

North Carolina Department of Health and Human Services Division of Health Benefits

Medicaid Transformation *Population Profiles*

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1 INTRODUCTION

As a part of the State of North Carolina (NC or State) Medicaid transformation efforts, Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, has completed an analysis of claims and encounter data for the State Medicaid and NC Health Choice program to create cost profiles for the proposed managed care program design¹. This data summarization includes experience for services covered under the State fee-for-service (FFS) program, as well as behavioral health (BH) services covered under the Medicaid BH managed care program currently operated by the Local Management Entity/Managed Care Organizations (LME/MCOs).

The intent of the Population Profiles data report is to summarize historical data for purposes of providing transparency into the current program costs and utilization by covered population cohorts for potential Prepaid Health Plans (PHPs) and other interested stakeholders. Specifically, the report includes information on the cost and utilization patterns of Medicaid and NC Health Choice eligibles by region, population, age group, and category of service (COS). The report provides context as to program scale, and cost and utilization associated with specific populations and services.

Mercer was instructed to make assumptions as needed in this document that are consistent with the proposed program design for Medicaid managed care released by the NC Department of Health and Human Services (DHHS) in August, elements of which may require additional legislative authority from the North Carolina General Assembly and/or waiver authority from CMS, and changes in those policies would change components of this analysis.

1.1 Content of the Population Profiles

This data analysis was evaluated for the following time periods on a date of service basis:

- July 1, 2014 through June 30, 2015 (State Fiscal Year (SFY) 2015)
- July 1, 2015 through June 30, 2016 (SFY 2016)

Please note the following concerning this report.

1.1.1 Data Extracts

Mercer has relied upon and utilized the following available data extracts to summarize the eligibility, cost and utilization information.

- FFS claims data, provided by the State, from the State Medicaid management information system (MMIS) responsible for claim adjudication (NC Tracks).
- BH encounter data provided to Mercer directly from the LME/MCOs.
- Cost information related to Non-Emergency Medical Transportation (NEMT) services billed outside of NC Tracks.
- Supplemental information supplied by the State and LME/MCOs used to support the cost adjustments outlined in Section 4.
- The member month (MM) information reflected in Section 6 of this report is derived from the number of beneficiaries identified in the member extract file provided to Mercer by the State in May 2017.

These data sources will be used to support future capitation rate development. Future analyses will consider data through 2017 and into 2018 as well.

¹ North Carolina's Proposed Program Design for Medicaid Managed Care, August 2017, https://files.nc.gov/ncdhhs/documents/files/MedicaidManagedCare_ProposedProgramDesign_REVFINAL_20170808.pdf

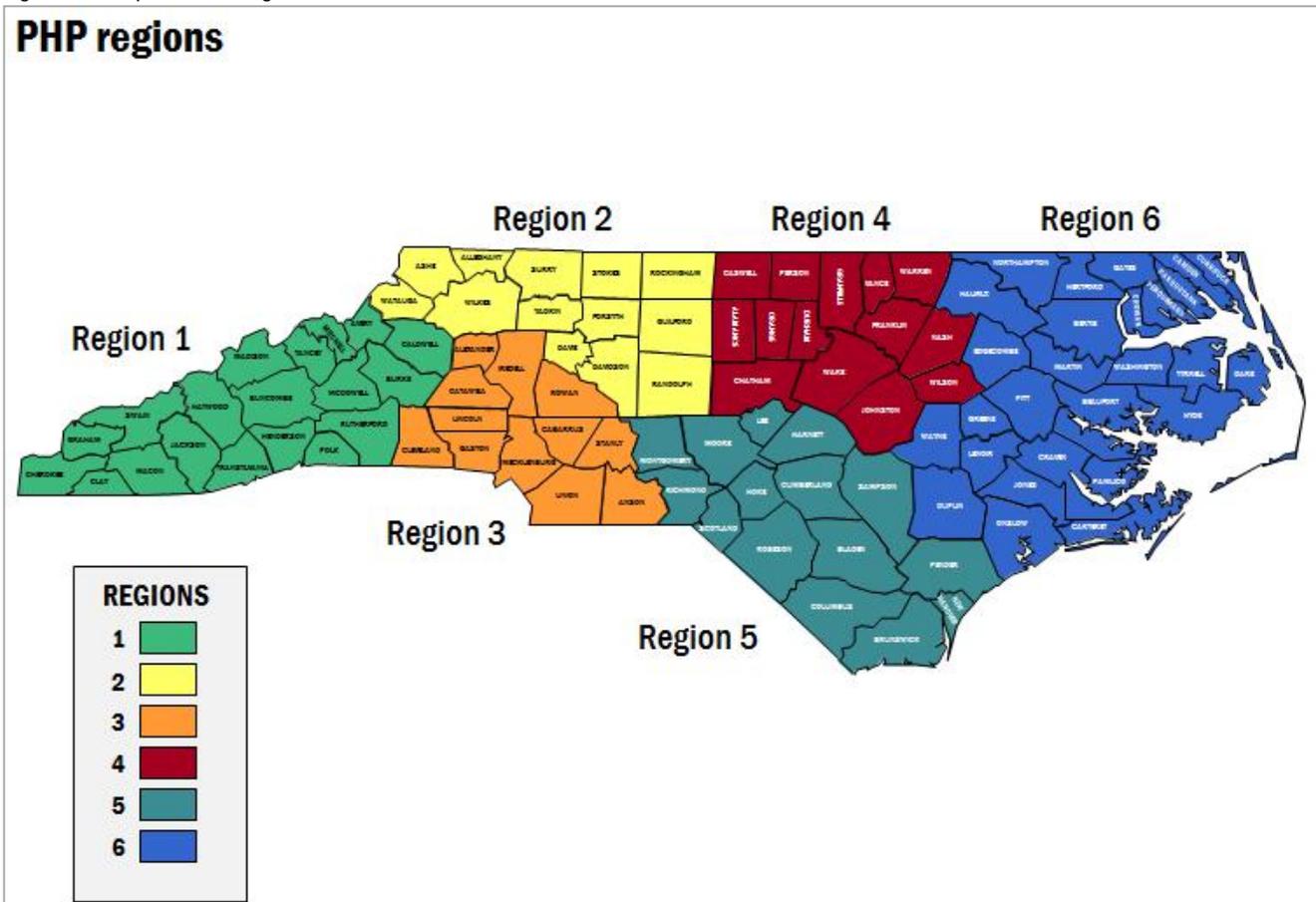
1.1.2 Geographic Considerations

Mercer also included regional breakouts to allow for evaluation of the differences in cost and utilization across the State. Table 1 outlines the counties included in each of the six proposed PHP regions. Figure 1 illustrates the PHP regions in map format.

Table 1: List of Counties in PHP Regions

PHP Regions	Counties
Region 1	Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
Region 2	Alleghany, Ashe, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, Yadkin
Region 3	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union
Region 4	Alamance, Caswell, Chatham, Durham, Franklin, Granville, Johnston, Nash, Orange, Person, Vance, Wake, Warren, Wilson
Region 5	Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland
Region 6	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne

Figure 1: Map of PHP Regions



1.2 Caveats

The users of these data summaries are cautioned that direct comparisons cannot be made between the information in these summaries and raw claims data and other DHHS reports. Mercer applied adjustments to the raw data received. Please refer to Section 4 for adjustments reflected in the Population Profiles data exhibits and Section 5 for adjustments planned for future analysis.

Mercer has used and relied upon eligibility, claims, encounter and supplemental data and information supplied by both the State and the LME/MCOs. Aforementioned parties are solely responsible for the validity and completeness of these supplied data and information. Mercer has reviewed the summarized data in compliance with the Actuarial Standard of Practice (ASOP) on data quality (ASOP 23), which included checks for: completeness of data, accuracy of the data and consistency of data across data sources and years. However, Mercer did not perform a complete audit.

The users of these data summaries are cautioned against relying solely on the data contained herein. The State and Mercer provide no guarantee, either written or implied, that this document is 100% accurate or error-free. The content of these data summaries may also be subject to change pending additional guidance from the State on final data summarization logic.

2 COVERED POPULATIONS

The data exhibits in Section 6 are summarized according to the population groups identified in section 2.1 and 2.2 below. In order to identify the population groupings, eligibility information is attached to the claims data per the member extract file.

2.1 Population Overview

The information in this report was structured to segment populations based on the DHHS' proposed managed care phase-in timeline. As proposed, initial program implementation would enroll all non-dual beneficiaries into the Standard Plan who are otherwise not eligible for a tailored plan and/or otherwise excluded or delayed as summarized below. DHHS has proposed to phase-in the remaining covered populations over a five year period. See Table 2 below for the managed care population grouping utilized for this report.

Table 2: Managed Care Population Groupings

Population
Standard Plan
Foster Children and Adopted Children
Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plan (including both non-dual and dual eligibles)
Medicaid-only beneficiaries receiving long-stay nursing home services
Medicaid-only Community Alternatives for Children (CAP/C) waiver beneficiaries
Medicaid-only Community Alternatives for Disabled Adults (CAP/DA) waiver beneficiaries
Dual Eligibles

2.2 Population Grouping Logic

As mentioned above, Mercer summarized the claims and member months by population grouping. To define the population groups, Mercer leveraged program aid code information, 5-character eligibility code information and Dual and Medically Needy status from the State's eligibility system. The sections below provide detail regarding the eligibility fields used to define the various population groups. Cost and utilization associated with Tribal members have not been separately identified nor excluded for purposes of these data summaries.

Note that beneficiaries may be categorized into multiple population groups if they switched eligibility categories during the year. Claims and eligibility data for a given month were summarized into a population group based on the earliest record in that month. The populations listed below are mutually exclusive such that costs and utilization were not categorized under more than one population grouping per month.

2.2.1 Standard Plan (Non-Duals)

The Standard Plan population includes cost and utilization for non-dual beneficiaries summarized by the following population groupings outlined in Table 3 below. Costs associated with delivery events are broken out separately in anticipation of development of a separate capitation payment (also known as a kick payment) for these services. Where applicable, cost and utilization information was also summarized for the following age groups:

- Newborn: Age <1.00
- Child: Age 1-20.99
- Adult: Age 21+

Table 3: Standard Plan Population Criteria

Population Group	Detailed Population Group	Program Aid Code/Eligibility Code
Aged, Blind, Disabled (ABD)	Aged	MAABN, MAACY, MAAMN, MAANN, MAAQN, MAAQY, SAABN, SAACN, SAACY, SAAQN, SAAQY
	Blind	MABBN, MABCY, MABMN, MABNN, MABQN, MABQY
	Disabled	MADBN, MADCY, MADMN, MADNN, MADQN, MADQY, SADB, SADCN, SADCY, SADQN, SADQY
Temporary Assistance for Needy Families (TANF) and Other Related Children/Adults	Aid to Families with Dependent Children (AFDC)	AAF, AAFY
	Other Children	MAFCN, MAFMN, MAFNN
	Pregnant Women	MPWNN
	Infants and Children	MICNN
	Breast and Cervical Cancer (BCC)	MAFWN
	Legal Aliens (Full Medicaid)	Eligibility codes with a fourth character of G, P, I, or T
NC Health Choice (NCHC)	NCHC	MICAN, MICJN, MICKN, MICSN
	NCHC — Extended Coverage	MICLN
Medicaid-Children's Health Insurance Program (M-CHIP)	N/A	MIC1N
Maternity/Delivery	N/A	Cost summarized for the month of delivery, flagged by identifying the delivery event using the following logic: Current Procedural Terminology (CPT) codes: 59400-59410, 59510-59515, 59610-59622 OR Diagnosis-Related Groups (DRG) 765-768, 774-775 OR ICD-9 codes: 650 OR the following must have a 5th digit equal to 1 or 2: 640-676; International Classification of Diseases (ICD)-10 codes have been mapped from ICD-9.

Note 1: For specific program eligibility requirements, refer to the NC Basic Medicaid Income Eligibility Chart.²

Note 2: NCHC extended coverage is optional coverage for beneficiaries at 211-225% FPL; beneficiaries may remain on NC Health Choice for a period not to exceed one year.³

2.2.2 Foster Children and Adopted Children

Table 4 outlines the eligibility information used to summarize cost and utilization for the foster children and adopted children population. Summaries outlined in section 6 include information for both dual and non-dual members.

Table 4: Foster Children and Adopted Children Population Criteria

Population Group	Detailed Population Group	Program Aid Code/Eligibility Code
Foster Children and Adopted Children	N/A	HSFCY, HSFNN, IASCN, IASCY, MFCNN

² NC Basic Medicaid Income Eligibility Chart, March 2017,

https://files.nc.gov/ncdma/documents/files/BASIC_MEDICAID_INCOME_ELIGIBILITY_CHART_2017_03_10.pdf

³ North Carolina DHHS On-line Manual, April 2014,

<https://www2.ncdhhs.gov/info/olm/manuals/dma/fcm/man/MA3255-05.htm>

2.2.3 BH I/DD Tailored Plan (Non-Dual and Dual Eligibles)

The data was further segmented for beneficiaries eligible to participate in the BH I/DD Tailored Plan as currently proposed by DHHS. The criteria utilized to summarize beneficiaries in the BH I/DD Tailored Plan is outlined below. To qualify under a clinical category, the beneficiary only needed to meet the criteria once during a State Fiscal Year (July 1 through June 30). The CAP/C, CAP/DA, Nursing Facility Level of Care (NFLOC) and Foster Children and Adopted Children population groups have not been included in the BH I/DD Tailored Plan summaries.

The clinical condition criteria are applied as a hierarchy such that beneficiaries only fall within one of the clinical condition categories in a given year. The following proposed populations would default into the BH I/DD Tailored Plan. Summaries for these specific populations are outlined in Section 6.

1. I/DD Default — This group will be defaulted into the BH I/DD Tailored Plan. In order to identify qualifying beneficiaries, Mercer and the State discussed an approach to use the available claims and eligibility information to identify the I/DD default group; specifically, beneficiaries were assigned if they met at least one of the following criteria:
 - a. Innovations — Special Coverage Code of CM, C2 or IN (Innovations eligibility indicators).
 - b. Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) — Fee-for-service (FFS) data claim type Q (Mental Health) and FFS category of service (COS) 0021 (LTC-ICF MRC, SO) or 0047 (LTC-ICF MRC, NSO). Encounter data claim experience with revenue codes 100 (room and board, all-inclusive plus ancillary) or 183 (therapeutic leave) used by the Local Management Entity/Managed Care Organizations (LME/MCOs) to reimburse for ICF/IID services.
 - c. B3 — One or more claims falling under the B3 COS.
 - d. Diagnosis — List of I/DD diagnosis codes (all diagnosis positions) supplied by the State.
 - e. Transition to Community Living Initiative (TCLI) — Beneficiaries who were included on the TCLI roster provided by the State.
2. Serious and Persistent Mental Illness (SPMI)/Serious Emotional Disturbance (SED) Beneficiaries with Enhanced BH Utilization — This group will be defaulted into the BH I/DD Tailored Plan; beneficiaries needed to have accessed an enhanced BH service and were identified based on a list of diagnosis codes (primary diagnosis position) supplied by the State. SPMI is defined as being for individuals ages 18 +, while SED is defined as being for individuals ages 0 to 17.99.
3. Substance Use Disorder (SUD) Beneficiaries with Enhanced BH Utilization — This group will be defaulted into the BH I/DD Tailored Plan; beneficiaries needed to have accessed an enhanced BH service and were identified based on a list of diagnosis codes (primary diagnosis position) supplied by the State along with beneficiaries with a qualifying SUD drug claim.

Note that information for these populations (included in Section 6) was summarized by child (<21) and adult (21+). Information on the specific I/DD, SPMI, SED, and SUD diagnosis codes used to identify members as eligible for the BH I/DD Tailored Plan default population are found in Appendix A.

DHHS is proposing to include other Medicaid and NC Health Choice beneficiaries, such as those on the Innovations waiver waitlist, those enrolled on the TBI waiver, and those with historical utilization of State-funded mental health services in BH I/DD Tailored Plans, however, these beneficiaries are not included as part of this population for purposes of this report.

2.2.4 Non-Dual LTSS Population

Table 5 outlines the three LTSS population breakouts for non-dual beneficiaries. Note that these breakouts include specific summaries for beneficiaries enrolled in the CAP/C and CAP/DA 1915(c) Home and Community Based Services waiver, along with information for beneficiaries with a long-term nursing home stay.

Table 5: Non-Dual LTSS Population Criteria

Population Group	Detailed Population Group	Program Aid Code/Eligibility Code
LTSS — CAP/C	N/A	Setting of Care codes (HC, IC or SC)
LTSS — CAP/DA	N/A	Setting of Care codes (CI, CS, ID or SD)
LTSS — NFLOC	N/A	Identify 3 months of consecutive nursing home utilization; mark member as being NF from first month of 3 month consecutive utilization forward

2.2.5 Dual Eligibles

A beneficiary was identified as dual-eligible if either their eligibility fields “MA_STATUS” or “MB_STATUS” had a value of “MA” or “MB” respectively. Dual eligible beneficiaries not identified as eligible for the BH I/DD Tailored Plan were summarized into the following population groupings:

- LTSS Population: CAP/C, CAP/DA and NFLOC
- Non-LTSS Population: ABD, TANF and Other Related Children/Adults, NC Health Choice, M-CHIP, and Foster Children and Adopted Children

Note that information for dual eligibles includes Medicaid only and Medicaid crossover cost and utilization, and does not include costs and utilization paid by Medicare.

2.2.6 Permanently Excluded

The following populations are considered permanently excluded for purposes of managed care and will not be the responsibility of the Prepaid Health Plans (PHPs). Note that an individual’s status in one of the groups outlined in Table 6 was assumed to supersede categorization into one of the covered population groupings. For example, an individual who is in the Health Insurance Premium Program is reported as such regardless of other eligibility categories.

Table 6: Permanently Excluded Population Criteria

Population Group	Detailed Population Group	Program Aid Code/Eligibility Code
Medically Needy	N/A	Fourth digit of program category code of “M”
Family Planning	N/A	MAFDN
Other	Partial Duals	MQBBN, MQBEN, MQBQN
	Aliens (Emergency Services Only)	Eligibility codes with a fourth character of F, H, O, R or V
	Refugees	MRFMN, MRFNN, RRFCN
	Health Insurance Premium Program	Beneficiary roster provided by State
	Inmates	Living Arrangement Code 16

Note as a step in the data summarization process, Mercer limited the data to records with a matching Medicaid or NC Health Choice eligibility segment in the member extract file on a monthly basis. This ensures that the base data underlying the capitation rates is for covered populations and services, as a result of this step the overall SFY 2015 and SFY 2016 costs decreased by 0.4% and 0.3%, respectively.

3 COVERED SERVICES

Mercer has summarized the utilization and cost information from the historical fee-for-service (FFS) data and the Local Management Entity/Managed Care Organization (LME/MCO) encounter data into the following major service categories. Appendix B contains detailed coding logic used to define each of the detailed categories noted in Table 7 below.

The FFS data detailed category of service (COS) logic was developed to summarize expenses into the major service categories based on a combination of claim type and state-defined categories based on provider taxonomy. The encounter data detailed COS is based on the services defined and used for the development of the LME/MCO capitation rates. Appendix B shows how Mercer leveraged the existing FFS and encounter data COS logic to define service groupings for purposes of this report. The table below shows how the detailed service categories were grouped for purposes of this report and the exhibits in Section 6.

Table 7: COS Groupings

COS Grouping	FFS Data Detailed COS	Encounter Data Detailed COS
Inpatient — Physical Health (PH)	Inpatient	N/A
Inpatient — Behavioral Health (BH)	N/A	Inpatient
Outpatient Hospital	Outpatient	N/A
Emergency Room	Emergency Room	Emergency Room
Physician	Physician	N/A
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)	FQHC RHC	N/A
Other Clinic	Free-standing Clinics Health Check — Health Department Family Planning	N/A
Other Practitioner	Chiropractic Podiatry	N/A
Therapies	Physical Therapy Speech Therapy Occupational Therapy	N/A
Prescribed Drugs	Prescribed Drugs	N/A
Enhanced Mental Health (MH)	MH services for non-LME/MCO population (Ages 0–3 and NC Health Choice)	Assertive Community Treatment (ACT) BH Long Term Residential Community Support Crisis Services Intensive In Home Services (IIHS) Multisystemic Therapy (MST) Outpatient (including psychotherapy and alcohol/drug services) Partial Hospitalization/Day Treatment Psychiatric Residential Treatment Facility (PRTF) Psych Rehab
B3 Services	N/A	1915(b)(3) Services

COS Grouping	FFS Data Detailed COS	Encounter Data Detailed COS
Long Term Services and Supports (LTSS) — Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) and Nursing Home	ICF/IID Nursing Home	ICF/IID
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health Hospice Personal Care	N/A
LTSS — HCBS Waiver Services	Community Alternatives Program for Children (CAP/C) Waiver Services Community Alternatives Program for Disabled Adults (CAP/DA) Waiver Services	Innovations Waiver Services
Durable Medical Equipment	Durable Medical Equipment	N/A
Lab and X-Ray	Lab and X-Ray	N/A
Optical	Optical	N/A
Limited Dental Services	Into the Mouth of Babes program	N/A
Transportation	Ambulance Non-Emergency Medical Transportation (NEMT)	N/A
Case Management	Human Immunodeficiency Virus (HIV) Case Management	N/A
Patient-Centered Medical Home (PCMH) Payments	PCMH Payments	N/A

Note 1: NEMT costs are not captured in the historical FFS claims experience. An adjustment was included (noted in section 4) to build costs into the transportation line to account for historical NEMT expenditures paid outside of the claims system.

Note 2: Costs associated with oral/maxillofacial surgery and adjunctive general dental services will be covered by PHPs when billed as a medical or professional claim; based on the COS mapping logic these costs are captured in the above medical/professional service lines and thus not captured under the 'Limited Dental Services' COS.

The following detailed FFS categories of service are excluded:

- Children's Developmental Services Agencies (CDSA)
- All other dental services
- Local Education Agency (LEA)
- Program for All-Inclusive Care for the Elderly (PACE) Capitation
- Eyeglasses subsidized by the NC Department of Corrections, and associated with Nash Correctional Institution, are also an excluded service. However, the costs summarized under the Optical COS in Section 6 have not been adjusted to remove these costs (approximately \$3.7M in SFY 2016).

Note that to support the population profile data summarization process, cost and utilization information for LME/MCO and eviCore (previously MedSolutions) capitation payments for lab and radiology services were removed in order to not duplicate cost and utilization reflected in both the FFS data and the LME/MCO encounters.

4 DATA ADJUSTMENTS

This section lists the adjustments Mercer made to the data sources summarized in this report. These adjustments are reflected in the exhibits shown in Section 6.

4.1 Completion Factors

The summarized data include claims for dates of service for state fiscal year (SFY) 2015 and SFY 2016. Mercer developed completion factors to estimate incurred-but-not-reported (IBNR) claims (those claims not yet adjudicated). The fee-for-service (FFS) data reflects payments through June 2017, and the Local Management Entity/Managed Care Organization (LME/MCO) encounter data reflects payments through at least August 2016. The following factors are applied to both dollars and utilization. Given the varying amount of claims runout, the factors were developed separately for the FFS claims reported through NC Tracks and the LME/MCO encounter data for Behavioral Health (BH) services.

Table 8: Completion Factors

Category of Service (COS)	FFS Data Factors		Encounter Data Factors	
	SFY 2015	SFY 2016	SFY 2015	SFY 2016
Inpatient — Physical Health (PH)	1.0001	1.0050	N/A	N/A
Inpatient — BH (LME/MCO)	N/A	N/A	1.0025	1.0364
Outpatient Hospital	1.0000	1.0006	N/A	N/A
Emergency Room	1.0000	1.0003	1.0004	1.0180
Physician	1.0000	1.0014	N/A	N/A
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)	1.0000	1.0015	N/A	N/A
Other Clinic	1.0000	1.0014	N/A	N/A
Other Practitioner	1.0000	1.0014	N/A	N/A
Therapies	1.0000	1.0015	N/A	N/A
Prescribed Drugs	1.0000	1.0000	N/A	N/A
Enhanced BH	1.0000	1.0001	1.0002	1.0080
B3 Services	N/A	N/A	1.0000	1.0036
Long Term Services and Supports (LTSS) — Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) and Nursing Home	1.0000	1.0006	1.0001	1.0095
LTSS — State Plan Home and Community Based Services (HCBS)	1.0000	1.0003	N/A	N/A
LTSS — HCBS Waiver Services	1.0000	1.0003	1.0000	1.0030
Durable Medical Equipment	1.0000	1.0004	N/A	N/A
Lab and X-Ray	1.0000	1.0004	N/A	N/A
Optical	1.0000	1.0004	N/A	N/A
Limited Dental Services	1.0000	1.0004	N/A	N/A
Transportation	1.0000	1.0004	N/A	N/A
Case Management	1.0000	1.0001	N/A	N/A
Patient-Centered Medical Home (PCMH) Payments	1.0000	1.0001	N/A	N/A

Category of Service (COS)	FFS Data Factors		Encounter Data Factors	
	SFY 2015	SFY 2016	SFY 2015	SFY 2016
Capitation – Program for All-Inclusive Care for the Elderly (PACE)	1.0000	1.0001	N/A	N/A
Dental	1.0000	1.0001	N/A	N/A
Local Education Agency (LEA)	1.0000	1.0001	N/A	N/A
Children’s Developmental Services Agencies (CDSA)	1.0000	1.0001	N/A	N/A
Total	1.0000	1.0007	1.0002	1.0083

4.2 Graduate Medical Expense (GME) Adjustment

GME factors are included directly in the calculation of FFS and LME/MCO payment rates for the hospitals eligible for GME; the State does not make supplemental payments to hospitals for GME. The State has chosen to exclude the GME portion of the Inpatient claims in the data and therefore from the future prepaid health plan (PHP) capitation payments. This is allowable per the Centers for Medicare and Medicaid Services (CMS). The State will reimburse hospitals eligible for GME directly and thus PHPs will not be expected to reimburse the GME hospitals at an enhanced rate. Mercer has applied a downward adjustment to the FFS and LME/MCO encounter data to remove these payments from the summarized data. To calculate this adjustment, Mercer relied on the GME payment information provided by the State that included GME amounts by hospital. The table below illustrates the adjustment applied to each base year.

Table 9: GME Adjustment Impact

Time Period	COS	FFS Data Impact		Encounter Data Impact	
		Dollar Amount	Percentage Impact	Dollar Amount	Percentage Impact
SFY 2015	Inpatient	(\$99,454,830)	-10.2%	(\$6,017,483)	-5.5%
SFY 2016	Inpatient	(\$97,152,812)	-10.3%	(\$5,925,214)	-5.2%

4.3 Cost Settlements

Under FFS, the State makes cost settlements to certain provider types as part of the overall provider reimbursement. Generally under managed care, the CMS does not allow provider payments to be made by the State outside of the capitation payment to PHPs aside from a few exceptions (e.g., wrap payments for FQHC/RHC provider types may continue to be made outside of the capitation payment under managed care). However, the State is seeking approval from the CMS, through the 1115 waiver, to maintain cost settlements for certain provider types: Public Ambulance, Local Health Departments (LHDs) and State Owned and Operated Skilled Nursing Facilities (SNFs). In order to represent the full level of current provider reimbursement, Mercer has included information in Table 10 on the amount of cost settlements for the SFY 2015 and SFY 2016 base years. Note that the summaries in Section 6 have not been adjusted to reflect these cost settlement amounts. For rate-setting, Mercer will include consideration for the settlements in the capitation rates for provider types without a CMS-approved wraparound process.

Table 10: Cost Settlement Amounts

Provider Type	SFY 2015 Settlement Amount	SFY 2016 Settlement Amount	Proposed Payment Consideration
Acute Care Hospitals	(\$76,937,880)	(\$53,671,340)	PHP Rates
Ambulance	\$58,665,724	\$60,800,909	State Wrap
FQHC/RHC ⁴	\$8,096,447	\$14,102,887	State Wrap
LHDs	\$67,825,066	Not Available	State Wrap
State Owned and Operated SNFs	(\$3,633,088)	(\$6,123,526)	State Wrap
CDSA	\$32,266,238	\$32,924,391	State (non-covered service)
LEA	\$71,304,953	\$65,797,936	State (non-covered service)

Note 1: Cost settlements are not applied to dual-eligible beneficiaries.

It is important to note that for rate development Mercer will evaluate all PHP provider reimbursement requirements in the PHP contract. For certain cost settled provider types, most notably FQHC/RHCs, the analysis may result in an adjustment to the historical FFS reimbursement rates if the current FQHC/RHC provider payments (before settlements) are different than the average payment rate for comparable provider types.

4.4 Hospital Supplemental Payments

Hospital supplemental reimbursement considerations will need to be included as a part of capitation rate development to reflect future provider reimbursement under managed care. In total for Federal Fiscal Year (FFY) 2017, hospital supplemental payments are approximately \$1.5 billion for Inpatient Hospital services and \$325 million for Outpatient Hospital services (including Emergency Room services). It is important to note that this figure is in total across all Medicaid populations. However, no adjustments have been made to the population profile data summaries with regards to hospital supplemental payments or settlements made to Critical Access Hospitals and Vidant Medical Center. The table below provides a comparison of the supplemental payments and total claims costs. Supplemental payments do not include Disproportionate Share Hospital (DSH) payments.

Table 11: Supplemental Payments

Service	FFY 2017 Supplemental Payment	Service Claims Costs
Inpatient Hospital	\$1.5 Billion	\$925 Million
Outpatient Hospital (including Emergency Room services)	\$325 Million	\$825 Million

4.5 Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IID)

Mercer incorporated an adjustment to include dollars for ICF/IID settlements that were not part of the claims categorized under the 1915(b)/(c) waiver for children aged 0–3. Based on historical cost settlements for ICF/IID services and per discussions with the State, Mercer added approximately \$200,000 per base period to the FFS data for the ICF/IID service category for the population ages 0–3.

4.6 Non-Emergency Medical Transportation (NEMT) Adjustment

Historically, payments for NEMT providers were processed outside of NC Tracks; the State supplied information on NEMT payment costs for the SFY 2015 and SFY 2016 time periods. Effective October 2017, the State began to

⁴ The NC Medicaid State Plan requires FQHCs and RHCs to follow Medicare cost reporting principles. Medicare significantly changed their reimbursement methodology for FQHCs in 2014-2015. The first full year in which this change was recognized in NC was 2016.

process NEMT payments for pilot counties through NC Tracks. Mercer leveraged the SFY 2015 and SFY 2016 NEMT payments provided by the State and the distribution of NEMT costs after October 2017 in the FFS data to allocate the historical NEMT costs across the population groupings. However, since the SFY 2017 data only had information for piloted counties, Mercer leveraged the distribution of total costs from the base time periods to allocate the NEMT costs by region. Additionally, information was not available on Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plans for the SFY 2017 time period, so NEMT costs were similarly allocated to BH I/DD Tailored Plan populations based on total costs from the base time periods. The table below illustrates the allocated NEMT costs by population for the base time periods.

Table 12: NEMT Adjustment Amount

Population	SFY 2015 Dollars	SFY 2016 Dollars
Aged, Blind and Disabled (ABD)	\$10,733,931	\$11,605,368
Temporary Assistance for Needy Families (TANF) and Other Related Children/Adults	\$6,539,992	\$7,085,578
NC Health Choice	\$0	\$0
Medicaid-Children's Health Insurance Program (M-CHIP)	\$123,269	\$133,910
Foster Care and Adopted Children	\$452,666	\$493,027
BH I/DD Tailored Plan	\$12,553,155	\$14,239,060
Long Term Services and Supports (LTSS) — Community Alternatives Program for Children (CAP/C)	\$225,586	\$245,700
LTSS — Community Alternatives Program for Disabled Adults (CAP/DA)	\$961,135	\$1,046,834
LTSS — Nursing Facility Level of Care (NFLOC)	\$42,258	\$46,026
Dual Eligibles	\$21,817,229	\$23,319,460
Permanently Excluded	\$,471,733	\$513,795
Total	\$53,920,954	\$58,728,758

4.7 LME/MCO Adjustments

The following represents adjustments specific to the LME/MCO encounter data.

4.7.1 Patient Liability Adjustment

In the North Carolina BH managed care program operated by the LME/MCOs under concurrent 1915(b)/(c) waiver authority, certain beneficiaries receiving services in ICF/IIDs have patient liability responsibilities through post-eligibility treatment of income to contribute to the reimbursement of their services. In the Medicaid FFS program, the ICF/IID facilities collect these patient liability payments directly from the beneficiary and submit a FFS claim to Medicaid identifying the collected patient liability and the remaining expense eligible for Medicaid reimbursement.

Under the LME/MCO BH managed care program, the State has been following a similar transactional process, where the ICF/IID continues to collect the patient liability directly from the beneficiary and submits a claim to the LME/MCO for the balance of the charges. Mercer has reviewed the patient liability required for the impacted beneficiaries each month from the statewide eligibility file and compared to the patient liability collected and documented by the LME/MCO. Based on this review of ICF/IID encounter claims, an adjustment was made to account for the difference between the required amount and reported amount of patient liability observed in the documentation provided by the LME/MCO. The adjustment ensures the base data reflects claims expenses that are the responsibility of the LME/MCOs.

Table 13: Patient Liability Adjustment

Time Period	COS	Adjustment Amount	Adjustment Impact
SFY 2015	LTSS — ICF/IID and Nursing Home	(\$1,284,965)	-0.2%
SFY 2016	LTSS — ICF/IID and Nursing Home	\$11,458	0.0%

As mentioned, this adjustment is only applicable to the LME/MCO encounter data since there is a process in place to account for patient liability during FFS claims processing.

4.7.2 Payments Made Outside of the Claims System

LME/MCOs have historically documented payments for services paid outside of the claims system that were not otherwise represented in the base data. LME/MCOs provided Mercer with documentation of these payments by COS and date of service. Mercer used this information to build in an adjustment to the historical experience to ensure that the data was fully representative of all BH service costs. This adjustment increased the SFY 2015 and SFY 2016 encounter data by 0.5% and 0.4%, respectively.

4.8 Pharmacy Rebates

To support PHP capitation rate development, the base data should reflect costs and utilization that are the responsibility of the PHPs. Since the State will retain the ability to collect supplemental rebates, Mercer did not adjust the pharmacy claims experience for State pharmacy rebates. However, it is important to note that under managed care the PHPs are expected to be able to receive a nominal level of rebates. As a part of the capitation rate setting process, Mercer will evaluate the expected level of PHP rebates and if necessary, make an adjustment to reflect these PHP rebates under managed care.

5 BASE DATA SUMMARIZATION NEXT STEPS

Information contained in this report includes relevant historical cost and utilization information for covered populations and services included in the proposed managed care program design for purposes of providing transparency into the current program costs and utilization by covered population cohorts for potential Prepaid Health Plans (PHPs) and other interested stakeholders. While cost and utilization information summarized in Section 6 of this report reflect adjustments outlined in Section 4, additional adjustments to the base experience will be necessary to fully reflect PHP payment responsibility. Below is a list of known adjustments and programmatic changes that may be applied in summarization of the final base experience in support of capitation rate development. These are currently not reflected in the Population Profile exhibits in Section 6.

1. Refinements to the final covered population groups, including but not limited to the following:
 - a. Tribal members
 - b. BH I/DD Tailored Plan population (potential refinements of the definition)
2. Refinements to the final covered services, including but not limited to the following:
 - a. Consideration for Nash Correctional Institution carve out for Optical services
3. Third Party Liability (TPL) — The claims data reflects the reduction for TPL if reported on the claim submitted by the provider; an additional adjustment may be applied to reflect additional TPL recovery amounts not reflected in the claims data.
4. Cost Settlements — As noted in section 4.3, additional analysis and consideration will need to be made to the capitation rates to reflect PHP reimbursement requirements outlined in the PHP contract. Additionally, provider reimbursement levels reflected in the base data will also be influenced by State negotiations with the Centers for Medicare and Medicaid Services (CMS) regarding which provider types the State will continue to cost settle; as a reminder, the State is currently negotiating the ability to maintain cost settlements for the following provider types (along with those for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)): Ambulance, Local Health Departments (LHDs) and State Owned and Operated Skilled Nursing Facilities.
5. Supplemental Payments — Hospital supplemental reimbursement considerations will need to be included as a part of capitation rate development to reflect future provider reimbursement under managed care. As mentioned, no adjustments have been made to the population profile data summaries with regards to hospital supplemental payments or settlements made to Critical Access Hospitals and Vidant Medical Center.
6. Retroactive eligibility — The retroactive eligibility period reflects a potential period of Medicaid eligibility that is identified during Medicaid eligibility application that provides retrospective coverage of claims prior to the prospective date of Medicaid coverage. In order to ensure the data summarization reflects only cost/utilization that will be the responsibility of the prepaid health plans (PHPs), an adjustment will be applied to remove the cost and utilization associated with the retroactive eligibility period.
7. Application/enrollment lag period — The application/enrollment lag period represents the time between initial application for Medicaid eligibility and PHP enrollment. Based on conversations with the State, the application lag period (time between initial application and eligibility determination) may decrease compared to the historical experience. Mercer will evaluate the anticipated application/enrollment lag period and calculate how it may affect the average per member per month (PMPM) represented in the historical data. Cost and utilization associated with the application/enrollment lag period will not be included in the final base data.

After finalizing the base data, Mercer will work to incorporate additional prospective adjustments as a part of the capitation rate development process.

6 POPULATION PROFILE DATA EXHIBITS OVERVIEW

Mercer summarized the underlying experience based on a number of criteria. The following section presents an orientation of the information contained in each exhibit. The exhibits included in Section 7 and Section 8 contain data on detailed population groups and regions, respectively. Each of the sections is organized by State Fiscal Year (SFY) and by major Program Type (defined in Sections 2.2.1 through 2.2.5).

At the top of each page, the base experience was summarized based on the following criteria:

- Time Period: SFY 2015 or SFY 2016
- Region: Regional breakouts based on Section 1.1.2 of the narrative
- Plan/Program: Selection based on plan/program type outlined in Section 2 of the narrative:
 - Standard Plan
 - Foster Children and Adopted Children
 - Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plan
 - Non-Dual Long Term Services and Supports (LTSS)
 - Dual Eligibles (excluding those eligible for BH I/DD Tailored Plan)
- Population Grouping: Specific population groups as defined in Section 2 of the narrative
- Age Grouping: Specific age groups as defined in Section 2 of the narrative

Below the population criteria is information on the following metrics associated with the population selections:

- Member Months (MMs): Reflect a count of monthly eligibles for the historical time period
- Average Monthly Members: MMs divided by 12.
- Category of Service: As described in Section 3, each of the covered services is listed
- Paid Claims: Amount paid for each service line item based on the paid amount field included in both the fee-for-service provided by the State and the encounter data provided by the Local Management Entity/Managed Care Organizations; these amounts are based on date of service and reflect the applicable data adjustments outlined in Section 4
- Utilization: Utilization for each service line item. This represents the number of visits, days, services or scripts for each category as reported in the data after application of adjustments outlined in Section 4; see below for the unit types used to define utilization for the various service categories:
 - Days: Inpatient, Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID), Nursing Home, Psychiatric Residential Treatment Facility (PRTF)
 - Visits: Emergency Room, Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC), Other Clinic, Other Practitioner, Outpatient Hospital, Physician, Therapies
 - Scripts: Pharmacy
 - Count of procedures or units: service categories not listed above
- Utilization per 1,000: Annual utilization for each service divided by total MMs multiplied by 12,000
- Unit Cost: Average cost of each service line item; paid claims divided by the utilization of services delivered
- Per Member Per Month (PMPM): Paid claims divided by total MMs

Note that for reference, an Excel file (called Population Profile Exhibits) has been provided to accompany this document that contains all data exhibits included in this report.

7 POPULATION GROUP EXHIBITS

The exhibits included in Section 7 summarize the cost and utilization data for each Program Type by the various Population Groups. These exhibits are provided for the SFY 2015 time period in Section 7.1, and the SFY 2016 time period is included in Section 7.2. See the grid below highlighting the information available in each of the detailed exhibit sections.

SFY 2015 Exhibit	SFY 2016 Exhibit	Description
7.1.1	7.2.1	Exhibits summarize information for the Standard Plan (Non-Duals) Program Type for the following detailed Population Groups and Age Groups: <ul style="list-style-type: none"> • Aged, Blind, Disabled (ABD): newborn, child, adult • Temporary Assistance for Needy Families (TANF) and Other Related Children/Adults: newborn, child, adult • NC Health Choice: all ages • Medicaid-Children's Health Insurance Program (M-CHIP): all ages • Maternity: all ages
7.1.2	7.2.2	Exhibit summarizes information for the Foster Children and Adopted Children Population Grouping, for all ages.
7.1.3	7.2.3	Exhibits summarize information for the Behavioral Health (BH) Intellectual/Developmental Disability (I/DD) Tailored Plan Program Type for the following detailed Population Groups and Age Groups: <ul style="list-style-type: none"> • I/DD Non-Dual: child, adult • I/DD Dual Eligibles: all ages • Serious and Persistent Mental Illness (SPMI)/Serious Emotional Disturbance (SED) Non-Dual: child, adult • SPMI/SED Dual Eligibles: all ages • Substance Use Disorder (SUD) Non-Dual: child, adult • SUD Dual Eligibles: all ages
7.1.4	7.2.4	Exhibits summarize information for the Non-Dual Long Term Services and Supports (LTSS) Program Type for the following detailed Population Groups and Age Groups: <ul style="list-style-type: none"> • Community Alternatives for Children (CAP/C) waiver beneficiaries: all ages • Community Alternatives for Disabled Adults (CAP/DA) waiver beneficiaries: all ages • Nursing Facility Level of Care (NFLOC): all ages
7.1.5	7.2.5	Exhibits summarize information for Dual Eligibles for the following detailed Population Groups and Age Groups: <ul style="list-style-type: none"> • Non-LTSS Population including ABD, TANF and Other Related Children/Adults, NC Health Choice, M-CHIP, and Foster Children and Adopted Children: all ages • LTSS Population including CAP/C, CAP/DA, and NFLOC: all ages

7.1 SFY 2015 Population Group Exhibits

Cost and utilization information for the July 1, 2014 through June 30, 2015 (SFY 2015) time period is illustrated in Section 7.1.

7.1.1 SFY 2015 Standard Plan (Non-Duals)

Exhibit 1

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Aged, Blind, Disabled
Dual/Non-Dual:	Non-Duals
Age:	Newborn (<1)

Member Months:	9,190
Average Member Months per Month:	766

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 13,843,981	22,866	29,858	\$ 605.43	\$ 1,506.42
Inpatient — BH (LME/MCO)	\$ -	-	-	\$ -	\$ -
Outpatient Hospital	\$ 464,333	1,833	2,393	\$ 253.32	\$ 50.53
Emergency Room	\$ 239,775	762	995	\$ 314.67	\$ 26.09
Physician	\$ 8,358,202	28,195	36,817	\$ 296.44	\$ 909.49
FOHC/RHC	\$ 26,483	233	304	\$ 113.66	\$ 2.88
Other Clinic	\$ 198,014	1,753	2,289	\$ 112.95	\$ 21.55
Other Practitioner	\$ 136	4	5	\$ 34.11	\$ 0.01
Therapies	\$ 128,231	1,026	1,340	\$ 124.98	\$ 13.95
Prescribed Drugs	\$ 1,910,672	4,874	6,364	\$ 392.01	\$ 207.91
Enhanced BH	\$ 22,478	2,005	2,618	\$ 11.21	\$ 2.45
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 527,976	40,947	53,467	\$ 12.89	\$ 57.45
LTSS – HCBS Waiver Services	\$ 141	10	13	\$ 14.14	\$ 0.02
Durable Medical Equipment	\$ 397,894	127,485	166,466	\$ 3.12	\$ 43.30
Lab and X-Ray	\$ 200,478	9,952	12,995	\$ 20.14	\$ 21.81
Optical	\$ 978	47	61	\$ 20.80	\$ 0.11
Limited Dental Services	\$ 9,480	382	499	\$ 24.82	\$ 1.03
Transportation	\$ 62,181	5,922	7,732	\$ 10.50	\$ 6.77
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 52,782	15,759	20,578	\$ 3.35	\$ 5.74
Subtotal (Covered Services)	\$ 26,444,214	264,055			\$ 2,877.50
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 746	27	35	\$ 27.63	\$ 0.08
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ 153,953	6,086	7,947	\$ 25.30	\$ 16.75
Subtotal (Excluded Services)	\$ 154,699	6,113			\$ 16.83
Total (All)	\$ 26,598,913	270,168			\$ 2,894.33

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 2

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Aged, Blind, Disabled
Dual/Non-Dual:	Non-Duals
Age:	Child (1-20)

Member Months:	443,835
Average Member Months per Month:	36,986

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 20,804,186	17,358	469	\$ 1,198.55	\$ 46.87
Inpatient — BH (LME/MCO)	\$ 1,773,762	2,602	70	\$ 681.61	\$ 4.00
Outpatient Hospital	\$ 18,894,731	41,031	1,109	\$ 460.50	\$ 42.57
Emergency Room	\$ 10,235,239	28,646	775	\$ 357.30	\$ 23.06
Physician	\$ 16,740,544	164,700	4,453	\$ 101.64	\$ 37.72
FQHC/RHC	\$ 816,797	7,807	211	\$ 104.62	\$ 1.84
Other Clinic	\$ 2,603,330	20,364	551	\$ 127.84	\$ 5.87
Other Practitioner	\$ 65,227	992	27	\$ 65.75	\$ 0.15
Therapies	\$ 9,392,812	80,763	2,184	\$ 116.30	\$ 21.16
Prescribed Drugs	\$ 91,580,793	419,126	11,332	\$ 218.50	\$ 206.34
Enhanced BH	\$ 9,608,993	194,125	5,249	\$ 49.50	\$ 21.65
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 9,360,134	1,667,703	45,090	\$ 5.61	\$ 21.09
LTSS – HCBS Waiver Services	\$ 4,267	318	9	\$ 13.42	\$ 0.01
Durable Medical Equipment	\$ 8,120,608	3,865,534	104,513	\$ 2.10	\$ 18.30
Lab and X-Ray	\$ 799,424	47,409	1,282	\$ 16.86	\$ 1.80
Optical	\$ 824,621	42,333	1,145	\$ 19.48	\$ 1.86
Limited Dental Services	\$ 44,610	1,779	48	\$ 25.08	\$ 0.10
Transportation	\$ 1,173,780	58,918	1,593	\$ 19.92	\$ 2.64
Case Management	\$ 1,866	144	4	\$ 12.96	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 6,739,496	1,204,350	32,562	\$ 5.60	\$ 15.18
Subtotal (Covered Services)	\$ 209,585,222	7,866,001			\$ 472.21
Capitation — PACE	\$ 42,384	89	2	\$ 476.23	\$ 0.10
Dental	\$ 7,536,826	163,802	4,429	\$ 46.01	\$ 16.98
Local Education Agency (LEA)	\$ 2,758,803	81,256	2,197	\$ 33.95	\$ 6.22
Children’s Developmental Services Agencies (CDSA)	\$ 319,200	13,555	366	\$ 23.55	\$ 0.72
Subtotal (Excluded Services)	\$ 10,657,213	258,702			\$ 24.01
Total (All)	\$ 220,242,435	8,124,703			\$ 496.23

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 3

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Aged, Blind, Disabled
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	1,217,678
Average Member Months per Month:	101,473

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 232,693,730	241,973	2,385	\$ 961.65	\$ 191.10
Inpatient — BH (LME/MCO)	\$ 9,237,824	13,958	138	\$ 661.81	\$ 7.59
Outpatient Hospital	\$ 144,225,703	289,109	2,849	\$ 498.86	\$ 118.44
Emergency Room	\$ 95,886,630	179,310	1,767	\$ 534.75	\$ 78.75
Physician	\$ 161,171,556	1,098,019	10,821	\$ 146.78	\$ 132.36
FQHC/RHC	\$ 8,605,498	80,264	791	\$ 107.22	\$ 7.07
Other Clinic	\$ 13,650,068	27,099	267	\$ 503.72	\$ 11.21
Other Practitioner	\$ 1,399,572	18,036	178	\$ 77.60	\$ 1.15
Therapies	\$ 459	7	0	\$ 65.54	\$ 0.00
Prescribed Drugs	\$ 469,917,912	4,082,259	40,230	\$ 115.11	\$ 385.91
Enhanced BH	\$ 18,658,280	642,686	6,334	\$ 29.03	\$ 15.32
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 1,982,306	10,705	106	\$ 185.17	\$ 1.63
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 99,618,405	21,269,958	209,612	\$ 4.68	\$ 81.81
LTSS – HCBS Waiver Services	\$ 83,026	24,361	240	\$ 3.41	\$ 0.07
Durable Medical Equipment	\$ 46,073,291	15,419,629	151,958	\$ 2.99	\$ 37.84
Lab and X-Ray	\$ 15,708,994	904,852	8,917	\$ 17.36	\$ 12.90
Optical	\$ 1,212,780	19,004	187	\$ 63.82	\$ 1.00
Limited Dental Services	\$ 1	2	0	\$ 0.31	\$ 0.00
Transportation	\$ 18,252,877	639,282	6,300	\$ 28.55	\$ 14.99
Case Management	\$ 515,313	39,882	393	\$ 12.92	\$ 0.42
Patient-Centered Medical Home (PCMH) Payments	\$ 15,310,894	1,823,202	17,967	\$ 8.40	\$ 12.57
Subtotal (Covered Services)	\$ 1,354,205,118	46,823,598			\$ 1,112.12
Capitation — PACE	\$ 1,884,886	1,063	10	\$ 1,773.18	\$ 1.55
Dental	\$ 20,358,723	288,001	2,838	\$ 70.69	\$ 16.72
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 22,243,610	289,064			\$ 18.27
Total (All)	\$ 1,376,448,727	47,112,662			\$ 1,130.39

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 4

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	TANF and Other Related Children/Adults
Dual/Non-Dual:	Non-Duals
Age:	Newborn (<1)

