250.4	90.31	9.41	368.1	102.69	3.15	1,105.2	90.99	8.38
Chiropractic Services	-	-	-	262.4	31.55	0.69	43.2	30.56	0.11
Podiatry	-	-	-	-	-	-	-	-	-
Vision	4.9	97.96	0.04	15.4	54.55	0.07	6.6	72.73	0.04
Other Ancillary	307.0	33.22	0.85	61.7	36.95	0.19	266.6	33.31	0.74
Subtotal	4,210.5	\$ 83.99	\$ 29.47	3,882.7	\$ 72.60	\$ 23.49	4,156.5	\$ 82.22	\$ 28.48
Professional									
Surgery	1,528.6	\$ 197.28	\$ 25.13	1,894.0	\$ 130.07	\$ 20.53	1,588.7	\$ 184.08	\$ 24.37
Anesthesia	65.8	530.70	2.91	86.7	415.22	3.00	69.2	506.36	2.92
Inpatient Visits	9,528.7	179.91	142.86	13,622.3	162.38	184.33	10,202.2	176.06	149.68
Urgent Care/Emergency Room	836.6	68.99	4.81	1,185.1	72.91	7.20	893.9	69.81	5.20
Office/Home Visits	4,101.0	68.03	23.25	5,510.4	64.18	29.47	4,332.9	67.22	24.27
Preventive Care	15,178.5	70.81	89.56	20,480.4	63.10	107.70	16,050.7	69.19	92.54
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	0.7	-	-	-	-	-	0.6	-	-
Lab/Path/Rad	4,452.1	14.77	5.48	5,605.6	13.61	6.36	4,641.9	14.53	5.62
Office Adm. Drugs	34.7	31.12	0.09	40.1	5.99	0.02	35.6	26.97	0.08
Clinic	2,424.9	146.98	29.70	-	-	-	2,026.0	146.95	24.81
Psych/SUD	0.3	-	-	-	-	-	0.3	-	-
Physical Therapy	10.1	47.52	0.04	20.1	53.73	0.09	11.7	51.28	0.05
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,218.6	52.09	5.29	1,602.6	45.30	6.05	1,281.8	50.74	5.42
Subtotal	39,380.6	\$ 100.29	\$ 329.12	50,047.3	\$ 87.46	\$ 364.75	41,135.5	\$ 97.71	\$ 334.96
Total Medical	65,031.1	\$ 331.19	\$ 1,794.78	74,202.0	\$ 254.99	\$ 1,576.74	66,539.8	\$ 317.20	\$ 1,758.88
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

<b>Total Acute Medical Component</b>	<b>\$ 1,758.92</b>
Third Party Liability Adjustment	(140.71)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 189.85
<b>Gross Capitation Rate</b>	<b>\$ 1,808.56</b>
Less Withhold	2.0% (36.17)
<b>Net Capitation Rate</b>	<b>\$ 1,772.39</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	158,872			35,686			194,558		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	193.2	\$ 1,898.14	\$ 30.56	211.6	\$ 1,640.08	\$ 28.92	196.6	\$ 1,847.00	\$ 30.26
Psychiatric/SUD	0.2	1,800.00	0.03	-	-	-	0.2	1,200.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	0.2	600.00	0.01	-	-	-	0.2	600.00	0.01
Other Newborn	0.9	1,333.33	0.10	-	-	-	0.7	1,371.43	0.08
Subtotal	194.5	\$ 1,894.09	\$ 30.70	211.6	\$ 1,640.08	\$ 28.92	197.7	\$ 1,843.40	\$ 30.37
Outpatient Hospital									
Emergency Room	1,264.7	\$ 104.09	\$ 10.97	1,644.4	\$ 122.23	\$ 16.75	1,334.3	\$ 108.19	\$ 12.03
General	5,023.3	64.09	26.83	6,159.1	74.72	38.35	5,231.6	66.38	28.94
Subtotal	6,288.0	\$ 72.14	\$ 37.80	7,803.5	\$ 84.73	\$ 55.10	6,565.9	\$ 74.88	\$ 40.97
Ancillary									
Pharmacy	4,610.6	\$ 58.46	\$ 22.46	4,734.0	\$ 79.04	\$ 31.18	4,633.2	\$ 62.32	\$ 24.06
DME/Supplies/Prosthetics	552.5	109.68	5.05	597.3	111.50	5.55	560.7	110.01	5.14
Ambulance	52.8	111.36	0.49	66.7	84.56	0.47	55.3	106.33	0.49
Non-Emergency Transportation	38.4	40.63	0.13	-	-	-	31.4	42.04	0.11
Home Health/Hospice	871.1	63.92	4.64	109.9	104.82	0.96	731.5	65.13	3.97
Chiropractic Services	-	-	-	241.2	32.34	0.65	44.2	32.58	0.12
Podiatry	-	-	-	0.9	-	-	0.2	-	-
Vision	28.2	63.83	0.15	23.9	55.23	0.11	27.4	61.31	0.14
Other Ancillary	306.5	31.71	0.81	90.7	31.75	0.24	266.9	31.92	0.71
Subtotal	6,460.1	\$ 62.66	\$ 33.73	5,864.6	\$ 80.13	\$ 39.16	6,350.8	\$ 65.64	\$ 34.74
Professional									
Surgery	196.2	\$ 254.43	\$ 4.16	214.8	\$ 167.04	\$ 2.99	199.6	\$ 237.47	\$ 3.95
Anesthesia	83.1	228.16	1.58	88.9	193.03	1.43	84.2	220.90	1.55
Inpatient Visits	409.8	167.50	5.72	594.4	145.56	7.21	443.7	162.00	5.99
Urgent Care/Emergency Room	904.6	64.74	4.88	1,227.2	71.28	7.29	963.8	66.24	5.32
Office/Home Visits	4,365.8	67.15	24.43	5,579.2	63.21	29.39	4,588.4	66.27	25.34
Preventive Care	7,039.7	51.79	30.38	10,296.5	49.14	42.16	7,637.1	51.13	32.54
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	7.8	61.54	0.04	3.0	40.00	0.01	6.9	52.17	0.03
Lab/Path/Rad	1,940.9	16.14	2.61	2,866.0	13.65	3.26	2,110.6	15.52	2.73
Office Adm. Drugs	161.0	27.58	0.37	211.9	7.93	0.14	170.3	23.25	0.33
Clinic	1,405.5	146.94	17.21	-	-	-	1,147.7	146.90	14.05
Psych/SUD	0.9	133.33	0.01	-	-	-	0.7	171.43	0.01
Physical Therapy	29.3	36.86	0.09	42.0	37.14	0.13	31.6	37.97	0.10
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	653.6	57.83	3.15	1,139.9	47.58	4.52	742.8	54.93	3.40
Subtotal	17,198.2	\$ 66.03	\$ 94.63	22,263.8	\$ 53.11	\$ 98.53	18,127.4	\$ 63.11	\$ 95.34
Total Medical	30,140.8	\$ 78.38	\$ 196.86	36,143.5	\$ 73.61	\$ 221.71	31,241.8	\$ 77.37	\$ 201.42
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

<b>Total Acute Medical Component</b>	<b>\$ 201.55</b>
Third Party Liability Adjustment	(12.09)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 212.19</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 207.95</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	627,602			90,331			717,933		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	50.0	\$ 1,989.60	\$ 8.29	77.3	\$ 1,743.34	\$ 11.23	53.4	\$ 1,946.07	\$ 8.66
Psychiatric/SUD	0.1	2,400.00	0.02	-	-	-	0.1	2,400.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	50.1	\$ 1,990.42	\$ 8.31	77.3	\$ 1,743.34	\$ 11.23	53.5	\$ 1,946.92	\$ 8.68
Outpatient Hospital									
Emergency Room	855.1	\$ 111.14	\$ 7.92	1,091.9	\$ 120.56	\$ 10.97	884.9	\$ 112.56	\$ 8.30
General	3,709.5	87.73	27.12	4,268.1	74.90	26.64	3,779.8	85.91	27.06
Subtotal	4,564.6	\$ 92.12	\$ 35.04	5,360.0	\$ 84.20	\$ 37.61	4,664.7	\$ 90.96	\$ 35.36
Ancillary									
Pharmacy	3,313.8	\$ 41.17	\$ 11.37	3,429.5	\$ 34.26	\$ 9.79	3,328.4	\$ 40.27	\$ 11.17
DME/Supplies/Prosthetics	199.8	90.09	1.50	137.0	83.21	0.95	191.9	89.42	1.43
Ambulance	34.9	103.15	0.30	47.6	78.15	0.31	36.5	98.63	0.30
Non-Emergency Transportation	22.7	42.29	0.08	-	-	-	19.8	42.42	0.07
Home Health/Hospice	159.6	87.22	1.16	9.2	91.30	0.07	140.7	86.99	1.02
Chiropractic Services	-	-	-	154.5	32.62	0.42	19.4	30.93	0.05
Podiatry	-	-	-	4.1	58.54	0.02	0.5	-	-
Vision	197.2	43.81	0.72	196.2	41.59	0.68	197.1	43.23	0.71
Other Ancillary	223.9	30.55	0.57	118.7	29.32	0.29	210.7	30.19	0.53
Subtotal	4,151.9	\$ 45.38	\$ 15.70	4,096.8	\$ 36.70	\$ 12.53	4,145.0	\$ 44.24	\$ 15.28
Professional									
Surgery	212.8	\$ 227.26	\$ 4.03	233.3	\$ 142.99	\$ 2.78	215.4	\$ 215.60	\$ 3.87
Anesthesia	97.8	204.91	1.67	98.7	204.26	1.68	97.9	204.70	1.67
Inpatient Visits	74.5	119.19	0.74	103.5	106.67	0.92	78.1	116.77	0.76
Urgent Care/Emergency Room	560.0	62.79	2.93	824.8	68.53	4.71	593.3	63.71	3.15
Office/Home Visits	2,894.6	64.22	15.49	3,442.2	63.20	18.13	2,963.5	64.06	15.82
Preventive Care	1,767.0	55.69	8.20	2,471.4	55.50	11.43	1,855.6	55.68	8.61
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	17.6	88.64	0.13	13.9	51.80	0.06	17.1	84.21	0.12
Lab/Path/Rad	1,519.0	15.01	1.90	2,513.3	13.03	2.73	1,644.1	14.60	2.00
Office Adm. Drugs	68.4	21.05	0.12	94.0	11.49	0.09	71.6	20.11	0.12
Clinic	702.4	145.90	8.54	-	-	-	614.0	145.99	7.47
Psych/SUD	3.6	66.67	0.02	0.1	-	-	3.2	75.00	0.02
Physical Therapy	19.7	42.64	0.07	50.9	40.08	0.17	23.6	40.68	0.08
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	284.9	50.12	1.19	444.4	46.44	1.72	305.0	49.57	1.26
Subtotal	8,222.3	\$ 65.72	\$ 45.03	10,290.5	\$ 51.80	\$ 44.42	8,482.4	\$ 63.59	\$ 44.95
Total Medical	16,988.9	\$ 73.52	\$ 104.08	19,824.6	\$ 64.04	\$ 105.79	17,345.6	\$ 72.14	\$ 104.27
Category of Service - Iowa Plan for BH									
Inpatient Treatment	0.9	\$ 533.33	\$ 0.04	-	\$ 0.00	\$ 0.00	0.9	\$ 533.33	\$ 0.04
Outpatient Treatment	421.7	78.82	2.77	-	-	-	421.7	78.82	2.77
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	422.6	\$ 122.39	\$ 4.31	-	\$ 0.00	\$ 0.00	422.6	\$ 122.39	\$ 4.31
Short Term Institutional / HCBS	0.2	\$ 600.00	\$ 0.01	-	\$ 0.00	\$ 0.00	0.2	\$ 600.00	\$ 0.01

<b>Total Acute Medical Component</b>	<b>\$ 108.59</b>
Third Party Liability Adjustment	(7.30)
Copayment Adjustment	-
Retroactivity Adjustment	1.36
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 115.19</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 112.89</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 Capitation Rate Development**

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

Member Months	1,327,369			171,839			1,499,208		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	27.2	\$ 2,298.53	\$ 5.21	23.3	\$ 2,482.40	\$ 4.82	26.8	\$ 2,314.93	\$ 5.17
Psychiatric/SUD	0.3	1,200.00	0.03	-	-	-	0.3	1,200.00	0.03
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	27.5	\$ 2,286.55	\$ 5.24	23.3	\$ 2,482.40	\$ 4.82	27.1	\$ 2,302.58	\$ 5.20
Outpatient Hospital									
Emergency Room	418.1	\$ 121.98	\$ 4.25	527.8	\$ 127.09	\$ 5.59	430.7	\$ 122.59	\$ 4.40
General	2,129.4	86.50	15.35	2,505.6	64.85	13.54	2,172.5	83.63	15.14
Subtotal	2,547.5	\$ 92.33	\$ 19.60	3,033.4	\$ 75.68	\$ 19.13	2,603.2	\$ 90.07	\$ 19.54
Ancillary									
Pharmacy	4,770.6	\$ 81.05	\$ 32.22	4,679.0	\$ 81.15	\$ 31.64	4,760.1	\$ 81.05	\$ 32.15
DME/Supplies/Prosthetics	123.5	116.60	1.20	90.4	107.52	0.81	119.7	116.29	1.16
Ambulance	17.6	102.27	0.15	19.3	74.61	0.12	17.8	101.12	0.15
Non-Emergency Transportation	17.4	41.38	0.06	-	-	-	15.4	38.96	0.05
Home Health/Hospice	56.9	37.96	0.18	1.2	-	-	50.5	38.02	0.16
Chiropractic Services	-	-	-	244.2	33.42	0.68	28.0	34.29	0.08
Podiatry	-	-	-	21.7	71.89	0.13	2.5	48.00	0.01
Vision	776.1	37.26	2.41	754.5	36.58	2.30	773.6	37.23	2.40
Other Ancillary	245.0	31.84	0.65	60.0	30.00	0.15	223.8	31.64	0.59
Subtotal	6,007.1	\$ 73.65	\$ 36.87	5,870.3	\$ 73.24	\$ 35.83	5,991.4	\$ 73.61	\$ 36.75
Professional									
Surgery	156.2	\$ 194.37	\$ 2.53	185.4	\$ 127.51	\$ 1.97	159.5	\$ 185.83	\$ 2.47
Anesthesia	39.8	223.12	0.74	41.1	210.22	0.72	39.9	222.56	0.74
Inpatient Visits	35.9	100.28	0.30	37.3	99.73	0.31	36.1	99.72	0.30
Urgent Care/Emergency Room	261.9	65.52	1.43	394.8	70.21	2.31	277.1	66.26	1.53
Office/Home Visits	1,693.0	70.24	9.91	1,920.9	64.72	10.36	1,719.1	69.52	9.96
Preventive Care	692.4	53.73	3.10	952.3	55.32	4.39	722.2	54.00	3.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.1	109.09	0.01	0.4	-	-
Allergy/Immunotherapy	62.4	67.31	0.35	76.4	37.70	0.24	64.0	63.75	0.34
Lab/Path/Rad	1,033.4	18.00	1.55	1,563.3	16.04	2.09	1,094.1	17.66	1.61
Office Adm. Drugs	35.0	72.00	0.21	38.9	18.51	0.06	35.4	64.41	0.19
Clinic	445.9	145.05	5.39	-	-	-	394.8	144.98	4.77
Psych/SUD	1.7	70.59	0.01	0.8	150.00	0.01	1.6	75.00	0.01
Physical Therapy	78.0	33.85	0.22	124.4	31.83	0.33	83.3	33.13	0.23
Family Planning	-	-	-	0.1	-	-	-	-	-
Other Professional	135.0	48.89	0.55	152.0	45.00	0.57	136.9	48.21	0.55
Subtotal	4,670.9	\$ 67.54	\$ 26.29	5,488.8	\$ 51.09	\$ 23.37	4,764.4	\$ 65.36	\$ 25.95
Total Medical	13,253.0	\$ 79.68	\$ 88.00	14,415.8	\$ 69.22	\$ 83.15	13,386.1	\$ 78.39	\$ 87.44
Category of Service - Iowa Plan for BH									
Inpatient Treatment	21.9	\$ 1,583.56	\$ 2.89	-	\$ 0.00	\$ 0.00	21.9	\$ 1,583.56	\$ 2.89
Outpatient Treatment	3,847.0	81.07	25.99	-	-	-	3,847.0	81.07	25.99
Intermediate Care	2.6	230.77	0.05	-	-	-	2.6	230.77	0.05
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,871.5	\$ 94.32	\$ 30.43	-	\$ 0.00	\$ 0.00	3,871.5	\$ 94.32	\$ 30.43
Short Term Institutional / HCBS	3.6	\$ 500.00	\$ 0.15	-	\$ 0.00	\$ 0.00	3.2	\$ 487.50	\$ 0.13

<b>Total Acute Medical Component</b>	<b>\$ 118.00</b>
Third Party Liability Adjustment	(6.56)
Copayment Adjustment	-
Retroactivity Adjustment	1.48
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 13.25
<b>Gross Capitation Rate</b>	<b>\$ 126.67</b>
Less Withhold	2.0% (2.53)
<b>Net Capitation Rate</b>	<b>\$ 124.14</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Children 15-20 F

Member Months	235,745			33,744			269,489		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	50.0	\$ 2,248.80	\$ 9.37	54.6	\$ 2,305.49	\$ 10.49	50.6	\$ 2,255.34	\$ 9.51
Psychiatric/SUD	0.8	1,650.00	0.11	-	-	-	0.7	1,714.29	0.10
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	11.3	1,263.72	1.19	11.8	1,301.69	1.28	11.4	1,263.16	1.20
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	62.1	\$ 2,061.84	\$ 10.67	66.4	\$ 2,127.11	\$ 11.77	62.7	\$ 2,068.90	\$ 10.81
Outpatient Hospital									
Emergency Room	974.2	\$ 116.77	\$ 9.48	1,473.6	\$ 127.61	\$ 15.67	1,036.7	\$ 118.76	\$ 10.26
General	7,170.4	67.44	40.30	9,906.6	53.52	44.18	7,513.0	65.15	40.79
Subtotal	8,144.6	\$ 73.34	\$ 49.78	11,380.2	\$ 63.11	\$ 59.85	8,549.7	\$ 71.65	\$ 51.05
Ancillary									
Pharmacy	8,082.4	\$ 50.51	\$ 34.02	7,797.8	\$ 44.49	\$ 28.91	8,046.8	\$ 49.78	\$ 33.38
DME/Supplies/Prosthetics	138.1	133.82	1.54	123.9	99.76	1.03	136.3	130.30	1.48
Ambulance	79.5	93.58	0.62	119.5	71.30	0.71	84.5	89.47	0.63
Non-Emergency Transportation	24.9	33.73	0.07	-	-	-	21.8	33.03	0.06
Home Health/Hospice	51.3	63.16	0.27	9.3	103.23	0.08	46.0	65.22	0.25
Chiropractic Services	-	-	-	650.7	33.38	1.81	81.5	33.87	0.23
Podiatry	-	-	-	42.3	79.43	0.28	5.3	90.57	0.04
Vision	934.4	36.47	2.84	883.4	35.73	2.63	928.0	36.34	2.81
Other Ancillary	594.0	33.74	1.67	78.3	32.18	0.21	529.4	33.77	1.49
Subtotal	9,904.6	\$ 49.71	\$ 41.03	9,705.2	\$ 44.09	\$ 35.66	9,879.6	\$ 49.03	\$ 40.37
Professional									
Surgery	253.4	\$ 211.68	\$ 4.47	348.0	\$ 161.03	\$ 4.67	265.2	\$ 203.62	\$ 4.50
Anesthesia	48.5	254.85	1.03	58.8	232.65	1.14	49.8	250.60	1.04
Inpatient Visits	92.6	90.71	0.70	133.7	82.57	0.92	97.7	89.66	0.73
Urgent Care/Emergency Room	592.6	77.76	3.84	966.4	82.57	6.65	639.4	78.64	4.19
Office/Home Visits	2,570.3	69.61	14.91	3,088.6	61.50	15.83	2,635.2	68.44	15.03
Preventive Care	662.5	54.16	2.99	903.2	52.75	3.97	692.6	53.88	3.11
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	127.1	173.72	1.84	290.2	226.60	5.48	147.5	187.12	2.30
Allergy/Immunotherapy	67.1	64.38	0.36	21.8	55.05	0.10	61.4	64.50	0.33
Lab/Path/Rad	3,406.3	26.77	7.60	5,720.4	23.29	11.10	3,696.1	26.10	8.04
Office Adm. Drugs	554.0	30.54	1.41	834.9	27.31	1.90	589.2	29.94	1.47
Clinic	769.1	147.45	9.45	-	-	-	672.8	147.50	8.27
Psych/SUD	25.2	52.38	0.11	36.6	52.46	0.16	26.6	54.14	0.12
Physical Therapy	346.7	31.84	0.92	605.5	28.93	1.46	379.1	31.34	0.99
Family Planning	-	-	-	8.1	14.81	0.01	1.0	-	-
Other Professional	306.5	119.80	3.06	338.5	147.83	4.17	310.5	123.67	3.20
Subtotal	9,821.9	\$ 64.37	\$ 52.69	13,354.7	\$ 51.72	\$ 57.56	10,264.1	\$ 62.34	\$ 53.32
Total Medical	27,933.2	\$ 66.23	\$ 154.17	34,506.5	\$ 57.32	\$ 164.84	28,756.1	\$ 64.91	\$ 155.55
Category of Service - Iowa Plan for BH									
Inpatient Treatment	76.2	\$ 1,779.53	\$ 11.30	-	\$ 0.00	\$ 0.00	76.2	\$ 1,779.53	\$ 11.30
Outpatient Treatment	4,430.1	96.54	35.64	-	-	-	4,430.1	96.54	35.64
Intermediate Care	48.8	378.69	1.54	-	-	-	48.8	378.69	1.54
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	4,555.1	\$ 131.67	\$ 49.98	-	\$ 0.00	\$ 0.00	4,555.1	\$ 131.67	\$ 49.98
Short Term Institutional / HCBS	21.0	\$ 788.57	\$ 1.38	-	\$ 0.00	\$ 0.00	18.4	\$ 789.13	\$ 1.21

<b>Total Acute Medical Component</b>	<b>\$ 206.74</b>
Third Party Liability Adjustment	(14.78)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	2.58
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 217.85</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 213.49</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Children 15-20 M

Member Months	213,983			28,904			242,887		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	66.9	\$ 2,165.02	\$ 12.07	93.0	\$ 2,774.19	\$ 21.50	70.0	\$ 2,261.14	\$ 13.19
Psychiatric/SUD	3.6	1,133.33	0.34	-	-	-	3.2	1,125.00	0.30
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	70.5	\$ 2,112.34	\$ 12.41	93.0	\$ 2,774.19	\$ 21.50	73.2	\$ 2,211.48	\$ 13.49
Outpatient Hospital									
Emergency Room	575.7	\$ 128.40	\$ 6.16	757.6	\$ 131.63	\$ 8.31	597.3	\$ 128.98	\$ 6.42
General	3,026.4	95.44	24.07	3,549.6	81.27	24.04	3,088.7	93.52	24.07
Subtotal	3,602.1	\$ 100.71	\$ 30.23	4,307.2	\$ 90.13	\$ 32.35	3,686.0	\$ 99.26	\$ 30.49
Ancillary									
Pharmacy	5,734.4	\$ 87.60	\$ 41.86	4,736.5	\$ 88.90	\$ 35.09	5,615.6	\$ 87.72	\$ 41.05
DME/Supplies/Prosthetics	132.3	154.20	1.70	96.8	127.69	1.03	128.1	151.76	1.62
Ambulance	56.0	98.57	0.46	73.1	70.59	0.43	58.0	95.17	0.46
Non-Emergency Transportation	17.4	48.28	0.07	-	-	-	15.3	47.06	0.06
Home Health/Hospice	32.4	66.67	0.18	-	-	-	28.5	67.37	0.16
Chiropractic Services	-	-	-	323.0	33.44	0.90	38.4	34.38	0.11
Podiatry	0.1	-	-	33.0	72.73	0.20	4.0	60.00	0.02
Vision	693.7	36.50	2.11	574.2	35.95	1.72	679.5	36.38	2.06
Other Ancillary	393.5	33.24	1.09	27.6	30.43	0.07	350.0	33.26	0.97
Subtotal	7,059.8	\$ 80.69	\$ 47.47	5,864.2	\$ 80.71	\$ 39.44	6,917.4	\$ 80.68	\$ 46.51
Professional									
Surgery	203.7	\$ 233.28	\$ 3.96	265.3	\$ 168.71	\$ 3.73	211.0	\$ 223.51	\$ 3.93
Anesthesia	38.7	263.57	0.85	47.3	246.09	0.97	39.7	259.95	0.86
Inpatient Visits	78.9	91.25	0.60	86.0	117.21	0.84	79.7	94.86	0.63
Urgent Care/Emergency Room	340.2	73.02	2.07	499.0	75.99	3.16	359.1	73.52	2.20
Office/Home Visits	1,493.3	70.72	8.80	1,533.1	64.73	8.27	1,498.0	70.01	8.74
Preventive Care	463.8	56.14	2.17	614.8	55.04	2.82	481.8	56.04	2.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	44.2	59.73	0.22	48.1	44.91	0.18	44.7	59.06	0.22
Lab/Path/Rad	1,396.5	26.47	3.08	1,739.8	23.86	3.46	1,437.4	26.13	3.13
Office Adm. Drugs	45.2	63.72	0.24	25.1	14.34	0.03	42.8	61.68	0.22
Clinic	391.9	142.69	4.66	-	-	-	345.3	142.83	4.11
Psych/SUD	4.9	73.47	0.03	0.4	-	-	4.4	81.82	0.03
Physical Therapy	301.1	30.29	0.76	576.9	29.54	1.42	333.9	30.19	0.84
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	156.2	44.56	0.58	144.7	46.44	0.56	154.8	44.96	0.58
Subtotal	4,958.6	\$ 67.81	\$ 28.02	5,580.5	\$ 54.70	\$ 25.44	5,032.6	\$ 66.14	\$ 27.74
Total Medical	15,691.0	\$ 90.34	\$ 118.13	15,844.9	\$ 89.92	\$ 118.73	15,709.2	\$ 90.31	\$ 118.23
Category of Service - Iowa Plan for BH									
Inpatient Treatment	58.2	\$ 1,824.74	\$ 8.85	-	\$ 0.00	\$ 0.00	58.2	\$ 1,824.74	\$ 8.85
Outpatient Treatment	6,905.5	93.75	53.95	-	-	-	6,905.5	93.75	53.95
Intermediate Care	82.6	284.75	1.96	-	-	-	82.6	284.75	1.96
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	7,046.3	\$ 112.84	\$ 66.26	-	\$ 0.00	\$ 0.00	7,046.3	\$ 112.84	\$ 66.26
Short Term Institutional / HCBS	13.8	\$ 878.26	\$ 1.01	-	\$ 0.00	\$ 0.00	12.2	\$ 875.41	\$ 0.89

<b>Total Acute Medical Component</b>	<b>\$ 185.38</b>
Third Party Liability Adjustment	(11.53)
Copayment Adjustment	-
Retroactivity Adjustment	2.32
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 20.67
<b>Gross Capitation Rate</b>	<b>\$ 197.34</b>
Less Withhold	2.0% (3.95)
<b>Net Capitation Rate</b>	<b>\$ 193.39</b>

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	99.9	\$ 2,697.90	\$ 22.46	92.6	\$ 2,383.15	\$ 18.39	98.6	\$ 2,648.28	\$ 21.76
Psychiatric/SUD	1.4	600.00	0.07	2.4	1,650.00	0.33	1.6	825.00	0.11
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	27.9	1,445.16	3.36	35.0	757.71	2.21	29.1	1,303.09	3.16
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	0.5	480.00	0.02	-	-	-	0.4	600.00	0.02
Subtotal	129.7	\$ 2,397.22	\$ 25.91	130.0	\$ 1,932.00	\$ 20.93	129.7	\$ 2,317.66	\$ 25.05
Outpatient Hospital									
Emergency Room	1,988.9	\$ 107.82	\$ 17.87	2,412.7	\$ 130.01	\$ 26.14	2,061.9	\$ 112.32	\$ 19.30
General	14,463.9	68.56	82.64	16,755.2	60.79	84.88	14,858.7	67.06	83.03
Subtotal	16,452.8	\$ 73.31	\$ 100.51	19,167.9	\$ 69.50	\$ 111.02	16,920.6	\$ 72.57	\$ 102.33
Ancillary									
Pharmacy	12,696.5	\$ 43.81	\$ 46.35	12,110.1	\$ 44.14	\$ 44.55	12,595.4	\$ 43.86	\$ 46.04
DME/Supplies/Prosthetics	228.6	120.21	2.29	226.4	120.32	2.27	228.2	120.42	2.29
Ambulance	119.8	89.15	0.89	160.6	66.50	0.89	126.8	84.23	0.89
Non-Emergency Transportation	21.0	40.00	0.07	-	-	-	17.4	41.38	0.06
Home Health/Hospice	36.3	165.29	0.50	8.0	105.00	0.07	31.4	164.33	0.43
Chiropractic Services	-	-	-	846.8	34.29	2.42	145.9	34.54	0.42
Podiatry	0.3	-	-	57.4	68.99	0.33	10.1	71.29	0.06
Vision	783.9	38.42	2.51	766.5	38.04	2.43	780.9	38.42	2.50
Other Ancillary	854.4	33.85	2.41	111.0	34.59	0.32	726.3	33.87	2.05
Subtotal	14,740.8	\$ 44.79	\$ 55.02	14,286.8	\$ 44.75	\$ 53.28	14,662.4	\$ 44.80	\$ 54.74
Professional									
Surgery	557.2	\$ 231.73	\$ 10.76	665.2	\$ 162.90	\$ 9.03	575.8	\$ 217.99	\$ 10.46
Anesthesia	118.3	238.38	2.35	106.4	240.23	2.13	116.2	238.55	2.31
Inpatient Visits	196.7	82.97	1.36	253.6	82.81	1.75	206.5	83.10	1.43
Urgent Care/Emergency Room	1,154.8	78.87	7.59	1,605.3	85.59	11.45	1,232.4	80.43	8.26
Office/Home Visits	3,510.4	65.33	19.11	4,097.9	61.52	21.01	3,611.6	64.59	19.44
Preventive Care	709.3	47.20	2.79	1,057.6	48.56	4.28	769.3	47.58	3.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	312.9	163.76	4.27	532.8	233.11	10.35	350.8	181.98	5.32
Allergy/Immunotherapy	38.0	97.89	0.31	35.5	67.61	0.20	37.6	92.55	0.29
Lab/Path/Rad	6,049.2	29.88	15.06	10,025.9	26.43	22.08	6,734.5	28.99	16.27
Office Adm. Drugs	629.0	49.41	2.59	832.3	25.95	1.80	664.0	44.28	2.45
Clinic	1,056.9	148.51	13.08	-	-	-	874.8	148.56	10.83
Psych/SUD	30.8	50.65	0.13	43.9	46.47	0.17	33.1	50.76	0.14
Physical Therapy	397.9	28.65	0.95	453.1	28.07	1.06	407.4	28.57	0.97
Family Planning	-	-	-	9.5	50.53	0.04	1.6	75.00	0.01
Other Professional	512.9	98.73	4.22	552.3	116.89	5.38	519.7	102.06	4.42
Subtotal	15,274.3	\$ 66.44	\$ 84.57	20,271.3	\$ 53.71	\$ 90.73	16,135.3	\$ 63.70	\$ 85.65
Total Medical	46,597.6	\$ 68.50	\$ 266.01	53,856.0	\$ 61.49	\$ 275.96	47,848.0	\$ 67.16	\$ 267.77
Category of Service - Iowa Plan for BH									
Inpatient Treatment	51.8	\$ 1,232.43	\$ 5.32	-	\$ 0.00	\$ 0.00	51.8	\$ 1,232.43	\$ 5.32
Outpatient Treatment	2,397.9	89.18	17.82	-	-	-	2,397.9	89.18	17.82
Intermediate Care	120.6	710.45	7.14	-	-	-	120.6	710.45	7.14
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,570.3	\$ 148.37	\$ 31.78	-	\$ 0.00	\$ 0.00	2,570.3	\$ 148.37	\$ 31.78
Short Term Institutional / HCBS	30.1	\$ 354.82	\$ 0.89	-	\$ 0.00	\$ 0.00	24.9	\$ 356.63	\$ 0.74

<b>Total Acute Medical Component</b>	<b>\$ 300.29</b>
Third Party Liability Adjustment	(12.72)
Copayment Adjustment	(2.09)
Retroactivity Adjustment	3.75
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 324.16</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 317.68</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	191.3	\$ 2,347.94	\$ 37.43	185.9	\$ 2,338.68	\$ 36.23	190.3	\$ 2,346.40	\$ 37.21
Psychiatric/SUD	2.7	933.33	0.21	-	-	-	2.2	927.27	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	194.0	\$ 2,328.25	\$ 37.64	185.9	\$ 2,338.68	\$ 36.23	192.5	\$ 2,330.18	\$ 37.38
Outpatient Hospital									
Emergency Room	1,322.6	\$ 113.05	\$ 12.46	1,754.9	\$ 123.84	\$ 18.11	1,403.0	\$ 115.55	\$ 13.51
General	6,517.9	85.04	46.19	8,559.0	68.05	48.54	6,897.7	81.12	46.63
Subtotal	7,840.5	\$ 89.76	\$ 58.65	10,313.9	\$ 77.55	\$ 66.65	8,300.7	\$ 86.94	\$ 60.14
Ancillary									
Pharmacy	7,266.7	\$ 57.58	\$ 34.87	6,467.7	\$ 64.60	\$ 34.82	7,118.0	\$ 58.77	\$ 34.86
DME/Supplies/Prosthetics	293.0	147.44	3.60	298.2	122.74	3.05	294.0	142.86	3.50
Ambulance	102.6	97.08	0.83	90.4	73.01	0.55	100.3	93.32	0.78
Non-Emergency Transportation	0.1	-	-	-	-	-	0.1	-	-
Home Health/Hospice	37.3	189.81	0.59	38.2	103.66	0.33	37.5	172.80	0.54
Chiropractic Services	0.6	-	-	587.7	34.10	1.67	109.8	33.88	0.31
Podiatry	-	-	-	65.2	75.46	0.41	12.1	79.34	0.08
Vision	562.7	39.45	1.85	493.8	41.80	1.72	549.9	39.93	1.83
Other Ancillary	593.1	33.99	1.68	87.0	34.48	0.25	498.9	33.91	1.41
Subtotal	8,856.1	\$ 58.83	\$ 43.42	8,128.2	\$ 63.19	\$ 42.80	8,720.6	\$ 59.60	\$ 43.31
Professional									
Surgery	381.0	\$ 247.87	\$ 7.87	459.4	\$ 202.18	\$ 7.74	395.6	\$ 238.12	\$ 7.85
Anesthesia	75.9	260.87	1.65	92.6	261.77	2.02	79.0	261.27	1.72
Inpatient Visits	229.3	91.06	1.74	293.2	88.81	2.17	241.2	90.55	1.82
Urgent Care/Emergency Room	758.5	75.15	4.75	1,056.8	82.78	7.29	814.0	76.95	5.22
Office/Home Visits	1,900.7	67.81	10.74	2,115.0	66.61	11.74	1,940.6	67.59	10.93
Preventive Care	245.1	43.08	0.88	472.8	44.16	1.74	287.5	43.41	1.04
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	0.2	600.00	0.01	-	-	-	0.2	600.00	0.01
Allergy/Immunotherapy	17.2	76.74	0.11	51.0	58.82	0.25	23.5	71.49	0.14
Lab/Path/Rad	2,293.5	25.64	4.90	2,758.4	25.88	5.95	2,380.0	25.71	5.10
Office Adm. Drugs	213.6	29.78	0.53	69.4	12.10	0.07	186.8	28.27	0.44
Clinic	525.1	143.74	6.29	-	-	-	427.4	143.75	5.12
Psych/SUD	0.8	150.00	0.01	-	-	-	0.7	171.43	0.01
Physical Therapy	256.9	28.49	0.61	823.4	29.73	2.04	362.3	29.15	0.88
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	341.2	56.27	1.60	300.0	53.60	1.34	333.5	55.77	1.55
Subtotal	7,239.0	\$ 69.11	\$ 41.69	8,492.0	\$ 59.84	\$ 42.35	7,472.3	\$ 67.18	\$ 41.83
Total Medical	24,129.6	\$ 90.21	\$ 181.40	27,120.0	\$ 83.20	\$ 188.03	24,686.1	\$ 88.79	\$ 182.66
Category of Service - Iowa Plan for BH									
Inpatient Treatment	52.7	\$ 1,061.10	\$ 4.66	-	\$ 0.00	\$ 0.00	52.7	\$ 1,061.10	\$ 4.66
Outpatient Treatment	1,502.9	82.16	10.29	-	-	-	1,502.9	82.16	10.29
Intermediate Care	30.2	592.05	1.49	-	-	-	30.2	592.05	1.49
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,585.8	\$ 135.75	\$ 17.94	-	\$ 0.00	\$ 0.00	1,585.8	\$ 135.75	\$ 17.94
Short Term Institutional / HCBS	4.9	\$ 146.94	\$ 0.06	-	\$ 0.00	\$ 0.00	4.0	\$ 150.00	\$ 0.05

<b>Total Acute Medical Component</b>	<b>\$ 200.65</b>
Third Party Liability Adjustment	(7.31)
Copayment Adjustment	(1.24)
Retroactivity Adjustment	2.51
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 218.44</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 214.07</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	263.6	\$ 2,374.51	\$ 52.16	328.1	\$ 2,433.65	\$ 66.54	274.4	\$ 2,386.88	\$ 54.58
Psychiatric/SUD	2.0	840.00	0.14	1.7	2,047.06	0.29	1.9	1,073.68	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	3.6	1,800.00	0.54	2.3	1,826.09	0.35	3.4	1,800.00	0.51
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	269.2	\$ 2,355.42	\$ 52.84	332.1	\$ 2,427.46	\$ 67.18	279.7	\$ 2,370.83	\$ 55.26
Outpatient Hospital									
Emergency Room	1,661.2	\$ 110.59	\$ 15.31	2,199.1	\$ 131.94	\$ 24.18	1,751.7	\$ 115.09	\$ 16.80
General	15,714.9	85.30	111.71	19,853.1	78.69	130.18	16,410.8	83.96	114.82
Subtotal	17,376.1	\$ 87.72	\$ 127.02	22,052.2	\$ 84.00	\$ 154.36	18,162.5	\$ 86.96	\$ 131.62
Ancillary									
Pharmacy	22,331.5	\$ 52.22	\$ 97.17	23,408.2	\$ 48.44	\$ 94.49	22,512.6	\$ 51.56	\$ 96.72
DME/Supplies/Prosthetics	573.3	124.75	5.96	530.5	182.54	8.07	566.1	133.76	6.31
Ambulance	151.0	88.21	1.11	243.5	66.53	1.35	166.6	82.83	1.15
Non-Emergency Transportation	7.4	48.65	0.03	-	-	-	6.2	38.71	0.02
Home Health/Hospice	112.0	145.71	1.36	103.0	122.33	1.05	110.5	142.26	1.31
Chiropractic Services	1.1	-	-	1,108.7	33.66	3.11	187.4	33.30	0.52
Podiatry	-	-	-	147.0	59.59	0.73	24.7	58.30	0.12
Vision	987.4	39.86	3.28	988.6	39.69	3.27	987.6	39.85	3.28
Other Ancillary	1,064.5	33.71	2.99	134.1	36.69	0.41	908.0	33.83	2.56
Subtotal	25,228.2	\$ 53.23	\$ 111.90	26,663.6	\$ 50.62	\$ 112.48	25,469.7	\$ 52.76	\$ 111.99
Professional									
Surgery	882.9	\$ 249.27	\$ 18.34	1,173.1	\$ 191.70	\$ 18.74	931.7	\$ 237.11	\$ 18.41
Anesthesia	174.7	246.59	3.59	190.3	257.91	4.09	177.3	248.39	3.67
Inpatient Visits	376.6	83.17	2.61	459.8	87.95	3.37	390.6	84.18	2.74
Urgent Care/Emergency Room	951.9	83.20	6.60	1,425.0	91.12	10.82	1,031.5	85.04	7.31
Office/Home Visits	4,526.4	67.23	25.36	5,648.4	66.05	31.09	4,715.1	66.98	26.32
Preventive Care	579.8	52.98	2.56	1,001.6	56.55	4.72	650.7	53.85	2.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	72.6	140.50	0.85	98.8	191.90	1.58	77.0	151.17	0.97
Allergy/Immunotherapy	73.4	73.57	0.45	153.2	36.03	0.46	86.8	62.21	0.45
Lab/Path/Rad	6,254.6	30.10	15.69	10,547.7	27.01	23.74	6,976.5	29.31	17.04
Office Adm. Drugs	652.7	70.78	3.85	778.3	89.27	5.79	673.8	74.44	4.18
Clinic	1,107.8	146.67	13.54	-	-	-	921.5	146.63	11.26
Psych/SUD	11.4	42.11	0.04	9.7	49.48	0.04	11.1	43.24	0.04
Physical Therapy	691.2	28.47	1.64	1,256.6	29.22	3.06	786.3	28.69	1.88
Family Planning	-	-	-	6.9	17.39	0.01	1.2	-	-
Other Professional	851.5	57.92	4.11	1,110.3	66.58	6.16	895.0	59.66	4.45
Subtotal	17,207.5	\$ 69.20	\$ 99.23	23,859.7	\$ 57.17	\$ 113.67	18,326.1	\$ 66.55	\$ 101.64
Total Medical	60,081.0	\$ 78.09	\$ 390.99	72,907.6	\$ 73.69	\$ 447.69	62,238.0	\$ 77.22	\$ 400.51
Category of Service - Iowa Plan for BH									
Inpatient Treatment	61.5	\$ 1,445.85	\$ 7.41	-	\$ 0.00	\$ 0.00	61.5	\$ 1,445.85	\$ 7.41
Outpatient Treatment	3,080.9	81.87	21.02	-	-	-	3,080.9	81.87	21.02
Intermediate Care	67.3	668.65	3.75	-	-	-	67.3	668.65	3.75
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,209.7	\$ 125.92	\$ 33.68	-	\$ 0.00	\$ 0.00	3,209.7	\$ 125.92	\$ 33.68
Short Term Institutional / HCBS	37.6	\$ 351.06	\$ 1.10	-	\$ 0.00	\$ 0.00	31.3	\$ 352.72	\$ 0.92

<b>Total Acute Medical Component</b>	<b>\$ 435.11</b>
Third Party Liability Adjustment	(17.02)
Copayment Adjustment	(3.30)
Retroactivity Adjustment	5.44
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 470.53</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 461.12</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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	325.0	\$ 2,791.02	\$ 75.59	325.0	\$ 2,580.18	\$ 69.88	325.0	\$ 2,756.68	\$ 74.66
Psychiatric/SUD	1.8	1,400.00	0.21	-	-	0.44	1.5	2,000.00	0.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	326.8	\$ 2,783.35	\$ 75.80	325.0	\$ 2,596.43	\$ 70.32	326.5	\$ 2,753.20	\$ 74.91
Outpatient Hospital									
Emergency Room	1,269.5	\$ 115.70	\$ 12.24	1,443.0	\$ 133.97	\$ 16.11	1,297.8	\$ 119.00	\$ 12.87
General	10,528.5	101.06	88.67	12,475.5	79.60	82.75	10,846.4	97.03	87.70
Subtotal	11,798.0	\$ 102.64	\$ 100.91	13,918.5	\$ 85.23	\$ 98.86	12,144.2	\$ 99.38	\$ 100.57
Ancillary									
Pharmacy	15,097.1	\$ 58.77	\$ 73.94	15,369.5	\$ 53.47	\$ 68.49	15,141.6	\$ 57.89	\$ 73.05
DME/Supplies/Prosthetics	759.6	130.81	8.28	700.1	160.09	9.34	749.9	135.22	8.45
Ambulance	150.0	104.80	1.31	153.5	68.79	0.88	150.6	98.80	1.24
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	65.8	246.20	1.35	15.3	101.96	0.13	57.6	239.58	1.15
Chiropractic Services	1.5	-	-	735.9	34.24	2.10	121.4	33.61	0.34
Podiatry	2.6	-	-	75.6	66.67	0.42	14.5	57.93	0.07
Vision	767.9	40.47	2.59	647.6	44.29	2.39	748.3	41.05	2.56
Other Ancillary	845.2	33.93	2.39	47.3	32.98	0.13	714.9	33.91	2.02
Subtotal	17,689.7	\$ 60.96	\$ 89.86	17,744.8	\$ 56.72	\$ 83.88	17,698.8	\$ 60.26	\$ 88.88
Professional									
Surgery	666.3	\$ 261.32	\$ 14.51	773.1	\$ 245.87	\$ 15.84	683.7	\$ 258.53	\$ 14.73
Anesthesia	135.9	257.84	2.92	144.6	282.16	3.40	137.3	262.20	3.00
Inpatient Visits	495.4	83.08	3.43	454.3	89.02	3.37	488.7	83.98	3.42
Urgent Care/Emergency Room	739.7	82.25	5.07	898.9	91.58	6.86	765.7	84.00	5.36
Office/Home Visits	3,163.1	68.52	18.06	3,722.6	67.86	21.05	3,254.5	68.40	18.55
Preventive Care	331.6	43.06	1.19	643.8	46.04	2.47	382.6	43.91	1.40
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	30.4	98.68	0.25	4.1	87.80	0.03	26.1	96.55	0.21
Lab/Path/Rad	3,802.8	27.61	8.75	5,453.6	24.69	11.22	4,072.4	26.96	9.15
Office Adm. Drugs	371.1	59.50	1.84	245.5	29.33	0.60	350.6	56.13	1.64
Clinic	747.2	145.66	9.07	-	-	-	625.2	145.68	7.59
Psych/SUD	4.0	60.00	0.02	1.4	-	-	3.6	66.67	0.02
Physical Therapy	634.0	28.58	1.51	1,081.2	30.30	2.73	707.0	29.02	1.71
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	778.9	55.00	3.57	739.0	71.29	4.39	772.4	57.48	3.70
Subtotal	11,900.4	\$ 70.78	\$ 70.19	14,162.1	\$ 60.97	\$ 71.96	12,269.8	\$ 68.93	\$ 70.48
Total Medical	41,714.9	\$ 96.87	\$ 336.76	46,150.4	\$ 84.51	\$ 325.02	42,439.3	\$ 94.68	\$ 334.84
Category of Service - Iowa Plan for BH									
Inpatient Treatment	45.8	\$ 1,524.89	\$ 5.82	-	\$ 0.00	\$ 0.00	45.8	\$ 1,524.89	\$ 5.82
Outpatient Treatment	1,881.3	91.60	14.36	-	-	-	1,881.3	91.60	14.36
Intermediate Care	21.7	663.59	1.20	-	-	-	21.7	663.59	1.20
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,948.8	\$ 140.89	\$ 22.88	-	\$ 0.00	\$ 0.00	1,948.8	\$ 140.89	\$ 22.88
Short Term Institutional / HCBS	207.3	\$ 496.09	\$ 8.57	-	\$ 0.00	\$ 0.00	173.5	\$ 495.91	\$ 7.17

<b>Total Acute Medical Component</b>	<b>\$ 364.89</b>
Third Party Liability Adjustment	(15.90)
Copayment Adjustment	(2.44)
Retroactivity Adjustment	4.56
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 41.19
<b>Gross Capitation Rate</b>	<b>\$ 393.30</b>
Less Withhold	2.0% (7.87)
<b>Net Capitation Rate</b>	<b>\$ 385.43</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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	580.5	\$ 2,475.66	\$ 119.76	205.8	\$ 3,734.69	\$ 64.05	531.1	\$ 2,539.86	\$ 112.41
Psychiatric/SUD	3.8	284.21	0.09	-	-	-	3.3	290.91	0.08
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	584.3	\$ 2,461.41	\$ 119.85	205.8	\$ 3,734.69	\$ 64.05	534.4	\$ 2,525.97	\$ 112.49
Outpatient Hospital									
Emergency Room	972.6	\$ 116.35	\$ 9.43	1,197.1	\$ 133.52	\$ 13.32	1,002.2	\$ 119.02	\$ 9.94
General	16,079.0	96.98	129.94	16,360.3	72.37	98.66	16,116.1	93.69	125.82
Subtotal	17,051.6	\$ 98.08	\$ 139.37	17,557.4	\$ 76.54	\$ 111.98	17,118.3	\$ 95.17	\$ 135.76
Ancillary									
Pharmacy	24,790.7	\$ 47.93	\$ 99.02	25,951.8	\$ 51.05	\$ 110.41	24,943.8	\$ 48.36	\$ 100.52
DME/Supplies/Prosthetics	1,200.2	121.88	12.19	674.7	157.76	8.87	1,130.9	124.68	11.75
Ambulance	226.8	95.24	1.80	244.7	66.69	1.36	229.2	91.10	1.74
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	404.9	227.91	7.69	163.1	126.55	1.72	373.0	221.98	6.90
Chiropractic Services	14.4	8.33	0.01	867.5	31.68	2.29	126.9	29.31	0.31
Podiatry	13.9	25.90	0.03	107.5	53.58	0.48	26.2	41.22	0.09
Vision	1,109.2	41.76	3.86	1,582.9	40.41	5.33	1,171.7	41.48	4.05
Other Ancillary	847.9	33.82	2.39	196.5	45.80	0.75	762.0	34.17	2.17
Subtotal	28,608.0	\$ 53.27	\$ 126.99	29,788.7	\$ 52.86	\$ 131.21	28,763.7	\$ 53.20	\$ 127.53
Professional									
Surgery	1,223.2	\$ 277.53	\$ 28.29	1,121.6	\$ 197.29	\$ 18.44	1,209.8	\$ 267.71	\$ 26.99
Anesthesia	212.9	254.77	4.52	130.3	245.89	2.67	202.0	254.26	4.28
Inpatient Visits	867.7	75.10	5.43	445.1	84.92	3.15	812.0	75.81	5.13
Urgent Care/Emergency Room	657.1	87.11	4.77	811.0	98.10	6.63	677.4	88.93	5.02
Office/Home Visits	4,607.8	65.78	25.26	5,917.4	67.63	33.35	4,780.5	66.09	26.33
Preventive Care	536.3	48.33	2.16	1,058.5	51.36	4.53	605.2	48.98	2.47
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	68.5	36.79	0.21	102.7	31.55	0.27	73.0	36.16	0.22
Lab/Path/Rad	6,486.5	31.12	16.82	10,048.3	24.86	20.82	6,956.2	29.93	17.35
Office Adm. Drugs	660.6	215.62	11.87	564.8	46.95	2.21	648.0	196.30	10.60
Clinic	1,119.3	156.20	14.57	-	-	-	971.7	156.22	12.65
Psych/SUD	30.4	27.63	0.07	-	-	-	26.4	27.27	0.06
Physical Therapy	722.5	29.23	1.76	2,420.9	28.70	5.79	946.5	29.03	2.29
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,448.9	46.79	5.65	1,350.7	43.80	4.93	1,436.0	46.46	5.56
Subtotal	18,641.7	\$ 78.13	\$ 121.38	23,971.3	\$ 51.46	\$ 102.79	19,344.7	\$ 73.79	\$ 118.95
Total Medical	64,885.6	\$ 93.87	\$ 507.59	71,523.2	\$ 68.79	\$ 410.03	65,761.1	\$ 90.28	\$ 494.73
Category of Service - Iowa Plan for BH									
Inpatient Treatment	35.1	\$ 2,123.08	\$ 6.21	-	\$ 0.00	\$ 0.00	35.1	\$ 2,123.08	\$ 6.21
Outpatient Treatment	2,412.5	86.45	17.38	-	-	-	2,412.5	86.45	17.38
Intermediate Care	7.0	1,662.86	0.97	-	-	-	7.0	1,662.86	0.97
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,454.6	\$ 127.40	\$ 26.06	-	\$ 0.00	\$ 0.00	2,454.6	\$ 127.40	\$ 26.06
Short Term Institutional / HCBS	237.2	\$ 256.49	\$ 5.07	-	\$ 0.00	\$ 0.00	205.9	\$ 256.44	\$ 4.40

<b>Total Acute Medical Component</b>	<b>\$ 525.19</b>
Third Party Liability Adjustment	(28.45)
Copayment Adjustment	(3.81)
Retroactivity Adjustment	6.56
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 58.60
<b>Gross Capitation Rate</b>	<b>\$ 559.09</b>
Less Withhold	2.0% (11.18)
<b>Net Capitation Rate</b>	<b>\$ 547.91</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	
<b>Inpatient Hospital</b>										
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	
<b>Outpatient Hospital</b>										
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	
<b>Ancillary</b>										
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	
<b>Professional</b>										
Surgery	102.0	\$ 135.29	\$ 1.15	-	\$ 0.00	\$ 0.00	102.0	\$ 135.29	\$ 1.15	
Anesthesia	1.9	252.63	0.04	-	-	-	1.9	252.63	0.04	
Inpatient Visits	3.5	68.57	0.02	-	-	-	3.5	68.57	0.02	
Urgent Care/Emergency Room	1.8	133.33	0.02	-	-	-	1.8	133.33	0.02	
Office/Home Visits	359.7	51.71	1.55	-	-	-	359.7	51.71	1.55	
Preventive Care	344.5	98.58	2.83	-	-	-	344.5	98.58	2.83	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01	
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-	
Lab/Path/Rad	951.8	33.16	2.63	-	-	-	951.8	33.16	2.63	
Office Adm. Drugs	1,401.2	40.42	4.72	-	-	-	1,401.2	40.42	4.72	
Clinic	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01	
Psych/SUD	0.8	-	-	-	-	-	0.8	-	-	
Physical Therapy	-	-	-	-	-	-	-	-	-	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	223.4	178.87	3.33	-	-	-	223.4	178.87	3.33	
Subtotal	3,392.0	\$ 57.70	\$ 16.31	-	\$ 0.00	\$ 0.00	3,392.0	\$ 57.70	\$ 16.31	
<b>Total Medical</b>	<b>3,998.7</b>	<b>\$ 58.25</b>	<b>\$ 19.41</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>3,998.7</b>	<b>\$ 58.25</b>	<b>\$ 19.41</b>	
<b>Category of Service - Iowa Plan for BH</b>										
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Outpatient Treatment	-	-	-	-	-	-	-	-	-	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	-	-	-	-	-	-	-	
<b>Total Behavioral Health</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	50.6	\$ 2,210.28	\$ 9.32	26.0	\$ 2,898.46	\$ 6.28	46.9	\$ 2,266.95	\$ 8.86
Psychiatric/SUD	2.4	400.00	0.08	-	-	-	2.0	420.00	0.07
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	142.5	1,541.89	18.31	190.5	735.12	11.67	149.8	1,385.85	17.30
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	0.1	2,400.00	0.02	1.4	771.43	0.09	0.3	1,200.00	0.03
Subtotal	195.6	\$ 1,701.23	\$ 27.73	217.9	\$ 993.48	\$ 18.04	199.0	\$ 1,583.52	\$ 26.26
Outpatient Hospital									
Emergency Room	1,355.3	\$ 124.05	\$ 14.01	1,490.1	\$ 134.17	\$ 16.66	1,375.8	\$ 125.69	\$ 14.41
General	22,040.2	63.00	115.71	21,968.2	61.17	111.99	22,029.2	62.72	115.14
Subtotal	23,395.5	\$ 66.54	\$ 129.72	23,458.3	\$ 65.81	\$ 128.65	23,405.0	\$ 66.42	\$ 129.55
Ancillary									
Pharmacy	7,451.3	\$ 32.11	\$ 19.94	8,955.5	\$ 35.75	\$ 26.68	7,680.3	\$ 32.76	\$ 20.97
DME/Supplies/Prosthetics	183.9	112.23	1.72	158.8	120.91	1.60	180.1	113.27	1.70
Ambulance	149.3	112.53	1.40	187.3	73.68	1.15	155.1	105.22	1.36
Non-Emergency Transportation	66.3	39.82	0.22	1.9	-	-	56.5	40.35	0.19
Home Health/Hospice	163.6	112.96	1.54	64.5	107.91	0.58	148.5	112.32	1.39
Chiropractic Services	1.1	-	-	999.0	33.27	2.77	153.0	32.94	0.42
Podiatry	0.1	-	-	18.3	65.57	0.10	2.9	82.76	0.02
Vision	662.1	37.52	2.07	630.1	39.04	2.05	657.2	37.80	2.07
Other Ancillary	925.8	34.48	2.66	123.3	49.64	0.51	803.6	34.79	2.33
Subtotal	9,603.5	\$ 36.92	\$ 29.55	11,138.7	\$ 38.18	\$ 35.44	9,837.2	\$ 37.14	\$ 30.45
Professional									
Surgery	386.8	\$ 214.68	\$ 6.92	626.7	\$ 157.78	\$ 8.24	423.3	\$ 201.84	\$ 7.12
Anesthesia	81.1	216.03	1.46	120.0	212.00	2.12	87.0	215.17	1.56
Inpatient Visits	386.8	74.15	2.39	560.8	72.33	3.38	413.3	73.75	2.54
Urgent Care/Emergency Room	895.4	86.98	6.49	1,087.0	85.56	7.75	924.6	86.70	6.68
Office/Home Visits	2,237.9	70.24	13.10	3,167.4	54.25	14.32	2,379.4	67.03	13.29
Preventive Care	1,570.1	19.95	2.61	1,764.8	24.75	3.64	1,599.7	20.78	2.77
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	2,334.9	189.23	36.82	4,425.8	247.17	91.16	2,653.3	203.93	45.09
Allergy/Immunotherapy	2.6	138.46	0.03	4.0	120.00	0.04	2.8	128.57	0.03
Lab/Path/Rad	11,573.0	38.26	36.90	17,483.4	28.91	42.12	12,472.9	36.26	37.69
Office Adm. Drugs	431.3	52.31	1.88	585.0	26.87	1.31	454.7	47.24	1.79
Clinic	1,590.4	157.62	20.89	-	-	-	1,348.2	157.63	17.71
Psych/SUD	404.8	49.21	1.66	306.0	47.84	1.22	389.8	48.95	1.59
Physical Therapy	172.5	33.39	0.48	206.9	34.22	0.59	177.7	33.76	0.50
Family Planning	-	-	-	2.7	-	-	0.4	-	-
Other Professional	514.0	167.39	7.17	772.3	183.35	11.80	553.3	170.68	7.87
Subtotal	22,581.6	\$ 73.76	\$ 138.80	31,112.8	\$ 72.39	\$ 187.69	23,880.4	\$ 73.48	\$ 146.23
Total Medical	55,776.2	\$ 70.09	\$ 325.80	65,927.7	\$ 67.31	\$ 369.82	57,321.6	\$ 69.61	\$ 332.49
Category of Service - Iowa Plan for BH									
Inpatient Treatment	18.8	\$ 1,276.60	\$ 2.00	-	\$ 0.00	\$ 0.00	18.8	\$ 1,276.60	\$ 2.00
Outpatient Treatment	1,130.5	84.81	7.99	-	-	-	1,130.5	84.81	7.99
Intermediate Care	106.5	531.83	4.72	-	-	-	106.5	531.83	4.72
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,255.8	\$ 154.90	\$ 16.21	-	\$ 0.00	\$ 0.00	1,255.8	\$ 154.90	\$ 16.21
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 348.70</b>
Third Party Liability Adjustment	(46.55)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 35.45
<b>Gross Capitation Rate</b>	<b>\$ 338.60</b>
Less Withhold	2.0% (6.77)
<b>Net Capitation Rate</b>	<b>\$ 331.83</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	97.2	\$ 2,412.35	\$ 19.54	70.3	\$ 1,522.62	\$ 8.92	95.4	\$ 2,367.30	\$ 18.82
Psychiatric/SUD	4.7	2,629.79	1.03	-	-	-	4.4	2,618.18	0.96
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	10.0	2,172.00	1.81	-	-	-	9.3	2,180.65	1.69
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	111.9	\$ 2,400.00	\$ 22.38	70.3	\$ 1,522.62	\$ 8.92	109.1	\$ 2,361.50	\$ 21.47
Outpatient Hospital									
Emergency Room	1,361.5	\$ 112.38	\$ 12.75	2,101.8	\$ 144.62	\$ 25.33	1,411.4	\$ 115.63	\$ 13.60
General	9,352.9	72.44	56.46	15,345.9	63.32	80.98	9,757.2	71.47	58.11
Subtotal	10,714.4	\$ 77.51	\$ 69.21	17,447.7	\$ 73.12	\$ 106.31	11,168.6	\$ 77.05	\$ 71.71
Ancillary									
Pharmacy	6,228.6	\$ 37.72	\$ 19.58	7,907.9	\$ 34.57	\$ 22.78	6,341.9	\$ 37.47	\$ 19.80
DME/Supplies/Prosthetics	117.6	156.12	1.53	92.6	180.13	1.39	115.9	157.38	1.52
Ambulance	81.1	91.74	0.62	120.7	61.64	0.62	83.8	88.78	0.62
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	17.7	108.47	0.16	-	-	-	16.5	109.09	0.15
Chiropractic Services	-	-	-	358.3	31.82	0.95	24.2	29.75	0.06
Podiatry	-	-	-	20.2	41.58	0.07	1.4	-	-
Vision	202.5	70.52	1.19	269.7	67.63	1.52	207.0	70.14	1.21
Other Ancillary	491.2	32.74	1.34	144.9	29.81	0.36	467.8	32.58	1.27
Subtotal	7,138.7	\$ 41.05	\$ 24.42	8,914.3	\$ 37.27	\$ 27.69	7,258.5	\$ 40.72	\$ 24.63
Professional									
Surgery	341.5	\$ 230.16	\$ 6.55	310.5	\$ 178.94	\$ 4.63	339.4	\$ 226.99	\$ 6.42
Anesthesia	56.9	267.84	1.27	64.6	306.50	1.65	57.4	271.78	1.30
Inpatient Visits	151.3	94.38	1.19	80.3	110.59	0.74	146.5	95.02	1.16
Urgent Care/Emergency Room	799.6	82.39	5.49	1,405.8	82.46	9.66	840.5	82.38	5.77
Office/Home Visits	2,331.4	66.96	13.01	2,999.1	62.98	15.74	2,376.4	66.60	13.19
Preventive Care	460.1	70.68	2.71	876.0	66.03	4.82	488.2	70.05	2.85
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	23.8	161.34	0.32	47.4	351.90	1.39	25.4	184.25	0.39
Allergy/Immunotherapy	49.7	132.80	0.55	8.7	110.34	0.08	46.9	133.05	0.52
Lab/Path/Rad	3,731.7	27.91	8.68	5,100.9	26.37	11.21	3,824.1	27.77	8.85
Office Adm. Drugs	611.2	35.93	1.83	586.4	28.24	1.38	609.5	35.44	1.80
Clinic	630.7	148.03	7.78	-	-	-	588.2	148.11	7.26
Psych/SUD	14.6	57.53	0.07	17.2	55.81	0.08	14.8	56.76	0.07
Physical Therapy	222.2	29.70	0.55	155.3	38.63	0.50	217.7	30.32	0.55
Family Planning	-	-	-	103.5	11.59	0.10	7.0	17.14	0.01
Other Professional	288.6	100.21	2.41	465.7	76.27	2.96	300.5	97.84	2.45
Subtotal	9,713.3	\$ 64.75	\$ 52.41	12,221.4	\$ 53.94	\$ 54.94	9,882.5	\$ 63.86	\$ 52.59
Total Medical	27,678.3	\$ 73.02	\$ 168.42	38,653.7	\$ 61.43	\$ 197.86	28,418.7	\$ 71.95	\$ 170.40
Category of Service - Iowa Plan for BH									
Inpatient Treatment	82.0	\$ 1,630.24	\$ 11.14	-	\$ 0.00	\$ 0.00	82.0	\$ 1,630.24	\$ 11.14
Outpatient Treatment	2,004.9	82.96	13.86	-	-	-	2,004.9	82.96	13.86
Intermediate Care	13.2	454.55	0.50	-	-	-	13.2	454.55	0.50
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,100.1	\$ 154.28	\$ 27.00	-	\$ 0.00	\$ 0.00	2,100.1	\$ 154.28	\$ 27.00
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 197.40</b>
Third Party Liability Adjustment	(14.06)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 206.10</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 201.98</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	172.7	\$ 2,181.82	\$ 31.40	188.3	\$ 3,168.56	\$ 49.72	174.0	\$ 2,272.41	\$ 32.95
Psychiatric/SUD	10.7	1,166.36	1.04	-	-	-	9.8	1,163.27	0.95
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	183.4	\$ 2,122.57	\$ 32.44	188.3	\$ 3,168.56	\$ 49.72	183.8	\$ 2,213.28	\$ 33.90
Outpatient Hospital									
Emergency Room	1,185.4	\$ 119.25	\$ 11.78	1,447.8	\$ 133.11	\$ 16.06	1,207.6	\$ 120.64	\$ 12.14
General	5,623.2	79.83	37.41	7,542.8	69.98	43.99	5,785.8	78.75	37.97
Subtotal	6,808.6	\$ 86.70	\$ 49.19	8,990.6	\$ 80.15	\$ 60.05	6,993.4	\$ 85.98	\$ 50.11
Ancillary									
Pharmacy	3,966.8	\$ 84.67	\$ 27.99	4,577.6	\$ 76.65	\$ 29.24	4,018.5	\$ 83.91	\$ 28.10
DME/Supplies/Prosthetics	106.1	217.15	1.92	117.7	109.09	1.07	107.1	207.28	1.85
Ambulance	128.4	91.59	0.98	155.8	67.01	0.87	130.7	89.06	0.97
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	43.2	152.78	0.55	-	-	-	39.5	151.90	0.50
Chiropractic Services	2.4	50.00	0.01	425.8	33.82	1.20	38.3	34.46	0.11
Podiatry	-	-	-	58.9	93.72	0.46	5.0	96.00	0.04
Vision	125.6	76.43	0.80	135.0	73.78	0.83	126.4	75.95	0.80
Other Ancillary	313.8	32.89	0.86	86.5	33.29	0.24	294.5	33.01	0.81
Subtotal	4,686.3	\$ 84.78	\$ 33.11	5,557.3	\$ 73.22	\$ 33.91	4,760.0	\$ 83.65	\$ 33.18
Professional									
Surgery	258.9	\$ 234.53	\$ 5.06	292.9	\$ 137.66	\$ 3.36	261.8	\$ 225.52	\$ 4.92
Anesthesia	64.1	252.73	1.35	63.0	255.24	1.34	64.0	253.13	1.35
Inpatient Visits	245.1	95.96	1.96	134.4	77.68	0.87	235.7	95.21	1.87
Urgent Care/Emergency Room	662.6	79.14	4.37	854.9	82.68	5.89	678.9	79.54	4.50
Office/Home Visits	1,255.4	67.01	7.01	1,518.4	63.78	8.07	1,277.7	66.68	7.10
Preventive Care	145.1	62.85	0.76	264.2	63.13	1.39	155.2	62.63	0.81
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	21.5	128.37	0.23	22.3	21.52	0.04	21.6	116.67	0.21
Lab/Path/Rad	1,549.6	28.42	3.67	1,922.4	31.02	4.97	1,581.2	28.69	3.78
Office Adm. Drugs	114.8	55.40	0.53	100.1	7.19	0.06	113.6	51.76	0.49
Clinic	364.6	148.44	4.51	-	-	-	333.7	148.52	4.13
Psych/SUD	2.9	82.76	0.02	-	-	-	2.7	88.89	0.02
Physical Therapy	119.9	30.03	0.30	111.3	37.74	0.35	119.2	30.20	0.30
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	202.6	53.31	0.90	318.8	27.10	0.72	212.4	49.72	0.88
Subtotal	5,007.1	\$ 73.50	\$ 30.67	5,602.7	\$ 57.96	\$ 27.06	5,057.7	\$ 72.03	\$ 30.36
Total Medical	16,685.4	\$ 104.58	\$ 145.41	20,338.9	\$ 100.74	\$ 170.74	16,994.9	\$ 104.18	\$ 147.55
Category of Service - Iowa Plan for BH									
Inpatient Treatment	149.4	\$ 1,618.47	\$ 20.15	-	\$ 0.00	\$ 0.00	149.4	\$ 1,618.47	\$ 20.15
Outpatient Treatment	2,172.6	84.23	15.25	-	-	-	2,172.6	84.23	15.25
Intermediate Care	3.1	1,006.45	0.26	-	-	-	3.1	1,006.45	0.26
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,325.1	\$ 191.79	\$ 37.16	-	\$ 0.00	\$ 0.00	2,325.1	\$ 191.79	\$ 37.16
Short Term Institutional / HCBS	18.8	\$ 1,448.94	\$ 2.27	-	\$ 0.00	\$ 0.00	17.2	\$ 1,451.16	\$ 2.08

<b>Total Acute Medical Component</b>	<b>\$ 186.79</b>
Third Party Liability Adjustment	(9.22)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 199.65</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 195.66</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	183.0	\$ 1,984.92	\$ 30.27	42.8	\$ 2,150.47	\$ 7.67	173.9	\$ 1,988.04	\$ 28.81
Psychiatric/SUD	16.9	1,036.69	1.46	-	-	-	15.8	1,040.51	1.37
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	204.0	\$ 1,899.41	\$ 32.29	48.9	\$ 2,184.05	\$ 8.90	193.9	\$ 1,904.90	\$ 30.78
Outpatient Hospital									
Emergency Room	1,635.2	\$ 108.39	\$ 14.77	2,506.3	\$ 140.09	\$ 29.26	1,691.6	\$ 111.44	\$ 15.71
General	12,352.2	71.90	74.01	16,642.9	60.98	84.57	12,629.9	70.96	74.69
Subtotal	13,987.4	\$ 76.17	\$ 88.78	19,149.2	\$ 71.33	\$ 113.83	14,321.5	\$ 75.75	\$ 90.40
Ancillary									
Pharmacy	10,680.9	\$ 39.73	\$ 35.36	12,621.5	\$ 44.84	\$ 47.16	10,806.5	\$ 40.11	\$ 36.12
DME/Supplies/Prosthetics	176.7	116.13	1.71	208.7	128.22	2.23	178.8	116.78	1.74
Ambulance	115.7	86.08	0.83	158.6	68.85	0.91	118.5	85.06	0.84
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	52.9	129.30	0.57	13.9	138.13	0.16	50.4	128.57	0.54
Chiropractic Services	2.1	57.14	0.01	1,151.9	32.29	3.10	76.5	32.94	0.21
Podiatry	-	-	-	44.5	51.24	0.19	2.9	41.38	0.01
Vision	184.1	74.96	1.15	308.9	65.65	1.69	192.2	73.67	1.18
Other Ancillary	756.0	33.17	2.09	144.6	30.71	0.37	716.4	33.17	1.98
Subtotal	11,968.4	\$ 41.83	\$ 41.72	14,652.6	\$ 45.71	\$ 55.81	12,142.2	\$ 42.12	\$ 42.62
Professional									
Surgery	499.7	\$ 227.90	\$ 9.49	661.6	\$ 138.75	\$ 7.65	510.2	\$ 220.38	\$ 9.37
Anesthesia	96.1	244.75	1.96	95.4	254.09	2.02	96.1	244.75	1.96
Inpatient Visits	264.1	90.87	2.00	84.7	96.34	0.68	252.5	90.77	1.91
Urgent Care/Emergency Room	916.5	83.93	6.41	1,537.9	83.88	10.75	956.7	83.91	6.69
Office/Home Visits	2,939.2	67.28	16.48	4,003.4	63.04	21.03	3,008.1	66.90	16.77
Preventive Care	455.7	72.15	2.74	928.7	64.61	5.00	486.3	71.31	2.89
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	10.8	277.78	0.25	59.6	287.92	1.43	14.0	282.86	0.33
Allergy/Immunotherapy	28.9	116.26	0.28	38.8	86.60	0.28	29.5	113.90	0.28
Lab/Path/Rad	4,337.1	28.69	10.37	7,293.1	27.97	17.00	4,528.4	28.62	10.80
Office Adm. Drugs	479.2	34.81	1.39	685.5	86.30	4.93	492.6	39.46	1.62
Clinic	869.3	147.98	10.72	-	-	-	813.0	148.04	10.03
Psych/SUD	5.7	63.16	0.03	3.0	40.00	0.01	5.5	65.45	0.03
Physical Therapy	341.0	28.86	0.82	545.4	30.58	1.39	354.2	29.14	0.86
Family Planning	-	-	-	32.8	18.29	0.05	2.1	-	-
Other Professional	365.0	83.51	2.54	551.3	87.94	4.04	377.1	84.01	2.64
Subtotal	11,608.3	\$ 67.69	\$ 65.48	16,521.2	\$ 55.39	\$ 76.26	11,926.3	\$ 66.59	\$ 66.18
Total Medical	37,768.1	\$ 72.53	\$ 228.27	50,371.9	\$ 60.70	\$ 254.80	38,583.9	\$ 71.53	\$ 229.98
Category of Service - Iowa Plan for BH									
Inpatient Treatment	119.1	\$ 1,525.44	\$ 15.14	-	\$ 0.00	\$ 0.00	119.1	\$ 1,525.44	\$ 15.14
Outpatient Treatment	3,459.3	84.88	24.47	-	-	-	3,459.3	84.88	24.47
Intermediate Care	14.4	883.33	1.06	-	-	-	14.4	883.33	1.06
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,592.8	\$ 140.85	\$ 42.17	-	\$ 0.00	\$ 0.00	3,592.8	\$ 140.85	\$ 42.17
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 272.15</b>
Third Party Liability Adjustment	(10.35)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
<b>Gross Capitation Rate</b>	<b>\$ 293.76</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 287.88</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	307.3	\$ 2,696.00	\$ 69.04	321.7	\$ 1,347.72	\$ 36.13	308.6	\$ 2,570.71	\$ 66.11
Psychiatric/SUD	24.9	983.13	2.04	21.7	1,437.79	2.60	24.6	1,019.51	2.09
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	332.2	\$ 2,567.61	\$ 71.08	343.4	\$ 1,353.41	\$ 38.73	333.2	\$ 2,456.18	\$ 68.20
Outpatient Hospital									
Emergency Room	1,305.2	\$ 119.06	\$ 12.95	1,780.3	\$ 139.59	\$ 20.71	1,347.4	\$ 121.48	\$ 13.64
General	8,433.1	80.82	56.80	9,887.6	78.03	64.29	8,562.4	80.54	57.47
Subtotal	9,738.3	\$ 85.95	\$ 69.75	11,667.9	\$ 87.42	\$ 85.00	9,909.8	\$ 86.11	\$ 71.11
Ancillary									
Pharmacy	6,665.5	\$ 60.47	\$ 33.59	7,437.3	\$ 57.38	\$ 35.56	6,734.1	\$ 60.18	\$ 33.77
DME/Supplies/Prosthetics	176.5	168.61	2.48	165.8	154.89	2.14	175.5	167.52	2.45
Ambulance	161.1	88.64	1.19	206.4	61.05	1.05	165.1	85.77	1.18
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	36.9	195.12	0.60	11.1	129.73	0.12	34.6	194.22	0.56
Chiropractic Services	1.2	-	-	423.9	34.25	1.21	38.8	34.02	0.11
Podiatry	-	-	-	25.8	46.51	0.10	2.3	52.17	0.01
Vision	111.5	79.64	0.74	132.6	76.92	0.85	113.4	79.37	0.75
Other Ancillary	348.2	33.08	0.96	71.9	30.04	0.18	323.6	33.00	0.89
Subtotal	7,500.9	\$ 63.29	\$ 39.56	8,474.8	\$ 58.35	\$ 41.21	7,587.4	\$ 62.82	\$ 39.72
Professional									
Surgery	384.5	\$ 254.67	\$ 8.16	408.6	\$ 175.92	\$ 5.99	386.6	\$ 247.39	\$ 7.97
Anesthesia	76.8	276.56	1.77	73.0	254.79	1.55	76.5	274.51	1.75
Inpatient Visits	475.1	92.19	3.65	483.6	80.40	3.24	475.9	91.03	3.61
Urgent Care/Emergency Room	793.8	82.84	5.48	1,064.9	81.25	7.21	817.9	82.60	5.63
Office/Home Visits	1,782.2	69.29	10.29	2,123.6	67.58	11.96	1,812.6	69.12	10.44
Preventive Care	182.6	57.83	0.88	281.4	54.16	1.27	191.4	57.05	0.91
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	9.7	74.23	0.06	19.7	243.65	0.40	10.6	101.89	0.09
Lab/Path/Rad	2,254.6	27.78	5.22	3,455.2	27.33	7.87	2,361.3	27.75	5.46
Office Adm. Drugs	165.9	86.80	1.20	130.3	42.36	0.46	162.7	83.34	1.13
Clinic	489.2	145.95	5.95	-	-	-	445.7	145.93	5.42
Psych/SUD	8.2	73.17	0.05	2.0	-	-	7.6	78.95	0.05
Physical Therapy	216.9	30.43	0.55	469.8	33.21	1.30	239.4	31.08	0.62
Family Planning	-	-	-	2.0	-	-	0.2	-	-
Other Professional	367.8	51.88	1.59	400.7	40.43	1.35	370.7	50.82	1.57
Subtotal	7,207.3	\$ 74.67	\$ 44.85	8,914.8	\$ 57.34	\$ 42.60	7,359.1	\$ 72.81	\$ 44.65
Total Medical	24,778.7	\$ 109.08	\$ 225.24	29,400.9	\$ 84.71	\$ 207.54	25,189.5	\$ 106.56	\$ 223.68
Category of Service - Iowa Plan for BH									
Inpatient Treatment	165.6	\$ 1,637.68	\$ 22.60	-	\$ 0.00	\$ 0.00	165.6	\$ 1,637.68	\$ 22.60
Outpatient Treatment	3,021.9	79.66	20.06	-	-	-	3,021.9	79.66	20.06
Intermediate Care	7.1	726.76	0.43	-	-	-	7.1	726.76	0.43
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,194.6	\$ 167.50	\$ 44.59	-	\$ 0.00	\$ 0.00	3,194.6	\$ 167.50	\$ 44.59
Short Term Institutional / HCBS	11.8	\$ 762.71	\$ 0.75	-	\$ 0.00	\$ 0.00	10.8	\$ 755.56	\$ 0.68

<b>Total Acute Medical Component</b>	<b>\$ 268.95</b>
Third Party Liability Adjustment	(8.95)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 30.50
<b>Gross Capitation Rate</b>	<b>\$ 291.75</b>
Less Withhold	2.0% (5.84)
<b>Net Capitation Rate</b>	<b>\$ 285.91</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	385.8	\$ 2,273.72	\$ 73.10	358.8	\$ 1,671.24	\$ 49.97	384.1	\$ 2,239.42	\$ 71.68
Psychiatric/SUD	6.4	1,518.75	0.81	19.3	379.27	0.61	7.2	1,333.33	0.80
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.5	2,640.00	0.11	-	-	-	0.5	2,400.00	0.10
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	392.7	\$ 2,261.88	\$ 74.02	378.1	\$ 1,605.29	\$ 50.58	391.8	\$ 2,222.97	\$ 72.58
Outpatient Hospital									
Emergency Room	1,544.9	\$ 121.25	\$ 15.61	2,001.5	\$ 146.77	\$ 24.48	1,572.9	\$ 123.21	\$ 16.15
General	17,839.0	85.76	127.49	23,054.6	80.22	154.12	18,159.2	85.33	129.12
Subtotal	19,383.9	\$ 88.59	\$ 143.10	25,056.1	\$ 85.54	\$ 178.60	19,732.1	\$ 88.35	\$ 145.27
Ancillary									
Pharmacy	20,100.2	\$ 43.71	\$ 73.22	20,763.2	\$ 37.42	\$ 64.74	20,140.9	\$ 43.31	\$ 72.70
DME/Supplies/Prosthetics	469.6	131.86	5.16	509.5	162.98	6.92	472.0	133.98	5.27
Ambulance	200.6	89.73	1.50	320.1	60.36	1.61	207.9	87.16	1.51
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	90.9	146.53	1.11	6.7	107.46	0.06	85.7	147.02	1.05
Chiropractic Services	1.2	-	-	1,059.5	31.71	2.80	66.2	30.82	0.17
Podiatry	-	-	-	54.1	66.54	0.30	3.3	72.73	0.02
Vision	261.0	77.24	1.68	392.2	67.92	2.22	269.1	76.25	1.71
Other Ancillary	879.9	33.55	2.46	173.6	33.87	0.49	836.5	33.57	2.34
Subtotal	22,003.4	\$ 46.43	\$ 85.13	23,278.9	\$ 40.80	\$ 79.14	22,081.6	\$ 46.07	\$ 84.77
Professional									
Surgery	869.6	\$ 244.94	\$ 17.75	1,004.4	\$ 207.05	\$ 17.33	877.9	\$ 242.21	\$ 17.72
Anesthesia	166.3	258.33	3.58	195.6	259.51	4.23	168.1	258.42	3.62
Inpatient Visits	579.5	84.69	4.09	475.6	83.26	3.30	573.1	84.59	4.04
Urgent Care/Emergency Room	947.7	88.89	7.02	1,198.1	92.15	9.20	963.1	89.09	7.15
Office/Home Visits	4,202.4	70.10	24.55	4,674.4	67.77	26.40	4,231.4	69.93	24.66
Preventive Care	428.0	72.90	2.60	698.5	71.98	4.19	444.6	72.87	2.70
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	2.2	272.73	0.05	19.3	149.22	0.24	3.2	225.00	0.06
Allergy/Immunotherapy	34.0	105.88	0.30	128.0	29.06	0.31	39.8	90.45	0.30
Lab/Path/Rad	6,151.3	29.15	14.94	8,753.2	26.95	19.66	6,311.0	28.96	15.23
Office Adm. Drugs	452.4	70.56	2.66	903.0	96.35	7.25	480.1	73.48	2.94
Clinic	1,221.9	147.02	14.97	-	-	-	1,146.9	147.00	14.05
Psych/SUD	5.6	42.86	0.02	9.7	49.48	0.04	5.9	40.68	0.02
Physical Therapy	672.7	27.65	1.55	782.2	30.68	2.00	679.4	27.91	1.58
Family Planning	-	-	-	4.8	-	-	0.3	-	-
Other Professional	805.4	61.83	4.15	968.2	56.02	4.52	815.4	61.37	4.17
Subtotal	16,539.0	\$ 71.27	\$ 98.23	19,815.0	\$ 59.75	\$ 98.67	16,740.2	\$ 70.42	\$ 98.24
Total Medical	58,319.0	\$ 82.40	\$ 400.48	68,528.1	\$ 71.27	\$ 406.99	58,945.7	\$ 81.61	\$ 400.86
Category of Service - Iowa Plan for BH									
Inpatient Treatment	102.3	\$ 1,544.87	\$ 13.17	-	\$ 0.00	\$ 0.00	102.3	\$ 1,544.87	\$ 13.17
Outpatient Treatment	3,048.8	77.46	19.68	-	-	-	3,048.8	77.46	19.68
Intermediate Care	9.9	896.97	0.74	-	-	-	9.9	896.97	0.74
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,161.0	\$ 133.21	\$ 35.09	-	\$ 0.00	\$ 0.00	3,161.0	\$ 133.21	\$ 35.09
Short Term Institutional / HCBS	4.3	\$ 1,702.33	\$ 0.61	-	\$ 0.00	\$ 0.00	4.0	\$ 1,710.00	\$ 0.57

<b>Total Acute Medical Component</b>	<b>\$ 436.52</b>
Third Party Liability Adjustment	(17.04)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 49.21
<b>Gross Capitation Rate</b>	<b>\$ 469.94</b>
Less Withhold	2.0% (9.40)
<b>Net Capitation Rate</b>	<b>\$ 460.54</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	597.4	\$ 2,104.52	\$ 104.77	1,566.6	\$ 756.87	\$ 98.81	678.3	\$ 1,844.67	\$ 104.27
Psychiatric/SUD	23.3	1,055.79	2.05	1.8	3,266.67	0.49	21.5	1,071.63	1.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	620.7	\$ 2,065.15	\$ 106.82	1,568.4	\$ 759.76	\$ 99.30	699.8	\$ 1,820.92	\$ 106.19
Outpatient Hospital									
Emergency Room	1,384.8	\$ 125.30	\$ 14.46	2,162.7	\$ 146.65	\$ 26.43	1,449.7	\$ 127.97	\$ 15.46
General	13,450.9	88.82	99.56	18,137.6	81.87	123.74	13,842.2	88.06	101.58
Subtotal	14,835.7	\$ 92.23	\$ 114.02	20,300.3	\$ 88.77	\$ 150.17	15,291.9	\$ 91.84	\$ 117.04
Ancillary									
Pharmacy	13,502.6	\$ 53.80	\$ 60.54	13,741.1	\$ 65.33	\$ 74.81	13,522.5	\$ 54.78	\$ 61.73
DME/Supplies/Prosthetics	524.2	176.73	7.72	395.9	156.71	5.17	513.5	175.50	7.51
Ambulance	253.3	83.85	1.77	307.9	63.53	1.63	257.9	81.89	1.76
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	75.9	184.98	1.17	27.1	119.56	0.27	71.8	182.17	1.09
Chiropractic Services	0.3	-	-	265.6	31.63	0.70	22.4	32.14	0.06
Podiatry	-	-	-	76.1	44.15	0.28	6.4	37.50	0.02
Vision	174.5	79.08	1.15	285.9	65.48	1.56	183.8	77.04	1.18
Other Ancillary	441.7	32.60	1.20	82.9	30.40	0.21	411.7	32.65	1.12
Subtotal	14,972.5	\$ 58.95	\$ 73.55	15,182.5	\$ 66.89	\$ 84.63	14,990.0	\$ 59.62	\$ 74.47
Professional									
Surgery	719.5	\$ 275.52	\$ 16.52	815.4	\$ 199.71	\$ 13.57	727.5	\$ 268.37	\$ 16.27
Anesthesia	139.3	273.94	3.18	126.8	281.07	2.97	138.3	274.19	3.16
Inpatient Visits	832.2	88.82	6.16	752.9	80.49	5.05	825.6	88.23	6.07
Urgent Care/Emergency Room	874.7	90.41	6.59	1,214.0	93.11	9.42	903.0	90.76	6.83
Office/Home Visits	2,988.7	71.27	17.75	3,289.8	66.93	18.35	3,013.8	70.87	17.80
Preventive Care	228.8	63.99	1.22	356.5	67.32	2.00	239.5	64.63	1.29
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	6.4	150.00	0.08	19.9	54.27	0.09	7.5	128.00	0.08
Lab/Path/Rad	3,902.8	28.10	9.14	4,822.9	27.32	10.98	3,979.6	28.01	9.29
Office Adm. Drugs	156.2	86.04	1.12	186.6	166.56	2.59	158.7	93.76	1.24
Clinic	833.9	147.07	10.22	-	-	-	764.3	147.12	9.37
Psych/SUD	6.6	72.73	0.04	1.8	-	-	6.2	77.42	0.04
Physical Therapy	465.3	28.88	1.12	806.3	33.49	2.25	493.8	29.40	1.21
Family Planning	-	-	-	1.8	-	-	0.2	-	-
Other Professional	878.1	55.35	4.05	866.0	39.91	2.88	877.1	54.04	3.95
Subtotal	12,032.5	\$ 76.98	\$ 77.19	13,260.7	\$ 63.48	\$ 70.15	12,135.1	\$ 75.75	\$ 76.60
Total Medical	42,461.4	\$ 105.01	\$ 371.58	50,311.9	\$ 96.42	\$ 404.25	43,116.8	\$ 104.17	\$ 374.30
Category of Service - Iowa Plan for BH									
Inpatient Treatment	149.4	\$ 1,827.31	\$ 22.75	-	\$ 0.00	\$ 0.00	149.4	\$ 1,827.31	\$ 22.75
Outpatient Treatment	2,893.5	82.61	19.92	-	-	-	2,893.5	82.61	19.92
Intermediate Care	9.8	722.45	0.59	-	-	-	9.8	722.45	0.59
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,052.7	\$ 175.95	\$ 44.76	-	\$ 0.00	\$ 0.00	3,052.7	\$ 175.95	\$ 44.76
Short Term Institutional / HCBS	16.6	\$ 730.12	\$ 1.01	-	\$ 0.00	\$ 0.00	15.2	\$ 734.21	\$ 0.93

