COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Medallion II
Data Book and Capitation Rates
Fiscal Year 2009

REVISED DRAFT

Submitted by:

PricewaterhouseCoopers LLP
Three Embarcadero Center
San Francisco, CA 94111

May 2008
May 20, 2007

Mr. William Lessard  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Dear Bill:

Re: Revised DRAFT FY 2009 Medallion II Data Book and Capitation Rates

The enclosed report provides a detailed description of the methodology used for calculating capitation rates for the Virginia Medicaid Medallion II program. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements that the capitation rates be actuarially sound and appropriate for the population covered by the program.

Please call Sandra Hunt at 415/498-5365 if you have any questions regarding these capitation rates.

The development of these rates was overseen by Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary.

Very Truly Yours,

PricewaterhouseCoopers LLP
Actuarial Certification of
Proposed FY 2009 Medallion II Capitation Rates
State of Virginia Department of Medical Assistance Services

I, Peter B. Davidson, am associated with the firm PricewaterhouseCoopers. I am a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of the fiscal year 2009 capitation rates developed for the Medicaid managed care program known as the Medallion II program under the Virginia Department of Medical Assistance Services (DMAS) Medicaid program.

It is my opinion that all requirements of 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates, were satisfied in the development of the proposed capitation rates. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. The capitation rates are based solely on the projected costs for State Plan services. Detailed descriptions of the original methodology and assumptions used in the development of the capitation rates are contained in the capitation rate setting report.

In the development of the proposed capitation rates, I relied on enrollment, encounter, and other data provided by the Virginia Department of Medical Assistance Services and the participating contracted health plans. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data.

The proposed actuarially sound rates shown are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific health plan. Each health plan will need to review the rates in relation to the benefits provided. The health plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the proposed actuarially sound capitation rates.

______________________________
Peter B. Davidson, M.A.A.A
Member, American Academy of Actuaries

XXX
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<td><strong>AA.1.2</strong> Projection of Expenditures</td>
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<td>NA</td>
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<td><strong>AA.1.6</strong> Limit on Payment to other providers</td>
<td>NA</td>
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<td>NA</td>
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<td><strong>AA.2.3</strong> Spenddown</td>
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## Virginia Department of Medical Assistance Services

### Crosswalk from CMS Rate Setting Checklist to 2009 Medallion II Report

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<td>Co-payments, Coinsurance and Deductibles in Capitated Rates</td>
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<td>AA.3.8</td>
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<td></td>
<td>Age</td>
<td>Page 2</td>
<td>Institutionalized individuals are excluded</td>
</tr>
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<td></td>
<td>Gender</td>
<td>Page 2</td>
<td>Rates vary by gender where material</td>
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<td></td>
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<td>Rates vary by Rate Regions</td>
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<td>Use two years of base data</td>
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<td>ABAD 80% Use one year of base data</td>
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<td>Responsibility of MCO</td>
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<td>AA.6.2</td>
<td>Simple stop loss program</td>
<td></td>
<td>DMAS does not provide</td>
</tr>
<tr>
<td>AA.6.3</td>
<td>Risk corridor program</td>
<td></td>
<td>DMAS does not provide</td>
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<td>AA.7.0</td>
<td>Incentive Arrangements</td>
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<td>No incentives are provided by DMAS to MCOs</td>
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PricewaterhouseCoopers LLP (PwC) has calculated proposed capitation rates for the Virginia Medicaid Medallion II program for State Fiscal Year 2009. Regulations issued by the Centers for Medicare and Medicaid Services (CMS) govern the development of capitation payments for Medicaid managed care programs. These regulations require that rates be “actuarially sound”. While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance. We have followed that checklist in developing the proposed rates shown here and have included a checklist review as an appendix to the actuarial certification. The final rates will be established through signed contracts with health plans, which will ensure that the plans concur that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care and that they expect to remain financially sound throughout the contract period.

The general guidelines for developing actuarially sound payment rates encompass the following concepts:

- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid fee-for-service payment rates per unit of service are an appropriate benchmark for developing capitation rates;
Differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;

- Appropriate levels of health plan administrative costs should be included in the rates;

- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and

- A range of appropriate rates could emerge from the rate-setting process and an upper and lower bound may be developed.

These rates are developed to be consistent with the concepts described above. The development of the rates is shown in the attached spreadsheets, with base capitation rates shown in Exhibit 5a and the associated member months as of February 2008 in Exhibit 5c.

Capitation rates for Medallion II will vary based on the following criteria:

- **Eligibility Group.** Members eligible for participation in these programs include: Temporary Assistance to Needy Families (TANF) and related groups and Aged, Blind, and Disabled (ABAD).

- **Demographics.** Capitation rates will be paid separately for the following age groups: Under 1, 1-5, 6-14, 15-20 Female, 15-20 Male, 21-44 Female, 21-44 Male, and 45 and Over.

- **Region.** The state is divided into five rate regions: Northern Virginia, Other Metropolitan Statistical Area (MSA), Richmond and Charlottesville, Rural, and Tidewater. The geographic regions were modified in FY 2006 to conform to CMS’ adoption of new regional definitions under the Medicare inpatient prospective payment system.

I. **Background**

The Virginia Medallion II program provides coverage to Medicaid recipients through both a mandatory and voluntary enrollment mechanism. In most areas where Medallion II operates, all eligible Medicaid recipients must choose a managed care plan. In areas where only one plan is available, recipients have the option of enrolling in the Managed Care Organization (MCO) program or the Primary Care Case Management (PCCM) program. We have structured the rate development to reflect common differences, due to program design, in the cost of providing care by region. In that way, any variation in the mix of enrollment by rate cell is automatically reflected in the payment amounts to the health plans.

Managed care plans are responsible for nearly the full range of health services, with certain specific exceptions. Managed care plans are not responsible for the ingredient cost
of immunizations, for school-based health services, for some behavioral health services, and they are no longer responsible for dental services.

Payments to managed care plans for Medallion II are subject to federal rules. As a Medicaid program, the state must comply with federal regulations set forth by CMS regarding payment levels. Specifically, payments to managed care plans must be actuarially sound. To develop proposed capitation rates, we analyzed the health plan encounter data from the established plans in the Medallion II program. Individual health plan data were separately reviewed by rate category and region for each health plan and then combined across health plans for each geographic region of the state. Adjustments were made to reflect modifications of payment arrangements under the Virginia Medicaid fee-for-service (FFS) program, and payment rates were updated to reflect the contract period covered by these rates. For Prescription Drug services, we considered differences in contracting and payment arrangements between fee-for-service and managed care, as well as differences in expected utilization. Under the regulations, health plan administrative costs may be explicitly added to the payment amounts, and we have done so in this analysis. Finally, rates are adjusted for differences in health status among health plans within each geographic region.

**Rate Setting Data Sources**

The historical data used to develop base rates includes health plan incurred claims and subcapitation payments for FY2006 and FY2007 (July 1, 2005 to June 30, 2007), with run-out through October 31, 2007. This year's rate setting incorporates available data for AmeriGroup health plan, which joined the Medallion II program effective September 2005. UniCare data is used for the first half of FY2006 and merged Anthem-UniCare data is used for the remainder of the period. The eligibility file provided by DMAS that was used to match to the health plan paid claims for the base period is dated January 2008.

**Managed Care Expansions During the Base Data Period**

There were four managed care expansions in the Medallion II program during the base data period. MCO data for these expansions is incorporated as the expansions were implemented.

As already mentioned, data for AmeriGroup health plan is incorporated beginning September 1, 2005.

The second expansion to Winchester was implemented December 1, 2005 and affected FIPS codes in Northern Virginia, Rural, and Other MSA. These areas had no prior experience with managed care, but with the entry of three plans, they became mandatory managed care areas. Initial rate setting for these expansions was done separately from the Medallion II rate development and used DMAS fee-for-service data.
In early FY 2007, there was further expansion in Culpeper in July 1, 2006 and Danville in September 1, 2006, which affected counties in Rural and Other MSA by shifting MCO eligibles from voluntary to mandatory managed care.

It was determined that historical PMPM values in the Winchester expansion areas and the Culpeper/Danville expansions in FY 2007 did not differ significantly from the PMPM values for the total regions and that capitation rates for these populations would be based on the established health plan encounter data in the FY 2007 rate development.¹ For FY 2008, and again for FY 2009, no FFS Medicaid data are used in the development of the Medallion II base rates.

The Virginia Medallion II program began to enroll the disabled Medicaid Only (non-dual) "80%" population in managed care plans in FY2007, effective July 1, 2006. This population has a higher income than the currently enrolled ABAD MCO population. Analysis of the FFS data for these aid categories indicated that over 75% of this population is 45 or older and has a historical cost that is very similar to MCO ABAD 45 and Older population. However, FFS costs for the ABAD 80% population under 65 were found to be slightly higher and a factor increase was applied to the FY2007 and FY2008 rate setting.

Historical data submitted for the FY2009 rate setting included one year of experience with the population. We evaluated this relative to the prior year's adjustment and found that, although average PMPM costs were somewhat higher than the comparable ABAD age group, the small number of new enrollees (14,000 MM in FY2007) had a negligible impact (0.01 - 0.02%) on the ABAD rates. Therefore the ABAD 80% group claims and member months were added to the base data in Exhibit 1b for the Medallion II rate development.

A new managed care expansion, Phase I of the Virginia Acute and Long-Term Care Integration program, became effective September 2007. Medallion II enrollees who became eligible for home and community based care (HCBC) waiver services remain in Medallion II for their covered acute care services and receive their HCBC waiver services through the Medicaid FFS system. Previously, these people were disenrolled from Medallion II. Their data is included to the extent they were enrolled in a health plan during the base period, but is not available since their eligibility for the waiver services. The number of individuals who are in Medallion II after enrollment in the waiver is very small and no adjustment to the data has been made.

There was also a managed care expansion into the city of Lynchburg and three surrounding counties effective October 1, 2007. This affects counties in Other MSA by shifting them from no managed care to mandatory managed care. Based on previous analysis, the PMPM values in the expansion areas did not differ significantly from the

¹ In FY 2007, the rate setting for the AmeriGroup expansion in Northern Virginia used FFS PCCM data.
encounter data PMPM values in the Other MSA region, therefore capitation rates for the expansion populations were the FY 2008 base rates for the region. DMAS pays the health plans $1.50 PMPM for each enrollee in the expansion areas for one year, in this case through September 2008, in recognition of expansion area start-up costs. Data for this expansion population is not included in the base rate development.

II. Data Book

A first step in developing capitation rates is to identify the data that will be used for the calculations. The CMS regulations call for use of data that is appropriate for the population to be covered by the program. Those regulations also indicate it is CMS’ intent that the data be no more than five years old. A number of sources of data may be considered appropriate including:

- Fee-for-service data for the Medicaid population in the geographic area to be covered by managed care plans;
- Health plan encounter data for their Medicaid population;
- Health plan encounter data for other populations, with appropriate adjustments to reflect utilization patterns of Medicaid enrollees;
- For some components of the analysis, health plan financial data;
- For some components of the analysis, data from other Medicaid programs.

For this analysis we rely on health plan encounter data for the Medicaid Medallion II population for dates of service during the period July 1, 2005 to June 30, 2007.

Supplemental health plan data are used for certain portions of the analysis. Specifically, we incorporated health plan data on:

- Observed trends in utilization and cost per unit of service;
- Capitation arrangements with subcontractors;
- Supplemental payments, such as physician incentives and case management fees, not already reflected in the encounter data;
- Prescription drug purchasing arrangements;
- Health plan administrative costs; and
- Medical claims data sufficient to calculate diagnostic risk assessment factors.
In this section we describe the data available to PwC for developing the capitation rates and the process used for selecting the claims and the individuals that are ultimately included in the rate development process. Some adjustments that are made to the data in the early stages of the rate development process are also described in this section.

PwC summarized the health plan encounter data by eligibility group, state fiscal year, region, demographic group, and service category. The claims included in the historical database include health plan paid amounts, which are net of any third party insurance payments.

There have been no changes to the service category definitions since the Medallion II rate development for FY 2006. These service categories are primarily defined by bill type, CPT, and revenue code fields in the claims records.

Because of the small number of recipients in the ABAD Age Under 1 rate cell, data is combined into a single statewide rate. The child ABAD rate cells for ages 6-20 is combined within a region.

Hospital payment regions were changed by CMS and were adopted by DMAS for FY 2006. The major impact was to move members from primarily the Rural region and, to a lesser extent, Northern Virginia into Other MSA and Richmond/Charlottesville. Tidewater was essentially unaffected. The details of these changes were documented in a memo dated April 6, 2005. There have been no changes to the geographic regions in the past three years.

In the summarization process, unit counts were made for each service category. Table 1, Service Unit Definitions, describes the types of units that were counted for each detailed service category. In the table, “Units” indicates the actual unit counts that were recorded on each claim; in particular, the methodology for deriving unit counts for professional services may vary by data source and health plan. “Claims” or “Prescriptions” or “Record Counts” refers to a count of “1” for each claim record in the historical database. This count is used for services in which recorded units are not meaningful, such as for pharmacy where the units recorded are often the number of pills dispensed. “Admits” are used for inpatient units, and represent the number of inpatient admits that were paid by the program.
### Table 1
Service Unit Definitions

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<th>Unit Count</th>
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<tr>
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<tr>
<td>Home Health Services</td>
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<tr>
<td>Inpatient – Maternity</td>
<td>Admits</td>
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<tr>
<td>Inpatient – Newborn</td>
<td>Admits</td>
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<tr>
<td>Inpatient – Other</td>
<td>Admits</td>
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<tr>
<td>Inpatient – Psych</td>
<td>Days</td>
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<td>Lab</td>
<td>Record Counts</td>
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<td>Outpatient – Emergency Room</td>
<td>Claims</td>
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<tr>
<td>Outpatient – Other</td>
<td>Claims</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Prescriptions</td>
<td></td>
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<tr>
<td>Professional – Anesthesia</td>
<td>Claims</td>
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<td>Professional – Child EPSDT</td>
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<tr>
<td>Professional – Evaluation &amp; Management</td>
<td>Units</td>
<td>Yes</td>
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<tr>
<td>Professional – Maternity</td>
<td>Units</td>
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<tr>
<td>Professional – Other</td>
<td>Units</td>
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<tr>
<td>Professional – Psych</td>
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<td>Professional – Specialist</td>
<td>Units</td>
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<tr>
<td>Professional – Vision</td>
<td>Units</td>
<td>Yes</td>
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<tr>
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</tr>
<tr>
<td>Transportation</td>
<td>Claims</td>
<td></td>
</tr>
</tbody>
</table>

The claims and eligibility information used in this report includes data only for Medicaid recipients\(^2\) who are eligible for the managed care program based on their eligibility category and service use during the data period.

