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March 26, 2013

Mr. James Parker
Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 S. Grand Avenue East, 2nd Floor
Springfield, IL 62763-0001

RE: APRIL 1, 2013 CAPITATION RATES - VOLUNTARY MANAGED CARE PROGRAM

Dear Jim:

Milliman, Inc. (Milliman) has been retained by the State of Illinois, Department of Healthcare and Family Services (HFS) to provide actuarial and consulting services related to the development of capitation rates for the voluntary managed care (VMC) program for the TANF population for the period of April 1, 2013 through December 31, 2013. In our analyses, we have developed capitation rates for each geographic region and rate cell.

This letter provides the documentation for the development of the actuarially sound capitation rates. The documentation has been developed to address the items outlined in the Centers for Medicare and Medicaid Services rate setting checklist for Regional Offices regarding 42 CFR 438.6(c) for capitated Medicaid managed care plans. The attached rate certification and Data Book should be submitted to CMS for their review and approval.

LIMITATIONS

The services provided for this project were performed under the contract extension between Milliman and HFS dated September 27, 2012.

The information contained in this letter, including the enclosures, has been prepared for the State of Illinois, Department of Healthcare and Family Services and their consultants and advisors. It is our understanding that the information contained in this letter may be utilized in a public document. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

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Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for HFS 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 letter must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

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The information contained in this letter was prepared as documentation of the actuarially sound capitation rates for Medicaid managed care health plans participating in the voluntary managed care (VMC) program for the TANF population in the State of Illinois. The information may not be appropriate for any other purpose. Although the capitation rates have been certified as actuarially sound, the capitation rates may not be appropriate for any individual health plan.

DATA RELIANCE

The rate development assumptions contained in this letter are based upon data and information provided by the State of Illinois, Department of Healthcare and Family Services (HFS). Although the data were reviewed for reasonableness, we have accepted the data without audit. To the extent that the data provided to Milliman was not complete or accurate, the capitation rates presented in this letter may need to be modified. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this letter. Specifically, we relied upon the following information provided by HFS to develop the actuarially sound capitation rates for the April 1, 2013 through December 31, 2013 contract period:

1. Detail data extract of claim and eligibility information for the FFS program for a population comparable to those enrolled with MCOs;
2. June 2012 health plan enrollment;
3. Fee schedule information including historical changes in reimbursement for covered services of the managed care program; and,
4. Data and information related to SMART Act policy and program changes, including provider notice documentation and estimated total impact amounts.

EXECUTIVE SUMMARY

The State of Illinois operates for a voluntary managed care program for TANF-eligible populations. Capitation rates have been developed for the period of April 1, 2013 through December 31, 2013. For maternity services, Milliman developed a maternity case rate. In the development of the capitation rates, Milliman relied on data extracts prepared by HFS. The capitation rates for the new rating period reflect a rate re-basing methodology. The capitation rates were developed from base period FFS experience from state fiscal year (SFY) 2010 and 2011, July 1, 2009 through June 30, 2011.

Table 1 illustrates the proposed monthly capitation rates and per delivery case rate payments for Regions 1 through 5.

Table 1

**State of Illinois
 Department of Healthcare and Family Services
 Effective April 1, 2013 through December 31, 2013**

Monthly Capitation Rates

Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5
0 Thru 90 Days	\$ 1,400.01	\$ 1,290.37	\$ 1,249.89	\$ 1,687.63	\$ 1,214.55
91 Days Thru 1 Year	153.41	175.18	188.38	194.00	164.45
2 Thru 5 Years	71.61	83.21	88.40	84.93	76.76
6 Thru 13 Years	70.18	81.25	76.01	53.35	55.91
14 Thru 20 Male	93.28	110.27	97.29	75.02	77.59
14 Thru 20 Female	125.75	142.10	139.83	98.04	98.21
21 Thru 44 Male	143.76	158.96	163.26	128.31	134.12
21 Thru 44 Female	190.69	205.48	218.56	171.10	187.02
45+ Years	297.40	343.67	338.18	264.73	266.40

Delivery Case Rate Payments

Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5
Delivery	\$3,538.04	\$3,399.92	\$3,569.38	\$4,501.14	\$3,812.33

Table 2 illustrates the impact of assumption changes to the capitation rates between the February through March 2013 rates and the April through December 2013 rates.

Table 2

**State of Illinois
 Department of Healthcare and Family Services
 Effective April 1, 2013 through December 31, 2013**

Capitation Rate Changes

Assumption	Non-Maternity	Maternity
Rebasing	22.6%	10.9%
Remove IP Supplemental Payments	(4.0%)	(7.4%)
SMART and Fee Screen Changes	(0.7%)	(0.2%)
Rx Carve-in	15.3%	0.0%
Selection Adjustment	(5.2%)	0.0%
MC adjustment	(7.6%)	(1.3%)
Admin	(0.6%)	0.0%
Total Rate Change	17.4%	1.2%

Notes:

- 1. Impacts are multiplicative in nature and will not add to the total rate change.*
- 2. Rebasing includes update of base data to SFY 2010 and 2011 experience.*
- 3. Rx Carve-in includes addition of pharmacy benefit at a managed care level and changes in administrative cost due to this addition.*

An actuarial certification is provided by Milliman as an enclosure to this letter and signed by Robert M. Damler, FSA, a Principal and Consulting Actuary in the Indianapolis office of Milliman, Inc. Mr. Damler is a Member of the American Academy of Actuaries and meets the qualification standards established by the American Academy of Actuaries.

Enclosure 1 contains an actuarial certification regarding the actuarial soundness of the capitation rates.

Enclosure 2 contains the April 1, 2013 through December 31, 2013 capitation rates and projected expenditures for each rate cell and geographic region.

Enclosure 3 provides the Data Book containing the documentation of the April 1, 2013 through December 31, 2013 capitation rates.

This letter should be provided in its entirety, including the Data Book, to CMS for their review and approval of the capitation rates.

CAPITATION RATE DEVELOPMENT METHODOLOGY

The capitation rates were developed based on the state fiscal year (SFY) 2010 and 2011 FFS data with trend information from SFY 2008 through 2011, the *Milliman Medicaid Cost Guidelines (Guidelines)*, other Milliman proprietary data, and our actuarial judgment. The capitation rates were developed on an actuarially sound basis using fee-for-service (FFS) claim experience with adjustments for healthcare management, trend, and health plan administration. The actuarially sound capitation rates were developed following the requirements outlined in the rate setting checklist CMS developed for its Regional Offices regarding 42 CFR 438.6(c) for capitated Medicaid managed care plans. This section of the letter follows the checklist and provides the required documentation.

AA.1. – Overview of Rate Setting Methodology

AA.1.0. – Overview of Rate Setting Methodology

HFS contracted with Milliman to determine actuarially sound capitation rates for the voluntary managed care (VMC) program for the TANF population. The actuarially sound capitation rates were developed from historical FFS claims and enrollment data. The FFS population has been limited to a comparable population enrolled with the risk based managed care health plans. The historical experience was converted to a per member per month basis and stratified by region, age / gender rating cell, and category of service. The historical experience was trended forward based on projected trend rates to a center point of August 15, 2013 for the nine month contract period. The historical experience was adjusted to reflect the utilization and average cost per service that would be expected in a managed care program. The resulting expected claim costs were increased to reflect the administration load of the health plans. The capitation rate setting methodology is a rate rebasing from the current capitation rates. The rate rebase reflects state fiscal year (SFY) 2010 and 2011 baseline experience with trend rates developed from SFY 2008 through SFY 2011 experience. Population and medical cost experience grew significantly between this analysis and the previously rebased capitation rates, which used SFY 2007 data. Although the cost increased in the base data, the risk adjustment factors have decreased offsetting much of the increase in rebased cost.

AA.1.1. – Actuarial Certification

An actuarial certification has been included in Enclosure 1 of this letter. The letter has been signed by Robert M. Damler, FSA, a Principal and Consulting Actuary in the Indianapolis office of Milliman, Inc. Mr. Damler is a Member of the American Academy of Actuaries and meets the qualification standards established by the American Academy of Actuaries. This letter has been used to supplement the Actuarial Certification by outlining a detailed description of the rate setting methodology and the applicable checklist. Enclosure 2 provides an illustration of the capitation rate calculations by rate cell for each geographic region.

AA.1.2. – Projection of Expenditures

In aggregate, the capitation rates for the nine month period reflect a rate increase of 17.4% in relation to the current capitation rates, excluding maternity case rate payments. The maternity case rates for the period reflect a rate increase of 1.2% in relation to the current capitation rates. The estimated composite impact is 16.4%. Table 3 illustrates the expenditure impact using June 2012 MCO enrollment and extrapolating the value to represent nine months.

Table 3

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for the TANF-eligible population
Contract Period Impact of Capitation Rate Increase
{Dollars shown in Millions}

Fiscal Basis	Estimated Enrollment	Current Expenditures	Proposed Expenditures	% Change
State and Federal	217,123	\$ 244.2	\$ 284.2	16.4%
Federal Only	217,123	\$ 122.1	\$ 142.1	16.4%

Note: Federal share calculated using an FMAP rate of 50.00%.

AA.1.3. – Procurement, Prior Approval and Rate Setting

HFS signs contracts with entities meeting the technical programmatic requirements of the state. The entities agree to accept the actuarially sound, state-determined rate.

AA.1.5. – Risk Contracts

The capitation rates in Table 1 are intended as payment in full for VMC covered services when combined with any cost sharing from the members. The contracting entity will assume risk for the cost of services covered under the contract and will incur losses if the cost of furnishing the services exceeds the payments under the contract.

AA.1.6. – Limit on Payment to Other Providers

This section is a contractual issue between HFS and the health plans.

AA.1.7. – Rate Modifications

The April 1, 2013 through December 31, 2013 capitation rates reflect a re-basing of experience.

AA.2. – Base Year Utilization and Cost Data

AA.2.0. – Base Year Utilization and Cost Data

The base year data summaries were derived from Illinois FFS experience for the population eligible to enroll with the risk-based managed care health plans as defined in Section A.A.2.1. HFS provided detail FFS claims and enrollment experience for SFY 2008 through 2011. The base year utilization and cost was developed from SFY 2010 and SFY 2011 experience data.

AA.2.1. – Medicaid Eligibles under the Contract

HFS limited the historical expenditures and enrollment to a population that would be comparable to the population that is eligible to enroll in the VMC program. HFS excluded the following populations:

- Members residing in a long-term care facility
- HMO enrolled members
- Spend-down eligible population
- Medicare eligible population
- Members with significant third-party liability coverage
- Retroactive eligibility periods
- Initial enrollment periods
- Members eligible for Waivers
- SSI eligible children

AA.2.2 – Dual Eligibles

Medicare Dual Eligibles are not eligible for the VMC program and were not included in the base data.

AA.2.3 – Spenddown

Spenddown Eligibles are not eligible for the VMC program and were not included in the base data.

AA.2.4. – State Plan Services Only

The capitation rates were developed from FFS data that included only state plan approved services that the health plans are required to provide under the contract.

AA.2.5. – Capitated Entity Services

Milliman did not include any adjustments to the FFS data to reflect additional services that may be covered by the managed care organizations from the contract savings.

AA.3. – Adjustments to the Base Year Data

AA.3.1 – Benefit Differences

The FFS data were adjusted to remove services that are excluded from the Medicaid managed care covered services for the VMC.

Beginning April 1, 2013, pharmacy expenditures will be included as a benefit covered within the VMC program. Milliman has included pharmacy utilization and cost in the base data summaries as well the rate development cost model summaries.

Nursing facility services are covered under the VMC program for the first 90 days a member is residing in the facility. HFS routinely updates the fee schedules for nursing facility rates. The capitation rates were adjusted to reflect fee changes between the base data period and the contract period of April 1, 2013 through December 31, 2013. This adjustment includes the SMART Act provider rate decrease of 2.7%.

In January 2013, the Affordable Care Act requires an increase in the Medicaid physician fee schedule for certain providers for all Evaluation and Management (E&M) and certain vaccine administration services to 100% of the Medicare physician fee schedule. It is our understanding that HFS will reimburse providers for the additional fee amount outside of the capitated program for VMC-enrolled individuals. As such, we have not made an adjustment to reflect a physician fee schedule increase within the capitation payment rates.

Additionally, in May 2012, the General Assembly passed the Save Medicaid Access and Resources Together Act (SMART). This legislation reduces benefits and reimbursement levels for the Medicaid program for certain services, effective for the VMC program on February 1, 2013.

A detailed list and the impact to the capitation rates of the adjustments discussed above are included in Section VI.b of the attached Data Book.

AA.3.2. – Administrative Cost Allowance Calculations

In the development of the actuarially sound capitation rates, Milliman has included an administrative cost allowance of 13.25% for the non-maternity capitation rates and 3.5% for the delivery case rate. The administrative cost allowance was developed to be appropriate for a managed care capitation payment which includes both medical and pharmacy benefits. The capitation rate was determined by dividing the projected managed care claim cost by one minus the administrative cost allowance (e.g., 1 minus 13.25%). By determining the capitation rate in this manner, the administrative allowance may be expressed as a percentage of the capitation rate. In the establishment of the administrative cost allowance, we have utilized a value that is representative of Medicaid managed care organizations. The administrative cost allowance includes administration, profit / contingency margin, and contribution to surplus.

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AA.3.3.-AA.3.4. – Special Populations’ Adjustments and Eligibility Adjustments

The base data reflect the population that is eligible to participate in the VMC program.

AA.3.5. – DSH Payments

DSH payments were not included in the development of the actuarially sound capitation rates. The claims information used in developing the capitation rates excluded DSH payments.

AA.3.6. – Third Party Liability

Milliman used FFS experience which was net of third party liability recoveries to develop the base data for VMC services. The estimated third party liability recovery rate is expected to be consistent with that experienced by the health plans, excluding claim avoidance. Additionally, the FFS experience excluded individuals with material amounts of third-party liability coverage. HFS determined the population that would qualify under this exclusion.

AA.3.7. – Copayments

The health plans may collect copayments consistent with the FFS program. A policy change adjustment was included to reflect increasing copayment levels between the base data period and the contract period. A detailed discussion about this change and its impact to the capitation rates is included in Section VI.b of the Data Book.

AA.3.8. – Graduate Medical Education

Graduate medical education payments are not included in the capitation rates.

AA.3.9. – FQHC and RHC Reimbursement

Milliman did not adjust the FFS data for FQHC and RHC reimbursement in the development of the capitation rates.

AA.3.10. – Cost Trending / Inflation

The historical experience for the base year data was trended to the midpoint of the contract rate period. The contract will be for the period April 1, 2013 through December 31, 2013, with a midpoint of August 15, 2013. A historical trend analysis was developed from SFY 2008 through SFY 2011 FFS claims and enrollment data. Trend rates by category of service and rate cell are illustrated in Section VI.e of the attached Data Book.

AA.3.11. – Utilization Adjustments

Milliman adjusted the FFS utilization and reimbursement rates per service to reflect the managed care environment. Milliman calculated percentage reductions to reflect the utilization differential between a moderately managed population and a FFS population. The percentage reductions were applied to the FFS experience. In addition to adjusting utilization rates to reflect healthcare management, Milliman adjusted the average reimbursement rates to reflect changes in the mix / intensity of services due to the management of health care. The adjustments are illustrated by population and category of service in the capitation rate calculations in Attachment 4 of the Data Book.

AA.3.12. – Utilization and Cost Assumptions

Through the selection process of the populations from the FFS experience, HFS has developed a data extract of the population that may voluntarily enroll with the health plans. Based on this process, it is anticipated that the morbidity of the FFS population would be consistent with the population that will enroll if the program were mandatory. Due to the voluntary nature of the managed care program, it can be expected that those who choose to enroll in the program will be healthier than those who remain in the FFS environment. We have quantified the historical selection differences between the FFS and managed care population using a risk adjustment methodology for pharmacy data gathered for both groups. We have included two adjustments to adjust the FFS experience to reflect the population that will be enrolled with the health plans: Non-Maternity Selection Adjustment and Newborn Adjustment. These adjustments are illustrated in Section VI.e of the Data Book.

In addition to the selection adjustments, Milliman added a PCCM administration fee to the historical experience. The PCCM administration fee was included to allow for the managed care plans to offer reimbursement to primary care physicians in a manner consistent with the FFS environment.

AA.3.13. – Post-eligibility Treatment of Income

Milliman did not adjust the data to reflect post-eligibility treatment of income. The expenditures included in the capitation rate reflect the net liability for HFS.

AA.3.14. – Incomplete Data Adjustment

Milliman used FFS data for services incurred from July 1, 2008 through June 30, 2011, paid through June 2012 to develop completion factors to be applied to the base data summaries. Separate claim completion factors were applied to the services incurred during SFY 2010 and SFY 2011. Completion factors were applied to the base utilization amounts as illustrated in Section VI.a of the Data Book.

AA.4.0. – Rate Category Groupings

AA.4.1. and AA.4.2 – Age and Gender Rating Categories

The following table illustrates the age / gender rating categories used for the development of the FFS data book values, as well as the capitation rates.

