



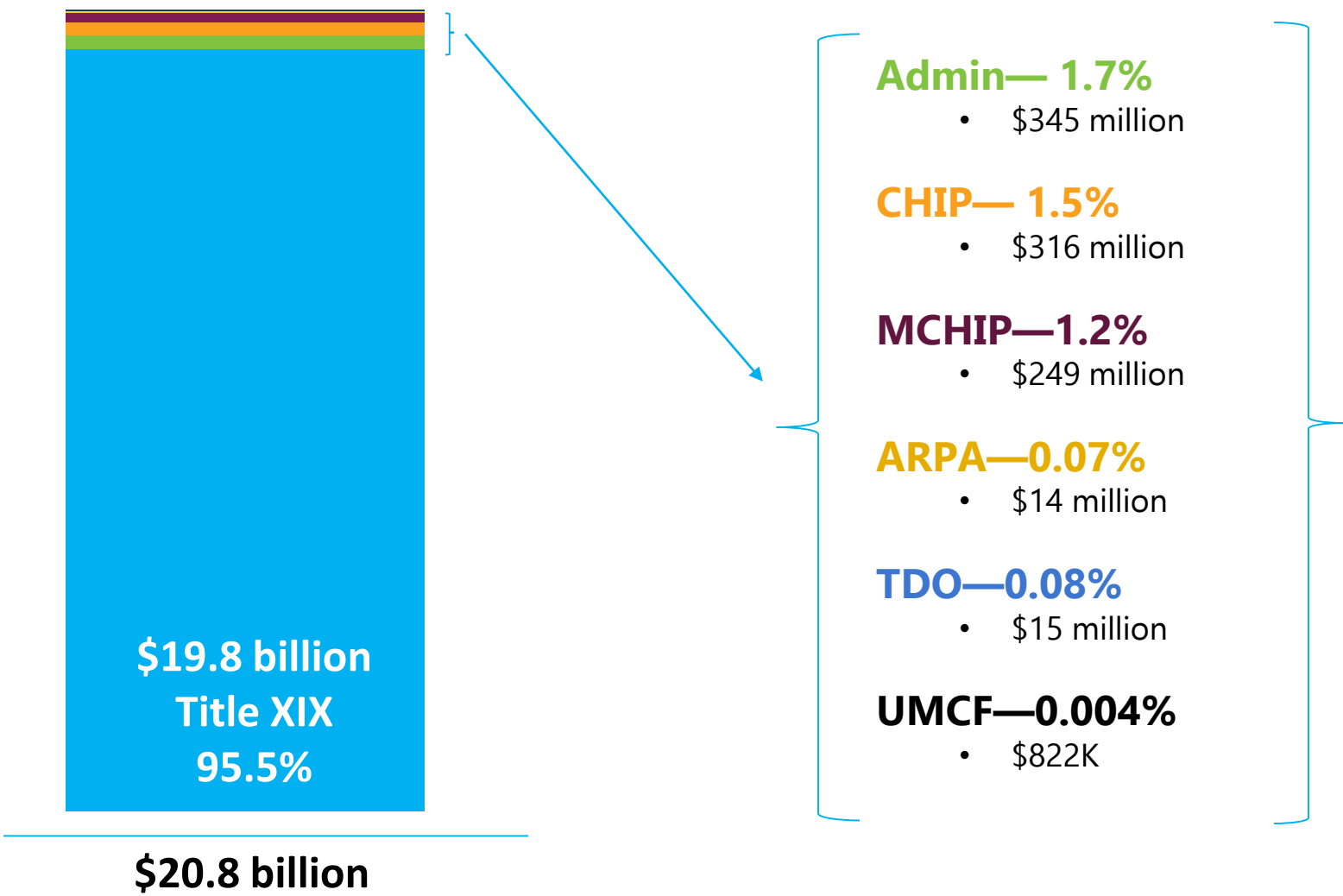
FINANCE UPDATE

Chris Gordon, CFO
Deputy Director of Finance
and Technology

Agenda

- ❑ FY23 Appropriation
- ❑ FY23 Appropriation to Actuals by Program & Quarter
- ❑ Enrollment & Expenditures
- ❑ Forecast Evaluation
- ❑ Summary

DMAS FY23 Appropriation



Q1FY23 Review

| Program | Program Name | FY 2023 Appropriation | YTD Sept 2023 Expenditures | Unexpended Appropriation | Percent Spent |
|--------------|---|--------------------------|-------------------------------|-----------------------------|------------------|
| 456 | Medicaid Program Services | 19,835,799,689 | 5,090,818,480 | 14,744,981,209 | 26% |
| 446 | Children's Health Insurance Program Delivery | 316,304,616 | 76,237,181 | 240,067,435 | 24% |
| 499 | Administrative and Support Services | 295,873,698 | 52,110,410 | 243,763,288 | 18% |
| 466 | Medical Assistance Services for Low Income Children | 248,907,357 | 63,068,462 | 185,838,895 | 25% |
| 496 | Medical Assistance Management Services | 48,921,627 | 13,932,383 | 34,989,244 | 28% |
| 321 | Pre-Trial, Trial, and Appellate Processes | 15,654,501 | 3,196,968 | 12,457,533 | 20% |
| 758 | Payments for Special or Unanticipated Expenditures | 14,144,439 | 5,435,500 | 8,708,939 | 38% |
| 464 | Medical Assistance Services (Non-Medicaid) | 821,702 | 33,932 | 787,770 | 4% |
| Total | | \$20,776,427,629 | \$5,304,833,315 | \$15,471,594,315 | 26% |

Q1 Comparisons: FY20-23

In Millions

| Expenditures | Actuals | | | | Year-over Year | |
|--|-------------------|-------------------|-------------------|-------------------|------------------------|--------------|
| | Q1 FY20 | Q1 FY21 | Q1 FY22 | Q1 FY23 | Change | % Change |
| Managed Care: Medallion 4 | \$ 990.9 | \$ 1,161.3 | \$ 1,412.3 | \$ 1,668.4 | \$ 256.1 | 18.1% |
| Managed Care: CCC+ | 1,277.9 | 1,479.2 | 1,608.8 | 1,793.0 | \$ 184.2 | 11.4% |
| Fee-For-Service: General Medical Care | 406.6 | 361.1 | 403.3 | 490.1 | \$ 86.8 | 21.5% |
| Fee-For-Service: Behavioral Health & Rehabilitative Svcs | 11.7 | 14.3 | 22.9 | 12.6 | \$ (10.3) ¹ | -45.0% |
| Fee-For-Service: Long-Term Care Services | 378.8 | 383.1 | 404.9 | 555.0 | \$ 150.1 | 37.1% |
| Hospital Payments | 175.3 | 90.9 | 240.6 | 212.8 | \$ (27.8) ² | -11.6% |
| Supplemental Rate Assessment Payments | 208.8 | 291.4 | 410.4 | 509.5 | \$ 99.1 | 24.1% |
| Total Title XIX | \$ 3,450.0 | \$ 3,781.3 | \$ 4,503.2 | \$ 5,241.4 | \$ 738.2 | 16.4% |
| Total GF Expenditures (Title XIX) | \$ 1,211.2 | \$ 966.5 | \$ 1,147.7 | \$ 1,284.4 | \$ 136.7 | |

Note:

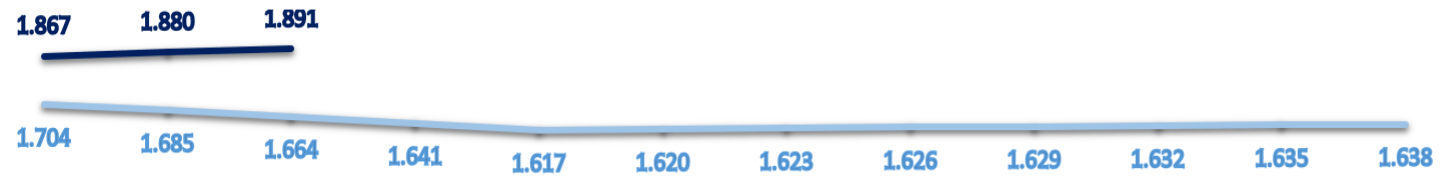
- BH & Rehab services Q1FY22 was abnormally high because DMAS vendor misidentified Children's Services Act (CSA) members in psychiatric residential treatment facilities as 'non-CSA'. This put upward pressure on Medicaid utilization that presented as abnormally high expenditures. The issue was corrected in Q2FY22.
- CMS approval to issue Indirect Medical Education (IME) supplemental payments to hospitals was delayed, payments were pushed into Q2FY23.