### Review of the Health Plan Encounter Data

The base capitation rates for Medallion II for FY 2009 are developed using health plan encounter data. Review of the submitted data followed six major steps:

1. Edit of records for logical exclusions
2. Edit of records against DMAS eligibility file

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\(^2\) Payment rates for the FAMIS program are described in a separate report.
3. Summary of health plan fee-for-service paid claims

4. Addition of capitated and subcontractor services

5. Verification of health plan data submission

6. Aggregation of data across all health plans

Two sets of edits were applied to each health plan’s submitted data. The first edit tested for logical conditions for the historical data period. The logical condition tests and the processing decisions were:

1. Claims that were duplicates, pended or rejected during claims processing were removed.

2. Claims with dates of service outside the FY2006-FY2007 period were removed.

3. Claims with paid amounts of $0.00 were included if the service was provided under a health plan capitation contract. They were deleted if the service was paid under fee-for-service payment arrangements, as they would contribute no value to the capitation rate development, but would have distorted unit counts.

The second level of edit compared the cleaned health plan encounter records files to the eligibility file provided by DMAS. The DMAS eligibility file, rather than the demographic information coded on the claim record, determined whether the claim record was retained. The processing determinations were:

4. Claims matched to member eligibility with missing or invalid demographic or geographic information were removed.

5. Claims for members enrolled in the FAMIS program were removed.

6. Claims matched to member managed care eligibility periods outside the FY2006-FY2007 period were removed.

7. Claims for members age 1 and older that were not eligible for Medicaid and/or were not enrolled in a Medallion II health plan on the date of service were removed.

8. Zero-paid claims for normal newborns and retroactive claims for children age 0-1 were retained, as these claims are largely associated with children born into the Medicaid program. These claims were subject to a separate
newborn analysis to determine that they were correctly identified as Medicaid managed care members.

Each health plan’s data was summarized by service type and the rate cell categories for aid code, age-sex, and geographic region. This summarization was done only for those services that were paid by the health plans on a fee-for-service basis. The capitated and subcontractor service dollars and encounter information were added in a second step. Information was also provided to the health plans regarding record and payment totals for each separate record type (e.g., UB92, CMS 1500, pharmacy, and subcontractors).

Individual reports were sent to the health plans for review and approval. The reports included the health plan encounter data, with all subcontractor adjustments, by eligibility category, rate cell, and region.

**Inclusion of Health Plan Capitated and Subcontractor Services**

The vast majority of the encounter records submitted by each of the health plans were paid under fee-for-service arrangements. The records included both charged and paid amounts and could be readily analyzed.

However, each health plan also had services that were paid, in part or in full, under capitation or subcontractor arrangements. For these services, health plans submitted data in a variety of forms. Each health plan provided a list of services that were provided under such arrangements and the pricing of the services on a PMPM basis. The PMPM amount represented either the actual contractual PMPM paid, or the contractual total dollar payments divided by the covered member months for the time period.

The financial information may or may not have been accompanied by encounter data for those services. All health plans submitted complete claims data for outpatient pharmacy services. Not all of the health plans provided encounter data for laboratory, vision, and mental health, the other service categories that were most often capitated. Therefore, while dollars for the capitated and subcontractor services are incorporated into the historical data, utilization is undercounted and measures such as utilization rates and cost per unit for these services are unreliable.

**Behavioral and Mental Health Capitated Subcontractor Services**

Capitation payments for Behavioral and Mental Health services were distributed differently than other reported capitated services. Health plans report mental health services both as FFS paid claims and as capitation amounts for contracted services. In past rate settings, FFS claims were applied to the appropriate inpatient or professional psych service line, but all capitated dollars were included in the Prof - Psych service line with dollars allocated based on the member month distribution between aid categories.
For the health plans that capitate psych services (CareNet, Optima, and UniCare), the capitated mental health data is provided as total dollars or an aggregate PMPM with limited detail by service type (inpatient vs. professional) or aid category (ABAD vs. TANF).

We analyzed mental health claims level detail provided by three plans that do not capitate, Anthem (including UniCare since January 2006), Virginia Premier, and AmeriGroup, by service type and aid category to determine a distribution to the approximately 45% of mental health dollars represented by the plans that capitate mental health services.

Analysis of the MCO mental health encounter data showed substantial differences in the total PMPM between ABAD and TANF and the distribution of inpatient and outpatient services within each major aid category. Overall, the historical encounter paid claims showed the ABAD mental health PMPM was approximately ten times the TANF mental health PMPM, or $32.48 PMPM compared to $3.44 PMPM. For ABAD, the distribution of dollars was 77.1% inpatient and 22.9% professional while the TANF distribution was 47.0% inpatient and 53.0% professional. This is the same allocation method that was developed for the FY 2008 Medallion II rate setting.

These relative factors were applied to the mental health capitation payments to modify the health plan reports for three health plans. The modified reports were then aggregated for the historical data.

Regional Historical Costs
Capitation rates are developed based on the experience of each region, taking into account changes in regional definitions in recent years. In 2006, regional definitions were changed to align with a reclassification of hospitals by CMS for the 2005 Prospective Payment System. This resulted in a reassignment of some of the Federal Information Processing Standards (FIPS) city and county codes into metropolitan and non-metropolitan areas. The region assignments have remained the same for FY 2009.

Data Smoothing for ABAD Rate Cells
The historical data for some of the child rate cells for the ABAD population contains small enrollment and exhibited inconsistent relative cost patterns across regions. The ABAD Age Under 1 category is developed as a single statewide rate cell. We also combine the historical data for Child 6-14, Female 15-20 and Male 15-20. The separate rate cells are retained for this report and administrative purposes but the historical data and all adjustments use the combined data and result in the same base capitation rate for these three ABAD categories within a region. The historical data shows the separate rate cell information for each region. In the exhibits of adjusted and trended claims, the historical data for the two years are combined across regions, Incurred But Not Reported (IBNR), program and policy adjustments, and trend are applied, and the same base rate is calculated for all regions for this rate cell.
Historical Health Plan Encounter Data

The resulting health plan historical claims and eligibility data were tabulated by service category and are shown in Exhibits 1a and 1b. These exhibits are generally referred to as the “Data Book”. These exhibits show unadjusted historical data, with the exception of the adjustments described above, and are the basis of all future calculations described here. These exhibits show, for informational purposes:

- Member months for fiscal years 2006 and 2007;
- Total dollar value of claims and capitated services for fiscal years 2006 and 2007 (health plan encounter data only); and
- Costs per member per month (PMPM) for fiscal years 2006 and 2007.

III. Capitation Rate Calculations

The capitation rates for fiscal year 2009 for each of the five geographic regions, Northern Virginia, Other MSA, Richmond/Charlottesville, Rural, and Tidewater, are calculated based on the historical data and adjusted to reflect changes in payment rates, covered services, and any other anticipated programmatic and policy changes. Each adjustment to the historical data is described in the following section. The adjustments are applied to the historical data and the resulting capitation rates are calculated in Exhibits of Adjusted and Trended Claims (Exhibits 4a and 4b).

The steps used for calculating the capitation rates are as follows:

1. The combined FY2006-FY2007 historical data for each rate cell and service category are brought forward to Exhibits 4a and 4b from the corresponding rate cell in Exhibits 1a and 1b. This information serves as the starting point for the capitation rate calculation.

2. A number of changes in covered services and payment levels have been mandated by the Virginia Legislature. Each of these adjustments, as well as adjustments for other services not included in the source data, is described in detail. Adjustments for the base data are presented in Exhibits 2a through 2l.

3. The claims data is adjusted to reflect the expected value of any Incurred But Not Reported (IBNR) claims and to update the data to the FY 2009 contract period. These adjustments are described below, and are shown in Exhibits 3a to 3c. The resulting claims are shown in Exhibits 4a and 4b under the column “Completed & Trended Claims”.

May 2008
4. The adjusted claims costs from Step 3 are divided by the count of member months for each rate cell from the historical data to arrive at a PMPM cost by service category.

5. The PMPM costs are summarized by rate cell across all service categories to arrive at the cost for each rate cell.

6. An adjustment is made to reflect average health plan administrative costs of 7.5%. The derivation of this value is included in the Adjustments described in Section IV and presented in Exhibit 2m.

7. An adjustment is made to reflect variations in the health status of health plan enrollees based on the Chronic Illness and Disability Payment System (CDPS) risk assessment and risk adjustment model. This part of the rate development has not been finalized.

IV. Base Rate Legislative and Program Adjustments

Pharmacy Adjustment

The outpatient pharmacy adjustment is derived from an analysis of the plan pharmacy payments, including unit cost and utilization rates, and takes into account discounts, dispensing fees, and administrative costs reported by the health plans. Among the considerations in the calculations was the common use of Preferred Drug Lists and Drug Utilization Review among managed care plans.

Additional consideration was given to aspects of pharmacy management used in the Virginia Medicaid fee-for-service system and best practices observed in other state Medicaid managed care programs.

In FY 2006, the Legislature directed DMAS to increase the prescription copayment in the fee-for-service program for brand name drugs from $2 to $3 and assumed that the copayment for generic drugs will remain at $1. As mandated by Federal law, copayments are not imposed on children under the age of 21 nor are they imposed on recipients receiving emergency services, maternity services or family planning services. Neither legislation nor the DMAS contract requires the health plans to implement pharmacy copayments, and none of the health plans currently require pharmacists to collect copayments. But DMAS policy encourages the plans to achieve cost savings comparable to those achieved in the fee-for-service program. Therefore, the dollar value of the copayments that would be collected if the health plans implemented a copayment policy represents a target for additional health plan pharmacy cost savings. The adjustment assumes that health plans can achieve additional savings, through copayment or other pharmacy management activities, equal to 50% of the estimated copayment dollar value.
For FY 2009, there is no reduction to reflect expected improvements in the brand-generic mix. We continue to observe improvement in the proportion of generic prescriptions. In FY2007 TANF scripts were nearly 71% generic and ABAD scripts reached nearly 65% generic. This is similar to that observed as best practice in other state Medicaid managed care programs.

Separate pharmacy adjustment factors were developed for the TANF and the ABAD eligibility categories, as shown in Exhibit 2a. The factors are a reduction of -4.5% for TANF and -5.7% for ABAD.

**OB-GYN Professional Fee Increase Adjustment**

The 34% OB-GYN fee increase effective September 1, 2004 is fully incorporated into the historical base and the OB/GYN 2.5% professional fee effective July 1, 2006 is incorporated into the second year of the historical base. The residual increase is an adjustment of approximately 1.2% to the Professional-Maternity services line and less than 1.0% for three other service lines, FQHCS/RHCS, Professional-Specialist, and Radiology. The adjustment is calculated separately for the four rate cell categories that include women using OB/GYN professional services. The FY 2008 rate setting included an adjustment for ABAD women 45 and over. The percentage values were not material for this year and therefore dollars were added to the ABAD Female 21-44 rate cell for the OB-GYN Adjustment.

Adjustment values by rate cell and service categories are shown in Exhibit 2b. These adjustments are applied to the total historical claims data in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

**Emergency Department Professional Fee Increase Adjustment**

The adjustment passes through the 3% FFS increase for ER professional services applied to health plan rates effective July 1, 2006. Because this is effective for the second year of the historical data periods, the increase is applied to half of the base period.

The adjustment is shown in Exhibit 2c and applied to the total historical claims data in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

**Evaluation and Management Professional Fee Increase Adjustment**

The adjustment passes through the FFS increase of 5% for both the pediatric and the adult populations plus an additional 5% for pediatric effective July 1, 2006. Because it is reflected in the FY 2007 base data, the adjustment is applied to half of the base period. The additional 10% increase for the pediatric population effective July 1, 2007 is applied to the full base period. Emergency Department codes are excluded from these increases.
This adjustment is shown in Exhibit 2d and is applied to Professional-Evaluation & Management and FQHC/RHC services lines in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

**Professional Fee Increase Adjustment (Excluding Pediatric and OB-GYN)**
The adjustment passes through the FFS increase of 5% for all remaining professional services effective July 1, 2007. This increase excludes pediatric E&M and the OB-GYN services that were subject to increases in the fee schedule that are incorporated as previously described adjustments.

This adjustment is shown in Exhibit 2e and is applied to the full base period to Professional-E&M, Professional-Specialist and All Other Professional service lines in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

**Exempt Infant Formula**
This adjustment removes the amount that the health plans pay for selected formulas after children up to age 19 have met the Women, Infants, and Children (WIC) cap. The exempt formula excluded for the adjustment are developed from a code list provided by DMAS and is applied to the DME/Supplies service line.

This adjustment is shown in Exhibit 2f and is applied to the full base period to Professional-E&M, Professional-Specialist and All Other Professional service lines in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

**Other Immunizations**
The Center for Disease Control and Prevention (CDC) issued updated and new recommendations for pediatric and adolescent immunizations that were incorporated into the FY 2008 rates setting. The same adjustment is applied to the FY 2009 rate setting.

Recommendations that went into effect after the historical data period used for the rate setting include:

1. The new rotavirus vaccine is recommended in a 3-dose schedule at ages 2, 4, and 6 months.

2. The influenza vaccine is now recommended for all children aged 6-59 months. Previously the recommendation extended only to children aged 6-59 months with certain risk factors.

3. Varicella vaccine recommendations are updated. The first dose should be administered at age 12-15 months, and a newly recommended second dose should now be administered at age 4-6 years.
4. Meningococcal vaccine is recommended for all children at the 11-12 year old visit, as well as for unvaccinated adolescents at high school entry (15 years of age).

The adjustment assumes that: 1) The new recommendations can be accommodated within the current pediatric and adolescent vaccination schedules and the cost of serum is covered by the Vaccines for Children program. Therefore, new costs are limited to the cost of administration, currently $11 per dose, 2) Health plans will achieve compliance rates comparable to those reported to DMAS on the EQRO reports. This is 68% for children 2 years old and 34.5% for adolescents. The 68% compliance rate was assumed applicable for children up to 6 years old, but has been adjusted on the assumption that health plans began efforts to meet the new recommendations as of January 1, 2007, and 3) The distribution of ages within rate cell is equal.

