

December 12, 2005

Mr. Michael K. Smith
Secretary, Agency of Human Services
103 South Main Street
Waterbury, VT 05671

Re: Rate Ranges for October 2005 to September 2006

Dear Secretary Smith:

This letter and attachments document the development of the actuarial rate ranges for 10/05 – 9/06 (FFY 2006). The purpose of this document is to provide the actuarially certified rate ranges for implementation of the Vermont Global Commitment to Health 1115 Demonstration Waiver. The following items are included:

Attachment 1	Actuarial Rate Ranges
Attachment 2	Rate Setting Checklist
Attachment 3	Actuarial Certification
Table 1	Databook
Table 2	Normalized Historical Trends
Table 3	Medical Cost Projections
Table 4	10/05 – 9/06 Rate Calculations

Actuarially Sound Rate Ranges

We developed rates for the following Medicaid Eligibility Groups (MEGs):

- ABD Non-Medicare Adult
- ABD Non-Medicare Child
- ABD Dual
- ANFC Adult
- ANFC Child
- Global Expansion
- Global Rx Non-Medicare
- Global Rx Dual
- Optional Expansion

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Note that we excluded certain eligibility categories (e.g., State only populations) from this rate development. Attachment 1 contains the low and high rate ranges for FFY 2006.

We used fee-for-service cost data provided by the State of Vermont and Pacific Health Policy Group (PHPG) as the baseline for developing the rate ranges. We were provided fee-for-service data by State Fiscal Year (SFY) incurred date from SFY 2002 through SFY 2004, with paid run out through February 2005. We used SFY 2004 experience data as the starting point to develop the rate ranges. We analyzed historical Vermont Medicaid medical cost PMPM trends using the three SFYs of data. In order to appropriately reflect the impact of Medicare Part D becoming effective January 1, 2006, we created pre and post January 1, 2006 rates for the ABD Dual and Global Rx MEGs.

Attachment 2 documents our consideration of each of the steps in the CMS checklist for rate development. Attachment 3 is the actuarial certification.

Limitations

This letter and attachments have been prepared for the use of and are only to be relied upon by the State of Vermont Agency of Human Services in support of the Global Commitment waiver program. The intended use of this material is to provide actuarially sound rate ranges. Our analysis and results may not be appropriate for uses other than the determination of certified rate ranges to be paid by the Agency of Human Services to its public Managed Care Organization (MCO), the Office of Vermont Health Access (OVHA). To the extent that the information contained in this letter is provided to third parties, the document should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and health care modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Similarly, third parties are instructed that they are to place no reliance upon this report prepared for State of Vermont by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates and assumptions. It is the responsibility of the MCO to establish required revenue levels appropriate for their risk, management and contractual obligations.

In performing this analysis, we relied on data and other information provided by the State of Vermont (State) and PHPG. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

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It is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in the projections, the actual amounts will also deviate from the projected amounts.

Secretary Smith, please let us know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Bill Finch".

William E. Finch, F.S.A.
Consulting Actuary

WEF/lc
Enclosures

Attachment 1
Office of Vermont Health Access
10/05 - 9/06 Rate Period
Actuarial Rate Range PMPM (a)

Medicaid Eligibility Group	Low Rate PMPM	High Rate PMPM	Projected Member Months	Low - Projected Total Dollars	High - Projected Total Dollars
ABD - Non-Medicare - Adult	\$1,064.53	\$1,189.31	146,270	\$155,708,188	\$173,960,290
ABD - Non-Medicare - Child	\$1,694.46	\$1,881.24	43,642	\$73,950,238	\$82,101,644
ABD - Dual - 10/05 - 12/05	\$1,213.00	\$1,337.12	37,588	\$45,593,908	\$50,259,286
ABD - Dual - 1/06 - 9/06	\$947.38	\$1,047.65	114,106	\$108,101,193	\$119,543,434
ANFC - Non-Medicare - Adult	\$472.74	\$522.70	104,406	\$49,356,811	\$54,573,097
ANFC - Non-Medicare - Child	\$285.97	\$318.20	638,858	\$182,694,886	\$203,282,306
GlobalExp	\$327.34	\$362.91	277,786	\$90,931,736	\$100,812,161
GlobalRx - Non-Medicare	\$209.89	\$228.83	1,320	\$277,136	\$302,150
GlobalRx - Dual - 10/05 - 12/05	\$209.89	\$228.83	31,647	\$6,642,328	\$7,241,868
GlobalRx - Dual - 1/06 - 9/06	\$6.46	\$7.15	93,873	\$606,880	\$671,218
OptionalExp	\$144.78	\$160.31	21,530	\$3,117,085	\$3,451,477
Total - All MEG's	\$474.50	\$526.93	1,511,027	\$716,980,390	\$796,198,931

Note:

(a) The certified actuarial rates PMPM are shown for both the Low and High end of the range.

Projected member months and resulting total annual dollars are shown for informational purposes.

Attachment 2
Vermont Agency of Human Services
Notes on Rate Setting Checklist

The following notes are labeled using the order numbers on the CMS rate setting checklist.

1.0 Overview of Rate Setting Methodology

The proposed rate ranges are effective from 10/1/05 through 9/30/06 (FFY 2006). These are full risk capitation rates. There are no stop-loss programs or risk corridors.

Numerous sources of information have been relied upon during the rate setting process, including:

- Fee-for-service claim experience for state fiscal years (SFYs) 2002, 2003 and 2004 by eligibility category
- Member months by eligibility category for SFYs 2002, 2003 and 2004
- Program information
- Lag table data for completion factors
- Medicaid managed care experience from other states
- Milliman *Health Cost Guidelines*

Detailed cost models were built that project expected per member per month (PMPM) costs for each Medicaid Eligibility Group (MEG) under a high and low range. For the ABD Non-Medicare and ANFC MEGs, we developed separate adult and child rates. The high end rates reflect utilization consistent with a fee-for-service delivery system, while the low end reflects a managed care environment. The following steps were used in the creation of the models.

- **Databook** – The databook (Table 1) shows the medical cost PMPM for SFY 2002, 2003 and 2004. Table 1 also shows the raw cost PMPM trends for SFY 2003 and SFY 2004, relative to the prior SFY. The claims data was captured at a detailed type of service level, separately for adult and child. For purposes of this rate development, adult is defined as age 19 and older, and child is under age 19. The data was paid through February 2005. We completed this data using lag tables provided by State of Vermont (State). In addition to claims directly identified to an individual, we also included appropriate lump sum amounts in the baseline data. Examples of these are drug rebates and the Part B premium buy-in.
- **Trend analysis** – Historical trend data was analyzed using SFY 2002-2004. We analyzed this data by MEG and on a combined non-Medicare and Medicare eligibility basis. The non-normalized claim trends are shown in the databook (Table 1). We normalized the raw claim trends by removing the impact of fee schedule and benefit changes on trends. The benefit changes occurred on January 1, 2004 and affected the Global Expansion and Global Rx MEGs. The primary fee schedule changes occurred for inpatient hospital, dental and physician. Table 2 shows the normalizing adjustments and normalized trends.
- **Trend projection assumptions** – Projection trends from the baseline to the rate periods were chosen by type of service, separately for non-Medicare and Medicare eligible populations. The projection trends were set based on expectations for future trends considering multiple sources. These sources included normalized historical Vermont Medicaid trends, Medicaid trends in other states, and general industry trends.
- **Projected medical costs by SFY** – State fiscal year 2004 fee-for-service cost data was used as the baseline for developing the rates by MEG. SFY 2004 costs were trended to SFYs 2005 and 2006 (Table 3). Although SFY 2005 is not one of the rate periods, we have included this intermediate step for completeness. Using the Millman Health Cost Guidelines, managed care adjustments were developed for the rates at the low end of the rate range.

- **Member premiums** – The Global Rx and Global Expansion populations have member premiums. We have not reflected these premiums in the rate development. That is, the rates have not been reduced to reflect the cost offset provided by these premiums.
- **Rates** – For the 10/05 – 9/06 rate period, we started with the SFY 2006 rates and then adjusted them to reflect FFY 2006 and the impact of Medicare Part D becoming effective January 1, 2006. Table 4 shows the process used to make these adjustments, and build in administrative costs and contingency margin.

1.1 Actuarial Certification

The actuarial certification is included as Attachment 3.

1.2 Projection of Expenditures

The following projections of expenditures are based on the projected FFY 2006 member months.

Annual Member Months	FFY 2005 Projected Expenditures	FFY 2006 Low Rates	FFY 2006 High Rates
1,511,027	\$741,006,405	\$716,980,390	\$796,198,931

1.3 Procurement, Prior Approval and Rate Setting

The Agency of Human Services establishes rates for the managed care organization consistent with the authority to do so by the Vermont legislature.

1.5 Risk Contracts

The entity assumes risk for the cost of services covered under the contract and incurs loss if the cost of furnishing the services exceeds the payments under the contract. The entity must accept as payment in full the amount paid by the State for all services and eligible populations defined in the Special Terms and Conditions of the Global Commitment to Health Demonstration.

1.6 Limit on Payment to Other Providers

No payment is made to a provider other than the entity for services available under the contract between the state and the entity, except if these payments are provided for in title XIX of the Act, in 42 CFR. The State and Pacific Health Policy Group have reviewed the data provided by them to ensure that services included under this capitation will not be paid by another state agency.

1.7 Rate Modifications

Programmatic changes that have occurred or will occur after the SFY 2004 baseline period have been reflected in the rate range development. Examples of these are Medicare Part D and the inpatient hospital payment rate reduction in SFY 2006.

2.0 Base Year Utilization and Cost Data

Base year utilization and unit cost data was provided for the State of Vermont fee-for-service experience. The data was provided by eligibility categories, which were then collapsed into the MEGs.

2.1 Medicaid Eligibles under the Contract

The historical experience and other data sources used to create the rate ranges are based on eligible clients only.

2.2 Dual Eligibles

Dual eligible beneficiaries are included in the rate development process.

2.3 Spenddown

Spenddown beneficiaries are eligible and their costs are included in the rate development process, except for the amounts paid by these beneficiaries during spenddown.

2.4 State Plan Services Only

Base costs included in the attached cost models have been grouped by service line item to ensure that only state plan services are included in the rate development.

2.5 Services that may be Covered by a Capitated Entity out of Contract Savings

No services outside the state plan covered services are included in the rate development.

3.0 Adjustments to the Base Year Data

3.1 Benefit Differences

The base data was adjusted for the Global Expansion and Global Rx MEGs to reflect the benefit changes that occurred January 1, 2004. We adjusted the base to reflect that only six months reflected current benefits.

We also reflected the Medicare Part D program, which will become effective January 1, 2006. For dual eligibles, beginning January 1, 2006 we have excluded all their drug costs except drugs not covered by Part D.

3.2 Administrative Cost Allowance Calculations

An administrative cost allowance is included in the cost models. Based on the data provided by the State, we have assumed 7.00% administrative cost for the high end of the range. For the low end, we assumed 8.50% because of the additional cost of managed care operations. In addition, we assumed a 2.00% contingency margin in both the low and high end rates. Note that these are expressed as a percentage of the rate.

3.3 Special Populations' Adjustments

We did not make any special populations adjustment.

3.4 Eligibility Adjustments

In the construction of the underlying cost models, eligible member months were matched to claim incurred dates to ensure that only eligible claims are included in the model. Retroactive eligibility changes are incorporated in the eligibility data provided by the state.

3.5 DSH Payments

No DSH payments are included in the rate development.

3.6 TPL

Claim costs provided by the State do not include reimbursements made by third-party payors. We separately received the amount of third-party liability collections not reflected in the claims history (post-adjudication collections) for each fiscal year and allocated this by type of service.

3.7 Copayments, Coinsurance and Deductibles in Capitated Rates

The current cost sharing under fee-for-service will remain in place under the managed care program. As mentioned earlier in 3.1, we have reflected differences between the base period benefits and the benefits for the rate periods.

3.8 Graduate Medical Education (GME)

No GME expenses are included in the cost models or rate development process.

3.9 FQHC and RHC Reimbursement

The rate development includes FQHC/RHC encounter rates and cost-settlements. We included these amounts due to the agreement between CMS and the State.

3.10 Medical Cost/Trend Inflation

We developed separate trend assumptions for the non-Medicare and Medicare MEGs because our expectations are that they would trend at different rates. In the Medicare MEGs, the rates of increase are determined more at a national level, driven to a large extent by the Medicare provider reimbursement changes and Medicare program benefits. The non-Medicare cost trends are determined primarily at the state level.

Medical cost trend assumptions were developed on a PMPM basis. We developed a set of trend assumptions by type of service based on a combination of Vermont Medicaid experience trends, Medicaid trends in other states, and general industry trends. The high and low range trend assumptions are 1% higher or 1% lower than these assumptions for both unit cost and utilization. The Vermont experience trends that were used were normalized to remove the impact of fee schedule and benefit changes. As mentioned earlier, the development of these normalized trends is shown in Table 2.

The unit cost trends reflect intensity and mix changes over time, as well as any fee schedule changes. For example, even in an environment where the fee schedule does not change, we often see a higher unit cost over time due to mix and intensity changes. The unit cost assumption for each type of service is based on our general expectations and experience.

3.11 Utilization Adjustments

We developed the utilization component of each of the medical cost trends so that in total (unit cost and utilization) the trend equaled the assumed medical cost PMPM trend. Table 3 shows the annual trend assumptions for utilization.

The low end rate range reflects a 10% degree of health care management. The adjustments are shown in the SFY06 Other Columns of Table 3. We adjusted both the unit cost and utilization.

3.12 Utilization and Cost Assumptions

As a mandatory program in which each member in each MEG will be enrolled, the risk adjustment and assessment process described in this section is not applicable.

3.13 Post-Eligibility Treatment of Income (PETI)

The baseline historical claims data is net of patient liability.

3.14 Incomplete Data Adjustment

The underlying cost models are based on SFY 2002 - 2004 fee-for-service data, which included run out through February, 2005. Completion factors were used in the cost model development process. The completion factors are shown in the table below.

	Completion Factors		
	SFY02	SFY03	SFY04
Inpatient Hospital	1.000	.999	.978
Outpatient and Physician	1.000	.999	.981
Prescription Drug	1.000	1.000	1.000
Other	1.000	1.000	.993

4.0 Establish Rate Category Groupings

Rate cells have been developed as deemed necessary to account for distinct cost patterns for the enrolled populations.

4.1 Age and 4.2 Gender

The age/gender review was limited to an adult vs. child split. We believe that this is adequate because there is only one MCO, which will receive all enrollment. This means that by definition this MCO will have the average mix within each MEG. Adult and child splits were developed for the ABD non-Medicare and ANFC MEGs in case there is a material shift in the adult vs. child mix in a MEG. The other MEGs are either all or almost all adult or child.

4.3 Locality/Region

The rates are statewide rates and do not vary within the State. Vermont is a small state and would not be expected to have the types of cost variations by region that would be expected in some other states.

4.4 Eligibility Categories

The rate development includes multiple rate cells for eligibility categories based on cost patterns for the enrolled populations. The following categories are reflected.

- ABD Non-Medicare
- ABD Dual
- ANFC
- Global Expansion
- Global Rx Non-Medicare
- Global Rx Dual
- Optional Expansion

5.0 Data Smoothing

No data smoothing was performed in the rate setting methodology. The base period data for each MEG is SFY 2004 and the data is statewide.

5.1 Special Populations and Assessment of the Data for Distortions

No special adjustments were made for distortions in data because the data is statewide Medicaid program data.

5.2 Cost-neutral Smoothing Adjustment

Because catastrophic claims are not distorting the rate setting process, no cost neutral data smoothing was necessary.

5.3 Risk Adjustment

The state is not applying any health status or diagnosis based risk adjustment to this program. There is no need for this because there is only one MCO and that MCO will be receiving all members.

6.0 Stop-Loss, Reinsurance, or Risk-sharing Arrangements

None of the above coverages will be provided by the State.

6.1 Commercial Reinsurance

The state does not require the purchase of commercial reinsurance.

6.2 Simple Stop-Loss Program

There will be no simple stop loss program.

6.3 Risk Corridor Program

There will be no risk corridors.

7.0 Incentive Arrangements

The contract includes no incentive arrangements.

Attachment 3
State of Vermont
Actuarial Rate Range Certification
10/2005 – 9/2006

I, William E. Finch, am associated with the firm of Milliman, Inc., and am a member of the Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. I have been retained by the State of Vermont to perform an actuarial certification of the rate ranges for 10/05 – 9/06.

I have developed certain actuarial assumptions and actuarial methodologies regarding the projection of healthcare expenditures into future periods. I have complied with the elements of the rate setting checklist CMS developed for its Regional Offices regarding 42 CFR 438.6(c) for capitated Medicaid managed care plans.

To the best of my knowledge and belief, for the period from October 1, 2005 to September 30, 2006, the rate ranges are in compliance with 42 CFR 438.6(c). The actuarial report describes the rate setting methodology.

The capitation rate ranges provided with the certification are considered actuarially sound, defined as:

- The capitation rate ranges have been developed in accordance with generally accepted actuarial principles and practices;
- The capitation rate ranges are appropriate for the populations to be covered, and the services to be furnished under the contract; and
- The capitation rate ranges meet the requirements of 42 CFR 438.6(c).

In making my opinion, I have relied upon the fee-for-service claim and eligibility data provided by the State of Vermont and Pacific Health Policy Group, as well as representations made by them. This data has been supplemented with actuarial judgment as detailed in the attached actuarial report. I performed no independent audit of the underlying data.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

This Opinion is intended for the State of Vermont and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial projections of the type in this Opinion, so as to properly interpret the projection results.

It should be emphasized that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in the projections, the actual amounts will also deviate from the projected amounts.