FY23 Total Medicaid

Base & Expansion Enrollment & Expenditures

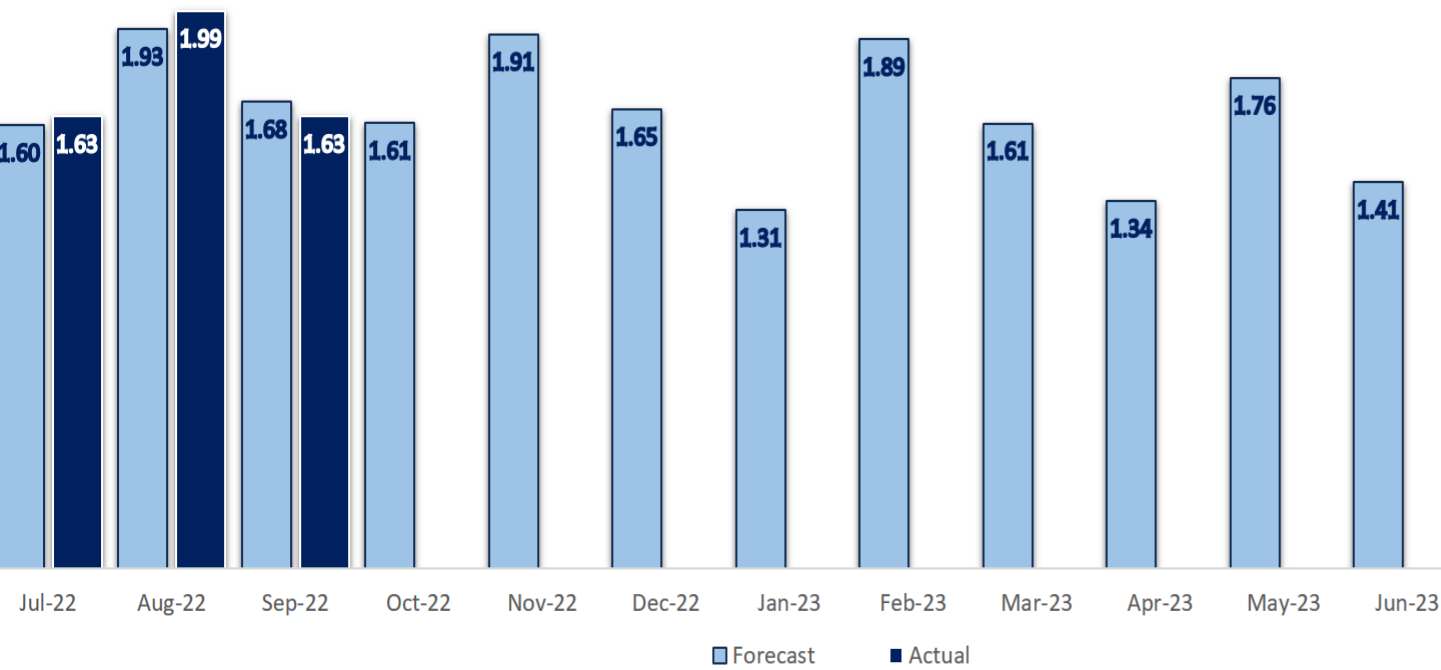
Total Medicaid Enrollment

millions



Total Medicaid Expenditures

\$billions



FY23
(as of September 2022)



Enrollment

Forecast: 1,663,753

Actual: 1,890,570



Expenditures

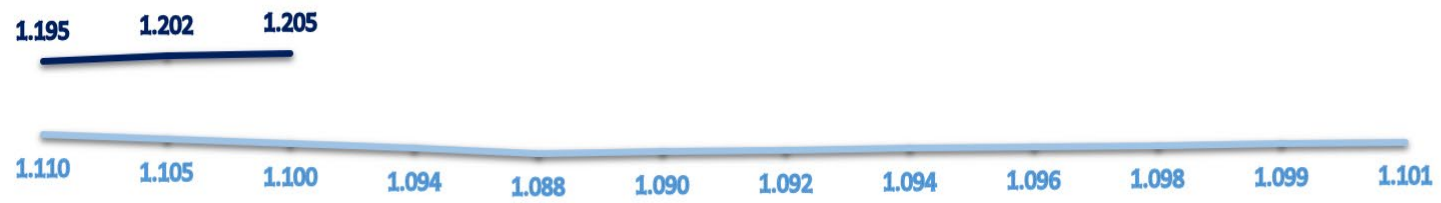
Forecast: \$5,206,633,455

Actual: \$5,248,520,394

FY23 Base Medicaid

Base Enrollment & Expenditures

Base Medicaid Enrollment *millions*



Base Medicaid Expenditures *\$billions*



FY23
(as of September 2022)



Enrollment

Forecast: 1,099,715
Actual: 1,205,166



Expenditures

Forecast: \$3,530,838,502
Actual: \$3,567,297,698

FY23 Medicaid Expansion

Expansion Enrollment & Expenditures

Medicaid Expansion Enrollment
millions



Medicaid Expansion Expenditures
\$billions



FY23
(as of September 2022)