Table 4

**State of Illinois
 Department of Healthcare and Family Services
 Voluntary Managed Care Program for the TANF-eligible population
 Rate Cell Definition**

Age Range	Gender
0 through 90 days	Unisex
91 days through 1 year	Unisex
2 years through 5 years	Unisex
6 years through 13 years	Unisex
14 years through 20 years	Male / Female
21 years through 44 years	Male / Female
45 years and over	Unisex
Delivery Case Rate	Female - All Ages

AA.4.3. and AA.4.4. – Locality / Region and Eligibility Categories

Locality / Region and eligibility rating categories have been defined by HFS. The counties included in each region are listed in Section IV of the Data Book.

AA.5.0., AA.5.1, and AA.5.2. – Data Smoothing

Milliman and HFS reviewed the historical experience and did not identify any necessary adjustments for large claims or data distortions.

AA.5.3. – Risk-Adjustment

The managed care health plans will receive reimbursement on an age, gender, and geographic region basis. No additional risk adjustment method will be used.



AA.6.0. – Stop Loss, Reinsurance, or Risk-sharing Arrangements

HFS does not provide any reinsurance provision.

AA.6.1 – Commercial Reinsurance

HFS does not require the health plans to maintain any specific reinsurance.

AA.6.2 – Simple Stop Loss Program

HFS does not provide for any of these provisions in the terms of their contract with the managed care organizations.

AA.6.3 – Risk Corridor Program

HFS does not have a risk corridor program.

AA.7.0 – Incentive Arrangements

Under the terms of the contract, HFS will withhold 1% of the capitation rates certified in this letter. The withhold plus up to 0.5% of submitted capitation rates will be returned to the health plans based on meeting specified HEDIS measure improvements. All incentives will utilize an actuarially sound methodology. The capitation rates certified in this letter have been determined to be actuarially sound in the event that the 1% withhold amount is not returned to the health plans.



Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report.

If you have any questions regarding the enclosed information, please do not hesitate to contact me at (317) 524-3512.

Sincerely,

Robert M. Damler, FSA, MAAA
Principal and Consulting Actuary

RMD/lrb

Enclosures

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ENCLOSURE 1

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**STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
Voluntary Risk Based Managed Care Program
Capitation Rates Effective April 1, 2013 through December 31, 2013**

Actuarial Certification

I, Robert M. Damler, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I was retained by the State of Illinois, Department of Healthcare and Family Services to perform an actuarial review and certification regarding the development of the capitation rates for the Voluntary Risk Based Managed Care Program for the TANF population to be effective for the contract period of April 1, 2013 through December 31, 2013. I have experience in the examination of financial calculations for Medicaid programs and meet the qualification standards for rendering this opinion.

I reviewed the historical claims experience for reasonableness and consistency. 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.

The capitation rates provided with this certification are effective for the nine month rating period beginning April 1, 2013 through December 31, 2013. At the end of the period, the capitation rates will be updated for calendar year 2014. The update may be based on FFS experience, managed care utilization and trend experience, policy and procedure changes, and other changes in the health care market. A separate certification will be provided with the updated rates.

The capitation rates provided with this certification are considered actuarially sound, defined as:

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

This certification is intended for the State of Illinois and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial projections of the type in this certification, so as to properly interpret the projection results. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted health plan's situation and experience.

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Actuarial Certification
March 26, 2013
Page 2

This actuarial certification has been based on the actuarial methods, considerations, and analyses promulgated from time to time through the Actuarial Standards of Practice by the Actuarial Standards Board.

A handwritten signature in black ink that reads "Robert M. Damler". The signature is written over a horizontal line. Faint, semi-transparent text "ELECTRONIC SIGNATURE" is visible behind the signature.

Robert M. Damler, FSA
Member, American Academy of Actuaries

March 26, 2013
Date



ENCLOSURE 2

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State of Illinois
 Department of Healthcare and Family Services
 Capitation Rate Comparison
 Contract Period: 4/1/2013 - 12/31/2013

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<u>Region: 1</u>	<u>Population</u>	<u>June 2012</u> <u>Distribution</u>	<u>Current</u> <u>Cap Rate</u>	<u>Current</u> <u>Expenditures</u>	<u>Proposed</u> <u>Cap Rate</u>	<u>Proposed</u> <u>Expenditures</u>	<u>Percentage</u> <u>Change</u>	<u>Dollar</u> <u>Change</u>
	0 Thru 90 Days	24	\$ 1,291.79	\$ 279,000	\$ 1,400.01	\$ 302,000	8.4%	\$ 23,000
	91 Days Thru 1 Year	87	124.28	97,000	153.41	120,000	23.4%	23,000
	2 Thru 5 Years	89	52.03	42,000	71.61	57,000	37.6%	15,000
	6 Thru 13 Years	156	46.91	66,000	70.18	99,000	49.6%	33,000
	14 Thru 20 Male	33	79.95	24,000	93.28	28,000	16.7%	4,000
	14 Thru 20 Female	46	129.17	53,000	125.75	52,000	(2.6%)	(1,000)
	21 Thru 44 Male	51	111.39	51,000	143.76	66,000	29.1%	15,000
	21 Thru 44 Female	145	165.23	216,000	190.69	249,000	15.4%	33,000
	45+ Years	28	228.43	58,000	297.40	75,000	30.2%	17,000
	Composite	659	\$ 149.29	\$ 886,000	\$ 176.69	\$ 1,048,000	18.4%	\$ 162,000
<u>Region: 2</u>	<u>Population</u>	<u>June 2012</u> <u>Distribution</u>	<u>Current</u> <u>Cap Rate</u>	<u>Current</u> <u>Expenditures</u>	<u>Proposed</u> <u>Cap Rate</u>	<u>Proposed</u> <u>Expenditures</u>	<u>Percentage</u> <u>Change</u>	<u>Dollar</u> <u>Change</u>
	0 Thru 90 Days	13	\$ 1,301.60	\$ 152,000	\$ 1,290.37	\$ 151,000	(0.9%)	\$ (1,000)
	91 Days Thru 1 Year	45	142.44	58,000	175.18	71,000	23.0%	13,000
	2 Thru 5 Years	60	57.58	31,000	83.21	45,000	44.5%	14,000
	6 Thru 13 Years	52	54.88	26,000	81.25	38,000	48.1%	12,000
	14 Thru 20 Male	8	86.99	6,000	110.27	8,000	26.8%	2,000
	14 Thru 20 Female	12	139.34	15,000	142.10	15,000	2.0%	-
	21 Thru 44 Male	24	121.04	26,000	158.96	34,000	31.3%	8,000
	21 Thru 44 Female	74	167.15	111,000	205.48	137,000	22.9%	26,000
	45+ Years	17	251.49	38,000	343.67	53,000	36.7%	15,000
	Composite	305	\$ 169.04	\$ 463,000	\$ 201.07	\$ 552,000	18.9%	\$ 89,000
<u>Region: 3</u>	<u>Population</u>	<u>June 2012</u> <u>Enrollment</u>	<u>Current</u> <u>Cap Rate</u>	<u>Current</u> <u>Expenditures</u>	<u>Proposed</u> <u>Cap Rate</u>	<u>Proposed</u> <u>Expenditures</u>	<u>Percentage</u> <u>Change</u>	<u>Dollar</u> <u>Change</u>
	0 Thru 90 Days	115	\$ 1,166.45	\$ 1,207,000	\$ 1,249.89	\$ 1,294,000	7.2%	\$ 87,000
	91 Days Thru 1 Year	415	153.95	575,000	188.38	704,000	22.4%	129,000
	2 Thru 5 Years	1,430	63.98	823,000	88.40	1,138,000	38.2%	315,000
	6 Thru 13 Years	2,977	54.23	1,453,000	76.01	2,037,000	40.2%	584,000
	14 Thru 20 Male	752	96.02	650,000	97.29	658,000	1.3%	8,000
	14 Thru 20 Female	820	143.03	1,056,000	139.83	1,032,000	(2.2%)	(24,000)
	21 Thru 44 Male	432	139.38	542,000	163.26	635,000	17.1%	93,000
	21 Thru 44 Female	2,020	184.66	3,357,000	218.56	3,973,000	18.4%	616,000
	45+ Years	314	293.48	829,000	338.18	956,000	15.2%	127,000
	Composite	9,275	\$ 125.70	\$ 10,492,000	\$ 148.86	\$ 12,427,000	18.4%	\$ 1,935,000
<u>Region: 4</u>	<u>Population</u>	<u>June 2012</u> <u>Enrollment</u>	<u>Current</u> <u>Cap Rate</u>	<u>Current</u> <u>Expenditures</u>	<u>Proposed</u> <u>Cap Rate</u>	<u>Proposed</u> <u>Expenditures</u>	<u>Percentage</u> <u>Change</u>	<u>Dollar</u> <u>Change</u>
	0 Thru 90 Days	3,981	\$ 1,460.40	\$ 52,325,000	\$ 1,687.63	\$ 60,466,000	15.6%	\$ 8,141,000
	91 Days Thru 1 Year	14,332	142.30	18,355,000	194.00	25,023,000	36.3%	6,668,000
	2 Thru 5 Years	38,431	58.45	20,215,000	84.93	29,375,000	45.3%	9,160,000
	6 Thru 13 Years	62,368	43.61	24,478,000	53.35	29,947,000	22.3%	5,469,000
	14 Thru 20 Male	15,769	66.62	9,454,000	75.02	10,647,000	12.6%	1,193,000
	14 Thru 20 Female	19,050	105.77	18,135,000	98.04	16,809,000	(7.3%)	(1,326,000)
	21 Thru 44 Male	3,159	111.42	3,168,000	128.31	3,648,000	15.2%	480,000
	21 Thru 44 Female	38,608	156.40	54,346,000	171.10	59,454,000	9.4%	5,108,000
	45+ Years	5,133	221.74	10,244,000	264.73	12,230,000	19.4%	1,986,000
	Composite	200,831	\$ 116.58	\$ 210,720,000	\$ 136.99	\$ 247,599,000	17.5%	\$ 36,879,000
<u>Region: 5</u>	<u>Population</u>	<u>June 2012</u> <u>Distribution</u>	<u>Current</u> <u>Cap Rate</u>	<u>Current</u> <u>Expenditures</u>	<u>Proposed</u> <u>Cap Rate</u>	<u>Proposed</u> <u>Expenditures</u>	<u>Percentage</u> <u>Change</u>	<u>Dollar</u> <u>Change</u>
	0 Thru 90 Days	152	\$ 1,191.25	\$ 1,630,000	\$ 1,214.55	\$ 1,662,000	2.0%	\$ 32,000
	91 Days Thru 1 Year	546	128.33	631,000	164.45	808,000	28.1%	177,000
	2 Thru 5 Years	1,021	53.43	491,000	76.76	705,000	43.7%	214,000
	6 Thru 13 Years	1,810	43.76	713,000	55.91	911,000	27.8%	198,000
	14 Thru 20 Male	395	80.26	285,000	77.59	276,000	(3.3%)	(9,000)
	14 Thru 20 Female	459	105.13	434,000	98.21	406,000	(6.6%)	(28,000)
	21 Thru 44 Male	321	154.78	447,000	134.12	387,000	(13.3%)	(60,000)
	21 Thru 44 Female	1,102	162.82	1,615,000	187.02	1,855,000	14.9%	240,000
	45+ Years	247	267.96	596,000	266.40	592,000	(0.6%)	(4,000)
	Composite	6,053	\$ 125.58	\$ 6,842,000	\$ 139.54	\$ 7,602,000	11.1%	\$ 760,000
<u>Statewide</u>	<u>Population</u>	<u>June 2012</u> <u>Enrollment</u>	<u>Current</u> <u>Cap Rate</u>	<u>Current</u> <u>Expenditures</u>	<u>Proposed</u> <u>Cap Rate</u>	<u>Proposed</u> <u>Expenditures</u>	<u>Percentage</u> <u>Change</u>	<u>Dollar</u> <u>Change</u>
	0 Thru 90 Days	4,285	\$ 1,441.54	\$ 55,593,000	\$ 1,656.29	\$ 63,875,000	14.9%	\$ 8,282,000
	91 Days Thru 1 Year	15,425	142.02	19,716,000	192.52	26,726,000	35.6%	7,010,000
	2 Thru 5 Years	41,031	58.50	21,602,000	84.81	31,320,000	45.0%	9,718,000
	6 Thru 13 Years	67,363	44.10	26,735,000	54.48	33,031,000	23.5%	6,296,000
	14 Thru 20 Male	16,957	68.27	10,419,000	76.12	11,617,000	11.5%	1,198,000
	14 Thru 20 Female	20,387	107.33	19,693,000	99.82	18,314,000	(7.0%)	(1,379,000)
	21 Thru 44 Male	3,987	118.00	4,234,000	132.95	4,771,000	12.7%	537,000
	21 Thru 44 Female	41,949	157.98	59,644,000	173.94	65,668,000	10.1%	6,024,000
	45+ Years	5,739	227.77	11,765,000	269.22	13,905,000	18.2%	2,140,000
	Composite	217,123	\$ 117.39	\$ 229,401,000	\$ 137.77	\$ 269,227,000	17.4%	\$ 39,826,000

State of Illinois
 Department of Healthcare and Family Services
 Delivery Rate Comparison
 Contract Period: 4/1/2013 - 12/31/2013

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<u>Population</u>	<u>Monthly Deliveries</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
Region 1	1	\$ 3,755.59	\$ 34,000	\$ 3,538.04	\$ 32,000	(5.8%)	\$ (2,000)
Region 2	1	3,585.62	32,000	3,399.92	31,000	(5.2%)	(1,000)
Region 3	16	3,857.71	556,000	3,569.38	514,000	(7.5%)	(42,000)
Region 4	344	4,425.10	13,700,000	4,501.14	13,936,000	1.7%	236,000
Region 5	12	3,988.78	431,000	3,812.33	412,000	(4.4%)	(19,000)
Composite	374	\$ 4,382.79	\$ 14,753,000	\$ 4,433.66	\$ 14,925,000	1.2%	\$ 172,000



ENCLOSURE 3

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Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for HFS 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 letter must rely upon their own experts in drawing conclusions about the HFS's capitation rates, assumptions, and trends.



**STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**

DATA BOOK

APRIL 1, 2013 – DECEMBER 31, 2013

VOLUNTARY MANAGED CARE PROGRAM FOR THE TANF POPULATION

March 26, 2013

Prepared by:

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TABLE OF CONTENTS

I. Introduction..... 3

II. Limitations & Data Reliance 4

III. Actuarial Models..... 5

IV. Covered Population..... 7

V. Base Data Stratification 9

VI. Adjustments to Experience Data in Rate Development Process..... 11

Attachment 1: Illustration of Rate Development Methodology

Attachment 2: Category of Service Definitions

Attachment 3: State Fiscal Year 2010/2011 FFS Summaries

Attachment 4: Capitation Rate Development Summaries

Attachment 5: Current vs. Proposed Capitation Rate Comparison

I. INTRODUCTION

The State of Illinois, Department of Healthcare and Family Services (HFS) currently provides a voluntary managed care (VMC) program for the TANF-eligible population. This Data Book has been prepared by Milliman, Inc. (Milliman) under the direction of HFS to provide historical data and information to the health plans for contract rates for the VMC program. The contractors will be offered the enclosed capitation rates to be effective for the period of April 1, 2013 through December 31, 2013.

The Data Book consists of a series of actuarial models which develop the contract capitation rates. The base data models include historical fee-for-service (FFS) claim experience. The final models include the capitation rates. The Data Book provides a series of actuarial models by category of service for each rate cell, region, and time period stratification.

II. LIMITATIONS AND DATA RELIANCE

The services provided for this project were performed under the contract extension between Milliman and HFS dated September 27, 2012.

The information contained in the Data Book has been prepared for the State of Illinois, Department of Healthcare and Family Services (HFS) and their consultants and advisors. It is our understanding that the information contained in Data Book may be utilized in a public document. To the extent that the information contained in this document 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 healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this document to third parties. Likewise, third parties are instructed that they are to place no reliance upon this document prepared for HFS 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 document must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

The information contained in this Data Book was prepared as documentation of the capitation rates for the VMC program and to provide historical data and information to the health plans for contract rates for the TANF population. This information may not be appropriate for any other purpose. Although the capitation rates have been certified as actuarially sound, the capitation rates may not be appropriate for any individual health plan. The Data Book has been developed from data and information provided to Milliman by HFS. Although the data were reviewed for reasonableness, we have accepted the data without audit. To the extent the information provided to Milliman was not complete or accurate, the capitation rates presented in this letter may need to be modified. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this document. HFS and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free.

III. ACTUARIAL MODELS

The Data Book describes the development of the April 1, 2013 through December 31, 2013 capitation rates for the Voluntary Managed Care (VMC) Program for the TANF-eligible population. Actuarial models for base year data and capitation rates with detailed category of service definitions are provided as attachments to the Data Book. The following paragraphs provide a description of each of the actuarial models and attachments. The following sections of the Data Book provide the detailed methodology used in the development of actuarially sound capitation rates for the TANF-eligible population with reference to the actuarial models and attachments described in this section.

The Data Book Attachments are listed below:

- Attachment 1: Illustration of Rate Development Methodology
- Attachment 2: Category of Service Definitions
- Attachment 3: State Fiscal Year 2010/2011 FFS Summaries
- Attachment 4: Capitation Rate Development Summaries
- Attachment 5: Current vs. Proposed Capitation Rate Comparison

Attachment 1 contains an illustrative chart outlining the methodology that was used to develop the April 1, 2013 through December 31, 2013 capitation rates for the VMC program.