William E. Finch

Fellow, Society of Actuaries

Member, American Academy of Actuaries

December 12, 2005

Date

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: ABD - Non-Medicare - Adult

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	2,000	\$452.12	\$75.35	1,778	\$523.94	\$77.62	1,281	\$948.74	\$101.29	-11.1%	15.9%	3.0%	-27.9%	81.1%	30.5%
2. SNF	0	\$12.84	\$0.00	0	\$1,781.83	\$0.07	1	\$1,593.18	\$0.13	346.2%	13777.2%	61826.6%	111.1%	-10.6%	88.8%
3. Outpatient	4,782	\$186.49	\$74.31	4,628	\$210.18	\$81.05	4,582	\$232.73	\$88.86	-3.2%	12.7%	9.1%	-1.0%	10.7%	9.6%
4. Physician & Other	33,545	\$31.53	\$88.13	32,609	\$35.15	\$95.51	25,028	\$47.94	\$99.98	1530.5%	11.5%	8.4%	-23.2%	36.4%	4.7%
5. Home Health	1,550	\$158.11	\$20.43	1,423	\$166.17	\$19.71	948	\$227.06	\$17.94	-8.2%	5.1%	-3.5%	-33.4%	36.6%	-9.0%
6. Nursing	91	\$931.28	\$7.03	71	\$769.12	\$4.56	52	\$850.05	\$3.65	-21.3%	-17.4%	-35.0%	-27.6%	10.5%	-20.0%
7. Dental	2,652	\$53.16	\$11.75	2,390	\$51.42	\$10.24	2,258	\$50.87	\$9.57	-9.9%	-3.3%	-12.8%	-5.5%	-1.1%	-6.5%
8. Transportation	6,852	\$14.44	\$8.24	6,071	\$16.87	\$8.54	5,899	\$17.22	\$8.47	-11.4%	16.9%	3.6%	-2.8%	2.1%	-0.8%
9. DME/Supplies	1,659	\$89.05	\$12.31	1,528	\$106.43	\$13.55	1,616	\$98.71	\$13.29	-7.9%	19.5%	10.1%	5.8%	-7.2%	-1.9%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	602	\$550.94	\$27.62	395	\$558.47	\$18.39	259	\$592.73	\$12.78	-34.3%	1.4%	-33.4%	-34.5%	6.1%	-30.5%
12. OADAP	1,828	\$35.97	\$5.48	2,305	\$34.97	\$6.72	2,275	\$36.67	\$6.95	26.1%	-2.8%	22.6%	-1.3%	4.9%	3.5%
13. Ambulance	761	\$41.77	\$2.65	863	\$40.93	\$2.94	902	\$41.42	\$3.11	13.3%	-2.0%	11.0%	4.6%	1.2%	5.9%
14. Prescribed Drugs	1,366,713	\$1.16	\$131.75	1,297,757	\$1.20	\$130.05	1,336,703	\$1.30	\$145.11	-5.0%	4.0%	-1.3%	3.0%	8.3%	11.6%
15. Behavioral Health - IP	394	\$504.77	\$16.57	245	\$464.82	\$9.51	334	\$325.26	\$9.06	-37.7%	-7.9%	-42.6%	36.2%	-30.0%	-4.7%
16. Behavioral Health - OP/Phy	9,493	\$132.56	\$104.86	9,589	\$126.44	\$101.03	9,198	\$142.95	\$109.57	1.0%	-4.6%	-3.7%	-4.1%	13.1%	8.4%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	8,487	\$351.95	\$248.92	9,320	\$300.01	\$232.99	7,213	\$386.82	\$232.52	9.8%	-14.8%	-6.4%	-22.6%	28.9%	-0.2%
19. HCBS TBI	246	\$248.17	\$5.09	211	\$330.85	\$5.82	381	\$166.04	\$5.27	-14.2%	33.3%	14.4%	80.1%	-49.8%	-9.6%
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$840.49			\$818.31			\$867.55			-2.6%			6.0%
Total Annual Cost			\$97,033,213			\$106,719,430			\$120,213,181						
Member Months															
- Total			115,448			130,414			138,567						

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: ABD - Non-Medicare - Child

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	989	\$314.44	\$25.91	418	\$668.27	\$23.30	847	\$676.57	\$47.73	-57.7%	112.5%	-10.0%	102.3%	1.2%	104.8%
2. SNF	0		\$0.00	0		\$0.00	0		\$0.00						
3. Outpatient	2,150	\$120.74	\$21.63	1,930	\$140.35	\$22.57	2,309	\$184.67	\$35.53	-10.2%	16.2%	4.3%	19.6%	31.6%	57.4%
4. Physician & Other	12,120	\$29.22	\$29.52	14,913	\$26.55	\$33.00	13,700	\$38.34	\$43.77	1408.3%	-9.1%	11.8%	-8.1%	44.4%	32.6%
5. Home Health	17,112	\$70.02	\$99.84	15,903	\$115.42	\$152.96	15,313	\$153.72	\$196.16	-7.1%	64.8%	53.2%	-3.7%	33.2%	28.2%
6. Nursing	875	\$665.53	\$48.53	1,696	\$420.41	\$59.43	1,373	\$576.90	\$66.01	93.9%	-36.8%	22.5%	-19.1%	37.2%	11.1%
7. Dental	2,130	\$41.55	\$7.37	2,733	\$43.30	\$9.86	3,015	\$49.96	\$12.55	28.3%	4.2%	33.7%	10.3%	15.4%	27.3%
8. Transportation	2,465	\$18.54	\$3.81	2,278	\$21.69	\$4.12	3,000	\$17.09	\$4.27	-7.6%	17.0%	8.1%	31.7%	-21.2%	3.8%
9. DME/Supplies	1,857	\$125.37	\$19.40	2,637	\$120.57	\$26.49	2,782	\$126.47	\$29.32	42.0%	-3.8%	36.6%	5.5%	4.9%	10.7%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	5,774	\$626.10	\$301.28	6,821	\$537.68	\$305.62	7,451	\$528.76	\$328.30	18.1%	-14.1%	1.4%	9.2%	-1.7%	7.4%
12. OADAP	136	\$28.85	\$0.33	490	\$49.23	\$2.01	1,095	\$36.88	\$3.36	260.7%	70.6%	\$15.5%	123.4%	-25.1%	67.4%
13. Ambulance	97	\$60.64	\$0.49	137	\$49.82	\$0.57	217	\$49.30	\$0.89	42.4%	-17.8%	17.0%	57.9%	-1.1%	56.3%
14. Prescribed Drugs	545,590	\$1.00	\$45.40	614,830	\$1.20	\$61.52	751,750	\$1.33	\$83.21	12.7%	20.2%	35.5%	22.3%	10.6%	35.3%
15. Behavioral Health - IP	372	\$962.15	\$29.85	428	\$1,109.43	\$39.53	706	\$736.19	\$43.30	14.8%	15.3%	32.4%	65.1%	-33.6%	9.6%
16. Behavioral Health - OP/Phy	52,611	\$35.45	\$155.40	70,208	\$31.61	\$184.93	79,357	\$38.33	\$253.50	33.4%	-10.8%	19.0%	13.0%	21.3%	37.1%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	8,313	\$221.53	\$153.46	10,101	\$189.96	\$159.89	8,886	\$234.41	\$173.58	21.5%	-14.2%	4.2%	-12.0%	23.4%	8.6%
19. HCBS TBI	0		\$0.00	9	\$389.05	\$0.29	300	\$84.55	\$2.11				3283.2%	-78.3%	635.3%
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$942.22			\$1,086.10			\$1,323.61			15.3%			21.9%
Total Annual Cost			\$38,416,995			\$44,096,697			\$54,723,521						
Member Months															
- Total			40,773			40,601			41,344						

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: ABD - Dual

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	428	\$584.31	\$20.86	258	\$862.15	\$18.54	249	\$921.94	\$19.13	-39.8%	47.6%	-11.1%	-3.5%	6.9%	3.2%
2. SNF	69	\$1,612.71	\$9.34	84	\$1,555.56	\$10.86	84	\$1,702.34	\$11.86	20.6%	-3.5%	16.3%	-0.2%	9.4%	9.2%
3. Outpatient	3,228	\$118.79	\$31.96	3,223	\$118.72	\$31.89	3,388	\$118.15	\$33.36	-0.2%	-0.1%	-0.2%	5.1%	-0.5%	4.6%
4. Physician & Other	16,978	\$24.52	\$34.69	15,849	\$29.59	\$39.08	19,150	\$29.53	\$47.13	3599.9%	20.7%	12.7%	20.8%	-0.2%	20.6%
5. Home Health	485	\$317.20	\$12.82	351	\$391.69	\$11.45	472	\$329.74	\$12.96	-27.6%	23.5%	-10.6%	34.4%	-15.8%	13.1%
6. Nursing	12	\$1,622.53	\$1.59	23	\$1,027.27	\$2.01	27	\$759.43	\$1.74	99.9%	-36.7%	26.5%	16.9%	-26.1%	-13.6%
7. Dental	1,672	\$54.07	\$7.53	1,633	\$49.30	\$6.71	1,592	\$44.72	\$5.93	-2.3%	-8.8%	-11.0%	-2.5%	-9.3%	-11.6%
8. Transportation	12,135	\$13.92	\$14.08	12,258	\$15.64	\$15.97	10,924	\$16.39	\$14.92	1.0%	12.3%	13.5%	-10.9%	4.8%	-6.6%
9. DME/Supplies	1,279	\$63.75	\$6.79	1,512	\$66.48	\$8.38	2,234	\$54.81	\$10.20	18.2%	4.3%	23.3%	47.8%	-17.6%	21.8%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	49	\$311.62	\$1.28	34	\$405.96	\$1.15	46	\$376.59	\$1.44	-31.0%	30.3%	-10.1%	34.8%	-7.2%	25.0%
12. OADAP	572	\$29.22	\$1.39	717	\$43.76	\$2.62	629	\$45.73	\$2.40	25.4%	49.8%	87.8%	-12.3%	4.5%	-8.3%
13. Ambulance	385	\$58.40	\$1.87	449	\$69.25	\$2.59	473	\$71.49	\$2.82	16.8%	18.6%	38.5%	5.4%	3.2%	8.8%
14. Prescribed Drugs	1,973,900	\$1.13	\$185.20	2,016,163	\$1.15	\$193.07	2,073,270	\$1.28	\$221.82	2.1%	2.1%	4.2%	2.8%	11.7%	14.9%
15. Behavioral Health - IP	768	\$467.80	\$29.93	777	\$518.67	\$33.59	811	\$564.01	\$38.13	1.2%	10.9%	12.2%	4.4%	8.7%	13.5%
16. Behavioral Health - OP/Phy	7,928	\$197.20	\$130.28	8,019	\$206.03	\$137.68	8,609	\$218.65	\$156.86	1.1%	4.5%	5.7%	7.4%	6.1%	13.9%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	9,157	\$400.54	\$305.65	11,319	\$332.07	\$313.22	9,531	\$418.10	\$332.07	23.6%	-17.1%	2.5%	-15.8%	25.9%	6.0%
19. HCBS TBI	352	\$414.01	\$12.14	459	\$304.94	\$11.66	959	\$157.24	\$12.57	30.4%	-26.3%	-4.0%	109.1%	-48.4%	7.8%
20. Buy-In			\$54.46			\$56.71			\$57.55			4.1%			1.5%
Total			\$861.85			\$897.16			\$982.89			4.1%			9.6%
Total Annual Cost			\$122,448,387			\$128,180,054			\$141,245,567						
Member Months															
- Total			142,076			142,873			143,705						
- Adult			141,836			142,648			143,449						
- Child			240			225			256						

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: ANFC - Non-Medicare - Adult

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,058	\$757.05	\$66.72	943	\$815.56	\$64.07	1,010	\$1,123.76	\$94.56	-10.9%	7.7%	-4.0%	7.1%	37.8%	47.6%
2. SNF	0		\$0.00	0		\$0.00	0		\$0.00						
3. Outpatient	5,081	\$149.50	\$63.30	4,918	\$163.88	\$67.17	5,048	\$183.23	\$77.08	-3.2%	9.6%	6.1%	2.6%	11.8%	14.8%
4. Physician & Other	37,234	\$34.52	\$107.13	32,223	\$39.25	\$105.39	24,158	\$56.34	\$113.42	2946.7%	13.7%	-1.6%	-25.0%	43.5%	7.6%
5. Home Health	352	\$73.56	\$2.16	124	\$167.26	\$1.73	80	\$239.20	\$1.59	-64.7%	127.4%	-19.8%	-35.7%	43.0%	-8.1%
6. Nursing	0		\$0.00	0		\$0.00	0		\$0.00						
7. Dental	3,777	\$53.65	\$16.89	2,807	\$53.07	\$12.41	2,476	\$53.11	\$10.96	-25.7%	-1.1%	-26.5%	-11.8%	0.1%	-11.7%
8. Transportation	2,216	\$14.38	\$2.66	2,295	\$18.41	\$3.52	2,384	\$19.48	\$3.87	3.5%	28.0%	32.6%	3.9%	5.8%	9.9%
9. DME/Supplies	183	\$90.67	\$1.38	150	\$130.61	\$1.64	239	\$103.23	\$2.05	-17.7%	44.1%	18.5%	58.7%	-21.0%	25.4%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	1,921	\$194.57	\$31.14	1,311	\$120.24	\$13.13	869	\$146.93	\$10.64	-31.8%	-38.2%	-57.8%	-33.7%	22.2%	-19.0%
12. OADAP	2,430	\$36.71	\$7.43	2,854	\$34.46	\$8.19	3,040	\$37.38	\$9.47	17.4%	-6.1%	10.2%	6.5%	8.5%	15.6%
13. Ambulance	338	\$45.60	\$1.29	450	\$39.05	\$1.46	387	\$40.23	\$1.30	33.0%	-14.4%	13.9%	-13.9%	3.0%	-11.3%
14. Prescribed Drugs	538,452	\$1.06	\$47.40	504,742	\$1.03	\$43.49	513,035	\$1.13	\$48.46	-6.3%	-2.1%	-8.2%	1.6%	9.6%	11.4%
15. Behavioral Health - IP	144	\$1,155.14	\$13.89	28	\$619.01	\$1.46	114	\$31.56	\$0.30	-80.3%	-46.4%	-89.5%	302.2%	-94.9%	-79.5%
16. Behavioral Health - OP/Phy	8,376	\$36.91	\$25.77	5,844	\$38.66	\$18.83	4,345	\$40.44	\$14.64	-30.2%	4.7%	-26.9%	-25.7%	4.6%	-22.2%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	367	\$217.21	\$6.65	104	\$250.17	\$2.17	42	\$441.67	\$1.56	-71.6%	15.2%	-67.3%	-59.4%	76.6%	-28.3%
19. HCBS TBI	6	\$195.54	\$0.10	0		\$0.00	0		\$0.00	-100.0%		-100.0%			
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$393.89			\$344.68			\$389.90			-12.5%			13.1%
Total Annual Cost			\$43,439,736			\$36,442,731			\$41,084,483						
Member Months															
- Total			110,284			105,729			105,372						

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: ANFC - Non-Medicare - Child

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	211	\$666.11	\$11.73	208	\$778.36	\$13.46	189	\$1,058.44	\$16.67	-1.8%	16.9%	14.8%	-9.0%	36.0%	23.8%
2. SNF	0		\$0.00	0		\$0.00	0		\$0.00						
3. Outpatient	859	\$150.41	\$10.77	949	\$164.06	\$12.97	1,030	\$180.12	\$15.46	10.4%	9.1%	20.4%	8.5%	9.8%	19.2%
4. Physician & Other	17,071	\$20.77	\$29.55	18,589	\$21.23	\$32.89	11,421	\$35.72	\$33.99	8698.1%	2.2%	11.3%	-38.6%	68.2%	3.3%
5. Home Health	756	\$51.25	\$3.23	552	\$93.72	\$4.31	408	\$166.12	\$5.64	-27.0%	82.9%	33.5%	-26.2%	77.3%	30.8%
6. Nursing	25	\$808.51	\$1.70	23	\$617.77	\$1.18	20	\$594.23	\$0.99	-9.2%	-23.6%	-30.6%	-12.5%	-3.8%	-15.9%
7. Dental	3,629	\$38.83	\$11.74	3,977	\$38.88	\$12.88	3,959	\$42.47	\$14.01	9.6%	0.1%	9.7%	-0.4%	9.2%	8.8%
8. Transportation	750	\$10.93	\$0.68	738	\$14.28	\$0.88	698	\$13.89	\$0.81	-1.6%	30.6%	28.5%	-5.5%	-2.7%	-8.1%
9. DME/Supplies	114	\$94.22	\$0.90	134	\$96.33	\$1.08	165	\$88.70	\$1.22	17.8%	2.2%	20.4%	22.4%	-7.9%	12.7%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	1,907	\$307.26	\$48.84	2,114	\$290.51	\$51.17	2,200	\$281.70	\$51.65	10.8%	-5.5%	4.8%	4.1%	-3.0%	0.9%
12. OADAP	249	\$42.63	\$0.89	374	\$44.34	\$1.38	400	\$72.65	\$2.42	50.2%	4.0%	56.2%	6.8%	63.9%	75.1%
13. Ambulance	60	\$54.21	\$0.27	83	\$47.94	\$0.33	90	\$48.47	\$0.36	38.0%	-11.6%	22.1%	8.4%	1.1%	9.6%
14. Prescribed Drugs	220,096	\$0.67	\$12.30	241,777	\$0.75	\$15.14	253,145	\$0.85	\$17.92	9.9%	12.1%	23.1%	4.7%	13.1%	18.4%
15. Behavioral Health - IP	104	\$1,506.75	\$13.01	117	\$1,457.64	\$14.27	156	\$1,206.64	\$15.64	13.4%	-3.3%	9.7%	32.4%	-17.2%	9.6%
16. Behavioral Health - OP/Phy	16,337	\$27.48	\$37.41	19,146	\$27.64	\$44.09	20,650	\$28.55	\$49.13	17.2%	0.6%	17.9%	7.9%	3.3%	11.4%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	335	\$268.42	\$7.49	351	\$251.31	\$7.36	322	\$309.21	\$8.29	4.9%	-6.4%	-1.8%	-8.4%	23.0%	12.7%
19. HCBS TBI	0		\$0.00	0	\$268.50	\$0.01	4	\$29.47	\$0.01				779.7%	-89.0%	-3.4%
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$190.50			\$213.43			\$234.23			12.0%			9.7%
Total Annual Cost	\$119,661,269			\$136,561,322			\$151,022,296								
Member Months															
- Total	628,128			639,856			644,769								