Member Months:	890,537
Average Member Months per Month:	74,211

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 136,685,764	248,343	3,346	\$ 550.39	\$ 153.49
Inpatient — BH (LME/MCO)	\$ -	-	-	\$ -	\$ -
Outpatient Hospital	\$ 9,755,706	59,989	808	\$ 162.62	\$ 10.95
Emergency Room	\$ 19,979,714	79,123	1,066	\$ 252.52	\$ 22.44
Physician	\$ 64,736,832	686,229	9,247	\$ 94.34	\$ 72.69
FQHC/RHC	\$ 4,253,369	39,326	530	\$ 108.16	\$ 4.78
Other Clinic	\$ 36,839,098	329,631	4,442	\$ 111.76	\$ 41.37
Other Practitioner	\$ 21,654	469	6	\$ 46.17	\$ 0.02
Therapies	\$ 538,200	5,385	73	\$ 99.94	\$ 0.60
Prescribed Drugs	\$ 11,828,862	284,767	3,837	\$ 41.54	\$ 13.28
Enhanced BH	\$ 48,177	3,150	42	\$ 15.29	\$ 0.05
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 685,861	38,012	512	\$ 18.04	\$ 0.77
LTSS – HCBS Waiver Services	\$ 71	5	0	\$ 14.14	\$ 0.00
Durable Medical Equipment	\$ 4,349,434	728,715	9,819	\$ 5.97	\$ 4.88
Lab and X-Ray	\$ 11,450,507	570,952	7,694	\$ 20.06	\$ 12.86
Optical	\$ 30,796	819	11	\$ 37.60	\$ 0.03
Limited Dental Services	\$ 2,095,749	84,205	1,135	\$ 24.89	\$ 2.35
Transportation	\$ 1,061,699	90,511	1,220	\$ 11.73	\$ 1.19
Case Management	\$ 104	8	0	\$ 12.96	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 6,050,774	2,330,500	31,404	\$ 2.60	\$ 6.79
Subtotal (Covered Services)	\$ 310,412,372	5,580,140			\$ 348.57
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 250,455	7,286	98	\$ 34.37	\$ 0.28
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ 405,042	14,672	198	\$ 27.61	\$ 0.45
Subtotal (Excluded Services)	\$ 655,497	21,958			\$ 0.74
Total (All)	\$ 311,067,870	5,602,098			\$ 349.30

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 5

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	TANF and Other Related Children/Adults
Dual/Non-Dual:	Non-Duals
Age:	Child (1-20)

Member Months:	10,447,456
Average Member Months per Month:	870,621

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 49,197,780	41,223	47	\$ 1,193.46	\$ 4.71
Inpatient — BH (LME/MCO)	\$ 8,119,073	12,723	15	\$ 638.16	\$ 0.78
Outpatient Hospital	\$ 93,871,760	363,975	418	\$ 257.91	\$ 8.99
Emergency Room	\$ 152,484,945	506,870	582	\$ 300.84	\$ 14.60
Physician	\$ 211,907,884	2,747,249	3,156	\$ 77.13	\$ 20.28
FQHC/RHC	\$ 18,722,782	177,050	203	\$ 105.75	\$ 1.79
Other Clinic	\$ 69,802,034	610,558	701	\$ 114.32	\$ 6.68
Other Practitioner	\$ 1,364,726	16,733	19	\$ 81.56	\$ 0.13
Therapies	\$ 42,653,454	365,007	419	\$ 116.86	\$ 4.08
Prescribed Drugs	\$ 336,070,205	3,838,483	4,409	\$ 87.55	\$ 32.17
Enhanced BH	\$ 60,219,331	1,231,114	1,414	\$ 48.91	\$ 5.76
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 4,133	33	0	\$ 125.24	\$ 0.00
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 2,138,318	340,457	391	\$ 6.28	\$ 0.20
LTSS – HCBS Waiver Services	\$ 5,830	187	0	\$ 31.17	\$ 0.00
Durable Medical Equipment	\$ 15,716,335	6,480,237	7,443	\$ 2.43	\$ 1.50
Lab and X-Ray	\$ 13,052,480	809,410	930	\$ 16.13	\$ 1.25
Optical	\$ 15,246,974	742,661	853	\$ 20.53	\$ 1.46
Limited Dental Services	\$ 4,290,557	172,208	198	\$ 24.91	\$ 0.41
Transportation	\$ 6,001,272	264,151	303	\$ 22.72	\$ 0.57
Case Management	\$ 829	64	0	\$ 12.96	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 71,355,073	29,604,690	34,004	\$ 2.41	\$ 6.83
Subtotal (Covered Services)	\$ 1,172,225,774	48,325,082			\$ 112.20
Capitation — PACE	\$ 39,689	904	1	\$ 43.90	\$ 0.00
Dental	\$ 194,855,305	4,493,050	5,161	\$ 43.37	\$ 18.65
Local Education Agency (LEA)	\$ 7,409,844	232,581	267	\$ 31.86	\$ 0.71
Children's Developmental Services Agencies (CDSA)	\$ 1,571,162	59,427	68	\$ 26.44	\$ 0.15
Subtotal (Excluded Services)	\$ 203,875,999	4,785,962			\$ 19.51
Total (All)	\$ 1,376,101,773	53,111,044			\$ 131.72

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 6

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	TANF and Other Related Children/Adults
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	2,636,201
Average Member Months per Month:	219,683

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 68,131,814	66,465	303	\$ 1,025.08	\$ 25.84
Inpatient — BH (LME/MCO)	\$ 4,903,325	7,723	35	\$ 634.91	\$ 1.86
Outpatient Hospital	\$ 112,957,307	371,254	1,690	\$ 304.26	\$ 42.85
Emergency Room	\$ 149,484,663	339,137	1,544	\$ 440.78	\$ 56.70
Physician	\$ 155,544,491	1,375,971	6,263	\$ 113.04	\$ 59.00
FQHC/RHC	\$ 10,031,010	93,570	426	\$ 107.20	\$ 3.81
Other Clinic	\$ 25,296,919	151,891	691	\$ 166.55	\$ 9.60
Other Practitioner	\$ 1,287,447	18,973	86	\$ 67.86	\$ 0.49
Therapies	\$ 149	5	0	\$ 29.79	\$ 0.00
Prescribed Drugs	\$ 242,763,995	3,136,015	14,275	\$ 77.41	\$ 92.09
Enhanced BH	\$ 20,317,895	503,799	2,293	\$ 40.33	\$ 7.71
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 264,439	1,878	9	\$ 140.80	\$ 0.10
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 5,426,404	1,070,426	4,873	\$ 5.07	\$ 2.06
LTSS – HCBS Waiver Services	\$ 17,782	2,978	14	\$ 5.97	\$ 0.01
Durable Medical Equipment	\$ 13,772,126	5,994,204	27,286	\$ 2.30	\$ 5.22
Lab and X-Ray	\$ 38,348,861	1,950,129	8,877	\$ 19.66	\$ 14.55
Optical	\$ 1,033,552	15,345	70	\$ 67.35	\$ 0.39
Limited Dental Services	\$ 111	5	0	\$ 22.15	\$ 0.00
Transportation	\$ 8,209,340	236,443	1,076	\$ 34.72	\$ 3.11
Case Management	\$ 73,119	5,680	26	\$ 12.87	\$ 0.03
Patient-Centered Medical Home (PCMH) Payments	\$ 15,181,474	4,105,632	18,689	\$ 3.70	\$ 5.76
Subtotal (Covered Services)	\$ 873,046,222	19,447,522			\$ 331.18
Capitation — PACE	\$ 85,829	701	3	\$ 122.44	\$ 0.03
Dental	\$ 51,171,277	788,060	3,587	\$ 64.93	\$ 19.41
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 51,257,105	788,761			\$ 19.44
Total (All)	\$ 924,303,327	20,236,283			\$ 350.62

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 7

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	NC Health Choice
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	994,658
Average Member Months per Month:	82,888

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,551,154	3,826	46	\$ 1,189.41	\$ 4.58
Inpatient — BH (LME/MCO)	\$ 3,807	5	0	\$ 760.16	\$ 0.00
Outpatient Hospital	\$ 10,256,877	36,620	442	\$ 280.09	\$ 10.31
Emergency Room	\$ 9,805,346	27,603	333	\$ 355.22	\$ 9.86
Physician	\$ 25,383,639	285,324	3,442	\$ 88.96	\$ 25.52
FQHC/RHC	\$ 1,404,966	12,975	157	\$ 108.28	\$ 1.41
Other Clinic	\$ 3,309,381	26,952	325	\$ 122.79	\$ 3.33
Other Practitioner	\$ 223,483	3,426	41	\$ 65.23	\$ 0.22
Therapies	\$ 1,338,923	13,631	164	\$ 98.22	\$ 1.35
Prescribed Drugs	\$ 46,365,258	385,627	4,652	\$ 120.23	\$ 46.61
Enhanced BH	\$ 3,861,247	50,680	611	\$ 76.19	\$ 3.88
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 120,912	7,708	93	\$ 15.69	\$ 0.12
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,712,783	871,941	10,519	\$ 3.11	\$ 2.73
Lab and X-Ray	\$ 958,507	69,116	834	\$ 13.87	\$ 0.96
Optical	\$ 2,211,807	106,820	1,289	\$ 20.71	\$ 2.22
Limited Dental Services	\$ 409	5	0	\$ 81.78	\$ 0.00
Transportation	\$ 189,740	10,794	130	\$ 17.58	\$ 0.19
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 5,434,322	1,605,650	19,371	\$ 3.38	\$ 5.46
Subtotal (Covered Services)	\$ 118,132,561	3,518,705			\$ 118.77
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 17,893,377	469,599	5,665	\$ 38.10	\$ 17.99
Local Education Agency (LEA)	\$ 781	16	0	\$ 48.84	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 17,894,159	469,615			\$ 17.99
Total (All)	\$ 136,026,720	3,988,320			\$ 136.76

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 8

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	M-CHIP
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	1,420,382
Average Member Months per Month:	118,365

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 9,080,511	11,297	95	\$ 803.81	\$ 6.39
Inpatient — BH (LME/MCO)	\$ 873,771	1,469	12	\$ 594.70	\$ 0.62
Outpatient Hospital	\$ 13,589,524	50,280	425	\$ 270.28	\$ 9.57
Emergency Room	\$ 15,511,633	51,188	432	\$ 303.03	\$ 10.92
Physician	\$ 31,888,196	415,848	3,513	\$ 76.68	\$ 22.45
FQHC/RHC	\$ 2,220,298	21,159	179	\$ 104.94	\$ 1.56
Other Clinic	\$ 9,523,037	85,036	718	\$ 111.99	\$ 6.70
Other Practitioner	\$ 250,857	3,535	30	\$ 70.96	\$ 0.18
Therapies	\$ 6,052,601	54,528	461	\$ 111.00	\$ 4.26
Prescribed Drugs	\$ 46,581,651	518,870	4,384	\$ 89.78	\$ 32.80
Enhanced BH	\$ 5,728,915	121,874	1,030	\$ 47.01	\$ 4.03
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 506,119	59,095	499	\$ 8.56	\$ 0.36
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,321,556	806,876	6,817	\$ 2.88	\$ 1.63
Lab and X-Ray	\$ 1,576,343	102,806	869	\$ 15.33	\$ 1.11
Optical	\$ 2,241,383	107,740	910	\$ 20.80	\$ 1.58
Limited Dental Services	\$ 472,885	19,031	161	\$ 24.85	\$ 0.33
Transportation	\$ 461,082	24,874	210	\$ 18.54	\$ 0.32
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 9,718,571	4,001,258	33,804	\$ 2.43	\$ 6.84
Subtotal (Covered Services)	\$ 158,598,933	6,456,764			\$ 111.66
Capitation — PACE	\$ 3,539	84	1	\$ 42.13	\$ 0.00
Dental	\$ 26,970,991	642,188	5,425	\$ 42.00	\$ 18.99
Local Education Agency (LEA)	\$ 1,054,972	32,716	276	\$ 32.25	\$ 0.74
Children's Developmental Services Agencies (CDSA)	\$ 194,328	7,467	63	\$ 26.03	\$ 0.14
Subtotal (Excluded Services)	\$ 28,223,830	682,455			\$ 19.87
Total (All)	\$ 186,822,763	7,139,219			\$ 131.53

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 9

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Delivery Episode
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	53,145
Average Member Months per Month:	4,429

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 97,792,869	138,367	31,243	\$ 706.76	\$ 1,840.11
Inpatient — BH (LME/MCO)	\$ 24,202	34	8	\$ 709.54	\$ 0.46
Outpatient Hospital	\$ 4,617,007	38,587	8,713	\$ 119.65	\$ 86.88
Emergency Room	\$ 3,011,032	10,639	2,402	\$ 283.02	\$ 56.66
Physician	\$ 63,028,574	143,507	32,403	\$ 439.20	\$ 1,185.97
FOHC/RHC	\$ 925,325	4,118	930	\$ 224.70	\$ 17.41
Other Clinic	\$ 8,713,145	20,153	4,550	\$ 432.36	\$ 163.95
Other Practitioner	\$ 10,927	308	70	\$ 35.48	\$ 0.21
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 2,490,950	82,371	18,599	\$ 30.24	\$ 46.87
Enhanced BH	\$ 186,772	6,032	1,362	\$ 30.96	\$ 3.51
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 62,669	14,131	3,191	\$ 4.43	\$ 1.18
LTSS – HCBS Waiver Services	\$ 583	42	9	\$ 13.88	\$ 0.01
Durable Medical Equipment	\$ 225,377	195,698	44,188	\$ 1.15	\$ 4.24
Lab and X-Ray	\$ 971,423	47,587	10,745	\$ 20.41	\$ 18.28
Optical	\$ 9,869	438	99	\$ 22.53	\$ 0.19
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 539,183	42,429	9,580	\$ 12.71	\$ 10.15
Case Management	\$ 402	31	7	\$ 12.96	\$ 0.01
Patient-Centered Medical Home (PCMH) Payments	\$ 244,843	66,369	14,986	\$ 3.69	\$ 4.61
Subtotal (Covered Services)	\$ 182,855,151	810,840			\$ 3,440.68
Capitation — PACE	\$ 882	33	7	\$ 26.71	\$ 0.02
Dental	\$ 333,237	5,271	1,190	\$ 63.22	\$ 6.27
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 334,119	5,304			\$ 6.29
Total (All)	\$ 183,189,269	816,144			\$ 3,446.97

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.1.2 SFY 2015 Foster Children and Adopted Children (Non-Duals)

Exhibit 10

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	251,267
Average Member Months per Month:	20,939

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,356,883	6,196	296	\$ 864.62	\$ 21.32
Inpatient — BH (LME/MCO)	\$ 8,550,227	13,265	634	\$ 644.55	\$ 34.03
Outpatient Hospital	\$ 4,113,885	15,939	761	\$ 258.10	\$ 16.37
Emergency Room	\$ 4,123,543	11,934	570	\$ 345.54	\$ 16.41
Physician	\$ 8,271,739	94,723	4,524	\$ 87.33	\$ 32.92
FQHC/RHC	\$ 511,686	4,612	220	\$ 110.94	\$ 2.04
Other Clinic	\$ 2,366,582	19,955	953	\$ 118.60	\$ 9.42
Other Practitioner	\$ 49,504	655	31	\$ 75.58	\$ 0.20
Therapies	\$ 4,421,273	37,708	1,801	\$ 117.25	\$ 17.60
Prescribed Drugs	\$ 34,800,119	255,708	12,212	\$ 136.09	\$ 138.50
Enhanced BH	\$ 109,033,009	967,904	46,225	\$ 112.65	\$ 433.93
B3 Services	\$ 325,576	64,566	3,084	\$ 5.04	\$ 1.30
LTSS — ICF/IID and Nursing Home	\$ 1,296,081	11,848	566	\$ 109.39	\$ 5.16
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 672,218	142,222	6,792	\$ 4.73	\$ 2.68
LTSS — HCBS Waiver Services	\$ 1,658,218	252,406	12,054	\$ 6.57	\$ 6.60
Durable Medical Equipment	\$ 1,824,645	837,222	39,984	\$ 2.18	\$ 7.26
Lab and X-Ray	\$ 927,302	51,706	2,469	\$ 17.93	\$ 3.69
Optical	\$ 561,736	26,858	1,283	\$ 20.92	\$ 2.24
Limited Dental Services	\$ 91,545	3,677	176	\$ 24.90	\$ 0.36
Transportation	\$ 713,400	34,750	1,660	\$ 20.53	\$ 2.84
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,482,777	644,818	30,795	\$ 2.30	\$ 5.90
Subtotal (Covered Services)	\$ 191,151,948	3,498,673			\$ 760.75
Capitation — PACE	\$ 20,878	32	2	\$ 652.45	\$ 0.08
Dental	\$ 5,590,460	128,165	6,121	\$ 43.62	\$ 22.25
Local Education Agency (LEA)	\$ 504,915	16,447	785	\$ 30.70	\$ 2.01
Children's Developmental Services Agencies (CDSA)	\$ 840,516	33,080	1,580	\$ 25.41	\$ 3.35
Subtotal (Excluded Services)	\$ 6,956,769	177,724			\$ 27.69
Total (All)	\$ 198,108,716	3,676,397			\$ 788.44

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.1.3 SFY 2015 Behavioral Health Intellectual/Developmental Disability Tailored Plan (Non-Duals and Duals)

Exhibit 11

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – I/DD
Dual/Non-Dual:	Non-Duals
Age:	Child (<21)

Member Months:	419,287
Average Member Months per Month:	34,941

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 62,884,981	63,669	1,822	\$ 987.68	\$ 149.98
Inpatient — BH (LME/MCO)	\$ 11,952,896	17,100	489	\$ 699.00	\$ 28.51
Outpatient Hospital	\$ 27,404,273	72,940	2,088	\$ 375.71	\$ 65.36
Emergency Room	\$ 12,576,882	36,249	1,037	\$ 346.96	\$ 30.00
Physician	\$ 39,962,223	300,958	8,613	\$ 132.78	\$ 95.31
FQHC/RHC	\$ 1,065,373	9,533	273	\$ 111.75	\$ 2.54
Other Clinic	\$ 4,439,869	38,318	1,097	\$ 115.87	\$ 10.59
Other Practitioner	\$ 100,335	1,511	43	\$ 66.40	\$ 0.24
Therapies	\$ 36,321,345	314,443	8,999	\$ 115.51	\$ 86.63
Prescribed Drugs	\$ 94,430,451	569,519	16,300	\$ 165.81	\$ 225.22
Enhanced BH	\$ 90,872,583	1,362,057	38,982	\$ 66.72	\$ 216.73
B3 Services	\$ 6,671,350	1,213,955	34,743	\$ 5.50	\$ 15.91
LTSS – ICF/IID and Nursing Home	\$ 41,725,877	141,045	4,037	\$ 295.83	\$ 99.52
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 32,491,808	5,821,269	166,605	\$ 5.58	\$ 77.49
LTSS – HCBS Waiver Services	\$ 112,003,004	21,581,513	617,663	\$ 5.19	\$ 267.13
Durable Medical Equipment	\$ 30,794,498	12,534,435	358,736	\$ 2.46	\$ 73.44
Lab and X-Ray	\$ 1,665,388	94,088	2,693	\$ 17.70	\$ 3.97
Optical	\$ 619,330	34,025	974	\$ 18.20	\$ 1.48
Limited Dental Services	\$ 379,120	15,220	436	\$ 24.91	\$ 0.90
Transportation	\$ 2,010,524	144,890	4,147	\$ 13.88	\$ 4.80
Case Management	\$ 3,848	297	9	\$ 12.96	\$ 0.01
Patient-Centered Medical Home (PCMH) Payments	\$ 4,381,214	1,164,614	33,331	\$ 3.76	\$ 10.45
Subtotal (Covered Services)	\$ 614,757,173	45,531,648			\$ 1,466.20
Capitation — PACE	\$ 114,011	99	3	\$ 1,151.62	\$ 0.27
Dental	\$ 6,560,606	153,701	4,399	\$ 42.68	\$ 15.65
Local Education Agency (LEA)	\$ 6,160,811	203,382	5,821	\$ 30.29	\$ 14.69
Children’s Developmental Services Agencies (CDSA)	\$ 8,958,218	360,681	10,323	\$ 24.84	\$ 21.37
Subtotal (Excluded Services)	\$ 21,793,645	717,863			\$ 51.98
Total (All)	\$ 636,550,818	46,249,512			\$ 1,518.17

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 12

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – I/DD
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	164,417
Average Member Months per Month:	13,701

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 20,290,192	25,846	1,886	\$ 785.05	\$ 123.41
Inpatient — BH (LME/MCO)	\$ 14,871,649	21,909	1,599	\$ 678.80	\$ 90.45
Outpatient Hospital	\$ 10,271,915	33,085	2,415	\$ 310.47	\$ 62.47
Emergency Room	\$ 15,324,833	31,340	2,287	\$ 488.98	\$ 93.21
Physician	\$ 16,473,481	135,149	9,864	\$ 121.89	\$ 100.19
FQHC/RHC	\$ 892,454	8,305	606	\$ 107.46	\$ 5.43
Other Clinic	\$ 1,453,638	4,650	339	\$ 312.60	\$ 8.84
Other Practitioner	\$ 193,178	3,022	221	\$ 63.92	\$ 1.17
Therapies	\$ 640	8	1	\$ 80.03	\$ 0.00
Prescribed Drugs	\$ 83,043,947	693,776	50,635	\$ 119.70	\$ 505.08
Enhanced BH	\$ 25,964,470	2,892,192	211,087	\$ 8.98	\$ 157.92
B3 Services	\$ 14,661,439	1,443,897	105,383	\$ 10.15	\$ 89.17
LTSS – ICF/IID and Nursing Home	\$ 127,564,066	355,467	25,944	\$ 358.86	\$ 775.86
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 29,594,184	7,166,137	523,022	\$ 4.13	\$ 179.99
LTSS – HCBS Waiver Services	\$ 214,326,241	32,678,539	2,385,048	\$ 6.56	\$ 1,303.55
Durable Medical Equipment	\$ 10,380,361	5,881,843	429,287	\$ 1.76	\$ 63.13
Lab and X-Ray	\$ 3,018,874	165,465	12,076	\$ 18.24	\$ 18.36
Optical	\$ 161,886	2,389	174	\$ 67.76	\$ 0.98
Limited Dental Services	\$ 6	20	1	\$ 0.31	\$ 0.00
Transportation	\$ 5,969,907	447,466	32,658	\$ 13.34	\$ 36.31
Case Management	\$ 38,685	3,021	220	\$ 12.81	\$ 0.24
Patient-Centered Medical Home (PCMH) Payments	\$ 2,204,398	273,822	19,985	\$ 8.05	\$ 13.41
Subtotal (Covered Services)	\$ 596,700,445	52,267,348			\$ 3,629.19
Capitation — PACE	\$ 212,439	133	10	\$ 1,597.29	\$ 1.29
Dental	\$ 2,880,107	48,045	3,507	\$ 59.95	\$ 17.52
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 3,092,546	48,178			\$ 18.81
Total (All)	\$ 599,792,990	52,315,526			\$ 3,648.00

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 13

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – I/DD
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	240,359
Average Member Months per Month:	20,030

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,241,093	18,146	906	\$ 233.73	\$ 17.64
Inpatient — BH (LME/MCO)	\$ 3,501,119	15,373	768	\$ 227.74	\$ 14.57
Outpatient Hospital	\$ 2,568,862	27,489	1,372	\$ 93.45	\$ 10.69
Emergency Room	\$ 2,679,434	30,131	1,504	\$ 88.93	\$ 11.15
Physician	\$ 4,999,685	219,217	10,944	\$ 22.81	\$ 20.80
FQHC/RHC	\$ 255,422	9,627	481	\$ 26.53	\$ 1.06
Other Clinic	\$ 296,857	2,306	115	\$ 128.73	\$ 1.24
Other Practitioner	\$ 76,653	6,156	307	\$ 12.45	\$ 0.32
Therapies	\$ 21,458	205	10	\$ 104.67	\$ 0.09
Prescribed Drugs	\$ 7,089,538	79,672	3,978	\$ 88.98	\$ 29.50
Enhanced BH	\$ 25,765,247	3,757,245	187,582	\$ 6.86	\$ 107.19
B3 Services	\$ 13,607,478	1,442,473	72,016	\$ 9.43	\$ 56.61
LTSS – ICF/IID and Nursing Home	\$ 317,007,674	769,070	38,396	\$ 412.20	\$ 1,318.89
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 69,783,489	19,304,732	963,795	\$ 3.61	\$ 290.33
LTSS – HCBS Waiver Services	\$ 262,242,039	34,452,489	1,720,052	\$ 7.61	\$ 1,091.04
Durable Medical Equipment	\$ 7,343,031	6,840,323	341,505	\$ 1.07	\$ 30.55
Lab and X-Ray	\$ 167,146	14,070	702	\$ 11.88	\$ 0.70
Optical	\$ 77,195	5,681	284	\$ 13.59	\$ 0.32
Limited Dental Services	\$ 151	11	1	\$ 13.72	\$ 0.00
Transportation	\$ 10,023,956	675,562	33,728	\$ 14.84	\$ 41.70
Case Management	\$ 34,983	2,709	135	\$ 12.91	\$ 0.15
Patient-Centered Medical Home (PCMH) Payments	\$ 2,773,241	329,483	16,450	\$ 8.42	\$ 11.54
Subtotal (Covered Services)	\$ 734,555,751	68,002,170			\$ 3,056.08
Capitation — PACE	\$ 819,011	356	18	\$ 2,300.59	\$ 3.41
Dental	\$ 3,575,255	62,891	3,140	\$ 56.85	\$ 14.87
Local Education Agency (LEA)	\$ 10,410	272	14	\$ 38.27	\$ 0.04
Children's Developmental Services Agencies (CDSA)	\$ 519	22	1	\$ 23.61	\$ 0.00
Subtotal (Excluded Services)	\$ 4,405,196	63,541			\$ 18.33
Total (All)	\$ 738,960,947	68,065,711			\$ 3,074.41

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 14

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SPMI/SED
Dual/Non-Dual:	Non-Duals
Age:	Child (<21)

Member Months:	184,154
Average Member Months per Month:	15,346

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,113,216	7,140	465	\$ 716.18	\$ 27.77
Inpatient — BH (LME/MCO)	\$ 22,444,212	32,725	2,132	\$ 685.85	\$ 121.88
Outpatient Hospital	\$ 3,029,220	12,862	838	\$ 235.52	\$ 16.45
Emergency Room	\$ 8,300,341	22,166	1,444	\$ 374.46	\$ 45.07
Physician	\$ 6,432,101	68,624	4,472	\$ 93.73	\$ 34.93
FQHC/RHC	\$ 517,249	4,685	305	\$ 110.40	\$ 2.81
Other Clinic	\$ 1,331,745	10,532	686	\$ 126.44	\$ 7.23
Other Practitioner	\$ 34,152	499	33	\$ 68.44	\$ 0.19
Therapies	\$ 1,076,042	9,439	615	\$ 114.00	\$ 5.84
Prescribed Drugs	\$ 37,490,194	254,638	16,593	\$ 147.23	\$ 203.58
Enhanced BH	\$ 242,403,214	2,359,593	153,758	\$ 102.73	\$ 1,316.31
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 1,364	13	1	\$ 104.90	\$ 0.01
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 265,887	67,222	4,380	\$ 3.96	\$ 1.44
LTSS – HCBS Waiver Services	\$ 803	71	5	\$ 11.31	\$ 0.00
Durable Medical Equipment	\$ 553,025	313,933	20,457	\$ 1.76	\$ 3.00
Lab and X-Ray	\$ 1,680,322	87,729	5,717	\$ 19.15	\$ 9.12
Optical	\$ 417,130	20,296	1,323	\$ 20.55	\$ 2.27
Limited Dental Services	\$ 3,051	123	8	\$ 24.81	\$ 0.02
Transportation	\$ 686,592	68,466	4,461	\$ 10.03	\$ 3.73
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,487,953	501,323	32,668	\$ 2.97	\$ 8.08
Subtotal (Covered Services)	\$ 333,267,813	3,842,080			\$ 1,809.72
Capitation — PACE	\$ 6,445	31	2	\$ 207.91	\$ 0.03
Dental	\$ 3,925,869	83,133	5,417	\$ 47.22	\$ 21.32
Local Education Agency (LEA)	\$ 237,681	6,829	445	\$ 34.80	\$ 1.29
Children's Developmental Services Agencies (CDSA)	\$ 145,985	6,046	394	\$ 24.15	\$ 0.79
Subtotal (Excluded Services)	\$ 4,315,981	96,039			\$ 23.44
Total (All)	\$ 337,583,794	3,938,119			\$ 1,833.16

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 15

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SPMI/SED
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	108,424
Average Member Months per Month:	9,035

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 11,863,707	13,954	1,544	\$ 850.18	\$ 109.42
Inpatient — BH (LME/MCO)	\$ 12,415,033	18,756	2,076	\$ 661.94	\$ 114.50
Outpatient Hospital	\$ 6,245,757	21,068	2,332	\$ 296.46	\$ 57.60
Emergency Room	\$ 17,803,851	37,173	4,114	\$ 478.94	\$ 164.21
Physician	\$ 12,541,664	95,717	10,594	\$ 131.03	\$ 115.67
FQHC/RHC	\$ 870,787	7,905	875	\$ 110.15	\$ 8.03
Other Clinic	\$ 995,023	4,174	462	\$ 238.38	\$ 9.18
Other Practitioner	\$ 82,894	1,149	127	\$ 72.14	\$ 0.76
Therapies	\$ 44	2	0	\$ 22.09	\$ 0.00
Prescribed Drugs	\$ 49,485,663	393,697	43,573	\$ 125.69	\$ 456.41
Enhanced BH	\$ 56,343,800	4,191,121	463,859	\$ 13.44	\$ 519.66
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 134,721	872	97	\$ 154.49	\$ 1.24
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 6,018,129	1,617,891	179,063	\$ 3.72	\$ 55.51
LTSS – HCBS Waiver Services	\$ 989	73	8	\$ 13.55	\$ 0.01
Durable Medical Equipment	\$ 2,219,517	836,341	92,563	\$ 2.65	\$ 20.47
Lab and X-Ray	\$ 8,693,926	427,574	47,322	\$ 20.33	\$ 80.18
Optical	\$ 77,655	1,191	132	\$ 65.20	\$ 0.72
Limited Dental Services	\$ 0	1	0	\$ 0.31	\$ 0.00
Transportation	\$ 3,249,041	295,471	32,702	\$ 11.00	\$ 29.97
Case Management	\$ 73,556	5,756	637	\$ 12.78	\$ 0.68
Patient-Centered Medical Home (PCMH) Payments	\$ 1,143,628	179,777	19,897	\$ 6.36	\$ 10.55
Subtotal (Covered Services)	\$ 190,259,387	8,149,664			\$ 1,754.77
Capitation — PACE	\$ 2,475	16	2	\$ 154.71	\$ 0.02
Dental	\$ 2,660,688	39,168	4,335	\$ 67.93	\$ 24.54
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 2,663,163	39,184			\$ 24.56
Total (All)	\$ 192,922,550	8,188,848			\$ 1,779.33

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 16

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SPMI/SED
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	61,761
Average Member Months per Month:	5,147

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,393,513	5,204	1,011	\$ 267.79	\$ 22.56
Inpatient — BH (LME/MCO)	\$ 1,294,230	5,996	1,165	\$ 215.86	\$ 20.96
Outpatient Hospital	\$ 824,408	9,214	1,790	\$ 89.47	\$ 13.35
Emergency Room	\$ 1,625,729	15,798	3,070	\$ 102.90	\$ 26.32
Physician	\$ 1,440,895	58,042	11,277	\$ 24.82	\$ 23.33
FOHC/RHC	\$ 92,032	3,389	658	\$ 27.15	\$ 1.49
Other Clinic	\$ 75,832	785	153	\$ 96.60	\$ 1.23
Other Practitioner	\$ 18,873	1,198	233	\$ 15.75	\$ 0.31
Therapies	\$ 111	2	0	\$ 55.51	\$ 0.00
Prescribed Drugs	\$ 2,711,716	23,711	4,607	\$ 114.37	\$ 43.91
Enhanced BH	\$ 37,508,793	4,301,156	835,703	\$ 8.72	\$ 607.32
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 196,931	1,433	278	\$ 137.42	\$ 3.19
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 8,728,035	2,496,937	485,148	\$ 3.50	\$ 141.32
LTSS – HCBS Waiver Services	\$ 16	2	0	\$ 7.80	\$ 0.00
Durable Medical Equipment	\$ 570,665	341,155	66,286	\$ 1.67	\$ 9.24
Lab and X-Ray	\$ 156,905	9,785	1,901	\$ 16.04	\$ 2.54
Optical	\$ 15,265	1,099	214	\$ 13.89	\$ 0.25
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 2,305,446	278,779	54,166	\$ 8.27	\$ 37.33
Case Management	\$ 43,254	3,349	651	\$ 12.92	\$ 0.70
Patient-Centered Medical Home (PCMH) Payments	\$ 763,661	91,552	17,788	\$ 8.34	\$ 12.36
Subtotal (Covered Services)	\$ 59,766,308	7,648,587			\$ 967.70
Capitation — PACE	\$ 36,242	30	6	\$ 1,208.06	\$ 0.59
Dental	\$ 1,290,994	19,734	3,834	\$ 65.42	\$ 20.90
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 1,327,235	19,764			\$ 21.49
Total (All)	\$ 61,093,544	7,668,351			\$ 989.19

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 17

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SUD
Dual/Non-Dual:	Non-Duals
Age:	Child (<21)

Member Months:	7,762
Average Member Months per Month:	647

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 258,609	311	481	\$ 831.43	\$ 33.32
Inpatient — BH (LME/MCO)	\$ 115,188	176	271	\$ 656.25	\$ 14.84
Outpatient Hospital	\$ 139,513	512	792	\$ 272.49	\$ 17.97
Emergency Room	\$ 463,319	1,196	1,849	\$ 387.39	\$ 59.69
Physician	\$ 294,955	2,305	3,564	\$ 127.96	\$ 38.00
FQHC/RHC	\$ 20,633	188	291	\$ 109.75	\$ 2.66
Other Clinic	\$ 73,616	402	622	\$ 183.12	\$ 9.48
Other Practitioner	\$ 1,147	11	17	\$ 104.28	\$ 0.15
Therapies	\$ 4,603	62	96	\$ 74.24	\$ 0.59
Prescribed Drugs	\$ 291,800	4,642	7,177	\$ 62.86	\$ 37.59
Enhanced BH	\$ 2,661,147	57,178	88,396	\$ 46.54	\$ 342.84
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 12,388	960	1,484	\$ 12.90	\$ 1.60
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 9,020	4,891	7,561	\$ 1.84	\$ 1.16
Lab and X-Ray	\$ 656,933	30,715	47,485	\$ 21.39	\$ 84.63
Optical	\$ 9,549	454	702	\$ 21.03	\$ 1.23
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 31,866	1,524	2,356	\$ 20.91	\$ 4.11
Case Management	\$ 2,488	192	297	\$ 12.96	\$ 0.32
Patient-Centered Medical Home (PCMH) Payments	\$ 55,964	20,561	31,787	\$ 2.72	\$ 7.21
Subtotal (Covered Services)	\$ 5,102,739	126,279			\$ 657.40
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 149,228	2,462	3,806	\$ 60.61	\$ 19.23
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ 2,097	92	142	\$ 22.80	\$ 0.27
Subtotal (Excluded Services)	\$ 151,326	2,554			\$ 19.50
Total (All)	\$ 5,254,065	128,833			\$ 676.90

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 18

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SUD
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	76,340
Average Member Months per Month:	6,362

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 6,678,437	7,814	1,228	\$ 854.71	\$ 87.48
Inpatient — BH (LME/MCO)	\$ 647,265	964	152	\$ 671.49	\$ 8.48
Outpatient Hospital	\$ 3,245,740	10,310	1,621	\$ 314.81	\$ 42.52
Emergency Room	\$ 6,852,938	14,910	2,344	\$ 459.61	\$ 89.77
Physician	\$ 8,157,094	52,564	8,263	\$ 155.18	\$ 106.85
FQHC/RHC	\$ 368,796	3,209	504	\$ 114.92	\$ 4.83
Other Clinic	\$ 577,919	2,793	439	\$ 206.91	\$ 7.57
Other Practitioner	\$ 42,043	533	84	\$ 78.88	\$ 0.55
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 13,782,478	128,368	20,178	\$ 107.37	\$ 180.54
Enhanced BH	\$ 26,379,356	917,824	144,274	\$ 28.74	\$ 345.55
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 24,572	157	25	\$ 156.51	\$ 0.32
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,805,342	455,567	71,611	\$ 3.96	\$ 23.65
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 715,397	227,689	35,791	\$ 3.14	\$ 9.37
Lab and X-Ray	\$ 14,494,729	663,950	104,367	\$ 21.83	\$ 189.87
Optical	\$ 32,190	495	78	\$ 65.03	\$ 0.42
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 844,098	45,762	7,193	\$ 18.45	\$ 11.06
Case Management	\$ 39,925	3,088	485	\$ 12.93	\$ 0.52
Patient-Centered Medical Home (PCMH) Payments	\$ 607,471	128,345	20,175	\$ 4.73	\$ 7.96
Subtotal (Covered Services)	\$ 85,295,789	2,664,342			\$ 1,117.31
Capitation — PACE	\$ 846	18	3	\$ 46.99	\$ 0.01
Dental	\$ 2,247,444	31,041	4,879	\$ 72.40	\$ 29.44
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 2,248,290	31,059			\$ 29.45
Total (All)	\$ 87,544,079	2,695,401			\$ 1,146.77

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 19

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SUD
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	15,063
Average Member Months per Month:	1,255

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 389,877	709	565	\$ 549.88	\$ 25.88
Inpatient — BH (LME/MCO)	\$ 41,541	145	115	\$ 287.06	\$ 2.76
Outpatient Hospital	\$ 167,319	1,947	1,551	\$ 85.94	\$ 11.11
Emergency Room	\$ 264,146	3,136	2,498	\$ 84.23	\$ 17.54
Physician	\$ 295,946	12,367	9,853	\$ 23.93	\$ 19.65
FQHC/RHC	\$ 20,287	762	607	\$ 26.62	\$ 1.35
Other Clinic	\$ 13,275	137	109	\$ 96.89	\$ 0.88
Other Practitioner	\$ 3,166	142	113	\$ 22.30	\$ 0.21
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 355,117	2,917	2,324	\$ 121.74	\$ 23.58
Enhanced BH	\$ 5,598,244	164,927	131,390	\$ 33.94	\$ 371.66
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 38,612	370	295	\$ 104.35	\$ 2.56
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,428,595	385,464	307,081	\$ 3.71	\$ 94.84
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 89,133	52,607	41,910	\$ 1.69	\$ 5.92
Lab and X-Ray	\$ 77,336	3,918	3,121	\$ 19.74	\$ 5.13
Optical	\$ 3,481	265	211	\$ 13.14	\$ 0.23
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 239,009	26,760	21,318	\$ 8.93	\$ 15.87
Case Management	\$ 20,928	1,622	1,292	\$ 12.90	\$ 1.39
Patient-Centered Medical Home (PCMH) Payments	\$ 188,983	22,438	17,875	\$ 8.42	\$ 12.55
Subtotal (Covered Services)	\$ 9,234,996	680,634			\$ 613.09
Capitation — PACE	\$ 82	2	2	\$ 40.86	\$ 0.01
Dental	\$ 272,643	3,711	2,956	\$ 73.47	\$ 18.10
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 272,725	3,713			\$ 18.11
Total (All)	\$ 9,507,721	684,347			\$ 631.20

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.1.4 SFY 2015 Non-Dual Long Term Services and Supports Population

Exhibit 20

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	CAP/C
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	22,273
Average Member Months per Month:	1,856

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 7,062,294	5,605	3,020	\$ 1,260.07	\$ 317.08
Inpatient — BH (LME/MCO)	\$ 21,176	36	19	\$ 586.51	\$ 0.95
Outpatient Hospital	\$ 3,963,289	10,561	5,690	\$ 375.28	\$ 177.94
Emergency Room	\$ 964,726	2,028	1,093	\$ 475.71	\$ 43.31
Physician	\$ 3,535,941	26,310	14,175	\$ 134.40	\$ 158.75
FQHC/RHC	\$ 25,895	228	123	\$ 113.57	\$ 1.16
Other Clinic	\$ 134,050	960	517	\$ 139.63	\$ 6.02
Other Practitioner	\$ 9,376	143	77	\$ 65.57	\$ 0.42
Therapies	\$ 4,104,149	33,249	17,914	\$ 123.44	\$ 184.27
Prescribed Drugs	\$ 17,064,245	78,759	42,433	\$ 216.66	\$ 766.14
Enhanced BH	\$ 342,161	11,841	6,380	\$ 28.90	\$ 15.36
B3 Services	\$ 174,241	32,608	17,568	\$ 5.34	\$ 7.82
LTSS – ICF/IID and Nursing Home	\$ 630,908	1,740	937	\$ 362.58	\$ 28.33
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 5,269,933	1,149,457	619,291	\$ 4.58	\$ 236.61
LTSS – HCBS Waiver Services	\$ 86,438,670	14,002,759	7,544,251	\$ 6.17	\$ 3,880.87
Durable Medical Equipment	\$ 18,293,109	6,150,574	3,313,738	\$ 2.97	\$ 821.31
Lab and X-Ray	\$ 31,438	2,213	1,192	\$ 14.21	\$ 1.41
Optical	\$ 24,630	1,665	897	\$ 14.79	\$ 1.11
Limited Dental Services	\$ 3,374	143	77	\$ 23.60	\$ 0.15
Transportation	\$ 419,632	28,962	15,604	\$ 14.49	\$ 18.84
Case Management	\$ 207	16	9	\$ 12.96	\$ 0.01
Patient-Centered Medical Home (PCMH) Payments	\$ 315,927	56,472	30,425	\$ 5.59	\$ 14.18
Subtotal (Covered Services)	\$ 148,829,374	21,596,329			\$ 6,682.05
Capitation — PACE	\$ 1,224	3	2	\$ 408.02	\$ 0.05
Dental	\$ 262,317	5,984	3,224	\$ 43.84	\$ 11.78
Local Education Agency (LEA)	\$ 713,057	34,364	18,514	\$ 20.75	\$ 32.01
Children's Developmental Services Agencies (CDSA)	\$ 183,866	8,012	4,317	\$ 22.95	\$ 8.26
Subtotal (Excluded Services)	\$ 1,160,465	48,363			\$ 52.10
Total (All)	\$ 149,989,839	21,644,692			\$ 6,734.16

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 21

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	CAP/DA
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	18,442
Average Member Months per Month:	1,537

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,913,335	7,005	4,558	\$ 844.19	\$ 320.65
Inpatient — BH (LME/MCO)	\$ 264,674	320	208	\$ 827.77	\$ 14.35
Outpatient Hospital	\$ 2,524,372	7,090	4,613	\$ 356.05	\$ 136.88
Emergency Room	\$ 2,008,801	3,539	2,303	\$ 567.62	\$ 108.93
Physician	\$ 3,622,815	26,828	17,457	\$ 135.04	\$ 196.44
FQHC/RHC	\$ 155,478	1,508	981	\$ 103.10	\$ 8.43
Other Clinic	\$ 390,829	540	351	\$ 723.74	\$ 21.19
Other Practitioner	\$ 40,412	633	412	\$ 63.84	\$ 2.19
Therapies	\$ 19,277	106	69	\$ 181.85	\$ 1.05
Prescribed Drugs	\$ 17,107,350	143,579	93,425	\$ 119.15	\$ 927.63
Enhanced BH	\$ 564,101	19,887	12,940	\$ 28.37	\$ 30.59
B3 Services	\$ 225,300	31,979	20,809	\$ 7.05	\$ 12.22
LTSS – ICF/IID and Nursing Home	\$ 103,933	638	415	\$ 162.89	\$ 5.64
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 3,932,410	784,330	510,355	\$ 5.01	\$ 213.23
LTSS – HCBS Waiver Services	\$ 33,968,878	10,519,394	6,844,850	\$ 3.23	\$ 1,841.93
Durable Medical Equipment	\$ 4,672,876	1,353,806	880,906	\$ 3.45	\$ 253.38
Lab and X-Ray	\$ 296,448	17,407	11,327	\$ 17.03	\$ 16.07
Optical	\$ 32,891	512	333	\$ 64.24	\$ 1.78
Limited Dental Services	\$ 0	1	1	\$ 0.31	\$ 0.00
Transportation	\$ 1,502,021	57,352	37,318	\$ 26.19	\$ 81.45
Case Management	\$ 2,341	181	118	\$ 12.94	\$ 0.13
Patient-Centered Medical Home (PCMH) Payments	\$ 277,660	33,024	21,488	\$ 8.41	\$ 15.06
Subtotal (Covered Services)	\$ 77,626,202	13,009,659			\$ 4,209.21
Capitation — PACE	\$ 849	5	3	\$ 169.82	\$ 0.05
Dental	\$ 248,412	3,860	2,512	\$ 64.36	\$ 13.47
Local Education Agency (LEA)	\$ 3,012	252	164	\$ 11.95	\$ 0.16
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 252,273	4,117			\$ 13.68
Total (All)	\$ 77,878,475	13,013,776			\$ 4,222.89

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 22

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	Long-Term Nursing Facility
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	19,921
Average Member Months per Month:	1,660

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 13,528,112	16,173	9,742	\$ 836.47	\$ 679.09
Inpatient — BH (LME/MCO)	\$ 410,597	668	403	\$ 614.42	\$ 20.61
Outpatient Hospital	\$ 2,567,154	10,062	6,061	\$ 255.13	\$ 128.87
Emergency Room	\$ 2,017,600	3,698	2,228	\$ 545.59	\$ 101.28
Physician	\$ 6,889,582	51,876	31,249	\$ 132.81	\$ 345.85
FQHC/RHC	\$ 186,911	1,796	1,082	\$ 104.07	\$ 9.38
Other Clinic	\$ 1,004,400	798	481	\$ 1,258.62	\$ 50.42
Other Practitioner	\$ 71,239	991	597	\$ 71.88	\$ 3.58
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 16,157,752	192,562	115,995	\$ 83.91	\$ 811.09
Enhanced BH	\$ 392,099	10,242	6,170	\$ 38.28	\$ 19.68
B3 Services	\$ 9,724	773	466	\$ 12.58	\$ 0.49
LTSS – ICF/IID and Nursing Home	\$ 79,050,419	462,332	278,499	\$ 170.98	\$ 3,968.20
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 3,892,786	276,293	166,433	\$ 14.09	\$ 195.41
LTSS – HCBS Waiver Services	\$ 51,034	9,907	5,968	\$ 5.15	\$ 2.56
Durable Medical Equipment	\$ 1,298,903	565,344	340,552	\$ 2.30	\$ 65.20
Lab and X-Ray	\$ 563,094	40,594	24,453	\$ 13.87	\$ 28.27
Optical	\$ 54,425	798	481	\$ 68.20	\$ 2.73
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 1,175,819	118,833	71,582	\$ 9.89	\$ 59.02
Case Management	\$ 1,267	98	59	\$ 12.93	\$ 0.06
Patient-Centered Medical Home (PCMH) Payments	\$ 53,148	6,528	3,932	\$ 8.14	\$ 2.67
Subtotal (Covered Services)	\$ 129,376,065	1,770,366			\$ 6,494.46
Capitation — PACE	\$ 16,821	19	11	\$ 885.31	\$ 0.84
Dental	\$ 321,301	4,724	2,846	\$ 68.01	\$ 16.13
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 338,122	4,743			\$ 16.97
Total (All)	\$ 129,714,187	1,775,109			\$ 6,511.43

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.1.5 SFY 2015 Dual Eligibles

Exhibit 23

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	Non-LTSS Populations
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	2,213,177
Average Member Months per Month:	184,431

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 41,242,485	198,094	1,074	\$ 208.20	\$ 18.63
Inpatient — BH (LME/MCO)	\$ 1,383,594	6,694	36	\$ 206.69	\$ 0.63
Outpatient Hospital	\$ 32,496,199	370,011	2,006	\$ 87.82	\$ 14.68
Emergency Room	\$ 22,542,413	232,918	1,263	\$ 96.78	\$ 10.19
Physician	\$ 58,286,561	2,072,194	11,236	\$ 28.13	\$ 26.34
FQHC/RHC	\$ 2,828,186	112,882	612	\$ 25.05	\$ 1.28
Other Clinic	\$ 4,893,925	47,963	260	\$ 102.04	\$ 2.21
Other Practitioner	\$ 609,735	50,293	273	\$ 12.12	\$ 0.28
Therapies	\$ 17,943	402	2	\$ 44.63	\$ 0.01
Prescribed Drugs	\$ 39,222,803	457,455	2,480	\$ 85.74	\$ 17.72
Enhanced BH	\$ 9,184,449	844,955	4,581	\$ 10.87	\$ 4.15
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 11,872,798	171,765	931	\$ 69.12	\$ 5.36
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 329,056,284	90,146,655	488,781	\$ 3.65	\$ 148.68
LTSS – HCBS Waiver Services	\$ 177,158	49,776	270	\$ 3.56	\$ 0.08
Durable Medical Equipment	\$ 29,804,426	20,911,958	113,386	\$ 1.43	\$ 13.47
Lab and X-Ray	\$ 1,278,415	100,176	543	\$ 12.76	\$ 0.58
Optical	\$ 779,100	101,687	551	\$ 7.66	\$ 0.35
Limited Dental Services	\$ 50	2	0	\$ 24.90	\$ 0.00
Transportation	\$ 21,731,128	1,541,457	8,358	\$ 14.10	\$ 9.82
Case Management	\$ 549,437	42,587	231	\$ 12.90	\$ 0.25
Patient-Centered Medical Home (PCMH) Payments	\$ 26,326,275	3,104,756	16,834	\$ 8.48	\$ 11.90
Subtotal (Covered Services)	\$ 634,283,363	120,564,679			\$ 286.59
Capitation — PACE	\$ 26,350,476	8,820	48	\$ 2,987.58	\$ 11.91
Dental	\$ 28,990,699	431,190	2,338	\$ 67.23	\$ 13.10
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 55,341,176	440,010			\$ 25.01
Total (All)	\$ 689,624,538	121,004,689			\$ 311.60

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 24

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	LTSS Populations
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	285,417
Average Member Months per Month:	23,785

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 8,225,184	31,347	1,318	\$ 262.39	\$ 28.82
Inpatient — BH (LME/MCO)	\$ 334,037	982	41	\$ 340.06	\$ 1.17
Outpatient Hospital	\$ 2,768,958	34,600	1,455	\$ 80.03	\$ 9.70
Emergency Room	\$ 2,711,621	31,225	1,313	\$ 86.84	\$ 9.50
Physician	\$ 7,464,681	403,644	16,971	\$ 18.49	\$ 26.15
FQHC/RHC	\$ 411,319	19,909	837	\$ 20.66	\$ 1.44
Other Clinic	\$ 767,257	5,493	231	\$ 139.67	\$ 2.69
Other Practitioner	\$ 90,615	8,116	341	\$ 11.16	\$ 0.32
Therapies	\$ 11,137	143	6	\$ 77.88	\$ 0.04
Prescribed Drugs	\$ 2,689,916	43,143	1,814	\$ 62.35	\$ 9.42
Enhanced BH	\$ 879,390	78,303	3,292	\$ 11.23	\$ 3.08
B3 Services	\$ 547,624	73,364	3,085	\$ 7.46	\$ 1.92
LTSS – ICF/IID and Nursing Home	\$ 659,199,434	4,739,593	199,270	\$ 139.08	\$ 2,309.60
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 28,166,439	3,478,188	146,236	\$ 8.10	\$ 98.69
LTSS – HCBS Waiver Services	\$ 196,087,765	60,869,430	2,559,179	\$ 3.22	\$ 687.02
Durable Medical Equipment	\$ 5,502,909	4,463,011	187,642	\$ 1.23	\$ 19.28
Lab and X-Ray	\$ 162,135	30,928	1,300	\$ 5.24	\$ 0.57
Optical	\$ 75,069	12,718	535	\$ 5.90	\$ 0.26
Limited Dental Services	\$ 0	1	0	\$ 0.31	\$ 0.00
Transportation	\$ 6,613,109	928,799	39,050	\$ 7.12	\$ 23.17
Case Management	\$ 1,037	80	3	\$ 12.96	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 1,481,571	172,803	7,265	\$ 8.57	\$ 5.19
Subtotal (Covered Services)	\$ 924,191,206	75,425,821			\$ 3,238.04
Capitation — PACE	\$ 478,687	251	11	\$ 1,907.12	\$ 1.68
Dental	\$ 2,705,326	42,005	1,766	\$ 64.40	\$ 9.48
Local Education Agency (LEA)	\$ 2,462	102	4	\$ 24.13	\$ 0.01
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 3,186,475	42,358			\$ 11.16
Total (All)	\$ 927,377,681	75,468,179			\$ 3,249.20

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.2 SFY 2016 Population Group Exhibits

Cost and utilization information for the July 1, 2015 through June 30, 2016 (SFY 2016) time period is illustrated in Section 7.2.