Attachment 2 contains the category of service definitions included in the development of the capitation rates. The category of service definitions rely upon service category definitions contained in the detailed data extracts provided by HFS, as well as commonly defined Medicare DRGs, UB-92 revenue codes, CPT-4 codes, and HCPCS codes.

Attachment 3 provides the historical experience for SFY 2010 and SFY 2011 for the FFS population on a service category and geographic region basis. For each year, utilization, average cost per service, and PMPM values are shown. Attachment 3 reflects only the population eligible to enroll in the VMC program. The composite cost model summaries are calculated using the June 2012 HMO enrollment distribution for consistency in comparison.

Attachment 4 contains the SFY 2011 adjusted base experience and the projected contract period capitation rates for each rate cell and geographic region. The base data reflected in Attachment 4 were adjusted for completion and policy and program changes and trended forward to the SFY 2011 period. The SFY 2011 base utilization and cost per service rates are then trended forward to August 15, 2013 and adjusted for managed care efficiency and contractual arrangements between the managed care entities and healthcare providers. The resulting PMPM, after adjustment for completion, medical inflation, policy and program changes, and managed care adjustments establishes the regional adjusted claim cost for the health plans in the contract period. The non-claim items, such as administrative cost allowance and

PCCM fee, are applied to the adjusted claim cost to develop the contract period capitation rates. The composite cost model summaries are calculated using the June 2012 HMO enrollment distribution for consistency in comparison.

Attachment 5 compares the April 1, 2013 through December 31, 2013 proposed capitation rates with the current February through March 2013 capitation rates based on the estimated 2013 HMO contract period enrollment distribution by region. The comparison has been illustrated on a PMPM and total expenditure basis.

IV. COVERED POPULATION

The population has been divided into five geographic regions. The counties within each region are identified as:

- Region 1 – Northwestern Illinois (Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, Jo Daviess, Knox, La Salle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, and Woodford)
- Region 2 – Central Illinois (Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, De Witt, Douglas, Edgar, Ford, Greene, Hancock, Iroquois, Jersey, Livingston, Logan, Macon, Macoupin, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby, and Vermilion)
- Region 3 – Southern Illinois (Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St Clair, Union, Wabash, Washington, Wayne, White, and Williamson)
- Region 4 – Chicago (Cook)
- Region 5 – Collar Counties (DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will)

In addition, the population has been stratified into nine distinct populations. Individuals were assigned a specific population category based on their age and gender. These nine rate cells are;

- 0 through 90 days
- 91 days through 1 year
- 2 years through 5 years
- 6 years through 13 years
- 14 years through 20 years, male
- 14 years through 20 years, female
- 21 years through 44 years, male
- 21 years through 44 years, female
- 45 years and over

The population is limited to those TANF individuals who are eligible to enroll in the VMC program. HFS excluded the following populations:

- Members residing in a long-term care facility
- HMO enrolled members
- Spend-down eligible population
- Medicare eligible population
- Members with significant third-party liability coverage
- Retroactive eligibility periods
- Initial enrollment periods
- Members eligible for Waivers
- SSI eligible children

Attachments 3 and 4 illustrate member months for each population and time period. An individual member month was assigned for each month a member was eligible.

V. BASE DATA STRATIFICATION

The base FFS experience for SFY 2010 and SFY 2011 included in each actuarial model reflects claims paid through June 2012.

The historical expenditures were stratified using date of service, HFS assigned category of service, provider type, DRGs, revenue codes, CPT-4 codes, and HCPCS codes. The following provides additional details regarding the expenditures.

- **Date of Service** – The data have been stratified into state fiscal years which begin on July 1st and end on June 30th. The date of service was assigned to the fiscal year based on the first date of service. In the base data, if a hospital inpatient admission extended beyond the end of the fiscal year, all days of the admission were assigned to the fiscal year associated with the date of admission.
- **Category of Service** – Expenditures were stratified by the category of service assigned and maintained by HFS in the MMIS claim system. A list of category of service codes and descriptions is included in Attachment 2.
- **Provider Type** – Expenditures were stratified by provider type. The provider type includes hospital, physician, and ancillary services. The following provides additional information regarding the provider type.
 - Hospital services were stratified between inpatient and outpatient services. Inpatient services include all services performed and billed on the hospital facility claim, including any outpatient services that may have occurred in conjunction with that inpatient admission. This would include emergency room services that may have been incurred if the individual was admitted to the hospital.
 - Hospital Inpatient services were allocated to individual categories of service based on the DRG on the claim. Utilization rates have been shown for the number of admissions, length of stay, and days.
 - Hospital Outpatient services were allocated to individual categories of service based on the revenue codes on the claim. All line items on an individual claim were allocated to a single category of service. This is a result of the reimbursement method used by HFS. Utilization represents the number of hospital outpatient cases.
 - Covered Nursing Facility services reflect nursing facility expenditures for the first 90 days of a nursing facility stay in a year. The nursing facility admission is not required to follow a hospitalization in order to be covered under the VMC program. All nursing facility expenditures beginning with the 91st day are excluded from the historical experience.

- Physician services were stratified by CPT-4 code and HFS category of service. Milliman relied on the HFS category of service codes for several categories. Milliman performed additional stratifications for physician services by CPT-4 code to provide details regarding the services provided. Utilization represents the number of units on each individual claim. The current rates include 50% of the DMHDD/DASA category FFS cost on a per member per month basis. Claims expenditures associated with PCCM fees were included as a fixed \$2.00 PMPM fee in the final rate development.
- Pharmacy services will be included in the VMC program as of April 1, 2013. Utilization for pharmacy services represents the number of individual prescriptions.
- Ancillary services were stratified by HCPCS code and HFS category of service. Utilization for ancillary services represents the number of units on each individual claim.

Actuarial Modeling

Each actuarial model illustrates annual utilization rates per 1,000, average cost per service, and per member per month claims cost developed using FFS data. Attachment 3 contains actuarial models for services incurred during SFY 2010 and SFY 2011, paid through June 2012. The following provides a brief description of each of the data fields. Attachment 4 contains actuarial models for the adjusted, trended base period data as well as the final capitation rates.

- **Annual Utilization Per 1,000** – This value represents the annual utilization rates per 1,000 by type of service. The value was calculated by dividing the total units for each service category by the member months in the corresponding period and multiplying by 12 times 1,000.
- **Average Cost Per Service** – This value represents the net paid amount per unit of service. The value is net of third party liability recoveries and does not include adjustments to hospital payments for DSH.
- **Member Months** – This value represents the number of enrollee months in each rate cell during each experience period. Each enrollee was assumed to be eligible for the entire month.
- **PMPM** – The per member per month (PMPM) value represents the net claim cost for each type of service. The value was calculated by multiplying the annual utilization per 1,000 times the average cost per service and dividing by the product of 12 times 1,000.

VI. ADJUSTMENTS TO EXPERIENCE DATA IN RATE DEVELOPMENT PROCESS

Adjustments were made to the base experience data to develop the April 1, 2013 through December 31, 2013 capitation rates. The following outlines each of the adjustments applied in development of the capitation rates.

a. Completion Factors

Milliman used FFS data for services incurred from July 1, 2009 through June 30, 2011, paid through June 2012. Because of the significant claims run-out included in the analysis, applied completion adjustments were minimal. Milliman applied separate claim completion factors to the services incurred during SFY 2010 and SFY 2011. The claim completion factors were developed by service category and population, and have been applied to the base utilization amounts. Table 1 illustrates the aggregate impact to base claims data of the completion adjustments.

Table 1
State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for the TANF-eligible population
Aggregate Completion Impact

Category of Service	SFY 2010	SFY 2011
Inpatient Hospital	0.00%	0.14%
Outpatient Hospital	0.00%	0.01%
Pharmacy	0.00%	0.04%
Ancillary	0.00%	0.00%
Professional	0.00%	0.00%
Total	0.00%	0.19%

b. Policy and Program Changes

In January 2013, the Affordable Care Act requires an increase in the Medicaid physician fee schedule for certain providers for all Evaluation and Management (E&M) and certain vaccine administration services to 100% of the Medicare physician fee schedule. It is our understanding that HFS will reimburse providers for the additional fee amount outside of the capitated program for VMC-enrolled individuals. As such, we have not made an adjustment to reflect a physician fee schedule increase within the capitation payment rates

We have not included an adjustment related to the Health Insurer Assessment fee established by the Affordable Care Act based on current guidance. The fee will be collected in 2014 and assessed on 2013 premium values.

In May 2012, the General Assembly passed the Save Medicaid Access and Resources Together Act (SMART). This legislation reduces benefits and reimbursement levels for the Medicaid program for the following services, effective for the voluntary managed care program February 1, 2013:

- **Maximum copayments.** Copayment adjustments were limited to the adult population. The full federally-allowable co-pays for all eligible services will be charged as the maximum allowable \$3.65 for Inpatient Hospital, Physician, FQHC/RHC, Podiatric services, and Brand drugs; and \$2.00 for Generic drugs. Currently applicable co-pays are \$3.00 for hospital services, \$2.00 for professional services, \$3.00 for brand drugs, \$0.00 for generic drugs, and \$0.00 for FQHC & RHC encounters. An aggregate PMPM adjustment was made to the adult capitation rates to reflect the reduced claim expenditures expected due to the difference between the member copays reflected in the base claims data and the maximum copay amounts that will be charged.
- **Elimination of adult chiropractic services.** Medicaid participants under age 21 years will continue to receive coverage for spinal manipulation procedures to correct subluxations of the spine. Participants age 21 years and older will no longer receive chiropractic services. An adjustment was applied to the “Chiropractor” service category for adult rate groups to remove the utilization and cost of these services.
- **Limitation of adult podiatry services.** Claims submitted for participants who are age 21 years and older must include a primary diagnosis of diabetes (ICD-9-CM 259.xx range) and a secondary diagnosis code reflecting the condition being treated. An adjustment was applied to the “Podiatrist” service category for adults to remove the utilization and cost of these services for non-diabetic participants.
- **Limitation of adult therapy services.** An annual cap of 20 visits per discipline per fiscal year for physical, speech, and occupational therapy services has been implemented for participants who are age 21 years and older. An adjustment was applied to the “Other Professional” service category for adults to remove the utilization and cost of services in excess of 20 visits per year.
- **Monthly prescription limit for pharmaceuticals.** A prior approval for brand or generic prescriptions will be required for a client after a client has filled four prescriptions in a 30 day period. There will be exceptions to the limit for drugs for which a prescription limit isn’t logical. Examples are drugs such as antibiotics, total parenteral nutrition combinations, over-the-counter drugs, and non-drug items such as blood glucose test strips. The projected “Pharmacy” service category has been adjusted to limit the cost and utilization to reflect the removal of excess prescriptions during the period. The applied adjustment was reduced from the full impact adjustment to reflect the nature of the denial rate of the prior approval process.
- **Incontinence supply quantity limit.** The DME Fee Schedule has been revised to change maximum quantity for incontinence supplies from 300 per month to 200 per month. The following procedure codes are affected: T4521-T4535, T4541-T4543. An adjustment was applied to the “DME/Prosthetics/Orthotics” service category to reflect the expected reduction in utilization.

- **Institutional provider rate reductions.** A 3.5% reduction to Medicaid reimbursement for hospital inpatient and outpatient services, excluding Safety Net Hospitals or Critical Access Hospitals, is effective during the contract period for these capitation rates. An adjustment was applied to the inpatient and outpatient hospital service categories for both non-maternity and maternity services to reflect the expected reduction in cost.
- **General medical provider rate reductions.** A 2.7% rate reduction to Medicaid reimbursement for audiologists, chiropractors, durable medical equipment and supplies providers, home health agencies, hospitals billing non-institutional FFS claims (including Safety Net and Critical Access hospitals), imaging centers, independent laboratories, independent diagnostic testing facilities, physical therapists, occupational therapists, optometrists (non-physician claim codes), opticians, optical companies, podiatrists, speech therapists, and transportation providers is effective during the contract period for these capitation rates. An adjustment was applied to ancillary and professional service categories for non-maternity services to reflect the expected reduction in cost.

Nursing facility services are covered under the VMC program for the first 90 days a member is residing in the facility. HFS routinely updates the fee schedules for nursing facility rates. The capitation rates were adjusted to reflect fee changes between the base data period and the contract period of April 1, 2013 through December 31, 2013. This adjustment includes the SMART Act provider rate decrease of 2.7%.

Table 2 below illustrates the total impact as a percentage of the capitation rates for each of the program adjustments by geographic region for adult rate groups, children rate groups, and maternity rates.

Table 2

**State of Illinois
Department of Healthcare and Family Services
Summary of Policy and Program Change PMPM Impacts**

Children

	Region 1	Region 2	Region 3	Region 4	Region 5
Incontinence Supply Limit	0.0%	(0.1%)	(0.1%)	(0.1%)	(0.1%)
General Provider Rate Cuts	(0.2%)	(0.2%)	(0.3%)	(0.5%)	(0.4%)
Hospital Rate Cuts	(1.2%)	(1.2%)	(1.7%)	(2.0%)	(1.9%)
Nursing Facility Fee Change	0.0%	0.0%	0.0%	0.0%	0.0%

Adults

	Region 1	Region 2	Region 3	Region 4	Region 5
Copayment Increase	(0.7%)	(0.8%)	(1.3%)	(1.1%)	(0.7%)
Chiropractic Benefit Cut	(0.1%)	0.0%	(0.1%)	0.0%	0.0%
Podiatry Benefit Cut	0.0%	0.0%	0.0%	0.0%	0.0%
PT/ST/OT Benefit Cut	0.0%	0.0%	0.0%	0.0%	0.0%
Pharmacy Prescription Limit	(0.5%)	(0.6%)	(0.6%)	(0.4%)	(0.3%)
Incontinence Supply Limit	0.0%	0.0%	0.0%	0.0%	0.0%
General Provider Rate Cuts	(0.1%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)
Hospital Rate Cuts	(0.6%)	(0.6%)	(0.5%)	(0.4%)	(0.4%)
Nursing Facility Fee Change	0.0%	0.0%	0.0%	0.0%	0.0%

Maternity

	Region 1	Region 2	Region 3	Region 4	Region 5
General Provider Rate Cuts	0.0%	0.0%	0.0%	0.0%	0.0%
Hospital Rate Cuts	(2.4%)	(2.3%)	(2.2%)	(2.0%)	(2.3%)

c. Managed Care Adjustments

Milliman calculated percentage adjustments to the FFS base experience data to reflect the utilization differential between the base experience and the levels targeted for the managed care environment. Milliman developed the targeted managed care utilization adjustments through review and analysis of the *Milliman Medicaid Cost Guidelines (Guidelines)* and other Milliman proprietary data. In addition to adjusting utilization rates to reflect healthcare management targets, Milliman correspondingly adjusted the average reimbursement rates to reflect changes in the mix / intensity of services due to the management of health care. The aggregate impact of non-pharmacy adjustments to the non-maternity managed care capitation rates was (10.7%). Additionally, we included an adjustment to pharmacy to reduce cost per script values by 20% for Region 4 and 5% for all other regions.

For maternity case rate payments, Milliman calculated a managed care adjustment for deliveries based on a reduction of the cesarean section delivery rate. The FFS base experience reflected a 27% cesarean rate in Region 4 and 30% cesarean rate in all other Regions. The capitation rates include a cesarean rate target of 24% for Region 4 and 27% for all other regions. These adjustments result in an aggregate impact of (1.3%) to the maternity managed care capitation case rates.

d. Cost Trending / Inflation

Trend rates were developed to adjust the current capitation rates to reflect changes in medical cost inflation. The trend rate adjustments were applied from the midpoint of the current rate period to the midpoint of the new contract period.

The trend rates were developed from historical FFS claims and enrollment data incurred in state fiscal years 2008 through 2011 and paid through June 2012. The HMO enrolled population is comparable to the FFS population used in the development of the trend rates. The experience data were adjusted by the following factors: claims completion, fee screen changes, and changes in rate cell mix of the population. We performed exponential regression analysis and an ARIMA time-series forecast using the adjusted experience data to calculate historical and projected trend rate estimates. We also reviewed trend rates used in other programs as well as National Health Expenditure projections published by CMS. Table 3 illustrates our assumed trend rates by major category of service.

Table 3
State of Illinois
Department of Healthcare and Family Services
Annual Trend Rates

Non-Delivery

Rate Cell	Inpatient	Outpatient	Rx	Ancillary	Physician	NF
0 Thru 90 Days	3.0%	0.5%	6.0%	1.0%	1.0%	0.0%
91 Days Thru 1 Year	1.0%	0.5%	6.0%	1.0%	2.0%	0.0%
2 Thru 5 Years	1.0%	0.5%	6.0%	1.0%	2.0%	0.0%
6 Thru 13 Years	1.0%	0.5%	6.0%	1.0%	2.0%	0.0%
14 Thru 20 Male	1.5%	1.0%	6.0%	0.5%	1.5%	0.0%
14 Thru 20 Female	1.5%	1.0%	6.0%	0.5%	1.5%	0.0%
21 Thru 44 Male	0.5%	1.0%	6.0%	0.5%	1.0%	0.0%
21 Thru 44 Female	0.5%	1.0%	6.0%	0.5%	1.0%	0.0%
45+ Years	0.5%	1.0%	6.0%	0.5%	1.0%	0.0%

Delivery

Category of Service	Annual Trend Rate
Inpatient	1.0%
Physician / Clinic	0.5%

e. Selection Adjustment

Through the selection process of the populations from the FFS experience, HFS has developed a data extract of the population that may voluntarily enroll with the health plans. Based on this process, it is anticipated that the morbidity of the FFS population would be consistent with the population that will enroll if the program were mandatory. Due to the voluntary nature of the managed care program, it can be expected that those who choose to enroll in the program will be healthier than those who remain in the FFS environment. We have quantified the historical selection differences between the FFS and managed care population using a risk adjustment methodology for pharmacy data gathered for both groups. We have included two adjustments to adjust the FFS experience to reflect the population that will be enrolled with the health plans: Non-Maternity Selection Adjustment and Newborn Adjustment.