<b>Total Acute Medical Component</b>	<b>\$ 419.99</b>
Third Party Liability Adjustment	(13.10)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 47.74
<b>Gross Capitation Rate</b>	<b>\$ 455.88</b>
Less Withhold	2.0% (9.12)
<b>Net Capitation Rate</b>	<b>\$ 446.76</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	796.9	\$ 2,152.89	\$ 142.97	804.5	\$ 2,073.93	\$ 139.04	797.4	\$ 2,147.93	\$ 142.73
Psychiatric/SUD	16.5	807.27	1.11	46.5	663.23	2.57	18.3	786.89	1.20
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	813.4	\$ 2,125.60	\$ 144.08	851.0	\$ 1,996.85	\$ 141.61	815.7	\$ 2,117.40	\$ 143.93
Outpatient Hospital									
Emergency Room	931.7	\$ 133.18	\$ 10.34	1,321.6	\$ 159.90	\$ 17.61	955.5	\$ 135.38	\$ 10.78
General	18,735.0	97.28	151.88	23,990.5	94.43	188.79	19,056.4	97.06	154.14
Subtotal	19,666.7	\$ 98.98	\$ 162.22	25,312.1	\$ 97.85	\$ 206.40	20,011.9	\$ 98.89	\$ 164.92
Ancillary									
Pharmacy	21,815.2	\$ 40.98	\$ 74.49	21,175.1	\$ 42.70	\$ 75.34	21,776.0	\$ 41.08	\$ 74.54
DME/Supplies/Prosthetics	675.4	149.96	8.44	709.0	218.67	12.92	677.5	154.27	8.71
Ambulance	253.2	91.47	1.93	357.0	61.18	1.82	259.5	88.79	1.92
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	269.5	195.03	4.38	29.8	124.83	0.31	254.8	194.51	4.13
Chiropractic Services	0.9	-	-	575.9	33.13	1.59	36.1	33.24	0.10
Podiatry	0.6	-	-	153.0	69.80	0.89	9.9	60.61	0.05
Vision	226.5	78.94	1.49	374.4	71.47	2.23	235.5	78.47	1.54
Other Ancillary	570.2	33.04	1.57	65.9	34.60	0.19	539.4	33.15	1.49
Subtotal	23,811.5	\$ 46.52	\$ 92.30	23,440.1	\$ 48.78	\$ 95.29	23,788.7	\$ 46.65	\$ 92.48
Professional									
Surgery	1,115.7	\$ 284.49	\$ 26.45	1,207.0	\$ 220.51	\$ 22.18	1,121.3	\$ 280.28	\$ 26.19
Anesthesia	199.4	265.40	4.41	205.1	252.75	4.32	199.7	264.40	4.40
Inpatient Visits	1,118.9	87.62	8.17	1,105.9	80.41	7.41	1,118.1	87.15	8.12
Urgent Care/Emergency Room	669.0	96.14	5.36	939.5	99.63	7.80	685.5	96.46	5.51
Office/Home Visits	4,158.4	72.29	25.05	4,985.2	71.35	29.64	4,209.0	72.22	25.33
Preventive Care	371.1	68.55	2.12	722.6	63.27	3.81	392.6	67.86	2.22
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	19.8	72.73	0.12	5.3	45.28	0.02	18.9	69.84	0.11
Lab/Path/Rad	6,082.1	30.58	15.50	9,254.7	27.14	20.93	6,276.2	30.27	15.83
Office Adm. Drugs	379.2	176.27	5.57	426.3	54.89	1.95	382.1	168.02	5.35
Clinic	1,217.4	147.07	14.92	-	-	-	1,142.9	147.10	14.01
Psych/SUD	4.6	52.17	0.02	1.3	-	-	4.4	54.55	0.02
Physical Therapy	681.4	28.00	1.59	1,462.8	31.34	3.82	729.2	28.47	1.73
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,278.2	50.79	5.41	1,497.4	44.08	5.50	1,291.6	50.36	5.42
Subtotal	17,295.2	\$ 79.58	\$ 114.69	21,813.1	\$ 59.07	\$ 107.38	17,571.5	\$ 78.02	\$ 114.24
Total Medical	61,586.8	\$ 100.01	\$ 513.29	71,416.3	\$ 92.53	\$ 550.68	62,187.8	\$ 99.49	\$ 515.57
Category of Service - Iowa Plan for BH									
Inpatient Treatment	75.8	\$ 1,975.73	\$ 12.48	-	\$ 0.00	\$ 0.00	75.8	\$ 1,975.73	\$ 12.48
Outpatient Treatment	1,927.4	82.68	13.28	-	-	-	1,927.4	82.68	13.28
Intermediate Care	6.2	638.71	0.33	-	-	-	6.2	638.71	0.33
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,009.4	\$ 164.77	\$ 27.59	-	\$ 0.00	\$ 0.00	2,009.4	\$ 164.77	\$ 27.59
Short Term Institutional / HCBS	67.0	\$ 764.78	\$ 4.27	-	\$ 0.00	\$ 0.00	62.9	\$ 765.02	\$ 4.01

<b>Total Acute Medical Component</b>	<b>\$ 547.17</b>
Third Party Liability Adjustment	(19.33)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 61.93
<b>Gross Capitation Rate</b>	<b>\$ 591.02</b>
Less Withhold	2.0% (11.82)
<b>Net Capitation Rate</b>	<b>\$ 579.20</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	106,302						106,302		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	476.6	\$ 2,309.86	\$ 91.74	-	\$ 0.00	\$ 0.00	476.6	\$ 2,309.86	\$ 91.74
Psychiatric/SUD	4.9	881.63	0.36	-	-	-	4.9	881.63	0.36
Maternity - Delivery	14.2	1,580.28	1.87	-	-	-	14.2	1,580.28	1.87
Maternity Non-Delivery	2.4	800.00	0.16	-	-	-	2.4	800.00	0.16
Well Newborn	0.9	800.00	0.06	-	-	-	0.9	800.00	0.06
Other Newborn	162.1	2,434.05	32.88	-	-	-	162.1	2,434.05	32.88
Subtotal	661.1	\$ 2,306.52	\$ 127.07	-	\$ 0.00	\$ 0.00	661.1	\$ 2,306.52	\$ 127.07
Outpatient Hospital									
Emergency Room	946.2	\$ 104.76	\$ 8.26	-	\$ 0.00	\$ 0.00	946.2	\$ 104.76	\$ 8.26
General	11,582.9	75.06	72.45	-	-	-	11,582.9	75.06	72.45
Subtotal	12,529.1	\$ 77.30	\$ 80.71	-	\$ 0.00	\$ 0.00	12,529.1	\$ 77.30	\$ 80.71
Ancillary									
Pharmacy	15,106.8	\$ 136.01	\$ 171.22	-	\$ 0.00	\$ 0.00	15,106.8	\$ 136.01	\$ 171.22
DME/Supplies/Prosthetics	1,766.9	178.82	26.33	-	-	-	1,766.9	178.82	26.33
Ambulance	109.5	164.38	1.50	-	-	-	109.5	164.38	1.50
Non-Emergency Transportation	97.5	39.38	0.32	-	-	-	97.5	39.38	0.32
Home Health/Hospice	790.4	732.69	48.26	-	-	-	790.4	732.69	48.26
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	685.5	35.89	2.05	-	-	-	685.5	35.89	2.05
Other Ancillary	314.1	32.47	0.85	-	-	-	314.1	32.47	0.85
Subtotal	18,870.7	\$ 159.31	\$ 250.53	-	\$ 0.00	\$ 0.00	18,870.7	\$ 159.31	\$ 250.53
Professional									
Surgery	294.9	\$ 289.73	\$ 7.12	-	\$ 0.00	\$ 0.00	294.9	\$ 289.73	\$ 7.12
Anesthesia	114.8	324.04	3.10	-	-	-	114.8	324.04	3.10
Inpatient Visits	795.8	190.45	12.63	-	-	-	795.8	190.45	12.63
Urgent Care/Emergency Room	534.1	78.19	3.48	-	-	-	534.1	78.19	3.48
Office/Home Visits	2,561.4	81.24	17.34	-	-	-	2,561.4	81.24	17.34
Preventive Care	680.7	54.30	3.08	-	-	-	680.7	54.30	3.08
Maternity - Delivery	3.9	1,353.85	0.44	-	-	-	3.9	1,353.85	0.44
Maternity - Non-Delivery	18.5	129.73	0.20	-	-	-	18.5	129.73	0.20
Allergy/Immunotherapy	42.7	59.02	0.21	-	-	-	42.7	59.02	0.21
Lab/Path/Rad	2,307.5	24.03	4.62	-	-	-	2,307.5	24.03	4.62
Office Adm. Drugs	124.2	71.50	0.74	-	-	-	124.2	71.50	0.74
Clinic	449.9	145.63	5.46	-	-	-	449.9	145.63	5.46
Psych/SUD	26.3	369.58	0.81	-	-	-	26.3	369.58	0.81
Physical Therapy	169.8	54.42	0.77	-	-	-	169.8	54.42	0.77
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	641.3	65.12	3.48	-	-	-	641.3	65.12	3.48
Subtotal	8,765.8	\$ 86.90	\$ 63.48	-	\$ 0.00	\$ 0.00	8,765.8	\$ 86.90	\$ 63.48
Total Medical	40,826.7	\$ 153.37	\$ 521.79	-	\$ 0.00	\$ 0.00	40,826.7	\$ 153.37	\$ 521.79
Category of Service - Iowa Plan for BH									
Inpatient Treatment	129.5	\$ 2,342.55	\$ 25.28	-	\$ 0.00	\$ 0.00	129.5	\$ 2,342.55	\$ 25.28
Outpatient Treatment	10,079.5	119.17	100.10	-	-	-	10,079.5	119.17	100.10
Intermediate Care	18.3	524.59	0.80	-	-	-	18.3	524.59	0.80
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	10,227.3	\$ 149.81	\$ 127.68	-	\$ 0.00	\$ 0.00	10,227.3	\$ 149.81	\$ 127.68
Short Term Institutional / HCBS	59.8	\$ 694.31	\$ 3.46	-	\$ 0.00	\$ 0.00	59.8	\$ 694.31	\$ 3.46

<b>Total Acute Medical Component</b>	<b>\$ 652.93</b>
Third Party Liability Adjustment	(76.96)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	(26.12)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 42.98
<b>Gross Capitation Rate</b>	<b>\$ 600.32</b>
Less Withhold	2.0% (12.01)
<b>Net Capitation Rate</b>	<b>\$ 588.31</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	246,727			-			246,727		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,179.3	\$ 2,074.89	\$ 203.91	-	\$ 0.00	\$ 0.00	1,179.3	\$ 2,074.89	\$ 203.91
Psychiatric/SUD	13.9	958.27	1.11	-	-	-	13.9	958.27	1.11
Maternity - Delivery	22.0	2,056.36	3.77	-	-	-	22.0	2,056.36	3.77
Maternity Non-Delivery	4.6	1,304.35	0.50	-	-	-	4.6	1,304.35	0.50
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,219.8	\$ 2,058.93	\$ 209.29	-	\$ 0.00	\$ 0.00	1,219.8	\$ 2,058.93	\$ 209.29
Outpatient Hospital									
Emergency Room	1,935.9	\$ 104.76	\$ 16.90	-	\$ 0.00	\$ 0.00	1,935.9	\$ 104.76	\$ 16.90
General	24,864.3	81.31	168.48	-	-	-	24,864.3	81.31	168.48
Subtotal	26,800.2	\$ 83.01	\$ 185.38	-	\$ 0.00	\$ 0.00	26,800.2	\$ 83.01	\$ 185.38
Ancillary									
Pharmacy	45,449.9	\$ 80.81	\$ 306.07	-	\$ 0.00	\$ 0.00	45,449.9	\$ 80.81	\$ 306.07
DME/Supplies/Prosthetics	2,803.5	136.46	31.88	-	-	-	2,803.5	136.46	31.88
Ambulance	480.6	83.90	3.36	-	-	-	480.6	83.90	3.36
Non-Emergency Transportation	4.6	26.09	0.01	-	-	-	4.6	26.09	0.01
Home Health/Hospice	1,764.1	179.85	26.44	-	-	-	1,764.1	179.85	26.44
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	735.8	42.08	2.58	-	-	-	735.8	42.08	2.58
Other Ancillary	624.2	33.84	1.76	-	-	-	624.2	33.84	1.76
Subtotal	51,862.7	\$ 86.10	\$ 372.10	-	\$ 0.00	\$ 0.00	51,862.7	\$ 86.10	\$ 372.10
Professional									
Surgery	1,111.8	\$ 248.25	\$ 23.00	-	\$ 0.00	\$ 0.00	1,111.8	\$ 248.25	\$ 23.00
Anesthesia	175.5	280.34	4.10	-	-	-	175.5	280.34	4.10
Inpatient Visits	1,566.9	88.30	11.53	-	-	-	1,566.9	88.30	11.53
Urgent Care/Emergency Room	1,083.1	91.63	8.27	-	-	-	1,083.1	91.63	8.27
Office/Home Visits	4,866.5	68.65	27.84	-	-	-	4,866.5	68.65	27.84
Preventive Care	453.4	41.55	1.57	-	-	-	453.4	41.55	1.57
Maternity - Delivery	6.9	1,182.61	0.68	-	-	-	6.9	1,182.61	0.68
Maternity - Non-Delivery	24.4	142.62	0.29	-	-	-	24.4	142.62	0.29
Allergy/Immunotherapy	39.0	67.69	0.22	-	-	-	39.0	67.69	0.22
Lab/Path/Rad	7,820.3	27.85	18.15	-	-	-	7,820.3	27.85	18.15
Office Adm. Drugs	1,044.0	201.72	17.55	-	-	-	1,044.0	201.72	17.55
Clinic	990.8	146.06	12.06	-	-	-	990.8	146.06	12.06
Psych/SUD	12.6	1,790.48	1.88	-	-	-	12.6	1,790.48	1.88
Physical Therapy	518.5	28.93	1.25	-	-	-	518.5	28.93	1.25
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,891.2	54.06	8.52	-	-	-	1,891.2	54.06	8.52
Subtotal	21,604.9	\$ 76.04	\$ 136.91	-	\$ 0.00	\$ 0.00	21,604.9	\$ 76.04	\$ 136.91
Total Medical	101,487.6	\$ 106.85	\$ 903.68	-	\$ 0.00	\$ 0.00	101,487.6	\$ 106.85	\$ 903.68
Category of Service - Iowa Plan for BH									
Inpatient Treatment	179.4	\$ 2,185.28	\$ 32.67	-	\$ 0.00	\$ 0.00	179.4	\$ 2,185.28	\$ 32.67
Outpatient Treatment	14,151.5	121.68	143.50	-	-	-	14,151.5	121.68	143.50
Intermediate Care	43.4	544.70	1.97	-	-	-	43.4	544.70	1.97
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	14,374.3	\$ 149.97	\$ 179.64	-	\$ 0.00	\$ 0.00	14,374.3	\$ 149.97	\$ 179.64
Short Term Institutional / HCBS	289.9	\$ 299.69	\$ 7.24	-	\$ 0.00	\$ 0.00	289.9	\$ 299.69	\$ 7.24

<b>Total Acute Medical Component</b>	<b>\$ 1,090.56</b>
Third Party Liability Adjustment	(29.37)
Copayment Adjustment	(5.61)
Retroactivity Adjustment	(13.63)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 81.45
<b>Gross Capitation Rate</b>	<b>\$ 1,130.90</b>
Less Withhold	2.0% (22.62)
<b>Net Capitation Rate</b>	<b>\$ 1,108.28</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 Capitation Rate Development**

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

Member Months	17,055			-			17,055		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,931.2	\$ 261.72	\$ 42.12	-	\$ 0.00	\$ 0.00	1,931.2	\$ 261.72	\$ 42.12
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,931.2	\$ 261.72	\$ 42.12	-	\$ 0.00	\$ 0.00	1,931.2	\$ 261.72	\$ 42.12
Outpatient Hospital									
Emergency Room	1,785.8	\$ 35.35	\$ 5.26	-	\$ 0.00	\$ 0.00	1,785.8	\$ 35.35	\$ 5.26
General	47,689.4	22.81	90.65	-	-	-	47,689.4	22.81	90.65
Subtotal	49,475.2	\$ 23.26	\$ 95.91	-	\$ 0.00	\$ 0.00	49,475.2	\$ 23.26	\$ 95.91
Ancillary									
Pharmacy	3,365.3	\$ 20.86	\$ 5.85	-	\$ 0.00	\$ 0.00	3,365.3	\$ 20.86	\$ 5.85
DME/Supplies/Prosthetics	16,670.7	44.10	61.26	-	-	-	16,670.7	44.10	61.26
Ambulance	974.4	67.61	5.49	-	-	-	974.4	67.61	5.49
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	1,145.0	9.85	0.94	-	-	-	1,145.0	9.85	0.94
Podiatry	753.2	18.48	1.16	-	-	-	753.2	18.48	1.16
Vision	1,036.9	26.96	2.33	-	-	-	1,036.9	26.96	2.33
Other Ancillary	88.8	18.92	0.14	-	-	-	88.8	18.92	0.14
Subtotal	24,034.3	\$ 38.53	\$ 77.17	-	\$ 0.00	\$ 0.00	24,034.3	\$ 38.53	\$ 77.17
Professional									
Surgery	2,548.7	\$ 42.99	\$ 9.13	-	\$ 0.00	\$ 0.00	2,548.7	\$ 42.99	\$ 9.13
Anesthesia	363.8	47.83	1.45	-	-	-	363.8	47.83	1.45
Inpatient Visits	5,160.3	20.56	8.84	-	-	-	5,160.3	20.56	8.84
Urgent Care/Emergency Room	1,378.4	26.99	3.10	-	-	-	1,378.4	26.99	3.10
Office/Home Visits	10,377.5	21.77	18.83	-	-	-	10,377.5	21.77	18.83
Preventive Care	67.9	61.86	0.35	-	-	-	67.9	61.86	0.35
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	75.3	15.94	0.10	-	-	-	75.3	15.94	0.10
Lab/Path/Rad	5,662.2	9.47	4.47	-	-	-	5,662.2	9.47	4.47
Office Adm. Drugs	2,008.7	44.81	7.50	-	-	-	2,008.7	44.81	7.50
Clinic	12.1	29.75	0.03	-	-	-	12.1	29.75	0.03
Psych/SUD	1,199.0	23.22	2.32	-	-	-	1,199.0	23.22	2.32
Physical Therapy	1,274.3	10.26	1.09	-	-	-	1,274.3	10.26	1.09
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,666.9	16.46	5.03	-	-	-	3,666.9	16.46	5.03
Subtotal	33,795.1	\$ 22.10	\$ 62.24	-	\$ 0.00	\$ 0.00	33,795.1	\$ 22.10	\$ 62.24
Total Medical	109,235.8	\$ 30.48	\$ 277.44	-	\$ 0.00	\$ 0.00	109,235.8	\$ 30.48	\$ 277.44
Category of Service - Iowa Plan for BH									
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Treatment	6,672.0	117.52	65.34	-	-	-	6,672.0	117.52	65.34
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,672.0	\$ 120.22	\$ 66.84	-	\$ 0.00	\$ 0.00	6,672.0	\$ 120.22	\$ 66.84
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	17,055			-	17,055				
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	497.5	\$ 175.36	\$ 7.27				497.5	\$ 175.36	\$ 7.27
Home Health/Hospice	28,177.3	193.89	455.27				28,177.3	193.89	455.27
Attendant Care/Nursing/Home Aide	8,279.5	629.70	434.47				8,279.5	629.70	434.47
Supported community living	9,675.7	139.64	112.59				9,675.7	139.64	112.59
Adult day care	58.8	434.69	2.13				58.8	434.69	2.13
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	42.9	1,734.27	6.20				42.9	1,734.27	6.20
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	118.4	605.07	5.97				118.4	605.07	5.97
Waiver Transportation	176.6	145.41	2.14				176.6	145.41	2.14
Other HCBS waiver	430.0	720.56	25.82				430.0	720.56	25.82
Total Long Term Services and Supports	47,456.7	\$ 265.98	\$ 1,051.86				47,456.7	\$ 265.98	\$ 1,051.86
Total LTSS Component									\$ 1,051.86
Member Financial Participation									(0.13)
Administrative Load									150.00
Gross Capitation Rate									\$ 1,201.73
Less Withhold									2.0% (24.03)
Net Capitation Rate									\$ 1,177.70



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide

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

Member Months	17,027						17,027		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,622.4	\$ 2,132.54	\$ 288.32	-	\$ 0.00	\$ 0.00	1,622.4	\$ 2,132.54	\$ 288.32
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,622.4	\$ 2,132.54	\$ 288.32	-	\$ 0.00	\$ 0.00	1,622.4	\$ 2,132.54	\$ 288.32
Outpatient Hospital									
Emergency Room	1,080.2	\$ 111.87	\$ 10.07	-	\$ 0.00	\$ 0.00	1,080.2	\$ 111.87	\$ 10.07
General	31,318.3	79.48	207.42	-	-	-	31,318.3	79.48	207.42
Subtotal	32,398.5	\$ 80.56	\$ 217.49	-	\$ 0.00	\$ 0.00	32,398.5	\$ 80.56	\$ 217.49
Ancillary									
Pharmacy	51,224.3	\$ 127.30	\$ 543.40	-	\$ 0.00	\$ 0.00	51,224.3	\$ 127.30	\$ 543.40
DME/Supplies/Prosthetics	16,393.4	173.81	237.45	-	-	-	16,393.4	173.81	237.45
Ambulance	802.3	83.16	5.56	-	-	-	802.3	83.16	5.56
Non-Emergency Transportation	20.5	40.98	0.07	-	-	-	20.5	40.98	0.07
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	40.4	8.91	0.03	-	-	-	40.4	8.91	0.03
Podiatry	11.0	21.82	0.02	-	-	-	11.0	21.82	0.02
Vision	764.4	39.09	2.49	-	-	-	764.4	39.09	2.49
Other Ancillary	536.6	34.22	1.53	-	-	-	536.6	34.22	1.53
Subtotal	69,792.9	\$ 135.93	\$ 790.55	-	\$ 0.00	\$ 0.00	69,792.9	\$ 135.93	\$ 790.55
Professional									
Surgery	1,383.7	\$ 207.96	\$ 23.98	-	\$ 0.00	\$ 0.00	1,383.7	\$ 207.96	\$ 23.98
Anesthesia	257.9	327.57	7.04	-	-	-	257.9	327.57	7.04
Inpatient Visits	2,291.3	93.80	17.91	-	-	-	2,291.3	93.80	17.91
Urgent Care/Emergency Room	980.0	94.04	7.68	-	-	-	980.0	94.04	7.68
Office/Home Visits	5,780.0	80.95	38.99	-	-	-	5,780.0	80.95	38.99
Preventive Care	645.4	53.55	2.88	-	-	-	645.4	53.55	2.88
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	44.9	125.61	0.47	-	-	-	44.9	125.61	0.47
Lab/Path/Rad	7,751.1	23.11	14.93	-	-	-	7,751.1	23.11	14.93
Office Adm. Drugs	2,212.6	268.95	49.59	-	-	-	2,212.6	268.95	49.59
Clinic	796.8	142.92	9.49	-	-	-	796.8	142.92	9.49
Psych/SUD	69.8	30.95	0.18	-	-	-	69.8	30.95	0.18
Physical Therapy	1,542.7	45.43	5.84	-	-	-	1,542.7	45.43	5.84
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,335.2	84.44	23.47	-	-	-	3,335.2	84.44	23.47
Subtotal	27,091.4	\$ 89.67	\$ 202.45	-	\$ 0.00	\$ 0.00	27,091.4	\$ 89.67	\$ 202.45
Total Medical	130,905.2	\$ 137.40	\$ 1,498.81	-	\$ 0.00	\$ 0.00	130,905.2	\$ 137.40	\$ 1,498.81
Category of Service - Iowa Plan for BH									
Inpatient Treatment	45.6	\$ 1,673.68	\$ 6.36	-	\$ 0.00	\$ 0.00	45.6	\$ 1,673.68	\$ 6.36
Outpatient Treatment	5,963.1	113.96	56.63	-	-	-	5,963.1	113.96	56.63
Intermediate Care	0.7	1,200.00	0.07	-	-	-	0.7	1,200.00	0.07
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,009.4	\$ 128.92	\$ 64.56	-	\$ 0.00	\$ 0.00	6,009.4	\$ 128.92	\$ 64.56
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 1,563.37</b>
Third Party Liability Adjustment	(101.17)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	6.75% 105.84
<b>Gross Capitation Rate</b>	<b>\$ 1,575.54</b>
Less Withhold	2.0% (31.51)
<b>Net Capitation Rate</b>	<b>\$ 1,544.03</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 Capitation Rate Development**

Region: Statewide

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

Member Months

17,027

-

17,027

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	463.2	\$ 299.48	\$ 11.56				463.2	\$ 299.48	\$ 11.56
Home Health/Hospice	16,729.3	577.82	805.54				16,729.3	577.82	805.54
Attendant Care/Nursing/Home Aide	3,969.5	658.78	217.92				3,969.5	658.78	217.92
Supported community living	2,296.9	114.10	21.84				2,296.9	114.10	21.84
Adult day care	8.4	214.29	0.15				8.4	214.29	0.15
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	23.9	3,042.68	6.06				23.9	3,042.68	6.06
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	4,659.3	672.98	261.30				4,659.3	672.98	261.30
Waiver Transportation	142.6	143.90	1.71				142.6	143.90	1.71
Other HCBS waiver	2,022.4	1,175.08	198.04				2,022.4	1,175.08	198.04
<b>Total Long Term Services and Supports</b>	<b>30,315.5</b>	<b>\$ 603.30</b>	<b>\$ 1,524.12</b>				<b>30,315.5</b>	<b>\$ 603.30</b>	<b>\$ 1,524.12</b>

Total LTSS Component	\$ 1,524.12
Member Financial Participation	-
Administrative Load	150.00
<b>Gross Capitation Rate</b>	<b>\$ 1,674.12</b>
Less Withhold	2.0% (33.48)
<b>Net Capitation Rate</b>	<b>\$ 1,640.64</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Elderly HCBS Waiver

Member Months	105,822			-			105,822		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,516.4	\$ 316.22	\$ 39.96	-	\$ 0.00	\$ 0.00	1,516.4	\$ 316.22	\$ 39.96
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,516.4	\$ 316.22	\$ 39.96	-	\$ 0.00	\$ 0.00	1,516.4	\$ 316.22	\$ 39.96
Outpatient Hospital									
Emergency Room	1,016.9	\$ 44.72	\$ 3.79	-	\$ 0.00	\$ 0.00	1,016.9	\$ 44.72	\$ 3.79
General	31,408.9	26.32	68.90	-	-	-	31,408.9	26.32	68.90
Subtotal	32,425.8	\$ 26.90	\$ 72.69	-	\$ 0.00	\$ 0.00	32,425.8	\$ 26.90	\$ 72.69
Ancillary									
Pharmacy	3,446.5	\$ 15.11	\$ 4.34	-	\$ 0.00	\$ 0.00	3,446.5	\$ 15.11	\$ 4.34
DME/Supplies/Prosthetics	9,775.8	42.87	34.92	-	-	-	9,775.8	42.87	34.92
Ambulance	818.9	71.95	4.91	-	-	-	818.9	71.95	4.91
Non-Emergency Transportation	3.3	218.18	0.06	-	-	-	3.3	218.18	0.06
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	556.6	10.78	0.50	-	-	-	556.6	10.78	0.50
Podiatry	927.5	18.37	1.42	-	-	-	927.5	18.37	1.42
Vision	1,117.8	25.66	2.39	-	-	-	1,117.8	25.66	2.39
Other Ancillary	110.8	21.66	0.20	-	-	-	110.8	21.66	0.20
Subtotal	16,757.2	\$ 34.90	\$ 48.74	-	\$ 0.00	\$ 0.00	16,757.2	\$ 34.90	\$ 48.74
Professional									
Surgery	1,864.1	\$ 47.12	\$ 7.32	-	\$ 0.00	\$ 0.00	1,864.1	\$ 47.12	\$ 7.32
Anesthesia	218.2	47.30	0.86	-	-	-	218.2	47.30	0.86
Inpatient Visits	3,564.5	21.18	6.29	-	-	-	3,564.5	21.18	6.29
Urgent Care/Emergency Room	851.6	28.46	2.02	-	-	-	851.6	28.46	2.02
Office/Home Visits	7,893.0	23.49	15.45	-	-	-	7,893.0	23.49	15.45
Preventive Care	40.1	44.89	0.15	-	-	-	40.1	44.89	0.15
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	10.3	23.30	0.02	-	-	-	10.3	23.30	0.02
Lab/Path/Rad	4,378.7	10.88	3.97	-	-	-	4,378.7	10.88	3.97
Office Adm. Drugs	1,647.4	57.11	7.84	-	-	-	1,647.4	57.11	7.84
Clinic	53.0	67.92	0.30	-	-	-	53.0	67.92	0.30
Psych/SUD	220.4	22.87	0.42	-	-	-	220.4	22.87	0.42
Physical Therapy	589.9	11.19	0.55	-	-	-	589.9	11.19	0.55
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,976.9	15.32	3.80	-	-	-	2,976.9	15.32	3.80
Subtotal	24,308.1	\$ 24.18	\$ 48.99	-	\$ 0.00	\$ 0.00	24,308.1	\$ 24.18	\$ 48.99
Total Medical	75,007.5	\$ 33.66	\$ 210.38	-	\$ 0.00	\$ 0.00	75,007.5	\$ 33.66	\$ 210.38
Category of Service - Iowa Plan for BH									
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	-	\$ 0.00	\$ 0.00	0.3	\$ 3,600.00	\$ 0.09
Outpatient Treatment	1,466.7	156.92	19.18	-	-	-	1,466.7	156.92	19.18
Intermediate Care	0.1	-	-	-	-	-	0.1	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,467.1	\$ 169.89	\$ 20.77	-	\$ 0.00	\$ 0.00	1,467.1	\$ 169.89	\$ 20.77
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	1,197.9	\$ 155.77	\$ 15.55				1,197.9	\$ 155.77	\$ 15.55	
Home Health/Hospice	22,128.3	155.25	286.28				22,128.3	155.25	286.28	
Attendant Care/Nursing/Home Aide	6,863.7	558.96	319.71				6,863.7	558.96	319.71	
Supported community living	23,906.0	148.57	295.98				23,906.0	148.57	295.98	
Adult day care	174.3	505.34	7.34				174.3	505.34	7.34	
Day Habilitation	-	-	-				-	-	-	
Env/home and vehicle mod	86.0	104.65	0.75				86.0	104.65	0.75	
Family and community support	0.2	-	-				0.2	-	-	
In-home family therapy	-	-	-				-	-	-	
Respite	86.0	401.86	2.88				86.0	401.86	2.88	
Waiver Transportation	1,170.0	121.33	11.83				1,170.0	121.33	11.83	
Other HCBS waiver	280.5	705.03	16.48				280.5	705.03	16.48	
Total Long Term Services and Supports	55,892.9	\$ 205.42	\$ 956.80				55,892.9	\$ 205.42	\$ 956.80	
Total LTSS Component										\$ 956.80
Member Financial Participation										(0.35)
Administrative Load										150.00
Gross Capitation Rate										\$ 1,106.45
Less Withhold										2.0% (22.13)
Net Capitation Rate										\$ 1,084.32

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Intellectual Disability HCBS Waiver

Member Months	140,989						140,989		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	458.8	\$ 905.75	\$ 34.63	-	\$ 0.00	\$ 0.00	458.8	\$ 905.75	\$ 34.63
Psychiatric/SUD	1.0	3,000.00	0.25	-	-	-	1.0	3,000.00	0.25
Maternity - Delivery	1.5	2,000.00	0.25	-	-	-	1.5	2,000.00	0.25
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	461.3	\$ 913.85	\$ 35.13	-	\$ 0.00	\$ 0.00	461.3	\$ 913.85	\$ 35.13
Outpatient Hospital									
Emergency Room	600.3	\$ 63.57	\$ 3.18	-	\$ 0.00	\$ 0.00	600.3	\$ 63.57	\$ 3.18
General	14,561.8	49.12	59.61	-	-	-	14,561.8	49.12	59.61
Subtotal	15,162.1	\$ 49.69	\$ 62.79	-	\$ 0.00	\$ 0.00	15,162.1	\$ 49.69	\$ 62.79
Ancillary									
Pharmacy	18,311.4	\$ 76.39	\$ 116.57	-	\$ 0.00	\$ 0.00	18,311.4	\$ 76.39	\$ 116.57
DME/Supplies/Prosthetics	4,822.5	107.22	43.09	-	-	-	4,822.5	107.22	43.09
Ambulance	206.9	72.50	1.25	-	-	-	206.9	72.50	1.25
Non-Emergency Transportation	205.4	217.33	3.72	-	-	-	205.4	217.33	3.72
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	450.2	10.66	0.40	-	-	-	450.2	10.66	0.40
Podiatry	700.4	17.82	1.04	-	-	-	700.4	17.82	1.04
Vision	1,112.9	33.64	3.12	-	-	-	1,112.9	33.64	3.12
Other Ancillary	303.2	31.27	0.79	-	-	-	303.2	31.27	0.79
Subtotal	26,112.9	\$ 78.11	\$ 169.98	-	\$ 0.00	\$ 0.00	26,112.9	\$ 78.11	\$ 169.98
Professional									
Surgery	904.5	\$ 76.42	\$ 5.76	-	\$ 0.00	\$ 0.00	904.5	\$ 76.42	\$ 5.76
Anesthesia	166.9	144.52	2.01	-	-	-	166.9	144.52	2.01
Inpatient Visits	880.2	38.85	2.85	-	-	-	880.2	38.85	2.85
Urgent Care/Emergency Room	439.2	50.55	1.85	-	-	-	439.2	50.55	1.85
Office/Home Visits	5,055.3	41.73	17.58	-	-	-	5,055.3	41.73	17.58
Preventive Care	479.3	69.35	2.77	-	-	-	479.3	69.35	2.77
Maternity - Delivery	0.9	800.00	0.06	-	-	-	0.9	800.00	0.06
Maternity - Non-Delivery	3.4	141.18	0.04	-	-	-	3.4	141.18	0.04
Allergy/Immunotherapy	89.5	33.52	0.25	-	-	-	89.5	33.52	0.25
Lab/Path/Rad	2,567.3	15.80	3.38	-	-	-	2,567.3	15.80	3.38
Office Adm. Drugs	572.2	65.22	3.11	-	-	-	572.2	65.22	3.11
Clinic	327.1	141.97	3.87	-	-	-	327.1	141.97	3.87
Psych/SUD	1,240.6	1,021.15	105.57	-	-	-	1,240.6	1,021.15	105.57
Physical Therapy	566.4	23.31	1.10	-	-	-	566.4	23.31	1.10
Family Planning	0.2	-	-	-	-	-	0.2	-	-
Other Professional	1,216.3	60.18	6.10	-	-	-	1,216.3	60.18	6.10
Subtotal	14,509.3	\$ 129.27	\$ 156.30	-	\$ 0.00	\$ 0.00	14,509.3	\$ 129.27	\$ 156.30
Total Medical	56,245.6	\$ 90.50	\$ 424.20	-	\$ 0.00	\$ 0.00	56,245.6	\$ 90.50	\$ 424.20
Category of Service - Iowa Plan for BH									
Inpatient Treatment	54.9	\$ 2,441.53	\$ 11.17	-	\$ 0.00	\$ 0.00	54.9	\$ 2,441.53	\$ 11.17
Outpatient Treatment	6,426.6	99.56	53.32	-	-	-	6,426.6	99.56	53.32
Intermediate Care	1.9	884.21	0.14	-	-	-	1.9	884.21	0.14
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,483.4	\$ 122.40	\$ 66.13	-	\$ 0.00	\$ 0.00	6,483.4	\$ 122.40	\$ 66.13
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 490.33</b>
Third Party Liability Adjustment	(11.67)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 31.91
<b>Gross Capitation Rate</b>	<b>\$ 518.07</b>
Less Withhold	2.0% (10.36)
<b>Net Capitation Rate</b>	<b>\$ 507.71</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	160.8	\$ 312.69	\$ 4.19				160.8	\$ 312.69	\$ 4.19	
Home Health/Hospice	4,660.1	376.19	146.09				4,660.1	376.19	146.09	
Attendant Care/Nursing/Home Aide	722.6	1,051.54	63.32				722.6	1,051.54	63.32	
Supported community living	9,768.9	2,666.65	2,170.85				9,768.9	2,666.65	2,170.85	
Adult day care	277.1	825.84	19.07				277.1	825.84	19.07	
Day Habilitation	7,228.8	624.37	376.12				7,228.8	624.37	376.12	
Env/home and vehicle mod	2.3	1,826.09	0.35				2.3	1,826.09	0.35	
Family and community support	-	-	-				-	-	-	
In-home family therapy	-	-	-				-	-	-	
Respite	2,271.6	314.90	59.61				2,271.6	314.90	59.61	
Waiver Transportation	3,940.0	268.96	88.31				3,940.0	268.96	88.31	
Other HCBS waiver	1,536.5	1,469.21	188.12				1,536.5	1,469.21	188.12	
Total Long Term Services and Supports	30,568.7	\$ 1,223.22	\$ 3,116.03				30,568.7	\$ 1,223.22	\$ 3,116.03	
Total LTSS Component										\$ 3,116.03
Member Financial Participation										(0.03)
Administrative Load										200.00
Gross Capitation Rate										\$ 3,316.00
Less Withhold										2.0% (66.32)
Net Capitation Rate										\$ 3,249.68

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Brain Injury HCBS Waiver

Member Months	14,011						14,011		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,222.6	\$ 1,071.03	\$ 109.12	-	\$ 0.00	\$ 0.00	1,222.6	\$ 1,071.03	\$ 109.12
Psychiatric/SUD	5.3	1,154.72	0.51	-	-	-	5.3	1,154.72	0.51
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,227.9	\$ 1,071.39	\$ 109.63	-	\$ 0.00	\$ 0.00	1,227.9	\$ 1,071.39	\$ 109.63
Outpatient Hospital									
Emergency Room	906.2	\$ 63.43	\$ 4.79	-	\$ 0.00	\$ 0.00	906.2	\$ 63.43	\$ 4.79
General	27,887.0	49.33	114.63	-	-	-	27,887.0	49.33	114.63
Subtotal	28,793.2	\$ 49.77	\$ 119.42	-	\$ 0.00	\$ 0.00	28,793.2	\$ 49.77	\$ 119.42
Ancillary									
Pharmacy	20,883.7	\$ 78.92	\$ 137.34	-	\$ 0.00	\$ 0.00	20,883.7	\$ 78.92	\$ 137.34
DME/Supplies/Prosthetics	9,327.5	131.91	102.53	-	-	-	9,327.5	131.91	102.53
Ambulance	496.0	66.29	2.74	-	-	-	496.0	66.29	2.74
Non-Emergency Transportation	93.3	214.79	1.67	-	-	-	93.3	214.79	1.67
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	796.3	9.19	0.61	-	-	-	796.3	9.19	0.61
Podiatry	435.3	19.85	0.72	-	-	-	435.3	19.85	0.72
Vision	1,065.8	32.43	2.88	-	-	-	1,065.8	32.43	2.88
Other Ancillary	462.2	30.90	1.19	-	-	-	462.2	30.90	1.19
Subtotal	33,560.1	\$ 89.28	\$ 249.68	-	\$ 0.00	\$ 0.00	33,560.1	\$ 89.28	\$ 249.68
Professional									
Surgery	1,391.5	\$ 107.71	\$ 12.49	-	\$ 0.00	\$ 0.00	1,391.5	\$ 107.71	\$ 12.49
Anesthesia	237.1	185.24	3.66	-	-	-	237.1	185.24	3.66
Inpatient Visits	1,825.7	40.69	6.19	-	-	-	1,825.7	40.69	6.19
Urgent Care/Emergency Room	782.9	54.72	3.57	-	-	-	782.9	54.72	3.57
Office/Home Visits	6,835.6	45.29	25.80	-	-	-	6,835.6	45.29	25.80
Preventive Care	381.7	60.36	1.92	-	-	-	381.7	60.36	1.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	128.8	25.16	0.27	-	-	-	128.8	25.16	0.27
Lab/Path/Rad	4,379.1	18.58	6.78	-	-	-	4,379.1	18.58	6.78
Office Adm. Drugs	755.6	217.10	13.67	-	-	-	755.6	217.10	13.67
Clinic	246.1	146.77	3.01	-	-	-	246.1	146.77	3.01
Psych/SUD	1,472.7	1,014.95	124.56	-	-	-	1,472.7	1,014.95	124.56
Physical Therapy	3,153.0	30.75	8.08	-	-	-	3,153.0	30.75	8.08
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,049.0	50.66	8.65	-	-	-	2,049.0	50.66	8.65
Subtotal	23,638.8	\$ 111.00	\$ 218.65	-	\$ 0.00	\$ 0.00	23,638.8	\$ 111.00	\$ 218.65
Total Medical	87,220.0	\$ 95.95	\$ 697.38	-	\$ 0.00	\$ 0.00	87,220.0	\$ 95.95	\$ 697.38
Category of Service - Iowa Plan for BH									
Inpatient Treatment	32.4	\$ 2,885.19	\$ 7.79	-	\$ 0.00	\$ 0.00	32.4	\$ 2,885.19	\$ 7.79
Outpatient Treatment	6,637.7	123.68	68.41	-	-	-	6,637.7	123.68	68.41
Intermediate Care	4.2	514.29	0.18	-	-	-	4.2	514.29	0.18
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,674.3	\$ 140.02	\$ 77.88	-	\$ 0.00	\$ 0.00	6,674.3	\$ 140.02	\$ 77.88
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 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	297.0	\$ 408.08	\$ 10.10				297.0	\$ 408.08	\$ 10.10
Home Health/Hospice	12,577.4	390.41	409.19				12,577.4	390.41	409.19
Attendant Care/Nursing/Home Aide	3,074.4	910.93	233.38				3,074.4	910.93	233.38
Supported community living	7,204.2	1,962.61	1,178.25				7,204.2	1,962.61	1,178.25
Adult day care	632.0	661.90	34.86				632.0	661.90	34.86
Day Habilitation	465.4	496.61	19.26				465.4	496.61	19.26
Env/home and vehicle mod	32.8	2,231.71	6.10				32.8	2,231.71	6.10
Family and community support	154.0	268.83	3.45				154.0	268.83	3.45
In-home family therapy	-	-	-				-	-	-
Respite	2,540.0	714.33	151.20				2,540.0	714.33	151.20
Waiver Transportation	1,607.5	254.26	34.06				1,607.5	254.26	34.06
Other HCBS waiver	2,687.2	1,338.88	299.82				2,687.2	1,338.88	299.82
Total Long Term Services and Supports	31,271.9	\$ 913.15	\$ 2,379.67				31,271.9	\$ 913.15	\$ 2,379.67
Total LTSS Component									\$ 2,379.67
Member Financial Participation									(0.13)
Administrative Load									200.00
Gross Capitation Rate									\$ 2,579.54
Less Withhold							2.0%		(51.59)
Net Capitation Rate									\$ 2,527.95



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	9,391			-			9,391		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	22.7	\$ 4,149.78	\$ 7.85	-	\$ 0.00	\$ 0.00	22.7	\$ 4,149.78	\$ 7.85
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	22.7	\$ 4,149.78	\$ 7.85	-	\$ 0.00	\$ 0.00	22.7	\$ 4,149.78	\$ 7.85
Outpatient Hospital									
Emergency Room	461.9	\$ 115.09	\$ 4.43	-	\$ 0.00	\$ 0.00	461.9	\$ 115.09	\$ 4.43
General	5,737.5	67.70	32.37	-	-	-	5,737.5	67.70	32.37
Subtotal	6,199.4	\$ 71.23	\$ 36.80	-	\$ 0.00	\$ 0.00	6,199.4	\$ 71.23	\$ 36.80
Ancillary									
Pharmacy	35,835.9	\$ 90.29	\$ 269.64	-	\$ 0.00	\$ 0.00	35,835.9	\$ 90.29	\$ 269.64
DME/Supplies/Prosthetics	635.6	96.10	5.09	-	-	-	635.6	96.10	5.09
Ambulance	42.2	99.53	0.35	-	-	-	42.2	99.53	0.35
Non-Emergency Transportation	221.3	27.11	0.50	-	-	-	221.3	27.11	0.50
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	1,110.1	36.32	3.36	-	-	-	1,110.1	36.32	3.36
Other Ancillary	489.4	33.84	1.38	-	-	-	489.4	33.84	1.38
Subtotal	38,334.5	\$ 87.75	\$ 280.32	-	\$ 0.00	\$ 0.00	38,334.5	\$ 87.75	\$ 280.32
Professional									
Surgery	158.2	\$ 241.21	\$ 3.18	-	\$ 0.00	\$ 0.00	158.2	\$ 241.21	\$ 3.18
Anesthesia	39.0	335.38	1.09	-	-	-	39.0	335.38	1.09
Inpatient Visits	53.2	117.29	0.52	-	-	-	53.2	117.29	0.52
Urgent Care/Emergency Room	291.5	79.86	1.94	-	-	-	291.5	79.86	1.94
Office/Home Visits	2,364.8	95.15	18.75	-	-	-	2,364.8	95.15	18.75
Preventive Care	635.1	54.98	2.91	-	-	-	635.1	54.98	2.91
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	1.1	-	-	-	-	-	1.1	-	-
Allergy/Immunotherapy	187.0	75.72	1.18	-	-	-	187.0	75.72	1.18
Lab/Path/Rad	2,396.7	19.98	3.99	-	-	-	2,396.7	19.98	3.99
Office Adm. Drugs	55.4	56.32	0.26	-	-	-	55.4	56.32	0.26
Clinic	620.0	146.32	7.56	-	-	-	620.0	146.32	7.56
Psych/SUD	88.9	137.68	1.02	-	-	-	88.9	137.68	1.02
Physical Therapy	592.2	43.77	2.16	-	-	-	592.2	43.77	2.16
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	283.1	100.46	2.37	-	-	-	283.1	100.46	2.37
Subtotal	7,766.2	\$ 72.51	\$ 46.93	-	\$ 0.00	\$ 0.00	7,766.2	\$ 72.51	\$ 46.93
Total Medical	52,322.8	\$ 85.29	\$ 371.90	-	\$ 0.00	\$ 0.00	52,322.8	\$ 85.29	\$ 371.90
Category of Service - Iowa Plan for BH									
Inpatient Treatment	224.5	\$ 1,587.53	\$ 29.70	-	\$ 0.00	\$ 0.00	224.5	\$ 1,587.53	\$ 29.70
Outpatient Treatment	58,148.6	101.35	491.12	-	-	-	58,148.6	101.35	491.12
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	58,373.1	\$ 107.38	\$ 522.32	-	\$ 0.00	\$ 0.00	58,373.1	\$ 107.38	\$ 522.32
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	9,391			-			9,391		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	24.1	\$ 273.86	\$ 0.55				24.1	\$ 273.86	\$ 0.55
Home Health/Hospice	158.9	180.49	2.39				158.9	180.49	2.39
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	1.3	-	-				1.3	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	1.3	1,384.62	0.15				1.3	1,384.62	0.15
Family and community support	5,113.5	252.86	107.75				5,113.5	252.86	107.75
In-home family therapy	3,897.2	348.19	113.08				3,897.2	348.19	113.08
Respite	9,311.3	860.08	667.37				9,311.3	860.08	667.37
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	18,507.6	\$ 577.90	\$ 891.29				18,507.6	\$ 577.90	\$ 891.29
Total LTSS Component									\$ 891.29
Member Financial Participation									-
Administrative Load									150.00
Gross Capitation Rate									\$ 1,041.29
Less Withhold									2.0% (20.83)
Net Capitation Rate									\$ 1,020.46

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	20,300			-			20,300		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	2,216.4	\$ 875.20	\$ 161.65	-	\$ 0.00	\$ 0.00	2,216.4	\$ 875.20	\$ 161.65
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	2,216.4	\$ 875.20	\$ 161.65	-	\$ 0.00	\$ 0.00	2,216.4	\$ 875.20	\$ 161.65
Outpatient Hospital									
Emergency Room	927.8	\$ 70.75	\$ 5.47	-	\$ 0.00	\$ 0.00	927.8	\$ 70.75	\$ 5.47
General	59,715.3	25.87	128.75	-	-	-	59,715.3	25.87	128.75
Subtotal	60,643.1	\$ 26.56	\$ 134.22	-	\$ 0.00	\$ 0.00	60,643.1	\$ 26.56	\$ 134.22
Ancillary									
Pharmacy	49,623.2	\$ 51.09	\$ 211.28	-	\$ 0.00	\$ 0.00	49,623.2	\$ 51.09	\$ 211.28
DME/Supplies/Prosthetics	7,545.6	103.64	65.17	-	-	-	7,545.6	103.64	65.17
Ambulance	2,187.9	63.46	11.57	-	-	-	2,187.9	63.46	11.57
Non-Emergency Transportation	3.0	120.00	0.03	-	-	-	3.0	120.00	0.03
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	176.8	8.82	0.13	-	-	-	176.8	8.82	0.13
Podiatry	1,655.8	13.48	1.86	-	-	-	1,655.8	13.48	1.86
Vision	1,286.0	31.26	3.35	-	-	-	1,286.0	31.26	3.35
Other Ancillary	92.0	24.78	0.19	-	-	-	92.0	24.78	0.19
Subtotal	62,570.3	\$ 56.30	\$ 293.58	-	\$ 0.00	\$ 0.00	62,570.3	\$ 56.30	\$ 293.58
Professional									
Surgery	2,194.7	\$ 91.09	\$ 16.66	-	\$ 0.00	\$ 0.00	2,194.7	\$ 91.09	\$ 16.66
Anesthesia	310.9	122.74	3.18	-	-	-	310.9	122.74	3.18
Inpatient Visits	8,951.9	35.71	26.64	-	-	-	8,951.9	35.71	26.64
Urgent Care/Emergency Room	803.3	55.72	3.73	-	-	-	803.3	55.72	3.73
Office/Home Visits	4,301.0	35.66	12.78	-	-	-	4,301.0	35.66	12.78
Preventive Care	54.2	39.85	0.18	-	-	-	54.2	39.85	0.18
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	4.5	26.67	0.01	-	-	-	4.5	26.67	0.01
Lab/Path/Rad	6,632.9	17.13	9.47	-	-	-	6,632.9	17.13	9.47
Office Adm. Drugs	1,203.7	97.70	9.80	-	-	-	1,203.7	97.70	9.80
Clinic	528.7	135.05	5.95	-	-	-	528.7	135.05	5.95
Psych/SUD	2,287.3	44.17	8.42	-	-	-	2,287.3	44.17	8.42
Physical Therapy	109.4	31.81	0.29	-	-	-	109.4	31.81	0.29
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,058.4	41.55	10.59	-	-	-	3,058.4	41.55	10.59
Subtotal	30,440.9	\$ 42.46	\$ 107.70	-	\$ 0.00	\$ 0.00	30,440.9	\$ 42.46	\$ 107.70
Total Medical	155,870.7	\$ 53.67	\$ 697.15	-	\$ 0.00	\$ 0.00	155,870.7	\$ 53.67	\$ 697.15
Category of Service - Iowa Plan for BH									
Inpatient Treatment	33.4	\$ 1,246.71	\$ 3.47	-	\$ 0.00	\$ 0.00	33.4	\$ 1,246.71	\$ 3.47
Outpatient Treatment	1,359.5	92.68	10.50	-	-	-	1,359.5	92.68	10.50
Intermediate Care	0.6	400.00	0.02	-	-	-	0.6	400.00	0.02
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,393.5	\$ 133.39	\$ 15.49	-	\$ 0.00	\$ 0.00	1,393.5	\$ 133.39	\$ 15.49
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 712.64</b>
Third Party Liability Adjustment	(15.69)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 30.94
<b>Gross Capitation Rate</b>	<b>\$ 735.39</b>
Less Withhold	2.0% (14.71)
<b>Net Capitation Rate</b>	<b>\$ 720.68</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	20,300			-	20,300				
	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	357,809.5	\$ 184.46	\$ 5,500.14				357,809.5	\$ 184.46	\$ 5,500.14
Home Health/Hospice	1,733.3	156.67	22.63				1,733.3	156.67	22.63
Attendant Care/Nursing/Home Aide	10.6	498.11	0.44				10.6	498.11	0.44
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	2.4	500.00	0.10				2.4	500.00	0.10
Total Long Term Services and Supports	359,556.4	\$ 184.34	\$ 5,523.34				359,556.4	\$ 184.34	\$ 5,523.34
Total LTSS Component									\$ 5,523.34
Member Financial Participation									(742.52)
Administrative Load									75.00
Gross Capitation Rate									\$ 4,855.82
Less Withhold									2.0% (97.12)
Net Capitation Rate									\$ 4,758.70

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	119,554						119,554		
	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
<b>Inpatient Hospital</b>									
Medical/Surgical	896.4	\$ 259.71	\$ 19.40	-	\$ 0.00	\$ 0.00	896.4	\$ 259.71	\$ 19.40
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	896.4	\$ 259.71	\$ 19.40	-	\$ 0.00	\$ 0.00	896.4	\$ 259.71	\$ 19.40
<b>Outpatient Hospital</b>									
Emergency Room	442.4	\$ 43.94	\$ 1.62	-	\$ 0.00	\$ 0.00	442.4	\$ 43.94	\$ 1.62
General	25,632.8	15.56	33.24	-	-	-	25,632.8	15.56	33.24
Subtotal	26,075.2	\$ 16.04	\$ 34.86	-	\$ 0.00	\$ 0.00	26,075.2	\$ 16.04	\$ 34.86
<b>Ancillary</b>									
Pharmacy	14,572.1	\$ 10.71	\$ 13.01	-	\$ 0.00	\$ 0.00	14,572.1	\$ 10.71	\$ 13.01
DME/Supplies/Prosthetics	2,957.2	83.35	20.54	-	-	-	2,957.2	83.35	20.54
Ambulance	687.2	60.42	3.46	-	-	-	687.2	60.42	3.46
Non-Emergency Transportation	1.3	184.62	0.02	-	-	-	1.3	184.62	0.02
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	83.1	10.11	0.07	-	-	-	83.1	10.11	0.07
Podiatry	1,315.6	14.50	1.59	-	-	-	1,315.6	14.50	1.59
Vision	648.4	25.17	1.36	-	-	-	648.4	25.17	1.36
Other Ancillary	66.4	27.11	0.15	-	-	-	66.4	27.11	0.15
Subtotal	20,331.3	\$ 23.73	\$ 40.20	-	\$ 0.00	\$ 0.00	20,331.3	\$ 23.73	\$ 40.20
<b>Professional</b>									
Surgery	734.1	\$ 37.76	\$ 2.31	-	\$ 0.00	\$ 0.00	734.1	\$ 37.76	\$ 2.31
Anesthesia	80.1	40.45	0.27	-	-	-	80.1	40.45	0.27
Inpatient Visits	4,619.2	20.83	8.02	-	-	-	4,619.2	20.83	8.02
Urgent Care/Emergency Room	312.8	27.24	0.71	-	-	-	312.8	27.24	0.71
Office/Home Visits	1,718.5	22.76	3.26	-	-	-	1,718.5	22.76	3.26
Preventive Care	3.4	35.29	0.01	-	-	-	3.4	35.29	0.01
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	4.0	30.00	0.01	-	-	-	4.0	30.00	0.01
Lab/Path/Rad	2,390.8	8.43	1.68	-	-	-	2,390.8	8.43	1.68
Office Adm. Drugs	253.2	74.41	1.57	-	-	-	253.2	74.41	1.57
Clinic	10.0	48.00	0.04	-	-	-	10.0	48.00	0.04
Psych/SUD	957.0	20.31	1.62	-	-	-	957.0	20.31	1.62
Physical Therapy	12.1	9.92	0.01	-	-	-	12.1	9.92	0.01
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,066.0	12.83	1.14	-	-	-	1,066.0	12.83	1.14
Subtotal	12,161.2	\$ 20.38	\$ 20.65	-	\$ 0.00	\$ 0.00	12,161.2	\$ 20.38	\$ 20.65
<b>Total Medical</b>	<b>59,464.1</b>	<b>\$ 23.23</b>	<b>\$ 115.11</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>59,464.1</b>	<b>\$ 23.23</b>	<b>\$ 115.11</b>
<b>Category of Service - Iowa Plan for BH</b>									
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
<b>Total Behavioral Health</b>	<b>47.1</b>	<b>\$ 489.17</b>	<b>\$ 1.92</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>47.1</b>	<b>\$ 489.17</b>	<b>\$ 1.92</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

<b>Total Acute Medical Component</b>	<b>\$ 117.03</b>
Third Party Liability Adjustment	(2.30)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 5.09
<b>Gross Capitation Rate</b>	<b>\$ 127.32</b>
Less Withhold	2.0% (2.55)
<b>Net Capitation Rate</b>	<b>\$ 124.77</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	119,554			-	119,554					
	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	359,618.0	\$ 175.20	\$ 5,250.32				359,618.0	\$ 175.20	\$ 5,250.32	
Home Health/Hospice	1,220.9	223.70	22.76				1,220.9	223.70	22.76	
Attendant Care/Nursing/Home Aide	2.2	490.91	0.09				2.2	490.91	0.09	
Supported community living	2.9	455.17	0.11				2.9	455.17	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	360,844.2	\$ 175.37	\$ 5,273.30				360,844.2	\$ 175.37	\$ 5,273.30	
Total LTSS Component										\$ 5,273.30
Member Financial Participation										(1,063.19)
Administrative Load										75.00
Gross Capitation Rate										\$ 4,285.11
Less Withhold										2.0% (85.70)
Net Capitation Rate										\$ 4,199.41

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>									
Medical/Surgical	4,083.4	\$ 2,163.34	\$ 736.15	-	\$ 0.00	\$ 0.00	4,083.4	\$ 2,163.34	\$ 736.15
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	4,083.4	\$ 2,163.34	\$ 736.15	-	\$ 0.00	\$ 0.00	4,083.4	\$ 2,163.34	\$ 736.15
<b>Outpatient Hospital</b>									
Emergency Room	683.2	\$ 159.48	\$ 9.08	-	\$ 0.00	\$ 0.00	683.2	\$ 159.48	\$ 9.08
General	28,986.0	59.66	144.12	-	-	-	28,986.0	59.66	144.12
Subtotal	29,669.2	\$ 61.96	\$ 153.20	-	\$ 0.00	\$ 0.00	29,669.2	\$ 61.96	\$ 153.20
<b>Ancillary</b>									
Pharmacy	118,278.9	\$ 74.72	\$ 736.47	-	\$ 0.00	\$ 0.00	118,278.9	\$ 74.72	\$ 736.47
DME/Supplies/Prosthetics	23,147.6	241.34	465.54	-	-	-	23,147.6	241.34	465.54
Ambulance	2,951.4	68.14	16.76	-	-	-	2,951.4	68.14	16.76
Non-Emergency Transportation	12.9	148.84	0.16	-	-	-	12.9	148.84	0.16
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	631.6	57.00	3.00	-	-	-	631.6	57.00	3.00
Other Ancillary	232.0	31.55	0.61	-	-	-	232.0	31.55	0.61
Subtotal	145,254.4	\$ 101.00	\$ 1,222.54	-	\$ 0.00	\$ 0.00	145,254.4	\$ 101.00	\$ 1,222.54
<b>Professional</b>									
Surgery	2,393.8	\$ 288.80	\$ 57.61	-	\$ 0.00	\$ 0.00	2,393.8	\$ 288.80	\$ 57.61
Anesthesia	661.6	329.38	18.16	-	-	-	661.6	329.38	18.16
Inpatient Visits	12,827.9	87.62	93.66	-	-	-	12,827.9	87.62	93.66
Urgent Care/Emergency Room	749.1	108.13	6.75	-	-	-	749.1	108.13	6.75
Office/Home Visits	4,621.3	93.84	36.14	-	-	-	4,621.3	93.84	36.14
Preventive Care	39.3	100.76	0.33	-	-	-	39.3	100.76	0.33
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	10,276.4	22.46	19.23	-	-	-	10,276.4	22.46	19.23
Office Adm. Drugs	649.6	915.89	49.58	-	-	-	649.6	915.89	49.58
Clinic	108.3	136.29	1.23	-	-	-	108.3	136.29	1.23
Psych/SUD	24.0	8,420.00	16.84	-	-	-	24.0	8,420.00	16.84
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,694.6	74.64	16.76	-	-	-	2,694.6	74.64	16.76
Subtotal	35,045.9	\$ 108.30	\$ 316.29	-	\$ 0.00	\$ 0.00	35,045.9	\$ 108.30	\$ 316.29
<b>Total Medical</b>	<b>214,052.9</b>	<b>\$ 136.13</b>	<b>\$ 2,428.18</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>214,052.9</b>	<b>\$ 136.13</b>	<b>\$ 2,428.18</b>
<b>Category of Service - Iowa Plan for BH</b>									
Inpatient Treatment	35.5	\$ 1,987.61	\$ 5.88	-	\$ 0.00	\$ 0.00	35.5	\$ 1,987.61	\$ 5.88
Outpatient Treatment	279.7	110.69	2.58	-	-	-	279.7	110.69	2.58
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
<b>Total Behavioral Health</b>	<b>315.2</b>	<b>\$ 379.19</b>	<b>\$ 9.96</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>315.2</b>	<b>\$ 379.19</b>	<b>\$ 9.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

<b>Total Acute Medical Component</b>	<b>\$ 2,438.14</b>
Third Party Liability Adjustment	(78.92)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 104.72
<b>Gross Capitation Rate</b>	<b>\$ 2,471.44</b>
Less Withhold	2.0% (49.43)
<b>Net Capitation Rate</b>	<b>\$ 2,422.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	353,789.2	\$ 767.93	\$ 22,640.54				353,789.2	\$ 767.93	\$ 22,640.54
Home Health/Hospice	1,276.0	610.82	64.95				1,276.0	610.82	64.95
Attendant Care/Nursing/Home Aide	12.7	897.64	0.95				12.7	897.64	0.95
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	355,077.9	\$ 767.37	\$ 22,706.44				355,077.9	\$ 767.37	\$ 22,706.44
Total LTSS Component								\$ 22,706.44	
Member Financial Participation								(169.80)	
Administrative Load								75.00	
Gross Capitation Rate								\$ 22,611.64	
Less Withhold								2.0%	(452.23)
Net Capitation Rate								\$ 22,159.41	



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Residential Care Facility

Member Months	8,517			-			8,517		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	986.1	\$ 619.65	\$ 50.92	-	\$ 0.00	\$ 0.00	986.1	\$ 619.65	\$ 50.92
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	5.4	1,244.44	0.56	-	-	-	5.4	1,244.44	0.56
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	991.5	\$ 623.06	\$ 51.48	-	\$ 0.00	\$ 0.00	991.5	\$ 623.06	\$ 51.48
Outpatient Hospital									
Emergency Room	892.7	\$ 74.47	\$ 5.54	-	\$ 0.00	\$ 0.00	892.7	\$ 74.47	\$ 5.54
General	21,882.8	39.98	72.91	-	-	-	21,882.8	39.98	72.91
Subtotal	22,775.5	\$ 41.33	\$ 78.45	-	\$ 0.00	\$ 0.00	22,775.5	\$ 41.33	\$ 78.45
Ancillary									
Pharmacy	47,189.8	\$ 68.70	\$ 270.16	-	\$ 0.00	\$ 0.00	47,189.8	\$ 68.70	\$ 270.16
DME/Supplies/Prosthetics	3,754.2	44.62	13.96	-	-	-	3,754.2	44.62	13.96
Ambulance	624.2	75.94	3.95	-	-	-	624.2	75.94	3.95
Non-Emergency Transportation	2.6	92.31	0.02	-	-	-	2.6	92.31	0.02
Home Health/Hospice	1,581.5	168.22	22.17	-	-	-	1,581.5	168.22	22.17
Chiropractic Services	489.9	9.31	0.38	-	-	-	489.9	9.31	0.38
Podiatry	1,010.0	17.23	1.45	-	-	-	1,010.0	17.23	1.45
Vision	1,707.9	33.87	4.82	-	-	-	1,707.9	33.87	4.82
Other Ancillary	471.4	33.35	1.31	-	-	-	471.4	33.35	1.31
Subtotal	56,831.5	\$ 67.19	\$ 318.22	-	\$ 0.00	\$ 0.00	56,831.5	\$ 67.19	\$ 318.22
Professional									
Surgery	1,125.4	\$ 75.17	\$ 7.05	-	\$ 0.00	\$ 0.00	1,125.4	\$ 75.17	\$ 7.05
Anesthesia	392.1	59.98	1.96	-	-	-	392.1	59.98	1.96
Inpatient Visits	2,418.7	26.54	5.35	-	-	-	2,418.7	26.54	5.35
Urgent Care/Emergency Room	616.0	53.57	2.75	-	-	-	616.0	53.57	2.75
Office/Home Visits	6,890.5	33.94	19.49	-	-	-	6,890.5	33.94	19.49
Preventive Care	333.5	74.84	2.08	-	-	-	333.5	74.84	2.08
Maternity - Delivery	1.2	1,400.00	0.14	-	-	-	1.2	1,400.00	0.14
Maternity - Non-Delivery	7.3	131.51	0.08	-	-	-	7.3	131.51	0.08
Allergy/Immunotherapy	3.6	33.33	0.01	-	-	-	3.6	33.33	0.01
Lab/Path/Rad	4,342.8	15.94	5.77	-	-	-	4,342.8	15.94	5.77
Office Adm. Drugs	389.6	17.25	0.56	-	-	-	389.6	17.25	0.56
Clinic	584.5	147.41	7.18	-	-	-	584.5	147.41	7.18
Psych/SUD	2,127.4	25.55	4.53	-	-	-	2,127.4	25.55	4.53
Physical Therapy	273.5	21.06	0.48	-	-	-	273.5	21.06	0.48
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,300.9	19.74	2.14	-	-	-	1,300.9	19.74	2.14
Subtotal	20,807.0	\$ 34.36	\$ 59.57	-	\$ 0.00	\$ 0.00	20,807.0	\$ 34.36	\$ 59.57
Total Medical	101,405.5	\$ 60.08	\$ 507.72	-	\$ 0.00	\$ 0.00	101,405.5	\$ 60.08	\$ 507.72
Category of Service - Iowa Plan for BH									
Inpatient Treatment	225.8	\$ 3,092.47	\$ 58.19	-	\$ 0.00	\$ 0.00	225.8	\$ 3,092.47	\$ 58.19
Outpatient Treatment	106,804.3	121.03	1,077.22	-	-	-	106,804.3	121.03	1,077.22
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	107,030.1	\$ 127.47	\$ 1,136.91	-	\$ 0.00	\$ 0.00	107,030.1	\$ 127.47	\$ 1,136.91
Short Term Institutional / HCBS	612.0	\$ 164.12	\$ 8.37	-	\$ 0.00	\$ 0.00	612.0	\$ 164.12	\$ 8.37

<b>Total Acute Medical Component</b>	<b>\$ 1,653.00</b>
Third Party Liability Adjustment	(13.96)
Copayment Adjustment	(0.29)
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	128.10
<b>Gross Capitation Rate</b>	<b>\$ 1,774.35</b>
Less Withhold	(35.49)
<b>Net Capitation Rate</b>	<b>\$ 1,738.86</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: ICF/MR

Member Months	18,095			-			18,095		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	760.3	\$ 858.77	\$ 54.41	-	\$ 0.00	\$ 0.00	760.3	\$ 858.77	\$ 54.41
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	760.3	\$ 858.77	\$ 54.41	-	\$ 0.00	\$ 0.00	760.3	\$ 858.77	\$ 54.41
Outpatient Hospital									
Emergency Room	542.1	\$ 78.14	\$ 3.53	-	\$ 0.00	\$ 0.00	542.1	\$ 78.14	\$ 3.53
General	12,995.2	46.59	50.45	-	-	-	12,995.2	46.59	50.45
Subtotal	13,537.3	\$ 47.85	\$ 53.98	-	\$ 0.00	\$ 0.00	13,537.3	\$ 47.85	\$ 53.98
Ancillary									
Pharmacy	43,386.2	\$ 60.90	\$ 220.18	-	\$ 0.00	\$ 0.00	43,386.2	\$ 60.90	\$ 220.18
DME/Supplies/Prosthetics	4,851.1	137.19	55.46	-	-	-	4,851.1	137.19	55.46
Ambulance	403.1	68.47	2.30	-	-	-	403.1	68.47	2.30
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	100.9	11.89	0.10	-	-	-	100.9	11.89	0.10
Podiatry	605.0	16.66	0.84	-	-	-	605.0	16.66	0.84
Vision	1,381.1	34.49	3.97	-	-	-	1,381.1	34.49	3.97
Other Ancillary	808.1	18.56	1.25	-	-	-	808.1	18.56	1.25
Subtotal	51,535.5	\$ 66.15	\$ 284.10	-	\$ 0.00	\$ 0.00	51,535.5	\$ 66.15	\$ 284.10
Professional									
Surgery	1,200.0	\$ 66.70	\$ 6.67	-	\$ 0.00	\$ 0.00	1,200.0	\$ 66.70	\$ 6.67
Anesthesia	273.1	129.62	2.95	-	-	-	273.1	129.62	2.95
Inpatient Visits	2,277.2	32.72	6.21	-	-	-	2,277.2	32.72	6.21
Urgent Care/Emergency Room	405.1	48.28	1.63	-	-	-	405.1	48.28	1.63
Office/Home Visits	4,393.6	35.07	12.84	-	-	-	4,393.6	35.07	12.84
Preventive Care	603.0	79.40	3.99	-	-	-	603.0	79.40	3.99
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	10.6	45.28	0.04	-	-	-	10.6	45.28	0.04
Lab/Path/Rad	3,009.4	11.44	2.87	-	-	-	3,009.4	11.44	2.87
Office Adm. Drugs	422.3	302.63	10.65	-	-	-	422.3	302.63	10.65
Clinic	248.0	135.00	2.79	-	-	-	248.0	135.00	2.79
Psych/SUD	394.8	24.32	0.80	-	-	-	394.8	24.32	0.80
Physical Therapy	40.9	17.60	0.06	-	-	-	40.9	17.60	0.06
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	835.7	29.44	2.05	-	-	-	835.7	29.44	2.05
Subtotal	14,113.7	\$ 45.53	\$ 53.55	-	\$ 0.00	\$ 0.00	14,113.7	\$ 45.53	\$ 53.55
Total Medical	79,946.8	\$ 66.95	\$ 446.04	-	\$ 0.00	\$ 0.00	79,946.8	\$ 66.95	\$ 446.04
Category of Service - Iowa Plan for BH									
Inpatient Treatment	27.0	\$ 1,835.56	\$ 4.13	-	\$ 0.00	\$ 0.00	27.0	\$ 1,835.56	\$ 4.13
Outpatient Treatment	1,336.1	55.50	6.18	-	-	-	1,336.1	55.50	6.18
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,363.1	\$ 103.97	\$ 11.81	-	\$ 0.00	\$ 0.00	1,363.1	\$ 103.97	\$ 11.81
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 457.85</b>
Third Party Liability Adjustment	(10.04)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 19.88
<b>Gross Capitation Rate</b>	<b>\$ 475.19</b>
Less Withhold	2.0% (9.50)
<b>Net Capitation Rate</b>	<b>\$ 465.69</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	359,195.9	\$ 358.75	\$ 10,738.46				359,195.9	\$ 358.75	\$ 10,738.46
Home Health/Hospice	412.5	59.35	2.04				412.5	59.35	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	359,608.4	\$ 358.41	\$ 10,740.50				359,608.4	\$ 358.41	\$ 10,740.50
Total LTSS Component									\$ 10,740.50
Member Financial Participation									(590.62)
Administrative Load									75.00
Gross Capitation Rate									\$ 10,224.88
Less Withhold									2.0% (204.50)
Net Capitation Rate									\$ 10,020.38

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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
<b>Inpatient Hospital</b>									
Medical/Surgical	889.3	\$ 507.37	\$ 37.60	-	\$ 0.00	\$ 0.00	889.3	\$ 507.37	\$ 37.60
Psychiatric/SUD	37.9	810.55	2.56	-	-	-	37.9	810.55	2.56
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	927.2	\$ 519.76	\$ 40.16	-	\$ 0.00	\$ 0.00	927.2	\$ 519.76	\$ 40.16
<b>Outpatient Hospital</b>									
Emergency Room	259.8	\$ 48.04	\$ 1.04	-	\$ 0.00	\$ 0.00	259.8	\$ 48.04	\$ 1.04
General	9,572.2	28.86	23.02	-	-	-	9,572.2	28.86	23.02
Subtotal	9,832.0	\$ 29.37	\$ 24.06	-	\$ 0.00	\$ 0.00	9,832.0	\$ 29.37	\$ 24.06
<b>Ancillary</b>									
Pharmacy	214.0	\$ 30.28	\$ 0.54	-	\$ 0.00	\$ 0.00	214.0	\$ 30.28	\$ 0.54
DME/Supplies/Prosthetics	892.7	148.40	11.04	-	-	-	892.7	148.40	11.04
Ambulance	971.7	59.03	4.78	-	-	-	971.7	59.03	4.78
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	325.4	24.34	0.66	-	-	-	325.4	24.34	0.66
Vision	753.2	46.84	2.94	-	-	-	753.2	46.84	2.94
Other Ancillary	985.7	20.70	1.70	-	-	-	985.7	20.70	1.70
Subtotal	4,142.7	\$ 62.74	\$ 21.66	-	\$ 0.00	\$ 0.00	4,142.7	\$ 62.74	\$ 21.66
<b>Professional</b>									
Surgery	815.4	\$ 58.57	\$ 3.98	-	\$ 0.00	\$ 0.00	815.4	\$ 58.57	\$ 3.98
Anesthesia	366.5	72.36	2.21	-	-	-	366.5	72.36	2.21
Inpatient Visits	3,460.1	23.24	6.70	-	-	-	3,460.1	23.24	6.70
Urgent Care/Emergency Room	538.2	40.13	1.80	-	-	-	538.2	40.13	1.80
Office/Home Visits	2,412.2	32.44	6.52	-	-	-	2,412.2	32.44	6.52
Preventive Care	2.4	100.00	0.02	-	-	-	2.4	100.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	305.7	42.00	1.07	-	-	-	305.7	42.00	1.07
Lab/Path/Rad	4,394.9	11.93	4.37	-	-	-	4,394.9	11.93	4.37
Office Adm. Drugs	125.8	274.72	2.88	-	-	-	125.8	274.72	2.88
Clinic	2.2	163.64	0.03	-	-	-	2.2	163.64	0.03
Psych/SUD	26.0	1,352.31	2.93	-	-	-	26.0	1,352.31	2.93
Physical Therapy	2.2	-	-	-	-	-	2.2	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	882.6	16.45	1.21	-	-	-	882.6	16.45	1.21
Subtotal	13,334.2	\$ 30.35	\$ 33.72	-	\$ 0.00	\$ 0.00	13,334.2	\$ 30.35	\$ 33.72
<b>Total Medical</b>	<b>28,236.1</b>	<b>\$ 50.83</b>	<b>\$ 119.60</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>28,236.1</b>	<b>\$ 50.83</b>	<b>\$ 119.60</b>
<b>Category of Service - Iowa Plan for BH</b>									
Inpatient Treatment	245.1	\$ 1,250.92	\$ 25.55	-	\$ 0.00	\$ 0.00	245.1	\$ 1,250.92	\$ 25.55
Outpatient Treatment	3,779.0	60.05	18.91	-	-	-	3,779.0	60.05	18.91
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,024.1</b>	<b>\$ 137.05</b>	<b>\$ 45.96</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>4,024.1</b>	<b>\$ 137.05</b>	<b>\$ 45.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: State Resource Center

Member Months 4,880 - 4,880

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	360,573.6	\$ 881.19	\$ 26,477.80				360,573.6	\$ 881.19	\$ 26,477.80
Home Health/Hospice	6.9	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	-	-	-				-	-	-
<b>Total Long Term Services and Supports</b>	<b>360,597.8</b>	<b>\$ 881.15</b>	<b>\$ 26,478.31</b>				<b>360,597.8</b>	<b>\$ 881.15</b>	<b>\$ 26,478.31</b>

Total LTSS Component	\$ 26,478.31
Member Financial Participation	(728.14)
Administrative Load	75.00
<b>Gross Capitation Rate</b>	<b>\$ 25,825.17</b>
Less Withhold	2.0% (516.50)
<b>Net Capitation Rate</b>	<b>\$ 25,308.67</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: Breast and Cervical Cancer

Member Months	2,694			-			2,694		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	495.0	\$ 2,757.82	\$ 113.76	-	\$ 0.00	\$ 0.00	495.0	\$ 2,757.82	\$ 113.76
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	495.0	\$ 2,757.82	\$ 113.76	-	\$ 0.00	\$ 0.00	495.0	\$ 2,757.82	\$ 113.76
Outpatient Hospital									
Emergency Room	958.9	\$ 102.24	\$ 8.17	-	\$ 0.00	\$ 0.00	958.9	\$ 102.24	\$ 8.17
General	41,628.0	160.90	558.15	-	-	-	41,628.0	160.90	558.15
Subtotal	42,586.9	\$ 159.58	\$ 566.32	-	\$ 0.00	\$ 0.00	42,586.9	\$ 159.58	\$ 566.32
Ancillary									
Pharmacy	38,856.8	\$ 79.20	\$ 256.47	-	\$ 0.00	\$ 0.00	38,856.8	\$ 79.20	\$ 256.47
DME/Supplies/Prosthetics	1,675.1	133.82	18.68	-	-	-	1,675.1	133.82	18.68
Ambulance	182.2	93.52	1.42	-	-	-	182.2	93.52	1.42
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	855.4	179.57	12.80	-	-	-	855.4	179.57	12.80
Chiropractic Services	23.8	20.17	0.04	-	-	-	23.8	20.17	0.04
Podiatry	-	-	-	-	-	-	-	-	-
Vision	1,009.9	42.18	3.55	-	-	-	1,009.9	42.18	3.55
Other Ancillary	1,211.8	32.88	3.32	-	-	-	1,211.8	32.88	3.32
Subtotal	43,815.0	\$ 81.14	\$ 296.28	-	\$ 0.00	\$ 0.00	43,815.0	\$ 81.14	\$ 296.28
Professional									
Surgery	2,514.8	\$ 301.91	\$ 63.27	-	\$ 0.00	\$ 0.00	2,514.8	\$ 301.91	\$ 63.27
Anesthesia	615.1	264.35	13.55	-	-	-	615.1	264.35	13.55
Inpatient Visits	685.8	81.71	4.67	-	-	-	685.8	81.71	4.67
Urgent Care/Emergency Room	610.7	89.80	4.57	-	-	-	610.7	89.80	4.57
Office/Home Visits	11,861.1	67.13	66.35	-	-	-	11,861.1	67.13	66.35
Preventive Care	651.0	43.13	2.34	-	-	-	651.0	43.13	2.34
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	152.9	25.11	0.32	-	-	-	152.9	25.11	0.32
Lab/Path/Rad	25,048.1	50.39	105.19	-	-	-	25,048.1	50.39	105.19
Office Adm. Drugs	12,941.6	349.30	376.71	-	-	-	12,941.6	349.30	376.71
Clinic	771.6	147.74	9.50	-	-	-	771.6	147.74	9.50
Psych/SUD	-	-	-	-	-	-	-	-	-
Physical Therapy	1,987.1	27.05	4.48	-	-	-	1,987.1	27.05	4.48
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,841.5	46.07	7.07	-	-	-	1,841.5	46.07	7.07
Subtotal	59,681.3	\$ 132.31	\$ 658.02	-	\$ 0.00	\$ 0.00	59,681.3	\$ 132.31	\$ 658.02
Total Medical	146,578.2	\$ 133.80	\$ 1,634.38	-	\$ 0.00	\$ 0.00	146,578.2	\$ 133.80	\$ 1,634.38
Category of Service - Iowa Plan for BH									
Inpatient Treatment	16.3	\$ 1,170.55	\$ 1.59	-	\$ 0.00	\$ 0.00	16.3	\$ 1,170.55	\$ 1.59
Outpatient Treatment	1,473.6	76.79	9.43	-	-	-	1,473.6	76.79	9.43
Intermediate Care	12.9	1,023.26	1.10	-	-	-	12.9	1,023.26	1.10
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,502.8	\$ 108.76	\$ 13.62	-	\$ 0.00	\$ 0.00	1,502.8	\$ 108.76	\$ 13.62
Short Term Institutional / HCBS	13.1	\$ 2,235.11	\$ 2.44	-	\$ 0.00	\$ 0.00	13.1	\$ 2,235.11	\$ 2.44

<b>Total Acute Medical Component</b>	<b>\$ 1,650.44</b>
Third Party Liability Adjustment	(36.77)
Copayment Adjustment	(7.39)
Retroactivity Adjustment	(66.02)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 120.40
<b>Gross Capitation Rate</b>	<b>\$ 1,668.16</b>
Less Withhold	2.0% (33.36)
<b>Net Capitation Rate</b>	<b>\$ 1,634.80</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	315,371			-			315,371		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,241.3	\$ 325.40	\$ 33.66	-	\$ 0.00	\$ 0.00	1,241.3	\$ 325.40	\$ 33.66
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,241.3	\$ 325.40	\$ 33.66	-	\$ 0.00	\$ 0.00	1,241.3	\$ 325.40	\$ 33.66
Outpatient Hospital									
Emergency Room	1,566.3	\$ 37.85	\$ 4.94	-	\$ 0.00	\$ 0.00	1,566.3	\$ 37.85	\$ 4.94
General	31,661.8	25.76	67.96	-	-	-	31,661.8	25.76	67.96
Subtotal	33,228.1	\$ 26.33	\$ 72.90	-	\$ 0.00	\$ 0.00	33,228.1	\$ 26.33	\$ 72.90
Ancillary									
Pharmacy	1,752.1	\$ 25.41	\$ 3.71	-	\$ 0.00	\$ 0.00	1,752.1	\$ 25.41	\$ 3.71
DME/Supplies/Prosthetics	4,202.3	28.87	10.11	-	-	-	4,202.3	28.87	10.11
Ambulance	491.6	56.63	2.32	-	-	-	491.6	56.63	2.32
Non-Emergency Transportation	1.8	66.67	0.01	-	-	-	1.8	66.67	0.01
Home Health/Hospice	2,178.0	114.44	20.77	-	-	-	2,178.0	114.44	20.77
Chiropractic Services	1,337.2	9.15	1.02	-	-	-	1,337.2	9.15	1.02
Podiatry	442.4	16.82	0.62	-	-	-	442.4	16.82	0.62
Vision	1,145.2	25.15	2.40	-	-	-	1,145.2	25.15	2.40
Other Ancillary	73.7	9.77	0.06	-	-	-	73.7	9.77	0.06
Subtotal	11,624.3	\$ 42.35	\$ 41.02	-	\$ 0.00	\$ 0.00	11,624.3	\$ 42.35	\$ 41.02
Professional									
Surgery	1,658.8	\$ 50.35	\$ 6.96	-	\$ 0.00	\$ 0.00	1,658.8	\$ 50.35	\$ 6.96
Anesthesia	293.4	47.03	1.15	-	-	-	293.4	47.03	1.15
Inpatient Visits	2,866.7	19.38	4.63	-	-	-	2,866.7	19.38	4.63
Urgent Care/Emergency Room	1,114.1	25.74	2.39	-	-	-	1,114.1	25.74	2.39
Office/Home Visits	8,308.7	22.93	15.88	-	-	-	8,308.7	22.93	15.88
Preventive Care	115.3	65.57	0.63	-	-	-	115.3	65.57	0.63
Maternity - Delivery	3.5	308.57	0.09	-	-	-	3.5	308.57	0.09
Maternity - Non-Delivery	13.5	44.44	0.05	-	-	-	13.5	44.44	0.05
Allergy/Immunotherapy	100.4	11.95	0.10	-	-	-	100.4	11.95	0.10
Lab/Path/Rad	3,952.7	10.56	3.48	-	-	-	3,952.7	10.56	3.48
Office Adm. Drugs	1,541.2	61.28	7.87	-	-	-	1,541.2	61.28	7.87
Clinic	21.9	76.71	0.14	-	-	-	21.9	76.71	0.14
Psych/SUD	1,774.9	35.02	5.18	-	-	-	1,774.9	35.02	5.18
Physical Therapy	1,082.4	8.65	0.78	-	-	-	1,082.4	8.65	0.78
Family Planning	0.4	-	-	-	-	-	0.4	-	-
Other Professional	2,348.7	17.68	3.46	-	-	-	2,348.7	17.68	3.46
Subtotal	25,196.6	\$ 25.14	\$ 52.79	-	\$ 0.00	\$ 0.00	25,196.6	\$ 25.14	\$ 52.79
Total Medical	71,290.3	\$ 33.73	\$ 200.37	-	\$ 0.00	\$ 0.00	71,290.3	\$ 33.73	\$ 200.37
Category of Service - Iowa Plan for BH									
Inpatient Treatment	1.8	\$ 3,000.00	\$ 0.45	-	\$ 0.00	\$ 0.00	1.8	\$ 3,000.00	\$ 0.45
Outpatient Treatment	20,223.2	126.38	212.99	-	-	-	20,223.2	126.38	212.99
Intermediate Care	42.4	430.19	1.52	-	-	-	42.4	430.19	1.52
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	20,267.4	\$ 128.16	\$ 216.46	-	\$ 0.00	\$ 0.00	20,267.4	\$ 128.16	\$ 216.46
Short Term Institutional / HCBS	284.5	\$ 195.71	\$ 4.64	-	\$ 0.00	\$ 0.00	284.5	\$ 195.71	\$ 4.64