Based on these assumptions, we estimate that the value of a new immunization schedule adjustment ranges from 1.0% to 1.7% of the Professional-E&M service line, depending on rate cell. This adjustment is shown in Exhibit 2g and is applied to the Professional-E&M service line in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

**HPV Vaccine Adjustment**

The Centers for Disease Control and Prevention (CDC) recommends that females receive the human papillomavirus (HPV) vaccine beginning at age nine (9). The HPV vaccine has been demonstrated to reduce the risk of the most common causes of cervical cancer. The DMAS Medicaid program began to cover the HPV vaccine in December 2006. For girls aged 9 to 19, the cost of the vaccine serum is covered under the Vaccines for Children program and by DMAS, while the health plans are responsible for the cost of vaccine administration. For women aged 20 to 26, DMAS covers the cost of both the serum and the vaccine administration if a prescription is written. DMAS policy provides coverage for women over 19 when the vaccine is considered a medical necessity. The vaccine is contraindicated for pregnant women. The vaccine will be mandatory for girls at least 11 years old entering school beginning October 1, 2008.

Actual utilization experience of the HPV vaccine has been lower than estimated utilization in the FY2008 rate setting. This appears to be due to a combination of lower than expected overall acceptance and the fact that many females did not complete the series of three vaccinations. In the FY 2009 rate setting, the target penetration rate was assumed to be 12.5% for females aged 19 years and under, at a cost of $11 for each of the three doses in the HPV series. Encounter data collected during the period from December 2006 through December 2007 indicate that fewer than 3% of reported HPV vaccinations occurred among females over the age of 19. Therefore, no adjustment appears warranted for women over the age of 19. These assumptions are applied to the female 6-20 population in the relevant aid category and age cells and are estimated to affect 7.5% of the total rate cell members.
This adjustment is shown in Exhibit 2h and is applied to the Professional-E&M service line in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

### Substance Abuse Benefit Adjustment

Financial responsibility for selected substance abuse services for children and adults was added to the health plan responsibility in FY2008. These include one assessment and evaluation per year and up to 52 outpatient services per year (the first 26 can be provided without prior authorization; any further services within the year require prior authorization). Up to 26 outpatient services per year will be covered for subsequent years with prior authorization. Emergency services, intensive outpatient services, day treatment, and case management services will be provided through the Medicaid program, but carved out from MCO responsibility.

First year utilization appears to be significantly lower than the early DMAS estimates. The total cost of expanded substance abuse services for FY2009 is now estimated at no more than $500,000. The current adjustment assumes that 50% of the total dollars will go to MCO members and, of this allotment, 75% will be for carved out substance abuse services with the remaining 25% (of the MCO 50%) included in the capitation rates.

The distribution of utilization of substance abuse services is assumed to be the same as the distribution of mental health services in the PCCM population. This adjustment uses the same values as those used in the FY2008 rate setting, but is revised for the lower total expenditure estimate.

This adjustment is shown in Exhibit 2i and is applied to the Professional-Psych service line in Exhibit 4a and 4b under the column labeled “Other Adjustments”.

### Hospital Inpatient Adjustments

The hospital inpatient adjustment factor reflects an increase in the percent of costs DMAS pays for hospital inpatient services in earlier years and a legislative reduction for FY 2009. The adjustment factor is calculated relative to the 76% operating cost base that was in place for FY 2006. In FY 2007 and FY 2008, for medical/surgical inpatient services, the Hospital Inpatient Adjustment was applied to 78% of the operating cost base. For FY 2009, the 78% operating cost base to which the Hospital Inpatient Adjustment applies will be reduced by 2.683%. The adjustment is developed using the increase from 76% to 78% of cost and is adjusted for a capital component estimated at 10.0%.

There is a separate adjustment for inpatient psychiatric services. The inpatient psychiatric adjustment factor is developed using the same increase; from 76% in FY 2006 and 78% in FY 2007 to an 84% operating cost base for FY 2008. For FY 2009, the 84% is also reduced by 2.683%. The inpatient psych adjustment also assumes a capital cost component of 10.0%. The inpatient psychiatric factor is applied to mental health claims.
that are submitted with encounter detail and the allocated mental health subcapitation payments.

These adjustment factors are shown in Exhibit 2j and applied to all hospital inpatient service categories in Exhibits 4a and 4b under the column labeled “Other Adjustments”.

**Rural Wage Index Adjustment**

This adjustment eliminates the rural wage index hospital factor. The estimated increase of $536,000 on the hospitals used by the contracting plans was provided by DMAS. The increase is applied to Inpatient - Other for the Rural and Other MSA regions. This is the same adjustment as used in the FY 2008 rate setting.

This adjustment factor is shown in Exhibit 2k and applied to hospital inpatient service categories in Exhibits 4a and 4b under the column labeled “Other Adjustments”.

**Provider Incentive Adjustment**

The Provider Incentive Payment Adjustment takes into consideration the various ways that health plans provide incentive payments to providers for coordinating care and ensuring access. Depending on the plan, this can be done through an increase in provider fee schedules, payment of case management fees, and/or provider incentive programs. To the extent that it has been used to increase professional fee schedules, the amount is already included in the claims and encounter data. Some plans reported the case management and incentive amounts as capitation payments. To avoid double counting, we did not include the value of the capitation amounts that plans reported as representing those payments in the base data. Their value has been incorporated into the Provider Incentive Payment Adjustment.

The estimated weighted average value of the case management and provider incentive programs paid outside of the encounter data is $3.33 PMPM, or 1.4% of the weighted average of the medical cost component of the base rates. The amount is similar in dollar value and percent as the provider incentive factor in the FY 2008 health plan base rates. This percentage is shown in Exhibit 2l and is presented as the dollar value of the percentage applicable to each rate cell in the line labeled Provider Incentive Payment in Exhibits 4a and 4b.

**Plan Administration Adjustment**

The CMS regulations require that administrative costs directly related to the provision of Medicaid State Plan approved services be incorporated into the rate setting process. Each health plan provided revenue and administrative cost data for calendar year 2007, as part of its submission to the Virginia Bureau of Insurance (BOI) on the required form entitled Analysis of Operations by Lines of Business, and as necessary, notes to interpret the financial figures. We also received the Underwriting and Investment Exhibit, Part 3, Analysis of Expenses. DMAS hired an independent firm to conduct an on-site review of
the expenses allocated to the Medicaid lines of business. Disallowed costs, including the portion of state income taxes that were allocated as administrative expense to the Medicaid and FAMIS lines of business, were excluded from the calculation. The administrative factor adjustment is shown in Exhibit 2m.

For calendar year 2007, we calculated that on average plans reported to the BOI spending 7.85% of their capitation revenue to cover administrative expenses. This is reduced by 4.46% to reflect the proportion of disallowed administrative costs identified in the on-site review. DMAS has not made a final decision of the contribution to reserve. This administrative cost factor is applied to the total adjusted and trended claims amount for each rate payment category. This adjustment factor is applied in the final step of the per capita cost calculations at the bottom of each rate cell worksheet in Exhibits 4a and 4b.

V. Trend and IBNR Adjustments

The data used for the trend calculations reflects experience in the Virginia Medallion II program during FY 2005 through FY 2007. Upon request, the health plans provided additional trend data reflecting their experience to October 2007, with claims run out through February 2008. These data must be adjusted to reflect the contract period of FY 2009 through the application of trend rates that reflect changes in payment levels and utilization rates between the data period and the contract period. In addition, the claims data are not 100% “complete” in that some cost information is not available in the claims databases provided. Incomplete data results from the time lag between when services are provided and claims are fully paid. The amount of incomplete claims is referred to as Incurred But Not Reported (IBNR) and can be measured through actuarial models.

Trend and IBNR adjustment factors were developed using monthly historical health plan expenditures for FY 2005 to FY 2007, with supplemental review of the additional four months of data through October 2007. The historical data were evaluated using a PricewaterhouseCoopers model that calculates IBNR amounts using a variety of actuarially accepted methods, and calculates trend using a least-squares regression methodology. Trend and IBNR factors were developed separately for TANF Under 21, TANF 21 and Over, and ABAD and for the following service categories: Hospital Inpatient, Hospital Outpatient, Practitioner, Prescription Drug, and Other (Transportation, Lab/X-Ray).

Trend rates must be applied to move the historical data from the midpoint of the data period (July 1, 2005) to the midpoint of the contract period (January 1, 2008), or two and half years (30 months). Data period trend rates for these groups are developed from a regression analysis on the 24 months of historical Virginia health plan data used for these capitation rates. Contract period trend rates are adjusted to reflect our best estimate of trend in the future and are based primarily on the three year historical trends plus an additional four months, where appropriate. Where we considered the historical trend
experience to be an unreliable indicator of future trend, we examined the additional data provided by the plans, estimates of cost increase provided by DMAS, and other sources, as well as the overall rate of change, to derive recommended trend assumptions.

For the inpatient hospital contract period, the utilization and cost components of trend were analyzed separately and developed after considering the component of the historical cost trend that was due to DMAS increases in the inpatient cost factor (described in Adjustment Exhibit 2j). It is anticipated that the health plans will have to pay inpatient rates that are comparable to the DMAS FFS system in order to retain adequate access to providers. This cost increase is incorporated into the determination of the contract period hospital inpatient trend for each eligibility category. Data period trend was evaluated using FY2006 and FY2007, the base year data. Total data period PMPM trend is derived from separate consideration of utilization and cost per unit trends. Contract period trend was developed by reviewing the past three years (FY 2005 - FY 2007) of paid claims data plus an additional four months. Both data and contract period trends were evaluated including adjustments for increases in the Medicaid FFS fee schedule during the base years to the extent they were significant.

Table I provides a summary of the adjustments applied to the data used for contract period trend before the regression analysis was performed to calculate trend rates. The professional adjustment reflects the impact of four fee increases, ER Professional, Pediatric E&M, Adult E&M, and OB-GYN with a residual adjustment for 2 months of the 34% OB-GYN fee increase in September 2004. The Acute and Psych Hospital Inpatient factors reflect changes in the DMAS operating cost base during the historical period. An adjustment was made to the first 2 months of FY 2005 of the Other (Lab, X-Ray and Other) service category to reflect the residual 34% OB-GYN fee increase that is not listed in the table. There are no underlying adjustments made before evaluation of Hospital Outpatient or Pharmacy.

### Table I

**Summary of Adjustments to Trend**

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Incurred But Not Reported (IBNR) completion factors are applied to the total claims in the first column of Exhibits 4a and 4b, and the dollar value of the IBNR completion factors are shown in the second column. We have also added information on the cumulative impact of the policy and program adjustments in Exhibits 2a -2m. This is for information purposes and should be evaluated in conjunction with the IBNR and applied trend. Utilization and cost trend are presented separately for the base period and as a combined trend for the contract period. For the TANF Child, the data period trend is about 1.4% higher than the contract period trend. For TANF Adult and ABAD, the data period and contract period trend are more similar. The total applied trend is higher than that applied in the FY2008 rate setting, due both to higher data period trend and a reevaluation of the three year period after the health plans submitted more recent paid claims data. Since the data used in this data period analysis has run-out through October 2006, or four months past the end of the data reporting period, the resulting IBNR factors are generally small. IBNR factors for Hospital Inpatient and Outpatient, Practitioner, Prescription Drug, and Other services are all set to approximately 1.0% or less.

The Total Trend rates are calculated using compound interest calculations as a combination of the data period and contract period trends multiplied by (1 + IBNR factor)

The resulting trend factors are shown in Exhibit 3a for TANF Child Under 21, Exhibit 3b for TANF Adult 21 and Over, and Exhibit 3c for ABAD. These trend and IBNR factors are applied to the historical data in Exhibit 4a and 4b by applicable service category.

VI. Base Capitation Rates

The health plan base capitation rates for FY 2009, as presented in the adjusted and trended claims in Exhibits 4a and 4b, are shown in Exhibit 5a. Total average costs have been calculated using February 2008 health plan eligible months as weights, which are shown in Exhibit 5c.

Comparison of FY 2007 and FY 2008 Health Plan Base Capitation Rates

Weighted average costs have been calculated for FY 2007 and FY 2008 health plan capitation rates using managed care enrollee member months for February 2008 as weights. The year-to-year comparisons using current FY 2007 base rates are shown in Exhibit 5b.

The base rates for the TANF groups are 7.17% higher than current FY 2008 rates, while the base rates for the ABAD groups are 4.66% higher than current rates. This comparison shows a year-to-year combined weighted average change of 6.20%.
VII. Health Plan Risk Adjusted Capitation Rates

Final rates will be adjusted by health plan risk. DMAS and PWC are still reviewing the preliminary results.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
##### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

### Age Under 1

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### Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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<tr>
<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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## Age 15-20 Female

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### Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

#### Age 21-44 Female

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#### Service Type

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<th>Unadjusted PMPM FY06</th>
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<tr>
<td>Radiology</td>
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<td>$11.62</td>
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<td>Transportation/Ambulance</td>
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<td><strong>$394.21</strong></td>
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### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

#### Age 15-20 Male

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
</tr>
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<tbody>
<tr>
<td><strong>Northern Virginia</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Member Months</strong></td>
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<td>45,268</td>
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</table>

### Service Type

- **DME/Supplies**
  - FY06: $12,440
  - FY07: $36,257
  - Unadjusted PMPM FY06: $0.30
  - Unadjusted PMPM FY07: $0.80

- **FQHC / RHC**
  - FY06: $48
  - FY07: $0
  - Unadjusted PMPM FY06: $0.00
  - Unadjusted PMPM FY07: $0.00

- **Home Health**
  - FY06: $0
  - FY07: $0
  - Unadjusted PMPM FY06: $0.00
  - Unadjusted PMPM FY07: $0.00

- **IP - Maternity**
  - FY06: $0
  - FY07: $0
  - Unadjusted PMPM FY06: $0.00
  - Unadjusted PMPM FY07: $0.00

- **IP - Newborn**
  - FY06: $0
  - FY07: $0
  - Unadjusted PMPM FY06: $0.00
  - Unadjusted PMPM FY07: $0.00

- **IP - Other**
  - FY06: $406,856
  - FY07: $466,135
  - Unadjusted PMPM FY06: $9.87
  - Unadjusted PMPM FY07: $10.30

- **IP - Psych**
  - FY06: $83,623
  - FY07: $41,937
  - Unadjusted PMPM FY06: $2.03
  - Unadjusted PMPM FY07: $0.93

- **Lab**
  - FY06: $40,583
  - FY07: $49,853
  - Unadjusted PMPM FY06: $0.98
  - Unadjusted PMPM FY07: $1.10