Non-Maternity Selection Adjustment

Milliman developed selection adjustments to the base FFS experience to reflect the morbidity differences between HMO enrollees compared to the FFS population. Milliman collected eligibility and pharmacy claim experience for state fiscal years 2010 and 2011 for the FFS and HMO enrolled population to calculate the risk scores of the populations. Milliman used the Medicaid Rx risk adjustment tool to perform this analysis.

The selection factors were developed separately for children and adults, with additional stratification within the child rate cells. Newborns and deliveries were excluded from the selection adjustment calculation. The results of the Medicaid Rx analysis reflect the total morbidity differences between the populations on an age and gender neutral basis. Milliman used the full selection factors to adjust the rates for each rate cell. Table 4 provides the selection adjustments implemented by rate cell.

Table 4

**State of Illinois
 Department of Healthcare and Family Services
 Selection Adjustment Assumptions**

Rate Cell	Selection Adjustment
0 Thru 90 Days	0.0%
91 Days Thru 1 Year	0.0%
2 Thru 5 Years	(11.3%)
6 Thru 13 Years	(24.0%)
14 Thru 20 Male	(25.8%)
14 Thru 20 Female	(16.5%)
21 Thru 44 Male	(13.8%)
21 Thru 44 Female	(13.8%)
45+ Years	(13.8%)

Newborn Selection Adjustment

Milliman included an adjustment to the 0 thru 90 day rate cell to reflect the timing of managed care enrollment as compared to FFS. The primary cost component of this rate cell is the birth which occurs at month 0. As such, the cost of the HMO enrollees will be different from the FFS population to the extent that the HMO enrollees have a different proportion of month 0 enrollees.

A morbidity adjustment of (10.0%) was applied to the 0 thru 90 day rate cell. This adjustment was calculated using newborn enrollment for ages 0 thru 90 days and segmenting the population between FFS and HMO member months. A cost curve by age month was used to determine the relative cost expected for this rate cell due to delayed enrollment in HMO for newborns.

f. Administrative Allowance

In the development of the actuarially sound capitation rates, Milliman has included an administrative cost allowance of 13.25% for the non-maternity capitation rates and 3.5% for the delivery case rate. The administrative cost allowance was developed to be appropriate for a managed care capitation payment which includes both medical and pharmacy benefits. The capitation rate was determined by dividing the projected managed care claim cost by one minus the administrative cost allowance (*e.g.*, 1 minus 13.25%). By determining the capitation rate in this manner, the administrative allowance may be expressed as a percentage of the capitation rate. In the establishment of the administrative cost allowance, we have utilized a value that is representative of Medicaid managed care organizations. The administrative cost allowance includes administration, profit/contingency margin, and contribution to surplus.

g. PCCM Management Fee

A \$2.00 PCCM has been added to each rate cell to reflect fees that may be paid to primary care physicians for their participation in risk-based managed care.

h. Capitation Rate

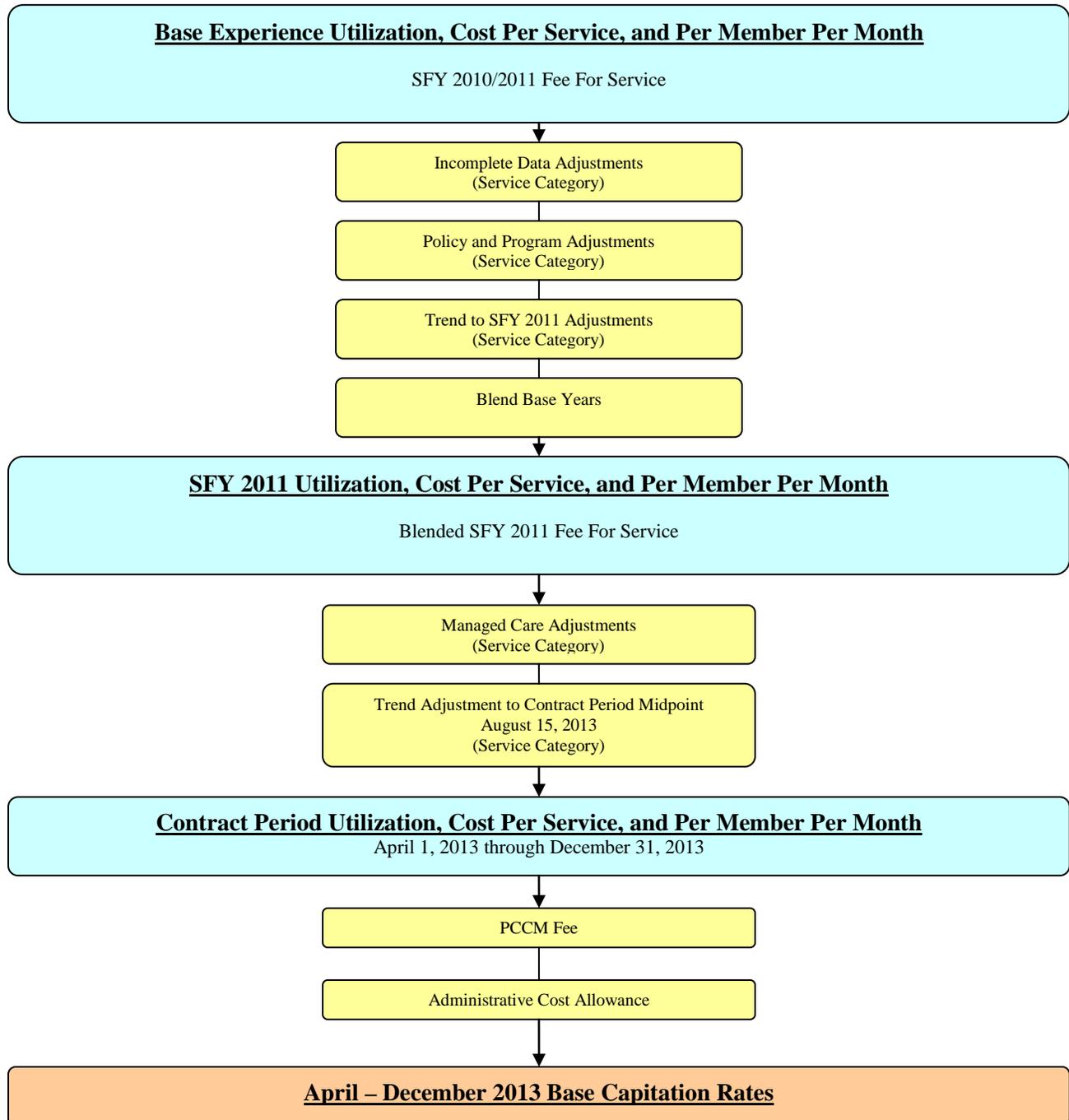
The capitation rate was calculated using the following formula.

FFS Claims for included services
less Copay Adjustment PMPM
plus Administrative Load
equals Total Capitation Rate (effective April 1, 2013)





ATTACHMENT 1





ATTACHMENT 2

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for TANF Population - Rate Development
Service Category Mapping

3/26/2013
2:34 PM

<u>Category/Sub-Category</u>	<u>Primary Criteria</u>	<u>Secondary Criteria</u>	<u>Unit Counting Methodology</u>
<i>Inpatient Hospital</i>			
Medical/Surgical	DRG = 001-369, 392-424, 439-520, 524-579		Days
Well Newborn	DRG = 391		Days
Other Newborn	DRG = 385-390, 985-987, 989		Days
Maternity Non-Delivery	DRG = 376-384		Days
Psychiatric/Substance Abuse	DRG = 425-438, 521-523		Days
Long Term Care	Provider Type Code = 033, 038	Limited to first 90 days of nursing facility stay	Days
Other Inpatient	All other claims where CatgOfServiceCd = 020, 021, 022		Days

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for TANF Population - Rate Development
Service Category Mapping

3/26/2013
2:34 PM

<u>Category/Sub-Category</u>	<u>Primary Criteria</u>	<u>Secondary Criteria</u>	<u>Unit Counting Methodology</u>
<i>Outpatient Hospital</i>			
Emergency Room	CatgOfServiceCd = 024, 025 AND Revenue Code = 450-459, 981		Encounters
<i>General Outpatient</i>			
	All other CatgOfServiceCd = 024		Encounters
<i>End-Stage Renal Disease</i>			
	All other CatgOfServiceCd = 025		Encounters

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for TANF Population - Rate Development
Service Category Mapping

3/26/2013
2:34 PM

<u>Category/Sub-Category</u>	<u>Primary Criteria</u>	<u>Secondary Criteria</u>	<u>Unit Counting Methodology</u>
<i>Ancillary</i>			
Prescription Drugs	CatgOfServiceCd = 040		Scripts
Transportation	CatgOfServiceCd = 050, 051, 052, 053, 054, 055, 056		Claim Lines
DME/Prosthetics/Orthotics	CatgOfServiceCd = 041, 044, 048		Reported Units (EISServiceUnitsNbr)
Home Health/Hospice	CatgOfServiceCd = 010, 016, 060, 066		Reported Units (EISServiceUnitsNbr)
Other Ancillaries	CatgOfServiceCd = 014		Reported Units (EISServiceUnitsNbr)

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for TANF Population - Rate Development
Service Category Mapping

3/26/2013
2:34 PM

<u>Category/Sub-Category</u>	<u>Primary Criteria</u>	<u>Secondary Criteria</u>	<u>Unit Counting Methodology</u>
<i>Physician</i>			
Surgery			
	ProcedureCode = 10021-69020, 69100-69990, 92973-92974, 92980-93462, 93501-93533, 93580-93581, G0104-G0105, G0127, G0168-G0173, G0251, G0259, G0267, G0269, G0289-G0291, G0297-G0343, G0364, G0392-G0393, G0412-G0419, G0440-G0441, M0301, S0400, S0601, S2053-S2118, S2135-S2152, S2205-S2235, S2270-S2900, S9034	CatgOfServiceCd <> 004, 005, 011, 012, 013, 014, 017, 034, 035, 041, 044, 048, 058, 059	Claim Lines
Anesthesia			
	CatgOfServiceCd = 017		Claim Lines
Hospital Inpatient Visits			
	ProcedureCode = 90816-99233, 99238-99239, 99251-99255, 99289-99318, 99356-99357, 99436-99440, 99464-99476, 99478-99480, G0390, G0406-G0408, G0425-G0427, S0310	CatgOfServiceCd <> 004, 005, 011, 012, 013, 014, 017, 034, 035, 041, 044, 048, 058, 059	Claim Lines
Office Visits/Consults			
	ProcedureCode = 98966-98969, 99201-99215, 99241-99245, 99324-99355, 99358-99359, 99361-99362, 99366-99380, 99441-99444, 99499, G0179-G0182, G0337, S0220-S0260, S0273-S0274	CatgOfServiceCd <> 004, 005, 011, 012, 013, 014, 017, 034, 035, 041, 044, 048, 058, 059	Reported Units (EISServiceUnitsNbr)
Well Baby Exams/Physical Exams			
	CatgOfServiceCd = 030 OR ProcedureCode = 99381-99435, 99460-99463, G0101-G0102, G0344, G0366-G0368, G0402-G0405, G0438-G0439, S0302, S0605-S0613	CatgOfServiceCd <> 004, 005, 011, 012, 013, 014, 017, 034, 035, 041, 044, 048, 058, 059	Reported Units (EISServiceUnitsNbr)
Emergency Room Visits			
	ProcedureCode = 99217-99220, 99224-99226, 99234-99236, 99281-99288, G0378-G0384	CatgOfServiceCd <> 004, 005, 011, 012, 013, 014, 017, 034, 035, 041, 044, 048, 058, 059	Reported Units (EISServiceUnitsNbr)
Clinic Visits/Services			
	CatgOfServiceCd = 026, 027, 028, 029		Reported Units (EISServiceUnitsNbr)
Radiology and Pathology			
	ProcedureCode = 70000-79999, 0066T, G0130, G0202-G0235, G0252, G0275-G0278, G0288, G0389, Q0092, R0070-R0076, S8030-S8037, S8042-S8092, S9024	CatgOfServiceCd <> 004, 005, 011, 012, 013, 014, 017, 034, 035, 041, 044, 048, 058, 059	Reported Units (EISServiceUnitsNbr)
Outpatient Behavioral Health			
	CatgOfServiceCd = 058, 059 OR ProcedureCode = 90801-90815, 90845-90899, G0129, G0176-G0177, G0409-G0411, H0031-H0037, H0041-H0046, H1011, H2013-H2014, H2017-H2018, H2023-H2032, M0064, S0201, S3005, S9476-S9485		Reported Units (EISServiceUnitsNbr)

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for TANF Population - Rate Development
Service Category Mapping

3/26/2013
2:34 PM

<u>Category/Sub-Category</u>	<u>Primary Criteria</u>	<u>Secondary Criteria</u>	<u>Unit Counting Methodology</u>
Maternity	CatgOfServiceCd = 018, 067	Non-Delivery claims with ProcedureCode not listed for above categories	Reported Units (EISServiceUnitsNbr)
Chiropractor	CatgOfServiceCd = 005		Reported Units (EISServiceUnitsNbr)
Podiatrist	CatgOfServiceCd = 004		Reported Units (EISServiceUnitsNbr)
Vision - EyeCare & Eyewear	Excluded from VMC benefits		Reported Units (EISServiceUnitsNbr)
DMHDD/DASA	CatgOfServiceCd = 034, 035		Reported Units (EISServiceUnitsNbr)
Other Professional	All other professional claims not assigned elsewhere		Reported Units (EISServiceUnitsNbr)

State of Illinois
Department of Healthcare and Family Services
Voluntary Managed Care Program for TANF Population - Rate Development
Service Category Mapping

3/26/2013
2:34 PM

<u>Category/Sub-Category</u>	<u>Primary Criteria</u>	<u>Secondary Criteria</u>	<u>Unit Counting Methodology</u>
<i>Inpatient Hospital</i>			
Maternity Deliveries	DRG = 370-375		Days
<i>Physician</i>			
Normal Delivery	ProcedureCode = 59400-59414, 59610-59614		Claim Lines
Cesarean Delivery	ProcedureCode = 59510-59515, 59618-59622		Claim Lines

State of Illinois
Department of Healthcare and Family Services
HFS Service Category Codes

3/26/2013
2:34 PM

CatgOfServiceCd	Definition	Benefit Exclusions
001	Physician Services	
002	Dental Services	EXCLUDED
003	Optometric Services	EXCLUDED
004	Podiatric Services	
005	Chiropractic Services	
006	Physicians Psychiatric Services	EXCLUDED
007	Development Therapy, Orientation and Mobility Services (Waivers)	
008	DSCC Counseling/Fragile Children	EXCLUDED
009	DCFS Rehab Option Services	EXCLUDED
010	Nursing service	
011	Physical Therapy Services	
012	Occupational Therapy Services	
013	Speech Therapy/Pathology Services	
014	Audiology Services	
015	Sitter Services	EXCLUDED
016	Home Health Aides	EXCLUDED
017	Anesthesia Services	
018	Midwife Services	
019	Genetic Counseling	EXCLUDED
020	Inpatient Hospital Services (General)	
021	Inpatient Hospital Services (Psychiatric)	
022	Inpatient Hospital Services (Physical Rehabilitation)	
023	Inpatient Hospital Services (ESRD)	EXCLUDED
024	Outpatient Services (General)	
025	Outpatient Services (ESRD)	
026	General Clinic Services	
027	Psychiatric Clinic Services (Type 'A')	
028	Psychiatric Clinic Services (Type 'B')	
028	Psychiatric Clinic Services (Type 'B')	
030	Healthy Kids Services	
031	Early Intervention Services	EXCLUDED
032	Environmental modifications (waiver)	EXCLUDED
033	Mental Health Clinic Option Services	EXCLUDED
034	Mental Health Rehab Option Services	
035	Alcohol and Substance Abuse Rehab. Services	
036	Juvenile Rehabilitation	EXCLUDED
037	Skilled Care - Hospital Residing	EXCLUDED
038	Exceptional Care	FIRST 90 DAYS ONLY
039	DD/MI Non-Acute Care - Hospital Residing	EXCLUDED
040	Pharmacy Services (Drug and OTC)	
041	Medical equipment/prosthetic devices	
042	Family planning service	
043	Clinical Laboratory Services	
044	Portable X-Ray Services	
045	Optical Supplies	EXCLUDED
046	Psychiatric Drugs	EXCLUDED
047	Targeted case management service (mental health)	EXCLUDED
048	Medical Supplies	
049	DCFS Targeted Case Management Services	EXCLUDED
050	Emergency Ambulance Transportation	
051	Non-Emergency Ambulance Transportation	
052	Medicar Transportation	
053	Taxicab Services	
054	Service Car	
055	Auto transportation (private)	
056	Other Transportation	
057	Nurse Practitioners Services	
058	Social work service	
059	Psychologist service	
060	Home Care	
061	General Inpatient	EXCLUDED
062	Continuous Care Nursing	EXCLUDED
063	Respite Care	EXCLUDED
064	Other Behavioral Health Services	EXCLUDED
065	LTC Full Medicare Coverage	EXCLUDED
066	Home Health Services	
067	All Kids application agent (valid on provider file only)	
068	Targeted case management service (early intervention)	
069	Subacute Care Program	EXCLUDED
070	LTC - Skilled	FIRST 90 DAYS ONLY