<b>Total Acute Medical Component</b>	<b>\$ 421.47</b>
Third Party Liability Adjustment	(8.01)
Copayment Adjustment	(2.25)
Retroactivity Adjustment	(1.05)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	6.25%
<b>Gross Capitation Rate</b>	<b>\$ 445.00</b>
Less Withhold	2.0%
<b>Net Capitation Rate</b>	<b>\$ 436.10</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	71,746						71,746		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	975.7	\$ 296.16	\$ 24.08	-	\$ 0.00	\$ 0.00	975.7	\$ 296.16	\$ 24.08
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	975.7	\$ 296.16	\$ 24.08	-	\$ 0.00	\$ 0.00	975.7	\$ 296.16	\$ 24.08
Outpatient Hospital									
Emergency Room	671.2	\$ 45.05	\$ 2.52	-	\$ 0.00	\$ 0.00	671.2	\$ 45.05	\$ 2.52
General	19,229.1	28.50	45.67	-	-	-	19,229.1	28.50	45.67
Subtotal	19,900.3	\$ 29.06	\$ 48.19	-	\$ 0.00	\$ 0.00	19,900.3	\$ 29.06	\$ 48.19
Ancillary									
Pharmacy	2,352.1	\$ 23.11	\$ 4.53	-	\$ 0.00	\$ 0.00	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,332.8	32.55	9.04	-	-	-	3,332.8	32.55	9.04
Ambulance	519.3	61.24	2.65	-	-	-	519.3	61.24	2.65
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	1,841.6	103.48	15.88	-	-	-	1,841.6	103.48	15.88
Chiropractic Services	676.7	9.58	0.54	-	-	-	676.7	9.58	0.54
Podiatry	423.3	15.88	0.56	-	-	-	423.3	15.88	0.56
Vision	1,087.6	23.28	2.11	-	-	-	1,087.6	23.28	2.11
Other Ancillary	87.4	16.48	0.12	-	-	-	87.4	16.48	0.12
Subtotal	10,320.8	\$ 41.19	\$ 35.43	-	\$ 0.00	\$ 0.00	10,320.8	\$ 41.19	\$ 35.43
Professional									
Surgery	1,408.4	\$ 53.34	\$ 6.26	-	\$ 0.00	\$ 0.00	1,408.4	\$ 53.34	\$ 6.26
Anesthesia	224.2	47.10	0.88	-	-	-	224.2	47.10	0.88
Inpatient Visits	3,423.4	19.98	5.70	-	-	-	3,423.4	19.98	5.70
Urgent Care/Emergency Room	585.0	28.92	1.41	-	-	-	585.0	28.92	1.41
Office/Home Visits	5,312.8	24.21	10.72	-	-	-	5,312.8	24.21	10.72
Preventive Care	42.4	53.77	0.19	-	-	-	42.4	53.77	0.19
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	22.9	10.48	0.02	-	-	-	22.9	10.48	0.02
Lab/Path/Rad	3,436.1	10.62	3.04	-	-	-	3,436.1	10.62	3.04
Office Adm. Drugs	1,018.0	46.21	3.92	-	-	-	1,018.0	46.21	3.92
Clinic	21.6	77.78	0.14	-	-	-	21.6	77.78	0.14
Psych/SUD	242.5	38.60	0.78	-	-	-	242.5	38.60	0.78
Physical Therapy	453.6	9.52	0.36	-	-	-	453.6	9.52	0.36
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,337.4	14.02	2.73	-	-	-	2,337.4	14.02	2.73
Subtotal	18,528.3	\$ 23.41	\$ 36.15	-	\$ 0.00	\$ 0.00	18,528.3	\$ 23.41	\$ 36.15
Total Medical	49,725.1	\$ 34.71	\$ 143.85	-	\$ 0.00	\$ 0.00	49,725.1	\$ 34.71	\$ 143.85
Category of Service - Iowa Plan for BH									
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	-	\$ 0.00	\$ 0.00	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	2,070.9	198.06	34.18	-	-	-	2,070.9	198.06	34.18
Intermediate Care	1.9	694.74	0.11	-	-	-	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,073.3	\$ 207.67	\$ 35.88	-	\$ 0.00	\$ 0.00	2,073.3	\$ 207.67	\$ 35.88
Short Term Institutional / HCBS	5,286.4	\$ 175.29	\$ 77.22	-	\$ 0.00	\$ 0.00	5,286.4	\$ 175.29	\$ 77.22

<b>Total Acute Medical Component</b>	<b>\$ 256.95</b>
Third Party Liability Adjustment	(3.96)
Copayment Adjustment	(20.20)
Retroactivity Adjustment	(30.83)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 13.46
<b>Gross Capitation Rate</b>	<b>\$ 222.92</b>
Less Withhold	2.0% (4.46)
<b>Net Capitation Rate</b>	<b>\$ 218.46</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	5,793			-			5,793		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	56.1	\$ 2,070.59	\$ 9.68	-	\$ 0.00	\$ 0.00	56.1	\$ 2,070.59	\$ 9.68
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	56.1	\$ 2,070.59	\$ 9.68	-	\$ 0.00	\$ 0.00	56.1	\$ 2,070.59	\$ 9.68
Outpatient Hospital									
Emergency Room	565.5	\$ 129.23	\$ 6.09	-	\$ 0.00	\$ 0.00	565.5	\$ 129.23	\$ 6.09
General	16,204.6	33.70	45.51	-	-	-	16,204.6	33.70	45.51
Subtotal	16,770.1	\$ 36.92	\$ 51.60	-	\$ 0.00	\$ 0.00	16,770.1	\$ 36.92	\$ 51.60
Ancillary									
Pharmacy	71,420.3	\$ 55.95	\$ 332.98	-	\$ 0.00	\$ 0.00	71,420.3	\$ 55.95	\$ 332.98
DME/Supplies/Prosthetics	213.1	128.39	2.28	-	-	-	213.1	128.39	2.28
Ambulance	128.3	75.76	0.81	-	-	-	128.3	75.76	0.81
Non-Emergency Transportation	15.5	23.23	0.03	-	-	-	15.5	23.23	0.03
Home Health/Hospice	16.8	85.71	0.12	-	-	-	16.8	85.71	0.12
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	3,237.7	36.58	9.87	-	-	-	3,237.7	36.58	9.87
Other Ancillary	224.2	25.69	0.48	-	-	-	224.2	25.69	0.48
Subtotal	75,255.9	\$ 55.26	\$ 346.57	-	\$ 0.00	\$ 0.00	75,255.9	\$ 55.26	\$ 346.57
Professional									
Surgery	392.3	\$ 139.49	\$ 4.56	-	\$ 0.00	\$ 0.00	392.3	\$ 139.49	\$ 4.56
Anesthesia	44.4	194.59	0.72	-	-	-	44.4	194.59	0.72
Inpatient Visits	900.0	49.73	3.73	-	-	-	900.0	49.73	3.73
Urgent Care/Emergency Room	352.3	88.56	2.60	-	-	-	352.3	88.56	2.60
Office/Home Visits	2,974.2	77.35	19.17	-	-	-	2,974.2	77.35	19.17
Preventive Care	1,695.4	48.98	6.92	-	-	-	1,695.4	48.98	6.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	12.5	48.00	0.05	-	-	-	12.5	48.00	0.05
Lab/Path/Rad	6,875.1	39.08	22.39	-	-	-	6,875.1	39.08	22.39
Office Adm. Drugs	109.9	30.57	0.28	-	-	-	109.9	30.57	0.28
Clinic	270.4	151.33	3.41	-	-	-	270.4	151.33	3.41
Psych/SUD	1.7	494.12	0.07	-	-	-	1.7	494.12	0.07
Physical Therapy	308.9	38.46	0.99	-	-	-	308.9	38.46	0.99
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,466.9	33.21	4.06	-	-	-	1,466.9	33.21	4.06
Subtotal	15,404.0	\$ 53.71	\$ 68.95	-	\$ 0.00	\$ 0.00	15,404.0	\$ 53.71	\$ 68.95
Total Medical	107,486.1	\$ 53.23	\$ 476.80	-	\$ 0.00	\$ 0.00	107,486.1	\$ 53.23	\$ 476.80
Category of Service - Iowa Plan for BH									
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Treatment	21,866.3	72.99	133.01	-	-	-	21,866.3	72.99	133.01
Intermediate Care	23.3	1,534.76	2.98	-	-	-	23.3	1,534.76	2.98
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	21,889.6	\$ 75.37	\$ 137.49	-	\$ 0.00	\$ 0.00	21,889.6	\$ 75.37	\$ 137.49
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	54.0	\$ 346.67	\$ 1.56				54.0	\$ 346.67	\$ 1.56
Psychiatric Mental Institute for Children	15,582.7	4,294.48	5,576.63				15,582.7	4,294.48	5,576.63
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	6.3	2,971.43	1.56				6.3	2,971.43	1.56
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	14.5	140.69	0.17				14.5	140.69	0.17
In-home family therapy	16.6	195.18	0.27				16.6	195.18	0.27
Respite	62.1	550.72	2.85				62.1	550.72	2.85
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	15,736.2	\$ 4,257.48	\$ 5,583.04				15,736.2	\$ 4,257.48	\$ 5,583.04
Total LTSS Component									\$ 5,583.04
Member Financial Participation									-
Administrative Load									75.00
Gross Capitation Rate									\$ 5,658.04
Less Withhold									2.0% (113.16)
Net Capitation Rate									\$ 5,544.88

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	1,831			-			1,831		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	7,212.1	\$ 1,193.11	\$ 717.07	-	\$ 0.00	\$ 0.00	7,212.1	\$ 1,193.11	\$ 717.07
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	7,212.1	\$ 1,193.11	\$ 717.07	-	\$ 0.00	\$ 0.00	7,212.1	\$ 1,193.11	\$ 717.07
Outpatient Hospital									
Emergency Room	1,860.6	\$ 83.84	\$ 13.00	-	\$ 0.00	\$ 0.00	1,860.6	\$ 83.84	\$ 13.00
General	41,577.4	56.70	196.45	-	-	-	41,577.4	56.70	196.45
Subtotal	43,438.0	\$ 57.86	\$ 209.45	-	\$ 0.00	\$ 0.00	43,438.0	\$ 57.86	\$ 209.45
Ancillary									
Pharmacy	22,354.9	\$ 75.19	\$ 140.07	-	\$ 0.00	\$ 0.00	22,354.9	\$ 75.19	\$ 140.07
DME/Supplies/Prosthetics	4,861.7	61.11	24.76	-	-	-	4,861.7	61.11	24.76
Ambulance	4,124.9	77.27	26.56	-	-	-	4,124.9	77.27	26.56
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	126.5	18.97	0.20	-	-	-	126.5	18.97	0.20
Podiatry	472.7	14.22	0.56	-	-	-	472.7	14.22	0.56
Vision	520.8	33.18	1.44	-	-	-	520.8	33.18	1.44
Other Ancillary	37.7	22.28	0.07	-	-	-	37.7	22.28	0.07
Subtotal	32,499.2	\$ 71.51	\$ 193.66	-	\$ 0.00	\$ 0.00	32,499.2	\$ 71.51	\$ 193.66
Professional									
Surgery	2,510.5	\$ 141.87	\$ 29.68	-	\$ 0.00	\$ 0.00	2,510.5	\$ 141.87	\$ 29.68
Anesthesia	424.9	150.81	5.34	-	-	-	424.9	150.81	5.34
Inpatient Visits	23,077.1	50.74	97.58	-	-	-	23,077.1	50.74	97.58
Urgent Care/Emergency Room	1,933.4	71.63	11.54	-	-	-	1,933.4	71.63	11.54
Office/Home Visits	4,062.8	51.36	17.39	-	-	-	4,062.8	51.36	17.39
Preventive Care	71.4	28.57	0.17	-	-	-	71.4	28.57	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	13,210.4	26.83	29.54	-	-	-	13,210.4	26.83	29.54
Office Adm. Drugs	2,642.8	146.84	32.34	-	-	-	2,642.8	146.84	32.34
Clinic	628.0	143.69	7.52	-	-	-	628.0	143.69	7.52
Psych/SUD	131.0	25.65	0.28	-	-	-	131.0	25.65	0.28
Physical Therapy	74.9	11.21	0.07	-	-	-	74.9	11.21	0.07
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,371.4	24.13	6.78	-	-	-	3,371.4	24.13	6.78
Subtotal	52,138.6	\$ 54.83	\$ 238.23	-	\$ 0.00	\$ 0.00	52,138.6	\$ 54.83	\$ 238.23
Total Medical	135,287.9	\$ 120.49	\$ 1,358.41	-	\$ 0.00	\$ 0.00	135,287.9	\$ 120.49	\$ 1,358.41
Category of Service - Iowa Plan for BH									
Inpatient Treatment	73.7	\$ 61.87	\$ 0.38	-	\$ 0.00	\$ 0.00	73.7	\$ 61.87	\$ 0.38
Outpatient Treatment	3,845.4	21.00	6.73	-	-	-	3,845.4	21.00	6.73
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,919.1	\$ 26.36	\$ 8.61	-	\$ 0.00	\$ 0.00	3,919.1	\$ 26.36	\$ 8.61
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	3,890.3	\$ 170.89	\$ 55.40				3,890.3	\$ 170.89	\$ 55.40
Home Health/Hospice	48,431.5	803.79	3,244.08				48,431.5	803.79	3,244.08
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	52,321.8	\$ 756.74	\$ 3,299.48				52,321.8	\$ 756.74	\$ 3,299.48
Total LTSS Component									\$ 3,299.48
Member Financial Participation									(321.70)
Administrative Load									75.00
Gross Capitation Rate									\$ 3,052.78
Less Withhold									2.0% (61.06)
Net Capitation Rate									\$ 2,991.72

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

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

Member Months	7,556			-			7,556		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	575.5	\$ 257.31	\$ 12.34	-	\$ 0.00	\$ 0.00	575.5	\$ 257.31	\$ 12.34
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	575.5	\$ 257.31	\$ 12.34	-	\$ 0.00	\$ 0.00	575.5	\$ 257.31	\$ 12.34
Outpatient Hospital									
Emergency Room	333.9	\$ 43.49	\$ 1.21	-	\$ 0.00	\$ 0.00	333.9	\$ 43.49	\$ 1.21
General	7,593.5	16.85	10.66	-	-	-	7,593.5	16.85	10.66
Subtotal	7,927.4	\$ 17.97	\$ 11.87	-	\$ 0.00	\$ 0.00	7,927.4	\$ 17.97	\$ 11.87
Ancillary									
Pharmacy	4,834.6	\$ 11.07	\$ 4.46	-	\$ 0.00	\$ 0.00	4,834.6	\$ 11.07	\$ 4.46
DME/Supplies/Prosthetics	1,695.7	62.28	8.80	-	-	-	1,695.7	62.28	8.80
Ambulance	828.5	56.63	3.91	-	-	-	828.5	56.63	3.91
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	5.5	21.82	0.01	-	-	-	5.5	21.82	0.01
Podiatry	1,016.5	15.23	1.29	-	-	-	1,016.5	15.23	1.29
Vision	314.0	27.13	0.71	-	-	-	314.0	27.13	0.71
Other Ancillary	26.3	27.38	0.06	-	-	-	26.3	27.38	0.06
Subtotal	8,721.1	\$ 26.47	\$ 19.24	-	\$ 0.00	\$ 0.00	8,721.1	\$ 26.47	\$ 19.24
Professional									
Surgery	407.8	\$ 30.31	\$ 1.03	-	\$ 0.00	\$ 0.00	407.8	\$ 30.31	\$ 1.03
Anesthesia	33.7	49.85	0.14	-	-	-	33.7	49.85	0.14
Inpatient Visits	6,221.8	20.85	10.81	-	-	-	6,221.8	20.85	10.81
Urgent Care/Emergency Room	314.2	28.26	0.74	-	-	-	314.2	28.26	0.74
Office/Home Visits	706.7	21.90	1.29	-	-	-	706.7	21.90	1.29
Preventive Care	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	2,100.3	7.83	1.37	-	-	-	2,100.3	7.83	1.37
Office Adm. Drugs	87.4	28.83	0.21	-	-	-	87.4	28.83	0.21
Clinic	10.8	44.44	0.04	-	-	-	10.8	44.44	0.04
Psych/SUD	423.1	20.42	0.72	-	-	-	423.1	20.42	0.72
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	660.8	8.35	0.46	-	-	-	660.8	8.35	0.46
Subtotal	10,966.6	\$ 18.39	\$ 16.81	-	\$ 0.00	\$ 0.00	10,966.6	\$ 18.39	\$ 16.81
Total Medical	28,190.6	\$ 25.65	\$ 60.26	-	\$ 0.00	\$ 0.00	28,190.6	\$ 25.65	\$ 60.26
Category of Service - Iowa Plan for BH									
Inpatient Treatment	5.9	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	311.3	6.17	0.16	-	-	-	311.3	6.17	0.16
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	317.2	\$ 62.80	\$ 1.66	-	\$ 0.00	\$ 0.00	317.2	\$ 62.80	\$ 1.66
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 61.92</b>
Third Party Liability Adjustment	(1.21)
Copayment Adjustment	(0.02)
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 2.69
<b>Gross Capitation Rate</b>	<b>\$ 70.88</b>
Less Withhold	2.0% (1.42)
<b>Net Capitation Rate</b>	<b>\$ 69.46</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 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	10,164.1	\$ 172.82	\$ 146.38				10,164.1	\$ 172.82	\$ 146.38
Home Health/Hospice	46,828.8	990.35	3,864.74				46,828.8	990.35	3,864.74
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	56,992.9	\$ 844.55	\$ 4,011.12				56,992.9	\$ 844.55	\$ 4,011.12
Total LTSS Component									\$ 4,011.12
Member Financial Participation									(942.61)
Administrative Load									75.00
Gross Capitation Rate									\$ 3,143.51
Less Withhold									2.0% (62.87)
Net Capitation Rate									\$ 3,080.64

## **APPENDIX C1 – hawk-i**

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**April 2016 to June 2016 Capitation Rate Development**

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

**Member Months** **396,408**

	Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>			
Medical/Surgical	55.6	\$ 2,211.27	\$ 10.24
Psychiatric/SUD	47.5	1,127.64	4.46
Maternity - Delivery	0.9	1,437.66	0.11
Maternity Non-Delivery	-	-	-
Well Newborn	-	-	-
Other Newborn	-	-	-
<b>Subtotal</b>	<b>103.9</b>	<b>\$ 1,709.72</b>	<b>\$ 14.80</b>
<b>Outpatient Hospital</b>			
Emergency Room	377.9	\$ 186.25	\$ 5.87
General	2,155.7	146.57	26.33
<b>Subtotal</b>	<b>2,533.6</b>	<b>\$ 152.49</b>	<b>\$ 32.20</b>
<b>Ancillary</b>			
Pharmacy	5,551.3	\$ 60.98	\$ 28.21
DME/Supplies/Prosthetics	161.0	82.94	1.11
Ambulance	22.0	384.02	0.70
Non-Emergency Transportation	-	-	-
Home Health/Hospice	-	-	-
Chiropractic Services	410.5	19.39	0.66
Podiatry	-	-	-
Vision	619.0	51.49	2.66
Other Ancillary	1.4	204.34	0.02
<b>Subtotal</b>	<b>6,765.2</b>	<b>\$ 59.19</b>	<b>\$ 33.37</b>
<b>Professional</b>			
Surgery	550.8	\$ 123.69	\$ 5.68
Anesthesia	81.8	331.31	2.26
Inpatient Visits	120.2	97.67	0.98
Urgent Care/Emergency Room	327.3	88.27	2.41
Office/Home Visits	3,558.2	73.12	21.68
Preventive Care	585.1	88.55	4.32
Maternity - Delivery	0.4	1,802.84	0.05
Maternity - Non-Delivery	0.3	195.05	0.00
Allergy/Immunotherapy	148.5	78.82	0.98
Lab/Path/Rad	2,275.4	19.40	3.68
Office Adm. Drugs	592.8	83.20	4.11
Clinic	12.8	147.54	0.16
Psych/SUD	744.7	74.87	4.65
Physical Therapy	583.1	29.41	1.43
Family Planning	-	-	-
Case Management	-	-	-
Targeted Case Management	-	-	-
Other Professional	1,934.0	38.17	6.15
<b>Subtotal</b>	<b>11,515.5</b>	<b>\$ 60.99</b>	<b>\$ 58.53</b>
<b>Total Medical</b>	<b>20,918.2</b>	<b>\$ 79.68</b>	<b>\$ 138.89</b>
<b>Total Acute Medical Component</b>			<b>\$ 138.89</b>
Third Party Liability Adjustment			-
Copayment Adjustment			-
Retroactivity Adjustment			-
<b>Administrative Load</b>			
Non-emergency medical transportation			1.00
Other administrative expense		10.25%	15.86
<b>Gross Capitation Rate</b>			<b>\$ 155.76</b>
Less Withhold		2.0%	(3.12)
<b>Net Capitation Rate</b>			<b>\$ 152.64</b>



## **APPENDIX C1 – MATERNITY**

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide  
Rate Cell: TANF Delivery Case Rate

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

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Capitation Rate Development

Region: Statewide

Rate Cell: Pregnant Women Delivery Case Rate

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

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

## APPENDIX D1

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation		
		Gross Base Medical Capitation	Emerging Trends Adjustment	Adjusted Gross Base Medical Capitation
Children 0-59 days M&F	57,527	\$ 1,808.56	1.0200	\$ 1,844.73
Children 60-364 days M&F	194,558	212.19	1.0200	216.43
Children 1-4 M&F	717,933	115.19	1.0200	117.49
Children 5-14 M&F	1,342,686	126.67	1.0200	129.20
Children 15-20 F	243,143	217.85	1.0200	222.21
Children 15-20 M	217,242	197.34	1.0200	201.29
Non-Expansion Adults 21-34 F	303,557	324.16	1.0200	330.64
Non-Expansion Adults 21-34 M	70,383	218.44	1.0200	222.81
Non-Expansion Adults 35-49 F	126,218	470.53	1.0200	479.94
Non-Expansion Adults 35-49 M	54,475	393.30	1.0200	401.17
Non-Expansion Adults 50+ M&F	23,288	559.09	1.0200	570.27
Pregnant Women	118,189	338.60	1.0000	338.60
CHIP - Children 0-59 days M&F	-	\$ 1,808.56	1.0200	\$ 1,844.73
CHIP - Children 60-364 days M&F	-	212.19	1.0200	216.43
CHIP - Children 1-4 M&F	-	115.19	1.0200	117.49
CHIP - Children 5-14 M&F	156,522	126.67	1.0200	129.20
CHIP - Children 15-20 F	26,346	217.85	1.0200	222.21
CHIP - Children 15-20 M	25,645	197.34	1.0200	201.29
CHIP - Hawk-i	396,408	\$ 155.76	1.0000	\$ 155.76
TANF Maternity Case Rate	4,374	\$ 6,172.05	1.0000	\$ 6,172.05
Pregnant Women Maternity Case Rate	9,224	\$ 5,468.90	1.0000	\$ 5,468.90
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 501.65	1.0650	\$ 534.25
Wellness Plan 19-24 M (Medically Exempt)	7,785	485.95	1.0650	517.53
Wellness Plan 25-34 F (Medically Exempt)	12,677	715.01	1.0650	761.49
Wellness Plan 25-34 M (Medically Exempt)	13,931	710.12	1.0650	756.28
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,143.83	1.0650	1,218.18
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,109.61	1.0650	1,181.74
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,438.54	1.0650	\$ 1,532.05
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 189.90	1.0650	\$ 202.24
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	183.92	1.0650	195.87
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	271.16	1.0650	288.78
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	269.29	1.0650	286.80
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	434.48	1.0650	462.72
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	421.44	1.0650	448.84
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 546.72	1.0650	\$ 582.25
Family Planning Waiver	288,967	\$ 20.49	0.9000	\$ 18.44
ABD Non-Dual <21 M&F	106,302	\$ 600.32	1.0300	\$ 618.33
ABD Non-Dual 21+ M&F	246,727	1,130.90	1.0300	1,164.83
Breast and Cervical Cancer	2,694	1,668.16	1.0300	1,718.20
Residential Care Facility	8,517	\$ 1,774.35	1.0300	\$ 1,827.58
Dual Eligible 0-64 M&F	315,371	\$ 445.00	1.0300	\$ 458.35
Dual Eligible 65+ M&F	71,746	\$ 222.92	1.0300	\$ 229.61

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation		
		Gross Base Medical Capitation	Emerging Trends Adjustment	Adjusted Gross Base Medical Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 123.96	1.0000	\$ 123.96
Hospice 65+	7,556	123.96	1.0000	123.96
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 242.74</u>	<u>1.0000</u>	<u>\$ 242.74</u>
LTSS blended with actual membership mix	232,932			
LTSS blended with 3.25% rebalanced membership				
Custodial Care Nursing Facility <65	20,300	\$ 790.48	1.0300	\$ 814.20
Hospice <65	1,831	790.48	1.0300	814.20
Non-Dual Skilled Nursing Facility	947	2,471.44	1.0300	2,545.58
Dual HCBS Waivers: PD; H&D	17,055	355.82	1.0300	366.49
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,575.54	1.0300	1,622.81
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 802.83</u>	<u>1.0300</u>	<u>\$ 826.91</u>
LTSS blended with actual membership mix	71,171			
LTSS blended with 2.25% rebalanced membership				
ICF/MR	18,095	\$ 475.19	1.0300	\$ 489.45
State Resource Center	4,880	177.91	1.0300	183.25
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 518.07</u>	<u>1.0300</u>	<u>\$ 533.61</u>
LTSS blended with actual membership mix	163,964			
LTSS blended with 1.0% rebalanced membership				
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 568.14	1.0300	\$ 585.18
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 946.50</u>	<u>1.0300</u>	<u>\$ 974.90</u>
LTSS blended with actual membership mix	15,184			
LTSS blended with 3.0% rebalanced membership				

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation		
		Net Base Medical Capitation	Emerging Trends Adjustment	Adjusted Net Base Medical Capitation
Children 0-59 days M&F	57,527	\$ 1,772.39	1.0200	\$ 1,807.84
Children 60-364 days M&F	194,558	207.95	1.0200	212.11
Children 1-4 M&F	717,933	112.89	1.0200	115.15
Children 5-14 M&F	1,342,686	124.14	1.0200	126.62
Children 15-20 F	243,143	213.49	1.0200	217.76
Children 15-20 M	217,242	193.39	1.0200	197.26
Non-Expansion Adults 21-34 F	303,557	317.68	1.0200	324.03
Non-Expansion Adults 21-34 M	70,383	214.07	1.0200	218.35
Non-Expansion Adults 35-49 F	126,218	461.12	1.0200	470.34
Non-Expansion Adults 35-49 M	54,475	385.43	1.0200	393.14
Non-Expansion Adults 50+ M&F	23,288	547.91	1.0200	558.87
Pregnant Women	118,189	331.83	1.0000	331.83
CHIP - Children 0-59 days M&F	-	\$ 1,772.39	1.0200	\$ 1,807.84
CHIP - Children 60-364 days M&F	-	207.95	1.0200	212.11
CHIP - Children 1-4 M&F	-	112.89	1.0200	115.15
CHIP - Children 5-14 M&F	156,522	124.14	1.0200	126.62
CHIP - Children 15-20 F	26,346	213.49	1.0200	217.76
CHIP - Children 15-20 M	25,645	193.39	1.0200	197.26
CHIP - Hawk-i	396,408	\$ 152.64	1.0000	\$ 152.64
TANF Maternity Case Rate	4,374	\$ 6,048.61	1.0000	\$ 6,048.61
Pregnant Women Maternity Case Rate	9,224	\$ 5,359.53	1.0000	\$ 5,359.53
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 491.61	1.0650	\$ 523.56
Wellness Plan 19-24 M (Medically Exempt)	7,785	476.23	1.0650	507.18
Wellness Plan 25-34 F (Medically Exempt)	12,677	700.71	1.0650	746.26
Wellness Plan 25-34 M (Medically Exempt)	13,931	695.92	1.0650	741.15
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,120.96	1.0650	1,193.82
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,087.42	1.0650	1,158.10
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,409.77	1.0650	\$ 1,501.41
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 186.10	1.0650	\$ 198.20
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	180.24	1.0650	191.96
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	265.73	1.0650	283.00
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	263.91	1.0650	281.06
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	425.79	1.0650	453.47
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	413.01	1.0650	439.86
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 535.78	1.0650	\$ 570.61
Family Planning Waiver	288,967	\$ 20.08	0.9000	\$ 18.07
ABD Non-Dual <21 M&F	106,302	\$ 588.31	1.0300	\$ 605.96
ABD Non-Dual 21+ M&F	246,727	1,108.28	1.0300	1,141.53
Breast and Cervical Cancer	2,694	1,634.80	1.0300	1,683.84
Residential Care Facility	8,517	\$ 1,738.86	1.0300	\$ 1,791.03
Dual Eligible 0-64 M&F	315,371	\$ 436.10	1.0300	\$ 449.18
Dual Eligible 65+ M&F	71,746	\$ 218.46	1.0300	\$ 225.01

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation		
		Net Base Medical Capitation	Emerging Trends Adjustment	Adjusted Net Base Medical Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 121.48	1.0000	\$ 121.48
Hospice 65+	7,556	121.48	1.0000	121.48
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 237.89</u>	<u>1.0000</u>	<u>\$ 237.89</u>
LTSS blended with actual membership mix	232,932			
LTSS blended with 3.25% rebalanced membership				
Custodial Care Nursing Facility <65	20,300	\$ 774.67	1.0300	\$ 797.91
Hospice <65	1,831	774.67	1.0300	797.91
Non-Dual Skilled Nursing Facility	947	2,422.01	1.0300	2,494.67
Dual HCBS Waivers: PD; H&D	17,055	348.70	1.0300	359.16
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,544.03	1.0300	1,590.35
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 786.77</u>	<u>1.0300</u>	<u>\$ 810.37</u>
LTSS blended with actual membership mix	71,171			
LTSS blended with 2.25% rebalanced membership				
ICF/MR	18,095	\$ 465.69	1.0300	\$ 479.66
State Resource Center	4,880	174.35	1.0300	179.58
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 507.71</u>	<u>1.0300</u>	<u>\$ 522.94</u>
LTSS blended with actual membership mix	163,964			
LTSS blended with 1.0% rebalanced membership				
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 556.78	1.0300	\$ 573.48
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 927.57</u>	<u>1.0300</u>	<u>\$ 955.40</u>
LTSS blended with actual membership mix	15,184			
LTSS blended with 3.0% rebalanced membership				



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation		
		Gross LTSS Capitation	Emerging Trends Adjustment	Adjusted Gross LTSS Capitation
Children 0-59 days M&F	57,527	\$ 0.00	1.0000	\$ 0.00
Children 60-364 days M&F	194,558	-	1.0000	-
Children 1-4 M&F	717,933	-	1.0000	-
Children 5-14 M&F	1,342,686	-	1.0000	-
Children 15-20 F	243,143	-	1.0000	-
Children 15-20 M	217,242	-	1.0000	-
Non-Expansion Adults 21-34 F	303,557	-	1.0000	-
Non-Expansion Adults 21-34 M	70,383	-	1.0000	-
Non-Expansion Adults 35-49 F	126,218	-	1.0000	-
Non-Expansion Adults 35-49 M	54,475	-	1.0000	-
Non-Expansion Adults 50+ M&F	23,288	-	1.0000	-
Pregnant Women	118,189	-	1.0000	-
CHIP - Children 0-59 days M&F	-	\$ 0.00	1.0000	\$ 0.00
CHIP - Children 60-364 days M&F	-	-	1.0000	-
CHIP - Children 1-4 M&F	-	-	1.0000	-
CHIP - Children 5-14 M&F	156,522	-	1.0000	-
CHIP - Children 15-20 F	26,346	-	1.0000	-
CHIP - Children 15-20 M	25,645	-	1.0000	-
CHIP - Hawk-i	396,408	\$ 0.00	1.0000	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 0.00	1.0000	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	-	1.0000	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	-	1.0000	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	-	1.0000	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	-	1.0000	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	-	1.0000	-
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	-	1.0000	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	-	1.0000	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	-	1.0000	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	-	1.0000	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	-	1.0000	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 0.00	1.0000	\$ 0.00
Family Planning Waiver	288,967	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	-	1.0000	-
Breast and Cervical Cancer	2,694	-	1.0000	-
Residential Care Facility	8,517	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 0-64 M&F	315,371	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 65+ M&F	71,746	\$ 0.00	1.0000	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation		
		Gross LTSS Capitation	Emerging Trends Adjustment	Adjusted Gross LTSS Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 4,285.11	1.0000	\$ 4,285.11
Hospice 65+	7,556	3,143.51	1.0000	3,143.51
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 1,106.45</u>	<u>1.0000</u>	<u>\$ 1,106.45</u>
LTSS blended with actual membership mix	232,932	\$ 2,804.00		\$ 2,804.00
LTSS blended with 3.25% rebalanced membership		\$ 2,700.69		\$ 2,700.69
Custodial Care Nursing Facility <65	20,300	\$ 4,855.82	1.0000	\$ 4,855.82
Hospice <65	1,831	3,052.78	1.0000	3,052.78
Non-Dual Skilled Nursing Facility	947	22,611.64	1.0000	22,611.64
Dual HCBS Waivers: PD; H&D	17,055	1,201.73	1.0000	1,201.73
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,674.12	1.0000	1,674.12
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 2,579.54</u>	<u>1.0000</u>	<u>\$ 2,579.54</u>
LTSS blended with actual membership mix	71,171	\$ 2,960.74		\$ 2,960.74
LTSS blended with 2.25% rebalanced membership		\$ 2,892.40		\$ 2,892.40
ICF/MR	18,095	\$ 10,224.88	1.0000	\$ 10,224.88
State Resource Center	4,880	25,825.17	1.0000	25,825.17
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 3,316.00</u>	<u>1.0500</u>	<u>\$ 3,481.80</u>
LTSS blended with actual membership mix	163,964	\$ 4,748.39		\$ 4,890.96
LTSS blended with 1.0% rebalanced membership		\$ 4,648.10		\$ 4,792.33
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,658.04	1.0000	\$ 5,658.04
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 1,041.29</u>	<u>1.0000</u>	<u>\$ 1,041.29</u>
LTSS blended with actual membership mix	15,184	\$ 2,802.67		\$ 2,802.67
LTSS blended with 3.0% rebalanced membership		\$ 2,664.17		\$ 2,664.17

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation		
		Net LTSS Capitation	Emerging Trends Adjustment	Adjusted Net LTSS Capitation
Children 0-59 days M&F	57,527	\$ 0.00	1.0000	\$ 0.00
Children 60-364 days M&F	194,558	-	1.0000	-
Children 1-4 M&F	717,933	-	1.0000	-
Children 5-14 M&F	1,342,686	-	1.0000	-
Children 15-20 F	243,143	-	1.0000	-
Children 15-20 M	217,242	-	1.0000	-
Non-Expansion Adults 21-34 F	303,557	-	1.0000	-
Non-Expansion Adults 21-34 M	70,383	-	1.0000	-
Non-Expansion Adults 35-49 F	126,218	-	1.0000	-
Non-Expansion Adults 35-49 M	54,475	-	1.0000	-
Non-Expansion Adults 50+ M&F	23,288	-	1.0000	-
Pregnant Women	118,189	-	1.0000	-
CHIP - Children 0-59 days M&F	-	\$ 0.00	1.0000	\$ 0.00
CHIP - Children 60-364 days M&F	-	-	1.0000	-
CHIP - Children 1-4 M&F	-	-	1.0000	-
CHIP - Children 5-14 M&F	156,522	-	1.0000	-
CHIP - Children 15-20 F	26,346	-	1.0000	-
CHIP - Children 15-20 M	25,645	-	1.0000	-
CHIP - Hawk-i	396,408	\$ 0.00	1.0000	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 0.00	1.0000	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	-	1.0000	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	-	1.0000	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	-	1.0000	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	-	1.0000	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	-	1.0000	-
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	-	1.0000	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	-	1.0000	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	-	1.0000	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	-	1.0000	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	-	1.0000	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 0.00	1.0000	\$ 0.00
Family Planning Waiver	288,967	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	-	1.0000	-
Breast and Cervical Cancer	2,694	-	1.0000	-
Residential Care Facility	8,517	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 0-64 M&F	315,371	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 65+ M&F	71,746	\$ 0.00	1.0000	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
April 2016 to June 2016 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation		
		Net LTSS Capitation	Emerging Trends Adjustment	Adjusted Net LTSS Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 4,199.41	1.0000	\$ 4,199.41
Hospice 65+	7,556	3,080.64	1.0000	3,080.64
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>1,084.32</u>	<u>1.0000</u>	<u>\$ 1,084.32</u>
LTSS blended with actual membership mix	232,932	\$ 2,747.92		\$ 2,747.92
LTSS blended with 3.25% rebalanced membership		\$ 2,646.68		\$ 2,646.68
Custodial Care Nursing Facility <65	20,300	\$ 4,758.70	1.0000	\$ 4,758.70
Hospice <65	1,831	2,991.72	1.0000	2,991.72
Non-Dual Skilled Nursing Facility	947	22,159.41	1.0000	22,159.41
Dual HCBS Waivers: PD; H&D	17,055	1,177.70	1.0000	1,177.70
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,640.64	1.0000	1,640.64
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>2,527.95</u>	<u>1.0000</u>	<u>\$ 2,527.95</u>
LTSS blended with actual membership mix	71,171	\$ 2,901.52		\$ 2,901.52
LTSS blended with 2.25% rebalanced membership		\$ 2,834.55		\$ 2,834.55
ICF/MR	18,095	\$ 10,020.38	1.0000	\$ 10,020.38
State Resource Center	4,880	25,308.67	1.0000	25,308.67
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>3,249.68</u>	<u>1.0500</u>	<u>\$ 3,412.16</u>
LTSS blended with actual membership mix	163,964	\$ 4,653.43		\$ 4,793.14
LTSS blended with 1.0% rebalanced membership		\$ 4,555.14		\$ 4,696.48
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,544.88	1.0000	\$ 5,544.88
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>1,020.46</u>	<u>1.0000</u>	<u>\$ 1,020.46</u>
LTSS blended with actual membership mix	15,184	\$ 2,746.62		\$ 2,746.62
LTSS blended with 3.0% rebalanced membership		\$ 2,610.88		\$ 2,610.88

## APPENDIX A2

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation					
		Gross Base	1915b(3)	GME	UIHC	Gross Total State Plan Rate	1915b(3)
		Medical Capitation		Supplemental PMPM	Supplemental PMPM		
Children 0-59 days M&F	57,527	\$ 1,844.90	\$ 0.00	\$ 5.28	\$ 40.14	\$ 1,890.32	\$ 0.00
Children 60-364 days M&F	194,558	216.52	-	5.28	11.42	233.22	-
Children 1-4 M&F	717,933	117.53	(0.02)	5.28	5.39	128.18	0.02
Children 5-14 M&F	1,342,686	129.20	(0.36)	5.28	3.11	137.23	0.36
Children 15-20 F	243,143	222.21	(2.92)	5.28	6.39	230.96	2.92
Children 15-20 M	217,242	201.29	(4.10)	5.28	3.32	205.79	4.10
Non-Expansion Adults 21-34 F	303,557	330.64	(8.34)	5.28	9.92	337.50	8.34
Non-Expansion Adults 21-34 M	70,383	222.83	(1.70)	5.28	4.84	231.25	1.70
Non-Expansion Adults 35-49 F	126,218	479.97	(4.72)	5.28	11.80	492.33	4.72
Non-Expansion Adults 35-49 M	54,475	401.19	(1.50)	5.28	8.17	413.14	1.50
Non-Expansion Adults 50+ M&F	23,288	570.45	(1.83)	5.28	13.75	587.65	1.83
Pregnant Women	118,189	338.63	(5.27)	5.28	21.29	359.93	5.27
CHIP - Children 0-59 days M&F	-	\$ 1,844.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,844.90	\$ 0.00
CHIP - Children 60-364 days M&F	-	216.52	-	-	-	216.52	\$ 0.00
CHIP - Children 1-4 M&F	-	117.53	(0.02)	-	-	117.51	\$ 0.02
CHIP - Children 5-14 M&F	156,522	129.20	(0.36)	-	-	128.84	\$ 0.36
CHIP - Children 15-20 F	26,346	222.21	(2.92)	-	-	219.29	\$ 2.92
CHIP - Children 15-20 M	25,645	201.29	(4.10)	-	-	197.19	\$ 4.10
CHIP - Hawk-i	396,408	\$ 155.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 155.76	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 6,172.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,172.05	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 5,468.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,468.90	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 534.28	\$ (1.41)	\$ 0.00	\$ 9.74	\$ 542.61	\$ 1.41
Wellness Plan 19-24 M (Medically Exempt)	7,785	517.56	(0.51)	-	5.60	522.65	0.51
Wellness Plan 25-34 F (Medically Exempt)	12,677	761.54	(2.77)	-	12.26	771.03	2.77
Wellness Plan 25-34 M (Medically Exempt)	13,931	756.36	(1.27)	-	8.24	763.33	1.27
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,218.21	(1.73)	-	18.17	1,234.65	1.73
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,181.79	(1.13)	-	14.13	1,194.79	1.13
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,532.23	\$ (0.23)	\$ 0.00	\$ 21.08	\$ 1,553.08	\$ 0.23
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 202.25	\$ (0.54)	\$ 0.00	\$ 7.75	\$ 209.46	\$ 0.54
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	195.88	(0.19)	-	4.46	200.15	0.19
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	288.80	(1.06)	-	9.75	297.49	1.06
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	286.83	(0.48)	-	6.56	292.91	0.48
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	462.73	(0.66)	-	14.46	476.53	0.66
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	448.86	(0.43)	-	11.25	459.68	0.43
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 582.32	\$ (0.09)	\$ 0.00	\$ 16.78	\$ 599.01	\$ 0.09
Family Planning Waiver	288,967	\$ 18.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 18.44	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 619.19	\$ (2.50)	\$ 5.28	\$ 12.18	\$ 634.15	\$ 2.50
ABD Non-Dual 21+ M&F	246,727	1,165.38	(9.71)	5.28	26.27	1,187.22	9.71
Breast and Cervical Cancer	2,694	1,718.47	(1.19)	-	22.24	1,739.52	1.19
Residential Care Facility	8,517	\$ 1,828.06	\$ (31.73)	\$ 5.28	\$ 11.43	\$ 1,813.04	\$ 31.73
Dual Eligible 0-64 M&F	315,371	\$ 458.79	\$ (15.18)	\$ 0.00	\$ 0.00	\$ 443.61	\$ 15.18
Dual Eligible 65+ M&F	71,746	\$ 229.92	\$ (1.15)	\$ 0.00	\$ 0.00	\$ 228.77	\$ 1.15

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation					
		Gross Base Medical Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Gross Total State Plan Rate	1915b(3)
Custodial Care Nursing Facility 65+	119,554	\$ 123.96	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 123.89	\$ 0.07
Hospice 65+	7,556	123.96	(0.07)	-	-	123.89	0.07
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 242.74</u>	<u>\$ (1.50)</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 241.24</u>	<u>\$ 1.50</u>
LTSS blended with actual membership mix	232,932						
LTSS blended with 3.25% rebalanced membership							
Custodial Care Nursing Facility <65	20,300	\$ 814.20	\$ (2.39)	\$ 5.28	\$ 22.50	\$ 839.59	\$ 2.39
Hospice <65	1,831	814.20	(2.39)	5.28	22.50	839.59	2.39
Non-Dual Skilled Nursing Facility	947	2,545.58	(0.16)	5.28	60.70	2,611.40	0.16
Dual HCBS Waivers: PD; H&D	17,055	366.49	(5.91)	-	-	360.58	5.91
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,622.81	(2.21)	5.28	38.85	1,664.73	2.21
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 826.91</u>	<u>\$ (6.43)</u>	<u>\$ 5.28</u>	<u>\$ 41.96</u>	<u>\$ 867.72</u>	<u>\$ 6.43</u>
LTSS blended with actual membership mix	71,171						
LTSS blended with 2.25% rebalanced membership							
ICF/MR	18,095	\$ 489.45	\$ (0.07)	\$ 5.28	\$ 10.28	\$ 504.94	\$ 0.07
State Resource Center	4,880	183.25	(0.01)	5.28	6.47	194.99	0.01
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 533.61</u>	<u>\$ (5.91)</u>	<u>\$ 5.28</u>	<u>\$ 29.99</u>	<u>\$ 562.97</u>	<u>\$ 5.91</u>
LTSS blended with actual membership mix	163,964						
LTSS blended with 1.0% rebalanced membership							
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 585.18	\$ (21.49)	\$ 5.28	\$ 10.61	\$ 579.58	\$ 21.49
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 974.90</u>	<u>\$ (4.71)</u>	<u>\$ 5.28</u>	<u>\$ 7.22</u>	<u>\$ 982.69</u>	<u>\$ 4.71</u>
LTSS blended with actual membership mix	15,184						
LTSS blended with 3.0% rebalanced membership							

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation					
		Net Base Medical Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Net State Total Plan Rate	1915b(3)
Children 0-59 days M&F	57,527	\$ 1,808.01	\$ 0.00	\$ 5.28	\$ 40.14	\$ 1,853.43	\$ 0.00
Children 60-364 days M&F	194,558	212.18	-	5.28	11.42	228.88	-
Children 1-4 M&F	717,933	115.19	(0.02)	5.28	5.39	125.84	0.02
Children 5-14 M&F	1,342,686	126.62	(0.36)	5.28	3.11	134.65	0.36
Children 15-20 F	243,143	217.76	(2.87)	5.28	6.39	226.56	2.87
Children 15-20 M	217,242	197.26	(4.01)	5.28	3.32	201.85	4.01
Non-Expansion Adults 21-34 F	303,557	324.03	(8.18)	5.28	9.92	331.05	8.18
Non-Expansion Adults 21-34 M	70,383	218.37	(1.67)	5.28	4.84	226.82	1.67
Non-Expansion Adults 35-49 F	126,218	470.37	(4.62)	5.28	11.80	482.83	4.62
Non-Expansion Adults 35-49 M	54,475	393.16	(1.47)	5.28	8.17	405.14	1.47
Non-Expansion Adults 50+ M&F	23,288	559.03	(1.80)	5.28	13.75	576.26	1.80
Pregnant Women	118,189	331.86	(5.17)	5.28	21.29	353.26	5.17
CHIP - Children 0-59 days M&F	-	\$ 1,808.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,808.01	\$ 0.00
CHIP - Children 60-364 days M&F	-	212.18	-	-	-	212.18	-
CHIP - Children 1-4 M&F	-	115.19	(0.02)	-	-	115.17	0.02
CHIP - Children 5-14 M&F	156,522	126.62	(0.36)	-	-	126.26	0.36
CHIP - Children 15-20 F	26,346	217.76	(2.87)	-	-	214.89	2.87
CHIP - Children 15-20 M	25,645	197.26	(4.01)	-	-	193.25	4.01
CHIP - Hawk-i	396,408	\$ 152.64	\$ 0.00	\$ 0.00	\$ 0.00	\$ 152.64	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 6,048.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,048.61	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 5,359.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,359.53	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 523.60	\$ (1.37)	\$ 0.00	\$ 9.74	\$ 531.97	\$ 1.37
Wellness Plan 19-24 M (Medically Exempt)	7,785	507.21	(0.50)	-	5.60	512.31	0.50
Wellness Plan 25-34 F (Medically Exempt)	12,677	746.31	(2.72)	-	12.26	755.85	2.72
Wellness Plan 25-34 M (Medically Exempt)	13,931	741.23	(1.25)	-	8.24	748.22	1.25
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,193.84	(1.71)	-	18.17	1,210.30	1.71
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,158.16	(1.11)	-	14.13	1,171.18	1.11
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,501.59	\$ (0.24)	\$ 0.00	\$ 21.08	\$ 1,522.43	\$ 0.24
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 198.21	\$ (0.53)	\$ 0.00	\$ 7.75	\$ 205.43	\$ 0.53
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	191.97	(0.19)	-	4.46	196.24	0.19
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	283.02	(1.04)	-	9.75	291.73	1.04
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	281.09	(0.48)	-	6.56	287.17	0.48
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	453.48	(0.65)	-	14.46	467.29	0.65
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	439.88	(0.43)	-	11.25	450.70	0.43
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 570.68	\$ (0.09)	\$ 0.00	\$ 16.78	\$ 587.37	\$ 0.09
Family Planning Waiver	288,967	\$ 18.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 18.07	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 606.81	\$ (2.45)	\$ 5.28	\$ 12.18	\$ 621.82	\$ 2.45
ABD Non-Dual 21+ M&F	246,727	1,142.07	(9.52)	5.28	26.27	1,164.10	9.52
Breast and Cervical Cancer	2,694	1,684.10	(1.16)	-	22.24	1,705.18	1.16
Residential Care Facility	8,517	\$ 1,791.50	\$ (31.10)	\$ 5.28	\$ 11.43	\$ 1,777.11	\$ 31.10
Dual Eligible 0-64 M&F	315,371	\$ 449.62	\$ (14.88)	\$ 0.00	\$ 0.00	\$ 434.74	\$ 14.88
Dual Eligible 65+ M&F	71,746	\$ 225.32	\$ (1.13)	\$ 0.00	\$ 0.00	\$ 224.19	\$ 1.13



State of Iowa - Department of Human Services, Division of Medical Services  
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July 2016 to June 2017 Capitation Rate Summary

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation					
		Net Base Medical Capitation	GME Supplemental		UIHC Supplemental	Net State Total Plan Rate	1915b(3)
		1915b(3)	PMPM	PMPM			
Custodial Care Nursing Facility 65+	119,554	\$ 121.48	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 121.41	\$ 0.07
Hospice 65+	7,556	121.48	(0.07)	-	-	121.41	0.07
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 237.89</u>	<u>\$ (1.47)</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 236.42</u>	<u>\$ 1.47</u>
LTSS blended with actual membership mix	232,932						
LTSS blended with 3.25% rebalanced membership							
Custodial Care Nursing Facility <65	20,300	\$ 797.91	\$ (2.35)	\$ 5.28	\$ 22.50	\$ 823.34	\$ 2.35
Hospice <65	1,831	797.91	(2.35)	5.28	22.50	823.34	2.35
Non-Dual Skilled Nursing Facility	947	2,494.67	(0.16)	5.28	60.70	2,560.49	0.16
Dual HCBS Waivers: PD; H&D	17,055	359.16	(5.79)	-	-	353.37	5.79
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,590.35	(2.17)	5.28	38.85	1,632.31	2.17
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 810.37</u>	<u>\$ (6.30)</u>	<u>\$ 5.28</u>	<u>\$ 41.96</u>	<u>\$ 851.31</u>	<u>\$ 6.30</u>
LTSS blended with actual membership mix	71,171						
LTSS blended with 2.25% rebalanced membership							
ICF/MR	18,095	\$ 479.66	\$ (0.07)	\$ 5.28	\$ 10.28	\$ 495.15	\$ 0.07
State Resource Center	4,880	179.58	(0.01)	5.28	6.47	191.32	0.01
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 522.94</u>	<u>\$ (5.79)</u>	<u>\$ 5.28</u>	<u>\$ 29.99</u>	<u>\$ 552.42</u>	<u>\$ 5.79</u>
LTSS blended with actual membership mix	163,964						
LTSS blended with 1.0% rebalanced membership							
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 573.48	\$ (21.06)	\$ 5.28	\$ 10.61	\$ 568.31	\$ 21.06
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 955.40</u>	<u>\$ (4.62)</u>	<u>\$ 5.28</u>	<u>\$ 7.22</u>	<u>\$ 963.28</u>	<u>\$ 4.62</u>
LTSS blended with actual membership mix	15,184						
LTSS blended with 3.0% rebalanced membership							

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation					1915b(3)
		Gross LTSS Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Gross State Total Plan Rate	
Custodial Care Nursing Facility 65+	119,554	\$ 4,285.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,285.57	\$ 0.00
Hospice 65+	7,556	3,203.18	-	-	-	3,203.18	-
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 1,117.06</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,117.06</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	232,932	\$ 2,810.99	\$ 0.00	\$ 0.00	\$ 0.00	2,810.99	\$ 0.00
LTSS blended with 3.25% rebalanced membership		\$ 2,708.01	\$ 0.00	\$ 0.00	\$ 0.00	2,708.01	\$ 0.00
Custodial Care Nursing Facility <65	20,300	\$ 4,856.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,856.27	\$ 0.00
Hospice <65	1,831	3,111.88	-	-	-	3,111.88	-
Non-Dual Skilled Nursing Facility	947	22,612.95	-	-	-	22,612.95	-
Dual HCBS Waivers: PD; H&D	17,055	1,215.24	-	-	-	1,215.24	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,695.60	-	-	-	1,695.60	-
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 2,602.25</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 2,602.25</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	71,171	\$ 2,975.25	\$ 0.00	\$ 0.00	\$ 0.00	2,975.25	\$ 0.00
LTSS blended with 2.25% rebalanced membership		\$ 2,907.33	\$ 0.00	\$ 0.00	\$ 0.00	2,907.33	\$ 0.00
ICF/MR	18,095	\$ 10,224.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,224.92	\$ 0.00
State Resource Center	4,880	25,825.18	-	-	-	25,825.18	-
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 3,507.83</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 3,507.83</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	163,964	\$ 4,913.35	\$ 0.00	\$ 0.00	\$ 0.00	4,913.35	\$ 0.00
LTSS blended with 1.0% rebalanced membership		\$ 4,814.98	\$ 0.00	\$ 0.00	\$ 0.00	4,814.98	\$ 0.00
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,658.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,658.04	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 1,047.88</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,047.88</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	15,184	\$ 2,806.75	\$ 0.00	\$ 0.00	\$ 0.00	2,806.75	\$ 0.00
LTSS blended with 3.0% rebalanced membership		\$ 2,668.44	\$ 0.00	\$ 0.00	\$ 0.00	2,668.44	\$ 0.00

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

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation					
		Net LTSS Capitation	1915b(3)	GME Supplemental PMPM	UIHC Supplemental PMPM	Net State Total Plan Rate	1915b(3)
Custodial Care Nursing Facility 65+	119,554	\$ 4,199.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,199.86	\$ 0.00
Hospice 65+	7,556	3,139.12	-	-	-	3,139.12	-
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>1,094.72</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,094.72</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	232,932	\$ 2,754.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,754.77	\$ 0.00
LTSS blended with 3.25% rebalanced membership		\$ 2,653.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,653.86	\$ 0.00
Custodial Care Nursing Facility <65	20,300	\$ 4,759.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,759.14	\$ 0.00
Hospice <65	1,831	3,049.64	-	-	-	3,049.64	-
Non-Dual Skilled Nursing Facility	947	22,160.69	-	-	-	22,160.69	-
Dual HCBS Waivers: PD; H&D	17,055	1,190.94	-	-	-	1,190.94	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,661.69	-	-	-	1,661.69	-
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>2,550.20</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,550.20</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	71,171	\$ 2,915.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,915.75	\$ 0.00
LTSS blended with 2.25% rebalanced membership		\$ 2,849.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,849.19	\$ 0.00
ICF/MR	18,095	\$ 10,020.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,020.42	\$ 0.00
State Resource Center	4,880	25,308.68	-	-	-	25,308.68	-
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>3,437.67</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,437.67</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	163,964	\$ 4,815.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,815.08	\$ 0.00
LTSS blended with 1.0% rebalanced membership		\$ 4,718.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,718.67	\$ 0.00
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,544.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,544.88	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>1,026.92</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,026.92</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	15,184	\$ 2,750.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,750.61	\$ 0.00
LTSS blended with 3.0% rebalanced membership		\$ 2,615.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,615.07	\$ 0.00

## APPENDIX B2

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,042.5	\$ 2,235.40	\$ 194.20	0.9857	0.9928	0.7750	1.0100	1.0000	0.9398	796.4	\$ 2,106.48	\$ 139.80
Psychiatric/SUD	0.5	1,680.00	0.07	0.9857	0.9928	0.8750	1.0025	1.0000	0.9398	0.4	1,800.00	0.06
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Well Newborn	5,246.8	837.86	366.34	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	5,068.3	773.92	326.87
Other Newborn	9,329.2	1,346.56	1,046.86	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	9,011.8	1,243.81	934.08
<b>Subtotal</b>	<b>15,619.0</b>	<b>\$ 1,235.01</b>	<b>\$ 1,607.47</b>							<b>14,876.9</b>	<b>\$ 1,129.92</b>	<b>\$ 1,400.81</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,256.8	\$ 82.21	\$ 8.61	1.0144	1.0736	0.7750	1.0050	1.0000	1.1301	988.1	\$ 100.19	\$ 8.25
General	6,869.5	47.65	27.28	1.0144	1.0736	0.8000	1.0100	1.0000	1.1301	5,575.0	58.40	27.13
<b>Subtotal</b>	<b>8,126.3</b>	<b>\$ 53.00</b>	<b>\$ 35.89</b>							<b>6,563.1</b>	<b>\$ 64.69</b>	<b>\$ 35.38</b>
<b>Ancillary</b>												
Pharmacy	2,371.0	\$ 55.82	\$ 11.03	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	2,104.6	\$ 60.61	\$ 10.63
DME/Supplies/Prosthetics	362.3	216.28	6.53	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	316.8	229.55	6.06
Ambulance	186.8	143.90	2.24	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	163.3	168.28	2.29
Non-Emergency Transportation	72.6	34.71	0.21	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	63.5	35.91	0.19
Home Health/Hospice	1,430.1	83.41	9.94	0.9715	1.0586	0.9000	1.0025	1.0000	1.0412	1,250.4	92.13	9.60
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	5.6	85.71	0.04	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	4.9	97.96	0.04
Other Ancillary	351.1	31.44	0.92	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	307.0	33.22	0.85
<b>Subtotal</b>	<b>4,779.5</b>	<b>\$ 77.61</b>	<b>\$ 30.91</b>							<b>4,210.5</b>	<b>\$ 84.53</b>	<b>\$ 29.66</b>
<b>Professional</b>												
Surgery	1,750.3	\$ 194.44	\$ 28.36	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,528.6	\$ 197.28	\$ 25.13
Anesthesia	75.3	524.30	3.29	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	65.8	530.70	2.91
Inpatient Visits	11,614.6	175.60	169.96	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	9,528.7	179.91	142.86
Urgent Care/Emergency Room	1,019.7	67.67	5.75	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	836.6	68.99	4.81
Office/Home Visits	3,725.0	67.07	20.82	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,101.0	68.03	23.25
Preventive Care	13,920.9	69.80	80.97	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	15,178.5	70.81	89.56
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	0.8	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.7	-	-
Lab/Path/Rad	5,097.8	14.57	6.19	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4,452.1	14.77	5.48
Office Adm. Drugs	39.7	30.23	0.10	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	34.7	31.12	0.09
Clinic	2,776.6	161.38	37.34	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	2,424.9	146.98	29.70
Psych/SUD	0.3	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Physical Therapy	11.6	41.38	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	10.1	47.52	0.04
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,395.4	51.34	5.97	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,218.6	52.09	5.29
<b>Subtotal</b>	<b>41,428.0</b>	<b>\$ 103.93</b>	<b>\$ 358.79</b>							<b>39,380.6</b>	<b>\$ 100.29</b>	<b>\$ 329.12</b>
<b>Total Medical</b>	<b>69,952.8</b>	<b>\$ 348.76</b>	<b>\$ 2,033.06</b>							<b>65,031.1</b>	<b>\$ 331.22</b>	<b>\$ 1,794.97</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	5.9	61.02	0.03	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	5.4	66.67	0.03
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	0.01
<b>Total Behavioral Health</b>	<b>5.9</b>	<b>\$ 81.36</b>	<b>\$ 0.04</b>							<b>5.4</b>	<b>\$ 88.89</b>	<b>\$ 0.04</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	686.3	\$ 2,888.71	\$ 165.21	0.9857	0.9928	0.9000	1.0025	1.0000	0.9398	608.8	\$ 2,702.17	\$ 137.09
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9398	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Other Newborn	11,878.7	1,131.66	1,120.22	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	11,474.6	1,045.30	999.53
Subtotal	12,565.0	\$ 1,227.63	\$ 1,285.43							12,083.4	\$ 1,128.78	\$ 1,136.62
<b>Outpatient Hospital</b>												
Emergency Room	1,610.2	\$ 120.21	\$ 16.13	1.0144	1.0736	0.8000	1.0025	1.0000	1.1301	1,306.8	\$ 146.19	\$ 15.92
General	7,333.9	51.56	31.51	1.0144	1.0736	0.9250	1.0025	1.0000	1.1301	6,881.8	62.70	35.96
Subtotal	8,944.1	\$ 63.92	\$ 47.64							8,188.6	\$ 76.03	\$ 51.88
<b>Ancillary</b>												
Pharmacy	2,656.4	\$ 53.58	\$ 11.86	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	2,560.0	\$ 58.17	\$ 12.41
DME/Supplies/Prosthetics	530.0	139.92	6.18	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	489.2	148.41	6.05
Ambulance	136.4	75.66	0.86	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	125.9	88.64	0.93
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	398.8	94.78	3.15	0.9715	1.0586	0.9500	1.0025	1.0000	1.0412	368.1	104.65	3.21
Chiropractic Services	284.3	29.55	0.70	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	262.4	31.55	0.69
Podiatry	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	16.7	50.30	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	15.4	54.55	0.07
Other Ancillary	66.9	34.08	0.19	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	61.7	36.95	0.19
Subtotal	4,089.5	\$ 67.52	\$ 23.01							3,882.7	\$ 72.78	\$ 23.55
<b>Professional</b>												
Surgery	1,934.3	\$ 128.23	\$ 20.67	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,894.0	\$ 130.07	\$ 20.53
Anesthesia	88.5	409.49	3.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	86.7	415.22	3.00
Inpatient Visits	14,298.2	159.67	190.25	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	13,622.3	162.38	184.33
Urgent Care/Emergency Room	1,399.4	71.69	8.36	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,185.1	72.91	7.20
Office/Home Visits	5,053.8	63.26	26.64	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,510.4	64.18	29.47
Preventive Care	19,250.7	62.20	99.79	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	20,480.4	63.10	107.70
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	5,883.7	13.42	6.58	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,605.6	13.61	6.36
Office Adm. Drugs	41.0	5.85	0.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	40.1	5.99	0.02
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	20.5	52.68	0.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	20.1	53.73	0.09
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,636.7	44.65	6.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,602.6	45.30	6.05
Subtotal	49,606.8	\$ 87.45	\$ 361.51							50,047.3	\$ 87.46	\$ 364.75
<b>Total Medical</b>	<b>75,205.4</b>	<b>\$ 274.06</b>	<b>\$ 1,717.59</b>							<b>74,202.0</b>	<b>\$ 255.00</b>	<b>\$ 1,576.80</b>



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	252.9	\$ 1,940.21	\$ 40.89	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	193.2	\$ 1,898.14	\$ 30.56
Psychiatric/SUD	0.2	2,400.00	0.04	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.2	1,800.00	0.03
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	0.2	600.00	0.01	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	0.2	600.00	0.01
Other Newborn	0.9	1,466.67	0.11	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	0.9	1,333.33	0.10
<b>Subtotal</b>	<b>254.2</b>	<b>\$ 1,937.84</b>	<b>\$ 41.05</b>							<b>194.5</b>	<b>\$ 1,894.09</b>	<b>\$ 30.70</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,608.6	\$ 96.23	\$ 12.90	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	1,264.7	\$ 104.09	\$ 10.97
General	6,189.7	58.98	30.42	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	5,023.3	64.09	26.83
<b>Subtotal</b>	<b>7,798.3</b>	<b>\$ 66.66</b>	<b>\$ 43.32</b>							<b>6,288.0</b>	<b>\$ 72.14</b>	<b>\$ 37.80</b>
<b>Ancillary</b>												
Pharmacy	5,194.2	\$ 53.83	\$ 23.30	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	4,610.6	\$ 58.46	\$ 22.46
DME/Supplies/Prosthetics	631.9	103.31	5.44	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	552.5	109.68	5.05
Ambulance	60.4	95.36	0.48	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	52.8	111.36	0.49
Non-Emergency Transportation	43.9	38.27	0.14	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	38.4	40.63	0.13
Home Health/Hospice	996.3	59.02	4.90	0.9715	1.0586	0.9000	1.0025	1.0000	1.0412	871.1	65.16	4.73
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	32.3	59.44	0.16	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	28.2	63.83	0.15
Other Ancillary	350.5	29.79	0.87	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	306.5	31.71	0.81
<b>Subtotal</b>	<b>7,309.5</b>	<b>\$ 57.94</b>	<b>\$ 35.29</b>							<b>6,460.1</b>	<b>\$ 62.82</b>	<b>\$ 33.82</b>
<b>Professional</b>												
Surgery	224.6	\$ 250.58	\$ 4.69	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	196.2	\$ 254.43	\$ 4.16
Anesthesia	95.2	224.37	1.78	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	83.1	228.16	1.58
Inpatient Visits	499.5	163.36	6.80	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	409.8	167.50	5.72
Urgent Care/Emergency Room	1,102.6	63.56	5.84	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	904.6	64.74	4.88
Office/Home Visits	3,965.6	66.18	21.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,365.8	67.15	24.43
Preventive Care	6,456.4	51.06	27.47	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	7,039.7	51.79	30.38
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	8.9	53.93	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	7.8	61.54	0.04
Lab/Path/Rad	2,222.4	15.93	2.95	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,940.9	16.14	2.61
Office Adm. Drugs	184.4	27.33	0.42	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	161.0	27.58	0.37
Clinic	1,609.3	161.36	21.64	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,405.5	146.94	17.21
Psych/SUD	1.0	120.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.9	133.33	0.01
Physical Therapy	33.5	35.82	0.10	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	29.3	36.86	0.09
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	748.4	57.08	3.56	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	653.6	57.83	3.15
<b>Subtotal</b>	<b>17,151.8</b>	<b>\$ 67.98</b>	<b>\$ 97.17</b>							<b>17,198.2</b>	<b>\$ 66.03</b>	<b>\$ 94.63</b>
<b>Total Medical</b>	<b>32,513.8</b>	<b>\$ 80.03</b>	<b>\$ 216.83</b>							<b>30,140.8</b>	<b>\$ 78.41</b>	<b>\$ 196.95</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	8.0	75.00	0.05	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	7.3	82.19	0.05
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	0.01
<b>Total Behavioral Health</b>	<b>8.0</b>	<b>\$ 90.00</b>	<b>\$ 0.06</b>							<b>7.3</b>	<b>\$ 98.63</b>	<b>\$ 0.06</b>
<b>Short Term Institutional / HCBS</b>	<b>1.8</b>	<b>\$ 600.00</b>	<b>\$ 0.09</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>1.8</b>	<b>\$ 600.00</b>	<b>\$ 0.09</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	238.5	\$ 1,689.06	\$ 33.57	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	211.6	\$ 1,640.08	\$ 28.92
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>238.5</b>	<b>\$ 1,689.06</b>	<b>\$ 33.57</b>							<b>211.6</b>	<b>\$ 1,640.08</b>	<b>\$ 28.92</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,026.2	\$ 113.30	\$ 19.13	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	1,644.4	\$ 122.23	\$ 16.75
General	6,563.7	69.25	37.88	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	6,159.1	74.72	38.35
<b>Subtotal</b>	<b>8,589.9</b>	<b>\$ 79.64</b>	<b>\$ 57.01</b>							<b>7,803.5</b>	<b>\$ 84.73</b>	<b>\$ 55.10</b>
<b>Ancillary</b>												
Pharmacy	4,912.2	\$ 72.77	\$ 29.79	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,734.0	\$ 79.04	\$ 31.18
DME/Supplies/Prosthetics	647.2	105.13	5.67	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	597.3	111.50	5.55
Ambulance	72.3	73.03	0.44	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	66.7	84.56	0.47
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	119.1	96.73	0.96	0.9715	1.0586	0.9500	1.0025	1.0000	1.0412	109.9	107.01	0.98
Chiropractic Services	261.3	30.31	0.66	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	241.2	32.34	0.65
Podiatry	1.0	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	0.9	-	-
Vision	25.9	50.97	0.11	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	23.9	55.23	0.11
Other Ancillary	98.3	29.30	0.24	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	90.7	31.75	0.24
<b>Subtotal</b>	<b>6,137.3</b>	<b>\$ 74.05</b>	<b>\$ 37.87</b>							<b>5,864.6</b>	<b>\$ 80.17</b>	<b>\$ 39.18</b>
<b>Professional</b>												
Surgery	219.4	\$ 164.63	\$ 3.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	214.8	\$ 167.04	\$ 2.99
Anesthesia	90.8	190.31	1.44	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	88.9	193.03	1.43
Inpatient Visits	623.9	143.10	7.44	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	594.4	145.56	7.21
Urgent Care/Emergency Room	1,449.1	70.14	8.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,227.2	71.28	7.29
Office/Home Visits	5,116.9	62.31	26.57	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,579.2	63.21	29.39
Preventive Care	9,678.3	48.43	39.06	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	10,296.5	49.14	42.16
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	3.1	38.71	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	3.0	40.00	0.01
Lab/Path/Rad	3,008.2	13.44	3.37	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,866.0	13.65	3.26
Office Adm. Drugs	216.4	7.76	0.14	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	211.9	7.93	0.14
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	42.9	36.36	0.13	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	42.0	37.14	0.13
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,164.1	46.90	4.55	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,139.9	47.58	4.52
<b>Subtotal</b>	<b>21,613.1</b>	<b>\$ 52.30</b>	<b>\$ 94.19</b>							<b>22,263.8</b>	<b>\$ 53.11</b>	<b>\$ 98.53</b>
<b>Total Medical</b>	<b>36,578.8</b>	<b>\$ 73.04</b>	<b>\$ 222.64</b>							<b>36,143.5</b>	<b>\$ 73.62</b>	<b>\$ 221.73</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	65.4	\$ 2,034.86	\$ 11.09	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	50.0	\$ 1,989.60	\$ 8.29
Psychiatric/SUD	0.1	2,400.00	0.02	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.1	2,400.00	0.02
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>65.5</b>	<b>\$ 2,035.42</b>	<b>\$ 11.11</b>							<b>50.1</b>	<b>\$ 1,990.42</b>	<b>\$ 8.31</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,087.7	\$ 102.71	\$ 9.31	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	855.1	\$ 111.14	\$ 7.92
General	4,570.8	80.73	30.75	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	3,709.5	87.73	27.12
<b>Subtotal</b>	<b>5,658.5</b>	<b>\$ 84.96</b>	<b>\$ 40.06</b>							<b>4,564.6</b>	<b>\$ 92.12</b>	<b>\$ 35.04</b>
<b>Ancillary</b>												
Pharmacy	3,733.3	\$ 37.90	\$ 11.79	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	3,313.8	\$ 41.17	\$ 11.37
DME/Supplies/Prosthetics	228.5	85.08	1.62	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	199.8	90.09	1.50
Ambulance	39.9	87.22	0.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	34.9	103.15	0.30
Non-Emergency Transportation	26.0	41.54	0.09	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	22.7	42.29	0.08
Home Health/Hospice	182.5	80.88	1.23	0.9715	1.0586	0.9000	1.0025	1.0000	1.0412	159.6	89.47	1.19
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	225.5	41.51	0.78	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	197.2	43.81	0.72
Other Ancillary	256.1	28.58	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	223.9	30.55	0.57
<b>Subtotal</b>	<b>4,691.8</b>	<b>\$ 41.97</b>	<b>\$ 16.41</b>							<b>4,151.9</b>	<b>\$ 45.46</b>	<b>\$ 15.73</b>
<b>Professional</b>												
Surgery	243.7	\$ 224.05	\$ 4.55	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	212.8	\$ 227.26	\$ 4.03
Anesthesia	112.0	202.50	1.89	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	97.8	204.91	1.67
Inpatient Visits	90.8	116.30	0.88	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	74.5	119.19	0.74
Urgent Care/Emergency Room	682.6	61.53	3.50	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	560.0	62.79	2.93
Office/Home Visits	2,629.2	63.30	13.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,894.6	64.22	15.49
Preventive Care	1,620.6	54.87	7.41	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,767.0	55.69	8.20
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	20.2	89.11	0.15	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	17.6	88.64	0.13
Lab/Path/Rad	1,739.3	14.76	2.14	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,519.0	15.01	1.90
Office Adm. Drugs	78.3	19.92	0.13	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	68.4	21.05	0.12
Clinic	804.3	160.09	10.73	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	702.4	145.90	8.54
Psych/SUD	4.1	58.54	0.02	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3.6	66.67	0.02
Physical Therapy	22.6	42.48	0.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	19.7	42.64	0.07
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	326.2	49.29	1.34	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	284.9	50.12	1.19
<b>Subtotal</b>	<b>8,373.9</b>	<b>\$ 66.91</b>	<b>\$ 46.69</b>							<b>8,222.3</b>	<b>\$ 65.72</b>	<b>\$ 45.03</b>
<b>Total Medical</b>	<b>18,789.7</b>	<b>\$ 72.98</b>	<b>\$ 114.27</b>							<b>16,988.9</b>	<b>\$ 73.54</b>	<b>\$ 104.11</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	1.0	\$ 480.00	\$ 0.04	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	0.9	\$ 533.33	\$ 0.04
Outpatient Treatment	462.5	78.88	3.04	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	421.7	78.82	2.77
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>463.5</b>	<b>\$ 118.58</b>	<b>\$ 4.58</b>							<b>422.6</b>	<b>\$ 122.39</b>	<b>\$ 4.31</b>
<b>Short Term Institutional / HCBS</b>	<b>0.2</b>	<b>\$ 600.00</b>	<b>\$ 0.01</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>0.2</b>	<b>\$ 600.00</b>	<b>\$ 0.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	87.1	\$ 1,795.18	\$ 13.03	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	77.3	\$ 1,743.34	\$ 11.23
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	87.1	\$ 1,795.18	\$ 13.03							77.3	\$ 1,743.34	\$ 11.23
<b>Outpatient Hospital</b>												
Emergency Room	1,345.5	\$ 111.75	\$ 12.53	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	1,091.9	\$ 120.56	\$ 10.97
General	4,548.5	69.44	26.32	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	4,268.1	74.90	26.64
Subtotal	5,894.0	\$ 79.10	\$ 38.85							5,360.0	\$ 84.20	\$ 37.61
<b>Ancillary</b>												
Pharmacy	3,558.6	\$ 31.53	\$ 9.35	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	3,429.5	\$ 34.26	\$ 9.79
DME/Supplies/Prosthetics	148.4	78.44	0.97	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	137.0	83.21	0.95
Ambulance	51.6	67.44	0.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	47.6	78.15	0.31
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.0	84.00	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0412	9.2	91.30	0.07
Chiropractic Services	167.4	30.82	0.43	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	154.5	32.62	0.42
Podiatry	4.4	54.55	0.02	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	4.1	58.54	0.02
Vision	212.6	38.95	0.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	196.2	41.59	0.68
Other Ancillary	128.6	27.99	0.30	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	118.7	29.32	0.29
Subtotal	4,281.6	\$ 33.97	\$ 12.12							4,096.8	\$ 36.70	\$ 12.53
<b>Professional</b>												
Surgery	238.3	\$ 141.00	\$ 2.80	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	233.3	\$ 142.99	\$ 2.78
Anesthesia	100.8	201.19	1.69	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	98.7	204.26	1.68
Inpatient Visits	108.6	104.97	0.95	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	103.5	106.67	0.92
Urgent Care/Emergency Room	974.0	67.39	5.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	824.8	68.53	4.71
Office/Home Visits	3,157.0	62.30	16.39	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,442.2	63.20	18.13
Preventive Care	2,323.0	54.71	10.59	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	2,471.4	55.50	11.43
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	14.2	50.70	0.06	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	13.9	51.80	0.06
Lab/Path/Rad	2,638.0	12.83	2.82	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,513.3	13.03	2.73
Office Adm. Drugs	96.0	11.25	0.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	94.0	11.49	0.09
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.1	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Physical Therapy	52.0	39.23	0.17	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	50.9	40.08	0.17
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	453.8	45.75	1.73	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	444.4	46.44	1.72
Subtotal	10,155.8	\$ 50.52	\$ 42.76							10,290.5	\$ 51.80	\$ 44.42
<b>Total Medical</b>	<b>20,418.5</b>	<b>\$ 62.74</b>	<b>\$ 106.76</b>							<b>19,824.6</b>	<b>\$ 64.04</b>	<b>\$ 105.79</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	35.6	\$ 2,349.44	\$ 6.97	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	27.2	\$ 2,298.53	\$ 5.21
Psychiatric/SUD	0.3	1,200.00	0.03	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.3	1,200.00	0.03
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>35.9</b>	<b>\$ 2,339.83</b>	<b>\$ 7.00</b>							<b>27.5</b>	<b>\$ 2,286.55</b>	<b>\$ 5.24</b>
<b>Outpatient Hospital</b>												
Emergency Room	531.8	\$ 112.82	\$ 5.00	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	418.1	\$ 121.98	\$ 4.25
General	2,623.9	79.58	17.40	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	2,129.4	86.50	15.35
<b>Subtotal</b>	<b>3,155.7</b>	<b>\$ 85.18</b>	<b>\$ 22.40</b>							<b>2,547.5</b>	<b>\$ 92.33</b>	<b>\$ 19.60</b>
<b>Ancillary</b>												
Pharmacy	5,374.5	\$ 74.62	\$ 33.42	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	4,770.6	\$ 81.05	\$ 32.22
DME/Supplies/Prosthetics	141.3	109.55	1.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	123.5	116.60	1.20
Ambulance	20.1	89.55	0.15	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	17.6	102.27	0.15
Non-Emergency Transportation	19.9	42.21	0.07	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	17.4	41.38	0.06
Home Health/Hospice	65.1	35.02	0.19	0.9715	1.0586	0.9000	1.0025	1.0000	1.0412	56.9	37.96	0.18
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	887.6	35.15	2.60	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	776.1	37.26	2.41
Other Ancillary	280.2	29.98	0.70	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	245.0	31.84	0.65
<b>Subtotal</b>	<b>6,788.7</b>	<b>\$ 67.91</b>	<b>\$ 38.42</b>							<b>6,007.1</b>	<b>\$ 73.65</b>	<b>\$ 36.87</b>
<b>Professional</b>												
Surgery	178.9	\$ 191.84	\$ 2.86	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	156.2	\$ 194.37	\$ 2.53
Anesthesia	45.6	218.42	0.83	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	39.8	223.12	0.74
Inpatient Visits	43.7	98.86	0.36	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	35.9	100.28	0.30
Urgent Care/Emergency Room	319.2	64.29	1.71	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	261.9	65.52	1.43
Office/Home Visits	1,537.8	69.22	8.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,693.0	70.24	9.91
Preventive Care	635.0	52.91	2.80	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	692.4	53.73	3.10
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Allergy/Immunotherapy	71.4	65.55	0.39	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	62.4	67.31	0.35
Lab/Path/Rad	1,183.3	17.75	1.75	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,033.4	18.00	1.55
Office Adm. Drugs	40.1	71.82	0.24	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	35.0	72.00	0.21
Clinic	510.6	159.11	6.77	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	445.9	145.05	5.39
Psych/SUD	2.0	60.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1.7	70.59	0.01
Physical Therapy	89.3	33.59	0.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	78.0	33.85	0.22
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	154.6	48.12	0.62	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	135.0	48.89	0.55
<b>Subtotal</b>	<b>4,811.8</b>	<b>\$ 68.48</b>	<b>\$ 27.46</b>							<b>4,670.9</b>	<b>\$ 67.54</b>	<b>\$ 26.29</b>
<b>Total Medical</b>	<b>14,792.1</b>	<b>\$ 77.30</b>	<b>\$ 95.28</b>							<b>13,253.0</b>	<b>\$ 79.68</b>	<b>\$ 88.00</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	24.7	\$ 1,583.81	\$ 3.26	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	21.9	\$ 1,583.56	\$ 2.89
Outpatient Treatment	4,219.3	81.08	28.51	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	3,847.0	81.07	25.99
Intermediate Care	2.8	257.14	0.06	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	2.6	230.77	0.05
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,246.8</b>	<b>\$ 94.18</b>	<b>\$ 33.33</b>							<b>3,871.5</b>	<b>\$ 94.32</b>	<b>\$ 30.43</b>
<b>Short Term Institutional / HCBS</b>	<b>3.5</b>	<b>\$ 480.00</b>	<b>\$ 0.14</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>3.6</b>	<b>\$ 500.00</b>	<b>\$ 0.15</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	26.3	\$ 2,555.13	\$ 5.60	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	23.3	\$ 2,482.40	\$ 4.82
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	26.3	\$ 2,555.13	\$ 5.60							23.3	\$ 2,482.40	\$ 4.82
<b>Outpatient Hospital</b>												
Emergency Room	650.4	\$ 117.90	\$ 6.39	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	527.8	\$ 127.09	\$ 5.59
General	2,670.2	60.13	13.38	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	2,505.6	64.85	13.54
Subtotal	3,320.6	\$ 71.44	\$ 19.77							3,033.4	\$ 75.68	\$ 19.13
<b>Ancillary</b>												
Pharmacy	4,855.1	\$ 74.72	\$ 30.23	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,679.0	\$ 81.15	\$ 31.64
DME/Supplies/Prosthetics	98.0	101.63	0.83	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	90.4	107.52	0.81
Ambulance	20.9	63.16	0.11	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	19.3	74.61	0.12
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	1.3	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0412	1.2	-	-
Chiropractic Services	264.6	31.29	0.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	244.2	33.42	0.68
Podiatry	23.5	66.38	0.13	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	21.7	71.89	0.13
Vision	817.5	34.50	2.35	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	754.5	36.58	2.30
Other Ancillary	65.0	27.69	0.15	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	60.0	30.00	0.15
Subtotal	6,145.9	\$ 67.34	\$ 34.49							5,870.3	\$ 73.24	\$ 35.83
<b>Professional</b>												
Surgery	189.3	\$ 125.52	\$ 1.98	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	185.4	\$ 127.51	\$ 1.97
Anesthesia	42.0	205.71	0.72	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	41.1	210.22	0.72
Inpatient Visits	39.1	98.21	0.32	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	37.3	99.73	0.31
Urgent Care/Emergency Room	466.2	68.98	2.68	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	394.8	70.21	2.31
Office/Home Visits	1,761.7	63.82	9.37	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,920.9	64.72	10.36
Preventive Care	895.1	54.56	4.07	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	952.3	55.32	4.39
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	109.09	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1.1	109.09	0.01
Allergy/Immunotherapy	78.0	36.92	0.24	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	76.4	37.70	0.24
Lab/Path/Rad	1,640.9	15.80	2.16	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	1,563.3	16.04	2.09
Office Adm. Drugs	39.7	18.14	0.06	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	38.9	18.51	0.06
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.8	150.00	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	127.0	31.18	0.33	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	124.4	31.83	0.33
Family Planning	0.1	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Other Professional	155.2	44.07	0.57	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	152.0	45.00	0.57
Subtotal	5,436.2	\$ 49.71	\$ 22.52							5,488.8	\$ 51.09	\$ 23.37
<b>Total Medical</b>	<b>14,929.0</b>	<b>\$ 66.22</b>	<b>\$ 82.38</b>							<b>14,415.8</b>	<b>\$ 69.22</b>	<b>\$ 83.15</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	65.5	\$ 2,297.40	\$ 12.54	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	50.0	\$ 2,248.80	\$ 9.37
Psychiatric/SUD	0.9	1,733.33	0.13	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.8	1,650.00	0.11
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	11.7	1,312.82	1.28	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	11.3	1,263.72	1.19
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>78.1</b>	<b>\$ 2,143.41</b>	<b>\$ 13.95</b>							<b>62.1</b>	<b>\$ 2,061.84</b>	<b>\$ 10.67</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,239.1	\$ 107.98	\$ 11.15	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	974.2	\$ 116.77	\$ 9.48
General	8,835.4	62.05	45.69	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	7,170.4	67.44	40.30
<b>Subtotal</b>	<b>10,074.5</b>	<b>\$ 67.70</b>	<b>\$ 56.84</b>							<b>8,144.6</b>	<b>\$ 73.34</b>	<b>\$ 49.78</b>
<b>Ancillary</b>												
Pharmacy	9,105.5	\$ 46.51	\$ 35.29	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	8,082.4	\$ 50.51	\$ 34.02
DME/Supplies/Prosthetics	158.0	126.08	1.66	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	138.1	133.82	1.54
Ambulance	90.9	80.53	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	79.5	93.58	0.62
Non-Emergency Transportation	28.5	33.68	0.08	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	24.9	33.73	0.07
Home Health/Hospice	58.7	59.28	0.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.0412	51.3	65.50	0.28
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	1,068.7	34.36	3.06	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	934.4	36.47	2.84
Other Ancillary	679.3	31.80	1.80	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	594.0	33.74	1.67
<b>Subtotal</b>	<b>11,189.6</b>	<b>\$ 45.89</b>	<b>\$ 42.79</b>							<b>9,904.6</b>	<b>\$ 49.72</b>	<b>\$ 41.04</b>
<b>Professional</b>												
Surgery	290.2	\$ 208.41	\$ 5.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	253.4	\$ 211.68	\$ 4.47
Anesthesia	55.5	250.81	1.16	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	48.5	254.85	1.03
Inpatient Visits	112.9	88.22	0.83	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	92.6	90.71	0.70
Urgent Care/Emergency Room	722.3	76.26	4.59	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	592.6	77.76	3.84
Office/Home Visits	2,334.7	68.62	13.35	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,570.3	69.61	14.91
Preventive Care	607.6	53.32	2.70	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	662.5	54.16	2.99
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	145.5	171.55	2.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	127.1	173.72	1.84
Allergy/Immunotherapy	76.8	64.06	0.41	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	67.1	64.38	0.36
Lab/Path/Rad	3,900.3	26.40	8.58	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3,406.3	26.77	7.60
Office Adm. Drugs	634.4	30.08	1.59	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	554.0	30.54	1.41
Clinic	880.7	161.87	11.88	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	769.1	147.45	9.45
Psych/SUD	28.9	49.83	0.12	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	25.2	52.38	0.11
Physical Therapy	397.0	31.44	1.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	346.7	31.84	0.92
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	351.0	117.95	3.45	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	306.5	119.80	3.06
<b>Subtotal</b>	<b>10,537.8</b>	<b>\$ 64.70</b>	<b>\$ 56.82</b>							<b>9,821.9</b>	<b>\$ 64.37</b>	<b>\$ 52.69</b>
<b>Total Medical</b>	<b>31,880.0</b>	<b>\$ 64.14</b>	<b>\$ 170.40</b>							<b>27,933.2</b>	<b>\$ 66.24</b>	<b>\$ 154.18</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	85.9	\$ 1,779.74	\$ 12.74	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	76.2	\$ 1,779.53	\$ 11.30
Outpatient Treatment	4,858.8	96.54	39.09	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	4,430.1	96.54	35.64
Intermediate Care	53.5	379.07	1.69	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	48.8	378.69	1.54
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,998.2</b>	<b>\$ 132.10</b>	<b>\$ 55.02</b>							<b>4,555.1</b>	<b>\$ 131.67</b>	<b>\$ 49.98</b>
<b>Short Term Institutional / HCBS</b>	<b>20.7</b>	<b>\$ 771.01</b>	<b>\$ 1.33</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>21.0</b>	<b>\$ 788.57</b>	<b>\$ 1.38</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	61.6	\$ 2,370.78	\$ 12.17	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	54.6	\$ 2,305.49	\$ 10.49
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	12.2	1,357.38	1.38	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	11.8	1,301.69	1.28
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>73.8</b>	<b>\$ 2,203.25</b>	<b>\$ 13.55</b>							<b>66.4</b>	<b>\$ 2,127.11</b>	<b>\$ 11.77</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,815.8	\$ 118.29	\$ 17.90	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	1,473.6	\$ 127.61	\$ 15.67
General	10,557.4	49.60	43.64	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	9,906.6	53.52	44.18
<b>Subtotal</b>	<b>12,373.2</b>	<b>\$ 59.68</b>	<b>\$ 61.54</b>							<b>11,380.2</b>	<b>\$ 63.11</b>	<b>\$ 59.85</b>
<b>Ancillary</b>												
Pharmacy	8,091.4	\$ 40.96	\$ 27.62	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	7,797.8	\$ 44.49	\$ 28.91
DME/Supplies/Prosthetics	134.2	93.89	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	123.9	99.76	1.03
Ambulance	129.5	61.16	0.66	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	119.5	71.30	0.71
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.1	95.05	0.08	0.9715	1.0586	0.9500	1.0025	1.0000	1.0412	9.3	103.23	0.08
Chiropractic Services	705.0	31.49	1.85	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	650.7	33.38	1.81
Podiatry	45.8	75.98	0.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	42.3	79.43	0.28
Vision	957.2	33.72	2.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	883.4	35.73	2.63
Other Ancillary	84.8	29.72	0.21	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	78.3	32.18	0.21
<b>Subtotal</b>	<b>10,158.0</b>	<b>\$ 40.70</b>	<b>\$ 34.45</b>							<b>9,705.2</b>	<b>\$ 44.09</b>	<b>\$ 35.66</b>
<b>Professional</b>												
Surgery	355.4	\$ 158.69	\$ 4.70	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	348.0	\$ 161.03	\$ 4.67
Anesthesia	60.1	229.62	1.15	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	58.8	232.65	1.14
Inpatient Visits	140.3	81.25	0.95	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	133.7	82.57	0.92
Urgent Care/Emergency Room	1,141.1	81.18	7.72	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	966.4	82.57	6.65
Office/Home Visits	2,832.7	60.62	14.31	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,088.6	61.50	15.83
Preventive Care	849.0	52.01	3.68	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	903.2	52.75	3.97
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	296.4	223.48	5.52	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	290.2	226.60	5.48
Allergy/Immunotherapy	22.3	53.81	0.10	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	21.8	55.05	0.10
Lab/Path/Rad	6,004.2	22.94	11.48	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,720.4	23.29	11.10
Office Adm. Drugs	852.6	26.88	1.91	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	834.9	27.31	1.90
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	37.4	51.34	0.16	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	36.6	52.46	0.16
Physical Therapy	618.4	28.53	1.47	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	605.5	28.93	1.46
Family Planning	8.3	14.46	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	8.1	14.81	0.01
Other Professional	345.7	145.79	4.20	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	338.5	147.83	4.17
<b>Subtotal</b>	<b>13,563.9</b>	<b>\$ 50.75</b>	<b>\$ 57.36</b>							<b>13,354.7</b>	<b>\$ 51.72</b>	<b>\$ 57.56</b>
<b>Total Medical</b>	<b>36,168.9</b>	<b>\$ 55.37</b>	<b>\$ 166.90</b>							<b>34,506.5</b>	<b>\$ 57.32</b>	<b>\$ 164.84</b>