7.2.1 SFY 2016 Standard Plan (Non-Duals)

Exhibit 25

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Aged, Blind, Disabled
Dual/Non-Dual:	Non-Duals
Age:	Newborn (<1)

Member Months:	8,602
Average Member Months per Month:	717

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 15,502,615	22,668	31,623	\$ 683.90	\$ 1,802.21
Inpatient — BH (LME/MCO)	\$ -	-	-	\$ -	\$ -
Outpatient Hospital	\$ 669,242	2,133	2,976	\$ 313.69	\$ 77.80
Emergency Room	\$ 296,217	876	1,222	\$ 338.04	\$ 34.44
Physician	\$ 9,370,623	34,515	48,149	\$ 271.50	\$ 1,089.35
FQHC/RHC	\$ 16,317	134	187	\$ 121.57	\$ 1.90
Other Clinic	\$ 182,773	1,771	2,470	\$ 103.23	\$ 21.25
Other Practitioner	\$ -	-	-	\$ -	\$ -
Therapies	\$ 127,325	1,171	1,634	\$ 108.73	\$ 14.80
Prescribed Drugs	\$ 2,719,068	6,194	8,641	\$ 438.98	\$ 316.10
Enhanced BH	\$ 13,696	837	1,168	\$ 16.36	\$ 1.59
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 893,478	81,940	114,309	\$ 10.90	\$ 103.87
LTSS – HCBS Waiver Services	\$ 537	38	53	\$ 14.14	\$ 0.06
Durable Medical Equipment	\$ 749,647	117,413	163,793	\$ 6.38	\$ 87.15
Lab and X-Ray	\$ 9,651	520	726	\$ 18.54	\$ 1.12
Optical	\$ 1,805	106	148	\$ 17.02	\$ 0.21
Limited Dental Services	\$ 7,328	296	413	\$ 24.75	\$ 0.85
Transportation	\$ 73,650	8,290	11,565	\$ 8.88	\$ 8.56
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 50,615	15,129	21,106	\$ 3.35	\$ 5.88
Subtotal (Covered Services)	\$ 30,684,586	294,033			\$ 3,567.15
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 408	14	20	\$ 29.17	\$ 0.05
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ 197,273	7,786	10,861	\$ 25.34	\$ 22.93
Subtotal (Excluded Services)	\$ 197,681	7,800			\$ 22.98
Total (All)	\$ 30,882,268	301,832			\$ 3,590.13

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 26

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Aged, Blind, Disabled
Dual/Non-Dual:	Non-Duals
Age:	Child (1-20)

Member Months:	428,584
Average Member Months per Month:	35,715

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 21,878,473	18,552	519	\$ 1,179.33	\$ 51.05
Inpatient — BH (LME/MCO)	\$ 1,672,339	2,599	73	\$ 643.40	\$ 3.90
Outpatient Hospital	\$ 19,361,204	41,323	1,157	\$ 468.54	\$ 45.17
Emergency Room	\$ 9,238,317	27,241	763	\$ 339.13	\$ 21.56
Physician	\$ 15,953,738	159,156	4,456	\$ 100.24	\$ 37.22
FQHC/RHC	\$ 779,166	7,189	201	\$ 108.38	\$ 1.82
Other Clinic	\$ 2,301,439	18,579	520	\$ 123.87	\$ 5.37
Other Practitioner	\$ 70,076	945	26	\$ 74.13	\$ 0.16
Therapies	\$ 7,178,323	63,179	1,769	\$ 113.62	\$ 16.75
Prescribed Drugs	\$ 99,829,152	386,316	10,817	\$ 258.41	\$ 232.93
Enhanced BH	\$ 7,521,651	111,314	3,117	\$ 67.57	\$ 17.55
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 10,487,731	1,525,089	42,701	\$ 6.88	\$ 24.47
LTSS – HCBS Waiver Services	\$ 12,839	3,164	89	\$ 4.06	\$ 0.03
Durable Medical Equipment	\$ 9,080,039	3,237,811	90,656	\$ 2.80	\$ 21.19
Lab and X-Ray	\$ 987,933	54,491	1,526	\$ 18.13	\$ 2.31
Optical	\$ 797,760	41,821	1,171	\$ 19.08	\$ 1.86
Limited Dental Services	\$ 41,854	1,679	47	\$ 24.93	\$ 0.10
Transportation	\$ 1,162,407	42,269	1,184	\$ 27.50	\$ 2.71
Case Management	\$ 6,309	487	14	\$ 12.95	\$ 0.01
Patient-Centered Medical Home (PCMH) Payments	\$ 6,215,036	1,223,750	34,264	\$ 5.08	\$ 14.50
Subtotal (Covered Services)	\$ 214,575,789	6,966,954			\$ 500.66
Capitation — PACE	\$ 173,596	470	13	\$ 369.31	\$ 0.41
Dental	\$ 7,249,069	158,833	4,447	\$ 45.64	\$ 16.91
Local Education Agency (LEA)	\$ 2,714,340	81,397	2,279	\$ 33.35	\$ 6.33
Children's Developmental Services Agencies (CDSA)	\$ 188,911	8,083	226	\$ 23.37	\$ 0.44
Subtotal (Excluded Services)	\$ 10,325,916	248,783			\$ 24.09
Total (All)	\$ 224,901,706	7,215,737			\$ 524.76

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 27

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Aged, Blind, Disabled
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	1,242,590
Average Member Months per Month:	103,549

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 237,086,446	250,686	2,421	\$ 945.75	\$ 190.80
Inpatient — BH (LME/MCO)	\$ 8,993,728	13,579	131	\$ 662.31	\$ 7.24
Outpatient Hospital	\$ 143,193,777	300,930	2,906	\$ 475.84	\$ 115.24
Emergency Room	\$ 96,052,719	185,104	1,788	\$ 518.91	\$ 77.30
Physician	\$ 161,835,386	1,133,701	10,948	\$ 142.75	\$ 130.24
FQHC/RHC	\$ 8,886,444	80,710	779	\$ 110.10	\$ 7.15
Other Clinic	\$ 14,626,691	23,337	225	\$ 626.76	\$ 11.77
Other Practitioner	\$ 1,367,215	17,916	173	\$ 76.31	\$ 1.10
Therapies	\$ 7,136	127	1	\$ 56.03	\$ 0.01
Prescribed Drugs	\$ 544,228,167	4,149,113	40,069	\$ 131.17	\$ 437.98
Enhanced BH	\$ 17,158,464	347,793	3,359	\$ 49.34	\$ 13.81
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 1,589,514	10,339	100	\$ 153.73	\$ 1.28
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 98,166,662	20,348,832	196,514	\$ 4.82	\$ 79.00
LTSS – HCBS Waiver Services	\$ 94,170	30,921	299	\$ 3.05	\$ 0.08
Durable Medical Equipment	\$ 47,404,615	16,229,219	156,730	\$ 2.92	\$ 38.15
Lab and X-Ray	\$ 17,119,413	947,047	9,146	\$ 18.08	\$ 13.78
Optical	\$ 1,236,246	19,235	186	\$ 64.27	\$ 0.99
Limited Dental Services	\$ 1	4	0	\$ 0.25	\$ 0.00
Transportation	\$ 18,432,016	491,730	4,749	\$ 37.48	\$ 14.83
Case Management	\$ 544,051	42,083	406	\$ 12.93	\$ 0.44
Patient-Centered Medical Home (PCMH) Payments	\$ 15,422,344	2,092,743	20,210	\$ 7.37	\$ 12.41
Subtotal (Covered Services)	\$ 1,433,445,207	46,715,151			\$ 1,153.59
Capitation — PACE	\$ 2,732,346	3,508	34	\$ 778.82	\$ 2.20
Dental	\$ 20,331,664	289,093	2,792	\$ 70.33	\$ 16.36
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 23,064,010	292,601			\$ 18.56
Total (All)	\$ 1,456,509,218	47,007,752			\$ 1,172.16

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 28

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	TANF and Other Related Children/Adults
Dual/Non-Dual:	Non-Duals
Age:	Newborn (<1)

Member Months:	873,861
Average Member Months per Month:	72,822

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 146,112,171	261,685	3,593	\$ 558.35	\$ 167.20
Inpatient — BH (LME/MCO)	\$ -	-	-	\$ -	\$ -
Outpatient Hospital	\$ 9,006,639	59,755	821	\$ 150.73	\$ 10.31
Emergency Room	\$ 18,489,221	77,114	1,059	\$ 239.77	\$ 21.16
Physician	\$ 64,943,142	725,925	9,969	\$ 89.46	\$ 74.32
FQHC/RHC	\$ 4,050,700	37,287	512	\$ 108.64	\$ 4.64
Other Clinic	\$ 32,046,520	318,333	4,371	\$ 100.67	\$ 36.67
Other Practitioner	\$ 26,595	660	9	\$ 40.29	\$ 0.03
Therapies	\$ 620,409	6,432	88	\$ 96.46	\$ 0.71
Prescribed Drugs	\$ 11,708,546	264,695	3,635	\$ 44.23	\$ 13.40
Enhanced BH	\$ 32,969	1,640	23	\$ 20.10	\$ 0.04
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 888,196	55,235	758	\$ 16.08	\$ 1.02
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 4,453,826	512,410	7,037	\$ 8.69	\$ 5.10
Lab and X-Ray	\$ 747,100	38,046	522	\$ 19.64	\$ 0.85
Optical	\$ 33,954	963	13	\$ 35.26	\$ 0.04
Limited Dental Services	\$ 1,909,455	76,726	1,054	\$ 24.89	\$ 2.19
Transportation	\$ 1,047,242	89,300	1,226	\$ 11.73	\$ 1.20
Case Management	\$ 207	16	0	\$ 12.96	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 8,301,752	2,834,638	38,926	\$ 2.93	\$ 9.50
Subtotal (Covered Services)	\$ 304,418,646	5,360,861			\$ 348.36
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 206,170	6,291	86	\$ 32.77	\$ 0.24
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ 458,466	16,076	221	\$ 28.52	\$ 0.52
Subtotal (Excluded Services)	\$ 664,636	22,367			\$ 0.76
Total (All)	\$ 305,083,282	5,383,228			\$ 349.12

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 29

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	TANF and Other Related Children/Adults
Dual/Non-Dual:	Non-Duals
Age:	Child (1-20)

Member Months:	10,496,478
Average Member Months per Month:	874,707

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 45,623,534	39,970	46	\$ 1,141.44	\$ 4.35
Inpatient — BH (LME/MCO)	\$ 9,084,475	14,407	16	\$ 630.55	\$ 0.87
Outpatient Hospital	\$ 94,880,340	373,939	428	\$ 253.73	\$ 9.04
Emergency Room	\$ 147,141,987	508,318	581	\$ 289.47	\$ 14.02
Physician	\$ 205,038,456	2,813,437	3,216	\$ 72.88	\$ 19.53
FQHC/RHC	\$ 17,984,367	164,620	188	\$ 109.25	\$ 1.71
Other Clinic	\$ 63,068,341	605,989	693	\$ 104.07	\$ 6.01
Other Practitioner	\$ 1,336,185	17,698	20	\$ 75.50	\$ 0.13
Therapies	\$ 43,076,628	387,394	443	\$ 111.20	\$ 4.10
Prescribed Drugs	\$ 353,810,116	3,870,655	4,425	\$ 91.41	\$ 33.71
Enhanced BH	\$ 59,193,429	793,856	908	\$ 74.56	\$ 5.64
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 12,910	68	0	\$ 189.21	\$ 0.00
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 2,201,163	313,792	359	\$ 7.01	\$ 0.21
LTSS – HCBS Waiver Services	\$ 665	59	0	\$ 11.21	\$ 0.00
Durable Medical Equipment	\$ 17,470,892	5,949,637	6,802	\$ 2.94	\$ 1.66
Lab and X-Ray	\$ 14,945,410	868,648	993	\$ 17.21	\$ 1.42
Optical	\$ 15,653,871	774,423	885	\$ 20.21	\$ 1.49
Limited Dental Services	\$ 4,443,344	178,368	204	\$ 24.91	\$ 0.42
Transportation	\$ 6,120,853	242,206	277	\$ 25.27	\$ 0.58
Case Management	\$ 2,722	210	0	\$ 12.96	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 82,757,567	32,171,159	36,779	\$ 2.57	\$ 7.88
Subtotal (Covered Services)	\$ 1,183,847,255	50,088,853			\$ 112.79
Capitation — PACE	\$ 478,497	10,785	12	\$ 44.37	\$ 0.05
Dental	\$ 199,231,919	4,620,039	5,282	\$ 43.12	\$ 18.98
Local Education Agency (LEA)	\$ 8,566,674	266,969	305	\$ 32.09	\$ 0.82
Children’s Developmental Services Agencies (CDSA)	\$ 971,200	34,392	39	\$ 28.24	\$ 0.09
Subtotal (Excluded Services)	\$ 209,248,291	4,932,185			\$ 19.94
Total (All)	\$ 1,393,095,546	55,021,038			\$ 132.72

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 30

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	TANF and Other Related Children/Adults
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	2,806,250
Average Member Months per Month:	233,854

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 73,744,909	68,914	295	\$ 1,070.11	\$ 26.28
Inpatient — BH (LME/MCO)	\$ 5,328,898	8,125	35	\$ 655.84	\$ 1.90
Outpatient Hospital	\$ 107,451,186	379,054	1,621	\$ 283.47	\$ 38.29
Emergency Room	\$ 146,377,592	347,440	1,486	\$ 421.30	\$ 52.16
Physician	\$ 157,873,719	1,397,249	5,975	\$ 112.99	\$ 56.26
FQHC/RHC	\$ 10,282,616	92,988	398	\$ 110.58	\$ 3.66
Other Clinic	\$ 27,309,114	154,818	662	\$ 176.39	\$ 9.73
Other Practitioner	\$ 1,159,442	17,453	75	\$ 66.43	\$ 0.41
Therapies	\$ 6,922	131	1	\$ 52.68	\$ 0.00
Prescribed Drugs	\$ 261,942,140	3,127,250	13,373	\$ 83.76	\$ 93.34
Enhanced BH	\$ 20,922,070	320,155	1,369	\$ 65.35	\$ 7.46
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 268,844	1,788	8	\$ 150.35	\$ 0.10
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 5,567,693	1,048,343	4,483	\$ 5.31	\$ 1.98
LTSS – HCBS Waiver Services	\$ 19,679	4,581	20	\$ 4.30	\$ 0.01
Durable Medical Equipment	\$ 14,409,540	6,119,316	26,167	\$ 2.35	\$ 5.13
Lab and X-Ray	\$ 40,293,585	1,971,835	8,432	\$ 20.43	\$ 14.36
Optical	\$ 1,062,863	16,197	69	\$ 65.62	\$ 0.38
Limited Dental Services	\$ 142	7	0	\$ 20.34	\$ 0.00
Transportation	\$ 8,398,572	197,316	844	\$ 42.56	\$ 2.99
Case Management	\$ 85,517	6,619	28	\$ 12.92	\$ 0.03
Patient-Centered Medical Home (PCMH) Payments	\$ 23,811,833	5,982,922	25,584	\$ 3.98	\$ 8.49
Subtotal (Covered Services)	\$ 906,316,876	21,262,502			\$ 322.96
Capitation — PACE	\$ 373,378	7,370	32	\$ 50.66	\$ 0.13
Dental	\$ 48,403,860	758,884	3,245	\$ 63.78	\$ 17.25
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 48,777,238	766,254			\$ 17.38
Total (All)	\$ 955,094,114	22,028,756			\$ 340.35

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 31

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	NC Health Choice
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	1,057,659
Average Member Months per Month:	88,138

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,835,385	4,287	49	\$ 1,127.79	\$ 4.57
Inpatient — BH (LME/MCO)	\$ -	-	-	\$ -	\$ -
Outpatient Hospital	\$ 10,460,906	37,015	420	\$ 282.61	\$ 9.89
Emergency Room	\$ 9,686,208	28,437	323	\$ 340.62	\$ 9.16
Physician	\$ 26,297,303	296,789	3,367	\$ 88.61	\$ 24.86
FQHC/RHC	\$ 1,485,476	13,145	149	\$ 113.01	\$ 1.40
Other Clinic	\$ 4,806,257	41,633	472	\$ 115.44	\$ 4.54
Other Practitioner	\$ 226,845	3,283	37	\$ 69.10	\$ 0.21
Therapies	\$ 1,370,837	13,550	154	\$ 101.17	\$ 1.30
Prescribed Drugs	\$ 49,169,484	408,805	4,638	\$ 120.28	\$ 46.49
Enhanced BH	\$ 4,120,608	51,570	585	\$ 79.90	\$ 3.90
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 143,617	7,126	81	\$ 20.15	\$ 0.14
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 3,097,498	958,364	10,873	\$ 3.23	\$ 2.93
Lab and X-Ray	\$ 1,038,361	70,901	804	\$ 14.65	\$ 0.98
Optical	\$ 2,302,823	112,513	1,277	\$ 20.47	\$ 2.18
Limited Dental Services	\$ 262	4	0	\$ 65.51	\$ 0.00
Transportation	\$ 178,531	11,020	125	\$ 16.20	\$ 0.17
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 5,973,402	1,787,895	20,285	\$ 3.34	\$ 5.65
Subtotal (Covered Services)	\$ 125,193,804	3,846,337			\$ 118.37
Capitation — PACE	\$ 822	2	0	\$ 411.01	\$ 0.00
Dental	\$ 20,327,757	531,827	6,034	\$ 38.22	\$ 19.22
Local Education Agency (LEA)	\$ 464	19	0	\$ 24.40	\$ 0.00
Children’s Developmental Services Agencies (CDSA)	\$ 619	10	0	\$ 61.89	\$ 0.00
Subtotal (Excluded Services)	\$ 20,329,662	531,858			\$ 19.22
Total (All)	\$ 145,523,466	4,378,195			\$ 137.59

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 32

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	M-CHIP
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	1,332,508
Average Member Months per Month:	111,042

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 6,406,348	6,604	59	\$ 970.14	\$ 4.81
Inpatient — BH (LME/MCO)	\$ 908,218	1,431	13	\$ 634.62	\$ 0.68
Outpatient Hospital	\$ 11,864,661	47,000	423	\$ 252.44	\$ 8.90
Emergency Room	\$ 13,872,535	48,240	434	\$ 287.58	\$ 10.41
Physician	\$ 27,901,883	394,877	3,556	\$ 70.66	\$ 20.94
FQHC/RHC	\$ 2,048,452	18,851	170	\$ 108.67	\$ 1.54
Other Clinic	\$ 7,832,131	78,369	706	\$ 99.94	\$ 5.88
Other Practitioner	\$ 204,268	2,856	26	\$ 71.52	\$ 0.15
Therapies	\$ 6,193,734	55,897	503	\$ 110.81	\$ 4.65
Prescribed Drugs	\$ 45,189,429	475,404	4,281	\$ 95.05	\$ 33.91
Enhanced BH	\$ 5,385,230	73,470	662	\$ 73.30	\$ 4.04
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 238,300	25,719	232	\$ 9.27	\$ 0.18
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,458,951	720,934	6,492	\$ 3.41	\$ 1.85
Lab and X-Ray	\$ 1,309,174	85,935	774	\$ 15.23	\$ 0.98
Optical	\$ 2,107,907	102,991	927	\$ 20.47	\$ 1.58
Limited Dental Services	\$ 502,015	20,225	182	\$ 24.82	\$ 0.38
Transportation	\$ 425,927	20,799	187	\$ 20.48	\$ 0.32
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 10,451,018	4,050,589	36,478	\$ 2.58	\$ 7.84
Subtotal (Covered Services)	\$ 145,300,182	6,230,191			\$ 109.04
Capitation — PACE	\$ 69,485	1,555	14	\$ 44.68	\$ 0.05
Dental	\$ 25,979,777	621,301	5,595	\$ 41.82	\$ 19.50
Local Education Agency (LEA)	\$ 1,132,799	34,922	314	\$ 32.44	\$ 0.85
Children's Developmental Services Agencies (CDSA)	\$ 115,534	4,155	37	\$ 27.81	\$ 0.09
Subtotal (Excluded Services)	\$ 27,297,595	661,932			\$ 20.49
Total (All)	\$ 172,597,778	6,892,123			\$ 129.53

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 33

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	Delivery Episode
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	52,023
Average Member Months per Month:	4,335

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 99,131,651	138,635	31,979	\$ 715.06	\$ 1,905.54
Inpatient — BH (LME/MCO)	\$ 43,901	66	15	\$ 662.93	\$ 0.84
Outpatient Hospital	\$ 4,338,711	37,017	8,539	\$ 117.21	\$ 83.40
Emergency Room	\$ 2,722,881	10,173	2,347	\$ 267.67	\$ 52.34
Physician	\$ 62,000,207	137,972	31,826	\$ 449.37	\$ 1,191.78
FQHC/RHC	\$ 881,536	4,118	950	\$ 214.05	\$ 16.95
Other Clinic	\$ 4,478,875	18,088	4,172	\$ 247.62	\$ 86.09
Other Practitioner	\$ 10,004	287	66	\$ 34.82	\$ 0.19
Therapies	\$ 193	3	1	\$ 64.38	\$ 0.00
Prescribed Drugs	\$ 2,555,143	77,302	17,831	\$ 33.05	\$ 49.12
Enhanced BH	\$ 177,624	2,988	689	\$ 59.44	\$ 3.41
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 801	5	1	\$ 160.01	\$ 0.02
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 55,270	12,130	2,798	\$ 4.56	\$ 1.06
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 254,985	197,178	45,482	\$ 1.29	\$ 4.90
Lab and X-Ray	\$ 910,260	43,209	9,967	\$ 21.07	\$ 17.50
Optical	\$ 13,714	555	128	\$ 24.70	\$ 0.26
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 531,241	39,439	9,097	\$ 13.47	\$ 10.21
Case Management	\$ 2,280	176	41	\$ 12.95	\$ 0.04
Patient-Centered Medical Home (PCMH) Payments	\$ 551,892	125,752	29,007	\$ 4.39	\$ 10.61
Subtotal (Covered Services)	\$ 178,661,170	845,094			\$ 3,434.27
Capitation — PACE	\$ 10,168	436	101	\$ 23.32	\$ 0.20
Dental	\$ 289,030	4,677	1,079	\$ 61.79	\$ 5.56
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 299,198	5,114			\$ 5.75
Total (All)	\$ 178,960,367	850,208			\$ 3,440.02

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.2.2 SFY 2016 Foster Children and Adopted Children (Non-Duals)

Exhibit 34

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	270,402
Average Member Months per Month:	22,534

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,980,520	4,836	215	\$ 1,029.79	\$ 18.42
Inpatient — BH (LME/MCO)	\$ 10,182,319	14,171	629	\$ 718.54	\$ 37.66
Outpatient Hospital	\$ 4,725,905	18,055	801	\$ 261.74	\$ 17.48
Emergency Room	\$ 4,579,305	13,767	611	\$ 332.63	\$ 16.94
Physician	\$ 8,748,325	108,241	4,804	\$ 80.82	\$ 32.35
FQHC/RHC	\$ 597,300	5,061	225	\$ 118.03	\$ 2.21
Other Clinic	\$ 2,342,739	21,970	975	\$ 106.63	\$ 8.66
Other Practitioner	\$ 49,929	708	31	\$ 70.54	\$ 0.18
Therapies	\$ 4,915,908	43,713	1,940	\$ 112.46	\$ 18.18
Prescribed Drugs	\$ 39,013,211	279,722	12,414	\$ 139.47	\$ 144.28
Enhanced BH	\$ 116,291,772	1,013,686	44,986	\$ 114.72	\$ 430.07
B3 Services	\$ 385,764	62,412	2,770	\$ 6.18	\$ 1.43
LTSS – ICF/IID and Nursing Home	\$ 1,701,447	24,262	1,077	\$ 70.13	\$ 6.29
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 838,585	127,094	5,640	\$ 6.60	\$ 3.10
LTSS – HCBS Waiver Services	\$ 1,448,670	207,310	9,200	\$ 6.99	\$ 5.36
Durable Medical Equipment	\$ 2,110,942	928,201	41,192	\$ 2.27	\$ 7.81
Lab and X-Ray	\$ 1,093,583	56,881	2,524	\$ 19.23	\$ 4.04
Optical	\$ 595,374	28,458	1,263	\$ 20.92	\$ 2.20
Limited Dental Services	\$ 112,349	4,498	200	\$ 24.98	\$ 0.42
Transportation	\$ 663,183	10,499	466	\$ 63.16	\$ 2.45
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,957,927	784,728	34,825	\$ 2.50	\$ 7.24
Subtotal (Covered Services)	\$ 207,335,058	3,758,273			\$ 766.77
Capitation — PACE	\$ 170,306	182	8	\$ 935.66	\$ 0.63
Dental	\$ 6,060,244	141,193	6,266	\$ 42.92	\$ 22.41
Local Education Agency (LEA)	\$ 570,080	17,932	796	\$ 31.79	\$ 2.11
Children's Developmental Services Agencies (CDSA)	\$ 972,818	38,415	1,705	\$ 25.32	\$ 3.60
Subtotal (Excluded Services)	\$ 7,773,447	197,722			\$ 28.75
Total (All)	\$ 215,108,505	3,955,995			\$ 795.51

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.2.3 SFY 2016 Behavioral Health Intellectual/Developmental Disability Tailored Plan (Non-Duals and Duals)

Exhibit 35

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – I/DD
Dual/Non-Dual:	Non-Duals
Age:	Child (<21)

Member Months:	467,012
Average Member Months per Month:	38,918

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 49,924,090	51,974	1,335	\$ 960.55	\$ 106.90
Inpatient — BH (LME/MCO)	\$ 14,024,818	18,947	487	\$ 740.21	\$ 30.03
Outpatient Hospital	\$ 27,885,992	77,823	2,000	\$ 358.32	\$ 59.71
Emergency Room	\$ 12,779,142	39,597	1,017	\$ 322.73	\$ 27.36
Physician	\$ 37,275,761	322,179	8,278	\$ 115.70	\$ 79.82
FQHC/RHC	\$ 1,130,905	9,533	245	\$ 118.63	\$ 2.42
Other Clinic	\$ 4,128,381	40,122	1,031	\$ 102.90	\$ 8.84
Other Practitioner	\$ 105,270	1,745	45	\$ 60.34	\$ 0.23
Therapies	\$ 42,793,361	373,925	9,608	\$ 114.44	\$ 91.63
Prescribed Drugs	\$ 111,848,116	657,803	16,902	\$ 170.03	\$ 239.50
Enhanced BH	\$ 98,484,607	1,403,952	36,075	\$ 70.15	\$ 210.88
B3 Services	\$ 8,049,471	1,352,420	34,751	\$ 5.95	\$ 17.24
LTSS – ICF/IID and Nursing Home	\$ 42,382,786	226,805	5,828	\$ 186.87	\$ 90.75
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 29,405,002	4,796,359	123,244	\$ 6.13	\$ 62.96
LTSS – HCBS Waiver Services	\$ 109,051,494	20,525,028	527,396	\$ 5.31	\$ 233.51
Durable Medical Equipment	\$ 31,275,340	13,332,543	342,583	\$ 2.35	\$ 66.97
Lab and X-Ray	\$ 1,799,379	87,790	2,256	\$ 20.50	\$ 3.85
Optical	\$ 711,535	39,236	1,008	\$ 18.13	\$ 1.52
Limited Dental Services	\$ 403,780	16,216	417	\$ 24.90	\$ 0.86
Transportation	\$ 1,937,134	98,419	2,529	\$ 19.68	\$ 4.15
Case Management	\$ 7,544	582	15	\$ 12.96	\$ 0.02
Patient-Centered Medical Home (PCMH) Payments	\$ 5,190,987	1,409,899	36,228	\$ 3.68	\$ 11.12
Subtotal (Covered Services)	\$ 630,594,893	44,882,896			\$ 1,350.28
Capitation — PACE	\$ 746,147	715	18	\$ 1,043.44	\$ 1.60
Dental	\$ 7,468,930	177,183	4,553	\$ 42.15	\$ 15.99
Local Education Agency (LEA)	\$ 7,365,037	234,395	6,023	\$ 31.42	\$ 15.77
Children's Developmental Services Agencies (CDSA)	\$ 10,047,372	411,409	10,571	\$ 24.42	\$ 21.51
Subtotal (Excluded Services)	\$ 25,627,486	823,702			\$ 54.88
Total (All)	\$ 656,222,378	45,706,598			\$ 1,405.15

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 36

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – I/DD
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	186,804
Average Member Months per Month:	15,567

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 21,394,257	27,088	1,740	\$ 789.79	\$ 114.53
Inpatient — BH (LME/MCO)	\$ 14,234,622	20,733	1,332	\$ 686.56	\$ 76.20
Outpatient Hospital	\$ 11,160,012	36,956	2,374	\$ 301.98	\$ 59.74
Emergency Room	\$ 16,533,688	36,460	2,342	\$ 453.47	\$ 88.51
Physician	\$ 17,988,364	153,310	9,848	\$ 117.33	\$ 96.30
FQHC/RHC	\$ 1,084,014	9,727	625	\$ 111.44	\$ 5.80
Other Clinic	\$ 2,002,597	5,189	333	\$ 385.92	\$ 10.72
Other Practitioner	\$ 202,650	2,915	187	\$ 69.52	\$ 1.08
Therapies	\$ 1,120	18	1	\$ 62.05	\$ 0.01
Prescribed Drugs	\$ 99,057,710	751,210	48,257	\$ 131.86	\$ 530.28
Enhanced BH	\$ 30,016,213	2,763,804	177,542	\$ 10.86	\$ 160.68
B3 Services	\$ 28,763,178	2,631,347	169,034	\$ 10.93	\$ 153.98
LTSS – ICF/IID and Nursing Home	\$ 128,699,737	637,101	40,926	\$ 202.01	\$ 688.96
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 30,671,637	7,215,924	463,540	\$ 4.25	\$ 164.19
LTSS – HCBS Waiver Services	\$ 226,943,055	34,461,215	2,213,735	\$ 6.59	\$ 1,214.87
Durable Medical Equipment	\$ 10,807,688	6,401,581	411,228	\$ 1.69	\$ 57.86
Lab and X-Ray	\$ 4,750,076	244,627	15,714	\$ 19.42	\$ 25.43
Optical	\$ 180,313	2,678	172	\$ 67.33	\$ 0.97
Limited Dental Services	\$ 478	17	1	\$ 28.11	\$ 0.00
Transportation	\$ 5,047,812	192,215	12,348	\$ 26.26	\$ 27.02
Case Management	\$ 57,454	4,459	286	\$ 12.88	\$ 0.31
Patient-Centered Medical Home (PCMH) Payments	\$ 2,503,259	366,398	23,537	\$ 6.83	\$ 13.40
Subtotal (Covered Services)	\$ 652,099,934	55,964,974			\$ 3,490.82
Capitation — PACE	\$ 411,181	368	24	\$ 1,117.23	\$ 2.20
Dental	\$ 3,326,098	55,977	3,596	\$ 59.42	\$ 17.81
Local Education Agency (LEA)	\$ 90	4	0	\$ 22.53	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 3,737,369	56,349			\$ 20.01
Total (All)	\$ 655,837,302	56,021,323			\$ 3,510.83

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 37

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – I/DD
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	252,818
Average Member Months per Month:	21,068

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,337,010	8,296	394	\$ 161.17	\$ 5.29
Inpatient — BH (LME/MCO)	\$ 4,995,315	15,329	728	\$ 325.87	\$ 19.76
Outpatient Hospital	\$ 2,637,101	29,586	1,404	\$ 89.13	\$ 10.43
Emergency Room	\$ 2,780,493	33,132	1,573	\$ 83.92	\$ 11.00
Physician	\$ 4,465,711	223,733	10,619	\$ 19.96	\$ 17.66
FQHC/RHC	\$ 206,921	7,743	368	\$ 26.72	\$ 0.82
Other Clinic	\$ 333,416	2,730	130	\$ 122.13	\$ 1.32
Other Practitioner	\$ 70,159	6,054	287	\$ 11.59	\$ 0.28
Therapies	\$ 33,566	312	15	\$ 107.45	\$ 0.13
Prescribed Drugs	\$ 7,100,742	83,872	3,981	\$ 84.66	\$ 28.09
Enhanced BH	\$ 27,191,220	3,733,221	177,197	\$ 7.28	\$ 107.55
B3 Services	\$ 25,704,738	2,410,576	114,418	\$ 10.66	\$ 101.67
LTSS – ICF/IID and Nursing Home	\$ 296,671,366	1,296,812	61,553	\$ 228.77	\$ 1,173.46
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 69,804,826	19,098,356	906,503	\$ 3.66	\$ 276.11
LTSS – HCBS Waiver Services	\$ 284,958,741	37,736,723	1,791,173	\$ 7.55	\$ 1,127.13
Durable Medical Equipment	\$ 6,875,917	7,554,345	358,567	\$ 0.91	\$ 27.20
Lab and X-Ray	\$ 141,997	12,496	593	\$ 11.36	\$ 0.56
Optical	\$ 80,680	5,795	275	\$ 13.92	\$ 0.32
Limited Dental Services	\$ 100	4	0	\$ 25.02	\$ 0.00
Transportation	\$ 9,235,153	272,988	12,957	\$ 33.83	\$ 36.53
Case Management	\$ 43,062	3,328	158	\$ 12.94	\$ 0.17
Patient-Centered Medical Home (PCMH) Payments	\$ 2,625,352	358,418	17,012	\$ 7.32	\$ 10.38
Subtotal (Covered Services)	\$ 747,293,585	72,893,849			\$ 2,955.86
Capitation — PACE	\$ 2,317,698	1,056	50	\$ 2,194.56	\$ 9.17
Dental	\$ 3,799,592	66,613	3,162	\$ 57.04	\$ 15.03
Local Education Agency (LEA)	\$ 10,580	361	17	\$ 29.30	\$ 0.04
Children's Developmental Services Agencies (CDSA)	\$ 307	13	1	\$ 23.61	\$ 0.00
Subtotal (Excluded Services)	\$ 6,128,177	68,043			\$ 24.24
Total (All)	\$ 753,421,761	72,961,892			\$ 2,980.10

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 38

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SPMI/SED
Dual/Non-Dual:	Non-Duals
Age:	Child (<21)

Member Months:	164,224
Average Member Months per Month:	13,685

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,103,241	5,171	378	\$ 986.92	\$ 31.07
Inpatient — BH (LME/MCO)	\$ 22,409,680	33,001	2,411	\$ 679.06	\$ 136.46
Outpatient Hospital	\$ 2,361,051	11,013	805	\$ 214.39	\$ 14.38
Emergency Room	\$ 7,761,317	21,484	1,570	\$ 361.26	\$ 47.26
Physician	\$ 5,535,083	63,618	4,649	\$ 87.01	\$ 33.70
FQHC/RHC	\$ 487,300	4,201	307	\$ 116.00	\$ 2.97
Other Clinic	\$ 1,110,895	9,312	680	\$ 119.30	\$ 6.76
Other Practitioner	\$ 31,927	388	28	\$ 82.39	\$ 0.19
Therapies	\$ 645,243	6,007	439	\$ 107.42	\$ 3.93
Prescribed Drugs	\$ 32,649,584	228,119	16,669	\$ 143.13	\$ 198.81
Enhanced BH	\$ 206,965,609	1,962,044	143,368	\$ 105.48	\$ 1,260.26
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 259,286	47,482	3,470	\$ 5.46	\$ 1.58
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 614,719	299,540	21,888	\$ 2.05	\$ 3.74
Lab and X-Ray	\$ 2,186,165	108,414	7,922	\$ 20.16	\$ 13.31
Optical	\$ 378,797	19,033	1,391	\$ 19.90	\$ 2.31
Limited Dental Services	\$ 797	32	2	\$ 24.90	\$ 0.00
Transportation	\$ 460,939	32,732	2,392	\$ 14.08	\$ 2.81
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,413,293	477,895	34,920	\$ 2.96	\$ 8.61
Subtotal (Covered Services)	\$ 290,374,927	3,329,483			\$ 1,768.16
Capitation — PACE	\$ 32,854	248	18	\$ 132.46	\$ 0.20
Dental	\$ 3,399,488	72,901	5,327	\$ 46.63	\$ 20.70
Local Education Agency (LEA)	\$ 225,972	6,539	478	\$ 34.56	\$ 1.38
Children's Developmental Services Agencies (CDSA)	\$ 27,508	1,451	106	\$ 18.96	\$ 0.17
Subtotal (Excluded Services)	\$ 3,685,821	81,139			\$ 22.44
Total (All)	\$ 294,060,747	3,410,623			\$ 1,790.61

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 39

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SPMI/SED
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	109,917
Average Member Months per Month:	9,160

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 12,309,968	14,060	1,535	\$ 875.54	\$ 111.99
Inpatient — BH (LME/MCO)	\$ 11,682,133	17,580	1,919	\$ 664.53	\$ 106.28
Outpatient Hospital	\$ 6,040,818	21,647	2,363	\$ 279.05	\$ 54.96
Emergency Room	\$ 17,664,188	39,269	4,287	\$ 449.82	\$ 160.70
Physician	\$ 13,081,172	99,756	10,891	\$ 131.13	\$ 119.01
FQHC/RHC	\$ 967,263	8,265	902	\$ 117.04	\$ 8.80
Other Clinic	\$ 877,680	4,930	538	\$ 178.02	\$ 7.98
Other Practitioner	\$ 96,062	1,292	141	\$ 74.36	\$ 0.87
Therapies	\$ 690	12	1	\$ 57.39	\$ 0.01
Prescribed Drugs	\$ 55,204,943	391,907	42,786	\$ 140.86	\$ 502.24
Enhanced BH	\$ 58,891,541	3,658,894	399,453	\$ 16.10	\$ 535.78
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 86,271	553	60	\$ 155.91	\$ 0.78
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 5,276,506	1,379,159	150,567	\$ 3.83	\$ 48.00
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,345,046	790,526	86,304	\$ 2.97	\$ 21.33
Lab and X-Ray	\$ 11,282,241	515,215	56,248	\$ 21.90	\$ 102.64
Optical	\$ 66,943	1,022	112	\$ 65.47	\$ 0.61
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 2,417,964	163,133	17,810	\$ 14.82	\$ 22.00
Case Management	\$ 91,216	7,116	777	\$ 12.82	\$ 0.83
Patient-Centered Medical Home (PCMH) Payments	\$ 1,306,400	229,542	25,060	\$ 5.69	\$ 11.89
Subtotal (Covered Services)	\$ 199,689,045	7,343,879			\$ 1,816.73
Capitation — PACE	\$ 34,326	244	27	\$ 140.67	\$ 0.31
Dental	\$ 2,574,378	38,321	4,184	\$ 67.18	\$ 23.42
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 2,608,704	38,565			\$ 23.73
Total (All)	\$ 202,297,749	7,382,444			\$ 1,840.46

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 40

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SPMI/SED
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	56,599
Average Member Months per Month:	4,717

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 472,258	1,436	304	\$ 328.96	\$ 8.34
Inpatient — BH (LME/MCO)	\$ 931,343	5,341	1,132	\$ 174.36	\$ 16.46
Outpatient Hospital	\$ 706,541	8,249	1,749	\$ 85.65	\$ 12.48
Emergency Room	\$ 1,275,712	13,919	2,951	\$ 91.65	\$ 22.54
Physician	\$ 1,063,084	48,654	10,316	\$ 21.85	\$ 18.78
FQHC/RHC	\$ 81,391	2,896	614	\$ 28.10	\$ 1.44
Other Clinic	\$ 84,507	794	168	\$ 106.42	\$ 1.49
Other Practitioner	\$ 14,374	1,055	224	\$ 13.63	\$ 0.25
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 2,544,759	22,051	4,675	\$ 115.40	\$ 44.96
Enhanced BH	\$ 37,173,692	3,685,560	781,405	\$ 10.09	\$ 656.79
B3 Services	\$ 97	8	2	\$ 12.00	\$ 0.00
LTSS – ICF/IID and Nursing Home	\$ 29,543	612	130	\$ 48.23	\$ 0.52
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 7,499,671	2,105,185	446,337	\$ 3.56	\$ 132.51
LTSS – HCBS Waiver Services	\$ 3,600	983	208	\$ 3.66	\$ 0.06
Durable Medical Equipment	\$ 521,661	321,072	68,073	\$ 1.62	\$ 9.22
Lab and X-Ray	\$ 174,599	9,142	1,938	\$ 19.10	\$ 3.08
Optical	\$ 14,002	895	190	\$ 15.64	\$ 0.25
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 1,091,619	107,334	22,757	\$ 10.17	\$ 19.29
Case Management	\$ 39,599	3,063	649	\$ 12.93	\$ 0.70
Patient-Centered Medical Home (PCMH) Payments	\$ 667,521	91,785	19,460	\$ 7.27	\$ 11.79
Subtotal (Covered Services)	\$ 54,389,573	6,430,037			\$ 960.96
Capitation — PACE	\$ 51,949	130	28	\$ 399.56	\$ 0.92
Dental	\$ 1,121,221	17,592	3,730	\$ 63.74	\$ 19.81
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 1,173,171	17,722			\$ 20.73
Total (All)	\$ 55,562,743	6,447,759			\$ 981.69

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 41

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SUD
Dual/Non-Dual:	Non-Duals
Age:	Child (<21)

Member Months:	8,724
Average Member Months per Month:	727

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 258,795	211	290	\$ 1,225.78	\$ 29.66
Inpatient — BH (LME/MCO)	\$ 148,208	191	262	\$ 777.01	\$ 16.99
Outpatient Hospital	\$ 92,123	494	680	\$ 186.38	\$ 10.56
Emergency Room	\$ 430,935	1,126	1,549	\$ 382.72	\$ 49.40
Physician	\$ 302,284	2,571	3,537	\$ 117.55	\$ 34.65
FQHC/RHC	\$ 25,380	216	297	\$ 117.35	\$ 2.91
Other Clinic	\$ 67,431	461	634	\$ 146.37	\$ 7.73
Other Practitioner	\$ 1,141	16	22	\$ 71.18	\$ 0.13
Therapies	\$ 6,893	70	96	\$ 98.31	\$ 0.79
Prescribed Drugs	\$ 403,186	4,129	5,680	\$ 97.65	\$ 46.22
Enhanced BH	\$ 2,754,951	46,274	63,651	\$ 59.54	\$ 315.79
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ -	-	-	\$ -	\$ -
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,493	59	81	\$ 25.31	\$ 0.17
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 7,787	4,023	5,534	\$ 1.94	\$ 0.89
Lab and X-Ray	\$ 876,050	38,875	53,474	\$ 22.53	\$ 100.42
Optical	\$ 11,219	532	732	\$ 21.08	\$ 1.29
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 26,181	643	884	\$ 40.74	\$ 3.00
Case Management	\$ 2,061	159	219	\$ 12.96	\$ 0.24
Patient-Centered Medical Home (PCMH) Payments	\$ 76,143	26,328	36,215	\$ 2.89	\$ 8.73
Subtotal (Covered Services)	\$ 5,492,259	126,379			\$ 629.56
Capitation — PACE	\$ 422	11	15	\$ 38.38	\$ 0.05
Dental	\$ 163,081	2,734	3,761	\$ 59.64	\$ 18.69
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ 351	18	25	\$ 19.49	\$ 0.04
Subtotal (Excluded Services)	\$ 163,854	2,763			\$ 18.78
Total (All)	\$ 5,656,114	129,143			\$ 648.34

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 42

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SUD
Dual/Non-Dual:	Non-Duals
Age:	Adult (21+)

Member Months:	78,448
Average Member Months per Month:	6,537

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 8,254,247	8,183	1,252	\$ 1,008.69	\$ 105.22
Inpatient — BH (LME/MCO)	\$ 457,387	731	112	\$ 625.63	\$ 5.83
Outpatient Hospital	\$ 3,100,782	10,018	1,532	\$ 309.52	\$ 39.53
Emergency Room	\$ 6,517,950	14,580	2,230	\$ 447.05	\$ 83.09
Physician	\$ 8,494,667	54,688	8,365	\$ 155.33	\$ 108.28
FQHC/RHC	\$ 391,671	3,234	495	\$ 121.13	\$ 4.99
Other Clinic	\$ 981,981	6,407	980	\$ 153.27	\$ 12.52
Other Practitioner	\$ 32,814	399	61	\$ 82.34	\$ 0.42
Therapies	\$ 236	4	1	\$ 58.78	\$ 0.00
Prescribed Drugs	\$ 15,606,496	122,311	18,710	\$ 127.60	\$ 198.94
Enhanced BH	\$ 26,499,792	851,714	130,285	\$ 31.11	\$ 337.80
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 35,846	241	37	\$ 148.64	\$ 0.46
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,783,760	426,402	65,226	\$ 4.18	\$ 22.74
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 899,624	283,825	43,416	\$ 3.17	\$ 11.47
Lab and X-Ray	\$ 14,989,025	604,207	92,424	\$ 24.81	\$ 191.07
Optical	\$ 29,120	441	67	\$ 66.01	\$ 0.37
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 755,712	30,961	4,736	\$ 24.41	\$ 9.63
Case Management	\$ 33,729	2,606	399	\$ 12.94	\$ 0.43
Patient-Centered Medical Home (PCMH) Payments	\$ 763,120	168,201	25,729	\$ 4.54	\$ 9.73
Subtotal (Covered Services)	\$ 89,627,958	2,589,152			\$ 1,142.51
Capitation — PACE	\$ 15,676	253	39	\$ 61.95	\$ 0.20
Dental	\$ 2,047,948	28,632	4,380	\$ 71.53	\$ 26.11
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 2,063,624	28,885			\$ 26.31
Total (All)	\$ 91,691,583	2,618,037			\$ 1,168.82

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 43

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	Default – SUD
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	15,332
Average Member Months per Month:	1,278

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 58,552	157	123	\$ 373.16	\$ 3.82
Inpatient — BH (LME/MCO)	\$ 7,232	28	22	\$ 258.12	\$ 0.47
Outpatient Hospital	\$ 136,186	1,928	1,509	\$ 70.63	\$ 8.88
Emergency Room	\$ 254,908	2,849	2,230	\$ 89.48	\$ 16.63
Physician	\$ 277,490	12,497	9,781	\$ 22.20	\$ 18.10
FQHC/RHC	\$ 19,115	665	520	\$ 28.75	\$ 1.25
Other Clinic	\$ 33,481	414	324	\$ 80.95	\$ 2.18
Other Practitioner	\$ 2,983	157	123	\$ 18.97	\$ 0.19
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 140,122	2,489	1,948	\$ 56.30	\$ 9.14
Enhanced BH	\$ 5,757,895	147,994	115,831	\$ 38.91	\$ 375.55
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 944	187	146	\$ 5.04	\$ 0.06
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,462,763	413,537	323,666	\$ 3.54	\$ 95.41
LTSS – HCBS Waiver Services	\$ -	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 76,891	52,310	40,942	\$ 1.47	\$ 5.02
Lab and X-Ray	\$ 63,255	3,220	2,521	\$ 19.64	\$ 4.13
Optical	\$ 3,630	317	248	\$ 11.45	\$ 0.24
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 169,095	16,284	12,745	\$ 10.38	\$ 11.03
Case Management	\$ 34,903	2,699	2,113	\$ 12.93	\$ 2.28
Patient-Centered Medical Home (PCMH) Payments	\$ 178,491	24,339	19,050	\$ 7.33	\$ 11.64
Subtotal (Covered Services)	\$ 8,677,936	682,072			\$ 566.00
Capitation — PACE	\$ 10,324	45	35	\$ 229.39	\$ 0.67
Dental	\$ 278,959	4,016	3,144	\$ 69.45	\$ 18.19
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 289,283	4,061			\$ 18.87
Total (All)	\$ 8,967,219	686,133			\$ 584.87

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.2.4 SFY 2016 Non-Dual Long Term Services and Supports Population

Exhibit 44

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	CAP/C
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	24,729
Average Member Months per Month:	2,061