Enrollment

Forecast: 564,038
Actual: 685,404

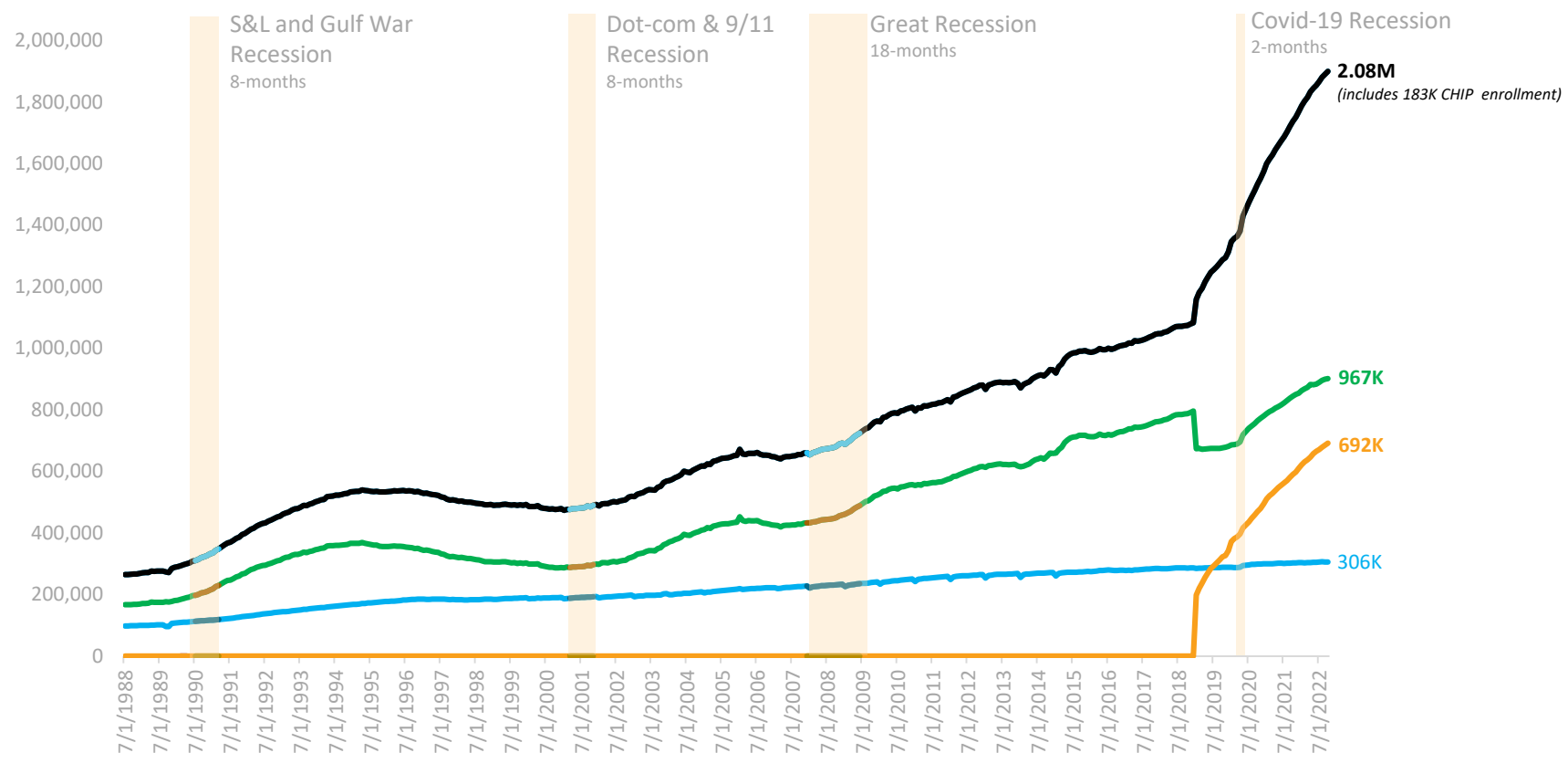


Expenditures

Forecast: \$1,675,794,953
Actual: \$1,681,222,696

Historical Medicaid Enrollment

1988 to present

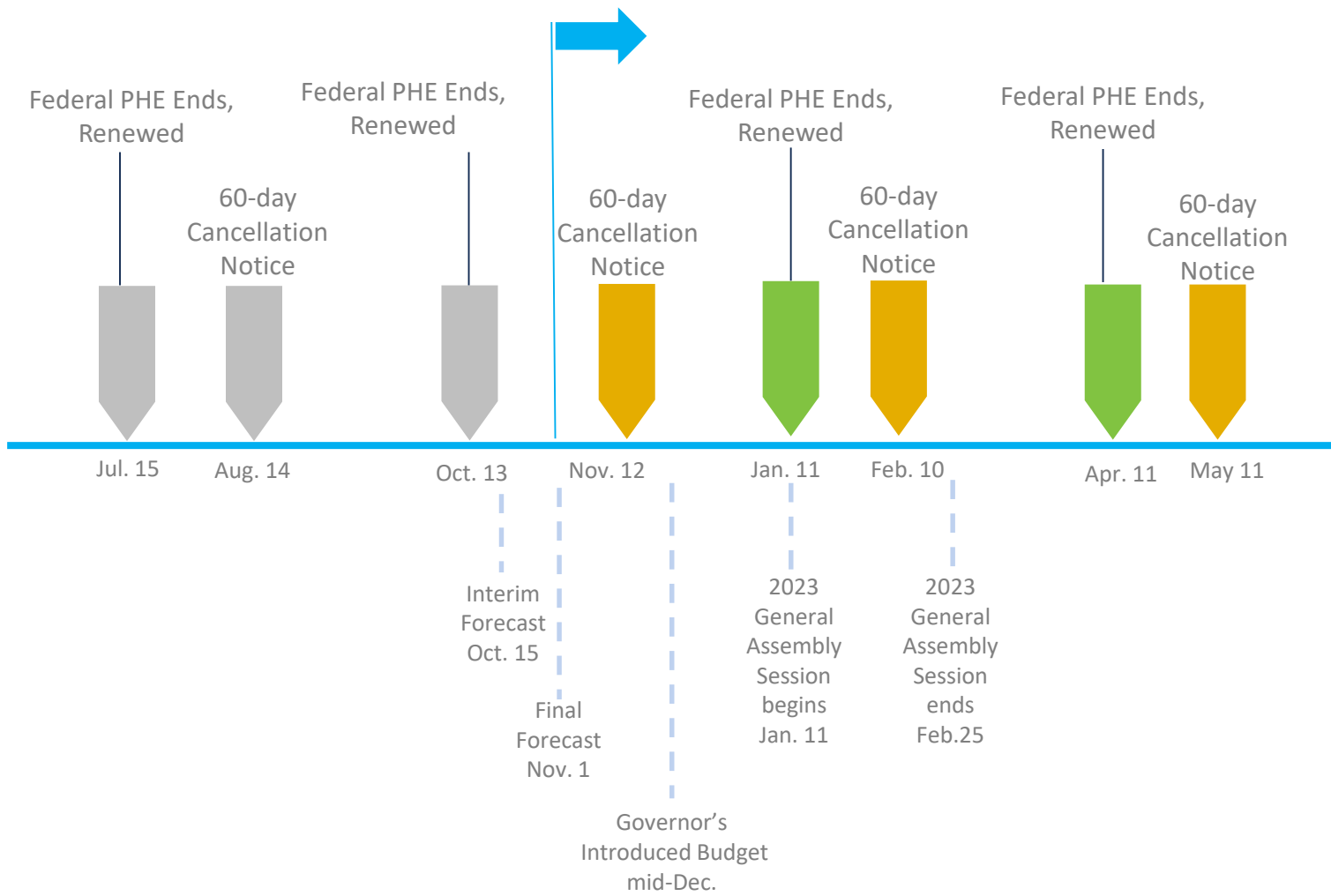


— Long-term services and support (LTSS)
— Low-income families and children (LIFC)
— Expansion
— Total population (including CHIP)

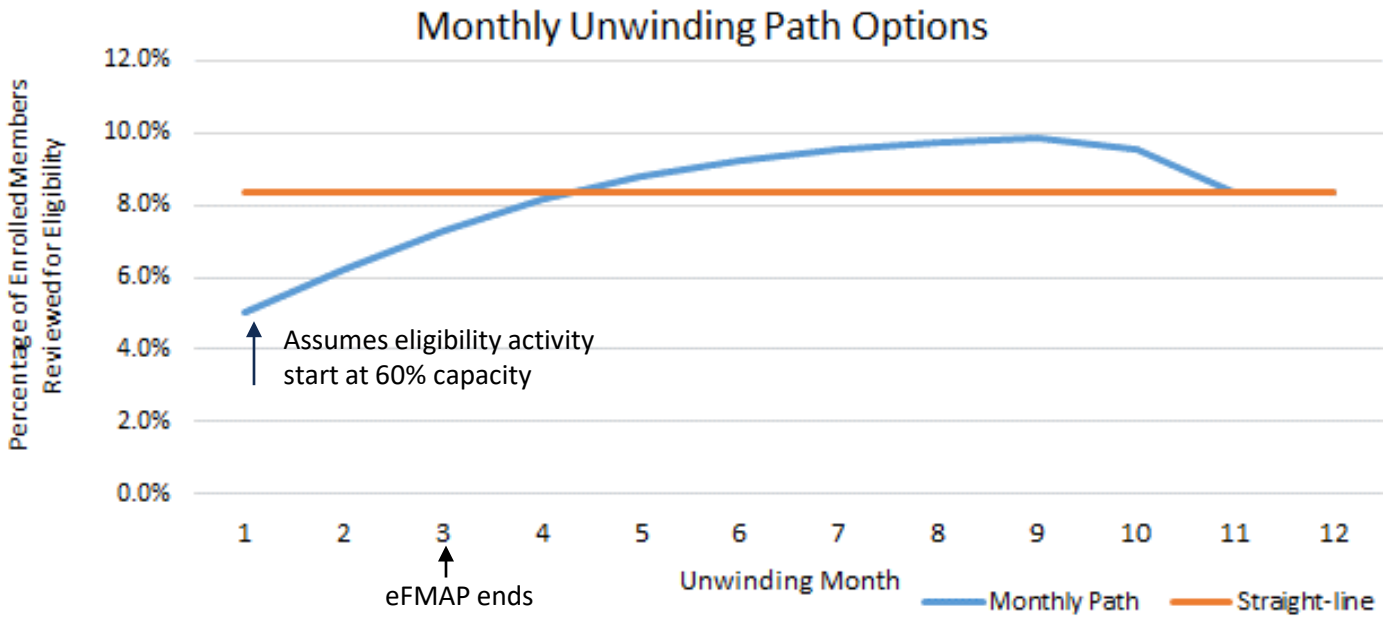
| | |
|-----------------------|-------------|
| • LIFC Non-Expansion: | \$ 292.64 |
| • LIFC Expansion: | \$ 552.39 |
| • LTSS Non-Expansion: | \$ 2,223.40 |
| • LTSS Expansion: | \$ 2,072.78 |

Federal Public Health Emergency

Decision Timeline



Return to Normal Eligibility Processing



- **Two scenarios**

- **Even:** review 1/12 of population = 8.33% of enrolled members per month
- **Ballistic (adds extra month of cost):**
 - Review <8.33% each month first four months,
 - Review >8.33% next seven months,
 - Review 8.33% final month
- **Estimated Impact by June 2024:**
 - Full-benefit population reduced by 281K
 - Including 151K in Medicaid Expansion