State of Illinois
Department of Healthcare and Family Services
HFS Service Category Codes

3/26/2013
2:34 PM

CatgOfServiceCd	Definition	Benefit Exclusions
071	LTC - Intermediate	FIRST 90 DAYS ONLY
072	LTC--NF skilled (partial Medicare coverage)	FIRST 90 DAYS ONLY
073	LTC--ICF/MR	EXCLUDED
074	LTC--ICF/MR skilled pediatric	EXCLUDED
075	LTC - MI Recipient age 22-64	EXCLUDED
076	LTC - Specialized Living Center - Intermediate MR	EXCLUDED
077	SOPF--MI recipient over 64 years of age	EXCLUDED
078	SOPF--MI recipient under 22 years of age	EXCLUDED
079	SOPF--MI recipient non-matchable	EXCLUDED
080	Rehabilitation option service (special LEA service)	EXCLUDED
081	Capitation Services	EXCLUDED
082	LTC--Developmental training (level I)	EXCLUDED
083	LTC--Developmental training (level II)	EXCLUDED
084	LTC--Developmental training (level III)	EXCLUDED
085	LTC - Recipient 22-64 in IMD not MI or MR	EXCLUDED
086	LTC SLF Dementia Care	EXCLUDED
087	LTC - Supportive Living Facility (Waivers)	EXCLUDED
088	LTC - MR Recipient between ages 21-65	EXCLUDED
089	LTC - MR Recipient - Inappropriately Placed	EXCLUDED
090	Case Management	EXCLUDED
091	Homemaker	EXCLUDED
092	Agency Providers RN, LPN, CNA and Therapies	EXCLUDED
093	Individual Providers PA, RN, LPN, CNA and Therapies	EXCLUDED
094	Adult Day Health	EXCLUDED
095	Habilitation Services	EXCLUDED
096	Respite Care	EXCLUDED
097	Other HCFA Approved Services	EXCLUDED
098	Electronic Home Response/EHR Installation(MARS), MPE Certification(Provider)	EXCLUDED
099	Transplants	EXCLUDED
100	Genetic counseling	
102	Fluoride varnish	



ATTACHMENT 3

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 0 thru 90 days

Member Months: 38,123

Member Months: 36,226

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	180.0	5.2	938.3	\$ 1,771.22	\$ 138.49	153.4	4.1	635.7	\$ 1,947.81	\$ 103.19
Well Newborn	17.6	2.2	39.3	837.79	2.74	2.7	2.1	5.6	2,101.46	0.98
Other Newborn	1,002.9	6.9	6,959.9	1,797.86	1,042.74	1,011.0	7.0	7,027.2	1,765.89	1,034.10
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	-	-	-	-	-	-	-	-	-	-
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	1,200.5	6.6	7,937.6	\$ 1,789.94	\$ 1,183.98	1,167.0	6.6	7,668.5	\$ 1,781.21	\$ 1,138.27
Outpatient Hospital										
General Outpatient			318.2	255.57	6.78			316.0	260.10	6.85
Emergency Room			1,138.8	97.89	9.29			1,136.2	102.60	9.71
End-Stage Renal Disease			-	-	-			1.0	1,586.26	0.13
Subtotal			1,457.1	\$ 132.31	\$ 16.07			1,453.2	\$ 137.87	\$ 16.70
Ancillaries										
Prescription Drugs			3,266.7	37.26	10.14			3,192.6	42.84	11.40
Transportation			358.8	69.58	2.08			347.8	58.67	1.70
DME/Prosthetics/Orthotics			469.0	93.85	3.67			436.6	109.20	3.97
Home Health/Hospice			321.1	62.10	1.66			278.6	63.45	1.47
Other Ancillary			78.7	47.67	0.31			100.4	47.02	0.39
Subtotal			4,494.3	\$ 47.70	\$ 17.87			4,356.0	\$ 52.17	\$ 18.94
Physician										
Surgery			1,343.8	120.32	13.47			1,317.4	108.71	11.93
Anesthesia			101.4	252.98	2.14			84.8	234.72	1.66
Hospital Inpatient Visits			8,963.1	100.42	75.01			9,225.1	101.67	78.16
Office Visits/Consults			3,507.8	46.35	13.55			3,494.7	45.89	13.36
Well Baby Exams/Physical Exams			17,035.4	31.74	45.06			17,413.3	31.48	45.69
Emergency Room Visits			1,040.3	39.91	3.46			1,006.7	40.55	3.40
Clinic Visit/Services			2,815.3	94.26	22.11			3,136.3	93.54	24.45
Radiology and Pathology			26,360.5	5.60	12.30			26,379.7	5.27	11.58
Outpatient Behavioral Health			0.3	56.08	0.00			-	-	-
Maternity			1.9	49.70	0.01			3.6	50.61	0.02
Chiropractor			51.6	10.48	0.05			62.3	10.51	0.05
Podiatrist			14.2	58.80	0.07			7.0	58.22	0.03
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			3,537.4	19.62	5.78			4,641.5	16.67	6.45
DMHDD / DASA			-	-	-			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			64,772.9	\$ 35.76	\$ 193.01			66,772.5	\$ 35.36	\$ 196.78
Total Claims/Benefit Cost			78,661.9	\$ 215.24	\$ 1,410.93			80,250.2	\$ 204.96	\$ 1,370.69

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 91 days thru 1 Year

Member Months: 170,346

Member Months: 168,239

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	67.3	3.6	240.1	\$ 1,776.71	\$ 35.55	65.3	3.6	235.6	\$ 1,767.02	\$ 34.69
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	0.4	10.5	4.2	1,510.24	0.53	0.3	7.7	2.3	2,961.97	0.57
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.1	2.0	0.2	1,703.51	0.03	-	-	-	-	-
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	67.8	3.6	244.6	\$ 1,771.35	\$ 36.11	65.6	3.6	237.9	\$ 1,778.57	\$ 35.26
Outpatient Hospital										
General Outpatient			157.6	306.94	4.03			164.1	392.81	5.37
Emergency Room			1,293.6	85.96	9.27			1,264.6	93.03	9.80
End-Stage Renal Disease			0.4	196.54	0.01			-	-	-
Subtotal			1,451.6	\$ 109.98	\$ 13.30			1,428.7	\$ 127.46	\$ 15.17
Ancillaries										
Prescription Drugs			5,311.4	33.36	14.77			5,434.6	39.96	18.10
Transportation			194.8	42.86	0.70			184.6	50.35	0.77
DME/Prosthetics/Orthotics			423.8	88.22	3.12			402.2	89.70	3.01
Home Health/Hospice			64.7	85.78	0.46			60.7	70.75	0.36
Other Ancillary			52.1	27.02	0.12			68.9	27.14	0.16
Subtotal			6,046.8	\$ 38.02	\$ 19.16			6,151.0	\$ 43.68	\$ 22.39
Physician										
Surgery			169.5	167.67	2.37			186.2	149.05	2.31
Anesthesia			77.8	161.02	1.04			81.5	148.89	1.01
Hospital Inpatient Visits			417.7	74.36	2.59			395.4	76.68	2.53
Office Visits/Consults			3,356.3	45.65	12.77			3,360.4	45.07	12.62
Well Baby Exams/Physical Exams			8,409.2	23.65	16.57			8,597.9	23.57	16.89
Emergency Room Visits			1,138.4	35.22	3.34			1,078.3	35.61	3.20
Clinic Visit/Services			4,178.5	35.07	12.21			3,666.3	40.20	12.28
Radiology and Pathology			5,165.0	9.30	4.00			5,096.9	8.98	3.82
Outpatient Behavioral Health			-	-	-			0.1	80.00	0.00
Maternity			4.6	49.77	0.02			3.6	49.53	0.01
Chiropractor			59.0	10.68	0.05			66.7	10.47	0.06
Podiatrist			4.4	36.96	0.01			4.9	31.36	0.01
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,358.9	8.38	6.53			9,977.6	7.91	6.58
DMHDD / DASA			-	-	-			0.1	59.63	0.00
PCCM Fee			-	-	-			-	-	-
Subtotal			32,339.4	\$ 22.83	\$ 61.52			32,515.8	\$ 22.63	\$ 61.33
Total Claims/Benefit Cost			40,082.4	\$ 38.95	\$ 130.09			40,333.4	\$ 39.91	\$ 134.15

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 2 thru 5 Years

Member Months: 334,014

Member Months: 339,271

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	27.8	2.8	76.5	\$ 1,475.95	\$ 9.41	23.9	3.1	74.7	\$ 1,682.11	\$ 10.47
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	0.2	2,830.95	0.05	-	-	0.1	1,131.29	0.01
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.5	11.4	5.7	777.47	0.37	0.5	9.6	4.8	658.87	0.26
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	2.5	8,309.83	1.73	-	-	-	-	-
Subtotal	28.5	3.0	84.9	\$ 1,633.48	\$ 11.56	24.5	3.2	79.6	\$ 1,619.72	\$ 10.74
Outpatient Hospital										
General Outpatient			113.0	383.02	3.61			106.4	441.76	3.92
Emergency Room			753.1	91.01	5.71			724.2	99.18	5.99
End-Stage Renal Disease			-	-	-			0.3	1,483.89	0.04
Subtotal			866.1	\$ 129.11	\$ 9.32			830.9	\$ 143.55	\$ 9.94
Ancillaries										
Prescription Drugs			3,611.3	41.34	12.44			3,634.1	41.19	12.47
Transportation			115.5	38.69	0.37			108.3	43.52	0.39
DME/Prosthetics/Orthotics			153.3	114.50	1.46			174.4	120.59	1.75
Home Health/Hospice			12.5	577.81	0.60			14.4	432.83	0.52
Other Ancillary			60.7	25.80	0.13			69.2	26.21	0.15
Subtotal			3,953.3	\$ 45.56	\$ 15.01			4,000.4	\$ 45.86	\$ 15.29
Physician										
Surgery			165.7	118.35	1.63			164.8	118.60	1.63
Anesthesia			64.5	148.07	0.80			60.6	149.50	0.75
Hospital Inpatient Visits			114.1	38.19	0.36			98.4	38.45	0.32
Office Visits/Consults			2,134.3	45.94	8.17			2,117.1	45.19	7.97
Well Baby Exams/Physical Exams			2,001.6	30.05	5.01			2,078.4	29.31	5.08
Emergency Room Visits			645.4	34.11	1.83			597.3	34.68	1.73
Clinic Visit/Services			3,232.3	22.53	6.07			3,020.3	24.24	6.10
Radiology and Pathology			3,486.4	8.57	2.49			3,433.1	8.46	2.42
Outpatient Behavioral Health			5.7	58.80	0.03			10.0	51.44	0.04
Maternity			3.3	49.54	0.01			2.4	50.84	0.01
Chiropractor			69.9	10.63	0.06			83.9	10.56	0.07
Podiatrist			4.1	38.10	0.01			7.4	42.11	0.03
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,571.8	7.91	6.31			9,917.4	7.40	6.11
DMHDD / DASA			91.5	70.64	0.54			92.3	77.53	0.60
PCCM Fee			-	-	-			-	-	-
Subtotal			21,590.5	\$ 18.53	\$ 33.33			21,683.3	\$ 18.18	\$ 32.86
Total Claims/Benefit Cost			26,494.8	\$ 31.35	\$ 69.22			26,594.2	\$ 31.06	\$ 68.83

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 6 thru 13 Years

Member Months: 610,486

Member Months: 638,243

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	16.0	3.2	51.2	\$ 1,546.47	\$ 6.60	15.5	3.1	48.0	\$ 1,749.16	\$ 7.00
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	0.00
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	11.0	10.4	114.7	686.06	6.56	8.7	11.4	99.3	706.40	5.85
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	27.0	6.1	165.9	\$ 951.60	\$ 13.16	24.2	6.1	147.3	\$ 1,046.33	\$ 12.84
Outpatient Hospital										
General Outpatient			97.0	391.63	3.17			95.7	404.27	3.22
Emergency Room			489.1	98.24	4.00			464.0	107.60	4.16
End-Stage Renal Disease			-	-	0.00			-	-	-
Subtotal			586.2	\$ 146.79	\$ 7.17			559.7	\$ 158.32	\$ 7.38
Ancillaries										
Prescription Drugs			4,715.7	77.44	30.43			4,850.2	81.14	32.80
Transportation			99.8	45.78	0.38			155.2	31.42	0.41
DME/Prosthetics/Orthotics			126.7	134.79	1.42			156.1	123.54	1.61
Home Health/Hospice			13.2	251.19	0.28			10.3	511.13	0.44
Other Ancillary			26.1	21.86	0.05			28.4	23.68	0.06
Subtotal			4,981.5	\$ 78.43	\$ 32.56			5,200.2	\$ 81.47	\$ 35.31
Physician										
Surgery			149.4	126.26	1.57			146.2	122.58	1.49
Anesthesia			40.5	154.13	0.52			40.3	158.52	0.53
Hospital Inpatient Visits			147.4	31.38	0.39			139.9	32.38	0.38
Office Visits/Consults			1,666.5	46.55	6.47			1,657.2	45.93	6.34
Well Baby Exams/Physical Exams			782.9	32.67	2.13			773.0	33.20	2.14
Emergency Room Visits			423.0	34.89	1.23			390.9	35.36	1.15
Clinic Visit/Services			3,052.8	18.26	4.65			2,883.5	20.22	4.86
Radiology and Pathology			2,488.4	9.86	2.04			2,637.5	9.66	2.12
Outpatient Behavioral Health			80.0	40.97	0.27			92.9	41.27	0.32
Maternity			1.7	51.69	0.01			1.3	50.23	0.01
Chiropractor			98.0	10.63	0.09			110.2	10.60	0.10
Podiatrist			22.6	42.26	0.08			21.4	43.26	0.08
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,689.4	3.18	2.30			9,150.5	3.31	2.52
DMHDD / DASA			648.9	72.25	3.91			678.4	72.10	4.08
PCCM Fee			-	-	-			-	-	-
Subtotal			18,291.7	\$ 16.83	\$ 25.65			18,723.3	\$ 16.74	\$ 26.12
Total Claims/Benefit Cost			24,025.3	\$ 39.23	\$ 78.53			24,630.5	\$ 39.78	\$ 81.65

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 14 thru 20 Male

Member Months: 167,324

Member Months: 173,662

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	23.7	3.6	85.6	\$ 2,139.16	\$ 15.26	20.7	3.6	75.3	\$ 1,818.10	\$ 11.41
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	26.2	8.6	226.4	640.77	12.09	22.2	10.0	220.9	653.30	12.03
Long Term Care	0.1	7.0	0.7	113.25	0.01	0.3	28.0	8.4	138.06	0.10
Other Inpatient	0.2	25.5	5.1	5,262.20	2.24	-	-	-	-	-
Subtotal	50.1	6.3	317.8	\$ 1,117.37	\$ 29.59	43.1	7.1	304.6	\$ 927.04	\$ 23.53
Outpatient Hospital										
General Outpatient			153.0	413.72	5.27			145.8	411.02	4.99
Emergency Room			591.2	116.98	5.76			545.1	125.97	5.72
End-Stage Renal Disease			1.1	3,190.90	0.29			1.0	2,087.17	0.17
Subtotal			745.3	\$ 182.43	\$ 11.33			691.9	\$ 188.87	\$ 10.89
Ancillaries										
Prescription Drugs			5,180.3	81.38	35.13			5,169.4	90.49	38.98
Transportation			293.9	41.61	1.02			428.8	30.20	1.08
DME/Prosthetics/Orthotics			129.5	111.81	1.21			148.4	112.46	1.39
Home Health/Hospice			10.8	62.32	0.06			10.1	77.13	0.06
Other Ancillary			6.4	26.95	0.01			8.8	26.31	0.02
Subtotal			5,620.9	\$ 79.90	\$ 37.43			5,765.5	\$ 86.45	\$ 41.53
Physician										
Surgery			208.1	143.70	2.49			198.3	143.00	2.36
Anesthesia			45.3	170.56	0.64			41.2	176.81	0.61
Hospital Inpatient Visits			282.2	30.11	0.71			259.9	30.68	0.66
Office Visits/Consults			1,387.5	46.35	5.36			1,375.9	45.60	5.23
Well Baby Exams/Physical Exams			617.0	37.81	1.94			621.1	38.45	1.99
Emergency Room Visits			507.3	37.04	1.57			462.3	37.76	1.45
Clinic Visit/Services			3,148.7	17.71	4.65			3,013.9	19.19	4.82
Radiology and Pathology			3,158.1	12.45	3.28			3,114.5	12.28	3.19
Outpatient Behavioral Health			137.8	44.55	0.51			141.7	42.88	0.51
Maternity			1.9	50.29	0.01			0.8	47.51	0.00
Chiropractor			135.6	10.40	0.12			146.9	10.25	0.13
Podiatrist			45.0	49.05	0.18			40.4	50.31	0.17
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,284.1	3.45	2.38			8,740.2	3.32	2.42
DMHDD / DASA			2,733.6	111.12	25.31			2,297.8	122.10	23.38
PCCM Fee			-	-	-			-	-	-
Subtotal			20,692.2	\$ 28.51	\$ 49.16			20,454.8	\$ 27.53	\$ 46.92
Total Claims/Benefit Cost			27,376.2	\$ 55.89	\$ 127.51			27,216.8	\$ 54.18	\$ 122.87