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	87.6	\$ 2,212.33	\$ 16.15	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	66.9	\$ 2,165.02	\$ 12.07
Psychiatric/SUD	4.2	1,142.86	0.40	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	3.6	1,133.33	0.34
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>91.8</b>	<b>\$ 2,163.40</b>	<b>\$ 16.55</b>							<b>70.5</b>	<b>\$ 2,112.34</b>	<b>\$ 12.41</b>
<b>Outpatient Hospital</b>												
Emergency Room	732.2	\$ 118.66	\$ 7.24	1.0144	1.0736	0.7750	1.0050	1.0000	1.0024	575.7	\$ 128.40	\$ 6.16
General	3,729.2	87.82	27.29	1.0144	1.0736	0.8000	1.0100	1.0000	1.0024	3,026.4	95.44	24.07
<b>Subtotal</b>	<b>4,461.4</b>	<b>\$ 92.88</b>	<b>\$ 34.53</b>							<b>3,602.1</b>	<b>\$ 100.71</b>	<b>\$ 30.23</b>
<b>Ancillary</b>												
Pharmacy	6,460.3	\$ 80.67	\$ 43.43	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	5,734.4	\$ 87.60	\$ 41.86
DME/Supplies/Prosthetics	151.3	145.14	1.83	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	132.3	154.20	1.70
Ambulance	64.1	84.24	0.45	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	56.0	98.57	0.46
Non-Emergency Transportation	19.9	48.24	0.08	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	17.4	48.28	0.07
Home Health/Hospice	37.1	61.46	0.19	0.9715	1.0586	0.9000	1.0025	1.0000	1.0412	32.4	66.67	0.18
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	0.1	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Vision	793.4	34.33	2.27	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	693.7	36.50	2.11
Other Ancillary	450.0	31.47	1.18	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	393.5	33.24	1.09
<b>Subtotal</b>	<b>7,976.2</b>	<b>\$ 74.37</b>	<b>\$ 49.43</b>							<b>7,059.8</b>	<b>\$ 80.69</b>	<b>\$ 47.47</b>
<b>Professional</b>												
Surgery	233.3	\$ 229.92	\$ 4.47	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	203.7	\$ 233.28	\$ 3.96
Anesthesia	44.3	260.05	0.96	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	38.7	263.57	0.85
Inpatient Visits	96.2	88.57	0.71	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	78.9	91.25	0.60
Urgent Care/Emergency Room	414.7	71.47	2.47	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	340.2	73.02	2.07
Office/Home Visits	1,356.4	69.71	7.88	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,493.3	70.72	8.80
Preventive Care	425.4	55.29	1.96	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	463.8	56.14	2.17
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	50.6	59.29	0.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	44.2	59.73	0.22
Lab/Path/Rad	1,599.1	26.11	3.48	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,396.5	26.47	3.08
Office Adm. Drugs	51.7	62.67	0.27	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	45.2	63.72	0.24
Clinic	448.7	156.72	5.86	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	391.9	142.69	4.66
Psych/SUD	5.6	64.29	0.03	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4.9	73.47	0.03
Physical Therapy	344.8	29.93	0.86	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	301.1	30.29	0.76
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	178.8	44.30	0.66	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	156.2	44.56	0.58
<b>Subtotal</b>	<b>5,249.6</b>	<b>\$ 68.26</b>	<b>\$ 29.86</b>							<b>4,958.6</b>	<b>\$ 67.81</b>	<b>\$ 28.02</b>
<b>Total Medical</b>	<b>17,779.0</b>	<b>\$ 87.99</b>	<b>\$ 130.37</b>							<b>15,691.0</b>	<b>\$ 90.34</b>	<b>\$ 118.13</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	65.6	\$ 1,825.61	\$ 9.98	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	58.2	\$ 1,824.74	\$ 8.85
Outpatient Treatment	7,573.8	93.75	59.17	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	6,905.5	93.75	53.95
Intermediate Care	90.6	284.77	2.15	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	82.6	284.75	1.96
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>7,730.0</b>	<b>\$ 113.01</b>	<b>\$ 72.80</b>							<b>7,046.3</b>	<b>\$ 112.84</b>	<b>\$ 66.26</b>
<b>Short Term Institutional / HCBS</b>	<b>13.6</b>	<b>\$ 855.88</b>	<b>\$ 0.97</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>13.8</b>	<b>\$ 878.26</b>	<b>\$ 1.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	104.8	\$ 2,856.87	\$ 24.95	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	93.0	\$ 2,774.19	\$ 21.50
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
<b>Subtotal</b>	<b>104.8</b>	<b>\$ 2,856.87</b>	<b>\$ 24.95</b>							<b>93.0</b>	<b>\$ 2,774.19</b>	<b>\$ 21.50</b>
<b>Outpatient Hospital</b>												
Emergency Room	933.5	\$ 121.99	\$ 9.49	1.0144	1.0736	0.8000	1.0025	1.0000	1.0024	757.6	\$ 131.63	\$ 8.31
General	3,782.8	75.34	23.75	1.0144	1.0736	0.9250	1.0025	1.0000	1.0024	3,549.6	81.27	24.04
<b>Subtotal</b>	<b>4,716.3</b>	<b>\$ 84.57</b>	<b>\$ 33.24</b>							<b>4,307.2</b>	<b>\$ 90.13</b>	<b>\$ 32.35</b>
<b>Ancillary</b>												
Pharmacy	4,914.8	\$ 81.87	\$ 33.53	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,736.5	\$ 88.90	\$ 35.09
DME/Supplies/Prosthetics	104.9	120.11	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	96.8	127.69	1.03
Ambulance	79.2	60.61	0.40	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	73.1	70.59	0.43
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	350.0	31.54	0.92	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	323.0	33.44	0.90
Podiatry	35.8	67.04	0.20	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	33.0	72.73	0.20
Vision	622.1	33.95	1.76	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	574.2	35.95	1.72
Other Ancillary	29.9	28.09	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	27.6	30.43	0.07
<b>Subtotal</b>	<b>6,136.7</b>	<b>\$ 74.17</b>	<b>\$ 37.93</b>							<b>5,864.2</b>	<b>\$ 80.71</b>	<b>\$ 39.44</b>
<b>Professional</b>												
Surgery	270.9	\$ 166.56	\$ 3.76	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	265.3	\$ 168.71	\$ 3.73
Anesthesia	48.3	243.48	0.98	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	47.3	246.09	0.97
Inpatient Visits	90.3	115.61	0.87	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	86.0	117.21	0.84
Urgent Care/Emergency Room	589.2	74.75	3.67	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	499.0	75.99	3.16
Office/Home Visits	1,406.1	63.84	7.48	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,533.1	64.73	8.27
Preventive Care	577.9	54.20	2.61	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	614.8	55.04	2.82
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	49.1	43.99	0.18	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	48.1	44.91	0.18
Lab/Path/Rad	1,826.1	23.53	3.58	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	1,739.8	23.86	3.46
Office Adm. Drugs	25.6	14.06	0.03	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	25.1	14.34	0.03
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.4	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Physical Therapy	589.2	29.12	1.43	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	576.9	29.54	1.42
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	147.8	45.47	0.56	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	144.7	46.44	0.56
<b>Subtotal</b>	<b>5,620.9</b>	<b>\$ 53.69</b>	<b>\$ 25.15</b>							<b>5,580.5</b>	<b>\$ 54.70</b>	<b>\$ 25.44</b>
<b>Total Medical</b>	<b>16,578.7</b>	<b>\$ 87.78</b>	<b>\$ 121.27</b>							<b>15,844.9</b>	<b>\$ 89.92</b>	<b>\$ 118.73</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	121.9	\$ 2,677.60	\$ 27.20	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	99.9	\$ 2,697.90	\$ 22.46
Psychiatric/SUD	1.6	600.00	0.08	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	1.4	600.00	0.07
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	28.7	1,459.23	3.49	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	27.9	1,445.16	3.36
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	0.5	480.00	0.02	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	0.5	480.00	0.02
<b>Subtotal</b>	<b>152.7</b>	<b>\$ 2,419.65</b>	<b>\$ 30.79</b>							<b>129.7</b>	<b>\$ 2,397.22</b>	<b>\$ 25.91</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,358.5	\$ 100.74	\$ 19.80	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,988.9	\$ 107.82	\$ 17.87
General	16,774.1	63.84	89.24	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	14,463.9	68.56	82.64
<b>Subtotal</b>	<b>19,132.6</b>	<b>\$ 68.39</b>	<b>\$ 109.04</b>							<b>16,452.8</b>	<b>\$ 73.31</b>	<b>\$ 100.51</b>
<b>Ancillary</b>												
Pharmacy	13,809.7	\$ 40.14	\$ 46.19	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	12,696.5	\$ 43.81	\$ 46.35
DME/Supplies/Prosthetics	254.4	113.21	2.40	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	228.6	120.21	2.29
Ambulance	133.3	76.52	0.85	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	119.8	89.15	0.89
Non-Emergency Transportation	23.4	35.90	0.07	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	21.0	40.00	0.07
Home Health/Hospice	40.4	151.49	0.51	0.9715	1.0586	0.9250	1.0019	1.0000	1.0412	36.3	168.60	0.51
Chiropractic Services	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Podiatry	0.3	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.3	-	-
Vision	872.3	36.18	2.63	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	783.9	38.42	2.51
Other Ancillary	950.7	31.93	2.53	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	854.4	33.85	2.41
<b>Subtotal</b>	<b>16,084.5</b>	<b>\$ 41.17</b>	<b>\$ 55.18</b>							<b>14,740.8</b>	<b>\$ 44.80</b>	<b>\$ 55.03</b>
<b>Professional</b>												
Surgery	605.9	\$ 228.35	\$ 11.53	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	557.2	\$ 231.73	\$ 10.76
Anesthesia	128.6	235.15	2.52	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	118.3	238.38	2.35
Inpatient Visits	223.5	81.07	1.51	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	196.7	82.97	1.36
Urgent Care/Emergency Room	1,312.3	77.45	8.47	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	1,154.8	78.87	7.59
Office/Home Visits	3,219.5	64.41	17.28	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,510.4	65.33	19.11
Preventive Care	655.3	46.51	2.54	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	709.3	47.20	2.79
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	340.2	161.55	4.58	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	312.9	163.76	4.27
Allergy/Immunotherapy	41.3	95.88	0.33	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	38.0	97.89	0.31
Lab/Path/Rad	6,577.4	29.45	16.14	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	6,049.2	29.88	15.06
Office Adm. Drugs	683.9	48.78	2.78	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	629.0	49.41	2.59
Clinic	1,149.2	163.00	15.61	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,056.9	148.51	13.08
Psych/SUD	33.5	50.15	0.14	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	30.8	50.65	0.13
Physical Therapy	432.6	28.29	1.02	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	397.9	28.65	0.95
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	557.7	97.26	4.52	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	512.9	98.73	4.22
<b>Subtotal</b>	<b>15,960.9</b>	<b>\$ 66.89</b>	<b>\$ 88.97</b>							<b>15,274.3</b>	<b>\$ 66.44</b>	<b>\$ 84.57</b>
<b>Total Medical</b>	<b>51,330.7</b>	<b>\$ 66.39</b>	<b>\$ 283.98</b>							<b>46,597.6</b>	<b>\$ 68.51</b>	<b>\$ 266.02</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	56.8	\$ 1,231.69	\$ 5.83	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	51.8	\$ 1,232.43	\$ 5.32
Outpatient Treatment	2,577.6	89.20	19.16	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	2,397.9	89.18	17.82
Intermediate Care	129.6	711.11	7.68	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	120.6	710.45	7.14
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,764.0</b>	<b>\$ 148.35</b>	<b>\$ 34.17</b>							<b>2,570.3</b>	<b>\$ 148.37</b>	<b>\$ 31.78</b>
<b>Short Term Institutional / HCBS</b>	<b>29.7</b>	<b>\$ 347.47</b>	<b>\$ 0.86</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>30.1</b>	<b>\$ 354.82</b>	<b>\$ 0.89</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	101.6	\$ 2,377.56	\$ 20.13	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	92.6	\$ 2,383.15	\$ 18.39
Psychiatric/SUD	2.5	1,680.00	0.35	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	2.4	1,650.00	0.33
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	36.1	761.22	2.29	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	35.0	757.71	2.21
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>140.2</b>	<b>\$ 1,948.93</b>	<b>\$ 22.77</b>							<b>130.0</b>	<b>\$ 1,932.00</b>	<b>\$ 20.93</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,798.1	\$ 121.75	\$ 28.39	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	2,412.7	\$ 130.01	\$ 26.14
General	17,500.2	56.93	83.02	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	16,755.2	60.79	84.88
<b>Subtotal</b>	<b>20,298.3</b>	<b>\$ 65.86</b>	<b>\$ 111.41</b>							<b>19,167.9</b>	<b>\$ 69.50</b>	<b>\$ 111.02</b>
<b>Ancillary</b>												
Pharmacy	12,402.8	\$ 40.44	\$ 41.80	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	12,110.1	\$ 44.14	\$ 44.55
DME/Supplies/Prosthetics	242.1	113.51	2.29	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	226.4	120.32	2.27
Ambulance	171.8	57.28	0.82	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	160.6	66.50	0.89
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	8.6	97.67	0.07	0.9715	1.0586	0.9625	1.0019	1.0000	1.0412	8.0	105.00	0.07
Chiropractic Services	905.6	32.33	2.44	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	846.8	34.29	2.42
Podiatry	61.4	64.50	0.33	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	57.4	68.99	0.33
Vision	819.7	35.87	2.45	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	766.5	38.04	2.43
Other Ancillary	118.7	32.35	0.32	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	111.0	34.59	0.32
<b>Subtotal</b>	<b>14,730.7</b>	<b>\$ 41.15</b>	<b>\$ 50.52</b>							<b>14,286.8</b>	<b>\$ 44.75</b>	<b>\$ 53.28</b>
<b>Professional</b>												
Surgery	665.8	\$ 160.59	\$ 8.91	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	665.2	\$ 162.90	\$ 9.03
Anesthesia	106.5	236.62	2.10	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	106.4	240.23	2.13
Inpatient Visits	259.0	81.54	1.76	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	253.6	82.81	1.75
Urgent Care/Emergency Room	1,784.1	84.21	12.52	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,605.3	85.59	11.45
Office/Home Visits	3,785.9	60.64	19.13	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	4,097.9	61.52	21.01
Preventive Care	995.3	47.86	3.97	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,057.6	48.56	4.28
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	533.3	229.74	10.21	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	532.8	233.11	10.35
Allergy/Immunotherapy	35.5	67.61	0.20	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	35.5	67.61	0.20
Lab/Path/Rad	10,239.0	26.05	22.23	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	10,025.9	26.43	22.08
Office Adm. Drugs	833.1	25.64	1.78	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	832.3	25.95	1.80
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	43.9	46.47	0.17	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	43.9	46.47	0.17
Physical Therapy	453.5	27.78	1.05	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	453.1	28.07	1.06
Family Planning	9.5	50.53	0.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	9.5	50.53	0.04
Other Professional	552.8	115.27	5.31	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	552.3	116.89	5.38
<b>Subtotal</b>	<b>20,297.2</b>	<b>\$ 52.84</b>	<b>\$ 89.38</b>							<b>20,271.3</b>	<b>\$ 53.71</b>	<b>\$ 90.73</b>
<b>Total Medical</b>	<b>55,466.4</b>	<b>\$ 59.30</b>	<b>\$ 274.08</b>							<b>53,856.0</b>	<b>\$ 61.49</b>	<b>\$ 275.96</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	233.5	\$ 2,330.11	\$ 45.34	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	191.3	\$ 2,347.94	\$ 37.43
Psychiatric/SUD	3.0	920.00	0.23	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	2.7	933.33	0.21
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>236.5</b>	<b>\$ 2,312.22</b>	<b>\$ 45.57</b>							<b>194.0</b>	<b>\$ 2,328.25</b>	<b>\$ 37.64</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,568.3	\$ 105.67	\$ 13.81	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,322.6	\$ 113.05	\$ 12.46
General	7,558.9	79.19	49.88	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	6,517.9	85.04	46.19
<b>Subtotal</b>	<b>9,127.2</b>	<b>\$ 83.74</b>	<b>\$ 63.69</b>							<b>7,840.5</b>	<b>\$ 89.76</b>	<b>\$ 58.65</b>
<b>Ancillary</b>												
Pharmacy	7,903.8	\$ 52.76	\$ 34.75	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	7,266.7	\$ 57.58	\$ 34.87
DME/Supplies/Prosthetics	326.0	139.14	3.78	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	293.0	147.44	3.60
Ambulance	114.2	83.01	0.79	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	102.6	97.08	0.83
Non-Emergency Transportation	0.1	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.1	-	-
Home Health/Hospice	41.5	176.39	0.61	0.9715	1.0586	0.9250	1.0019	1.0000	1.0412	37.3	196.25	0.61
Chiropractic Services	0.7	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.6	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Vision	626.2	37.18	1.94	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	562.7	39.45	1.85
Other Ancillary	660.0	32.00	1.76	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	593.1	33.99	1.68
<b>Subtotal</b>	<b>9,672.5</b>	<b>\$ 54.13</b>	<b>\$ 43.63</b>							<b>8,856.1</b>	<b>\$ 58.86</b>	<b>\$ 43.44</b>
<b>Professional</b>												
Surgery	414.3	\$ 244.46	\$ 8.44	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	381.0	\$ 247.87	\$ 7.87
Anesthesia	82.5	257.45	1.77	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	75.9	260.87	1.65
Inpatient Visits	260.6	89.33	1.94	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	229.3	91.06	1.74
Urgent Care/Emergency Room	861.9	73.79	5.30	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	758.5	75.15	4.75
Office/Home Visits	1,743.2	66.84	9.71	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,900.7	67.81	10.74
Preventive Care	226.4	42.40	0.80	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	245.1	43.08	0.88
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.2	600.00	0.01	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	0.2	600.00	0.01
Allergy/Immunotherapy	18.7	77.01	0.12	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	17.2	76.74	0.11
Lab/Path/Rad	2,493.7	25.26	5.25	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	2,293.5	25.64	4.90
Office Adm. Drugs	232.2	29.46	0.57	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	213.6	29.78	0.53
Clinic	571.0	157.83	7.51	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	525.1	143.74	6.29
Psych/SUD	0.9	133.33	0.01	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	279.3	27.93	0.65	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	256.9	28.49	0.61
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	371.0	55.63	1.72	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	341.2	56.27	1.60
<b>Subtotal</b>	<b>7,555.9</b>	<b>\$ 69.56</b>	<b>\$ 43.80</b>							<b>7,239.0</b>	<b>\$ 69.11</b>	<b>\$ 41.69</b>
<b>Total Medical</b>	<b>26,592.1</b>	<b>\$ 88.76</b>	<b>\$ 196.69</b>							<b>24,129.6</b>	<b>\$ 90.22</b>	<b>\$ 181.42</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	57.8	\$ 1,060.90	\$ 5.11	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	52.7	\$ 1,061.10	\$ 4.66
Outpatient Treatment	1,615.5	82.15	11.06	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	1,502.9	82.16	10.29
Intermediate Care	32.5	590.77	1.60	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	30.2	592.05	1.49
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,705.8</b>	<b>\$ 135.56</b>	<b>\$ 19.27</b>							<b>1,585.8</b>	<b>\$ 135.75</b>	<b>\$ 17.94</b>
<b>Short Term Institutional / HCBS</b>	<b>4.8</b>	<b>\$ 150.00</b>	<b>\$ 0.06</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>4.9</b>	<b>\$ 146.94</b>	<b>\$ 0.06</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	203.9	\$ 2,334.09	\$ 39.66	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	185.9	\$ 2,338.68	\$ 36.23
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>203.9</b>	<b>\$ 2,334.09</b>	<b>\$ 39.66</b>							<b>185.9</b>	<b>\$ 2,338.68</b>	<b>\$ 36.23</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,035.2	\$ 115.98	\$ 19.67	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	1,754.9	\$ 123.84	\$ 18.11
General	8,939.6	63.72	47.47	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	8,559.0	68.05	48.54
<b>Subtotal</b>	<b>10,974.8</b>	<b>\$ 73.41</b>	<b>\$ 67.14</b>							<b>10,313.9</b>	<b>\$ 77.55</b>	<b>\$ 66.65</b>
<b>Ancillary</b>												
Pharmacy	6,624.0	\$ 59.18	\$ 32.67	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	6,467.7	\$ 64.60	\$ 34.82
DME/Supplies/Prosthetics	318.9	115.90	3.08	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	298.2	122.74	3.05
Ambulance	96.7	62.05	0.50	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	90.4	73.01	0.55
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	40.9	96.82	0.33	0.9715	1.0586	0.9625	1.0019	1.0000	1.0412	38.2	106.81	0.34
Chiropractic Services	628.5	32.08	1.68	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	587.7	34.10	1.67
Podiatry	69.7	70.59	0.41	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	65.2	75.46	0.41
Vision	528.1	39.31	1.73	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	493.8	41.80	1.72
Other Ancillary	93.0	32.26	0.25	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	87.0	34.48	0.25
<b>Subtotal</b>	<b>8,399.8</b>	<b>\$ 58.07</b>	<b>\$ 40.65</b>							<b>8,128.2</b>	<b>\$ 63.20</b>	<b>\$ 42.81</b>
<b>Professional</b>												
Surgery	459.8	\$ 199.39	\$ 7.64	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	459.4	\$ 202.18	\$ 7.74
Anesthesia	92.7	257.61	1.99	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	92.6	261.77	2.02
Inpatient Visits	299.4	87.37	2.18	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	293.2	88.81	2.17
Urgent Care/Emergency Room	1,174.5	81.43	7.97	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,056.8	82.78	7.29
Office/Home Visits	1,954.0	65.65	10.69	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	2,115.0	66.61	11.74
Preventive Care	444.9	43.43	1.61	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	472.8	44.16	1.74
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	51.0	58.82	0.25	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	51.0	58.82	0.25
Lab/Path/Rad	2,817.0	25.52	5.99	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	2,758.4	25.88	5.95
Office Adm. Drugs	69.5	12.09	0.07	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	69.4	12.10	0.07
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	824.1	29.27	2.01	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	823.4	29.73	2.04
Family Planning	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Other Professional	300.3	52.75	1.32	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	300.0	53.60	1.34
<b>Subtotal</b>	<b>8,487.2</b>	<b>\$ 58.99</b>	<b>\$ 41.72</b>							<b>8,492.0</b>	<b>\$ 59.84</b>	<b>\$ 42.35</b>
<b>Total Medical</b>	<b>28,065.7</b>	<b>\$ 80.88</b>	<b>\$ 189.17</b>							<b>27,120.0</b>	<b>\$ 83.20</b>	<b>\$ 188.04</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	321.7	\$ 2,356.73	\$ 63.18	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	263.6	\$ 2,374.51	\$ 52.16
Psychiatric/SUD	2.2	872.73	0.16	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	2.0	840.00	0.14
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	3.7	1,816.22	0.56	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	3.6	1,800.00	0.54
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>327.6</b>	<b>\$ 2,340.66</b>	<b>\$ 63.90</b>							<b>269.2</b>	<b>\$ 2,355.42</b>	<b>\$ 52.84</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,969.9	\$ 103.38	\$ 16.97	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,661.2	\$ 110.59	\$ 15.31
General	18,224.9	79.43	120.64	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	15,714.9	85.30	111.71
<b>Subtotal</b>	<b>20,194.8</b>	<b>\$ 81.77</b>	<b>\$ 137.61</b>							<b>17,376.1</b>	<b>\$ 87.72</b>	<b>\$ 127.02</b>
<b>Ancillary</b>												
Pharmacy	24,289.5	\$ 47.84	\$ 96.83	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	22,331.5	\$ 52.22	\$ 97.17
DME/Supplies/Prosthetics	637.9	117.57	6.25	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	573.3	124.75	5.96
Ambulance	168.0	75.71	1.06	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	151.0	88.21	1.11
Non-Emergency Transportation	8.2	43.90	0.03	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	7.4	48.65	0.03
Home Health/Hospice	124.6	134.83	1.40	0.9715	1.0586	0.9250	1.0019	1.0000	1.0412	112.0	148.93	1.39
Chiropractic Services	1.2	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1.1	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Vision	1,098.7	37.57	3.44	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	987.4	39.86	3.28
Other Ancillary	1,184.6	31.81	3.14	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1,064.5	33.71	2.99
<b>Subtotal</b>	<b>27,512.7</b>	<b>\$ 48.92</b>	<b>\$ 112.15</b>							<b>25,228.2</b>	<b>\$ 53.24</b>	<b>\$ 111.93</b>
<b>Professional</b>												
Surgery	960.0	\$ 245.75	\$ 19.66	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	882.9	\$ 249.27	\$ 18.34
Anesthesia	189.9	243.29	3.85	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	174.7	246.59	3.59
Inpatient Visits	428.0	81.31	2.90	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	376.6	83.17	2.61
Urgent Care/Emergency Room	1,081.7	81.65	7.36	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	951.9	83.20	6.60
Office/Home Visits	4,151.4	66.28	22.93	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	4,526.4	67.23	25.36
Preventive Care	535.7	52.19	2.33	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	579.8	52.98	2.56
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	78.9	138.40	0.91	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	72.6	140.50	0.85
Allergy/Immunotherapy	79.8	72.18	0.48	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	73.4	73.57	0.45
Lab/Path/Rad	6,800.7	29.68	16.82	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	6,254.6	30.10	15.69
Office Adm. Drugs	709.7	69.83	4.13	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	652.7	70.78	3.85
Clinic	1,204.5	161.00	16.16	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,107.8	146.67	13.54
Psych/SUD	12.4	38.71	0.04	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	11.4	42.11	0.04
Physical Therapy	751.5	28.10	1.76	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	691.2	28.47	1.64
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	925.8	57.03	4.40	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	851.5	57.92	4.11
<b>Subtotal</b>	<b>17,910.0</b>	<b>\$ 69.50</b>	<b>\$ 103.73</b>							<b>17,207.5</b>	<b>\$ 69.20</b>	<b>\$ 99.23</b>
<b>Total Medical</b>	<b>65,945.1</b>	<b>\$ 75.95</b>	<b>\$ 417.39</b>							<b>60,081.0</b>	<b>\$ 78.10</b>	<b>\$ 391.02</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	67.5	\$ 1,445.33	\$ 8.13	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	61.5	\$ 1,445.85	\$ 7.41
Outpatient Treatment	3,311.7	81.89	22.60	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	3,080.9	81.87	21.02
Intermediate Care	72.3	668.88	4.03	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	67.3	668.65	3.75
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,451.5</b>	<b>\$ 126.07</b>	<b>\$ 36.26</b>							<b>3,209.7</b>	<b>\$ 125.92</b>	<b>\$ 33.68</b>
<b>Short Term Institutional / HCBS</b>	<b>37.1</b>	<b>\$ 342.86</b>	<b>\$ 1.06</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>37.6</b>	<b>\$ 351.06</b>	<b>\$ 1.10</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	359.8	\$ 2,429.02	\$ 72.83	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	328.1	\$ 2,433.65	\$ 66.54
Psychiatric/SUD	1.8	2,066.67	0.31	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	1.7	2,047.06	0.29
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	2.4	1,800.00	0.36	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	2.3	1,826.09	0.35
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>364.0</b>	<b>\$ 2,423.08</b>	<b>\$ 73.50</b>							<b>332.1</b>	<b>\$ 2,427.46</b>	<b>\$ 67.18</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,550.4	\$ 123.56	\$ 26.26	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	2,199.1	\$ 131.94	\$ 24.18
General	20,735.8	73.68	127.32	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	19,853.1	78.69	130.18
<b>Subtotal</b>	<b>23,286.2</b>	<b>\$ 79.14</b>	<b>\$ 153.58</b>							<b>22,052.2</b>	<b>\$ 84.00</b>	<b>\$ 154.36</b>
<b>Ancillary</b>												
Pharmacy	23,974.0	\$ 44.38	\$ 88.66	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	23,408.2	\$ 48.44	\$ 94.49
DME/Supplies/Prosthetics	567.3	172.18	8.14	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	530.5	182.54	8.07
Ambulance	260.4	57.14	1.24	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	243.5	66.53	1.35
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	110.1	113.35	1.04	0.9715	1.0586	0.9625	1.0019	1.0000	1.0412	103.0	124.66	1.07
Chiropractic Services	1,185.7	31.78	3.14	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	1,108.7	33.66	3.11
Podiatry	157.2	56.49	0.74	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	147.0	59.59	0.73
Vision	1,057.2	37.46	3.30	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	988.6	39.69	3.27
Other Ancillary	143.4	34.31	0.41	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	134.1	36.69	0.41
<b>Subtotal</b>	<b>27,455.3</b>	<b>\$ 46.62</b>	<b>\$ 106.67</b>							<b>26,663.6</b>	<b>\$ 50.63</b>	<b>\$ 112.50</b>
<b>Professional</b>												
Surgery	1,174.2	\$ 188.96	\$ 18.49	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,173.1	\$ 191.70	\$ 18.74
Anesthesia	190.5	254.49	4.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	190.3	257.91	4.09
Inpatient Visits	469.6	86.63	3.39	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	459.8	87.95	3.37
Urgent Care/Emergency Room	1,583.7	89.64	11.83	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,425.0	91.12	10.82
Office/Home Visits	5,218.4	65.10	28.31	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	5,648.4	66.05	31.09
Preventive Care	942.6	55.76	4.38	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,001.6	56.55	4.72
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	98.9	189.28	1.56	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	98.8	191.90	1.58
Allergy/Immunotherapy	153.3	35.23	0.45	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	153.2	36.03	0.46
Lab/Path/Rad	10,771.9	26.62	23.90	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	10,547.7	27.01	23.74
Office Adm. Drugs	779.0	87.96	5.71	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	778.3	89.27	5.79
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	9.7	49.48	0.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	9.7	49.48	0.04
Physical Therapy	1,257.7	28.81	3.02	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,256.6	29.22	3.06
Family Planning	6.9	17.39	0.01	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	6.9	17.39	0.01
Other Professional	1,111.3	65.65	6.08	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,110.3	66.58	6.16
<b>Subtotal</b>	<b>23,767.7</b>	<b>\$ 56.15</b>	<b>\$ 111.21</b>							<b>23,859.7</b>	<b>\$ 57.17</b>	<b>\$ 113.67</b>
<b>Total Medical</b>	<b>74,873.2</b>	<b>\$ 71.31</b>	<b>\$ 444.96</b>							<b>72,907.6</b>	<b>\$ 73.69</b>	<b>\$ 447.71</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	396.6	\$ 2,770.05	\$ 91.55	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	325.0	\$ 2,791.02	\$ 75.59
Psychiatric/SUD	2.0	1,380.00	0.23	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	1.8	1,400.00	0.21
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>398.6</b>	<b>\$ 2,763.07</b>	<b>\$ 91.78</b>							<b>326.8</b>	<b>\$ 2,783.35</b>	<b>\$ 75.80</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,505.4	\$ 108.09	\$ 13.56	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	1,269.5	\$ 115.70	\$ 12.24
General	12,210.1	94.11	95.76	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	10,528.5	101.06	88.67
<b>Subtotal</b>	<b>13,715.5</b>	<b>\$ 95.65</b>	<b>\$ 109.32</b>							<b>11,798.0</b>	<b>\$ 102.64</b>	<b>\$ 100.91</b>
<b>Ancillary</b>												
Pharmacy	16,420.8	\$ 53.84	\$ 73.68	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	15,097.1	\$ 58.77	\$ 73.94
DME/Supplies/Prosthetics	845.3	123.36	8.69	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	759.6	130.81	8.28
Ambulance	166.9	89.87	1.25	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	150.0	104.80	1.31
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	73.2	227.87	1.39	0.9715	1.0586	0.9250	1.0019	1.0000	1.0412	65.8	251.67	1.38
Chiropractic Services	1.7	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1.5	-	-
Podiatry	2.9	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	2.6	-	-
Vision	854.5	38.20	2.72	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	767.9	40.47	2.59
Other Ancillary	940.5	32.03	2.51	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	845.2	33.93	2.39
<b>Subtotal</b>	<b>19,305.8</b>	<b>\$ 56.09</b>	<b>\$ 90.24</b>							<b>17,689.7</b>	<b>\$ 60.98</b>	<b>\$ 89.89</b>
<b>Professional</b>												
Surgery	724.5	\$ 257.56	\$ 15.55	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	666.3	\$ 261.32	\$ 14.51
Anesthesia	147.8	254.13	3.13	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	135.9	257.84	2.92
Inpatient Visits	563.0	81.21	3.81	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	495.4	83.08	3.43
Urgent Care/Emergency Room	840.6	80.80	5.66	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	739.7	82.25	5.07
Office/Home Visits	2,901.0	67.55	16.33	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,163.1	68.52	18.06
Preventive Care	306.4	42.30	1.08	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	331.6	43.06	1.19
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	33.1	97.89	0.27	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	30.4	98.68	0.25
Lab/Path/Rad	4,134.8	27.22	9.38	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	3,802.8	27.61	8.75
Office Adm. Drugs	403.5	58.59	1.97	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	371.1	59.50	1.84
Clinic	812.4	159.97	10.83	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	747.2	145.66	9.07
Psych/SUD	4.4	54.55	0.02	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	4.0	60.00	0.02
Physical Therapy	689.4	28.20	1.62	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	634.0	28.58	1.51
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	846.9	54.27	3.83	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	778.9	55.00	3.57
<b>Subtotal</b>	<b>12,407.8</b>	<b>\$ 71.06</b>	<b>\$ 73.48</b>							<b>11,900.4</b>	<b>\$ 70.78</b>	<b>\$ 70.19</b>
<b>Total Medical</b>	<b>45,827.7</b>	<b>\$ 95.53</b>	<b>\$ 364.82</b>							<b>41,714.9</b>	<b>\$ 96.88</b>	<b>\$ 336.79</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	50.2	\$ 1,525.10	\$ 6.38	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	45.8	\$ 1,524.89	\$ 5.82
Outpatient Treatment	2,022.3	91.62	15.44	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	1,881.3	91.60	14.36
Intermediate Care	23.3	664.38	1.29	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	21.7	663.59	1.20
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,095.8</b>	<b>\$ 140.91</b>	<b>\$ 24.61</b>							<b>1,948.8</b>	<b>\$ 140.89</b>	<b>\$ 22.88</b>
<b>Short Term Institutional / HCBS</b>	<b>204.3</b>	<b>\$ 483.99</b>	<b>\$ 8.24</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>207.3</b>	<b>\$ 496.09</b>	<b>\$ 8.57</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	356.4	\$ 2,575.42	\$ 76.49	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	325.0	\$ 2,580.18	\$ 69.88
Psychiatric/SUD	-	-	0.46	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	-	-	0.44
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Subtotal	356.4	\$ 2,590.91	\$ 76.95							325.0	\$ 2,596.43	\$ 70.32
<b>Outpatient Hospital</b>												
Emergency Room	1,673.5	\$ 125.41	\$ 17.49	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	1,443.0	\$ 133.97	\$ 16.11
General	13,030.2	74.53	80.93	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	12,475.5	79.60	82.75
Subtotal	14,703.7	\$ 80.32	\$ 98.42							13,918.5	\$ 85.23	\$ 98.86
<b>Ancillary</b>												
Pharmacy	15,741.0	\$ 48.99	\$ 64.26	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	15,369.5	\$ 53.47	\$ 68.49
DME/Supplies/Prosthetics	748.7	150.98	9.42	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	700.1	160.09	9.34
Ambulance	164.2	59.20	0.81	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	153.5	68.79	0.88
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	16.4	95.12	0.13	0.9715	1.0586	0.9625	1.0019	1.0000	1.0412	15.3	101.96	0.13
Chiropractic Services	787.0	32.33	2.12	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	735.9	34.24	2.10
Podiatry	80.8	62.38	0.42	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	75.6	66.67	0.42
Vision	692.6	41.76	2.41	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	647.6	44.29	2.39
Other Ancillary	50.6	30.83	0.13	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	47.3	32.98	0.13
Subtotal	18,281.3	\$ 52.32	\$ 79.70							17,744.8	\$ 56.72	\$ 83.88
<b>Professional</b>												
Surgery	773.8	\$ 242.39	\$ 15.63	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	773.1	\$ 245.87	\$ 15.84
Anesthesia	144.7	277.82	3.35	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	144.6	282.16	3.40
Inpatient Visits	464.0	87.67	3.39	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	454.3	89.02	3.37
Urgent Care/Emergency Room	999.0	90.09	7.50	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	898.9	91.58	6.86
Office/Home Visits	3,439.2	66.89	19.17	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	3,722.6	67.86	21.05
Preventive Care	605.9	45.35	2.29	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	643.8	46.04	2.47
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.1	87.80	0.03	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	4.1	87.80	0.03
Lab/Path/Rad	5,569.5	24.35	11.30	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	5,453.6	24.69	11.22
Office Adm. Drugs	245.7	28.82	0.59	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	245.5	29.33	0.60
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	1.4	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1.4	-	-
Physical Therapy	1,082.2	29.83	2.69	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,081.2	30.30	2.73
Family Planning	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Other Professional	739.7	70.24	4.33	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	739.0	71.29	4.39
Subtotal	14,069.2	\$ 59.94	\$ 70.27							14,162.1	\$ 60.97	\$ 71.96
<b>Total Medical</b>	<b>47,410.6</b>	<b>\$ 82.35</b>	<b>\$ 325.34</b>							<b>46,150.4</b>	<b>\$ 84.51</b>	<b>\$ 325.02</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**FFS/MediPASS**

Region: Statewide

Rate Cell: Non-Expansion Adults 50+ M&amp;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
<b>Inpatient Hospital</b>												
Medical/Surgical	708.4	\$ 2,457.26	\$ 145.06	0.9857	0.9928	0.8313	1.0075	1.0000	1.0073	580.5	\$ 2,475.66	\$ 119.76
Psychiatric/SUD	4.2	285.71	0.10	0.9857	0.9928	0.9063	1.0019	1.0000	1.0073	3.8	284.21	0.09
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
<b>Subtotal</b>	<b>712.6</b>	<b>\$ 2,444.46</b>	<b>\$ 145.16</b>							<b>584.3</b>	<b>\$ 2,461.41</b>	<b>\$ 119.85</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,153.3	\$ 108.73	\$ 10.45	1.0144	1.0736	0.8313	1.0038	1.0000	0.9929	972.6	\$ 116.35	\$ 9.43
General	18,647.2	90.30	140.32	1.0144	1.0736	0.8500	1.0075	1.0000	0.9929	16,079.0	96.98	129.94
<b>Subtotal</b>	<b>19,800.5</b>	<b>\$ 91.37</b>	<b>\$ 150.77</b>							<b>17,051.6</b>	<b>\$ 98.08</b>	<b>\$ 139.37</b>
<b>Ancillary</b>												
Pharmacy	26,964.3	\$ 43.91	\$ 98.67	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	24,790.7	\$ 47.93	\$ 99.02
DME/Supplies/Prosthetics	1,335.6	114.91	12.79	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1,200.2	121.88	12.19
Ambulance	252.4	81.77	1.72	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	226.8	95.24	1.80
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	450.6	210.65	7.91	0.9715	1.0586	0.9250	1.0019	1.0000	1.0412	404.9	232.65	7.85
Chiropractic Services	16.0	7.50	0.01	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	14.4	8.33	0.01
Podiatry	15.5	23.23	0.03	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	13.9	25.90	0.03
Vision	1,234.3	39.37	4.05	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1,109.2	41.76	3.86
Other Ancillary	943.5	31.92	2.51	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	847.9	33.82	2.39
<b>Subtotal</b>	<b>31,212.2</b>	<b>\$ 49.09</b>	<b>\$ 127.69</b>							<b>28,608.0</b>	<b>\$ 53.33</b>	<b>\$ 127.15</b>
<b>Professional</b>												
Surgery	1,330.0	\$ 273.56	\$ 30.32	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	1,223.2	\$ 277.53	\$ 28.29
Anesthesia	231.5	251.40	4.85	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	212.9	254.77	4.52
Inpatient Visits	986.0	73.51	6.04	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	867.7	75.10	5.43
Urgent Care/Emergency Room	746.7	85.50	5.32	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	657.1	87.11	4.77
Office/Home Visits	4,226.0	64.86	22.84	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	4,607.8	65.78	25.26
Preventive Care	495.5	47.71	1.97	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	536.3	48.33	2.16
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	74.5	35.44	0.22	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	68.5	36.79	0.21
Lab/Path/Rad	7,052.9	30.68	18.03	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	6,486.5	31.12	16.82
Office Adm. Drugs	718.3	212.50	12.72	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	660.6	215.62	11.87
Clinic	1,217.0	171.47	17.39	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,119.3	156.20	14.57
Psych/SUD	33.1	29.00	0.08	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	30.4	27.63	0.07
Physical Therapy	785.6	28.87	1.89	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	722.5	29.23	1.76
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,575.4	46.16	6.06	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	1,448.9	46.79	5.65
<b>Subtotal</b>	<b>19,472.5</b>	<b>\$ 78.71</b>	<b>\$ 127.73</b>							<b>18,641.7</b>	<b>\$ 78.13</b>	<b>\$ 121.38</b>
<b>Total Medical</b>	<b>71,197.8</b>	<b>\$ 92.93</b>	<b>\$ 551.35</b>							<b>64,885.6</b>	<b>\$ 93.90</b>	<b>\$ 507.75</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	38.5	\$ 2,122.60	\$ 6.81	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	35.1	\$ 2,123.08	\$ 6.21
Outpatient Treatment	2,593.3	86.44	18.68	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	2,412.5	86.45	17.38
Intermediate Care	7.5	1,664.00	1.04	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	7.0	1,662.86	0.97
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,639.3</b>	<b>\$ 127.44</b>	<b>\$ 28.03</b>							<b>2,454.6</b>	<b>\$ 127.40</b>	<b>\$ 26.06</b>
<b>Short Term Institutional / HCBS</b>	<b>233.8</b>	<b>\$ 249.96</b>	<b>\$ 4.87</b>	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	<b>237.2</b>	<b>\$ 256.49</b>	<b>\$ 5.07</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	225.7	\$ 3,727.60	\$ 70.11	0.9857	0.9928	0.9250	1.0019	1.0000	1.0073	205.8	\$ 3,734.69	\$ 64.05
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9625	1.0019	1.0000	1.0073	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	1.0073	-	-	-
Subtotal	225.7	\$ 3,727.60	\$ 70.11							205.8	\$ 3,734.69	\$ 64.05
<b>Outpatient Hospital</b>												
Emergency Room	1,388.3	\$ 125.07	\$ 14.47	1.0144	1.0736	0.8500	1.0019	1.0000	0.9929	1,197.1	\$ 133.52	\$ 13.32
General	17,087.7	67.76	96.49	1.0144	1.0736	0.9438	1.0019	1.0000	0.9929	16,360.3	72.37	98.66
Subtotal	18,476.0	\$ 72.07	\$ 110.96							17,557.4	\$ 76.54	\$ 111.98
<b>Ancillary</b>												
Pharmacy	26,579.0	\$ 46.77	\$ 103.60	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	25,951.8	\$ 51.05	\$ 110.41
DME/Supplies/Prosthetics	721.5	148.69	8.94	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	674.7	157.76	8.87
Ambulance	261.7	57.32	1.25	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	244.7	66.69	1.36
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	-	-	-
Home Health/Hospice	174.4	116.97	1.70	0.9715	1.0586	0.9625	1.0019	1.0000	1.0412	163.1	129.49	1.76
Chiropractic Services	927.7	29.88	2.31	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	867.5	31.68	2.29
Podiatry	115.0	50.09	0.48	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	107.5	53.58	0.48
Vision	1,692.8	38.07	5.37	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	1,582.9	40.41	5.33
Other Ancillary	210.1	43.41	0.76	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	196.5	45.80	0.75
Subtotal	30,682.2	\$ 48.66	\$ 124.41							29,788.7	\$ 52.87	\$ 131.25
<b>Professional</b>												
Surgery	1,122.6	\$ 194.44	\$ 18.19	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,121.6	\$ 197.29	\$ 18.44
Anesthesia	130.4	242.02	2.63	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	130.3	245.89	2.67
Inpatient Visits	454.6	83.68	3.17	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	445.1	84.92	3.15
Urgent Care/Emergency Room	901.3	96.53	7.25	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	811.0	98.10	6.63
Office/Home Visits	5,466.9	66.66	30.37	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	5,917.4	67.63	33.35
Preventive Care	996.1	50.60	4.20	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,058.5	51.36	4.53
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	102.8	31.52	0.27	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	102.7	31.55	0.27
Lab/Path/Rad	10,261.8	24.51	20.96	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	10,048.3	24.86	20.82
Office Adm. Drugs	565.3	46.28	2.18	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	564.8	46.95	2.21
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,423.1	28.28	5.71	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	2,420.9	28.70	5.79
Family Planning	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,351.9	43.14	4.86	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	1,350.7	43.80	4.93
Subtotal	23,776.8	\$ 50.36	\$ 99.79							23,971.3	\$ 51.46	\$ 102.79
<b>Total Medical</b>	<b>73,160.7</b>	<b>\$ 66.47</b>	<b>\$ 405.27</b>							<b>71,523.2</b>	<b>\$ 68.80</b>	<b>\$ 410.07</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
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	-	-	-
<b>Subtotal</b>	<b>2.5</b>	<b>\$ 2,496.00</b>	<b>\$ 0.52</b>							<b>2.0</b>	<b>\$ 2,460.00</b>	<b>\$ 0.41</b>
<b>Outpatient Hospital</b>												
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
<b>Subtotal</b>	<b>134.5</b>	<b>\$ 94.57</b>	<b>\$ 1.06</b>							<b>107.5</b>	<b>\$ 94.88</b>	<b>\$ 0.85</b>
<b>Ancillary</b>												
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	1.0412	-	-	-
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	-	-	-
<b>Subtotal</b>	<b>567.1</b>	<b>\$ 44.23</b>	<b>\$ 2.09</b>							<b>497.2</b>	<b>\$ 44.41</b>	<b>\$ 1.84</b>
<b>Professional</b>												
Surgery	121.9	\$ 131.91	\$ 1.34	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	102.0	\$ 135.29	\$ 1.15
Anesthesia	2.3	260.87	0.05	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	1.9	252.63	0.04
Inpatient Visits	4.4	81.82	0.03	1.0144	1.0290	0.7750	1.0100	1.0000	1.0000	3.5	68.57	0.02
Urgent Care/Emergency Room	2.3	104.35	0.02	1.0144	1.0290	0.7750	1.0050	1.0000	1.0000	1.8	133.33	0.02
Office/Home Visits	340.9	50.34	1.43	1.0144	1.0290	1.0400	1.0000	1.0000	1.0000	359.7	51.71	1.55
Preventive Care	329.7	95.72	2.63	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	344.5	98.58	2.83
Maternity - Delivery	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.8	150.00	0.01	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	0.7	171.43	0.01
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	1,137.3	32.18	3.05	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	951.8	33.16	2.63
Office Adm. Drugs	1,674.2	39.28	5.48	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	1,401.2	40.42	4.72
Clinic	0.8	150.00	0.01	1.0144	1.0290	0.8250	1.0000	1.0000	0.8979	0.7	171.43	0.01
Psych/SUD	1.0	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	0.8	-	-
Physical Therapy	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	266.9	174.00	3.87	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	223.4	178.87	3.33
<b>Subtotal</b>	<b>3,882.5</b>	<b>\$ 55.39</b>	<b>\$ 17.92</b>							<b>3,392.0</b>	<b>\$ 57.70</b>	<b>\$ 16.31</b>
<b>Total Medical</b>	<b>4,586.6</b>	<b>\$ 56.49</b>	<b>\$ 21.59</b>							<b>3,998.7</b>	<b>\$ 58.25</b>	<b>\$ 19.41</b>
<b>Category of Service - Iowa Plan for BH</b>												
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	-	-	-
<b>Total Behavioral Health</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>							<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	61.8	\$ 2,242.72	\$ 11.55	0.9857	0.9928	0.8313	1.0075	1.0000	0.9843	50.6	\$ 2,210.28	\$ 9.32
Psychiatric/SUD	2.7	400.00	0.09	0.9857	0.9928	0.9063	1.0019	1.0000	0.9843	2.4	400.00	0.08
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Maternity Non-Delivery	146.8	1,589.10	19.44	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	142.5	1,541.89	18.31
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Other Newborn	0.1	2,400.00	0.02	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	0.1	2,400.00	0.02
<b>Subtotal</b>	<b>211.4</b>	<b>\$ 1,765.37</b>	<b>\$ 31.10</b>							<b>195.6</b>	<b>\$ 1,701.23</b>	<b>\$ 27.73</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,607.1	\$ 114.17	\$ 15.29	1.0144	1.0736	0.8313	1.0038	1.0000	1.0080	1,355.3	\$ 124.05	\$ 14.01
General	25,560.5	57.78	123.08	1.0144	1.0736	0.8500	1.0075	1.0000	1.0080	22,040.2	63.00	115.71
<b>Subtotal</b>	<b>27,167.6</b>	<b>\$ 61.12</b>	<b>\$ 138.37</b>							<b>23,395.5</b>	<b>\$ 66.54</b>	<b>\$ 129.72</b>
<b>Ancillary</b>												
Pharmacy	8,104.6	\$ 29.42	\$ 19.87	1.0144	1.0811	0.9063	0.9850	1.0000	1.0250	7,451.3	\$ 32.11	\$ 19.94
DME/Supplies/Prosthetics	204.6	105.57	1.80	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	183.9	112.23	1.72
Ambulance	166.1	96.81	1.34	0.9715	1.0586	0.9250	1.0019	1.0000	1.1000	149.3	112.53	1.40
Non-Emergency Transportation	73.8	37.40	0.23	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	66.3	39.82	0.22
Home Health/Hospice	182.1	104.12	1.58	0.9715	1.0586	0.9250	1.0019	1.0000	1.0412	163.6	115.16	1.57
Chiropractic Services	1.2	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	1.1	-	-
Podiatry	0.1	-	-	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	0.1	-	-
Vision	736.8	35.34	2.17	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	662.1	37.52	2.07
Other Ancillary	1,030.2	32.50	2.79	0.9715	1.0586	0.9250	1.0019	1.0000	1.0000	925.8	34.48	2.66
<b>Subtotal</b>	<b>10,499.5</b>	<b>\$ 34.04</b>	<b>\$ 29.78</b>							<b>9,603.5</b>	<b>\$ 36.96</b>	<b>\$ 29.58</b>
<b>Professional</b>												
Surgery	420.6	\$ 211.70	\$ 7.42	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	386.8	\$ 214.68	\$ 6.92
Anesthesia	88.2	213.61	1.57	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	81.1	216.03	1.46
Inpatient Visits	439.5	72.63	2.66	1.0586	1.0144	0.8313	1.0075	1.0000	1.0000	386.8	74.15	2.39
Urgent Care/Emergency Room	1,017.5	85.39	7.24	1.0586	1.0144	0.8313	1.0038	1.0000	1.0000	895.4	86.98	6.49
Office/Home Visits	2,052.5	69.22	11.84	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	2,237.9	70.24	13.10
Preventive Care	1,450.6	19.69	2.38	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	1,570.1	19.95	2.61
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	2,538.8	186.56	39.47	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	2,334.9	189.23	36.82
Allergy/Immunotherapy	2.8	128.57	0.03	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	2.6	138.46	0.03
Lab/Path/Rad	12,583.5	37.72	39.55	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	11,573.0	38.26	36.90
Office Adm. Drugs	469.0	51.43	2.01	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	431.3	52.31	1.88
Clinic	1,729.3	173.06	24.94	1.0586	1.0144	0.8688	1.0000	1.0000	0.8979	1,590.4	157.62	20.89
Psych/SUD	440.1	48.53	1.78	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	404.8	49.21	1.66
Physical Therapy	187.6	32.62	0.51	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	172.5	33.39	0.48
Family Planning	-	-	-	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	-	-	-
Other Professional	558.9	165.11	7.69	1.0586	1.0144	0.8688	1.0000	1.0000	1.0000	514.0	167.39	7.17
<b>Subtotal</b>	<b>23,978.9</b>	<b>\$ 74.61</b>	<b>\$ 149.09</b>							<b>22,581.6</b>	<b>\$ 73.76</b>	<b>\$ 138.80</b>
<b>Total Medical</b>	<b>61,857.4</b>	<b>\$ 67.58</b>	<b>\$ 348.34</b>							<b>55,776.2</b>	<b>\$ 70.10</b>	<b>\$ 325.83</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	20.6	\$ 1,275.73	\$ 2.19	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	18.8	\$ 1,276.60	\$ 2.00
Outpatient Treatment	1,215.2	84.83	8.59	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	1,130.5	84.81	7.99
Intermediate Care	114.5	531.35	5.07	0.9857	1.0000	0.9438	1.0000	1.0000	1.0000	106.5	531.83	4.72
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,350.3</b>	<b>\$ 154.19</b>	<b>\$ 17.35</b>							<b>1,255.8</b>	<b>\$ 154.90</b>	<b>\$ 16.21</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	28.5	\$ 2,964.21	\$ 7.04	0.9857	0.9928	0.9250	1.0019	1.0000	0.9843	26.0	\$ 2,898.46	\$ 6.28
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9625	1.0019	1.0000	0.9843	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Maternity Non-Delivery	196.2	757.80	12.39	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	190.5	735.12	11.67
Well Newborn	-	-	-	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	-	-	-
Other Newborn	1.4	857.14	0.10	0.9857	0.9928	0.9850	0.9925	1.0000	0.9843	1.4	771.43	0.09
Subtotal	226.1	\$ 1,036.53	\$ 19.53							217.9	\$ 993.48	\$ 18.04
<b>Outpatient Hospital</b>												
Emergency Room	1,728.1	\$ 123.74	\$ 17.82	1.0144	1.0736	0.8500	1.0019	1.0000	1.0080	1,490.1	\$ 134.17	\$ 16.66
General	22,944.9	56.43	107.89	1.0144	1.0736	0.9438	1.0019	1.0000	1.0080	21,968.2	61.17	111.99
Subtotal	24,673.0	\$ 61.14	\$ 125.71							23,458.3	\$ 65.81	\$ 128.65
<b>Ancillary</b>												
Pharmacy	9,172.0	\$ 32.75	\$ 25.03	1.0144	1.0811	0.9625	0.9850	1.0000	1.0250	8,955.5	\$ 35.75	\$ 26.68
DME/Supplies/Prosthetics	169.8	113.78	1.61	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	158.8	120.91	1.60
Ambulance	200.3	62.91	1.05	0.9715	1.0586	0.9625	1.0019	1.0000	1.1000	187.3	73.68	1.15
Non-Emergency Transportation	2.0	-	-	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	1.9	-	-
Home Health/Hospice	69.0	99.13	0.57	0.9715	1.0586	0.9625	1.0019	1.0000	1.0412	64.5	109.77	0.59
Chiropractic Services	1,068.3	31.34	2.79	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	999.0	33.27	2.77
Podiatry	19.6	61.22	0.10	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	18.3	65.57	0.10
Vision	673.8	36.87	2.07	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	630.1	39.04	2.05
Other Ancillary	131.9	46.40	0.51	0.9715	1.0586	0.9625	1.0019	1.0000	1.0000	123.3	49.64	0.51
Subtotal	11,506.7	\$ 35.18	\$ 33.73							11,138.7	\$ 38.19	\$ 35.45
<b>Professional</b>												
Surgery	627.3	\$ 155.52	\$ 8.13	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	626.7	\$ 157.78	\$ 8.24
Anesthesia	120.1	208.83	2.09	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	120.0	212.00	2.12
Inpatient Visits	572.7	71.24	3.40	1.0586	1.0144	0.9250	1.0019	1.0000	1.0000	560.8	72.33	3.38
Urgent Care/Emergency Room	1,208.1	84.13	8.47	1.0586	1.0144	0.8500	1.0019	1.0000	1.0000	1,087.0	85.56	7.75
Office/Home Visits	2,926.3	53.47	13.04	1.0586	1.0144	1.0225	1.0000	1.0000	1.0000	3,167.4	54.25	14.32
Preventive Care	1,660.8	24.42	3.38	1.0586	1.0144	1.0038	1.0000	1.0000	1.0000	1,764.8	24.75	3.64
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	4,429.8	243.64	89.94	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	4,425.8	247.17	91.16
Allergy/Immunotherapy	4.0	120.00	0.04	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	4.0	120.00	0.04
Lab/Path/Rad	17,855.0	28.50	42.40	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	17,483.4	28.91	42.12
Office Adm. Drugs	585.5	26.44	1.29	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	585.0	26.87	1.31
Clinic	-	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	306.3	47.01	1.20	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	306.0	47.84	1.22
Physical Therapy	207.1	33.61	0.58	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	206.9	34.22	0.59
Family Planning	2.7	-	-	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	2.7	-	-
Other Professional	773.0	180.70	11.64	1.0586	1.0144	0.9438	1.0000	1.0000	1.0000	772.3	183.35	11.80
Subtotal	31,278.7	\$ 71.21	\$ 185.60							31,112.8	\$ 72.39	\$ 187.69
<b>Total Medical</b>	<b>67,684.5</b>	<b>\$ 64.64</b>	<b>\$ 364.57</b>							<b>65,927.7</b>	<b>\$ 67.32</b>	<b>\$ 369.83</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	118.5	\$ 2,466.84	\$ 24.36	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	97.2	\$ 2,412.35	\$ 19.54
Psychiatric/SUD	5.2	2,746.15	1.19	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	4.7	2,629.79	1.03
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	10.3	2,248.54	1.93	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	10.0	2,172.00	1.81
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>134.0</b>	<b>\$ 2,460.90</b>	<b>\$ 27.48</b>							<b>111.9</b>	<b>\$ 2,400.00</b>	<b>\$ 22.38</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,616.5	\$ 103.78	\$ 13.98	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,361.5	\$ 112.38	\$ 12.75
General	10,860.3	66.65	60.32	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	9,352.9	72.44	56.46
<b>Subtotal</b>	<b>12,476.8</b>	<b>\$ 71.46</b>	<b>\$ 74.30</b>							<b>10,714.4</b>	<b>\$ 77.51</b>	<b>\$ 69.21</b>
<b>Ancillary</b>												
Pharmacy	6,695.4	\$ 36.40	\$ 20.31	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	6,228.6	\$ 37.72	\$ 19.58
DME/Supplies/Prosthetics	130.5	149.89	1.63	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	117.6	156.12	1.53
Ambulance	90.0	80.00	0.60	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	81.1	91.74	0.62
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	19.6	104.08	0.17	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	17.7	115.25	0.17
Chiropractic Services	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	224.8	67.79	1.27	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	202.5	70.52	1.19
Other Ancillary	545.2	31.47	1.43	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	491.2	32.74	1.34
<b>Subtotal</b>	<b>7,705.5</b>	<b>\$ 39.57</b>	<b>\$ 25.41</b>							<b>7,138.7</b>	<b>\$ 41.07</b>	<b>\$ 24.43</b>
<b>Professional</b>												
Surgery	368.4	\$ 227.36	\$ 6.98	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	341.5	\$ 230.16	\$ 6.55
Anesthesia	61.4	263.84	1.35	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	56.9	267.84	1.27
Inpatient Visits	170.6	92.85	1.32	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	151.3	94.38	1.19
Urgent Care/Emergency Room	901.5	81.06	6.09	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	799.6	82.39	5.49
Office/Home Visits	2,121.4	66.13	11.69	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,331.4	66.96	13.01
Preventive Care	421.7	69.72	2.45	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	460.1	70.68	2.71
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	25.7	158.75	0.34	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	23.8	161.34	0.32
Allergy/Immunotherapy	53.6	132.09	0.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	49.7	132.80	0.55
Lab/Path/Rad	4,025.7	27.54	9.24	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	3,731.7	27.91	8.68
Office Adm. Drugs	659.3	35.49	1.95	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	611.2	35.93	1.83
Clinic	680.4	162.79	9.23	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	630.7	148.03	7.78
Psych/SUD	15.8	53.16	0.07	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	14.6	57.53	0.07
Physical Therapy	239.7	29.54	0.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	222.2	29.70	0.55
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	311.3	99.07	2.57	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	288.6	100.21	2.41
<b>Subtotal</b>	<b>10,056.5</b>	<b>\$ 64.98</b>	<b>\$ 54.46</b>							<b>9,713.3</b>	<b>\$ 64.75</b>	<b>\$ 52.41</b>
<b>Total Medical</b>	<b>30,372.8</b>	<b>\$ 71.77</b>	<b>\$ 181.65</b>							<b>27,678.3</b>	<b>\$ 73.02</b>	<b>\$ 168.43</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	89.8	\$ 1,651.67	\$ 12.36	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	82.0	\$ 1,630.24	\$ 11.14
Outpatient Treatment	2,152.4	84.07	15.08	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	2,004.9	82.96	13.86
Intermediate Care	14.2	456.34	0.54	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	13.2	454.55	0.50
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,256.4</b>	<b>\$ 156.78</b>	<b>\$ 29.48</b>							<b>2,100.1</b>	<b>\$ 154.28</b>	<b>\$ 27.00</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	77.0	\$ 1,566.23	\$ 10.05	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	70.3	\$ 1,522.62	\$ 8.92
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	77.0	\$ 1,566.23	\$ 10.05							70.3	\$ 1,522.62	\$ 8.92
<b>Outpatient Hospital</b>												
Emergency Room	2,440.5	\$ 133.79	\$ 27.21	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,101.8	\$ 144.62	\$ 25.33
General	16,048.2	58.59	78.36	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	15,345.9	63.32	80.98
Subtotal	18,488.7	\$ 68.52	\$ 105.57							17,447.7	\$ 73.12	\$ 106.31
<b>Ancillary</b>												
Pharmacy	8,004.2	\$ 33.36	\$ 22.25	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	7,907.9	\$ 34.57	\$ 22.78
DME/Supplies/Prosthetics	98.8	172.47	1.42	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	92.6	180.13	1.39
Ambulance	128.8	54.04	0.58	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	120.7	61.64	0.62
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	-	-	-
Chiropractic Services	382.2	30.46	0.97	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	358.3	31.82	0.95
Podiatry	21.5	39.07	0.07	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	20.2	41.58	0.07
Vision	287.7	65.07	1.56	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	269.7	67.63	1.52
Other Ancillary	154.6	28.72	0.37	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	144.9	29.81	0.36
Subtotal	9,077.8	\$ 35.98	\$ 27.22							8,914.3	\$ 37.27	\$ 27.69
<b>Professional</b>												
Surgery	308.3	\$ 176.71	\$ 4.54	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	310.5	\$ 178.94	\$ 4.63
Anesthesia	64.2	302.80	1.62	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	64.6	306.50	1.65
Inpatient Visits	81.4	109.09	0.74	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	80.3	110.59	0.74
Urgent Care/Emergency Room	1,550.1	81.29	10.50	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,405.8	82.46	9.66
Office/Home Visits	2,749.0	62.16	14.24	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	2,999.1	62.98	15.74
Preventive Care	817.9	65.14	4.44	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	876.0	66.03	4.82
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	47.1	346.50	1.36	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	47.4	351.90	1.39
Allergy/Immunotherapy	8.6	111.63	0.08	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	8.7	110.34	0.08
Lab/Path/Rad	5,168.4	26.03	11.21	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	5,100.9	26.37	11.21
Office Adm. Drugs	582.3	27.82	1.35	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	586.4	28.24	1.38
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	17.1	56.14	0.08	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	17.2	55.81	0.08
Physical Therapy	154.2	38.13	0.49	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	155.3	38.63	0.50
Family Planning	102.8	11.67	0.10	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	103.5	11.59	0.10
Other Professional	462.5	75.24	2.90	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	465.7	76.27	2.96
Subtotal	12,113.9	\$ 53.15	\$ 53.65							12,221.4	\$ 53.94	\$ 54.94
<b>Total Medical</b>	<b>39,757.4</b>	<b>\$ 59.31</b>	<b>\$ 196.49</b>							<b>38,653.7</b>	<b>\$ 61.43</b>	<b>\$ 197.86</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	210.5	\$ 2,231.83	\$ 39.15	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	172.7	\$ 2,181.82	\$ 31.40
Psychiatric/SUD	12.0	1,200.00	1.20	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	10.7	1,166.36	1.04
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>222.5</b>	<b>\$ 2,176.18</b>	<b>\$ 40.35</b>							<b>183.4</b>	<b>\$ 2,122.57</b>	<b>\$ 32.44</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,407.4	\$ 110.16	\$ 12.92	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,185.4	\$ 119.25	\$ 11.78
General	6,529.5	73.46	39.97	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	5,623.2	79.83	37.41
<b>Subtotal</b>	<b>7,936.9</b>	<b>\$ 79.97</b>	<b>\$ 52.89</b>							<b>6,808.6</b>	<b>\$ 86.70</b>	<b>\$ 49.19</b>
<b>Ancillary</b>												
Pharmacy	4,264.1	\$ 81.72	\$ 29.04	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	3,966.8	\$ 84.67	\$ 27.99
DME/Supplies/Prosthetics	117.8	208.83	2.05	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	106.1	217.15	1.92
Ambulance	142.5	80.00	0.95	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	128.4	91.59	0.98
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	47.9	142.80	0.57	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	43.2	155.56	0.56
Chiropractic Services	2.7	44.44	0.01	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	2.4	50.00	0.01
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	139.4	73.17	0.85	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	125.6	76.43	0.80
Other Ancillary	348.3	31.70	0.92	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	313.8	32.89	0.86
<b>Subtotal</b>	<b>5,062.7</b>	<b>\$ 81.51</b>	<b>\$ 34.39</b>							<b>4,686.3</b>	<b>\$ 84.81</b>	<b>\$ 33.12</b>
<b>Professional</b>												
Surgery	279.3	\$ 231.58	\$ 5.39	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	258.9	\$ 234.53	\$ 5.06
Anesthesia	69.2	249.71	1.44	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	64.1	252.73	1.35
Inpatient Visits	276.3	94.25	2.17	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	245.1	95.96	1.96
Urgent Care/Emergency Room	747.0	77.91	4.85	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	662.6	79.14	4.37
Office/Home Visits	1,142.3	66.18	6.30	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	1,255.4	67.01	7.01
Preventive Care	133.0	62.26	0.69	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	145.1	62.85	0.76
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	23.2	129.31	0.25	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	21.5	128.37	0.23
Lab/Path/Rad	1,671.7	28.07	3.91	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	1,549.6	28.42	3.67
Office Adm. Drugs	123.8	54.28	0.56	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	114.8	55.40	0.53
Clinic	393.3	163.23	5.35	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	364.6	148.44	4.51
Psych/SUD	3.1	77.42	0.02	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	2.9	82.76	0.02
Physical Therapy	129.3	29.70	0.32	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	119.9	30.03	0.30
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	218.6	52.70	0.96	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	202.6	53.31	0.90
<b>Subtotal</b>	<b>5,210.1</b>	<b>\$ 74.19</b>	<b>\$ 32.21</b>							<b>5,007.1</b>	<b>\$ 73.50</b>	<b>\$ 30.67</b>
<b>Total Medical</b>	<b>18,432.2</b>	<b>\$ 104.06</b>	<b>\$ 159.84</b>							<b>16,685.4</b>	<b>\$ 104.58</b>	<b>\$ 145.42</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	163.7	\$ 1,639.10	\$ 22.36	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	149.4	\$ 1,618.47	\$ 20.15
Outpatient Treatment	2,332.5	85.35	16.59	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	2,172.6	84.23	15.25
Intermediate Care	3.3	1,018.18	0.28	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3.1	1,006.45	0.26
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,499.5</b>	<b>\$ 195.54</b>	<b>\$ 40.73</b>							<b>2,325.1</b>	<b>\$ 191.79</b>	<b>\$ 37.16</b>
<b>Short Term Institutional / HCBS</b>	<b>18.6</b>	<b>\$ 1,432.26</b>	<b>\$ 2.22</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>18.8</b>	<b>\$ 1,448.94</b>	<b>\$ 2.27</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	206.3	\$ 3,258.56	\$ 56.02	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	188.3	\$ 3,168.56	\$ 49.72
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	206.3	\$ 3,258.56	\$ 56.02							188.3	\$ 3,168.56	\$ 49.72
<b>Outpatient Hospital</b>												
Emergency Room	1,681.1	\$ 123.13	\$ 17.25	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	1,447.8	\$ 133.11	\$ 16.06
General	7,888.0	64.75	42.56	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	7,542.8	69.98	43.99
Subtotal	9,569.1	\$ 75.00	\$ 59.81							8,990.6	\$ 80.15	\$ 60.05
<b>Ancillary</b>												
Pharmacy	4,633.3	\$ 73.97	\$ 28.56	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	4,577.6	\$ 76.65	\$ 29.24
DME/Supplies/Prosthetics	125.6	105.10	1.10	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	117.7	109.09	1.07
Ambulance	166.2	58.48	0.81	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	155.8	67.01	0.87
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	-	-	-
Chiropractic Services	454.2	32.50	1.23	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	425.8	33.82	1.20
Podiatry	62.8	89.81	0.47	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	58.9	93.72	0.46
Vision	144.0	70.83	0.85	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	135.0	73.78	0.83
Other Ancillary	92.3	32.50	0.25	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	86.5	33.29	0.24
Subtotal	5,678.4	\$ 70.31	\$ 33.27							5,557.3	\$ 73.22	\$ 33.91
<b>Professional</b>												
Surgery	290.9	\$ 135.72	\$ 3.29	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	292.9	\$ 137.66	\$ 3.36
Anesthesia	62.6	251.12	1.31	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	63.0	255.24	1.34
Inpatient Visits	136.2	76.65	0.87	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	134.4	77.68	0.87
Urgent Care/Emergency Room	942.6	81.48	6.40	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	854.9	82.68	5.89
Office/Home Visits	1,391.8	62.94	7.30	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	1,518.4	63.78	8.07
Preventive Care	246.7	62.26	1.28	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	264.2	63.13	1.39
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	22.1	21.72	0.04	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	22.3	21.52	0.04
Lab/Path/Rad	1,947.8	30.62	4.97	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1,922.4	31.02	4.97
Office Adm. Drugs	99.4	7.24	0.06	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	100.1	7.19	0.06
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Physical Therapy	110.5	36.92	0.34	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	111.3	37.74	0.35
Family Planning	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Other Professional	316.6	26.91	0.71	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	318.8	27.10	0.72
Subtotal	5,567.2	\$ 57.27	\$ 26.57							5,602.7	\$ 57.96	\$ 27.06
<b>Total Medical</b>	<b>21,021.0</b>	<b>\$ 100.28</b>	<b>\$ 175.67</b>							<b>20,338.9</b>	<b>\$ 100.74</b>	<b>\$ 170.74</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	223.1	\$ 2,029.94	\$ 37.74	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	183.0	\$ 1,984.92	\$ 30.27
Psychiatric/SUD	18.9	1,066.67	1.68	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	16.9	1,036.69	1.46
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	4.2	1,714.29	0.60	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	4.1	1,639.02	0.56
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>246.2</b>	<b>\$ 1,950.61</b>	<b>\$ 40.02</b>							<b>204.0</b>	<b>\$ 1,899.41</b>	<b>\$ 32.29</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,941.4	\$ 100.07	\$ 16.19	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,635.2	\$ 108.39	\$ 14.77
General	14,343.0	66.15	79.07	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	12,352.2	71.90	74.01
<b>Subtotal</b>	<b>16,284.4</b>	<b>\$ 70.20</b>	<b>\$ 95.26</b>							<b>13,987.4</b>	<b>\$ 76.17</b>	<b>\$ 88.78</b>
<b>Ancillary</b>												
Pharmacy	11,481.3	\$ 38.35	\$ 36.69	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	10,680.9	\$ 39.73	\$ 35.36
DME/Supplies/Prosthetics	196.1	111.37	1.82	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	176.7	116.13	1.71
Ambulance	128.4	74.77	0.80	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	115.7	86.08	0.83
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	58.7	120.61	0.59	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	52.9	131.57	0.58
Chiropractic Services	2.3	52.17	0.01	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	2.1	57.14	0.01
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	204.4	72.21	1.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	184.1	74.96	1.15
Other Ancillary	839.1	31.89	2.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	756.0	33.17	2.09
<b>Subtotal</b>	<b>12,910.3</b>	<b>\$ 40.31</b>	<b>\$ 43.37</b>							<b>11,968.4</b>	<b>\$ 41.84</b>	<b>\$ 41.73</b>
<b>Professional</b>												
Surgery	539.1	\$ 225.04	\$ 10.11	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	499.7	\$ 227.90	\$ 9.49
Anesthesia	103.7	241.85	2.09	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	96.1	244.75	1.96
Inpatient Visits	297.8	89.05	2.21	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	264.1	90.87	2.00
Urgent Care/Emergency Room	1,033.3	82.57	7.11	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	916.5	83.93	6.41
Office/Home Visits	2,674.5	66.40	14.80	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,939.2	67.28	16.48
Preventive Care	417.7	71.25	2.48	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	455.7	72.15	2.74
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	11.7	276.92	0.27	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	10.8	277.78	0.25
Allergy/Immunotherapy	31.2	115.38	0.30	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	28.9	116.26	0.28
Lab/Path/Rad	4,678.8	28.31	11.04	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	4,337.1	28.69	10.37
Office Adm. Drugs	517.0	34.35	1.48	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	479.2	34.81	1.39
Clinic	937.8	162.64	12.71	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	869.3	147.98	10.72
Psych/SUD	6.1	59.02	0.03	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	5.7	63.16	0.03
Physical Therapy	367.9	28.38	0.87	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	341.0	28.86	0.82
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	393.8	82.58	2.71	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	365.0	83.51	2.54
<b>Subtotal</b>	<b>12,010.4</b>	<b>\$ 68.15</b>	<b>\$ 68.21</b>							<b>11,608.3</b>	<b>\$ 67.69</b>	<b>\$ 65.48</b>
<b>Total Medical</b>	<b>41,451.3</b>	<b>\$ 71.47</b>	<b>\$ 246.86</b>							<b>37,768.1</b>	<b>\$ 72.53</b>	<b>\$ 228.28</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	130.5	\$ 1,545.75	\$ 16.81	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	119.1	\$ 1,525.44	\$ 15.14
Outpatient Treatment	3,713.8	86.01	26.62	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3,459.3	84.88	24.47
Intermediate Care	15.5	890.32	1.15	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	14.4	883.33	1.06
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,859.8</b>	<b>\$ 143.26</b>	<b>\$ 46.08</b>							<b>3,592.8</b>	<b>\$ 140.85</b>	<b>\$ 42.17</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	46.9	\$ 2,210.66	\$ 8.64	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	42.8	\$ 2,150.47	\$ 7.67
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	6.3	2,495.24	1.31	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	6.1	2,419.67	1.23
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	53.2	\$ 2,244.36	\$ 9.95							48.9	\$ 2,184.05	\$ 8.90
<b>Outpatient Hospital</b>												
Emergency Room	2,910.2	\$ 129.64	\$ 31.44	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,506.3	\$ 140.09	\$ 29.26
General	17,404.6	56.42	81.83	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	16,642.9	60.98	84.57
Subtotal	20,314.8	\$ 66.91	\$ 113.27							19,149.2	\$ 71.33	\$ 113.83
<b>Ancillary</b>												
Pharmacy	12,775.2	\$ 43.27	\$ 46.07	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	12,621.5	\$ 44.84	\$ 47.16
DME/Supplies/Prosthetics	222.6	122.91	2.28	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	208.7	128.22	2.23
Ambulance	169.2	60.28	0.85	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	158.6	68.85	0.91
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	14.8	129.73	0.16	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	13.9	138.13	0.16
Chiropractic Services	1,228.8	31.05	3.18	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	1,151.9	32.29	3.10
Podiatry	47.5	48.00	0.19	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	44.5	51.24	0.19
Vision	329.5	63.00	1.73	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	308.9	65.65	1.69
Other Ancillary	154.3	29.55	0.38	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	144.6	30.71	0.37
Subtotal	14,941.9	\$ 44.04	\$ 54.84							14,652.6	\$ 45.71	\$ 55.81
<b>Professional</b>												
Surgery	657.0	\$ 136.99	\$ 7.50	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	661.6	\$ 138.75	\$ 7.65
Anesthesia	94.7	250.90	1.98	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	95.4	254.09	2.02
Inpatient Visits	85.8	95.10	0.68	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	84.7	96.34	0.68
Urgent Care/Emergency Room	1,695.7	82.66	11.68	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,537.9	83.88	10.75
Office/Home Visits	3,669.6	62.23	19.03	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	4,003.4	63.04	21.03
Preventive Care	867.1	63.80	4.61	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	928.7	64.61	5.00
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	59.2	283.78	1.40	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	59.6	287.92	1.43
Allergy/Immunotherapy	38.5	84.16	0.27	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	38.8	86.60	0.28
Lab/Path/Rad	7,389.6	27.61	17.00	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	7,293.1	27.97	17.00
Office Adm. Drugs	680.7	85.15	4.83	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	685.5	86.30	4.93
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	3.0	40.00	0.01	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	3.0	40.00	0.01
Physical Therapy	541.6	30.13	1.36	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	545.4	30.58	1.39
Family Planning	32.6	18.40	0.05	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	32.8	18.29	0.05
Other Professional	547.5	86.79	3.96	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	551.3	87.94	4.04
Subtotal	16,362.6	\$ 54.53	\$ 74.36							16,521.2	\$ 55.39	\$ 76.26
<b>Total Medical</b>	<b>51,672.5</b>	<b>\$ 58.62</b>	<b>\$ 252.42</b>							<b>50,371.9</b>	<b>\$ 60.70</b>	<b>\$ 254.80</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	374.5	\$ 2,757.92	\$ 86.07	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	307.3	\$ 2,696.00	\$ 69.04
Psychiatric/SUD	27.8	1,014.39	2.35	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	24.9	983.13	2.04
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>402.3</b>	<b>\$ 2,637.43</b>	<b>\$ 88.42</b>							<b>332.2</b>	<b>\$ 2,567.61</b>	<b>\$ 71.08</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,549.6	\$ 109.96	\$ 14.20	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,305.2	\$ 119.06	\$ 12.95
General	9,792.3	74.36	60.68	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	8,433.1	80.82	56.80
<b>Subtotal</b>	<b>11,341.9</b>	<b>\$ 79.22</b>	<b>\$ 74.88</b>							<b>9,738.3</b>	<b>\$ 85.95</b>	<b>\$ 69.75</b>
<b>Ancillary</b>												
Pharmacy	7,165.0	\$ 58.37	\$ 34.85	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	6,665.5	\$ 60.47	\$ 33.59
DME/Supplies/Prosthetics	195.9	161.72	2.64	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	176.5	168.61	2.48
Ambulance	178.8	77.18	1.15	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	161.1	88.64	1.19
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	41.0	184.39	0.63	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	36.9	201.63	0.62
Chiropractic Services	1.3	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	1.2	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	123.8	76.58	0.79	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	111.5	79.64	0.74
Other Ancillary	386.5	31.67	1.02	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	348.2	33.08	0.96
<b>Subtotal</b>	<b>8,092.3</b>	<b>\$ 60.92</b>	<b>\$ 41.08</b>							<b>7,500.9</b>	<b>\$ 63.32</b>	<b>\$ 39.58</b>
<b>Professional</b>												
Surgery	414.8	\$ 251.40	\$ 8.69	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	384.5	\$ 254.67	\$ 8.16
Anesthesia	82.9	273.58	1.89	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	76.8	276.56	1.77
Inpatient Visits	535.6	90.29	4.03	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	475.1	92.19	3.65
Urgent Care/Emergency Room	895.0	81.52	6.08	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	793.8	82.84	5.48
Office/Home Visits	1,621.7	68.37	9.24	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	1,782.2	69.29	10.29
Preventive Care	167.4	57.35	0.80	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	182.6	57.83	0.88
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	10.5	68.57	0.06	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	9.7	74.23	0.06
Lab/Path/Rad	2,432.2	27.43	5.56	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	2,254.6	27.78	5.22
Office Adm. Drugs	179.0	85.81	1.28	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	165.9	86.80	1.20
Clinic	527.7	160.55	7.06	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	489.2	145.95	5.95
Psych/SUD	8.8	68.18	0.05	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	8.2	73.17	0.05
Physical Therapy	234.0	30.26	0.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	216.9	30.43	0.55
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	396.8	51.11	1.69	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	367.8	51.88	1.59
<b>Subtotal</b>	<b>7,506.4</b>	<b>\$ 75.17</b>	<b>\$ 47.02</b>							<b>7,207.3</b>	<b>\$ 74.67</b>	<b>\$ 44.85</b>
<b>Total Medical</b>	<b>27,342.9</b>	<b>\$ 110.33</b>	<b>\$ 251.40</b>							<b>24,778.7</b>	<b>\$ 109.09</b>	<b>\$ 225.26</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	181.4	\$ 1,659.76	\$ 25.09	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	165.6	\$ 1,637.68	\$ 22.60
Outpatient Treatment	3,244.2	80.71	21.82	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3,021.9	79.66	20.06
Intermediate Care	7.6	742.11	0.47	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	7.1	726.76	0.43
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,433.2</b>	<b>\$ 170.85</b>	<b>\$ 48.88</b>							<b>3,194.6</b>	<b>\$ 167.50</b>	<b>\$ 44.59</b>
<b>Short Term Institutional / HCBS</b>	<b>11.6</b>	<b>\$ 755.17</b>	<b>\$ 0.73</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>11.8</b>	<b>\$ 762.71</b>	<b>\$ 0.75</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	352.4	\$ 1,386.27	\$ 40.71	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	321.7	\$ 1,347.72	\$ 36.13
Psychiatric/SUD	22.8	1,484.21	2.82	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	21.7	1,437.79	2.60
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	375.2	\$ 1,392.22	\$ 43.53							343.4	\$ 1,353.41	\$ 38.73
<b>Outpatient Hospital</b>												
Emergency Room	2,067.2	\$ 129.16	\$ 22.25	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	1,780.3	\$ 139.59	\$ 20.71
General	10,340.1	72.20	62.21	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	9,887.6	78.03	64.29
Subtotal	12,407.3	\$ 81.69	\$ 84.46							11,667.9	\$ 87.42	\$ 85.00
<b>Ancillary</b>												
Pharmacy	7,527.9	\$ 55.38	\$ 34.74	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	7,437.3	\$ 57.38	\$ 35.56
DME/Supplies/Prosthetics	176.9	148.56	2.19	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	165.8	154.89	2.14
Ambulance	220.2	53.41	0.98	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	206.4	61.05	1.05
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	11.8	122.03	0.12	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	11.1	129.73	0.12
Chiropractic Services	452.2	32.91	1.24	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	423.9	34.25	1.21
Podiatry	27.5	43.64	0.10	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	25.8	46.51	0.10
Vision	141.5	73.78	0.87	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	132.6	76.92	0.85
Other Ancillary	76.7	28.16	0.18	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	71.9	30.04	0.18
Subtotal	8,634.7	\$ 56.17	\$ 40.42							8,474.8	\$ 58.35	\$ 41.21
<b>Professional</b>												
Surgery	405.8	\$ 173.58	\$ 5.87	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	408.6	\$ 175.92	\$ 5.99
Anesthesia	72.5	251.59	1.52	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	73.0	254.79	1.55
Inpatient Visits	490.0	79.10	3.23	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	483.6	80.40	3.24
Urgent Care/Emergency Room	1,174.2	80.02	7.83	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,064.9	81.25	7.21
Office/Home Visits	1,946.5	66.70	10.82	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	2,123.6	67.58	11.96
Preventive Care	262.7	53.44	1.17	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	281.4	54.16	1.27
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.6	238.78	0.39	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	19.7	243.65	0.40
Lab/Path/Rad	3,500.9	26.98	7.87	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	3,455.2	27.33	7.87
Office Adm. Drugs	129.4	41.73	0.45	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	130.3	42.36	0.46
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	2.0	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	2.0	-	-
Physical Therapy	466.5	32.67	1.27	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	469.8	33.21	1.30
Family Planning	2.0	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	2.0	-	-
Other Professional	397.9	39.81	1.32	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	400.7	40.43	1.35
Subtotal	8,870.0	\$ 56.47	\$ 41.74							8,914.8	\$ 57.34	\$ 42.60
<b>Total Medical</b>	<b>30,287.2</b>	<b>\$ 83.26</b>	<b>\$ 210.15</b>							<b>29,400.9</b>	<b>\$ 84.71</b>	<b>\$ 207.54</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	470.3	\$ 2,325.24	\$ 91.13	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	385.8	\$ 2,273.72	\$ 73.10
Psychiatric/SUD	7.2	1,550.00	0.93	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	6.4	1,518.75	0.81
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	0.5	2,880.00	0.12	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	0.5	2,640.00	0.11
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>478.0</b>	<b>\$ 2,314.14</b>	<b>\$ 92.18</b>							<b>392.7</b>	<b>\$ 2,261.88</b>	<b>\$ 74.02</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,834.2	\$ 112.01	\$ 17.12	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,544.9	\$ 121.25	\$ 15.61
General	20,714.1	78.91	136.21	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	17,839.0	85.76	127.49
<b>Subtotal</b>	<b>22,548.3</b>	<b>\$ 81.60</b>	<b>\$ 153.33</b>							<b>19,383.9</b>	<b>\$ 88.59</b>	<b>\$ 143.10</b>
<b>Ancillary</b>												
Pharmacy	21,606.5	\$ 42.19	\$ 75.96	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	20,100.2	\$ 43.71	\$ 73.22
DME/Supplies/Prosthetics	521.2	126.63	5.50	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	469.6	131.86	5.16
Ambulance	222.7	78.13	1.45	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	200.6	89.73	1.50
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	100.9	137.96	1.16	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	90.9	149.17	1.13
Chiropractic Services	1.3	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	1.2	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	289.7	74.15	1.79	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	261.0	77.24	1.68
Other Ancillary	976.7	32.19	2.62	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	879.9	33.55	2.46
<b>Subtotal</b>	<b>23,719.0</b>	<b>\$ 44.76</b>	<b>\$ 88.48</b>							<b>22,003.4</b>	<b>\$ 46.44</b>	<b>\$ 85.15</b>
<b>Professional</b>												
Surgery	938.1	\$ 241.77	\$ 18.90	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	869.6	\$ 244.94	\$ 17.75
Anesthesia	179.4	254.85	3.81	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	166.3	258.33	3.58
Inpatient Visits	653.3	83.02	4.52	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	579.5	84.69	4.09
Urgent Care/Emergency Room	1,068.5	87.37	7.78	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	947.7	88.89	7.02
Office/Home Visits	3,823.9	69.20	22.05	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	4,202.4	70.10	24.55
Preventive Care	392.3	71.88	2.35	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	428.0	72.90	2.60
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	2.4	250.00	0.05	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	2.2	272.73	0.05
Allergy/Immunotherapy	36.7	104.63	0.32	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	34.0	105.88	0.30
Lab/Path/Rad	6,635.9	28.77	15.91	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6,151.3	29.15	14.94
Office Adm. Drugs	488.0	69.59	2.83	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	452.4	70.56	2.66
Clinic	1,318.2	161.68	17.76	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	1,221.9	147.02	14.97
Psych/SUD	6.0	40.00	0.02	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	5.6	42.86	0.02
Physical Therapy	725.7	27.28	1.65	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	672.7	27.65	1.55
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	868.8	61.05	4.42	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	805.4	61.83	4.15
<b>Subtotal</b>	<b>17,137.2</b>	<b>\$ 71.68</b>	<b>\$ 102.37</b>							<b>16,539.0</b>	<b>\$ 71.27</b>	<b>\$ 98.23</b>
<b>Total Medical</b>	<b>63,882.5</b>	<b>\$ 81.97</b>	<b>\$ 436.36</b>							<b>58,319.0</b>	<b>\$ 82.41</b>	<b>\$ 400.50</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	112.1	\$ 1,565.03	\$ 14.62	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	102.3	\$ 1,544.87	\$ 13.17
Outpatient Treatment	3,273.1	78.49	21.41	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	3,048.8	77.46	19.68
Intermediate Care	10.6	905.66	0.80	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	9.9	896.97	0.74
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,395.8</b>	<b>\$ 135.45</b>	<b>\$ 38.33</b>							<b>3,161.0</b>	<b>\$ 133.21</b>	<b>\$ 35.09</b>
<b>Short Term Institutional / HCBS</b>	<b>4.2</b>	<b>\$ 1,714.29</b>	<b>\$ 0.60</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>4.3</b>	<b>\$ 1,702.33</b>	<b>\$ 0.61</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	393.0	\$ 1,719.08	\$ 56.30	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	358.8	\$ 1,671.24	\$ 49.97
Psychiatric/SUD	20.3	390.15	0.66	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	19.3	379.27	0.61
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	413.3	\$ 1,653.81	\$ 56.96							378.1	\$ 1,605.29	\$ 50.58
<b>Outpatient Hospital</b>												
Emergency Room	2,324.1	\$ 135.79	\$ 26.30	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,001.5	\$ 146.77	\$ 24.48
General	24,109.7	74.22	149.12	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	23,054.6	80.22	154.12
Subtotal	26,433.8	\$ 79.63	\$ 175.42							25,056.1	\$ 85.54	\$ 178.60
<b>Ancillary</b>												
Pharmacy	21,016.0	\$ 36.11	\$ 63.24	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	20,763.2	\$ 37.42	\$ 64.74
DME/Supplies/Prosthetics	543.5	156.54	7.09	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	509.5	162.98	6.92
Ambulance	341.5	52.71	1.50	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	320.1	60.36	1.61
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	7.2	100.00	0.06	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	6.7	107.46	0.06
Chiropractic Services	1,130.2	30.47	2.87	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	1,059.5	31.71	2.80
Podiatry	57.7	64.47	0.31	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	54.1	66.54	0.30
Vision	418.4	65.11	2.27	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	392.2	67.92	2.22
Other Ancillary	185.2	32.40	0.50	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	173.6	33.87	0.49
Subtotal	23,699.7	\$ 39.41	\$ 77.84							23,278.9	\$ 40.80	\$ 79.14
<b>Professional</b>												
Surgery	997.4	\$ 204.41	\$ 16.99	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,004.4	\$ 207.05	\$ 17.33
Anesthesia	194.2	256.44	4.15	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	195.6	259.51	4.23
Inpatient Visits	481.9	81.93	3.29	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	475.6	83.26	3.30
Urgent Care/Emergency Room	1,321.1	90.74	9.99	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,198.1	92.15	9.20
Office/Home Visits	4,284.6	66.91	23.89	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	4,674.4	67.77	26.40
Preventive Care	652.2	71.02	3.86	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	698.5	71.98	4.19
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	19.2	150.00	0.24	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	19.3	149.22	0.24
Allergy/Immunotherapy	127.1	28.32	0.30	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	128.0	29.06	0.31
Lab/Path/Rad	8,869.0	26.60	19.66	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	8,753.2	26.95	19.66
Office Adm. Drugs	896.7	95.15	7.11	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	903.0	96.35	7.25
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	9.6	50.00	0.04	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	9.7	49.48	0.04
Physical Therapy	776.8	30.28	1.96	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	782.2	30.68	2.00
Family Planning	4.8	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	4.8	-	-
Other Professional	961.5	55.29	4.43	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	968.2	56.02	4.52
Subtotal	19,596.1	\$ 58.73	\$ 95.91							19,815.0	\$ 59.75	\$ 98.67
<b>Total Medical</b>	<b>70,142.9</b>	<b>\$ 69.48</b>	<b>\$ 406.13</b>							<b>68,528.1</b>	<b>\$ 71.27</b>	<b>\$ 406.99</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	728.2	\$ 2,152.32	\$ 130.61	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	597.4	\$ 2,104.52	\$ 104.77
Psychiatric/SUD	26.1	1,085.06	2.36	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	23.3	1,055.79	2.05
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>754.3</b>	<b>\$ 2,115.39</b>	<b>\$ 132.97</b>							<b>620.7</b>	<b>\$ 2,065.15</b>	<b>\$ 106.82</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,644.1	\$ 115.69	\$ 15.85	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	1,384.8	\$ 125.30	\$ 14.46
General	15,618.8	81.72	106.37	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	13,450.9	88.82	99.56
<b>Subtotal</b>	<b>17,262.9</b>	<b>\$ 84.96</b>	<b>\$ 122.22</b>							<b>14,835.7</b>	<b>\$ 92.23</b>	<b>\$ 114.02</b>
<b>Ancillary</b>												
Pharmacy	14,514.5	\$ 51.93	\$ 62.81	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	13,502.6	\$ 53.80	\$ 60.54
DME/Supplies/Prosthetics	581.9	169.72	8.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	524.2	176.73	7.72
Ambulance	281.2	72.97	1.71	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	253.3	83.85	1.77
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	84.2	173.87	1.22	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	75.9	188.14	1.19
Chiropractic Services	0.3	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	0.3	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Vision	193.7	76.20	1.23	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	174.5	79.08	1.15
Other Ancillary	490.3	31.33	1.28	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	441.7	32.60	1.20
<b>Subtotal</b>	<b>16,146.1</b>	<b>\$ 56.84</b>	<b>\$ 76.48</b>							<b>14,972.5</b>	<b>\$ 58.96</b>	<b>\$ 73.57</b>
<b>Professional</b>												
Surgery	776.2	\$ 271.94	\$ 17.59	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	719.5	\$ 275.52	\$ 16.52
Anesthesia	150.3	270.66	3.39	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	139.3	273.94	3.18
Inpatient Visits	938.3	87.09	6.81	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	832.2	88.82	6.16
Urgent Care/Emergency Room	986.2	88.95	7.31	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	874.7	90.41	6.59
Office/Home Visits	2,719.5	70.34	15.94	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,988.7	71.27	17.75
Preventive Care	209.7	62.95	1.10	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	228.8	63.99	1.22
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	6.9	139.13	0.08	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6.4	150.00	0.08
Lab/Path/Rad	4,210.2	27.73	9.73	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	3,902.8	28.10	9.14
Office Adm. Drugs	168.5	84.75	1.19	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	156.2	86.04	1.12
Clinic	899.6	161.67	12.12	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	833.9	147.07	10.22
Psych/SUD	7.1	67.61	0.04	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6.6	72.73	0.04
Physical Therapy	501.9	28.45	1.19	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	465.3	28.88	1.12
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	947.3	54.60	4.31	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	878.1	55.35	4.05
<b>Subtotal</b>	<b>12,521.7</b>	<b>\$ 77.43</b>	<b>\$ 80.80</b>							<b>12,032.5</b>	<b>\$ 76.98</b>	<b>\$ 77.19</b>
<b>Total Medical</b>	<b>46,685.0</b>	<b>\$ 106.02</b>	<b>\$ 412.47</b>							<b>42,461.4</b>	<b>\$ 105.02</b>	<b>\$ 371.60</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	163.6	\$ 1,852.08	\$ 25.25	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	149.4	\$ 1,827.31	\$ 22.75
Outpatient Treatment	3,106.4	83.71	21.67	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	2,893.5	82.61	19.92
Intermediate Care	10.5	731.43	0.64	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	9.8	722.45	0.59
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>3,280.5</b>	<b>\$ 179.46</b>	<b>\$ 49.06</b>							<b>3,052.7</b>	<b>\$ 175.95</b>	<b>\$ 44.76</b>
<b>Short Term Institutional / HCBS</b>	<b>16.4</b>	<b>\$ 724.39</b>	<b>\$ 0.99</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>16.6</b>	<b>\$ 730.12</b>	<b>\$ 1.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,716.1	\$ 778.42	\$ 111.32	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	1,566.6	\$ 756.87	\$ 98.81
Psychiatric/SUD	1.9	3,347.37	0.53	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	1.8	3,266.67	0.49
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	1,718.0	\$ 781.26	\$ 111.85							1,568.4	\$ 759.76	\$ 99.30
<b>Outpatient Hospital</b>												
Emergency Room	2,511.3	\$ 135.71	\$ 28.40	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	2,162.7	\$ 146.65	\$ 26.43
General	18,967.7	75.75	119.73	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	18,137.6	81.87	123.74
Subtotal	21,479.0	\$ 82.76	\$ 148.13							20,300.3	\$ 88.77	\$ 150.17
<b>Ancillary</b>												
Pharmacy	13,908.4	\$ 63.05	\$ 73.08	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	13,741.1	\$ 65.33	\$ 74.81
DME/Supplies/Prosthetics	422.3	150.32	5.29	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	395.9	156.71	5.17
Ambulance	328.4	55.54	1.52	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	307.9	63.53	1.63
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	28.9	112.11	0.27	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	27.1	119.56	0.27
Chiropractic Services	283.3	30.50	0.72	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	265.6	31.63	0.70
Podiatry	81.2	42.86	0.29	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	76.1	44.15	0.28
Vision	305.0	62.95	1.60	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	285.9	65.48	1.56
Other Ancillary	88.4	29.86	0.22	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	82.9	30.40	0.21
Subtotal	15,445.9	\$ 64.48	\$ 82.99							15,182.5	\$ 66.89	\$ 84.63
<b>Professional</b>												
Surgery	809.7	\$ 197.11	\$ 13.30	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	815.4	\$ 199.71	\$ 13.57
Anesthesia	125.9	277.36	2.91	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	126.8	281.07	2.97
Inpatient Visits	762.9	79.28	5.04	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	752.9	80.49	5.05
Urgent Care/Emergency Room	1,338.6	91.71	10.23	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	1,214.0	93.11	9.42
Office/Home Visits	3,015.5	66.06	16.60	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	3,289.8	66.93	18.35
Preventive Care	332.9	66.33	1.84	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	356.5	67.32	2.00
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.8	54.55	0.09	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	19.9	54.27	0.09
Lab/Path/Rad	4,886.7	26.96	10.98	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	4,822.9	27.32	10.98
Office Adm. Drugs	185.3	164.49	2.54	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	186.6	166.56	2.59
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	1.8	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1.8	-	-
Physical Therapy	800.7	33.12	2.21	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	806.3	33.49	2.25
Family Planning	1.8	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1.8	-	-
Other Professional	860.0	39.35	2.82	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	866.0	39.91	2.88
Subtotal	13,141.6	\$ 62.60	\$ 68.56							13,260.7	\$ 63.48	\$ 70.15
<b>Total Medical</b>	<b>51,784.5</b>	<b>\$ 95.36</b>	<b>\$ 411.53</b>							<b>50,311.9</b>	<b>\$ 96.42</b>	<b>\$ 404.25</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	971.3	\$ 2,202.08	\$ 178.24	0.9869	0.9935	0.8313	1.0075	1.0000	0.9768	796.9	\$ 2,152.89	\$ 142.97
Psychiatric/SUD	18.4	834.78	1.28	0.9869	0.9935	0.9063	1.0019	1.0000	0.9768	16.5	807.27	1.11
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
<b>Subtotal</b>	<b>989.7</b>	<b>\$ 2,176.66</b>	<b>\$ 179.52</b>							<b>813.4</b>	<b>\$ 2,125.60</b>	<b>\$ 144.08</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,106.2	\$ 123.02	\$ 11.34	1.0132	1.1084	0.8313	1.0038	1.0000	0.9732	931.7	\$ 133.18	\$ 10.34
General	21,754.5	89.51	162.27	1.0132	1.1084	0.8500	1.0075	1.0000	0.9732	18,735.0	97.28	151.88
<b>Subtotal</b>	<b>22,860.7</b>	<b>\$ 91.13</b>	<b>\$ 173.61</b>							<b>19,666.7</b>	<b>\$ 98.98</b>	<b>\$ 162.22</b>
<b>Ancillary</b>												
Pharmacy	23,450.0	\$ 39.55	\$ 77.28	1.0265	1.0399	0.9063	0.9850	1.0000	1.0116	21,815.2	\$ 40.98	\$ 74.49
DME/Supplies/Prosthetics	749.7	144.06	9.00	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	675.4	149.96	8.44
Ambulance	281.0	79.86	1.87	0.9740	1.0534	0.9250	1.0019	1.0000	1.0856	253.2	91.47	1.93
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	299.1	183.35	4.57	0.9740	1.0534	0.9250	1.0019	1.0000	1.0276	269.5	198.59	4.46
Chiropractic Services	1.0	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	0.9	-	-
Podiatry	0.7	-	-	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	0.6	-	-
Vision	251.4	75.89	1.59	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	226.5	78.94	1.49
Other Ancillary	632.9	31.66	1.67	0.9740	1.0534	0.9250	1.0019	1.0000	0.9869	570.2	33.04	1.57
<b>Subtotal</b>	<b>25,665.8</b>	<b>\$ 44.88</b>	<b>\$ 95.98</b>							<b>23,811.5</b>	<b>\$ 46.56</b>	<b>\$ 92.38</b>
<b>Professional</b>												
Surgery	1,203.6	\$ 280.86	\$ 28.17	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	1,115.7	\$ 284.49	\$ 26.45
Anesthesia	215.1	262.20	4.70	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	199.4	265.40	4.41
Inpatient Visits	1,261.5	85.90	9.03	1.0670	1.0265	0.8313	1.0075	1.0000	0.9869	1,118.9	87.62	8.17
Urgent Care/Emergency Room	754.3	94.50	5.94	1.0670	1.0265	0.8313	1.0038	1.0000	0.9869	669.0	96.14	5.36
Office/Home Visits	3,783.9	71.35	22.50	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	4,158.4	72.29	25.05
Preventive Care	340.2	67.72	1.92	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	371.1	68.55	2.12
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	21.4	72.90	0.13	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	19.8	72.73	0.12
Lab/Path/Rad	6,561.2	30.20	16.51	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	6,082.1	30.58	15.50
Office Adm. Drugs	409.1	173.94	5.93	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	379.2	176.27	5.57
Clinic	1,313.3	161.73	17.70	1.0670	1.0265	0.8688	1.0000	1.0000	0.8861	1,217.4	147.07	14.92
Psych/SUD	5.0	48.00	0.02	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	4.6	52.17	0.02
Physical Therapy	735.1	27.59	1.69	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	681.4	28.00	1.59
Family Planning	-	-	-	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,378.9	50.13	5.76	1.0670	1.0265	0.8688	1.0000	1.0000	0.9869	1,278.2	50.79	5.41
<b>Subtotal</b>	<b>17,982.6</b>	<b>\$ 80.08</b>	<b>\$ 120.00</b>							<b>17,295.2</b>	<b>\$ 79.58</b>	<b>\$ 114.69</b>
<b>Total Medical</b>	<b>67,498.8</b>	<b>\$ 101.18</b>	<b>\$ 569.11</b>							<b>61,586.8</b>	<b>\$ 100.03</b>	<b>\$ 513.37</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	83.0	\$ 2,002.41	\$ 13.85	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	75.8	\$ 1,975.73	\$ 12.48
Outpatient Treatment	2,069.2	83.80	14.45	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	1,927.4	82.68	13.28
Intermediate Care	6.7	644.78	0.36	0.9869	1.0000	0.9438	1.0000	1.0000	0.9869	6.2	638.71	0.33
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>2,158.9</b>	<b>\$ 167.64</b>	<b>\$ 30.16</b>							<b>2,009.4</b>	<b>\$ 164.77</b>	<b>\$ 27.59</b>
<b>Short Term Institutional / HCBS</b>	<b>66.1</b>	<b>\$ 757.03</b>	<b>\$ 4.17</b>	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	<b>67.0</b>	<b>\$ 764.78</b>	<b>\$ 4.27</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	881.3	\$ 2,132.99	\$ 156.65	0.9869	0.9935	0.9250	1.0019	1.0000	0.9768	804.5	\$ 2,073.93	\$ 139.04
Psychiatric/SUD	49.0	680.82	2.78	0.9869	0.9935	0.9625	1.0019	1.0000	0.9768	46.5	663.23	2.57
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9850	0.9925	1.0000	0.9768	-	-	-
Subtotal	930.3	\$ 2,056.50	\$ 159.43							851.0	\$ 1,996.85	\$ 141.61
<b>Outpatient Hospital</b>												
Emergency Room	1,534.6	\$ 147.95	\$ 18.92	1.0132	1.1084	0.8500	1.0019	1.0000	0.9732	1,321.6	\$ 159.90	\$ 17.61
General	25,088.4	87.37	182.67	1.0132	1.1084	0.9438	1.0019	1.0000	0.9732	23,990.5	94.43	188.79
Subtotal	26,623.0	\$ 90.86	\$ 201.59							25,312.1	\$ 97.85	\$ 206.40
<b>Ancillary</b>												
Pharmacy	21,432.9	\$ 41.21	\$ 73.60	1.0265	1.0399	0.9625	0.9850	1.0000	1.0116	21,175.1	\$ 42.70	\$ 75.34
DME/Supplies/Prosthetics	756.3	209.92	13.23	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	709.0	218.67	12.92
Ambulance	380.8	53.26	1.69	0.9740	1.0534	0.9625	1.0019	1.0000	1.0856	357.0	61.18	1.82
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	-	-	-
Home Health/Hospice	31.8	116.98	0.31	0.9740	1.0534	0.9625	1.0019	1.0000	1.0276	29.8	128.86	0.32
Chiropractic Services	614.3	31.84	1.63	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	575.9	33.13	1.59
Podiatry	163.2	66.91	0.91	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	153.0	69.80	0.89
Vision	399.4	68.50	2.28	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	374.4	71.47	2.23
Other Ancillary	70.3	32.43	0.19	0.9740	1.0534	0.9625	1.0019	1.0000	0.9869	65.9	34.60	0.19
Subtotal	23,849.0	\$ 47.22	\$ 93.84							23,440.1	\$ 48.79	\$ 95.30
<b>Professional</b>												
Surgery	1,198.6	\$ 217.65	\$ 21.74	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,207.0	\$ 220.51	\$ 22.18
Anesthesia	203.7	249.19	4.23	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	205.1	252.75	4.32
Inpatient Visits	1,120.5	79.25	7.40	1.0670	1.0265	0.9250	1.0019	1.0000	0.9869	1,105.9	80.41	7.41
Urgent Care/Emergency Room	1,035.9	98.12	8.47	1.0670	1.0265	0.8500	1.0019	1.0000	0.9869	939.5	99.63	7.80
Office/Home Visits	4,569.5	70.43	26.82	1.0670	1.0265	1.0225	1.0000	1.0000	0.9869	4,985.2	71.35	29.64
Preventive Care	674.7	62.43	3.51	1.0670	1.0265	1.0038	1.0000	1.0000	0.9869	722.6	63.27	3.81
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	5.3	45.28	0.02	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	5.3	45.28	0.02
Lab/Path/Rad	9,377.1	26.78	20.93	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	9,254.7	27.14	20.93
Office Adm. Drugs	423.3	54.15	1.91	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	426.3	54.89	1.95
Clinic	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	1.3	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1.3	-	-
Physical Therapy	1,452.6	30.90	3.74	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,462.8	31.34	3.82
Family Planning	-	-	-	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,487.0	43.50	5.39	1.0670	1.0265	0.9438	1.0000	1.0000	0.9869	1,497.4	44.08	5.50
Subtotal	21,549.5	\$ 58.00	\$ 104.16							21,813.1	\$ 59.07	\$ 107.38
<b>Total Medical</b>	<b>72,951.8</b>	<b>\$ 91.95</b>	<b>\$ 559.02</b>							<b>71,416.3</b>	<b>\$ 92.53</b>	<b>\$ 550.69</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	673.4	\$ 2,448.83	\$ 137.42	0.9436	1.0437	0.7500	1.0150	1.0000	0.8904	476.6	\$ 2,309.86	\$ 91.74
Psychiatric/SUD	6.1	944.26	0.48	0.9436	1.0437	0.8500	1.0050	1.0000	0.8904	4.9	881.63	0.36
Maternity - Delivery	15.1	1,692.72	2.13	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	14.2	1,580.28	1.87
Maternity Non-Delivery	2.5	864.00	0.18	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	2.4	800.00	0.16
Well Newborn	1.0	840.00	0.07	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	0.9	800.00	0.06
Other Newborn	171.8	2,619.32	37.50	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	162.1	2,434.05	32.88
<b>Subtotal</b>	<b>869.9</b>	<b>\$ 2,452.42</b>	<b>\$ 177.78</b>							<b>661.1</b>	<b>\$ 2,306.52</b>	<b>\$ 127.07</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,208.7	\$ 102.26	\$ 10.30	1.0437	1.0437	0.7500	1.0050	1.0000	0.9762	946.2	\$ 104.76	\$ 8.26
General	14,319.4	72.93	87.03	1.0437	1.0437	0.7750	1.0100	1.0000	0.9762	11,582.9	75.06	72.45
<b>Subtotal</b>	<b>15,528.1</b>	<b>\$ 75.22</b>	<b>\$ 97.33</b>							<b>12,529.1</b>	<b>\$ 77.30</b>	<b>\$ 80.71</b>
<b>Ancillary</b>												
Pharmacy	16,554.7	\$ 120.96	\$ 166.87	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	15,106.8	\$ 136.01	\$ 171.22
DME/Supplies/Prosthetics	1,909.4	168.49	26.81	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,766.9	178.82	26.33
Ambulance	118.3	141.00	1.39	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	109.5	164.38	1.50
Non-Emergency Transportation	105.4	37.57	0.33	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	97.5	39.38	0.32
Home Health/Hospice	854.1	676.50	48.15	1.0887	1.0586	0.8500	1.0025	1.0000	1.0412	790.4	747.42	49.23
Chiropractic Services	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	740.8	33.86	2.09	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	685.5	35.89	2.05
Other Ancillary	339.4	30.76	0.87	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	314.1	32.47	0.85
<b>Subtotal</b>	<b>20,622.1</b>	<b>\$ 143.44</b>	<b>\$ 246.51</b>							<b>18,870.7</b>	<b>\$ 159.93</b>	<b>\$ 251.50</b>
<b>Professional</b>												
Surgery	348.2	\$ 285.70	\$ 8.29	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	294.9	\$ 289.73	\$ 7.12
Anesthesia	135.5	319.70	3.61	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	114.8	324.04	3.10
Inpatient Visits	1,002.3	184.97	15.45	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	795.8	190.45	12.63
Urgent Care/Emergency Room	672.7	76.71	4.30	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	534.1	78.19	3.48
Office/Home Visits	2,326.6	80.10	15.53	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,561.4	81.24	17.34
Preventive Care	606.6	53.61	2.71	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	680.7	54.30	3.08
Maternity - Delivery	4.6	1,330.43	0.51	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	3.9	1,353.85	0.44
Maternity - Non-Delivery	21.8	126.61	0.23	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	18.5	129.73	0.20
Allergy/Immunotherapy	50.4	57.14	0.24	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	42.7	59.02	0.21
Lab/Path/Rad	2,642.2	23.66	5.21	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	2,307.5	24.03	4.62
Office Adm. Drugs	146.6	70.40	0.86	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	124.2	71.50	0.74
Clinic	531.2	159.94	7.08	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	449.9	145.63	5.46
Psych/SUD	31.0	363.87	0.94	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	26.3	369.58	0.81
Physical Therapy	200.5	53.87	0.90	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	169.8	54.42	0.77
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	757.3	64.18	4.05	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	641.3	65.12	3.48
<b>Subtotal</b>	<b>9,477.5</b>	<b>\$ 88.52</b>	<b>\$ 69.91</b>							<b>8,765.8</b>	<b>\$ 86.90</b>	<b>\$ 63.48</b>
<b>Total Medical</b>	<b>46,497.6</b>	<b>\$ 152.66</b>	<b>\$ 591.53</b>							<b>40,826.7</b>	<b>\$ 153.65</b>	<b>\$ 522.76</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	137.9	\$ 2,341.70	\$ 26.91	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	129.5	\$ 2,342.55	\$ 25.28
Outpatient Treatment	10,165.4	119.17	100.95	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	10,079.5	119.17	100.10
Intermediate Care	18.5	525.41	0.81	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	18.3	524.59	0.80
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>10,321.8</b>	<b>\$ 151.33</b>	<b>\$ 130.17</b>							<b>10,227.3</b>	<b>\$ 149.81</b>	<b>\$ 127.68</b>
<b>Short Term Institutional / HCBS</b>	<b>59.4</b>	<b>\$ 680.81</b>	<b>\$ 3.37</b>	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	<b>59.8</b>	<b>\$ 694.31</b>	<b>\$ 3.46</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,666.4	\$ 1,987.23	\$ 275.96	0.9436	1.0437	0.7500	1.0150	1.0000	0.9856	1,179.3	\$ 2,074.89	\$ 203.91
Psychiatric/SUD	17.3	929.48	1.34	0.9436	1.0437	0.8500	1.0050	1.0000	0.9856	13.9	958.27	1.11
Maternity - Delivery	23.3	1,998.28	3.88	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	22.0	2,056.36	3.77
Maternity Non-Delivery	4.9	1,273.47	0.52	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	4.6	1,304.35	0.50
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>1,711.9</b>	<b>\$ 1,974.65</b>	<b>\$ 281.70</b>							<b>1,219.8</b>	<b>\$ 2,058.93</b>	<b>\$ 209.29</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,473.0	\$ 101.22	\$ 20.86	1.0437	1.0437	0.7500	1.0050	1.0000	0.9867	1,935.9	\$ 104.76	\$ 16.90
General	30,738.7	78.17	200.24	1.0437	1.0437	0.7750	1.0100	1.0000	0.9867	24,864.3	81.31	168.48
<b>Subtotal</b>	<b>33,211.7</b>	<b>\$ 79.89</b>	<b>\$ 221.10</b>							<b>26,800.2</b>	<b>\$ 83.01</b>	<b>\$ 185.38</b>
<b>Ancillary</b>												
Pharmacy	49,806.1	\$ 71.87	\$ 298.30	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	45,449.9	\$ 80.81	\$ 306.07
DME/Supplies/Prosthetics	3,029.5	128.58	32.46	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	2,803.5	136.46	31.88
Ambulance	519.3	71.87	3.11	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	480.6	83.90	3.36
Non-Emergency Transportation	5.0	24.00	0.01	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	4.6	26.09	0.01
Home Health/Hospice	1,906.3	166.06	26.38	1.0887	1.0586	0.8500	1.0025	1.0000	1.0412	1,764.1	183.46	26.97
Chiropractic Services	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	795.1	39.69	2.63	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	735.8	42.08	2.58
Other Ancillary	674.5	31.85	1.79	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	624.2	33.84	1.76
<b>Subtotal</b>	<b>56,735.8</b>	<b>\$ 77.13</b>	<b>\$ 364.68</b>							<b>51,862.7</b>	<b>\$ 86.22</b>	<b>\$ 372.63</b>
<b>Professional</b>												
Surgery	1,312.8	\$ 244.70	\$ 26.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,111.8	\$ 248.25	\$ 23.00
Anesthesia	207.2	276.25	4.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	175.5	280.34	4.10
Inpatient Visits	1,973.6	85.73	14.10	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	1,566.9	88.30	11.53
Urgent Care/Emergency Room	1,364.2	89.90	10.22	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	1,083.1	91.63	8.27
Office/Home Visits	4,420.4	67.68	24.93	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,866.5	68.65	27.84
Preventive Care	404.1	40.98	1.38	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	453.4	41.55	1.57
Maternity - Delivery	8.1	1,170.37	0.79	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	6.9	1,182.61	0.68
Maternity - Non-Delivery	28.8	141.67	0.34	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	24.4	142.62	0.29
Allergy/Immunotherapy	46.0	67.83	0.26	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	39.0	67.69	0.22
Lab/Path/Rad	8,954.5	27.46	20.49	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	7,820.3	27.85	18.15
Office Adm. Drugs	1,232.8	198.86	20.43	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,044.0	201.72	17.55
Clinic	1,169.9	160.42	15.64	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	990.8	146.06	12.06
Psych/SUD	14.9	1,763.76	2.19	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	12.6	1,790.48	1.88
Physical Therapy	612.3	28.61	1.46	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	518.5	28.93	1.25
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,233.2	53.30	9.92	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,891.2	54.06	8.52
<b>Subtotal</b>	<b>23,982.8</b>	<b>\$ 76.90</b>	<b>\$ 153.69</b>							<b>21,604.9</b>	<b>\$ 76.04</b>	<b>\$ 136.91</b>
<b>Total Medical</b>	<b>115,642.2</b>	<b>\$ 105.97</b>	<b>\$ 1,021.17</b>							<b>101,487.6</b>	<b>\$ 106.91</b>	<b>\$ 904.21</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	191.0	\$ 2,185.13	\$ 34.78	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	179.4	\$ 2,185.28	\$ 32.67
Outpatient Treatment	14,272.1	121.68	144.72	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	14,151.5	121.68	143.50
Intermediate Care	43.8	545.21	1.99	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	43.4	544.70	1.97
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>14,506.9</b>	<b>\$ 151.37</b>	<b>\$ 182.99</b>							<b>14,374.3</b>	<b>\$ 149.97</b>	<b>\$ 179.64</b>
<b>Short Term Institutional / HCBS</b>	<b>287.8</b>	<b>\$ 294.37</b>	<b>\$ 7.06</b>	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	<b>289.9</b>	<b>\$ 299.69</b>	<b>\$ 7.24</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	2,062.4	\$ 264.86	\$ 45.52	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	1,931.2	\$ 261.72	\$ 42.12
Psychiatric/SUD	-	-	-	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>2,062.4</b>	<b>\$ 264.86</b>	<b>\$ 45.52</b>							<b>1,931.2</b>	<b>\$ 261.72</b>	<b>\$ 42.12</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,079.3	\$ 34.05	\$ 5.90	1.0736	1.0364	0.8000	1.0025	1.0000	1.0000	1,785.8	\$ 35.35	\$ 5.26
General	48,023.0	21.95	87.86	1.0736	1.0364	0.9250	1.0025	1.0000	1.0000	47,689.4	22.81	90.65
<b>Subtotal</b>	<b>50,102.3</b>	<b>\$ 22.46</b>	<b>\$ 93.76</b>							<b>49,475.2</b>	<b>\$ 23.26</b>	<b>\$ 95.91</b>
<b>Ancillary</b>												
Pharmacy	3,542.4	\$ 20.77	\$ 6.13	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	3,365.3	\$ 20.86	\$ 5.85
DME/Supplies/Prosthetics	20,187.6	40.40	67.97	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	16,670.7	44.10	61.26
Ambulance	1,180.0	56.34	5.54	0.9715	1.0887	0.8500	1.0025	1.0000	1.1000	974.4	67.61	5.49
Non-Emergency Transportation	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	1,386.5	9.00	1.04	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,145.0	9.85	0.94
Podiatry	912.1	16.97	1.29	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	753.2	18.48	1.16
Vision	1,255.7	24.66	2.58	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,036.9	26.96	2.33
Other Ancillary	107.5	16.74	0.15	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	88.8	18.92	0.14
<b>Subtotal</b>	<b>28,571.8</b>	<b>\$ 35.57</b>	<b>\$ 84.70</b>							<b>24,034.3</b>	<b>\$ 38.53</b>	<b>\$ 77.17</b>
<b>Professional</b>												
Surgery	2,677.6	\$ 39.48	\$ 8.81	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,548.7	\$ 42.99	\$ 9.13
Anesthesia	382.2	43.96	1.40	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	363.8	47.83	1.45
Inpatient Visits	5,572.0	18.84	8.75	1.0290	1.0887	0.9000	1.0025	1.0000	1.0000	5,160.3	20.56	8.84
Urgent Care/Emergency Room	1,674.4	24.73	3.45	1.0290	1.0887	0.8000	1.0025	1.0000	1.0000	1,378.4	26.99	3.10
Office/Home Visits	9,791.1	20.00	16.32	1.0290	1.0887	1.0300	1.0000	1.0000	1.0000	10,377.5	21.77	18.83
Preventive Care	65.7	56.62	0.31	1.0290	1.0887	1.0050	1.0000	1.0000	1.0000	67.9	61.86	0.35
Maternity - Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	79.1	15.17	0.10	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	75.3	15.94	0.10
Lab/Path/Rad	6,113.9	8.69	4.43	1.0290	1.0887	0.9000	1.0000	1.0000	1.0000	5,662.2	9.47	4.47
Office Adm. Drugs	2,110.3	41.17	7.24	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,008.7	44.81	7.50
Clinic	12.7	28.35	0.03	1.0290	1.0887	0.9250	1.0000	1.0000	0.8979	12.1	29.75	0.03
Psych/SUD	1,259.7	21.34	2.24	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,199.0	23.22	2.32
Physical Therapy	1,338.8	9.41	1.05	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,274.3	10.26	1.09
Family Planning	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,852.4	15.11	4.85	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	3,666.9	16.46	5.03
<b>Subtotal</b>	<b>34,929.9</b>	<b>\$ 20.26</b>	<b>\$ 58.98</b>							<b>33,795.1</b>	<b>\$ 22.10</b>	<b>\$ 62.24</b>
<b>Total Medical</b>	<b>115,666.4</b>	<b>\$ 29.36</b>	<b>\$ 282.96</b>							<b>109,235.8</b>	<b>\$ 30.48</b>	<b>\$ 277.44</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0736	1.0586	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	6,718.7	111.02	62.16	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	6,672.0	117.52	65.34
Intermediate Care	-	-	-	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,718.7</b>	<b>\$ 113.70</b>	<b>\$ 63.66</b>							<b>6,672.0</b>	<b>\$ 120.22</b>	<b>\$ 66.84</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