Economic Landscape

Top 10 Economic Indicators—Virginia & US

| Indicator | July | Aug | Sep |
|---|--|------------------------------------|--|
| Unemployment Insurance Weekly Claims Report—Virginia | ↑ | ↑ | ↓ |
| Unemployment Rate (Virginia vs. US) | ↓ | ↓ | ↓ |
| BLS Establishment Survey | M-over-M Nonfarm Payroll | ↓ | ↓ |
| | Average Weekly Hours | ↓ | ↓ |
| | Diffusion Index | ↑ | ↑ |
| BLS Consumer Price Index | ↑ | ↑ | ↑ |
| Personal Income Outlay—durable goods | ↑ | ↑ | ↑ |
| US Manufacturing—Purchasing Mgr. Index | ↑ | ↑ | ↓ |
| Federal Open Market Committee—target rate | ↑ | - | ↑ |
| US Treasury Yield Curve (3mos. vs. 10 year) | Inverted | Inverted | Inverted |
| Consumer Sentiment Expectation—Virginia vs US Q3 CY2022 | Current Condition 59.3 vs. 55.5 | Current Sentiment 66.3 vs. 55.1 | Consumer Expectations 70.8 vs. 54.9 |
| Gross Domestic Product—Virginia Q2 CY2022 | Kentucky: 1.8, West Virginia: 1.4, DC: 0.9, Maryland: 0.9, Tennessee: 0.3, North Carolina: -0.7, Virginia: -0.9 | | |

Forecast Process

Improving cost estimation and forecasting

- **Q1FY23 Forecast Evaluation**

- Medicaid Expansion: 19 forecast series groups

| Category | Count of MedEx Model | % of MedEX Models |
|-------------------------------|----------------------|-------------------|
| Current Budget Process | 8 | 42% |
| Excel Holts seasonality | 2 | 11% |
| Python-Long Short-term Memory | 3 | 16% |
| R Holt-Winters seasonality | 4 | 21% |
| R-Auto-Arima | 2 | 11% |
| Grand Total | 19 | 100% |

- Efficiency:
 - Current process—more accurate in 42% of series (n = 8)
 - New models—more accurate in 58% of series (n = 11)
- Savings: \$2.1 million

❑ **Federal Public Health Emergency**

- January 11, 2023: current PHE end-date
- November 12: 60-day cancellation notice

❑ **Mixed signals on potential recession**

- Impact on Medicaid Expansion-childless adults eligibility group

❑ **Continuing to evaluate forecast modeling and performance**

Appendix

1. **Unemployment Insurance Weekly Claims:** <https://oui.doleta.gov/unemploy/claims.asp>, retrieved October 28, 2022
2. **Unemployment rate for Virginia:** <https://virginiaworks.com/Local-Area-Unemployment-Statistics-LAUS>, retrieved October 28, 2022
3. **BLS Establishment Survey:** <https://www.bls.gov/news.release/empsit.b.htm>, retrieved October 7, 2022
4. **BLS Consumer Price Index:** <https://www.bls.gov/news.release/cpi.toc.htm>, retrieved October 13, 2022
5. **Personal Consumption Outlay:** <https://www.bea.gov/news/2022/personal-income-and-outlays-september-2022>, retrieved October 28, 2022
6. **US Manufacturing PMI:** <https://www.ismworld.org/supply-management-news-and-reports/reports/ism-report-on-business/pmi/september/>, retrieved October 28, 2022
7. **Federal Open Market Committee** <https://www.federalreserve.gov/monetarypolicy/openmarket.htm>, retrieved October 28, 2022
8. **US Treasury Yield Curve:** <https://www.ustreasuryyieldcurve.com/>, retrieved October 28, 2022
9. **Virginia Consumer Sentiment Expectation:** https://www.roanoke.edu/about/news/rc_poll_cs_aug_2022, retrieved October 28, 2022
10. **Gross Domestic Product:** <https://www.bea.gov/news/2022/gross-domestic-product-state-and-personal-income-state-2nd-quarter-2022>, retrieved September 20, 2022

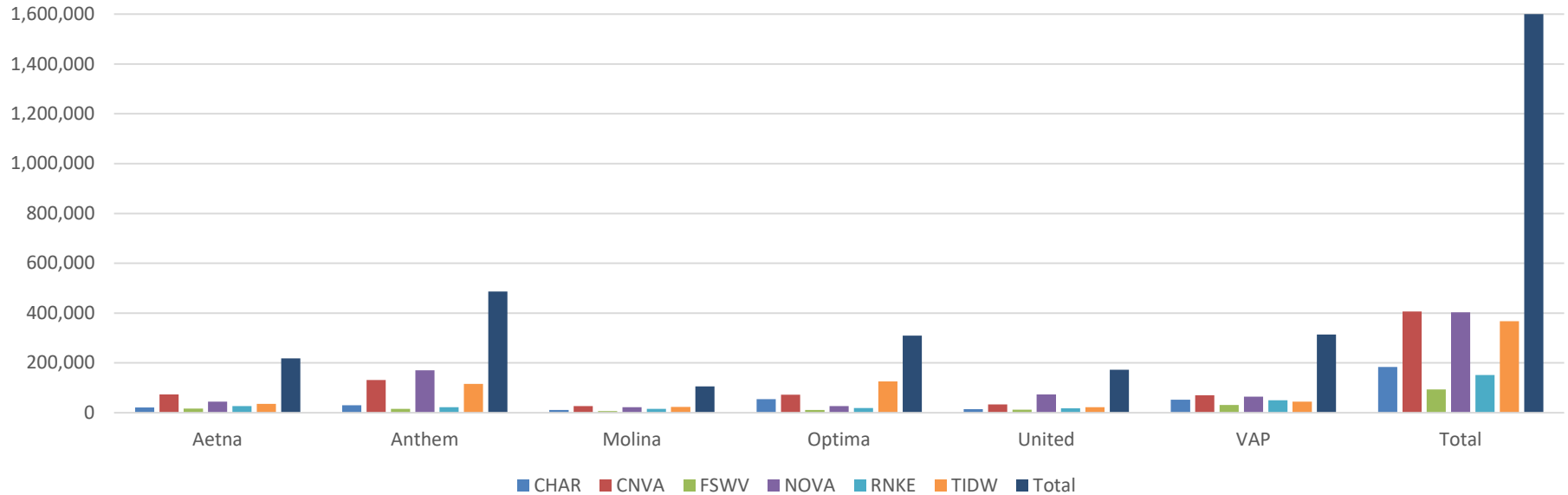
**EXTERNAL FINANCIAL
REVIEW COUNCIL
MEDICAID MANAGED
CARE UPDATE
October 31, 2022**