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 6,919,933	5,897	2,862	\$ 1,173.46	\$ 279.83
Inpatient — BH (LME/MCO)	\$ 12,435	11	5	\$ 1,106.34	\$ 0.50
Outpatient Hospital	\$ 4,208,147	12,218	5,929	\$ 344.43	\$ 170.17
Emergency Room	\$ 955,343	2,190	1,063	\$ 436.25	\$ 38.63
Physician	\$ 3,501,301	28,955	14,051	\$ 120.92	\$ 141.59
FQHC/RHC	\$ 26,959	229	111	\$ 117.54	\$ 1.09
Other Clinic	\$ 120,490	1,102	535	\$ 109.38	\$ 4.87
Other Practitioner	\$ 7,015	126	61	\$ 55.58	\$ 0.28
Therapies	\$ 4,873,241	40,288	19,550	\$ 120.96	\$ 197.07
Prescribed Drugs	\$ 21,239,840	85,962	41,714	\$ 247.08	\$ 858.90
Enhanced BH	\$ 357,716	10,595	5,141	\$ 33.76	\$ 14.47
B3 Services	\$ 131,267	29,875	14,497	\$ 4.39	\$ 5.31
LTSS – ICF/IID and Nursing Home	\$ 433,370	1,157	561	\$ 374.61	\$ 17.52
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 6,218,462	901,153	437,294	\$ 6.90	\$ 251.46
LTSS – HCBS Waiver Services	\$ 92,011,862	15,171,927	7,362,332	\$ 6.06	\$ 3,720.81
Durable Medical Equipment	\$ 19,961,215	6,762,240	3,281,446	\$ 2.95	\$ 807.20
Lab and X-Ray	\$ 36,045	2,292	1,112	\$ 15.73	\$ 1.46
Optical	\$ 25,515	1,889	917	\$ 13.51	\$ 1.03
Limited Dental Services	\$ 3,786	151	73	\$ 25.06	\$ 0.15
Transportation	\$ 433,800	25,747	12,494	\$ 16.85	\$ 17.54
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 328,306	65,219	31,648	\$ 5.03	\$ 13.28
Subtotal (Covered Services)	\$ 161,806,048	23,149,222			\$ 6,543.17
Capitation — PACE	\$ 33,234	82	40	\$ 405.23	\$ 1.34
Dental	\$ 275,888	6,665	3,234	\$ 41.39	\$ 11.16
Local Education Agency (LEA)	\$ 859,075	36,161	17,547	\$ 23.76	\$ 34.74
Children's Developmental Services Agencies (CDSA)	\$ 147,570	6,591	3,198	\$ 22.39	\$ 5.97
Subtotal (Excluded Services)	\$ 1,315,766	49,498			\$ 53.21
Total (All)	\$ 163,121,814	23,198,720			\$ 6,596.38

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 45

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	CAP/DA
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	19,870
Average Member Months per Month:	1,656

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 6,089,329	6,965	4,206	\$ 874.33	\$ 306.46
Inpatient — BH (LME/MCO)	\$ 197,199	264	159	\$ 747.33	\$ 9.92
Outpatient Hospital	\$ 2,868,640	7,711	4,657	\$ 372.02	\$ 144.37
Emergency Room	\$ 2,136,195	3,781	2,284	\$ 564.96	\$ 107.51
Physician	\$ 3,862,205	28,805	17,396	\$ 134.08	\$ 194.37
FQHC/RHC	\$ 161,778	1,453	878	\$ 111.33	\$ 8.14
Other Clinic	\$ 387,424	433	261	\$ 895.60	\$ 19.50
Other Practitioner	\$ 40,320	611	369	\$ 66.00	\$ 2.03
Therapies	\$ 2,148	21	13	\$ 102.14	\$ 0.11
Prescribed Drugs	\$ 20,952,519	152,012	91,804	\$ 137.83	\$ 1,054.48
Enhanced BH	\$ 602,318	16,257	9,818	\$ 37.05	\$ 30.31
B3 Services	\$ 402,044	63,434	38,310	\$ 6.34	\$ 20.23
LTSS – ICF/IID and Nursing Home	\$ 324,393	1,459	881	\$ 222.35	\$ 16.33
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 4,689,870	947,427	572,175	\$ 4.95	\$ 236.03
LTSS – HCBS Waiver Services	\$ 37,298,716	11,471,139	6,927,714	\$ 3.25	\$ 1,877.14
Durable Medical Equipment	\$ 5,054,471	1,632,523	985,923	\$ 3.10	\$ 254.38
Lab and X-Ray	\$ 333,685	19,100	11,535	\$ 17.47	\$ 16.79
Optical	\$ 28,252	439	265	\$ 64.33	\$ 1.42
Limited Dental Services	\$ 0	1	1	\$ 0.26	\$ 0.00
Transportation	\$ 1,573,964	49,197	29,712	\$ 31.99	\$ 79.21
Case Management	\$ 2,994	231	140	\$ 12.96	\$ 0.15
Patient-Centered Medical Home (PCMH) Payments	\$ 281,461	38,271	23,113	\$ 7.35	\$ 14.17
Subtotal (Covered Services)	\$ 87,289,925	14,441,534			\$ 4,393.05
Capitation — PACE	\$ 20,656	60	36	\$ 344.22	\$ 1.04
Dental	\$ 281,293	4,168	2,517	\$ 67.48	\$ 14.16
Local Education Agency (LEA)	\$ 1,346	70	42	\$ 19.23	\$ 0.07
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 303,295	4,298			\$ 15.26
Total (All)	\$ 87,593,221	14,445,833			\$ 4,408.32

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 46

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	Long-Term Nursing Facility
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	20,499
Average Member Months per Month:	1,708

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 13,903,853	16,322	9,555	\$ 851.83	\$ 678.27
Inpatient — BH (LME/MCO)	\$ 295,819	484	283	\$ 611.62	\$ 14.43
Outpatient Hospital	\$ 2,800,553	10,071	5,895	\$ 278.09	\$ 136.62
Emergency Room	\$ 2,339,157	4,172	2,442	\$ 560.73	\$ 114.11
Physician	\$ 6,984,653	56,785	33,242	\$ 123.00	\$ 340.73
FQHC/RHC	\$ 97,540	951	556	\$ 102.61	\$ 4.76
Other Clinic	\$ 1,239,252	599	351	\$ 2,069.16	\$ 60.45
Other Practitioner	\$ 53,997	700	410	\$ 77.13	\$ 2.63
Therapies	\$ -	-	-	\$ -	\$ -
Prescribed Drugs	\$ 17,219,988	201,330	117,857	\$ 85.53	\$ 840.04
Enhanced BH	\$ 556,989	15,326	8,972	\$ 36.34	\$ 27.17
B3 Services	\$ 118,979	8,381	4,906	\$ 14.20	\$ 5.80
LTSS – ICF/IID and Nursing Home	\$ 84,090,967	486,663	284,890	\$ 172.79	\$ 4,102.20
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 2,495,839	213,889	125,209	\$ 11.67	\$ 121.75
LTSS – HCBS Waiver Services	\$ 217,772	38,476	22,524	\$ 5.66	\$ 10.62
Durable Medical Equipment	\$ 1,024,057	174,188	101,968	\$ 5.88	\$ 49.96
Lab and X-Ray	\$ 572,668	40,837	23,905	\$ 14.02	\$ 27.94
Optical	\$ 60,719	927	543	\$ 65.47	\$ 2.96
Limited Dental Services	\$ 15	1	1	\$ 15.25	\$ 0.00
Transportation	\$ 1,113,865	93,862	54,946	\$ 11.87	\$ 54.34
Case Management	\$ 467	36	21	\$ 12.96	\$ 0.02
Patient-Centered Medical Home (PCMH) Payments	\$ 75,754	10,493	6,143	\$ 7.22	\$ 3.70
Subtotal (Covered Services)	\$ 135,262,903	1,374,491			\$ 6,598.51
Capitation — PACE	\$ 21,242	73	43	\$ 290.96	\$ 1.04
Dental	\$ 370,375	5,033	2,946	\$ 73.60	\$ 18.07
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 391,617	5,106			\$ 19.10
Total (All)	\$ 135,654,521	1,379,597			\$ 6,617.62

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

7.2.5 SFY 2016 Dual Eligibles

Exhibit 47

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	Non-LTSS Populations
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	2,280,946
Average Member Months per Month:	190,079

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 16,086,225	164,172	864	\$ 97.98	\$ 7.05
Inpatient — BH (LME/MCO)	\$ 1,444,161	7,436	39	\$ 194.22	\$ 0.63
Outpatient Hospital	\$ 30,734,369	386,381	2,033	\$ 79.54	\$ 13.47
Emergency Room	\$ 22,728,050	239,433	1,260	\$ 94.92	\$ 9.96
Physician	\$ 45,940,607	2,103,721	11,068	\$ 21.84	\$ 20.14
FQHC/RHC	\$ 2,338,306	95,625	503	\$ 24.45	\$ 1.03
Other Clinic	\$ 6,149,749	51,895	273	\$ 118.50	\$ 2.70
Other Practitioner	\$ 563,647	48,054	253	\$ 11.73	\$ 0.25
Therapies	\$ 10,093	170	1	\$ 59.22	\$ 0.00
Prescribed Drugs	\$ 43,737,828	473,468	2,491	\$ 92.38	\$ 19.18
Enhanced BH	\$ 6,671,218	486,441	2,559	\$ 13.71	\$ 2.92
B3 Services	\$ 15,539	1,295	7	\$ 12.00	\$ 0.01
LTSS – ICF/IID and Nursing Home	\$ 5,319,354	139,089	732	\$ 38.24	\$ 2.33
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 320,144,010	86,747,944	456,379	\$ 3.69	\$ 140.36
LTSS – HCBS Waiver Services	\$ 228,761	60,212	317	\$ 3.80	\$ 0.10
Durable Medical Equipment	\$ 27,004,602	22,037,324	115,938	\$ 1.23	\$ 11.84
Lab and X-Ray	\$ 1,276,858	102,059	537	\$ 12.51	\$ 0.56
Optical	\$ 828,010	80,921	426	\$ 10.23	\$ 0.36
Limited Dental Services	\$ 100	4	0	\$ 24.90	\$ 0.00
Transportation	\$ 20,817,016	1,182,148	6,219	\$ 17.61	\$ 9.13
Case Management	\$ 588,334	45,519	239	\$ 12.93	\$ 0.26
Patient-Centered Medical Home (PCMH) Payments	\$ 23,884,218	3,196,989	16,819	\$ 7.47	\$ 10.47
Subtotal (Covered Services)	\$ 576,511,053	117,650,299			\$ 252.75
Capitation — PACE	\$ 28,580,813	13,739	72	\$ 2,080.22	\$ 12.53
Dental	\$ 29,416,414	442,667	2,329	\$ 66.45	\$ 12.90
Local Education Agency (LEA)	\$ 167	7	0	\$ 23.88	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ 2,902	112	1	\$ 25.91	\$ 0.00
Subtotal (Excluded Services)	\$ 58,000,296	456,526			\$ 25.43
Total (All)	\$ 634,511,350	118,106,825			\$ 278.18

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 48

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	LTSS Populations
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	265,354
Average Member Months per Month:	22,113

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,325,144	13,872	627	\$ 95.53	\$ 4.99
Inpatient — BH (LME/MCO)	\$ 122,074	215	10	\$ 567.34	\$ 0.46
Outpatient Hospital	\$ 2,644,254	35,786	1,618	\$ 73.89	\$ 9.97
Emergency Room	\$ 2,793,340	29,567	1,337	\$ 94.48	\$ 10.53
Physician	\$ 5,472,080	376,159	17,011	\$ 14.55	\$ 20.62
FQHC/RHC	\$ 189,733	10,596	479	\$ 17.91	\$ 0.72
Other Clinic	\$ 963,225	7,148	323	\$ 134.75	\$ 3.63
Other Practitioner	\$ 76,264	7,026	318	\$ 10.85	\$ 0.29
Therapies	\$ 16,772	180	8	\$ 93.00	\$ 0.06
Prescribed Drugs	\$ 3,210,451	42,481	1,921	\$ 75.57	\$ 12.10
Enhanced BH	\$ 923,167	63,503	2,872	\$ 14.54	\$ 3.48
B3 Services	\$ 452,057	51,123	2,312	\$ 8.84	\$ 1.70
LTSS – ICF/IID and Nursing Home	\$ 591,365,906	4,147,022	187,539	\$ 142.60	\$ 2,228.59
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 26,427,909	3,131,771	141,627	\$ 8.44	\$ 99.59
LTSS – HCBS Waiver Services	\$ 198,228,680	61,114,927	2,763,776	\$ 3.24	\$ 747.03
Durable Medical Equipment	\$ 5,336,708	5,037,263	227,798	\$ 1.06	\$ 20.11
Lab and X-Ray	\$ 139,947	27,924	1,263	\$ 5.01	\$ 0.53
Optical	\$ 83,361	9,641	436	\$ 8.65	\$ 0.31
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 5,771,240	624,299	28,232	\$ 9.24	\$ 21.75
Case Management	\$ 7,249	568	26	\$ 12.76	\$ 0.03
Patient-Centered Medical Home (PCMH) Payments	\$ 1,306,025	172,316	7,793	\$ 7.58	\$ 4.92
Subtotal (Covered Services)	\$ 846,855,589	74,903,388			\$ 3,191.42
Capitation — PACE	\$ 604,743	1,313	59	\$ 460.51	\$ 2.28
Dental	\$ 2,348,579	35,249	1,594	\$ 66.63	\$ 8.85
Local Education Agency (LEA)	\$ 404	18	1	\$ 22.43	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 2,953,726	36,580			\$ 11.13
Total (All)	\$ 849,809,315	74,939,969			\$ 3,202.55

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8 REGIONAL EXHIBITS

The exhibits included in Section 8 summarize the cost and utilization data for each Program Type on both a statewide and regional basis, consistent with the regional groups outlined in Section 1. These exhibits are provided for the SFY 2015 time period in Section 8.1, and the SFY 2016 time period is included in Section 8.2. See the grid below highlighting the information available in each of the detailed exhibit sections.

SFY 2015 Exhibit	SFY 2016 Exhibit	Description
8.1.1	8.2.1	Exhibits summarize information for all populations and age groups included in the Standard Plan (Non-Duals) Program Type on a statewide and regional basis. The Standard Plan includes the following populations combined: <ul style="list-style-type: none"> - Aged, Blind, Disabled (ABD) - Temporary Assistance for Needy Families (TANF) and Other Related Children/Adults - NC Health Choice - Medicaid-Children's Health Insurance Program (M-CHIP) - Maternity
8.1.2	8.2.2	Exhibits summarize information for the Foster Children and Adopted Children Population Grouping, for all ages, on a statewide and regional basis.
8.1.3	8.2.3	Exhibits summarize information for all populations and age groups included in the Behavioral Health (BH) Intellectual/Developmental Disability (I/DD) Tailored Plan Program Type, on a statewide and regional basis. The Behavioral Health I/DD Tailored Plan includes the following populations combined: <ul style="list-style-type: none"> - I/DD Non-Dual and Dual Eligibles - Serious and Persistent Mental Illness (SPMI)/Serious Emotional Disturbance (SED) Non-Dual and Dual Eligibles - Substance Use Disorder (SUD) Non-Dual and Dual Eligibles
8.1.4	8.2.4	Exhibits summarize information for all populations and age groups included in the Non-Dual Long Term Services and Supports (LTSS) Program Type, on a statewide and regional basis. Non-Dual LTSS exhibits include the following populations combined: <ul style="list-style-type: none"> - Community Alternatives for Children (CAP/C) waiver beneficiaries - Community Alternatives for Disabled Adults (CAP/DA) waiver beneficiaries - Nursing Facility Level of Care (NFLOC)
8.1.5	8.2.5	Exhibits summarize information for all populations and age groups included in the Dual Eligibles Program Type, on a statewide and regional basis. The Dual Eligibles exhibits include information for all duals other than those identified as eligible for the BH I/DD Tailored Plan.

8.1 SFY 2015 Regional Exhibits

Cost and utilization information for the July 1, 2014 through June 30, 2015 (SFY 2015) time period is illustrated in Section 8.1.

8.1.1 SFY 2015 Standard Plan (Non-Duals)

Exhibit 49

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	18,113,082
Average Member Months per Month:	1,509,424

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 632,781,790	791,718	525	\$ 799.25	\$ 34.94
Inpatient — BH (LME/MCO)	\$ 24,935,763	38,515	26	\$ 647.44	\$ 1.38
Outpatient Hospital	\$ 408,632,947	1,252,678	830	\$ 326.21	\$ 22.56
Emergency Room	\$ 456,638,976	1,223,279	810	\$ 373.29	\$ 25.21
Physician	\$ 738,759,917	6,945,042	4,601	\$ 106.37	\$ 40.79
FQHC/RHC	\$ 47,006,527	436,502	289	\$ 107.69	\$ 2.60
Other Clinic	\$ 169,935,027	1,273,437	844	\$ 133.45	\$ 9.38
Other Practitioner	\$ 4,624,029	62,475	41	\$ 74.01	\$ 0.26
Therapies	\$ 60,104,829	520,353	345	\$ 115.51	\$ 3.32
Prescribed Drugs	\$ 1,249,510,299	12,752,392	8,449	\$ 97.98	\$ 68.98
Enhanced BH	\$ 118,652,087	2,755,465	1,826	\$ 43.06	\$ 6.55
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 2,250,878	12,617	8	\$ 178.41	\$ 0.12
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 118,446,798	24,508,437	16,237	\$ 4.83	\$ 6.54
LTSS — HCBS Waiver Services	\$ 111,699	27,901	18	\$ 4.00	\$ 0.01
Durable Medical Equipment	\$ 93,689,402	34,490,319	22,850	\$ 2.72	\$ 5.17
Lab and X-Ray	\$ 83,067,017	4,512,213	2,989	\$ 18.41	\$ 4.59
Optical	\$ 22,812,762	1,035,207	686	\$ 22.04	\$ 1.26
Limited Dental Services	\$ 6,913,802	277,617	184	\$ 24.90	\$ 0.38
Transportation	\$ 35,951,155	1,373,322	910	\$ 26.18	\$ 1.98
Case Management	\$ 591,633	45,809	30	\$ 12.92	\$ 0.03
Patient-Centered Medical Home (PCMH) Payments	\$ 130,088,230	44,757,410	29,652	\$ 2.91	\$ 7.18
Subtotal (Covered Services)	\$ 4,405,505,567	139,092,709			\$ 243.22
Capitation — PACE	\$ 2,057,209	2,874	2	\$ 715.80	\$ 0.11
Dental	\$ 319,370,938	6,857,284	4,543	\$ 46.57	\$ 17.63
Local Education Agency (LEA)	\$ 11,224,400	346,569	230	\$ 32.39	\$ 0.62
Children's Developmental Services Agencies (CDSA)	\$ 2,643,684	101,207	67	\$ 26.12	\$ 0.15
Subtotal (Excluded Services)	\$ 335,296,231	7,307,934			\$ 18.51
Total (All)	\$ 4,740,801,798	146,400,643			\$ 261.73

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 50

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 1

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	1,713,689
Average Member Months per Month:	142,807

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 59,771,191	72,580	508	\$ 823.52	\$ 34.88
Inpatient — BH (LME/MCO)	\$ 3,506,373	4,074	29	\$ 860.72	\$ 2.05
Outpatient Hospital	\$ 56,810,630	199,355	1,396	\$ 284.97	\$ 33.15
Emergency Room	\$ 41,933,565	114,579	802	\$ 365.98	\$ 24.47
Physician	\$ 72,639,149	723,547	5,067	\$ 100.39	\$ 42.39
FQHC/RHC	\$ 9,070,269	72,326	506	\$ 125.41	\$ 5.29
Other Clinic	\$ 15,143,380	117,133	820	\$ 129.28	\$ 8.84
Other Practitioner	\$ 607,871	10,517	74	\$ 57.80	\$ 0.35
Therapies	\$ 4,472,674	45,093	316	\$ 99.19	\$ 2.61
Prescribed Drugs	\$ 129,495,044	1,388,021	9,720	\$ 93.29	\$ 75.57
Enhanced BH	\$ 13,750,619	281,317	1,970	\$ 48.88	\$ 8.02
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 223,326	1,472	10	\$ 151.71	\$ 0.13
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 7,450,091	1,055,634	7,392	\$ 7.06	\$ 4.35
LTSS — HCBS Waiver Services	\$ 1,980	140	1	\$ 14.14	\$ 0.00
Durable Medical Equipment	\$ 9,875,615	3,266,593	22,874	\$ 3.02	\$ 5.76
Lab and X-Ray	\$ 6,567,579	338,922	2,373	\$ 19.38	\$ 3.83
Optical	\$ 1,964,423	93,862	657	\$ 20.93	\$ 1.15
Limited Dental Services	\$ 495,950	19,947	140	\$ 24.86	\$ 0.29
Transportation	\$ 3,271,859	112,098	785	\$ 29.19	\$ 1.91
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 11,689,428	4,065,599	28,469	\$ 2.88	\$ 6.82
Subtotal (Covered Services)	\$ 448,741,018	11,982,810			\$ 261.86
Capitation — PACE	\$ 189,899	1,888	13	\$ 100.58	\$ 0.11
Dental	\$ 29,529,081	618,457	4,331	\$ 47.75	\$ 17.23
Local Education Agency (LEA)	\$ 1,644,492	51,341	360	\$ 32.03	\$ 0.96
Children's Developmental Services Agencies (CDSA)	\$ 181,954	7,341	51	\$ 24.79	\$ 0.11
Subtotal (Excluded Services)	\$ 31,545,426	679,027			\$ 18.41
Total (All)	\$ 480,286,444	12,661,837			\$ 280.26

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 51

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 2

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	3,048,615
Average Member Months per Month:	254,051

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 105,003,304	130,248	513	\$ 806.18	\$ 34.44
Inpatient — BH (LME/MCO)	\$ 4,000,437	6,280	25	\$ 636.97	\$ 1.31
Outpatient Hospital	\$ 72,708,507	247,605	975	\$ 293.65	\$ 23.85
Emergency Room	\$ 81,055,683	206,409	812	\$ 392.70	\$ 26.59
Physician	\$ 121,203,387	1,199,760	4,723	\$ 101.02	\$ 39.76
FQHC/RHC	\$ 5,251,071	48,238	190	\$ 108.86	\$ 1.72
Other Clinic	\$ 27,267,877	206,760	814	\$ 131.88	\$ 8.94
Other Practitioner	\$ 714,432	9,515	37	\$ 75.08	\$ 0.23
Therapies	\$ 7,804,333	57,732	227	\$ 135.18	\$ 2.56
Prescribed Drugs	\$ 215,689,190	2,198,278	8,653	\$ 98.12	\$ 70.75
Enhanced BH	\$ 17,354,483	457,356	1,800	\$ 37.95	\$ 5.69
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 335,378	2,301	9	\$ 145.75	\$ 0.11
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 16,703,870	3,202,369	12,605	\$ 5.22	\$ 5.48
LTSS — HCBS Waiver Services	\$ 1,903	506	2	\$ 3.76	\$ 0.00
Durable Medical Equipment	\$ 15,700,392	5,342,441	21,029	\$ 2.94	\$ 5.15
Lab and X-Ray	\$ 13,803,474	768,394	3,025	\$ 17.96	\$ 4.53
Optical	\$ 3,601,205	173,290	682	\$ 20.78	\$ 1.18
Limited Dental Services	\$ 1,297,049	52,098	205	\$ 24.90	\$ 0.43
Transportation	\$ 6,032,243	235,512	927	\$ 25.61	\$ 1.98
Case Management	\$ 51,347	3,976	16	\$ 12.91	\$ 0.02
Patient-Centered Medical Home (PCMH) Payments	\$ 22,593,297	7,789,663	30,662	\$ 2.90	\$ 7.41
Subtotal (Covered Services)	\$ 738,172,859	22,338,731			\$ 242.13
Capitation — PACE	\$ 654,555	515	2	\$ 1,270.98	\$ 0.21
Dental	\$ 56,107,485	1,212,271	4,772	\$ 46.28	\$ 18.40
Local Education Agency (LEA)	\$ 1,928,703	58,587	231	\$ 32.92	\$ 0.63
Children's Developmental Services Agencies (CDSA)	\$ 1,075,464	42,501	167	\$ 25.30	\$ 0.35
Subtotal (Excluded Services)	\$ 59,766,206	1,313,874			\$ 19.60
Total (All)	\$ 797,939,066	23,652,605			\$ 261.74

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 52

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 3

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	4,341,020
Average Member Months per Month:	361,752

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 128,476,972	176,078	487	\$ 729.66	\$ 29.60
Inpatient — BH (LME/MCO)	\$ 5,858,315	9,980	28	\$ 587.01	\$ 1.35
Outpatient Hospital	\$ 99,913,993	291,435	806	\$ 342.83	\$ 23.02
Emergency Room	\$ 115,578,477	287,637	795	\$ 401.82	\$ 26.62
Physician	\$ 180,856,977	1,715,150	4,741	\$ 105.45	\$ 41.66
FQHC/RHC	\$ 3,949,600	38,354	106	\$ 102.98	\$ 0.91
Other Clinic	\$ 40,085,973	301,991	835	\$ 132.74	\$ 9.23
Other Practitioner	\$ 1,413,018	17,468	48	\$ 80.89	\$ 0.33
Therapies	\$ 9,198,807	83,382	230	\$ 110.32	\$ 2.12
Prescribed Drugs	\$ 288,529,804	2,938,147	8,122	\$ 98.20	\$ 66.47
Enhanced BH	\$ 25,883,315	642,592	1,776	\$ 40.28	\$ 5.96
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 574,278	3,762	10	\$ 152.65	\$ 0.13
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 32,765,280	6,667,051	18,430	\$ 4.91	\$ 7.55
LTSS — HCBS Waiver Services	\$ 34,071	9,495	26	\$ 3.59	\$ 0.01
Durable Medical Equipment	\$ 23,321,329	7,082,618	19,579	\$ 3.29	\$ 5.37
Lab and X-Ray	\$ 20,701,322	1,098,537	3,037	\$ 18.84	\$ 4.77
Optical	\$ 3,938,702	205,816	569	\$ 19.14	\$ 0.91
Limited Dental Services	\$ 1,398,962	56,171	155	\$ 24.91	\$ 0.32
Transportation	\$ 7,527,237	194,310	537	\$ 38.74	\$ 1.73
Case Management	\$ 201,426	15,592	43	\$ 12.92	\$ 0.05
Patient-Centered Medical Home (PCMH) Payments	\$ 30,735,685	10,749,419	29,715	\$ 2.86	\$ 7.08
Subtotal (Covered Services)	\$ 1,020,943,545	32,584,985			\$ 235.19
Capitation — PACE	\$ 355,489	215	1	\$ 1,653.44	\$ 0.08
Dental	\$ 79,910,266	1,722,384	4,761	\$ 46.40	\$ 18.41
Local Education Agency (LEA)	\$ 2,681,747	86,182	238	\$ 31.12	\$ 0.62
Children's Developmental Services Agencies (CDSA)	\$ 254,401	9,268	26	\$ 27.45	\$ 0.06
Subtotal (Excluded Services)	\$ 83,201,903	1,818,049			\$ 19.17
Total (All)	\$ 1,104,145,448	34,403,033			\$ 254.35

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 53

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 4

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	3,494,572
Average Member Months per Month:	291,214

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 126,670,738	151,947	522	\$ 833.65	\$ 36.25
Inpatient — BH (LME/MCO)	\$ 4,632,679	6,439	22	\$ 719.43	\$ 1.33
Outpatient Hospital	\$ 67,480,398	198,136	680	\$ 340.58	\$ 19.31
Emergency Room	\$ 81,111,812	211,404	726	\$ 383.68	\$ 23.21
Physician	\$ 128,431,789	1,181,761	4,058	\$ 108.68	\$ 36.75
FQHC/RHC	\$ 11,274,189	105,696	363	\$ 106.67	\$ 3.23
Other Clinic	\$ 33,807,332	258,829	889	\$ 130.62	\$ 9.67
Other Practitioner	\$ 576,557	7,284	25	\$ 79.15	\$ 0.16
Therapies	\$ 16,188,555	136,435	469	\$ 118.65	\$ 4.63
Prescribed Drugs	\$ 208,617,745	2,010,267	6,903	\$ 103.78	\$ 59.70
Enhanced BH	\$ 25,206,673	580,597	1,994	\$ 43.42	\$ 7.21
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 285,852	1,800	6	\$ 158.80	\$ 0.08
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 19,369,003	4,358,576	14,967	\$ 4.44	\$ 5.54
LTSS — HCBS Waiver Services	\$ 9,273	446	2	\$ 20.79	\$ 0.00
Durable Medical Equipment	\$ 15,540,609	6,131,141	21,054	\$ 2.53	\$ 4.45
Lab and X-Ray	\$ 14,813,871	853,369	2,930	\$ 17.36	\$ 4.24
Optical	\$ 4,537,077	203,199	698	\$ 22.33	\$ 1.30
Limited Dental Services	\$ 1,257,099	50,404	173	\$ 24.94	\$ 0.36
Transportation	\$ 5,943,485	212,184	729	\$ 28.01	\$ 1.70
Case Management	\$ 110,183	8,535	29	\$ 12.91	\$ 0.03
Patient-Centered Medical Home (PCMH) Payments	\$ 24,706,857	8,578,349	29,457	\$ 2.88	\$ 7.07
Subtotal (Covered Services)	\$ 790,571,776	25,246,798			\$ 226.23
Capitation — PACE	\$ 113,458	38	0	\$ 2,985.73	\$ 0.03
Dental	\$ 63,287,612	1,379,342	4,737	\$ 45.88	\$ 18.11
Local Education Agency (LEA)	\$ 2,067,509	62,960	216	\$ 32.84	\$ 0.59
Children's Developmental Services Agencies (CDSA)	\$ 446,927	16,186	56	\$ 27.61	\$ 0.13
Subtotal (Excluded Services)	\$ 65,915,506	1,458,526			\$ 18.86
Total (All)	\$ 856,487,281	26,705,324			\$ 245.09

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 54

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 5

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	3,073,023
Average Member Months per Month:	256,085

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 114,817,538	150,809	589	\$ 761.35	\$ 37.36
Inpatient — BH (LME/MCO)	\$ 2,911,652	4,956	19	\$ 587.45	\$ 0.95
Outpatient Hospital	\$ 65,336,545	199,957	781	\$ 326.75	\$ 21.26
Emergency Room	\$ 72,653,681	220,837	862	\$ 328.99	\$ 23.64
Physician	\$ 140,436,424	1,250,369	4,883	\$ 112.32	\$ 45.70
FQHC/RHC	\$ 8,256,416	84,617	330	\$ 97.57	\$ 2.69
Other Clinic	\$ 28,291,482	207,182	809	\$ 136.55	\$ 9.21
Other Practitioner	\$ 697,106	9,619	38	\$ 72.47	\$ 0.23
Therapies	\$ 14,924,779	136,145	532	\$ 109.62	\$ 4.86
Prescribed Drugs	\$ 228,844,640	2,435,596	9,511	\$ 93.96	\$ 74.47
Enhanced BH	\$ 22,333,678	487,082	1,902	\$ 45.85	\$ 7.27
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 171,888	1,136	4	\$ 151.30	\$ 0.06
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 24,068,626	5,364,882	20,950	\$ 4.49	\$ 7.83
LTSS – HCBS Waiver Services	\$ 14,874	4,971	19	\$ 2.99	\$ 0.00
Durable Medical Equipment	\$ 15,402,588	7,364,369	28,757	\$ 2.09	\$ 5.01
Lab and X-Ray	\$ 16,054,285	862,025	3,366	\$ 18.62	\$ 5.22
Optical	\$ 5,181,311	205,366	802	\$ 25.23	\$ 1.69
Limited Dental Services	\$ 1,335,137	53,624	209	\$ 24.90	\$ 0.43
Transportation	\$ 6,858,837	220,680	862	\$ 31.08	\$ 2.23
Case Management	\$ 193,854	14,997	59	\$ 12.93	\$ 0.06
Patient-Centered Medical Home (PCMH) Payments	\$ 22,087,799	7,474,286	29,187	\$ 2.96	\$ 7.19
Subtotal (Covered Services)	\$ 790,873,140	26,753,504			\$ 257.36
Capitation — PACE	\$ 743,548	211	1	\$ 3,523.92	\$ 0.24
Dental	\$ 55,098,823	1,147,125	4,479	\$ 48.03	\$ 17.93
Local Education Agency (LEA)	\$ 1,429,085	41,500	162	\$ 34.44	\$ 0.47
Children’s Developmental Services Agencies (CDSA)	\$ 421,690	15,430	60	\$ 27.33	\$ 0.14
Subtotal (Excluded Services)	\$ 57,693,145	1,204,266			\$ 18.77
Total (All)	\$ 848,566,286	27,957,770			\$ 276.13

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 55

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 6

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	2,442,163
Average Member Months per Month:	203,514

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 98,042,046	110,057	541	\$ 890.83	\$ 40.15
Inpatient — BH (LME/MCO)	\$ 4,026,306	6,785	33	\$ 593.44	\$ 1.65
Outpatient Hospital	\$ 46,382,875	116,190	571	\$ 399.20	\$ 18.99
Emergency Room	\$ 64,305,757	182,414	896	\$ 352.53	\$ 26.33
Physician	\$ 95,192,191	874,455	4,297	\$ 108.86	\$ 38.98
FQHC/RHC	\$ 9,204,982	87,272	429	\$ 105.47	\$ 3.77
Other Clinic	\$ 25,338,983	181,543	892	\$ 139.58	\$ 10.38
Other Practitioner	\$ 615,045	8,071	40	\$ 76.20	\$ 0.25
Therapies	\$ 7,515,681	61,566	303	\$ 122.07	\$ 3.08
Prescribed Drugs	\$ 178,333,876	1,782,083	8,757	\$ 100.07	\$ 73.02
Enhanced BH	\$ 14,123,319	306,521	1,506	\$ 46.08	\$ 5.78
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 660,155	2,145	11	\$ 307.75	\$ 0.27
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 18,089,928	3,859,925	18,966	\$ 4.69	\$ 7.41
LTSS — HCBS Waiver Services	\$ 49,599	12,343	61	\$ 4.02	\$ 0.02
Durable Medical Equipment	\$ 13,848,868	5,303,157	26,058	\$ 2.61	\$ 5.67
Lab and X-Ray	\$ 11,126,487	590,966	2,904	\$ 18.83	\$ 4.56
Optical	\$ 3,590,044	153,674	755	\$ 23.36	\$ 1.47
Limited Dental Services	\$ 1,129,605	45,373	223	\$ 24.90	\$ 0.46
Transportation	\$ 6,317,494	398,538	1,958	\$ 15.85	\$ 2.59
Case Management	\$ 34,824	2,709	13	\$ 12.85	\$ 0.01
Patient-Centered Medical Home (PCMH) Payments	\$ 18,275,165	6,100,094	29,974	\$ 3.00	\$ 7.48
Subtotal (Covered Services)	\$ 616,203,229	20,185,881			\$ 252.32
Capitation — PACE	\$ 262	7	0	\$ 37.38	\$ 0.00
Dental	\$ 35,437,671	777,705	3,821	\$ 45.57	\$ 14.51
Local Education Agency (LEA)	\$ 1,472,865	45,999	226	\$ 32.02	\$ 0.60
Children's Developmental Services Agencies (CDSA)	\$ 263,247	10,481	52	\$ 25.12	\$ 0.11
Subtotal (Excluded Services)	\$ 37,174,044	834,192			\$ 15.22
Total (All)	\$ 653,377,273	21,020,073			\$ 267.54

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.1.2 SFY 2015 Foster Children and Adopted Children (Non-Duals)

Exhibit 56

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	251,267
Average Member Months per Month:	20,939

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,356,883	6,196	296	\$ 864.62	\$ 21.32
Inpatient — BH (LME/MCO)	\$ 8,550,227	13,265	634	\$ 644.55	\$ 34.03
Outpatient Hospital	\$ 4,113,885	15,939	761	\$ 258.10	\$ 16.37
Emergency Room	\$ 4,123,543	11,934	570	\$ 345.54	\$ 16.41
Physician	\$ 8,271,739	94,723	4,524	\$ 87.33	\$ 32.92
FQHC/RHC	\$ 511,686	4,612	220	\$ 110.94	\$ 2.04
Other Clinic	\$ 2,366,582	19,955	953	\$ 118.60	\$ 9.42
Other Practitioner	\$ 49,504	655	31	\$ 75.58	\$ 0.20
Therapies	\$ 4,421,273	37,708	1,801	\$ 117.25	\$ 17.60
Prescribed Drugs	\$ 34,800,119	255,708	12,212	\$ 136.09	\$ 138.50
Enhanced BH	\$ 109,033,009	967,904	46,225	\$ 112.65	\$ 433.93
B3 Services	\$ 325,576	64,566	3,084	\$ 5.04	\$ 1.30
LTSS – ICF/IID and Nursing Home	\$ 1,296,081	11,848	566	\$ 109.39	\$ 5.16
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 672,218	142,222	6,792	\$ 4.73	\$ 2.68
LTSS – HCBS Waiver Services	\$ 1,658,218	252,406	12,054	\$ 6.57	\$ 6.60
Durable Medical Equipment	\$ 1,824,645	837,222	39,984	\$ 2.18	\$ 7.26
Lab and X-Ray	\$ 927,302	51,706	2,469	\$ 17.93	\$ 3.69
Optical	\$ 561,736	26,858	1,283	\$ 20.92	\$ 2.24
Limited Dental Services	\$ 91,545	3,677	176	\$ 24.90	\$ 0.36
Transportation	\$ 713,400	34,750	1,660	\$ 20.53	\$ 2.84
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,482,777	644,818	30,795	\$ 2.30	\$ 5.90
Subtotal (Covered Services)	\$ 191,151,948	3,498,673			\$ 760.75
Capitation — PACE	\$ 20,878	32	2	\$ 652.45	\$ 0.08
Dental	\$ 5,590,460	128,165	6,121	\$ 43.62	\$ 22.25
Local Education Agency (LEA)	\$ 504,915	16,447	785	\$ 30.70	\$ 2.01
Children's Developmental Services Agencies (CDSA)	\$ 840,516	33,080	1,580	\$ 25.41	\$ 3.35
Subtotal (Excluded Services)	\$ 6,956,769	177,724			\$ 27.69
Total (All)	\$ 198,108,716	3,676,397			\$ 788.44

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 57

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 1

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	39,536
Average Member Months per Month:	3,295

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 420,153	460	140	\$ 913.28	\$ 10.63
Inpatient — BH (LME/MCO)	\$ 1,401,248	1,518	461	\$ 922.99	\$ 35.44
Outpatient Hospital	\$ 883,202	4,202	1,275	\$ 210.19	\$ 22.34
Emergency Room	\$ 543,928	1,764	535	\$ 308.35	\$ 13.76
Physician	\$ 1,335,588	16,330	4,956	\$ 81.79	\$ 33.78
FQHC/RHC	\$ 193,526	1,571	477	\$ 123.18	\$ 4.89
Other Clinic	\$ 332,412	2,890	877	\$ 115.02	\$ 8.41
Other Practitioner	\$ 13,954	226	69	\$ 61.74	\$ 0.35
Therapies	\$ 705,859	6,825	2,072	\$ 103.42	\$ 17.85
Prescribed Drugs	\$ 5,718,006	42,902	13,022	\$ 133.28	\$ 144.63
Enhanced BH	\$ 19,022,923	184,496	55,999	\$ 103.11	\$ 481.15
B3 Services	\$ 19,719	4,089	1,241	\$ 4.82	\$ 0.50
LTSS — ICF/IID and Nursing Home	\$ 98,868	802	243	\$ 123.28	\$ 2.50
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 30,812	4,618	1,402	\$ 6.67	\$ 0.78
LTSS — HCBS Waiver Services	\$ 433,896	52,998	16,086	\$ 8.19	\$ 10.97
Durable Medical Equipment	\$ 229,026	94,750	28,759	\$ 2.42	\$ 5.79
Lab and X-Ray	\$ 93,602	5,293	1,607	\$ 17.68	\$ 2.37
Optical	\$ 79,946	4,041	1,227	\$ 19.78	\$ 2.02
Limited Dental Services	\$ 13,632	549	167	\$ 24.83	\$ 0.34
Transportation	\$ 94,104	1,849	561	\$ 50.89	\$ 2.38
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 237,670	103,490	31,411	\$ 2.30	\$ 6.01
Subtotal (Covered Services)	\$ 31,902,072	535,664			\$ 806.91
Capitation — PACE	\$ 19,576	29	9	\$ 675.03	\$ 0.50
Dental	\$ 911,830	20,600	6,253	\$ 44.26	\$ 23.06
Local Education Agency (LEA)	\$ 110,876	3,756	1,140	\$ 29.52	\$ 2.80
Children's Developmental Services Agencies (CDSA)	\$ 205,282	8,416	2,555	\$ 24.39	\$ 5.19
Subtotal (Excluded Services)	\$ 1,247,564	32,801			\$ 31.56
Total (All)	\$ 33,149,636	568,465			\$ 838.47

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 58

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 2

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	42,403
Average Member Months per Month:	3,534

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,451,465	1,576	446	\$ 920.86	\$ 34.23
Inpatient — BH (LME/MCO)	\$ 740,273	1,203	340	\$ 615.56	\$ 17.46
Outpatient Hospital	\$ 813,225	2,848	806	\$ 285.54	\$ 19.18
Emergency Room	\$ 723,364	2,038	577	\$ 354.92	\$ 17.06
Physician	\$ 1,482,203	16,733	4,735	\$ 88.58	\$ 34.96
FQHC/RHC	\$ 73,521	656	186	\$ 112.07	\$ 1.73
Other Clinic	\$ 374,156	3,240	917	\$ 115.48	\$ 8.82
Other Practitioner	\$ 7,957	75	21	\$ 106.09	\$ 0.19
Therapies	\$ 695,977	5,296	1,499	\$ 131.41	\$ 16.41
Prescribed Drugs	\$ 5,830,903	43,999	12,452	\$ 132.52	\$ 137.51
Enhanced BH	\$ 13,712,775	128,480	36,360	\$ 106.73	\$ 323.39
B3 Services	\$ 71,166	12,577	3,559	\$ 5.66	\$ 1.68
LTSS – ICF/IID and Nursing Home	\$ 106,583	1,771	501	\$ 60.20	\$ 2.51
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 150,700	34,498	9,763	\$ 4.37	\$ 3.55
LTSS – HCBS Waiver Services	\$ 200,399	22,395	6,338	\$ 8.95	\$ 4.73
Durable Medical Equipment	\$ 332,351	153,804	43,526	\$ 2.16	\$ 7.84
Lab and X-Ray	\$ 174,926	9,457	2,676	\$ 18.50	\$ 4.13
Optical	\$ 89,785	4,333	1,226	\$ 20.72	\$ 2.12
Limited Dental Services	\$ 16,588	666	188	\$ 24.91	\$ 0.39
Transportation	\$ 190,120	20,294	5,743	\$ 9.37	\$ 4.48
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 265,310	113,537	32,131	\$ 2.34	\$ 6.26
Subtotal (Covered Services)	\$ 27,503,746	579,476			\$ 648.63
Capitation — PACE	\$ 651	1	0	\$ 651.13	\$ 0.02
Dental	\$ 974,936	22,742	6,436	\$ 42.87	\$ 22.99
Local Education Agency (LEA)	\$ 64,481	2,101	595	\$ 30.69	\$ 1.52
Children's Developmental Services Agencies (CDSA)	\$ 112,221	4,405	1,247	\$ 25.48	\$ 2.65
Subtotal (Excluded Services)	\$ 1,152,289	29,249			\$ 27.17
Total (All)	\$ 28,656,034	608,725			\$ 675.80

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 59

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 3

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	55,866
Average Member Months per Month:	4,656

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 913,062	1,035	222	\$ 882.12	\$ 16.34
Inpatient — BH (LME/MCO)	\$ 1,517,798	2,561	550	\$ 592.75	\$ 27.17
Outpatient Hospital	\$ 999,340	3,356	721	\$ 297.78	\$ 17.89
Emergency Room	\$ 1,169,963	2,929	629	\$ 399.38	\$ 20.94
Physician	\$ 1,792,787	20,537	4,411	\$ 87.30	\$ 32.09
FQHC/RHC	\$ 48,798	457	98	\$ 106.78	\$ 0.87
Other Clinic	\$ 530,018	4,442	954	\$ 119.32	\$ 9.49
Other Practitioner	\$ 14,009	192	41	\$ 72.96	\$ 0.25
Therapies	\$ 1,012,296	8,089	1,738	\$ 125.14	\$ 18.12
Prescribed Drugs	\$ 7,138,131	54,269	11,657	\$ 131.53	\$ 127.77
Enhanced BH	\$ 22,003,351	197,996	42,530	\$ 111.13	\$ 393.86
B3 Services	\$ 143,801	32,049	6,884	\$ 4.49	\$ 2.57
LTSS – ICF/IID and Nursing Home	\$ 245,954	3,069	659	\$ 80.13	\$ 4.40
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 321,340	65,831	14,140	\$ 4.88	\$ 5.75
LTSS – HCBS Waiver Services	\$ 389,758	57,503	12,352	\$ 6.78	\$ 6.98
Durable Medical Equipment	\$ 489,252	166,263	35,713	\$ 2.94	\$ 8.76
Lab and X-Ray	\$ 218,836	10,808	2,322	\$ 20.25	\$ 3.92
Optical	\$ 97,018	5,239	1,125	\$ 18.52	\$ 1.74
Limited Dental Services	\$ 13,294	535	115	\$ 24.85	\$ 0.24
Transportation	\$ 155,568	6,756	1,451	\$ 23.03	\$ 2.78
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 354,455	150,542	32,336	\$ 2.35	\$ 6.34
Subtotal (Covered Services)	\$ 39,568,832	794,459			\$ 708.28
Capitation — PACE	\$ 651	2	0	\$ 325.57	\$ 0.01
Dental	\$ 1,254,645	29,222	6,277	\$ 42.93	\$ 22.46
Local Education Agency (LEA)	\$ 159,377	5,135	1,103	\$ 31.04	\$ 2.85
Children's Developmental Services Agencies (CDSA)	\$ 250,533	9,673	2,078	\$ 25.90	\$ 4.48
Subtotal (Excluded Services)	\$ 1,665,206	44,032			\$ 29.81
Total (All)	\$ 41,234,037	838,490			\$ 738.09

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 60

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 4

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	46,326
Average Member Months per Month:	3,861

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,209,113	1,488	385	\$ 812.52	\$ 26.10
Inpatient — BH (LME/MCO)	\$ 2,991,563	4,757	1,232	\$ 628.87	\$ 64.58
Outpatient Hospital	\$ 600,092	2,359	611	\$ 254.38	\$ 12.95
Emergency Room	\$ 720,246	2,068	536	\$ 348.26	\$ 15.55
Physician	\$ 1,454,408	16,000	4,144	\$ 90.90	\$ 31.40
FQHC/RHC	\$ 76,764	738	191	\$ 104.01	\$ 1.66
Other Clinic	\$ 435,158	3,578	927	\$ 121.62	\$ 9.39
Other Practitioner	\$ 4,264	50	13	\$ 85.28	\$ 0.09
Therapies	\$ 869,219	7,357	1,906	\$ 118.14	\$ 18.76
Prescribed Drugs	\$ 5,947,941	43,285	11,212	\$ 137.41	\$ 128.39
Enhanced BH	\$ 22,820,152	187,393	48,541	\$ 121.78	\$ 492.60
B3 Services	\$ 67,712	10,866	2,815	\$ 6.23	\$ 1.46
LTSS – ICF/IID and Nursing Home	\$ 356,244	2,080	539	\$ 171.25	\$ 7.69
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 78,876	8,193	2,122	\$ 9.63	\$ 1.70
LTSS – HCBS Waiver Services	\$ 444,001	78,119	20,236	\$ 5.68	\$ 9.58
Durable Medical Equipment	\$ 390,749	182,638	47,309	\$ 2.14	\$ 8.43
Lab and X-Ray	\$ 185,347	11,446	2,965	\$ 16.19	\$ 4.00
Optical	\$ 110,317	5,029	1,303	\$ 21.94	\$ 2.38
Limited Dental Services	\$ 12,854	515	133	\$ 24.96	\$ 0.28
Transportation	\$ 108,060	1,729	448	\$ 62.52	\$ 2.33
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 246,059	110,057	28,508	\$ 2.24	\$ 5.31
Subtotal (Covered Services)	\$ 39,129,139	679,745			\$ 844.65
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 1,010,256	23,020	5,963	\$ 43.89	\$ 21.81
Local Education Agency (LEA)	\$ 80,762	2,717	704	\$ 29.72	\$ 1.74
Children's Developmental Services Agencies (CDSA)	\$ 85,980	3,414	884	\$ 25.18	\$ 1.86
Subtotal (Excluded Services)	\$ 1,176,998	29,151			\$ 25.41
Total (All)	\$ 40,306,137	708,896			\$ 870.05

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 61

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 5

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	41,160
Average Member Months per Month:	3,430

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 888,406	1,118	326	\$ 794.47	\$ 21.58
Inpatient — BH (LME/MCO)	\$ 1,205,758	2,033	593	\$ 593.11	\$ 29.29
Outpatient Hospital	\$ 438,483	1,893	552	\$ 231.63	\$ 10.65
Emergency Room	\$ 575,905	1,943	566	\$ 296.39	\$ 13.99
Physician	\$ 1,391,964	15,850	4,621	\$ 87.82	\$ 33.82
FQHC/RHC	\$ 64,006	651	190	\$ 98.32	\$ 1.56
Other Clinic	\$ 435,893	3,709	1,081	\$ 117.52	\$ 10.59
Other Practitioner	\$ 4,380	56	16	\$ 78.21	\$ 0.11
Therapies	\$ 761,119	7,076	2,063	\$ 107.56	\$ 18.49
Prescribed Drugs	\$ 5,520,880	40,994	11,952	\$ 134.68	\$ 134.13
Enhanced BH	\$ 19,387,680	167,870	48,942	\$ 115.49	\$ 471.03
B3 Services	\$ 8,898	2,243	654	\$ 3.97	\$ 0.22
LTSS – ICF/IID and Nursing Home	\$ 287,680	2,897	845	\$ 99.30	\$ 6.99
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 47,093	15,602	4,549	\$ 3.02	\$ 1.14
LTSS – HCBS Waiver Services	\$ 127,510	28,921	8,432	\$ 4.41	\$ 3.10
Durable Medical Equipment	\$ 227,644	175,439	51,148	\$ 1.30	\$ 5.53
Lab and X-Ray	\$ 161,091	9,186	2,678	\$ 17.54	\$ 3.91
Optical	\$ 116,026	5,037	1,469	\$ 23.03	\$ 2.82
Limited Dental Services	\$ 23,603	949	277	\$ 24.87	\$ 0.57
Transportation	\$ 96,278	1,495	436	\$ 64.39	\$ 2.34
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 227,325	100,976	29,439	\$ 2.25	\$ 5.52
Subtotal (Covered Services)	\$ 31,997,621	585,937			\$ 777.40
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 935,922	20,692	6,033	\$ 45.23	\$ 22.74
Local Education Agency (LEA)	\$ 50,874	1,631	476	\$ 31.19	\$ 1.24
Children's Developmental Services Agencies (CDSA)	\$ 114,037	4,381	1,277	\$ 26.03	\$ 2.77
Subtotal (Excluded Services)	\$ 1,100,833	26,704			\$ 26.75
Total (All)	\$ 33,098,454	612,641			\$ 804.14