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

Member Months

17,055

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	527.2	\$ 183.92	\$ 8.08	0.9436	0.9436	1.0000	1.0000	1.0000	1.0109	497.5	\$ 175.36	\$ 7.27
Home Health/Hospice	34,121.6	174.06	494.94	0.9715	1.0887	0.8500	1.0025	1.0000	1.0412	28,177.3	197.80	464.46
Attendant Care/Nursing/Home Aide	8,469.5	616.73	435.28	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	8,279.5	634.34	437.67
Supported community living	9,897.7	136.76	112.80	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	9,675.7	140.67	113.42
Adult day care	60.2	424.58	2.13	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	58.8	436.73	2.14
Day Habilitation	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Env/home and vehicle mod	43.9	1,697.49	6.21	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	42.9	1,745.45	6.24
Family and community support	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Respite	121.1	592.57	5.98	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	118.4	609.12	6.01
Waiver Transportation	180.7	142.11	2.14	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	176.6	146.09	2.15
Other HCBS waiver	439.9	705.71	25.87	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	430.0	725.86	26.01
<b>Total Long Term Services and Supp</b>	<b>53,861.8</b>	<b>\$ 243.61</b>	<b>\$ 1,093.43</b>	1.0024	1.0554	0.9051	1.0038	1.0000	1.0158	<b>47,456.7</b>	<b>\$ 269.39</b>	<b>\$ 1,065.37</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**FFS/MediPASS**

Region: Statewide

Rate Cell: Non-Dual HCBS Waivers: PD; H&amp;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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,751.6	\$ 2,010.39	\$ 293.45	1.0586	1.0736	0.8750	1.0025	1.0000	0.9856	1,622.4	\$ 2,132.54	\$ 288.32
Psychiatric/SUD	-	-	-	1.0586	1.0736	0.9250	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>1,751.6</b>	<b>\$ 2,010.39</b>	<b>\$ 293.45</b>							<b>1,622.4</b>	<b>\$ 2,132.54</b>	<b>\$ 288.32</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,477.2	\$ 106.82	\$ 13.15	0.9436	1.0586	0.7750	1.0025	1.0000	0.9867	1,080.2	\$ 111.87	\$ 10.07
General	36,879.1	75.90	233.25	0.9436	1.0586	0.9000	1.0025	1.0000	0.9867	31,318.3	79.48	207.42
<b>Subtotal</b>	<b>38,356.3</b>	<b>\$ 77.09</b>	<b>\$ 246.40</b>							<b>32,398.5</b>	<b>\$ 80.56</b>	<b>\$ 217.49</b>
<b>Ancillary</b>												
Pharmacy	54,589.2	\$ 113.22	\$ 515.03	1.0144	1.1194	0.9250	0.9800	1.0000	1.0250	51,224.3	\$ 127.30	\$ 543.40
DME/Supplies/Prosthetics	17,010.5	163.78	232.17	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	16,393.4	173.81	237.45
Ambulance	832.5	71.21	4.94	1.0144	1.0586	0.9500	1.0025	1.0000	1.1000	802.3	83.16	5.56
Non-Emergency Transportation	21.3	39.44	0.07	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	20.5	40.98	0.07
Home Health/Hospice	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	41.9	8.59	0.03	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	40.4	8.91	0.03
Podiatry	11.4	21.05	0.02	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	11.0	21.82	0.02
Vision	793.2	36.76	2.43	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	764.4	39.09	2.49
Other Ancillary	556.8	32.33	1.50	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	536.6	34.22	1.53
<b>Subtotal</b>	<b>73,856.8</b>	<b>\$ 122.86</b>	<b>\$ 756.19</b>							<b>69,792.9</b>	<b>\$ 135.93</b>	<b>\$ 790.55</b>
<b>Professional</b>												
Surgery	1,412.2	\$ 205.04	\$ 24.13	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1,383.7	\$ 207.96	\$ 23.98
Anesthesia	263.2	322.80	7.08	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	257.9	327.57	7.04
Inpatient Visits	2,405.3	92.25	18.49	1.0887	1.0144	0.8750	1.0025	1.0000	1.0000	2,291.3	93.80	17.91
Urgent Care/Emergency Room	1,161.5	92.47	8.95	1.0887	1.0144	0.7750	1.0025	1.0000	1.0000	980.0	94.04	7.68
Office/Home Visits	5,104.9	79.81	33.95	1.0887	1.0144	1.0400	1.0000	1.0000	1.0000	5,780.0	80.95	38.99
Preventive Care	584.1	52.80	2.57	1.0887	1.0144	1.0150	1.0000	1.0000	1.0000	645.4	53.55	2.88
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	45.8	123.14	0.47	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	44.9	125.61	0.47
Lab/Path/Rad	8,136.7	22.79	15.45	1.0887	1.0144	0.8750	1.0000	1.0000	1.0000	7,751.1	23.11	14.93
Office Adm. Drugs	2,258.2	265.11	49.89	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	2,212.6	268.95	49.59
Clinic	813.2	156.86	10.63	1.0887	1.0144	0.9000	1.0000	1.0000	0.8979	796.8	142.92	9.49
Psych/SUD	71.2	30.34	0.18	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	69.8	30.95	0.18
Physical Therapy	1,574.5	44.81	5.88	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1,542.7	45.43	5.84
Family Planning	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,403.9	83.23	23.61	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	3,335.2	84.44	23.47
<b>Subtotal</b>	<b>27,234.7</b>	<b>\$ 88.69</b>	<b>\$ 201.28</b>							<b>27,091.4</b>	<b>\$ 89.67</b>	<b>\$ 202.45</b>
<b>Total Medical</b>	<b>141,199.4</b>	<b>\$ 127.25</b>	<b>\$ 1,497.32</b>							<b>130,905.2</b>	<b>\$ 137.40</b>	<b>\$ 1,498.81</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	47.2	\$ 1,723.73	\$ 6.78	1.0736	0.9715	0.9000	1.0000	1.0000	1.0000	45.6	\$ 1,673.68	\$ 6.36
Outpatient Treatment	6,004.8	117.31	58.70	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	5,963.1	113.96	56.63
Intermediate Care	0.7	1,200.00	0.07	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	0.7	1,200.00	0.07
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,052.7</b>	<b>\$ 132.93</b>	<b>\$ 67.05</b>							<b>6,009.4</b>	<b>\$ 128.92</b>	<b>\$ 64.56</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

Region: Statewide

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

Member Months

17,027

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	450.1	\$ 291.94	\$ 10.95	1.0290	1.0144	1.0000	1.0000	1.0000	1.0109	463.2	\$ 299.48	\$ 11.56
Home Health/Hospice	17,359.1	533.49	771.74	1.0144	1.0586	0.9500	1.0025	1.0000	1.0412	16,729.3	589.48	821.80
Attendant Care/Nursing/Home Aide	4,003.3	645.22	215.25	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	3,969.5	663.65	219.53
Supported community living	2,316.5	111.74	21.57	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	2,296.9	114.94	22.00
Adult day care	8.5	211.76	0.15	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	8.4	214.29	0.15
Day Habilitation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Env/home and vehicle mod	24.1	2,982.57	5.99	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	23.9	3,067.78	6.11
Family and community support	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
In-home family therapy	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Respite	4,699.0	659.12	258.10	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	4,659.3	677.95	263.23
Waiver Transportation	143.8	141.03	1.69	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	142.6	144.74	1.72
Other HCBS waiver	2,039.6	1,150.87	195.61	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	2,022.4	1,183.74	199.50
<b>Total Long Term Services and Supp</b>	<b>31,044.0</b>	<b>\$ 572.50</b>	<b>\$ 1,481.05</b>	1.0284	1.0443	0.9504	1.0037	1.0000	1.0190	<b>30,315.5</b>	<b>\$ 611.81</b>	<b>\$ 1,545.60</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,619.4	\$ 320.04	\$ 43.19	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	1,516.4	\$ 316.22	\$ 39.96
Psychiatric/SUD	-	-	-	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,619.4</b>	<b>\$ 320.04</b>	<b>\$ 43.19</b>							<b>1,516.4</b>	<b>\$ 316.22</b>	<b>\$ 39.96</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,184.0	\$ 43.07	\$ 4.25	1.0736	1.0364	0.8000	1.0025	1.0000	1.0000	1,016.9	\$ 44.72	\$ 3.79
General	31,628.6	25.34	66.78	1.0736	1.0364	0.9250	1.0025	1.0000	1.0000	31,408.9	26.32	68.90
<b>Subtotal</b>	<b>32,812.6</b>	<b>\$ 25.98</b>	<b>\$ 71.03</b>							<b>32,425.8</b>	<b>\$ 26.90</b>	<b>\$ 72.69</b>
<b>Ancillary</b>												
Pharmacy	3,627.9	\$ 15.05	\$ 4.55	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	3,446.5	\$ 15.11	\$ 4.34
DME/Supplies/Prosthetics	11,838.1	39.27	38.74	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	9,775.8	42.87	34.92
Ambulance	991.7	59.90	4.95	0.9715	1.0887	0.8500	1.0025	1.0000	1.1000	818.9	71.95	4.91
Non-Emergency Transportation	4.0	210.00	0.07	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	3.3	218.18	0.06
Home Health/Hospice	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	674.0	9.79	0.55	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	556.6	10.78	0.50
Podiatry	1,123.2	16.77	1.57	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	927.5	18.37	1.42
Vision	1,353.6	23.49	2.65	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,117.8	25.66	2.39
Other Ancillary	134.2	19.67	0.22	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	110.8	21.66	0.20
<b>Subtotal</b>	<b>19,746.7</b>	<b>\$ 32.39</b>	<b>\$ 53.30</b>							<b>16,757.2</b>	<b>\$ 34.90</b>	<b>\$ 48.74</b>
<b>Professional</b>												
Surgery	1,958.4	\$ 43.26	\$ 7.06	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,864.1	\$ 47.12	\$ 7.32
Anesthesia	229.2	43.46	0.83	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	218.2	47.30	0.86
Inpatient Visits	3,848.9	19.39	6.22	1.0290	1.0887	0.9000	1.0025	1.0000	1.0000	3,564.5	21.18	6.29
Urgent Care/Emergency Room	1,034.5	26.10	2.25	1.0290	1.0887	0.8000	1.0025	1.0000	1.0000	851.6	28.46	2.02
Office/Home Visits	7,447.0	21.58	13.39	1.0290	1.0887	1.0300	1.0000	1.0000	1.0000	7,893.0	23.49	15.45
Preventive Care	38.8	40.21	0.13	1.0290	1.0887	1.0050	1.0000	1.0000	1.0000	40.1	44.89	0.15
Maternity - Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	10.8	22.22	0.02	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	10.3	23.30	0.02
Lab/Path/Rad	4,728.0	10.00	3.94	1.0290	1.0887	0.9000	1.0000	1.0000	1.0000	4,378.7	10.88	3.97
Office Adm. Drugs	1,730.7	52.49	7.57	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,647.4	57.11	7.84
Clinic	55.7	68.94	0.32	1.0290	1.0887	0.9250	1.0000	1.0000	0.8979	53.0	67.92	0.30
Psych/SUD	231.6	21.24	0.41	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	220.4	22.87	0.42
Physical Therapy	619.7	10.26	0.53	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	589.9	11.19	0.55
Family Planning	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,127.5	14.08	3.67	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,976.9	15.32	3.80
<b>Subtotal</b>	<b>25,060.8</b>	<b>\$ 22.19</b>	<b>\$ 46.34</b>							<b>24,308.1</b>	<b>\$ 24.18</b>	<b>\$ 48.99</b>
<b>Total Medical</b>	<b>79,239.5</b>	<b>\$ 32.39</b>	<b>\$ 213.86</b>							<b>75,007.5</b>	<b>\$ 33.66</b>	<b>\$ 210.38</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	1.0736	1.0586	0.9000	1.0000	1.0000	1.0000	0.3	\$ 3,600.00	\$ 0.09
Outpatient Treatment	1,477.0	148.27	18.25	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	1,466.7	156.92	19.18
Intermediate Care	0.1	-	-	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,477.4</b>	<b>\$ 161.15</b>	<b>\$ 19.84</b>							<b>1,467.1</b>	<b>\$ 169.89</b>	<b>\$ 20.77</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

Region: Statewide  
Rate Cell: Elderly HCBS Waiver

Member Months

105,822

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	1,269.5	\$ 163.34	\$ 17.28	0.9436	0.9436	1.0000	1.0000	1.0000	1.0109	1,197.9	\$ 155.77	\$ 15.55
Home Health/Hospice	26,796.5	139.37	311.23	0.9715	1.0887	0.8500	1.0025	1.0000	1.0412	22,128.3	158.38	292.06
Attendant Care/Nursing/Home Aide	7,021.2	547.44	320.31	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	6,863.7	563.08	322.07
Supported community living	24,454.5	145.51	296.53	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	23,906.0	149.67	298.16
Adult day care	178.3	494.67	7.35	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	174.3	508.78	7.39
Day Habilitation	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Env/home and vehicle mod	88.0	102.27	0.75	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	86.0	104.65	0.75
Family and community support	0.2	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	0.2	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Respite	88.0	394.09	2.89	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	86.0	406.05	2.91
Waiver Transportation	1,196.8	118.82	11.85	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	1,170.0	122.26	11.92
Other HCBS waiver	286.9	690.55	16.51	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	280.5	710.16	16.60
<b>Total Long Term Services and Supp</b>	<b>61,379.9</b>	<b>\$ 192.51</b>	<b>\$ 984.70</b>	1.0093	1.0464	0.9193	1.0041	1.0000	1.0096	<b>55,892.9</b>	<b>\$ 207.70</b>	<b>\$ 967.41</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	474.8	\$ 957.62	\$ 37.89	1.0736	0.9575	0.9000	1.0025	1.0000	0.9856	458.8	\$ 905.75	\$ 34.63
Psychiatric/SUD	1.0	3,120.00	0.26	1.0736	0.9575	0.9500	1.0025	1.0000	0.9856	1.0	3,000.00	0.25
Maternity - Delivery	1.4	2,142.86	0.25	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	1.5	2,000.00	0.25
Maternity Non-Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>477.2</b>	<b>\$ 965.63</b>	<b>\$ 38.40</b>							<b>461.3</b>	<b>\$ 913.85</b>	<b>\$ 35.13</b>
<b>Outpatient Hospital</b>												
Emergency Room	739.7	\$ 70.08	\$ 4.32	1.0144	0.9162	0.8000	1.0025	1.0000	0.9867	600.3	\$ 63.57	\$ 3.18
General	15,518.4	54.21	70.10	1.0144	0.9162	0.9250	1.0025	1.0000	0.9867	14,561.8	49.12	59.61
<b>Subtotal</b>	<b>16,258.1</b>	<b>\$ 54.93</b>	<b>\$ 74.42</b>							<b>15,162.1</b>	<b>\$ 49.69</b>	<b>\$ 62.79</b>
<b>Ancillary</b>												
Pharmacy	19,000.7	\$ 74.44	\$ 117.86	1.0144	1.0217	0.9500	0.9800	1.0000	1.0250	18,311.4	\$ 76.39	\$ 116.57
DME/Supplies/Prosthetics	5,225.1	99.63	43.38	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	4,822.5	107.22	43.09
Ambulance	224.2	61.02	1.14	0.9715	1.0736	0.9500	1.0025	1.0000	1.1000	206.9	72.50	1.25
Non-Emergency Transportation	222.5	201.71	3.74	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	205.4	217.33	3.72
Home Health/Hospice	-	-	-	0.9715	1.0736	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	487.8	9.84	0.40	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	450.2	10.66	0.40
Podiatry	758.9	16.60	1.05	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	700.4	17.82	1.04
Vision	1,205.8	31.25	3.14	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	1,112.9	33.64	3.12
Other Ancillary	328.5	29.22	0.80	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	303.2	31.27	0.79
<b>Subtotal</b>	<b>27,453.5</b>	<b>\$ 74.97</b>	<b>\$ 171.51</b>							<b>26,112.9</b>	<b>\$ 78.11</b>	<b>\$ 169.98</b>
<b>Professional</b>												
Surgery	898.2	\$ 75.35	\$ 5.64	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	904.5	\$ 76.42	\$ 5.76
Anesthesia	165.7	142.67	1.97	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	166.9	144.52	2.01
Inpatient Visits	898.3	38.21	2.86	1.0887	1.0144	0.9000	1.0025	1.0000	1.0000	880.2	38.85	2.85
Urgent Care/Emergency Room	504.3	49.73	2.09	1.0887	1.0144	0.8000	1.0025	1.0000	1.0000	439.2	50.55	1.85
Office/Home Visits	4,508.2	41.13	15.45	1.0887	1.0144	1.0300	1.0000	1.0000	1.0000	5,055.3	41.73	17.58
Preventive Care	438.1	68.48	2.50	1.0887	1.0144	1.0050	1.0000	1.0000	1.0000	479.3	69.35	2.77
Maternity - Delivery	0.9	800.00	0.06	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	0.9	800.00	0.06
Maternity - Non-Delivery	3.4	141.18	0.04	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	3.4	141.18	0.04
Allergy/Immunotherapy	88.9	32.40	0.24	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	89.5	33.52	0.25
Lab/Path/Rad	2,620.2	15.57	3.40	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	2,567.3	15.80	3.38
Office Adm. Drugs	568.2	64.20	3.04	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	572.2	65.22	3.11
Clinic	324.8	155.91	4.22	1.0887	1.0144	0.9250	1.0000	1.0000	0.8979	327.1	141.97	3.87
Psych/SUD	1,231.9	1,006.64	103.34	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,240.6	1,021.15	105.57
Physical Therapy	562.4	23.04	1.08	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	566.4	23.31	1.10
Family Planning	0.2	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	0.2	-	-
Other Professional	1,207.8	59.31	5.97	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,216.3	60.18	6.10
<b>Subtotal</b>	<b>14,021.5</b>	<b>\$ 130.00</b>	<b>\$ 151.90</b>							<b>14,509.3</b>	<b>\$ 129.27</b>	<b>\$ 156.30</b>
<b>Total Medical</b>	<b>58,210.3</b>	<b>\$ 89.93</b>	<b>\$ 436.23</b>							<b>56,245.6</b>	<b>\$ 90.50</b>	<b>\$ 424.20</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	58.4	\$ 2,340.41	\$ 11.39	1.0437	1.0437	0.9000	1.0000	1.0000	1.0000	54.9	\$ 2,441.53	\$ 11.17
Outpatient Treatment	6,656.6	95.38	52.91	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	6,426.6	99.56	53.32
Intermediate Care	2.0	840.00	0.14	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	1.9	884.21	0.14
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,717.0</b>	<b>\$ 117.80</b>	<b>\$ 65.94</b>							<b>6,483.4</b>	<b>\$ 122.40</b>	<b>\$ 66.13</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

Region: Statewide  
Rate Cell: Intellectual Disability HCBS Waiver

Member Months

140,989

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	165.5	\$ 318.31	\$ 4.39	0.9715	0.9715	1.0000	1.0000	1.0000	1.0109	160.8	\$ 312.69	\$ 4.19
Home Health/Hospice	5,049.2	342.47	144.10	0.9715	1.0736	0.9500	1.0025	1.0000	1.0412	4,660.1	383.79	149.04
Attendant Care/Nursing/Home Aide	739.2	1,029.87	63.44	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	722.6	1,059.34	63.79
Supported community living	9,993.1	2,611.68	2,174.90	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	9,768.9	2,686.29	2,186.84
Adult day care	283.5	808.89	19.11	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	277.1	831.90	19.21
Day Habilitation	7,394.7	611.50	376.82	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	7,228.8	628.97	378.89
Env/home and vehicle mod	2.4	1,750.00	0.35	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	2.3	1,826.09	0.35
Family and community support	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Respite	2,323.7	308.40	59.72	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	2,271.6	317.22	60.05
Waiver Transportation	4,030.4	263.41	88.47	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	3,940.0	270.94	88.96
Other HCBS waiver	1,571.8	1,438.89	188.47	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	1,536.5	1,479.99	189.50
<b>Total Long Term Services and Supp</b>	<b>31,553.5</b>	<b>\$ 1,186.47</b>	<b>\$ 3,119.77</b>	1.0263	1.0310	0.9501	1.0049	1.0000	0.9968	<b>30,568.7</b>	<b>\$ 1,232.96</b>	<b>\$ 3,140.82</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,265.3	\$ 1,115.88	\$ 117.66	1.0736	0.9575	0.9000	1.0025	1.0000	1.0000	1,222.6	\$ 1,071.03	\$ 109.12
Psychiatric/SUD	5.2	1,200.00	0.52	1.0736	0.9575	0.9500	1.0025	1.0000	1.0000	5.3	1,154.72	0.51
Maternity - Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,270.5</b>	<b>\$ 1,116.22</b>	<b>\$ 118.18</b>							<b>1,227.9</b>	<b>\$ 1,071.39</b>	<b>\$ 109.63</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,116.6	\$ 69.00	\$ 6.42	1.0144	0.9162	0.8000	1.0025	1.0000	1.0000	906.2	\$ 63.43	\$ 4.79
General	29,718.9	53.71	133.01	1.0144	0.9162	0.9250	1.0025	1.0000	1.0000	27,887.0	49.33	114.63
<b>Subtotal</b>	<b>30,835.5</b>	<b>\$ 54.26</b>	<b>\$ 139.43</b>							<b>28,793.2</b>	<b>\$ 49.77</b>	<b>\$ 119.42</b>
<b>Ancillary</b>												
Pharmacy	21,669.9	\$ 76.90	\$ 138.86	1.0144	1.0217	0.9500	0.9800	1.0000	1.0250	20,883.7	\$ 78.92	\$ 137.34
DME/Supplies/Prosthetics	10,106.3	122.56	103.22	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	9,327.5	131.91	102.53
Ambulance	537.4	56.05	2.51	0.9715	1.0736	0.9500	1.0025	1.0000	1.1000	496.0	66.29	2.74
Non-Emergency Transportation	101.1	199.41	1.68	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	93.3	214.79	1.67
Home Health/Hospice	-	-	-	0.9715	1.0736	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	862.8	8.48	0.61	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	796.3	9.19	0.61
Podiatry	471.6	18.32	0.72	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	435.3	19.85	0.72
Vision	1,154.8	30.14	2.90	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	1,065.8	32.43	2.88
Other Ancillary	500.8	28.75	1.20	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	462.2	30.90	1.19
<b>Subtotal</b>	<b>35,404.7</b>	<b>\$ 85.31</b>	<b>\$ 251.70</b>							<b>33,560.1</b>	<b>\$ 89.28</b>	<b>\$ 249.68</b>
<b>Professional</b>												
Surgery	1,381.8	\$ 106.21	\$ 12.23	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,391.5	\$ 107.71	\$ 12.49
Anesthesia	235.4	182.50	3.58	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	237.1	185.24	3.66
Inpatient Visits	1,863.3	39.99	6.21	1.0887	1.0144	0.9000	1.0025	1.0000	1.0000	1,825.7	40.69	6.19
Urgent Care/Emergency Room	898.9	53.80	4.03	1.0887	1.0144	0.8000	1.0025	1.0000	1.0000	782.9	54.72	3.57
Office/Home Visits	6,095.8	44.65	22.68	1.0887	1.0144	1.0300	1.0000	1.0000	1.0000	6,835.6	45.29	25.80
Preventive Care	348.9	59.50	1.73	1.0887	1.0144	1.0050	1.0000	1.0000	1.0000	381.7	60.36	1.92
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	127.9	24.39	0.26	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	128.8	25.16	0.27
Lab/Path/Rad	4,469.3	18.31	6.82	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	4,379.1	18.58	6.78
Office Adm. Drugs	750.3	213.99	13.38	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	755.6	217.10	13.67
Clinic	244.4	161.05	3.28	1.0887	1.0144	0.9250	1.0000	1.0000	0.8979	246.1	146.77	3.01
Psych/SUD	1,462.4	1,000.52	121.93	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,472.7	1,014.95	124.56
Physical Therapy	3,130.9	30.32	7.91	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	3,153.0	30.75	8.08
Family Planning	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,034.7	49.95	8.47	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	2,049.0	50.66	8.65
<b>Subtotal</b>	<b>23,044.0</b>	<b>\$ 110.66</b>	<b>\$ 212.51</b>							<b>23,638.8</b>	<b>\$ 111.00</b>	<b>\$ 218.65</b>
<b>Total Medical</b>	<b>90,554.7</b>	<b>\$ 95.65</b>	<b>\$ 721.82</b>							<b>87,220.0</b>	<b>\$ 95.95</b>	<b>\$ 697.38</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	34.5	\$ 2,765.22	\$ 7.95	1.0437	1.0437	0.9000	1.0000	1.0000	1.0000	32.4	\$ 2,885.19	\$ 7.79
Outpatient Treatment	6,875.2	118.50	67.89	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	6,637.7	123.68	68.41
Intermediate Care	4.3	502.33	0.18	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	4.2	514.29	0.18
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>6,914.0</b>	<b>\$ 134.54</b>	<b>\$ 77.52</b>							<b>6,674.3</b>	<b>\$ 140.02</b>	<b>\$ 77.88</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

Region: Statewide  
Rate Cell: Brain Injury HCBS Waiver

Member Months

14,011

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	305.7	\$ 415.70	\$ 10.59	0.9715	0.9715	1.0000	1.0000	1.0000	1.0109	297.0	\$ 408.08	\$ 10.10
Home Health/Hospice	13,627.5	355.43	403.63	0.9715	1.0736	0.9500	1.0025	1.0000	1.0412	12,577.4	398.29	417.45
Attendant Care/Nursing/Home Aide	3,144.9	892.19	233.82	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	3,074.4	917.64	235.10
Supported community living	7,369.5	1,922.17	1,180.45	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	7,204.2	1,977.06	1,186.93
Adult day care	646.5	648.35	34.93	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	632.0	666.84	35.12
Day Habilitation	476.1	486.45	19.30	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	465.4	500.47	19.41
Env/home and vehicle mod	33.6	2,182.14	6.11	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	32.8	2,246.34	6.14
Family and community support	157.5	263.62	3.46	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	154.0	271.17	3.48
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Respite	2,598.3	699.60	151.48	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	2,540.0	719.57	152.31
Waiver Transportation	1,644.4	248.99	34.12	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	1,607.5	256.12	34.31
Other HCBS waiver	2,748.9	1,311.27	300.38	1.0290	1.0290	0.9500	1.0050	1.0000	0.9946	2,687.2	1,348.75	302.03
<b>Total Long Term Services and Supp</b>	<b>32,752.9</b>	<b>\$ 871.35</b>	<b>\$ 2,378.27</b>	1.0190	1.0363	0.9502	1.0046	1.0000	1.0026	<b>31,271.9</b>	<b>\$ 921.87</b>	<b>\$ 2,402.38</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	24.5	\$ 3,854.69	\$ 7.87	1.0586	1.0736	0.8750	1.0025	1.0000	1.0000	22.7	\$ 4,149.78	\$ 7.85
Psychiatric/SUD	-	-	-	1.0586	1.0736	0.9250	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>24.5</b>	<b>\$ 3,854.69</b>	<b>\$ 7.87</b>							<b>22.7</b>	<b>\$ 4,149.78</b>	<b>\$ 7.85</b>
<b>Outpatient Hospital</b>												
Emergency Room	631.6	\$ 108.49	\$ 5.71	0.9436	1.0586	0.7750	1.0025	1.0000	1.0000	461.9	\$ 115.09	\$ 4.43
General	6,756.3	63.80	35.92	0.9436	1.0586	0.9000	1.0025	1.0000	1.0000	5,737.5	67.70	32.37
<b>Subtotal</b>	<b>7,387.9</b>	<b>\$ 67.62</b>	<b>\$ 41.63</b>							<b>6,199.4</b>	<b>\$ 71.23</b>	<b>\$ 36.80</b>
<b>Ancillary</b>												
Pharmacy	38,190.0	\$ 80.30	\$ 255.56	1.0144	1.1194	0.9250	0.9800	1.0000	1.0250	35,835.9	\$ 90.29	\$ 269.64
DME/Supplies/Prosthetics	659.5	90.61	4.98	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	635.6	96.10	5.09
Ambulance	43.8	84.93	0.31	1.0144	1.0586	0.9500	1.0025	1.0000	1.1000	42.2	99.53	0.35
Non-Emergency Transportation	229.6	25.61	0.49	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	221.3	27.11	0.50
Home Health/Hospice	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	1,151.9	34.27	3.29	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	1,110.1	36.32	3.36
Other Ancillary	507.8	31.90	1.35	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	489.4	33.84	1.38
<b>Subtotal</b>	<b>40,782.6</b>	<b>\$ 78.26</b>	<b>\$ 265.98</b>							<b>38,334.5</b>	<b>\$ 87.75</b>	<b>\$ 280.32</b>
<b>Professional</b>												
Surgery	161.5	\$ 237.77	\$ 3.20	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	158.2	\$ 241.21	\$ 3.18
Anesthesia	39.8	331.66	1.10	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	39.0	335.38	1.09
Inpatient Visits	55.8	116.13	0.54	1.0887	1.0144	0.8750	1.0025	1.0000	1.0000	53.2	117.29	0.52
Urgent Care/Emergency Room	345.5	78.49	2.26	1.0887	1.0144	0.7750	1.0025	1.0000	1.0000	291.5	79.86	1.94
Office/Home Visits	2,088.6	93.77	16.32	1.0887	1.0144	1.0400	1.0000	1.0000	1.0000	2,364.8	95.15	18.75
Preventive Care	574.7	54.29	2.60	1.0887	1.0144	1.0150	1.0000	1.0000	1.0000	635.1	54.98	2.91
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1.1	-	-
Allergy/Immunotherapy	190.9	74.80	1.19	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	187.0	75.72	1.18
Lab/Path/Rad	2,515.9	19.70	4.13	1.0887	1.0144	0.8750	1.0000	1.0000	1.0000	2,396.7	19.98	3.99
Office Adm. Drugs	56.5	55.22	0.26	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	55.4	56.32	0.26
Clinic	632.8	160.62	8.47	1.0887	1.0144	0.9000	1.0000	1.0000	0.8979	620.0	146.32	7.56
Psych/SUD	90.7	136.27	1.03	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	88.9	137.68	1.02
Physical Therapy	604.4	43.08	2.17	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	592.2	43.77	2.16
Family Planning	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	288.9	98.86	2.38	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	283.1	100.46	2.37
<b>Subtotal</b>	<b>7,647.1</b>	<b>\$ 71.63</b>	<b>\$ 45.65</b>							<b>7,766.2</b>	<b>\$ 72.51</b>	<b>\$ 46.93</b>
<b>Total Medical</b>	<b>55,842.1</b>	<b>\$ 77.60</b>	<b>\$ 361.13</b>							<b>52,322.8</b>	<b>\$ 85.29</b>	<b>\$ 371.90</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	232.3	\$ 1,634.44	\$ 31.64	1.0736	0.9715	0.9000	1.0000	1.0000	1.0000	224.5	\$ 1,587.53	\$ 29.70
Outpatient Treatment	58,555.3	104.32	509.05	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	58,148.6	101.35	491.12
Intermediate Care	-	-	-	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>58,787.6</b>	<b>\$ 110.67</b>	<b>\$ 542.19</b>							<b>58,373.1</b>	<b>\$ 107.38</b>	<b>\$ 522.32</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

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

Member Months

9,391

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	23.4	\$ 266.67	\$ 0.52	1.0290	1.0144	1.0000	1.0000	1.0000	1.0109	24.1	\$ 273.86	\$ 0.55
Home Health/Hospice	164.9	166.65	2.29	1.0144	1.0586	0.9500	1.0025	1.0000	1.0412	158.9	184.27	2.44
Attendant Care/Nursing/Home Aide	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Supported community living	1.3	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	1.3	-	-
Adult day care	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Day Habilitation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Env/home and vehicle mod	1.3	1,384.62	0.15	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	1.3	1,384.62	0.15
Family and community support	5,157.1	247.65	106.43	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	5,113.5	254.71	108.54
In-home family therapy	3,930.4	341.00	111.69	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	3,897.2	350.74	113.91
Respite	9,390.7	842.35	659.19	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	9,311.3	866.42	672.29
Waiver Transportation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
Other HCBS waiver	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9946	-	-	-
<b>Total Long Term Services and Supp</b>	<b>18,669.1</b>	<b>\$ 565.81</b>	<b>\$ 880.27</b>	<b>1.0436</b>	<b>1.0291</b>	<b>0.9500</b>	<b>1.0050</b>	<b>1.0000</b>	<b>0.9947</b>	<b>18,507.6</b>	<b>\$ 582.17</b>	<b>\$ 897.88</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**FFS/MediPASS**

Region: Statewide

Rate Cell: Custodial Care Nursing Facility &lt;65

Member Months

20,300

	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
<b>Inpatient Hospital</b>												
Medical/Surgical	2,553.4	\$ 938.75	\$ 199.75	0.9645	0.9436	0.9000	1.0025	1.0000	0.9856	2,216.4	\$ 875.20	\$ 161.65
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>2,553.4</b>	<b>\$ 938.75</b>	<b>\$ 199.75</b>							<b>2,216.4</b>	<b>\$ 875.20</b>	<b>\$ 161.65</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,127.0	\$ 73.58	\$ 6.91	1.0290	0.9715	0.8000	1.0025	1.0000	0.9867	927.8	\$ 70.75	\$ 5.47
General	62,736.5	26.92	140.75	1.0290	0.9715	0.9250	1.0025	1.0000	0.9867	59,715.3	25.87	128.75
<b>Subtotal</b>	<b>63,863.5</b>	<b>\$ 27.75</b>	<b>\$ 147.66</b>							<b>60,643.1</b>	<b>\$ 26.56</b>	<b>\$ 134.22</b>
<b>Ancillary</b>												
Pharmacy	51,491.3	\$ 45.44	\$ 194.98	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	49,623.2	\$ 51.09	\$ 211.28
DME/Supplies/Prosthetics	7,503.2	99.05	61.93	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	7,545.6	103.64	65.17
Ambulance	2,175.6	55.16	10.00	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	2,187.9	63.46	11.57
Non-Emergency Transportation	3.0	120.00	0.03	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	3.0	120.00	0.03
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	175.8	8.19	0.12	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	176.8	8.82	0.13
Podiatry	1,646.5	12.90	1.77	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,655.8	13.48	1.86
Vision	1,278.8	29.84	3.18	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,286.0	31.26	3.35
Other Ancillary	91.5	23.61	0.18	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	92.0	24.78	0.19
<b>Subtotal</b>	<b>64,365.7</b>	<b>\$ 50.75</b>	<b>\$ 272.19</b>							<b>62,570.3</b>	<b>\$ 56.30</b>	<b>\$ 293.58</b>
<b>Professional</b>												
Surgery	2,338.9	\$ 88.50	\$ 17.25	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,194.7	\$ 91.09	\$ 16.66
Anesthesia	331.3	119.17	3.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	310.9	122.74	3.18
Inpatient Visits	9,804.9	34.62	28.29	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	8,951.9	35.71	26.64
Urgent Care/Emergency Room	989.8	53.95	4.45	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	803.3	55.72	3.73
Office/Home Visits	4,116.3	34.66	11.89	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,301.0	35.66	12.78
Preventive Care	53.2	38.35	0.17	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	54.2	39.85	0.18
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.8	25.00	0.01	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	4.5	26.67	0.01
Lab/Path/Rad	7,265.0	16.65	10.08	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	6,632.9	17.13	9.47
Office Adm. Drugs	1,282.8	94.95	10.15	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1,203.7	97.70	9.80
Clinic	563.4	146.11	6.86	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	528.7	135.05	5.95
Psych/SUD	2,437.6	42.93	8.72	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,287.3	44.17	8.42
Physical Therapy	116.6	30.87	0.30	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	109.4	31.81	0.29
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,259.3	40.39	10.97	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	3,058.4	41.55	10.59
<b>Subtotal</b>	<b>32,563.9</b>	<b>\$ 41.43</b>	<b>\$ 112.43</b>							<b>30,440.9</b>	<b>\$ 42.46</b>	<b>\$ 107.70</b>
<b>Total Medical</b>	<b>163,346.5</b>	<b>\$ 53.78</b>	<b>\$ 732.03</b>							<b>155,870.7</b>	<b>\$ 53.67</b>	<b>\$ 697.15</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	36.9	\$ 1,320.33	\$ 4.06	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	33.4	\$ 1,246.71	\$ 3.47
Outpatient Treatment	1,459.2	98.19	11.94	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	1,359.5	92.68	10.50
Intermediate Care	0.6	400.00	0.02	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	0.6	400.00	0.02
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,496.7</b>	<b>\$ 140.47</b>	<b>\$ 17.52</b>							<b>1,393.5</b>	<b>\$ 133.39</b>	<b>\$ 15.49</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

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

Member Months

20,300

	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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	352,715.4	\$ 174.35	\$ 5,124.72	1.0144	1.0000	1.0000	1.0000	1.0000	1.0580	357,809.5	\$ 184.46	\$ 5,500.14
Home Health/Hospice	1,723.6	146.69	21.07	1.0586	1.0437	0.9500	1.0025	1.0000	1.0412	1,733.3	159.79	23.08
Attendant Care/Nursing/Home Aide	10.6	498.11	0.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.6	498.11	0.44
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	2.4	500.00	0.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.4	500.00	0.10
<b>Total Long Term Services and Supp</b>	<b>354,452.6</b>	<b>\$ 174.23</b>	<b>\$ 5,146.36</b>	<b>1.0146</b>	<b>1.0002</b>	<b>0.9998</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0579</b>	<b>359,556.4</b>	<b>\$ 184.35</b>	<b>\$ 5,523.79</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

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

Member Months

119,554

	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
<b>Inpatient Hospital</b>												
Medical/Surgical	971.2	\$ 282.83	\$ 22.89	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	896.4	\$ 259.71	\$ 19.40
Psychiatric/SUD	-	-	-	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>971.2</b>	<b>\$ 282.83</b>	<b>\$ 22.89</b>							<b>896.4</b>	<b>\$ 259.71</b>	<b>\$ 19.40</b>
<b>Outpatient Hospital</b>												
Emergency Room	507.9	\$ 47.73	\$ 2.02	1.0887	0.9162	0.8000	1.0025	1.0000	1.0000	442.4	\$ 43.94	\$ 1.62
General	25,453.5	16.94	35.94	1.0887	0.9162	0.9250	1.0025	1.0000	1.0000	25,632.8	15.56	33.24
<b>Subtotal</b>	<b>25,961.4</b>	<b>\$ 17.55</b>	<b>\$ 37.96</b>							<b>26,075.2</b>	<b>\$ 16.04</b>	<b>\$ 34.86</b>
<b>Ancillary</b>												
Pharmacy	15,339.1	\$ 10.66	\$ 13.63	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	14,572.1	\$ 10.71	\$ 13.01
DME/Supplies/Prosthetics	3,429.5	77.43	22.13	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	2,957.2	83.35	20.54
Ambulance	797.0	51.04	3.39	1.0144	1.0736	0.8500	1.0025	1.0000	1.1000	687.2	60.42	3.46
Non-Emergency Transportation	1.5	160.00	0.02	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1.3	184.62	0.02
Home Health/Hospice	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	96.4	9.96	0.08	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	83.1	10.11	0.07
Podiatry	1,525.7	13.45	1.71	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,315.6	14.50	1.59
Vision	752.0	23.46	1.47	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	648.4	25.17	1.36
Other Ancillary	77.0	24.94	0.16	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	66.4	27.11	0.15
<b>Subtotal</b>	<b>22,018.2</b>	<b>\$ 23.21</b>	<b>\$ 42.59</b>							<b>20,331.3</b>	<b>\$ 23.73</b>	<b>\$ 40.20</b>
<b>Professional</b>												
Surgery	771.2	\$ 36.72	\$ 2.36	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	734.1	\$ 37.76	\$ 2.31
Anesthesia	84.2	39.90	0.28	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	80.1	40.45	0.27
Inpatient Visits	4,987.7	20.19	8.39	1.0290	1.0290	0.9000	1.0025	1.0000	1.0000	4,619.2	20.83	8.02
Urgent Care/Emergency Room	380.0	26.53	0.84	1.0290	1.0290	0.8000	1.0025	1.0000	1.0000	312.8	27.24	0.71
Office/Home Visits	1,621.4	22.13	2.99	1.0290	1.0290	1.0300	1.0000	1.0000	1.0000	1,718.5	22.76	3.26
Preventive Care	3.3	36.36	0.01	1.0290	1.0290	1.0050	1.0000	1.0000	1.0000	3.4	35.29	0.01
Maternity - Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.2	28.57	0.01	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	4.0	30.00	0.01
Lab/Path/Rad	2,581.5	8.18	1.76	1.0290	1.0290	0.9000	1.0000	1.0000	1.0000	2,390.8	8.43	1.68
Office Adm. Drugs	266.0	72.18	1.60	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	253.2	74.41	1.57
Clinic	10.5	45.71	0.04	1.0290	1.0290	0.9250	1.0000	1.0000	0.8979	10.0	48.00	0.04
Psych/SUD	1,005.4	19.69	1.65	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	957.0	20.31	1.62
Physical Therapy	12.7	9.45	0.01	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	12.1	9.92	0.01
Family Planning	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,119.9	12.43	1.16	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	1,066.0	12.83	1.14
<b>Subtotal</b>	<b>12,848.0</b>	<b>\$ 19.71</b>	<b>\$ 21.10</b>							<b>12,161.2</b>	<b>\$ 20.38</b>	<b>\$ 20.65</b>
<b>Total Medical</b>	<b>61,798.8</b>	<b>\$ 24.18</b>	<b>\$ 124.54</b>							<b>59,464.1</b>	<b>\$ 23.23</b>	<b>\$ 115.11</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	0.1	\$ 0.00	\$ 0.00	1.0290	1.0586	0.9000	1.0000	1.0000	1.0000	0.1	\$ 0.00	\$ 0.00
Outpatient Treatment	49.4	102.02	0.42	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	47.0	107.23	0.42
Intermediate Care	-	-	-	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>49.5</b>	<b>\$ 465.45</b>	<b>\$ 1.92</b>							<b>47.1</b>	<b>\$ 489.17</b>	<b>\$ 1.92</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

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

Member Months

119,554

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	354,498.2	\$ 165.60	\$ 4,891.95	1.0144	1.0000	1.0000	1.0000	1.0000	1.0580	359,618.0	\$ 175.20	\$ 5,250.32
Home Health/Hospice	1,415.9	203.66	24.03	1.0144	1.0736	0.8500	1.0025	1.0000	1.0412	1,220.9	228.23	23.22
Attendant Care/Nursing/Home Aide	2.3	469.57	0.09	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	2.2	490.91	0.09
Supported community living	3.0	480.00	0.12	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	2.9	455.17	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
<b>Total Long Term Services and Supp</b>	<b>355,919.6</b>	<b>\$ 165.75</b>	<b>\$ 4,916.21</b>	<b>1.0144</b>	<b>1.0004</b>	<b>0.9993</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0579</b>	<b>360,844.2</b>	<b>\$ 175.38</b>	<b>\$ 5,273.76</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	4,704.2	\$ 2,320.46	\$ 909.66	0.9645	0.9436	0.9000	1.0025	1.0000	0.9856	4,083.4	\$ 2,163.34	\$ 736.15
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>4,704.2</b>	<b>\$ 2,320.46</b>	<b>\$ 909.66</b>							<b>4,083.4</b>	<b>\$ 2,163.34</b>	<b>\$ 736.15</b>
<b>Outpatient Hospital</b>												
Emergency Room	829.9	\$ 166.00	\$ 11.48	1.0290	0.9715	0.8000	1.0025	1.0000	0.9867	683.2	\$ 159.48	\$ 9.08
General	30,452.5	62.08	157.55	1.0290	0.9715	0.9250	1.0025	1.0000	0.9867	28,986.0	59.66	144.12
<b>Subtotal</b>	<b>31,282.4</b>	<b>\$ 64.84</b>	<b>\$ 169.03</b>							<b>29,669.2</b>	<b>\$ 61.96</b>	<b>\$ 153.20</b>
<b>Ancillary</b>												
Pharmacy	122,731.6	\$ 66.45	\$ 679.65	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	118,278.9	\$ 74.72	\$ 736.47
DME/Supplies/Prosthetics	23,017.4	230.65	442.42	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	23,147.6	241.34	465.54
Ambulance	2,934.8	59.21	14.48	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	2,951.4	68.14	16.76
Non-Emergency Transportation	12.8	140.63	0.15	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	12.9	148.84	0.16
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	628.0	54.46	2.85	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	631.6	57.00	3.00
Other Ancillary	230.7	30.17	0.58	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	232.0	31.55	0.61
<b>Subtotal</b>	<b>149,555.3</b>	<b>\$ 91.48</b>	<b>\$ 1,140.13</b>							<b>145,254.4</b>	<b>\$ 101.00</b>	<b>\$ 1,222.54</b>
<b>Professional</b>												
Surgery	2,551.1	\$ 280.63	\$ 59.66	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,393.8	\$ 288.80	\$ 57.61
Anesthesia	705.1	320.12	18.81	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	661.6	329.38	18.16
Inpatient Visits	14,050.3	84.93	99.44	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	12,827.9	87.62	93.66
Urgent Care/Emergency Room	923.0	104.79	8.06	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	749.1	108.13	6.75
Office/Home Visits	4,422.8	91.19	33.61	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,621.3	93.84	36.14
Preventive Care	38.5	96.62	0.31	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	39.3	100.76	0.33
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	11,255.7	21.82	20.47	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	10,276.4	22.46	19.23
Office Adm. Drugs	692.3	890.08	51.35	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	649.6	915.89	49.58
Clinic	115.4	147.66	1.42	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	108.3	136.29	1.23
Psych/SUD	25.6	8,175.00	17.44	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	24.0	8,420.00	16.84
Physical Therapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,871.6	72.54	17.36	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,694.6	74.64	16.76
<b>Subtotal</b>	<b>37,651.4</b>	<b>\$ 104.52</b>	<b>\$ 327.93</b>							<b>35,045.9</b>	<b>\$ 108.30</b>	<b>\$ 316.29</b>
<b>Total Medical</b>	<b>223,193.3</b>	<b>\$ 136.93</b>	<b>\$ 2,546.75</b>							<b>214,052.9</b>	<b>\$ 136.13</b>	<b>\$ 2,428.18</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	39.2	\$ 2,103.06	\$ 6.87	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	35.5	\$ 1,987.61	\$ 5.88
Outpatient Treatment	300.2	117.52	2.94	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	279.7	110.69	2.58
Intermediate Care	-	-	-	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>339.4</b>	<b>\$ 399.88</b>	<b>\$ 11.31</b>							<b>315.2</b>	<b>\$ 379.19</b>	<b>\$ 9.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	348,752.4	\$ 759.65	\$ 22,077.56	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	353,789.2	\$ 767.93	\$ 22,640.54
Home Health/Hospice	1,268.8	572.01	60.48	1.0586	1.0437	0.9500	1.0025	1.0000	1.0412	1,276.0	623.13	66.26
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>350,033.9</b>	<b>\$ 758.98</b>	<b>\$ 22,138.99</b>	<b>1.0146</b>	<b>1.0001</b>	<b>0.9999</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0110</b>	<b>355,077.9</b>	<b>\$ 767.42</b>	<b>\$ 22,707.75</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,393.4	\$ 593.45	\$ 68.91	0.9436	1.0437	0.7500	1.0150	1.0000	0.9856	986.1	\$ 619.65	\$ 50.92
Psychiatric/SUD	-	-	-	0.9436	1.0437	0.8500	1.0050	1.0000	0.9856	-	-	-
Maternity - Delivery	5.7	1,221.05	0.58	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	5.4	1,244.44	0.56
Maternity Non-Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>1,399.1</b>	<b>\$ 596.01</b>	<b>\$ 69.49</b>							<b>991.5</b>	<b>\$ 623.06</b>	<b>\$ 51.48</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,140.4	\$ 71.97	\$ 6.84	1.0437	1.0437	0.7500	1.0050	1.0000	0.9867	892.7	\$ 74.47	\$ 5.54
General	27,052.8	38.44	86.65	1.0437	1.0437	0.7750	1.0100	1.0000	0.9867	21,882.8	39.98	72.91
<b>Subtotal</b>	<b>28,193.2</b>	<b>\$ 39.79</b>	<b>\$ 93.49</b>							<b>22,775.5</b>	<b>\$ 41.33</b>	<b>\$ 78.45</b>
<b>Ancillary</b>												
Pharmacy	51,712.8	\$ 61.10	\$ 263.30	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	47,189.8	\$ 68.70	\$ 270.16
DME/Supplies/Prosthetics	4,056.9	42.03	14.21	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	3,754.2	44.62	13.96
Ambulance	674.5	65.11	3.66	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	624.2	75.94	3.95
Non-Emergency Transportation	2.8	85.71	0.02	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	2.6	92.31	0.02
Home Health/Hospice	1,709.0	155.32	22.12	1.0887	1.0586	0.8500	1.0025	1.0000	1.0412	1,581.5	171.63	22.62
Chiropractic Services	529.4	8.84	0.39	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	489.9	9.31	0.38
Podiatry	1,091.4	16.27	1.48	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,010.0	17.23	1.45
Vision	1,845.6	31.92	4.91	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,707.9	33.87	4.82
Other Ancillary	509.4	31.33	1.33	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	471.4	33.35	1.31
<b>Subtotal</b>	<b>62,131.8</b>	<b>\$ 60.15</b>	<b>\$ 311.42</b>							<b>56,831.5</b>	<b>\$ 67.29</b>	<b>\$ 318.67</b>
<b>Professional</b>												
Surgery	1,328.9	\$ 74.14	\$ 8.21	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,125.4	\$ 75.17	\$ 7.05
Anesthesia	463.0	59.09	2.28	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	392.1	59.98	1.96
Inpatient Visits	3,046.5	25.76	6.54	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	2,418.7	26.54	5.35
Urgent Care/Emergency Room	775.9	52.58	3.40	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	616.0	53.57	2.75
Office/Home Visits	6,258.8	33.46	17.45	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	6,890.5	33.94	19.49
Preventive Care	297.2	73.89	1.83	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	333.5	74.84	2.08
Maternity - Delivery	1.4	1,371.43	0.16	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1.2	1,400.00	0.14
Maternity - Non-Delivery	8.6	125.58	0.09	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	7.3	131.51	0.08
Allergy/Immunotherapy	4.3	27.91	0.01	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	3.6	33.33	0.01
Lab/Path/Rad	4,972.7	15.71	6.51	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4,342.8	15.94	5.77
Office Adm. Drugs	460.1	16.95	0.65	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	389.6	17.25	0.56
Clinic	690.2	161.87	9.31	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	584.5	147.41	7.18
Psych/SUD	2,512.1	25.17	5.27	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	2,127.4	25.55	4.53
Physical Therapy	322.9	20.81	0.56	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	273.5	21.06	0.48
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,536.1	19.45	2.49	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,300.9	19.74	2.14
<b>Subtotal</b>	<b>22,678.7</b>	<b>\$ 34.27</b>	<b>\$ 64.76</b>							<b>20,807.0</b>	<b>\$ 34.36</b>	<b>\$ 59.57</b>
<b>Total Medical</b>	<b>114,402.8</b>	<b>\$ 56.55</b>	<b>\$ 539.16</b>							<b>101,405.5</b>	<b>\$ 60.14</b>	<b>\$ 508.17</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	240.4	\$ 3,092.35	\$ 61.95	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	225.8	\$ 3,092.47	\$ 58.19
Outpatient Treatment	107,714.8	121.03	1,086.40	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	106,804.3	121.03	1,077.22
Intermediate Care	-	-	-	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>107,955.2</b>	<b>\$ 127.81</b>	<b>\$ 1,149.85</b>							<b>107,030.1</b>	<b>\$ 127.47</b>	<b>\$ 1,136.91</b>
<b>Short Term Institutional / HCBS</b>	<b>607.1</b>	<b>\$ 161.29</b>	<b>\$ 8.16</b>	1.0081	1.0071	1.0000	1.0000	1.0000	1.0108	<b>612.0</b>	<b>\$ 164.12</b>	<b>\$ 8.37</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	850.9	\$ 921.19	\$ 65.32	0.9928	0.9436	0.9000	1.0025	1.0000	0.9856	760.3	\$ 858.77	\$ 54.41
Psychiatric/SUD	-	-	-	0.9928	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
<b>Subtotal</b>	<b>850.9</b>	<b>\$ 921.19</b>	<b>\$ 65.32</b>							<b>760.3</b>	<b>\$ 858.77</b>	<b>\$ 54.41</b>
<b>Outpatient Hospital</b>												
Emergency Room	687.5	\$ 73.66	\$ 4.22	0.9857	1.0736	0.8000	1.0025	1.0000	0.9867	542.1	\$ 78.14	\$ 3.53
General	14,252.8	43.87	52.10	0.9857	1.0736	0.9250	1.0025	1.0000	0.9867	12,995.2	46.59	50.45
<b>Subtotal</b>	<b>14,940.3</b>	<b>\$ 45.24</b>	<b>\$ 56.32</b>							<b>13,537.3</b>	<b>\$ 47.85</b>	<b>\$ 53.98</b>
<b>Ancillary</b>												
Pharmacy	44,381.7	\$ 54.16	\$ 200.31	1.0290	1.1194	0.9500	0.9800	1.0000	1.0250	43,386.2	\$ 60.90	\$ 220.18
DME/Supplies/Prosthetics	5,180.5	134.91	58.24	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	4,851.1	137.19	55.46
Ambulance	430.5	61.32	2.20	0.9857	1.0144	0.9500	1.0025	1.0000	1.1000	403.1	68.47	2.30
Non-Emergency Transportation	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	107.8	11.13	0.10	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	100.9	11.89	0.10
Podiatry	646.1	16.34	0.88	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	605.0	16.66	0.84
Vision	1,474.9	33.93	4.17	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	1,381.1	34.49	3.97
Other Ancillary	863.0	18.22	1.31	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	808.1	18.56	1.25
<b>Subtotal</b>	<b>53,084.5</b>	<b>\$ 60.40</b>	<b>\$ 267.21</b>							<b>51,535.5</b>	<b>\$ 66.15</b>	<b>\$ 284.10</b>
<b>Professional</b>												
Surgery	1,374.9	\$ 71.74	\$ 8.22	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	1,200.0	\$ 66.70	\$ 6.67
Anesthesia	312.9	139.60	3.64	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	273.1	129.62	2.95
Inpatient Visits	2,681.5	35.08	7.84	0.9436	0.9298	0.9000	1.0025	1.0000	1.0000	2,277.2	32.72	6.21
Urgent Care/Emergency Room	536.7	51.65	2.31	0.9436	0.9298	0.8000	1.0025	1.0000	1.0000	405.1	48.28	1.63
Office/Home Visits	4,520.7	37.72	14.21	0.9436	0.9298	1.0300	1.0000	1.0000	1.0000	4,393.6	35.07	12.84
Preventive Care	635.9	85.30	4.52	0.9436	0.9298	1.0050	1.0000	1.0000	1.0000	603.0	79.40	3.99
Maternity - Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	12.1	49.59	0.05	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	10.6	45.28	0.04
Lab/Path/Rad	3,543.8	12.33	3.64	0.9436	0.9298	0.9000	1.0000	1.0000	1.0000	3,009.4	11.44	2.87
Office Adm. Drugs	483.8	325.42	13.12	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	422.3	302.63	10.65
Clinic	284.1	161.77	3.83	0.9436	0.9298	0.9250	1.0000	1.0000	0.8979	248.0	135.00	2.79
Psych/SUD	452.3	26.27	0.99	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	394.8	24.32	0.80
Physical Therapy	46.9	20.47	0.08	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	40.9	17.60	0.06
Family Planning	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	957.5	31.58	2.52	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	835.7	29.44	2.05
<b>Subtotal</b>	<b>15,843.1</b>	<b>\$ 49.21</b>	<b>\$ 64.97</b>							<b>14,113.7</b>	<b>\$ 45.53</b>	<b>\$ 53.55</b>
<b>Total Medical</b>	<b>84,718.8</b>	<b>\$ 64.28</b>	<b>\$ 453.82</b>							<b>79,946.8</b>	<b>\$ 66.95</b>	<b>\$ 446.04</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	30.9	\$ 1,941.75	\$ 5.00	0.9715	0.9436	0.9000	1.0000	1.0000	1.0000	27.0	\$ 1,835.56	\$ 4.13
Outpatient Treatment	1,486.8	58.84	7.29	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	1,336.1	55.50	6.18
Intermediate Care	-	-	-	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,517.7</b>	<b>\$ 109.03</b>	<b>\$ 13.79</b>							<b>1,363.1</b>	<b>\$ 103.97</b>	<b>\$ 11.81</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