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: GlobalExp

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	421	\$740.34	\$25.99	419	\$709.72	\$24.81	451	\$1,018.13	\$38.27	-0.4%	-4.1%	-4.6%	7.5%	43.5%	54.2%
2. SNF	0		\$0.00	0		\$0.00	0	\$312.13	\$0.00						
3. Outpatient	2,754	\$192.45	\$44.16	2,289	\$219.53	\$41.88	2,838	\$239.57	\$56.66	-16.9%	14.1%	-5.2%	24.0%	9.1%	35.3%
4. Physician & Other	24,781	\$25.11	\$51.84	24,005	\$25.61	\$51.23	17,211	\$43.06	\$61.75	5597.7%	2.0%	-1.2%	-28.3%	68.1%	20.5%
5. Home Health	32	\$607.41	\$1.63	36	\$467.06	\$1.41	44	\$527.95	\$1.92	12.2%	-23.1%	-13.7%	20.9%	13.0%	36.7%
6. Nursing	0		\$0.00	0		\$0.00	0		\$0.00						
7. Dental	1,114	\$43.71	\$4.06	19	\$88.30	\$0.14	23	\$92.15	\$0.18	-98.3%	102.0%	-96.6%	21.0%	4.4%	26.3%
8. Transportation	8	\$16.55	\$0.01	10	\$23.93	\$0.02	19	\$25.23	\$0.04	21.1%	44.6%	75.2%	93.1%	5.5%	103.7%
9. DME/Supplies	173	\$107.12	\$1.55	174	\$127.95	\$1.86	239	\$113.92	\$2.27	0.7%	19.4%	20.3%	37.0%	-11.0%	21.9%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	12	\$281.90	\$0.29	13	\$328.98	\$0.35	16	\$330.59	\$0.45	5.4%	16.7%	22.9%	26.2%	0.5%	26.8%
12. OADAP	1,500	\$42.74	\$5.34	1,902	\$48.36	\$7.66	1,968	\$57.09	\$9.36	26.8%	13.2%	43.5%	3.5%	18.0%	22.2%
13. Ambulance	223	\$39.47	\$0.73	271	\$40.41	\$0.91	291	\$42.10	\$1.02	21.2%	2.4%	24.1%	7.5%	4.2%	11.9%
14. Prescribed Drugs	358,750	\$0.69	\$20.53	373,475	\$0.77	\$23.93	485,305	\$1.11	\$44.98	4.1%	12.0%	16.6%	29.9%	44.6%	87.9%
15. Behavioral Health - IP	0	\$1,199.04	\$0.02	1	\$447.92	\$0.02	81	\$22.26	\$0.15	127.5%	-62.6%	-15.0%	15317.1%	-95.0%	666.3%
16. Behavioral Health - OP/Phy	1,815	\$70.87	\$10.72	2,117	\$62.75	\$11.07	2,527	\$62.88	\$13.24	16.6%	-11.5%	3.3%	19.3%	0.2%	19.6%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	19	\$60.63	\$0.10	27	\$65.62	\$0.15	22	\$63.51	\$0.11	39.4%	8.2%	50.9%	-20.5%	-3.2%	-23.0%
19. HCBS TBI	0		\$0.00	0		\$0.00	0		\$0.00						
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$166.97			\$165.44			\$230.41			-0.9%			39.3%
Total Annual Cost	\$43,947,134			\$45,275,325			\$64,370,889								
Member Months															
- Total	263,208			273,661			279,380								
- Adult	255,456			266,104			271,888								
- Child	7,752			7,557			7,492								

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: OptionalExp

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	12	\$600.24	\$0.60	10	\$250.02	\$0.20	8	\$1,111.47	\$0.74	-18.7%	-58.3%	-66.1%	-18.3%	344.6%	263.2%
2. SNF	0		\$0.00	0		\$0.00	0		\$0.00						
3. Outpatient	271	\$100.36	\$2.26	221	\$130.51	\$2.40	310	\$110.13	\$2.85	-18.5%	30.0%	5.9%	40.7%	-15.6%	18.7%
4. Physician & Other	3,979	\$21.00	\$6.96	4,010	\$20.92	\$6.99	4,613	\$22.19	\$8.53	33360.6%	-0.4%	0.4%	15.0%	6.1%	22.0%
5. Home Health	339	\$140.76	\$3.98	459	\$158.56	\$6.06	387	\$281.29	\$9.08	35.4%	12.6%	52.5%	-15.6%	77.4%	49.8%
6. Nursing	20	\$894.90	\$1.47	8	\$1,865.58	\$1.19	22	\$1,674.34	\$3.07	-61.1%	108.5%	-18.9%	187.4%	-10.3%	158.0%
7. Dental	2,549	\$47.63	\$10.12	2,670	\$42.19	\$9.39	2,816	\$41.89	\$9.83	4.8%	-11.4%	-7.2%	5.5%	-0.7%	4.7%
8. Transportation	55	\$20.23	\$0.09	195	\$29.33	\$0.48	487	\$26.96	\$1.09	250.8%	45.0%	408.6%	150.4%	-8.1%	130.2%
9. DME/Supplies	56	\$194.64	\$0.91	64	\$117.66	\$0.63	91	\$95.09	\$0.72	14.6%	-39.5%	-30.7%	41.0%	-19.2%	14.0%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	1,112	\$366.06	\$33.91	1,088	\$364.42	\$33.05	1,632	\$264.98	\$36.04	-2.1%	-0.4%	-2.5%	50.0%	-27.3%	9.0%
12. OADAP	16	\$5.76	\$0.01	118	\$160.74	\$1.58	29	\$374.03	\$0.89	661.3%	2692.2%	21156.3%	-75.9%	132.7%	-43.8%
13. Ambulance	2	\$51.96	\$0.01	2	\$56.95	\$0.01	30	\$35.67	\$0.09	42.2%	9.6%	55.9%	1139.3%	-37.4%	676.1%
14. Prescribed Drugs	194,332	\$0.47	\$7.57	221,856	\$0.50	\$9.29	237,015	\$0.61	\$12.13	14.2%	7.5%	22.7%	6.8%	22.2%	30.5%
15. Behavioral Health - IP	96	\$338.77	\$2.72	15	\$636.32	\$0.81	2	\$6,081.90	\$1.13	-84.1%	87.8%	-70.1%	-85.4%	855.8%	39.8%
16. Behavioral Health - OP/Phy	7,783	\$27.81	\$18.04	10,349	\$29.45	\$25.40	9,221	\$34.05	\$26.16	33.0%	5.9%	40.8%	-10.9%	15.6%	3.0%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	89	\$608.07	\$4.49	317	\$223.41	\$5.89	160	\$188.87	\$2.52	257.5%	-63.3%	31.3%	-49.5%	-15.5%	-57.3%
19. HCBS TBI	15	\$366.38	\$0.47	61	\$70.55	\$0.36	21	\$117.73	\$0.20	294.5%	-80.7%	-24.0%	-65.9%	66.9%	-43.1%
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$93.61			\$103.74			\$115.08			10.8%			10.9%
Total Annual Cost			\$2,681,584			\$2,604,074			\$2,486,662						
Member Months															
- Total			28,647			25,101			21,608						
- Adult			-			1			-						
- Child			28,647			25,100			21,608						

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
MEG: GlobalRx

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	0		\$0.00	0		\$0.00	0		\$0.00						
2. SNF	0		\$0.00	0		\$0.00	0		\$0.00						
3. Outpatient	0		\$0.00	0		\$0.00	0		\$0.00						
4. Physician & Other	0		\$0.00	0		\$0.00	0		\$0.00						
5. Home Health	0		\$0.00	0		\$0.00	0		\$0.00						
6. Nursing	0		\$0.00	0		\$0.00	0		\$0.00						
7. Dental	0		\$0.00	0		\$0.00	0		\$0.00						
8. Transportation	0		\$0.00	0		\$0.00	0		\$0.00						
9. DME/Supplies	0		\$0.00	0		\$0.00	0		\$0.00						
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	0		\$0.00	0		\$0.00	0		\$0.00						
12. OADAP	0		\$0.00	0		\$0.00	0		\$0.00						
13. Ambulance	0		\$0.00	0		\$0.00	0		\$0.00						
14. Prescribed Drugs	1,463,420	\$1.02	\$124.87	1,464,564	\$1.02	\$124.94	1,614,291	\$1.19	\$159.51	0.1%	0.0%	0.1%	10.2%	15.8%	27.7%
15. Behavioral Health - IP	0		\$0.00	0		\$0.00	0		\$0.00						
16. Behavioral Health - OP/Phy	0		\$0.00	0		\$0.00	0		\$0.00						
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	0		\$0.00	0		\$0.00	0		\$0.00						
19. HCBS TBI	0		\$0.00	0		\$0.00	0		\$0.00						
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$124.87			\$124.94			\$159.51			0.1%			27.7%
Total Annual Cost			\$16,900,669	\$17,063,765			\$21,267,676								
Member Months															
- Total			135,351	136,581			133,334								
- Adult			135,347	136,574			133,334								
- Child			4	7			-								

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
Total - Non-Medicare

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	532	\$595.25	\$26.41	491	\$669.10	\$27.36	461	\$1,003.83	\$38.53	-7.8%	12.4%	3.6%	-6.1%	50.0%	40.8%
2. SNF	0	\$12.84	\$0.00	0	\$1,781.83	\$0.01	0	\$1,318.67	\$0.02	392.1%	13777.2%	68192.5%	181.9%	-26.0%	108.6%
3. Outpatient	2,084	\$169.38	\$29.41	2,008	\$188.82	\$31.60	2,214	\$210.26	\$38.80	-3.6%	11.5%	7.5%	10.2%	11.4%	22.8%
4. Physician & Other	21,772	\$25.83	\$46.86	22,075	\$26.92	\$49.52	15,314	\$42.63	\$54.40	4045.6%	4.2%	5.7%	-30.6%	58.4%	9.9%
5. Home Health	1,187	\$78.70	\$7.79	1,003	\$120.67	\$10.09	858	\$171.94	\$12.29	-15.5%	53.3%	29.6%	-14.5%	42.5%	21.9%
6. Nursing	53	\$748.25	\$3.29	77	\$489.32	\$3.12	63	\$611.81	\$3.20	45.2%	-34.6%	-5.1%	-17.9%	25.0%	2.6%
7. Dental	2,912	\$42.56	\$10.33	2,745	\$41.60	\$9.52	2,696	\$44.47	\$9.99	-5.7%	-2.2%	-7.9%	-1.8%	6.9%	5.0%
8. Transportation	1,358	\$13.67	\$1.55	1,322	\$16.67	\$1.84	1,347	\$16.74	\$1.88	-2.6%	22.0%	18.8%	1.9%	0.4%	2.3%
9. DME/Supplies	342	\$99.26	\$2.83	376	\$110.96	\$3.48	438	\$104.75	\$3.82	10.0%	11.8%	22.9%	16.3%	-5.6%	9.8%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	1,475	\$347.22	\$42.67	1,522	\$323.38	\$41.03	1,538	\$321.06	\$41.16	3.2%	-6.9%	-3.9%	1.1%	-0.7%	0.3%
12. OADAP	873	\$39.69	\$2.89	1,140	\$41.98	\$3.99	1,210	\$50.74	\$5.12	30.5%	5.8%	38.0%	6.1%	20.9%	28.3%
13. Ambulance	190	\$44.22	\$0.70	241	\$41.94	\$0.84	256	\$42.96	\$0.92	26.7%	-5.2%	20.1%	6.1%	2.4%	8.7%
14. Prescribed Drugs	402,578	\$0.90	\$30.03	419,670	\$0.95	\$33.35	466,507	\$1.11	\$43.08	4.2%	6.5%	11.0%	11.2%	16.2%	29.2%
15. Behavioral Health - IP	122	\$1,072.93	\$10.89	105	\$1,139.04	\$10.00	171	\$753.89	\$10.75	-13.5%	6.2%	-8.1%	62.3%	-33.8%	7.4%
16. Behavioral Health - OP/Phy	12,749	\$38.17	\$40.56	14,653	\$36.76	\$44.89	15,623	\$39.40	\$51.30	14.9%	-3.7%	10.7%	6.6%	7.2%	14.3%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	1,329	\$308.79	\$34.21	1,544	\$268.58	\$34.56	1,290	\$339.93	\$36.55	16.2%	-13.0%	1.0%	-16.4%	26.6%	5.8%
19. HCBS TBI	25	\$248.71	\$0.52	24	\$317.60	\$0.65	55	\$145.77	\$0.67	-1.8%	27.7%	25.4%	126.3%	-54.1%	3.9%
20. Buy-In			\$0.00			\$0.00			\$0.00						
Total			\$290.93			\$305.83			\$352.47			5.1%			15.2%
Total Annual Cost	\$345,179,932			\$371,699,579			\$433,901,032								
Member Months															
- Total	1,186,488			1,215,362			1,231,040								
- Adult	481,188			502,248			515,827								
- Child	705,300			713,114			715,213								

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 1
Databook
Historical Cost Information

Vermont Medicaid
Total - Dual

Category of Service	Total Incurred Claims Cost (a)									Annual Change					
	SFY02			SFY03			SFY04			SFY03			SFY04		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	219	\$584.31	\$10.68	132	\$862.15	\$9.48	129	\$921.94	\$9.92	-39.9%	47.6%	-11.3%	-2.1%	6.9%	4.7%
2. SNF	36	\$1,612.71	\$4.78	43	\$1,555.56	\$5.55	43	\$1,702.34	\$6.15	20.4%	-3.5%	16.1%	1.2%	9.4%	10.8%
3. Outpatient	1,653	\$118.79	\$16.36	1,648	\$118.72	\$16.30	1,757	\$118.15	\$17.30	-0.3%	-0.1%	-0.4%	6.7%	-0.5%	6.1%
4. Physician & Other	8,695	\$24.52	\$17.76	8,103	\$29.59	\$19.98	9,933	\$29.53	\$24.45	3593.7%	20.7%	12.5%	22.6%	-0.2%	22.4%
5. Home Health	248	\$317.20	\$6.56	179	\$391.69	\$5.86	245	\$329.74	\$6.72	-27.8%	23.5%	-10.8%	36.3%	-15.8%	14.8%
6. Nursing	6	\$1,622.53	\$0.81	12	\$1,027.27	\$1.03	14	\$759.43	\$0.90	99.5%	-36.7%	26.3%	18.6%	-26.1%	-12.3%
7. Dental	856	\$54.07	\$3.86	835	\$49.30	\$3.43	826	\$44.72	\$3.08	-2.5%	-8.8%	-11.1%	-1.1%	-9.3%	-10.3%
8. Transportation	6,214	\$13.92	\$7.21	6,267	\$15.64	\$8.17	5,666	\$16.39	\$7.74	0.8%	12.3%	13.3%	-9.6%	4.8%	-5.2%
9. DME/Supplies	655	\$63.75	\$3.48	773	\$66.48	\$4.28	1,159	\$54.81	\$5.29	18.0%	4.3%	23.1%	50.0%	-17.6%	23.6%
10. Enhanced Residential Care	0		\$0.00	0		\$0.00	0		\$0.00						
11. D&P	25	\$311.62	\$0.66	17	\$405.96	\$0.59	24	\$376.59	\$0.75	-31.1%	30.3%	-10.3%	36.8%	-7.2%	26.9%
12. OADAP	293	\$29.22	\$0.71	367	\$43.76	\$1.34	326	\$45.73	\$1.24	25.2%	49.8%	87.5%	-11.0%	4.5%	-7.0%
13. Ambulance	197	\$58.40	\$0.96	230	\$69.25	\$1.32	245	\$71.49	\$1.46	16.6%	18.6%	38.2%	6.9%	3.2%	10.4%
14. Prescribed Drugs	1,724,847	\$1.08	\$155.77	1,746,573	\$1.10	\$159.77	1,852,371	\$1.24	\$191.83	1.3%	1.3%	2.6%	6.1%	13.2%	20.1%
15. Behavioral Health - IP	393	\$467.80	\$15.33	397	\$518.67	\$17.17	421	\$564.01	\$19.78	1.1%	10.9%	12.0%	5.9%	8.7%	15.2%
16. Behavioral Health - OP/Phy	4,060	\$197.20	\$66.72	4,100	\$206.03	\$70.39	4,465	\$218.65	\$81.37	1.0%	4.5%	5.5%	8.9%	6.1%	15.6%
17. HCBS - Aged/Disabled	0		\$0.00	0		\$0.00	0		\$0.00						
18. HCBS - MH/MR	4,690	\$400.54	\$156.53	5,787	\$332.07	\$160.14	4,944	\$418.10	\$172.25	23.4%	-17.1%	2.3%	-14.6%	25.9%	7.6%
19. HCBS TBI	180	\$414.01	\$6.22	235	\$304.94	\$5.96	498	\$157.24	\$6.52	30.2%	-26.3%	-4.1%	112.1%	-48.4%	9.4%
20. Buy-In			\$27.89			\$28.99			\$29.85			4.0%			3.0%
Total			\$502.29			\$519.74			\$586.61			3.5%			12.9%
Total Annual Cost	\$139,349,056			\$145,243,819			\$162,513,244								
Member Months															
- Total	277,427			279,454			277,039								
- Adult	277,183			279,222			276,783								
- Child	244			232			256								

Note:

(a) The experience data was adjusted for completion factors and lump-sum adjustments (e.g., drug rebates).