- **OP - Emergency Room**
  - FY06: $82,321
  - FY07: $145,035
  - Unadjusted PMPM FY06: $2.00
  - Unadjusted PMPM FY07: $3.20

- **OP - Other**
  - FY06: $413,077
  - FY07: $502,316
  - Unadjusted PMPM FY06: $10.02
  - Unadjusted PMPM FY07: $11.10

- **Pharmacy**
  - FY06: $568,949
  - FY07: $795,213
  - Unadjusted PMPM FY06: $13.80
  - Unadjusted PMPM FY07: $17.57

- **Prof - Anesthesia**
  - FY06: $15,077
  - FY07: $27,682
  - Unadjusted PMPM FY06: $0.37
  - Unadjusted PMPM FY07: $0.61

- **Prof - Child EPSDT**
  - FY06: $4,345
  - FY07: $11,959
  - Unadjusted PMPM FY06: $0.11
  - Unadjusted PMPM FY07: $0.26

- **Prof - Evaluation & Management**
  - FY06: $400,069
  - FY07: $496,586
  - Unadjusted PMPM FY06: $9.70
  - Unadjusted PMPM FY07: $10.97

- **Prof - Maternity**
  - FY06: $1,737
  - FY07: $0
  - Unadjusted PMPM FY06: $0.04
  - Unadjusted PMPM FY07: $0.00

- **Prof - Other**
  - FY06: $160,457
  - FY07: $196,787
  - Unadjusted PMPM FY06: $3.89
  - Unadjusted PMPM FY07: $4.35

- **Prof - Psych**
  - FY06: $82,855
  - FY07: $76,018
  - Unadjusted PMPM FY06: $2.01
  - Unadjusted PMPM FY07: $1.68

- **Prof - Specialist**
  - FY06: $86,607
  - FY07: $114,962
  - Unadjusted PMPM FY06: $2.10
  - Unadjusted PMPM FY07: $2.54

- **Prof - Vision**
  - FY06: $47,921
  - FY07: $53,730
  - Unadjusted PMPM FY06: $1.16
  - Unadjusted PMPM FY07: $1.19

- **Radiology**
  - FY06: $34,339
  - FY07: $46,950
  - Unadjusted PMPM FY06: $0.83
  - Unadjusted PMPM FY07: $1.04

- **Transportation/Ambulance**
  - FY06: $121,581
  - FY07: $124,635
  - Unadjusted PMPM FY06: $2.95
  - Unadjusted PMPM FY07: $2.75

### Total

- FY06: $2,562,886
- FY07: $3,186,054
- Unadjusted PMPM FY06: $62.16
- Unadjusted PMPM FY07: $70.38
## Age 21-44 Male

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<th>Unadjusted PMPM FY07</th>
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<tr>
<td><strong>Home Health</strong></td>
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<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>IP - Maternity</strong></td>
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<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>IP - Newborn</strong></td>
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<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td><strong>IP - Other</strong></td>
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<tr>
<td><strong>IP - Psych</strong></td>
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<td><strong>Lab</strong></td>
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<tr>
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<tr>
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<tr>
<td><strong>Prof - Other</strong></td>
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## Age 45 and Over

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<tr>
<td>Home Health</td>
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<td>$0.00</td>
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</tr>
<tr>
<td>Prof - Vision</td>
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<tr>
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### All Age Categories

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<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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</thead>
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<td><strong>Northern Virginia</strong></td>
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</tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Home Health</td>
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<td>$0.00</td>
<td>$0.00</td>
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### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

**Age Under 1**

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</tr>
<tr>
<td>DME/Supplies</td>
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<td>$2.68</td>
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<td>$10,406</td>
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<td>$0.26</td>
</tr>
<tr>
<td>Home Health</td>
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<td>$0</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>IP - Maternity</td>
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<td>$0.00</td>
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### Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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## Virginia Medicaid
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#### Health Plan Encounter Data
#### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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### History Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

---

#### Age 45 and Over

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## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

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### Age 1-5

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#### Service Type

- **DME/Supplies**: $278,629, $291,204, $1.08, $1.12
- **FQHC / RHC**: $47,562, $61,832, $0.18, $0.24
- **Home Health**: $403, $390, $0.00, $0.00
- **IP - Maternity**: $0, $0, $0.00, $0.00
- **IP - Newborn**: $0, $0, $0.00, $0.00
- **IP - Other**: $2,921,884, $2,827,356, $11.31, $10.91
- **IP - Psych**: $254,186, $244,505, $0.98, $0.94
- **Lab**: $416,270, $432,079, $1.61, $1.67
- **OP - Emergency Room**: $1,306,831, $1,517,851, $5.06, $5.86
- **OP - Other**: $5,251,134, $5,392,169, $20.33, $20.80
- **Pharmacy**: $4,094,793, $4,258,006, $15.86, $16.43
- **Prof - Anesthesia**: $176,752, $172,667, $0.68, $0.67
- **Prof - Child EPSDT**: $422,205, $467,844, $1.63, $1.80
- **Prof - Evaluation & Management**: $4,718,053, $5,298,827, $18.27, $20.44
- **Prof - Maternity**: $159, $0, $0.00, $0.00
- **Prof - Other**: $889,683, $958,905, $3.44, $3.70
- **Prof - Psych**: $349,470, $320,588, $1.35, $1.24
- **Prof - Specialist**: $549,854, $632,398, $2.13, $2.44
- **Prof - Vision**: $263,143, $282,488, $1.02, $1.09
- **Radiology**: $122,131, $121,546, $0.47, $0.47
- **Transportation/Ambulance**: $807,230, $830,260, $3.13, $3.20
- **Total**: $22,870,370, $24,110,913, $88.56, $93.01
### Virginia Medicaid
#### FY 2009 Capitation Rate Development

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

<table>
<thead>
<tr>
<th>Service Type</th>
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<th>Total Claims FY07</th>
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#### Age 6-14

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</table>

| **Total**                             | $22,934,585  | $24,359,947  | $67.05          | $71.52          |
### Virginia Medicaid
#### FY 2009 Capitation Rate Development
##### Health Plan Encounter Data
##### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

<table>
<thead>
<tr>
<th>Age 15-20 Female</th>
<th>Richmond/Charlottesville</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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<tbody>
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#### Service Type

<table>
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<th>FY07</th>
<th>PMPM FY06</th>
<th>PMPM FY07</th>
</tr>
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<tbody>
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<td>$0.00</td>
</tr>
<tr>
<td>OP - Other</td>
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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

<table>
<thead>
<tr>
<th>Rich mond/Ch arlottesville</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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<table>
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<th>FY06 PMPM</th>
<th>FY07 PMPM</th>
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<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>IP - Other</td>
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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

### Age 15-20 Male

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<th>Unadjusted PMPM FY07</th>
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# Virginia Medicaid
## FY 2009 Capitation Rate Development
### Health Plan Encounter Data
#### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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</tr>
<tr>
<td>DME/Supplies</td>
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<td>Home Health</td>
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<td>$0.00</td>
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</tr>
<tr>
<td>IP - Maternity</td>
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<td>$0.00</td>
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<tr>
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### Virginia Medicaid
#### FY 2009 Capitation Rate Development

#### Health Plan Encounter Data

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

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## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Health Plan Encounter Data

#### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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### Virginia Medicaid
#### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
#### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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## Age 1-5

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### Virginia Medicaid
#### FY 2009 Capitation Rate Development

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

---

#### Age 6-14

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## Age 15-20 Female

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## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

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<tr>
<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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## Virginia Medicaid

### Health Plan Encounter Data

### Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

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<th>Rural FY07</th>
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<th>Unadjusted PMPM FY07</th>
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**Total:** $1,777,168 $2,149,139 $273.75 $312.02
### Virginia Medicaid
**FY 2009 Capitation Rate Development**
**Health Plan Encounter Data**
**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

#### Age 45 and Over

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<th>Unadjusted PMPM FY07</th>
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## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

### All Age Categories

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<th>Service Type</th>
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<th>Rural FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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## Virginia Medicaid

### FY 2009 Capitation Rate Development

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

### Exhibit 1a

**REVISED DRAFT**

### TANF Age Under 1

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<th>Unadjusted PMPM FY07</th>
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*PricewaterhouseCoopers LLP*

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### Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)

#### Age 1-5

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#### Service Type

- **DME/Supplies**: $236,536 ($272,274) $0.72 $0.87
- **FQHC / RHC**: $133,468 ($157,913) $0.41 $0.50
- **Home Health**: $0 ($0) $0.00 $0.00
- **IP - Maternity**: $0 ($3,486) $0.00 $0.01
- **IP - Newborn**: $0 ($0) $0.00 $0.00
- **IP - Other**: $2,617,103 ($2,026,034) $8.00 $6.46
- **IP - Psych**: $359,901 ($348,470) $1.10 $1.11
- **Lab**: $573,172 ($559,839) $1.75 $1.79
- **OP - Emergency Room**: $1,923,551 ($1,885,191) $5.88 $6.01
- **OP - Other**: $5,281,321 ($5,211,695) $16.14 $16.62
- **Pharmacy**: $4,062,825 ($3,978,015) $12.42 $12.69
- **Prof - Anesthesia**: $300,003 ($255,434) $0.92 $0.81
- **Prof - Child EPSDT**: $561,087 ($576,928) $1.71 $1.84
- **Prof - Evaluation & Management**: $5,890,475 ($6,262,153) $18.00 $19.97
- **Prof - Maternity**: $0 ($1,737) $0.00 $0.01
- **Prof - Other**: $1,360,639 ($1,604,320) $4.16 $5.12
- **Prof - Psych**: $493,949 ($464,318) $1.51 $1.48
- **Prof - Specialist**: $839,291 ($740,101) $2.57 $2.36
- **Prof - Vision**: $313,254 ($307,817) $0.96 $0.98
- **Radiology**: $151,899 ($126,582) $0.46 $0.40
- **Transportation/Ambulance**: $1,067,717 ($977,590) $3.26 $3.12
- **Total**: $26,166,193 ($25,759,896) $79.97 $82.15
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## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Temporary Assistance to Needy Families (TANF)**

### Age 15-20 Female

<table>
<thead>
<tr>
<th>Service Type</th>
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<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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## Age 21-44 Female

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<th>Unadjusted PMPM FY07</th>
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### Age 15-20 Male

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<td>IP - Maternity</td>
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<td>IP - Newborn</td>
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### Age 21-44 Male

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### Age 45 and Over

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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
##### Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
#### Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Health Plan Encounter Data

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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Exhibits 1a-5c, Revised Draft: Rates Exhibits HC.xls

NOVA_age6_20

PricewaterhouseCoopers LLP

Page 49 of 182
## Age 21-44 Female

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## Age 45 and Over

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### Service Type Details

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  - FY06: $338,950
  - FY07: $446,580
  - Unadjusted PMPM FY06: $8.81
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- **FQHC / RHC**
  - FY06: $1,634
  - FY07: $290
  - Unadjusted PMPM FY06: $0.04
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- **Home Health**
  - FY06: $0
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- **IP - Maternity**
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- **IP - Newborn**
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- **IP - Other**
  - FY06: $10,053,756
  - FY07: $13,544,228
  - Unadjusted PMPM FY06: $261.45
  - Unadjusted PMPM FY07: $296.40

- **IP - Psych**
  - FY06: $895,676
  - FY07: $557,741
  - Unadjusted PMPM FY06: $23.29
  - Unadjusted PMPM FY07: $12.21

- **Lab**
  - FY06: $211,767
  - FY07: $204,904
  - Unadjusted PMPM FY06: $5.51
  - Unadjusted PMPM FY07: $4.46

- **OP - Emergency Room**
  - FY06: $248,127
  - FY07: $443,509
  - Unadjusted PMPM FY06: $6.45
  - Unadjusted PMPM FY07: $9.71

- **OP - Other**
  - FY06: $4,176,437
  - FY07: $5,048,949
  - Unadjusted PMPM FY06: $108.61
  - Unadjusted PMPM FY07: $110.49

- **Pharmacy**
  - FY06: $9,778,248
  - FY07: $12,819,242
  - Unadjusted PMPM FY06: $254.28
  - Unadjusted PMPM FY07: $280.54

- **Prof - Anesthesia**
  - FY06: $115,590
  - FY07: $177,751
  - Unadjusted PMPM FY06: $3.01
  - Unadjusted PMPM FY07: $3.89

- **Prof - Child EPSDT**
  - FY06: $21,597
  - FY07: $30,399
  - Unadjusted PMPM FY06: $0.56
  - Unadjusted PMPM FY07: $0.67

- **Prof - Evaluation & Management**
  - FY06: $2,019,471
  - FY07: $2,728,315
  - Unadjusted PMPM FY06: $52.52
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- **Prof - Maternity**
  - FY06: $0
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- **Prof - Other**
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  - FY07: $1,390,565
  - Unadjusted PMPM FY06: $24.10
  - Unadjusted PMPM FY07: $30.43

- **Prof - Psych**
  - FY06: $251,618
  - FY07: $257,687
  - Unadjusted PMPM FY06: $6.54
  - Unadjusted PMPM FY07: $5.64

- **Prof - Specialist**
  - FY06: $775,796
  - FY07: $1,017,179
  - Unadjusted PMPM FY06: $20.17
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- **Prof - Vision**
  - FY06: $105,339
  - FY07: $138,220
  - Unadjusted PMPM FY06: $2.74
  - Unadjusted PMPM FY07: $3.02

- **Radiology**
  - FY06: $492,534
  - FY07: $754,381
  - Unadjusted PMPM FY06: $12.81
  - Unadjusted PMPM FY07: $16.51

- **Transportation/Ambulance**
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  - FY07: $352,688
  - Unadjusted PMPM FY06: $5.68
  - Unadjusted PMPM FY07: $7.72

### Total
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- FY07: $39,911,728
- Unadjusted PMPM FY06: $796.58
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### Virginia Medicaid
#### FY 2009 Capitation Rate Development

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
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## Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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### Virginia Medicaid
**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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<th>Total Claims FY07</th>
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Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
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Virginia Medicaid  
FY 2009 Capitation Rate Development  
Health Plan Encounter Data  
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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# Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

## Exhibit 1b

**REVISED DRAFT**

### Age 45 and Over

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<th>Service Type</th>
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## Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

### Age 1-5

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<th>Total Claims FY07</th>
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**Service Type**

- **DME/Supplies**
  - FY06: $179,510
  - FY07: $209,155
  - PMPM FY06: $31.75
  - PMPM FY07: $36.23