Department of Medical Assistance Services

Medallion 4.0 Enrollment by Plan by Region

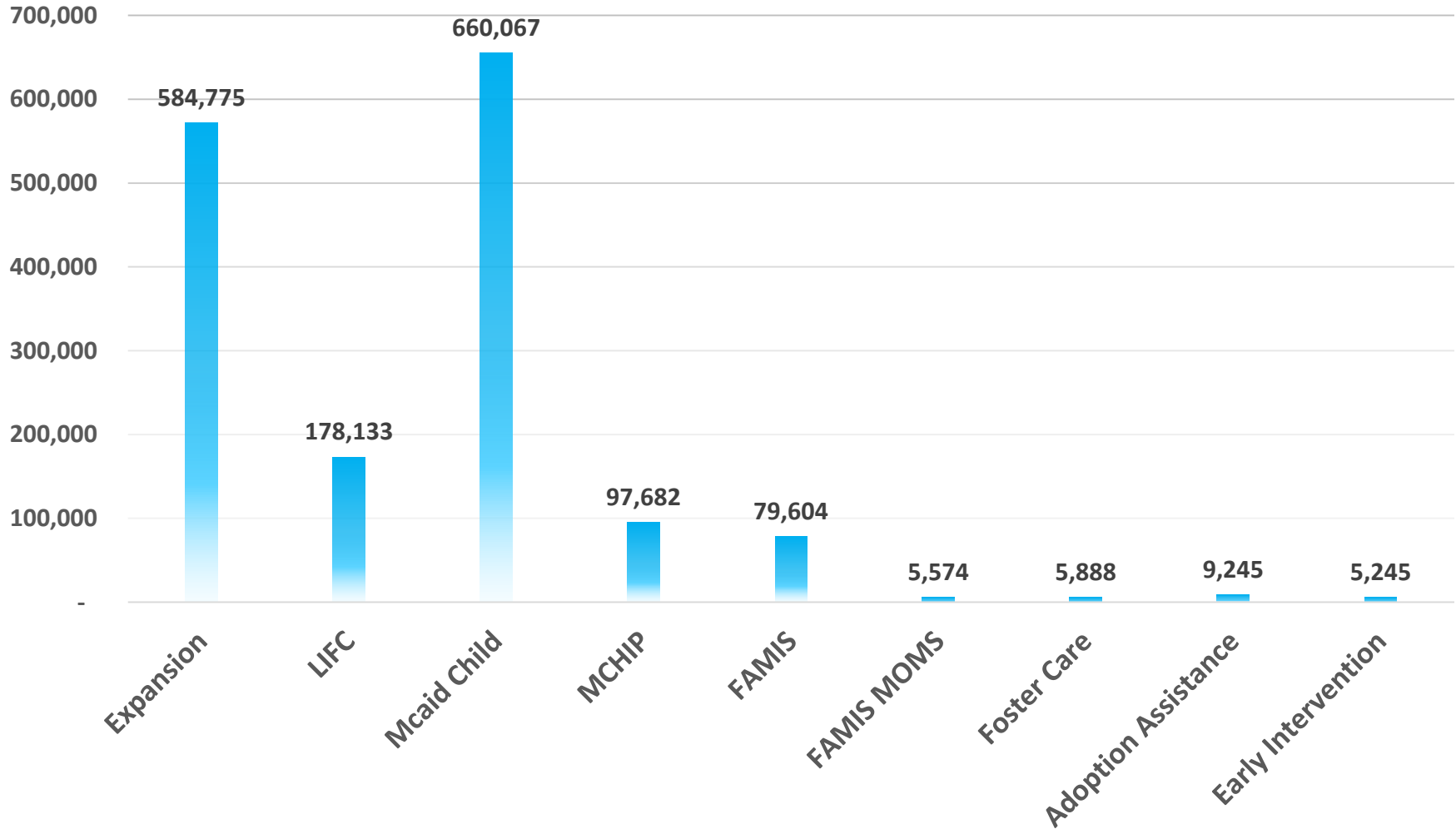
October 2022 Enrollment by Region and Plan



| Region | Aetna | Anthem | Molina | Optima | United | VAP | Total |
|--------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| CHAR | 21,546 | 30,452 | 11,326 | 54,622 | 14,140 | 52,242 | 184,328 |
| CNVA | 73,016 | 131,098 | 26,810 | 72,569 | 32,970 | 69,958 | 406,421 |
| FSWV | 16,470 | 16,100 | 6,380 | 10,986 | 11,808 | 31,778 | 93,522 |
| NOVA | 44,609 | 170,929 | 22,297 | 26,961 | 73,894 | 64,649 | 403,339 |
| RNKE | 26,336 | 22,815 | 15,653 | 19,461 | 17,514 | 50,219 | 151,998 |
| TIDW | 36,041 | 115,729 | 22,905 | 125,402 | 22,421 | 45,003 | 367,501 |
| Total | 218,018 | 487,123 | 105,371 | 310,001 | 172,747 | 313,849 | 1,607,109 |

Medallion 4.0 Enrollment – Medicaid & FAMIS

Medallion 4.0 October Enrollment



Updates Since July

- Adult Preventive Services – available for full benefit Medicaid members at no cost
- Post-partum coverage extended - applies to all pregnant full-benefit Medicaid and FAMIS MOMS members and is not limited to pregnancy coverage groups
- Doula services for pregnant members – available for pregnant members or has given birth within the last 6 months

Doula Certification, Enrollment, Contracting

To date:

- 59 Doulas have received state certification!

Of the 59 Doulas that have received state certification:

- 18 Doulas are pending Medicaid enrollment
- 26 Doulas are Medicaid approved and contracted with 2 or more health care plans



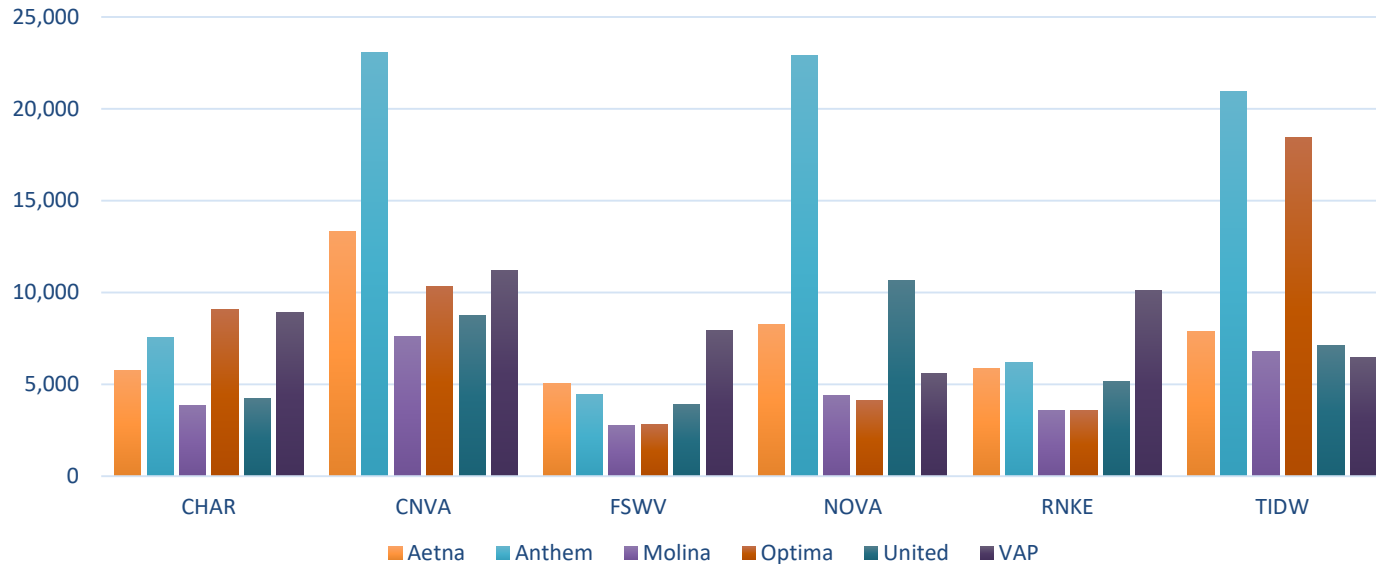
Milestones:

- First doula prenatal visit - 08/2022
- First doula-supported birth - 10/2022
- Currently - 4 doula-supported births