Region: Statewide  
Rate Cell: ICF/MR

Member Months

18,095

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	356,626.6	\$ 340.01	\$ 10,104.77	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	359,195.9	\$ 358.75	\$ 10,738.46
Home Health/Hospice	440.5	57.21	2.10	0.9857	1.0144	0.9500	1.0025	1.0000	1.0412	412.5	60.51	2.08
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>357,067.1</b>	<b>\$ 339.66</b>	<b>\$ 10,106.87</b>	<b>1.0072</b>	<b>1.0437</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0109</b>	<b>359,608.4</b>	<b>\$ 358.41</b>	<b>\$ 10,740.54</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	995.3	\$ 536.40	\$ 44.49	0.9928	0.9436	0.9000	1.0025	1.0000	1.0000	889.3	\$ 507.37	\$ 37.60
Psychiatric/SUD	40.2	856.72	2.87	0.9928	0.9436	0.9500	1.0025	1.0000	1.0000	37.9	810.55	2.56
Maternity - Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,035.5</b>	<b>\$ 548.84</b>	<b>\$ 47.36</b>							<b>927.2</b>	<b>\$ 519.76</b>	<b>\$ 40.16</b>
<b>Outpatient Hospital</b>												
Emergency Room	329.5	\$ 44.43	\$ 1.22	0.9857	1.0736	0.8000	1.0025	1.0000	1.0000	259.8	\$ 48.04	\$ 1.04
General	10,498.5	26.82	23.46	0.9857	1.0736	0.9250	1.0025	1.0000	1.0000	9,572.2	28.86	23.02
<b>Subtotal</b>	<b>10,828.0</b>	<b>\$ 27.35</b>	<b>\$ 24.68</b>							<b>9,832.0</b>	<b>\$ 29.37</b>	<b>\$ 24.06</b>
<b>Ancillary</b>												
Pharmacy	218.9	\$ 26.86	\$ 0.49	1.0290	1.1194	0.9500	0.9800	1.0000	1.0250	214.0	\$ 30.28	\$ 0.54
DME/Supplies/Prosthetics	953.3	145.89	11.59	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	892.7	148.40	11.04
Ambulance	1,037.7	52.73	4.56	0.9857	1.0144	0.9500	1.0025	1.0000	1.1000	971.7	59.03	4.78
Non-Emergency Transportation	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	347.5	23.83	0.69	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	325.4	24.34	0.66
Vision	804.3	46.10	3.09	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	753.2	46.84	2.94
Other Ancillary	1,052.6	20.41	1.79	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	985.7	20.70	1.70
<b>Subtotal</b>	<b>4,414.3</b>	<b>\$ 60.38</b>	<b>\$ 22.21</b>							<b>4,142.7</b>	<b>\$ 62.74</b>	<b>\$ 21.66</b>
<b>Professional</b>												
Surgery	934.2	\$ 63.07	\$ 4.91	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	815.4	\$ 58.57	\$ 3.98
Anesthesia	419.9	77.73	2.72	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	366.5	72.36	2.21
Inpatient Visits	4,074.5	24.95	8.47	0.9436	0.9298	0.9000	1.0025	1.0000	1.0000	3,460.1	23.24	6.70
Urgent Care/Emergency Room	713.0	43.09	2.56	0.9436	0.9298	0.8000	1.0025	1.0000	1.0000	538.2	40.13	1.80
Office/Home Visits	2,482.0	34.91	7.22	0.9436	0.9298	1.0300	1.0000	1.0000	1.0000	2,412.2	32.44	6.52
Preventive Care	2.5	96.00	0.02	0.9436	0.9298	1.0050	1.0000	1.0000	1.0000	2.4	100.00	0.02
Maternity - Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	350.3	45.22	1.32	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	305.7	42.00	1.07
Lab/Path/Rad	5,175.2	12.85	5.54	0.9436	0.9298	0.9000	1.0000	1.0000	1.0000	4,394.9	11.93	4.37
Office Adm. Drugs	144.1	295.63	3.55	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	125.8	274.72	2.88
Clinic	2.5	192.00	0.04	0.9436	0.9298	0.9250	1.0000	1.0000	0.8979	2.2	163.64	0.03
Psych/SUD	29.8	1,453.69	3.61	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	26.0	1,352.31	2.93
Physical Therapy	2.5	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	2.2	-	-
Family Planning	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,011.2	17.68	1.49	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	882.6	16.45	1.21
<b>Subtotal</b>	<b>15,341.7</b>	<b>\$ 32.42</b>	<b>\$ 41.45</b>							<b>13,334.2</b>	<b>\$ 30.35</b>	<b>\$ 33.72</b>
<b>Total Medical</b>	<b>31,619.5</b>	<b>\$ 51.50</b>	<b>\$ 135.70</b>							<b>28,236.1</b>	<b>\$ 50.83</b>	<b>\$ 119.60</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	280.3	\$ 1,325.87	\$ 30.97	0.9715	0.9436	0.9000	1.0000	1.0000	1.0000	245.1	\$ 1,250.92	\$ 25.55
Outpatient Treatment	4,205.2	63.64	22.30	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	3,779.0	60.05	18.91
Intermediate Care	-	-	-	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,485.5</b>	<b>\$ 146.53</b>	<b>\$ 54.77</b>							<b>4,024.1</b>	<b>\$ 137.05</b>	<b>\$ 45.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	357,994.5	\$ 835.16	\$ 24,915.31	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	360,573.6	\$ 881.19	\$ 26,477.80
Home Health/Hospice	7.4	616.22	0.38	0.9857	1.0144	0.9500	1.0025	1.0000	1.0412	6.9	660.87	0.38
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>358,019.2</b>	<b>\$ 835.12</b>	<b>\$ 24,915.83</b>	<b>1.0072</b>	<b>1.0437</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0109</b>	<b>360,597.8</b>	<b>\$ 881.15</b>	<b>\$ 26,478.32</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	699.5	\$ 2,847.75	\$ 166.00	0.9436	1.0437	0.7500	1.0150	1.0000	0.9141	495.0	\$ 2,757.82	\$ 113.76
Psychiatric/SUD	-	-	-	0.9436	1.0437	0.8500	1.0050	1.0000	0.9141	-	-	-
Maternity - Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Maternity Non-Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
<b>Subtotal</b>	<b>699.5</b>	<b>\$ 2,847.75</b>	<b>\$ 166.00</b>							<b>495.0</b>	<b>\$ 2,757.82</b>	<b>\$ 113.76</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,224.9	\$ 97.48	\$ 9.95	1.0437	1.0437	0.7500	1.0050	1.0000	1.0000	958.9	\$ 102.24	\$ 8.17
General	51,462.9	152.63	654.56	1.0437	1.0437	0.7750	1.0100	1.0000	1.0000	41,628.0	160.90	558.15
<b>Subtotal</b>	<b>52,687.8</b>	<b>\$ 151.35</b>	<b>\$ 664.51</b>							<b>42,586.9</b>	<b>\$ 159.58</b>	<b>\$ 566.32</b>
<b>Ancillary</b>												
Pharmacy	42,581.1	\$ 70.44	\$ 249.96	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	38,856.8	\$ 79.20	\$ 256.47
DME/Supplies/Prosthetics	1,810.2	126.09	19.02	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,675.1	133.82	18.68
Ambulance	196.9	79.84	1.31	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	182.2	93.52	1.42
Non-Emergency Transportation	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	924.4	165.77	12.77	1.0887	1.0586	0.8500	1.0025	1.0000	1.0412	855.4	183.21	13.06
Chiropractic Services	25.7	18.68	0.04	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	23.8	20.17	0.04
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	1,091.3	39.70	3.61	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,009.9	42.18	3.55
Other Ancillary	1,309.5	30.97	3.38	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,211.8	32.88	3.32
<b>Subtotal</b>	<b>47,939.1</b>	<b>\$ 72.61</b>	<b>\$ 290.09</b>							<b>43,815.0</b>	<b>\$ 81.22</b>	<b>\$ 296.54</b>
<b>Professional</b>												
Surgery	2,969.5	\$ 297.63	\$ 73.65	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	2,514.8	\$ 301.91	\$ 63.27
Anesthesia	726.3	260.55	15.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	615.1	264.35	13.55
Inpatient Visits	863.8	79.32	5.71	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	685.8	81.71	4.67
Urgent Care/Emergency Room	769.2	88.14	5.65	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	610.7	89.80	4.57
Office/Home Visits	10,773.7	66.17	59.41	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	11,861.1	67.13	66.35
Preventive Care	580.2	42.61	2.06	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	651.0	43.13	2.34
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	180.5	24.60	0.37	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	152.9	25.11	0.32
Lab/Path/Rad	28,681.1	49.68	118.73	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	25,048.1	50.39	105.19
Office Adm. Drugs	15,281.7	344.33	438.49	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	12,941.6	349.30	376.71
Clinic	911.1	162.13	12.31	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	771.6	147.74	9.50
Psych/SUD	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,346.4	26.70	5.22	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,987.1	27.05	4.48
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,174.5	45.42	8.23	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,841.5	46.07	7.07
<b>Subtotal</b>	<b>66,258.0</b>	<b>\$ 135.04</b>	<b>\$ 745.60</b>							<b>59,681.3</b>	<b>\$ 132.31</b>	<b>\$ 658.02</b>
<b>Total Medical</b>	<b>167,584.4</b>	<b>\$ 133.63</b>	<b>\$ 1,866.20</b>							<b>146,578.2</b>	<b>\$ 133.82</b>	<b>\$ 1,634.64</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	17.3	\$ 1,172.25	\$ 1.69	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	16.3	\$ 1,170.55	\$ 1.59
Outpatient Treatment	1,486.2	76.79	9.51	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	1,473.6	76.79	9.43
Intermediate Care	13.0	1,024.62	1.11	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	12.9	1,023.26	1.10
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,516.5</b>	<b>\$ 109.28</b>	<b>\$ 13.81</b>							<b>1,502.8</b>	<b>\$ 108.76</b>	<b>\$ 13.62</b>
<b>Short Term Institutional / HCBS</b>	<b>13.0</b>	<b>\$ 2,196.92</b>	<b>\$ 2.38</b>	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	<b>13.1</b>	<b>\$ 2,235.11</b>	<b>\$ 2.44</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,316.1	\$ 354.32	\$ 38.86	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	1,241.3	\$ 325.40	\$ 33.66
Psychiatric/SUD	-	-	-	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,316.1</b>	<b>\$ 354.32</b>	<b>\$ 38.86</b>							<b>1,241.3</b>	<b>\$ 325.40</b>	<b>\$ 33.66</b>
<b>Outpatient Hospital</b>												
Emergency Room	1,930.0	\$ 34.20	\$ 5.50	1.0144	1.1040	0.8000	1.0025	1.0000	1.0000	1,566.3	\$ 37.85	\$ 4.94
General	33,741.7	23.27	65.44	1.0144	1.1040	0.9250	1.0025	1.0000	1.0000	31,661.8	25.76	67.96
<b>Subtotal</b>	<b>35,671.7</b>	<b>\$ 23.86</b>	<b>\$ 70.94</b>							<b>33,228.1</b>	<b>\$ 26.33</b>	<b>\$ 72.90</b>
<b>Ancillary</b>												
Pharmacy	1,844.3	\$ 25.31	\$ 3.89	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	1,752.1	\$ 25.41	\$ 3.71
DME/Supplies/Prosthetics	5,015.7	30.96	12.94	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	4,202.3	28.87	10.11
Ambulance	586.7	55.22	2.70	0.9857	0.9298	0.8500	1.0025	1.0000	1.1000	491.6	56.63	2.32
Non-Emergency Transportation	2.1	57.14	0.01	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1.8	66.67	0.01
Home Health/Hospice	2,599.6	120.30	26.06	0.9857	0.9298	0.8500	1.0025	1.0000	1.0412	2,178.0	116.75	21.19
Chiropractic Services	1,596.0	9.85	1.31	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,337.2	9.15	1.02
Podiatry	528.0	18.18	0.80	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	442.4	16.82	0.62
Vision	1,366.8	26.95	3.07	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,145.2	25.15	2.40
Other Ancillary	88.0	10.91	0.08	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	73.7	9.77	0.06
<b>Subtotal</b>	<b>13,627.2</b>	<b>\$ 44.79</b>	<b>\$ 50.86</b>							<b>11,624.3</b>	<b>\$ 42.78</b>	<b>\$ 41.44</b>
<b>Professional</b>												
Surgery	1,755.2	\$ 48.95	\$ 7.16	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,658.8	\$ 50.35	\$ 6.96
Anesthesia	310.4	45.62	1.18	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	293.4	47.03	1.15
Inpatient Visits	3,117.5	18.78	4.88	1.0217	1.0290	0.9000	1.0025	1.0000	1.0000	2,866.7	19.38	4.63
Urgent Care/Emergency Room	1,363.0	24.92	2.83	1.0217	1.0290	0.8000	1.0025	1.0000	1.0000	1,114.1	25.74	2.39
Office/Home Visits	7,895.3	22.28	14.66	1.0217	1.0290	1.0300	1.0000	1.0000	1.0000	8,308.7	22.93	15.88
Preventive Care	112.3	64.11	0.60	1.0217	1.0290	1.0050	1.0000	1.0000	1.0000	115.3	65.57	0.63
Maternity - Delivery	3.7	291.89	0.09	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	3.5	308.57	0.09
Maternity - Non-Delivery	14.3	41.96	0.05	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	13.5	44.44	0.05
Allergy/Immunotherapy	106.2	11.30	0.10	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	100.4	11.95	0.10
Lab/Path/Rad	4,298.6	10.27	3.68	1.0217	1.0290	0.9000	1.0000	1.0000	1.0000	3,952.7	10.56	3.48
Office Adm. Drugs	1,630.7	59.53	8.09	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,541.2	61.28	7.87
Clinic	23.2	82.76	0.16	1.0217	1.0290	0.9250	1.0000	1.0000	0.8979	21.9	76.71	0.14
Psych/SUD	1,878.0	34.06	5.33	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,774.9	35.02	5.18
Physical Therapy	1,145.3	8.38	0.80	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,082.4	8.65	0.78
Family Planning	0.4	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Other Professional	2,485.2	17.19	3.56	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	2,348.7	17.68	3.46
<b>Subtotal</b>	<b>26,139.3</b>	<b>\$ 24.41</b>	<b>\$ 53.17</b>							<b>25,196.6</b>	<b>\$ 25.14</b>	<b>\$ 52.79</b>
<b>Total Medical</b>	<b>76,754.3</b>	<b>\$ 33.43</b>	<b>\$ 213.83</b>							<b>71,290.3</b>	<b>\$ 33.80</b>	<b>\$ 200.79</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	1.7	\$ 3,035.29	\$ 0.43	1.1506	1.0144	0.9000	1.0000	1.0000	1.0000	1.8	\$ 3,000.00	\$ 0.45
Outpatient Treatment	19,001.5	124.58	197.27	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	20,223.2	126.38	212.99
Intermediate Care	39.8	425.13	1.41	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	42.4	430.19	1.52
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>19,043.0</b>	<b>\$ 126.41</b>	<b>\$ 200.61</b>							<b>20,267.4</b>	<b>\$ 128.16</b>	<b>\$ 216.46</b>
<b>Short Term Institutional / HCBS</b>	<b>261.3</b>	<b>\$ 191.04</b>	<b>\$ 4.16</b>	1.0887	1.0144	1.0000	1.0000	1.0000	1.0109	<b>284.5</b>	<b>\$ 195.71</b>	<b>\$ 4.64</b>



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	1,034.5	\$ 322.47	\$ 27.80	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	975.7	\$ 296.16	\$ 24.08
Psychiatric/SUD	-	-	-	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>1,034.5</b>	<b>\$ 322.47</b>	<b>\$ 27.80</b>							<b>975.7</b>	<b>\$ 296.16</b>	<b>\$ 24.08</b>
<b>Outpatient Hospital</b>												
Emergency Room	827.0	\$ 40.77	\$ 2.81	1.0144	1.1040	0.8000	1.0025	1.0000	1.0000	671.2	\$ 45.05	\$ 2.52
General	20,492.3	25.75	43.98	1.0144	1.1040	0.9250	1.0025	1.0000	1.0000	19,229.1	28.50	45.67
<b>Subtotal</b>	<b>21,319.3</b>	<b>\$ 26.34</b>	<b>\$ 46.79</b>							<b>19,900.3</b>	<b>\$ 29.06</b>	<b>\$ 48.19</b>
<b>Ancillary</b>												
Pharmacy	2,475.9	\$ 23.02	\$ 4.75	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,977.8	34.90	11.57	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	3,332.8	32.55	9.04
Ambulance	619.8	59.63	3.08	0.9857	0.9298	0.8500	1.0025	1.0000	1.1000	519.3	61.24	2.65
Non-Emergency Transportation	-	-	-	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	2,198.0	108.75	19.92	0.9857	0.9298	0.8500	1.0025	1.0000	1.0412	1,841.6	105.56	16.20
Chiropractic Services	807.7	10.25	0.69	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	676.7	9.58	0.54
Podiatry	505.2	17.10	0.72	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	423.3	15.88	0.56
Vision	1,298.1	24.96	2.70	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,087.6	23.28	2.11
Other Ancillary	104.3	18.41	0.16	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	87.4	16.48	0.12
<b>Subtotal</b>	<b>11,986.8</b>	<b>\$ 43.64</b>	<b>\$ 43.59</b>							<b>10,320.8</b>	<b>\$ 41.57</b>	<b>\$ 35.75</b>
<b>Professional</b>												
Surgery	1,490.2	\$ 51.86	\$ 6.44	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,408.4	\$ 53.34	\$ 6.26
Anesthesia	237.2	45.53	0.90	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	224.2	47.10	0.88
Inpatient Visits	3,722.9	19.37	6.01	1.0217	1.0290	0.9000	1.0025	1.0000	1.0000	3,423.4	19.98	5.70
Urgent Care/Emergency Room	715.7	28.00	1.67	1.0217	1.0290	0.8000	1.0025	1.0000	1.0000	585.0	28.92	1.41
Office/Home Visits	5,048.4	23.53	9.90	1.0217	1.0290	1.0300	1.0000	1.0000	1.0000	5,312.8	24.21	10.72
Preventive Care	41.3	52.30	0.18	1.0217	1.0290	1.0050	1.0000	1.0000	1.0000	42.4	53.77	0.19
Maternity - Delivery	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	24.2	9.92	0.02	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	22.9	10.48	0.02
Lab/Path/Rad	3,736.7	10.31	3.21	1.0217	1.0290	0.9000	1.0000	1.0000	1.0000	3,436.1	10.62	3.04
Office Adm. Drugs	1,077.2	44.89	4.03	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,018.0	46.21	3.92
Clinic	22.9	83.84	0.16	1.0217	1.0290	0.9250	1.0000	1.0000	0.8979	21.6	77.78	0.14
Psych/SUD	256.6	37.41	0.80	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	242.5	38.60	0.78
Physical Therapy	480.0	9.25	0.37	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	453.6	9.52	0.36
Family Planning	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,473.2	13.63	2.81	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	2,337.4	14.02	2.73
<b>Subtotal</b>	<b>19,326.5</b>	<b>\$ 22.66</b>	<b>\$ 36.50</b>							<b>18,528.3</b>	<b>\$ 23.41</b>	<b>\$ 36.15</b>
<b>Total Medical</b>	<b>53,667.1</b>	<b>\$ 34.59</b>	<b>\$ 154.68</b>							<b>49,725.1</b>	<b>\$ 34.79</b>	<b>\$ 144.17</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	1.1506	1.0144	0.9000	1.0000	1.0000	1.0000	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	1,945.8	195.25	31.66	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	2,070.9	198.06	34.18
Intermediate Care	1.8	666.67	0.10	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>1,948.1</b>	<b>\$ 205.43</b>	<b>\$ 33.35</b>							<b>2,073.3</b>	<b>\$ 207.67</b>	<b>\$ 35.88</b>
<b>Short Term Institutional / HCBS</b>	<b>4,856.2</b>	<b>\$ 170.92</b>	<b>\$ 69.17</b>	1.0886	1.0145	1.0000	1.0000	1.0000	1.0109	<b>5,286.4</b>	<b>\$ 175.29</b>	<b>\$ 77.22</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	64.6	\$ 2,190.09	\$ 11.79	0.9645	0.9436	0.9000	1.0025	1.0000	1.0000	56.1	\$ 2,070.59	\$ 9.68
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>64.6</b>	<b>\$ 2,190.09</b>	<b>\$ 11.79</b>							<b>56.1</b>	<b>\$ 2,070.59</b>	<b>\$ 9.68</b>
<b>Outpatient Hospital</b>												
Emergency Room	687.0	\$ 132.58	\$ 7.59	1.0290	0.9715	0.8000	1.0025	1.0000	1.0000	565.5	\$ 129.23	\$ 6.09
General	17,024.4	34.60	49.09	1.0290	0.9715	0.9250	1.0025	1.0000	1.0000	16,204.6	33.70	45.51
<b>Subtotal</b>	<b>17,711.4</b>	<b>\$ 38.40</b>	<b>\$ 56.68</b>							<b>16,770.1</b>	<b>\$ 36.92</b>	<b>\$ 51.60</b>
<b>Ancillary</b>												
Pharmacy	74,108.9	\$ 49.76	\$ 307.29	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	71,420.3	\$ 55.95	\$ 332.98
DME/Supplies/Prosthetics	211.9	122.89	2.17	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	213.1	128.39	2.28
Ambulance	127.6	65.83	0.70	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	128.3	75.76	0.81
Non-Emergency Transportation	15.4	23.38	0.03	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	15.5	23.23	0.03
Home Health/Hospice	16.7	79.04	0.11	1.0586	1.0437	0.9500	1.0025	1.0000	1.0412	16.8	85.71	0.12
Chiropractic Services	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	3,219.5	34.96	9.38	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	3,237.7	36.58	9.87
Other Ancillary	222.9	24.76	0.46	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	224.2	25.69	0.48
<b>Subtotal</b>	<b>77,922.9</b>	<b>\$ 49.30</b>	<b>\$ 320.14</b>							<b>75,255.9</b>	<b>\$ 55.26</b>	<b>\$ 346.57</b>
<b>Professional</b>												
Surgery	418.1	\$ 135.47	\$ 4.72	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	392.3	\$ 139.49	\$ 4.56
Anesthesia	47.3	190.27	0.75	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	44.4	194.59	0.72
Inpatient Visits	985.8	48.20	3.96	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	900.0	49.73	3.73
Urgent Care/Emergency Room	434.1	85.97	3.11	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	352.3	88.56	2.60
Office/Home Visits	2,846.5	75.17	17.83	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	2,974.2	77.35	19.17
Preventive Care	1,662.9	47.63	6.60	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	1,695.4	48.98	6.92
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	13.3	45.11	0.05	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	12.5	48.00	0.05
Lab/Path/Rad	7,530.2	37.98	23.83	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	6,875.1	39.08	22.39
Office Adm. Drugs	117.1	29.72	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	109.9	30.57	0.28
Clinic	288.2	163.64	3.93	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	270.4	151.33	3.41
Psych/SUD	1.8	466.67	0.07	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1.7	494.12	0.07
Physical Therapy	329.2	37.55	1.03	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	308.9	38.46	0.99
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,563.3	32.24	4.20	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1,466.9	33.21	4.06
<b>Subtotal</b>	<b>16,237.8</b>	<b>\$ 52.00</b>	<b>\$ 70.37</b>							<b>15,404.0</b>	<b>\$ 53.71</b>	<b>\$ 68.95</b>
<b>Total Medical</b>	<b>111,936.7</b>	<b>\$ 49.20</b>	<b>\$ 458.98</b>							<b>107,486.1</b>	<b>\$ 53.23</b>	<b>\$ 476.80</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	23,470.2	77.36	151.30	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	21,866.3	72.99	133.01
Intermediate Care	25.0	1,627.20	3.39	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	23.3	1,534.76	2.98
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>23,495.2</b>	<b>\$ 79.77</b>	<b>\$ 156.19</b>							<b>21,889.6</b>	<b>\$ 75.37</b>	<b>\$ 137.49</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

Region: Statewide

Rate Cell: Children in a Psychiatric Mental Institute

Member Months

5,793

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

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**  
**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
<b>Inpatient Hospital</b>												
Medical/Surgical	8,308.5	\$ 1,261.31	\$ 873.30	0.9645	0.9436	0.9000	1.0025	1.0000	1.0000	7,212.1	\$ 1,193.11	\$ 717.07
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>8,308.5</b>	<b>\$ 1,261.31</b>	<b>\$ 873.30</b>							<b>7,212.1</b>	<b>\$ 1,193.11</b>	<b>\$ 717.07</b>
<b>Outpatient Hospital</b>												
Emergency Room	2,260.2	\$ 86.12	\$ 16.22	1.0290	0.9715	0.8000	1.0025	1.0000	1.0000	1,860.6	\$ 83.84	\$ 13.00
General	43,680.9	58.22	211.91	1.0290	0.9715	0.9250	1.0025	1.0000	1.0000	41,577.4	56.70	196.45
<b>Subtotal</b>	<b>45,941.1</b>	<b>\$ 59.59</b>	<b>\$ 228.13</b>							<b>43,438.0</b>	<b>\$ 57.86</b>	<b>\$ 209.45</b>
<b>Ancillary</b>												
Pharmacy	23,196.5	\$ 66.87	\$ 129.26	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	22,354.9	\$ 75.19	\$ 140.07
DME/Supplies/Prosthetics	4,834.4	58.41	23.53	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	4,861.7	61.11	24.76
Ambulance	4,101.7	67.14	22.95	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	4,124.9	77.27	26.56
Non-Emergency Transportation	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	125.8	18.12	0.19	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	126.5	18.97	0.20
Podiatry	470.0	13.53	0.53	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	472.7	14.22	0.56
Vision	517.9	31.74	1.37	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	520.8	33.18	1.44
Other Ancillary	37.5	22.40	0.07	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	37.7	22.28	0.07
<b>Subtotal</b>	<b>33,283.8</b>	<b>\$ 64.14</b>	<b>\$ 177.90</b>							<b>32,499.2</b>	<b>\$ 71.51</b>	<b>\$ 193.66</b>
<b>Professional</b>												
Surgery	2,675.4	\$ 137.88	\$ 30.74	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,510.5	\$ 141.87	\$ 29.68
Anesthesia	452.8	146.55	5.53	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	424.9	150.81	5.34
Inpatient Visits	25,276.2	49.19	103.61	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	23,077.1	50.74	97.58
Urgent Care/Emergency Room	2,382.4	69.46	13.79	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	1,933.4	71.63	11.54
Office/Home Visits	3,888.3	49.90	16.17	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,062.8	51.36	17.39
Preventive Care	70.0	27.43	0.16	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	71.4	28.57	0.17
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	14,469.3	26.07	31.44	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	13,210.4	26.83	29.54
Office Adm. Drugs	2,816.4	142.69	33.49	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,642.8	146.84	32.34
Clinic	669.2	155.47	8.67	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	628.0	143.69	7.52
Psych/SUD	139.6	24.93	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	131.0	25.65	0.28
Physical Therapy	79.8	10.53	0.07	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	74.9	11.21	0.07
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,592.9	23.45	7.02	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	3,371.4	24.13	6.78
<b>Subtotal</b>	<b>56,512.3</b>	<b>\$ 53.29</b>	<b>\$ 250.98</b>							<b>52,138.6</b>	<b>\$ 54.83</b>	<b>\$ 238.23</b>
<b>Total Medical</b>	<b>144,045.7</b>	<b>\$ 127.49</b>	<b>\$ 1,530.31</b>							<b>135,287.9</b>	<b>\$ 120.49</b>	<b>\$ 1,358.41</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	81.3	\$ 66.42	\$ 0.45	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	73.7	\$ 61.87	\$ 0.38
Outpatient Treatment	4,127.4	22.24	7.65	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	3,845.4	21.00	6.73
Intermediate Care	-	-	-	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>4,208.7</b>	<b>\$ 27.37</b>	<b>\$ 9.60</b>							<b>3,919.1</b>	<b>\$ 26.36</b>	<b>\$ 8.61</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
FFS/MediPASS

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

Member Months

1,831

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	3,834.9	\$ 169.04	\$ 54.02	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	3,890.3	\$ 170.89	\$ 55.40
Home Health/Hospice	45,751.2	754.57	2,876.87	1.0586	1.0437	1.0000	1.0000	1.0000	1.0412	48,431.5	820.02	3,309.56
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>49,586.1</b>	<b>\$ 709.29</b>	<b>\$ 2,930.89</b>	<b>1.0578</b>	<b>1.0429</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0406</b>	<b>52,321.8</b>	<b>\$ 771.75</b>	<b>\$ 3,364.96</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Inpatient Hospital</b>												
Medical/Surgical	623.5	\$ 280.22	\$ 14.56	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	575.5	\$ 257.31	\$ 12.34
Psychiatric/SUD	-	-	-	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
<b>Subtotal</b>	<b>623.5</b>	<b>\$ 280.22</b>	<b>\$ 14.56</b>							<b>575.5</b>	<b>\$ 257.31</b>	<b>\$ 12.34</b>
<b>Outpatient Hospital</b>												
Emergency Room	383.4	\$ 47.26	\$ 1.51	1.0887	0.9162	0.8000	1.0025	1.0000	1.0000	333.9	\$ 43.49	\$ 1.21
General	7,540.4	18.33	11.52	1.0887	0.9162	0.9250	1.0025	1.0000	1.0000	7,593.5	16.85	10.66
<b>Subtotal</b>	<b>7,923.8</b>	<b>\$ 19.73</b>	<b>\$ 13.03</b>							<b>7,927.4</b>	<b>\$ 17.97</b>	<b>\$ 11.87</b>
<b>Ancillary</b>												
Pharmacy	5,089.0	\$ 11.01	\$ 4.67	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	4,834.6	\$ 11.07	\$ 4.46
DME/Supplies/Prosthetics	1,966.5	57.85	9.48	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,695.7	62.28	8.80
Ambulance	960.8	47.84	3.83	1.0144	1.0736	0.8500	1.0025	1.0000	1.1000	828.5	56.63	3.91
Non-Emergency Transportation	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0412	-	-	-
Chiropractic Services	6.4	18.75	0.01	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	5.5	21.82	0.01
Podiatry	1,178.9	14.15	1.39	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,016.5	15.23	1.29
Vision	364.1	25.38	0.77	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	314.0	27.13	0.71
Other Ancillary	30.5	27.54	0.07	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	26.3	27.38	0.06
<b>Subtotal</b>	<b>9,596.2</b>	<b>\$ 25.29</b>	<b>\$ 20.22</b>							<b>8,721.1</b>	<b>\$ 26.47</b>	<b>\$ 19.24</b>
<b>Professional</b>												
Surgery	428.4	\$ 29.41	\$ 1.05	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	407.8	\$ 30.31	\$ 1.03
Anesthesia	35.4	47.46	0.14	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	33.7	49.85	0.14
Inpatient Visits	6,718.2	20.22	11.32	1.0290	1.0290	0.9000	1.0025	1.0000	1.0000	6,221.8	20.85	10.81
Urgent Care/Emergency Room	381.7	27.35	0.87	1.0290	1.0290	0.8000	1.0025	1.0000	1.0000	314.2	28.26	0.74
Office/Home Visits	666.8	21.24	1.18	1.0290	1.0290	1.0300	1.0000	1.0000	1.0000	706.7	21.90	1.29
Preventive Care	-	-	-	1.0290	1.0290	1.0050	1.0000	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	2,267.8	7.62	1.44	1.0290	1.0290	0.9000	1.0000	1.0000	1.0000	2,100.3	7.83	1.37
Office Adm. Drugs	91.8	27.45	0.21	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	87.4	28.83	0.21
Clinic	11.3	42.48	0.04	1.0290	1.0290	0.9250	1.0000	1.0000	0.8979	10.8	44.44	0.04
Psych/SUD	444.5	19.98	0.74	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	423.1	20.42	0.72
Physical Therapy	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	694.2	8.12	0.47	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	660.8	8.35	0.46
<b>Subtotal</b>	<b>11,740.1</b>	<b>\$ 17.85</b>	<b>\$ 17.46</b>							<b>10,966.6</b>	<b>\$ 18.39</b>	<b>\$ 16.81</b>
<b>Total Medical</b>	<b>29,883.6</b>	<b>\$ 26.21</b>	<b>\$ 65.27</b>							<b>28,190.6</b>	<b>\$ 25.65</b>	<b>\$ 60.26</b>
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	6.4	\$ 0.00	\$ 0.00	1.0290	1.0586	0.9000	1.0000	1.0000	1.0000	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	327.1	5.87	0.16	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	311.3	6.17	0.16
Intermediate Care	-	-	-	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
<b>Total Behavioral Health</b>	<b>333.5</b>	<b>\$ 59.73</b>	<b>\$ 1.66</b>							<b>317.2</b>	<b>\$ 62.80</b>	<b>\$ 1.66</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary  
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
<b>Category of Service - LTSS (Institutional &amp; Waiver)</b>												
NF/ICFMR	10,019.4	\$ 170.96	\$ 142.74	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	10,164.1	\$ 172.82	\$ 146.38
Home Health/Hospice	46,162.1	903.86	3,477.01	1.0144	1.0736	1.0000	1.0000	1.0000	1.0412	46,828.8	1,010.34	3,942.74
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	-	-	-
<b>Total Long Term Services and Supp</b>	<b>56,181.5</b>	<b>\$ 773.15</b>	<b>\$ 3,619.75</b>	<b>1.0144</b>	<b>1.0707</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0400</b>	<b>56,992.9</b>	<b>\$ 860.97</b>	<b>\$ 4,089.12</b>

## **APPENDIX B2 – hawk-i**



**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 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
<b>Inpatient Hospital</b>													
Medical/Surgical	60.8	\$ 3,559.08	\$ 18.05	1.0038	0.9575	1.0586	0.9500	1.0025	0.6000	0.9758	55.6	\$ 2,211.27	\$ 10.24
Psychiatric/SUD	52.0	1,088.97	4.72	1.0038	0.9575	1.0586	0.9500	1.0025	1.0000	0.9758	47.5	1,127.64	4.46
Maternity - Delivery	0.9	1,405.90	0.11	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	0.9	1,437.66	0.11
Maternity Non-Delivery	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	113.8	\$ 2,412.75	\$ 22.87								103.9	\$ 1,709.72	\$ 14.80
<b>Outpatient Hospital</b>													
Emergency Room	399.2	\$ 300.21	\$ 9.99	1.0038	0.9928	1.0290	0.9500	1.0025	0.6000	1.0024	377.9	\$ 186.25	\$ 5.87
General	2,276.9	236.24	44.82	1.0038	0.9928	1.0290	0.9500	1.0025	0.6000	1.0024	2,155.7	146.57	26.33
Subtotal	2,676.1	\$ 245.78	\$ 54.81								2,533.6	\$ 152.49	\$ 32.20
<b>Ancillary</b>													
Pharmacy	5,760.3	\$ 69.03	\$ 33.13	1.0000	1.0144	1.0887	0.9500	0.9800	0.8000	1.0350	5,551.3	\$ 60.98	\$ 28.21
DME/Supplies/Prosthetics	171.1	149.88	2.14	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	161.0	82.94	1.11
Ambulance	23.4	693.97	1.35	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	22.0	384.02	0.70
Non-Emergency Transportation	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Chiropractic Services	436.2	35.04	1.27	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	410.5	19.39	0.66
Podiatry	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Vision	657.9	93.04	5.10	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	619.0	51.49	2.66
Other Ancillary	1.5	369.27	0.04	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	1.4	204.34	0.02
Subtotal	7,050.3	\$ 73.26	\$ 43.04								6,765.2	\$ 59.19	\$ 33.37
<b>Professional</b>													
Surgery	561.0	\$ 170.02	\$ 7.95	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	550.8	\$ 123.69	\$ 5.68
Anesthesia	83.3	455.40	3.16	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	81.8	331.31	2.26
Inpatient Visits	119.2	133.91	1.33	1.0028	1.0586	1.0290	0.9500	1.0025	0.7070	1.0000	120.2	97.67	0.98
Urgent Care/Emergency Room	324.5	121.03	3.27	1.0028	1.0586	1.0290	0.9500	1.0025	0.7070	1.0000	327.3	88.27	2.41
Office/Home Visits	3,335.1	100.51	27.93	1.0028	1.0586	1.0290	1.0050	1.0000	0.7070	1.0000	3,558.2	73.12	21.68
Preventive Care	595.8	121.71	6.04	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	585.1	88.55	4.32
Maternity - Delivery	0.4	2,478.08	0.08	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	0.4	1,802.84	0.05
Maternity - Non-Delivery	0.3	268.10	0.01	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	0.3	195.05	0.00
Allergy/Immunotherapy	151.2	108.34	1.37	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	148.5	78.82	0.98
Lab/Path/Rad	2,317.2	26.66	5.15	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	2,275.4	19.40	3.68
Office Adm. Drugs	603.7	114.36	5.75	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	592.8	83.20	4.11
Clinic	13.1	202.79	0.22	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	12.8	147.54	0.16
Psych/SUD	758.4	102.92	6.50	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	744.7	74.87	4.65
Physical Therapy	593.8	40.42	2.00	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	583.1	29.41	1.43
Family Planning	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Case Management	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Targeted Case Management	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Other Professional	1,969.5	52.46	8.61	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	1,934.0	38.17	6.15
Subtotal	11,426.6	\$ 83.36	\$ 79.37								11,515.5	\$ 60.99	\$ 58.53
<b>Total Medical</b>	<b>21,266.8</b>	<b>\$ 112.91</b>	<b>\$ 200.10</b>								<b>20,918.2</b>	<b>\$ 79.68</b>	<b>\$ 138.89</b>

## **APPENDIX B2 – MATERNITY**

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Development  
FFS/MediPASS

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

3,530

3,530

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Development  
HMO

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Development  
FFS/MediPASS

Region: Statewide

Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

7,320

7,320

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Development  
HMO

Region: Statewide

Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

1,904

1,904

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

## APPENDIX C2

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	48,063			9,464			57,527		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	796.4	\$ 2,106.48	\$ 139.80	608.8	\$ 2,702.17	\$ 137.09	765.5	\$ 2,184.45	\$ 139.35
Psychiatric/SUD	0.4	1,800.00	0.06	-	-	-	0.3	2,000.00	0.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	5,068.3	773.92	326.87	-	-	-	4,234.5	773.93	273.10
Other Newborn	9,011.8	1,243.81	934.08	11,474.6	1,045.30	999.53	9,417.0	1,204.01	944.85
Subtotal	14,876.9	\$ 1,129.92	\$ 1,400.81	12,083.4	\$ 1,128.78	\$ 1,136.62	14,417.3	\$ 1,129.77	\$ 1,357.35
Outpatient Hospital									
Emergency Room	988.1	\$ 100.19	\$ 8.25	1,306.8	\$ 146.19	\$ 15.92	1,040.5	\$ 109.68	\$ 9.51
General	5,575.0	58.40	27.13	6,881.8	62.70	35.96	5,790.0	59.23	28.58
Subtotal	6,563.1	\$ 64.69	\$ 35.38	8,188.6	\$ 76.03	\$ 51.88	6,830.5	\$ 66.92	\$ 38.09
Ancillary									
Pharmacy	2,104.6	\$ 60.61	\$ 10.63	2,560.0	\$ 58.17	\$ 12.41	2,179.5	\$ 60.12	\$ 10.92
DME/Supplies/Prosthetics	316.8	229.55	6.06	489.2	148.41	6.05	345.2	210.66	6.06
Ambulance	163.3	168.28	2.29	125.9	88.64	0.93	157.1	158.12	2.07
Non-Emergency Transportation	63.5	35.91	0.19	-	-	-	53.1	36.16	0.16
Home Health/Hospice	1,250.4	92.13	9.60	368.1	104.65	3.21	1,105.2	92.83	8.55
Chiropractic Services	-	-	-	262.4	31.55	0.69	43.2	30.56	0.11
Podiatry	-	-	-	-	-	-	-	-	-
Vision	4.9	97.96	0.04	15.4	54.55	0.07	6.6	72.73	0.04
Other Ancillary	307.0	33.22	0.85	61.7	36.95	0.19	266.6	33.31	0.74
Subtotal	4,210.5	\$ 84.53	\$ 29.66	3,882.7	\$ 72.78	\$ 23.55	4,156.5	\$ 82.71	\$ 28.65
Professional									
Surgery	1,528.6	\$ 197.28	\$ 25.13	1,894.0	\$ 130.07	\$ 20.53	1,588.7	\$ 184.08	\$ 24.37
Anesthesia	65.8	530.70	2.91	86.7	415.22	3.00	69.2	506.36	2.92
Inpatient Visits	9,528.7	179.91	142.86	13,622.3	162.38	184.33	10,202.2	176.06	149.68
Urgent Care/Emergency Room	836.6	68.99	4.81	1,185.1	72.91	7.20	893.9	69.81	5.20
Office/Home Visits	4,101.0	68.03	23.25	5,510.4	64.18	29.47	4,332.9	67.22	24.27
Preventive Care	15,178.5	70.81	89.56	20,480.4	63.10	107.70	16,050.7	69.19	92.54
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	0.7	-	-	-	-	-	0.6	-	-
Lab/Path/Rad	4,452.1	14.77	5.48	5,605.6	13.61	6.36	4,641.9	14.53	5.62
Office Adm. Drugs	34.7	31.12	0.09	40.1	5.99	0.02	35.6	26.97	0.08
Clinic	2,424.9	146.98	29.70	-	-	-	2,026.0	146.95	24.81
Psych/SUD	0.3	-	-	-	-	-	0.3	-	-
Physical Therapy	10.1	47.52	0.04	20.1	53.73	0.09	11.7	51.28	0.05
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,218.6	52.09	5.29	1,602.6	45.30	6.05	1,281.8	50.74	5.42
Subtotal	39,380.6	\$ 100.29	\$ 329.12	50,047.3	\$ 87.46	\$ 364.75	41,135.5	\$ 97.71	\$ 334.96
Total Medical	65,031.1	\$ 331.22	\$ 1,794.97	74,202.0	\$ 255.00	\$ 1,576.80	66,539.8	\$ 317.23	\$ 1,759.05
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

<b>Total Acute Medical Component</b>	<b>\$ 1,759.09</b>
Third Party Liability Adjustment	(140.72)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 189.86
<b>Gross Capitation Rate</b>	<b>\$ 1,808.73</b>
Less Withhold	2.0% (36.17)
<b>Net Capitation Rate</b>	<b>\$ 1,772.56</b>



**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

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

Member Months	158,872			35,686			194,558		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	193.2	\$ 1,898.14	\$ 30.56	211.6	\$ 1,640.08	\$ 28.92	196.6	\$ 1,847.00	\$ 30.26
Psychiatric/SUD	0.2	1,800.00	0.03	-	-	-	0.2	1,200.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	0.2	600.00	0.01	-	-	-	0.2	600.00	0.01
Other Newborn	0.9	1,333.33	0.10	-	-	-	0.7	1,371.43	0.08
Subtotal	194.5	\$ 1,894.09	\$ 30.70	211.6	\$ 1,640.08	\$ 28.92	197.7	\$ 1,843.40	\$ 30.37
Outpatient Hospital									
Emergency Room	1,264.7	\$ 104.09	\$ 10.97	1,644.4	\$ 122.23	\$ 16.75	1,334.3	\$ 108.19	\$ 12.03
General	5,023.3	64.09	26.83	6,159.1	74.72	38.35	5,231.6	66.38	28.94
Subtotal	6,288.0	\$ 72.14	\$ 37.80	7,803.5	\$ 84.73	\$ 55.10	6,565.9	\$ 74.88	\$ 40.97
Ancillary									
Pharmacy	4,610.6	\$ 58.46	\$ 22.46	4,734.0	\$ 79.04	\$ 31.18	4,633.2	\$ 62.32	\$ 24.06
DME/Supplies/Prosthetics	552.5	109.68	5.05	597.3	111.50	5.55	560.7	110.01	5.14
Ambulance	52.8	111.36	0.49	66.7	84.56	0.47	55.3	106.33	0.49
Non-Emergency Transportation	38.4	40.63	0.13	-	-	-	31.4	42.04	0.11
Home Health/Hospice	871.1	65.16	4.73	109.9	107.01	0.98	731.5	66.27	4.04
Chiropractic Services	-	-	-	241.2	32.34	0.65	44.2	32.58	0.12
Podiatry	-	-	-	0.9	-	-	0.2	-	-
Vision	28.2	63.83	0.15	23.9	55.23	0.11	27.4	61.31	0.14
Other Ancillary	306.5	31.71	0.81	90.7	31.75	0.24	266.9	31.92	0.71
Subtotal	6,460.1	\$ 62.82	\$ 33.82	5,864.6	\$ 80.17	\$ 39.18	6,350.8	\$ 65.77	\$ 34.81
Professional									
Surgery	196.2	\$ 254.43	\$ 4.16	214.8	\$ 167.04	\$ 2.99	199.6	\$ 237.47	\$ 3.95
Anesthesia	83.1	228.16	1.58	88.9	193.03	1.43	84.2	220.90	1.55
Inpatient Visits	409.8	167.50	5.72	594.4	145.56	7.21	443.7	162.00	5.99
Urgent Care/Emergency Room	904.6	64.74	4.88	1,227.2	71.28	7.29	963.8	66.24	5.32
Office/Home Visits	4,365.8	67.15	24.43	5,579.2	63.21	29.39	4,588.4	66.27	25.34
Preventive Care	7,039.7	51.79	30.38	10,296.5	49.14	42.16	7,637.1	51.13	32.54
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	7.8	61.54	0.04	3.0	40.00	0.01	6.9	52.17	0.03
Lab/Path/Rad	1,940.9	16.14	2.61	2,866.0	13.65	3.26	2,110.6	15.52	2.73
Office Adm. Drugs	161.0	27.58	0.37	211.9	7.93	0.14	170.3	23.25	0.33
Clinic	1,405.5	146.94	17.21	-	-	-	1,147.7	146.90	14.05
Psych/SUD	0.9	133.33	0.01	-	-	-	0.7	171.43	0.01
Physical Therapy	29.3	36.86	0.09	42.0	37.14	0.13	31.6	37.97	0.10
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	653.6	57.83	3.15	1,139.9	47.58	4.52	742.8	54.93	3.40
Subtotal	17,198.2	\$ 66.03	\$ 94.63	22,263.8	\$ 53.11	\$ 98.53	18,127.4	\$ 63.11	\$ 95.34
Total Medical	30,140.8	\$ 78.41	\$ 196.95	36,143.5	\$ 73.62	\$ 221.73	31,241.8	\$ 77.39	\$ 201.49
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

<b>Total Acute Medical Component</b>	<b>\$ 201.62</b>
Third Party Liability Adjustment	(12.09)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 22.24
<b>Gross Capitation Rate</b>	<b>\$ 212.27</b>
Less Withhold	2.0% (4.25)
<b>Net Capitation Rate</b>	<b>\$ 208.02</b>

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

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

Member Months	627,602			90,331			717,933		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	50.0	\$ 1,989.60	\$ 8.29	77.3	\$ 1,743.34	\$ 11.23	53.4	\$ 1,946.07	\$ 8.66
Psychiatric/SUD	0.1	2,400.00	0.02	-	-	-	0.1	2,400.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	50.1	\$ 1,990.42	\$ 8.31	77.3	\$ 1,743.34	\$ 11.23	53.5	\$ 1,946.92	\$ 8.68
Outpatient Hospital									
Emergency Room	855.1	\$ 111.14	\$ 7.92	1,091.9	\$ 120.56	\$ 10.97	884.9	\$ 112.56	\$ 8.30
General	3,709.5	87.73	27.12	4,268.1	74.90	26.64	3,779.8	85.91	27.06
Subtotal	4,564.6	\$ 92.12	\$ 35.04	5,360.0	\$ 84.20	\$ 37.61	4,664.7	\$ 90.96	\$ 35.36
Ancillary									
Pharmacy	3,313.8	\$ 41.17	\$ 11.37	3,429.5	\$ 34.26	\$ 9.79	3,328.4	\$ 40.27	\$ 11.17
DME/Supplies/Prosthetics	199.8	90.09	1.50	137.0	83.21	0.95	191.9	89.42	1.43
Ambulance	34.9	103.15	0.30	47.6	78.15	0.31	36.5	98.63	0.30
Non-Emergency Transportation	22.7	42.29	0.08	-	-	-	19.8	42.42	0.07
Home Health/Hospice	159.6	89.47	1.19	9.2	91.30	0.07	140.7	89.55	1.05
Chiropractic Services	-	-	-	154.5	32.62	0.42	19.4	30.93	0.05
Podiatry	-	-	-	4.1	58.54	0.02	0.5	-	-
Vision	197.2	43.81	0.72	196.2	41.59	0.68	197.1	43.23	0.71
Other Ancillary	223.9	30.55	0.57	118.7	29.32	0.29	210.7	30.19	0.53
Subtotal	4,151.9	\$ 45.46	\$ 15.73	4,096.8	\$ 36.70	\$ 12.53	4,145.0	\$ 44.32	\$ 15.31
Professional									
Surgery	212.8	\$ 227.26	\$ 4.03	233.3	\$ 142.99	\$ 2.78	215.4	\$ 215.60	\$ 3.87
Anesthesia	97.8	204.91	1.67	98.7	204.26	1.68	97.9	204.70	1.67
Inpatient Visits	74.5	119.19	0.74	103.5	106.67	0.92	78.1	116.77	0.76
Urgent Care/Emergency Room	560.0	62.79	2.93	824.8	68.53	4.71	593.3	63.71	3.15
Office/Home Visits	2,894.6	64.22	15.49	3,442.2	63.20	18.13	2,963.5	64.06	15.82
Preventive Care	1,767.0	55.69	8.20	2,471.4	55.50	11.43	1,855.6	55.68	8.61
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	17.6	88.64	0.13	13.9	51.80	0.06	17.1	84.21	0.12
Lab/Path/Rad	1,519.0	15.01	1.90	2,513.3	13.03	2.73	1,644.1	14.60	2.00
Office Adm. Drugs	68.4	21.05	0.12	94.0	11.49	0.09	71.6	20.11	0.12
Clinic	702.4	145.90	8.54	-	-	-	614.0	145.99	7.47
Psych/SUD	3.6	66.67	0.02	0.1	-	-	3.2	75.00	0.02
Physical Therapy	19.7	42.64	0.07	50.9	40.08	0.17	23.6	40.68	0.08
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	284.9	50.12	1.19	444.4	46.44	1.72	305.0	49.57	1.26
Subtotal	8,222.3	\$ 65.72	\$ 45.03	10,290.5	\$ 51.80	\$ 44.42	8,482.4	\$ 63.59	\$ 44.95
Total Medical	16,988.9	\$ 73.54	\$ 104.11	19,824.6	\$ 64.04	\$ 105.79	17,345.6	\$ 72.16	\$ 104.30
Category of Service - Iowa Plan for BH									
Inpatient Treatment	0.9	\$ 533.33	\$ 0.04	-	\$ 0.00	\$ 0.00	0.9	\$ 533.33	\$ 0.04
Outpatient Treatment	421.7	78.82	2.77	-	-	-	421.7	78.82	2.77
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	422.6	\$ 122.39	\$ 4.31	-	\$ 0.00	\$ 0.00	422.6	\$ 122.39	\$ 4.31
Short Term Institutional / HCBS	0.2	\$ 600.00	\$ 0.01	-	\$ 0.00	\$ 0.00	0.2	\$ 600.00	\$ 0.01

<b>Total Acute Medical Component</b>	<b>\$ 108.62</b>
Third Party Liability Adjustment	(7.30)
Copayment Adjustment	-
Retroactivity Adjustment	1.36
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 12.05
<b>Gross Capitation Rate</b>	<b>\$ 115.23</b>
Less Withhold	2.0% (2.30)
<b>Net Capitation Rate</b>	<b>\$ 112.93</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	1,327,369			171,839			1,499,208		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	27.2	\$ 2,298.53	\$ 5.21	23.3	\$ 2,482.40	\$ 4.82	26.8	\$ 2,314.93	\$ 5.17
Psychiatric/SUD	0.3	1,200.00	0.03	-	-	-	0.3	1,200.00	0.03
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	27.5	\$ 2,286.55	\$ 5.24	23.3	\$ 2,482.40	\$ 4.82	27.1	\$ 2,302.58	\$ 5.20
Outpatient Hospital									
Emergency Room	418.1	\$ 121.98	\$ 4.25	527.8	\$ 127.09	\$ 5.59	430.7	\$ 122.59	\$ 4.40
General	2,129.4	86.50	15.35	2,505.6	64.85	13.54	2,172.5	83.63	15.14
Subtotal	2,547.5	\$ 92.33	\$ 19.60	3,033.4	\$ 75.68	\$ 19.13	2,603.2	\$ 90.07	\$ 19.54
Ancillary									
Pharmacy	4,770.6	\$ 81.05	\$ 32.22	4,679.0	\$ 81.15	\$ 31.64	4,760.1	\$ 81.05	\$ 32.15
DME/Supplies/Prosthetics	123.5	116.60	1.20	90.4	107.52	0.81	119.7	116.29	1.16
Ambulance	17.6	102.27	0.15	19.3	74.61	0.12	17.8	101.12	0.15
Non-Emergency Transportation	17.4	41.38	0.06	-	-	-	15.4	38.96	0.05
Home Health/Hospice	56.9	37.96	0.18	1.2	-	-	50.5	38.02	0.16
Chiropractic Services	-	-	-	244.2	33.42	0.68	28.0	34.29	0.08
Podiatry	-	-	-	21.7	71.89	0.13	2.5	48.00	0.01
Vision	776.1	37.26	2.41	754.5	36.58	2.30	773.6	37.23	2.40
Other Ancillary	245.0	31.84	0.65	60.0	30.00	0.15	223.8	31.64	0.59
Subtotal	6,007.1	\$ 73.65	\$ 36.87	5,870.3	\$ 73.24	\$ 35.83	5,991.4	\$ 73.61	\$ 36.75
Professional									
Surgery	156.2	\$ 194.37	\$ 2.53	185.4	\$ 127.51	\$ 1.97	159.5	\$ 185.83	\$ 2.47
Anesthesia	39.8	223.12	0.74	41.1	210.22	0.72	39.9	222.56	0.74
Inpatient Visits	35.9	100.28	0.30	37.3	99.73	0.31	36.1	99.72	0.30
Urgent Care/Emergency Room	261.9	65.52	1.43	394.8	70.21	2.31	277.1	66.26	1.53
Office/Home Visits	1,693.0	70.24	9.91	1,920.9	64.72	10.36	1,719.1	69.52	9.96
Preventive Care	692.4	53.73	3.10	952.3	55.32	4.39	722.2	54.00	3.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.1	109.09	0.01	0.4	-	-
Allergy/Immunotherapy	62.4	67.31	0.35	76.4	37.70	0.24	64.0	63.75	0.34
Lab/Path/Rad	1,033.4	18.00	1.55	1,563.3	16.04	2.09	1,094.1	17.66	1.61
Office Adm. Drugs	35.0	72.00	0.21	38.9	18.51	0.06	35.4	64.41	0.19
Clinic	445.9	145.05	5.39	-	-	-	394.8	144.98	4.77
Psych/SUD	1.7	70.59	0.01	0.8	150.00	0.01	1.6	75.00	0.01
Physical Therapy	78.0	33.85	0.22	124.4	31.83	0.33	83.3	33.13	0.23
Family Planning	-	-	-	0.1	-	-	-	-	-
Other Professional	135.0	48.89	0.55	152.0	45.00	0.57	136.9	48.21	0.55
Subtotal	4,670.9	\$ 67.54	\$ 26.29	5,488.8	\$ 51.09	\$ 23.37	4,764.4	\$ 65.36	\$ 25.95
Total Medical	13,253.0	\$ 79.68	\$ 88.00	14,415.8	\$ 69.22	\$ 83.15	13,386.1	\$ 78.39	\$ 87.44
Category of Service - Iowa Plan for BH									
Inpatient Treatment	21.9	\$ 1,583.56	\$ 2.89	-	\$ 0.00	\$ 0.00	21.9	\$ 1,583.56	\$ 2.89
Outpatient Treatment	3,847.0	81.07	25.99	-	-	-	3,847.0	81.07	25.99
Intermediate Care	2.6	230.77	0.05	-	-	-	2.6	230.77	0.05
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,871.5	\$ 94.32	\$ 30.43	-	\$ 0.00	\$ 0.00	3,871.5	\$ 94.32	\$ 30.43
Short Term Institutional / HCBS	3.6	\$ 500.00	\$ 0.15	-	\$ 0.00	\$ 0.00	3.2	\$ 487.50	\$ 0.13

<b>Total Acute Medical Component</b>	<b>\$ 118.00</b>
Third Party Liability Adjustment	(6.56)
Copayment Adjustment	-
Retroactivity Adjustment	1.48
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 13.25
<b>Gross Capitation Rate</b>	<b>\$ 126.67</b>
Less Withhold	2.0% (2.53)
<b>Net Capitation Rate</b>	<b>\$ 124.14</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Children 15-20 F

Member Months	235,745			33,744			269,489		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	50.0	\$ 2,248.80	\$ 9.37	54.6	\$ 2,305.49	\$ 10.49	50.6	\$ 2,255.34	\$ 9.51
Psychiatric/SUD	0.8	1,650.00	0.11	-	-	-	0.7	1,714.29	0.10
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	11.3	1,263.72	1.19	11.8	1,301.69	1.28	11.4	1,263.16	1.20
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	62.1	\$ 2,061.84	\$ 10.67	66.4	\$ 2,127.11	\$ 11.77	62.7	\$ 2,068.90	\$ 10.81
Outpatient Hospital									
Emergency Room	974.2	\$ 116.77	\$ 9.48	1,473.6	\$ 127.61	\$ 15.67	1,036.7	\$ 118.76	\$ 10.26
General	7,170.4	67.44	40.30	9,906.6	53.52	44.18	7,513.0	65.15	40.79
Subtotal	8,144.6	\$ 73.34	\$ 49.78	11,380.2	\$ 63.11	\$ 59.85	8,549.7	\$ 71.65	\$ 51.05
Ancillary									
Pharmacy	8,082.4	\$ 50.51	\$ 34.02	7,797.8	\$ 44.49	\$ 28.91	8,046.8	\$ 49.78	\$ 33.38
DME/Supplies/Prosthetics	138.1	133.82	1.54	123.9	99.76	1.03	136.3	130.30	1.48
Ambulance	79.5	93.58	0.62	119.5	71.30	0.71	84.5	89.47	0.63
Non-Emergency Transportation	24.9	33.73	0.07	-	-	-	21.8	33.03	0.06
Home Health/Hospice	51.3	65.50	0.28	9.3	103.23	0.08	46.0	65.22	0.25
Chiropractic Services	-	-	-	650.7	33.38	1.81	81.5	33.87	0.23
Podiatry	-	-	-	42.3	79.43	0.28	5.3	90.57	0.04
Vision	934.4	36.47	2.84	883.4	35.73	2.63	928.0	36.34	2.81
Other Ancillary	594.0	33.74	1.67	78.3	32.18	0.21	529.4	33.77	1.49
Subtotal	9,904.6	\$ 49.72	\$ 41.04	9,705.2	\$ 44.09	\$ 35.66	9,879.6	\$ 49.03	\$ 40.37
Professional									
Surgery	253.4	\$ 211.68	\$ 4.47	348.0	\$ 161.03	\$ 4.67	265.2	\$ 203.62	\$ 4.50
Anesthesia	48.5	254.85	1.03	58.8	232.65	1.14	49.8	250.60	1.04
Inpatient Visits	92.6	90.71	0.70	133.7	82.57	0.92	97.7	89.66	0.73
Urgent Care/Emergency Room	592.6	77.76	3.84	966.4	82.57	6.65	639.4	78.64	4.19
Office/Home Visits	2,570.3	69.61	14.91	3,088.6	61.50	15.83	2,635.2	68.44	15.03
Preventive Care	662.5	54.16	2.99	903.2	52.75	3.97	692.6	53.88	3.11
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	127.1	173.72	1.84	290.2	226.60	5.48	147.5	187.12	2.30
Allergy/Immunotherapy	67.1	64.38	0.36	21.8	55.05	0.10	61.4	64.50	0.33
Lab/Path/Rad	3,406.3	26.77	7.60	5,720.4	23.29	11.10	3,696.1	26.10	8.04
Office Adm. Drugs	554.0	30.54	1.41	834.9	27.31	1.90	589.2	29.94	1.47
Clinic	769.1	147.45	9.45	-	-	-	672.8	147.50	8.27
Psych/SUD	25.2	52.38	0.11	36.6	52.46	0.16	26.6	54.14	0.12
Physical Therapy	346.7	31.84	0.92	605.5	28.93	1.46	379.1	31.34	0.99
Family Planning	-	-	-	8.1	14.81	0.01	1.0	-	-
Other Professional	306.5	119.80	3.06	338.5	147.83	4.17	310.5	123.67	3.20
Subtotal	9,821.9	\$ 64.37	\$ 52.69	13,354.7	\$ 51.72	\$ 57.56	10,264.1	\$ 62.34	\$ 53.32
Total Medical	27,933.2	\$ 66.24	\$ 154.18	34,506.5	\$ 57.32	\$ 164.84	28,756.1	\$ 64.91	\$ 155.55
Category of Service - Iowa Plan for BH									
Inpatient Treatment	76.2	\$ 1,779.53	\$ 11.30	-	\$ 0.00	\$ 0.00	76.2	\$ 1,779.53	\$ 11.30
Outpatient Treatment	4,430.1	96.54	35.64	-	-	-	4,430.1	96.54	35.64
Intermediate Care	48.8	378.69	1.54	-	-	-	48.8	378.69	1.54
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	4,555.1	\$ 131.67	\$ 49.98	-	\$ 0.00	\$ 0.00	4,555.1	\$ 131.67	\$ 49.98
Short Term Institutional / HCBS	21.0	\$ 788.57	\$ 1.38	-	\$ 0.00	\$ 0.00	18.4	\$ 789.13	\$ 1.21

<b>Total Acute Medical Component</b>	<b>\$ 206.74</b>
Third Party Liability Adjustment	(14.78)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	2.58
<b>Administrative Load</b>	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 22.82
<b>Gross Capitation Rate</b>	<b>\$ 217.85</b>
Less Withhold	2.0% (4.36)
<b>Net Capitation Rate</b>	<b>\$ 213.49</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Children 15-20 M

Member Months	213,983			28,904			242,887		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	66.9	\$ 2,165.02	\$ 12.07	93.0	\$ 2,774.19	\$ 21.50	70.0	\$ 2,261.14	\$ 13.19
Psychiatric/SUD	3.6	1,133.33	0.34	-	-	-	3.2	1,125.00	0.30
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	70.5	\$ 2,112.34	\$ 12.41	93.0	\$ 2,774.19	\$ 21.50	73.2	\$ 2,211.48	\$ 13.49
Outpatient Hospital									
Emergency Room	575.7	\$ 128.40	\$ 6.16	757.6	\$ 131.63	\$ 8.31	597.3	\$ 128.98	\$ 6.42
General	3,026.4	95.44	24.07	3,549.6	81.27	24.04	3,088.7	93.52	24.07
Subtotal	3,602.1	\$ 100.71	\$ 30.23	4,307.2	\$ 90.13	\$ 32.35	3,686.0	\$ 99.26	\$ 30.49
Ancillary									
Pharmacy	5,734.4	\$ 87.60	\$ 41.86	4,736.5	\$ 88.90	\$ 35.09	5,615.6	\$ 87.72	\$ 41.05
DME/Supplies/Prosthetics	132.3	154.20	1.70	96.8	127.69	1.03	128.1	151.76	1.62
Ambulance	56.0	98.57	0.46	73.1	70.59	0.43	58.0	95.17	0.46
Non-Emergency Transportation	17.4	48.28	0.07	-	-	-	15.3	47.06	0.06
Home Health/Hospice	32.4	66.67	0.18	-	-	-	28.5	67.37	0.16
Chiropractic Services	-	-	-	323.0	33.44	0.90	38.4	34.38	0.11
Podiatry	0.1	-	-	33.0	72.73	0.20	4.0	60.00	0.02
Vision	693.7	36.50	2.11	574.2	35.95	1.72	679.5	36.38	2.06
Other Ancillary	393.5	33.24	1.09	27.6	30.43	0.07	350.0	33.26	0.97
Subtotal	7,059.8	\$ 80.69	\$ 47.47	5,864.2	\$ 80.71	\$ 39.44	6,917.4	\$ 80.68	\$ 46.51
Professional									
Surgery	203.7	\$ 233.28	\$ 3.96	265.3	\$ 168.71	\$ 3.73	211.0	\$ 223.51	\$ 3.93
Anesthesia	38.7	263.57	0.85	47.3	246.09	0.97	39.7	259.95	0.86
Inpatient Visits	78.9	91.25	0.60	86.0	117.21	0.84	79.7	94.86	0.63
Urgent Care/Emergency Room	340.2	73.02	2.07	499.0	75.99	3.16	359.1	73.52	2.20
Office/Home Visits	1,493.3	70.72	8.80	1,533.1	64.73	8.27	1,498.0	70.01	8.74
Preventive Care	463.8	56.14	2.17	614.8	55.04	2.82	481.8	56.04	2.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	44.2	59.73	0.22	48.1	44.91	0.18	44.7	59.06	0.22
Lab/Path/Rad	1,396.5	26.47	3.08	1,739.8	23.86	3.46	1,437.4	26.13	3.13
Office Adm. Drugs	45.2	63.72	0.24	25.1	14.34	0.03	42.8	61.68	0.22
Clinic	391.9	142.69	4.66	-	-	-	345.3	142.83	4.11
Psych/SUD	4.9	73.47	0.03	0.4	-	-	4.4	81.82	0.03
Physical Therapy	301.1	30.29	0.76	576.9	29.54	1.42	333.9	30.19	0.84
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	156.2	44.56	0.58	144.7	46.44	0.56	154.8	44.96	0.58
Subtotal	4,958.6	\$ 67.81	\$ 28.02	5,580.5	\$ 54.70	\$ 25.44	5,032.6	\$ 66.14	\$ 27.74
Total Medical	15,691.0	\$ 90.34	\$ 118.13	15,844.9	\$ 89.92	\$ 118.73	15,709.2	\$ 90.31	\$ 118.23
Category of Service - Iowa Plan for BH									
Inpatient Treatment	58.2	\$ 1,824.74	\$ 8.85	-	\$ 0.00	\$ 0.00	58.2	\$ 1,824.74	\$ 8.85
Outpatient Treatment	6,905.5	93.75	53.95	-	-	-	6,905.5	93.75	53.95
Intermediate Care	82.6	284.75	1.96	-	-	-	82.6	284.75	1.96
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	7,046.3	\$ 112.84	\$ 66.26	-	\$ 0.00	\$ 0.00	7,046.3	\$ 112.84	\$ 66.26
Short Term Institutional / HCBS	13.8	\$ 878.26	\$ 1.01	-	\$ 0.00	\$ 0.00	12.2	\$ 875.41	\$ 0.89
Total Acute Medical Component \$ 185.38									
Third Party Liability Adjustment (11.53)									
Copayment Adjustment -									
Retroactivity Adjustment 2.32									
Administrative Load									
Non-emergency medical transportation 0.50									
Other aministrative expense 10.50% 20.67									
Gross Capitation Rate \$ 197.34									
Less Withhold 2.0% (3.95)									
Net Capitation Rate \$ 193.39									

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

**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	99.9	\$ 2,697.90	\$ 22.46	92.6	\$ 2,383.15	\$ 18.39	98.6	\$ 2,648.28	\$ 21.76
Psychiatric/SUD	1.4	600.00	0.07	2.4	1,650.00	0.33	1.6	825.00	0.11
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	27.9	1,445.16	3.36	35.0	757.71	2.21	29.1	1,303.09	3.16
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	0.5	480.00	0.02	-	-	-	0.4	600.00	0.02
Subtotal	129.7	\$ 2,397.22	\$ 25.91	130.0	\$ 1,932.00	\$ 20.93	129.7	\$ 2,317.66	\$ 25.05
Outpatient Hospital									
Emergency Room	1,988.9	\$ 107.82	\$ 17.87	2,412.7	\$ 130.01	\$ 26.14	2,061.9	\$ 112.32	\$ 19.30
General	14,463.9	68.56	82.64	16,755.2	60.79	84.88	14,858.7	67.06	83.03
Subtotal	16,452.8	\$ 73.31	\$ 100.51	19,167.9	\$ 69.50	\$ 111.02	16,920.6	\$ 72.57	\$ 102.33
Ancillary									
Pharmacy	12,696.5	\$ 43.81	\$ 46.35	12,110.1	\$ 44.14	\$ 44.55	12,595.4	\$ 43.86	\$ 46.04
DME/Supplies/Prosthetics	228.6	120.21	2.29	226.4	120.32	2.27	228.2	120.42	2.29
Ambulance	119.8	89.15	0.89	160.6	66.50	0.89	126.8	84.23	0.89
Non-Emergency Transportation	21.0	40.00	0.07	-	-	-	17.4	41.38	0.06
Home Health/Hospice	36.3	168.60	0.51	8.0	105.00	0.07	31.4	164.33	0.43
Chiropractic Services	-	-	-	846.8	34.29	2.42	145.9	34.54	0.42
Podiatry	0.3	-	-	57.4	68.99	0.33	10.1	71.29	0.06
Vision	783.9	38.42	2.51	766.5	38.04	2.43	780.9	38.42	2.50
Other Ancillary	854.4	33.85	2.41	111.0	34.59	0.32	726.3	33.87	2.05
Subtotal	14,740.8	\$ 44.80	\$ 55.03	14,286.8	\$ 44.75	\$ 53.28	14,662.4	\$ 44.80	\$ 54.74
Professional									
Surgery	557.2	\$ 231.73	\$ 10.76	665.2	\$ 162.90	\$ 9.03	575.8	\$ 217.99	\$ 10.46
Anesthesia	118.3	238.38	2.35	106.4	240.23	2.13	116.2	238.55	2.31
Inpatient Visits	196.7	82.97	1.36	253.6	82.81	1.75	206.5	83.10	1.43
Urgent Care/Emergency Room	1,154.8	78.87	7.59	1,605.3	85.59	11.45	1,232.4	80.43	8.26
Office/Home Visits	3,510.4	65.33	19.11	4,097.9	61.52	21.01	3,611.6	64.59	19.44
Preventive Care	709.3	47.20	2.79	1,057.6	48.56	4.28	769.3	47.58	3.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	312.9	163.76	4.27	532.8	233.11	10.35	350.8	181.98	5.32
Allergy/Immunotherapy	38.0	97.89	0.31	35.5	67.61	0.20	37.6	92.55	0.29
Lab/Path/Rad	6,049.2	29.88	15.06	10,025.9	26.43	22.08	6,734.5	28.99	16.27
Office Adm. Drugs	629.0	49.41	2.59	832.3	25.95	1.80	664.0	44.28	2.45
Clinic	1,056.9	148.51	13.08	-	-	-	874.8	148.56	10.83
Psych/SUD	30.8	50.65	0.13	43.9	46.47	0.17	33.1	50.76	0.14
Physical Therapy	397.9	28.65	0.95	453.1	28.07	1.06	407.4	28.57	0.97
Family Planning	-	-	-	9.5	50.53	0.04	1.6	75.00	0.01
Other Professional	512.9	98.73	4.22	552.3	116.89	5.38	519.7	102.06	4.42
Subtotal	15,274.3	\$ 66.44	\$ 84.57	20,271.3	\$ 53.71	\$ 90.73	16,135.3	\$ 63.70	\$ 85.65
Total Medical	46,597.6	\$ 68.51	\$ 266.02	53,856.0	\$ 61.49	\$ 275.96	47,848.0	\$ 67.16	\$ 267.77
Category of Service - Iowa Plan for BH									
Inpatient Treatment	51.8	\$ 1,232.43	\$ 5.32	-	\$ 0.00	\$ 0.00	51.8	\$ 1,232.43	\$ 5.32
Outpatient Treatment	2,397.9	89.18	17.82	-	-	-	2,397.9	89.18	17.82
Intermediate Care	120.6	710.45	7.14	-	-	-	120.6	710.45	7.14
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,570.3	\$ 148.37	\$ 31.78	-	\$ 0.00	\$ 0.00	2,570.3	\$ 148.37	\$ 31.78
Short Term Institutional / HCBS	30.1	\$ 354.82	\$ 0.89	-	\$ 0.00	\$ 0.00	24.9	\$ 356.63	\$ 0.74

<b>Total Acute Medical Component</b>	<b>\$ 300.29</b>
Third Party Liability Adjustment	(12.72)
Copayment Adjustment	(2.09)
Retroactivity Adjustment	3.75
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 33.93
<b>Gross Capitation Rate</b>	<b>\$ 324.16</b>
Less Withhold	2.0% (6.48)
<b>Net Capitation Rate</b>	<b>\$ 317.68</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	191.3	\$ 2,347.94	\$ 37.43	185.9	\$ 2,338.68	\$ 36.23	190.3	\$ 2,346.40	\$ 37.21
Psychiatric/SUD	2.7	933.33	0.21	-	-	-	2.2	927.27	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	194.0	\$ 2,328.25	\$ 37.64	185.9	\$ 2,338.68	\$ 36.23	192.5	\$ 2,330.18	\$ 37.38
Outpatient Hospital									
Emergency Room	1,322.6	\$ 113.05	\$ 12.46	1,754.9	\$ 123.84	\$ 18.11	1,403.0	\$ 115.55	\$ 13.51
General	6,517.9	85.04	46.19	8,559.0	68.05	48.54	6,897.7	81.12	46.63
Subtotal	7,840.5	\$ 89.76	\$ 58.65	10,313.9	\$ 77.55	\$ 66.65	8,300.7	\$ 86.94	\$ 60.14
Ancillary									
Pharmacy	7,266.7	\$ 57.58	\$ 34.87	6,467.7	\$ 64.60	\$ 34.82	7,118.0	\$ 58.77	\$ 34.86
DME/Supplies/Prosthetics	293.0	147.44	3.60	298.2	122.74	3.05	294.0	142.86	3.50
Ambulance	102.6	97.08	0.83	90.4	73.01	0.55	100.3	93.32	0.78
Non-Emergency Transportation	0.1	-	-	-	-	-	0.1	-	-
Home Health/Hospice	37.3	196.25	0.61	38.2	106.81	0.34	37.5	179.20	0.56
Chiropractic Services	0.6	-	-	587.7	34.10	1.67	109.8	33.88	0.31
Podiatry	-	-	-	65.2	75.46	0.41	12.1	79.34	0.08
Vision	562.7	39.45	1.85	493.8	41.80	1.72	549.9	39.93	1.83
Other Ancillary	593.1	33.99	1.68	87.0	34.48	0.25	498.9	33.91	1.41
Subtotal	8,856.1	\$ 58.86	\$ 43.44	8,128.2	\$ 63.20	\$ 42.81	8,720.6	\$ 59.62	\$ 43.33
Professional									
Surgery	381.0	\$ 247.87	\$ 7.87	459.4	\$ 202.18	\$ 7.74	395.6	\$ 238.12	\$ 7.85
Anesthesia	75.9	260.87	1.65	92.6	261.77	2.02	79.0	261.27	1.72
Inpatient Visits	229.3	91.06	1.74	293.2	88.81	2.17	241.2	90.55	1.82
Urgent Care/Emergency Room	758.5	75.15	4.75	1,056.8	82.78	7.29	814.0	76.95	5.22
Office/Home Visits	1,900.7	67.81	10.74	2,115.0	66.61	11.74	1,940.6	67.59	10.93
Preventive Care	245.1	43.08	0.88	472.8	44.16	1.74	287.5	43.41	1.04
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	0.2	600.00	0.01	-	-	-	0.2	600.00	0.01
Allergy/Immunotherapy	17.2	76.74	0.11	51.0	58.82	0.25	23.5	71.49	0.14
Lab/Path/Rad	2,293.5	25.64	4.90	2,758.4	25.88	5.95	2,380.0	25.71	5.10
Office Adm. Drugs	213.6	29.78	0.53	69.4	12.10	0.07	186.8	28.27	0.44
Clinic	525.1	143.74	6.29	-	-	-	427.4	143.75	5.12
Psych/SUD	0.8	150.00	0.01	-	-	-	0.7	171.43	0.01
Physical Therapy	256.9	28.49	0.61	823.4	29.73	2.04	362.3	29.15	0.88
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	341.2	56.27	1.60	300.0	53.60	1.34	333.5	55.77	1.55
Subtotal	7,239.0	\$ 69.11	\$ 41.69	8,492.0	\$ 59.84	\$ 42.35	7,472.3	\$ 67.18	\$ 41.83
Total Medical	24,129.6	\$ 90.22	\$ 181.42	27,120.0	\$ 83.20	\$ 188.04	24,686.1	\$ 88.80	\$ 182.68
Category of Service - Iowa Plan for BH									
Inpatient Treatment	52.7	\$ 1,061.10	\$ 4.66	-	\$ 0.00	\$ 0.00	52.7	\$ 1,061.10	\$ 4.66
Outpatient Treatment	1,502.9	82.16	10.29	-	-	-	1,502.9	82.16	10.29
Intermediate Care	30.2	592.05	1.49	-	-	-	30.2	592.05	1.49
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,585.8	\$ 135.75	\$ 17.94	-	\$ 0.00	\$ 0.00	1,585.8	\$ 135.75	\$ 17.94
Short Term Institutional / HCBS	4.9	\$ 146.94	\$ 0.06	-	\$ 0.00	\$ 0.00	4.0	\$ 150.00	\$ 0.05

<b>Total Acute Medical Component</b>	<b>\$ 200.67</b>
Third Party Liability Adjustment	(7.31)
Copayment Adjustment	(1.24)
Retroactivity Adjustment	2.51
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 22.83
<b>Gross Capitation Rate</b>	<b>\$ 218.46</b>
Less Withhold	2.0% (4.37)
<b>Net Capitation Rate</b>	<b>\$ 214.09</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	263.6	\$ 2,374.51	\$ 52.16	328.1	\$ 2,433.65	\$ 66.54	274.4	\$ 2,386.88	\$ 54.58
Psychiatric/SUD	2.0	840.00	0.14	1.7	2,047.06	0.29	1.9	1,073.68	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	3.6	1,800.00	0.54	2.3	1,826.09	0.35	3.4	1,800.00	0.51
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	269.2	\$ 2,355.42	\$ 52.84	332.1	\$ 2,427.46	\$ 67.18	279.7	\$ 2,370.83	\$ 55.26
Outpatient Hospital									
Emergency Room	1,661.2	\$ 110.59	\$ 15.31	2,199.1	\$ 131.94	\$ 24.18	1,751.7	\$ 115.09	\$ 16.80
General	15,714.9	85.30	111.71	19,853.1	78.69	130.18	16,410.8	83.96	114.82
Subtotal	17,376.1	\$ 87.72	\$ 127.02	22,052.2	\$ 84.00	\$ 154.36	18,162.5	\$ 86.96	\$ 131.62
Ancillary									
Pharmacy	22,331.5	\$ 52.22	\$ 97.17	23,408.2	\$ 48.44	\$ 94.49	22,512.6	\$ 51.56	\$ 96.72
DME/Supplies/Prosthetics	573.3	124.75	5.96	530.5	182.54	8.07	566.1	133.76	6.31
Ambulance	151.0	88.21	1.11	243.5	66.53	1.35	166.6	82.83	1.15
Non-Emergency Transportation	7.4	48.65	0.03	-	-	-	6.2	38.71	0.02
Home Health/Hospice	112.0	148.93	1.39	103.0	124.66	1.07	110.5	145.52	1.34
Chiropractic Services	1.1	-	-	1,108.7	33.66	3.11	187.4	33.30	0.52
Podiatry	-	-	-	147.0	59.59	0.73	24.7	58.30	0.12
Vision	987.4	39.86	3.28	988.6	39.69	3.27	987.6	39.85	3.28
Other Ancillary	1,064.5	33.71	2.99	134.1	36.69	0.41	908.0	33.83	2.56
Subtotal	25,228.2	\$ 53.24	\$ 111.93	26,663.6	\$ 50.63	\$ 112.50	25,469.7	\$ 52.78	\$ 112.02
Professional									
Surgery	882.9	\$ 249.27	\$ 18.34	1,173.1	\$ 191.70	\$ 18.74	931.7	\$ 237.11	\$ 18.41
Anesthesia	174.7	246.59	3.59	190.3	257.91	4.09	177.3	248.39	3.67
Inpatient Visits	376.6	83.17	2.61	459.8	87.95	3.37	390.6	84.18	2.74
Urgent Care/Emergency Room	951.9	83.20	6.60	1,425.0	91.12	10.82	1,031.5	85.04	7.31
Office/Home Visits	4,526.4	67.23	25.36	5,648.4	66.05	31.09	4,715.1	66.98	26.32
Preventive Care	579.8	52.98	2.56	1,001.6	56.55	4.72	650.7	53.85	2.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	72.6	140.50	0.85	98.8	191.90	1.58	77.0	151.17	0.97
Allergy/Immunotherapy	73.4	73.57	0.45	153.2	36.03	0.46	86.8	62.21	0.45
Lab/Path/Rad	6,254.6	30.10	15.69	10,547.7	27.01	23.74	6,976.5	29.31	17.04
Office Adm. Drugs	652.7	70.78	3.85	778.3	89.27	5.79	673.8	74.44	4.18
Clinic	1,107.8	146.67	13.54	-	-	-	921.5	146.63	11.26
Psych/SUD	11.4	42.11	0.04	9.7	49.48	0.04	11.1	43.24	0.04
Physical Therapy	691.2	28.47	1.64	1,256.6	29.22	3.06	786.3	28.69	1.88
Family Planning	-	-	-	6.9	17.39	0.01	1.2	-	-
Other Professional	851.5	57.92	4.11	1,110.3	66.58	6.16	895.0	59.66	4.45
Subtotal	17,207.5	\$ 69.20	\$ 99.23	23,859.7	\$ 57.17	\$ 113.67	18,326.1	\$ 66.55	\$ 101.64
Total Medical	60,081.0	\$ 78.10	\$ 391.02	72,907.6	\$ 73.69	\$ 447.71	62,238.0	\$ 77.23	\$ 400.54
Category of Service - Iowa Plan for BH									
Inpatient Treatment	61.5	\$ 1,445.85	\$ 7.41	-	\$ 0.00	\$ 0.00	61.5	\$ 1,445.85	\$ 7.41
Outpatient Treatment	3,080.9	81.87	21.02	-	-	-	3,080.9	81.87	21.02
Intermediate Care	67.3	668.65	3.75	-	-	-	67.3	668.65	3.75
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,209.7	\$ 125.92	\$ 33.68	-	\$ 0.00	\$ 0.00	3,209.7	\$ 125.92	\$ 33.68
Short Term Institutional / HCBS	37.6	\$ 351.06	\$ 1.10	-	\$ 0.00	\$ 0.00	31.3	\$ 352.72	\$ 0.92
Total Acute Medical Component \$ 435.14									
Third Party Liability Adjustment (17.02)									
Copayment Adjustment (3.30)									
Retroactivity Adjustment 5.44									
Administrative Load									
Non-emergency medical transportation 1.00									
Other aministrative expense 10.50% 49.30									
Gross Capitation Rate \$ 470.56									
Less Withhold 2.0% (9.41)									
Net Capitation Rate \$ 461.15									



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	325.0	\$ 2,791.02	\$ 75.59	325.0	\$ 2,580.18	\$ 69.88	325.0	\$ 2,756.68	\$ 74.66
Psychiatric/SUD	1.8	1,400.00	0.21	-	-	0.44	1.5	2,000.00	0.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	326.8	\$ 2,783.35	\$ 75.80	325.0	\$ 2,596.43	\$ 70.32	326.5	\$ 2,753.20	\$ 74.91
Outpatient Hospital									
Emergency Room	1,269.5	\$ 115.70	\$ 12.24	1,443.0	\$ 133.97	\$ 16.11	1,297.8	\$ 119.00	\$ 12.87
General	10,528.5	101.06	88.67	12,475.5	79.60	82.75	10,846.4	97.03	87.70
Subtotal	11,798.0	\$ 102.64	\$ 100.91	13,918.5	\$ 85.23	\$ 98.86	12,144.2	\$ 99.38	\$ 100.57
Ancillary									
Pharmacy	15,097.1	\$ 58.77	\$ 73.94	15,369.5	\$ 53.47	\$ 68.49	15,141.6	\$ 57.89	\$ 73.05
DME/Supplies/Prosthetics	759.6	130.81	8.28	700.1	160.09	9.34	749.9	135.22	8.45
Ambulance	150.0	104.80	1.31	153.5	68.79	0.88	150.6	98.80	1.24
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	65.8	251.67	1.38	15.3	101.96	0.13	57.6	245.83	1.18
Chiropractic Services	1.5	-	-	735.9	34.24	2.10	121.4	33.61	0.34
Podiatry	2.6	-	-	75.6	66.67	0.42	14.5	57.93	0.07
Vision	767.9	40.47	2.59	647.6	44.29	2.39	748.3	41.05	2.56
Other Ancillary	845.2	33.93	2.39	47.3	32.98	0.13	714.9	33.91	2.02
Subtotal	17,689.7	\$ 60.98	\$ 89.89	17,744.8	\$ 56.72	\$ 83.88	17,698.8	\$ 60.28	\$ 88.91
Professional									
Surgery	666.3	\$ 261.32	\$ 14.51	773.1	\$ 245.87	\$ 15.84	683.7	\$ 258.53	\$ 14.73
Anesthesia	135.9	257.84	2.92	144.6	282.16	3.40	137.3	262.20	3.00
Inpatient Visits	495.4	83.08	3.43	454.3	89.02	3.37	488.7	83.98	3.42
Urgent Care/Emergency Room	739.7	82.25	5.07	898.9	91.58	6.86	765.7	84.00	5.36
Office/Home Visits	3,163.1	68.52	18.06	3,722.6	67.86	21.05	3,254.5	68.40	18.55
Preventive Care	331.6	43.06	1.19	643.8	46.04	2.47	382.6	43.91	1.40
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	30.4	98.68	0.25	4.1	87.80	0.03	26.1	96.55	0.21
Lab/Path/Rad	3,802.8	27.61	8.75	5,453.6	24.69	11.22	4,072.4	26.96	9.15
Office Adm. Drugs	371.1	59.50	1.84	245.5	29.33	0.60	350.6	56.13	1.64
Clinic	747.2	145.66	9.07	-	-	-	625.2	145.68	7.59
Psych/SUD	4.0	60.00	0.02	1.4	-	-	3.6	66.67	0.02
Physical Therapy	634.0	28.58	1.51	1,081.2	30.30	2.73	707.0	29.02	1.71
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	778.9	55.00	3.57	739.0	71.29	4.39	772.4	57.48	3.70
Subtotal	11,900.4	\$ 70.78	\$ 70.19	14,162.1	\$ 60.97	\$ 71.96	12,269.8	\$ 68.93	\$ 70.48
Total Medical	41,714.9	\$ 96.88	\$ 336.79	46,150.4	\$ 84.51	\$ 325.02	42,439.3	\$ 94.69	\$ 334.87
Category of Service - Iowa Plan for BH									
Inpatient Treatment	45.8	\$ 1,524.89	\$ 5.82	-	\$ 0.00	\$ 0.00	45.8	\$ 1,524.89	\$ 5.82
Outpatient Treatment	1,881.3	91.60	14.36	-	-	-	1,881.3	91.60	14.36
Intermediate Care	21.7	663.59	1.20	-	-	-	21.7	663.59	1.20
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,948.8	\$ 140.89	\$ 22.88	-	\$ 0.00	\$ 0.00	1,948.8	\$ 140.89	\$ 22.88
Short Term Institutional / HCBS	207.3	\$ 496.09	\$ 8.57	-	\$ 0.00	\$ 0.00	173.5	\$ 495.91	\$ 7.17