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid

MEG: ABD - Non-Medicare - Adult

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	3.3%	35.8%	1.000	1.000	1.000	1.000	1.000	1.000
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
4. Physician & Other	0.0%	1.5%	1.000	1.000	1.000	1.000	1.000	1.000
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-11.1%	12.2%	-0.3%	-27.9%	33.3%	-3.9%
346.2%	13777.2%	61826.6%	111.1%	-10.6%	88.8%
-3.2%	12.7%	9.1%	-1.0%	10.7%	9.6%
-2.8%	11.5%	8.4%	-23.2%	34.4%	3.1%
-8.2%	5.1%	-3.5%	-33.4%	36.6%	-9.0%
-21.3%	-17.4%	-35.0%	-27.6%	10.5%	-20.0%
-9.9%	-3.3%	-12.8%	-5.5%	-6.2%	-11.3%
-11.4%	16.9%	3.6%	-2.8%	2.1%	-0.8%
-7.9%	19.5%	10.1%	5.8%	-7.2%	-1.9%
-34.3%	1.4%	-33.4%	-34.5%	6.1%	-30.5%
26.1%	-2.8%	22.6%	-1.3%	4.9%	3.5%
13.3%	-2.0%	11.0%	4.6%	1.2%	5.9%
-5.0%	4.0%	-1.3%	3.0%	8.3%	11.6%
-37.7%	-7.9%	-42.6%	36.2%	-30.0%	-4.7%
1.0%	-4.6%	-3.7%	-4.1%	13.1%	8.4%
9.8%	-14.8%	-6.4%	-22.6%	28.9%	-0.2%
-14.2%	33.3%	14.4%	80.1%	-49.8%	-9.6%
		-2.8%			2.3%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
MEG: ABD - Non-Medicare - Child

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	3.3%	35.8%	1.000	1.000	1.000	1.000	1.000	1.000
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
4. Physician & Other	0.0%	1.5%	1.000	1.000	1.000	1.000	1.000	1.000
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-57.7%	105.7%	-12.9%	102.3%	-25.5%	50.8%
-10.2%	16.2%	4.3%	19.6%	31.6%	57.4%
23.0%	-9.1%	11.8%	-8.1%	42.3%	30.7%
-7.1%	64.8%	53.2%	-3.7%	33.2%	28.2%
93.9%	-36.8%	22.5%	-19.1%	37.2%	11.1%
28.3%	4.2%	33.7%	10.3%	9.4%	20.7%
-7.6%	17.0%	8.1%	31.7%	-21.2%	3.8%
42.0%	-3.8%	36.6%	5.5%	4.9%	10.7%
18.1%	-14.1%	1.4%	9.2%	-1.7%	7.4%
260.7%	70.6%	515.5%	123.4%	-25.1%	67.4%
42.4%	-17.8%	17.0%	57.9%	-1.1%	56.3%
12.7%	20.2%	35.5%	22.3%	10.6%	35.3%
14.8%	15.3%	32.4%	65.1%	-33.6%	9.6%
33.4%	-10.8%	19.0%	13.0%	21.3%	37.1%
21.5%	-14.2%	4.2%	-12.0%	23.4%	8.6%
			3283.2%	-78.3%	635.3%
		14.9%			20.8%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
MEG: ABD - Dual

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
4. Physician & Other	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-39.8%	47.6%	-11.1%	-3.5%	6.9%	3.2%
20.6%	-3.5%	16.3%	-0.2%	9.4%	9.2%
-0.2%	-0.1%	-0.2%	5.1%	-0.5%	4.6%
-6.6%	20.7%	12.7%	20.8%	-0.2%	20.6%
-27.6%	23.5%	-10.6%	34.4%	-15.8%	13.1%
99.9%	-36.7%	26.5%	16.9%	-26.1%	-13.6%
-2.3%	-8.8%	-11.0%	-2.5%	-13.9%	-16.1%
1.0%	12.3%	13.5%	-10.9%	4.8%	-6.6%
18.2%	4.3%	23.3%	47.8%	-17.6%	21.8%
-31.0%	30.3%	-10.1%	34.8%	-7.2%	25.0%
25.4%	49.8%	87.8%	-12.3%	4.5%	-8.3%
16.8%	18.6%	38.5%	5.4%	3.2%	8.8%
2.1%	2.1%	4.2%	2.8%	11.7%	14.9%
1.2%	10.9%	12.2%	4.4%	8.7%	13.5%
1.1%	4.5%	5.7%	7.4%	6.1%	13.9%
23.6%	-17.1%	2.5%	-15.8%	25.9%	6.0%
30.4%	-26.3%	-4.0%	109.1%	-48.4%	7.8%
		4.1%			1.5%
		4.1%			9.5%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
MEG: ANFC - Non-Medicare - Adult

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	3.3%	35.8%	1.000	1.000	1.000	1.000	1.000	1.000
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
4. Physician & Other	0.0%	1.5%	1.000	1.000	1.000	1.000	1.000	1.000
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-10.9%	4.3%	-7.0%	7.1%	1.4%	8.7%
-3.2%	9.6%	6.1%	2.6%	11.8%	14.8%
-13.5%	13.7%	-1.6%	-25.0%	41.4%	6.0%
-64.7%	127.4%	-19.8%	-35.7%	43.0%	-8.1%
-25.7%	-1.1%	-26.5%	-11.8%	-5.1%	-16.2%
3.5%	28.0%	32.6%	3.9%	5.8%	9.9%
-17.7%	44.1%	18.5%	58.7%	-21.0%	25.4%
-31.8%	-38.2%	-57.8%	-33.7%	22.2%	-19.0%
17.4%	-6.1%	10.2%	6.5%	8.5%	15.6%
33.0%	-14.4%	13.9%	-13.9%	3.0%	-11.3%
-6.3%	-2.1%	-8.2%	1.6%	9.6%	11.4%
-80.3%	-46.4%	-89.5%	302.2%	-94.9%	-79.5%
-30.2%	4.7%	-26.9%	-25.7%	4.6%	-22.2%
-71.6%	15.2%	-67.3%	-59.4%	76.6%	-28.3%
-100.0%		-100.0%			
		-12.6%			5.4%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
MEG: ANFC - Non-Medicare - Child

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	3.3%	35.8%	1.000	1.000	1.000	1.000	1.000	1.000
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
4. Physician & Other	0.0%	1.5%	1.000	1.000	1.000	1.000	1.000	1.000
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-1.8%	13.1%	11.1%	-9.0%	0.1%	-8.9%
10.4%	9.1%	20.4%	8.5%	9.8%	19.2%
8.9%	2.2%	11.3%	-38.6%	65.7%	1.8%
-27.0%	82.9%	33.5%	-26.2%	77.3%	30.8%
-9.2%	-23.6%	-30.6%	-12.5%	-3.8%	-15.9%
9.6%	0.1%	9.7%	-0.4%	3.6%	3.2%
-1.6%	30.6%	28.5%	-5.5%	-2.7%	-8.1%
17.8%	2.2%	20.4%	22.4%	-7.9%	12.7%
10.8%	-5.5%	4.8%	4.1%	-3.0%	0.9%
50.2%	4.0%	56.2%	6.8%	63.9%	75.1%
38.0%	-11.6%	22.1%	8.4%	1.1%	9.6%
9.9%	12.1%	23.1%	4.7%	13.1%	18.4%
13.4%	-3.3%	9.7%	32.4%	-17.2%	9.6%
17.2%	0.6%	17.9%	7.9%	3.3%	11.4%
4.9%	-6.4%	-1.8%	-8.4%	23.0%	12.7%
			779.7%	-89.0%	-3.4%
		11.8%			6.7%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
MEG: GlobalExp

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	3.3%	35.8%	1.000	1.008	1.000	1.009	1.000	1.004
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.130	1.050	1.130	1.053	1.061	1.020
4. Physician & Other	0.0%	1.5%	1.040	1.093	1.040	1.094	1.020	1.039
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.378	2.000	1.378	2.000	1.159	1.266
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.028	1.000	1.027	1.000	1.012
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-0.4%	-7.1%	-7.5%	7.5%	5.1%	13.0%
-16.9%	14.4%	-4.9%	16.4%	5.7%	23.0%
-3.1%	2.1%	-1.1%	-29.7%	57.4%	10.6%
12.2%	-23.1%	-13.7%	20.9%	13.0%	36.7%
-98.3%	102.0%	-96.6%	21.0%	-1.0%	19.8%
21.1%	44.6%	75.2%	93.1%	5.5%	103.7%
0.7%	19.4%	20.3%	37.0%	-11.0%	21.9%
5.4%	16.7%	22.9%	26.2%	0.5%	26.8%
26.8%	13.2%	43.5%	3.5%	18.0%	22.2%
21.2%	2.4%	24.1%	7.5%	4.2%	11.9%
4.1%	12.0%	16.6%	9.3%	-8.5%	0.1%
127.5%	-62.6%	-15.0%	15317.1%	-95.0%	666.3%
16.6%	-11.5%	3.2%	19.3%	-1.3%	17.9%
39.4%	8.2%	50.9%	-20.5%	-3.2%	-23.0%
		1.0%			11.7%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
MEG: OptionalExp

Category of Service	Normalizing Adjustments							
	Provider Fee Changes		Benefit Changes					
	SFY03	SFY04	SFY02		SFY03		SFY04	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient	3.3%	35.8%	1.000	1.000	1.000	1.000	1.000	1.000
2. SNF	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
3. Outpatient	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
4. Physician & Other	0.0%	1.5%	1.000	1.000	1.000	1.000	1.000	1.000
5. Home Health	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
6. Nursing	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
7. Dental	0.0%	5.4%	1.000	1.000	1.000	1.000	1.000	1.000
8. Transportation	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
9. DME/Supplies	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
10. Enhanced Residential Care	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
11. D&P	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
12. OADAP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
13. Ambulance	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
14. Prescribed Drugs	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
15. Behavioral Health - IP	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
16. Behavioral Health - OP/Phy	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
17. HCBS - Aged/Disabled	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
18. HCBS - MH/MR	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
19. HCBS TBI	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
20. Buy-In	0.0%	0.0%	1.000	1.000	1.000	1.000	1.000	1.000
Total								

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-18.7%	-59.7%	-67.2%	-18.3%	227.3%	167.4%
-18.5%	30.0%	5.9%	40.7%	-15.6%	18.7%
0.8%	-0.4%	0.4%	15.0%	4.5%	20.2%
35.4%	12.6%	52.5%	-15.6%	77.4%	49.8%
-61.1%	108.5%	-18.9%	187.4%	-10.3%	158.0%
4.8%	-11.4%	-7.2%	5.5%	-5.8%	-0.7%
250.8%	45.0%	408.6%	150.4%	-8.1%	130.2%
14.6%	-39.5%	-30.7%	41.0%	-19.2%	14.0%
-2.1%	-0.4%	-2.5%	50.0%	-27.3%	9.0%
661.3%	2692.2%	21156.3%	-75.9%	132.7%	-43.8%
42.2%	9.6%	55.9%	1139.3%	-37.4%	676.1%
14.2%	7.5%	22.7%	6.8%	22.2%	30.5%
-84.1%	87.8%	-70.1%	-85.4%	855.8%	39.8%
33.0%	5.9%	40.8%	-10.9%	15.6%	3.0%
257.5%	-63.3%	31.3%	-49.5%	-15.5%	-57.3%
294.5%	-80.7%	-24.0%	-65.9%	66.9%	-43.1%
		10.5%			10.2%

Vermont Medicaid
MEG: GlobalRx

Normalized Trends					
SFY03			SFY04		
Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
0.1%	0.0%	0.1%	7.2%	11.3%	19.3%
		0.1%			19.3%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
Total - Non-Medicare

Category of Service	Normalizing Adjustments					
	Provider Fee Changes		Benefit Changes			
	SFY03	SFY04	SFY02		SFY03	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient						
2. SNF						
3. Outpatient						
4. Physician & Other						
5. Home Health						
6. Nursing						
7. Dental						
8. Transportation						
9. DME/Supplies						
10. Enhanced Residential Care						
11. D&P						
12. OADAP						
13. Ambulance						
14. Prescribed Drugs						
15. Behavioral Health - IP						
16. Behavioral Health - OP/Phy						
17. HCBS - Aged/Disabled						
18. HCBS - MH/MR						
19. HCBS TBI						
20. Buy-In						
Total						

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-10.2%	10.0%	-1.1%	-7.7%	10.9%	2.3%
346.2%	13777.2%	61826.6%	168.7%	-26.0%	98.9%
-5.1%	10.9%	5.3%	7.6%	9.7%	18.0%
0.8%	4.1%	4.9%	-31.3%	53.9%	5.8%
-15.0%	50.4%	27.9%	-15.1%	42.1%	20.7%
45.1%	-35.0%	-5.6%	-18.6%	24.9%	1.7%
-5.4%	-2.2%	-7.5%	-1.4%	1.3%	-0.2%
-6.3%	21.5%	13.9%	-0.1%	0.4%	0.3%
5.4%	12.7%	18.8%	13.8%	-5.5%	7.5%
4.7%	-7.2%	-2.9%	1.6%	-1.0%	0.6%
29.3%	5.7%	36.6%	5.2%	21.1%	27.4%
22.5%	-4.8%	16.7%	4.3%	2.5%	6.9%
1.8%	7.3%	9.2%	5.9%	4.0%	10.0%
-15.1%	8.0%	-8.3%	60.9%	-33.3%	7.3%
15.6%	-5.8%	8.8%	6.8%	6.1%	13.3%
10.1%	-13.9%	-5.3%	-19.0%	26.1%	2.2%
-11.0%	28.9%	14.7%	118.1%	-54.5%	-0.7%
		3.2%			7.7%

Table 2
Normalizing Adjustments
And Resulting Normalized Trends

Vermont Medicaid
Total - Dual

Category of Service	Normalizing Adjustments					
	Provider Fee Changes		Benefit Changes			
	SFY03	SFY04	SFY02		SFY03	
	Unit Cost	Unit Cost	Util / 1000	Unit Cost	Util / 1000	Unit Cost
1. Inpatient						
2. SNF						
3. Outpatient						
4. Physician & Other						
5. Home Health						
6. Nursing						
7. Dental						
8. Transportation						
9. DME/Supplies						
10. Enhanced Residential Care						
11. D&P						
12. OADAP						
13. Ambulance						
14. Prescribed Drugs						
15. Behavioral Health - IP						
16. Behavioral Health - OP/Phy						
17. HCBS - Aged/Disabled						
18. HCBS - MH/MR						
19. HCBS TBI						
20. Buy-In						
Total						

Normalized Trends					
Util / 1000	SFY03 Unit Cost	Cost PMPM	Util / 1000	SFY04 Unit Cost	Cost PMPM
-39.8%	47.6%	-11.1%	-3.5%	6.9%	3.2%
20.6%	-3.5%	16.3%	-0.2%	9.4%	9.2%
-0.2%	-0.1%	-0.2%	5.1%	-0.5%	4.6%
-6.6%	20.7%	12.7%	20.8%	-0.2%	20.6%
-27.6%	23.5%	-10.6%	34.4%	-15.8%	13.1%
99.9%	-36.7%	26.5%	16.9%	-26.1%	-13.6%
-2.3%	-8.8%	-11.0%	-2.5%	-13.9%	-16.1%
1.0%	12.3%	13.5%	-10.9%	4.8%	-6.6%
18.2%	4.3%	23.3%	47.8%	-17.6%	21.8%
-31.0%	30.3%	-10.1%	34.8%	-7.2%	25.0%
25.4%	49.8%	87.8%	-12.3%	4.5%	-8.3%
16.8%	18.6%	38.5%	5.4%	3.2%	8.8%
1.3%	1.2%	2.5%	4.6%	11.5%	16.7%
1.2%	10.9%	12.2%	4.4%	8.7%	13.5%
1.1%	4.5%	5.7%	7.4%	6.1%	13.9%
23.6%	-17.1%	2.5%	-15.8%	25.9%	6.0%
30.4%	-26.3%	-4.0%	109.1%	-48.4%	7.8%
		4.1%			1.5%
		3.6%			10.8%

**Table 3 - Low
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ABD - Non-Medicare - Adult
Scenario: Non-Medicare - Low

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,281	\$948.74	\$101.29	1.0%	2.0%	3.0%	0.0%	5.3%	5.3%	1,294	\$1,019.02	\$109.88
2. NH	1	\$1,593.18	\$0.13	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	1	\$1,640.98	\$0.13
3. Outpatient	4,582	\$232.73	\$88.86	3.2%	6.0%	9.3%	0.0%	0.0%	0.0%	4,726	\$246.69	\$97.16
4. Physician & Other	25,028	\$47.94	\$99.98	0.3%	3.0%	3.3%	0.0%	0.0%	0.0%	25,099	\$49.37	\$103.27
5. Home Health	948	\$227.06	\$17.94	11.9%	9.0%	22.0%	0.0%	0.0%	0.0%	1,061	\$247.49	\$21.88
6. Nursing	52	\$850.05	\$3.65	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	53	\$875.55	\$3.84
7. Dental	2,258	\$50.87	\$9.57	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	2,303	\$52.39	\$10.06
8. Transportation	5,899	\$17.22	\$8.47	1.8%	3.0%	4.8%	0.0%	0.0%	0.0%	6,003	\$17.74	\$8.87
9. DME/Supplies	1,616	\$98.71	\$13.29	6.6%	4.0%	10.9%	0.0%	0.0%	0.0%	1,723	\$102.66	\$14.74
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	259	\$592.73	\$12.78	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	259	\$604.58	\$13.04
12. OADAP	2,275	\$36.67	\$6.95	18.9%	9.0%	29.6%	0.0%	0.0%	0.0%	2,705	\$39.97	\$9.01
13. Ambulance	902	\$41.42	\$3.11	6.4%	3.0%	9.6%	0.0%	0.0%	0.0%	960	\$42.67	\$3.41
14. Prescribed Drugs	1,336,703	\$1.30	\$145.11	1.4%	6.0%	7.5%	0.0%	0.0%	0.0%	1,356,048	\$1.38	\$156.04
15. Behavioral Health - IP	334	\$325.26	\$9.06	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	338	\$335.02	\$9.43
16. Behavioral Health - OP/Phy	9,198	\$142.95	\$109.57	5.8%	3.0%	8.9%	0.0%	0.0%	0.0%	9,728	\$147.24	\$119.36
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	7,213	\$386.82	\$232.52	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	7,357	\$398.43	\$244.28
19. HCBS TBI	381	\$166.04	\$5.27	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	384	\$171.02	\$5.48
20. Buy-In			\$0.00									\$0.00
Total			\$867.55									\$929.89

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ABD - Non-Medicare - Adult
Scenario: Non-Medicare - Low

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,294	\$1,019.02	\$109.88	1.0%	2.0%	3.0%	0.0%	-19.1%	-19.1%	1,307	\$840.98	\$91.59
2. NH	1	\$1,640.98	\$0.13	2.0%	3.0%	5.1%	8.4%	0.8%	9.3%	1	\$1,703.73	\$0.15
3. Outpatient	4,726	\$246.69	\$97.16	3.2%	6.0%	9.3%	-0.7%	1.0%	0.3%	4,841	\$264.11	\$106.55
4. Physician & Other	25,099	\$49.37	\$103.27	0.3%	3.0%	3.3%	-3.2%	0.7%	-2.5%	24,365	\$51.21	\$103.98
5. Home Health	1,061	\$247.49	\$21.88	11.9%	9.0%	22.0%	-0.4%	-0.8%	-1.2%	1,183	\$267.61	\$26.38
6. Nursing	53	\$875.55	\$3.84	2.0%	3.0%	5.1%	-3.2%	0.7%	-2.5%	52	\$908.13	\$3.93
7. Dental	2,303	\$52.39	\$10.06	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	2,349	\$53.96	\$10.57
8. Transportation	6,003	\$17.74	\$8.87	1.8%	3.0%	4.8%	-3.2%	0.7%	-2.5%	5,912	\$18.40	\$9.06
9. DME/Supplies	1,723	\$102.66	\$14.74	6.6%	4.0%	10.9%	-3.2%	0.7%	-2.5%	1,778	\$107.52	\$15.93
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	259	\$604.58	\$13.04	0.0%	2.0%	2.0%	-3.2%	0.7%	-2.5%	250	\$620.99	\$12.96
12. OADAP	2,705	\$39.97	\$9.01	18.9%	9.0%	29.6%	-5.7%	-0.1%	-5.8%	3,033	\$43.53	\$11.00
13. Ambulance	960	\$42.67	\$3.41	6.4%	3.0%	9.6%	-3.2%	0.7%	-2.5%	989	\$44.25	\$3.65
14. Prescribed Drugs	1,356,048	\$1.38	\$156.04	1.4%	6.0%	7.5%	-2.3%	-0.8%	-3.1%	1,344,033	\$1.45	\$162.62
15. Behavioral Health - IP	338	\$335.02	\$9.43	1.0%	3.0%	4.0%	-7.1%	0.4%	-6.7%	317	\$346.45	\$9.15
16. Behavioral Health - OP/Phy	9,728	\$147.24	\$119.36	5.8%	3.0%	8.9%	-5.7%	-0.1%	-5.8%	9,702	\$151.50	\$122.49
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	7,357	\$398.43	\$244.28	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	7,077	\$409.97	\$241.77
19. HCBS TBI	384	\$171.02	\$5.48	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	388	\$176.15	\$5.70
20. Buy-In			\$0.00									\$0.00
Total			\$929.89									\$937.50