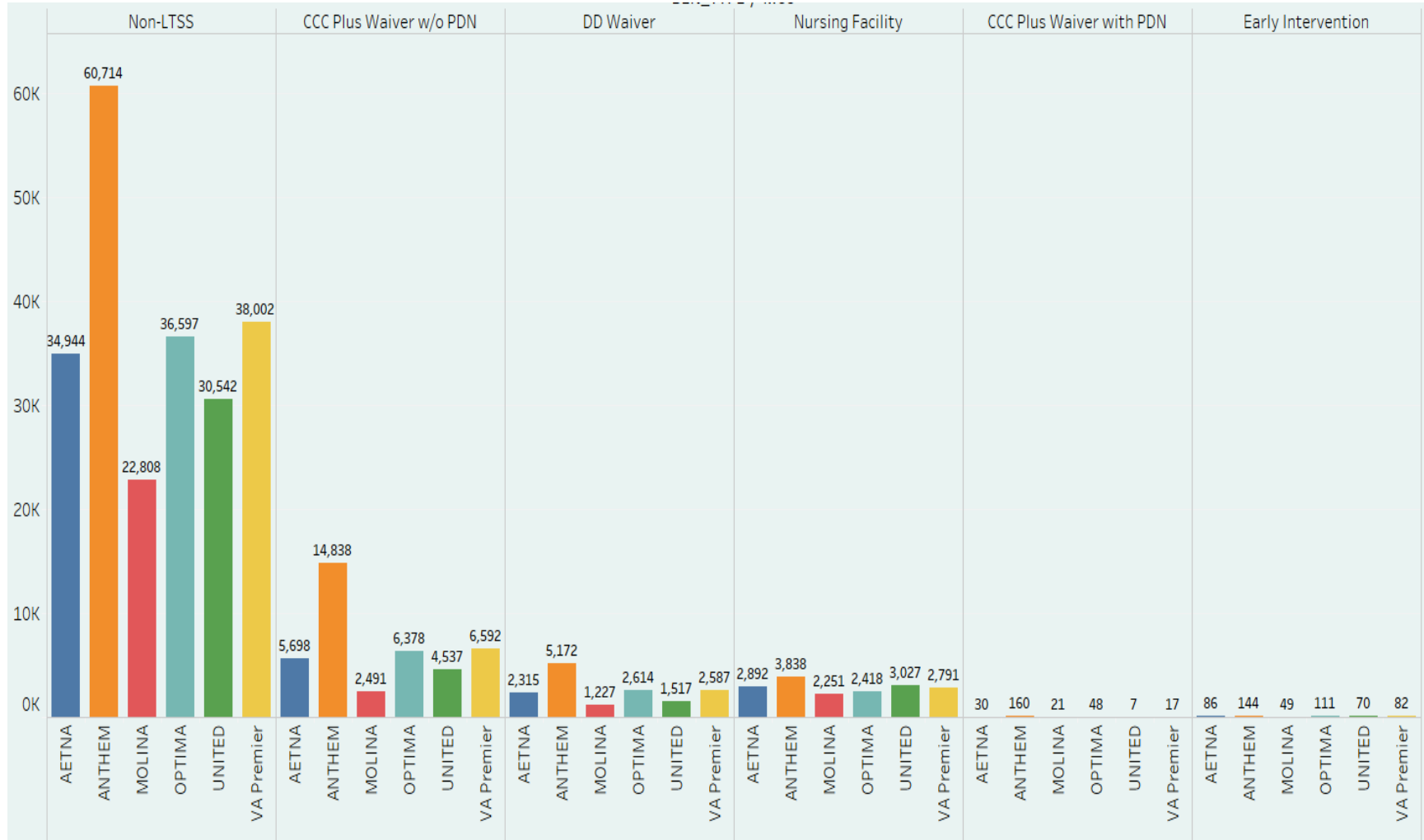
CCC Plus Enrollment by Plan by Region

September 2022 - Region, CCC Plus and MCO



| Region | Aetna | Anthem | Molina | Optima | United | VAP | Total |
|--------|--------|--------|--------|--------|--------|--------|---------|
| CHAR | 5,729 | 7,530 | 3,868 | 9,054 | 4,262 | 8,931 | 39,374 |
| CNVA | 13,323 | 23,075 | 7,599 | 10,330 | 8,724 | 11,226 | 74,277 |
| FSWV | 5,032 | 4,422 | 2,735 | 2,831 | 3,932 | 7,912 | 26,864 |
| NOVA | 8,235 | 22,905 | 4,397 | 4,116 | 10,665 | 5,586 | 55,904 |
| RNKE | 5,881 | 6,186 | 3,565 | 3,562 | 5,151 | 10,114 | 34,459 |
| TIDW | 7,887 | 20,958 | 6,796 | 18,410 | 7,091 | 6,467 | 67,609 |
| Total | 46,087 | 85,076 | 28,960 | 48,303 | 39,825 | 50,236 | 298,487 |

CCC Plus Enrollment by LTSS Benefit



LTSS Impacts: 2022 General Assembly

| Mandate | Status | Progress |
|---|----------|---|
| Rebase Medicaid DD Waiver Rates | Complete | Fee schedule for providers has been updated to reflect the waiver rebase rate. Waiver rebase made effective July 1, 2022. |
| Delay Developmental Disability Waiver Slots | Complete | DMAS requested 1,400 new waiver slots for 2 of the 3 DD Waiver programs. 1,200 for the Family and Independent waiver and 200 for the Community Living waiver to add to the 600 slots already approved for FY 24. |
| Personal Care Rates Increase 7.5% | Complete | Provider Bulletin dated 7/13/2022 details notice of the rate increase for Consumer Directed and Agency Directed Personal Care, Respite Care, and Companion Care rate effective 7/1/2022. |
| Continue 12.5% Rate Increase for Certain Home and Community Based Services | Complete | Provider Bulletin dated 8/5/2022 details notice of the services that would retain the temporary 12.5% rate increase effective 7/1/2022, pursuant to the 2022 Appropriation Act. |
| Durable medical equipment, specialty wheelchair, complex rehabilitative technology. | Complete | Workgroup activities complete. Submitted to HHR September 2022. |
| Add Funding for Medicaid Value Based Purchasing Program for Nursing Homes | Complete | The overall funding for the program was increased to \$118,622,500 for SFY23, with half of the available funds allocated for performance based payments and the other half operationalized as a per-diem enhancement of \$10.49. The methodology for the NF VBP program was updated to reflect the pool of performance funds. |

LTSS Impacts Cont'd: 2022 General Assembly

| Mandate | Status | Progress |
|--|-------------|---|
| Plan for Medicaid Brain Injury Waiver Services, Neurobehavioral Unit, and Traumatic Brain Injury Targeted Case Management Services | In Progress | Report to General Assembly is under internal management review and is scheduled for submission to HHR. Workgroup activities and program design continue in preparation for Rate Study analysis and development. |
| Allow Medicaid Payments for Parents to be Caregivers of Eligible Minor Children | In Progress | Legally Responsible individuals are permitted to provide personal care waiver services through Appendix K through the end of the Federal PHE. DMAS will engage CMS on the “extraordinary care” requirements for personal care service delivery to understand definitions, rules, procedures, and guardrails. An amendment will be submitted to CMS after the approval of the renewal of the CCC Plus Waiver anticipated in January. |
| Nursing Home Quality Improvement Program | In Progress | A full time staff has just been hired to coordinate implementation of this program. |
| Individuals with intellectual & developmental disabilities; DMAS to study use of virtual support, etc. | In Progress | Workgroup activities complete. Report to General Assembly is under internal management review and is scheduled for submission to HHR. |

DMAS Brain Injury Services Workgroup

Scope and Proposed Timeline

2022 Virginia General Assembly Authorized the implementation of a New Targeted Case Management Service in the Medicaid program. The legislature approved DMAS to Assess and estimate costs for a potential brain injury services waiver and to develop a facility based neuro-rehabilitation service option

| | August, 2022- Sept, 2022 | October, 2022- June, 2023 | January, 2023- August, 2023 | February, 2023- June, 2023 |
|------------|---|--------------------------------------|---|-------------------------------------|
| | Gather Input, Share Project Plan and Policy Overview | Rate Development/Cost Assessments | Populations and Program, Submit Budget Request for 2024 Session | TCM Implementation |
| Activities | Gather Stakeholder Design Input | Assess Population Data | Deliver Budget package for Waiver and Facility Services | Provider enrollment rules finalized |
| | Design and Development/Waivers 101 | Assess Community Service Options | Finalize Reimbursement Rates for Services | Claims processing rules finalized |
| | Population and Service Design Input | Assess Facility Service Options | Finalize Population/Eligibility Rules | Provider Training/Recruitment |
| | Deliver GA Report with Stakeholder Input | Select Waiver Type for Design | Finalize Population and utilization estimates for budget | TCM goes live July-December, 2023 |

**Cardinal Care is a single brand
encompassing all health coverage
programs for Virginia's 2 million
Medicaid members.**

Facts about Cardinal Care

Virginia Medicaid will begin to transition to Cardinal Care in January 2023.

Cardinal Care is the Department's new brand that encompasses all health coverage programs for all of Virginia's Medicaid members.

Cardinal Care includes Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), Family Access to Medical Insurance Security (FAMIS), and Medicaid and FAMIS fee-for-service members.

Use of the new logo and Cardinal Care brand will begin in January 2023 and will follow a strategic, phased, roll-out.

Providers and members do not need to take any action to enroll in Cardinal Care.

Facts about Cardinal Care Managed Care

DMAS is working to unify Virginia Medicaid's two managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus); pending approval by the Centers for Medicare and Medicaid Services (CMS).

Includes the same populations and services in Medallion 4 and CCC Plus; excludes same populations and services excluded from managed care programs today.

Provides access to care management services across all populations, based on the member's evolving needs and health risk. Care coordination continues to be available as needed for members with minimal needs.

Members in managed care can stay with their same managed care organization (MCO) and with their same doctors.

Providers will continue to contract with same six MCOs: Aetna, Anthem, Optima, Molina, UnitedHealthcare, and Virginia Premier.