- **FQHC / RHC**
  - FY06: $475
  - FY07: $4,912
  - PMPM FY06: $0.08
  - PMPM FY07: $0.85

- **Home Health**
  - FY06: $0
  - FY07: $0
  - PMPM FY06: $0.00
  - PMPM FY07: $0.00

- **IP - Maternity**
  - FY06: $0
  - FY07: $0
  - PMPM FY06: $0.00
  - PMPM FY07: $0.00

- **IP - Newborn**
  - FY06: $0
  - FY07: $0
  - PMPM FY06: $0.00
  - PMPM FY07: $0.00

- **IP - Other**
  - FY06: $933,507
  - FY07: $691,115
  - PMPM FY06: $165.09
  - PMPM FY07: $119.70

- **IP - Psych**
  - FY06: $80,997
  - FY07: $77,605
  - PMPM FY06: $14.32
  - PMPM FY07: $13.44

- **Lab**
  - FY06: $14,104
  - FY07: $15,450
  - PMPM FY06: $2.49
  - PMPM FY07: $2.68

- **OP - Emergency Room**
  - FY06: $50,198
  - FY07: $57,154
  - PMPM FY06: $8.88
  - PMPM FY07: $9.90

- **OP - Other**
  - FY06: $627,516
  - FY07: $1,084,448
  - PMPM FY06: $110.97
  - PMPM FY07: $187.83

- **Pharmacy**
  - FY06: $421,037
  - FY07: $530,197
  - PMPM FY06: $74.46
  - PMPM FY07: $91.83

- **Prof - Anesthesia**
  - FY06: $20,948
  - FY07: $27,950
  - PMPM FY06: $3.70
  - PMPM FY07: $4.84

- **Prof - Child EPSDT**
  - FY06: $7,358
  - FY07: $8,982
  - PMPM FY06: $1.30
  - PMPM FY07: $1.56

- **Prof - Evaluation & Management**
  - FY06: $246,516
  - FY07: $262,641
  - PMPM FY06: $43.60
  - PMPM FY07: $45.49

- **Prof - Maternity**
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  - FY07: $0
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- **Prof - Other**
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  - FY07: $254,557
  - PMPM FY06: $35.36
  - PMPM FY07: $44.09

- **Prof - Psych**
  - FY06: $29,019
  - FY07: $32,987
  - PMPM FY06: $5.13
  - PMPM FY07: $5.71

- **Prof - Specialist**
  - FY06: $61,254
  - FY07: $91,829
  - PMPM FY06: $10.83
  - PMPM FY07: $15.90

- **Prof - Vision**
  - FY06: $11,874
  - FY07: $14,381
  - PMPM FY06: $2.10
  - PMPM FY07: $2.49

- **Radiology**
  - FY06: $16,434
  - FY07: $20,175
  - PMPM FY06: $2.91
  - PMPM FY07: $3.49

- **Transportation/Ambulance**
  - FY06: $27,463
  - FY07: $34,182
  - PMPM FY06: $4.86
  - PMPM FY07: $5.92

**Total**

- FY06: $2,928,155
- FY07: $3,417,719
- PMPM FY06: $517.83
- PMPM FY07: $591.95
### Virginia Medicaid
#### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
#### Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

<table>
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<tr>
<th>Service Type</th>
<th>Richmond/Charlottesville</th>
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<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
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**Exhibit 1b**

**PricewaterhouseCoopers LLP**

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5/16/2008
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

<table>
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<tr>
<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
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<th>Unadjusted PMPM FY07</th>
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## Exhibit 1b

### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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**Richmond/Charlottesville**

- Member Months: 15,481 16,572

**Service Type**

- Age 21-44 Male
### Virginia Medicaid
**FY 2009 Capitation Rate Development**

#### Health Plan Encounter Data

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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## Virginia Medicaid

**FY 2009 Capitation Rate Development**

### Health Plan Encounter Data

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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### Service Type

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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
#### Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

### Exhibit 1b
### REVISED DRAFT

#### Age 6-20

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#### DME/Supplies
- FY06: $273,303
- FY07: $297,164
- PMPM FY06: $11.23
- PMPM FY07: $11.20

#### FQHC / RHC
- FY06: $66,081
- FY07: $89,333
- PMPM FY06: $2.72
- PMPM FY07: $3.37

#### Home Health
- FY06: $0
- FY07: $0
- PMPM FY06: $0.00
- PMPM FY07: $0.00

#### IP - Maternity
- FY06: $49,272
- FY07: $94,448
- PMPM FY06: $2.03
- PMPM FY07: $3.56

#### IP - Newborn
- FY06: $0
- FY07: $0
- PMPM FY06: $0.00
- PMPM FY07: $0.00

#### IP - Other
- FY06: $1,603,298
- FY07: $1,720,957
- PMPM FY06: $65.90
- PMPM FY07: $64.84

#### IP - Psych
- FY06: $505,572
- FY07: $586,446
- PMPM FY06: $20.78
- PMPM FY07: $22.09

#### Lab
- FY06: $86,298
- FY07: $96,263
- PMPM FY06: $3.55
- PMPM FY07: $3.63

#### OP - Emergency Room
- FY06: $152,201
- FY07: $178,202
- PMPM FY06: $6.26
- PMPM FY07: $6.71

#### OP - Other
- FY06: $909,776
- FY07: $1,127,963
- PMPM FY06: $37.40
- PMPM FY07: $42.50

#### Pharmacy
- FY06: $2,353,686
- FY07: $2,887,496
- PMPM FY06: $96.75
- PMPM FY07: $108.78

#### Prof - Anesthesia
- FY06: $31,776
- FY07: $38,644
- PMPM FY06: $1.31
- PMPM FY07: $1.46

#### Prof - Child EPSDT
- FY06: $14,412
- FY07: $11,165
- PMPM FY06: $0.59
- PMPM FY07: $0.42

#### Prof - Evaluation & Management
- FY06: $449,555
- FY07: $542,121
- PMPM FY06: $18.48
- PMPM FY07: $20.42

#### Prof - Maternity
- FY06: $30,242
- FY07: $35,950
- PMPM FY06: $1.24
- PMPM FY07: $1.35

#### Prof - Other
- FY06: $487,314
- FY07: $488,905
- PMPM FY06: $20.03
- PMPM FY07: $18.42

#### Prof - Psych
- FY06: $224,934
- FY07: $240,401
- PMPM FY06: $9.25
- PMPM FY07: $9.06

#### Prof - Specialist
- FY06: $107,796
- FY07: $107,310
- PMPM FY06: $4.43
- PMPM FY07: $4.04

#### Prof - Vision
- FY06: $33,998
- FY07: $33,682
- PMPM FY06: $1.40
- PMPM FY07: $1.27

#### Radiology
- FY06: $47,871
- FY07: $57,323
- PMPM FY06: $1.97
- PMPM FY07: $2.16

#### Transportation/Ambulance
- FY06: $159,302
- FY07: $181,010
- PMPM FY06: $6.55
- PMPM FY07: $6.82

#### Total
- FY06: $7,586,687
- FY07: $8,814,782
- PMPM FY06: $311.85
- PMPM FY07: $332.09
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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<thead>
<tr>
<th>Service Type</th>
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### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

#### Age 21-44 Male

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### Virginia Medicaid
**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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#### Age 45 and Over

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### Virginia Medicaid
#### FY 2009 Capitation Rate Development
##### Health Plan Encounter Data
##### Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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<th>Total Claims FY07</th>
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PricewaterhouseCoopers LLP
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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#### Age Under 1

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**Total**

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### Virginia Medicaid
**FY 2009 Capitation Rate Development**
**Health Plan Encounter Data**
**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

#### Age 1-5

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### Virginia Medicaid
#### FY 2009 Capitation Rate Development

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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### Age 21-44 Male

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<td>IP - Newborn</td>
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## Age 45 and Over

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### Service Type

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## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
##### Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

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### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Health Plan Encounter Data**

**Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)**

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<th>Service Type</th>
<th>Total Claims FY06</th>
<th>Total Claims FY07</th>
<th>Unadjusted PMPM FY06</th>
<th>Unadjusted PMPM FY07</th>
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<td>DME/Supplies</td>
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<td>$10,151,702</td>
<td>$16.17</td>
<td>$17.33</td>
</tr>
<tr>
<td>FQHC / RHC</td>
<td>$1,588,386</td>
<td>$1,654,304</td>
<td>$2.95</td>
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<tr>
<td>Home Health</td>
<td>$148</td>
<td>$481</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>IP - Maternity</td>
<td>$1,413,616</td>
<td>$1,789,661</td>
<td>$2.62</td>
<td>$3.05</td>
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<tr>
<td>IP - Newborn</td>
<td>$589,303</td>
<td>$190,698</td>
<td>$1.09</td>
<td>$0.33</td>
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<tr>
<td>IP - Other</td>
<td>$80,166,511</td>
<td>$95,481,902</td>
<td>$148.70</td>
<td>$162.97</td>
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<tr>
<td>IP - Psych</td>
<td>$15,579,648</td>
<td>$16,417,115</td>
<td>$28.90</td>
<td>$28.02</td>
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<tr>
<td>Lab</td>
<td>$2,252,005</td>
<td>$2,602,963</td>
<td>$4.18</td>
<td>$4.44</td>
</tr>
<tr>
<td>OP - Emergency Room</td>
<td>$7,056,666</td>
<td>$8,383,195</td>
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<tr>
<td>OP - Other</td>
<td>$55,631,507</td>
<td>$62,315,322</td>
<td>$103.19</td>
<td>$106.36</td>
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<tr>
<td>Pharmacy</td>
<td>$108,951,265</td>
<td>$124,695,308</td>
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<tr>
<td>Prof - Anesthesia</td>
<td>$1,451,827</td>
<td>$1,699,234</td>
<td>$2.69</td>
<td>$2.90</td>
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<tr>
<td>Prof - Child EPSDT</td>
<td>$461,545</td>
<td>$483,803</td>
<td>$0.86</td>
<td>$0.83</td>
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<tr>
<td>Prof - Evaluation &amp; Management</td>
<td>$21,401,512</td>
<td>$25,049,560</td>
<td>$39.70</td>
<td>$42.76</td>
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<td>Prof - Maternity</td>
<td>$658,085</td>
<td>$714,484</td>
<td>$1.22</td>
<td>$1.22</td>
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<tr>
<td>Prof - Other</td>
<td>$17,922,602</td>
<td>$20,358,152</td>
<td>$33.24</td>
<td>$34.75</td>
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<td>Prof - Psych</td>
<td>$4,528,222</td>
<td>$4,883,649</td>
<td>$8.40</td>
<td>$8.34</td>
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<tr>
<td>Prof - Specialist</td>
<td>$8,298,560</td>
<td>$9,421,506</td>
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<td>$16.08</td>
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<td>Prof - Vision</td>
<td>$1,017,170</td>
<td>$1,180,634</td>
<td>$1.89</td>
<td>$2.02</td>
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<td>Radiology</td>
<td>$4,398,451</td>
<td>$5,216,729</td>
<td>$8.16</td>
<td>$8.90</td>
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<td>Transportation/Ambulance</td>
<td>$4,906,608</td>
<td>$6,469,458</td>
<td>$9.10</td>
<td>$11.04</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$346,992,941</strong></td>
<td><strong>$399,159,859</strong></td>
<td><strong>$643.62</strong></td>
<td><strong>$681.31</strong></td>
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<tr>
<td></td>
<td>TANF</td>
<td>ABAD</td>
<td>Source</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>-------</td>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Health Plan Total Drug Cost PMPM</td>
<td>$23.58</td>
<td>$207.69</td>
<td>FY06-FY07 Health Plan Encounter Data</td>
</tr>
<tr>
<td>2.</td>
<td>Health Plan Drug Ingredient Cost PMPM</td>
<td>$22.52</td>
<td>$201.29</td>
<td>Health Plan Encounter Analysis</td>
</tr>
<tr>
<td>3.</td>
<td>Change in Average Managed Care Discount</td>
<td>0.1%</td>
<td>0.1%</td>
<td>From Plan Data</td>
</tr>
<tr>
<td>4.</td>
<td>Average Managed Care Rebate</td>
<td>4.5%</td>
<td>4.5%</td>
<td>From Plan Data</td>
</tr>
<tr>
<td>5.</td>
<td>Average Managed Care Dispensing Fee per Script</td>
<td>$1.94</td>
<td>$1.94</td>
<td>From Plan Data</td>
</tr>
<tr>
<td>6.</td>
<td>Average PBM Admin Cost PMPM</td>
<td>$0.13</td>
<td>$0.13</td>
<td>From Plan Data</td>
</tr>
<tr>
<td>7.</td>
<td>Adjusted PMPM with FY08 Pharmacy Pricing Arrangements</td>
<td>$22.63</td>
<td>$198.04</td>
<td>= (2.) * (1 - (3.)) * (1 - (4.)) + ((5.) * scripts / MM) + (6.)</td>
</tr>
<tr>
<td>8.</td>
<td>Average Managed Care Copayment per Script</td>
<td>$1.61</td>
<td>$1.74</td>
<td>Health Plan Encounter Analysis</td>
</tr>
<tr>
<td>9.</td>
<td>Percentage of Scripts for which Copayments would be Applied</td>
<td>28.0%</td>
<td>81.9%</td>
<td>Health Plan Encounter Analysis</td>
</tr>
<tr>
<td>10.</td>
<td>Effective FFSE Managed Care Copayment per Script</td>
<td>$0.45</td>
<td>$1.42</td>
<td>= (8) * (9)</td>
</tr>
<tr>
<td>11.</td>
<td>Expected Cost Savings per Script *</td>
<td>50%</td>
<td>50%</td>
<td></td>
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<td>12.</td>
<td>Applied Cost Savings per Script</td>
<td>$0.23</td>
<td>$0.71</td>
<td>= (10.) * (11.)</td>
</tr>
<tr>
<td>13.</td>
<td>Managed Care Cost PMPM with Cost Savings</td>
<td>$22.51</td>
<td>$195.89</td>
<td>= (7.) - (12.) * scripts / MM</td>
</tr>
<tr>
<td>14.</td>
<td>Pharmacy Adjustment</td>
<td>-4.5%</td>
<td>-5.7%</td>
<td>= (13.) / ( 1.) - 1</td>
</tr>
</tbody>
</table>