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ABD - Non-Medicare - Child
Scenario: Non-Medicare - Low

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	847	\$676.57	\$47.73	1.0%	2.0%	3.0%	0.0%	5.3%	5.3%	855	\$726.69	\$51.78
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	2,309	\$184.67	\$35.53	3.2%	6.0%	9.3%	0.0%	0.0%	0.0%	2,382	\$195.76	\$38.85
4. Physician & Other	13,700	\$38.34	\$43.77	0.3%	3.0%	3.3%	0.0%	0.0%	0.0%	13,739	\$39.49	\$45.21
5. Home Health	15,313	\$153.72	\$196.16	11.9%	9.0%	22.0%	0.0%	0.0%	0.0%	17,139	\$167.56	\$239.31
6. Nursing	1,373	\$576.90	\$66.01	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	1,401	\$594.21	\$69.35
7. Dental	3,015	\$49.96	\$12.55	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	3,075	\$51.45	\$13.19
8. Transportation	3,000	\$17.09	\$4.27	1.8%	3.0%	4.8%	0.0%	0.0%	0.0%	3,052	\$17.61	\$4.48
9. DME/Supplies	2,782	\$126.47	\$29.32	6.6%	4.0%	10.9%	0.0%	0.0%	0.0%	2,966	\$131.53	\$32.51
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	7,451	\$528.76	\$328.30	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	7,451	\$539.34	\$334.86
12. OADAP	1,095	\$36.88	\$3.36	18.9%	9.0%	29.6%	0.0%	0.0%	0.0%	1,302	\$40.20	\$4.36
13. Ambulance	217	\$49.30	\$0.89	6.4%	3.0%	9.6%	0.0%	0.0%	0.0%	231	\$50.78	\$0.98
14. Prescribed Drugs	751,750	\$1.33	\$83.21	1.4%	6.0%	7.5%	0.0%	0.0%	0.0%	762,630	\$1.41	\$89.48
15. Behavioral Health - IP	706	\$736.19	\$43.30	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	713	\$758.28	\$45.05
16. Behavioral Health - OP/Phy	79,357	\$38.33	\$253.50	5.8%	3.0%	8.9%	0.0%	0.0%	0.0%	83,930	\$39.48	\$276.16
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	8,886	\$234.41	\$173.58	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	9,064	\$241.44	\$182.36
19. HCBS TBI	300	\$84.55	\$2.11	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	303	\$87.09	\$2.20
20. Buy-In			\$0.00									\$0.00
Total			\$1,323.61									\$1,430.13

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ABD - Non-Medicare - Child
Scenario: Non-Medicare - Low

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	855	\$726.69	\$51.78	1.0%	2.0%	3.0%	0.0%	-19.1%	-19.1%	864	\$599.73	\$43.16
2. NH	0		\$0.00	2.0%	3.0%	5.1%	8.4%	0.8%	9.3%	0		\$0.00
3. Outpatient	2,382	\$195.76	\$38.85	3.2%	6.0%	9.3%	-0.7%	1.0%	0.3%	2,440	\$209.58	\$42.61
4. Physician & Other	13,739	\$39.49	\$45.21	0.3%	3.0%	3.3%	-3.2%	0.7%	-2.5%	13,337	\$40.96	\$45.52
5. Home Health	17,139	\$167.56	\$239.31	11.9%	9.0%	22.0%	-0.4%	-0.8%	-1.2%	19,105	\$181.18	\$288.46
6. Nursing	1,401	\$594.21	\$69.35	2.0%	3.0%	5.1%	-3.2%	0.7%	-2.5%	1,383	\$616.32	\$71.02
7. Dental	3,075	\$51.45	\$13.19	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	3,137	\$53.00	\$13.85
8. Transportation	3,052	\$17.61	\$4.48	1.8%	3.0%	4.8%	-3.2%	0.7%	-2.5%	3,006	\$18.26	\$4.57
9. DME/Supplies	2,966	\$131.53	\$32.51	6.6%	4.0%	10.9%	-3.2%	0.7%	-2.5%	3,062	\$137.75	\$35.14
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	7,451	\$539.34	\$334.86	0.0%	2.0%	2.0%	-3.2%	0.7%	-2.5%	7,212	\$553.98	\$332.95
12. OADAP	1,302	\$40.20	\$4.36	18.9%	9.0%	29.6%	-5.7%	-0.1%	-5.8%	1,459	\$43.78	\$5.32
13. Ambulance	231	\$50.78	\$0.98	6.4%	3.0%	9.6%	-3.2%	0.7%	-2.5%	238	\$52.67	\$1.04
14. Prescribed Drugs	762,630	\$1.41	\$89.48	1.4%	6.0%	7.5%	-2.3%	-0.8%	-3.1%	755,873	\$1.48	\$93.26
15. Behavioral Health - IP	713	\$758.28	\$45.05	1.0%	3.0%	4.0%	-7.1%	0.4%	-6.7%	669	\$784.15	\$43.71
16. Behavioral Health - OP/Phy	83,930	\$39.48	\$276.16	5.8%	3.0%	8.9%	-5.7%	-0.1%	-5.8%	83,708	\$40.63	\$283.40
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	9,064	\$241.44	\$182.36	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	8,718	\$248.44	\$180.49
19. HCBS TBI	303	\$87.09	\$2.20	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	306	\$89.70	\$2.29
20. Buy-In			\$0.00									\$0.00
Total			\$1,430.13									\$1,486.81

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

**Vermont Medicaid
MEG: ABD - Dual
Scenario: Medicare - Low**

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	249	\$921.94	\$19.13	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	249	\$940.38	\$19.51
2. SNF	84	\$1,702.34	\$11.86	7.4%	3.0%	10.6%	0.0%	0.0%	0.0%	90	\$1,753.41	\$13.11
3. Outpatient	3,388	\$118.15	\$33.36	-1.0%	1.2%	0.2%	0.0%	0.0%	0.0%	3,354	\$119.53	\$33.41
4. Physician & Other	19,150	\$29.53	\$47.13	4.0%	3.0%	7.1%	0.0%	0.0%	0.0%	19,916	\$30.42	\$50.49
5. Home Health	472	\$329.74	\$12.96	-3.4%	2.0%	-1.5%	0.0%	0.0%	0.0%	456	\$336.34	\$12.77
6. Nursing	27	\$759.43	\$1.74	0.5%	2.0%	2.6%	0.0%	0.0%	0.0%	28	\$774.62	\$1.78
7. Dental	1,592	\$44.72	\$5.93	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	1,624	\$46.06	\$6.23
8. Transportation	10,924	\$16.39	\$14.92	-2.0%	3.0%	0.9%	0.0%	0.0%	0.0%	10,706	\$16.89	\$15.07
9. DME/Supplies	2,234	\$54.81	\$10.20	9.0%	4.0%	13.4%	0.0%	0.0%	0.0%	2,436	\$57.00	\$11.57
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	46	\$376.59	\$1.44	1.9%	2.0%	3.9%	0.0%	0.0%	0.0%	47	\$384.12	\$1.49
12. OADAP	629	\$45.73	\$2.40	18.3%	9.0%	28.9%	0.0%	0.0%	0.0%	744	\$49.84	\$3.09
13. Ambulance	473	\$71.49	\$2.82	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	483	\$73.64	\$2.96
14. Prescribed Drugs	2,073,270	\$1.28	\$221.82	1.2%	6.0%	7.3%	0.0%	0.0%	0.0%	2,098,436	\$1.36	\$237.98
15. Behavioral Health - IP	811	\$564.01	\$38.13	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	819	\$580.93	\$39.67
16. Behavioral Health - OP/Phy	8,609	\$218.65	\$156.86	4.5%	3.0%	7.6%	0.0%	0.0%	0.0%	8,997	\$225.21	\$168.85
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	2.0%	1.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	9,531	\$418.10	\$332.07	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	9,722	\$430.64	\$348.87
19. HCBS TBI	959	\$157.24	\$12.57	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	969	\$161.95	\$13.08
20. Buy-In			\$57.55	15.6%	0.0%	15.6%	0.0%	0.0%	0.0%			\$66.53
Total			\$982.89									\$1,046.46

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: ABD - Dual
Scenario: Medicare - Low**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	249	\$940.38	\$19.51	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	249	\$959.19	\$19.90
2. SNF	90	\$1,753.41	\$13.11	7.4%	3.0%	10.6%	0.0%	0.0%	0.0%	96	\$1,806.01	\$14.50
3. Outpatient	3,354	\$119.53	\$33.41	-1.0%	1.2%	0.2%	0.0%	0.0%	0.0%	3,321	\$120.93	\$33.46
4. Physician & Other	19,916	\$30.42	\$50.49	4.0%	3.0%	7.1%	0.0%	0.0%	0.0%	20,713	\$31.33	\$54.08
5. Home Health	456	\$336.34	\$12.77	-3.4%	2.0%	-1.5%	0.0%	0.0%	0.0%	440	\$343.06	\$12.58
6. Nursing	28	\$774.62	\$1.78	0.5%	2.0%	2.6%	0.0%	0.0%	0.0%	28	\$790.12	\$1.83
7. Dental	1,624	\$46.06	\$6.23	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	1,656	\$47.45	\$6.55
8. Transportation	10,706	\$16.89	\$15.07	-2.0%	3.0%	0.9%	0.0%	0.0%	0.0%	10,492	\$17.39	\$15.21
9. DME/Supplies	2,436	\$57.00	\$11.57	9.0%	4.0%	13.4%	0.0%	0.0%	0.0%	2,655	\$59.28	\$13.11
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	47	\$384.12	\$1.49	1.9%	2.0%	3.9%	-3.2%	0.7%	-2.5%	46	\$394.54	\$1.51
12. OADAP	744	\$49.84	\$3.09	18.3%	9.0%	28.9%	-5.7%	-0.1%	-5.8%	830	\$54.27	\$3.76
13. Ambulance	483	\$73.64	\$2.96	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	492	\$75.84	\$3.11
14. Prescribed Drugs	2,098,436	\$1.36	\$237.98	1.2%	6.0%	7.3%	-2.3%	-0.8%	-3.1%	2,075,058	\$1.43	\$247.45
15. Behavioral Health - IP	819	\$580.93	\$39.67	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	828	\$598.36	\$41.27
16. Behavioral Health - OP/Phy	8,997	\$225.21	\$168.85	4.5%	3.0%	7.6%	-5.7%	-0.1%	-5.8%	8,867	\$231.74	\$171.23
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	2.0%	1.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	9,722	\$430.64	\$348.87	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	9,351	\$443.12	\$345.29
19. HCBS TBI	969	\$161.95	\$13.08	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	979	\$166.81	\$13.60
20. Buy-In			\$66.53	15.1%	0.0%	15.1%	0.0%	0.0%	0.0%			\$76.57
Total			\$1,046.46									\$1,075.02

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Adult
Scenario: Non-Medicare - Low

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	1,010	\$1,123.76	\$94.56	1.0%	2.0%	3.0%	0.0%	5.3%	5.3%	1,020	\$1,207.00	\$102.58
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	5,048	\$183.23	\$77.08	3.2%	6.0%	9.3%	0.0%	0.0%	0.0%	5,207	\$194.23	\$84.28
4. Physician & Other	24,158	\$56.34	\$113.42	0.3%	3.0%	3.3%	0.0%	0.0%	0.0%	24,227	\$58.03	\$117.16
5. Home Health	80	\$239.20	\$1.59	11.9%	9.0%	22.0%	0.0%	0.0%	0.0%	89	\$260.73	\$1.94
6. Nursing	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	2,476	\$53.11	\$10.96	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	2,526	\$54.70	\$11.51
8. Transportation	2,384	\$19.48	\$3.87	1.8%	3.0%	4.8%	0.0%	0.0%	0.0%	2,426	\$20.06	\$4.06
9. DME/Supplies	239	\$103.23	\$2.05	6.6%	4.0%	10.9%	0.0%	0.0%	0.0%	255	\$107.36	\$2.28
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	869	\$146.93	\$10.64	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	869	\$149.87	\$10.85
12. OADAP	3,040	\$37.38	\$9.47	18.9%	9.0%	29.6%	0.0%	0.0%	0.0%	3,615	\$40.75	\$12.28
13. Ambulance	387	\$40.23	\$1.30	6.4%	3.0%	9.6%	0.0%	0.0%	0.0%	412	\$41.44	\$1.42
14. Prescribed Drugs	513,035	\$1.13	\$48.46	1.4%	6.0%	7.5%	0.0%	0.0%	0.0%	520,460	\$1.20	\$52.11
15. Behavioral Health - IP	114	\$31.56	\$0.30	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	115	\$32.50	\$0.31
16. Behavioral Health - OP/Phy	4,345	\$40.44	\$14.64	5.8%	3.0%	8.9%	0.0%	0.0%	0.0%	4,595	\$41.65	\$15.95
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	42	\$441.67	\$1.56	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	43	\$454.92	\$1.64
19. HCBS TBI	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$389.90									\$418.37

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Adult
Scenario: Non-Medicare - Low

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,020	\$1,207.00	\$102.58	1.0%	2.0%	3.0%	0.0%	-19.1%	-19.1%	1,030	\$996.12	\$85.50
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	8.4%	0.8%	9.3%	0		\$0.00
3. Outpatient	5,207	\$194.23	\$84.28	3.2%	6.0%	9.3%	-0.7%	1.0%	0.3%	5,334	\$207.94	\$92.43
4. Physician & Other	24,227	\$58.03	\$117.16	0.3%	3.0%	3.3%	-3.2%	0.7%	-2.5%	23,518	\$60.19	\$117.96
5. Home Health	89	\$260.73	\$1.94	11.9%	9.0%	22.0%	-0.4%	-0.8%	-1.2%	100	\$281.93	\$2.34
6. Nursing	0		\$0.00	2.0%	3.0%	5.1%	-3.2%	0.7%	-2.5%	0		\$0.00
7. Dental	2,526	\$54.70	\$11.51	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	2,576	\$56.35	\$12.10
8. Transportation	2,426	\$20.06	\$4.06	1.8%	3.0%	4.8%	-3.2%	0.7%	-2.5%	2,389	\$20.81	\$4.14
9. DME/Supplies	255	\$107.36	\$2.28	6.6%	4.0%	10.9%	-3.2%	0.7%	-2.5%	263	\$112.43	\$2.46
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	869	\$149.87	\$10.85	0.0%	2.0%	2.0%	-3.2%	0.7%	-2.5%	841	\$153.94	\$10.79
12. OADAP	3,615	\$40.75	\$12.28	18.9%	9.0%	29.6%	-5.7%	-0.1%	-5.8%	4,054	\$44.37	\$14.99
13. Ambulance	412	\$41.44	\$1.42	6.4%	3.0%	9.6%	-3.2%	0.7%	-2.5%	424	\$42.98	\$1.52
14. Prescribed Drugs	520,460	\$1.20	\$52.11	1.4%	6.0%	7.5%	-2.3%	-0.8%	-3.1%	515,848	\$1.26	\$54.31
15. Behavioral Health - IP	115	\$32.50	\$0.31	1.0%	3.0%	4.0%	-7.1%	0.4%	-6.7%	108	\$33.61	\$0.30
16. Behavioral Health - OP/Phy	4,595	\$41.65	\$15.95	5.8%	3.0%	8.9%	-5.7%	-0.1%	-5.8%	4,583	\$42.86	\$16.37
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	43	\$454.92	\$1.64	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	42	\$468.10	\$1.62
19. HCBS TBI	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$418.37									\$416.84

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Child
Scenario: Non-Medicare - Low

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	189	\$1,058.44	\$16.67	1.0%	2.0%	3.0%	0.0%	5.3%	5.3%	191	\$1,136.85	\$18.08
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	1,030	\$180.12	\$15.46	3.2%	6.0%	9.3%	0.0%	0.0%	0.0%	1,062	\$190.93	\$16.90
4. Physician & Other	11,421	\$35.72	\$33.99	0.3%	3.0%	3.3%	0.0%	0.0%	0.0%	11,454	\$36.79	\$35.11
5. Home Health	408	\$166.12	\$5.64	11.9%	9.0%	22.0%	0.0%	0.0%	0.0%	456	\$181.07	\$6.89
6. Nursing	20	\$594.23	\$0.99	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	20	\$612.05	\$1.04
7. Dental	3,959	\$42.47	\$14.01	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	4,038	\$43.75	\$14.72
8. Transportation	698	\$13.89	\$0.81	1.8%	3.0%	4.8%	0.0%	0.0%	0.0%	710	\$14.30	\$0.85
9. DME/Supplies	165	\$88.70	\$1.22	6.6%	4.0%	10.9%	0.0%	0.0%	0.0%	175	\$92.25	\$1.35
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	2,200	\$281.70	\$51.65	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	2,200	\$287.33	\$52.68
12. OADAP	400	\$72.65	\$2.42	18.9%	9.0%	29.6%	0.0%	0.0%	0.0%	476	\$79.19	\$3.14
13. Ambulance	90	\$48.47	\$0.36	6.4%	3.0%	9.6%	0.0%	0.0%	0.0%	96	\$49.92	\$0.40
14. Prescribed Drugs	253,145	\$0.85	\$17.92	1.4%	6.0%	7.5%	0.0%	0.0%	0.0%	256,809	\$0.90	\$19.27
15. Behavioral Health - IP	156	\$1,206.64	\$15.64	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	157	\$1,242.84	\$16.27
16. Behavioral Health - OP/Phy	20,650	\$28.55	\$49.13	5.8%	3.0%	8.9%	0.0%	0.0%	0.0%	21,840	\$29.41	\$53.52
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	322	\$309.21	\$8.29	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	328	\$318.48	\$8.71
19. HCBS TBI	4	\$29.47	\$0.01	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	4	\$30.36	\$0.01
20. Buy-In			\$0.00									\$0.00
Total			\$234.23									\$248.95

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Child
Scenario: Non-Medicare - Low