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 14 thru 20 Female

Member Months: 192,768

Member Months: 196,405

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	27.0	2.8	75.8	\$ 1,879.42	\$ 11.87	24.6	3.6	89.4	\$ 1,846.19	\$ 13.75
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	13.4	2.9	39.4	534.99	1.76	13.0	2.8	36.0	747.20	2.24
Psychiatric/Substance Abuse	27.6	8.7	241.0	605.62	12.16	27.0	9.0	241.9	639.44	12.89
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	68.0	5.2	356.2	\$ 868.87	\$ 25.79	64.5	5.7	367.4	\$ 943.47	\$ 28.89
Outpatient Hospital										
General Outpatient			387.5	280.89	9.07			373.1	307.24	9.55
Emergency Room			962.0	117.07	9.39			919.2	127.41	9.76
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,349.4	\$ 164.12	\$ 18.46			1,292.3	\$ 179.33	\$ 19.31
Ancillaries										
Prescription Drugs			7,397.0	49.25	30.36			7,349.1	52.82	32.35
Transportation			327.5	45.57	1.24			418.6	39.93	1.39
DME/Prosthetics/Orthotics			167.3	108.04	1.51			177.9	107.01	1.59
Home Health/Hospice			13.3	53.44	0.06			25.3	75.75	0.16
Other Ancillary			7.1	27.06	0.02			7.6	26.92	0.02
Subtotal			7,912.3	\$ 50.33	\$ 33.18			7,978.5	\$ 53.40	\$ 35.50
Physician										
Surgery			218.3	138.11	2.51			217.2	136.83	2.48
Anesthesia			118.5	234.05	2.31			116.1	247.41	2.39
Hospital Inpatient Visits			327.0	31.59	0.86			375.3	31.99	1.00
Office Visits/Consults			2,343.4	44.23	8.64			2,299.4	43.63	8.36
Well Baby Exams/Physical Exams			742.3	37.14	2.30			773.0	36.53	2.35
Emergency Room Visits			845.8	39.53	2.79			802.8	40.13	2.68
Clinic Visit/Services			3,905.1	30.46	9.91			3,728.8	30.97	9.62
Radiology and Pathology			10,485.9	12.67	11.07			10,104.9	12.29	10.35
Outpatient Behavioral Health			129.0	45.45	0.49			136.1	47.27	0.54
Maternity			70.2	45.95	0.27			122.7	45.63	0.47
Chiropractor			223.5	10.17	0.19			215.6	10.28	0.18
Podiatrist			30.8	47.94	0.12			42.9	44.39	0.16
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,809.3	11.29	9.23			10,062.0	10.00	8.38
DMHDD / DASA			1,464.6	95.57	11.66			1,395.0	99.56	11.57
PCCM Fee			-	-	-			-	-	-
Subtotal			30,713.6	\$ 24.36	\$ 62.35			30,391.9	\$ 23.91	\$ 60.55
Total Claims/Benefit Cost			40,331.5	\$ 41.59	\$ 139.78			40,030.1	\$ 43.24	\$ 144.25

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 21 thru 44 Male

Member Months: 123,318

Member Months: 129,384

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	57.8	3.4	198.3	\$ 2,518.15	\$ 41.61	66.2	3.6	240.1	\$ 2,389.51	\$ 47.81
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.2	1.5	0.3	703.97	0.02	0.1	1.0	0.1	1,043.24	0.01
Psychiatric/Substance Abuse	17.9	3.7	67.0	411.81	2.30	13.4	4.2	56.2	397.44	1.86
Long Term Care	1.0	18.3	18.3	117.74	0.18	0.6	21.7	13.0	106.06	0.11
Other Inpatient	-	-	-	-	-	0.1	16.0	1.6	3,502.37	0.47
Subtotal	76.9	3.7	283.9	\$ 1,864.41	\$ 44.11	80.5	3.9	311.0	\$ 1,939.37	\$ 50.26
Outpatient Hospital										
General Outpatient			410.1	408.58	13.96			434.8	408.99	14.82
Emergency Room			945.6	126.59	9.98			965.6	137.44	11.06
End-Stage Renal Disease			8.8	829.10	0.61			5.4	699.21	0.31
Subtotal			1,364.4	\$ 215.89	\$ 24.55			1,405.8	\$ 223.58	\$ 26.19
Ancillaries										
Prescription Drugs			10,100.8	49.69	41.82			10,759.3	50.29	45.09
Transportation			257.3	50.44	1.08			331.8	47.16	1.30
DME/Prosthetics/Orthotics			384.3	80.99	2.59			453.5	82.57	3.12
Home Health/Hospice			53.2	68.51	0.30			73.4	62.70	0.38
Other Ancillary			13.4	24.96	0.03			12.7	27.18	0.03
Subtotal			10,809.0	\$ 50.88	\$ 45.83			11,630.7	\$ 51.51	\$ 49.92
Physician										
Surgery			351.3	198.21	5.80			374.4	190.98	5.96
Anesthesia			84.4	178.05	1.25			86.9	186.42	1.35
Hospital Inpatient Visits			323.3	39.94	1.08			387.9	38.30	1.24
Office Visits/Consults			1,914.3	48.31	7.71			1,907.8	46.89	7.45
Well Baby Exams/Physical Exams			27.4	85.92	0.20			22.0	85.37	0.16
Emergency Room Visits			824.7	39.93	2.74			814.6	41.07	2.79
Clinic Visit/Services			2,945.0	21.55	5.29			3,025.0	22.38	5.64
Radiology and Pathology			5,700.2	12.81	6.09			6,188.2	12.59	6.49
Outpatient Behavioral Health			89.7	45.41	0.34			101.8	44.24	0.38
Maternity			1.4	80.04	0.01			0.8	52.83	0.00
Chiropractor			341.1	8.67	0.25			327.5	8.67	0.24
Podiatrist			44.2	43.49	0.16			50.2	46.12	0.19
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,868.4	5.70	3.74			8,400.8	5.74	4.02
DMHDD / DASA			702.5	69.66	4.08			787.5	67.06	4.40
PCCM Fee			-	-	-			-	-	-
Subtotal			21,217.7	\$ 21.90	\$ 38.72			22,475.4	\$ 21.52	\$ 40.30
Total Claims/Benefit Cost			33,675.0	\$ 54.60	\$ 153.21			35,822.9	\$ 55.84	\$ 166.68

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 21 thru 44 Female

Member Months: 443,265

Member Months: 460,736

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	56.3	2.9	164.4	\$ 1,810.47	\$ 24.80	57.9	3.1	178.6	\$ 1,732.91	\$ 25.79
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	0.1	210.38	0.00	-	-	-	-	-
Maternity Non-Delivery	22.9	2.9	67.5	618.80	3.48	21.4	3.2	68.4	688.61	3.93
Psychiatric/Substance Abuse	16.0	4.2	67.9	388.66	2.20	14.6	4.2	61.0	456.48	2.32
Long Term Care	0.5	15.4	7.7	106.74	0.07	0.4	16.8	6.7	117.41	0.07
Other Inpatient	-	-	-	-	-	-	-	0.4	4,848.99	0.16
Subtotal	95.7	3.2	307.6	\$ 1,191.95	\$ 30.55	94.4	3.3	315.2	\$ 1,228.33	\$ 32.26
Outpatient Hospital										
General Outpatient			788.7	322.64	21.21			760.5	338.07	21.43
Emergency Room			1,337.9	130.96	14.60			1,338.9	138.75	15.48
End-Stage Renal Disease			2.7	543.23	0.12			1.7	621.28	0.09
Subtotal			2,129.4	\$ 202.47	\$ 35.93			2,101.1	\$ 211.28	\$ 36.99
Ancillaries										
Prescription Drugs			15,131.7	44.72	56.40			15,344.2	44.56	56.98
Transportation			335.7	49.67	1.39			375.7	47.61	1.49
DME/Prosthetics/Orthotics			297.4	90.54	2.24			330.9	88.89	2.45
Home Health/Hospice			34.0	65.60	0.19			45.3	65.26	0.25
Other Ancillary			8.5	25.33	0.02			10.6	26.42	0.02
Subtotal			15,807.2	\$ 45.73	\$ 60.23			16,106.7	\$ 45.59	\$ 61.19
Physician										
Surgery			512.2	168.23	7.18			514.8	170.78	7.33
Anesthesia			226.9	205.13	3.88			223.3	215.00	4.00
Hospital Inpatient Visits			368.3	37.51	1.15			391.4	36.57	1.19
Office Visits/Consults			3,286.9	45.42	12.44			3,142.7	44.85	11.75
Well Baby Exams/Physical Exams			415.2	51.65	1.79			435.0	49.70	1.80
Emergency Room Visits			1,188.3	41.19	4.08			1,168.0	41.84	4.07
Clinic Visit/Services			4,363.0	34.72	12.62			4,361.8	34.24	12.45
Radiology and Pathology			16,224.7	14.02	18.95			16,460.3	13.60	18.66
Outpatient Behavioral Health			137.9	43.12	0.50			151.0	42.55	0.54
Maternity			79.1	46.81	0.31			157.9	45.75	0.60
Chiropractor			484.3	8.79	0.35			510.7	8.80	0.37
Podiatrist			66.1	44.08	0.24			69.4	44.33	0.26
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,322.4	15.53	13.36			10,367.1	13.48	11.65
DMHDD / DASA			945.7	67.99	5.36			971.7	68.93	5.58
PCCM Fee			-	-	-			-	-	-
Subtotal			38,621.0	\$ 25.55	\$ 82.22			38,925.1	\$ 24.74	\$ 80.24
Total Claims/Benefit Cost			56,865.2	\$ 44.09	\$ 208.93			57,448.1	\$ 44.01	\$ 210.69

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Ratecell: 45+ Years

Member Months: 95,470

Member Months: 104,896

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	122.7	4.3	531.2	\$ 1,933.76	\$ 85.60	117.4	4.2	490.8	\$ 2,144.25	\$ 87.70
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	0.5	3.4	1.7	406.68	0.06
Psychiatric/Substance Abuse	12.8	4.5	58.2	392.11	1.90	12.8	4.8	61.2	472.34	2.41
Long Term Care	3.0	15.0	45.1	111.30	0.42	2.7	18.3	49.4	113.25	0.47
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	138.5	4.6	634.5	\$ 1,662.81	\$ 87.92	133.4	4.5	603.1	\$ 1,803.34	\$ 90.63
Outpatient Hospital										
General Outpatient			966.6	387.13	31.18			910.0	385.88	29.26
Emergency Room			788.5	149.57	9.83			766.5	159.43	10.18
End-Stage Renal Disease			35.3	573.80	1.69			30.8	718.39	1.84
Subtotal			1,790.4	\$ 286.19	\$ 42.70			1,707.3	\$ 290.21	\$ 41.29
Ancillaries										
Prescription Drugs			24,718.2	51.74	106.57			25,595.5	50.88	108.52
Transportation			863.8	24.75	1.78			956.5	25.59	2.04
DME/Prosthetics/Orthotics			1,078.6	68.55	6.16			1,169.2	67.76	6.60
Home Health/Hospice			200.9	77.34	1.29			199.5	73.51	1.22
Other Ancillary			18.1	26.23	0.04			22.8	27.28	0.05
Subtotal			26,879.5	\$ 51.72	\$ 115.85			27,943.4	\$ 50.86	\$ 118.43
Physician										
Surgery			761.7	209.15	13.28			760.8	195.74	12.41
Anesthesia			183.5	166.95	2.55			177.1	175.41	2.59
Hospital Inpatient Visits			761.1	37.18	2.36			729.0	37.75	2.29
Office Visits/Consults			3,406.3	48.17	13.67			3,298.0	47.03	12.93
Well Baby Exams/Physical Exams			111.9	81.65	0.76			119.8	80.08	0.80
Emergency Room Visits			706.0	44.81	2.64			677.5	45.76	2.58
Clinic Visit/Services			3,591.6	35.15	10.52			3,425.4	35.18	10.04
Radiology and Pathology			13,072.9	12.42	13.53			13,221.9	12.35	13.61
Outpatient Behavioral Health			154.2	38.27	0.49			143.2	37.46	0.45
Maternity			0.4	32.94	0.00			1.4	37.75	0.00
Chiropractor			498.5	8.68	0.36			466.7	8.68	0.34
Podiatrist			148.3	40.17	0.50			165.4	45.35	0.63
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,264.8	13.84	10.68			9,525.2	16.16	12.83
DMHDD / DASA			819.4	56.35	3.85			894.3	64.14	4.78
PCCM Fee			-	-	-			-	-	-
Subtotal			33,480.6	\$ 26.95	\$ 75.19			33,605.6	\$ 27.24	\$ 76.28
Total Claims/Benefit Cost			62,785.0	\$ 61.48	\$ 321.66			63,859.4	\$ 61.38	\$ 326.63

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 1
Composite

Member Months: 2,175,114

Member Months: 2,247,062

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Med/Surg	48.1	3.6	172.0	\$ 1,847.39	\$ 26.48	46.7	3.5	164.4	\$ 1,900.23	\$ 26.04
Well Newborn	0.6	2.2	1.4	837.79	0.10	0.1	2.1	0.2	2,101.46	0.04
Other Newborn	36.6	6.9	254.1	1,797.21	38.05	36.9	7.0	256.2	1,767.29	37.74
Maternity Non-Delivery	6.0	2.9	17.6	605.84	0.89	5.6	3.1	17.6	695.95	1.02
Psychiatric/Substance Abuse	11.4	6.9	78.7	579.82	3.80	9.9	7.3	72.5	609.05	3.68
Long Term Care	0.3	15.8	5.1	111.59	0.05	0.3	18.9	5.0	115.12	0.05
Other Inpatient	0.0	59.2	0.6	6,997.35	0.35	0.0	27.4	0.2	4,061.86	0.07
Subtotal	103.1	5.1	529.5	\$ 1,579.95	\$ 69.72	99.5	5.2	516.2	\$ 1,595.40	\$ 68.64
Outpatient Hospital										
General Outpatient			351.7	340.68	9.98			343.2	359.17	10.27
Emergency Room			927.6	111.61	8.63			909.3	120.14	9.10
End-Stage Renal Disease			2.9	671.92	0.16			2.2	757.37	0.14
Subtotal			1,282.1	\$ 175.70	\$ 18.77			1,254.7	\$ 186.65	\$ 19.52
Ancillaries										
Prescription Drugs			8,361.3	50.60	35.25			8,540.9	52.12	37.10
Transportation			246.1	44.43	0.91			288.1	40.83	0.98
DME/Prosthetics/Orthotics			282.9	93.37	2.20			306.9	93.85	2.40
Home Health/Hospice			46.7	101.51	0.39			48.9	104.24	0.43
Other Ancillary			28.6	27.42	0.07			34.1	28.28	0.08
Subtotal			8,965.5	\$ 51.97	\$ 38.83			9,218.9	\$ 53.35	\$ 40.99
Physician										
Surgery			327.0	157.42	4.29			329.1	153.34	4.21
Anesthesia			107.1	190.41	1.70			105.1	195.68	1.71
Hospital Inpatient Visits			607.2	74.03	3.75			620.9	74.81	3.87
Office Visits/Consults			2,502.7	46.02	9.60			2,457.8	45.34	9.29
Well Baby Exams/Physical Exams			2,367.2	28.94	5.71			2,420.5	28.72	5.79
Emergency Room Visits			815.2	38.28	2.60			780.2	38.97	2.53
Clinic Visit/Services			3,584.1	29.78	8.90			3,439.3	31.41	9.00
Radiology and Pathology			8,158.4	11.69	7.95			8,245.4	11.39	7.82
Outpatient Behavioral Health			79.5	42.95	0.28			87.1	42.71	0.31
Maternity			24.0	47.00	0.09			44.7	45.85	0.17
Chiropractor			218.8	9.27	0.17			228.4	9.29	0.18
Podiatrist			35.7	43.61	0.13			38.2	44.69	0.14
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,087.4	9.13	6.92			9,467.7	8.43	6.65
DMHDD / DASA			702.4	80.94	4.74			698.3	82.42	4.80
PCCM Fee			-	-	-			-	-	-
Subtotal			28,616.7	\$ 23.83	\$ 56.82			28,962.7	\$ 23.40	\$ 56.47
Total Claims/Benefit Cost			37,263.3	\$ 49.97	\$ 155.17			37,749.8	\$ 49.55	\$ 155.87