* Note:
Managed care plans are expected to achieve savings through copayment collection or other means to control utilization and/or reduce costs such that rates remain actuarially sound.
<table>
<thead>
<tr>
<th>TANF Age 15-20 Female</th>
<th>TANF Age 21-44 Female</th>
<th>ABAD Age 6-20</th>
<th>ABAD Age 21-44 Female</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY06 Claims Associated with OB/GYN Procedure Codes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. FQHC / RHC</td>
<td>$240,980</td>
<td>$543,067</td>
<td>$7,977</td>
<td>$51,320</td>
</tr>
<tr>
<td>b. Prof - Maternity</td>
<td>$6,569,303</td>
<td>$17,561,689</td>
<td>$213,817</td>
<td>$440,435</td>
</tr>
<tr>
<td>c. Prof - Specialist</td>
<td>$304,251</td>
<td>$2,118,138</td>
<td>$15,578</td>
<td>$403,413</td>
</tr>
<tr>
<td>d. Radiology</td>
<td>$992,356</td>
<td>$2,999,121</td>
<td>$61,793</td>
<td>$393,601</td>
</tr>
<tr>
<td>% Fee Increase Effective FY07</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dollar Increase</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. FQHC / RHC</td>
<td>$6,024</td>
<td>$13,577</td>
<td>$199</td>
<td>$1,283</td>
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<td>b. Prof - Maternity</td>
<td>$164,233</td>
<td>$439,042</td>
<td>$5,345</td>
<td>$11,011</td>
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<tr>
<td>c. Prof - Specialist</td>
<td>$7,606</td>
<td>$52,953</td>
<td>$389</td>
<td>$10,085</td>
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<tr>
<td>d. Radiology</td>
<td>$24,809</td>
<td>$74,978</td>
<td>$1,545</td>
<td>$9,840</td>
</tr>
<tr>
<td>Total claims in Service Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. FQHC / RHC</td>
<td>$931,803</td>
<td>$2,720,162</td>
<td>$262,863</td>
<td>$829,659</td>
</tr>
<tr>
<td>b. Prof - Maternity</td>
<td>$13,262,923</td>
<td>$37,024,176</td>
<td>$473,765</td>
<td>$897,945</td>
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<tr>
<td>c. Prof - Specialist</td>
<td>$2,037,423</td>
<td>$11,453,267</td>
<td>$1,480,226</td>
<td>$2,986,778</td>
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<tr>
<td>d. Radiology</td>
<td>$2,707,502</td>
<td>$9,889,541</td>
<td>$638,866</td>
<td>$1,904,985</td>
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<tr>
<td>OB-GYN Professional Fee Increase Adjustment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. FQHC / RHC</td>
<td>0.6%</td>
<td>0.5%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>b. Prof - Maternity</td>
<td>1.2%</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>c. Prof - Specialist</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>d. Radiology</td>
<td>0.9%</td>
<td>0.8%</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Source: FY06 Health Plan Encounter Data
### Virginia Medicaid FY 2009 Capitation Rate Development Health Plan Encounter Data ER Professional Fee Increase Adjustment

<table>
<thead>
<tr>
<th></th>
<th>Adjustment Values</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FY06 Claims Associated with ER Procedure Codes</td>
<td>a. FQHC / RHC $256,085</td>
<td>FY06 Health Plan Encounter Data</td>
</tr>
<tr>
<td></td>
<td>b. Prof - Evaluation &amp; Management $27,717,569</td>
<td></td>
</tr>
<tr>
<td>2. % Fee Increase Effective FY07</td>
<td>3.0% Provided by DMAS</td>
<td></td>
</tr>
<tr>
<td>3. Dollar Increase</td>
<td>a. FQHC / RHC $7,683 = (1.) * (2.)</td>
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</tr>
<tr>
<td></td>
<td>b. Prof - Evaluation &amp; Management $831,527</td>
<td></td>
</tr>
<tr>
<td>4. Total claims in Service Category</td>
<td>a. FQHC / RHC $9,567,357 FY06-FY07 Health Plan Encounter Data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Prof - Evaluation &amp; Management $220,115,446</td>
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</tr>
<tr>
<td>5. ER Professional Fee Increase Adjustment</td>
<td>a. FQHC / RHC 0.1% = (3.) / (4.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Prof - Evaluation &amp; Management 0.4%</td>
<td></td>
</tr>
</tbody>
</table>
## Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Evaluation and Management Fee Increase Adjustment

<table>
<thead>
<tr>
<th></th>
<th>Child Under 21</th>
<th>Adult 21 and Over</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>FY06 Claims Associated with E&amp;M Procedure Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>FQHC / RHC</td>
<td>$909,769</td>
<td>$808,575</td>
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<tr>
<td>b.</td>
<td>Prof - Evaluation &amp; Management</td>
<td>$59,381,464</td>
<td>$27,607,897</td>
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<tr>
<td>2.</td>
<td>FY07 Claims Associated with E&amp;M Procedure Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>FQHC / RHC</td>
<td>$898,485</td>
<td>$777,151</td>
</tr>
<tr>
<td>b.</td>
<td>Prof - Evaluation &amp; Management</td>
<td>$70,985,933</td>
<td>$30,319,130</td>
</tr>
<tr>
<td>3.</td>
<td>% Fee Increase Effective FY07</td>
<td>10.25%</td>
<td>5.00%</td>
</tr>
<tr>
<td>4.</td>
<td>% Fee Increase Effective FY08</td>
<td>10.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>5.</td>
<td>Dollar Increase Procedure Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>FQHC / RHC</td>
<td>$283,402</td>
<td>$40,429</td>
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<tr>
<td>b.</td>
<td>Prof - Evaluation &amp; Management</td>
<td>$19,732,000</td>
<td>$1,380,395</td>
</tr>
<tr>
<td>6.</td>
<td>Total claims in Service Category Procedure Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>FQHC / RHC</td>
<td>$3,600,687</td>
<td>$5,966,669</td>
</tr>
<tr>
<td>b.</td>
<td>Prof - Evaluation &amp; Management</td>
<td>$148,792,794</td>
<td>$71,322,653</td>
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<tr>
<td>7.</td>
<td>E&amp;M Fee Increase Adjustment Procedure Codes</td>
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<td></td>
</tr>
<tr>
<td>a.</td>
<td>FQHC / RHC</td>
<td>7.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>b.</td>
<td>Prof - Evaluation &amp; Management</td>
<td>13.3%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

* Note:
Pediatric services include two 5% (effective 5/1/06 and 7/1/06) and a 10% (effective 7/1/07) increase for a compounded increase of 21.3% applied to FY06 data only.
### Virginia Medicaid
**FY 2009 Capitation Rate Development**
**Health Plan Encounter Data**
**Professional Fee Increase Adjustment (Excluding Pediatric and OB-GYN services)**

<table>
<thead>
<tr>
<th></th>
<th>Child Under 21</th>
<th>Adult 21 and Over</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Claims Associated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Professional</td>
<td>a. Prof - Evaluation &amp; Management</td>
<td>$20,469,949</td>
<td>$15,604,497</td>
</tr>
<tr>
<td>Services*</td>
<td>b. Prof - Specialist</td>
<td>$19,356,399</td>
<td>$24,350,805</td>
</tr>
<tr>
<td></td>
<td>c. All Other Professional Categories</td>
<td>$83,125,618</td>
<td>$63,011,245</td>
</tr>
<tr>
<td>2. % Fee Increase</td>
<td></td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Effective FY08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Dollar Increase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Prof - Evaluation</td>
<td>$1,023,497</td>
<td>$780,225</td>
<td>= (1.) * (2.)</td>
</tr>
<tr>
<td>&amp; Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Prof - Specialist</td>
<td>$967,820</td>
<td>$1,217,540</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. All Other Professional Categories</td>
<td>$4,156,281</td>
<td>$3,150,562</td>
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<tr>
<td>4. Total claims in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Category</td>
<td>a. Prof - Evaluation &amp; Management</td>
<td>$148,792,794</td>
<td>$71,322,653</td>
</tr>
<tr>
<td></td>
<td>b. Prof - Specialist</td>
<td>$20,009,049</td>
<td>$29,506,346</td>
</tr>
<tr>
<td></td>
<td>c. All Other Professional Categories</td>
<td>$83,125,618</td>
<td>$63,011,245</td>
</tr>
<tr>
<td>5. Professional Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase Adjustment</td>
<td>a. Prof - Evaluation &amp; Management</td>
<td>0.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>b. Prof - Specialist</td>
<td>4.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td></td>
<td>c. All Other Professional Categories</td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

* Note:
Claims associated with OB-GYN and Pediatric E&M procedure codes have been excluded from this adjustment.
### Exempt Infant Formula Carveout Adjustment

<table>
<thead>
<tr>
<th></th>
<th>TANF Age 0-5</th>
<th>TANF Age 6-20</th>
<th>ABAD Age 0-5</th>
<th>ABAD Age 6-20</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Claims Associated with Exempt Infant Formula</td>
<td>$147,996</td>
<td>$97,277</td>
<td>$152,887</td>
<td>$475,314</td>
<td>FY06-FY07 Health Plan Encounter Data</td>
</tr>
<tr>
<td>2. Total Claims in DME/Supplies Service Category</td>
<td>$4,282,298</td>
<td>$2,444,057</td>
<td>$1,649,962</td>
<td>$3,168,762</td>
<td>FY06-FY07 Health Plan Encounter Data</td>
</tr>
<tr>
<td>3. Exempt Infant Formula Carveout Adjustment</td>
<td>-3.5%</td>
<td>-4.0%</td>
<td>-9.3%</td>
<td>-15.0%</td>
<td>= (1.) / (2.)</td>
</tr>
</tbody>
</table>
### Virginia Medicaid
FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
Other Immunization Adjustments

<table>
<thead>
<tr>
<th>Source</th>
<th>Age Under 1</th>
<th>Age 1-5</th>
<th>Age 6-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Average Members in Rate Cell</td>
<td>25,207</td>
<td>96,663</td>
<td>123,537</td>
</tr>
<tr>
<td>2. Assumed Compliance Rate</td>
<td>68.0%</td>
<td>68.0%</td>
<td>34.5%</td>
</tr>
<tr>
<td>3. Assumed Penetration</td>
<td>63.8%</td>
<td>45.0%</td>
<td>65.3%</td>
</tr>
<tr>
<td>4. Estimated Cost</td>
<td>$44.00</td>
<td>$22.00</td>
<td>$22.00</td>
</tr>
<tr>
<td>5. Dollar Increase</td>
<td>$480,795</td>
<td>$650,737</td>
<td>$611,815</td>
</tr>
<tr>
<td>6. Total claims in Prof - Evaluation &amp; Management Service Category</td>
<td>$46,224,799</td>
<td>$48,900,604</td>
<td>$36,392,638</td>
</tr>
<tr>
<td>7. Other Immunization Adjustments</td>
<td>1.0%</td>
<td>1.3%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Notes (Included Vaccines):
- Rotavirus vaccine - 3 Doses (age under 1); effective December 1, 2006
- Influenza vaccine (age 6-59 months); effective December 1, 2006
- Varicella vaccine (recommended second dose at age 4-6); effective December 1, 2006
- Meningococcal vaccine (age 11-12); effective December 1, 2005

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PricewaterhouseCoopers LLP

Exhibit 2g
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Other Immunization Adjustments

Exhibit 2g
REVISED DRAFT

FY06-FY07 Health Plan Encounter Data
### HPV Vaccine Adjustment

<table>
<thead>
<tr>
<th>Description</th>
<th>TANF Age 6-20</th>
<th>ABAD Age 6-20</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Average Members in Rate Cell</td>
<td>141,042</td>
<td>9,553</td>
<td>Provided by DMAS</td>
</tr>
<tr>
<td>2. Assumed Penetration*</td>
<td>7.5%</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>3. Estimated Cost</td>
<td>$33.00</td>
<td>$33.00</td>
<td>Provided by DMAS</td>
</tr>
<tr>
<td>4. Dollar Increase</td>
<td>$349,079</td>
<td>$23,644</td>
<td>= (1.) * (2.) * (3.)</td>
</tr>
<tr>
<td>5. Total claims in Prof - Evaluation &amp; Management Service Category</td>
<td>$43,151,776</td>
<td>$6,184,038</td>
<td>FY06-FY07 Health Plan Encounter Data</td>
</tr>
<tr>
<td>6. HPV Vaccine Adjustment</td>
<td>0.8%</td>
<td>0.4%</td>
<td>= (4.) / (5.)</td>
</tr>
</tbody>
</table>

*Note:
Assumed penetration is 12.5% adjusted for the proportion of females in the rate cell who will receive the HPV vaccine.
<table>
<thead>
<tr>
<th></th>
<th>TANF Child</th>
<th>TANF Adult</th>
<th>ABAD Child</th>
<th>ABAD Adult</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Estimated Budget for PCCM and MCO</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>2.</td>
<td>% of Estimated Expenditures Applicable for MCO</td>
<td>50.0%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>3.</td>
<td>% Carved Out of MCO</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>4.</td>
<td>% of Estimated Expenditures Applicable for Rate Cell</td>
<td>49.7%</td>
<td>14.0%</td>
<td>25.5%</td>
<td>10.9%</td>
</tr>
<tr>
<td>5.</td>
<td>Estimated Budget MCO (Dollar Increase)</td>
<td>$31,061</td>
<td>$8,723</td>
<td>$15,914</td>
<td>$6,802</td>
</tr>
<tr>
<td>6.</td>
<td>Total claims in Prof - Psych Service Category</td>
<td>$12,745,893</td>
<td>$3,331,700</td>
<td>$3,069,530</td>
<td>$6,342,341</td>
</tr>
<tr>
<td>7.</td>
<td>Substance Abuse Benefit Adjustment</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>
## Hospital Inpatient Adjustments

### Table: Hospital Inpatient Adjustments

<table>
<thead>
<tr>
<th></th>
<th>Inpatient Medical/Surgical</th>
<th>Inpatient Psychiatric</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>FY06 Hospital Inpatient Operating Adjustment Factor</td>
<td>76.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td></td>
<td>FY07 Hospital Inpatient Operating Adjustment Factor</td>
<td>78.0%</td>
<td>78.0%</td>
</tr>
<tr>
<td>2.</td>
<td>FY06 Inpatient Claims</td>
<td>$224,742,270</td>
<td>$258,147,074</td>
</tr>
<tr>
<td></td>
<td>FY07 Inpatient Claims</td>
<td>$22,889,725</td>
<td>$23,445,859</td>
</tr>
<tr>
<td>3.</td>
<td>FY06-07 Hospital Inpatient Operating Adjustment Factor</td>
<td>76.2%</td>
<td>76.2%</td>
</tr>
<tr>
<td>4.</td>
<td>FY09 Hospital Inpatient Operating Adjustment Factor</td>
<td>78.0%</td>
<td>84.0%</td>
</tr>
<tr>
<td>5.</td>
<td>FY09 Hospital Rate Reduction</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>6.</td>
<td>FY09 Hospital Capital Percentage</td>
<td>10.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>7.</td>
<td>Hospital Inpatient Adjustment</td>
<td>-0.3%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Exhibit 2j
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Hospital Inpatient Adjustments