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 62

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 6

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	25,976
Average Member Months per Month:	2,165

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 474,685	518	239	\$ 916.35	\$ 18.27
Inpatient — BH (LME/MCO)	\$ 693,587	1,194	552	\$ 580.84	\$ 26.70
Outpatient Hospital	\$ 379,542	1,281	592	\$ 296.29	\$ 14.61
Emergency Room	\$ 390,137	1,191	550	\$ 327.57	\$ 15.02
Physician	\$ 814,789	9,275	4,285	\$ 87.84	\$ 31.37
FQHC/RHC	\$ 55,069	539	249	\$ 102.17	\$ 2.12
Other Clinic	\$ 258,946	2,095	968	\$ 123.60	\$ 9.97
Other Practitioner	\$ 4,939	56	26	\$ 88.19	\$ 0.19
Therapies	\$ 376,803	3,064	1,416	\$ 122.97	\$ 14.51
Prescribed Drugs	\$ 4,644,258	30,259	13,979	\$ 153.48	\$ 178.79
Enhanced BH	\$ 12,086,128	101,669	46,968	\$ 118.88	\$ 465.28
B3 Services	\$ 14,280	2,742	1,267	\$ 5.21	\$ 0.55
LTSS – ICF/IID and Nursing Home	\$ 200,752	1,229	568	\$ 163.35	\$ 7.73
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 43,397	13,481	6,228	\$ 3.22	\$ 1.67
LTSS – HCBS Waiver Services	\$ 62,655	12,470	5,761	\$ 5.02	\$ 2.41
Durable Medical Equipment	\$ 155,623	64,328	29,717	\$ 2.42	\$ 5.99
Lab and X-Ray	\$ 93,502	5,516	2,548	\$ 16.95	\$ 3.60
Optical	\$ 68,644	3,179	1,469	\$ 21.59	\$ 2.64
Limited Dental Services	\$ 11,574	463	214	\$ 25.00	\$ 0.45
Transportation	\$ 69,269	2,627	1,213	\$ 26.37	\$ 2.67
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 151,958	66,216	30,589	\$ 2.29	\$ 5.85
Subtotal (Covered Services)	\$ 21,050,538	323,392			\$ 810.38
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 502,870	11,889	5,492	\$ 42.30	\$ 19.36
Local Education Agency (LEA)	\$ 38,546	1,107	511	\$ 34.82	\$ 1.48
Children's Developmental Services Agencies (CDSA)	\$ 72,463	2,791	1,289	\$ 25.96	\$ 2.79
Subtotal (Excluded Services)	\$ 613,880	15,787			\$ 23.63
Total (All)	\$ 21,664,418	339,179			\$ 834.02

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.1.3 SFY 2015 Behavioral Health Intellectual/Developmental Disability Tailored Plan (Non-Duals and Duals)

Exhibit 63

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	1,277,567
Average Member Months per Month:	106,464

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 113,113,624	142,792	1,341	\$ 792.16	\$ 88.54
Inpatient — BH (LME/MCO)	\$ 67,283,134	113,142	1,063	\$ 594.68	\$ 52.67
Outpatient Hospital	\$ 53,897,007	189,427	1,779	\$ 284.53	\$ 42.19
Emergency Room	\$ 65,891,474	192,100	1,804	\$ 343.01	\$ 51.58
Physician	\$ 90,598,045	944,944	8,876	\$ 95.88	\$ 70.91
FQHC/RHC	\$ 4,103,033	47,605	447	\$ 86.19	\$ 3.21
Other Clinic	\$ 9,257,774	64,098	602	\$ 144.43	\$ 7.25
Other Practitioner	\$ 552,441	14,221	134	\$ 38.85	\$ 0.43
Therapies	\$ 37,424,243	324,161	3,045	\$ 115.45	\$ 29.29
Prescribed Drugs	\$ 288,680,905	2,150,940	20,203	\$ 134.21	\$ 225.96
Enhanced BH	\$ 513,496,854	20,003,292	187,888	\$ 25.67	\$ 401.93
B3 Services	\$ 34,940,267	4,100,325	38,514	\$ 8.52	\$ 27.35
LTSS — ICF/IID and Nursing Home	\$ 486,693,818	1,268,427	11,914	\$ 383.70	\$ 380.95
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 150,127,857	37,316,181	350,505	\$ 4.02	\$ 117.51
LTSS — HCBS Waiver Services	\$ 588,573,092	88,712,686	833,265	\$ 6.63	\$ 460.70
Durable Medical Equipment	\$ 52,674,647	27,033,218	253,919	\$ 1.95	\$ 41.23
Lab and X-Ray	\$ 30,611,559	1,497,294	14,064	\$ 20.44	\$ 23.96
Optical	\$ 1,413,682	65,895	619	\$ 21.45	\$ 1.11
Limited Dental Services	\$ 382,328	15,375	144	\$ 24.87	\$ 0.30
Transportation	\$ 25,360,438	1,984,680	18,642	\$ 12.78	\$ 19.85
Case Management	\$ 257,669	20,034	188	\$ 12.86	\$ 0.20
Patient-Centered Medical Home (PCMH) Payments	\$ 13,606,513	2,711,915	25,473	\$ 5.02	\$ 10.65
Subtotal (Covered Services)	\$ 2,628,940,402	188,912,752			\$ 2,057.77
Capitation — PACE	\$ 1,191,551	685	6	\$ 1,739.49	\$ 0.93
Dental	\$ 23,562,834	443,886	4,169	\$ 53.08	\$ 18.44
Local Education Agency (LEA)	\$ 6,408,902	210,483	1,977	\$ 30.45	\$ 5.02
Children's Developmental Services Agencies (CDSA)	\$ 9,106,820	366,841	3,446	\$ 24.82	\$ 7.13
Subtotal (Excluded Services)	\$ 40,270,107	1,021,895			\$ 31.52
Total (All)	\$ 2,669,210,508	189,934,647			\$ 2,089.29

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 64

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 1

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	157,753
Average Member Months per Month:	13,146

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 12,793,929	16,240	1,235	\$ 787.80	\$ 81.10
Inpatient — BH (LME/MCO)	\$ 13,279,482	15,874	1,207	\$ 836.57	\$ 84.18
Outpatient Hospital	\$ 7,695,745	30,001	2,282	\$ 256.52	\$ 48.78
Emergency Room	\$ 7,812,779	24,164	1,838	\$ 323.33	\$ 49.53
Physician	\$ 10,253,292	115,797	8,808	\$ 88.55	\$ 65.00
FQHC/RHC	\$ 1,002,840	10,248	780	\$ 97.85	\$ 6.36
Other Clinic	\$ 1,078,030	8,055	613	\$ 133.83	\$ 6.83
Other Practitioner	\$ 92,331	2,252	171	\$ 41.00	\$ 0.59
Therapies	\$ 4,358,101	40,794	3,103	\$ 106.83	\$ 27.63
Prescribed Drugs	\$ 36,480,017	280,936	21,370	\$ 129.85	\$ 231.25
Enhanced BH	\$ 62,621,167	1,752,494	133,309	\$ 35.73	\$ 396.96
B3 Services	\$ 2,037,124	249,316	18,965	\$ 8.17	\$ 12.91
LTSS – ICF/IID and Nursing Home	\$ 40,931,593	119,884	9,119	\$ 341.43	\$ 259.47
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 12,127,113	3,094,873	235,422	\$ 3.92	\$ 76.87
LTSS – HCBS Waiver Services	\$ 77,964,222	10,463,038	795,905	\$ 7.45	\$ 494.22
Durable Medical Equipment	\$ 5,462,403	2,788,701	212,132	\$ 1.96	\$ 34.63
Lab and X-Ray	\$ 4,400,627	204,035	15,521	\$ 21.57	\$ 27.90
Optical	\$ 156,901	7,728	588	\$ 20.30	\$ 0.99
Limited Dental Services	\$ 37,020	1,495	114	\$ 24.76	\$ 0.23
Transportation	\$ 2,151,474	50,017	3,805	\$ 43.01	\$ 13.64
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,550,919	323,191	24,585	\$ 4.80	\$ 9.83
Subtotal (Covered Services)	\$ 304,287,108	19,599,134			\$ 1,928.88
Capitation — PACE	\$ 715,900	469	36	\$ 1,526.44	\$ 4.54
Dental	\$ 2,955,854	54,437	4,141	\$ 54.30	\$ 18.74
Local Education Agency (LEA)	\$ 1,117,569	37,843	2,879	\$ 29.53	\$ 7.08
Children's Developmental Services Agencies (CDSA)	\$ 1,543,512	63,686	4,844	\$ 24.24	\$ 9.78
Subtotal (Excluded Services)	\$ 6,332,835	156,435			\$ 40.14
Total (All)	\$ 310,619,943	19,755,569			\$ 1,969.03

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 65

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 2

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	184,361
Average Member Months per Month:	15,363

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 17,158,200	19,824	1,290	\$ 865.54	\$ 93.07
Inpatient — BH (LME/MCO)	\$ 7,333,641	13,577	884	\$ 540.16	\$ 39.78
Outpatient Hospital	\$ 8,599,411	33,535	2,183	\$ 256.43	\$ 46.64
Emergency Room	\$ 9,406,305	28,433	1,851	\$ 330.83	\$ 51.02
Physician	\$ 12,121,652	135,765	8,837	\$ 89.28	\$ 65.75
FQHC/RHC	\$ 297,685	3,157	205	\$ 94.29	\$ 1.61
Other Clinic	\$ 1,119,135	8,167	532	\$ 137.03	\$ 6.07
Other Practitioner	\$ 64,982	1,968	128	\$ 33.02	\$ 0.35
Therapies	\$ 4,426,524	36,014	2,344	\$ 122.91	\$ 24.01
Prescribed Drugs	\$ 43,010,417	312,397	20,334	\$ 137.68	\$ 233.29
Enhanced BH	\$ 67,131,224	3,140,015	204,383	\$ 21.38	\$ 364.13
B3 Services	\$ 2,389,773	278,668	18,138	\$ 8.58	\$ 12.96
LTSS – ICF/IID and Nursing Home	\$ 79,383,980	194,347	12,650	\$ 408.46	\$ 430.59
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 26,257,047	6,502,324	423,234	\$ 4.04	\$ 142.42
LTSS – HCBS Waiver Services	\$ 105,451,872	16,530,195	1,075,945	\$ 6.38	\$ 571.99
Durable Medical Equipment	\$ 9,032,617	4,658,921	303,248	\$ 1.94	\$ 48.99
Lab and X-Ray	\$ 3,532,017	170,046	11,068	\$ 20.77	\$ 19.16
Optical	\$ 179,002	9,056	589	\$ 19.77	\$ 0.97
Limited Dental Services	\$ 34,129	1,416	92	\$ 24.10	\$ 0.19
Transportation	\$ 7,146,660	754,159	49,088	\$ 9.48	\$ 38.76
Case Management	\$ 10,329	797	52	\$ 12.96	\$ 0.06
Patient-Centered Medical Home (PCMH) Payments	\$ 2,094,364	392,601	25,554	\$ 5.33	\$ 11.36
Subtotal (Covered Services)	\$ 406,180,966	33,225,383			\$ 2,203.18
Capitation — PACE	\$ 222,119	111	7	\$ 2,001.07	\$ 1.20
Dental	\$ 3,450,664	64,880	4,223	\$ 53.19	\$ 18.72
Local Education Agency (LEA)	\$ 863,443	27,822	1,811	\$ 31.03	\$ 4.68
Children's Developmental Services Agencies (CDSA)	\$ 846,691	33,616	2,188	\$ 25.19	\$ 4.59
Subtotal (Excluded Services)	\$ 5,382,918	126,429			\$ 29.20
Total (All)	\$ 411,563,884	33,351,812			\$ 2,232.38

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 66

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 3

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	302,081
Average Member Months per Month:	25,173

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 23,488,817	32,984	1,310	\$ 712.13	\$ 77.76
Inpatient — BH (LME/MCO)	\$ 13,484,688	26,484	1,052	\$ 509.16	\$ 44.64
Outpatient Hospital	\$ 14,860,971	47,674	1,894	\$ 311.72	\$ 49.20
Emergency Room	\$ 18,255,035	47,419	1,884	\$ 384.98	\$ 60.43
Physician	\$ 24,373,921	237,920	9,451	\$ 102.45	\$ 80.69
FQHC/RHC	\$ 394,539	5,339	212	\$ 73.89	\$ 1.31
Other Clinic	\$ 2,320,563	16,313	648	\$ 142.25	\$ 7.68
Other Practitioner	\$ 144,674	3,556	141	\$ 40.68	\$ 0.48
Therapies	\$ 10,439,689	86,410	3,433	\$ 120.82	\$ 34.56
Prescribed Drugs	\$ 69,759,852	488,788	19,417	\$ 142.72	\$ 230.93
Enhanced BH	\$ 105,010,986	4,341,824	172,477	\$ 24.19	\$ 347.63
B3 Services	\$ 10,636,849	1,355,439	53,844	\$ 7.85	\$ 35.21
LTSS — ICF/IID and Nursing Home	\$ 88,904,282	203,250	8,074	\$ 437.41	\$ 294.31
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 36,426,720	8,731,697	346,862	\$ 4.17	\$ 120.59
LTSS — HCBS Waiver Services	\$ 151,345,482	22,887,763	909,204	\$ 6.61	\$ 501.01
Durable Medical Equipment	\$ 12,903,192	5,754,980	228,613	\$ 2.24	\$ 42.71
Lab and X-Ray	\$ 9,624,702	480,027	19,069	\$ 20.05	\$ 31.86
Optical	\$ 245,653	13,208	525	\$ 18.60	\$ 0.81
Limited Dental Services	\$ 112,427	4,500	179	\$ 24.98	\$ 0.37
Transportation	\$ 4,226,269	122,818	4,879	\$ 34.41	\$ 13.99
Case Management	\$ 115,689	8,959	356	\$ 12.91	\$ 0.38
Patient-Centered Medical Home (PCMH) Payments	\$ 3,192,593	659,209	26,187	\$ 4.84	\$ 10.57
Subtotal (Covered Services)	\$ 600,267,592	45,556,562			\$ 1,987.11
Capitation — PACE	\$ 138,664	71	3	\$ 1,953.02	\$ 0.46
Dental	\$ 5,799,990	108,685	4,317	\$ 53.37	\$ 19.20
Local Education Agency (LEA)	\$ 1,781,937	60,006	2,384	\$ 29.70	\$ 5.90
Children's Developmental Services Agencies (CDSA)	\$ 3,016,042	116,435	4,625	\$ 25.90	\$ 9.98
Subtotal (Excluded Services)	\$ 10,736,633	285,197			\$ 35.54
Total (All)	\$ 611,004,225	45,841,759			\$ 2,022.65

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 67

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 4

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	261,157
Average Member Months per Month:	21,763

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 22,845,182	28,276	1,299	\$ 807.95	\$ 87.48
Inpatient — BH (LME/MCO)	\$ 16,095,587	25,921	1,191	\$ 620.95	\$ 61.63
Outpatient Hospital	\$ 10,150,031	35,534	1,633	\$ 285.64	\$ 38.87
Emergency Room	\$ 13,264,592	36,150	1,661	\$ 366.93	\$ 50.79
Physician	\$ 16,676,591	176,095	8,091	\$ 94.70	\$ 63.86
FQHC/RHC	\$ 1,025,507	11,565	531	\$ 88.67	\$ 3.93
Other Clinic	\$ 2,044,265	12,952	595	\$ 157.83	\$ 7.83
Other Practitioner	\$ 92,784	2,289	105	\$ 40.53	\$ 0.36
Therapies	\$ 7,789,884	68,612	3,153	\$ 113.54	\$ 29.83
Prescribed Drugs	\$ 54,222,835	407,456	18,722	\$ 133.08	\$ 207.63
Enhanced BH	\$ 125,859,243	4,373,331	200,952	\$ 28.78	\$ 481.93
B3 Services	\$ 13,878,332	1,347,746	61,928	\$ 10.30	\$ 53.14
LTSS — ICF/IID and Nursing Home	\$ 110,142,479	257,580	11,836	\$ 427.60	\$ 421.75
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 25,951,869	6,632,195	304,745	\$ 3.91	\$ 99.37
LTSS — HCBS Waiver Services	\$ 101,726,644	14,448,928	663,919	\$ 7.04	\$ 389.52
Durable Medical Equipment	\$ 9,337,032	5,070,834	233,002	\$ 1.84	\$ 35.75
Lab and X-Ray	\$ 6,195,111	306,224	14,071	\$ 20.23	\$ 23.72
Optical	\$ 281,140	12,651	581	\$ 22.22	\$ 1.08
Limited Dental Services	\$ 61,298	2,453	113	\$ 24.99	\$ 0.23
Transportation	\$ 4,405,493	350,728	16,116	\$ 12.56	\$ 16.87
Case Management	\$ 56,587	4,393	202	\$ 12.88	\$ 0.22
Patient-Centered Medical Home (PCMH) Payments	\$ 2,730,365	552,879	25,404	\$ 4.94	\$ 10.45
Subtotal (Covered Services)	\$ 544,832,852	34,164,792			\$ 2,086.23
Capitation — PACE	\$ 25,785	8	0	\$ 3,223.07	\$ 0.10
Dental	\$ 5,086,000	96,179	4,419	\$ 52.88	\$ 19.47
Local Education Agency (LEA)	\$ 1,368,653	44,492	2,044	\$ 30.76	\$ 5.24
Children's Developmental Services Agencies (CDSA)	\$ 1,120,543	44,799	2,058	\$ 25.01	\$ 4.29
Subtotal (Excluded Services)	\$ 7,600,980	185,478			\$ 29.11
Total (All)	\$ 552,433,832	34,350,270			\$ 2,115.33

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 68

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 5

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	202,840
Average Member Months per Month:	16,903

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 19,980,260	25,702	1,521	\$ 777.37	\$ 98.50
Inpatient — BH (LME/MCO)	\$ 8,241,100	14,409	852	\$ 571.94	\$ 40.63
Outpatient Hospital	\$ 7,363,378	25,725	1,522	\$ 286.23	\$ 36.30
Emergency Room	\$ 9,184,266	30,701	1,816	\$ 299.15	\$ 45.28
Physician	\$ 15,594,170	157,941	9,344	\$ 98.73	\$ 76.88
FQHC/RHC	\$ 727,024	9,031	534	\$ 80.50	\$ 3.58
Other Clinic	\$ 1,346,472	10,028	593	\$ 134.27	\$ 6.64
Other Practitioner	\$ 74,274	1,922	114	\$ 38.64	\$ 0.37
Therapies	\$ 6,747,669	61,974	3,666	\$ 108.88	\$ 33.27
Prescribed Drugs	\$ 46,888,081	370,041	21,892	\$ 126.71	\$ 231.16
Enhanced BH	\$ 90,689,820	3,542,228	209,558	\$ 25.60	\$ 447.10
B3 Services	\$ 1,323,246	200,172	11,842	\$ 6.61	\$ 6.52
LTSS – ICF/IID and Nursing Home	\$ 64,567,263	190,196	11,252	\$ 339.48	\$ 318.32
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 25,982,650	6,535,988	386,669	\$ 3.98	\$ 128.09
LTSS – HCBS Waiver Services	\$ 83,050,188	13,612,436	805,311	\$ 6.10	\$ 409.44
Durable Medical Equipment	\$ 8,473,367	4,674,083	276,518	\$ 1.81	\$ 41.77
Lab and X-Ray	\$ 3,520,453	177,156	10,481	\$ 19.87	\$ 17.36
Optical	\$ 332,567	13,891	822	\$ 23.94	\$ 1.64
Limited Dental Services	\$ 69,505	2,787	165	\$ 24.94	\$ 0.34
Transportation	\$ 3,167,208	237,860	14,072	\$ 13.32	\$ 15.61
Case Management	\$ 57,835	4,532	268	\$ 12.76	\$ 0.29
Patient-Centered Medical Home (PCMH) Payments	\$ 2,183,498	429,133	25,387	\$ 5.09	\$ 10.76
Subtotal (Covered Services)	\$ 399,564,294	30,327,940			\$ 1,969.85
Capitation — PACE	\$ 89,083	26	2	\$ 3,426.25	\$ 0.44
Dental	\$ 3,839,105	72,327	4,279	\$ 53.08	\$ 18.93
Local Education Agency (LEA)	\$ 807,770	26,097	1,544	\$ 30.95	\$ 3.98
Children's Developmental Services Agencies (CDSA)	\$ 1,481,559	64,566	3,820	\$ 22.95	\$ 7.30
Subtotal (Excluded Services)	\$ 6,217,518	163,016			\$ 30.65
Total (All)	\$ 405,781,812	30,490,956			\$ 2,000.50

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 69

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 6

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	169,375
Average Member Months per Month:	14,115

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 16,847,236	19,766	1,400	\$ 852.33	\$ 99.47
Inpatient — BH (LME/MCO)	\$ 8,848,635	16,878	1,196	\$ 524.27	\$ 52.24
Outpatient Hospital	\$ 5,227,471	16,958	1,201	\$ 308.26	\$ 30.86
Emergency Room	\$ 7,968,497	25,234	1,788	\$ 315.79	\$ 47.05
Physician	\$ 11,578,418	121,425	8,603	\$ 95.35	\$ 68.36
FQHC/RHC	\$ 655,438	8,263	585	\$ 79.32	\$ 3.87
Other Clinic	\$ 1,349,310	8,581	608	\$ 157.24	\$ 7.97
Other Practitioner	\$ 83,395	2,234	158	\$ 37.33	\$ 0.49
Therapies	\$ 3,662,377	30,356	2,151	\$ 120.65	\$ 21.62
Prescribed Drugs	\$ 38,319,703	291,322	20,640	\$ 131.54	\$ 226.24
Enhanced BH	\$ 62,184,414	2,853,400	202,160	\$ 21.79	\$ 367.14
B3 Services	\$ 4,674,943	668,985	47,397	\$ 6.99	\$ 27.60
LTSS – ICF/IID and Nursing Home	\$ 102,764,221	303,170	21,479	\$ 338.97	\$ 606.73
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 23,382,457	5,819,103	412,276	\$ 4.02	\$ 138.05
LTSS – HCBS Waiver Services	\$ 69,034,684	10,770,325	763,064	\$ 6.41	\$ 407.58
Durable Medical Equipment	\$ 7,466,036	4,085,698	289,466	\$ 1.83	\$ 44.08
Lab and X-Ray	\$ 3,338,650	159,806	11,322	\$ 20.89	\$ 19.71
Optical	\$ 218,419	9,361	663	\$ 23.33	\$ 1.29
Limited Dental Services	\$ 67,949	2,724	193	\$ 24.94	\$ 0.40
Transportation	\$ 4,263,334	469,097	33,235	\$ 9.09	\$ 25.17
Case Management	\$ 17,229	1,353	96	\$ 12.73	\$ 0.10
Patient-Centered Medical Home (PCMH) Payments	\$ 1,854,775	354,902	25,144	\$ 5.23	\$ 10.95
Subtotal (Covered Services)	\$ 373,807,590	26,038,942			\$ 2,206.98
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 2,431,220	47,378	3,357	\$ 51.32	\$ 14.35
Local Education Agency (LEA)	\$ 469,531	14,223	1,008	\$ 33.01	\$ 2.77
Children's Developmental Services Agencies (CDSA)	\$ 1,098,472	43,739	3,099	\$ 25.11	\$ 6.49
Subtotal (Excluded Services)	\$ 3,999,223	105,340			\$ 23.61
Total (All)	\$ 377,806,813	26,144,282			\$ 2,230.59

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.1.4 SFY 2015 Non-Dual Long Term Services and Supports Population

Exhibit 70

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	60,636
Average Member Months per Month:	5,053

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 26,503,741	28,782	5,696	\$ 920.84	\$ 437.10
Inpatient — BH (LME/MCO)	\$ 696,447	1,024	203	\$ 680.05	\$ 11.49
Outpatient Hospital	\$ 9,054,814	27,713	5,484	\$ 326.74	\$ 149.33
Emergency Room	\$ 4,991,127	9,265	1,834	\$ 538.71	\$ 82.31
Physician	\$ 14,048,338	105,014	20,782	\$ 133.78	\$ 231.68
FQHC/RHC	\$ 368,284	3,532	699	\$ 104.27	\$ 6.07
Other Clinic	\$ 1,529,279	2,298	455	\$ 665.46	\$ 25.22
Other Practitioner	\$ 121,027	1,767	350	\$ 68.49	\$ 2.00
Therapies	\$ 4,123,426	33,355	6,601	\$ 123.62	\$ 68.00
Prescribed Drugs	\$ 50,329,348	414,900	82,110	\$ 121.30	\$ 830.02
Enhanced BH	\$ 1,298,361	41,970	8,306	\$ 30.94	\$ 21.41
B3 Services	\$ 409,265	65,361	12,935	\$ 6.26	\$ 6.75
LTSS – ICF/IID and Nursing Home	\$ 79,785,260	464,710	91,967	\$ 171.69	\$ 1,315.81
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 13,095,129	2,210,080	437,380	\$ 5.93	\$ 215.96
LTSS – HCBS Waiver Services	\$ 120,458,583	24,532,060	4,854,950	\$ 4.91	\$ 1,986.59
Durable Medical Equipment	\$ 24,264,889	8,069,724	1,597,016	\$ 3.01	\$ 400.17
Lab and X-Ray	\$ 890,980	60,214	11,916	\$ 14.80	\$ 14.69
Optical	\$ 111,946	2,975	589	\$ 37.63	\$ 1.85
Limited Dental Services	\$ 3,375	144	28	\$ 23.43	\$ 0.06
Transportation	\$ 3,097,472	205,146	40,599	\$ 15.10	\$ 51.08
Case Management	\$ 3,816	295	58	\$ 12.93	\$ 0.06
Patient-Centered Medical Home (PCMH) Payments	\$ 646,735	96,024	19,003	\$ 6.74	\$ 10.67
Subtotal (Covered Services)	\$ 355,831,641	36,376,354			\$ 5,868.32
Capitation — PACE	\$ 18,894	27	5	\$ 699.78	\$ 0.31
Dental	\$ 832,030	14,568	2,883	\$ 57.11	\$ 13.72
Local Education Agency (LEA)	\$ 716,070	34,616	6,851	\$ 20.69	\$ 11.81
Children's Developmental Services Agencies (CDSA)	\$ 183,866	8,012	1,586	\$ 22.95	\$ 3.03
Subtotal (Excluded Services)	\$ 1,750,860	57,223			\$ 28.87
Total (All)	\$ 357,582,501	36,433,577			\$ 5,897.20

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 71

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 1

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	7,572
Average Member Months per Month:	631

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 2,968,404	3,152	4,996	\$ 941.65	\$ 392.02
Inpatient — BH (LME/MCO)	\$ 289,798	323	512	\$ 897.21	\$ 38.27
Outpatient Hospital	\$ 1,336,567	4,521	7,165	\$ 295.64	\$ 176.51
Emergency Room	\$ 647,043	1,275	2,021	\$ 507.49	\$ 85.45
Physician	\$ 1,751,076	13,128	20,806	\$ 133.38	\$ 231.26
FQHC/RHC	\$ 79,245	660	1,046	\$ 120.06	\$ 10.47
Other Clinic	\$ 87,650	239	379	\$ 366.72	\$ 11.58
Other Practitioner	\$ 37,425	313	496	\$ 119.57	\$ 4.94
Therapies	\$ 513,204	4,663	7,390	\$ 110.05	\$ 67.78
Prescribed Drugs	\$ 6,678,409	55,103	87,326	\$ 121.20	\$ 881.99
Enhanced BH	\$ 254,401	5,651	8,956	\$ 45.02	\$ 33.60
B3 Services	\$ 61,359	11,271	17,862	\$ 5.44	\$ 8.10
LTSS — ICF/IID and Nursing Home	\$ 10,070,537	54,610	86,546	\$ 184.41	\$ 1,329.97
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 1,663,647	162,050	256,815	\$ 10.27	\$ 219.71
LTSS — HCBS Waiver Services	\$ 13,470,067	2,719,541	4,309,890	\$ 4.95	\$ 1,778.93
Durable Medical Equipment	\$ 2,554,698	799,719	1,267,384	\$ 3.19	\$ 337.39
Lab and X-Ray	\$ 99,725	5,190	8,225	\$ 19.21	\$ 13.17
Optical	\$ 18,629	466	739	\$ 39.98	\$ 2.46
Limited Dental Services	\$ 533	22	35	\$ 24.21	\$ 0.07
Transportation	\$ 299,953	12,074	19,134	\$ 24.84	\$ 39.61
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 84,443	12,231	19,384	\$ 6.90	\$ 11.15
Subtotal (Covered Services)	\$ 42,966,813	3,866,204			\$ 5,674.43
Capitation — PACE	\$ 17,716	25	40	\$ 708.65	\$ 2.34
Dental	\$ 104,743	1,690	2,678	\$ 61.98	\$ 13.83
Local Education Agency (LEA)	\$ 111,021	3,929	6,227	\$ 28.26	\$ 14.66
Children's Developmental Services Agencies (CDSA)	\$ 70,015	2,910	4,612	\$ 24.06	\$ 9.25
Subtotal (Excluded Services)	\$ 303,495	8,554			\$ 40.08
Total (All)	\$ 43,270,308	3,874,758			\$ 5,714.52

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 72

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 2

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	10,145
Average Member Months per Month:	845

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,327,929	5,050	5,973	\$ 1,055.12	\$ 525.18
Inpatient — BH (LME/MCO)	\$ 70,946	118	140	\$ 599.69	\$ 6.99
Outpatient Hospital	\$ 1,720,899	4,865	5,755	\$ 353.73	\$ 169.63
Emergency Room	\$ 841,956	1,641	1,941	\$ 513.07	\$ 82.99
Physician	\$ 2,178,161	17,178	20,319	\$ 126.80	\$ 214.70
FQHC/RHC	\$ 36,958	335	396	\$ 110.32	\$ 3.64
Other Clinic	\$ 210,340	349	413	\$ 602.68	\$ 20.73
Other Practitioner	\$ 17,775	284	336	\$ 62.59	\$ 1.75
Therapies	\$ 477,243	3,120	3,691	\$ 152.96	\$ 47.04
Prescribed Drugs	\$ 7,737,886	73,029	86,382	\$ 105.96	\$ 762.73
Enhanced BH	\$ 193,645	6,156	7,281	\$ 31.46	\$ 19.09
B3 Services	\$ 61,190	13,797	16,320	\$ 4.44	\$ 6.03
LTSS – ICF/IID and Nursing Home	\$ 12,894,083	76,138	90,060	\$ 169.35	\$ 1,270.98
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 2,160,918	504,403	596,633	\$ 4.28	\$ 213.00
LTSS – HCBS Waiver Services	\$ 20,800,810	4,044,133	4,783,598	\$ 5.14	\$ 2,050.35
Durable Medical Equipment	\$ 4,508,351	1,357,687	1,605,938	\$ 3.32	\$ 444.39
Lab and X-Ray	\$ 170,900	11,909	14,087	\$ 14.35	\$ 16.85
Optical	\$ 15,758	426	504	\$ 36.99	\$ 1.55
Limited Dental Services	\$ 650	34	40	\$ 19.11	\$ 0.06
Transportation	\$ 416,134	15,482	18,313	\$ 26.88	\$ 41.02
Case Management	\$ 207	16	19	\$ 12.96	\$ 0.02
Patient-Centered Medical Home (PCMH) Payments	\$ 113,424	16,632	19,673	\$ 6.82	\$ 11.18
Subtotal (Covered Services)	\$ 59,956,164	6,152,782			\$ 5,909.92
Capitation — PACE	\$ 1,178	2	2	\$ 588.89	\$ 0.12
Dental	\$ 167,855	2,510	2,969	\$ 66.87	\$ 16.55
Local Education Agency (LEA)	\$ 69,494	2,334	2,761	\$ 29.77	\$ 6.85
Children's Developmental Services Agencies (CDSA)	\$ 29,044	1,192	1,410	\$ 24.37	\$ 2.86
Subtotal (Excluded Services)	\$ 267,571	6,038			\$ 26.37
Total (All)	\$ 60,223,735	6,158,820			\$ 5,936.30

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 73

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 3

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	14,225
Average Member Months per Month:	1,185

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,285,796	6,245	5,268	\$ 846.45	\$ 371.58
Inpatient — BH (LME/MCO)	\$ 191,944	379	320	\$ 505.94	\$ 13.49
Outpatient Hospital	\$ 2,416,060	5,964	5,031	\$ 405.11	\$ 169.85
Emergency Room	\$ 1,210,859	1,968	1,660	\$ 615.26	\$ 85.12
Physician	\$ 3,534,987	27,328	23,053	\$ 129.35	\$ 248.51
FQHC/RHC	\$ 38,452	398	336	\$ 96.61	\$ 2.70
Other Clinic	\$ 311,316	490	413	\$ 635.32	\$ 21.89
Other Practitioner	\$ 22,323	499	421	\$ 44.73	\$ 1.57
Therapies	\$ 1,172,608	9,002	7,594	\$ 130.26	\$ 82.43
Prescribed Drugs	\$ 12,234,467	98,392	83,002	\$ 124.34	\$ 860.07
Enhanced BH	\$ 323,393	13,837	11,673	\$ 23.37	\$ 22.73
B3 Services	\$ 186,775	23,185	19,559	\$ 8.06	\$ 13.13
LTSS — ICF/IID and Nursing Home	\$ 17,322,379	106,802	90,097	\$ 162.19	\$ 1,217.74
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 3,946,725	493,407	416,231	\$ 8.00	\$ 277.45
LTSS — HCBS Waiver Services	\$ 32,371,556	6,102,532	5,148,006	\$ 5.30	\$ 2,275.68
Durable Medical Equipment	\$ 5,895,426	1,620,041	1,366,642	\$ 3.64	\$ 414.44
Lab and X-Ray	\$ 238,292	16,439	13,868	\$ 14.50	\$ 16.75
Optical	\$ 19,336	611	515	\$ 31.65	\$ 1.36
Limited Dental Services	\$ 697	28	24	\$ 24.90	\$ 0.05
Transportation	\$ 502,218	12,513	10,556	\$ 40.13	\$ 35.31
Case Management	\$ 700	54	46	\$ 12.96	\$ 0.05
Patient-Centered Medical Home (PCMH) Payments	\$ 153,753	22,794	19,229	\$ 6.75	\$ 10.81
Subtotal (Covered Services)	\$ 87,380,064	8,562,909			\$ 6,142.71
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 188,288	3,513	2,964	\$ 53.60	\$ 13.24
Local Education Agency (LEA)	\$ 160,716	5,662	4,776	\$ 28.39	\$ 11.30
Children's Developmental Services Agencies (CDSA)	\$ 26,864	1,179	995	\$ 22.78	\$ 1.89
Subtotal (Excluded Services)	\$ 375,867	10,354			\$ 26.42
Total (All)	\$ 87,755,931	8,573,264			\$ 6,169.13

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 74

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 4

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	11,271
Average Member Months per Month:	939

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,088,567	5,039	5,365	\$ 1,009.74	\$ 451.47
Inpatient — BH (LME/MCO)	\$ 41,899	41	44	\$ 1,020.96	\$ 3.72
Outpatient Hospital	\$ 1,497,477	5,032	5,357	\$ 297.59	\$ 132.86
Emergency Room	\$ 672,071	1,313	1,398	\$ 511.86	\$ 59.63
Physician	\$ 2,445,133	17,606	18,744	\$ 138.88	\$ 216.94
FQHC/RHC	\$ 53,494	492	524	\$ 108.73	\$ 4.75
Other Clinic	\$ 183,631	359	382	\$ 511.49	\$ 16.29
Other Practitioner	\$ 9,619	141	150	\$ 68.21	\$ 0.85
Therapies	\$ 1,195,457	10,253	10,917	\$ 116.59	\$ 106.06
Prescribed Drugs	\$ 8,120,991	61,651	65,639	\$ 131.73	\$ 720.52
Enhanced BH	\$ 249,690	6,263	6,668	\$ 39.87	\$ 22.15
B3 Services	\$ 39,075	5,613	5,976	\$ 6.96	\$ 3.47
LTSS – ICF/IID and Nursing Home	\$ 13,444,537	75,388	80,264	\$ 178.34	\$ 1,192.84
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,989,746	359,007	382,227	\$ 5.54	\$ 176.54
LTSS – HCBS Waiver Services	\$ 23,801,893	4,728,518	5,034,355	\$ 5.03	\$ 2,111.78
Durable Medical Equipment	\$ 5,241,567	1,689,178	1,798,433	\$ 3.10	\$ 465.05
Lab and X-Ray	\$ 123,253	9,647	10,271	\$ 12.78	\$ 10.94
Optical	\$ 15,288	547	582	\$ 27.95	\$ 1.36
Limited Dental Services	\$ 747	30	32	\$ 24.90	\$ 0.07
Transportation	\$ 468,151	25,670	27,331	\$ 18.24	\$ 41.54
Case Management	\$ 657	51	54	\$ 12.87	\$ 0.06
Patient-Centered Medical Home (PCMH) Payments	\$ 114,825	18,417	19,608	\$ 6.23	\$ 10.19
Subtotal (Covered Services)	\$ 64,797,767	7,020,257			\$ 5,749.07
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 140,644	2,795	2,976	\$ 50.32	\$ 12.48
Local Education Agency (LEA)	\$ 184,385	8,089	8,612	\$ 22.79	\$ 16.36
Children's Developmental Services Agencies (CDSA)	\$ 16,959	746	794	\$ 22.73	\$ 1.50
Subtotal (Excluded Services)	\$ 341,989	11,630			\$ 30.34
Total (All)	\$ 65,139,756	7,031,887			\$ 5,779.41

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 75

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 5

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	9,747
Average Member Months per Month:	812

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,625,336	5,519	6,794	\$ 838.10	\$ 474.54
Inpatient — BH (LME/MCO)	\$ 13,076	20	25	\$ 651.86	\$ 1.34
Outpatient Hospital	\$ 1,195,497	4,014	4,942	\$ 297.83	\$ 122.65
Emergency Room	\$ 769,625	1,573	1,937	\$ 489.28	\$ 78.96
Physician	\$ 2,305,474	16,823	20,711	\$ 137.05	\$ 236.53
FQHC/RHC	\$ 69,901	715	880	\$ 97.76	\$ 7.17
Other Clinic	\$ 276,728	398	490	\$ 695.28	\$ 28.39
Other Practitioner	\$ 15,284	277	341	\$ 55.18	\$ 1.57
Therapies	\$ 561,836	4,609	5,675	\$ 121.90	\$ 57.64
Prescribed Drugs	\$ 9,089,604	68,568	84,417	\$ 132.56	\$ 932.55
Enhanced BH	\$ 142,261	5,809	7,152	\$ 24.49	\$ 14.60
B3 Services	\$ 27,470	4,685	5,768	\$ 5.86	\$ 2.82
LTSS – ICF/IID and Nursing Home	\$ 13,321,038	76,290	93,924	\$ 174.61	\$ 1,366.68
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,917,106	398,736	490,903	\$ 4.81	\$ 196.69
LTSS – HCBS Waiver Services	\$ 18,160,060	4,296,524	5,289,657	\$ 4.23	\$ 1,863.14
Durable Medical Equipment	\$ 3,547,426	1,811,113	2,229,749	\$ 1.96	\$ 363.95
Lab and X-Ray	\$ 139,965	9,325	11,480	\$ 15.01	\$ 14.36
Optical	\$ 22,415	495	609	\$ 45.28	\$ 2.30
Limited Dental Services	\$ 649	26	32	\$ 24.95	\$ 0.07
Transportation	\$ 521,263	32,158	39,592	\$ 16.21	\$ 53.48
Case Management	\$ 2,252	174	214	\$ 12.94	\$ 0.23
Patient-Centered Medical Home (PCMH) Payments	\$ 105,031	15,320	18,861	\$ 6.86	\$ 10.78
Subtotal (Covered Services)	\$ 56,829,298	6,753,171			\$ 5,830.44
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 128,325	2,266	2,790	\$ 56.63	\$ 13.17
Local Education Agency (LEA)	\$ 137,986	12,701	15,637	\$ 10.86	\$ 14.16
Children's Developmental Services Agencies (CDSA)	\$ 26,816	1,315	1,619	\$ 20.39	\$ 2.75
Subtotal (Excluded Services)	\$ 293,127	16,282			\$ 30.07
Total (All)	\$ 57,122,425	6,769,453			\$ 5,860.51

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 76

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 6

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	7,676
Average Member Months per Month:	640

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 3,207,710	3,777	5,905	\$ 849.20	\$ 417.89
Inpatient — BH (LME/MCO)	\$ 88,784	142	223	\$ 623.77	\$ 11.57
Outpatient Hospital	\$ 888,315	3,317	5,186	\$ 267.81	\$ 115.73
Emergency Room	\$ 849,573	1,495	2,337	\$ 568.28	\$ 110.68
Physician	\$ 1,833,507	12,951	20,247	\$ 141.57	\$ 238.86
FQHC/RHC	\$ 90,233	932	1,457	\$ 96.81	\$ 11.76
Other Clinic	\$ 459,613	463	724	\$ 992.66	\$ 59.88
Other Practitioner	\$ 18,602	253	396	\$ 73.52	\$ 2.42
Therapies	\$ 203,078	1,707	2,669	\$ 118.96	\$ 26.46
Prescribed Drugs	\$ 6,467,991	58,157	90,918	\$ 111.22	\$ 842.63
Enhanced BH	\$ 134,969	4,254	6,651	\$ 31.73	\$ 17.58
B3 Services	\$ 33,396	6,809	10,645	\$ 4.90	\$ 4.35
LTSS – ICF/IID and Nursing Home	\$ 12,732,686	75,481	118,001	\$ 168.69	\$ 1,658.77
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 1,416,986	292,477	457,234	\$ 4.84	\$ 184.60
LTSS – HCBS Waiver Services	\$ 11,854,198	2,640,812	4,128,419	\$ 4.49	\$ 1,544.32
Durable Medical Equipment	\$ 2,517,421	791,986	1,238,122	\$ 3.18	\$ 327.96
Lab and X-Ray	\$ 118,845	7,704	12,044	\$ 15.43	\$ 15.48
Optical	\$ 20,520	430	672	\$ 47.72	\$ 2.67
Limited Dental Services	\$ 100	4	6	\$ 24.90	\$ 0.01
Transportation	\$ 889,753	107,248	167,663	\$ 8.30	\$ 115.91
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 75,259	10,630	16,618	\$ 7.08	\$ 9.80
Subtotal (Covered Services)	\$ 43,901,536	4,021,031			\$ 5,719.32
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 102,176	1,794	2,805	\$ 56.95	\$ 13.31
Local Education Agency (LEA)	\$ 52,466	1,901	2,972	\$ 27.60	\$ 6.84
Children's Developmental Services Agencies (CDSA)	\$ 14,168	670	1,047	\$ 21.15	\$ 1.85
Subtotal (Excluded Services)	\$ 168,810	4,365			\$ 21.99
Total (All)	\$ 44,070,346	4,025,396			\$ 5,741.32

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.1.5 SFY 2015 Dual Eligibles

Exhibit 77

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Statewide

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	2,498,594
Average Member Months per Month:	208,216

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 49,467,669	229,441	1,102	\$ 215.60	\$ 19.80
Inpatient — BH (LME/MCO)	\$ 1,717,631	7,676	37	\$ 223.76	\$ 0.69
Outpatient Hospital	\$ 35,265,157	404,611	1,943	\$ 87.16	\$ 14.11
Emergency Room	\$ 25,254,035	264,142	1,269	\$ 95.61	\$ 10.11
Physician	\$ 65,751,242	2,475,837	11,891	\$ 26.56	\$ 26.32
FQHC/RHC	\$ 3,239,505	132,791	638	\$ 24.40	\$ 1.30
Other Clinic	\$ 5,661,182	53,456	257	\$ 105.90	\$ 2.27
Other Practitioner	\$ 700,350	58,409	281	\$ 11.99	\$ 0.28
Therapies	\$ 29,080	545	3	\$ 53.35	\$ 0.01
Prescribed Drugs	\$ 41,912,720	500,598	2,404	\$ 83.73	\$ 16.77
Enhanced BH	\$ 10,063,839	923,258	4,434	\$ 10.90	\$ 4.03
B3 Services	\$ 547,624	73,364	352	\$ 7.46	\$ 0.22
LTSS — ICF/IID and Nursing Home	\$ 671,072,232	4,911,358	23,588	\$ 136.64	\$ 268.58
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 357,222,724	93,624,843	449,652	\$ 3.82	\$ 142.97
LTSS — HCBS Waiver Services	\$ 196,264,922	60,919,206	292,577	\$ 3.22	\$ 78.55
Durable Medical Equipment	\$ 35,307,335	25,374,969	121,868	\$ 1.39	\$ 14.13
Lab and X-Ray	\$ 1,440,549	131,104	630	\$ 10.99	\$ 0.58
Optical	\$ 854,169	114,405	549	\$ 7.47	\$ 0.34
Limited Dental Services	\$ 50	3	0	\$ 16.70	\$ 0.00
Transportation	\$ 28,344,237	2,470,256	11,864	\$ 11.47	\$ 11.34
Case Management	\$ 550,474	42,667	205	\$ 12.90	\$ 0.22
Patient-Centered Medical Home (PCMH) Payments	\$ 27,807,845	3,277,559	15,741	\$ 8.48	\$ 11.13
Subtotal (Covered Services)	\$ 1,558,474,569	195,990,500			\$ 623.74
Capitation — PACE	\$ 26,829,164	9,071	44	\$ 2,957.69	\$ 10.74
Dental	\$ 31,696,025	473,195	2,273	\$ 66.98	\$ 12.69
Local Education Agency (LEA)	\$ 2,462	102	0	\$ 24.13	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 58,527,650	482,368			\$ 23.42
Total (All)	\$ 1,617,002,219	196,472,868			\$ 647.16

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 78

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 1

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	299,604
Average Member Months per Month:	24,967

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,917,623	23,256	931	\$ 211.46	\$ 16.41
Inpatient — BH (LME/MCO)	\$ 295,980	450	18	\$ 657.31	\$ 0.99
Outpatient Hospital	\$ 5,867,795	55,167	2,210	\$ 106.36	\$ 19.59
Emergency Room	\$ 4,264,868	30,139	1,207	\$ 141.51	\$ 14.24
Physician	\$ 6,154,612	278,605	11,159	\$ 22.09	\$ 20.54
FQHC/RHC	\$ 581,987	23,700	949	\$ 24.56	\$ 1.94
Other Clinic	\$ 245,529	2,879	115	\$ 85.28	\$ 0.82
Other Practitioner	\$ 81,117	7,530	302	\$ 10.77	\$ 0.27
Therapies	\$ 5,840	89	4	\$ 65.62	\$ 0.02
Prescribed Drugs	\$ 4,816,758	61,165	2,450	\$ 78.75	\$ 16.08
Enhanced BH	\$ 1,335,552	74,931	3,001	\$ 17.82	\$ 4.46
B3 Services	\$ 139,984	10,751	431	\$ 13.02	\$ 0.47
LTSS — ICF/IID and Nursing Home	\$ 105,419,702	754,605	30,224	\$ 139.70	\$ 351.86
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 24,713,978	5,878,255	235,441	\$ 4.20	\$ 82.49
LTSS — HCBS Waiver Services	\$ 31,085,388	9,429,456	377,677	\$ 3.30	\$ 103.75
Durable Medical Equipment	\$ 3,040,937	2,058,461	82,447	\$ 1.48	\$ 10.15
Lab and X-Ray	\$ 164,037	15,591	624	\$ 10.52	\$ 0.55
Optical	\$ 68,606	8,462	339	\$ 8.11	\$ 0.23
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 2,336,070	159,597	6,392	\$ 14.64	\$ 7.80
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 3,044,198	358,864	14,374	\$ 8.48	\$ 10.16
Subtotal (Covered Services)	\$ 198,580,561	19,231,952			\$ 662.81
Capitation — PACE	\$ 401,489	730	29	\$ 549.99	\$ 1.34
Dental	\$ 3,394,437	49,004	1,963	\$ 69.27	\$ 11.33
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 3,795,926	49,734			\$ 12.67
Total (All)	\$ 202,376,487	19,281,686			\$ 675.48

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 79

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 2

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	419,039
Average Member Months per Month:	34,920