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	191	\$1,136.85	\$18.08	1.0%	2.0%	3.0%	0.0%	-19.1%	-19.1%	193	\$938.23	\$15.07
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	8.4%	0.8%	9.3%	0		\$0.00
3. Outpatient	1,062	\$190.93	\$16.90	3.2%	6.0%	9.3%	-0.7%	1.0%	0.3%	1,088	\$204.41	\$18.53
4. Physician & Other	11,454	\$36.79	\$35.11	0.3%	3.0%	3.3%	-3.2%	0.7%	-2.5%	11,119	\$38.16	\$35.35
5. Home Health	456	\$181.07	\$6.89	11.9%	9.0%	22.0%	-0.4%	-0.8%	-1.2%	509	\$195.79	\$8.30
6. Nursing	20	\$612.05	\$1.04	2.0%	3.0%	5.1%	-3.2%	0.7%	-2.5%	20	\$634.83	\$1.07
7. Dental	4,038	\$43.75	\$14.72	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	4,119	\$45.06	\$15.47
8. Transportation	710	\$14.30	\$0.85	1.8%	3.0%	4.8%	-3.2%	0.7%	-2.5%	699	\$14.84	\$0.86
9. DME/Supplies	175	\$92.25	\$1.35	6.6%	4.0%	10.9%	-3.2%	0.7%	-2.5%	181	\$96.61	\$1.46
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	2,200	\$287.33	\$52.68	0.0%	2.0%	2.0%	-3.2%	0.7%	-2.5%	2,130	\$295.13	\$52.38
12. OADAP	476	\$79.19	\$3.14	18.9%	9.0%	29.6%	-5.7%	-0.1%	-5.8%	533	\$86.23	\$3.83
13. Ambulance	96	\$49.92	\$0.40	6.4%	3.0%	9.6%	-3.2%	0.7%	-2.5%	99	\$51.78	\$0.43
14. Prescribed Drugs	256,809	\$0.90	\$19.27	1.4%	6.0%	7.5%	-2.3%	-0.8%	-3.1%	254,533	\$0.95	\$20.09
15. Behavioral Health - IP	157	\$1,242.84	\$16.27	1.0%	3.0%	4.0%	-7.1%	0.4%	-6.7%	147	\$1,285.25	\$15.79
16. Behavioral Health - OP/Phy	21,840	\$29.41	\$53.52	5.8%	3.0%	8.9%	-5.7%	-0.1%	-5.8%	21,782	\$30.26	\$54.93
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	328	\$318.48	\$8.71	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	316	\$327.71	\$8.63
19. HCBS TBI	4	\$30.36	\$0.01	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	4	\$31.27	\$0.01
20. Buy-In			\$0.00									\$0.00
Total			\$248.95									\$252.20

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

**Vermont Medicaid
MEG: GlobalExp
Scenario: Non-Medicare - Low**

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	451	\$1,018.13	\$38.27	1.0%	2.0%	3.0%	0.0%	5.7%	5.7%	456	\$1,097.52	\$41.66
2. SNF	0	\$312.13	\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0	\$321.49	\$0.00
3. Outpatient	2,838	\$239.57	\$56.66	3.2%	6.0%	9.3%	6.1%	2.0%	8.2%	3,107	\$258.92	\$67.03
4. Physician & Other	17,211	\$43.06	\$61.75	0.3%	3.0%	3.3%	2.0%	3.9%	6.0%	17,599	\$46.09	\$67.59
5. Home Health	44	\$527.95	\$1.92	11.9%	9.0%	22.0%	0.0%	0.0%	0.0%	49	\$575.46	\$2.34
6. Nursing	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	23	\$92.15	\$0.18	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	23	\$94.92	\$0.18
8. Transportation	19	\$25.23	\$0.04	1.8%	3.0%	4.8%	0.0%	0.0%	0.0%	19	\$25.99	\$0.04
9. DME/Supplies	239	\$113.92	\$2.27	6.6%	4.0%	10.9%	0.0%	0.0%	0.0%	255	\$118.47	\$2.51
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	16	\$330.59	\$0.45	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	16	\$337.21	\$0.45
12. OADAP	1,968	\$57.09	\$9.36	18.9%	9.0%	29.6%	0.0%	0.0%	0.0%	2,340	\$62.23	\$12.14
13. Ambulance	291	\$42.10	\$1.02	6.4%	3.0%	9.6%	0.0%	0.0%	0.0%	309	\$43.36	\$1.12
14. Prescribed Drugs	485,305	\$1.11	\$44.98	1.4%	6.0%	7.5%	15.9%	26.6%	46.7%	570,588	\$1.49	\$70.97
15. Behavioral Health - IP	81	\$22.26	\$0.15	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	82	\$22.93	\$0.16
16. Behavioral Health - OP/Phy	2,527	\$62.88	\$13.24	5.8%	3.0%	8.9%	0.0%	1.2%	1.2%	2,672	\$65.54	\$14.60
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	22	\$63.51	\$0.11	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	22	\$65.42	\$0.12
19. HCBS TBI	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$230.41									\$280.92

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: GlobalExp
Scenario: Non-Medicare - Low**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	456	\$1,097.52	\$41.66	1.0%	2.0%	3.0%	0.0%	-19.1%	-19.1%	460	\$905.76	\$34.73
2. SNF	0	\$321.49	\$0.00	2.0%	3.0%	5.1%	8.4%	0.8%	9.3%	0	\$333.78	\$0.00
3. Outpatient	3,107	\$258.92	\$67.03	3.2%	6.0%	9.3%	-0.7%	1.0%	0.3%	3,182	\$277.20	\$73.51
4. Physician & Other	17,599	\$46.09	\$67.59	0.3%	3.0%	3.3%	-3.2%	0.7%	-2.5%	17,084	\$47.81	\$68.06
5. Home Health	49	\$575.46	\$2.34	11.9%	9.0%	22.0%	-0.4%	-0.8%	-1.2%	55	\$622.23	\$2.83
6. Nursing	0		\$0.00	2.0%	3.0%	5.1%	-3.2%	0.7%	-2.5%	0		\$0.00
7. Dental	23	\$94.92	\$0.18	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	24	\$97.76	\$0.19
8. Transportation	19	\$25.99	\$0.04	1.8%	3.0%	4.8%	-3.2%	0.7%	-2.5%	19	\$26.96	\$0.04
9. DME/Supplies	255	\$118.47	\$2.51	6.6%	4.0%	10.9%	-3.2%	0.7%	-2.5%	263	\$124.08	\$2.72
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	16	\$337.21	\$0.45	0.0%	2.0%	2.0%	-3.2%	0.7%	-2.5%	16	\$346.36	\$0.45
12. OADAP	2,340	\$62.23	\$12.14	18.9%	9.0%	29.6%	-5.7%	-0.1%	-5.8%	2,624	\$67.76	\$14.82
13. Ambulance	309	\$43.36	\$1.12	6.4%	3.0%	9.6%	-3.2%	0.7%	-2.5%	319	\$44.97	\$1.19
14. Prescribed Drugs	570,588	\$1.49	\$70.97	1.4%	6.0%	7.5%	-2.3%	-0.8%	-3.1%	565,532	\$1.57	\$73.96
15. Behavioral Health - IP	82	\$22.93	\$0.16	1.0%	3.0%	4.0%	-7.1%	0.4%	-6.7%	77	\$23.71	\$0.15
16. Behavioral Health - OP/Phy	2,672	\$65.54	\$14.60	5.8%	3.0%	8.9%	-5.7%	-0.1%	-5.8%	2,665	\$67.44	\$14.98
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	22	\$65.42	\$0.12	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	21	\$67.31	\$0.12
19. HCBS TBI	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$280.92									\$287.76

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

**Vermont Medicaid
MEG: GlobalRx
Scenario: Medicare - Low**

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	0		\$0.00	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
2. SNF	0		\$0.00	7.4%	3.0%	10.6%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	0		\$0.00	-1.0%	1.2%	0.2%	0.0%	0.0%	0.0%	0		\$0.00
4. Physician & Other	0		\$0.00	4.0%	3.0%	7.1%	0.0%	0.0%	0.0%	0		\$0.00
5. Home Health	0		\$0.00	-3.4%	2.0%	-1.5%	0.0%	0.0%	0.0%	0		\$0.00
6. Nursing	0		\$0.00	0.5%	2.0%	2.6%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
8. Transportation	0		\$0.00	-2.0%	3.0%	0.9%	0.0%	0.0%	0.0%	0		\$0.00
9. DME/Supplies	0		\$0.00	9.0%	4.0%	13.4%	0.0%	0.0%	0.0%	0		\$0.00
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	0		\$0.00	1.9%	2.0%	3.9%	0.0%	0.0%	0.0%	0		\$0.00
12. OADAP	0		\$0.00	18.3%	9.0%	28.9%	0.0%	0.0%	0.0%	0		\$0.00
13. Ambulance	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
14. Prescribed Drugs	1,614,291	\$1.19	\$159.51	1.2%	6.0%	7.3%	2.7%	3.7%	6.5%	1,678,001	\$1.30	\$182.25
15. Behavioral Health - IP	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
16. Behavioral Health - OP/Phy	0		\$0.00	4.5%	3.0%	7.6%	0.0%	0.0%	0.0%	0		\$0.00
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	2.0%	1.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
19. HCBS TBI	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00	15.6%	0.0%	15.6%	0.0%	0.0%	0.0%			\$0.00
Total			\$159.51									\$182.25

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: GlobalRx
Scenario: Medicare - Low

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	0		\$0.00	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
2. SNF	0		\$0.00	7.4%	3.0%	10.6%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	0		\$0.00	-1.0%	1.2%	0.2%	0.0%	0.0%	0.0%	0		\$0.00
4. Physician & Other	0		\$0.00	4.0%	3.0%	7.1%	0.0%	0.0%	0.0%	0		\$0.00
5. Home Health	0		\$0.00	-3.4%	2.0%	-1.5%	0.0%	0.0%	0.0%	0		\$0.00
6. Nursing	0		\$0.00	0.5%	2.0%	2.6%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
8. Transportation	0		\$0.00	-2.0%	3.0%	0.9%	0.0%	0.0%	0.0%	0		\$0.00
9. DME/Supplies	0		\$0.00	9.0%	4.0%	13.4%	0.0%	0.0%	0.0%	0		\$0.00
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	0		\$0.00	1.9%	2.0%	3.9%	-3.2%	0.7%	-2.5%	0		\$0.00
12. OADAP	0		\$0.00	18.3%	9.0%	28.9%	-5.7%	-0.1%	-5.8%	0		\$0.00
13. Ambulance	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
14. Prescribed Drugs	1,678,001	\$1.30	\$182.25	1.2%	6.0%	7.3%	-2.3%	-0.8%	-3.1%	1,659,307	\$1.37	\$189.51
15. Behavioral Health - IP	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
16. Behavioral Health - OP/Phy	0		\$0.00	4.5%	3.0%	7.6%	-5.7%	-0.1%	-5.8%	0		\$0.00
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	2.0%	1.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	0		\$0.00	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	0		\$0.00
19. HCBS TBI	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00	15.1%	0.0%	15.1%	0.0%	0.0%	0.0%			\$0.00
Total			\$182.25									\$189.51

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: OptionalExp
Scenario: Non-Medicare - Low

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	8	\$1,111.47	\$0.74	1.0%	2.0%	3.0%	0.0%	5.3%	5.3%	8	\$1,193.81	\$0.80
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	310	\$110.13	\$2.85	3.2%	6.0%	9.3%	0.0%	0.0%	0.0%	320	\$116.74	\$3.12
4. Physician & Other	4,613	\$22.19	\$8.53	0.3%	3.0%	3.3%	0.0%	0.0%	0.0%	4,626	\$22.86	\$8.81
5. Home Health	387	\$281.29	\$9.08	11.9%	9.0%	22.0%	0.0%	0.0%	0.0%	434	\$306.61	\$11.08
6. Nursing	22	\$1,674.34	\$3.07	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	22	\$1,724.57	\$3.23
7. Dental	2,816	\$41.89	\$9.83	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	2,873	\$43.14	\$10.33
8. Transportation	487	\$26.96	\$1.09	1.8%	3.0%	4.8%	0.0%	0.0%	0.0%	496	\$27.77	\$1.15
9. DME/Supplies	91	\$95.09	\$0.72	6.6%	4.0%	10.9%	0.0%	0.0%	0.0%	97	\$98.89	\$0.80
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	1,632	\$264.98	\$36.04	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	1,632	\$270.28	\$36.76
12. OADAP	29	\$374.03	\$0.89	18.9%	9.0%	29.6%	0.0%	0.0%	0.0%	34	\$407.69	\$1.15
13. Ambulance	30	\$35.67	\$0.09	6.4%	3.0%	9.6%	0.0%	0.0%	0.0%	32	\$36.74	\$0.10
14. Prescribed Drugs	237,015	\$0.61	\$12.13	1.4%	6.0%	7.5%	0.0%	0.0%	0.0%	240,445	\$0.65	\$13.04
15. Behavioral Health - IP	2	\$6,081.90	\$1.13	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	2	\$6,264.36	\$1.18
16. Behavioral Health - OP/Phy	9,221	\$34.05	\$26.16	5.8%	3.0%	8.9%	0.0%	0.0%	0.0%	9,752	\$35.07	\$28.50
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	160	\$188.87	\$2.52	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	163	\$194.54	\$2.64
19. HCBS TBI	21	\$117.73	\$0.20	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	21	\$121.26	\$0.21
20. Buy-In			\$0.00									\$0.00
Total			\$115.08									\$122.90

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - Low
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: OptionalExp
Scenario: Non-Medicare - Low**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	8	\$1,193.81	\$0.80	1.0%	2.0%	3.0%	0.0%	-19.1%	-19.1%	8	\$985.23	\$0.67
2. SNF	0		\$0.00	2.0%	3.0%	5.1%	8.4%	0.8%	9.3%	0		\$0.00
3. Outpatient	320	\$116.74	\$3.12	3.2%	6.0%	9.3%	-0.7%	1.0%	0.3%	328	\$124.98	\$3.42
4. Physician & Other	4,626	\$22.86	\$8.81	0.3%	3.0%	3.3%	-3.2%	0.7%	-2.5%	4,491	\$23.71	\$8.87
5. Home Health	434	\$306.61	\$11.08	11.9%	9.0%	22.0%	-0.4%	-0.8%	-1.2%	483	\$331.53	\$13.35
6. Nursing	22	\$1,724.57	\$3.23	2.0%	3.0%	5.1%	-3.2%	0.7%	-2.5%	22	\$1,788.74	\$3.30
7. Dental	2,873	\$43.14	\$10.33	2.0%	3.0%	5.1%	0.0%	0.0%	0.0%	2,930	\$44.44	\$10.85
8. Transportation	496	\$27.77	\$1.15	1.8%	3.0%	4.8%	-3.2%	0.7%	-2.5%	488	\$28.80	\$1.17
9. DME/Supplies	97	\$98.89	\$0.80	6.6%	4.0%	10.9%	-3.2%	0.7%	-2.5%	100	\$103.57	\$0.86
10. Enhanced Residential Care	0		\$0.00	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	1,632	\$270.28	\$36.76	0.0%	2.0%	2.0%	-3.2%	0.7%	-2.5%	1,580	\$277.62	\$36.55
12. OADAP	34	\$407.69	\$1.15	18.9%	9.0%	29.6%	-5.7%	-0.1%	-5.8%	38	\$443.94	\$1.41
13. Ambulance	32	\$36.74	\$0.10	6.4%	3.0%	9.6%	-3.2%	0.7%	-2.5%	32	\$38.10	\$0.10
14. Prescribed Drugs	240,445	\$0.65	\$13.04	1.4%	6.0%	7.5%	-2.3%	-0.8%	-3.1%	238,315	\$0.68	\$13.59
15. Behavioral Health - IP	2	\$6,264.36	\$1.18	1.0%	3.0%	4.0%	-7.1%	0.4%	-6.7%	2	\$6,478.10	\$1.15
16. Behavioral Health - OP/Phy	9,752	\$35.07	\$28.50	5.8%	3.0%	8.9%	-5.7%	-0.1%	-5.8%	9,727	\$36.09	\$29.25
17. HCBS - Aged/Disabled	0		\$0.00	-1.0%	-1.0%	-2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	163	\$194.54	\$2.64	2.0%	3.0%	5.1%	-5.7%	-0.1%	-5.8%	157	\$200.18	\$2.62
19. HCBS TBI	21	\$121.26	\$0.21	1.0%	3.0%	4.0%	0.0%	0.0%	0.0%	21	\$124.90	\$0.22
20. Buy-In			\$0.00									\$0.00
Total			\$122.90									\$127.39

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ABD - Non-Medicare - Adult
Scenario: Non-Medicare - High

Category of Service	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,281	\$948.74	\$101.29	3.0%	4.0%	7.1%	0.0%	5.3%	5.3%	1,320	\$1,039.00	\$114.26
2. SNF	1	\$1,593.18	\$0.13	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	1	\$1,672.84	\$0.14
3. Outpatient	4,582	\$232.73	\$88.86	5.2%	8.0%	13.6%	0.0%	0.0%	0.0%	4,818	\$251.34	\$100.91
4. Physician & Other	25,028	\$47.94	\$99.98	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	25,600	\$50.33	\$107.38
5. Home Health	948	\$227.06	\$17.94	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	1,080	\$252.03	\$22.68
6. Nursing	52	\$850.05	\$3.65	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	54	\$892.55	\$3.99
7. Dental	2,258	\$50.87	\$9.57	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	2,348	\$53.41	\$10.45
8. Transportation	5,899	\$17.22	\$8.47	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	6,121	\$18.08	\$9.22
9. DME/Supplies	1,616	\$98.71	\$13.29	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	1,755	\$104.64	\$15.31
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	259	\$592.73	\$12.78	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	264	\$616.44	\$13.56
12. OADAP	2,275	\$36.67	\$6.95	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	2,750	\$40.71	\$9.33
13. Ambulance	902	\$41.42	\$3.11	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	978	\$43.50	\$3.54
14. Prescribed Drugs	1,336,703	\$1.30	\$145.11	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	1,382,782	\$1.41	\$162.12
15. Behavioral Health - IP	334	\$325.26	\$9.06	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	344	\$341.53	\$9.80
16. Behavioral Health - OP/Phy	9,198	\$142.95	\$109.57	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	9,912	\$150.09	\$123.98
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	7,213	\$386.82	\$232.52	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	7,502	\$406.16	\$253.91
19. HCBS TBI	381	\$166.04	\$5.27	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	392	\$174.34	\$5.69
20. Buy-In			\$0.00									\$0.00
Total			\$867.55									\$966.28