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 0 thru 90 days

Member Months: 32,477

Member Months: 32,232

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	159.6	4.7	748.6	\$ 1,817.73	\$ 113.40	150.4	6.6	990.3	\$ 1,928.14	\$ 159.12
Well Newborn	19.2	2.1	41.0	881.13	3.01	3.0	2.4	7.1	863.11	0.51
Other Newborn	1,055.6	6.4	6,717.4	1,553.43	869.59	1,088.2	6.7	7,240.1	1,571.93	948.41
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	-	-	-	-	-	0.4	1.8	0.7	740.91	0.04
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	1,234.5	6.1	7,507.0	\$ 1,576.12	\$ 985.99	1,242.0	6.6	8,238.3	\$ 1,614.05	\$ 1,108.08
Outpatient Hospital										
General Outpatient			393.1	261.56	8.57			354.4	273.43	8.08
Emergency Room			1,219.7	100.63	10.23			1,254.7	114.25	11.95
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,612.8	\$ 139.86	\$ 18.80			1,609.1	\$ 149.31	\$ 20.02
Ancillaries										
Prescription Drugs			3,281.5	45.20	12.36			3,141.8	47.12	12.34
Transportation			516.9	105.71	4.55			497.4	140.00	5.80
DME/Prosthetics/Orthotics			381.3	94.17	2.99			407.3	82.80	2.81
Home Health/Hospice			208.0	61.46	1.07			208.5	61.55	1.07
Other Ancillary			116.0	43.79	0.42			104.6	41.93	0.37
Subtotal			4,503.7	\$ 57.01	\$ 21.39			4,359.6	\$ 61.62	\$ 22.39
Physician										
Surgery			1,423.7	111.76	13.26			1,443.8	113.87	13.70
Anesthesia			90.9	259.25	1.96			89.4	272.70	2.03
Hospital Inpatient Visits			8,416.7	93.20	65.37			9,301.2	101.09	78.35
Office Visits/Consults			3,782.5	45.25	14.26			3,774.0	45.85	14.42
Well Baby Exams/Physical Exams			17,060.6	30.40	43.23			17,038.3	29.67	42.13
Emergency Room Visits			1,183.5	38.92	3.84			1,201.0	38.77	3.88
Clinic Visit/Services			4,373.3	84.40	30.76			4,766.2	83.27	33.07
Radiology and Pathology			18,819.3	6.16	9.66			18,945.6	5.97	9.42
Outpatient Behavioral Health			2.2	54.92	0.01			1.9	55.03	0.01
Maternity			4.1	49.57	0.02			3.4	49.28	0.01
Chiropractor			24.0	10.57	0.02			11.9	10.68	0.01
Podiatrist			5.5	48.48	0.02			10.4	74.02	0.06
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			3,612.9	23.72	7.14			4,957.6	16.97	7.01
DMHDD / DASA			-	-	-			0.4	67.09	0.00
PCCM Fee			-	-	-			-	-	-
Subtotal			58,799.2	\$ 38.68	\$ 189.55			61,545.0	\$ 39.80	\$ 204.12
Total Claims/Benefit Cost			72,422.7	\$ 201.44	\$ 1,215.74			75,752.0	\$ 214.59	\$ 1,354.61

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 91 days thru 1 Year

Member Months: 141,881

Member Months: 141,434

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	62.7	3.8	239.9	\$ 1,923.10	\$ 38.45	58.2	3.9	226.0	\$ 1,754.20	\$ 33.04
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	0.9	14.1	12.7	1,742.09	1.84	1.7	21.4	36.4	2,132.66	6.47
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	-	-	-	-	-	0.1	4.0	0.4	234.68	0.01
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	63.6	4.0	252.5	\$ 1,914.76	\$ 40.29	60.0	4.4	262.9	\$ 1,803.62	\$ 39.51
Outpatient Hospital										
General Outpatient			198.0	376.33	6.21			209.1	313.68	5.47
Emergency Room			1,453.5	87.93	10.65			1,387.9	102.33	11.84
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,651.5	\$ 122.51	\$ 16.86			1,597.0	\$ 130.00	\$ 17.30
Ancillaries										
Prescription Drugs			6,024.8	42.36	21.27			6,036.0	39.04	19.64
Transportation			257.8	49.07	1.05			267.4	47.40	1.06
DME/Prosthetics/Orthotics			373.2	99.12	3.08			420.1	93.48	3.27
Home Health/Hospice			77.7	72.87	0.47			74.9	184.48	1.15
Other Ancillary			85.6	24.53	0.18			90.4	23.05	0.17
Subtotal			6,819.1	\$ 45.84	\$ 26.05			6,888.8	\$ 44.06	\$ 25.29
Physician										
Surgery			193.2	173.99	2.80			198.1	151.34	2.50
Anesthesia			104.6	149.71	1.30			97.1	143.06	1.16
Hospital Inpatient Visits			360.1	74.98	2.25			429.8	86.07	3.08
Office Visits/Consults			3,386.8	43.08	12.16			3,327.0	43.92	12.18
Well Baby Exams/Physical Exams			8,195.1	22.50	15.36			8,202.1	21.56	14.74
Emergency Room Visits			1,377.8	34.61	3.97			1,314.2	35.04	3.84
Clinic Visit/Services			4,425.5	48.62	17.93			4,084.3	54.00	18.38
Radiology and Pathology			4,544.2	10.00	3.79			4,655.8	9.58	3.72
Outpatient Behavioral Health			0.6	67.15	0.00			1.0	57.76	0.00
Maternity			5.2	50.42	0.02			4.6	49.80	0.02
Chiropractor			21.1	10.53	0.02			19.8	10.65	0.02
Podiatrist			2.1	59.24	0.01			3.5	83.49	0.02
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,739.1	11.07	9.91			11,149.6	9.81	9.11
DMHDD / DASA			-	-	-			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			33,355.4	\$ 25.01	\$ 69.53			33,486.8	\$ 24.64	\$ 68.76
Total Claims/Benefit Cost			42,078.5	\$ 43.56	\$ 152.73			42,235.5	\$ 42.87	\$ 150.87

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 2 thru 5 Years

Member Months: 281,074

Member Months: 284,773

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	26.0	3.0	78.9	\$ 1,743.96	\$ 11.47	22.4	3.0	67.5	\$ 2,041.19	\$ 11.48
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	0.2	1,816.82	0.03	0.1	3.0	0.3	3,126.96	0.08
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.7	9.7	6.8	792.90	0.45	0.8	11.6	9.3	777.99	0.60
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	1.4	5,904.59	0.69	-	-	1.1	5,916.18	0.54
Subtotal	26.9	3.2	87.4	\$ 1,734.78	\$ 12.63	23.4	3.3	78.3	\$ 1,947.14	\$ 12.71
Outpatient Hospital										
General Outpatient			151.8	366.08	4.63			149.6	348.64	4.35
Emergency Room			843.9	91.68	6.45			773.1	111.80	7.20
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			995.7	\$ 133.51	\$ 11.08			922.7	\$ 150.20	\$ 11.55
Ancillaries										
Prescription Drugs			4,310.3	40.39	14.51			4,241.7	39.98	14.13
Transportation			145.5	45.03	0.55			150.3	44.75	0.56
DME/Prosthetics/Orthotics			327.4	119.40	3.26			315.0	133.73	3.51
Home Health/Hospice			12.6	177.31	0.19			10.8	270.07	0.24
Other Ancillary			83.6	22.78	0.16			84.5	21.27	0.15
Subtotal			4,879.5	\$ 45.88	\$ 18.66			4,802.4	\$ 46.46	\$ 18.59
Physician										
Surgery			187.4	130.31	2.04			187.4	123.70	1.93
Anesthesia			83.8	156.45	1.09			84.7	154.83	1.09
Hospital Inpatient Visits			116.3	39.91	0.39			104.9	39.46	0.34
Office Visits/Consults			2,088.7	43.22	7.52			2,003.4	43.22	7.22
Well Baby Exams/Physical Exams			1,859.4	28.75	4.45			1,815.3	27.22	4.12
Emergency Room Visits			786.3	33.74	2.21			705.1	34.16	2.01
Clinic Visit/Services			3,201.0	36.82	9.82			3,048.0	39.53	10.04
Radiology and Pathology			3,033.5	9.52	2.41			2,995.9	9.44	2.36
Outpatient Behavioral Health			11.5	55.46	0.05			13.9	57.16	0.07
Maternity			3.0	50.52	0.01			2.7	49.94	0.01
Chiropractor			17.3	10.19	0.01			18.5	10.51	0.02
Podiatrist			6.4	36.77	0.02			5.5	38.67	0.02
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,659.3	9.58	8.51			11,064.2	9.28	8.56
DMHDD / DASA			94.3	71.58	0.56			83.2	72.97	0.51
PCCM Fee			-	-	-			-	-	-
Subtotal			22,148.2	\$ 21.19	\$ 39.10			22,132.7	\$ 20.75	\$ 38.28
Total Claims/Benefit Cost			28,110.8	\$ 34.78	\$ 81.47			27,936.1	\$ 34.85	\$ 81.13

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 6 thru 13 Years

Member Months: 511,016

Member Months: 531,315

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	15.1	3.0	45.9	\$ 1,758.37	\$ 6.73	12.6	3.1	39.6	\$ 1,706.13	\$ 5.63
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	12.6	11.9	149.7	710.24	8.86	11.4	11.6	132.2	732.71	8.07
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	0.6	7,599.23	0.38
Subtotal	27.6	7.1	195.6	\$ 956.19	\$ 15.59	24.0	7.2	172.4	\$ 980.20	\$ 14.08
Outpatient Hospital										
General Outpatient			120.6	362.22	3.64			112.7	376.17	3.53
Emergency Room			553.6	97.39	4.49			504.9	122.18	5.14
End-Stage Renal Disease			0.1	61.03	0.00			0.2	2,419.80	0.04
Subtotal			674.3	\$ 144.75	\$ 8.13			617.8	\$ 169.25	\$ 8.71
Ancillaries										
Prescription Drugs			5,950.2	72.34	35.87			5,943.7	77.26	38.27
Transportation			109.6	48.62	0.44			111.5	49.55	0.46
DME/Prosthetics/Orthotics			176.7	111.44	1.64			186.3	106.54	1.65
Home Health/Hospice			13.5	218.73	0.25			5.4	80.06	0.04
Other Ancillary			37.3	21.57	0.07			32.3	22.44	0.06
Subtotal			6,287.3	\$ 73.04	\$ 38.27			6,279.2	\$ 77.36	\$ 40.48
Physician										
Surgery			159.0	126.31	1.67			157.1	122.28	1.60
Anesthesia			46.9	165.56	0.65			43.9	163.81	0.60
Hospital Inpatient Visits			192.6	30.54	0.49			170.3	30.92	0.44
Office Visits/Consults			1,483.5	47.05	5.82			1,424.6	46.34	5.50
Well Baby Exams/Physical Exams			720.0	32.63	1.96			659.0	31.63	1.74
Emergency Room Visits			514.3	34.37	1.47			461.2	34.78	1.34
Clinic Visit/Services			2,985.2	35.32	8.79			2,814.1	37.76	8.86
Radiology and Pathology			2,227.2	10.68	1.98			2,258.2	10.67	2.01
Outpatient Behavioral Health			156.3	39.75	0.52			160.7	36.91	0.49
Maternity			1.1	48.03	0.00			0.9	51.44	0.00
Chiropractor			38.5	10.51	0.03			34.0	10.49	0.03
Podiatrist			19.3	44.93	0.07			19.9	41.37	0.07
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,478.5	3.27	2.58			9,885.3	3.12	2.57
DMHDD / DASA			904.9	71.71	5.41			815.6	73.12	4.97
PCCM Fee			-	-	-			-	-	-
Subtotal			18,927.4	\$ 19.94	\$ 31.45			18,904.7	\$ 19.18	\$ 30.21
Total Claims/Benefit Cost			26,084.6	\$ 42.98	\$ 93.43			25,974.1	\$ 43.19	\$ 93.48

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 14 thru 20 Male

Member Months: 147,029

Member Months: 151,363

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	22.4	3.6	80.3	\$ 1,790.78	\$ 11.98	19.9	4.2	82.9	\$ 1,862.54	\$ 12.87
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	27.6	10.1	278.5	687.82	15.96	27.1	10.3	278.2	709.26	16.44
Long Term Care	-	-	-	-	-	0.4	17.8	7.1	104.25	0.06
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	50.0	7.2	358.8	\$ 934.66	\$ 27.95	47.4	7.8	368.2	\$ 957.26	\$ 29.37
Outpatient Hospital										
General Outpatient			194.5	377.74	6.12			192.5	399.56	6.41
Emergency Room			692.3	118.12	6.81			621.9	138.06	7.15
End-Stage Renal Disease			-	-	-			0.1	166.69	0.00
Subtotal			886.8	\$ 175.06	\$ 12.94			814.5	\$ 199.86	\$ 13.57
Ancillaries										
Prescription Drugs			6,375.3	84.25	44.76			6,384.3	92.18	49.04
Transportation			196.3	65.00	1.06			190.1	59.26	0.94
DME/Prosthetics/Orthotics			145.1	111.04	1.34			151.0	106.88	1.34
Home Health/Hospice			47.2	54.58	0.21			48.4	50.54	0.20
Other Ancillary			11.4	31.16	0.03			11.0	23.41	0.02
Subtotal			6,775.3	\$ 83.97	\$ 47.41			6,784.9	\$ 91.18	\$ 51.55
Physician										
Surgery			212.4	148.90	2.64			204.5	147.19	2.51
Anesthesia			50.4	187.33	0.79			47.8	183.37	0.73
Hospital Inpatient Visits			322.5	29.89	0.80			359.9	28.91	0.87
Office Visits/Consults			1,339.2	45.21	5.05			1,347.6	43.86	4.93
Well Baby Exams/Physical Exams			582.8	36.78	1.79			570.6	33.31	1.58
Emergency Room Visits			637.1	36.45	1.94			567.2	36.98	1.75
Clinic Visit/Services			2,874.0	33.19	7.95			2,809.5	34.81	8.15
Radiology and Pathology			3,007.6	13.24	3.32			3,044.7	13.52	3.43
Outpatient Behavioral Health			198.4	40.66	0.67			219.7	37.65	0.69
Maternity			2.1	42.95	0.01			1.3	45.54	0.00
Chiropractor			77.6	10.08	0.07			60.6	10.36	0.05
Podiatrist			39.6	50.31	0.17			45.9	47.64	0.18
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,159.8	3.58	2.73			9,552.1	3.62	2.88
DMHDD / DASA			3,034.5	120.22	30.40			2,474.9	120.76	24.91
PCCM Fee			-	-	-			-	-	-
Subtotal			21,538.0	\$ 32.48	\$ 58.30			21,306.2	\$ 29.66	\$ 52.66
Total Claims/Benefit Cost			29,558.9	\$ 59.51	\$ 146.60			29,273.8	\$ 60.32	\$ 147.15

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 14 thru 20 Female

Member Months: 168,553

Member Months: 170,430

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	20.3	3.4	70.0	\$ 1,848.70	\$ 10.78	19.6	3.3	65.0	\$ 1,828.11	\$ 9.90
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	12.5	2.6	32.3	629.17	1.69	12.0	2.8	33.4	616.32	1.72
Psychiatric/Substance Abuse	34.5	9.7	336.0	671.73	18.81	28.7	10.0	286.1	709.51	16.92
Long Term Care	0.2	26.0	5.2	93.95	0.04	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	67.5	6.6	443.5	\$ 847.63	\$ 31.33	60.3	6.4	384.5	\$ 890.51	\$ 28.53
Outpatient Hospital										
General Outpatient			513.5	259.83	11.12			445.3	305.64	11.34
Emergency Room			1,152.4	116.09	11.15			1,046.6	136.76	11.93
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,665.9	\$ 160.39	\$ 22.27			1,492.0	\$ 187.16	\$ 23.27
Ancillaries										
Prescription Drugs			8,895.7	49.19	36.47			8,900.6	53.09	39.38
Transportation			289.5	60.36	1.46			350.1	51.71	1.51
DME/Prosthetics/Orthotics			126.5	96.32	1.02			157.2	91.39	1.20
Home Health/Hospice			42.9	40.67	0.15			48.1	42.34	0.17
Other Ancillary			12.1	23.31	0.02			14.0	23.02	0.03
Subtotal			9,366.8	\$ 50.10	\$ 39.11			9,470.1	\$ 53.58	\$ 42.28
Physician										
Surgery			214.9	147.44	2.64			202.6	145.03	2.45
Anesthesia			127.4	238.24	2.53			126.2	217.87	2.29
Hospital Inpatient Visits			450.5	31.01	1.16			403.3	30.43	1.02
Office Visits/Consults			2,119.5	43.55	7.69			2,113.7	42.70	7.52
Well Baby Exams/Physical Exams			680.3	36.37	2.06			622.7	35.41	1.84
Emergency Room Visits			1,094.3	38.25	3.49			994.9	38.66	3.21
Clinic Visit/Services			3,703.9	42.75	13.19			3,598.0	44.97	13.48
Radiology and Pathology			10,334.1	12.74	10.97			9,955.0	12.83	10.64
Outpatient Behavioral Health			188.8	46.53	0.73			198.2	43.20	0.71
Maternity			57.0	48.13	0.23			46.6	59.57	0.23
Chiropractor			114.0	10.32	0.10			98.4	10.45	0.09
Podiatrist			35.7	44.71	0.13			42.5	53.28	0.19
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,587.7	10.67	9.42			10,902.0	9.68	8.79
DMHDD / DASA			1,786.8	97.45	14.51			1,612.7	96.72	13.00
PCCM Fee			-	-	-			-	-	-
Subtotal			31,494.8	\$ 26.24	\$ 68.86			30,917.0	\$ 25.41	\$ 65.47
Total Claims/Benefit Cost			42,971.0	\$ 45.12	\$ 161.56			42,263.6	\$ 45.30	\$ 159.55