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 8,779,053	34,140	978	\$ 257.15	\$ 20.95
Inpatient — BH (LME/MCO)	\$ 294,678	1,618	46	\$ 182.09	\$ 0.70
Outpatient Hospital	\$ 5,921,528	89,592	2,566	\$ 66.09	\$ 14.13
Emergency Room	\$ 3,677,051	41,855	1,199	\$ 87.85	\$ 8.77
Physician	\$ 15,927,281	366,902	10,507	\$ 43.41	\$ 38.01
FQHC/RHC	\$ 126,506	4,758	136	\$ 26.59	\$ 0.30
Other Clinic	\$ 1,118,739	8,203	235	\$ 136.38	\$ 2.67
Other Practitioner	\$ 85,275	7,739	222	\$ 11.02	\$ 0.20
Therapies	\$ 6,794	241	7	\$ 28.19	\$ 0.02
Prescribed Drugs	\$ 7,581,917	92,542	2,650	\$ 81.93	\$ 18.09
Enhanced BH	\$ 1,432,476	135,868	3,891	\$ 10.54	\$ 3.42
B3 Services	\$ 45,082	7,836	224	\$ 5.75	\$ 0.11
LTSS – ICF/IID and Nursing Home	\$ 111,702,396	842,140	24,116	\$ 132.64	\$ 266.57
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 54,758,030	14,003,558	401,019	\$ 3.91	\$ 130.68
LTSS – HCBS Waiver Services	\$ 35,839,045	11,116,656	318,347	\$ 3.22	\$ 85.53
Durable Medical Equipment	\$ 4,719,393	3,694,131	105,789	\$ 1.28	\$ 11.26
Lab and X-Ray	\$ 256,252	22,994	658	\$ 11.14	\$ 0.61
Optical	\$ 90,560	13,761	394	\$ 6.58	\$ 0.22
Limited Dental Services	\$ 0	1	0	\$ 0.31	\$ 0.00
Transportation	\$ 4,955,137	302,090	8,651	\$ 16.40	\$ 11.83
Case Management	\$ 55,360	4,293	123	\$ 12.90	\$ 0.13
Patient-Centered Medical Home (PCMH) Payments	\$ 4,575,056	546,074	15,638	\$ 8.38	\$ 10.92
Subtotal (Covered Services)	\$ 261,947,609	31,336,991			\$ 625.12
Capitation — PACE	\$ 7,266,862	2,333	67	\$ 3,114.81	\$ 17.34
Dental	\$ 5,022,264	73,771	2,113	\$ 68.08	\$ 11.99
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 12,289,126	76,104			\$ 29.33
Total (All)	\$ 274,236,734	31,413,095			\$ 654.44

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 80

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 3

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	479,283
Average Member Months per Month:	39,940

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 8,763,871	49,134	1,230	\$ 178.37	\$ 18.29
Inpatient — BH (LME/MCO)	\$ 307,717	1,661	42	\$ 185.24	\$ 0.64
Outpatient Hospital	\$ 6,619,123	85,458	2,140	\$ 77.45	\$ 13.81
Emergency Room	\$ 4,596,390	51,510	1,290	\$ 89.23	\$ 9.59
Physician	\$ 11,862,617	491,945	12,317	\$ 24.11	\$ 24.75
FQHC/RHC	\$ 280,067	12,609	316	\$ 22.21	\$ 0.58
Other Clinic	\$ 1,187,520	10,058	252	\$ 118.06	\$ 2.48
Other Practitioner	\$ 134,293	12,021	301	\$ 11.17	\$ 0.28
Therapies	\$ 2,251	79	2	\$ 28.49	\$ 0.00
Prescribed Drugs	\$ 8,760,892	99,235	2,485	\$ 88.28	\$ 18.28
Enhanced BH	\$ 1,985,308	187,813	4,702	\$ 10.57	\$ 4.14
B3 Services	\$ 71,954	7,655	192	\$ 9.40	\$ 0.15
LTSS — ICF/IID and Nursing Home	\$ 119,089,982	891,342	22,317	\$ 133.61	\$ 248.48
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 75,742,381	19,527,108	488,908	\$ 3.88	\$ 158.03
LTSS — HCBS Waiver Services	\$ 35,010,078	10,805,750	270,548	\$ 3.24	\$ 73.05
Durable Medical Equipment	\$ 6,071,757	4,792,947	120,003	\$ 1.27	\$ 12.67
Lab and X-Ray	\$ 319,437	27,354	685	\$ 11.68	\$ 0.67
Optical	\$ 107,331	13,988	350	\$ 7.67	\$ 0.22
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 4,471,316	154,723	3,874	\$ 28.90	\$ 9.33
Case Management	\$ 159,786	12,384	310	\$ 12.90	\$ 0.33
Patient-Centered Medical Home (PCMH) Payments	\$ 5,395,915	627,957	15,722	\$ 8.59	\$ 11.26
Subtotal (Covered Services)	\$ 290,939,987	37,862,731			\$ 607.03
Capitation — PACE	\$ 6,882,737	2,188	55	\$ 3,145.67	\$ 14.36
Dental	\$ 6,535,926	95,544	2,392	\$ 68.41	\$ 13.64
Local Education Agency (LEA)	\$ 2,412	100	3	\$ 24.12	\$ 0.01
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 13,421,075	97,832			\$ 28.00
Total (All)	\$ 304,361,062	37,960,563			\$ 635.03

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 81

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 4

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	438,931
Average Member Months per Month:	36,578

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 8,519,480	40,831	1,116	\$ 208.65	\$ 19.41
Inpatient — BH (LME/MCO)	\$ 338,601	1,365	37	\$ 248.07	\$ 0.77
Outpatient Hospital	\$ 6,361,397	66,213	1,810	\$ 96.07	\$ 14.49
Emergency Room	\$ 3,981,381	43,566	1,191	\$ 91.39	\$ 9.07
Physician	\$ 10,120,133	408,209	11,160	\$ 24.79	\$ 23.06
FQHC/RHC	\$ 637,206	23,374	639	\$ 27.26	\$ 1.45
Other Clinic	\$ 1,148,414	11,841	324	\$ 96.98	\$ 2.62
Other Practitioner	\$ 112,969	7,301	200	\$ 15.47	\$ 0.26
Therapies	\$ 6,157	45	1	\$ 136.81	\$ 0.01
Prescribed Drugs	\$ 6,685,807	80,237	2,194	\$ 83.33	\$ 15.23
Enhanced BH	\$ 2,610,835	224,641	6,142	\$ 11.62	\$ 5.95
B3 Services	\$ 95,507	12,496	342	\$ 7.64	\$ 0.22
LTSS — ICF/IID and Nursing Home	\$ 113,029,347	810,764	22,166	\$ 139.41	\$ 257.51
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 67,800,744	18,106,047	495,004	\$ 3.74	\$ 154.47
LTSS — HCBS Waiver Services	\$ 24,095,897	7,510,742	205,337	\$ 3.21	\$ 54.90
Durable Medical Equipment	\$ 6,248,250	5,241,651	143,302	\$ 1.19	\$ 14.24
Lab and X-Ray	\$ 243,436	22,529	616	\$ 10.81	\$ 0.55
Optical	\$ 141,693	17,068	467	\$ 8.30	\$ 0.32
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 4,784,224	347,535	9,501	\$ 13.77	\$ 10.90
Case Management	\$ 146,891	11,391	311	\$ 12.90	\$ 0.33
Patient-Centered Medical Home (PCMH) Payments	\$ 4,461,643	534,443	14,611	\$ 8.35	\$ 10.16
Subtotal (Covered Services)	\$ 261,570,011	33,522,290			\$ 595.93
Capitation — PACE	\$ 2,819,757	868	24	\$ 3,248.57	\$ 6.42
Dental	\$ 5,817,607	89,899	2,458	\$ 64.71	\$ 13.25
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 8,637,364	90,767			\$ 19.68
Total (All)	\$ 270,207,375	33,613,057			\$ 615.60

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 82

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 5

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	442,013
Average Member Months per Month:	36,834

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 10,963,224	47,227	1,282	\$ 232.14	\$ 24.80
Inpatient — BH (LME/MCO)	\$ 196,231	725	20	\$ 270.84	\$ 0.44
Outpatient Hospital	\$ 5,541,235	63,033	1,711	\$ 87.91	\$ 12.54
Emergency Room	\$ 4,309,457	48,456	1,316	\$ 88.93	\$ 9.75
Physician	\$ 12,119,216	506,720	13,757	\$ 23.92	\$ 27.42
FQHC/RHC	\$ 848,921	32,216	875	\$ 26.35	\$ 1.92
Other Clinic	\$ 1,022,370	10,572	287	\$ 96.70	\$ 2.31
Other Practitioner	\$ 143,806	12,022	326	\$ 11.96	\$ 0.33
Therapies	\$ 4,887	54	1	\$ 90.49	\$ 0.01
Prescribed Drugs	\$ 8,182,126	92,924	2,523	\$ 88.05	\$ 18.51
Enhanced BH	\$ 1,484,704	144,588	3,925	\$ 10.27	\$ 3.36
B3 Services	\$ 122,560	22,599	614	\$ 5.42	\$ 0.28
LTSS — ICF/IID and Nursing Home	\$ 109,934,202	791,903	21,499	\$ 138.82	\$ 248.71
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 70,350,771	18,682,667	507,207	\$ 3.77	\$ 159.16
LTSS — HCBS Waiver Services	\$ 37,731,634	12,076,627	327,863	\$ 3.12	\$ 85.36
Durable Medical Equipment	\$ 5,890,919	5,039,051	136,803	\$ 1.17	\$ 13.33
Lab and X-Ray	\$ 265,405	25,356	688	\$ 10.47	\$ 0.60
Optical	\$ 242,973	36,598	994	\$ 6.64	\$ 0.55
Limited Dental Services	\$ 50	2	0	\$ 24.90	\$ 0.00
Transportation	\$ 4,846,202	385,628	10,469	\$ 12.57	\$ 10.96
Case Management	\$ 161,910	12,535	340	\$ 12.92	\$ 0.37
Patient-Centered Medical Home (PCMH) Payments	\$ 5,095,704	593,688	16,118	\$ 8.58	\$ 11.53
Subtotal (Covered Services)	\$ 279,458,509	38,625,192			\$ 632.24
Capitation — PACE	\$ 9,454,967	2,950	80	\$ 3,205.07	\$ 21.39
Dental	\$ 5,966,443	88,862	2,412	\$ 67.14	\$ 13.50
Local Education Agency (LEA)	\$ 49	2	0	\$ 24.59	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 15,421,459	91,814			\$ 34.89
Total (All)	\$ 294,879,968	38,717,006			\$ 667.13

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 83

Time Period/Region Selections:	
Time Period:	SFY 2015
Region:	Region 6

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	419,724
Average Member Months per Month:	34,977

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 7,524,418	34,853	996	\$ 215.89	\$ 17.93
Inpatient — BH (LME/MCO)	\$ 284,424	1,857	53	\$ 153.16	\$ 0.68
Outpatient Hospital	\$ 4,954,080	45,148	1,291	\$ 109.73	\$ 11.80
Emergency Room	\$ 4,424,888	48,617	1,390	\$ 91.01	\$ 10.54
Physician	\$ 9,567,382	423,457	12,107	\$ 22.59	\$ 22.79
FQHC/RHC	\$ 764,819	36,134	1,033	\$ 21.17	\$ 1.82
Other Clinic	\$ 938,610	9,901	283	\$ 94.80	\$ 2.24
Other Practitioner	\$ 142,889	11,794	337	\$ 12.11	\$ 0.34
Therapies	\$ 3,152	37	1	\$ 85.18	\$ 0.01
Prescribed Drugs	\$ 5,885,219	74,495	2,130	\$ 79.00	\$ 14.02
Enhanced BH	\$ 1,214,964	155,416	4,443	\$ 7.82	\$ 2.89
B3 Services	\$ 72,536	12,027	344	\$ 6.03	\$ 0.17
LTSS — ICF/IID and Nursing Home	\$ 111,896,603	820,604	23,461	\$ 136.36	\$ 266.60
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 63,856,820	17,427,208	498,248	\$ 3.66	\$ 152.14
LTSS — HCBS Waiver Services	\$ 32,502,880	9,979,976	285,330	\$ 3.26	\$ 77.44
Durable Medical Equipment	\$ 9,336,080	4,548,728	130,049	\$ 2.05	\$ 22.24
Lab and X-Ray	\$ 191,982	17,280	494	\$ 11.11	\$ 0.46
Optical	\$ 203,005	24,528	701	\$ 8.28	\$ 0.48
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 6,951,288	1,120,682	32,041	\$ 6.20	\$ 16.56
Case Management	\$ 26,527	2,064	59	\$ 12.85	\$ 0.06
Patient-Centered Medical Home (PCMH) Payments	\$ 5,235,329	616,533	17,627	\$ 8.49	\$ 12.47
Subtotal (Covered Services)	\$ 265,977,892	35,411,343			\$ 633.70
Capitation — PACE	\$ 3,351	2	0	\$ 1,675.44	\$ 0.01
Dental	\$ 4,959,349	76,115	2,176	\$ 65.16	\$ 11.82
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 4,962,700	76,117			\$ 11.82
Total (All)	\$ 270,940,592	35,487,460			\$ 645.52

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.2 SFY 2016 Regional Exhibits

Cost and utilization information for the July 1, 2015 through June 30, 2016 (SFY 2016) time period is illustrated in Section 8.2.

8.2.1 SFY 2016 Standard Plan (Non-Duals)

Exhibit 84

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	18,298,555
Average Member Months per Month:	1,524,880

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 650,321,532	812,000	533	\$ 800.89	\$ 35.54
Inpatient — BH (LME/MCO)	\$ 26,031,559	40,208	26	\$ 647.42	\$ 1.42
Outpatient Hospital	\$ 401,226,668	1,278,167	838	\$ 313.91	\$ 21.93
Emergency Room	\$ 443,877,677	1,232,943	809	\$ 360.01	\$ 24.26
Physician	\$ 731,214,458	7,093,622	4,652	\$ 103.08	\$ 39.96
FQHC/RHC	\$ 46,415,075	419,043	275	\$ 110.76	\$ 2.54
Other Clinic	\$ 156,652,142	1,260,917	827	\$ 124.24	\$ 8.56
Other Practitioner	\$ 4,400,630	61,099	40	\$ 72.02	\$ 0.24
Therapies	\$ 58,581,508	527,885	346	\$ 110.97	\$ 3.20
Prescribed Drugs	\$ 1,371,151,245	12,765,734	8,372	\$ 107.41	\$ 74.93
Enhanced BH	\$ 114,525,741	1,703,622	1,117	\$ 67.22	\$ 6.26
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 1,872,069	12,201	8	\$ 153.44	\$ 0.10
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 118,642,110	23,418,207	15,357	\$ 5.07	\$ 6.48
LTSS – HCBS Waiver Services	\$ 127,891	38,762	25	\$ 3.30	\$ 0.01
Durable Medical Equipment	\$ 99,379,994	34,042,281	22,325	\$ 2.92	\$ 5.43
Lab and X-Ray	\$ 77,360,886	4,080,633	2,676	\$ 18.96	\$ 4.23
Optical	\$ 23,210,944	1,068,804	701	\$ 21.72	\$ 1.27
Limited Dental Services	\$ 6,904,401	277,308	182	\$ 24.90	\$ 0.38
Transportation	\$ 36,370,438	1,142,370	749	\$ 31.84	\$ 1.99
Case Management	\$ 641,087	49,591	33	\$ 12.93	\$ 0.04
Patient-Centered Medical Home (PCMH) Payments	\$ 153,535,460	50,284,579	32,976	\$ 3.05	\$ 8.39
Subtotal (Covered Services)	\$ 4,522,443,516	141,609,975			\$ 247.15
Capitation — PACE	\$ 3,838,292	24,127	16	\$ 159.09	\$ 0.21
Dental	\$ 322,019,655	6,990,958	4,585	\$ 46.06	\$ 17.60
Local Education Agency (LEA)	\$ 12,414,277	383,307	251	\$ 32.39	\$ 0.68
Children's Developmental Services Agencies (CDSA)	\$ 1,932,004	70,501	46	\$ 27.40	\$ 0.11
Subtotal (Excluded Services)	\$ 340,204,228	7,468,893			\$ 18.59
Total (All)	\$ 4,862,647,744	149,078,869			\$ 265.74

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 85

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 1

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	1,716,313
Average Member Months per Month:	143,026

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 61,456,651	74,289	519	\$ 827.26	\$ 35.81
Inpatient — BH (LME/MCO)	\$ 3,095,913	3,740	26	\$ 827.68	\$ 1.80
Outpatient Hospital	\$ 55,568,402	199,582	1,395	\$ 278.42	\$ 32.38
Emergency Room	\$ 40,152,656	108,532	759	\$ 369.96	\$ 23.39
Physician	\$ 69,379,137	722,156	5,049	\$ 96.07	\$ 40.42
FQHC/RHC	\$ 9,848,245	72,623	508	\$ 135.61	\$ 5.74
Other Clinic	\$ 13,437,026	116,290	813	\$ 115.55	\$ 7.83
Other Practitioner	\$ 564,688	9,337	65	\$ 60.48	\$ 0.33
Therapies	\$ 4,597,323	45,755	320	\$ 100.48	\$ 2.68
Prescribed Drugs	\$ 137,620,197	1,368,931	9,571	\$ 100.53	\$ 80.18
Enhanced BH	\$ 12,959,870	178,092	1,245	\$ 72.77	\$ 7.55
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 252,544	1,621	11	\$ 155.80	\$ 0.15
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 6,660,017	843,320	5,896	\$ 7.90	\$ 3.88
LTSS – HCBS Waiver Services	\$ 4,205	581	4	\$ 7.24	\$ 0.00
Durable Medical Equipment	\$ 10,377,705	3,437,629	24,035	\$ 3.02	\$ 6.05
Lab and X-Ray	\$ 5,255,840	265,216	1,854	\$ 19.82	\$ 3.06
Optical	\$ 2,001,445	97,424	681	\$ 20.54	\$ 1.17
Limited Dental Services	\$ 497,600	20,046	140	\$ 24.82	\$ 0.29
Transportation	\$ 3,470,743	131,821	922	\$ 26.33	\$ 2.02
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 14,226,576	4,674,187	32,681	\$ 3.04	\$ 8.29
Subtotal (Covered Services)	\$ 451,426,785	12,371,173			\$ 263.02
Capitation — PACE	\$ 1,485,666	19,663	137	\$ 75.56	\$ 0.87
Dental	\$ 29,370,393	620,925	4,341	\$ 47.30	\$ 17.11
Local Education Agency (LEA)	\$ 1,793,716	55,394	387	\$ 32.38	\$ 1.05
Children's Developmental Services Agencies (CDSA)	\$ 201,336	7,160	50	\$ 28.12	\$ 0.12
Subtotal (Excluded Services)	\$ 32,851,112	703,142			\$ 19.14
Total (All)	\$ 484,277,896	13,074,315			\$ 282.16

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 86

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 2

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	3,089,459
Average Member Months per Month:	257,455

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 108,125,328	130,334	506	\$ 829.60	\$ 35.00
Inpatient — BH (LME/MCO)	\$ 4,490,347	6,936	27	\$ 647.41	\$ 1.45
Outpatient Hospital	\$ 75,308,960	253,954	986	\$ 296.55	\$ 24.38
Emergency Room	\$ 76,760,718	203,116	789	\$ 377.92	\$ 24.85
Physician	\$ 119,879,349	1,227,412	4,767	\$ 97.67	\$ 38.80
FQHC/RHC	\$ 4,325,414	39,185	152	\$ 110.38	\$ 1.40
Other Clinic	\$ 25,649,651	207,088	804	\$ 123.86	\$ 8.30
Other Practitioner	\$ 661,378	8,977	35	\$ 73.67	\$ 0.21
Therapies	\$ 7,093,304	58,594	228	\$ 121.06	\$ 2.30
Prescribed Drugs	\$ 236,498,533	2,214,316	8,601	\$ 106.80	\$ 76.55
Enhanced BH	\$ 17,157,702	252,215	980	\$ 68.03	\$ 5.55
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 358,190	2,413	9	\$ 148.47	\$ 0.12
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 18,212,354	3,338,824	12,969	\$ 5.45	\$ 5.89
LTSS — HCBS Waiver Services	\$ 4,940	1,091	4	\$ 4.53	\$ 0.00
Durable Medical Equipment	\$ 17,410,187	5,713,510	22,192	\$ 3.05	\$ 5.64
Lab and X-Ray	\$ 15,393,242	813,549	3,160	\$ 18.92	\$ 4.98
Optical	\$ 3,867,776	183,766	714	\$ 21.05	\$ 1.25
Limited Dental Services	\$ 1,310,316	52,446	204	\$ 24.98	\$ 0.42
Transportation	\$ 5,621,876	126,829	493	\$ 44.33	\$ 1.82
Case Management	\$ 64,482	4,984	19	\$ 12.94	\$ 0.02
Patient-Centered Medical Home (PCMH) Payments	\$ 26,314,372	8,654,630	33,616	\$ 3.04	\$ 8.52
Subtotal (Covered Services)	\$ 764,508,416	23,494,170			\$ 247.46
Capitation — PACE	\$ 1,042,520	2,905	11	\$ 358.83	\$ 0.34
Dental	\$ 56,383,324	1,239,832	4,816	\$ 45.48	\$ 18.25
Local Education Agency (LEA)	\$ 2,465,689	76,353	297	\$ 32.29	\$ 0.80
Children's Developmental Services Agencies (CDSA)	\$ 385,080	14,980	58	\$ 25.71	\$ 0.12
Subtotal (Excluded Services)	\$ 60,276,613	1,334,071			\$ 19.51
Total (All)	\$ 824,785,029	24,828,240			\$ 266.97

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 87

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 3

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	4,380,303
Average Member Months per Month:	365,025

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 139,985,221	186,812	512	\$ 749.34	\$ 31.96
Inpatient — BH (LME/MCO)	\$ 5,738,091	9,925	27	\$ 578.17	\$ 1.31
Outpatient Hospital	\$ 91,396,596	299,940	822	\$ 304.72	\$ 20.87
Emergency Room	\$ 110,355,268	292,952	803	\$ 376.70	\$ 25.19
Physician	\$ 174,912,716	1,732,200	4,745	\$ 100.98	\$ 39.93
FQHC/RHC	\$ 4,157,173	38,552	106	\$ 107.83	\$ 0.95
Other Clinic	\$ 36,097,870	299,514	821	\$ 120.52	\$ 8.24
Other Practitioner	\$ 1,225,637	16,987	47	\$ 72.15	\$ 0.28
Therapies	\$ 9,850,529	93,377	256	\$ 105.49	\$ 2.25
Prescribed Drugs	\$ 317,243,586	2,915,567	7,987	\$ 108.81	\$ 72.43
Enhanced BH	\$ 26,500,530	429,684	1,177	\$ 61.67	\$ 6.05
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 568,206	3,658	10	\$ 155.31	\$ 0.13
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 33,335,723	6,599,030	18,078	\$ 5.05	\$ 7.61
LTSS — HCBS Waiver Services	\$ 12,796	3,319	9	\$ 3.86	\$ 0.00
Durable Medical Equipment	\$ 25,423,636	7,415,518	20,315	\$ 3.43	\$ 5.80
Lab and X-Ray	\$ 17,737,025	913,592	2,503	\$ 19.41	\$ 4.05
Optical	\$ 3,881,726	208,391	571	\$ 18.63	\$ 0.89
Limited Dental Services	\$ 1,366,673	54,883	150	\$ 24.90	\$ 0.31
Transportation	\$ 7,748,006	159,432	437	\$ 48.60	\$ 1.77
Case Management	\$ 190,397	14,729	40	\$ 12.93	\$ 0.04
Patient-Centered Medical Home (PCMH) Payments	\$ 36,107,814	11,960,455	32,766	\$ 3.02	\$ 8.24
Subtotal (Covered Services)	\$ 1,043,835,219	33,648,518			\$ 238.30
Capitation — PACE	\$ 445,501	1,230	3	\$ 362.16	\$ 0.10
Dental	\$ 79,016,623	1,731,324	4,743	\$ 45.64	\$ 18.04
Local Education Agency (LEA)	\$ 2,939,279	92,959	255	\$ 31.62	\$ 0.67
Children's Developmental Services Agencies (CDSA)	\$ 496,820	17,676	48	\$ 28.11	\$ 0.11
Subtotal (Excluded Services)	\$ 82,898,223	1,843,190			\$ 18.93
Total (All)	\$ 1,126,733,442	35,491,708			\$ 257.23

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 88

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 4

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	3,518,590
Average Member Months per Month:	293,216

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 125,023,454	153,455	523	\$ 814.73	\$ 35.53
Inpatient — BH (LME/MCO)	\$ 4,727,497	7,263	25	\$ 650.89	\$ 1.34
Outpatient Hospital	\$ 69,513,854	205,528	701	\$ 338.22	\$ 19.76
Emergency Room	\$ 78,486,148	213,809	729	\$ 367.08	\$ 22.31
Physician	\$ 131,514,738	1,229,365	4,193	\$ 106.98	\$ 37.38
FQHC/RHC	\$ 11,231,532	104,028	355	\$ 107.97	\$ 3.19
Other Clinic	\$ 31,039,194	255,903	873	\$ 121.29	\$ 8.82
Other Practitioner	\$ 582,255	7,334	25	\$ 79.39	\$ 0.17
Therapies	\$ 15,396,544	135,109	461	\$ 113.96	\$ 4.38
Prescribed Drugs	\$ 232,190,571	2,010,646	6,857	\$ 115.48	\$ 65.99
Enhanced BH	\$ 24,278,748	346,261	1,181	\$ 70.12	\$ 6.90
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 254,297	1,615	6	\$ 157.45	\$ 0.07
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 18,718,208	3,924,570	13,385	\$ 4.77	\$ 5.32
LTSS — HCBS Waiver Services	\$ 18,666	4,995	17	\$ 3.74	\$ 0.01
Durable Medical Equipment	\$ 16,154,558	6,224,683	21,229	\$ 2.60	\$ 4.59
Lab and X-Ray	\$ 13,063,587	741,868	2,530	\$ 17.61	\$ 3.71
Optical	\$ 4,657,013	213,081	727	\$ 21.86	\$ 1.32
Limited Dental Services	\$ 1,270,481	51,004	174	\$ 24.91	\$ 0.36
Transportation	\$ 6,032,881	161,047	549	\$ 37.46	\$ 1.71
Case Management	\$ 139,291	10,804	37	\$ 12.89	\$ 0.04
Patient-Centered Medical Home (PCMH) Payments	\$ 29,009,119	9,590,760	32,709	\$ 3.02	\$ 8.24
Subtotal (Covered Services)	\$ 813,302,633	25,593,128			\$ 231.14
Capitation — PACE	\$ 161,253	88	0	\$ 1,832.29	\$ 0.05
Dental	\$ 64,834,179	1,419,671	4,842	\$ 45.67	\$ 18.43
Local Education Agency (LEA)	\$ 2,214,862	65,791	224	\$ 33.67	\$ 0.63
Children's Developmental Services Agencies (CDSA)	\$ 352,139	13,176	45	\$ 26.73	\$ 0.10
Subtotal (Excluded Services)	\$ 67,562,433	1,498,726			\$ 19.20
Total (All)	\$ 880,865,067	27,091,854			\$ 250.35

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 89

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 5

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	3,116,026
Average Member Months per Month:	259,669

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 119,297,340	155,136	597	\$ 768.98	\$ 38.29
Inpatient — BH (LME/MCO)	\$ 3,559,022	5,567	21	\$ 639.33	\$ 1.14
Outpatient Hospital	\$ 64,600,552	198,591	765	\$ 325.29	\$ 20.73
Emergency Room	\$ 73,607,444	229,841	885	\$ 320.25	\$ 23.62
Physician	\$ 139,393,285	1,277,189	4,919	\$ 109.14	\$ 44.73
FQHC/RHC	\$ 8,030,470	81,518	314	\$ 98.51	\$ 2.58
Other Clinic	\$ 25,900,483	201,967	778	\$ 128.24	\$ 8.31
Other Practitioner	\$ 747,354	10,034	39	\$ 74.48	\$ 0.24
Therapies	\$ 14,745,999	135,248	521	\$ 109.03	\$ 4.73
Prescribed Drugs	\$ 251,738,453	2,448,179	9,428	\$ 102.83	\$ 80.79
Enhanced BH	\$ 20,163,151	290,347	1,118	\$ 69.45	\$ 6.47
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS — ICF/IID and Nursing Home	\$ 218,590	1,454	6	\$ 150.36	\$ 0.07
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 23,188,528	5,001,793	19,262	\$ 4.64	\$ 7.44
LTSS — HCBS Waiver Services	\$ 35,962	15,218	59	\$ 2.36	\$ 0.01
Durable Medical Equipment	\$ 15,640,583	6,224,883	23,972	\$ 2.51	\$ 5.02
Lab and X-Ray	\$ 15,472,286	802,167	3,089	\$ 19.29	\$ 4.97
Optical	\$ 5,035,678	206,421	795	\$ 24.40	\$ 1.62
Limited Dental Services	\$ 1,311,745	52,802	203	\$ 24.84	\$ 0.42
Transportation	\$ 7,254,819	226,694	873	\$ 32.00	\$ 2.33
Case Management	\$ 215,008	16,602	64	\$ 12.95	\$ 0.07
Patient-Centered Medical Home (PCMH) Payments	\$ 26,364,187	8,523,428	32,824	\$ 3.09	\$ 8.46
Subtotal (Covered Services)	\$ 816,520,938	26,105,078			\$ 262.04
Capitation — PACE	\$ 702,507	218	1	\$ 3,222.28	\$ 0.23
Dental	\$ 55,875,826	1,175,250	4,526	\$ 47.54	\$ 17.93
Local Education Agency (LEA)	\$ 1,705,405	51,648	199	\$ 33.02	\$ 0.55
Children's Developmental Services Agencies (CDSA)	\$ 288,471	10,048	39	\$ 28.71	\$ 0.09
Subtotal (Excluded Services)	\$ 58,572,208	1,237,164			\$ 18.80
Total (All)	\$ 875,093,147	27,342,242			\$ 280.84

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 90

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 6

Population Selections:	
Program Type:	Standard Plan
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	2,477,864
Average Member Months per Month:	206,489

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 96,433,538	111,974	542	\$ 861.22	\$ 38.92
Inpatient — BH (LME/MCO)	\$ 4,420,689	6,778	33	\$ 652.25	\$ 1.78
Outpatient Hospital	\$ 44,838,304	120,572	584	\$ 371.88	\$ 18.10
Emergency Room	\$ 64,515,443	184,693	894	\$ 349.31	\$ 26.04
Physician	\$ 96,135,233	905,299	4,384	\$ 106.19	\$ 38.80
FQHC/RHC	\$ 8,822,242	83,137	403	\$ 106.12	\$ 3.56
Other Clinic	\$ 24,527,918	180,155	872	\$ 136.15	\$ 9.90
Other Practitioner	\$ 619,319	8,429	41	\$ 73.48	\$ 0.25
Therapies	\$ 6,897,809	59,801	290	\$ 115.35	\$ 2.78
Prescribed Drugs	\$ 195,859,905	1,808,095	8,756	\$ 108.32	\$ 79.04
Enhanced BH	\$ 13,465,740	207,023	1,003	\$ 65.04	\$ 5.43
B3 Services	\$ -	-	-	\$ -	\$ -
LTSS – ICF/IID and Nursing Home	\$ 220,242	1,440	7	\$ 152.95	\$ 0.09
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 18,527,281	3,710,670	17,970	\$ 4.99	\$ 7.48
LTSS – HCBS Waiver Services	\$ 51,322	13,558	66	\$ 3.79	\$ 0.02
Durable Medical Equipment	\$ 14,373,325	5,026,058	24,341	\$ 2.86	\$ 5.80
Lab and X-Ray	\$ 10,438,905	544,240	2,636	\$ 19.18	\$ 4.21
Optical	\$ 3,767,306	159,722	774	\$ 23.59	\$ 1.52
Limited Dental Services	\$ 1,147,587	46,128	223	\$ 24.88	\$ 0.46
Transportation	\$ 6,242,114	336,547	1,630	\$ 18.55	\$ 2.52
Case Management	\$ 31,910	2,472	12	\$ 12.91	\$ 0.01
Patient-Centered Medical Home (PCMH) Payments	\$ 21,513,393	6,881,118	33,324	\$ 3.13	\$ 8.68
Subtotal (Covered Services)	\$ 632,849,525	20,397,909			\$ 255.40
Capitation — PACE	\$ 844	22	0	\$ 38.37	\$ 0.00
Dental	\$ 36,539,310	803,957	3,893	\$ 45.45	\$ 14.75
Local Education Agency (LEA)	\$ 1,295,326	41,162	199	\$ 31.47	\$ 0.52
Children's Developmental Services Agencies (CDSA)	\$ 208,158	7,461	36	\$ 27.90	\$ 0.08
Subtotal (Excluded Services)	\$ 38,043,638	852,601			\$ 15.35
Total (All)	\$ 670,893,163	21,250,510			\$ 270.75

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.2.2 SFY 2016 Foster Children and Adopted Children (Non-Duals)

Exhibit 91

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	270,402
Average Member Months per Month:	22,534

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,980,520	4,836	215	\$ 1,029.79	\$ 18.42
Inpatient — BH (LME/MCO)	\$ 10,182,319	14,171	629	\$ 718.54	\$ 37.66
Outpatient Hospital	\$ 4,725,905	18,055	801	\$ 261.74	\$ 17.48
Emergency Room	\$ 4,579,305	13,767	611	\$ 332.63	\$ 16.94
Physician	\$ 8,748,325	108,241	4,804	\$ 80.82	\$ 32.35
FQHC/RHC	\$ 597,300	5,061	225	\$ 118.03	\$ 2.21
Other Clinic	\$ 2,342,739	21,970	975	\$ 106.63	\$ 8.66
Other Practitioner	\$ 49,929	708	31	\$ 70.54	\$ 0.18
Therapies	\$ 4,915,908	43,713	1,940	\$ 112.46	\$ 18.18
Prescribed Drugs	\$ 39,013,211	279,722	12,414	\$ 139.47	\$ 144.28
Enhanced BH	\$ 116,291,772	1,013,686	44,986	\$ 114.72	\$ 430.07
B3 Services	\$ 385,764	62,412	2,770	\$ 6.18	\$ 1.43
LTSS – ICF/IID and Nursing Home	\$ 1,701,447	24,262	1,077	\$ 70.13	\$ 6.29
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 838,585	127,094	5,640	\$ 6.60	\$ 3.10
LTSS – HCBS Waiver Services	\$ 1,448,670	207,310	9,200	\$ 6.99	\$ 5.36
Durable Medical Equipment	\$ 2,110,942	928,201	41,192	\$ 2.27	\$ 7.81
Lab and X-Ray	\$ 1,093,583	56,881	2,524	\$ 19.23	\$ 4.04
Optical	\$ 595,374	28,458	1,263	\$ 20.92	\$ 2.20
Limited Dental Services	\$ 112,349	4,498	200	\$ 24.98	\$ 0.42
Transportation	\$ 663,183	10,499	466	\$ 63.16	\$ 2.45
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,957,927	784,728	34,825	\$ 2.50	\$ 7.24
Subtotal (Covered Services)	\$ 207,335,058	3,758,273			\$ 766.77
Capitation — PACE	\$ 170,306	182	8	\$ 935.66	\$ 0.63
Dental	\$ 6,060,244	141,193	6,266	\$ 42.92	\$ 22.41
Local Education Agency (LEA)	\$ 570,080	17,932	796	\$ 31.79	\$ 2.11
Children's Developmental Services Agencies (CDSA)	\$ 972,818	38,415	1,705	\$ 25.32	\$ 3.60
Subtotal (Excluded Services)	\$ 7,773,447	197,722			\$ 28.75
Total (All)	\$ 215,108,505	3,955,995			\$ 795.51

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 92

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 1

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	42,778
Average Member Months per Month:	3,565

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 449,643	488	137	\$ 922.22	\$ 10.51
Inpatient — BH (LME/MCO)	\$ 1,568,760	1,676	470	\$ 936.23	\$ 36.67
Outpatient Hospital	\$ 1,113,857	5,055	1,418	\$ 220.34	\$ 26.04
Emergency Room	\$ 633,540	1,884	528	\$ 336.28	\$ 14.81
Physician	\$ 1,492,430	19,024	5,337	\$ 78.45	\$ 34.89
FQHC/RHC	\$ 258,560	1,845	518	\$ 140.15	\$ 6.04
Other Clinic	\$ 345,376	3,352	940	\$ 103.04	\$ 8.07
Other Practitioner	\$ 13,357	218	61	\$ 61.20	\$ 0.31
Therapies	\$ 810,008	7,584	2,127	\$ 106.81	\$ 18.94
Prescribed Drugs	\$ 6,222,874	47,863	13,426	\$ 130.01	\$ 145.47
Enhanced BH	\$ 20,710,099	195,312	54,789	\$ 106.04	\$ 484.13
B3 Services	\$ 68,479	6,880	1,930	\$ 9.95	\$ 1.60
LTSS – ICF/IID and Nursing Home	\$ 103,717	1,219	342	\$ 85.12	\$ 2.42
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 212,131	25,302	7,098	\$ 8.38	\$ 4.96
LTSS – HCBS Waiver Services	\$ 413,018	37,869	10,623	\$ 10.91	\$ 9.65
Durable Medical Equipment	\$ 277,469	112,673	31,607	\$ 2.46	\$ 6.49
Lab and X-Ray	\$ 87,317	4,752	1,333	\$ 18.38	\$ 2.04
Optical	\$ 89,320	4,465	1,252	\$ 20.01	\$ 2.09
Limited Dental Services	\$ 15,620	629	177	\$ 24.82	\$ 0.37
Transportation	\$ 107,603	2,110	592	\$ 51.00	\$ 2.52
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 314,414	126,291	35,427	\$ 2.49	\$ 7.35
Subtotal (Covered Services)	\$ 35,307,590	606,489			\$ 825.37
Capitation — PACE	\$ 146,580	141	40	\$ 1,039.48	\$ 3.43
Dental	\$ 1,034,230	22,972	6,444	\$ 45.02	\$ 24.18
Local Education Agency (LEA)	\$ 120,865	3,672	1,030	\$ 32.91	\$ 2.83
Children's Developmental Services Agencies (CDSA)	\$ 273,623	11,070	3,105	\$ 24.72	\$ 6.40
Subtotal (Excluded Services)	\$ 1,575,298	37,856			\$ 36.82
Total (All)	\$ 36,882,888	644,346			\$ 862.19

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 93

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 2

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	44,860
Average Member Months per Month:	3,738

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,042,655	1,143	306	\$ 912.26	\$ 23.24
Inpatient — BH (LME/MCO)	\$ 999,742	1,629	436	\$ 613.56	\$ 22.29
Outpatient Hospital	\$ 908,045	3,382	905	\$ 268.48	\$ 20.24
Emergency Room	\$ 822,530	2,219	594	\$ 370.71	\$ 18.34
Physician	\$ 1,524,938	19,295	5,161	\$ 79.03	\$ 33.99
FQHC/RHC	\$ 79,047	680	182	\$ 116.24	\$ 1.76
Other Clinic	\$ 386,756	3,592	961	\$ 107.67	\$ 8.62
Other Practitioner	\$ 8,772	79	21	\$ 110.88	\$ 0.20
Therapies	\$ 711,933	5,861	1,568	\$ 121.46	\$ 15.87
Prescribed Drugs	\$ 6,474,410	47,760	12,776	\$ 135.56	\$ 144.32
Enhanced BH	\$ 14,799,192	126,932	33,954	\$ 116.59	\$ 329.90
B3 Services	\$ 61,060	6,561	1,755	\$ 9.31	\$ 1.36
LTSS – ICF/IID and Nursing Home	\$ 394,652	5,506	1,473	\$ 71.67	\$ 8.80
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 31,336	9,011	2,411	\$ 3.48	\$ 0.70
LTSS – HCBS Waiver Services	\$ 104,424	19,316	5,167	\$ 5.41	\$ 2.33
Durable Medical Equipment	\$ 298,038	178,341	47,706	\$ 1.67	\$ 6.64
Lab and X-Ray	\$ 188,389	10,209	2,731	\$ 18.45	\$ 4.20
Optical	\$ 87,229	4,198	1,123	\$ 20.78	\$ 1.94
Limited Dental Services	\$ 20,680	817	219	\$ 25.30	\$ 0.46
Transportation	\$ 101,225	1,541	412	\$ 65.71	\$ 2.26
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 337,915	134,174	35,891	\$ 2.52	\$ 7.53
Subtotal (Covered Services)	\$ 29,382,968	582,247			\$ 654.99
Capitation — PACE	\$ 12,485	22	6	\$ 567.45	\$ 0.28
Dental	\$ 993,823	23,736	6,349	\$ 41.87	\$ 22.15
Local Education Agency (LEA)	\$ 95,749	2,945	788	\$ 32.51	\$ 2.13
Children's Developmental Services Agencies (CDSA)	\$ 129,788	5,166	1,382	\$ 25.13	\$ 2.89
Subtotal (Excluded Services)	\$ 1,231,845	31,869			\$ 27.46
Total (All)	\$ 30,614,813	614,116			\$ 682.45

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 94

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 3

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	58,727
Average Member Months per Month:	4,894

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 955,848	905	185	\$ 1,056.73	\$ 16.28
Inpatient — BH (LME/MCO)	\$ 1,916,729	2,954	604	\$ 648.95	\$ 32.64
Outpatient Hospital	\$ 1,026,284	3,463	708	\$ 296.33	\$ 17.48
Emergency Room	\$ 1,266,919	3,286	671	\$ 385.54	\$ 21.57
Physician	\$ 1,780,451	22,366	4,570	\$ 79.60	\$ 30.32
FQHC/RHC	\$ 47,259	434	89	\$ 108.99	\$ 0.80
Other Clinic	\$ 478,316	4,560	932	\$ 104.89	\$ 8.14
Other Practitioner	\$ 12,311	206	42	\$ 59.69	\$ 0.21
Therapies	\$ 1,007,772	8,932	1,825	\$ 112.83	\$ 17.16
Prescribed Drugs	\$ 7,656,671	59,252	12,107	\$ 129.22	\$ 130.38
Enhanced BH	\$ 23,313,516	210,456	43,004	\$ 110.78	\$ 396.98
B3 Services	\$ 144,645	28,527	5,829	\$ 5.07	\$ 2.46
LTSS – ICF/IID and Nursing Home	\$ 358,822	9,031	1,845	\$ 39.73	\$ 6.11
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 358,994	62,678	12,807	\$ 5.73	\$ 6.11
LTSS – HCBS Waiver Services	\$ 539,568	78,855	16,113	\$ 6.84	\$ 9.19
Durable Medical Equipment	\$ 618,257	189,886	38,800	\$ 3.26	\$ 10.53
Lab and X-Ray	\$ 299,014	13,832	2,826	\$ 21.62	\$ 5.09
Optical	\$ 102,217	5,523	1,129	\$ 18.51	\$ 1.74
Limited Dental Services	\$ 16,247	652	133	\$ 24.91	\$ 0.28
Transportation	\$ 142,328	2,056	420	\$ 69.22	\$ 2.42
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 452,970	178,559	36,486	\$ 2.54	\$ 7.71
Subtotal (Covered Services)	\$ 42,495,136	886,412			\$ 723.60
Capitation — PACE	\$ 11,241	19	4	\$ 591.56	\$ 0.19
Dental	\$ 1,309,438	31,646	6,466	\$ 41.38	\$ 22.30
Local Education Agency (LEA)	\$ 160,354	5,135	1,049	\$ 31.23	\$ 2.73
Children's Developmental Services Agencies (CDSA)	\$ 242,846	9,488	1,939	\$ 25.59	\$ 4.14
Subtotal (Excluded Services)	\$ 1,723,879	46,288			\$ 29.35
Total (All)	\$ 44,219,014	932,701			\$ 752.96

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 95

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 4

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	49,923
Average Member Months per Month:	4,160

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 796,935	838	201	\$ 951.26	\$ 15.96
Inpatient — BH (LME/MCO)	\$ 3,723,101	4,675	1,124	\$ 796.31	\$ 74.58
Outpatient Hospital	\$ 706,866	2,567	617	\$ 275.41	\$ 14.16
Emergency Room	\$ 759,971	2,347	564	\$ 323.86	\$ 15.22
Physician	\$ 1,527,295	18,257	4,388	\$ 83.66	\$ 30.59
FQHC/RHC	\$ 81,001	759	182	\$ 106.70	\$ 1.62
Other Clinic	\$ 426,393	3,873	931	\$ 110.09	\$ 8.54
Other Practitioner	\$ 5,809	87	21	\$ 66.70	\$ 0.12
Therapies	\$ 967,550	8,394	2,018	\$ 115.27	\$ 19.38
Prescribed Drugs	\$ 6,578,837	47,490	11,415	\$ 138.53	\$ 131.78
Enhanced BH	\$ 24,175,860	198,612	47,740	\$ 121.72	\$ 484.26
B3 Services	\$ 68,074	11,470	2,757	\$ 5.93	\$ 1.36
LTSS — ICF/IID and Nursing Home	\$ 448,435	4,439	1,067	\$ 101.03	\$ 8.98
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 89,797	14,196	3,412	\$ 6.33	\$ 1.80
LTSS — HCBS Waiver Services	\$ 244,174	38,435	9,239	\$ 6.35	\$ 4.89
Durable Medical Equipment	\$ 414,493	214,210	51,490	\$ 1.93	\$ 8.30
Lab and X-Ray	\$ 198,422	10,834	2,604	\$ 18.31	\$ 3.97
Optical	\$ 115,999	5,399	1,298	\$ 21.48	\$ 2.32
Limited Dental Services	\$ 15,015	603	145	\$ 24.89	\$ 0.30
Transportation	\$ 120,936	1,509	363	\$ 80.13	\$ 2.42
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 336,987	137,240	32,988	\$ 2.46	\$ 6.75
Subtotal (Covered Services)	\$ 41,801,951	726,234			\$ 837.33
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 1,137,247	26,335	6,330	\$ 43.18	\$ 22.78
Local Education Agency (LEA)	\$ 97,911	3,090	743	\$ 31.68	\$ 1.96
Children's Developmental Services Agencies (CDSA)	\$ 103,889	3,958	951	\$ 26.25	\$ 2.08
Subtotal (Excluded Services)	\$ 1,339,048	33,383			\$ 26.82
Total (All)	\$ 43,140,999	759,617			\$ 864.15

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 96

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 5

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	46,480
Average Member Months per Month:	3,873

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,244,562	910	235	\$ 1,367.82	\$ 26.78
Inpatient — BH (LME/MCO)	\$ 1,095,645	1,933	499	\$ 566.90	\$ 23.57
Outpatient Hospital	\$ 567,845	2,263	584	\$ 250.88	\$ 12.22
Emergency Room	\$ 687,575	2,603	672	\$ 264.11	\$ 14.79
Physician	\$ 1,556,920	18,565	4,793	\$ 83.86	\$ 33.50
FQHC/RHC	\$ 85,107	877	226	\$ 97.01	\$ 1.83
Other Clinic	\$ 433,095	4,179	1,079	\$ 103.64	\$ 9.32
Other Practitioner	\$ 4,354	54	14	\$ 80.55	\$ 0.09
Therapies	\$ 982,883	9,283	2,397	\$ 105.88	\$ 21.15
Prescribed Drugs	\$ 7,377,106	47,082	12,155	\$ 156.69	\$ 158.72
Enhanced BH	\$ 20,971,020	175,964	45,430	\$ 119.18	\$ 451.18
B3 Services	\$ 17,959	3,863	997	\$ 4.65	\$ 0.39
LTSS – ICF/IID and Nursing Home	\$ 189,881	1,966	507	\$ 96.60	\$ 4.09
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 45,073	8,624	2,227	\$ 5.23	\$ 0.97
LTSS – HCBS Waiver Services	\$ 88,270	18,720	4,833	\$ 4.72	\$ 1.90
Durable Medical Equipment	\$ 244,411	144,759	37,373	\$ 1.69	\$ 5.26
Lab and X-Ray	\$ 214,678	11,591	2,992	\$ 18.52	\$ 4.62
Optical	\$ 125,545	5,492	1,418	\$ 22.86	\$ 2.70
Limited Dental Services	\$ 27,337	1,095	283	\$ 24.96	\$ 0.59
Transportation	\$ 121,057	2,188	565	\$ 55.32	\$ 2.60
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 319,152	129,568	33,451	\$ 2.46	\$ 6.87
Subtotal (Covered Services)	\$ 36,399,475	591,580			\$ 783.12
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 1,055,528	24,009	6,198	\$ 43.96	\$ 22.71
Local Education Agency (LEA)	\$ 63,218	2,057	531	\$ 30.73	\$ 1.36
Children's Developmental Services Agencies (CDSA)	\$ 135,472	5,376	1,388	\$ 25.20	\$ 2.91
Subtotal (Excluded Services)	\$ 1,254,218	31,442			\$ 26.98
Total (All)	\$ 37,653,693	623,021			\$ 810.11

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 97

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 6

Population Selections:	
Program Type:	Foster Children & Adopted Children
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	27,634
Average Member Months per Month:	2,303

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 490,877	554	240	\$ 886.43	\$ 17.76
Inpatient — BH (LME/MCO)	\$ 878,342	1,304	566	\$ 673.53	\$ 31.78
Outpatient Hospital	\$ 403,008	1,325	575	\$ 304.19	\$ 14.58
Emergency Room	\$ 408,771	1,428	620	\$ 286.21	\$ 14.79
Physician	\$ 866,291	10,734	4,661	\$ 80.71	\$ 31.35
FQHC/RHC	\$ 46,326	466	202	\$ 99.49	\$ 1.68
Other Clinic	\$ 272,803	2,414	1,048	\$ 112.99	\$ 9.87
Other Practitioner	\$ 5,326	63	27	\$ 84.42	\$ 0.19
Therapies	\$ 435,762	3,659	1,589	\$ 119.08	\$ 15.77
Prescribed Drugs	\$ 4,703,315	30,275	13,147	\$ 155.35	\$ 170.20
Enhanced BH	\$ 12,322,087	106,411	46,209	\$ 115.80	\$ 445.90
B3 Services	\$ 25,548	5,110	2,219	\$ 5.00	\$ 0.92
LTSS — ICF/IID and Nursing Home	\$ 205,941	2,102	913	\$ 97.96	\$ 7.45
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 101,254	7,282	3,162	\$ 13.90	\$ 3.66
LTSS — HCBS Waiver Services	\$ 59,217	14,115	6,129	\$ 4.20	\$ 2.14
Durable Medical Equipment	\$ 258,273	88,333	38,358	\$ 2.92	\$ 9.35
Lab and X-Ray	\$ 105,763	5,663	2,459	\$ 18.68	\$ 3.83
Optical	\$ 75,065	3,380	1,468	\$ 22.21	\$ 2.72
Limited Dental Services	\$ 17,450	700	304	\$ 24.92	\$ 0.63
Transportation	\$ 70,034	1,095	476	\$ 63.94	\$ 2.53
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 196,489	78,896	34,260	\$ 2.49	\$ 7.11
Subtotal (Covered Services)	\$ 21,947,939	365,310			\$ 794.24
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 529,978	12,495	5,426	\$ 42.41	\$ 19.18
Local Education Agency (LEA)	\$ 31,983	1,032	448	\$ 30.99	\$ 1.16
Children's Developmental Services Agencies (CDSA)	\$ 87,199	3,356	1,457	\$ 25.98	\$ 3.16
Subtotal (Excluded Services)	\$ 649,160	16,884			\$ 23.49
Total (All)	\$ 22,597,098	382,194			\$ 817.73