<b>Total Acute Medical Component</b>	<b>\$ 364.92</b>
Third Party Liability Adjustment	(15.91)
Copayment Adjustment	(2.44)
Retroactivity Adjustment	4.56
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 41.19
<b>Gross Capitation Rate</b>	<b>\$ 393.32</b>
Less Withhold	2.0% (7.87)
<b>Net Capitation Rate</b>	<b>\$ 385.45</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	580.5	\$ 2,475.66	\$ 119.76	205.8	\$ 3,734.69	\$ 64.05	531.1	\$ 2,539.86	\$ 112.41
Psychiatric/SUD	3.8	284.21	0.09	-	-	-	3.3	290.91	0.08
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	584.3	\$ 2,461.41	\$ 119.85	205.8	\$ 3,734.69	\$ 64.05	534.4	\$ 2,525.97	\$ 112.49
Outpatient Hospital									
Emergency Room	972.6	\$ 116.35	\$ 9.43	1,197.1	\$ 133.52	\$ 13.32	1,002.2	\$ 119.02	\$ 9.94
General	16,079.0	96.98	129.94	16,360.3	72.37	98.66	16,116.1	93.69	125.82
Subtotal	17,051.6	\$ 98.08	\$ 139.37	17,557.4	\$ 76.54	\$ 111.98	17,118.3	\$ 95.17	\$ 135.76
Ancillary									
Pharmacy	24,790.7	\$ 47.93	\$ 99.02	25,951.8	\$ 51.05	\$ 110.41	24,943.8	\$ 48.36	\$ 100.52
DME/Supplies/Prosthetics	1,200.2	121.88	12.19	674.7	157.76	8.87	1,130.9	124.68	11.75
Ambulance	226.8	95.24	1.80	244.7	66.69	1.36	229.2	91.10	1.74
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	404.9	232.65	7.85	163.1	129.49	1.76	373.0	226.81	7.05
Chiropractic Services	14.4	8.33	0.01	867.5	31.68	2.29	126.9	29.31	0.31
Podiatry	13.9	25.90	0.03	107.5	53.58	0.48	26.2	41.22	0.09
Vision	1,109.2	41.76	3.86	1,582.9	40.41	5.33	1,171.7	41.48	4.05
Other Ancillary	847.9	33.82	2.39	196.5	45.80	0.75	762.0	34.17	2.17
Subtotal	28,608.0	\$ 53.33	\$ 127.15	29,788.7	\$ 52.87	\$ 131.25	28,763.7	\$ 53.27	\$ 127.68
Professional									
Surgery	1,223.2	\$ 277.53	\$ 28.29	1,121.6	\$ 197.29	\$ 18.44	1,209.8	\$ 267.71	\$ 26.99
Anesthesia	212.9	254.77	4.52	130.3	245.89	2.67	202.0	254.26	4.28
Inpatient Visits	867.7	75.10	5.43	445.1	84.92	3.15	812.0	75.81	5.13
Urgent Care/Emergency Room	657.1	87.11	4.77	811.0	98.10	6.63	677.4	88.93	5.02
Office/Home Visits	4,607.8	65.78	25.26	5,917.4	67.63	33.35	4,780.5	66.09	26.33
Preventive Care	536.3	48.33	2.16	1,058.5	51.36	4.53	605.2	48.98	2.47
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	68.5	36.79	0.21	102.7	31.55	0.27	73.0	36.16	0.22
Lab/Path/Rad	6,486.5	31.12	16.82	10,048.3	24.86	20.82	6,956.2	29.93	17.35
Office Adm. Drugs	660.6	215.62	11.87	564.8	46.95	2.21	648.0	196.30	10.60
Clinic	1,119.3	156.20	14.57	-	-	-	971.7	156.22	12.65
Psych/SUD	30.4	27.63	0.07	-	-	-	26.4	27.27	0.06
Physical Therapy	722.5	29.23	1.76	2,420.9	28.70	5.79	946.5	29.03	2.29
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,448.9	46.79	5.65	1,350.7	43.80	4.93	1,436.0	46.46	5.56
Subtotal	18,641.7	\$ 78.13	\$ 121.38	23,971.3	\$ 51.46	\$ 102.79	19,344.7	\$ 73.79	\$ 118.95
Total Medical	64,885.6	\$ 93.90	\$ 507.75	71,523.2	\$ 68.80	\$ 410.07	65,761.1	\$ 90.31	\$ 494.88
Category of Service - Iowa Plan for BH									
Inpatient Treatment	35.1	\$ 2,123.08	\$ 6.21	-	\$ 0.00	\$ 0.00	35.1	\$ 2,123.08	\$ 6.21
Outpatient Treatment	2,412.5	86.45	17.38	-	-	-	2,412.5	86.45	17.38
Intermediate Care	7.0	1,662.86	0.97	-	-	-	7.0	1,662.86	0.97
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,454.6	\$ 127.40	\$ 26.06	-	\$ 0.00	\$ 0.00	2,454.6	\$ 127.40	\$ 26.06
Short Term Institutional / HCBS	237.2	\$ 256.49	\$ 5.07	-	\$ 0.00	\$ 0.00	205.9	\$ 256.44	\$ 4.40
Total Acute Medical Component \$ 525.34									
Third Party Liability Adjustment (28.46)									
Copayment Adjustment (3.81)									
Retroactivity Adjustment 6.57									
Administrative Load									
Non-emergency medical transportation 1.00									
Other aministrative expense 10.50% 58.62									
Gross Capitation Rate \$ 559.26									
Less Withhold 2.0% (11.19)									
Net Capitation Rate \$ 548.07									

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

**Region: Statewide  
Rate Cell: Family Planning Waiver**

Member Months	288,967						-			288,967		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	1.5	\$ 2,800.00	\$ 0.35	-	\$ 0.00	\$ 0.00	1.5	\$ 2,800.00	\$ 0.35			
Psychiatric/SUD	0.4	1,500.00	0.05	-	-	-	0.4	1,500.00	0.05			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	0.1	1,200.00	0.01	-	-	-	0.1	1,200.00	0.01			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	2.0	\$ 2,460.00	\$ 0.41	-	\$ 0.00	\$ 0.00	2.0	\$ 2,460.00	\$ 0.41			
Outpatient Hospital												
Emergency Room	3.5	\$ 68.57	\$ 0.02	-	\$ 0.00	\$ 0.00	3.5	\$ 68.57	\$ 0.02			
General	104.0	95.77	0.83	-	-	-	104.0	95.77	0.83			
Subtotal	107.5	\$ 94.88	\$ 0.85	-	\$ 0.00	\$ 0.00	107.5	\$ 94.88	\$ 0.85			
Ancillary												
Pharmacy	461.3	\$ 47.34	\$ 1.82	-	\$ 0.00	\$ 0.00	461.3	\$ 47.34	\$ 1.82			
DME/Supplies/Prosthetics	35.2	3.41	0.01	-	-	-	35.2	3.41	0.01			
Ambulance	0.6	200.00	0.01	-	-	-	0.6	200.00	0.01			
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	-	-	-	-	-	-	-	-	-			
Podiatry	-	-	-	-	-	-	-	-	-			
Vision	0.1	-	-	-	-	-	0.1	-	-			
Other Ancillary	-	-	-	-	-	-	-	-	-			
Subtotal	497.2	\$ 44.41	\$ 1.84	-	\$ 0.00	\$ 0.00	497.2	\$ 44.41	\$ 1.84			
Professional												
Surgery	102.0	\$ 135.29	\$ 1.15	-	\$ 0.00	\$ 0.00	102.0	\$ 135.29	\$ 1.15			
Anesthesia	1.9	252.63	0.04	-	-	-	1.9	252.63	0.04			
Inpatient Visits	3.5	68.57	0.02	-	-	-	3.5	68.57	0.02			
Urgent Care/Emergency Room	1.8	133.33	0.02	-	-	-	1.8	133.33	0.02			
Office/Home Visits	359.7	51.71	1.55	-	-	-	359.7	51.71	1.55			
Preventive Care	344.5	98.58	2.83	-	-	-	344.5	98.58	2.83			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01			
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-			
Lab/Path/Rad	951.8	33.16	2.63	-	-	-	951.8	33.16	2.63			
Office Adm. Drugs	1,401.2	40.42	4.72	-	-	-	1,401.2	40.42	4.72			
Clinic	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01			
Psych/SUD	0.8	-	-	-	-	-	0.8	-	-			
Physical Therapy	-	-	-	-	-	-	-	-	-			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	223.4	178.87	3.33	-	-	-	223.4	178.87	3.33			
Subtotal	3,392.0	\$ 57.70	\$ 16.31	-	\$ 0.00	\$ 0.00	3,392.0	\$ 57.70	\$ 16.31			
Total Medical	3,998.7	\$ 58.25	\$ 19.41	-	\$ 0.00	\$ 0.00	3,998.7	\$ 58.25	\$ 19.41			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
Outpatient Treatment	-	-	-	-	-	-	-	-	-			
Intermediate Care	-	-	-	-	-	-	-	-	-			
Magellan Mass Adjustments	-	-	-	-	-	-	-	-	-			
Total Behavioral Health	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

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

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

**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	50.6	\$ 2,210.28	\$ 9.32	26.0	\$ 2,898.46	\$ 6.28	46.9	\$ 2,266.95	\$ 8.86	
Psychiatric/SUD	2.4	400.00	0.08	-	-	-	2.0	420.00	0.07	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	142.5	1,541.89	18.31	190.5	735.12	11.67	149.8	1,385.85	17.30	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	0.1	2,400.00	0.02	1.4	771.43	0.09	0.3	1,200.00	0.03	
Subtotal	195.6	\$ 1,701.23	\$ 27.73	217.9	\$ 993.48	\$ 18.04	199.0	\$ 1,583.52	\$ 26.26	
Outpatient Hospital										
Emergency Room	1,355.3	\$ 124.05	\$ 14.01	1,490.1	\$ 134.17	\$ 16.66	1,375.8	\$ 125.69	\$ 14.41	
General	22,040.2	63.00	115.71	21,968.2	61.17	111.99	22,029.2	62.72	115.14	
Subtotal	23,395.5	\$ 66.54	\$ 129.72	23,458.3	\$ 65.81	\$ 128.65	23,405.0	\$ 66.42	\$ 129.55	
Ancillary										
Pharmacy	7,451.3	\$ 32.11	\$ 19.94	8,955.5	\$ 35.75	\$ 26.68	7,680.3	\$ 32.76	\$ 20.97	
DME/Supplies/Prosthetics	183.9	112.23	1.72	158.8	120.91	1.60	180.1	113.27	1.70	
Ambulance	149.3	112.53	1.40	187.3	73.68	1.15	155.1	105.22	1.36	
Non-Emergency Transportation	66.3	39.82	0.22	1.9	-	-	56.5	40.35	0.19	
Home Health/Hospice	163.6	115.16	1.57	64.5	109.77	0.59	148.5	114.75	1.42	
Chiropractic Services	1.1	-	-	999.0	33.27	2.77	153.0	32.94	0.42	
Podiatry	0.1	-	-	18.3	65.57	0.10	2.9	82.76	0.02	
Vision	662.1	37.52	2.07	630.1	39.04	2.05	657.2	37.80	2.07	
Other Ancillary	925.8	34.48	2.66	123.3	49.64	0.51	803.6	34.79	2.33	
Subtotal	9,603.5	\$ 36.96	\$ 29.58	11,138.7	\$ 38.19	\$ 35.45	9,837.2	\$ 37.18	\$ 30.48	
Professional										
Surgery	386.8	\$ 214.68	\$ 6.92	626.7	\$ 157.78	\$ 8.24	423.3	\$ 201.84	\$ 7.12	
Anesthesia	81.1	216.03	1.46	120.0	212.00	2.12	87.0	215.17	1.56	
Inpatient Visits	386.8	74.15	2.39	560.8	72.33	3.38	413.3	73.75	2.54	
Urgent Care/Emergency Room	895.4	86.98	6.49	1,087.0	85.56	7.75	924.6	86.70	6.68	
Office/Home Visits	2,237.9	70.24	13.10	3,167.4	54.25	14.32	2,379.4	67.03	13.29	
Preventive Care	1,570.1	19.95	2.61	1,764.8	24.75	3.64	1,599.7	20.78	2.77	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	2,334.9	189.23	36.82	4,425.8	247.17	91.16	2,653.3	203.93	45.09	
Allergy/Immunotherapy	2.6	138.46	0.03	4.0	120.00	0.04	2.8	128.57	0.03	
Lab/Path/Rad	11,573.0	38.26	36.90	17,483.4	28.91	42.12	12,472.9	36.26	37.69	
Office Adm. Drugs	431.3	52.31	1.88	585.0	26.87	1.31	454.7	47.24	1.79	
Clinic	1,590.4	157.62	20.89	-	-	-	1,348.2	157.63	17.71	
Psych/SUD	404.8	49.21	1.66	306.0	47.84	1.22	389.8	48.95	1.59	
Physical Therapy	172.5	33.39	0.48	206.9	34.22	0.59	177.7	33.76	0.50	
Family Planning	-	-	-	2.7	-	-	0.4	-	-	
Other Professional	514.0	167.39	7.17	772.3	183.35	11.80	553.3	170.68	7.87	
Subtotal	22,581.6	\$ 73.76	\$ 138.80	31,112.8	\$ 72.39	\$ 187.69	23,880.4	\$ 73.48	\$ 146.23	
Total Medical	55,776.2	\$ 70.10	\$ 325.83	65,927.7	\$ 67.32	\$ 369.83	57,321.6	\$ 69.61	\$ 332.52	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	18.8	\$ 1,276.60	\$ 2.00	-	\$ 0.00	\$ 0.00	18.8	\$ 1,276.60	\$ 2.00	
Outpatient Treatment	1,130.5	84.81	7.99	-	-	-	1,130.5	84.81	7.99	
Intermediate Care	106.5	531.83	4.72	-	-	-	106.5	531.83	4.72	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,255.8	\$ 154.90	\$ 16.21	-	\$ 0.00	\$ 0.00	1,255.8	\$ 154.90	\$ 16.21	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

<b>Total Acute Medical Component</b>	<b>\$ 348.73</b>
Third Party Liability Adjustment	(46.55)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 35.45
<b>Gross Capitation Rate</b>	<b>\$ 338.63</b>
Less Withhold	2.0% (6.77)
<b>Net Capitation Rate</b>	<b>\$ 331.86</b>

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

**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	97.2	\$ 2,412.35	\$ 19.54	70.3	\$ 1,522.62	\$ 8.92	95.4	\$ 2,367.30	\$ 18.82
Psychiatric/SUD	4.7	2,629.79	1.03	-	-	-	4.4	2,618.18	0.96
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	10.0	2,172.00	1.81	-	-	-	9.3	2,180.65	1.69
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	111.9	\$ 2,400.00	\$ 22.38	70.3	\$ 1,522.62	\$ 8.92	109.1	\$ 2,361.50	\$ 21.47
Outpatient Hospital									
Emergency Room	1,361.5	\$ 112.38	\$ 12.75	2,101.8	\$ 144.62	\$ 25.33	1,411.4	\$ 115.63	\$ 13.60
General	9,352.9	72.44	56.46	15,345.9	63.32	80.98	9,757.2	71.47	58.11
Subtotal	10,714.4	\$ 77.51	\$ 69.21	17,447.7	\$ 73.12	\$ 106.31	11,168.6	\$ 77.05	\$ 71.71
Ancillary									
Pharmacy	6,228.6	\$ 37.72	\$ 19.58	7,907.9	\$ 34.57	\$ 22.78	6,341.9	\$ 37.47	\$ 19.80
DME/Supplies/Prosthetics	117.6	156.12	1.53	92.6	180.13	1.39	115.9	157.38	1.52
Ambulance	81.1	91.74	0.62	120.7	61.64	0.62	83.8	88.78	0.62
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	17.7	115.25	0.17	-	-	-	16.5	116.36	0.16
Chiropractic Services	-	-	-	358.3	31.82	0.95	24.2	29.75	0.06
Podiatry	-	-	-	20.2	41.58	0.07	1.4	-	-
Vision	202.5	70.52	1.19	269.7	67.63	1.52	207.0	70.14	1.21
Other Ancillary	491.2	32.74	1.34	144.9	29.81	0.36	467.8	32.58	1.27
Subtotal	7,138.7	\$ 41.07	\$ 24.43	8,914.3	\$ 37.27	\$ 27.69	7,258.5	\$ 40.74	\$ 24.64
Professional									
Surgery	341.5	\$ 230.16	\$ 6.55	310.5	\$ 178.94	\$ 4.63	339.4	\$ 226.99	\$ 6.42
Anesthesia	56.9	267.84	1.27	64.6	306.50	1.65	57.4	271.78	1.30
Inpatient Visits	151.3	94.38	1.19	80.3	110.59	0.74	146.5	95.02	1.16
Urgent Care/Emergency Room	799.6	82.39	5.49	1,405.8	82.46	9.66	840.5	82.38	5.77
Office/Home Visits	2,331.4	66.96	13.01	2,999.1	62.98	15.74	2,376.4	66.60	13.19
Preventive Care	460.1	70.68	2.71	876.0	66.03	4.82	488.2	70.05	2.85
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	23.8	161.34	0.32	47.4	351.90	1.39	25.4	184.25	0.39
Allergy/Immunotherapy	49.7	132.80	0.55	8.7	110.34	0.08	46.9	133.05	0.52
Lab/Path/Rad	3,731.7	27.91	8.68	5,100.9	26.37	11.21	3,824.1	27.77	8.85
Office Adm. Drugs	611.2	35.93	1.83	586.4	28.24	1.38	609.5	35.44	1.80
Clinic	630.7	148.03	7.78	-	-	-	588.2	148.11	7.26
Psych/SUD	14.6	57.53	0.07	17.2	55.81	0.08	14.8	56.76	0.07
Physical Therapy	222.2	29.70	0.55	155.3	38.63	0.50	217.7	30.32	0.55
Family Planning	-	-	-	103.5	11.59	0.10	7.0	17.14	0.01
Other Professional	288.6	100.21	2.41	465.7	76.27	2.96	300.5	97.84	2.45
Subtotal	9,713.3	\$ 64.75	\$ 52.41	12,221.4	\$ 53.94	\$ 54.94	9,882.5	\$ 63.86	\$ 52.59
Total Medical	27,678.3	\$ 73.02	\$ 168.43	38,653.7	\$ 61.43	\$ 197.86	28,418.7	\$ 71.96	\$ 170.41
Category of Service - Iowa Plan for BH									
Inpatient Treatment	82.0	\$ 1,630.24	\$ 11.14	-	\$ 0.00	\$ 0.00	82.0	\$ 1,630.24	\$ 11.14
Outpatient Treatment	2,004.9	82.96	13.86	-	-	-	2,004.9	82.96	13.86
Intermediate Care	13.2	454.55	0.50	-	-	-	13.2	454.55	0.50
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,100.1	\$ 154.28	\$ 27.00	-	\$ 0.00	\$ 0.00	2,100.1	\$ 154.28	\$ 27.00
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 197.41</b>
Third Party Liability Adjustment	(14.06)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 21.51
<b>Gross Capitation Rate</b>	<b>\$ 206.11</b>
Less Withhold	2.0% (4.12)
<b>Net Capitation Rate</b>	<b>\$ 201.99</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	172.7	\$ 2,181.82	\$ 31.40	188.3	\$ 3,168.56	\$ 49.72	174.0	\$ 2,272.41	\$ 32.95
Psychiatric/SUD	10.7	1,166.36	1.04	-	-	-	9.8	1,163.27	0.95
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	183.4	\$ 2,122.57	\$ 32.44	188.3	\$ 3,168.56	\$ 49.72	183.8	\$ 2,213.28	\$ 33.90
Outpatient Hospital									
Emergency Room	1,185.4	\$ 119.25	\$ 11.78	1,447.8	\$ 133.11	\$ 16.06	1,207.6	\$ 120.64	\$ 12.14
General	5,623.2	79.83	37.41	7,542.8	69.98	43.99	5,785.8	78.75	37.97
Subtotal	6,808.6	\$ 86.70	\$ 49.19	8,990.6	\$ 80.15	\$ 60.05	6,993.4	\$ 85.98	\$ 50.11
Ancillary									
Pharmacy	3,966.8	\$ 84.67	\$ 27.99	4,577.6	\$ 76.65	\$ 29.24	4,018.5	\$ 83.91	\$ 28.10
DME/Supplies/Prosthetics	106.1	217.15	1.92	117.7	109.09	1.07	107.1	207.28	1.85
Ambulance	128.4	91.59	0.98	155.8	67.01	0.87	130.7	89.06	0.97
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	43.2	155.56	0.56	-	-	-	39.5	154.94	0.51
Chiropractic Services	2.4	50.00	0.01	425.8	33.82	1.20	38.3	34.46	0.11
Podiatry	-	-	-	58.9	93.72	0.46	5.0	96.00	0.04
Vision	125.6	76.43	0.80	135.0	73.78	0.83	126.4	75.95	0.80
Other Ancillary	313.8	32.89	0.86	86.5	33.29	0.24	294.5	33.01	0.81
Subtotal	4,686.3	\$ 84.81	\$ 33.12	5,557.3	\$ 73.22	\$ 33.91	4,760.0	\$ 83.67	\$ 33.19
Professional									
Surgery	258.9	\$ 234.53	\$ 5.06	292.9	\$ 137.66	\$ 3.36	261.8	\$ 225.52	\$ 4.92
Anesthesia	64.1	252.73	1.35	63.0	255.24	1.34	64.0	253.13	1.35
Inpatient Visits	245.1	95.96	1.96	134.4	77.68	0.87	235.7	95.21	1.87
Urgent Care/Emergency Room	662.6	79.14	4.37	854.9	82.68	5.89	678.9	79.54	4.50
Office/Home Visits	1,255.4	67.01	7.01	1,518.4	63.78	8.07	1,277.7	66.68	7.10
Preventive Care	145.1	62.85	0.76	264.2	63.13	1.39	155.2	62.63	0.81
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	21.5	128.37	0.23	22.3	21.52	0.04	21.6	116.67	0.21
Lab/Path/Rad	1,549.6	28.42	3.67	1,922.4	31.02	4.97	1,581.2	28.69	3.78
Office Adm. Drugs	114.8	55.40	0.53	100.1	7.19	0.06	113.6	51.76	0.49
Clinic	364.6	148.44	4.51	-	-	-	333.7	148.52	4.13
Psych/SUD	2.9	82.76	0.02	-	-	-	2.7	88.89	0.02
Physical Therapy	119.9	30.03	0.30	111.3	37.74	0.35	119.2	30.20	0.30
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	202.6	53.31	0.90	318.8	27.10	0.72	212.4	49.72	0.88
Subtotal	5,007.1	\$ 73.50	\$ 30.67	5,602.7	\$ 57.96	\$ 27.06	5,057.7	\$ 72.03	\$ 30.36
Total Medical	16,685.4	\$ 104.58	\$ 145.42	20,338.9	\$ 100.74	\$ 170.74	16,994.9	\$ 104.19	\$ 147.56
Category of Service - Iowa Plan for BH									
Inpatient Treatment	149.4	\$ 1,618.47	\$ 20.15	-	\$ 0.00	\$ 0.00	149.4	\$ 1,618.47	\$ 20.15
Outpatient Treatment	2,172.6	84.23	15.25	-	-	-	2,172.6	84.23	15.25
Intermediate Care	3.1	1,006.45	0.26	-	-	-	3.1	1,006.45	0.26
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,325.1	\$ 191.79	\$ 37.16	-	\$ 0.00	\$ 0.00	2,325.1	\$ 191.79	\$ 37.16
Short Term Institutional / HCBS	18.8	\$ 1,448.94	\$ 2.27	-	\$ 0.00	\$ 0.00	17.2	\$ 1,451.16	\$ 2.08

<b>Total Acute Medical Component</b>	<b>\$ 186.80</b>
Third Party Liability Adjustment	(9.22)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 20.83
<b>Gross Capitation Rate</b>	<b>\$ 199.66</b>
Less Withhold	2.0% (3.99)
<b>Net Capitation Rate</b>	<b>\$ 195.67</b>

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

**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	183.0	\$ 1,984.92	\$ 30.27	42.8	\$ 2,150.47	\$ 7.67	173.9	\$ 1,988.04	\$ 28.81
Psychiatric/SUD	16.9	1,036.69	1.46	-	-	-	15.8	1,040.51	1.37
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	204.0	\$ 1,899.41	\$ 32.29	48.9	\$ 2,184.05	\$ 8.90	193.9	\$ 1,904.90	\$ 30.78
Outpatient Hospital									
Emergency Room	1,635.2	\$ 108.39	\$ 14.77	2,506.3	\$ 140.09	\$ 29.26	1,691.6	\$ 111.44	\$ 15.71
General	12,352.2	71.90	74.01	16,642.9	60.98	84.57	12,629.9	70.96	74.69
Subtotal	13,987.4	\$ 76.17	\$ 88.78	19,149.2	\$ 71.33	\$ 113.83	14,321.5	\$ 75.75	\$ 90.40
Ancillary									
Pharmacy	10,680.9	\$ 39.73	\$ 35.36	12,621.5	\$ 44.84	\$ 47.16	10,806.5	\$ 40.11	\$ 36.12
DME/Supplies/Prosthetics	176.7	116.13	1.71	208.7	128.22	2.23	178.8	116.78	1.74
Ambulance	115.7	86.08	0.83	158.6	68.85	0.91	118.5	85.06	0.84
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	52.9	131.57	0.58	13.9	138.13	0.16	50.4	130.95	0.55
Chiropractic Services	2.1	57.14	0.01	1,151.9	32.29	3.10	76.5	32.94	0.21
Podiatry	-	-	-	44.5	51.24	0.19	2.9	41.38	0.01
Vision	184.1	74.96	1.15	308.9	65.65	1.69	192.2	73.67	1.18
Other Ancillary	756.0	33.17	2.09	144.6	30.71	0.37	716.4	33.17	1.98
Subtotal	11,968.4	\$ 41.84	\$ 41.73	14,652.6	\$ 45.71	\$ 55.81	12,142.2	\$ 42.13	\$ 42.63
Professional									
Surgery	499.7	\$ 227.90	\$ 9.49	661.6	\$ 138.75	\$ 7.65	510.2	\$ 220.38	\$ 9.37
Anesthesia	96.1	244.75	1.96	95.4	254.09	2.02	96.1	244.75	1.96
Inpatient Visits	264.1	90.87	2.00	84.7	96.34	0.68	252.5	90.77	1.91
Urgent Care/Emergency Room	916.5	83.93	6.41	1,537.9	83.88	10.75	956.7	83.91	6.69
Office/Home Visits	2,939.2	67.28	16.48	4,003.4	63.04	21.03	3,008.1	66.90	16.77
Preventive Care	455.7	72.15	2.74	928.7	64.61	5.00	486.3	71.31	2.89
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	10.8	277.78	0.25	59.6	287.92	1.43	14.0	282.86	0.33
Allergy/Immunotherapy	28.9	116.26	0.28	38.8	86.60	0.28	29.5	113.90	0.28
Lab/Path/Rad	4,337.1	28.69	10.37	7,293.1	27.97	17.00	4,528.4	28.62	10.80
Office Adm. Drugs	479.2	34.81	1.39	685.5	86.30	4.93	492.6	39.46	1.62
Clinic	869.3	147.98	10.72	-	-	-	813.0	148.04	10.03
Psych/SUD	5.7	63.16	0.03	3.0	40.00	0.01	5.5	65.45	0.03
Physical Therapy	341.0	28.86	0.82	545.4	30.58	1.39	354.2	29.14	0.86
Family Planning	-	-	-	32.8	18.29	0.05	2.1	-	-
Other Professional	365.0	83.51	2.54	551.3	87.94	4.04	377.1	84.01	2.64
Subtotal	11,608.3	\$ 67.69	\$ 65.48	16,521.2	\$ 55.39	\$ 76.26	11,926.3	\$ 66.59	\$ 66.18
Total Medical	37,768.1	\$ 72.53	\$ 228.28	50,371.9	\$ 60.70	\$ 254.80	38,583.9	\$ 71.53	\$ 229.99
Category of Service - Iowa Plan for BH									
Inpatient Treatment	119.1	\$ 1,525.44	\$ 15.14	-	\$ 0.00	\$ 0.00	119.1	\$ 1,525.44	\$ 15.14
Outpatient Treatment	3,459.3	84.88	24.47	-	-	-	3,459.3	84.88	24.47
Intermediate Care	14.4	883.33	1.06	-	-	-	14.4	883.33	1.06
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,592.8	\$ 140.85	\$ 42.17	-	\$ 0.00	\$ 0.00	3,592.8	\$ 140.85	\$ 42.17
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 272.16</b>
Third Party Liability Adjustment	(10.35)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 30.72
<b>Gross Capitation Rate</b>	<b>\$ 293.78</b>
Less Withhold	2.0% (5.88)
<b>Net Capitation Rate</b>	<b>\$ 287.90</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	307.3	\$ 2,696.00	\$ 69.04	321.7	\$ 1,347.72	\$ 36.13	308.6	\$ 2,570.71	\$ 66.11
Psychiatric/SUD	24.9	983.13	2.04	21.7	1,437.79	2.60	24.6	1,019.51	2.09
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	332.2	\$ 2,567.61	\$ 71.08	343.4	\$ 1,353.41	\$ 38.73	333.2	\$ 2,456.18	\$ 68.20
Outpatient Hospital									
Emergency Room	1,305.2	\$ 119.06	\$ 12.95	1,780.3	\$ 139.59	\$ 20.71	1,347.4	\$ 121.48	\$ 13.64
General	8,433.1	80.82	56.80	9,887.6	78.03	64.29	8,562.4	80.54	57.47
Subtotal	9,738.3	\$ 85.95	\$ 69.75	11,667.9	\$ 87.42	\$ 85.00	9,909.8	\$ 86.11	\$ 71.11
Ancillary									
Pharmacy	6,665.5	\$ 60.47	\$ 33.59	7,437.3	\$ 57.38	\$ 35.56	6,734.1	\$ 60.18	\$ 33.77
DME/Supplies/Prosthetics	176.5	168.61	2.48	165.8	154.89	2.14	175.5	167.52	2.45
Ambulance	161.1	88.64	1.19	206.4	61.05	1.05	165.1	85.77	1.18
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	36.9	201.63	0.62	11.1	129.73	0.12	34.6	201.16	0.58
Chiropractic Services	1.2	-	-	423.9	34.25	1.21	38.8	34.02	0.11
Podiatry	-	-	-	25.8	46.51	0.10	2.3	52.17	0.01
Vision	111.5	79.64	0.74	132.6	76.92	0.85	113.4	79.37	0.75
Other Ancillary	348.2	33.08	0.96	71.9	30.04	0.18	323.6	33.00	0.89
Subtotal	7,500.9	\$ 63.32	\$ 39.58	8,474.8	\$ 58.35	\$ 41.21	7,587.4	\$ 62.85	\$ 39.74
Professional									
Surgery	384.5	\$ 254.67	\$ 8.16	408.6	\$ 175.92	\$ 5.99	386.6	\$ 247.39	\$ 7.97
Anesthesia	76.8	276.56	1.77	73.0	254.79	1.55	76.5	274.51	1.75
Inpatient Visits	475.1	92.19	3.65	483.6	80.40	3.24	475.9	91.03	3.61
Urgent Care/Emergency Room	793.8	82.84	5.48	1,064.9	81.25	7.21	817.9	82.60	5.63
Office/Home Visits	1,782.2	69.29	10.29	2,123.6	67.58	11.96	1,812.6	69.12	10.44
Preventive Care	182.6	57.83	0.88	281.4	54.16	1.27	191.4	57.05	0.91
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	9.7	74.23	0.06	19.7	243.65	0.40	10.6	101.89	0.09
Lab/Path/Rad	2,254.6	27.78	5.22	3,455.2	27.33	7.87	2,361.3	27.75	5.46
Office Adm. Drugs	165.9	86.80	1.20	130.3	42.36	0.46	162.7	83.34	1.13
Clinic	489.2	145.95	5.95	-	-	-	445.7	145.93	5.42
Psych/SUD	8.2	73.17	0.05	2.0	-	-	7.6	78.95	0.05
Physical Therapy	216.9	30.43	0.55	469.8	33.21	1.30	239.4	31.08	0.62
Family Planning	-	-	-	2.0	-	-	0.2	-	-
Other Professional	367.8	51.88	1.59	400.7	40.43	1.35	370.7	50.82	1.57
Subtotal	7,207.3	\$ 74.67	\$ 44.85	8,914.8	\$ 57.34	\$ 42.60	7,359.1	\$ 72.81	\$ 44.65
Total Medical	24,778.7	\$ 109.09	\$ 225.26	29,400.9	\$ 84.71	\$ 207.54	25,189.5	\$ 106.57	\$ 223.70
Category of Service - Iowa Plan for BH									
Inpatient Treatment	165.6	\$ 1,637.68	\$ 22.60	-	\$ 0.00	\$ 0.00	165.6	\$ 1,637.68	\$ 22.60
Outpatient Treatment	3,021.9	79.66	20.06	-	-	-	3,021.9	79.66	20.06
Intermediate Care	7.1	726.76	0.43	-	-	-	7.1	726.76	0.43
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,194.6	\$ 167.50	\$ 44.59	-	\$ 0.00	\$ 0.00	3,194.6	\$ 167.50	\$ 44.59
Short Term Institutional / HCBS	11.8	\$ 762.71	\$ 0.75	-	\$ 0.00	\$ 0.00	10.8	\$ 755.56	\$ 0.68

<b>Total Acute Medical Component</b>	<b>\$ 268.97</b>
Third Party Liability Adjustment	(8.95)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 30.51
<b>Gross Capitation Rate</b>	<b>\$ 291.78</b>
Less Withhold	2.0% (5.84)
<b>Net Capitation Rate</b>	<b>\$ 285.94</b>



**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

**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	385.8	\$ 2,273.72	\$ 73.10	358.8	\$ 1,671.24	\$ 49.97	384.1	\$ 2,239.42	\$ 71.68
Psychiatric/SUD	6.4	1,518.75	0.81	19.3	379.27	0.61	7.2	1,333.33	0.80
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.5	2,640.00	0.11	-	-	-	0.5	2,400.00	0.10
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	392.7	\$ 2,261.88	\$ 74.02	378.1	\$ 1,605.29	\$ 50.58	391.8	\$ 2,222.97	\$ 72.58
Outpatient Hospital									
Emergency Room	1,544.9	\$ 121.25	\$ 15.61	2,001.5	\$ 146.77	\$ 24.48	1,572.9	\$ 123.21	\$ 16.15
General	17,839.0	85.76	127.49	23,054.6	80.22	154.12	18,159.2	85.33	129.12
Subtotal	19,383.9	\$ 88.59	\$ 143.10	25,056.1	\$ 85.54	\$ 178.60	19,732.1	\$ 88.35	\$ 145.27
Ancillary									
Pharmacy	20,100.2	\$ 43.71	\$ 73.22	20,763.2	\$ 37.42	\$ 64.74	20,140.9	\$ 43.31	\$ 72.70
DME/Supplies/Prosthetics	469.6	131.86	5.16	509.5	162.98	6.92	472.0	133.98	5.27
Ambulance	200.6	89.73	1.50	320.1	60.36	1.61	207.9	87.16	1.51
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	90.9	149.17	1.13	6.7	107.46	0.06	85.7	148.42	1.06
Chiropractic Services	1.2	-	-	1,059.5	31.71	2.80	66.2	30.82	0.17
Podiatry	-	-	-	54.1	66.54	0.30	3.3	72.73	0.02
Vision	261.0	77.24	1.68	392.2	67.92	2.22	269.1	76.25	1.71
Other Ancillary	879.9	33.55	2.46	173.6	33.87	0.49	836.5	33.57	2.34
Subtotal	22,003.4	\$ 46.44	\$ 85.15	23,278.9	\$ 40.80	\$ 79.14	22,081.6	\$ 46.07	\$ 84.78
Professional									
Surgery	869.6	\$ 244.94	\$ 17.75	1,004.4	\$ 207.05	\$ 17.33	877.9	\$ 242.21	\$ 17.72
Anesthesia	166.3	258.33	3.58	195.6	259.51	4.23	168.1	258.42	3.62
Inpatient Visits	579.5	84.69	4.09	475.6	83.26	3.30	573.1	84.59	4.04
Urgent Care/Emergency Room	947.7	88.89	7.02	1,198.1	92.15	9.20	963.1	89.09	7.15
Office/Home Visits	4,202.4	70.10	24.55	4,674.4	67.77	26.40	4,231.4	69.93	24.66
Preventive Care	428.0	72.90	2.60	698.5	71.98	4.19	444.6	72.87	2.70
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	2.2	272.73	0.05	19.3	149.22	0.24	3.2	225.00	0.06
Allergy/Immunotherapy	34.0	105.88	0.30	128.0	29.06	0.31	39.8	90.45	0.30
Lab/Path/Rad	6,151.3	29.15	14.94	8,753.2	26.95	19.66	6,311.0	28.96	15.23
Office Adm. Drugs	452.4	70.56	2.66	903.0	96.35	7.25	480.1	73.48	2.94
Clinic	1,221.9	147.02	14.97	-	-	-	1,146.9	147.00	14.05
Psych/SUD	5.6	42.86	0.02	9.7	49.48	0.04	5.9	40.68	0.02
Physical Therapy	672.7	27.65	1.55	782.2	30.68	2.00	679.4	27.91	1.58
Family Planning	-	-	-	4.8	-	-	0.3	-	-
Other Professional	805.4	61.83	4.15	968.2	56.02	4.52	815.4	61.37	4.17
Subtotal	16,539.0	\$ 71.27	\$ 98.23	19,815.0	\$ 59.75	\$ 98.67	16,740.2	\$ 70.42	\$ 98.24
Total Medical	58,319.0	\$ 82.41	\$ 400.50	68,528.1	\$ 71.27	\$ 406.99	58,945.7	\$ 81.61	\$ 400.87
Category of Service - Iowa Plan for BH									
Inpatient Treatment	102.3	\$ 1,544.87	\$ 13.17	-	\$ 0.00	\$ 0.00	102.3	\$ 1,544.87	\$ 13.17
Outpatient Treatment	3,048.8	77.46	19.68	-	-	-	3,048.8	77.46	19.68
Intermediate Care	9.9	896.97	0.74	-	-	-	9.9	896.97	0.74
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,161.0	\$ 133.21	\$ 35.09	-	\$ 0.00	\$ 0.00	3,161.0	\$ 133.21	\$ 35.09
Short Term Institutional / HCBS	4.3	\$ 1,702.33	\$ 0.61	-	\$ 0.00	\$ 0.00	4.0	\$ 1,710.00	\$ 0.57

<b>Total Acute Medical Component</b>	<b>\$ 436.53</b>
Third Party Liability Adjustment	(17.04)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 49.21
<b>Gross Capitation Rate</b>	<b>\$ 469.95</b>
Less Withhold	2.0% (9.40)
<b>Net Capitation Rate</b>	<b>\$ 460.55</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	597.4	\$ 2,104.52	\$ 104.77	1,566.6	\$ 756.87	\$ 98.81	678.3	\$ 1,844.67	\$ 104.27
Psychiatric/SUD	23.3	1,055.79	2.05	1.8	3,266.67	0.49	21.5	1,071.63	1.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	620.7	\$ 2,065.15	\$ 106.82	1,568.4	\$ 759.76	\$ 99.30	699.8	\$ 1,820.92	\$ 106.19
Outpatient Hospital									
Emergency Room	1,384.8	\$ 125.30	\$ 14.46	2,162.7	\$ 146.65	\$ 26.43	1,449.7	\$ 127.97	\$ 15.46
General	13,450.9	88.82	99.56	18,137.6	81.87	123.74	13,842.2	88.06	101.58
Subtotal	14,835.7	\$ 92.23	\$ 114.02	20,300.3	\$ 88.77	\$ 150.17	15,291.9	\$ 91.84	\$ 117.04
Ancillary									
Pharmacy	13,502.6	\$ 53.80	\$ 60.54	13,741.1	\$ 65.33	\$ 74.81	13,522.5	\$ 54.78	\$ 61.73
DME/Supplies/Prosthetics	524.2	176.73	7.72	395.9	156.71	5.17	513.5	175.50	7.51
Ambulance	253.3	83.85	1.77	307.9	63.53	1.63	257.9	81.89	1.76
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	75.9	188.14	1.19	27.1	119.56	0.27	71.8	185.52	1.11
Chiropractic Services	0.3	-	-	265.6	31.63	0.70	22.4	32.14	0.06
Podiatry	-	-	-	76.1	44.15	0.28	6.4	37.50	0.02
Vision	174.5	79.08	1.15	285.9	65.48	1.56	183.8	77.04	1.18
Other Ancillary	441.7	32.60	1.20	82.9	30.40	0.21	411.7	32.65	1.12
Subtotal	14,972.5	\$ 58.96	\$ 73.57	15,182.5	\$ 66.89	\$ 84.63	14,990.0	\$ 59.63	\$ 74.49
Professional									
Surgery	719.5	\$ 275.52	\$ 16.52	815.4	\$ 199.71	\$ 13.57	727.5	\$ 268.37	\$ 16.27
Anesthesia	139.3	273.94	3.18	126.8	281.07	2.97	138.3	274.19	3.16
Inpatient Visits	832.2	88.82	6.16	752.9	80.49	5.05	825.6	88.23	6.07
Urgent Care/Emergency Room	874.7	90.41	6.59	1,214.0	93.11	9.42	903.0	90.76	6.83
Office/Home Visits	2,988.7	71.27	17.75	3,289.8	66.93	18.35	3,013.8	70.87	17.80
Preventive Care	228.8	63.99	1.22	356.5	67.32	2.00	239.5	64.63	1.29
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	6.4	150.00	0.08	19.9	54.27	0.09	7.5	128.00	0.08
Lab/Path/Rad	3,902.8	28.10	9.14	4,822.9	27.32	10.98	3,979.6	28.01	9.29
Office Adm. Drugs	156.2	86.04	1.12	186.6	166.56	2.59	158.7	93.76	1.24
Clinic	833.9	147.07	10.22	-	-	-	764.3	147.12	9.37
Psych/SUD	6.6	72.73	0.04	1.8	-	-	6.2	77.42	0.04
Physical Therapy	465.3	28.88	1.12	806.3	33.49	2.25	493.8	29.40	1.21
Family Planning	-	-	-	1.8	-	-	0.2	-	-
Other Professional	878.1	55.35	4.05	866.0	39.91	2.88	877.1	54.04	3.95
Subtotal	12,032.5	\$ 76.98	\$ 77.19	13,260.7	\$ 63.48	\$ 70.15	12,135.1	\$ 75.75	\$ 76.60
Total Medical	42,461.4	\$ 105.02	\$ 371.60	50,311.9	\$ 96.42	\$ 404.25	43,116.8	\$ 104.18	\$ 374.32
Category of Service - Iowa Plan for BH									
Inpatient Treatment	149.4	\$ 1,827.31	\$ 22.75	-	\$ 0.00	\$ 0.00	149.4	\$ 1,827.31	\$ 22.75
Outpatient Treatment	2,893.5	82.61	19.92	-	-	-	2,893.5	82.61	19.92
Intermediate Care	9.8	722.45	0.59	-	-	-	9.8	722.45	0.59
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,052.7	\$ 175.95	\$ 44.76	-	\$ 0.00	\$ 0.00	3,052.7	\$ 175.95	\$ 44.76
Short Term Institutional / HCBS	16.6	\$ 730.12	\$ 1.01	-	\$ 0.00	\$ 0.00	15.2	\$ 734.21	\$ 0.93

<b>Total Acute Medical Component</b>	<b>\$ 420.01</b>
Third Party Liability Adjustment	(13.10)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 47.74
<b>Gross Capitation Rate</b>	<b>\$ 455.90</b>
Less Withhold	2.0% (9.12)
<b>Net Capitation Rate</b>	<b>\$ 446.78</b>

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

**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	796.9	\$ 2,152.89	\$ 142.97	804.5	\$ 2,073.93	\$ 139.04	797.4	\$ 2,147.93	\$ 142.73
Psychiatric/SUD	16.5	807.27	1.11	46.5	663.23	2.57	18.3	786.89	1.20
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	813.4	\$ 2,125.60	\$ 144.08	851.0	\$ 1,996.85	\$ 141.61	815.7	\$ 2,117.40	\$ 143.93
Outpatient Hospital									
Emergency Room	931.7	\$ 133.18	\$ 10.34	1,321.6	\$ 159.90	\$ 17.61	955.5	\$ 135.38	\$ 10.78
General	18,735.0	97.28	151.88	23,990.5	94.43	188.79	19,056.4	97.06	154.14
Subtotal	19,666.7	\$ 98.98	\$ 162.22	25,312.1	\$ 97.85	\$ 206.40	20,011.9	\$ 98.89	\$ 164.92
Ancillary									
Pharmacy	21,815.2	\$ 40.98	\$ 74.49	21,175.1	\$ 42.70	\$ 75.34	21,776.0	\$ 41.08	\$ 74.54
DME/Supplies/Prosthetics	675.4	149.96	8.44	709.0	218.67	12.92	677.5	154.27	8.71
Ambulance	253.2	91.47	1.93	357.0	61.18	1.82	259.5	88.79	1.92
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	269.5	198.59	4.46	29.8	128.86	0.32	254.8	198.27	4.21
Chiropractic Services	0.9	-	-	575.9	33.13	1.59	36.1	33.24	0.10
Podiatry	0.6	-	-	153.0	69.80	0.89	9.9	60.61	0.05
Vision	226.5	78.94	1.49	374.4	71.47	2.23	235.5	78.47	1.54
Other Ancillary	570.2	33.04	1.57	65.9	34.60	0.19	539.4	33.15	1.49
Subtotal	23,811.5	\$ 46.56	\$ 92.38	23,440.1	\$ 48.79	\$ 95.30	23,788.7	\$ 46.69	\$ 92.56
Professional									
Surgery	1,115.7	\$ 284.49	\$ 26.45	1,207.0	\$ 220.51	\$ 22.18	1,121.3	\$ 280.28	\$ 26.19
Anesthesia	199.4	265.40	4.41	205.1	252.75	4.32	199.7	264.40	4.40
Inpatient Visits	1,118.9	87.62	8.17	1,105.9	80.41	7.41	1,118.1	87.15	8.12
Urgent Care/Emergency Room	669.0	96.14	5.36	939.5	99.63	7.80	685.5	96.46	5.51
Office/Home Visits	4,158.4	72.29	25.05	4,985.2	71.35	29.64	4,209.0	72.22	25.33
Preventive Care	371.1	68.55	2.12	722.6	63.27	3.81	392.6	67.86	2.22
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	19.8	72.73	0.12	5.3	45.28	0.02	18.9	69.84	0.11
Lab/Path/Rad	6,082.1	30.58	15.50	9,254.7	27.14	20.93	6,276.2	30.27	15.83
Office Adm. Drugs	379.2	176.27	5.57	426.3	54.89	1.95	382.1	168.02	5.35
Clinic	1,217.4	147.07	14.92	-	-	-	1,142.9	147.10	14.01
Psych/SUD	4.6	52.17	0.02	1.3	-	-	4.4	54.55	0.02
Physical Therapy	681.4	28.00	1.59	1,462.8	31.34	3.82	729.2	28.47	1.73
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,278.2	50.79	5.41	1,497.4	44.08	5.50	1,291.6	50.36	5.42
Subtotal	17,295.2	\$ 79.58	\$ 114.69	21,813.1	\$ 59.07	\$ 107.38	17,571.5	\$ 78.02	\$ 114.24
Total Medical	61,586.8	\$ 100.03	\$ 513.37	71,416.3	\$ 92.53	\$ 550.69	62,187.8	\$ 99.50	\$ 515.65
Category of Service - Iowa Plan for BH									
Inpatient Treatment	75.8	\$ 1,975.73	\$ 12.48	-	\$ 0.00	\$ 0.00	75.8	\$ 1,975.73	\$ 12.48
Outpatient Treatment	1,927.4	82.68	13.28	-	-	-	1,927.4	82.68	13.28
Intermediate Care	6.2	638.71	0.33	-	-	-	6.2	638.71	0.33
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,009.4	\$ 164.77	\$ 27.59	-	\$ 0.00	\$ 0.00	2,009.4	\$ 164.77	\$ 27.59
Short Term Institutional / HCBS	67.0	\$ 764.78	\$ 4.27	-	\$ 0.00	\$ 0.00	62.9	\$ 765.02	\$ 4.01

<b>Total Acute Medical Component</b>	<b>\$ 547.25</b>
Third Party Liability Adjustment	(19.34)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 61.93
<b>Gross Capitation Rate</b>	<b>\$ 591.09</b>
Less Withhold	2.0% (11.82)
<b>Net Capitation Rate</b>	<b>\$ 579.27</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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			
<b>Inpatient Hospital</b>												
Medical/Surgical	476.6	\$ 2,309.86	\$ 91.74	-	\$ 0.00	\$ 0.00	476.6	\$ 2,309.86	\$ 91.74			
Psychiatric/SUD	4.9	881.63	0.36	-	-	-	4.9	881.63	0.36			
Maternity - Delivery	14.2	1,580.28	1.87	-	-	-	14.2	1,580.28	1.87			
Maternity Non-Delivery	2.4	800.00	0.16	-	-	-	2.4	800.00	0.16			
Well Newborn	0.9	800.00	0.06	-	-	-	0.9	800.00	0.06			
Other Newborn	162.1	2,434.05	32.88	-	-	-	162.1	2,434.05	32.88			
Subtotal	661.1	\$ 2,306.52	\$ 127.07	-	\$ 0.00	\$ 0.00	661.1	\$ 2,306.52	\$ 127.07			
<b>Outpatient Hospital</b>												
Emergency Room	946.2	\$ 104.76	\$ 8.26	-	\$ 0.00	\$ 0.00	946.2	\$ 104.76	\$ 8.26			
General	11,582.9	75.06	72.45	-	-	-	11,582.9	75.06	72.45			
Subtotal	12,529.1	\$ 77.30	\$ 80.71	-	\$ 0.00	\$ 0.00	12,529.1	\$ 77.30	\$ 80.71			
<b>Ancillary</b>												
Pharmacy	15,106.8	\$ 136.01	\$ 171.22	-	\$ 0.00	\$ 0.00	15,106.8	\$ 136.01	\$ 171.22			
DME/Supplies/Prosthetics	1,766.9	178.82	26.33	-	-	-	1,766.9	178.82	26.33			
Ambulance	109.5	164.38	1.50	-	-	-	109.5	164.38	1.50			
Non-Emergency Transportation	97.5	39.38	0.32	-	-	-	97.5	39.38	0.32			
Home Health/Hospice	790.4	747.42	49.23	-	-	-	790.4	747.42	49.23			
Chiropractic Services	-	-	-	-	-	-	-	-	-			
Podiatry	-	-	-	-	-	-	-	-	-			
Vision	685.5	35.89	2.05	-	-	-	685.5	35.89	2.05			
Other Ancillary	314.1	32.47	0.85	-	-	-	314.1	32.47	0.85			
Subtotal	18,870.7	\$ 159.93	\$ 251.50	-	\$ 0.00	\$ 0.00	18,870.7	\$ 159.93	\$ 251.50			
<b>Professional</b>												
Surgery	294.9	\$ 289.73	\$ 7.12	-	\$ 0.00	\$ 0.00	294.9	\$ 289.73	\$ 7.12			
Anesthesia	114.8	324.04	3.10	-	-	-	114.8	324.04	3.10			
Inpatient Visits	795.8	190.45	12.63	-	-	-	795.8	190.45	12.63			
Urgent Care/Emergency Room	534.1	78.19	3.48	-	-	-	534.1	78.19	3.48			
Office/Home Visits	2,561.4	81.24	17.34	-	-	-	2,561.4	81.24	17.34			
Preventive Care	680.7	54.30	3.08	-	-	-	680.7	54.30	3.08			
Maternity - Delivery	3.9	1,353.85	0.44	-	-	-	3.9	1,353.85	0.44			
Maternity - Non-Delivery	18.5	129.73	0.20	-	-	-	18.5	129.73	0.20			
Allergy/Immunotherapy	42.7	59.02	0.21	-	-	-	42.7	59.02	0.21			
Lab/Path/Rad	2,307.5	24.03	4.62	-	-	-	2,307.5	24.03	4.62			
Office Adm. Drugs	124.2	71.50	0.74	-	-	-	124.2	71.50	0.74			
Clinic	449.9	145.63	5.46	-	-	-	449.9	145.63	5.46			
Psych/SUD	26.3	369.58	0.81	-	-	-	26.3	369.58	0.81			
Physical Therapy	169.8	54.42	0.77	-	-	-	169.8	54.42	0.77			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	641.3	65.12	3.48	-	-	-	641.3	65.12	3.48			
Subtotal	8,765.8	\$ 86.90	\$ 63.48	-	\$ 0.00	\$ 0.00	8,765.8	\$ 86.90	\$ 63.48			
<b>Total Medical</b>	<b>40,826.7</b>	<b>\$ 153.65</b>	<b>\$ 522.76</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>40,826.7</b>	<b>\$ 153.65</b>	<b>\$ 522.76</b>			
<b>Category of Service - Iowa Plan for BH</b>												
Inpatient Treatment	129.5	\$ 2,342.55	\$ 25.28	-	\$ 0.00	\$ 0.00	129.5	\$ 2,342.55	\$ 25.28			
Outpatient Treatment	10,079.5	119.17	100.10	-	-	-	10,079.5	119.17	100.10			
Intermediate Care	18.3	524.59	0.80	-	-	-	18.3	524.59	0.80			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
<b>Total Behavioral Health</b>	<b>10,227.3</b>	<b>\$ 149.81</b>	<b>\$ 127.68</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>10,227.3</b>	<b>\$ 149.81</b>	<b>\$ 127.68</b>			
<b>Short Term Institutional / HCBS</b>	<b>59.8</b>	<b>\$ 694.31</b>	<b>\$ 3.46</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>59.8</b>	<b>\$ 694.31</b>	<b>\$ 3.46</b>			

<b>Total Acute Medical Component</b>	<b>\$ 653.90</b>
Third Party Liability Adjustment	(77.11)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	(26.16)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other aministrative expense	7.25% 43.04
<b>Gross Capitation Rate</b>	<b>\$ 601.16</b>
Less Withhold	2.0% (12.02)
<b>Net Capitation Rate</b>	<b>\$ 589.14</b>

**State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary**

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

Member Months	246,727						-			246,727		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	1,179.3	\$ 2,074.89	\$ 203.91	-	\$ 0.00	\$ 0.00	1,179.3	\$ 2,074.89	\$ 203.91			
Psychiatric/SUD	13.9	958.27	1.11	-	-	-	13.9	958.27	1.11			
Maternity - Delivery	22.0	2,056.36	3.77	-	-	-	22.0	2,056.36	3.77			
Maternity Non-Delivery	4.6	1,304.35	0.50	-	-	-	4.6	1,304.35	0.50			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	1,219.8	\$ 2,058.93	\$ 209.29	-	\$ 0.00	\$ 0.00	1,219.8	\$ 2,058.93	\$ 209.29			
Outpatient Hospital												
Emergency Room	1,935.9	\$ 104.76	\$ 16.90	-	\$ 0.00	\$ 0.00	1,935.9	\$ 104.76	\$ 16.90			
General	24,864.3	81.31	168.48	-	-	-	24,864.3	81.31	168.48			
Subtotal	26,800.2	\$ 83.01	\$ 185.38	-	\$ 0.00	\$ 0.00	26,800.2	\$ 83.01	\$ 185.38			
Ancillary												
Pharmacy	45,449.9	\$ 80.81	\$ 306.07	-	\$ 0.00	\$ 0.00	45,449.9	\$ 80.81	\$ 306.07			
DME/Supplies/Prosthetics	2,803.5	136.46	31.88	-	-	-	2,803.5	136.46	31.88			
Ambulance	480.6	83.90	3.36	-	-	-	480.6	83.90	3.36			
Non-Emergency Transportation	4.6	26.09	0.01	-	-	-	4.6	26.09	0.01			
Home Health/Hospice	1,764.1	183.46	26.97	-	-	-	1,764.1	183.46	26.97			
Chiropractic Services	-	-	-	-	-	-	-	-	-			
Podiatry	-	-	-	-	-	-	-	-	-			
Vision	735.8	42.08	2.58	-	-	-	735.8	42.08	2.58			
Other Ancillary	624.2	33.84	1.76	-	-	-	624.2	33.84	1.76			
Subtotal	51,862.7	\$ 86.22	\$ 372.63	-	\$ 0.00	\$ 0.00	51,862.7	\$ 86.22	\$ 372.63			
Professional												
Surgery	1,111.8	\$ 248.25	\$ 23.00	-	\$ 0.00	\$ 0.00	1,111.8	\$ 248.25	\$ 23.00			
Anesthesia	175.5	280.34	4.10	-	-	-	175.5	280.34	4.10			
Inpatient Visits	1,566.9	88.30	11.53	-	-	-	1,566.9	88.30	11.53			
Urgent Care/Emergency Room	1,083.1	91.63	8.27	-	-	-	1,083.1	91.63	8.27			
Office/Home Visits	4,866.5	68.65	27.84	-	-	-	4,866.5	68.65	27.84			
Preventive Care	453.4	41.55	1.57	-	-	-	453.4	41.55	1.57			
Maternity - Delivery	6.9	1,182.61	0.68	-	-	-	6.9	1,182.61	0.68			
Maternity - Non-Delivery	24.4	142.62	0.29	-	-	-	24.4	142.62	0.29			
Allergy/Immunotherapy	39.0	67.69	0.22	-	-	-	39.0	67.69	0.22			
Lab/Path/Rad	7,820.3	27.85	18.15	-	-	-	7,820.3	27.85	18.15			
Office Adm. Drugs	1,044.0	201.72	17.55	-	-	-	1,044.0	201.72	17.55			
Clinic	990.8	146.06	12.06	-	-	-	990.8	146.06	12.06			
Psych/SUD	12.6	1,790.48	1.88	-	-	-	12.6	1,790.48	1.88			
Physical Therapy	518.5	28.93	1.25	-	-	-	518.5	28.93	1.25			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	1,891.2	54.06	8.52	-	-	-	1,891.2	54.06	8.52			
Subtotal	21,604.9	\$ 76.04	\$ 136.91	-	\$ 0.00	\$ 0.00	21,604.9	\$ 76.04	\$ 136.91			
Total Medical	101,487.6	\$ 106.91	\$ 904.21	-	\$ 0.00	\$ 0.00	101,487.6	\$ 106.91	\$ 904.21			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	179.4	\$ 2,185.28	\$ 32.67	-	\$ 0.00	\$ 0.00	179.4	\$ 2,185.28	\$ 32.67			
Outpatient Treatment	14,151.5	121.68	143.50	-	-	-	14,151.5	121.68	143.50			
Intermediate Care	43.4	544.70	1.97	-	-	-	43.4	544.70	1.97			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	14,374.3	\$ 149.97	\$ 179.64	-	\$ 0.00	\$ 0.00	14,374.3	\$ 149.97	\$ 179.64			
Short Term Institutional / HCBS	289.9	\$ 299.69	\$ 7.24	-	\$ 0.00	\$ 0.00	289.9	\$ 299.69	\$ 7.24			

<b>Total Acute Medical Component</b>	<b>\$ 1,091.09</b>
Third Party Liability Adjustment	(29.39)
Copayment Adjustment	(5.61)
Retroactivity Adjustment	(13.64)
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 81.49
<b>Gross Capitation Rate</b>	<b>\$ 1,131.44</b>
Less Withhold	2.0% (22.63)
<b>Net Capitation Rate</b>	<b>\$ 1,108.81</b>

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

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

Member Months	17,055						-			17,055		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	1,931.2	\$ 261.72	\$ 42.12	-	\$ 0.00	\$ 0.00	1,931.2	\$ 261.72	\$ 42.12			
Psychiatric/SUD	-	-	-	-	-	-	-	-	-			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	1,931.2	\$ 261.72	\$ 42.12	-	\$ 0.00	\$ 0.00	1,931.2	\$ 261.72	\$ 42.12			
Outpatient Hospital												
Emergency Room	1,785.8	\$ 35.35	\$ 5.26	-	\$ 0.00	\$ 0.00	1,785.8	\$ 35.35	\$ 5.26			
General	47,689.4	22.81	90.65	-	-	-	47,689.4	22.81	90.65			
Subtotal	49,475.2	\$ 23.26	\$ 95.91	-	\$ 0.00	\$ 0.00	49,475.2	\$ 23.26	\$ 95.91			
Ancillary												
Pharmacy	3,365.3	\$ 20.86	\$ 5.85	-	\$ 0.00	\$ 0.00	3,365.3	\$ 20.86	\$ 5.85			
DME/Supplies/Prosthetics	16,670.7	44.10	61.26	-	-	-	16,670.7	44.10	61.26			
Ambulance	974.4	67.61	5.49	-	-	-	974.4	67.61	5.49			
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	1,145.0	9.85	0.94	-	-	-	1,145.0	9.85	0.94			
Podiatry	753.2	18.48	1.16	-	-	-	753.2	18.48	1.16			
Vision	1,036.9	26.96	2.33	-	-	-	1,036.9	26.96	2.33			
Other Ancillary	88.8	18.92	0.14	-	-	-	88.8	18.92	0.14			
Subtotal	24,034.3	\$ 38.53	\$ 77.17	-	\$ 0.00	\$ 0.00	24,034.3	\$ 38.53	\$ 77.17			
Professional												
Surgery	2,548.7	\$ 42.99	\$ 9.13	-	\$ 0.00	\$ 0.00	2,548.7	\$ 42.99	\$ 9.13			
Anesthesia	363.8	47.83	1.45	-	-	-	363.8	47.83	1.45			
Inpatient Visits	5,160.3	20.56	8.84	-	-	-	5,160.3	20.56	8.84			
Urgent Care/Emergency Room	1,378.4	26.99	3.10	-	-	-	1,378.4	26.99	3.10			
Office/Home Visits	10,377.5	21.77	18.83	-	-	-	10,377.5	21.77	18.83			
Preventive Care	67.9	61.86	0.35	-	-	-	67.9	61.86	0.35			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-			
Allergy/Immunotherapy	75.3	15.94	0.10	-	-	-	75.3	15.94	0.10			
Lab/Path/Rad	5,662.2	9.47	4.47	-	-	-	5,662.2	9.47	4.47			
Office Adm. Drugs	2,008.7	44.81	7.50	-	-	-	2,008.7	44.81	7.50			
Clinic	12.1	29.75	0.03	-	-	-	12.1	29.75	0.03			
Psych/SUD	1,199.0	23.22	2.32	-	-	-	1,199.0	23.22	2.32			
Physical Therapy	1,274.3	10.26	1.09	-	-	-	1,274.3	10.26	1.09			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	3,666.9	16.46	5.03	-	-	-	3,666.9	16.46	5.03			
Subtotal	33,795.1	\$ 22.10	\$ 62.24	-	\$ 0.00	\$ 0.00	33,795.1	\$ 22.10	\$ 62.24			
Total Medical	109,235.8	\$ 30.48	\$ 277.44	-	\$ 0.00	\$ 0.00	109,235.8	\$ 30.48	\$ 277.44			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
Outpatient Treatment	6,672.0	117.52	65.34	-	-	-	6,672.0	117.52	65.34			
Intermediate Care	-	-	-	-	-	-	-	-	-			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	6,672.0	\$ 120.22	\$ 66.84	-	\$ 0.00	\$ 0.00	6,672.0	\$ 120.22	\$ 66.84			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	17,055			-			17,055		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	497.5	\$ 175.36	\$ 7.27				497.5	\$ 175.36	\$ 7.27
Home Health/Hospice	28,177.3	197.80	464.46				28,177.3	197.80	464.46
Attendant Care/Nursing/Home Aide	8,279.5	634.34	437.67				8,279.5	634.34	437.67
Supported community living	9,675.7	140.67	113.42				9,675.7	140.67	113.42
Adult day care	58.8	436.73	2.14				58.8	436.73	2.14
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	42.9	1,745.45	6.24				42.9	1,745.45	6.24
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	118.4	609.12	6.01				118.4	609.12	6.01
Waiver Transportation	176.6	146.09	2.15				176.6	146.09	2.15
Other HCBS waiver	430.0	725.86	26.01				430.0	725.86	26.01
Total Long Term Services and Supports	47,456.7	\$ 269.39	\$ 1,065.37				47,456.7	\$ 269.39	\$ 1,065.37
Total LTSS Component									\$ 1,065.37
Member Financial Participation									(0.13)
Administrative Load									150.00
Gross Capitation Rate									\$ 1,215.24
Less Withhold									2.0% (24.30)
Net Capitation Rate									\$ 1,190.94

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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
<b>Inpatient Hospital</b>										
Medical/Surgical	1,622.4	\$ 2,132.54	\$ 288.32	-	\$ 0.00	\$ 0.00		1,622.4	\$ 2,132.54	\$ 288.32
Psychiatric/SUD	-	-	-	-	-	-		-	-	-
Maternity - Delivery	-	-	-	-	-	-		-	-	-
Maternity Non-Delivery	-	-	-	-	-	-		-	-	-
Well Newborn	-	-	-	-	-	-		-	-	-
Other Newborn	-	-	-	-	-	-		-	-	-
Subtotal	1,622.4	\$ 2,132.54	\$ 288.32	-	\$ 0.00	\$ 0.00		1,622.4	\$ 2,132.54	\$ 288.32
<b>Outpatient Hospital</b>										
Emergency Room	1,080.2	\$ 111.87	\$ 10.07	-	\$ 0.00	\$ 0.00		1,080.2	\$ 111.87	\$ 10.07
General	31,318.3	79.48	207.42	-	-	-		31,318.3	79.48	207.42
Subtotal	32,398.5	\$ 80.56	\$ 217.49	-	\$ 0.00	\$ 0.00		32,398.5	\$ 80.56	\$ 217.49
<b>Ancillary</b>										
Pharmacy	51,224.3	\$ 127.30	\$ 543.40	-	\$ 0.00	\$ 0.00		51,224.3	\$ 127.30	\$ 543.40
DME/Supplies/Prosthetics	16,393.4	173.81	237.45	-	-	-		16,393.4	173.81	237.45
Ambulance	802.3	83.16	5.56	-	-	-		802.3	83.16	5.56
Non-Emergency Transportation	20.5	40.98	0.07	-	-	-		20.5	40.98	0.07
Home Health/Hospice	-	-	-	-	-	-		-	-	-
Chiropractic Services	40.4	8.91	0.03	-	-	-		40.4	8.91	0.03
Podiatry	11.0	21.82	0.02	-	-	-		11.0	21.82	0.02
Vision	764.4	39.09	2.49	-	-	-		764.4	39.09	2.49
Other Ancillary	536.6	34.22	1.53	-	-	-		536.6	34.22	1.53
Subtotal	69,792.9	\$ 135.93	\$ 790.55	-	\$ 0.00	\$ 0.00		69,792.9	\$ 135.93	\$ 790.55
<b>Professional</b>										
Surgery	1,383.7	\$ 207.96	\$ 23.98	-	\$ 0.00	\$ 0.00		1,383.7	\$ 207.96	\$ 23.98
Anesthesia	257.9	327.57	7.04	-	-	-		257.9	327.57	7.04
Inpatient Visits	2,291.3	93.80	17.91	-	-	-		2,291.3	93.80	17.91
Urgent Care/Emergency Room	980.0	94.04	7.68	-	-	-		980.0	94.04	7.68
Office/Home Visits	5,780.0	80.95	38.99	-	-	-		5,780.0	80.95	38.99
Preventive Care	645.4	53.55	2.88	-	-	-		645.4	53.55	2.88
Maternity - Delivery	-	-	-	-	-	-		-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-		-	-	-
Allergy/Immunotherapy	44.9	125.61	0.47	-	-	-		44.9	125.61	0.47
Lab/Path/Rad	7,751.1	23.11	14.93	-	-	-		7,751.1	23.11	14.93
Office Adm. Drugs	2,212.6	268.95	49.59	-	-	-		2,212.6	268.95	49.59
Clinic	796.8	142.92	9.49	-	-	-		796.8	142.92	9.49
Psych/SUD	69.8	30.95	0.18	-	-	-		69.8	30.95	0.18
Physical Therapy	1,542.7	45.43	5.84	-	-	-		1,542.7	45.43	5.84
Family Planning	-	-	-	-	-	-		-	-	-
Other Professional	3,335.2	84.44	23.47	-	-	-		3,335.2	84.44	23.47
Subtotal	27,091.4	\$ 89.67	\$ 202.45	-	\$ 0.00	\$ 0.00		27,091.4	\$ 89.67	\$ 202.45
<b>Total Medical</b>	<b>130,905.2</b>	<b>\$ 137.40</b>	<b>\$ 1,498.81</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>		<b>130,905.2</b>	<b>\$ 137.40</b>	<b>\$ 1,498.81</b>
<b>Category of Service - Iowa Plan for BH</b>										
Inpatient Treatment	45.6	\$ 1,673.68	\$ 6.36	-	\$ 0.00	\$ 0.00		45.6	\$ 1,673.68	\$ 6.36
Outpatient Treatment	5,963.1	113.96	56.63	-	-	-		5,963.1	113.96	56.63
Intermediate Care	0.7	1,200.00	0.07	-	-	-		0.7	1,200.00	0.07
Magellan Mass Adjustments	-	-	1.50	-	-	-		-	-	1.50
<b>Total Behavioral Health</b>	<b>6,009.4</b>	<b>\$ 128.92</b>	<b>\$ 64.56</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>		<b>6,009.4</b>	<b>\$ 128.92</b>	<b>\$ 64.56</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>		<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

<b>Total Acute Medical Component</b>		<b>\$ 1,563.37</b>
Third Party Liability Adjustment		(101.17)
Copayment Adjustment		-
Retroactivity Adjustment		-
<b>Administrative Load</b>		
Non-emergency medical transportation		7.50
Other administrative expense	6.75%	105.84
<b>Gross Capitation Rate</b>		<b>\$ 1,575.54</b>
Less Withhold	2.0%	(31.51)
<b>Net Capitation Rate</b>		<b>\$ 1,544.03</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide

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

Member Months

17,027

-

17,027

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	463.2	\$ 299.48	\$ 11.56				463.2	\$ 299.48	\$ 11.56
Home Health/Hospice	16,729.3	589.48	821.80				16,729.3	589.48	821.80
Attendant Care/Nursing/Home Aide	3,969.5	663.65	219.53				3,969.5	663.65	219.53
Supported community living	2,296.9	114.94	22.00				2,296.9	114.94	22.00
Adult day care	8.4	214.29	0.15				8.4	214.29	0.15
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	23.9	3,067.78	6.11				23.9	3,067.78	6.11
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	4,659.3	677.95	263.23				4,659.3	677.95	263.23
Waiver Transportation	142.6	144.74	1.72				142.6	144.74	1.72
Other HCBS waiver	2,022.4	1,183.74	199.50				2,022.4	1,183.74	199.50
<b>Total Long Term Services and Supports</b>	<b>30,315.5</b>	<b>\$ 611.81</b>	<b>\$ 1,545.60</b>				<b>30,315.5</b>	<b>\$ 611.81</b>	<b>\$ 1,545.60</b>
Total LTSS Component									\$ 1,545.60
Member Financial Participation									-
Administrative Load									150.00
<b>Gross Capitation Rate</b>									<b>\$ 1,695.60</b>
Less Withhold									2.0% (33.91)
<b>Net Capitation Rate</b>									<b>\$ 1,661.69</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Elderly HCBS Waiver

Member Months	105,822						-			105,822		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	1,516.4	\$ 316.22	\$ 39.96	-	\$ 0.00	\$ 0.00	1,516.4	\$ 316.22	\$ 39.96			
Psychiatric/SUD	-	-	-	-	-	-	-	-	-			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	1,516.4	\$ 316.22	\$ 39.96	-	\$ 0.00	\$ 0.00	1,516.4	\$ 316.22	\$ 39.96			
Outpatient Hospital												
Emergency Room	1,016.9	\$ 44.72	\$ 3.79	-	\$ 0.00	\$ 0.00	1,016.9	\$ 44.72	\$ 3.79			
General	31,408.9	26.32	68.90	-	-	-	31,408.9	26.32	68.90			
Subtotal	32,425.8	\$ 26.90	\$ 72.69	-	\$ 0.00	\$ 0.00	32,425.8	\$ 26.90	\$ 72.69			
Ancillary												
Pharmacy	3,446.5	\$ 15.11	\$ 4.34	-	\$ 0.00	\$ 0.00	3,446.5	\$ 15.11	\$ 4.34			
DME/Supplies/Prosthetics	9,775.8	42.87	34.92	-	-	-	9,775.8	42.87	34.92			
Ambulance	818.9	71.95	4.91	-	-	-	818.9	71.95	4.91			
Non-Emergency Transportation	3.3	218.18	0.06	-	-	-	3.3	218.18	0.06			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	556.6	10.78	0.50	-	-	-	556.6	10.78	0.50			
Podiatry	927.5	18.37	1.42	-	-	-	927.5	18.37	1.42			
Vision	1,117.8	25.66	2.39	-	-	-	1,117.8	25.66	2.39			
Other Ancillary	110.8	21.66	0.20	-	-	-	110.8	21.66	0.20			
Subtotal	16,757.2	\$ 34.90	\$ 48.74	-	\$ 0.00	\$ 0.00	16,757.2	\$ 34.90	\$ 48.74			
Professional												
Surgery	1,864.1	\$ 47.12	\$ 7.32	-	\$ 0.00	\$ 0.00	1,864.1	\$ 47.12	\$ 7.32			
Anesthesia	218.2	47.30	0.86	-	-	-	218.2	47.30	0.86			
Inpatient Visits	3,564.5	21.18	6.29	-	-	-	3,564.5	21.18	6.29			
Urgent Care/Emergency Room	851.6	28.46	2.02	-	-	-	851.6	28.46	2.02			
Office/Home Visits	7,893.0	23.49	15.45	-	-	-	7,893.0	23.49	15.45			
Preventive Care	40.1	44.89	0.15	-	-	-	40.1	44.89	0.15			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-			
Allergy/Immunotherapy	10.3	23.30	0.02	-	-	-	10.3	23.30	0.02			
Lab/Path/Rad	4,378.7	10.88	3.97	-	-	-	4,378.7	10.88	3.97			
Office Adm. Drugs	1,647.4	57.11	7.84	-	-	-	1,647.4	57.11	7.84			
Clinic	53.0	67.92	0.30	-	-	-	53.0	67.92	0.30			
Psych/SUD	220.4	22.87	0.42	-	-	-	220.4	22.87	0.42			
Physical Therapy	589.9	11.19	0.55	-	-	-	589.9	11.19	0.55			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	2,976.9	15.32	3.80	-	-	-	2,976.9	15.32	3.80			
Subtotal	24,308.1	\$ 24.18	\$ 48.99	-	\$ 0.00	\$ 0.00	24,308.1	\$ 24.18	\$ 48.99			
Total Medical	75,007.5	\$ 33.66	\$ 210.38	-	\$ 0.00	\$ 0.00	75,007.5	\$ 33.66	\$ 210.38			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	-	\$ 0.00	\$ 0.00	0.3	\$ 3,600.00	\$ 0.09			
Outpatient Treatment	1,466.7	156.92	19.18	-	-	-	1,466.7	156.92	19.18			
Intermediate Care	0.1	-	-	-	-	-	0.1	-	-			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	1,467.1	\$ 169.89	\$ 20.77	-	\$ 0.00	\$ 0.00	1,467.1	\$ 169.89	\$ 20.77			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Elderly HCBS Waiver

Member Months 105,822 - 105,822

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	1,197.9	\$ 155.77	\$ 15.55				1,197.9	\$ 155.77	\$ 15.55
Home Health/Hospice	22,128.3	158.38	292.06				22,128.3	158.38	292.06
Attendant Care/Nursing/Home Aide	6,863.7	563.08	322.07				6,863.7	563.08	322.07
Supported community living	23,906.0	149.67	298.16				23,906.0	149.67	298.16
Adult day care	174.3	508.78	7.39				174.3	508.78	7.39
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	86.0	104.65	0.75				86.0	104.65	0.75
Family and community support	0.2	-	-				0.2	-	-
In-home family therapy	-	-	-				-	-	-
Respite	86.0	406.05	2.91				86.0	406.05	2.91
Waiver Transportation	1,170.0	122.26	11.92				1,170.0	122.26	11.92
Other HCBS waiver	280.5	710.16	16.60				280.5	710.16	16.60
<b>Total Long Term Services and Supports</b>	<b>55,892.9</b>	<b>\$ 207.70</b>	<b>\$ 967.41</b>				<b>55,892.9</b>	<b>\$ 207.70</b>	<b>\$ 967.41</b>

Total LTSS Component	\$ 967.41
Member Financial Participation	(0.35)
Administrative Load	150.00
<b>Gross Capitation Rate</b>	<b>\$ 1,117.06</b>
Less Withhold	2.0% (22.34)
<b>Net Capitation Rate</b>	<b>\$ 1,094.72</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Intellectual Disability HCBS Waiver

Member Months	140,989			-			140,989		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	458.8	\$ 905.75	\$ 34.63	-	\$ 0.00	\$ 0.00	458.8	\$ 905.75	\$ 34.63
Psychiatric/SUD	1.0	3,000.00	0.25	-	-	-	1.0	3,000.00	0.25
Maternity - Delivery	1.5	2,000.00	0.25	-	-	-	1.5	2,000.00	0.25
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	461.3	\$ 913.85	\$ 35.13	-	\$ 0.00	\$ 0.00	461.3	\$ 913.85	\$ 35.13
Outpatient Hospital									
Emergency Room	600.3	\$ 63.57	\$ 3.18	-	\$ 0.00	\$ 0.00	600.3	\$ 63.57	\$ 3.18
General	14,561.8	49.12	59.61	-	-	-	14,561.8	49.12	59.61
Subtotal	15,162.1	\$ 49.69	\$ 62.79	-	\$ 0.00	\$ 0.00	15,162.1	\$ 49.69	\$ 62.79
Ancillary									
Pharmacy	18,311.4	\$ 76.39	\$ 116.57	-	\$ 0.00	\$ 0.00	18,311.4	\$ 76.39	\$ 116.57
DME/Supplies/Prosthetics	4,822.5	107.22	43.09	-	-	-	4,822.5	107.22	43.09
Ambulance	206.9	72.50	1.25	-	-	-	206.9	72.50	1.25
Non-Emergency Transportation	205.4	217.33	3.72	-	-	-	205.4	217.33	3.72
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	450.2	10.66	0.40	-	-	-	450.2	10.66	0.40
Podiatry	700.4	17.82	1.04	-	-	-	700.4	17.82	1.04
Vision	1,112.9	33.64	3.12	-	-	-	1,112.9	33.64	3.12
Other Ancillary	303.2	31.27	0.79	-	-	-	303.2	31.27	0.79
Subtotal	26,112.9	\$ 78.11	\$ 169.98	-	\$ 0.00	\$ 0.00	26,112.9	\$ 78.11	\$ 169.98
Professional									
Surgery	904.5	\$ 76.42	\$ 5.76	-	\$ 0.00	\$ 0.00	904.5	\$ 76.42	\$ 5.76
Anesthesia	166.9	144.52	2.01	-	-	-	166.9	144.52	2.01
Inpatient Visits	880.2	38.85	2.85	-	-	-	880.2	38.85	2.85
Urgent Care/Emergency Room	439.2	50.55	1.85	-	-	-	439.2	50.55	1.85
Office/Home Visits	5,055.3	41.73	17.58	-	-	-	5,055.3	41.73	17.58
Preventive Care	479.3	69.35	2.77	-	-	-	479.3	69.35	2.77
Maternity - Delivery	0.9	800.00	0.06	-	-	-	0.9	800.00	0.06
Maternity - Non-Delivery	3.4	141.18	0.04	-	-	-	3.4	141.18	0.04
Allergy/Immunotherapy	89.5	33.52	0.25	-	-	-	89.5	33.52	0.25
Lab/Path/Rad	2,567.3	15.80	3.38	-	-	-	2,567.3	15.80	3.38
Office Adm. Drugs	572.2	65.22	3.11	-	-	-	572.2	65.22	3.11
Clinic	327.1	141.97	3.87	-	-	-	327.1	141.97	3.87
Psych/SUD	1,240.6	1,021.15	105.57	-	-	-	1,240.6	1,021.15	105.57
Physical Therapy	566.4	23.31	1.10	-	-	-	566.4	23.31	1.10
Family Planning	0.2	-	-	-	-	-	0.2	-	-
Other Professional	1,216.3	60.18	6.10	-	-	-	1,216.3	60.18	6.10
Subtotal	14,509.3	\$ 129.27	\$ 156.30	-	\$ 0.00	\$ 0.00	14,509.3	\$ 129.27	\$ 156.30
Total Medical	56,245.6	\$ 90.50	\$ 424.20	-	\$ 0.00	\$ 0.00	56,245.6	\$ 90.50	\$ 424.20
Category of Service - Iowa Plan for BH									
Inpatient Treatment	54.9	\$ 2,441.53	\$ 11.17	-	\$ 0.00	\$ 0.00	54.9	\$ 2,441.53	\$ 11.17
Outpatient Treatment	6,426.6	99.56	53.32	-	-	-	6,426.6	99.56	53.32
Intermediate Care	1.9	884.21	0.14	-	-	-	1.9	884.21	0.14
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,483.4	\$ 122.40	\$ 66.13	-	\$ 0.00	\$ 0.00	6,483.4	\$ 122.40	\$ 66.13
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 490.33</b>
Third Party Liability Adjustment	(11.67)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 31.91
<b>Gross Capitation Rate</b>	<b>\$ 518.07</b>
Less Withhold	2.0% (10.36)
<b>Net Capitation Rate</b>	<b>\$ 507.71</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Intellectual Disability HCBS Waiver

Member Months 140,989 - 140,989

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	160.8	\$ 312.69	\$ 4.19				160.8	\$ 312.69	\$ 4.19
Home Health/Hospice	4,660.1	383.79	149.04				4,660.1	383.79	149.04
Attendant Care/Nursing/Home Aide	722.6	1,059.34	63.79				722.6	1,059.34	63.79
Supported community living	9,768.9	2,686.29	2,186.84				9,768.9	2,686.29	2,186.84
Adult day care	277.1	831.90	19.21				277.1	831.90	19.21
Day Habilitation	7,228.8	628.97	378.89				7,228.8	628.97	378.89
Env/home and vehicle mod	2.3	1,826.09	0.35				2.3	1,826.09	0.35
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	2,271.6	317.22	60.05				2,271.6	317.22	60.05
Waiver Transportation	3,940.0	270.94	88.96				3,940.0	270.94	88.96
Other HCBS waiver	1,536.5	1,479.99	189.50				1,536.5	1,479.99	189.50
<b>Total Long Term Services and Supports</b>	<b>30,568.7</b>	<b>\$ 1,232.96</b>	<b>\$ 3,140.82</b>				<b>30,568.7</b>	<b>\$ 1,232.96</b>	<b>\$ 3,140.82</b>

Total LTSS Component	\$ 3,140.82
Member Financial Participation	(0.03)
Administrative Load	200.00
<b>Gross Capitation Rate</b>	<b>\$ 3,340.79</b>
Less Withhold	2.0% (66.82)
<b>Net Capitation Rate</b>	<b>\$ 3,273.97</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Brain Injury HCBS Waiver

Member Months	14,011						-			14,011		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	1,222.6	\$ 1,071.03	\$ 109.12	-	\$ 0.00	\$ 0.00	1,222.6	\$ 1,071.03	\$ 109.12			
Psychiatric/SUD	5.3	1,154.72	0.51	-	-	-	5.3	1,154.72	0.51			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	1,227.9	\$ 1,071.39	\$ 109.63	-	\$ 0.00	\$ 0.00	1,227.9	\$ 1,071.39	\$ 109.63			
Outpatient Hospital												
Emergency Room	906.2	\$ 63.43	\$ 4.79	-	\$ 0.00	\$ 0.00	906.2	\$ 63.43	\$ 4.79			
General	27,887.0	49.33	114.63	-	-	-	27,887.0	49.33	114.63			
Subtotal	28,793.2	\$ 49.77	\$ 119.42	-	\$ 0.00	\$ 0.00	28,793.2	\$ 49.77	\$ 119.42			
Ancillary												
Pharmacy	20,883.7	\$ 78.92	\$ 137.34	-	\$ 0.00	\$ 0.00	20,883.7	\$ 78.92	\$ 137.34			
DME/Supplies/Prosthetics	9,327.5	131.91	102.53	-	-	-	9,327.5	131.91	102.53			
Ambulance	496.0	66.29	2.74	-	-	-	496.0	66.29	2.74			
Non-Emergency Transportation	93.3	214.79	1.67	-	-	-	93.3	214.79	1.67			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	796.3	9.19	0.61	-	-	-	796.3	9.19	0.61			
Podiatry	435.3	19.85	0.72	-	-	-	435.3	19.85	0.72			
Vision	1,065.8	32.43	2.88	-	-	-	1,065.8	32.43	2.88			
Other Ancillary	462.2	30.90	1.19	-	-	-	462.2	30.90	1.19			
Subtotal	33,560.1	\$ 89.28	\$ 249.68	-	\$ 0.00	\$ 0.00	33,560.1	\$ 89.28	\$ 249.68			
Professional												
Surgery	1,391.5	\$ 107.71	\$ 12.49	-	\$ 0.00	\$ 0.00	1,391.5	\$ 107.71	\$ 12.49			
Anesthesia	237.1	185.24	3.66	-	-	-	237.1	185.24	3.66			
Inpatient Visits	1,825.7	40.69	6.19	-	-	-	1,825.7	40.69	6.19			
Urgent Care/Emergency Room	782.9	54.72	3.57	-	-	-	782.9	54.72	3.57			
Office/Home Visits	6,835.6	45.29	25.80	-	-	-	6,835.6	45.29	25.80			
Preventive Care	381.7	60.36	1.92	-	-	-	381.7	60.36	1.92			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-			
Allergy/Immunotherapy	128.8	25.16	0.27	-	-	-	128.8	25.16	0.27			
Lab/Path/Rad	4,379.1	18.58	6.78	-	-	-	4,379.1	18.58	6.78			
Office Adm. Drugs	755.6	217.10	13.67	-	-	-	755.6	217.10	13.67			
Clinic	246.1	146.77	3.01	-	-	-	246.1	146.77	3.01			
Psych/SUD	1,472.7	1,014.95	124.56	-	-	-	1,472.7	1,014.95	124.56			
Physical Therapy	3,153.0	30.75	8.08	-	-	-	3,153.0	30.75	8.08			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	2,049.0	50.66	8.65	-	-	-	2,049.0	50.66	8.65			
Subtotal	23,638.8	\$ 111.00	\$ 218.65	-	\$ 0.00	\$ 0.00	23,638.8	\$ 111.00	\$ 218.65			
Total Medical	87,220.0	\$ 95.95	\$ 697.38	-	\$ 0.00	\$ 0.00	87,220.0	\$ 95.95	\$ 697.38			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	32.4	\$ 2,885.19	\$ 7.79	-	\$ 0.00	\$ 0.00	32.4	\$ 2,885.19	\$ 7.79			
Outpatient Treatment	6,637.7	123.68	68.41	-	-	-	6,637.7	123.68	68.41			
Intermediate Care	4.2	514.29	0.18	-	-	-	4.2	514.29	0.18			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	6,674.3	\$ 140.02	\$ 77.88	-	\$ 0.00	\$ 0.00	6,674.3	\$ 140.02	\$ 77.88			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Brain Injury HCBS Waiver