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ABD - Non-Medicare - Adult
Scenario: Non-Medicare - High

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,320	\$1,039.00	\$114.26	3.0%	4.0%	7.1%	4.5%	-21.0%	-17.4%	1,420	\$853.75	\$101.05
2. SNF	1	\$1,672.84	\$0.14	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	1	\$1,756.48	\$0.15
3. Outpatient	4,818	\$251.34	\$100.91	5.2%	8.0%	13.6%	4.5%	0.0%	4.5%	5,294	\$271.45	\$119.77
4. Physician & Other	25,600	\$50.33	\$107.38	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	26,185	\$52.85	\$115.32
5. Home Health	1,080	\$252.03	\$22.68	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	1,230	\$279.76	\$28.69
6. Nursing	54	\$892.55	\$3.99	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	56	\$937.18	\$4.36
7. Dental	2,348	\$53.41	\$10.45	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	2,442	\$56.08	\$11.41
8. Transportation	6,121	\$18.08	\$9.22	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	6,350	\$18.99	\$10.05
9. DME/Supplies	1,755	\$104.64	\$15.31	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	1,907	\$110.91	\$17.62
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	264	\$616.44	\$13.56	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	269	\$641.10	\$14.38
12. OADAP	2,750	\$40.71	\$9.33	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	3,326	\$45.18	\$12.52
13. Ambulance	978	\$43.50	\$3.54	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	1,060	\$45.67	\$4.03
14. Prescribed Drugs	1,382,782	\$1.41	\$162.12	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	1,430,450	\$1.52	\$181.12
15. Behavioral Health - IP	344	\$341.53	\$9.80	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	355	\$358.60	\$10.60
16. Behavioral Health - OP/Phy	9,912	\$150.09	\$123.98	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	10,682	\$157.60	\$140.28
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	7,502	\$406.16	\$253.91	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	7,802	\$426.47	\$277.27
19. HCBS TBI	392	\$174.34	\$5.69	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	404	\$183.06	\$6.16
20. Buy-In			\$0.00									\$0.00
Total			\$966.28									\$1,054.79

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ABD - Non-Medicare - Child
Scenario: Non-Medicare - High

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	847	\$676.57	\$47.73	3.0%	4.0%	7.1%	0.0%	5.3%	5.3%	872	\$740.94	\$53.84
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	2,309	\$184.67	\$35.53	5.2%	8.0%	13.6%	0.0%	0.0%	0.0%	2,428	\$199.45	\$40.35
4. Physician & Other	13,700	\$38.34	\$43.77	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	14,013	\$40.25	\$47.01
5. Home Health	15,313	\$153.72	\$196.16	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	17,445	\$170.63	\$248.06
6. Nursing	1,373	\$576.90	\$66.01	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	1,428	\$605.75	\$72.09
7. Dental	3,015	\$49.96	\$12.55	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	3,135	\$52.45	\$13.71
8. Transportation	3,000	\$17.09	\$4.27	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	3,112	\$17.95	\$4.65
9. DME/Supplies	2,782	\$126.47	\$29.32	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	3,022	\$134.06	\$33.76
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	7,451	\$528.76	\$328.30	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	7,600	\$549.91	\$348.26
12. OADAP	1,095	\$36.88	\$3.36	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	1,323	\$40.94	\$4.52
13. Ambulance	217	\$49.30	\$0.89	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	235	\$51.76	\$1.02
14. Prescribed Drugs	751,750	\$1.33	\$83.21	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	777,665	\$1.43	\$92.97
15. Behavioral Health - IP	706	\$736.19	\$43.30	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	727	\$773.00	\$46.83
16. Behavioral Health - OP/Phy	79,357	\$38.33	\$253.50	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	85,517	\$40.25	\$286.84
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	8,886	\$234.41	\$173.58	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	9,241	\$246.13	\$189.55
19. HCBS TBI	300	\$84.55	\$2.11	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	309	\$88.78	\$2.29
20. Buy-In			\$0.00									\$0.00
Total			\$1,323.61									\$1,485.73

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ABD - Non-Medicare - Child
Scenario: Non-Medicare - High

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	872	\$740.94	\$53.84	3.0%	4.0%	7.1%	4.5%	-21.0%	-17.4%	939	\$608.84	\$47.62
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	2,428	\$199.45	\$40.35	5.2%	8.0%	13.6%	4.5%	0.0%	4.5%	2,668	\$215.40	\$47.89
4. Physician & Other	14,013	\$40.25	\$47.01	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	14,333	\$42.27	\$50.48
5. Home Health	17,445	\$170.63	\$248.06	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	19,874	\$189.40	\$313.68
6. Nursing	1,428	\$605.75	\$72.09	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	1,485	\$636.04	\$78.72
7. Dental	3,135	\$52.45	\$13.71	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	3,261	\$55.08	\$14.97
8. Transportation	3,112	\$17.95	\$4.65	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	3,229	\$18.84	\$5.07
9. DME/Supplies	3,022	\$134.06	\$33.76	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	3,282	\$142.10	\$38.87
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	7,600	\$549.91	\$348.26	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	7,752	\$571.91	\$369.43
12. OADAP	1,323	\$40.94	\$4.52	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	1,600	\$45.44	\$6.06
13. Ambulance	235	\$51.76	\$1.02	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	255	\$54.35	\$1.16
14. Prescribed Drugs	777,665	\$1.43	\$92.97	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	804,473	\$1.55	\$103.87
15. Behavioral Health - IP	727	\$773.00	\$46.83	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	749	\$811.65	\$50.65
16. Behavioral Health - OP/Phy	85,517	\$40.25	\$286.84	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	92,156	\$42.26	\$324.57
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	9,241	\$246.13	\$189.55	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	9,611	\$258.44	\$206.99
19. HCBS TBI	309	\$88.78	\$2.29	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	318	\$93.22	\$2.47
20. Buy-In			\$0.00									\$0.00
Total			\$1,485.73									\$1,662.49

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

**Vermont Medicaid
MEG: ABD - Dual
Scenario: Medicare - High**

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	249	\$921.94	\$19.13	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	254	\$958.82	\$20.29
2. SNF	84	\$1,702.34	\$11.86	9.4%	5.0%	14.8%	0.0%	0.0%	0.0%	91	\$1,787.46	\$13.62
3. Outpatient	3,388	\$118.15	\$33.36	1.0%	3.2%	4.2%	0.0%	0.0%	0.0%	3,422	\$121.89	\$34.76
4. Physician & Other	19,150	\$29.53	\$47.13	6.0%	5.0%	11.3%	0.0%	0.0%	0.0%	20,299	\$31.01	\$52.46
5. Home Health	472	\$329.74	\$12.96	-1.4%	4.0%	2.5%	0.0%	0.0%	0.0%	465	\$342.93	\$13.29
6. Nursing	27	\$759.43	\$1.74	2.5%	4.0%	6.6%	0.0%	0.0%	0.0%	28	\$789.81	\$1.85
7. Dental	1,592	\$44.72	\$5.93	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	1,656	\$46.96	\$6.48
8. Transportation	10,924	\$16.39	\$14.92	0.0%	5.0%	5.0%	0.0%	0.0%	0.0%	10,924	\$17.21	\$15.67
9. DME/Supplies	2,234	\$54.81	\$10.20	11.0%	6.0%	17.7%	0.0%	0.0%	0.0%	2,480	\$58.09	\$12.01
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	46	\$376.59	\$1.44	3.9%	4.0%	8.1%	0.0%	0.0%	0.0%	48	\$391.65	\$1.55
12. OADAP	629	\$45.73	\$2.40	20.3%	11.0%	33.5%	0.0%	0.0%	0.0%	757	\$50.76	\$3.20
13. Ambulance	473	\$71.49	\$2.82	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	492	\$75.07	\$3.08
14. Prescribed Drugs	2,073,270	\$1.28	\$221.82	3.2%	8.0%	11.5%	0.0%	0.0%	0.0%	2,139,902	\$1.39	\$247.26
15. Behavioral Health - IP	811	\$564.01	\$38.13	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	836	\$592.21	\$41.24
16. Behavioral Health - OP/Phy	8,609	\$218.65	\$156.86	6.5%	5.0%	11.8%	0.0%	0.0%	0.0%	9,169	\$229.59	\$175.43
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	4.0%	5.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	9,531	\$418.10	\$332.07	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	9,912	\$439.00	\$362.62
19. HCBS TBI	959	\$157.24	\$12.57	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	988	\$165.10	\$13.59
20. Buy-In			\$57.55	15.6%	0.0%	15.6%	0.0%	0.0%	0.0%			\$66.53
Total			\$982.89									\$1,084.92

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: ABD - Dual
Scenario: Medicare - High**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	254	\$958.82	\$20.29	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	259	\$997.17	\$21.52
2. SNF	91	\$1,787.46	\$13.62	9.4%	5.0%	14.8%	0.0%	0.0%	0.0%	100	\$1,876.83	\$15.64
3. Outpatient	3,422	\$121.89	\$34.76	1.0%	3.2%	4.2%	0.0%	0.0%	0.0%	3,456	\$125.76	\$36.22
4. Physician & Other	20,299	\$31.01	\$52.46	6.0%	5.0%	11.3%	0.0%	0.0%	0.0%	21,517	\$32.56	\$58.38
5. Home Health	465	\$342.93	\$13.29	-1.4%	4.0%	2.5%	0.0%	0.0%	0.0%	458	\$356.65	\$13.63
6. Nursing	28	\$789.81	\$1.85	2.5%	4.0%	6.6%	0.0%	0.0%	0.0%	29	\$821.40	\$1.98
7. Dental	1,656	\$46.96	\$6.48	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	1,722	\$49.31	\$7.07
8. Transportation	10,924	\$17.21	\$15.67	0.0%	5.0%	5.0%	0.0%	0.0%	0.0%	10,925	\$18.07	\$16.46
9. DME/Supplies	2,480	\$58.09	\$12.01	11.0%	6.0%	17.7%	0.0%	0.0%	0.0%	2,753	\$61.58	\$14.13
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	48	\$391.65	\$1.55	3.9%	4.0%	8.1%	0.0%	0.0%	0.0%	49	\$407.31	\$1.68
12. OADAP	757	\$50.76	\$3.20	20.3%	11.0%	33.5%	0.0%	0.0%	0.0%	911	\$56.34	\$4.27
13. Ambulance	492	\$75.07	\$3.08	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	512	\$78.82	\$3.36
14. Prescribed Drugs	2,139,902	\$1.39	\$247.26	3.2%	8.0%	11.5%	0.0%	0.0%	0.0%	2,208,675	\$1.50	\$275.63
15. Behavioral Health - IP	836	\$592.21	\$41.24	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	861	\$621.82	\$44.60
16. Behavioral Health - OP/Phy	9,169	\$229.59	\$175.43	6.5%	5.0%	11.8%	0.0%	0.0%	0.0%	9,766	\$241.07	\$196.19
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	4.0%	5.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	9,912	\$439.00	\$362.62	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	10,309	\$460.95	\$395.98
19. HCBS TBI	988	\$165.10	\$13.59	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	1,018	\$173.35	\$14.70
20. Buy-In			\$66.53	15.1%	0.0%	15.1%	0.0%	0.0%	0.0%			\$76.57
Total			\$1,084.92									\$1,198.01

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Adult
Scenario: Non-Medicare - High

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	1,010	\$1,123.76	\$94.56	3.0%	4.0%	7.1%	0.0%	5.3%	5.3%	1,040	\$1,230.67	\$106.66
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	5,048	\$183.23	\$77.08	5.2%	8.0%	13.6%	0.0%	0.0%	0.0%	5,308	\$197.89	\$87.54
4. Physician & Other	24,158	\$56.34	\$113.42	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	24,710	\$59.16	\$121.82
5. Home Health	80	\$239.20	\$1.59	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	91	\$265.52	\$2.01
6. Nursing	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	2,476	\$53.11	\$10.96	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	2,575	\$55.77	\$11.97
8. Transportation	2,384	\$19.48	\$3.87	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	2,473	\$20.45	\$4.22
9. DME/Supplies	239	\$103.23	\$2.05	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	259	\$109.42	\$2.37
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	869	\$146.93	\$10.64	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	886	\$152.81	\$11.29
12. OADAP	3,040	\$37.38	\$9.47	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	3,676	\$41.50	\$12.71
13. Ambulance	387	\$40.23	\$1.30	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	420	\$42.24	\$1.48
14. Prescribed Drugs	513,035	\$1.13	\$48.46	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	530,720	\$1.22	\$54.14
15. Behavioral Health - IP	114	\$31.56	\$0.30	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	118	\$33.13	\$0.32
16. Behavioral Health - OP/Phy	4,345	\$40.44	\$14.64	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	4,682	\$42.46	\$16.57
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	42	\$441.67	\$1.56	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	44	\$463.76	\$1.70
19. HCBS TBI	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$389.90									\$434.78

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Adult
Scenario: Non-Medicare - High

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	1,040	\$1,230.67	\$106.66	3.0%	4.0%	7.1%	4.5%	-21.0%	-17.4%	1,119	\$1,011.25	\$94.34
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	5,308	\$197.89	\$87.54	5.2%	8.0%	13.6%	4.5%	0.0%	4.5%	5,833	\$213.72	\$103.89
4. Physician & Other	24,710	\$59.16	\$121.82	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	25,274	\$62.12	\$130.83
5. Home Health	91	\$265.52	\$2.01	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	104	\$294.72	\$2.54
6. Nursing	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	2,575	\$55.77	\$11.97	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	2,678	\$58.55	\$13.07
8. Transportation	2,473	\$20.45	\$4.22	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	2,566	\$21.47	\$4.59
9. DME/Supplies	259	\$109.42	\$2.37	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	282	\$115.99	\$2.72
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	886	\$152.81	\$11.29	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	904	\$158.92	\$11.97
12. OADAP	3,676	\$41.50	\$12.71	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	4,445	\$46.06	\$17.06
13. Ambulance	420	\$42.24	\$1.48	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	455	\$44.35	\$1.68
14. Prescribed Drugs	530,720	\$1.22	\$54.14	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	549,016	\$1.32	\$60.49
15. Behavioral Health - IP	118	\$33.13	\$0.32	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	121	\$34.79	\$0.35
16. Behavioral Health - OP/Phy	4,682	\$42.46	\$16.57	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	5,045	\$44.58	\$18.74
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	44	\$463.76	\$1.70	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	46	\$486.94	\$1.86
19. HCBS TBI	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$434.78									\$464.14

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Child
Scenario: Non-Medicare - High

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	189	\$1,058.44	\$16.67	3.0%	4.0%	7.1%	0.0%	5.3%	5.3%	195	\$1,159.14	\$18.80
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	1,030	\$180.12	\$15.46	5.2%	8.0%	13.6%	0.0%	0.0%	0.0%	1,083	\$194.53	\$17.55
4. Physician & Other	11,421	\$35.72	\$33.99	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	11,682	\$37.50	\$36.51
5. Home Health	408	\$166.12	\$5.64	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	464	\$184.40	\$7.14
6. Nursing	20	\$594.23	\$0.99	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	21	\$623.94	\$1.08
7. Dental	3,959	\$42.47	\$14.01	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	4,117	\$44.60	\$15.30
8. Transportation	698	\$13.89	\$0.81	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	724	\$14.58	\$0.88
9. DME/Supplies	165	\$88.70	\$1.22	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	179	\$94.02	\$1.40
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	2,200	\$281.70	\$51.65	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	2,244	\$292.97	\$54.79
12. OADAP	400	\$72.65	\$2.42	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	484	\$80.65	\$3.25
13. Ambulance	90	\$48.47	\$0.36	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	98	\$50.89	\$0.41
14. Prescribed Drugs	253,145	\$0.85	\$17.92	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	261,871	\$0.92	\$20.02
15. Behavioral Health - IP	156	\$1,206.64	\$15.64	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	160	\$1,266.97	\$16.92
16. Behavioral Health - OP/Phy	20,650	\$28.55	\$49.13	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	22,253	\$29.98	\$55.59
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	322	\$309.21	\$8.29	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	335	\$324.67	\$9.06
19. HCBS TBI	4	\$29.47	\$0.01	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	4	\$30.95	\$0.01
20. Buy-In			\$0.00									\$0.00
Total			\$234.23									\$258.72

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

Vermont Medicaid
MEG: ANFC - Non-Medicare - Child
Scenario: Non-Medicare - High

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	195	\$1,159.14	\$18.80	3.0%	4.0%	7.1%	4.5%	-21.0%	-17.4%	209	\$952.48	\$16.63
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	1,083	\$194.53	\$17.55	5.2%	8.0%	13.6%	4.5%	0.0%	4.5%	1,190	\$210.09	\$20.83
4. Physician & Other	11,682	\$37.50	\$36.51	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	11,949	\$39.38	\$39.21
5. Home Health	464	\$184.40	\$7.14	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	529	\$204.68	\$9.02
6. Nursing	21	\$623.94	\$1.08	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	22	\$655.13	\$1.18
7. Dental	4,117	\$44.60	\$15.30	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	4,282	\$46.83	\$16.71
8. Transportation	724	\$14.58	\$0.88	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	751	\$15.31	\$0.96
9. DME/Supplies	179	\$94.02	\$1.40	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	194	\$99.67	\$1.61
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	2,244	\$292.97	\$54.79	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	2,289	\$304.69	\$58.12
12. OADAP	484	\$80.65	\$3.25	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	585	\$89.52	\$4.36
13. Ambulance	98	\$50.89	\$0.41	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	106	\$53.44	\$0.47
14. Prescribed Drugs	261,871	\$0.92	\$20.02	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	270,899	\$0.99	\$22.37
15. Behavioral Health - IP	160	\$1,266.97	\$16.92	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	165	\$1,330.32	\$18.29
16. Behavioral Health - OP/Phy	22,253	\$29.98	\$55.59	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	23,981	\$31.48	\$62.90
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	335	\$324.67	\$9.06	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	348	\$340.90	\$9.89
19. HCBS TBI	4	\$30.95	\$0.01	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	4	\$32.49	\$0.01
20. Buy-In			\$0.00									\$0.00
Total			\$258.72									\$282.59

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: GlobalExp
Scenario: Non-Medicare - High