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PricewaterhouseCoopers LLP
Page 92 of 182

Exh 1a-5c VA 09cap MedII draft Rates Exhibits HC.xls
Hospital Adjust
5/16/2008
<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Other MSA</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Estimated Impact of Adjustment</td>
<td>$497,071</td>
<td>$39,533</td>
</tr>
<tr>
<td>2.</td>
<td>Total Claims in IP - Other Service Category</td>
<td>$44,200,611</td>
<td>$32,058,719</td>
</tr>
<tr>
<td>3.</td>
<td>Rural Wage Index Adjustment</td>
<td>1.1%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>
Virginia Medicaid
FY 2009 Capitation Rate Development
Health Plan Encounter Data
Provider Incentive Payment Adjustment

<table>
<thead>
<tr>
<th>Adjustment Value</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Incentive Payment Adjustment</td>
<td>1.4%</td>
</tr>
<tr>
<td>Adjustment Values</td>
<td>Source</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>1. Administrative Factor before Adjustment</td>
<td>7.85% BOI Reports; Weighted by member months</td>
</tr>
<tr>
<td>2. Adjustment Factor</td>
<td>0.955 Provided by DMAS; Audit Results</td>
</tr>
<tr>
<td>3. Administrative Factor</td>
<td>7.50% = (1.) * (2.)</td>
</tr>
<tr>
<td>Category of Service</td>
<td>IBNR</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Medical/Surgical</td>
<td>1.1%</td>
</tr>
<tr>
<td>Inpatient Psychiatric</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.5%</td>
</tr>
<tr>
<td>Practitioner</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
</tr>
<tr>
<td>Weighted Average</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

1 The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a and 4b.

2 Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY06-FY07), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY06-FY07 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Inpatient contract period trend included consideration of cost per unit projections provided by DMAS.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations.

Total Trend = \([(1 + \text{data period trend}) ^ \text{months/12}] * (1 + \text{contract period trend}) ^ \text{months/12}]\)
## TANF Adult 21 and Over

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>IBNR</th>
<th>Policy/Program</th>
<th>Total Base Data Adjustments</th>
<th>Data Period Trend</th>
<th>Contract Period Cost and Utilization Trend</th>
<th>Total Trend Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cost Trend</td>
<td>Utilization Trend</td>
<td></td>
</tr>
<tr>
<td>Inpatient Medical/Surgical</td>
<td>0.3%</td>
<td>-0.3%</td>
<td>0.1%</td>
<td>4.0%</td>
<td>0.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Inpatient Psychiatric</td>
<td>0.2%</td>
<td>6.6%</td>
<td>6.8%</td>
<td>0.0%</td>
<td>-4.0%</td>
<td>-4.0%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>5.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Practitioner</td>
<td>0.6%</td>
<td>3.0%</td>
<td>3.6%</td>
<td>-1.2%</td>
<td>7.5%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>0.0%</td>
<td>-4.5%</td>
<td>-4.5%</td>
<td>-1.0%</td>
<td>5.8%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.9%</td>
<td>6.0%</td>
<td>1.5%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Weighted Average²</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.5%</td>
<td>0.9%</td>
<td>4.3%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

### Months of Trend Applied

<table>
<thead>
<tr>
<th></th>
<th>12</th>
<th>12</th>
<th>12</th>
<th>18</th>
</tr>
</thead>
</table>

1. The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a and 4b.
2. Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY06-FY07), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY06-FY07 Claims)

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Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.
Inpatient contract period trend included consideration of cost per unit projections provided by DMAS.
Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]
<table>
<thead>
<tr>
<th>Category of Service</th>
<th>IBNR</th>
<th>Policy/Program</th>
<th>Total Base Data Adjustments</th>
<th>Data Period Trend</th>
<th>Contract Period Cost and Utilization Trend</th>
<th>Total Trend Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Medical/Surgical</td>
<td>0.6%</td>
<td>-0.1%</td>
<td>0.5%</td>
<td>7.0%</td>
<td>-1.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Inpatient Psychiatric</td>
<td>0.7%</td>
<td>6.6%</td>
<td>7.3%</td>
<td>4.0%</td>
<td>0.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.9%</td>
<td>0.0%</td>
<td>0.9%</td>
<td>-1.0%</td>
<td>3.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Practitioner</td>
<td>0.9%</td>
<td>4.0%</td>
<td>4.9%</td>
<td>7.5%</td>
<td>-0.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>0.0%</td>
<td>-5.7%</td>
<td>-5.7%</td>
<td>2.8%</td>
<td>2.9%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.6%</td>
<td>6.0%</td>
<td>1.8%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Weighted Average</td>
<td>0.5%</td>
<td>-0.8%</td>
<td>-0.2%</td>
<td>4.2%</td>
<td>1.1%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

1 The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a and 4b.

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Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations.

Total Trend = [(1 + data period trend) ^ (months/12)] * (1 + contract period trend) ^ (months/12)
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

*Capitation Rate Calculations - Health Plan Encounter Data*

Temporary Assistance to Needy Families (TANF)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Northern Virginia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age Under 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DME/Supplies</strong></td>
<td>$293,078</td>
<td>$1,524</td>
<td>($10,181)</td>
<td>$284,421</td>
<td>1.188</td>
<td>$337,831</td>
<td>$2.15</td>
</tr>
<tr>
<td><strong>FQHC / RHC</strong></td>
<td>$1,149</td>
<td>$6</td>
<td>$92</td>
<td>$1,247</td>
<td>1.188</td>
<td>$1,481</td>
<td>$0.01</td>
</tr>
<tr>
<td><strong>Home Health</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>1.123</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>IP - Maternity</strong></td>
<td>$1,964</td>
<td>$21</td>
<td>($7)</td>
<td>$1,978</td>
<td>1.158</td>
<td>$2,291</td>
<td>$0.01</td>
</tr>
<tr>
<td><strong>IP - Newborn</strong></td>
<td>$14,489,694</td>
<td>$157,099</td>
<td>($48,050)</td>
<td>$14,598,743</td>
<td>1.158</td>
<td>$16,904,811</td>
<td>$107.80</td>
</tr>
<tr>
<td><strong>IP - Other</strong></td>
<td>$4,468,834</td>
<td>$48,452</td>
<td>($14,819)</td>
<td>$4,502,466</td>
<td>1.158</td>
<td>$5,213,691</td>
<td>$33.25</td>
</tr>
<tr>
<td><strong>IP - Psych</strong></td>
<td>$40,024</td>
<td>$35</td>
<td>$2,642</td>
<td>$42,702</td>
<td>1.066</td>
<td>$45,520</td>
<td>$0.29</td>
</tr>
<tr>
<td><strong>Lab</strong></td>
<td>$202,021</td>
<td>$953</td>
<td></td>
<td>$202,973</td>
<td>1.075</td>
<td>$218,274</td>
<td>$1.39</td>
</tr>
<tr>
<td><strong>OP - Emergency Room</strong></td>
<td>$1,044,141</td>
<td>$5,732</td>
<td></td>
<td>$1,049,874</td>
<td>1.123</td>
<td>$1,179,313</td>
<td>$7.52</td>
</tr>
<tr>
<td><strong>OP - Other</strong></td>
<td>$2,430,551</td>
<td>$13,343</td>
<td></td>
<td>$2,443,894</td>
<td>1.123</td>
<td>$2,745,202</td>
<td>$17.51</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>$3,222,935</td>
<td>$151</td>
<td>($145,747)</td>
<td>$3,077,339</td>
<td>1.207</td>
<td>$3,714,645</td>
<td>$23.69</td>
</tr>
<tr>
<td><strong>Prof - Anesthesia</strong></td>
<td>$158,595</td>
<td>$825</td>
<td>$7,971</td>
<td>$167,391</td>
<td>1.188</td>
<td>$198,824</td>
<td>$1.27</td>
</tr>
<tr>
<td><strong>Prof - Child EPSDT</strong></td>
<td>$1,306,455</td>
<td>$6,795</td>
<td>$65,662</td>
<td>$1,378,912</td>
<td>1.188</td>
<td>$1,637,850</td>
<td>$10.44</td>
</tr>
<tr>
<td><strong>Prof - Evaluation &amp; Management</strong></td>
<td>$9,988,861</td>
<td>$51,949</td>
<td>$1,542,987</td>
<td>$11,583,797</td>
<td>1.188</td>
<td>$13,759,057</td>
<td>$87.74</td>
</tr>
<tr>
<td><strong>Prof - Maternity</strong></td>
<td>$6,335</td>
<td>$33</td>
<td></td>
<td>$6,368</td>
<td>1.188</td>
<td>$7,564</td>
<td>$0.05</td>
</tr>
<tr>
<td><strong>Prof - Other</strong></td>
<td>$1,677,801</td>
<td>$8,726</td>
<td></td>
<td>$1,700,853</td>
<td>1.188</td>
<td>$2,103,392</td>
<td>$13.41</td>
</tr>
<tr>
<td><strong>Prof - Psych</strong></td>
<td>$45,467</td>
<td>$236</td>
<td>$2,397</td>
<td>$48,100</td>
<td>1.188</td>
<td>$57,133</td>
<td>$0.36</td>
</tr>
<tr>
<td><strong>Prof - Specialist</strong></td>
<td>$677,285</td>
<td>$3,522</td>
<td>$32,930</td>
<td>$713,737</td>
<td>1.188</td>
<td>$847,766</td>
<td>$5.41</td>
</tr>
<tr>
<td><strong>Prof - Vision</strong></td>
<td>$208,428</td>
<td>$1,084</td>
<td></td>
<td>$219,987</td>
<td>1.188</td>
<td>$261,298</td>
<td>$1.67</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>$187,655</td>
<td>$885</td>
<td></td>
<td>$198,540</td>
<td>1.075</td>
<td>$202,752</td>
<td>$1.29</td>
</tr>
<tr>
<td><strong>Transportation/Ambulance</strong></td>
<td>$566,500</td>
<td>$2,672</td>
<td></td>
<td>$569,172</td>
<td>1.075</td>
<td>$612,076</td>
<td>$3.90</td>
</tr>
<tr>
<td><strong>Provider Incentive Payment Adjustment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$4.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$41,017,772</td>
<td>$304,045</td>
<td>$1,530,678</td>
<td>$42,852,495</td>
<td>1.188</td>
<td>$50,050,770</td>
<td>$323.58</td>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

---

#### Exhibit 4a  
**REVISED DRAFT**

#### Age 1-5

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<th>Trend Adjustment</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Service Type

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

#### Exhibit 4a

**Medicaid Exhibit 4a**

**FY 2009 Capitation Rate Development REVISED DRAFT**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

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**Age 15-20 Female**

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Temporary Assistance to Needy Families (TANF)

### Exhibit 4a
#### REVISED DRAFT

Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

<table>
<thead>
<tr>
<th>Service Type</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

PricewaterhouseCoopers LLP
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

#### Age 15-20 Male

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

**Age 21-44 Male**

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Capitation Rate Calculations - Health Plan Encounter Data

#### Temporary Assistance to Needy Families (TANF)

<table>
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<tr>
<th>Service Type</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## All Age Categories

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

### Exhibit 4a

**REVISED DRAFT**

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#### Total Base Claims FY06-07

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#### Medallion II Capitation Rate

| Admin Cost Adjustment | $33.72 |
| Medallion II Capitation Rate | $449.77 |

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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
# Virginia Medicaid

## FY 2009 Capitation Rate Development

### Capitation Rate Calculations - Health Plan Encounter Data

**Temporary Assistance to Needy Families (TANF)**

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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Temporary Assistance to Needy Families (TANF)

** Exhibit 4a  
REVISED DRAFT  

### Age 6-14

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Capitation Rate Calculations - Health Plan Encounter Data

**Temporary Assistance to Needy Families (TANF)**

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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

Capitation Rate Calculations - Health Plan Encounter Data

Temporary Assistance to Needy Families (TANF)

---

### Age 15-20 Male

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<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid
**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

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#### Exhibit 4a

**REVISED DRAFT**

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**Table: Age 21-44 Male**

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<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

### Exhibit 4a

**REVISED DRAFT**

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#### Age 45 and Over

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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

#### All Age Categories

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

**Exhibit 4a**

**REVISED DRAFT**

**Age Under 1**

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Admin Cost Adjustment

- **Medallion I Capitation Rate**: $40.00
- **Medallion II Capitation Rate**: $533.45

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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid
**FY 2009 Capitation Rate Development**

Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

#### Exhibit 4a

**REVISED DRAFT**

---

**Age 6-14**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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**Medallion II Capitation Rate**

|                      |                           |                               |                               |                                      |                 |                                 | $90.59    |

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Age 15-20 Female

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<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

---

#### Age 21-44 Female

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<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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<tbody>
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<td></td>
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<td></td>
<td></td>
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</tr>
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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

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### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

---

#### Exhibit 4a

**REVISED DRAFT**

---

**Age 15-20 Male**

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<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
# Virginia Medicaid

## FY 2009 Capitation Rate Development

### Capitation Rate Calculations - Health Plan Encounter Data
**Temporary Assistance to Needy Families (TANF)**

---

### Exhibit 4a

**REVISED DRAFT**

---

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<th>Completed &amp; Trended Claims FY09</th>
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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

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**PricewaterhouseCoopers LLP**
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Temporary Assistance to Needy Families (TANF)

### Exhibit 4a

**REVISED DRAFT**

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<th>Policy and Program Adjustments&lt;sup&gt;1&lt;/sup&gt;</th>
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<th>Completed &amp; Trended Claims FY09</th>
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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

#### All Age Categories

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<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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| Admin Cost Adjustment | $14.59 |
| Medallion II Capitation Rate | $194.53 |

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

### Exhibit 4a

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
# Virginia Medicaid

## FY 2009 Capitation Rate Development

### Capitation Rate Calculations - Health Plan Encounter Data

**Temporary Assistance to Needy Families (TANF)**

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Admin Cost Adjustment $8.36

Medallion II Capitation Rate $111.52

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$^1$ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

**Exhibit 4a**

**REVISED DRAFT**

#### Age 6-14

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<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Service Type

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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Temporary Assistance to Needy Families (TANF)

### Exhibit 4a
#### REVISED DRAFT

**Capitation Rate Calculations - Health Plan Encounter Data**

#### Temporary Assistance to Needy Families (TANF)

**Age 21-44 Female**

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<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Service Type

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
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\(^1\) Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Capitation Rate Calculations - Health Plan Encounter Data

Temporary Assistance to Needy Families (TANF)

---

### Exhibit 4a

#### REVISED DRAFT

**Age 45 and Over**

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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

---

PricewaterhouseCoopers LLP
### Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

#### Exhibit 4a
REVISED DRAFT

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$^1$ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Capitation Rate Calculations - Health Plan Encounter Data

Temporary Assistance to Needy Families (TANF)

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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

#### Exhibit 4a

**REVISED DRAFT**

---

**Age 1-5**

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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

---

**Medicaid Exhibit 4a**

**REVISED DRAFT**

**Tidewater Age 6-14**

<table>
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<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Temporary Assistance to Needy Families (TANF)

**Age 15-20 Female**

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<th>Service Type</th>
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<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
#### Temporary Assistance to Needy Families (TANF)

### Exhibit 4a
**REVISED DRAFT**

#### Age 21-44 Female

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<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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1. **Policy and Program Adjustments** are calculated based on **Completed Claims** = **Total Base Claims** + **Completion Factor Adjustment**.