Member Months 14,011 - 14,011

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	297.0	\$ 408.08	\$ 10.10				297.0	\$ 408.08	\$ 10.10
Home Health/Hospice	12,577.4	398.29	417.45				12,577.4	398.29	417.45
Attendant Care/Nursing/Home Aide	3,074.4	917.64	235.10				3,074.4	917.64	235.10
Supported community living	7,204.2	1,977.06	1,186.93				7,204.2	1,977.06	1,186.93
Adult day care	632.0	666.84	35.12				632.0	666.84	35.12
Day Habilitation	465.4	500.47	19.41				465.4	500.47	19.41
Env/home and vehicle mod	32.8	2,246.34	6.14				32.8	2,246.34	6.14
Family and community support	154.0	271.17	3.48				154.0	271.17	3.48
In-home family therapy	-	-	-				-	-	-
Respite	2,540.0	719.57	152.31				2,540.0	719.57	152.31
Waiver Transportation	1,607.5	256.12	34.31				1,607.5	256.12	34.31
Other HCBS waiver	2,687.2	1,348.75	302.03				2,687.2	1,348.75	302.03
<b>Total Long Term Services and Supports</b>	<b>31,271.9</b>	<b>\$ 921.87</b>	<b>\$ 2,402.38</b>				<b>31,271.9</b>	<b>\$ 921.87</b>	<b>\$ 2,402.38</b>

Total LTSS Component	\$ 2,402.38
Member Financial Participation	(0.13)
Administrative Load	200.00
<b>Gross Capitation Rate</b>	<b>\$ 2,602.25</b>
Less Withhold	2.0% (52.05)
<b>Net Capitation Rate</b>	<b>\$ 2,550.20</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	9,391						-			9,391
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	
Inpatient Hospital										
Medical/Surgical	22.7	\$ 4,149.78	\$ 7.85	-	\$ 0.00	\$ 0.00	22.7	\$ 4,149.78	\$ 7.85	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	22.7	\$ 4,149.78	\$ 7.85	-	\$ 0.00	\$ 0.00	22.7	\$ 4,149.78	\$ 7.85	
Outpatient Hospital										
Emergency Room	461.9	\$ 115.09	\$ 4.43	-	\$ 0.00	\$ 0.00	461.9	\$ 115.09	\$ 4.43	
General	5,737.5	67.70	32.37	-	-	-	5,737.5	67.70	32.37	
Subtotal	6,199.4	\$ 71.23	\$ 36.80	-	\$ 0.00	\$ 0.00	6,199.4	\$ 71.23	\$ 36.80	
Ancillary										
Pharmacy	35,835.9	\$ 90.29	\$ 269.64	-	\$ 0.00	\$ 0.00	35,835.9	\$ 90.29	\$ 269.64	
DME/Supplies/Prosthetics	635.6	96.10	5.09	-	-	-	635.6	96.10	5.09	
Ambulance	42.2	99.53	0.35	-	-	-	42.2	99.53	0.35	
Non-Emergency Transportation	221.3	27.11	0.50	-	-	-	221.3	27.11	0.50	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	1,110.1	36.32	3.36	-	-	-	1,110.1	36.32	3.36	
Other Ancillary	489.4	33.84	1.38	-	-	-	489.4	33.84	1.38	
Subtotal	38,334.5	\$ 87.75	\$ 280.32	-	\$ 0.00	\$ 0.00	38,334.5	\$ 87.75	\$ 280.32	
Professional										
Surgery	158.2	\$ 241.21	\$ 3.18	-	\$ 0.00	\$ 0.00	158.2	\$ 241.21	\$ 3.18	
Anesthesia	39.0	335.38	1.09	-	-	-	39.0	335.38	1.09	
Inpatient Visits	53.2	117.29	0.52	-	-	-	53.2	117.29	0.52	
Urgent Care/Emergency Room	291.5	79.86	1.94	-	-	-	291.5	79.86	1.94	
Office/Home Visits	2,364.8	95.15	18.75	-	-	-	2,364.8	95.15	18.75	
Preventive Care	635.1	54.98	2.91	-	-	-	635.1	54.98	2.91	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	1.1	-	-	-	-	-	1.1	-	-	
Allergy/Immunotherapy	187.0	75.72	1.18	-	-	-	187.0	75.72	1.18	
Lab/Path/Rad	2,396.7	19.98	3.99	-	-	-	2,396.7	19.98	3.99	
Office Adm. Drugs	55.4	56.32	0.26	-	-	-	55.4	56.32	0.26	
Clinic	620.0	146.32	7.56	-	-	-	620.0	146.32	7.56	
Psych/SUD	88.9	137.68	1.02	-	-	-	88.9	137.68	1.02	
Physical Therapy	592.2	43.77	2.16	-	-	-	592.2	43.77	2.16	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	283.1	100.46	2.37	-	-	-	283.1	100.46	2.37	
Subtotal	7,766.2	\$ 72.51	\$ 46.93	-	\$ 0.00	\$ 0.00	7,766.2	\$ 72.51	\$ 46.93	
Total Medical	52,322.8	\$ 85.29	\$ 371.90	-	\$ 0.00	\$ 0.00	52,322.8	\$ 85.29	\$ 371.90	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	224.5	\$ 1,587.53	\$ 29.70	-	\$ 0.00	\$ 0.00	224.5	\$ 1,587.53	\$ 29.70	
Outpatient Treatment	58,148.6	101.35	491.12	-	-	-	58,148.6	101.35	491.12	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	58,373.1	\$ 107.38	\$ 522.32	-	\$ 0.00	\$ 0.00	58,373.1	\$ 107.38	\$ 522.32	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

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



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	9,391			-			9,391		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	24.1	\$ 273.86	\$ 0.55				24.1	\$ 273.86	\$ 0.55
Home Health/Hospice	158.9	184.27	2.44				158.9	184.27	2.44
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	1.3	-	-				1.3	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	1.3	1,384.62	0.15				1.3	1,384.62	0.15
Family and community support	5,113.5	254.71	108.54				5,113.5	254.71	108.54
In-home family therapy	3,897.2	350.74	113.91				3,897.2	350.74	113.91
Respite	9,311.3	866.42	672.29				9,311.3	866.42	672.29
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	18,507.6	\$ 582.17	\$ 897.88				18,507.6	\$ 582.17	\$ 897.88
	Total LTSS Component						\$ 897.88		
	Member Financial Participation						-		
	Administrative Load						150.00		
	Gross Capitation Rate						\$ 1,047.88		
	Less Withhold						2.0% (20.96)		
	Net Capitation Rate						\$ 1,026.92		

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	20,300						-			20,300		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	2,216.4	\$ 875.20	\$ 161.65	-	\$ 0.00	\$ 0.00	2,216.4	\$ 875.20	\$ 161.65			
Psychiatric/SUD	-	-	-	-	-	-	-	-	-			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	2,216.4	\$ 875.20	\$ 161.65	-	\$ 0.00	\$ 0.00	2,216.4	\$ 875.20	\$ 161.65			
Outpatient Hospital												
Emergency Room	927.8	\$ 70.75	\$ 5.47	-	\$ 0.00	\$ 0.00	927.8	\$ 70.75	\$ 5.47			
General	59,715.3	25.87	128.75	-	-	-	59,715.3	25.87	128.75			
Subtotal	60,643.1	\$ 26.56	\$ 134.22	-	\$ 0.00	\$ 0.00	60,643.1	\$ 26.56	\$ 134.22			
Ancillary												
Pharmacy	49,623.2	\$ 51.09	\$ 211.28	-	\$ 0.00	\$ 0.00	49,623.2	\$ 51.09	\$ 211.28			
DME/Supplies/Prosthetics	7,545.6	103.64	65.17	-	-	-	7,545.6	103.64	65.17			
Ambulance	2,187.9	63.46	11.57	-	-	-	2,187.9	63.46	11.57			
Non-Emergency Transportation	3.0	120.00	0.03	-	-	-	3.0	120.00	0.03			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	176.8	8.82	0.13	-	-	-	176.8	8.82	0.13			
Podiatry	1,655.8	13.48	1.86	-	-	-	1,655.8	13.48	1.86			
Vision	1,286.0	31.26	3.35	-	-	-	1,286.0	31.26	3.35			
Other Ancillary	92.0	24.78	0.19	-	-	-	92.0	24.78	0.19			
Subtotal	62,570.3	\$ 56.30	\$ 293.58	-	\$ 0.00	\$ 0.00	62,570.3	\$ 56.30	\$ 293.58			
Professional												
Surgery	2,194.7	\$ 91.09	\$ 16.66	-	\$ 0.00	\$ 0.00	2,194.7	\$ 91.09	\$ 16.66			
Anesthesia	310.9	122.74	3.18	-	-	-	310.9	122.74	3.18			
Inpatient Visits	8,951.9	35.71	26.64	-	-	-	8,951.9	35.71	26.64			
Urgent Care/Emergency Room	803.3	55.72	3.73	-	-	-	803.3	55.72	3.73			
Office/Home Visits	4,301.0	35.66	12.78	-	-	-	4,301.0	35.66	12.78			
Preventive Care	54.2	39.85	0.18	-	-	-	54.2	39.85	0.18			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-			
Allergy/Immunotherapy	4.5	26.67	0.01	-	-	-	4.5	26.67	0.01			
Lab/Path/Rad	6,632.9	17.13	9.47	-	-	-	6,632.9	17.13	9.47			
Office Adm. Drugs	1,203.7	97.70	9.80	-	-	-	1,203.7	97.70	9.80			
Clinic	528.7	135.05	5.95	-	-	-	528.7	135.05	5.95			
Psych/SUD	2,287.3	44.17	8.42	-	-	-	2,287.3	44.17	8.42			
Physical Therapy	109.4	31.81	0.29	-	-	-	109.4	31.81	0.29			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	3,058.4	41.55	10.59	-	-	-	3,058.4	41.55	10.59			
Subtotal	30,440.9	\$ 42.46	\$ 107.70	-	\$ 0.00	\$ 0.00	30,440.9	\$ 42.46	\$ 107.70			
Total Medical	155,870.7	\$ 53.67	\$ 697.15	-	\$ 0.00	\$ 0.00	155,870.7	\$ 53.67	\$ 697.15			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	33.4	\$ 1,246.71	\$ 3.47	-	\$ 0.00	\$ 0.00	33.4	\$ 1,246.71	\$ 3.47			
Outpatient Treatment	1,359.5	92.68	10.50	-	-	-	1,359.5	92.68	10.50			
Intermediate Care	0.6	400.00	0.02	-	-	-	0.6	400.00	0.02			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	1,393.5	\$ 133.39	\$ 15.49	-	\$ 0.00	\$ 0.00	1,393.5	\$ 133.39	\$ 15.49			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

<b>Total Acute Medical Component</b>	<b>\$ 712.64</b>
Third Party Liability Adjustment	(15.69)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 30.94
<b>Gross Capitation Rate</b>	<b>\$ 735.39</b>
Less Withhold	2.0% (14.71)
<b>Net Capitation Rate</b>	<b>\$ 720.68</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	20,300			-	20,300				
	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	357,809.5	\$ 184.46	\$ 5,500.14				357,809.5	\$ 184.46	\$ 5,500.14
Home Health/Hospice	1,733.3	159.79	23.08				1,733.3	159.79	23.08
Attendant Care/Nursing/Home Aide	10.6	498.11	0.44				10.6	498.11	0.44
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	2.4	500.00	0.10				2.4	500.00	0.10
Total Long Term Services and Supports	359,556.4	\$ 184.35	\$ 5,523.79				359,556.4	\$ 184.35	\$ 5,523.79
Total LTSS Component									\$ 5,523.79
Member Financial Participation									(742.52)
Administrative Load									75.00
Gross Capitation Rate									\$ 4,856.27
Less Withhold									2.0% (97.13)
Net Capitation Rate									\$ 4,759.14

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	119,554						-	119,554		
	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	896.4	\$ 259.71	\$ 19.40	-	\$ 0.00	\$ 0.00	896.4	\$ 259.71	\$ 19.40	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	896.4	\$ 259.71	\$ 19.40	-	\$ 0.00	\$ 0.00	896.4	\$ 259.71	\$ 19.40	
Outpatient Hospital										
Emergency Room	442.4	\$ 43.94	\$ 1.62	-	\$ 0.00	\$ 0.00	442.4	\$ 43.94	\$ 1.62	
General	25,632.8	15.56	33.24	-	-	-	25,632.8	15.56	33.24	
Subtotal	26,075.2	\$ 16.04	\$ 34.86	-	\$ 0.00	\$ 0.00	26,075.2	\$ 16.04	\$ 34.86	
Ancillary										
Pharmacy	14,572.1	\$ 10.71	\$ 13.01	-	\$ 0.00	\$ 0.00	14,572.1	\$ 10.71	\$ 13.01	
DME/Supplies/Prosthetics	2,957.2	83.35	20.54	-	-	-	2,957.2	83.35	20.54	
Ambulance	687.2	60.42	3.46	-	-	-	687.2	60.42	3.46	
Non-Emergency Transportation	1.3	184.62	0.02	-	-	-	1.3	184.62	0.02	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	83.1	10.11	0.07	-	-	-	83.1	10.11	0.07	
Podiatry	1,315.6	14.50	1.59	-	-	-	1,315.6	14.50	1.59	
Vision	648.4	25.17	1.36	-	-	-	648.4	25.17	1.36	
Other Ancillary	66.4	27.11	0.15	-	-	-	66.4	27.11	0.15	
Subtotal	20,331.3	\$ 23.73	\$ 40.20	-	\$ 0.00	\$ 0.00	20,331.3	\$ 23.73	\$ 40.20	
Professional										
Surgery	734.1	\$ 37.76	\$ 2.31	-	\$ 0.00	\$ 0.00	734.1	\$ 37.76	\$ 2.31	
Anesthesia	80.1	40.45	0.27	-	-	-	80.1	40.45	0.27	
Inpatient Visits	4,619.2	20.83	8.02	-	-	-	4,619.2	20.83	8.02	
Urgent Care/Emergency Room	312.8	27.24	0.71	-	-	-	312.8	27.24	0.71	
Office/Home Visits	1,718.5	22.76	3.26	-	-	-	1,718.5	22.76	3.26	
Preventive Care	3.4	35.29	0.01	-	-	-	3.4	35.29	0.01	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	4.0	30.00	0.01	-	-	-	4.0	30.00	0.01	
Lab/Path/Rad	2,390.8	8.43	1.68	-	-	-	2,390.8	8.43	1.68	
Office Adm. Drugs	253.2	74.41	1.57	-	-	-	253.2	74.41	1.57	
Clinic	10.0	48.00	0.04	-	-	-	10.0	48.00	0.04	
Psych/SUD	957.0	20.31	1.62	-	-	-	957.0	20.31	1.62	
Physical Therapy	12.1	9.92	0.01	-	-	-	12.1	9.92	0.01	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,066.0	12.83	1.14	-	-	-	1,066.0	12.83	1.14	
Subtotal	12,161.2	\$ 20.38	\$ 20.65	-	\$ 0.00	\$ 0.00	12,161.2	\$ 20.38	\$ 20.65	
Total Medical	59,464.1	\$ 23.23	\$ 115.11	-	\$ 0.00	\$ 0.00	59,464.1	\$ 23.23	\$ 115.11	
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	

<b>Total Acute Medical Component</b>	<b>\$ 117.03</b>
Third Party Liability Adjustment	(2.30)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 5.09
<b>Gross Capitation Rate</b>	<b>\$ 127.32</b>
Less Withhold	2.0% (2.55)
<b>Net Capitation Rate</b>	<b>\$ 124.77</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	119,554			-			119,554		
	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	359,618.0	\$ 175.20	\$ 5,250.32				359,618.0	\$ 175.20	\$ 5,250.32
Home Health/Hospice	1,220.9	228.23	23.22				1,220.9	228.23	23.22
Attendant Care/Nursing/Home Aide	2.2	490.91	0.09				2.2	490.91	0.09
Supported community living	2.9	455.17	0.11				2.9	455.17	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	360,844.2	\$ 175.38	\$ 5,273.76				360,844.2	\$ 175.38	\$ 5,273.76
Total LTSS Component									\$ 5,273.76
Member Financial Participation									(1,063.19)
Administrative Load									75.00
Gross Capitation Rate									\$ 4,285.57
Less Withhold									2.0% (85.71)
Net Capitation Rate									\$ 4,199.86

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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
<b>Inpatient Hospital</b>									
Medical/Surgical	4,083.4	\$ 2,163.34	\$ 736.15	-	\$ 0.00	\$ 0.00	4,083.4	\$ 2,163.34	\$ 736.15
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	4,083.4	\$ 2,163.34	\$ 736.15	-	\$ 0.00	\$ 0.00	4,083.4	\$ 2,163.34	\$ 736.15
<b>Outpatient Hospital</b>									
Emergency Room	683.2	\$ 159.48	\$ 9.08	-	\$ 0.00	\$ 0.00	683.2	\$ 159.48	\$ 9.08
General	28,986.0	59.66	144.12	-	-	-	28,986.0	59.66	144.12
Subtotal	29,669.2	\$ 61.96	\$ 153.20	-	\$ 0.00	\$ 0.00	29,669.2	\$ 61.96	\$ 153.20
<b>Ancillary</b>									
Pharmacy	118,278.9	\$ 74.72	\$ 736.47	-	\$ 0.00	\$ 0.00	118,278.9	\$ 74.72	\$ 736.47
DME/Supplies/Prosthetics	23,147.6	241.34	465.54	-	-	-	23,147.6	241.34	465.54
Ambulance	2,951.4	68.14	16.76	-	-	-	2,951.4	68.14	16.76
Non-Emergency Transportation	12.9	148.84	0.16	-	-	-	12.9	148.84	0.16
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	631.6	57.00	3.00	-	-	-	631.6	57.00	3.00
Other Ancillary	232.0	31.55	0.61	-	-	-	232.0	31.55	0.61
Subtotal	145,254.4	\$ 101.00	\$ 1,222.54	-	\$ 0.00	\$ 0.00	145,254.4	\$ 101.00	\$ 1,222.54
<b>Professional</b>									
Surgery	2,393.8	\$ 288.80	\$ 57.61	-	\$ 0.00	\$ 0.00	2,393.8	\$ 288.80	\$ 57.61
Anesthesia	661.6	329.38	18.16	-	-	-	661.6	329.38	18.16
Inpatient Visits	12,827.9	87.62	93.66	-	-	-	12,827.9	87.62	93.66
Urgent Care/Emergency Room	749.1	108.13	6.75	-	-	-	749.1	108.13	6.75
Office/Home Visits	4,621.3	93.84	36.14	-	-	-	4,621.3	93.84	36.14
Preventive Care	39.3	100.76	0.33	-	-	-	39.3	100.76	0.33
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	10,276.4	22.46	19.23	-	-	-	10,276.4	22.46	19.23
Office Adm. Drugs	649.6	915.89	49.58	-	-	-	649.6	915.89	49.58
Clinic	108.3	136.29	1.23	-	-	-	108.3	136.29	1.23
Psych/SUD	24.0	8,420.00	16.84	-	-	-	24.0	8,420.00	16.84
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,694.6	74.64	16.76	-	-	-	2,694.6	74.64	16.76
Subtotal	35,045.9	\$ 108.30	\$ 316.29	-	\$ 0.00	\$ 0.00	35,045.9	\$ 108.30	\$ 316.29
<b>Total Medical</b>	<b>214,052.9</b>	<b>\$ 136.13</b>	<b>\$ 2,428.18</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>214,052.9</b>	<b>\$ 136.13</b>	<b>\$ 2,428.18</b>
<b>Category of Service - Iowa Plan for BH</b>									
Inpatient Treatment	35.5	\$ 1,987.61	\$ 5.88	-	\$ 0.00	\$ 0.00	35.5	\$ 1,987.61	\$ 5.88
Outpatient Treatment	279.7	110.69	2.58	-	-	-	279.7	110.69	2.58
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
<b>Total Behavioral Health</b>	<b>315.2</b>	<b>\$ 379.19</b>	<b>\$ 9.96</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>315.2</b>	<b>\$ 379.19</b>	<b>\$ 9.96</b>
<b>Short Term Institutional / HCBS</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

<b>Total Acute Medical Component</b>		<b>\$ 2,438.14</b>
Third Party Liability Adjustment		(78.92)
Copayment Adjustment		-
Retroactivity Adjustment		-
<b>Administrative Load</b>		
Non-emergency medical transportation		7.50
Other administrative expense	4.25%	104.72
<b>Gross Capitation Rate</b>		<b>\$ 2,471.44</b>
Less Withhold	2.0%	(49.43)
<b>Net Capitation Rate</b>		<b>\$ 2,422.01</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	353,789.2	\$ 767.93	\$ 22,640.54				353,789.2	\$ 767.93	\$ 22,640.54	
Home Health/Hospice	1,276.0	623.13	66.26				1,276.0	623.13	66.26	
Attendant Care/Nursing/Home Aide	12.7	897.64	0.95				12.7	897.64	0.95	
Supported community living	-	-	-				-	-	-	
Adult day care	-	-	-				-	-	-	
Day Habilitation	-	-	-				-	-	-	
Env/home and vehicle mod	-	-	-				-	-	-	
Family and community support	-	-	-				-	-	-	
In-home family therapy	-	-	-				-	-	-	
Respite	-	-	-				-	-	-	
Waiver Transportation	-	-	-				-	-	-	
Other HCBS waiver	-	-	-				-	-	-	
Total Long Term Services and Supports	355,077.9	\$ 767.42	\$ 22,707.75				355,077.9	\$ 767.42	\$ 22,707.75	
Total LTSS Component										\$ 22,707.75
Member Financial Participation										(169.80)
Administrative Load										75.00
Gross Capitation Rate										\$ 22,612.95
Less Withhold										2.0% (452.26)
Net Capitation Rate										\$ 22,160.69

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Residential Care Facility

Member Months	8,517			-			8,517		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	986.1	\$ 619.65	\$ 50.92	-	\$ 0.00	\$ 0.00	986.1	\$ 619.65	\$ 50.92
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	5.4	1,244.44	0.56	-	-	-	5.4	1,244.44	0.56
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	991.5	\$ 623.06	\$ 51.48	-	\$ 0.00	\$ 0.00	991.5	\$ 623.06	\$ 51.48
Outpatient Hospital									
Emergency Room	892.7	\$ 74.47	\$ 5.54	-	\$ 0.00	\$ 0.00	892.7	\$ 74.47	\$ 5.54
General	21,882.8	39.98	72.91	-	-	-	21,882.8	39.98	72.91
Subtotal	22,775.5	\$ 41.33	\$ 78.45	-	\$ 0.00	\$ 0.00	22,775.5	\$ 41.33	\$ 78.45
Ancillary									
Pharmacy	47,189.8	\$ 68.70	\$ 270.16	-	\$ 0.00	\$ 0.00	47,189.8	\$ 68.70	\$ 270.16
DME/Supplies/Prosthetics	3,754.2	44.62	13.96	-	-	-	3,754.2	44.62	13.96
Ambulance	624.2	75.94	3.95	-	-	-	624.2	75.94	3.95
Non-Emergency Transportation	2.6	92.31	0.02	-	-	-	2.6	92.31	0.02
Home Health/Hospice	1,581.5	171.63	22.62	-	-	-	1,581.5	171.63	22.62
Chiropractic Services	489.9	9.31	0.38	-	-	-	489.9	9.31	0.38
Podiatry	1,010.0	17.23	1.45	-	-	-	1,010.0	17.23	1.45
Vision	1,707.9	33.87	4.82	-	-	-	1,707.9	33.87	4.82
Other Ancillary	471.4	33.35	1.31	-	-	-	471.4	33.35	1.31
Subtotal	56,831.5	\$ 67.29	\$ 318.67	-	\$ 0.00	\$ 0.00	56,831.5	\$ 67.29	\$ 318.67
Professional									
Surgery	1,125.4	\$ 75.17	\$ 7.05	-	\$ 0.00	\$ 0.00	1,125.4	\$ 75.17	\$ 7.05
Anesthesia	392.1	59.98	1.96	-	-	-	392.1	59.98	1.96
Inpatient Visits	2,418.7	26.54	5.35	-	-	-	2,418.7	26.54	5.35
Urgent Care/Emergency Room	616.0	53.57	2.75	-	-	-	616.0	53.57	2.75
Office/Home Visits	6,890.5	33.94	19.49	-	-	-	6,890.5	33.94	19.49
Preventive Care	333.5	74.84	2.08	-	-	-	333.5	74.84	2.08
Maternity - Delivery	1.2	1,400.00	0.14	-	-	-	1.2	1,400.00	0.14
Maternity - Non-Delivery	7.3	131.51	0.08	-	-	-	7.3	131.51	0.08
Allergy/Immunotherapy	3.6	33.33	0.01	-	-	-	3.6	33.33	0.01
Lab/Path/Rad	4,342.8	15.94	5.77	-	-	-	4,342.8	15.94	5.77
Office Adm. Drugs	389.6	17.25	0.56	-	-	-	389.6	17.25	0.56
Clinic	584.5	147.41	7.18	-	-	-	584.5	147.41	7.18
Psych/SUD	2,127.4	25.55	4.53	-	-	-	2,127.4	25.55	4.53
Physical Therapy	273.5	21.06	0.48	-	-	-	273.5	21.06	0.48
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,300.9	19.74	2.14	-	-	-	1,300.9	19.74	2.14
Subtotal	20,807.0	\$ 34.36	\$ 59.57	-	\$ 0.00	\$ 0.00	20,807.0	\$ 34.36	\$ 59.57
Total Medical	101,405.5	\$ 60.14	\$ 508.17	-	\$ 0.00	\$ 0.00	101,405.5	\$ 60.14	\$ 508.17
Category of Service - Iowa Plan for BH									
Inpatient Treatment	225.8	\$ 3,092.47	\$ 58.19	-	\$ 0.00	\$ 0.00	225.8	\$ 3,092.47	\$ 58.19
Outpatient Treatment	106,804.3	121.03	1,077.22	-	-	-	106,804.3	121.03	1,077.22
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	107,030.1	\$ 127.47	\$ 1,136.91	-	\$ 0.00	\$ 0.00	107,030.1	\$ 127.47	\$ 1,136.91
Short Term Institutional / HCBS	612.0	\$ 164.12	\$ 8.37	-	\$ 0.00	\$ 0.00	612.0	\$ 164.12	\$ 8.37

<b>Total Acute Medical Component</b>	<b>\$ 1,653.45</b>
Third Party Liability Adjustment	(13.97)
Copayment Adjustment	(0.29)
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 128.13
<b>Gross Capitation Rate</b>	<b>\$ 1,774.82</b>
Less Withhold	2.0% (35.50)
<b>Net Capitation Rate</b>	<b>\$ 1,739.32</b>



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: ICF/MR

Member Months	18,095						-			18,095		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	760.3	\$ 858.77	\$ 54.41	-	\$ 0.00	\$ 0.00	760.3	\$ 858.77	\$ 54.41			
Psychiatric/SUD	-	-	-	-	-	-	-	-	-			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	760.3	\$ 858.77	\$ 54.41	-	\$ 0.00	\$ 0.00	760.3	\$ 858.77	\$ 54.41			
Outpatient Hospital												
Emergency Room	542.1	\$ 78.14	\$ 3.53	-	\$ 0.00	\$ 0.00	542.1	\$ 78.14	\$ 3.53			
General	12,995.2	46.59	50.45	-	-	-	12,995.2	46.59	50.45			
Subtotal	13,537.3	\$ 47.85	\$ 53.98	-	\$ 0.00	\$ 0.00	13,537.3	\$ 47.85	\$ 53.98			
Ancillary												
Pharmacy	43,386.2	\$ 60.90	\$ 220.18	-	\$ 0.00	\$ 0.00	43,386.2	\$ 60.90	\$ 220.18			
DME/Supplies/Prosthetics	4,851.1	137.19	55.46	-	-	-	4,851.1	137.19	55.46			
Ambulance	403.1	68.47	2.30	-	-	-	403.1	68.47	2.30			
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	100.9	11.89	0.10	-	-	-	100.9	11.89	0.10			
Podiatry	605.0	16.66	0.84	-	-	-	605.0	16.66	0.84			
Vision	1,381.1	34.49	3.97	-	-	-	1,381.1	34.49	3.97			
Other Ancillary	808.1	18.56	1.25	-	-	-	808.1	18.56	1.25			
Subtotal	51,535.5	\$ 66.15	\$ 284.10	-	\$ 0.00	\$ 0.00	51,535.5	\$ 66.15	\$ 284.10			
Professional												
Surgery	1,200.0	\$ 66.70	\$ 6.67	-	\$ 0.00	\$ 0.00	1,200.0	\$ 66.70	\$ 6.67			
Anesthesia	273.1	129.62	2.95	-	-	-	273.1	129.62	2.95			
Inpatient Visits	2,277.2	32.72	6.21	-	-	-	2,277.2	32.72	6.21			
Urgent Care/Emergency Room	405.1	48.28	1.63	-	-	-	405.1	48.28	1.63			
Office/Home Visits	4,393.6	35.07	12.84	-	-	-	4,393.6	35.07	12.84			
Preventive Care	603.0	79.40	3.99	-	-	-	603.0	79.40	3.99			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-			
Allergy/Immunotherapy	10.6	45.28	0.04	-	-	-	10.6	45.28	0.04			
Lab/Path/Rad	3,009.4	11.44	2.87	-	-	-	3,009.4	11.44	2.87			
Office Adm. Drugs	422.3	302.63	10.65	-	-	-	422.3	302.63	10.65			
Clinic	248.0	135.00	2.79	-	-	-	248.0	135.00	2.79			
Psych/SUD	394.8	24.32	0.80	-	-	-	394.8	24.32	0.80			
Physical Therapy	40.9	17.60	0.06	-	-	-	40.9	17.60	0.06			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	835.7	29.44	2.05	-	-	-	835.7	29.44	2.05			
Subtotal	14,113.7	\$ 45.53	\$ 53.55	-	\$ 0.00	\$ 0.00	14,113.7	\$ 45.53	\$ 53.55			
Total Medical	79,946.8	\$ 66.95	\$ 446.04	-	\$ 0.00	\$ 0.00	79,946.8	\$ 66.95	\$ 446.04			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	27.0	\$ 1,835.56	\$ 4.13	-	\$ 0.00	\$ 0.00	27.0	\$ 1,835.56	\$ 4.13			
Outpatient Treatment	1,336.1	55.50	6.18	-	-	-	1,336.1	55.50	6.18			
Intermediate Care	-	-	-	-	-	-	-	-	-			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	1,363.1	\$ 103.97	\$ 11.81	-	\$ 0.00	\$ 0.00	1,363.1	\$ 103.97	\$ 11.81			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

<b>Total Acute Medical Component</b>	<b>\$ 457.85</b>
Third Party Liability Adjustment	(10.04)
Copayment Adjustment	-
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 19.88
<b>Gross Capitation Rate</b>	<b>\$ 475.19</b>
Less Withhold	2.0% (9.50)
<b>Net Capitation Rate</b>	<b>\$ 465.69</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	359,195.9	\$ 358.75	\$ 10,738.46				359,195.9	\$ 358.75	\$ 10,738.46
Home Health/Hospice	412.5	60.51	2.08				412.5	60.51	2.08
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	359,608.4	\$ 358.41	\$ 10,740.54				359,608.4	\$ 358.41	\$ 10,740.54
Total LTSS Component				\$ 10,740.54					
Member Financial Participation				(590.62)					
Administrative Load				75.00					
Gross Capitation Rate				\$ 10,224.92					
Less Withhold				2.0% (204.50)					
Net Capitation Rate				\$ 10,020.42					

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

**Region: Statewide**  
**Rate Cell: State Resource Center**

Member Months	4,880			-			4,880		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	889.3	\$ 507.37	\$ 37.60	-	\$ 0.00	\$ 0.00	889.3	\$ 507.37	\$ 37.60
Psychiatric/SUD	37.9	810.55	2.56	-	-	-	37.9	810.55	2.56
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	927.2	\$ 519.76	\$ 40.16	-	\$ 0.00	\$ 0.00	927.2	\$ 519.76	\$ 40.16
Outpatient Hospital									
Emergency Room	259.8	\$ 48.04	\$ 1.04	-	\$ 0.00	\$ 0.00	259.8	\$ 48.04	\$ 1.04
General	9,572.2	28.86	23.02	-	-	-	9,572.2	28.86	23.02
Subtotal	9,832.0	\$ 29.37	\$ 24.06	-	\$ 0.00	\$ 0.00	9,832.0	\$ 29.37	\$ 24.06
Ancillary									
Pharmacy	214.0	\$ 30.28	\$ 0.54	-	\$ 0.00	\$ 0.00	214.0	\$ 30.28	\$ 0.54
DME/Supplies/Prosthetics	892.7	148.40	11.04	-	-	-	892.7	148.40	11.04
Ambulance	971.7	59.03	4.78	-	-	-	971.7	59.03	4.78
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	325.4	24.34	0.66	-	-	-	325.4	24.34	0.66
Vision	753.2	46.84	2.94	-	-	-	753.2	46.84	2.94
Other Ancillary	985.7	20.70	1.70	-	-	-	985.7	20.70	1.70
Subtotal	4,142.7	\$ 62.74	\$ 21.66	-	\$ 0.00	\$ 0.00	4,142.7	\$ 62.74	\$ 21.66
Professional									
Surgery	815.4	\$ 58.57	\$ 3.98	-	\$ 0.00	\$ 0.00	815.4	\$ 58.57	\$ 3.98
Anesthesia	366.5	72.36	2.21	-	-	-	366.5	72.36	2.21
Inpatient Visits	3,460.1	23.24	6.70	-	-	-	3,460.1	23.24	6.70
Urgent Care/Emergency Room	538.2	40.13	1.80	-	-	-	538.2	40.13	1.80
Office/Home Visits	2,412.2	32.44	6.52	-	-	-	2,412.2	32.44	6.52
Preventive Care	2.4	100.00	0.02	-	-	-	2.4	100.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	305.7	42.00	1.07	-	-	-	305.7	42.00	1.07
Lab/Path/Rad	4,394.9	11.93	4.37	-	-	-	4,394.9	11.93	4.37
Office Adm. Drugs	125.8	274.72	2.88	-	-	-	125.8	274.72	2.88
Clinic	2.2	163.64	0.03	-	-	-	2.2	163.64	0.03
Psych/SUD	26.0	1,352.31	2.93	-	-	-	26.0	1,352.31	2.93
Physical Therapy	2.2	-	-	-	-	-	2.2	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	882.6	16.45	1.21	-	-	-	882.6	16.45	1.21
Subtotal	13,334.2	\$ 30.35	\$ 33.72	-	\$ 0.00	\$ 0.00	13,334.2	\$ 30.35	\$ 33.72
Total Medical	28,236.1	\$ 50.83	\$ 119.60	-	\$ 0.00	\$ 0.00	28,236.1	\$ 50.83	\$ 119.60
Category of Service - Iowa Plan for BH									
Inpatient Treatment	245.1	\$ 1,250.92	\$ 25.55	-	\$ 0.00	\$ 0.00	245.1	\$ 1,250.92	\$ 25.55
Outpatient Treatment	3,779.0	60.05	18.91	-	-	-	3,779.0	60.05	18.91
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	4,024.1	\$ 137.05	\$ 45.96	-	\$ 0.00	\$ 0.00	4,024.1	\$ 137.05	\$ 45.96
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: State Resource Center

Member Months 4,880 - 4,880

Category of Service - LTSS (Institutional & Waiver)	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	360,573.6	\$ 881.19	\$ 26,477.80				360,573.6	\$ 881.19	\$ 26,477.80
Home Health/Hospice	6.9	660.87	0.38				6.9	660.87	0.38
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	-	-	-				-	-	-
<b>Total Long Term Services and Supports</b>	<b>360,597.8</b>	<b>\$ 881.15</b>	<b>\$ 26,478.32</b>				<b>360,597.8</b>	<b>\$ 881.15</b>	<b>\$ 26,478.32</b>

Total LTSS Component	\$ 26,478.32
Member Financial Participation	(728.14)
Administrative Load	75.00
<b>Gross Capitation Rate</b>	<b>\$ 25,825.18</b>
Less Withhold	2.0% (516.50)
<b>Net Capitation Rate</b>	<b>\$ 25,308.68</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide  
Rate Cell: Breast and Cervical Cancer

Member Months	2,694			-			2,694		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	495.0	\$ 2,757.82	\$ 113.76	-	\$ 0.00	\$ 0.00	495.0	\$ 2,757.82	\$ 113.76
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	495.0	\$ 2,757.82	\$ 113.76	-	\$ 0.00	\$ 0.00	495.0	\$ 2,757.82	\$ 113.76
Outpatient Hospital									
Emergency Room	958.9	\$ 102.24	\$ 8.17	-	\$ 0.00	\$ 0.00	958.9	\$ 102.24	\$ 8.17
General	41,628.0	160.90	558.15	-	-	-	41,628.0	160.90	558.15
Subtotal	42,586.9	\$ 159.58	\$ 566.32	-	\$ 0.00	\$ 0.00	42,586.9	\$ 159.58	\$ 566.32
Ancillary									
Pharmacy	38,856.8	\$ 79.20	\$ 256.47	-	\$ 0.00	\$ 0.00	38,856.8	\$ 79.20	\$ 256.47
DME/Supplies/Prosthetics	1,675.1	133.82	18.68	-	-	-	1,675.1	133.82	18.68
Ambulance	182.2	93.52	1.42	-	-	-	182.2	93.52	1.42
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	855.4	183.21	13.06	-	-	-	855.4	183.21	13.06
Chiropractic Services	23.8	20.17	0.04	-	-	-	23.8	20.17	0.04
Podiatry	-	-	-	-	-	-	-	-	-
Vision	1,009.9	42.18	3.55	-	-	-	1,009.9	42.18	3.55
Other Ancillary	1,211.8	32.88	3.32	-	-	-	1,211.8	32.88	3.32
Subtotal	43,815.0	\$ 81.22	\$ 296.54	-	\$ 0.00	\$ 0.00	43,815.0	\$ 81.22	\$ 296.54
Professional									
Surgery	2,514.8	\$ 301.91	\$ 63.27	-	\$ 0.00	\$ 0.00	2,514.8	\$ 301.91	\$ 63.27
Anesthesia	615.1	264.35	13.55	-	-	-	615.1	264.35	13.55
Inpatient Visits	685.8	81.71	4.67	-	-	-	685.8	81.71	4.67
Urgent Care/Emergency Room	610.7	89.80	4.57	-	-	-	610.7	89.80	4.57
Office/Home Visits	11,861.1	67.13	66.35	-	-	-	11,861.1	67.13	66.35
Preventive Care	651.0	43.13	2.34	-	-	-	651.0	43.13	2.34
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	152.9	25.11	0.32	-	-	-	152.9	25.11	0.32
Lab/Path/Rad	25,048.1	50.39	105.19	-	-	-	25,048.1	50.39	105.19
Office Adm. Drugs	12,941.6	349.30	376.71	-	-	-	12,941.6	349.30	376.71
Clinic	771.6	147.74	9.50	-	-	-	771.6	147.74	9.50
Psych/SUD	-	-	-	-	-	-	-	-	-
Physical Therapy	1,987.1	27.05	4.48	-	-	-	1,987.1	27.05	4.48
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,841.5	46.07	7.07	-	-	-	1,841.5	46.07	7.07
Subtotal	59,681.3	\$ 132.31	\$ 658.02	-	\$ 0.00	\$ 0.00	59,681.3	\$ 132.31	\$ 658.02
Total Medical	146,578.2	\$ 133.82	\$ 1,634.64	-	\$ 0.00	\$ 0.00	146,578.2	\$ 133.82	\$ 1,634.64
Category of Service - Iowa Plan for BH									
Inpatient Treatment	16.3	\$ 1,170.55	\$ 1.59	-	\$ 0.00	\$ 0.00	16.3	\$ 1,170.55	\$ 1.59
Outpatient Treatment	1,473.6	76.79	9.43	-	-	-	1,473.6	76.79	9.43
Intermediate Care	12.9	1,023.26	1.10	-	-	-	12.9	1,023.26	1.10
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,502.8	\$ 108.76	\$ 13.62	-	\$ 0.00	\$ 0.00	1,502.8	\$ 108.76	\$ 13.62
Short Term Institutional / HCBS	13.1	\$ 2,235.11	\$ 2.44	-	\$ 0.00	\$ 0.00	13.1	\$ 2,235.11	\$ 2.44
Total Acute Medical Component									\$ 1,650.70
Third Party Liability Adjustment									(36.78)
Copayment Adjustment									(7.39)
Retroactivity Adjustment									(66.03)
Administrative Load									
Non-emergency medical transportation									7.50
Other aministrative expense									7.25% 120.42
Gross Capitation Rate									\$ 1,668.42
Less Withhold									2.0% (33.37)
Net Capitation Rate									\$ 1,635.05

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

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

Member Months	315,371			-			315,371		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,241.3	\$ 325.40	\$ 33.66	-	\$ 0.00	\$ 0.00	1,241.3	\$ 325.40	\$ 33.66
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,241.3	\$ 325.40	\$ 33.66	-	\$ 0.00	\$ 0.00	1,241.3	\$ 325.40	\$ 33.66
Outpatient Hospital									
Emergency Room	1,566.3	\$ 37.85	\$ 4.94	-	\$ 0.00	\$ 0.00	1,566.3	\$ 37.85	\$ 4.94
General	31,661.8	25.76	67.96	-	-	-	31,661.8	25.76	67.96
Subtotal	33,228.1	\$ 26.33	\$ 72.90	-	\$ 0.00	\$ 0.00	33,228.1	\$ 26.33	\$ 72.90
Ancillary									
Pharmacy	1,752.1	\$ 25.41	\$ 3.71	-	\$ 0.00	\$ 0.00	1,752.1	\$ 25.41	\$ 3.71
DME/Supplies/Prosthetics	4,202.3	28.87	10.11	-	-	-	4,202.3	28.87	10.11
Ambulance	491.6	56.63	2.32	-	-	-	491.6	56.63	2.32
Non-Emergency Transportation	1.8	66.67	0.01	-	-	-	1.8	66.67	0.01
Home Health/Hospice	2,178.0	116.75	21.19	-	-	-	2,178.0	116.75	21.19
Chiropractic Services	1,337.2	9.15	1.02	-	-	-	1,337.2	9.15	1.02
Podiatry	442.4	16.82	0.62	-	-	-	442.4	16.82	0.62
Vision	1,145.2	25.15	2.40	-	-	-	1,145.2	25.15	2.40
Other Ancillary	73.7	9.77	0.06	-	-	-	73.7	9.77	0.06
Subtotal	11,624.3	\$ 42.78	\$ 41.44	-	\$ 0.00	\$ 0.00	11,624.3	\$ 42.78	\$ 41.44
Professional									
Surgery	1,658.8	\$ 50.35	\$ 6.96	-	\$ 0.00	\$ 0.00	1,658.8	\$ 50.35	\$ 6.96
Anesthesia	293.4	47.03	1.15	-	-	-	293.4	47.03	1.15
Inpatient Visits	2,866.7	19.38	4.63	-	-	-	2,866.7	19.38	4.63
Urgent Care/Emergency Room	1,114.1	25.74	2.39	-	-	-	1,114.1	25.74	2.39
Office/Home Visits	8,308.7	22.93	15.88	-	-	-	8,308.7	22.93	15.88
Preventive Care	115.3	65.57	0.63	-	-	-	115.3	65.57	0.63
Maternity - Delivery	3.5	308.57	0.09	-	-	-	3.5	308.57	0.09
Maternity - Non-Delivery	13.5	44.44	0.05	-	-	-	13.5	44.44	0.05
Allergy/Immunotherapy	100.4	11.95	0.10	-	-	-	100.4	11.95	0.10
Lab/Path/Rad	3,952.7	10.56	3.48	-	-	-	3,952.7	10.56	3.48
Office Adm. Drugs	1,541.2	61.28	7.87	-	-	-	1,541.2	61.28	7.87
Clinic	21.9	76.71	0.14	-	-	-	21.9	76.71	0.14
Psych/SUD	1,774.9	35.02	5.18	-	-	-	1,774.9	35.02	5.18
Physical Therapy	1,082.4	8.65	0.78	-	-	-	1,082.4	8.65	0.78
Family Planning	0.4	-	-	-	-	-	0.4	-	-
Other Professional	2,348.7	17.68	3.46	-	-	-	2,348.7	17.68	3.46
Subtotal	25,196.6	\$ 25.14	\$ 52.79	-	\$ 0.00	\$ 0.00	25,196.6	\$ 25.14	\$ 52.79
Total Medical	71,290.3	\$ 33.80	\$ 200.79	-	\$ 0.00	\$ 0.00	71,290.3	\$ 33.80	\$ 200.79
Category of Service - Iowa Plan for BH									
Inpatient Treatment	1.8	\$ 3,000.00	\$ 0.45	-	\$ 0.00	\$ 0.00	1.8	\$ 3,000.00	\$ 0.45
Outpatient Treatment	20,223.2	126.38	212.99	-	-	-	20,223.2	126.38	212.99
Intermediate Care	42.4	430.19	1.52	-	-	-	42.4	430.19	1.52
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	20,267.4	\$ 128.16	\$ 216.46	-	\$ 0.00	\$ 0.00	20,267.4	\$ 128.16	\$ 216.46
Short Term Institutional / HCBS	284.5	\$ 195.71	\$ 4.64	-	\$ 0.00	\$ 0.00	284.5	\$ 195.71	\$ 4.64
Total Acute Medical Component									\$ 421.89
Third Party Liability Adjustment									(8.03)
Copayment Adjustment									(2.25)
Retroactivity Adjustment									(1.05)
Administrative Load									
Non-emergency medical transportation									7.50
Other aministrative expense									6.25% 27.37
Gross Capitation Rate									\$ 445.43
Less Withhold									2.0% (8.91)
Net Capitation Rate									\$ 436.52

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	71,746			-			71,746		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	975.7	\$ 296.16	\$ 24.08	-	\$ 0.00	\$ 0.00	975.7	\$ 296.16	\$ 24.08
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	975.7	\$ 296.16	\$ 24.08	-	\$ 0.00	\$ 0.00	975.7	\$ 296.16	\$ 24.08
Outpatient Hospital									
Emergency Room	671.2	\$ 45.05	\$ 2.52	-	\$ 0.00	\$ 0.00	671.2	\$ 45.05	\$ 2.52
General	19,229.1	28.50	45.67	-	-	-	19,229.1	28.50	45.67
Subtotal	19,900.3	\$ 29.06	\$ 48.19	-	\$ 0.00	\$ 0.00	19,900.3	\$ 29.06	\$ 48.19
Ancillary									
Pharmacy	2,352.1	\$ 23.11	\$ 4.53	-	\$ 0.00	\$ 0.00	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,332.8	32.55	9.04	-	-	-	3,332.8	32.55	9.04
Ambulance	519.3	61.24	2.65	-	-	-	519.3	61.24	2.65
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	1,841.6	105.56	16.20	-	-	-	1,841.6	105.56	16.20
Chiropractic Services	676.7	9.58	0.54	-	-	-	676.7	9.58	0.54
Podiatry	423.3	15.88	0.56	-	-	-	423.3	15.88	0.56
Vision	1,087.6	23.28	2.11	-	-	-	1,087.6	23.28	2.11
Other Ancillary	87.4	16.48	0.12	-	-	-	87.4	16.48	0.12
Subtotal	10,320.8	\$ 41.57	\$ 35.75	-	\$ 0.00	\$ 0.00	10,320.8	\$ 41.57	\$ 35.75
Professional									
Surgery	1,408.4	\$ 53.34	\$ 6.26	-	\$ 0.00	\$ 0.00	1,408.4	\$ 53.34	\$ 6.26
Anesthesia	224.2	47.10	0.88	-	-	-	224.2	47.10	0.88
Inpatient Visits	3,423.4	19.98	5.70	-	-	-	3,423.4	19.98	5.70
Urgent Care/Emergency Room	585.0	28.92	1.41	-	-	-	585.0	28.92	1.41
Office/Home Visits	5,312.8	24.21	10.72	-	-	-	5,312.8	24.21	10.72
Preventive Care	42.4	53.77	0.19	-	-	-	42.4	53.77	0.19
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	22.9	10.48	0.02	-	-	-	22.9	10.48	0.02
Lab/Path/Rad	3,436.1	10.62	3.04	-	-	-	3,436.1	10.62	3.04
Office Adm. Drugs	1,018.0	46.21	3.92	-	-	-	1,018.0	46.21	3.92
Clinic	21.6	77.78	0.14	-	-	-	21.6	77.78	0.14
Psych/SUD	242.5	38.60	0.78	-	-	-	242.5	38.60	0.78
Physical Therapy	453.6	9.52	0.36	-	-	-	453.6	9.52	0.36
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,337.4	14.02	2.73	-	-	-	2,337.4	14.02	2.73
Subtotal	18,528.3	\$ 23.41	\$ 36.15	-	\$ 0.00	\$ 0.00	18,528.3	\$ 23.41	\$ 36.15
Total Medical	49,725.1	\$ 34.79	\$ 144.17	-	\$ 0.00	\$ 0.00	49,725.1	\$ 34.79	\$ 144.17
Category of Service - Iowa Plan for BH									
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	-	\$ 0.00	\$ 0.00	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	2,070.9	198.06	34.18	-	-	-	2,070.9	198.06	34.18
Intermediate Care	1.9	694.74	0.11	-	-	-	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,073.3	\$ 207.67	\$ 35.88	-	\$ 0.00	\$ 0.00	2,073.3	\$ 207.67	\$ 35.88
Short Term Institutional / HCBS	5,286.4	\$ 175.29	\$ 77.22	-	\$ 0.00	\$ 0.00	5,286.4	\$ 175.29	\$ 77.22
Total Acute Medical Component \$ 257.27									
Third Party Liability Adjustment (3.96)									
Copayment Adjustment (20.20)									
Retroactivity Adjustment (30.87)									
Administrative Load									
Non-emergency medical transportation 7.50									
Other aministrative expense 6.25% 13.48									
Gross Capitation Rate \$ 223.22									
Less Withhold 2.0% (4.46)									
Net Capitation Rate \$ 218.76									

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 2016 to June 2017 Capitation Rate Summary**

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

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



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

Region: Statewide

Rate Cell: Children in a Psychiatric Mental Institute

Member Months 5,793 - 5,793

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

Total LTSS Component	\$ 5,583.04
Member Financial Participation	-
Administrative Load	75.00
<b>Gross Capitation Rate</b>	<b>\$ 5,658.04</b>
Less Withhold	2.0% (113.16)
<b>Net Capitation Rate</b>	<b>\$ 5,544.88</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	1,831						-			1,831		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient Hospital												
Medical/Surgical	7,212.1	\$ 1,193.11	\$ 717.07	-	\$ 0.00	\$ 0.00	7,212.1	\$ 1,193.11	\$ 717.07			
Psychiatric/SUD	-	-	-	-	-	-	-	-	-			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-			
Well Newborn	-	-	-	-	-	-	-	-	-			
Other Newborn	-	-	-	-	-	-	-	-	-			
Subtotal	7,212.1	\$ 1,193.11	\$ 717.07	-	\$ 0.00	\$ 0.00	7,212.1	\$ 1,193.11	\$ 717.07			
Outpatient Hospital												
Emergency Room	1,860.6	\$ 83.84	\$ 13.00	-	\$ 0.00	\$ 0.00	1,860.6	\$ 83.84	\$ 13.00			
General	41,577.4	56.70	196.45	-	-	-	41,577.4	56.70	196.45			
Subtotal	43,438.0	\$ 57.86	\$ 209.45	-	\$ 0.00	\$ 0.00	43,438.0	\$ 57.86	\$ 209.45			
Ancillary												
Pharmacy	22,354.9	\$ 75.19	\$ 140.07	-	\$ 0.00	\$ 0.00	22,354.9	\$ 75.19	\$ 140.07			
DME/Supplies/Prosthetics	4,861.7	61.11	24.76	-	-	-	4,861.7	61.11	24.76			
Ambulance	4,124.9	77.27	26.56	-	-	-	4,124.9	77.27	26.56			
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-			
Home Health/Hospice	-	-	-	-	-	-	-	-	-			
Chiropractic Services	126.5	18.97	0.20	-	-	-	126.5	18.97	0.20			
Podiatry	472.7	14.22	0.56	-	-	-	472.7	14.22	0.56			
Vision	520.8	33.18	1.44	-	-	-	520.8	33.18	1.44			
Other Ancillary	37.7	22.28	0.07	-	-	-	37.7	22.28	0.07			
Subtotal	32,499.2	\$ 71.51	\$ 193.66	-	\$ 0.00	\$ 0.00	32,499.2	\$ 71.51	\$ 193.66			
Professional												
Surgery	2,510.5	\$ 141.87	\$ 29.68	-	\$ 0.00	\$ 0.00	2,510.5	\$ 141.87	\$ 29.68			
Anesthesia	424.9	150.81	5.34	-	-	-	424.9	150.81	5.34			
Inpatient Visits	23,077.1	50.74	97.58	-	-	-	23,077.1	50.74	97.58			
Urgent Care/Emergency Room	1,933.4	71.63	11.54	-	-	-	1,933.4	71.63	11.54			
Office/Home Visits	4,062.8	51.36	17.39	-	-	-	4,062.8	51.36	17.39			
Preventive Care	71.4	28.57	0.17	-	-	-	71.4	28.57	0.17			
Maternity - Delivery	-	-	-	-	-	-	-	-	-			
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-			
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-			
Lab/Path/Rad	13,210.4	26.83	29.54	-	-	-	13,210.4	26.83	29.54			
Office Adm. Drugs	2,642.8	146.84	32.34	-	-	-	2,642.8	146.84	32.34			
Clinic	628.0	143.69	7.52	-	-	-	628.0	143.69	7.52			
Psych/SUD	131.0	25.65	0.28	-	-	-	131.0	25.65	0.28			
Physical Therapy	74.9	11.21	0.07	-	-	-	74.9	11.21	0.07			
Family Planning	-	-	-	-	-	-	-	-	-			
Other Professional	3,371.4	24.13	6.78	-	-	-	3,371.4	24.13	6.78			
Subtotal	52,138.6	\$ 54.83	\$ 238.23	-	\$ 0.00	\$ 0.00	52,138.6	\$ 54.83	\$ 238.23			
Total Medical	135,287.9	\$ 120.49	\$ 1,358.41	-	\$ 0.00	\$ 0.00	135,287.9	\$ 120.49	\$ 1,358.41			
Category of Service - Iowa Plan for BH												
Inpatient Treatment	73.7	\$ 61.87	\$ 0.38	-	\$ 0.00	\$ 0.00	73.7	\$ 61.87	\$ 0.38			
Outpatient Treatment	3,845.4	21.00	6.73	-	-	-	3,845.4	21.00	6.73			
Intermediate Care	-	-	-	-	-	-	-	-	-			
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50			
Total Behavioral Health	3,919.1	\$ 26.36	\$ 8.61	-	\$ 0.00	\$ 0.00	3,919.1	\$ 26.36	\$ 8.61			
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	3,890.3	\$ 170.89	\$ 55.40				3,890.3	\$ 170.89	\$ 55.40
Home Health/Hospice	48,431.5	820.02	3,309.56				48,431.5	820.02	3,309.56
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	52,321.8	\$ 771.75	\$ 3,364.96				52,321.8	\$ 771.75	\$ 3,364.96
Total LTSS Component									\$ 3,364.96
Member Financial Participation									(328.08)
Administrative Load									75.00
Gross Capitation Rate									\$ 3,111.88
Less Withhold									2.0% (62.24)
Net Capitation Rate									\$ 3,049.64

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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

Member Months	7,556			-			7,556		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	575.5	\$ 257.31	\$ 12.34	-	\$ 0.00	\$ 0.00	575.5	\$ 257.31	\$ 12.34
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	575.5	\$ 257.31	\$ 12.34	-	\$ 0.00	\$ 0.00	575.5	\$ 257.31	\$ 12.34
Outpatient Hospital									
Emergency Room	333.9	\$ 43.49	\$ 1.21	-	\$ 0.00	\$ 0.00	333.9	\$ 43.49	\$ 1.21
General	7,593.5	16.85	10.66	-	-	-	7,593.5	16.85	10.66
Subtotal	7,927.4	\$ 17.97	\$ 11.87	-	\$ 0.00	\$ 0.00	7,927.4	\$ 17.97	\$ 11.87
Ancillary									
Pharmacy	4,834.6	\$ 11.07	\$ 4.46	-	\$ 0.00	\$ 0.00	4,834.6	\$ 11.07	\$ 4.46
DME/Supplies/Prosthetics	1,695.7	62.28	8.80	-	-	-	1,695.7	62.28	8.80
Ambulance	828.5	56.63	3.91	-	-	-	828.5	56.63	3.91
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	5.5	21.82	0.01	-	-	-	5.5	21.82	0.01
Podiatry	1,016.5	15.23	1.29	-	-	-	1,016.5	15.23	1.29
Vision	314.0	27.13	0.71	-	-	-	314.0	27.13	0.71
Other Ancillary	26.3	27.38	0.06	-	-	-	26.3	27.38	0.06
Subtotal	8,721.1	\$ 26.47	\$ 19.24	-	\$ 0.00	\$ 0.00	8,721.1	\$ 26.47	\$ 19.24
Professional									
Surgery	407.8	\$ 30.31	\$ 1.03	-	\$ 0.00	\$ 0.00	407.8	\$ 30.31	\$ 1.03
Anesthesia	33.7	49.85	0.14	-	-	-	33.7	49.85	0.14
Inpatient Visits	6,221.8	20.85	10.81	-	-	-	6,221.8	20.85	10.81
Urgent Care/Emergency Room	314.2	28.26	0.74	-	-	-	314.2	28.26	0.74
Office/Home Visits	706.7	21.90	1.29	-	-	-	706.7	21.90	1.29
Preventive Care	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	2,100.3	7.83	1.37	-	-	-	2,100.3	7.83	1.37
Office Adm. Drugs	87.4	28.83	0.21	-	-	-	87.4	28.83	0.21
Clinic	10.8	44.44	0.04	-	-	-	10.8	44.44	0.04
Psych/SUD	423.1	20.42	0.72	-	-	-	423.1	20.42	0.72
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	660.8	8.35	0.46	-	-	-	660.8	8.35	0.46
Subtotal	10,966.6	\$ 18.39	\$ 16.81	-	\$ 0.00	\$ 0.00	10,966.6	\$ 18.39	\$ 16.81
Total Medical	28,190.6	\$ 25.65	\$ 60.26	-	\$ 0.00	\$ 0.00	28,190.6	\$ 25.65	\$ 60.26
Category of Service - Iowa Plan for BH									
Inpatient Treatment	5.9	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	311.3	6.17	0.16	-	-	-	311.3	6.17	0.16
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	317.2	\$ 62.80	\$ 1.66	-	\$ 0.00	\$ 0.00	317.2	\$ 62.80	\$ 1.66
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

<b>Total Acute Medical Component</b>	<b>\$ 61.92</b>
Third Party Liability Adjustment	(1.21)
Copayment Adjustment	(0.02)
Retroactivity Adjustment	-
<b>Administrative Load</b>	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 2.69
<b>Gross Capitation Rate</b>	<b>\$ 70.88</b>
Less Withhold	2.0% (1.42)
<b>Net Capitation Rate</b>	<b>\$ 69.46</b>

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Summary

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	10,164.1	\$ 172.82	\$ 146.38				10,164.1	\$ 172.82	\$ 146.38	
Home Health/Hospice	46,828.8	1,010.34	3,942.74				46,828.8	1,010.34	3,942.74	
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-	
Supported community living	-	-	-				-	-	-	
Adult day care	-	-	-				-	-	-	
Day Habilitation	-	-	-				-	-	-	
Env/home and vehicle mod	-	-	-				-	-	-	
Family and community support	-	-	-				-	-	-	
In-home family therapy	-	-	-				-	-	-	
Respite	-	-	-				-	-	-	
Waiver Transportation	-	-	-				-	-	-	
Other HCBS waiver	-	-	-				-	-	-	
Total Long Term Services and Supports	56,992.9	\$ 860.97	\$ 4,089.12				56,992.9	\$ 860.97	\$ 4,089.12	
Total LTSS Component										\$ 4,089.12
Member Financial Participation										(960.94)
Administrative Load										75.00
Gross Capitation Rate										\$ 3,203.18
Less Withhold										2.0% (64.06)
Net Capitation Rate										\$ 3,139.12

## **APPENDIX C2 – hawk-i**

**State of Iowa - Department of Human Services, Division of Medical Services**  
**IA Health Link**  
**July 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
<b>Inpatient Hospital</b>			
Medical/Surgical	55.6	\$ 2,211.27	\$ 10.24
Psychiatric/SUD	47.5	1,127.64	4.46
Maternity - Delivery	0.9	1,437.66	0.11
Maternity Non-Delivery	-	-	-
Well Newborn	-	-	-
Other Newborn	-	-	-
<b>Subtotal</b>	<b>103.9</b>	<b>\$ 1,709.72</b>	<b>\$ 14.80</b>
<b>Outpatient Hospital</b>			
Emergency Room	377.9	\$ 186.25	\$ 5.87
General	2,155.7	146.57	26.33
<b>Subtotal</b>	<b>2,533.6</b>	<b>\$ 152.49</b>	<b>\$ 32.20</b>
<b>Ancillary</b>			
Pharmacy	5,551.3	\$ 60.98	\$ 28.21
DME/Supplies/Prosthetics	161.0	82.94	1.11
Ambulance	22.0	384.02	0.70
Non-Emergency Transportation	-	-	-
Home Health/Hospice	-	-	-
Chiropractic Services	410.5	19.39	0.66
Podiatry	-	-	-
Vision	619.0	51.49	2.66
Other Ancillary	1.4	204.34	0.02
<b>Subtotal</b>	<b>6,765.2</b>	<b>\$ 59.19</b>	<b>\$ 33.37</b>
<b>Professional</b>			
Surgery	550.8	\$ 123.69	\$ 5.68
Anesthesia	81.8	331.31	2.26
Inpatient Visits	120.2	97.67	0.98
Urgent Care/Emergency Room	327.3	88.27	2.41
Office/Home Visits	3,558.2	73.12	21.68
Preventive Care	585.1	88.55	4.32
Maternity - Delivery	0.4	1,802.84	0.05
Maternity - Non-Delivery	0.3	195.05	0.00
Allergy/Immunotherapy	148.5	78.82	0.98
Lab/Path/Rad	2,275.4	19.40	3.68
Office Adm. Drugs	592.8	83.20	4.11
Clinic	12.8	147.54	0.16
Psych/SUD	744.7	74.87	4.65
Physical Therapy	583.1	29.41	1.43
Family Planning	-	-	-
Case Management	-	-	-
Targeted Case Management	-	-	-
Other Professional	1,934.0	38.17	6.15
<b>Subtotal</b>	<b>11,515.5</b>	<b>\$ 60.99</b>	<b>\$ 58.53</b>
<b>Total Medical</b>	<b>20,918.2</b>	<b>\$ 79.68</b>	<b>\$ 138.89</b>
<b>Total Acute Medical Component</b>			<b>\$ 138.89</b>
Third Party Liability Adjustment			-
Copayment Adjustment			-
Retroactivity Adjustment			-
<b>Administrative Load</b>			
Non-emergency medical transportation			1.00
Other administrative expense		10.25%	15.86
<b>Gross Capitation Rate</b>			<b>\$ 155.76</b>
Less Withhold		2.0%	(3.12)
<b>Net Capitation Rate</b>			<b>\$ 152.64</b>

## **APPENDIX C2 – MATERNITY**



State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Development

Region: Statewide  
Rate Cell: TANF Delivery Case Rate

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

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

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Capitation Rate Development

Region: Statewide

Rate Cell: Pregnant Women Delivery Case Rate

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

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

## APPENDIX D2

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation		
		Gross Base Medical Capitation	Emerging Trends Adjustment	Adjusted Gross Base Medical Capitation
Children 0-59 days M&F	57,527	\$ 1,808.73	1.0200	\$ 1,844.90
Children 60-364 days M&F	194,558	212.27	1.0200	216.52
Children 1-4 M&F	717,933	115.23	1.0200	117.53
Children 5-14 M&F	1,342,686	126.67	1.0200	129.20
Children 15-20 F	243,143	217.85	1.0200	222.21
Children 15-20 M	217,242	197.34	1.0200	201.29
Non-Expansion Adults 21-34 F	303,557	324.16	1.0200	330.64
Non-Expansion Adults 21-34 M	70,383	218.46	1.0200	222.83
Non-Expansion Adults 35-49 F	126,218	470.56	1.0200	479.97
Non-Expansion Adults 35-49 M	54,475	393.32	1.0200	401.19
Non-Expansion Adults 50+ M&F	23,288	559.26	1.0200	570.45
Pregnant Women	118,189	338.63	1.0000	338.63
CHIP - Children 0-59 days M&F	-	\$ 1,808.73	1.0200	\$ 1,844.90
CHIP - Children 60-364 days M&F	-	212.27	1.0200	\$ 216.52
CHIP - Children 1-4 M&F	-	115.23	1.0200	\$ 117.53
CHIP - Children 5-14 M&F	156,522	126.67	1.0200	\$ 129.20
CHIP - Children 15-20 F	26,346	217.85	1.0200	\$ 222.21
CHIP - Children 15-20 M	25,645	197.34	1.0200	\$ 201.29
CHIP - Hawk-i	396,408	\$ 155.76	1.0000	\$ 155.76
TANF Maternity Case Rate	4,374	\$ 6,172.05	1.0000	\$ 6,172.05
Pregnant Women Maternity Case Rate	9,224	\$ 5,468.90	1.0000	\$ 5,468.90
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 501.67	1.0650	\$ 534.28
Wellness Plan 19-24 M (Medically Exempt)	7,785	485.97	1.0650	517.56
Wellness Plan 25-34 F (Medically Exempt)	12,677	715.06	1.0650	761.54
Wellness Plan 25-34 M (Medically Exempt)	13,931	710.19	1.0650	756.36
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,143.86	1.0650	1,218.21
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,109.66	1.0650	1,181.79
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,438.71	1.0650	\$ 1,532.23
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 189.91	1.0650	\$ 202.25
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	183.93	1.0650	195.88
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	271.18	1.0650	288.80
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	269.32	1.0650	286.83
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	434.48	1.0650	462.73
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	421.46	1.0650	448.86
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 546.78	1.0650	\$ 582.32
Family Planning Waiver	288,967	\$ 20.49	0.9000	\$ 18.44
ABD Non-Dual <21 M&F	106,302	\$ 601.16	1.0300	\$ 619.19
ABD Non-Dual 21+ M&F	246,727	1,131.44	1.0300	1,165.38
Breast and Cervical Cancer	2,694	1,668.42	1.0300	1,718.47
Residential Care Facility	8,517	\$ 1,774.82	1.0300	\$ 1,828.06
Dual Eligible 0-64 M&F	315,371	\$ 445.43	1.0300	\$ 458.79
Dual Eligible 65+ M&F	71,746	\$ 223.22	1.0300	\$ 229.92

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation		
		Gross Base Medical Capitation	Emerging Trends Adjustment	Adjusted Gross Base Medical Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 123.96	1.0000	\$ 123.96
Hospice 65+	7,556	123.96	1.0000	123.96
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 242.74</u>	<u>1.0000</u>	<u>\$ 242.74</u>
LTSS blended with actual membership mix	232,932			
LTSS blended with 3.25% rebalanced membership				
Custodial Care Nursing Facility <65	20,300	\$ 790.48	1.0300	\$ 814.20
Hospice <65	1,831	790.48	1.0300	814.20
Non-Dual Skilled Nursing Facility	947	2,471.44	1.0300	2,545.58
Dual HCBS Waivers: PD; H&D	17,055	355.82	1.0300	366.49
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,575.54	1.0300	1,622.81
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 802.83</u>	<u>1.0300</u>	<u>\$ 826.91</u>
LTSS blended with actual membership mix	71,171			
LTSS blended with 2.25% rebalanced membership				
ICF/MR	18,095	\$ 475.19	1.0300	\$ 489.45
State Resource Center	4,880	177.91	1.0300	183.25
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 518.07</u>	<u>1.0300</u>	<u>\$ 533.61</u>
LTSS blended with actual membership mix	163,964			
LTSS blended with 1.0% rebalanced membership				
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 568.14	1.0300	\$ 585.18
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 946.50</u>	<u>1.0300</u>	<u>\$ 974.90</u>
LTSS blended with actual membership mix	15,184			
LTSS blended with 3.0% rebalanced membership				

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation		
		Net Base Medical Capitation	Emerging Trends Adjustment	Adjusted Net Base Medical Capitation
Children 0-59 days M&F	57,527	\$ 1,772.56	1.0200	\$ 1,808.01
Children 60-364 days M&F	194,558	208.02	1.0200	212.18
Children 1-4 M&F	717,933	112.93	1.0200	115.19
Children 5-14 M&F	1,342,686	124.14	1.0200	126.62
Children 15-20 F	243,143	213.49	1.0200	217.76
Children 15-20 M	217,242	193.39	1.0200	197.26
Non-Expansion Adults 21-34 F	303,557	317.68	1.0200	324.03
Non-Expansion Adults 21-34 M	70,383	214.09	1.0200	218.37
Non-Expansion Adults 35-49 F	126,218	461.15	1.0200	470.37
Non-Expansion Adults 35-49 M	54,475	385.45	1.0200	393.16
Non-Expansion Adults 50+ M&F	23,288	548.07	1.0200	559.03
Pregnant Women	118,189	331.86	1.0000	331.86
CHIP - Children 0-59 days M&F	-	\$ 1,772.56	1.0200	\$ 1,808.01
CHIP - Children 60-364 days M&F	-	208.02	1.0200	212.18
CHIP - Children 1-4 M&F	-	112.93	1.0200	115.19
CHIP - Children 5-14 M&F	156,522	124.14	1.0200	126.62
CHIP - Children 15-20 F	26,346	213.49	1.0200	217.76
CHIP - Children 15-20 M	25,645	193.39	1.0200	197.26
CHIP - Hawk-i	396,408	\$ 152.64	1.0000	\$ 152.64
TANF Maternity Case Rate	4,374	\$ 6,048.61	1.0000	\$ 6,048.61
Pregnant Women Maternity Case Rate	9,224	\$ 5,359.53	1.0000	\$ 5,359.53
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 491.64	1.0650	\$ 523.60
Wellness Plan 19-24 M (Medically Exempt)	7,785	476.25	1.0650	507.21
Wellness Plan 25-34 F (Medically Exempt)	12,677	700.76	1.0650	746.31
Wellness Plan 25-34 M (Medically Exempt)	13,931	695.99	1.0650	741.23
Wellness Plan 35-49 F (Medically Exempt)	16,496	1,120.98	1.0650	1,193.84
Wellness Plan 35-49 M (Medically Exempt)	16,162	1,087.47	1.0650	1,158.16
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 1,409.94	1.0650	\$ 1,501.59
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 186.11	1.0650	\$ 198.21
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	180.25	1.0650	191.97
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	265.75	1.0650	283.02
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	263.93	1.0650	281.09
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	425.80	1.0650	453.48
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	413.03	1.0650	439.88
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 535.85	1.0650	\$ 570.68
Family Planning Waiver	288,967	\$ 20.08	0.9000	\$ 18.07
ABD Non-Dual <21 M&F	106,302	\$ 589.14	1.0300	\$ 606.81
ABD Non-Dual 21+ M&F	246,727	1,108.81	1.0300	1,142.07
Breast and Cervical Cancer	2,694	1,635.05	1.0300	1,684.10
Residential Care Facility	8,517	\$ 1,739.32	1.0300	\$ 1,791.50
Dual Eligible 0-64 M&F	315,371	\$ 436.52	1.0300	\$ 449.62
Dual Eligible 65+ M&F	71,746	\$ 218.76	1.0300	\$ 225.32

State of Iowa - Department of Human Services, Division of Medical Services  
IA Health Link  
July 2016 to June 2017 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation		
		Net Base Medical Capitation	Emerging Trends Adjustment	Adjusted Net Base Medical Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 121.48	1.0000	\$ 121.48
Hospice 65+	7,556	121.48	1.0000	121.48
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 237.89</u>	<u>1.0000</u>	<u>\$ 237.89</u>
LTSS blended with actual membership mix	232,932			
LTSS blended with 3.25% rebalanced membership				
Custodial Care Nursing Facility <65	20,300	\$ 774.67	1.0300	\$ 797.91
Hospice <65	1,831	774.67	1.0300	797.91
Non-Dual Skilled Nursing Facility	947	2,422.01	1.0300	2,494.67
Dual HCBS Waivers: PD; H&D	17,055	348.70	1.0300	359.16
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,544.03	1.0300	1,590.35
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 786.77</u>	<u>1.0300</u>	<u>\$ 810.37</u>
LTSS blended with actual membership mix	71,171			
LTSS blended with 2.25% rebalanced membership				
ICF/MR	18,095	\$ 465.69	1.0300	\$ 479.66
State Resource Center	4,880	174.35	1.0300	179.58
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 507.71</u>	<u>1.0300</u>	<u>\$ 522.94</u>
LTSS blended with actual membership mix	163,964			
LTSS blended with 1.0% rebalanced membership				
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 556.78	1.0300	\$ 573.48
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 927.57</u>	<u>1.0300</u>	<u>\$ 955.40</u>
LTSS blended with actual membership mix	15,184			
LTSS blended with 3.0% rebalanced membership				

State of Iowa - Department of Human Services, Division of Medical Services  
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Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation		
		Gross LTSS Capitation	Emerging Trends Adjustment	Adjusted Gross LTSS Capitation
Children 0-59 days M&F	57,527	\$ 0.00	1.0000	\$ 0.00
Children 60-364 days M&F	194,558	-	1.0000	-
Children 1-4 M&F	717,933	-	1.0000	-
Children 5-14 M&F	1,342,686	-	1.0000	-
Children 15-20 F	243,143	-	1.0000	-
Children 15-20 M	217,242	-	1.0000	-
Non-Expansion Adults 21-34 F	303,557	-	1.0000	-
Non-Expansion Adults 21-34 M	70,383	-	1.0000	-
Non-Expansion Adults 35-49 F	126,218	-	1.0000	-
Non-Expansion Adults 35-49 M	54,475	-	1.0000	-
Non-Expansion Adults 50+ M&F	23,288	-	1.0000	-
Pregnant Women	118,189	-	1.0000	-
CHIP - Children 0-59 days M&F	-	\$ 0.00	1.0000	\$ 0.00
CHIP - Children 60-364 days M&F	-	-	1.0000	-
CHIP - Children 1-4 M&F	-	-	1.0000	-
CHIP - Children 5-14 M&F	156,522	-	1.0000	-
CHIP - Children 15-20 F	26,346	-	1.0000	-
CHIP - Children 15-20 M	25,645	-	1.0000	-
CHIP - Hawk-i	396,408	\$ 0.00	1.0000	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 0.00	1.0000	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	-	1.0000	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	-	1.0000	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	-	1.0000	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	-	1.0000	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	-	1.0000	-
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	-	1.0000	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	-	1.0000	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	-	1.0000	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	-	1.0000	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	-	1.0000	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 0.00	1.0000	\$ 0.00
Family Planning Waiver	288,967	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	-	1.0000	-
Breast and Cervical Cancer	2,694	-	1.0000	-
Residential Care Facility	8,517	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 0-64 M&F	315,371	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 65+ M&F	71,746	\$ 0.00	1.0000	\$ 0.00



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Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation		
		Gross LTSS Capitation	Emerging Trends Adjustment	Adjusted Gross LTSS Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 4,285.57	1.0000	\$ 4,285.57
Hospice 65+	7,556	3,203.18	1.0000	3,203.18
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 1,117.06</u>	<u>1.0000</u>	<u>\$ 1,117.06</u>
LTSS blended with actual membership mix	232,932	\$ 2,810.99		\$ 2,810.99
LTSS blended with 3.25% rebalanced membership		\$ 2,708.01		\$ 2,708.01
Custodial Care Nursing Facility <65	20,300	\$ 4,856.27	1.0000	\$ 4,856.27
Hospice <65	1,831	3,111.88	1.0000	3,111.88
Non-Dual Skilled Nursing Facility	947	22,612.95	1.0000	22,612.95
Dual HCBS Waivers: PD; H&D	17,055	1,215.24	1.0000	1,215.24
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,695.60	1.0000	1,695.60
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 2,602.25</u>	<u>1.0000</u>	<u>\$ 2,602.25</u>
LTSS blended with actual membership mix	71,171	\$ 2,975.25		\$ 2,975.25
LTSS blended with 2.25% rebalanced membership		\$ 2,907.33		\$ 2,907.33
ICF/MR	18,095	\$ 10,224.92	1.0000	\$ 10,224.92
State Resource Center	4,880	25,825.18	1.0000	25,825.18
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 3,340.79</u>	<u>1.0500</u>	<u>\$ 3,507.83</u>
LTSS blended with actual membership mix	163,964	\$ 4,769.71		\$ 4,913.35
LTSS blended with 1.0% rebalanced membership		\$ 4,669.67		\$ 4,814.98
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,658.04	1.0000	\$ 5,658.04
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 1,047.88</u>	<u>1.0000</u>	<u>\$ 1,047.88</u>
LTSS blended with actual membership mix	15,184	\$ 2,806.75		\$ 2,806.75
LTSS blended with 3.0% rebalanced membership		\$ 2,668.44		\$ 2,668.44

State of Iowa - Department of Human Services, Division of Medical Services  
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July 2016 to June 2017 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation		
		Net LTSS Capitation	Emerging Trends Adjustment	Adjusted Net LTSS Capitation
Children 0-59 days M&F	57,527	\$ 0.00	1.0000	\$ 0.00
Children 60-364 days M&F	194,558	-	1.0000	-
Children 1-4 M&F	717,933	-	1.0000	-
Children 5-14 M&F	1,342,686	-	1.0000	-
Children 15-20 F	243,143	-	1.0000	-
Children 15-20 M	217,242	-	1.0000	-
Non-Expansion Adults 21-34 F	303,557	-	1.0000	-
Non-Expansion Adults 21-34 M	70,383	-	1.0000	-
Non-Expansion Adults 35-49 F	126,218	-	1.0000	-
Non-Expansion Adults 35-49 M	54,475	-	1.0000	-
Non-Expansion Adults 50+ M&F	23,288	-	1.0000	-
Pregnant Women	118,189	-	1.0000	-
CHIP - Children 0-59 days M&F	-	\$ 0.00	1.0000	\$ 0.00
CHIP - Children 60-364 days M&F	-	-	1.0000	-
CHIP - Children 1-4 M&F	-	-	1.0000	-
CHIP - Children 5-14 M&F	156,522	-	1.0000	-
CHIP - Children 15-20 F	26,346	-	1.0000	-
CHIP - Children 15-20 M	25,645	-	1.0000	-
CHIP - Hawk-i	396,408	\$ 0.00	1.0000	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 0.00	1.0000	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	-	1.0000	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	-	1.0000	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	-	1.0000	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	-	1.0000	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	-	1.0000	-
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 0.00	1.0000	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	-	1.0000	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	-	1.0000	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	-	1.0000	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	-	1.0000	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	-	1.0000	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 0.00	1.0000	\$ 0.00
Family Planning Waiver	288,967	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 0.00	1.0000	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	-	1.0000	-
Breast and Cervical Cancer	2,694	-	1.0000	-
Residential Care Facility	8,517	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 0-64 M&F	315,371	\$ 0.00	1.0000	\$ 0.00
Dual Eligible 65+ M&F	71,746	\$ 0.00	1.0000	\$ 0.00

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IA Health Link  
July 2016 to June 2017 Emerging Trends Adjustments

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation		
		Net LTSS Capitation	Emerging Trends Adjustment	Adjusted Net LTSS Capitation
Custodial Care Nursing Facility 65+	119,554	\$ 4,199.86	1.0000	\$ 4,199.86
Hospice 65+	7,556	3,139.12	1.0000	3,139.12
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>1,094.72</u>	<u>1.0000</u>	<u>\$ 1,094.72</u>
LTSS blended with actual membership mix	232,932	\$ 2,754.77		\$ 2,754.77
LTSS blended with 3.25% rebalanced membership		\$ 2,653.86		\$ 2,653.86
Custodial Care Nursing Facility <65	20,300	\$ 4,759.14	1.0000	\$ 4,759.14
Hospice <65	1,831	3,049.64	1.0000	3,049.64
Non-Dual Skilled Nursing Facility	947	22,160.69	1.0000	22,160.69
Dual HCBS Waivers: PD; H&D	17,055	1,190.94	1.0000	1,190.94
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,661.69	1.0000	1,661.69
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>2,550.20</u>	<u>1.0000</u>	<u>\$ 2,550.20</u>
LTSS blended with actual membership mix	71,171	\$ 2,915.75		\$ 2,915.75
LTSS blended with 2.25% rebalanced membership		\$ 2,849.19		\$ 2,849.19
ICF/MR	18,095	\$ 10,020.42	1.0000	\$ 10,020.42
State Resource Center	4,880	25,308.68	1.0000	25,308.68
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>3,273.97</u>	<u>1.0500</u>	<u>\$ 3,437.67</u>
LTSS blended with actual membership mix	163,964	\$ 4,674.32		\$ 4,815.08
LTSS blended with 1.0% rebalanced membership		\$ 4,576.28		\$ 4,718.67
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,544.88	1.0000	\$ 5,544.88
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>1,026.92</u>	<u>1.0000</u>	<u>\$ 1,026.92</u>
LTSS blended with actual membership mix	15,184	\$ 2,750.61		\$ 2,750.61
LTSS blended with 3.0% rebalanced membership		\$ 2,615.07		\$ 2,615.07

## APPENDIX 3

**State of Iowa - Department of Human Services, Division of Medical Assistance  
IA Health Link  
LTSS Services Risk Corridor Benchmark PMPMs**

8/30/2017

**April to June 2016**

Rate Cell Grouping	Capitation Rate	Net of Admin	Risk Adjustment Factors			LTSS Risk Corridor PMPM Benchmarks		
			Amerigroup	AmeriHealth	United	Amerigroup	AmeriHealth	United
Custodial Care Nursing Facility 65+	\$4,285.11	\$4,210.11	0.9965	0.9951	1.0107	\$4,195.37	\$4,189.48	\$4,255.16
Hospice 65+	3,143.51	3,068.51	1.0000	1.0000	1.0000	3,068.51	3,068.51	3,068.51
Elderly HCBS Waiver	1,106.45	956.45	0.9689	1.0102	0.9755	926.70	966.21	933.02
Custodial Care Nursing Facility <65	\$4,855.82	\$4,780.82	0.9886	0.9912	1.0263	\$4,726.32	\$4,738.75	\$4,906.56
Hospice <65	3,052.78	2,977.78	1.0000	1.0000	1.0000	2,977.78	2,977.78	2,977.78
Non-Dual Skilled Nursing Facility	22,611.64	22,536.64	1.0000	1.0000	1.0000	22,536.64	22,536.64	22,536.64
Dual HCBS Waivers: PD; H&D	1,201.73	1,051.73	0.9841	1.0141	0.9952	1,035.01	1,066.56	1,046.68
Non-Dual HCBS Waivers: PD; H&D; AIDS	1,674.12	1,524.12	0.9105	1.0284	1.0613	1,387.71	1,567.41	1,617.55
Brain Injury HCBS Waiver	2,579.54	2,379.54	0.8867	1.0149	0.9961	2,109.94	2,415.00	2,370.26
ICF/MR	\$10,224.88	\$10,149.88	1.0011	0.9982	1.0051	\$10,161.04	\$10,131.61	\$10,201.64
State Resource Center	25,825.17	25,750.17	0.9961	1.0017	1.0021	25,649.74	25,793.95	25,804.25
Intellectual Disability HCBS Waiver	3,481.80	3,281.80	0.8846	1.0285	0.8215	2,903.08	3,375.33	2,696.00
Children in a Psychiatric Mental Institute	\$5,658.04	\$5,583.04	1.0000	1.0000	1.0000	\$5,583.04	\$5,583.04	\$5,583.04
Children's Mental Health HCBS Waiver	1,041.29	891.29	1.0432	0.9771	0.9774	929.79	870.88	871.15

**July 2016 to June 2017**

Rate Cell Grouping	Capitation Rate	Net of Admin	Risk Adjustment Factors			LTSS Risk Corridor PMPM Benchmarks		
			Amerigroup	AmeriHealth	United	Amerigroup	AmeriHealth	United
Custodial Care Nursing Facility 65+	\$4,285.57	\$4,210.57	0.9965	0.9951	1.0107	\$4,195.83	\$4,189.94	\$4,255.62
Hospice 65+	3,203.18	3,128.18	1.0000	1.0000	1.0000	3,128.18	3,128.18	3,128.18
Elderly HCBS Waiver	1,117.06	967.06	0.9689	1.0102	0.9755	936.98	976.92	943.37
Custodial Care Nursing Facility <65	\$4,856.27	\$4,781.27	0.9886	0.9912	1.0263	\$4,726.76	\$4,739.19	\$4,907.02
Hospice <65	3,111.88	3,036.88	1.0000	1.0000	1.0000	3,036.88	3,036.88	3,036.88
Non-Dual Skilled Nursing Facility	22,612.95	22,537.95	1.0000	1.0000	1.0000	22,537.95	22,537.95	22,537.95
Dual HCBS Waivers: PD; H&D	1,215.24	1,065.24	0.9841	1.0141	0.9952	1,048.30	1,080.26	1,060.13
Non-Dual HCBS Waivers: PD; H&D; AIDS	1,695.60	1,545.60	0.9105	1.0284	1.0613	1,407.27	1,589.50	1,640.35
Brain Injury HCBS Waiver	2,602.25	2,402.25	0.8867	1.0149	0.9961	2,130.08	2,438.04	2,392.88
ICF/MR	\$10,224.92	\$10,149.92	1.0011	0.9982	1.0051	\$10,161.08	\$10,131.65	\$10,201.68
State Resource Center	25,825.18	25,750.18	0.9961	1.0017	1.0021	25,649.75	25,793.96	25,804.26
Intellectual Disability HCBS Waiver	3,507.83	3,307.83	0.8846	1.0285	0.8215	2,926.11	3,402.10	2,717.38
Children in a Psychiatric Mental Institute	\$5,658.04	\$5,583.04	1.0000	1.0000	1.0000	\$5,583.04	\$5,583.04	\$5,583.04
Children's Mental Health HCBS Waiver	1,047.88	897.88	1.0432	0.9771	0.9774	936.67	877.32	877.59