Timing for Cardinal Care Managed Care is dependent on approval from CMS, anticipated early 2023

More Information

DMAS Cardinal Care Member Page

<https://www.dmas.virginia.gov/for-members/cardinal-care/>

DMAS Cardinal Care Provider Page

<https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Sign up to get the latest news from Virginia Medicaid at:

<https://www.dmas.virginia.gov/>

PARTNERSHIP FOR PETERSBURG

DMAS Initiatives

October 31, 2022



The **Partnership for Petersburg** was launched by Governor Youngkin in August 2022

This collaborative effort spans education, public safety, health care, transportation, economic development, and community and faith-based engagement



Quick Stats (as of October 2022)

Petersburg Medicaid Beneficiaries: 19,457 (~58% of population)

Managed Care Members: 17,999 Children: 7,008

Expansion Adults: 6,443 Adults 65+: 878 Pregnant Women: 252

DMAS has been tasked with focusing on **increasing utilization of pediatric, adult primary care, and maternity services for Petersburg Medicaid members** through community partnerships, member engagement, and mobile clinics and events

Prenatal + Postpartum Care

Goal: In SFY21 only ~20% of pregnant women received prenatal care in Petersburg. In response, DMAS is working to collaborate with our MCOs to increase utilization of prenatal care and care during the 12 month postpartum period.

Update: In September, 76 pregnant Petersburg members received outreach to facilitate prenatal appointment scheduling. DMAS is also working to schedule a meeting with a variety of Bon Secours maternity providers to catalyze ongoing collaboration with the Medicaid program. Additionally, 3 Petersburg members have so far been connected with a doula.

WELCOME MOM!
Here are a few reminders for your Postpartum Care

Did You Know?
Effective July 1, 2022 –Medicaid and FAMIS MOMS members now have full coverage through **12 months postpartum**. Postpartum care is important care you receive after your baby is born.

How Do I Get Services?

Central VA Health Services (CVHS) - Petersburg
Appomattox Area Health and Wellness Center
321C Poplar Drive
Petersburg, VA 23805-9306
804-733-5591
www.cvhsinc.com

OR

Bon Secours Colonial Heights Obstetrics and Gynecology
439 Jennick Drive
Colonial Heights, VA 23834
(804) 765-6730

Postpartum coverage includes:
Access to **dental** benefits, **mental health** services and **transportation** to and from your appointments. Even if your income changes during pregnancy you will **stay enrolled**.

Contact your health plan to learn about additional benefits for healthy moms and kids.
These may include
(based on your health plan):
Free Diapers
Food Vouchers
Strollers
OB Support Programs
Breast Pumps
Swimming Lessons

VIRGINIA'S MEDICAID PROGRAM
DMAS

MCO Community Events + Mobile Clinics

Goal: Improve access to critical health screenings and preventive care as well as enhance utilization of pediatric, primary care, and dental services

Update: To date, our MCOs have participated in over 25 community events and mobile clinics. An additional six events are scheduled between now and December 10th and two of our MCOs are working to expand their mobile clinic services in 2023.



Questions?

MCO CLAIMS EXPENSE AND UTILIZATION REVIEW BY FISCAL YEAR, SERVICE CATEGORY AND ELIGIBILITY CATEGORY

October 2022

Key Metric Definitions

- Three ingredients give you all three standardized key Metrics
 - Enrollment – Count of members enrolled each month
 - Cost – MCO expenditures on medical and pharmacy claims
 - Claim count – Count of MCO medical and pharmacy claims
- PMPM
 - “Per member per month”
 - Standardized way of looking at cost based on enrollment trends
 - Critical as we have large fluctuations in membership
 - Total Cost divided by Enrollment
- Utilization
 - Annualized metric for assessing volume of claims and services received by membership
 - Total Count of Claims divided by Enrollment (which is divided by 1,000)
- Cost per Claim
 - Average cost of a paid claim
 - Total Cost divided by Total Count of Claims

Medallion 4 Overview (Managed Care)

| Medallion 4 | | SFY 20 | SFY 21 | SFY 22 | SFY 21 vs. SFY 20 | SFY 22 vs. SFY 21 |
|--------------------|-----------------------|---------------|---------------|---------------|----------------------|----------------------|
| Total | PMPM | \$296 | \$283 | \$273 | -4.53% | -3.44% |
| | Utilization | 23,596 | 20,372 | 20,299 | -13.66% | -0.36% |
| | Cost per Claim | \$151 | \$167 | \$161 | 10.58% | -3.09% |
| Inpatient | PMPM | \$61 | \$58 | \$50 | -4.82% | -13.85% |
| | Utilization | 94 | 78 | 70 | -17.02% | -11.15% |
| | Cost per Claim | \$7,731 | \$8,867 | \$8,597 | 14.69% | -3.04% |
| Outpatient | PMPM | \$35 | \$34 | \$32 | -2.31% | -6.77% |
| | Utilization | 1,139 | 999 | 974 | -12.33% | -2.43% |
| | Cost per Claim | \$365 | \$406 | \$388 | 11.42% | -4.44% |
| ER | PMPM | \$18 | \$14 | \$15 | -25.08% | 9.58% |
| | Utilization | 1,691 | 1,321 | 1,444 | -21.88% | 9.29% |
| | Cost per Claim | \$129 | \$123 | \$124 | -4.10% | 0.26% |
| Nursing Facility | PMPM | \$5 | \$5 | \$4 | 2.54% | -12.97% |
| | Utilization | 55 | 50 | 47 | -8.91% | -6.85% |
| | Cost per Claim | \$1,003 | \$1,129 | \$1,055 | 12.58% | -6.57% |
| Physician Services | PMPM | \$109 | \$100 | \$101 | -7.79% | 0.88% |
| | Utilization | 10,796 | 9,902 | 9,774 | -8.28% | -1.29% |
| | Cost per Claim | \$121 | \$122 | \$124 | 0.54% | 2.19% |
| Pharmacy | PMPM | \$69 | \$72 | \$72 | 4.72% | -0.76% |
| | Utilization | 9,765 | 7,964 | 7,990 | -18.44% | 0.33% |
| | Cost per Claim | \$85 | \$109 | \$107 | 28.40% | -1.08% |
| Others | PMPM | \$0 | \$0 | \$0 | -6.16% | -100.00% |
| | Utilization | 56 | 58 | - | 4.38% | -100.00% |
| | Cost per Claim | \$102 | \$91 | \$0 | -10.09% | -100.00% |

*SFY22 reflects dates of service July 2021 through June 2022 and paid through September 30, 2022

Does not include completion factors
MCO claims data via DMAS' EDWS

- In total, Medallion 4 PMPM decreased in FY21 (-4.5%) and -3.4%) in FY22
 - Decreases in overall utilization (-13.66%) offset rise in cost per claim (10.6%) for FY20 vs. FY21
 - Utilization flat (-0.36%) in FY22
 - Largest contributors to PMPM spend include Physician Services (37%), Pharmacy (26%) and Inpatient (18.2%)
- Key drivers of these changes include
 - ER PMPM up in FY22 vs. FY21 due to increase in Utilization
 - Physician Services PMPM up 0.88% in FY22 due to 2.2% increase in cost per claim
 - Decrease in utilization (-1.29%) helps offset some of this price increase
- Expect to see slight increases in PMPM and Utilization for Inpatient as claims continue to come in over next few months

CCC Plus Overview (Managed Care)

| CCC Plus | | SFY 20 | SFY 21 | SFY 22 | SFY 21 vs. SFY 20 | SFY 22 vs. SFY 21 |
|--------------------|-----------------------|----------------|----------------|----------------|----------------------|----------------------|
| Total | PMPM | \$1,577 | \$1,545 | \$1,609 | -2.04% | 4.16% |
| | Utilization | 105,814 | 99,667 | 98,969 | -5.81% | -0.70% |
| | Cost per Claim | \$179 | \$186 | \$195 | 4.00% | 4.90% |
| Inpatient | PMPM | \$178 | \$180 | \$171 | 0.96% | -4.76% |
| | Utilization | 332 | 293 | 287 | -11.73% | -1.91% |
| | Cost per Claim | \$6,445 | \$7,371 | \$7,157 | 14.37% | -2.90% |
| Outpatient | PMPM | \$82 | \$83 | \$80 | 0.64% | -2.64% |
| | Utilization | 2,975 | 2,776 | 2,669 | -6.69% | -3.86% |
| | Cost per Claim | \$331 | \$357 | \$361 | 7.85% | 1.27% |
| ER | PMPM | \$24 | \$20 | \$21 | -15.21% | 4.34% |
| | Utilization | 3,328 | 2,957 | 2,963 | -11.17% | 0.20% |
| | Cost per Claim | \$86 | \$82 | \$86 | -4.55% | 4.13% |
| Nursing Facility | PMPM | \$367 | \$366 | \$369 | -0.24% | 0.87% |
| | Utilization | 1,911 | 1,620 | 1,505 | -15.20% | -7.13% |
| | Cost per Claim | \$2,302 | \$2,708 | \$2,942 | 17.64% | 8.62% |
| Physician Services | PMPM | \$686 | \$651 | \$719 | -5.05% | 10.50% |
| | Utilization | 68,475 | 67,399 | 67,679 | -1.57% | 0.42% |
| | Cost per Claim | \$120 | \$116 | \$128 | -3.53% | 10.05% |
| Pharmacy | PMPM | \$240 | \$245 | \$248 | 1.98% | 1.33% |
| | Utilization | 28,695 | 24,521 | 23,867 | -14.54% | -2.67% |
| | Cost per Claim | \$100 | \$120 | \$125 | 19.34% | 4.11% |
| Others | PMPM | \$1 | \$1 | \$0 | -7.28% | -100.00% |
| | Utilization | 99 | 101 | - | 2.25% | -100.00% |
| | Cost per Claim | \$87 | \$79 | \$0 | -9.32% | -100.00% |