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	451	\$1,018.13	\$38.27	3.0%	4.0%	7.1%	0.0%	5.7%	5.7%	465	\$1,119.04	\$43.32
2. SNF	0	\$312.13	\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0	\$327.73	\$0.00
3. Outpatient	2,838	\$239.57	\$56.66	5.2%	8.0%	13.6%	6.1%	2.0%	8.2%	3,167	\$263.80	\$69.62
4. Physician & Other	17,211	\$43.06	\$61.75	2.3%	5.0%	7.4%	2.0%	3.9%	6.0%	17,950	\$46.99	\$70.28
5. Home Health	44	\$527.95	\$1.92	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	50	\$586.02	\$2.43
6. Nursing	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	23	\$92.15	\$0.18	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	24	\$96.76	\$0.19
8. Transportation	19	\$25.23	\$0.04	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	19	\$26.50	\$0.04
9. DME/Supplies	239	\$113.92	\$2.27	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	259	\$120.75	\$2.61
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	16	\$330.59	\$0.45	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	17	\$343.82	\$0.47
12. OADAP	1,968	\$57.09	\$9.36	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	2,380	\$63.37	\$12.57
13. Ambulance	291	\$42.10	\$1.02	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	315	\$44.20	\$1.16
14. Prescribed Drugs	485,305	\$1.11	\$44.98	3.4%	8.0%	11.7%	15.9%	26.6%	46.7%	581,837	\$1.52	\$73.73
15. Behavioral Health - IP	81	\$22.26	\$0.15	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	84	\$23.38	\$0.16
16. Behavioral Health - OP/Phy	2,527	\$62.88	\$13.24	7.8%	5.0%	13.2%	0.0%	1.2%	1.2%	2,723	\$66.81	\$15.16
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	22	\$63.51	\$0.11	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	22	\$66.69	\$0.12
19. HCBS TBI	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$230.41									\$291.88

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: GlobalExp
Scenario: Non-Medicare - High**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	465	\$1,119.04	\$43.32	3.0%	4.0%	7.1%	4.5%	-21.0%	-17.4%	500	\$919.52	\$38.32
2. SNF	0	\$327.73	\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0	\$344.12	\$0.00
3. Outpatient	3,167	\$263.80	\$69.62	5.2%	8.0%	13.6%	4.5%	0.0%	4.5%	3,480	\$284.91	\$82.62
4. Physician & Other	17,950	\$46.99	\$70.28	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	18,360	\$49.33	\$75.48
5. Home Health	50	\$586.02	\$2.43	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	57	\$650.48	\$3.07
6. Nursing	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	24	\$96.76	\$0.19	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	25	\$101.60	\$0.21
8. Transportation	19	\$26.50	\$0.04	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	20	\$27.82	\$0.05
9. DME/Supplies	259	\$120.75	\$2.61	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	282	\$128.00	\$3.01
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	17	\$343.82	\$0.47	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	17	\$357.57	\$0.50
12. OADAP	2,380	\$63.37	\$12.57	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	2,877	\$70.34	\$16.87
13. Ambulance	315	\$44.20	\$1.16	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	342	\$46.41	\$1.32
14. Prescribed Drugs	581,837	\$1.52	\$73.73	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	601,894	\$1.64	\$82.38
15. Behavioral Health - IP	84	\$23.38	\$0.16	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	86	\$24.55	\$0.18
16. Behavioral Health - OP/Phy	2,723	\$66.81	\$15.16	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	2,934	\$70.15	\$17.15
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	22	\$66.69	\$0.12	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	23	\$70.02	\$0.14
19. HCBS TBI	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00									\$0.00
Total			\$291.88									\$321.29

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

**Vermont Medicaid
MEG: GlobalRx
Scenario: Medicare - High**

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	0		\$0.00	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	0		\$0.00
2. SNF	0		\$0.00	9.4%	5.0%	14.8%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	0		\$0.00	1.0%	3.2%	4.2%	0.0%	0.0%	0.0%	0		\$0.00
4. Physician & Other	0		\$0.00	6.0%	5.0%	11.3%	0.0%	0.0%	0.0%	0		\$0.00
5. Home Health	0		\$0.00	-1.4%	4.0%	2.5%	0.0%	0.0%	0.0%	0		\$0.00
6. Nursing	0		\$0.00	2.5%	4.0%	6.6%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
8. Transportation	0		\$0.00	0.0%	5.0%	5.0%	0.0%	0.0%	0.0%	0		\$0.00
9. DME/Supplies	0		\$0.00	11.0%	6.0%	17.7%	0.0%	0.0%	0.0%	0		\$0.00
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	0		\$0.00	3.9%	4.0%	8.1%	0.0%	0.0%	0.0%	0		\$0.00
12. OADAP	0		\$0.00	20.3%	11.0%	33.5%	0.0%	0.0%	0.0%	0		\$0.00
13. Ambulance	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
14. Prescribed Drugs	1,614,291	\$1.19	\$159.51	3.2%	8.0%	11.5%	2.7%	3.7%	6.5%	1,711,158	\$1.33	\$189.36
15. Behavioral Health - IP	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
16. Behavioral Health - OP/Phy	0		\$0.00	6.5%	5.0%	11.8%	0.0%	0.0%	0.0%	0		\$0.00
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	4.0%	5.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
19. HCBS TBI	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00	15.6%	0.0%	15.6%	0.0%	0.0%	0.0%			\$0.00
Total			\$159.51									\$189.36

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: GlobalRx
Scenario: Medicare - High**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	0		\$0.00	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	0		\$0.00
2. SNF	0		\$0.00	9.4%	5.0%	14.8%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	0		\$0.00	1.0%	3.2%	4.2%	0.0%	0.0%	0.0%	0		\$0.00
4. Physician & Other	0		\$0.00	6.0%	5.0%	11.3%	0.0%	0.0%	0.0%	0		\$0.00
5. Home Health	0		\$0.00	-1.4%	4.0%	2.5%	0.0%	0.0%	0.0%	0		\$0.00
6. Nursing	0		\$0.00	2.5%	4.0%	6.6%	0.0%	0.0%	0.0%	0		\$0.00
7. Dental	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
8. Transportation	0		\$0.00	0.0%	5.0%	5.0%	0.0%	0.0%	0.0%	0		\$0.00
9. DME/Supplies	0		\$0.00	11.0%	6.0%	17.7%	0.0%	0.0%	0.0%	0		\$0.00
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	0		\$0.00	3.9%	4.0%	8.1%	0.0%	0.0%	0.0%	0		\$0.00
12. OADAP	0		\$0.00	20.3%	11.0%	33.5%	0.0%	0.0%	0.0%	0		\$0.00
13. Ambulance	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
14. Prescribed Drugs	1,711,158	\$1.33	\$189.36	3.2%	8.0%	11.5%	0.0%	0.0%	0.0%	1,766,152	\$1.43	\$211.08
15. Behavioral Health - IP	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
16. Behavioral Health - OP/Phy	0		\$0.00	6.5%	5.0%	11.8%	0.0%	0.0%	0.0%	0		\$0.00
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	4.0%	5.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
19. HCBS TBI	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
20. Buy-In			\$0.00	15.1%	0.0%	15.1%	0.0%	0.0%	0.0%			\$0.00
Total			\$189.36									\$211.08

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2005**

Vermont Medicaid
MEG: OptionalExp
Scenario: Non-Medicare - High

<u>Category of Service</u>	SFY04 Incurred Claims Cost			SFY05 Trends			SFY05 Other (a)			SFY05 Projection		
	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>	<u>Util / 1000</u>	<u>Unit Cost</u>	<u>Cost PMPM</u>
1. Inpatient	8	\$1,111.47	\$0.74	3.0%	4.0%	7.1%	0.0%	5.3%	5.3%	8	\$1,217.21	\$0.83
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	310	\$110.13	\$2.85	5.2%	8.0%	13.6%	0.0%	0.0%	0.0%	326	\$118.94	\$3.24
4. Physician & Other	4,613	\$22.19	\$8.53	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	4,718	\$23.30	\$9.16
5. Home Health	387	\$281.29	\$9.08	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	441	\$312.23	\$11.48
6. Nursing	22	\$1,674.34	\$3.07	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	23	\$1,758.05	\$3.35
7. Dental	2,816	\$41.89	\$9.83	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	2,929	\$43.98	\$10.74
8. Transportation	487	\$26.96	\$1.09	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	506	\$28.31	\$1.19
9. DME/Supplies	91	\$95.09	\$0.72	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	99	\$100.79	\$0.83
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	1,632	\$264.98	\$36.04	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	1,665	\$275.58	\$38.24
12. OADAP	29	\$374.03	\$0.89	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	34	\$415.17	\$1.19
13. Ambulance	30	\$35.67	\$0.09	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	32	\$37.45	\$0.10
14. Prescribed Drugs	237,015	\$0.61	\$12.13	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	245,185	\$0.66	\$13.55
15. Behavioral Health - IP	2	\$6,081.90	\$1.13	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	2	\$6,386.00	\$1.23
16. Behavioral Health - OP/Phy	9,221	\$34.05	\$26.16	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	9,937	\$35.75	\$29.61
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	160	\$188.87	\$2.52	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	166	\$198.32	\$2.75
19. HCBS TBI	21	\$117.73	\$0.20	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	21	\$123.62	\$0.22
20. Buy-In			\$0.00									\$0.00
Total			\$115.08									\$127.70

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

**Table 3 - High
Medical Cost Projections
SFY2006**

**Vermont Medicaid
MEG: OptionalExp
Scenario: Non-Medicare - High**

Category of Service	SFY05 Projection			SFY06 Trends			SFY05 Other (a)			SFY06 Projection		
	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM	Util / 1000	Unit Cost	Cost PMPM
1. Inpatient	8	\$1,217.21	\$0.83	3.0%	4.0%	7.1%	4.5%	-21.0%	-17.4%	9	\$1,000.19	\$0.74
2. SNF	0		\$0.00	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	0		\$0.00
3. Outpatient	326	\$118.94	\$3.24	5.2%	8.0%	13.6%	4.5%	0.0%	4.5%	359	\$128.45	\$3.84
4. Physician & Other	4,718	\$23.30	\$9.16	2.3%	5.0%	7.4%	0.0%	0.0%	0.0%	4,826	\$24.47	\$9.84
5. Home Health	441	\$312.23	\$11.48	13.9%	11.0%	26.5%	0.0%	0.0%	0.0%	503	\$346.58	\$14.52
6. Nursing	23	\$1,758.05	\$3.35	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	24	\$1,845.96	\$3.66
7. Dental	2,929	\$43.98	\$10.74	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	3,046	\$46.18	\$11.72
8. Transportation	506	\$28.31	\$1.19	3.8%	5.0%	8.9%	0.0%	0.0%	0.0%	525	\$29.72	\$1.30
9. DME/Supplies	99	\$100.79	\$0.83	8.6%	6.0%	15.2%	0.0%	0.0%	0.0%	107	\$106.84	\$0.95
10. Enhanced Residential Care	0		\$0.00	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	0		\$0.00
11. D&P	1,665	\$275.58	\$38.24	2.0%	4.0%	6.1%	0.0%	0.0%	0.0%	1,698	\$286.61	\$40.56
12. OADAP	34	\$415.17	\$1.19	20.9%	11.0%	34.2%	0.0%	0.0%	0.0%	42	\$460.84	\$1.60
13. Ambulance	32	\$37.45	\$0.10	8.4%	5.0%	13.8%	0.0%	0.0%	0.0%	35	\$39.32	\$0.11
14. Prescribed Drugs	245,185	\$0.66	\$13.55	3.4%	8.0%	11.7%	0.0%	0.0%	0.0%	253,638	\$0.72	\$15.14
15. Behavioral Health - IP	2	\$6,386.00	\$1.23	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	2	\$6,705.30	\$1.33
16. Behavioral Health - OP/Phy	9,937	\$35.75	\$29.61	7.8%	5.0%	13.2%	0.0%	0.0%	0.0%	10,708	\$37.54	\$33.50
17. HCBS - Aged/Disabled	0		\$0.00	1.0%	1.0%	2.0%	0.0%	0.0%	0.0%	0		\$0.00
18. HCBS - MH/MR	166	\$198.32	\$2.75	4.0%	5.0%	9.2%	0.0%	0.0%	0.0%	173	\$208.23	\$3.00
19. HCBS TBI	21	\$123.62	\$0.22	3.0%	5.0%	8.2%	0.0%	0.0%	0.0%	22	\$129.80	\$0.24
20. Buy-In			\$0.00									\$0.00
Total			\$127.70									\$142.05

Note:

(a) Other adjustments reflect the impact of material provider reimbursement changes as well as managed care adjustments in the Low scenario.

Table 4A
Rate Period Medical Cost (a)
10/05 - 12/05 & 1/06 - 9/06

Vermont Medicaid
Adjustments for 10/05 - 12/05 & 1/06 - 9/06 Periods

<u>MEG</u>	<u>SFY06</u>		<u>Rate Period Trend Adjusted</u>			<u>Rate Period Medical Cost</u>	
	<u>Low</u>	<u>High</u>	<u>Trends</u>		<u>Months of Trend</u>	<u>Low</u>	<u>High</u>
			<u>Low</u>	<u>High</u>			
ABD - Non-Medicare - Adult	\$937.50	\$1,054.79	6.7%	10.8%	3	\$952.75	\$1,082.27
ABD - Non-Medicare - Child	\$1,486.81	\$1,662.49	8.2%	12.4%	3	\$1,516.54	\$1,711.93
ABD - Dual							
Non-Rx	\$827.56	\$922.38	6.3%	10.1%	3	\$840.35	\$944.87
Rx:							
10/05 - 12/05	\$247.45	\$275.63	7.3%	11.5%	-1.5	\$245.29	\$271.91
1/06 - 9/06 (b)	\$7.42	\$8.27	7.3%	11.5%	3	\$7.56	\$8.50
10/05 - 12/05 Rate						\$1,085.64	\$1,216.78
1/06 - 9/06 Rate (b)						\$847.90	\$953.37
ANFC - Non-Medicare - Adult	\$416.84	\$464.14	6.1%	10.3%	3	\$423.10	\$475.66
ANFC - Non-Medicare - Child	\$252.20	\$282.59	6.1%	10.2%	3	\$255.94	\$289.56
GlobalExp	\$287.76	\$321.29	7.4%	11.6%	3	\$292.97	\$330.25
GlobalRx							
Rx:							
10/05 - 12/05	\$189.51	\$211.08	7.3%	11.5%	-1.5	\$187.85	\$208.24
1/06 - 9/06 (b)	\$5.69	\$6.33	7.3%	11.5%	3	\$5.79	\$6.51
10/05 - 12/05 Rate						\$187.85	\$208.24
1/06 - 9/06 Rate (b)						\$5.79	\$6.51
OptionalExp	\$127.39	\$142.05	7.1%	11.2%	3	\$129.58	\$145.88

% of Prescription Drugs still covered 3.0%

Notes:

- (a) Adjusts rates from the State Fiscal Year projections to a 10/2005 - 9/2006 rate period.
 Also adjusts rates to exclude Part D covered drugs starting 1/1/2006.
- (b) Rates include drugs not covered by Part D.

Table 4B
Rate Period Total Cost
10/05 - 12/05 & 1/06 - 9/06

Vermont Medicaid
Adjustments for 10/05 - 12/05 & 1/06 - 9/06 Periods

<u>MEG</u>	Rate Period Medical Cost		Admin/Contingency Margin		Total Rate		Member Months
	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>	
Admin/Contingency Margin %			10.5%	9.00%			
PMPM							
ABD - Non-Medicare - Adult	\$952.75	\$1,082.27	\$111.78	\$107.04	\$1,064.53	\$1,189.31	146,270
ABD - Non-Medicare - Child	\$1,516.54	\$1,711.93	\$177.92	\$169.31	\$1,694.46	\$1,881.24	43,642
ABD - Dual - 10/05 - 12/05	\$1,085.64	\$1,216.78	\$127.37	\$120.34	\$1,213.00	\$1,337.12	37,588
ABD - Dual - 1/06 - 9/06	\$847.90	\$953.37	\$99.47	\$94.29	\$947.38	\$1,047.65	114,106
ANFC - Non-Medicare - Adult	\$423.10	\$475.66	\$49.64	\$47.04	\$472.74	\$522.70	104,406
ANFC - Non-Medicare - Child	\$255.94	\$289.56	\$30.03	\$28.64	\$285.97	\$318.20	638,858
GlobalExp	\$292.97	\$330.25	\$34.37	\$32.66	\$327.34	\$362.91	277,786
GlobalRx - Non-Medicare	\$187.85	\$208.24	\$22.04	\$20.59	\$209.89	\$228.83	1,320
GlobalRx - Dual - 10/05 - 12/05	\$187.85	\$208.24	\$22.04	\$20.59	\$209.89	\$228.83	31,647
GlobalRx - Dual - 1/06 - 9/06	\$5.79	\$6.51	\$0.68	\$0.64	\$6.46	\$7.15	93,873
OptionalExp	\$129.58	\$145.88	\$15.20	\$14.43	\$144.78	\$160.31	21,530
Total - All MEG's	\$424.68	\$479.50	\$49.82	\$47.42	\$474.50	\$526.93	1,511,027
Total \$							
ABD - Non-Medicare - Adult	\$139,358,828	\$158,303,864	\$16,349,360	\$15,656,426	\$155,708,188	\$173,960,290	
ABD - Non-Medicare - Child	\$66,185,463	\$74,712,496	\$7,764,775	\$7,389,148	\$73,950,238	\$82,101,644	
ABD - Dual - 10/05 - 12/05	\$40,806,548	\$45,735,950	\$4,787,360	\$4,523,336	\$45,593,908	\$50,259,286	
ABD - Dual - 1/06 - 9/06	\$96,750,568	\$108,784,525	\$11,350,625	\$10,758,909	\$108,101,193	\$119,543,434	
ANFC - Non-Medicare - Adult	\$44,174,346	\$49,661,519	\$5,182,465	\$4,911,579	\$49,356,811	\$54,573,097	
ANFC - Non-Medicare - Child	\$163,511,923	\$184,986,898	\$19,182,963	\$18,295,408	\$182,694,886	\$203,282,306	
GlobalExp	\$81,383,904	\$91,739,066	\$9,547,832	\$9,073,094	\$90,931,736	\$100,812,161	
GlobalRx - Non-Medicare	\$248,037	\$274,957	\$29,099	\$27,194	\$277,136	\$302,150	
GlobalRx - Dual - 10/05 - 12/05	\$5,944,884	\$6,590,100	\$697,444	\$651,768	\$6,642,328	\$7,241,868	
GlobalRx - Dual - 1/06 - 9/06	\$543,157	\$610,809	\$63,722	\$60,410	\$606,880	\$671,218	
OptionalExp	\$2,789,792	\$3,140,844	\$327,294	\$310,633	\$3,117,085	\$3,451,477	
Total - All MEG's	\$641,697,449	\$724,541,027	\$75,282,941	\$71,657,904	\$716,980,390	\$796,198,931	