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.2.3 SFY 2016 Behavioral Health Intellectual/Developmental Disability Tailored Plan (Non-Duals and Duals)

Exhibit 98

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	1,339,878
Average Member Months per Month:	111,657

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 99,112,418	116,576	1,044	\$ 850.20	\$ 73.97
Inpatient — BH (LME/MCO)	\$ 68,890,737	111,881	1,002	\$ 615.75	\$ 51.42
Outpatient Hospital	\$ 54,120,606	197,716	1,771	\$ 273.73	\$ 40.39
Emergency Room	\$ 65,998,334	202,415	1,813	\$ 326.05	\$ 49.26
Physician	\$ 88,483,617	981,007	8,786	\$ 90.20	\$ 66.04
FQHC/RHC	\$ 4,393,960	46,480	416	\$ 94.53	\$ 3.28
Other Clinic	\$ 9,620,368	70,358	630	\$ 136.73	\$ 7.18
Other Practitioner	\$ 557,381	14,019	126	\$ 39.76	\$ 0.42
Therapies	\$ 43,481,108	380,348	3,406	\$ 114.32	\$ 32.45
Prescribed Drugs	\$ 324,555,658	2,263,891	20,275	\$ 143.36	\$ 242.23
Enhanced BH	\$ 493,735,520	18,253,457	163,479	\$ 27.05	\$ 368.49
B3 Services	\$ 62,517,484	6,394,350	57,268	\$ 9.78	\$ 46.66
LTSS — ICF/IID and Nursing Home	\$ 467,906,493	2,162,313	19,366	\$ 216.39	\$ 349.22
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 146,164,943	35,482,465	317,782	\$ 4.12	\$ 109.09
LTSS — HCBS Waiver Services	\$ 620,956,889	92,723,949	830,439	\$ 6.70	\$ 463.44
Durable Medical Equipment	\$ 53,424,673	29,039,764	260,081	\$ 1.84	\$ 39.87
Lab and X-Ray	\$ 36,262,785	1,623,987	14,544	\$ 22.33	\$ 27.06
Optical	\$ 1,476,239	69,950	626	\$ 21.10	\$ 1.10
Limited Dental Services	\$ 405,155	16,269	146	\$ 24.90	\$ 0.30
Transportation	\$ 21,141,608	914,708	8,192	\$ 23.11	\$ 15.78
Case Management	\$ 309,567	24,014	215	\$ 12.89	\$ 0.23
Patient-Centered Medical Home (PCMH) Payments	\$ 14,724,565	3,152,805	28,237	\$ 4.67	\$ 10.99
Subtotal (Covered Services)	\$ 2,678,240,109	194,242,722			\$ 1,998.87
Capitation — PACE	\$ 3,620,577	3,070	27	\$ 1,179.21	\$ 2.70
Dental	\$ 24,179,695	463,970	4,155	\$ 52.11	\$ 18.05
Local Education Agency (LEA)	\$ 7,601,679	241,298	2,161	\$ 31.50	\$ 5.67
Children's Developmental Services Agencies (CDSA)	\$ 10,075,537	412,892	3,698	\$ 24.40	\$ 7.52
Subtotal (Excluded Services)	\$ 45,477,489	1,121,230			\$ 33.94
Total (All)	\$ 2,723,717,597	195,363,952			\$ 2,032.81

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 99

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 1

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	165,124
Average Member Months per Month:	13,760

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 11,161,234	13,067	950	\$ 854.12	\$ 67.59
Inpatient — BH (LME/MCO)	\$ 11,249,300	12,469	906	\$ 902.18	\$ 68.13
Outpatient Hospital	\$ 7,667,151	30,965	2,250	\$ 247.60	\$ 46.43
Emergency Room	\$ 7,348,451	22,734	1,652	\$ 323.24	\$ 44.50
Physician	\$ 9,543,695	115,903	8,423	\$ 82.34	\$ 57.80
FQHC/RHC	\$ 1,201,186	10,538	766	\$ 113.99	\$ 7.27
Other Clinic	\$ 1,070,335	8,504	618	\$ 125.86	\$ 6.48
Other Practitioner	\$ 81,512	2,119	154	\$ 38.47	\$ 0.49
Therapies	\$ 4,546,436	41,667	3,028	\$ 109.11	\$ 27.53
Prescribed Drugs	\$ 39,977,737	300,789	21,859	\$ 132.91	\$ 242.11
Enhanced BH	\$ 65,530,618	1,753,121	127,404	\$ 37.38	\$ 396.86
B3 Services	\$ 2,987,766	334,769	24,329	\$ 8.92	\$ 18.09
LTSS – ICF/IID and Nursing Home	\$ 36,689,490	132,244	9,611	\$ 277.44	\$ 222.19
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 12,481,294	3,124,622	227,075	\$ 3.99	\$ 75.59
LTSS – HCBS Waiver Services	\$ 82,618,400	10,965,557	796,896	\$ 7.53	\$ 500.34
Durable Medical Equipment	\$ 5,754,071	3,156,758	229,410	\$ 1.82	\$ 34.85
Lab and X-Ray	\$ 4,619,896	180,385	13,109	\$ 25.61	\$ 27.98
Optical	\$ 180,948	8,769	637	\$ 20.64	\$ 1.10
Limited Dental Services	\$ 35,202	1,424	103	\$ 24.73	\$ 0.21
Transportation	\$ 2,337,034	41,825	3,040	\$ 55.88	\$ 14.15
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 1,730,457	382,083	27,767	\$ 4.53	\$ 10.48
Subtotal (Covered Services)	\$ 308,812,212	20,640,313			\$ 1,870.18
Capitation — PACE	\$ 2,615,002	2,506	182	\$ 1,043.38	\$ 15.84
Dental	\$ 3,277,841	59,199	4,302	\$ 55.37	\$ 19.85
Local Education Agency (LEA)	\$ 1,139,423	37,508	2,726	\$ 30.38	\$ 6.90
Children's Developmental Services Agencies (CDSA)	\$ 1,329,262	54,644	3,971	\$ 24.33	\$ 8.05
Subtotal (Excluded Services)	\$ 8,361,528	153,857			\$ 50.64
Total (All)	\$ 317,173,739	20,794,170			\$ 1,920.82

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 100

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 2

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	198,464
Average Member Months per Month:	16,539

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 15,221,852	17,252	1,043	\$ 882.32	\$ 76.70
Inpatient — BH (LME/MCO)	\$ 7,944,208	12,240	740	\$ 649.04	\$ 40.03
Outpatient Hospital	\$ 9,641,826	35,456	2,144	\$ 271.94	\$ 48.58
Emergency Room	\$ 9,472,268	29,424	1,779	\$ 321.92	\$ 47.73
Physician	\$ 12,547,040	145,075	8,772	\$ 86.49	\$ 63.22
FOHC/RHC	\$ 241,023	2,441	148	\$ 98.73	\$ 1.21
Other Clinic	\$ 1,253,207	9,743	589	\$ 128.63	\$ 6.31
Other Practitioner	\$ 70,130	1,824	110	\$ 38.46	\$ 0.35
Therapies	\$ 5,781,642	46,570	2,816	\$ 124.15	\$ 29.13
Prescribed Drugs	\$ 46,466,288	331,248	20,029	\$ 140.28	\$ 234.13
Enhanced BH	\$ 65,387,728	2,228,054	134,718	\$ 29.35	\$ 329.47
B3 Services	\$ 8,045,496	725,482	43,866	\$ 11.09	\$ 40.54
LTSS — ICF/IID and Nursing Home	\$ 72,977,391	345,847	20,911	\$ 211.01	\$ 367.71
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 25,471,642	6,114,772	369,726	\$ 4.17	\$ 128.34
LTSS — HCBS Waiver Services	\$ 109,206,877	16,965,873	1,025,831	\$ 6.44	\$ 550.26
Durable Medical Equipment	\$ 9,318,404	5,164,881	312,291	\$ 1.80	\$ 46.95
Lab and X-Ray	\$ 5,259,389	238,011	14,391	\$ 22.10	\$ 26.50
Optical	\$ 200,322	9,833	595	\$ 20.37	\$ 1.01
Limited Dental Services	\$ 66,772	2,686	162	\$ 24.86	\$ 0.34
Transportation	\$ 2,964,164	45,921	2,777	\$ 64.55	\$ 14.94
Case Management	\$ 15,229	1,175	71	\$ 12.96	\$ 0.08
Patient-Centered Medical Home (PCMH) Payments	\$ 2,262,921	472,742	28,584	\$ 4.79	\$ 11.40
Subtotal (Covered Services)	\$ 409,815,819	32,946,549			\$ 2,064.94
Capitation — PACE	\$ 579,795	360	22	\$ 1,610.35	\$ 2.92
Dental	\$ 3,664,670	70,375	4,255	\$ 52.07	\$ 18.47
Local Education Agency (LEA)	\$ 1,158,877	35,669	2,157	\$ 32.49	\$ 5.84
Children's Developmental Services Agencies (CDSA)	\$ 1,740,622	70,939	4,289	\$ 24.54	\$ 8.77
Subtotal (Excluded Services)	\$ 7,143,964	177,344			\$ 36.00
Total (All)	\$ 416,959,784	33,123,892			\$ 2,100.93

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 101

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 3

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	299,544
Average Member Months per Month:	24,962

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 18,421,795	25,922	1,038	\$ 710.67	\$ 61.50
Inpatient — BH (LME/MCO)	\$ 12,610,722	26,017	1,042	\$ 484.71	\$ 42.10
Outpatient Hospital	\$ 12,234,478	46,443	1,861	\$ 263.43	\$ 40.84
Emergency Room	\$ 18,048,772	50,214	2,012	\$ 359.44	\$ 60.25
Physician	\$ 22,231,073	231,191	9,262	\$ 96.16	\$ 74.22
FQHC/RHC	\$ 451,914	5,397	216	\$ 83.74	\$ 1.51
Other Clinic	\$ 2,011,978	15,002	601	\$ 134.11	\$ 6.72
Other Practitioner	\$ 132,656	3,227	129	\$ 41.11	\$ 0.44
Therapies	\$ 11,356,372	97,706	3,914	\$ 116.23	\$ 37.91
Prescribed Drugs	\$ 73,670,307	491,404	19,686	\$ 149.92	\$ 245.94
Enhanced BH	\$ 96,391,156	4,157,314	166,546	\$ 23.19	\$ 321.79
B3 Services	\$ 15,615,587	1,754,455	70,285	\$ 8.90	\$ 52.13
LTSS — ICF/IID and Nursing Home	\$ 84,575,047	525,510	21,052	\$ 160.94	\$ 282.35
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 34,823,424	8,221,152	329,347	\$ 4.24	\$ 116.25
LTSS — HCBS Waiver Services	\$ 156,829,349	23,638,757	946,990	\$ 6.63	\$ 523.56
Durable Medical Equipment	\$ 13,509,188	6,267,980	251,101	\$ 2.16	\$ 45.10
Lab and X-Ray	\$ 10,893,585	473,338	18,962	\$ 23.01	\$ 36.37
Optical	\$ 245,684	13,205	529	\$ 18.61	\$ 0.82
Limited Dental Services	\$ 90,575	3,611	145	\$ 25.08	\$ 0.30
Transportation	\$ 4,328,970	64,942	2,602	\$ 66.66	\$ 14.45
Case Management	\$ 98,812	7,660	307	\$ 12.90	\$ 0.33
Patient-Centered Medical Home (PCMH) Payments	\$ 3,231,246	708,574	28,386	\$ 4.56	\$ 10.79
Subtotal (Covered Services)	\$ 591,802,691	46,829,021			\$ 1,975.68
Capitation — PACE	\$ 171,405	105	4	\$ 1,632.26	\$ 0.57
Dental	\$ 5,443,643	105,250	4,216	\$ 51.72	\$ 18.17
Local Education Agency (LEA)	\$ 1,916,214	60,870	2,438	\$ 31.48	\$ 6.40
Children's Developmental Services Agencies (CDSA)	\$ 2,772,499	109,021	4,367	\$ 25.43	\$ 9.26
Subtotal (Excluded Services)	\$ 10,303,760	275,246			\$ 34.40
Total (All)	\$ 602,106,451	47,104,267			\$ 2,010.08

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 102

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 4

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	278,012
Average Member Months per Month:	23,168

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 23,291,371	25,093	1,083	\$ 928.21	\$ 83.78
Inpatient — BH (LME/MCO)	\$ 18,184,318	26,996	1,165	\$ 673.60	\$ 65.41
Outpatient Hospital	\$ 12,005,233	39,879	1,721	\$ 301.04	\$ 43.18
Emergency Room	\$ 13,455,204	39,954	1,725	\$ 336.77	\$ 48.40
Physician	\$ 18,392,733	200,979	8,675	\$ 91.52	\$ 66.16
FQHC/RHC	\$ 1,078,978	11,444	494	\$ 94.28	\$ 3.88
Other Clinic	\$ 2,497,416	17,260	745	\$ 144.69	\$ 8.98
Other Practitioner	\$ 105,558	2,525	109	\$ 41.81	\$ 0.38
Therapies	\$ 9,174,663	80,439	3,472	\$ 114.06	\$ 33.00
Prescribed Drugs	\$ 64,076,549	441,309	19,048	\$ 145.20	\$ 230.48
Enhanced BH	\$ 111,059,453	4,207,381	181,606	\$ 26.40	\$ 399.48
B3 Services	\$ 25,568,733	2,359,436	101,842	\$ 10.84	\$ 91.97
LTSS — ICF/IID and Nursing Home	\$ 106,679,399	469,514	20,266	\$ 227.21	\$ 383.72
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 26,471,136	6,639,387	286,580	\$ 3.99	\$ 95.22
LTSS — HCBS Waiver Services	\$ 106,943,307	15,135,528	653,304	\$ 7.07	\$ 384.67
Durable Medical Equipment	\$ 9,714,508	5,538,778	239,074	\$ 1.75	\$ 34.94
Lab and X-Ray	\$ 7,476,592	359,049	15,498	\$ 20.82	\$ 26.89
Optical	\$ 282,261	13,297	574	\$ 21.23	\$ 1.02
Limited Dental Services	\$ 69,265	2,782	120	\$ 24.90	\$ 0.25
Transportation	\$ 4,026,137	145,013	6,259	\$ 27.76	\$ 14.48
Case Management	\$ 65,071	5,064	219	\$ 12.85	\$ 0.23
Patient-Centered Medical Home (PCMH) Payments	\$ 3,022,508	642,750	27,743	\$ 4.70	\$ 10.87
Subtotal (Covered Services)	\$ 563,640,391	36,403,858			\$ 2,027.40
Capitation — PACE	\$ 130,677	54	2	\$ 2,419.80	\$ 0.47
Dental	\$ 5,256,432	100,778	4,350	\$ 52.16	\$ 18.91
Local Education Agency (LEA)	\$ 1,579,204	49,108	2,120	\$ 32.16	\$ 5.68
Children's Developmental Services Agencies (CDSA)	\$ 1,387,812	57,695	2,490	\$ 24.05	\$ 4.99
Subtotal (Excluded Services)	\$ 8,354,126	207,635			\$ 30.05
Total (All)	\$ 571,994,518	36,611,493			\$ 2,057.45

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 103

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 5

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	213,011
Average Member Months per Month:	17,751

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 16,534,887	19,154	1,079	\$ 863.26	\$ 77.62
Inpatient — BH (LME/MCO)	\$ 8,894,797	15,716	885	\$ 565.95	\$ 41.76
Outpatient Hospital	\$ 7,090,651	26,122	1,472	\$ 271.44	\$ 33.29
Emergency Room	\$ 9,207,959	31,906	1,797	\$ 288.60	\$ 43.23
Physician	\$ 14,360,940	156,816	8,834	\$ 91.58	\$ 67.42
FQHC/RHC	\$ 706,475	8,435	475	\$ 83.75	\$ 3.32
Other Clinic	\$ 1,426,162	10,210	575	\$ 139.69	\$ 6.70
Other Practitioner	\$ 73,272	1,984	112	\$ 36.93	\$ 0.34
Therapies	\$ 8,062,934	74,757	4,211	\$ 107.86	\$ 37.85
Prescribed Drugs	\$ 53,603,052	378,894	21,345	\$ 141.47	\$ 251.64
Enhanced BH	\$ 87,338,841	3,021,732	170,230	\$ 28.90	\$ 410.02
B3 Services	\$ 3,570,763	423,700	23,869	\$ 8.43	\$ 16.76
LTSS — ICF/IID and Nursing Home	\$ 65,889,799	312,895	17,627	\$ 210.58	\$ 309.33
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 24,171,682	5,816,657	327,682	\$ 4.16	\$ 113.48
LTSS — HCBS Waiver Services	\$ 90,117,844	14,471,259	815,240	\$ 6.23	\$ 423.07
Durable Medical Equipment	\$ 8,030,858	4,663,462	262,717	\$ 1.72	\$ 37.70
Lab and X-Ray	\$ 3,827,734	183,697	10,349	\$ 20.84	\$ 17.97
Optical	\$ 320,112	13,979	788	\$ 22.90	\$ 1.50
Limited Dental Services	\$ 71,933	2,899	163	\$ 24.81	\$ 0.34
Transportation	\$ 3,087,733	140,490	7,915	\$ 21.98	\$ 14.50
Case Management	\$ 114,708	8,900	501	\$ 12.89	\$ 0.54
Patient-Centered Medical Home (PCMH) Payments	\$ 2,375,400	507,833	28,609	\$ 4.68	\$ 11.15
Subtotal (Covered Services)	\$ 408,878,534	30,291,497			\$ 1,919.52
Capitation — PACE	\$ 123,698	45	3	\$ 2,748.59	\$ 0.58
Dental	\$ 3,857,648	74,798	4,214	\$ 51.57	\$ 18.11
Local Education Agency (LEA)	\$ 1,145,503	37,324	2,103	\$ 30.69	\$ 5.38
Children's Developmental Services Agencies (CDSA)	\$ 1,645,825	71,768	4,043	\$ 22.93	\$ 7.73
Subtotal (Excluded Services)	\$ 6,772,675	183,935			\$ 31.79
Total (All)	\$ 415,651,209	30,475,432			\$ 1,951.31

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 104

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 6

Population Selections:	
Program Type:	BH I/DD Tailored Plan
Population Group:	All Population Groups
Dual/Non-Dual:	All Eligibles
Age:	All Ages

Member Months:	185,723
Average Member Months per Month:	15,477

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 14,481,279	16,088	1,039	\$ 900.13	\$ 77.97
Inpatient — BH (LME/MCO)	\$ 10,007,392	18,443	1,192	\$ 542.62	\$ 53.88
Outpatient Hospital	\$ 5,481,267	18,852	1,218	\$ 290.76	\$ 29.51
Emergency Room	\$ 8,465,679	28,184	1,821	\$ 300.37	\$ 45.58
Physician	\$ 11,408,137	131,042	8,467	\$ 87.06	\$ 61.43
FQHC/RHC	\$ 714,384	8,226	531	\$ 86.85	\$ 3.85
Other Clinic	\$ 1,361,270	9,639	623	\$ 141.23	\$ 7.33
Other Practitioner	\$ 94,252	2,340	151	\$ 40.27	\$ 0.51
Therapies	\$ 4,559,062	39,209	2,533	\$ 116.28	\$ 24.55
Prescribed Drugs	\$ 46,761,726	320,247	20,692	\$ 146.02	\$ 251.78
Enhanced BH	\$ 68,027,725	2,885,856	186,462	\$ 23.57	\$ 366.29
B3 Services	\$ 6,729,139	796,508	51,464	\$ 8.45	\$ 36.23
LTSS — ICF/IID and Nursing Home	\$ 101,095,367	376,304	24,314	\$ 268.65	\$ 544.33
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 22,745,767	5,565,875	359,624	\$ 4.09	\$ 122.47
LTSS — HCBS Waiver Services	\$ 75,241,113	11,546,974	746,077	\$ 6.52	\$ 405.13
Durable Medical Equipment	\$ 7,097,644	4,247,905	274,467	\$ 1.67	\$ 38.22
Lab and X-Ray	\$ 4,185,590	189,507	12,244	\$ 22.09	\$ 22.54
Optical	\$ 246,912	10,866	702	\$ 22.72	\$ 1.33
Limited Dental Services	\$ 71,408	2,867	185	\$ 24.91	\$ 0.38
Transportation	\$ 4,397,571	476,516	30,789	\$ 9.23	\$ 23.68
Case Management	\$ 15,747	1,215	79	\$ 12.96	\$ 0.08
Patient-Centered Medical Home (PCMH) Payments	\$ 2,102,031	438,822	28,353	\$ 4.79	\$ 11.32
Subtotal (Covered Services)	\$ 395,290,461	27,131,484			\$ 2,128.39
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 2,679,461	53,570	3,461	\$ 50.02	\$ 14.43
Local Education Agency (LEA)	\$ 662,457	20,820	1,345	\$ 31.82	\$ 3.57
Children's Developmental Services Agencies (CDSA)	\$ 1,199,518	48,824	3,155	\$ 24.57	\$ 6.46
Subtotal (Excluded Services)	\$ 4,541,436	123,214			\$ 24.45
Total (All)	\$ 399,831,897	27,254,698			\$ 2,152.84

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.2.4 SFY 2016 Non-Dual Long Term Services and Supports Population

Exhibit 105

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	65,098
Average Member Months per Month:	5,425

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 26,913,115	29,184	5,380	\$ 922.19	\$ 413.42
Inpatient — BH (LME/MCO)	\$ 505,453	759	140	\$ 666.14	\$ 7.76
Outpatient Hospital	\$ 9,877,339	29,999	5,530	\$ 329.25	\$ 151.73
Emergency Room	\$ 5,430,695	10,143	1,870	\$ 535.43	\$ 83.42
Physician	\$ 14,348,158	114,545	21,115	\$ 125.26	\$ 220.41
FQHC/RHC	\$ 286,277	2,633	485	\$ 108.72	\$ 4.40
Other Clinic	\$ 1,747,165	2,133	393	\$ 819.08	\$ 26.84
Other Practitioner	\$ 101,332	1,437	265	\$ 70.51	\$ 1.56
Therapies	\$ 4,875,389	40,309	7,430	\$ 120.95	\$ 74.89
Prescribed Drugs	\$ 59,412,347	439,304	80,980	\$ 135.24	\$ 912.66
Enhanced BH	\$ 1,517,023	42,179	7,775	\$ 35.97	\$ 23.30
B3 Services	\$ 652,291	101,690	18,745	\$ 6.41	\$ 10.02
LTSS – ICF/IID and Nursing Home	\$ 84,848,730	489,279	90,192	\$ 173.42	\$ 1,303.40
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 13,404,172	2,062,469	380,190	\$ 6.50	\$ 205.91
LTSS – HCBS Waiver Services	\$ 129,528,350	26,681,542	4,918,408	\$ 4.85	\$ 1,989.74
Durable Medical Equipment	\$ 26,039,744	8,568,951	1,579,579	\$ 3.04	\$ 400.01
Lab and X-Ray	\$ 942,398	62,228	11,471	\$ 15.14	\$ 14.48
Optical	\$ 114,487	3,255	600	\$ 35.17	\$ 1.76
Limited Dental Services	\$ 3,801	153	28	\$ 24.84	\$ 0.06
Transportation	\$ 3,121,629	168,806	31,117	\$ 18.49	\$ 47.95
Case Management	\$ 3,460	267	49	\$ 12.96	\$ 0.05
Patient-Centered Medical Home (PCMH) Payments	\$ 685,522	113,983	21,011	\$ 6.01	\$ 10.53
Subtotal (Covered Services)	\$ 384,358,876	38,965,248			\$ 5,904.31
Capitation — PACE	\$ 75,132	215	40	\$ 349.41	\$ 1.15
Dental	\$ 927,556	15,866	2,925	\$ 58.46	\$ 14.25
Local Education Agency (LEA)	\$ 860,421	36,231	6,679	\$ 23.75	\$ 13.22
Children's Developmental Services Agencies (CDSA)	\$ 147,570	6,591	1,215	\$ 22.39	\$ 2.27
Subtotal (Excluded Services)	\$ 2,010,679	58,902			\$ 30.89
Total (All)	\$ 386,369,556	39,024,150			\$ 5,935.20

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 106

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 1

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	8,314
Average Member Months per Month:	693

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 3,543,465	3,775	5,449	\$ 938.68	\$ 426.20
Inpatient — BH (LME/MCO)	\$ 197,631	248	358	\$ 796.90	\$ 23.77
Outpatient Hospital	\$ 1,310,996	5,057	7,299	\$ 259.23	\$ 157.69
Emergency Room	\$ 716,268	1,346	1,943	\$ 531.98	\$ 86.15
Physician	\$ 1,776,333	14,528	20,969	\$ 122.27	\$ 213.66
FQHC/RHC	\$ 79,113	608	878	\$ 130.11	\$ 9.52
Other Clinic	\$ 111,211	227	328	\$ 489.28	\$ 13.38
Other Practitioner	\$ 22,652	229	331	\$ 98.74	\$ 2.72
Therapies	\$ 571,249	5,337	7,703	\$ 107.03	\$ 68.71
Prescribed Drugs	\$ 7,526,215	60,361	87,122	\$ 124.69	\$ 905.25
Enhanced BH	\$ 289,363	4,570	6,596	\$ 63.32	\$ 34.80
B3 Services	\$ 63,861	9,507	13,722	\$ 6.72	\$ 7.68
LTSS — ICF/IID and Nursing Home	\$ 10,989,788	59,534	85,928	\$ 184.60	\$ 1,321.84
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 1,748,289	149,541	215,840	\$ 11.69	\$ 210.28
LTSS — HCBS Waiver Services	\$ 13,922,773	2,879,368	4,155,932	\$ 4.84	\$ 1,674.62
Durable Medical Equipment	\$ 2,985,728	1,033,133	1,491,171	\$ 2.89	\$ 359.12
Lab and X-Ray	\$ 93,998	5,516	7,962	\$ 17.04	\$ 11.31
Optical	\$ 16,586	529	764	\$ 31.34	\$ 1.99
Limited Dental Services	\$ 448	18	26	\$ 24.90	\$ 0.05
Transportation	\$ 341,268	12,544	18,105	\$ 27.21	\$ 41.05
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 89,921	14,603	21,078	\$ 6.16	\$ 10.82
Subtotal (Covered Services)	\$ 46,397,154	4,260,581			\$ 5,580.61
Capitation — PACE	\$ 61,191	191	276	\$ 320.33	\$ 7.36
Dental	\$ 118,767	2,022	2,919	\$ 58.73	\$ 14.29
Local Education Agency (LEA)	\$ 158,287	5,239	7,561	\$ 30.22	\$ 19.04
Children's Developmental Services Agencies (CDSA)	\$ 29,808	1,232	1,778	\$ 24.19	\$ 3.59
Subtotal (Excluded Services)	\$ 368,054	8,684			\$ 44.27
Total (All)	\$ 46,765,208	4,269,265			\$ 5,624.87

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 107

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 2

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	10,644
Average Member Months per Month:	887

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,479,161	5,231	5,898	\$ 1,047.39	\$ 514.77
Inpatient — BH (LME/MCO)	\$ 56,504	98	110	\$ 576.72	\$ 5.31
Outpatient Hospital	\$ 2,179,374	5,572	6,281	\$ 391.15	\$ 204.75
Emergency Room	\$ 915,525	1,727	1,947	\$ 530.17	\$ 86.01
Physician	\$ 2,474,321	19,421	21,895	\$ 127.41	\$ 232.46
FOHC/RHC	\$ 14,912	122	138	\$ 122.00	\$ 1.40
Other Clinic	\$ 219,016	365	411	\$ 600.82	\$ 20.58
Other Practitioner	\$ 14,881	231	261	\$ 64.33	\$ 1.40
Therapies	\$ 467,050	3,266	3,682	\$ 143.02	\$ 43.88
Prescribed Drugs	\$ 9,075,546	75,789	85,444	\$ 119.75	\$ 852.64
Enhanced BH	\$ 215,838	3,884	4,379	\$ 55.57	\$ 20.28
B3 Services	\$ 20,491	2,932	3,306	\$ 6.99	\$ 1.93
LTSS — ICF/IID and Nursing Home	\$ 13,157,760	77,024	86,836	\$ 170.83	\$ 1,236.17
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 1,544,716	248,079	279,683	\$ 6.23	\$ 145.13
LTSS — HCBS Waiver Services	\$ 20,960,504	4,174,879	4,706,741	\$ 5.02	\$ 1,969.23
Durable Medical Equipment	\$ 4,601,741	1,443,969	1,627,925	\$ 3.19	\$ 432.33
Lab and X-Ray	\$ 192,667	12,498	14,090	\$ 15.42	\$ 18.10
Optical	\$ 17,819	534	602	\$ 33.36	\$ 1.67
Limited Dental Services	\$ 878	39	44	\$ 22.51	\$ 0.08
Transportation	\$ 426,648	15,300	17,249	\$ 27.89	\$ 40.08
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 115,767	19,257	21,710	\$ 6.01	\$ 10.88
Subtotal (Covered Services)	\$ 62,151,120	6,110,217			\$ 5,839.08
Capitation — PACE	\$ 6,206	20	23	\$ 310.25	\$ 0.58
Dental	\$ 158,540	2,466	2,780	\$ 64.28	\$ 14.89
Local Education Agency (LEA)	\$ 76,971	2,449	2,761	\$ 31.43	\$ 7.23
Children's Developmental Services Agencies (CDSA)	\$ 26,776	1,015	1,144	\$ 26.38	\$ 2.52
Subtotal (Excluded Services)	\$ 268,493	5,951			\$ 25.22
Total (All)	\$ 62,419,614	6,116,167			\$ 5,864.30

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 108

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 3

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	15,685
Average Member Months per Month:	1,307

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 5,540,841	6,361	4,867	\$ 871.00	\$ 353.26
Inpatient — BH (LME/MCO)	\$ 112,633	185	142	\$ 608.70	\$ 7.18
Outpatient Hospital	\$ 2,517,878	6,332	4,844	\$ 397.63	\$ 160.53
Emergency Room	\$ 1,340,962	2,327	1,780	\$ 576.33	\$ 85.49
Physician	\$ 3,500,371	30,335	23,208	\$ 115.39	\$ 223.17
FQHC/RHC	\$ 21,914	220	169	\$ 99.46	\$ 1.40
Other Clinic	\$ 367,058	500	382	\$ 734.48	\$ 23.40
Other Practitioner	\$ 16,800	323	247	\$ 51.94	\$ 1.07
Therapies	\$ 1,545,907	13,072	10,001	\$ 118.26	\$ 98.56
Prescribed Drugs	\$ 14,427,184	103,342	79,063	\$ 139.61	\$ 919.81
Enhanced BH	\$ 394,835	13,164	10,071	\$ 29.99	\$ 25.17
B3 Services	\$ 96,978	12,404	9,490	\$ 7.82	\$ 6.18
LTSS – ICF/IID and Nursing Home	\$ 19,383,869	115,726	88,538	\$ 167.50	\$ 1,235.82
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 3,939,805	510,062	390,229	\$ 7.72	\$ 251.18
LTSS – HCBS Waiver Services	\$ 36,134,369	6,810,292	5,210,297	\$ 5.31	\$ 2,303.75
Durable Medical Equipment	\$ 6,826,814	2,072,283	1,585,426	\$ 3.29	\$ 435.24
Lab and X-Ray	\$ 245,516	16,825	12,872	\$ 14.59	\$ 15.65
Optical	\$ 21,427	609	466	\$ 35.17	\$ 1.37
Limited Dental Services	\$ 733	25	19	\$ 29.30	\$ 0.05
Transportation	\$ 536,265	12,259	9,379	\$ 43.74	\$ 34.19
Case Management	\$ 1,529	118	90	\$ 12.96	\$ 0.10
Patient-Centered Medical Home (PCMH) Payments	\$ 169,134	28,363	21,700	\$ 5.96	\$ 10.78
Subtotal (Covered Services)	\$ 97,142,822	9,755,128			\$ 6,193.36
Capitation — PACE	\$ 411	1	1	\$ 411.01	\$ 0.03
Dental	\$ 230,185	3,920	2,999	\$ 58.71	\$ 14.68
Local Education Agency (LEA)	\$ 202,985	7,123	5,449	\$ 28.50	\$ 12.94
Children's Developmental Services Agencies (CDSA)	\$ 41,424	1,862	1,425	\$ 22.24	\$ 2.64
Subtotal (Excluded Services)	\$ 475,005	12,907			\$ 30.28
Total (All)	\$ 97,617,828	9,768,035			\$ 6,223.64

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 109

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 4

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	12,265
Average Member Months per Month:	1,022

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 3,996,374	4,366	4,272	\$ 915.24	\$ 325.84
Inpatient — BH (LME/MCO)	\$ 55,739	65	64	\$ 851.88	\$ 4.54
Outpatient Hospital	\$ 1,643,833	5,492	5,373	\$ 299.34	\$ 134.03
Emergency Room	\$ 769,531	1,542	1,509	\$ 498.90	\$ 62.74
Physician	\$ 2,274,584	18,644	18,241	\$ 122.00	\$ 185.45
FQHC/RHC	\$ 54,920	468	458	\$ 117.40	\$ 4.48
Other Clinic	\$ 328,298	445	435	\$ 738.33	\$ 26.77
Other Practitioner	\$ 12,941	145	142	\$ 89.10	\$ 1.06
Therapies	\$ 1,459,035	11,511	11,262	\$ 126.75	\$ 118.96
Prescribed Drugs	\$ 10,284,963	67,115	65,665	\$ 153.24	\$ 838.56
Enhanced BH	\$ 285,384	6,625	6,481	\$ 43.08	\$ 23.27
B3 Services	\$ 292,259	44,750	43,783	\$ 6.53	\$ 23.83
LTSS – ICF/IID and Nursing Home	\$ 14,528,066	81,983	80,212	\$ 177.21	\$ 1,184.51
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 2,540,504	402,584	393,886	\$ 6.31	\$ 207.13
LTSS – HCBS Waiver Services	\$ 26,494,065	5,315,542	5,200,694	\$ 4.98	\$ 2,160.14
Durable Medical Equipment	\$ 5,541,271	1,935,416	1,893,599	\$ 2.86	\$ 451.80
Lab and X-Ray	\$ 142,268	9,916	9,702	\$ 14.35	\$ 11.60
Optical	\$ 16,554	543	532	\$ 30.47	\$ 1.35
Limited Dental Services	\$ 782	32	31	\$ 24.42	\$ 0.06
Transportation	\$ 451,472	21,507	21,043	\$ 20.99	\$ 36.81
Case Management	\$ 39	3	3	\$ 12.87	\$ 0.00
Patient-Centered Medical Home (PCMH) Payments	\$ 122,917	21,724	21,254	\$ 5.66	\$ 10.02
Subtotal (Covered Services)	\$ 71,295,797	7,950,419			\$ 5,812.95
Capitation — PACE	\$ 200	1	1	\$ 200.25	\$ 0.02
Dental	\$ 174,539	3,196	3,127	\$ 54.61	\$ 14.23
Local Education Agency (LEA)	\$ 222,849	10,515	10,288	\$ 21.19	\$ 18.17
Children's Developmental Services Agencies (CDSA)	\$ 13,847	639	625	\$ 21.67	\$ 1.13
Subtotal (Excluded Services)	\$ 411,434	14,352			\$ 33.55
Total (All)	\$ 71,707,231	7,964,771			\$ 5,846.49

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 110

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 5

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	9,999
Average Member Months per Month:	833

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,398,155	5,145	6,175	\$ 854.76	\$ 439.86
Inpatient — BH (LME/MCO)	\$ 39,200	75	90	\$ 524.98	\$ 3.92
Outpatient Hospital	\$ 1,313,115	4,301	5,161	\$ 305.32	\$ 131.32
Emergency Room	\$ 827,239	1,692	2,030	\$ 488.94	\$ 82.73
Physician	\$ 2,388,868	17,938	21,528	\$ 133.17	\$ 238.91
FQHC/RHC	\$ 50,560	519	623	\$ 97.46	\$ 5.06
Other Clinic	\$ 341,343	307	369	\$ 1,110.23	\$ 34.14
Other Practitioner	\$ 16,368	258	310	\$ 63.35	\$ 1.64
Therapies	\$ 607,956	5,212	6,255	\$ 116.65	\$ 60.80
Prescribed Drugs	\$ 10,946,432	72,658	87,198	\$ 150.66	\$ 1,094.75
Enhanced BH	\$ 174,689	7,802	9,363	\$ 22.39	\$ 17.47
B3 Services	\$ 117,098	19,568	23,483	\$ 5.98	\$ 11.71
LTSS — ICF/IID and Nursing Home	\$ 13,268,145	76,414	91,706	\$ 173.64	\$ 1,326.95
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 2,489,687	499,837	599,864	\$ 4.98	\$ 248.99
LTSS — HCBS Waiver Services	\$ 19,027,783	4,647,923	5,578,066	\$ 4.09	\$ 1,902.97
Durable Medical Equipment	\$ 3,812,596	1,252,050	1,502,611	\$ 3.05	\$ 381.30
Lab and X-Ray	\$ 155,074	10,014	12,018	\$ 15.49	\$ 15.51
Optical	\$ 21,913	585	702	\$ 37.44	\$ 2.19
Limited Dental Services	\$ 861	35	42	\$ 24.59	\$ 0.09
Transportation	\$ 578,904	31,701	38,046	\$ 18.26	\$ 57.90
Case Management	\$ 1,892	146	175	\$ 12.96	\$ 0.19
Patient-Centered Medical Home (PCMH) Payments	\$ 108,330	17,647	21,179	\$ 6.14	\$ 10.83
Subtotal (Covered Services)	\$ 60,686,205	6,671,829			\$ 6,069.23
Capitation — PACE	\$ 7,124	2	2	\$ 3,561.86	\$ 0.71
Dental	\$ 129,017	2,423	2,908	\$ 53.24	\$ 12.90
Local Education Agency (LEA)	\$ 146,582	9,065	10,879	\$ 16.17	\$ 14.66
Children's Developmental Services Agencies (CDSA)	\$ 28,667	1,397	1,677	\$ 20.52	\$ 2.87
Subtotal (Excluded Services)	\$ 311,390	12,887			\$ 31.14
Total (All)	\$ 60,997,595	6,684,716			\$ 6,100.37

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 111

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 6

Population Selections:	
Program Type:	Non-Dual LTSS Population
Population Group:	All Population Groups
Dual/Non-Dual:	Non-Duals
Age:	All Ages

Member Months:	8,191
Average Member Months per Month:	683

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 3,955,118	4,304	6,306	\$ 918.88	\$ 482.86
Inpatient — BH (LME/MCO)	\$ 43,746	88	128	\$ 499.00	\$ 5.34
Outpatient Hospital	\$ 912,143	3,246	4,755	\$ 281.01	\$ 111.36
Emergency Room	\$ 861,169	1,508	2,210	\$ 570.94	\$ 105.14
Physician	\$ 1,933,681	13,679	20,040	\$ 141.36	\$ 236.07
FQHC/RHC	\$ 64,859	696	1,020	\$ 93.19	\$ 7.92
Other Clinic	\$ 380,240	289	424	\$ 1,313.81	\$ 46.42
Other Practitioner	\$ 17,690	249	365	\$ 70.96	\$ 2.16
Therapies	\$ 224,193	1,912	2,801	\$ 117.27	\$ 27.37
Prescribed Drugs	\$ 7,152,008	60,039	87,958	\$ 119.12	\$ 873.15
Enhanced BH	\$ 156,914	6,135	8,987	\$ 25.58	\$ 19.16
B3 Services	\$ 61,603	12,529	18,356	\$ 4.92	\$ 7.52
LTSS — ICF/IID and Nursing Home	\$ 13,521,103	78,597	115,147	\$ 172.03	\$ 1,650.73
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 1,141,171	252,365	369,720	\$ 4.52	\$ 139.32
LTSS — HCBS Waiver Services	\$ 12,988,857	2,853,537	4,180,496	\$ 4.55	\$ 1,585.75
Durable Medical Equipment	\$ 2,271,595	832,099	1,219,044	\$ 2.73	\$ 277.33
Lab and X-Ray	\$ 112,875	7,459	10,928	\$ 15.13	\$ 13.78
Optical	\$ 20,188	454	665	\$ 44.45	\$ 2.46
Limited Dental Services	\$ 100	4	6	\$ 24.90	\$ 0.01
Transportation	\$ 787,072	75,495	110,602	\$ 10.43	\$ 96.09
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 79,452	12,389	18,150	\$ 6.41	\$ 9.70
Subtotal (Covered Services)	\$ 46,685,777	4,217,074			\$ 5,699.64
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 116,508	1,837	2,692	\$ 63.42	\$ 14.22
Local Education Agency (LEA)	\$ 52,747	1,840	2,696	\$ 28.66	\$ 6.44
Children's Developmental Services Agencies (CDSA)	\$ 7,048	445	652	\$ 15.84	\$ 0.86
Subtotal (Excluded Services)	\$ 176,303	4,122			\$ 21.52
Total (All)	\$ 46,862,080	4,221,196			\$ 5,721.17

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

8.2.5 SFY 2016 Dual Eligibles

Exhibit 112

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Statewide

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	2,546,300
Average Member Months per Month:	212,192

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 17,411,369	178,044	839	\$ 97.79	\$ 6.84
Inpatient — BH (LME/MCO)	\$ 1,566,235	7,651	36	\$ 204.71	\$ 0.62
Outpatient Hospital	\$ 33,378,623	422,167	1,990	\$ 79.06	\$ 13.11
Emergency Room	\$ 25,521,390	269,000	1,268	\$ 94.88	\$ 10.02
Physician	\$ 51,412,687	2,479,880	11,687	\$ 20.73	\$ 20.19
FQHC/RHC	\$ 2,528,039	106,221	501	\$ 23.80	\$ 0.99
Other Clinic	\$ 7,112,974	59,043	278	\$ 120.47	\$ 2.79
Other Practitioner	\$ 639,911	55,081	260	\$ 11.62	\$ 0.25
Therapies	\$ 26,865	351	2	\$ 76.59	\$ 0.01
Prescribed Drugs	\$ 46,948,280	515,949	2,432	\$ 90.99	\$ 18.44
Enhanced BH	\$ 7,594,385	549,944	2,592	\$ 13.81	\$ 2.98
B3 Services	\$ 467,596	52,417	247	\$ 8.92	\$ 0.18
LTSS – ICF/IID and Nursing Home	\$ 596,685,260	4,286,111	20,199	\$ 139.21	\$ 234.33
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 346,571,919	89,879,715	423,578	\$ 3.86	\$ 136.11
LTSS – HCBS Waiver Services	\$ 198,457,441	61,175,139	288,301	\$ 3.24	\$ 77.94
Durable Medical Equipment	\$ 32,341,310	27,074,587	127,595	\$ 1.19	\$ 12.70
Lab and X-Ray	\$ 1,416,805	129,984	613	\$ 10.90	\$ 0.56
Optical	\$ 911,372	90,562	427	\$ 10.06	\$ 0.36
Limited Dental Services	\$ 100	4	0	\$ 24.90	\$ 0.00
Transportation	\$ 26,588,256	1,806,447	8,513	\$ 14.72	\$ 10.44
Case Management	\$ 595,583	46,087	217	\$ 12.92	\$ 0.23
Patient-Centered Medical Home (PCMH) Payments	\$ 25,190,243	3,369,304	15,879	\$ 7.48	\$ 9.89
Subtotal (Covered Services)	\$ 1,423,366,642	192,553,687			\$ 558.99
Capitation — PACE	\$ 29,185,556	15,053	71	\$ 1,938.91	\$ 11.46
Dental	\$ 31,764,993	477,916	2,252	\$ 66.47	\$ 12.47
Local Education Agency (LEA)	\$ 571	25	0	\$ 22.83	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ 2,902	112	1	\$ 25.91	\$ 0.00
Subtotal (Excluded Services)	\$ 60,954,022	493,106			\$ 23.94
Total (All)	\$ 1,484,320,664	193,046,793			\$ 582.93

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 113

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 1

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	298,930
Average Member Months per Month:	24,911

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 1,132,391	15,081	605	\$ 75.09	\$ 3.79
Inpatient — BH (LME/MCO)	\$ 149,019	318	13	\$ 469.25	\$ 0.50
Outpatient Hospital	\$ 6,398,772	59,891	2,404	\$ 106.84	\$ 21.41
Emergency Room	\$ 4,354,649	28,249	1,134	\$ 154.15	\$ 14.57
Physician	\$ 5,020,545	267,855	10,753	\$ 18.74	\$ 16.80
FQHC/RHC	\$ 558,109	19,933	800	\$ 28.00	\$ 1.87
Other Clinic	\$ 332,361	3,165	127	\$ 105.00	\$ 1.11
Other Practitioner	\$ 77,259	7,113	286	\$ 10.86	\$ 0.26
Therapies	\$ 8,396	80	3	\$ 104.80	\$ 0.03
Prescribed Drugs	\$ 5,444,375	59,680	2,396	\$ 91.23	\$ 18.21
Enhanced BH	\$ 976,238	43,372	1,741	\$ 22.51	\$ 3.27
B3 Services	\$ 27,110	3,031	122	\$ 8.95	\$ 0.09
LTSS — ICF/IID and Nursing Home	\$ 92,298,709	644,407	25,869	\$ 143.23	\$ 308.76
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 24,312,217	5,484,266	220,156	\$ 4.43	\$ 81.33
LTSS — HCBS Waiver Services	\$ 30,999,165	9,330,759	374,566	\$ 3.32	\$ 103.70
Durable Medical Equipment	\$ 3,150,051	2,316,655	92,998	\$ 1.36	\$ 10.54
Lab and X-Ray	\$ 131,928	13,378	537	\$ 9.86	\$ 0.44
Optical	\$ 74,190	6,247	251	\$ 11.88	\$ 0.25
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 2,437,114	112,889	4,532	\$ 21.59	\$ 8.15
Case Management	\$ -	-	-	\$ -	\$ -
Patient-Centered Medical Home (PCMH) Payments	\$ 2,724,657	366,265	14,703	\$ 7.44	\$ 9.11
Subtotal (Covered Services)	\$ 180,607,256	18,782,631			\$ 604.18
Capitation — PACE	\$ 2,227,784	5,771	232	\$ 386.05	\$ 7.45
Dental	\$ 3,400,804	47,532	1,908	\$ 71.55	\$ 11.38
Local Education Agency (LEA)	\$ 523	23	1	\$ 22.74	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 5,629,112	53,326			\$ 18.83
Total (All)	\$ 186,236,367	18,835,957			\$ 623.01

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 114

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 2

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	427,158
Average Member Months per Month:	35,597

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 3,035,692	30,166	847	\$ 100.63	\$ 7.11
Inpatient — BH (LME/MCO)	\$ 202,968	1,314	37	\$ 154.45	\$ 0.48
Outpatient Hospital	\$ 5,229,021	92,199	2,590	\$ 56.71	\$ 12.24
Emergency Room	\$ 3,702,886	43,503	1,222	\$ 85.12	\$ 8.67
Physician	\$ 7,570,357	372,564	10,466	\$ 20.32	\$ 17.72
FQHC/RHC	\$ 64,365	2,600	73	\$ 24.75	\$ 0.15
Other Clinic	\$ 1,027,795	9,523	268	\$ 107.93	\$ 2.41
Other Practitioner	\$ 77,438	7,774	218	\$ 9.96	\$ 0.18
Therapies	\$ 342	46	1	\$ 7.41	\$ 0.00
Prescribed Drugs	\$ 8,313,907	94,305	2,649	\$ 88.16	\$ 19.46
Enhanced BH	\$ 999,087	61,129	1,717	\$ 16.34	\$ 2.34
B3 Services	\$ 14,550	1,746	49	\$ 8.34	\$ 0.03
LTSS – ICF/IID and Nursing Home	\$ 100,209,224	724,472	20,352	\$ 138.32	\$ 234.60
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 54,222,707	13,716,025	385,319	\$ 3.95	\$ 126.94
LTSS – HCBS Waiver Services	\$ 35,410,273	10,852,971	304,889	\$ 3.26	\$ 82.90
Durable Medical Equipment	\$ 4,837,442	3,858,651	108,400	\$ 1.25	\$ 11.32
Lab and X-Ray	\$ 296,290	25,938	729	\$ 11.42	\$ 0.69
Optical	\$ 104,462	7,682	216	\$ 13.60	\$ 0.24
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 3,986,000	130,145	3,656	\$ 30.63	\$ 9.33
Case Management	\$ 67,736	5,236	147	\$ 12.94	\$ 0.16
Patient-Centered Medical Home (PCMH) Payments	\$ 4,154,021	560,056	15,733	\$ 7.42	\$ 9.72
Subtotal (Covered Services)	\$ 233,526,564	30,598,045			\$ 546.70
Capitation — PACE	\$ 8,013,961	3,337	94	\$ 2,401.32	\$ 18.76
Dental	\$ 4,759,688	72,325	2,032	\$ 65.81	\$ 11.14
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 12,773,649	75,662			\$ 29.90
Total (All)	\$ 246,300,213	30,673,707			\$ 576.60

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 115

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 3

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	497,376
Average Member Months per Month:	41,448