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**Admin Cost Adjustment**

$30.14

**Medallion II Capitation Rate**

$401.91

---

_PricewaterhouseCoopers LLP_
## Age 15-20 Male

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<th>Completed &amp; Trended Claims FY09</th>
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\(^1\) Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Temporary Assistance to Needy Families (TANF)**

### Age 21-44 Male

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<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

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**PricewaterhouseCoopers LLP**
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<th>Policy and Program Adjustments¹</th>
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<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Exhibit 4a
Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Temporary Assistance to Needy Families (TANF)

PricewaterhouseCoopers LLP
Page 142 of 182
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Temporary Assistance to Needy Families (TANF)

**Exhibit 4a**

**REVISED DRAFT**

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### All Age Categories

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- **Policy and Program Adjustments** are calculated based on **Completed Claims = Total Base Claims + Completion Factor Adjustment**.

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### PricewaterhouseCoopers LLP

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Exh 1a-5c VA 09cap MedII draft Rates Exhibits HC.xls

Tidewater_all_age (3)

5/16/2008
## Virginia Medicaid

### FY 2009 Capitation Rate Development

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Completed and Adjusted Claims FY06-07</th>
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<th>Completed &amp; Trended Claims FY09</th>
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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

#### Exhibit 4b

**REVISIED DRAFT**

### Age 1-5

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<th>Policy and Program Adjustments</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

### Age 6-20

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Age 21-44 Female

<table>
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<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

**Capitation Rate Calculations - Health Plan Encounter Data**

Aged, Blind, and Disabled (ABAD)

---

### Age 21-44 Male

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<th>Policy and Program Adjustments&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Completed and Adjusted Claims FY06-07</th>
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<th>Completed &amp; Trended Claims FY09</th>
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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

---

### Age 45 and Over

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<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Service Type | | | | | | |
|--------------|----------------------------|-------------------------------|---------------------------------|--------------------------------------|-----------------|---------------------------------|-----------|
| DME/Supplies | $785,529 | $6,823 | $792,353 | 1.124 | $890,369 | $10.58 |
| FQHC / RHC | $1,925 | $17 | $15 | $1,956 | 1.124 | $2,198 | $0.03 |
| Home Health | $0 | $0 | 1.078 | $0 | 0.00 |
| IP - Maternity | $0 | $0 | 1.167 | $0 | 0.00 |
| IP - Newborn | $0 | $0 | 1.167 | $0 | 0.00 |
| IP - Other | $23,597,984 | $141,428 | ($77,879) | $23,661,533 | 1.167 | $27,601,423 | $328.00 |
| IP - Psych | $1,453,417 | $9,890 | $96,510 | $1,559,817 | 1.048 | $1,634,535 | $19.42 |
| Lab | $415,771 | $2,225 | $417,997 | 1.154 | $482,390 | $5.73 |
| OP - Emergency Room | $691,636 | $6,194 | $697,830 | 1.078 | $752,170 | $8.94 |
| OP - Other | $9,225,386 | $82,621 | $9,308,007 | 1.078 | $10,032,819 | $119.23 |
| Pharmacy | $22,597,490 | $2,276 | ($1,283,658) | $21,316,109 | 1.160 | $24,718,668 | $293.75 |
| Prof - Anesthesia | $293,340 | $2,548 | $14,794 | $310,683 | 1.124 | $349,115 | $4.15 |
| Prof - Child EPSDT | $51,996 | $452 | $2,622 | $55,070 | 1.124 | $61,882 | $0.74 |
| Prof - Maternity | $0 | $0 | 1.124 | $0 | 0.00 |
| Prof - Other | $2,317,271 | $20,129 | $116,870 | $2,454,270 | 1.124 | $2,757,869 | $32.77 |
| Prof - Psych | $509,305 | $4,424 | $26,237 | $539,966 | 1.124 | $606,762 | $7.21 |
| Prof - Specialist | $1,792,975 | $15,575 | $74,627 | $1,883,177 | 1.124 | $2,116,131 | $25.15 |
| Prof - Vision | $243,559 | $2,116 | $12,284 | $257,958 | 1.124 | $289,868 | $3.44 |
| Radiology | $1,246,915 | $6,673 | $1,253,588 | 1.154 | $1,446,705 | $17.19 |
| Transportation/Ambulance | $571,243 | $3,057 | $574,300 | 1.154 | $662,772 | $7.88 |
| Provider Incentive Payment Adjustment | | | | | 13.11 |
| Total | $70,543,528 | $347,690 | ($854,408) | $70,036,810 | 79,970,470 | $963.44 |
| Admin Cost Adjustment | | | | | 78.10 |
| Medallion II Capitation Rate | | | | | $1,041.54 |

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Aged, Blind, and Disabled (ABAD)

### Exhibit 4b
REVISED DRAFT

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Aged, Blind, and Disabled (ABAD)

### Exhibit 4b
#### REVISED DRAFT

### Medallion II Capitation Rate

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<th>Completed Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

### Admin Cost Adjustment

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**Medallion II Capitation Rate**

- $2,809.00

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PricewaterhouseCoopers LLP

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### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

#### Exhibit 4b

**REVISED DRAFT**

---

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<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
#### Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

Aged, Blind, and Disabled (ABAD)

---

#### Age 21-44 Female

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Other MSA</th>
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<th>Policy and Program Adjustments¹</th>
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<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

### Medallion II Capitation Rate

- Admin Cost Adjustment: $48.76
- Medallion II Capitation Rate: $650.36
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

Capitation Rate Calculations - Health Plan Encounter Data

Aged, Blind, and Disabled (ABAD)

---

### All Age Categories

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<tr>
<th>Service Type</th>
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<th>Policy and Program Adjustments&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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| Provider Incentive Payment Adjustment | $10.22 |
| Total                   | $81,845,992               | $419,066                     | ($646,926)                                | $81,618,132                         | 1.124           | $92,773,919                     | $751.51   |

**Admin Cost Adjustment**

| Medallion II Capitation Rate | $60.92 |
| Total                        | $812.42 |

<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Age Under 1

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<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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### Medallion II Capitation Rate

| Admin Cost Adjustment | $210.62 |
| Medallion II Capitation Rate | $2,809.00 |

---

1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

### Age 1-5

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<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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**Admin Cost Adjustment**

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

#### Age 6-20

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<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total BaseClaims + Completion Factor Adjustment.

**Medallion II Capitation Rate**

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Exhibit 4b

REVISED DRAFT

PricewaterhouseCoopers LLP

Page 160 of 182
### Age 21-44 Female

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<th>Completed &amp; Trended Claims FY09</th>
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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Capitation Rate Calculations - Health Plan Encounter Data

**Aged, Blind, and Disabled (ABAD)**

### Exhibit 4b

#### REVISED DRAFT

<table>
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<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### All Age Categories

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<sup>1</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Age Under 1

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<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
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<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
# Virginia Medicaid
## FY 2009 Capitation Rate Development
### Capitation Rate Calculations - Health Plan Encounter Data
#### Aged, Blind, and Disabled (ABAD)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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| Medallion II Capitation Rate | | | | | | | | $401.98

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

Aged, Blind, and Disabled (ABAD)

---

#### Age 21-44 Female

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<th>Completed &amp; Trended Claims FY09</th>
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**PMPM FY09**

- Admin Cost Adjustment: $63.14
- Medallion II Capitation Rate: $842.13

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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid
#### FY 2009 Capitation Rate Development
##### Capitation Rate Calculations - Health Plan Encounter Data
##### Aged, Blind, and Disabled (ABAD)

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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

### Age 45 and Over

<table>
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<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
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<th>Policy and Program Adjustments</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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### Admin Cost Adjustment

- **Medallion II Capitation Rate**

$79.15

$1,055.65

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## All Age Categories

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<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid
#### FY 2009 Capitation Rate Development
##### Capitation Rate Calculations - Health Plan Encounter Data

**Aged, Blind, and Disabled (ABAD)**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments</th>
<th>Completed and Adjusted Claims FY06-07</th>
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<th>Completed &amp; Trended Claims FY09</th>
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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

**Capitation Rate Calculations - Health Plan Encounter Data**

**Aged, Blind, and Disabled (ABAD)**

### Exhibit 4b

**REVISED DRAFT**

---

## Age 1-5

<table>
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<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid

### FY 2009 Capitation Rate Development

#### Capitation Rate Calculations - Health Plan Encounter Data

**Aged, Blind, and Disabled (ABAD)**

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<tr>
<th>Service Type</th>
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$^1$ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
Virginia Medicaid
FY 2009 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid

**FY 2009 Capitation Rate Development**

**Capitation Rate Calculations - Health Plan Encounter Data**

Aged, Blind, and Disabled (ABAD)

---

#### Exhibit 4b

**REVISED DRAFT**

---

**Age 21-44 Male**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Tidewater FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments¹</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Capitation Rate Calculations - Health Plan Encounter Data
##### Aged, Blind, and Disabled (ABAD)

The table below illustrates the capitation rate calculations for Aged, Blind, and Disabled (ABAD) group in Tidewater area, specifically for age 45 and over.

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<tr>
<th>Service Type</th>
<th>Total Base Claims FY06-07</th>
<th>Completion Factor Adjustment</th>
<th>Policy and Program Adjustments</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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### Admin Cost Adjustment

- **$89.09**

### Medallion II Capitation Rate

- **$1,188.20**

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1 Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### All Age Categories

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<th>Policy and Program Adjustments</th>
<th>Completed and Adjusted Claims FY06-07</th>
<th>Trend Adjustment</th>
<th>Completed &amp; Trended Claims FY09</th>
<th>PMPM FY09</th>
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<td>$16,893,652 1.124</td>
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1. Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.
### Virginia Medicaid
#### FY 2009 Capitation Rate Development
##### Health Plan Encounter Data
##### Summary of FY 2009 Base Capitation Rates Before CDPS Adjustment

<table>
<thead>
<tr>
<th>Aid Category</th>
<th>Age Group</th>
<th>Northern Virginia</th>
<th>Other MSA</th>
<th>Richmond/ Charlottesville</th>
<th>Rural</th>
<th>Tidewater</th>
<th>FY 2009 Average</th>
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<td>$2,809.00</td>
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<td>$617.71</td>
<td>$361.09</td>
<td>$345.21</td>
<td>$401.98</td>
<td>$372.12</td>
<td>$388.69</td>
</tr>
<tr>
<td></td>
<td>Female 15-20</td>
<td>$617.71</td>
<td>$361.09</td>
<td>$345.21</td>
<td>$401.98</td>
<td>$372.12</td>
<td>$392.01</td>
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<td>$842.13</td>
<td>$844.83</td>
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<td>$345.21</td>
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<td>$1,188.20</td>
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**Note:**
Average is weighted by health plan enrollment distribution as of February 2008.
**Virginia Medicaid**  
**FY 2009 Capitation Rate Development**  
**Health Plan Encounter Data**  
**Comparison of FY 2008 and FY 2009 Base Capitation Rates Before CDPS Adjustment**

<table>
<thead>
<tr>
<th>Aid Category</th>
<th>Age Group</th>
<th>Northern Virginia</th>
<th>% Change 2008-2009</th>
<th>Other MSA</th>
<th>% Change 2008-2009</th>
<th>Richmond/ Charlottesville</th>
<th>% Change 2008-2009</th>
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<tbody>
<tr>
<td>Aged, Blind, and Disabled</td>
<td>Under 1</td>
<td>$2,083.59</td>
<td>34.81%</td>
<td>$2,083.59</td>
<td>34.81%</td>
<td>$2,083.59</td>
<td>34.81%</td>
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<tr>
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<td>1-5</td>
<td>$760.71</td>
<td>12.94%</td>
<td>$732.90</td>
<td>21.22%</td>
<td>$778.37</td>
<td>-10.98%</td>
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**Weighted Average**  
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Note:  
Average is weighted by health plan enrollment distribution as of February 2008.
## Comparison of FY 2008 and FY 2009 Base Capitation Rates

### Before CDPS Adjustment

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<td>$2,083.59</td>
<td>$2,809.00</td>
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### Weighted Average

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<th>% Change</th>
<th>FY 2008</th>
<th>FY 2009</th>
<th>% Change</th>
<th>FY 2008</th>
<th>FY 2009</th>
<th>% Change</th>
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<td>5.66%</td>
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**Note:**
Average is weighted by health plan enrollment distribution as of February 2008.
## Virginia Medicaid
### FY 2009 Capitation Rate Development
#### Health Plan Encounter Data
##### February 2008 Member Month Distribution

<table>
<thead>
<tr>
<th>Aid Category</th>
<th>Age Group</th>
<th>Northern Virginia</th>
<th>Other MSA</th>
<th>Richmond/ Charlottesville</th>
<th>Rural</th>
<th>Tidewater</th>
<th>Regional Total</th>
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<tbody>
<tr>
<td>Aged, Blind, and Disabled</td>
<td>Under 1</td>
<td>11</td>
<td>12</td>
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| Total                               |           | 83,730            | 61,056    | 96,066                     | 58,800| 113,384   | 413,036        |