- In total, CCC Plus PMPM decreased in FY21 (-2.04%) but increased 4.16% in FY22
 - Decreases in overall utilization (-5.81%) offset rise in cost per claim (4.00%) for FY20 vs. FY21
 - Slight decrease in utilization (-0.70%) was not enough to overcome the 4.90% increase in average cost in FY22
 - For FY22, the largest contributors to PMPM spend are Physician Services (44%), Nursing Facility (23%) and Pharmacy (15%)
- Key drivers of these changes include
 - Physician Services PMPM up 10.5% in FY22 vs. FY21 largely due to increase in Cost per Claim (+\$12/claim; +10%)
 - ER PMPM up 4.34% due to equivalent rise in average cost (utilization flat)
 - ER contributes 1.3% of total PMPM

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Does not include completion factors
MCO claims data via DMAS' EDWS

PMPM by Program by Eligibility Category

PMPM by Program and Eligibility Category

| | SFY 20 | SFY 21 | SFY 22 | SFY 21 vs. SFY 20 | SFY 22 vs. SFY 21 |
|------------------------------|---------|---------|---------|----------------------|----------------------|
| Medallion 4 | \$296 | \$283 | \$273 | -4.53% | -3.44% |
| Aged Adults | | | | | |
| Blind / Disabled Individuals | | | | | |
| Enrolled Due to Pregnancy | \$1,179 | \$797 | \$628 | -32.34% | -21.28% |
| Low Income Children | \$181 | \$157 | \$162 | -13.23% | 3.08% |
| Non-ABD Adults | \$454 | \$433 | \$394 | -4.63% | -8.98% |
| CCC Plus | \$1,577 | \$1,545 | \$1,609 | -2.04% | 4.16% |
| Aged Adults | \$1,771 | \$1,739 | \$1,877 | -1.78% | 7.89% |
| Blind / Disabled Individuals | \$1,476 | \$1,414 | \$1,465 | -4.18% | 3.65% |
| Enrolled Due to Pregnancy | \$868 | \$624 | \$588 | -28.05% | -5.86% |
| Low Income Children | \$3,856 | \$4,175 | \$4,242 | 8.27% | 1.63% |
| Non-ABD Adults | \$1,537 | \$1,598 | \$1,572 | 4.00% | -1.68% |

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PMPM by Program by Expense Category

PMPM by Program and Expense Category

| | SFY 20 | SFY 21 | SFY 22 | SFY 21 vs. SFY 20 | SFY 22 vs. SFY 21 |
|--------------------|---------|---------|---------|----------------------|----------------------|
| Medallion 4 | \$296 | \$283 | \$273 | -4.53% | -3.44% |
| Inpatient | \$61 | \$58 | \$50 | -4.82% | -13.85% |
| Outpatient | \$35 | \$34 | \$32 | -2.31% | -6.77% |
| ER | \$18 | \$14 | \$15 | -25.08% | 9.58% |
| Nursing Facility | \$5 | \$5 | \$4 | 2.54% | -12.97% |
| Physician services | \$109 | \$100 | \$101 | -7.79% | 0.88% |
| Pharmacy | \$69 | \$72 | \$72 | 4.72% | -0.76% |
| Others | \$0 | \$0 | \$0 | -6.16% | -100.00% |
| CCC Plus | \$1,577 | \$1,545 | \$1,609 | -2.04% | 4.16% |
| Inpatient | \$178 | \$180 | \$171 | 0.96% | -4.76% |
| Outpatient | \$82 | \$83 | \$80 | 0.64% | -2.64% |
| ER | \$24 | \$20 | \$21 | -15.21% | 4.34% |
| Nursing Facility | \$367 | \$366 | \$369 | -0.24% | 0.87% |
| Physician services | \$686 | \$651 | \$719 | -5.05% | 10.50% |
| Pharmacy | \$240 | \$245 | \$248 | 1.98% | 1.33% |
| Others | \$1 | \$1 | \$0 | -7.28% | -100.00% |

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Utilization by Program by Expense Category

Utilization by Program and Expense Category

| | SFY 20 | SFY 21 | SFY 22 | SFY 21 vs. SFY 20 | SFY 22 vs. SFY 21 |
|--------------------|---------|--------|--------|----------------------|----------------------|
| Medallion 4 | 23,596 | 20,372 | 20,299 | -13.66% | -0.36% |
| Inpatient | 94 | 78 | 70 | -17.02% | -11.15% |
| Outpatient | 1,139 | 999 | 974 | -12.33% | -2.43% |
| ER | 1,691 | 1,321 | 1,444 | -21.88% | 9.29% |
| Nursing Facility | 55 | 50 | 47 | -8.91% | -6.85% |
| Physician services | 10,796 | 9,902 | 9,774 | -8.28% | -1.29% |
| Pharmacy | 9,765 | 7,964 | 7,990 | -18.44% | 0.33% |
| Others | 56 | 58 | - | 4.38% | -100.00% |
| CCC Plus | 105,814 | 99,667 | 98,969 | -5.81% | -0.70% |
| Inpatient | 332 | 293 | 287 | -11.73% | -1.91% |
| Outpatient | 2,975 | 2,776 | 2,669 | -6.69% | -3.86% |
| ER | 3,328 | 2,957 | 2,963 | -11.17% | 0.20% |
| Nursing Facility | 1,911 | 1,620 | 1,505 | -15.20% | -7.13% |
| Physician services | 68,475 | 67,399 | 67,679 | -1.57% | 0.42% |
| Pharmacy | 28,695 | 24,521 | 23,867 | -14.54% | -2.67% |
| Others | 99 | 101 | - | 2.25% | -100.00% |

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Cost per Claim by Program by Expense Category

CPC by Program and Expense Category

| | SFY 20 | SFY 21 | SFY 22 | SFY 21 vs. SFY 20 | SFY 22 vs. SFY 21 |
|--------------------|---------|---------|---------|----------------------|----------------------|
| Medallion 4 | \$151 | \$167 | \$161 | 10.58% | -3.09% |
| Inpatient | \$7,731 | \$8,867 | \$8,597 | 14.69% | -3.04% |
| Outpatient | \$365 | \$406 | \$388 | 11.42% | -4.44% |
| ER | \$129 | \$123 | \$124 | -4.10% | 0.26% |
| Nursing Facility | \$1,003 | \$1,129 | \$1,055 | 12.58% | -6.57% |
| Physician services | \$121 | \$122 | \$124 | 0.54% | 2.19% |
| Pharmacy | \$85 | \$109 | \$107 | 28.40% | -1.08% |
| Others | \$102 | \$91 | \$0 | -10.09% | -100.00% |
| CCC Plus | \$179 | \$186 | \$195 | 4.00% | 4.90% |
| Inpatient | \$6,445 | \$7,371 | \$7,157 | 14.37% | -2.90% |
| Outpatient | \$331 | \$357 | \$361 | 7.85% | 1.27% |
| ER | \$86 | \$82 | \$86 | -4.55% | 4.13% |
| Nursing Facility | \$2,302 | \$2,708 | \$2,942 | 17.64% | 8.62% |
| Physician services | \$120 | \$116 | \$128 | -3.53% | 10.05% |
| Pharmacy | \$100 | \$120 | \$125 | 19.34% | 4.11% |
| Others | \$87 | \$79 | \$0 | -9.32% | -100.00% |

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Does not include completion factors

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