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 2,940,009	41,432	1,000	\$ 70.96	\$ 5.91
Inpatient — BH (LME/MCO)	\$ 104,455	1,485	36	\$ 70.33	\$ 0.21
Outpatient Hospital	\$ 6,316,171	91,319	2,203	\$ 69.17	\$ 12.70
Emergency Room	\$ 4,525,373	54,680	1,319	\$ 82.76	\$ 9.10
Physician	\$ 10,238,856	496,593	11,981	\$ 20.62	\$ 20.59
FQHC/RHC	\$ 217,730	10,635	257	\$ 20.47	\$ 0.44
Other Clinic	\$ 1,514,776	11,133	269	\$ 136.06	\$ 3.05
Other Practitioner	\$ 106,091	10,388	251	\$ 10.21	\$ 0.21
Therapies	\$ 7,855	92	2	\$ 85.21	\$ 0.02
Prescribed Drugs	\$ 9,834,860	99,721	2,406	\$ 98.62	\$ 19.77
Enhanced BH	\$ 1,544,132	115,378	2,784	\$ 13.38	\$ 3.10
B3 Services	\$ 119,591	10,773	260	\$ 11.10	\$ 0.24
LTSS – ICF/IID and Nursing Home	\$ 106,095,795	789,751	19,054	\$ 134.34	\$ 213.31
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 73,363,025	18,879,062	455,488	\$ 3.89	\$ 147.50
LTSS – HCBS Waiver Services	\$ 35,860,745	10,960,063	264,429	\$ 3.27	\$ 72.10
Durable Medical Equipment	\$ 6,540,394	5,516,227	133,088	\$ 1.19	\$ 13.15
Lab and X-Ray	\$ 293,531	24,920	601	\$ 11.78	\$ 0.59
Optical	\$ 121,901	10,181	246	\$ 11.97	\$ 0.25
Limited Dental Services	\$ 100	4	0	\$ 24.90	\$ 0.00
Transportation	\$ 4,757,806	133,282	3,216	\$ 35.70	\$ 9.57
Case Management	\$ 162,813	12,600	304	\$ 12.92	\$ 0.33
Patient-Centered Medical Home (PCMH) Payments	\$ 4,724,999	630,047	15,201	\$ 7.50	\$ 9.50
Subtotal (Covered Services)	\$ 269,391,006	37,899,767			\$ 541.62
Capitation — PACE	\$ 6,792,475	2,225	54	\$ 3,052.56	\$ 13.66
Dental	\$ 6,366,381	94,415	2,278	\$ 67.43	\$ 12.80
Local Education Agency (LEA)	\$ 48	2	0	\$ 23.88	\$ 0.00
Children's Developmental Services Agencies (CDSA)	\$ 2,902	112	3	\$ 25.91	\$ 0.01
Subtotal (Excluded Services)	\$ 13,161,806	96,755			\$ 26.46
Total (All)	\$ 282,552,812	37,996,522			\$ 568.09

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 116

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 4

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	445,931
Average Member Months per Month:	37,161

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 3,704,178	31,226	840	\$ 118.63	\$ 8.31
Inpatient — BH (LME/MCO)	\$ 380,316	1,789	48	\$ 212.53	\$ 0.85
Outpatient Hospital	\$ 5,404,602	68,829	1,852	\$ 78.52	\$ 12.12
Emergency Room	\$ 3,732,556	44,032	1,185	\$ 84.77	\$ 8.37
Physician	\$ 8,843,507	410,871	11,057	\$ 21.52	\$ 19.83
FQHC/RHC	\$ 480,242	18,295	492	\$ 26.25	\$ 1.08
Other Clinic	\$ 1,495,920	12,350	332	\$ 121.13	\$ 3.35
Other Practitioner	\$ 124,105	7,561	203	\$ 16.41	\$ 0.28
Therapies	\$ 4,995	39	1	\$ 127.67	\$ 0.01
Prescribed Drugs	\$ 7,891,239	82,233	2,213	\$ 95.96	\$ 17.70
Enhanced BH	\$ 1,844,886	162,635	4,376	\$ 11.34	\$ 4.14
B3 Services	\$ 264,380	29,390	791	\$ 9.00	\$ 0.59
LTSS – ICF/IID and Nursing Home	\$ 100,952,822	711,712	19,152	\$ 141.85	\$ 226.39
LTSS – State Plan Home and Community Based Services (HCBS)	\$ 65,134,158	17,297,360	465,472	\$ 3.77	\$ 146.06
LTSS – HCBS Waiver Services	\$ 24,067,332	7,533,061	202,715	\$ 3.19	\$ 53.97
Durable Medical Equipment	\$ 5,853,101	5,318,772	143,128	\$ 1.10	\$ 13.13
Lab and X-Ray	\$ 225,525	23,578	634	\$ 9.56	\$ 0.51
Optical	\$ 142,612	13,455	362	\$ 10.60	\$ 0.32
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 4,792,946	288,256	7,757	\$ 16.63	\$ 10.75
Case Management	\$ 158,911	12,299	331	\$ 12.92	\$ 0.36
Patient-Centered Medical Home (PCMH) Payments	\$ 4,076,992	550,072	14,802	\$ 7.41	\$ 9.14
Subtotal (Covered Services)	\$ 239,575,324	32,617,815			\$ 537.25
Capitation — PACE	\$ 4,493,106	1,383	37	\$ 3,248.58	\$ 10.08
Dental	\$ 5,937,375	93,252	2,509	\$ 63.67	\$ 13.31
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children’s Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 10,430,481	94,635			\$ 23.39
Total (All)	\$ 250,005,805	32,712,450			\$ 560.64

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS – HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 117

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 5

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	450,958
Average Member Months per Month:	37,580

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 4,040,790	34,619	921	\$ 116.72	\$ 8.96
Inpatient — BH (LME/MCO)	\$ 516,474	1,509	40	\$ 342.23	\$ 1.15
Outpatient Hospital	\$ 5,273,768	63,389	1,687	\$ 83.20	\$ 11.69
Emergency Room	\$ 4,523,036	49,820	1,326	\$ 90.79	\$ 10.03
Physician	\$ 10,751,835	501,099	13,334	\$ 21.46	\$ 23.84
FQHC/RHC	\$ 672,714	29,423	783	\$ 22.86	\$ 1.49
Other Clinic	\$ 1,429,103	11,684	311	\$ 122.32	\$ 3.17
Other Practitioner	\$ 124,179	11,911	317	\$ 10.43	\$ 0.28
Therapies	\$ 3,090	62	2	\$ 49.72	\$ 0.01
Prescribed Drugs	\$ 8,669,445	100,877	2,684	\$ 85.94	\$ 19.22
Enhanced BH	\$ 1,289,045	72,375	1,926	\$ 17.81	\$ 2.86
B3 Services	\$ 31,092	6,516	173	\$ 4.77	\$ 0.07
LTSS — ICF/IID and Nursing Home	\$ 97,143,841	691,950	18,413	\$ 140.39	\$ 215.42
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 67,087,667	17,791,763	473,439	\$ 3.77	\$ 148.77
LTSS — HCBS Waiver Services	\$ 39,274,444	12,551,571	333,998	\$ 3.13	\$ 87.09
Durable Medical Equipment	\$ 5,617,026	5,094,760	135,572	\$ 1.10	\$ 12.46
Lab and X-Ray	\$ 273,809	24,933	663	\$ 10.98	\$ 0.61
Optical	\$ 239,965	30,670	816	\$ 7.82	\$ 0.53
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 4,874,718	322,769	8,589	\$ 15.10	\$ 10.81
Case Management	\$ 177,724	13,761	366	\$ 12.92	\$ 0.39
Patient-Centered Medical Home (PCMH) Payments	\$ 4,592,700	611,599	16,275	\$ 7.51	\$ 10.18
Subtotal (Covered Services)	\$ 256,606,465	38,017,059			\$ 569.03
Capitation — PACE	\$ 7,658,230	2,336	62	\$ 3,278.10	\$ 16.98
Dental	\$ 6,154,417	91,936	2,446	\$ 66.94	\$ 13.65
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 13,812,647	94,272			\$ 30.63
Total (All)	\$ 270,419,112	38,111,332			\$ 599.65

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

Exhibit 118

Time Period/Region Selections:	
Time Period:	SFY 2016
Region:	Region 6

Population Selections:	
Program Type:	Dual Eligibles
Population Group:	All Population Groups
Dual/Non-Dual:	Duals
Age:	All Ages

Member Months:	425,947
Average Member Months per Month:	35,496

Category of Service	Paid Claims	Utilization	Utilization Per 1,000	Unit Cost	PMPM
Inpatient — PH	\$ 2,558,310	25,519	719	\$ 100.25	\$ 6.01
Inpatient — BH (LME/MCO)	\$ 213,003	1,235	35	\$ 172.41	\$ 0.50
Outpatient Hospital	\$ 4,756,290	46,541	1,311	\$ 102.20	\$ 11.17
Emergency Room	\$ 4,682,889	48,716	1,372	\$ 96.13	\$ 10.99
Physician	\$ 8,987,587	430,898	12,139	\$ 20.86	\$ 21.10
FQHC/RHC	\$ 534,879	25,335	714	\$ 21.11	\$ 1.26
Other Clinic	\$ 1,313,020	11,188	315	\$ 117.36	\$ 3.08
Other Practitioner	\$ 130,838	10,333	291	\$ 12.66	\$ 0.31
Therapies	\$ 2,188	31	1	\$ 70.45	\$ 0.01
Prescribed Drugs	\$ 6,794,453	79,133	2,229	\$ 85.86	\$ 15.95
Enhanced BH	\$ 940,997	95,056	2,678	\$ 9.90	\$ 2.21
B3 Services	\$ 10,872	963	27	\$ 11.29	\$ 0.03
LTSS — ICF/IID and Nursing Home	\$ 99,984,869	723,819	20,392	\$ 138.14	\$ 234.74
LTSS — State Plan Home and Community Based Services (HCBS)	\$ 62,452,145	16,711,240	470,798	\$ 3.74	\$ 146.62
LTSS — HCBS Waiver Services	\$ 32,845,482	9,946,714	280,224	\$ 3.30	\$ 77.11
Durable Medical Equipment	\$ 6,343,296	4,969,521	140,004	\$ 1.28	\$ 14.89
Lab and X-Ray	\$ 195,721	17,237	486	\$ 11.35	\$ 0.46
Optical	\$ 228,242	22,328	629	\$ 10.22	\$ 0.54
Limited Dental Services	\$ -	-	-	\$ -	\$ -
Transportation	\$ 5,739,672	819,105	23,076	\$ 7.01	\$ 13.48
Case Management	\$ 28,398	2,191	62	\$ 12.96	\$ 0.07
Patient-Centered Medical Home (PCMH) Payments	\$ 4,916,876	651,266	18,348	\$ 7.55	\$ 11.54
Subtotal (Covered Services)	\$ 243,660,027	34,638,370			\$ 572.04
Capitation — PACE	\$ -	-	-	\$ -	\$ -
Dental	\$ 5,146,328	78,456	2,210	\$ 65.60	\$ 12.08
Local Education Agency (LEA)	\$ -	-	-	\$ -	\$ -
Children's Developmental Services Agencies (CDSA)	\$ -	-	-	\$ -	\$ -
Subtotal (Excluded Services)	\$ 5,146,328	78,456			\$ 12.08
Total (All)	\$ 248,806,355	34,716,826			\$ 584.13

Category of Service Notes

The service categories listed below include the following detailed service categories:

Other Clinic	Free-standing Clinics, Health Check - Health Department, Family Planning
Other Practitioner	Chiropractic, Podiatry
Therapies	Physical Therapy, Speech Therapy, Occupational Therapy
Enhanced BH	BH services for non-LME/MCO population (Ages 0-3 and NC Health Choice), Assertive Community Treatment, BH Long-Term Residential, Community Support, Crisis Services, Intensive In Home Services, Multisystemic Therapy, Partial Hospitalization/Day Treatment, Psychiatric Residential Treatment Facility, Psych Rehab, Outpatient (including psychotherapy and alcohol/drug services)
LTSS — State Plan Home and Community Based Services (HCBS)	Home Health, Hospice, Personal Care
LTSS — HCBS Waiver Services	Innovations, CAP/C, and CAP/DA waiver services
Transportation	Ambulance, Non-Emergent Medical Transportation (NEMT)

APPENDIX A — BH I/DD TAILORED PLAN DIAGNOSIS CRITERIA

The following tables present an overview of the Behavioral Health (BH) and Intellectual/Developmental Disabilities diagnosis criteria for the following default groups based on condition.

- Intellectual/Developmental Disability (I/DD)
- Serious and Persistent Mental Illness (SPMI)/Serious Emotional Disturbance (SED)
- Substance Use Disorder (SUD)

The list of diagnoses included in these tables was provided to Mercer by the State. Please see section 2.2.3 for a full overview of the criteria used to identify the BH I/DD Tailored Plan population for purposes of the Population Profile data report.

I/DD Default Diagnosis

ICD-9 Codes

Code	Description	Code	Description
270.10	Classical phenylketonuria	343.10	Spastic hemiplegic cerebral palsy
277.50	Hurler's syndrome	343.20	Moderate intellectual disabilities
279.11	Di George's syndrome	343.40	Spastic hemiplegic cerebral palsy
299.01	Autistic disorder	359.00	Congenital myopathies
299.10	Other childhood disintegrative disorder	740.00	Anencephaly
299.80	Asperger's syndrome	741.00	Unspecified spina bifida with hydrocephalus
299.81	Other pervasive developmental disorders	741.90	Sacral spina bifida without hydrocephalus
299.90	Pervasive developmental disorder, unspecified	742.10	Microcephaly
299.91	Pervasive developmental disorder, unspecified	742.30	Malformations of aqueduct of Sylvius
315.80	Other disorders of psychological development	758.00	Down syndrome, unspecified
315.90	Unspecified disorder of psychological development	758.10	Trisomy 13, unspecified
317.00	Mild intellectual disabilities	758.20	Trisomy 18, unspecified
318.00	Moderate intellectual disabilities	758.31	Deletion of short arm of chromosome 5
318.10	Severe intellectual disabilities	758.70	Klinefelter syndrome, unspecified
318.20	Profound intellectual disabilities	759.50	Tuberous sclerosis
319.00	Unspecified intellectual disabilities	759.81	Congenital malform syndromes predom assoc w short stature
330.00	Krabbe disease	759.83	Fragile X chromosome
330.10	Tay-Sachs disease	759.89	Barth syndrome
330.80	Alpers disease	760.71	Newborn affected by maternal use of alcohol
343.00	Spastic diplegic cerebral palsy		

ICD-10 Codes

Code	Description	Code	Description
D82.10	Di George's syndrome	F84.90	Pervasive Developmental Disorder, Unspecified
E70.00	Classical phenylketonuria	F88.00	Other disorders of psychological development
E75.02	Tay-Sachs disease	F89.00	unspecified disorder of psychological development
E75.19	Other Gangliosidosis	G31.81	Alpers disease
E75.23	Krabbe disease	G31.82	Leigh's Disease
E75.25	Metachromatic Leukodystrophy	G80.20	Spastic Hemiplegic Cerebral Palsy
E75.29	Other Sphingolipidosis	Q00.00	Anencephaly
E75.40	Neuronal ceroid lipofuscinosis	Q02.00	Microcephaly
E76.01	Hurler's syndrome	Q03.00	Malformations of aqueduct of Sylvius
E76.10	Mucopolysaccharidosis, type II	Q03.10	Atresia Of Foramina Of Magendie And Luschka
E76.22	Sanfilippo Mucopolysaccharidoses	Q03.80	Other congenital hydrocephalus
E76.29	Other Mucopolysaccharidoses	Q05.40	Unspecified Spina Bifida With Hydrocephalus
E76.30	Mucopolysaccharidosis, unspecified	Q05.80	Sacral spina bifida without hydrocephalus
E77.10	Defects In Glycoprotein Degradation	Q07.02	Arnold-Chiari Syndrome with Hydrocephalus

Code	Description	Code	Description
E78.71	Barth syndrome	Q07.03	Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus
E78.72	Smith-Lemli-Opitz Syndrome	Q85.10	Tuberous sclerosis
F70.00	Mild intellectual disabilities	Q86.00	Fetal Alcohol Syndrome
F71.00	Moderate intellectual disabilities	Q87.10	Congenital Malformation Syndromes with short stature
F72.00	Severe intellectual disabilities	Q87.20	Congenital Malformation Syndromes
F73.00	Profound intellectual disabilities	Q87.89	Congenital Malformation Syndromes
F78.00	Other intellectual disabilities	Q90.90	Down Syndrome, Unspecified
F79.00	Unspecified intellectual disabilities	Q91.30	Trisomy 18, unspecified
F84.00	Autistic Disorder	Q91.70	Trisomy 13, unspecified
F84.20	Rett's Syndrome	Q93.40	Deletion of short arm of chromosome 5
F84.30	Other childhood disintegrative disorder	Q98.40	Klinefelter syndrome, unspecified
F84.50	Asperger's Syndrome	Q99.20	Fragile X Chromosome
F84.80	Other Pervasive Developmental Disorders		

SED Diagnosis (Ages 0-17.99)

ICD-9 Codes

Code	Description	Code	Description
295.00	Other schizophrenia	296.41	Bipolar disord, crnt episode manic w/o psych features, mild
295.01	Other schizophrenia	296.42	Bipolar disord, crnt episode manic w/o psych features, mod
295.02	Other schizophrenia	296.43	Bipolar disord, crnt epsd manic w/o psych features, severe
295.03	Other schizophrenia	296.44	Bipolar disord, crnt episode manic severe w psych features
295.04	Other schizophrenia	296.45	Bipolar disord, in partial remis, most recent episode manic
295.05	Other schizophrenia	296.46	Bipolar disorder, in full remis, most recent episode manic
295.10	Disorganized schizophrenia	296.50	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
295.11	Disorganized schizophrenia	296.51	Bipolar disorder, current episode depressed, mild
295.12	Disorganized schizophrenia	296.52	Bipolar disorder, current episode depressed, moderate
295.13	Disorganized schizophrenia	296.53	Bipolar disord, crnt epsd depress, sev, w/o psych features
295.14	Disorganized schizophrenia	296.54	Bipolar disord, crnt epsd depress, severe, w psych features
295.15	Disorganized schizophrenia	296.55	Bipolar disord, in partial remis, most recent epsd depress
295.20	Catatonic schizophrenia	296.56	Bipolar disorder, in full remis, most recent episode depress
295.21	Catatonic schizophrenia	296.60	Bipolar disorder, current episode mixed, unspecified
295.22	Catatonic schizophrenia	296.61	Bipolar disorder, current episode mixed, mild
295.23	Catatonic schizophrenia	296.62	Bipolar disorder, current episode mixed, moderate
295.24	Catatonic schizophrenia	296.63	Bipolar disord, crnt epsd mixed, severe, w/o psych features
295.25	Catatonic schizophrenia	296.64	Bipolar disord, crnt episode mixed, severe, w psych features
295.30	Paranoid schizophrenia	296.65	Bipolar disord, in partial remis, most recent episode mixed
295.31	Paranoid schizophrenia	296.66	Bipolar disorder, in full remis, most recent episode mixed
295.32	Paranoid schizophrenia	296.70	Bipolar disorder, unspecified
295.33	Paranoid schizophrenia	296.80	Bipolar disorder, unspecified
295.34	Paranoid schizophrenia	296.81	Other manic episodes
295.35	Paranoid schizophrenia	296.82	Other depressive episodes
295.40	Schizophreniform disorder	296.89	Bipolar II disorder
295.41	Schizophreniform disorder	296.90	Unspecified mood [affective] disorder
295.42	Schizophreniform disorder	296.99	Other persistent mood [affective] disorders
295.43	Schizophreniform disorder	297.00	Delusional disorders
295.44	Schizophreniform disorder	297.10	Delusional disorders
295.45	Schizophreniform disorder	297.20	Delusional disorders

Code	Description	Code	Description
295.50	Other schizophrenia	297.30	Shared psychotic disorder
295.51	Other schizophrenia	297.80	Delusional disorders
295.52	Other schizophrenia	297.90	Brief psychotic disorder
295.53	Other schizophrenia	298.00	Major depressv disord, single epsd, severe w psych features
295.54	Other schizophrenia	298.10	Oth psych disorder not due to a sub or known physiol cond
295.55	Other schizophrenia	298.20	Other dissociative and conversion disorders
295.60	Residual schizophrenia	298.30	Brief psychotic disorder
295.61	Residual schizophrenia	298.40	Brief psychotic disorder
295.62	Residual schizophrenia	298.80	Brief psychotic disorder
295.63	Residual schizophrenia	298.90	Unsp psychosis not due to a substance or known physiol cond
295.64	Residual schizophrenia	299.00	Autistic disorder
295.65	Residual schizophrenia	299.01	Autistic disorder
295.70	Schizoaffective disorder, unspecified	299.80	Asperger's syndrome
295.71	Schizoaffective disorder, unspecified	300.00	Anxiety disorder, unspecified
295.72	Schizoaffective disorder, unspecified	300.01	Panic disorder without agoraphobia
295.73	Schizoaffective disorder, unspecified	300.02	Generalized anxiety disorder
295.74	Schizoaffective disorder, unspecified	300.20	Phobic anxiety disorder, unspecified
295.75	Schizoaffective disorder, unspecified	300.21	Agoraphobia with panic disorder
295.80	Other schizophrenia	300.22	Agoraphobia without panic disorder
295.81	Other schizophrenia	300.23	Social phobia, unspecified
295.82	Other schizophrenia	300.29	Other animal type phobia
295.83	Other schizophrenia	300.30	Obsessive-compulsive disorder
295.84	Other schizophrenia	300.40	Dysthymic disorder
295.85	Other schizophrenia	301.12	Dysthymic disorder
295.90	Schizophrenia, unspecified	307.10	Anorexia nervosa, unspecified
295.91	Schizophrenia, unspecified	307.50	Eating disorder, unspecified
295.92	Schizophrenia, unspecified	307.51	Bulimia nervosa
295.93	Schizophrenia, unspecified	307.59	Other eating disorders
295.94	Schizophrenia, unspecified	309.81	Post-traumatic stress disorder, unspecified
295.95	Schizophrenia, unspecified	311.00	Major depressive disorder, single episode, unspecified
296.00	Manic episode without psychotic symptoms, unspecified	312.00	Conduct disorder, childhood-onset type
296.01	Manic episode without psychotic symptoms, mild	312.01	Conduct disorder, childhood-onset type
296.02	Manic episode without psychotic symptoms, moderate	312.02	Conduct disorder, childhood-onset type
296.03	Manic episode, severe, without psychotic symptoms	312.03	Conduct disorder, childhood-onset type
296.04	Manic episode, severe with psychotic symptoms	312.10	Other conduct disorders
296.05	Manic episode in partial remission	312.11	Other conduct disorders
296.06	Manic episode in full remission	312.12	Other conduct disorders

Code	Description	Code	Description
296.10	Manic episode without psychotic symptoms, unspecified	312.13	Other conduct disorders
296.11	Manic episode without psychotic symptoms, mild	312.20	Conduct disorder, adolescent-onset type
296.12	Manic episode without psychotic symptoms, moderate	312.21	Conduct disorder, adolescent-onset type
296.13	Manic episode, severe, without psychotic symptoms	312.22	Conduct disorder, adolescent-onset type
296.14	Manic episode, severe with psychotic symptoms	312.23	Conduct disorder, adolescent-onset type
296.15	Manic episode in partial remission	312.30	Impulse disorder, unspecified
296.16	Manic episode in full remission	312.33	Pyromania
296.20	Major depressive disorder, single episode, unspecified	312.34	Intermittent explosive disorder
296.21	Major depressive disorder, single episode, mild	312.39	Trichotillomania
296.22	Major depressive disorder, single episode, moderate	312.40	Other conduct disorders
296.23	Major depressv disord, single epsd, sev w/o psych features	312.81	Conduct disorder, childhood-onset type
296.24	Major depressv disord, single epsd, severe w psych features	312.82	Conduct disorder, adolescent-onset type
296.25	Major depressv disorder, single episode, in partial remis	312.89	Other conduct disorders
296.26	Major depressive disorder, single episode, in full remission	313.00	Other childhood emotional disorders
296.30	Major depressive disorder, recurrent, unspecified	313.81	Oppositional defiant disorder
296.31	Major depressive disorder, recurrent, mild	313.89	Other childhood emotional disorders
296.32	Major depressive disorder, recurrent, moderate	314.00	Attn-defct hyperactivity disorder, predom inattentive type
296.33	Major depressv disorder, recurrent severe w/o psych features	314.01	Attn-defct hyperactivity disorder, predom hyperactive type
296.34	Major depressv disorder, recurrent, severe w psych symptoms	314.10	Attention-deficit hyperactivity disorder, other type
296.35	Major depressive disorder, recurrent, in partial remission	314.20	Attention-deficit hyperactivity disorder, other type
296.36	Major depressive disorder, recurrent, in full remission	314.80	Attention-deficit hyperactivity disorder, other type
296.40	Bipolar disord, crnt episode manic w/o psych features, unsp	314.90	Attention-deficit hyperactivity disorder, unspecified type

ICD-10 Codes

Code	Description	Code	Description
F06.30	Mood disorder due to known physiological condition, unsp	F32.20	Major depressv disord, single epsd, sev w/o psych features
F06.31	Mood disorder due to known physiol cond w depressv features	F32.30	Major depressv disord, single epsd, severe w psych features
F06.32	Mood disord d/t physiol cond w major depressive-like epsd	F32.40	Major depressv disorder, single episode, in partial remis
F06.80	Oth mental disorders due to known physiological condition	F32.50	Major depressive disorder, single episode, in full remission

Code	Description	Code	Description
F09.00	Unsp mental disorder due to known physiological condition	F32.80	Other depressive episodes
F20.00	Paranoid schizophrenia	F32.90	Major depressive disorder, single episode, unspecified
F20.10	Disorganized schizophrenia	F33.00	Major depressive disorder, recurrent, mild
F20.20	Catatonic schizophrenia	F33.10	Major depressive disorder, recurrent, moderate
F20.30	Undifferentiated schizophrenia	F33.20	Major depressv disorder, recurrent severe w/o psych features
F20.50	Residual schizophrenia	F33.30	Major depressv disorder, recurrent, severe w psych symptoms
F20.81	Schizophreniform disorder	F33.40	Major depressive disorder, recurrent, in remission, unsp
F20.89	Other schizophrenia	F33.41	Major depressive disorder, recurrent, in partial remission
F20.90	Schizophrenia, unspecified	F33.42	Major depressive disorder, recurrent, in full remission
F22.00	Delusional disorders	F33.80	Other recurrent depressive disorders
F23.00	Brief psychotic disorder	F33.90	Major depressive disorder, recurrent, unspecified
F24.00	Shared psychotic disorder	F34.10	Dysthymic disorder
F25.00	Schizoaffective disorder, bipolar type	F34.80	Other persistent mood [affective] disorders
F25.10	Schizoaffective disorder, depressive type	F34.90	Persistent mood [affective] disorder, unspecified
F25.80	Other schizoaffective disorders	F39.00	Unspecified mood [affective] disorder
F25.90	Schizoaffective disorder, unspecified	F40.00	Agoraphobia, unspecified
F28.00	Oth psych disorder not due to a sub or known physiol cond	F40.01	Agoraphobia with panic disorder
F29.00	Unsp psychosis not due to a substance or known physiol cond	F40.02	Agoraphobia without panic disorder
F30.10	Manic episode without psychotic symptoms, unspecified	F40.10	Social phobia, unspecified
F30.11	Manic episode without psychotic symptoms, mild	F40.11	Social phobia, generalized
F30.12	Manic episode without psychotic symptoms, moderate	F40.80	Other phobic anxiety disorders
F30.13	Manic episode, severe, without psychotic symptoms	F41.00	Panic disorder without agoraphobia
F30.20	Manic episode, severe with psychotic symptoms	F41.10	Generalized anxiety disorder
F30.30	Manic episode in partial remission	F41.30	Other mixed anxiety disorders
F30.40	Manic episode in full remission	F41.80	Other specified anxiety disorders
F30.80	Other manic episodes	F41.90	Anxiety disorder, unspecified
F30.90	Manic episode, unspecified	F42.00	Obsessive-compulsive disorder
F31.00	Bipolar disorder, current episode hypomanic	F43.10	Post-traumatic stress disorder, unspecified
F31.10	Bipolar disord, crnt episode manic w/o psych features, unsp	F43.12	Post-traumatic stress disorder, chronic
F31.11	Bipolar disord, crnt episode manic w/o psych features, mild	F44.89	Other dissociative and conversion disorders
F31.12	Bipolar disord, crnt episode manic w/o psych features, mod	F50.00	Anorexia nervosa, unspecified

Code	Description	Code	Description
F31.13	Bipolar disord, crnt epsd manic w/o psych features, severe	F50.01	Anorexia nervosa, restricting type
F31.20	Bipolar disord, crnt episode manic severe w psych features	F50.02	Anorexia nervosa, binge eating/purging type
F31.30	Bipolar disord, crnt epsd depress, mild or mod severt, unsp	F50.20	Bulimia nervosa
F31.31	Bipolar disorder, current episode depressed, mild	F50.80	Other eating disorders
F31.32	Bipolar disorder, current episode depressed, moderate	F50.90	Eating disorder, unspecified
F31.40	Bipolar disord, crnt epsd depress, sev, w/o psych features	F63.10	Pyromania
F31.50	Bipolar disord, crnt epsd depress, severe, w psych features	F63.30	Trichotillomania
F31.60	Bipolar disorder, current episode mixed, unspecified	F63.81	Intermittent explosive disorder
F31.61	Bipolar disorder, current episode mixed, mild	F63.89	Other impulse disorders
F31.62	Bipolar disorder, current episode mixed, moderate	F84.00	Autistic disorder
F31.63	Bipolar disord, crnt epsd mixed, severe, w/o psych features	F84.50	Asperger's syndrome
F31.64	Bipolar disord, crnt episode mixed, severe, w psych features	F90.00	Attn-defct hyperactivity disorder, predom inattentive type
F31.70	Bipolar disord, currently in remis, most recent episode unsp	F90.10	Attn-defct hyperactivity disorder, predom hyperactive type
F31.71	Bipolar disord, in partial remis, most recent epsd hypomanic	F90.20	Attention-deficit hyperactivity disorder, combined type
F31.72	Bipolar disord, in full remis, most recent episode hypomanic	F90.80	Attention-deficit hyperactivity disorder, other type
F31.73	Bipolar disord, in partial remis, most recent episode manic	F90.90	Attention-deficit hyperactivity disorder, unspecified type
F31.74	Bipolar disorder, in full remis, most recent episode manic	F91.00	Conduct disorder confined to family context
F31.75	Bipolar disord, in partial remis, most recent epsd depress	F91.10	Conduct disorder, childhood-onset type
F31.76	Bipolar disorder, in full remis, most recent episode depress	F91.20	Conduct disorder, adolescent-onset type
F31.77	Bipolar disord, in partial remis, most recent episode mixed	F91.30	Oppositional defiant disorder
F31.78	Bipolar disorder, in full remis, most recent episode mixed	F91.80	Other conduct disorders
F31.81	Bipolar II disorder	F91.90	Conduct disorder, unspecified
F31.89	Other bipolar disorder	F94.10	Reactive attachment disorder of childhood
F31.90	Bipolar disorder, unspecified	F94.20	Disinhibited attachment disorder of childhood
F32.00	Major depressive disorder, single episode, mild	F98.80	Oth behav/emotn disord w onset usly occur in chldhd and adol
F32.10	Major depressive disorder, single episode, moderate	F99.00	Mental disorder, not otherwise specified

SPMI Diagnosis (Ages 18+)

ICD-9 Codes

Code	Description	Code	Description
295.40	Schizophreniform disorder	296.50	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
295.70	Schizoaffective disorder, unspecified	296.51	Bipolar disorder, current episode depressed, mild
295.90	Schizophrenia, unspecified	296.52	Bipolar disorder, current episode depressed, moderate
296.20	Major depressive disorder, single episode, unspecified	296.53	Bipolar disord, crnt epsd depress, sev, w/o psych features
296.21	Major depressive disorder, single episode, mild	296.54	Bipolar disord, crnt epsd depress, severe, w psych features
296.22	Major depressive disorder, single episode, moderate	296.55	Bipolar disord, in partial remis, most recent epsd depress
296.23	Major depressv disord, single epsd, sev w/o psych features	296.70	Bipolar disorder, unspecified
296.24	Major depressv disord, single epsd, severe w psych features	296.80	Bipolar disorder, unspecified
296.25	Major depressv disorder, single episode, in partial remis	296.89	Bipolar II disorder
296.30	Major depressive disorder, recurrent, unspecified	298.90	Unsp psychosis not due to a substance or known physiol cond
296.31	Major depressive disorder, recurrent, mild	300.01	Panic disorder without agoraphobia
296.32	Major depressive disorder, recurrent, moderate	300.02	Generalized anxiety disorder
296.33	Major depressv disorder, recurrent severe w/o psych features	300.12	Dissociative amnesia
296.34	Major depressv disorder, recurrent, severe w psych symptoms	300.13	Dissociative fugue
296.35	Major depressive disorder, recurrent, in partial remission	300.14	Dissociative identity disorder
296.40	Bipolar disord, crnt episode manic w/o psych features, unsp	300.15	Dissociative and conversion disorder, unspecified
296.41	Bipolar disord, crnt episode manic w/o psych features, mild	300.22	Agoraphobia without panic disorder
296.42	Bipolar disord, crnt episode manic w/o psych features, mod	300.30	Obsessive-compulsive disorder
296.43	Bipolar disord, crnt epsd manic w/o psych features, severe	301.22	Schizotypal disorder
296.44	Bipolar disord, crnt episode manic severe w psych features	309.81	Post-traumatic stress disorder, unspecified
296.45	Bipolar disord, in partial remis, most recent episode manic		

ICD-10 Codes

Code	Description	Code	Description
F20.81	Schizophreniform disorder	F32.10	Major depressive disorder, single episode, moderate
F20.90	Schizophrenia, unspecified	F32.20	Major depressv disord, single epsd, sev w/o psych features
F21.00	Schizotypal disorder	F32.30	Major depressv disord, single epsd, severe w psych features

Code	Description	Code	Description
F25.00	Schizoaffective disorder, bipolar type	F32.40	Major depressv disorder, single episode, in partial remis
F25.10	Schizoaffective disorder, depressive type	F32.90	Major depressive disorder, single episode, unspecified
F29.00	Unsp psychosis not due to a substance or known physiol cond	F33.00	Major depressive disorder, recurrent, mild
F31.00	Bipolar disorder, current episode hypomanic	F33.10	Major depressive disorder, recurrent, moderate
F31.11	Bipolar disord, crnt episode manic w/o psych features, mild	F33.20	Major depressv disorder, recurrent severe w/o psych features
F31.12	Bipolar disord, crnt episode manic w/o psych features, mod	F33.30	Major depressv disorder, recurrent, severe w psych symptoms
F31.13	Bipolar disord, crnt epsd manic w/o psych features, severe	F33.41	Major depressive disorder, recurrent, in partial remission
F31.20	Bipolar disord, crnt episode manic severe w psych features	F33.90	Major depressive disorder, recurrent, unspecified
F31.31	Bipolar disorder, current episode depressed, mild	F40.00	Agoraphobia, unspecified
F31.32	Bipolar disorder, current episode depressed, moderate	F41.00	Panic disorder without agoraphobia
F31.40	Bipolar disord, crnt epsd depress, sev, w/o psych features	F41.10	Generalized anxiety disorder
F31.50	Bipolar disord, crnt epsd depress, severe, w psych features	F42.00	Obsessive-compulsive disorder
F31.73	Bipolar disorder, in partial remis, most recent episode manic	F43.10	Post-traumatic stress disorder, unspecified
F31.75	Bipolar disorder, in partial remis, most recent epsd depress	F44.00	Dissociative amnesia
F31.81	Bipolar II disorder	F44.10	Dissociative fugue
F31.89	Other bipolar disorder	F44.81	Dissociative identity disorder
F31.90	Bipolar disorder, unspecified	F44.89	Other dissociative and conversion disorders
F32.00	Major depressive disorder, single episode, mild	F44.90	Dissociative and conversion disorder, unspecified

SUD Diagnosis Code List

SUD Non-Severe Diagnosis Code List

ICD-9 Codes

Code	Description	Code	Description
291.00	Alcohol dependence with withdrawal delirium	305.40	Sedative, hypnotic or anxiolytic abuse, uncomplicated
291.81	Alcohol dependence with withdrawal, unspecified	305.50	Opioid abuse, uncomplicated
292.00	Other psychoactive substance use, unsp with withdrawal, unsp	305.60	Cocaine abuse, uncomplicated
305.00	Alcohol abuse, uncomplicated	305.70	Other stimulant abuse, uncomplicated
305.20	Cannabis abuse, uncomplicated	305.90	Inhalant abuse, uncomplicated
305.30	Hallucinogen abuse, uncomplicated		

ICD-10 Codes

Code	Description	Code	Description
F10.10	Alcohol abuse, uncomplicated	F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F10.121	Alcohol abuse with intoxication delirium	F13.231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium
F10.221	Alcohol dependence with intoxication delirium	F13.232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb
F10.231	Alcohol dependence with withdrawal delirium	F13.239	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp
F10.232	Alcohol dependence w withdrawal with perceptual disturbance	F14.10	Cocaine abuse, uncomplicated
F10.239	Alcohol dependence with withdrawal, unspecified	F14.23	Cocaine dependence with withdrawal
F10.921	Alcohol use, unspecified with intoxication delirium	F15.10	Other stimulant abuse, uncomplicated
F11.10	Opioid abuse, uncomplicated	F15.23	Other stimulant dependence with withdrawal
F11.120	Opioid abuse with intoxication, uncomplicated	F15.929	Other stimulant use, unsp with intoxication, unspecified
F11.129	Opioid abuse with intoxication, unspecified	F15.93	Other stimulant use, unspecified with withdrawal
F11.23	Opioid dependence with withdrawal	F16.10	Hallucinogen abuse, uncomplicated
F11.90	Opioid use, unspecified, uncomplicated	F17.203	Nicotine dependence unspecified, with withdrawal
F11.93	Opioid use, unspecified with withdrawal	F18.10	Inhalant abuse, uncomplicated
F12.10	Cannabis abuse, uncomplicated	F19.10	Other psychoactive substance abuse, uncomplicated
F12.288	Cannabis dependence with other cannabis-induced disorder	F19.231	Oth psychoactive substance dependence w withdrawal delirium
F12.90	Cannabis use, unspecified, uncomplicated	F19.239	Oth psychoactive substance dependence with withdrawal, unsp

SUD Dependence-Level Diagnosis Code List

ICD-9 Codes

Code	Description	Code	Description
303.9	Alcohol dependence, uncomplicated	304.4	Other stimulant dependence, uncomplicated

Code	Description	Code	Description
304.0	Opioid dependence, uncomplicated	304.5	Hallucinogen dependence, uncomplicated
304.1	Sedative, hypnotic or anxiolytic dependence, uncomplicated	304.6	Other psychoactive substance dependence, uncomplicated
304.2	Cocaine dependence, uncomplicated	304.8	Other psychoactive substance dependence, uncomplicated
304.3	Cannabis dependence, uncomplicated		

ICD-10 Codes

Code	Description	Code	Description
F10.20	Alcohol dependence, uncomplicated	F19.220	Oth psychoactive substance dependence w intoxication, uncomp
F11.20	Opioid dependence, uncomplicated	F19.24	Oth psychoactive substance dependence w mood disorder
F12.20	Cannabis dependence, uncomplicated	F19.259	Oth psychoactv substance depend w psychotic disorder, unsp
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	F19.26	Oth psychoactv substance depend w persist amnestic disorder
F14.20	Cocaine dependence, uncomplicated	F19.280	Oth psychoactive substance dependence w anxiety disorder
F15.20	Other stimulant dependence, uncomplicated	F19.281	Oth psychoactive substance dependence w sexual dysfunction
F16.20	Hallucinogen dependence, uncomplicated	F19.282	Oth psychoactive substance dependence w sleep disorder
F18.20	Inhalant dependence, uncomplicated	F19.288	Oth psychoactive substance dependence w oth disorder
F19.20	Other psychoactive substance dependence, uncomplicated	F19.29	Oth psychoactive substance dependence w unsp disorder
F19.21	Other psychoactive substance dependence, in remission		

APPENDIX B — CATEGORY OF SERVICE (COS) MAPPING LOGIC

The following tables represent the mapping logic used to define the detail COS. The FFS data detailed COS is based on a combination of claim type and state-defined categories based on provider taxonomy. The encounter data detailed COS is based on logic defined and used for the development of the LME/MCO capitation rates.

COS Mapping Logic

The COS are assigned in a hierarchy, as outlined in the tables below.

Excluded Services

COS Description	Data Source	Coding Logic
Capitation	FFS	"Claim_Type '4' This excludes the following capitation payments: MedSolutions, PACE, BH LME Capitation, Innovations LME Capitation"
Dental	FFS	"Claim_Type 'D' OR (Procedure codes with first character 'D', but NOT [(D0145 OR D1206) AND <u>not</u> claim type D])"
Local Education Agency	FFS	Claim_Type '0'
Children's Developmental Services Agencies	FFS	Claim_Type 'V'

Covered Services

COS Description	COS Detailed Description	Data Source	Coding Logic
PCMH Payments	PCMH Payments	FFS	Claim_Type 'M'
Therapies	Therapies	FFS	Claim_type '2'
Dental (limited)	Dental (limited)	FFS	Procedure codes D0145 OR D1206, when billed <u>without</u> claim type 'D'
Inpatient - PH	Inpatient - PH	FFS	[State COS = 0015 (HOSP INPT-GENERAL) OR 0019 (HOSP INPT-SPECIALITY) OR 0051 (HOSP INPT-GEN XOVERS) OR 0040 (HOSP INPT-INDIAN)]
Inpatient - BH	Inpatient - BH	LME/MCO Encounters	Revenue code 101–182, 184–219
Emergency Room	Emergency Room	FFS	Revenue code 0450 - 0459 OR CPT codes 99281 - 99285 State COS = 0050 (HOSP OUTPT-EMER. ROOM) <i>Note: If claim has Inpatient bill type, dollars should be assigned to Inpatient regardless of Emergency Room revenue code or Emergency Room State COS.</i>
		LME/MCO Encounters	Revenue code 0450 - 0459 OR CPT codes 99281 - 99285 <i>Note: If claim has Inpatient bill type, dollars should be assigned to Inpatient regardless of Emergency Room revenue code.</i>
Outpatient Hospital	Outpatient Hospital - PH	FFS	[State COS = 0016 (HOSP OUTPT-GENERAL) OR 0045 (HOSP OUTPT-SPECIALITY) OR 0048 (AMBULATORY SURG CENTER) OR 0052 (HOSP OUTPT-GEN XOVERS) OR 0042 (HOSP OUTPT-INDIAN)] AND NOT ICD9 290-319 OR ICD10 Fxx codes

COS Description	COS Detailed Description	Data Source	Coding Logic
Outpatient Hospital - BH	Outpatient Hospital - BH	FFS	[State COS = 0016 (HOSP OUTPT-GENERAL) OR 0045 (HOSP OUTPT-SPECIALITY) OR 0048 (AMBULATORY SURG CENTER) OR 0052 (HOSP OUTPT-GEN XOVERS) OR 0042 (HOSP OUTPT-INDIAN)] AND ICD9 290-319 OR ICD10 Fxx codes
		LME/MCO Encounters	Procedure codes 90785, 90791, 90792, 90801–90899, 96100, 96101, 96110, 96111, 96115–96118, G0431, G0434, H0001, H0002, H0004, H0005, H0010, H0012–H0015, H0020, H0031, H2035, Q3014, S9485, T1023, covered E/M codes (99xxx) or Revenue codes 450–459, 900–910, 912–919
LTSS - ICF/IID and Nursing Home	ICF/IID	FFS	State COS = 0021 (LTC-ICF MRC, SO) OR 0047 (LTC-ICF MRC, NSO)
		LME/MCO Encounters	Revenue code 100 or 183
	Nursing Home	FFS	State COS = 0020 (LTC-ICF SO AND NSO) OR 0022 (NF-ICF SWING BEDS) OR 0035 (LTC-SNF SO AND NSO) OR 0036 (NF-SNF SWING BEDS) OR 0039 (NF-INDIAN HEALTH) OR 0049 (HOSP LONG TERM CARE) OR 0071 (NF-HEAD LEVEL OF CARE) OR 0072 (NF-VENT LEVEL OF CARE)
Enhanced Mental Health	PRTF	FFS	State COS = 0017 (HOSP INPT-MTL,SO < 21) OR 0041 (HOSP INPT-MTL,NSO < 21)
		LME/MCO Encounters	Revenue code 911
	Other Behavioral Health Services	FFS	State COS = 0070 (PRACTITIONER-NON PHYS) OR 0084 (HIGH RISK INTERVENTION)
	ACT	LME/MCO Encounters	Procedure code H0040
	Community Support	LME/MCO Encounters	Procedure code H0036, [H2015 AND COA other than Innovations]
	Crisis Services	LME/MCO Encounters	Procedure code S9484, [H2011 AND COA other than Innovations]
	IIHS	LME/MCO Encounters	Procedure code H2022
	MST	LME/MCO Encounters	Procedure code H2033
	Outpatient (including psychotherapy and limited alcohol/drug services)	LME/MCO Encounters	Procedure codes 90785, 90791, 90792, 90801–90899, 96100, 96101, 96110, 96111, 96115–96118, G0431, G0434, H0001, H0002, H0004, H0005, H0010, H0012–H0015, H0020, H0031, H2035, Q3014, S9485, T1023, covered E/M codes (99xxx) or Revenue codes 450–459, 900–910, 912–919
	Partial Hosp/Day Tx	LME/MCO Encounters	Procedure code H0035, H2012

COS Description	COS Detailed Description	Data Source	Coding Logic
	Psych Rehab	LME/MCO Encounters	Procedure code H2017
	BH Long-term Residential	LME/MCO Encounters	Procedure code H0019, H0046, H2020, S5145
Physician - Primary Care	Physician - Primary Care	FFS	State COS = 0027 (PHYSICIAN) AND Taxonomy_Codes = 207Q00000X, 207RA0000X, 208000000X, 2080A0000X, 208D00000X, 363A00000X, 363L00000X, 363LF0000X
Physician - Specialty	Physician - Specialty	FFS	State COS = 0027 (PHYSICIAN) without the taxonomy restriction on Physician Primary Care.
FQHC/RHC	FQHC/RHC	FFS	State COS = 0006 (CLINICS-RURAL HEALTH) OR 0061 (HEALTH CHECK-RURAL HLT) OR 0065 (CLINICS-FQHC,CORE&AMB) OR 0067 (HEALTH CHECK-FQHC) OR [SCOS 0073 (OTHER AMB CARE-INDIAN) AND Claim_Type '5' (RURAL HLTH CLINIC / FEDERALLY QUALIFIED HLTH CNTR)]
Other Clinic	Free-standing Clinics/Health Check - Health Department	FFS	State COS = 0002 (CLINICS-FREE STANDING) OR 0003 (CLINICS-HEALTH DEPT) OR 0033 (HEALTH CHECK-HLTH DEPT) OR 0034 (HEALTH CHECK-OTHR PROV) OR [SCOS 0073 (OTHER AMB CARE-INDIAN) AND NOT (Claim_Type '3' (INSTITUTIONAL AMBULANCE) OR Claim_Type 'T' (AMBULANCE (PROFESSIONAL)))]
	Family Planning Services	FFS	State COS = 0010 (FAMILY PLAN-HOSP INPT) OR 0011 (FAMILY PLAN-HOSP OUTPT) OR 0012 (FAMILY PLAN-PHYSICIAN) OR 0024 (FAMILY PLAN-STERILIZATION) OR 0031 (FAMILY PLAN-DRUGS) OR 0037 (FAMILY PLAN-RURAL HLTH) OR 0038 (FAMILY PLAN-HLTH DEPT) OR 0066 (FAMILY PLAN-FQHC)
Other Practitioner	Other Practitioner	FFS	State COS = 0028 (CHIROPRACTIC) OR 0046 (PODIATRY)
Case Management	Case Management	FFS	State COS = 0062 (CASE MANAGEMENT-FSO) OR 0081 (CASE MANAGEMENT-HIV)
LTSS - State Plan HCBS	Home Health	FFS	State COS = 0014 (HOME HEALTH) OR 0026 (HOME HEALTH-INDIAN) OR 0059 (HOME INFUSION THERAPY)
	Personal Care	FFS	State COS = 0053 (PERSONAL CARE)
	Hospice	FFS	State COS = 0060 (HOSPICE)
LTSS - HCBS Waiver Services	HCBS Services - FFS	FFS	State COS = 0055 (CAP-DISABLED) OR 0057 (CAP-CHILDREN) OR 0085 (CAP CHOICE)
	Innovations - Day Support	LME/MCO Encounters	Procedure code T2021, T2027

COS Description	COS Detailed Description	Data Source	Coding Logic
	Innovations - In-Home Services	LME/MCO Encounters	Procedure code H2015, T1015, T2013
	Innovations - Personal Care	LME/MCO Encounters	Procedure code S5125, T1019
	Innovations - Residential Supports	LME/MCO Encounters	Procedure code H2016, T2014, T2016, T2020
	Innovations - Respite	LME/MCO Encounters	Procedure code H0045, S5150, T1005
	Innovations - Supported Employment	LME/MCO Encounters	Procedure code H2023, H2025, H2026
	Innovations - Other	LME/MCO Encounters	Procedure code H2011, S5110, S5111, S5165, T1999, T2025, T2029, T2034, T2038, T2039, T2041 or [B4100–B4162 AND [age_group] = 21+]
	FFS Innovations Services	FFS	State COS = 0056 (CAP-MENTALLY RETARDED)
B3 Services	B3 Services	LME/MCO Encounters	Procedure code 99241 U4, 99242 U4, 99244 U4, H0038, S5151, T1012, H2022 U4, [(H0045, H2016, H2023, H2025-H2026, S5110, S5111, S5125, S5150, S5165, T1005, T1015, T1019, T2013, T2014, T2020, T2021, T2025, T2027, T2029, T2034, T2038, T2039 or T2041) AND COA other than Innovations]
Prescribed Drugs	Prescribed Drugs	FFS	State COS = 0032 (PRESCRIBED DRUGS)
Durable Medical Equipment	Durable Medical Equipment	FFS	State COS = 0013 (HEARING AIDS) OR 0054 (DURABLE MEDICAL EQUIP)
Optical	Optical	FFS	State COS = 0029 (OPTICAL SUPPLIES) OR 0030 (OPTICAL)
Lab and X-ray	Lab and X-ray	FFS	State COS = 0023 (LAB AND X-RAY)
Transportation	Transportation	FFS	State COS = 0001 (AMBULANCE) OR [SCOS 0073 (OTHER AMB CARE-INDIAN) AND (Claim_Type '3' (INSTITUTIONAL AMBULANCE) OR Claim_Type 'T' (AMBULANCE (PROFESSIONAL)))]