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 21 thru 44 Male

Member Months: 121,205

Member Months: 125,887

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	60.7	3.8	231.3	\$ 2,694.04	\$ 51.93	57.9	3.5	202.7	\$ 2,353.06	\$ 39.75
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.2	4.0	0.8	410.00	0.03	-	-	-	-	-
Psychiatric/Substance Abuse	16.6	3.8	63.1	397.16	2.09	15.6	4.2	64.8	362.06	1.96
Long Term Care	-	-	-	-	-	1.1	15.2	16.7	104.62	0.15
Other Inpatient	-	-	-	-	-	0.1	17.0	1.7	3,834.55	0.54
Subtotal	77.5	3.8	295.1	\$ 2,197.63	\$ 54.04	74.7	3.8	285.9	\$ 1,779.27	\$ 42.39
Outpatient Hospital										
General Outpatient			512.9	406.57	17.38			488.2	409.22	16.65
Emergency Room			1,109.8	126.38	11.69			1,083.8	149.75	13.52
End-Stage Renal Disease			8.5	771.74	0.55			4.5	986.79	0.37
Subtotal			1,631.1	\$ 217.86	\$ 29.61			1,576.5	\$ 232.49	\$ 30.54
Ancillaries										
Prescription Drugs			11,636.5	47.99	46.54			11,578.1	47.93	46.25
Transportation			206.1	71.00	1.22			212.4	76.16	1.35
DME/Prosthetics/Orthotics			524.9	78.81	3.45			543.5	77.33	3.50
Home Health/Hospice			55.7	67.10	0.31			48.7	62.83	0.26
Other Ancillary			11.0	25.29	0.02			13.1	25.77	0.03
Subtotal			12,434.3	\$ 49.74	\$ 51.54			12,395.8	\$ 49.74	\$ 51.38
Physician										
Surgery			405.6	206.44	6.98			396.3	197.63	6.53
Anesthesia			99.0	187.13	1.54			97.9	192.61	1.57
Hospital Inpatient Visits			359.9	41.14	1.23			384.5	39.97	1.28
Office Visits/Consults			1,732.6	46.74	6.75			1,677.2	46.03	6.43
Well Baby Exams/Physical Exams			22.7	87.52	0.17			22.4	84.61	0.16
Emergency Room Visits			1,037.7	38.93	3.37			1,005.4	40.08	3.36
Clinic Visit/Services			2,618.5	37.60	8.20			2,537.1	37.55	7.94
Radiology and Pathology			5,804.1	13.59	6.57			5,967.9	13.66	6.79
Outpatient Behavioral Health			111.5	40.35	0.37			101.2	36.66	0.31
Maternity			0.6	49.53	0.00			0.5	47.66	0.00
Chiropractor			205.1	8.64	0.15			149.4	8.67	0.11
Podiatrist			41.6	42.08	0.15			45.9	47.05	0.18
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,067.4	8.51	6.43			9,574.4	8.63	6.89
DMHDD / DASA			1,032.7	61.90	5.33			838.1	65.80	4.60
PCCM Fee			-	-	-			-	-	-
Subtotal			22,539.1	\$ 25.15	\$ 47.24			22,798.3	\$ 24.29	\$ 46.14
Total Claims/Benefit Cost			36,899.6	\$ 59.33	\$ 182.44			37,056.5	\$ 55.20	\$ 170.46

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 21 thru 44 Female

Member Months: 394,191

Member Months: 406,718

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	58.8	3.1	184.7	\$ 1,679.89	\$ 25.86	56.3	3.1	173.0	\$ 1,688.21	\$ 24.34
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	0.1	8,743.38	0.07	-	-	-	-	0.01
Maternity Non-Delivery	19.2	2.7	52.6	647.65	2.84	18.6	2.6	49.1	724.10	2.96
Psychiatric/Substance Abuse	14.0	4.2	59.0	356.53	1.75	12.5	4.3	54.0	362.97	1.63
Long Term Care	0.2	12.0	2.4	101.37	0.02	0.5	18.4	9.2	113.66	0.09
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	92.2	3.2	298.9	\$ 1,226.14	\$ 30.54	87.9	3.2	285.3	\$ 1,221.13	\$ 29.03
Outpatient Hospital										
General Outpatient			881.5	321.91	23.65			862.2	355.77	25.56
Emergency Room			1,570.8	125.49	16.43			1,506.3	149.27	18.74
End-Stage Renal Disease			3.5	667.66	0.19			4.7	728.82	0.29
Subtotal			2,455.7	\$ 196.77	\$ 40.27			2,373.1	\$ 225.45	\$ 44.58
Ancillaries										
Prescription Drugs			17,092.5	44.37	63.21			17,529.6	44.30	64.71
Transportation			365.1	53.45	1.63			359.3	53.06	1.59
DME/Prosthetics/Orthotics			393.1	80.35	2.63			424.0	79.32	2.80
Home Health/Hospice			61.2	70.96	0.36			47.6	70.15	0.28
Other Ancillary			11.6	24.25	0.02			13.7	25.50	0.03
Subtotal			17,923.4	\$ 45.43	\$ 67.85			18,374.2	\$ 45.33	\$ 69.41
Physician										
Surgery			529.7	178.49	7.88			568.2	176.09	8.34
Anesthesia			252.4	201.44	4.24			260.6	190.27	4.13
Hospital Inpatient Visits			402.1	36.99	1.24			375.5	38.68	1.21
Office Visits/Consults			2,912.5	45.51	11.05			2,931.9	44.33	10.83
Well Baby Exams/Physical Exams			229.8	63.01	1.21			272.0	60.69	1.38
Emergency Room Visits			1,506.8	40.09	5.03			1,443.7	40.65	4.89
Clinic Visit/Services			4,032.5	43.66	14.67			3,934.8	45.11	14.79
Radiology and Pathology			15,401.9	13.84	17.76			15,740.6	13.94	18.28
Outpatient Behavioral Health			181.3	37.21	0.56			182.9	35.57	0.54
Maternity			55.3	53.07	0.24			68.5	55.06	0.31
Chiropractor			231.7	8.80	0.17			204.4	8.78	0.15
Podiatrist			67.7	45.71	0.26			68.2	45.69	0.26
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			11,197.2	15.25	14.23			11,526.3	13.92	13.37
DMHDD / DASA			1,118.4	64.56	6.02			1,099.1	63.15	5.78
PCCM Fee			-	-	-			-	-	-
Subtotal			38,119.5	\$ 26.62	\$ 84.56			38,676.6	\$ 26.15	\$ 84.27
Total Claims/Benefit Cost			58,797.5	\$ 45.56	\$ 223.21			59,709.2	\$ 45.68	\$ 227.30

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Ratecell: 45+ Years

Member Months: 84,945

Member Months: 90,673

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	142.3	4.3	616.8	\$ 2,323.26	\$ 119.42	130.8	4.1	538.8	\$ 1,924.21	\$ 86.40
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.1	1.0	0.1	1,965.04	0.02	0.1	1.0	0.1	885.70	0.01
Psychiatric/Substance Abuse	10.6	4.7	49.4	341.98	1.41	7.9	4.8	37.7	440.70	1.38
Long Term Care	2.8	18.4	51.6	103.58	0.45	7.7	16.9	129.8	114.92	1.24
Other Inpatient	-	-	-	-	-	0.1	24.0	2.4	3,808.90	0.76
Subtotal	155.8	4.6	717.9	\$ 2,027.33	\$ 121.29	146.6	4.8	708.8	\$ 1,520.21	\$ 89.79
Outpatient Hospital										
General Outpatient			1,076.3	384.02	34.44			1,069.7	442.08	39.41
Emergency Room			941.1	149.51	11.73			899.3	173.08	12.97
End-Stage Renal Disease			25.6	419.38	0.89			18.4	600.36	0.92
Subtotal			2,043.0	\$ 276.44	\$ 47.06			1,987.4	\$ 321.83	\$ 53.30
Ancillaries										
Prescription Drugs			28,206.5	48.97	115.11			29,140.8	49.07	119.16
Transportation			766.1	34.22	2.18			806.8	31.85	2.14
DME/Prosthetics/Orthotics			1,694.4	67.93	9.59			1,741.6	70.85	10.28
Home Health/Hospice			189.0	77.84	1.23			171.9	77.35	1.11
Other Ancillary			21.3	26.34	0.05			25.7	24.58	0.05
Subtotal			30,877.3	\$ 49.81	\$ 128.16			31,886.8	\$ 49.96	\$ 132.75
Physician										
Surgery			857.4	219.21	15.66			849.0	206.44	14.61
Anesthesia			230.5	161.58	3.10			232.9	155.96	3.03
Hospital Inpatient Visits			888.9	39.42	2.92			829.8	38.20	2.64
Office Visits/Consults			3,095.9	48.38	12.48			3,064.4	47.37	12.10
Well Baby Exams/Physical Exams			88.7	82.35	0.61			88.0	81.40	0.60
Emergency Room Visits			898.7	43.36	3.25			863.8	44.08	3.17
Clinic Visit/Services			3,342.1	48.68	13.56			3,217.7	50.72	13.60
Radiology and Pathology			13,276.1	13.11	14.51			13,454.7	13.11	14.70
Outpatient Behavioral Health			195.1	34.29	0.56			180.9	31.52	0.48
Maternity			0.3	41.53	0.00			0.5	49.81	0.00
Chiropractor			298.1	8.65	0.21			204.5	8.67	0.15
Podiatrist			137.3	37.46	0.43			153.3	39.45	0.50
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,722.1	20.56	18.37			10,955.3	20.27	18.51
DMHDD / DASA			1,181.7	57.10	5.62			1,034.0	57.93	4.99
PCCM Fee			-	-	-			-	-	-
Subtotal			35,212.9	\$ 31.11	\$ 91.28			35,128.8	\$ 30.43	\$ 89.07
Total Claims/Benefit Cost			68,851.1	\$ 67.59	\$ 387.79			69,711.8	\$ 62.81	\$ 364.91

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 2
Composite

Member Months: 34,527

Member Months: 34,225

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Med/Surg	52.1	3.7	192.9	\$ 1,969.62	\$ 31.66	48.4	3.9	188.3	\$ 1,877.11	\$ 29.45
Well Newborn	0.8	2.1	1.7	881.13	0.13	0.1	2.4	0.3	863.11	0.02
Other Newborn	45.1	6.4	288.3	1,555.30	37.36	46.7	6.7	314.0	1,581.91	41.40
Maternity Non-Delivery	5.2	2.7	14.1	645.44	0.76	5.0	2.7	13.2	713.46	0.79
Psychiatric/Substance Abuse	9.7	7.2	69.4	592.20	3.43	8.7	7.3	63.3	610.68	3.22
Long Term Care	0.2	17.2	3.7	102.69	0.03	0.6	16.9	11.0	113.25	0.10
Other Inpatient	-	-	0.3	5,904.59	0.14	0.0	43.6	0.6	5,254.01	0.26
Subtotal	113.1	5.0	570.4	\$ 1,546.36	\$ 73.50	109.5	5.4	590.7	\$ 1,528.35	\$ 75.24
Outpatient Hospital										
General Outpatient			435.9	342.32	12.44			424.4	365.63	12.93
Emergency Room			1,111.2	110.34	10.22			1,054.8	131.27	11.54
End-Stage Renal Disease			3.0	568.06	0.14			2.6	735.00	0.16
Subtotal			1,550.1	\$ 176.46	\$ 22.79			1,481.7	\$ 199.44	\$ 24.63
Ancillaries										
Prescription Drugs			10,043.2	48.58	40.66			10,178.3	48.98	41.55
Transportation			271.4	54.39	1.23			276.8	55.78	1.29
DME/Prosthetics/Orthotics			405.8	89.39	3.02			425.9	89.77	3.19
Home Health/Hospice			57.8	80.05	0.39			51.1	101.15	0.43
Other Ancillary			46.0	25.64	0.10			46.6	24.43	0.09
Subtotal			10,824.2	\$ 50.32	\$ 45.39			10,978.8	\$ 50.87	\$ 46.54
Physician										
Surgery			375.4	165.28	5.17			384.1	159.90	5.12
Anesthesia			132.0	185.83	2.04			132.4	179.32	1.98
Hospital Inpatient Visits			669.2	70.03	3.91			702.4	77.59	4.54
Office Visits/Consults			2,458.8	44.97	9.22			2,421.4	44.61	9.00
Well Baby Exams/Physical Exams			2,529.4	27.45	5.79			2,518.0	26.54	5.57
Emergency Room Visits			1,053.2	37.50	3.29			994.0	38.08	3.15
Clinic Visit/Services			3,569.8	43.95	13.07			3,434.1	46.55	13.32
Radiology and Pathology			7,868.1	12.10	7.94			7,978.9	12.11	8.05
Outpatient Behavioral Health			105.4	39.07	0.34			106.3	36.89	0.33
Maternity			17.5	52.10	0.08			20.1	55.05	0.09
Chiropractor			109.6	9.05	0.08			91.1	9.10	0.07
Podiatrist			34.9	43.40	0.13			37.0	45.06	0.14
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,136.0	11.02	9.30			10,558.3	10.23	9.00
DMHDD / DASA			741.2	74.37	4.59			674.1	73.97	4.15
PCCM Fee			-	-	-			-	-	-
Subtotal			29,800.5	\$ 26.15	\$ 64.95			30,052.0	\$ 25.77	\$ 64.53
Total Claims/Benefit Cost			#####	\$ 52.03	\$ 9,373.15			#####	\$ 52.04	\$ 9,765.73

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 0 thru 90 days

Member Months: 29,453

Member Months: 28,932

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	168.3	5.5	924.9	\$ 1,796.82	\$ 138.49	142.7	4.8	689.8	\$ 1,874.27	\$ 107.74
Well Newborn	26.9	2.1	57.0	735.36	3.49	2.5	2.2	5.4	1,272.88	0.57
Other Newborn	963.2	7.1	6,820.8	1,457.94	828.69	1,035.3	7.0	7,296.1	1,532.55	931.81
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.8	12.3	9.8	1,948.26	1.59	0.4	6.3	2.5	340.54	0.07
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	1,159.1	6.7	7,812.4	\$ 1,493.42	\$ 972.27	1,180.8	6.8	7,993.8	\$ 1,561.49	\$ 1,040.19
Outpatient Hospital										
General Outpatient			336.9	249.10	6.99			395.3	238.55	7.86
Emergency Room			1,210.1	94.69	9.55			1,290.3	107.73	11.58
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,547.0	\$ 128.32	\$ 16.54			1,685.6	\$ 138.41	\$ 19.44
Ancillaries										
Prescription Drugs			3,859.2	31.95	10.27			3,965.2	30.98	10.24
Transportation			682.4	133.29	7.58			754.5	99.77	6.27
DME/Prosthetics/Orthotics			440.0	82.86	3.04			437.6	78.11	2.85
Home Health/Hospice			898.4	63.74	4.77			637.9	67.79	3.60
Other Ancillary			87.2	41.46	0.30			111.6	41.68	0.39
Subtotal			5,967.2	\$ 52.22	\$ 25.97			5,906.7	\$ 47.44	\$ 23.35
Physician										
Surgery			1,314.4	113.05	12.38			1,308.6	107.02	11.67
Anesthesia			78.6	288.23	1.89			69.7	248.41	1.44
Hospital Inpatient Visits			8,086.6	111.20	74.93			8,047.3	113.73	76.27
Office Visits/Consults			2,810.0	41.43	9.70			2,842.4	38.82	9.20
Well Baby Exams/Physical Exams			15,427.3	29.44	37.85			14,927.8	28.61	35.59
Emergency Room Visits			1,063.4	38.99	3.46			1,139.8	38.70	3.68
Clinic Visit/Services			5,802.6	90.90	43.96			6,362.1	90.48	47.97
Radiology and Pathology			6,728.7	10.15	5.69			7,109.9	9.93	5.88
Outpatient Behavioral Health			-	-	-			-	-	-
Maternity			4.9	49.89	0.02			2.9	50.06	0.01
Chiropractor			23.2	10.68	0.02			33.2	10.66	0.03
Podiatrist			0.8	42.42	0.00			-	-	-
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			3,180.0	21.66	5.74			3,913.7	19.70	6.43
DMHDD / DASA			-	-	-			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			44,520.6	\$ 52.73	\$ 195.65			45,757.4	\$ 51.97	\$ 198.16
Total Claims/Benefit Cost			59,847.2	\$ 242.70	\$ 1,210.43			61,343.5	\$ 250.62	\$ 1,281.14

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 91 days thru 1 Year

Member Months: 126,568

Member Months: 128,003

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	72.4	3.8	278.7	\$ 1,912.17	\$ 44.41	60.7	3.0	183.4	\$ 1,678.07	\$ 25.65
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	2.5	28.2	70.4	2,021.89	11.86	1.5	18.6	27.9	1,933.04	4.49
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	-	-	-	-	-	-	-	-	-	-
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	0.1	66.0	6.6	16,262.27	8.94	-	-	-	-	-
Subtotal	75.0	4.7	355.8	\$ 2,199.54	\$ 65.22	62.2	3.4	211.3	\$ 1,711.74	\$ 30.14
Outpatient Hospital										
General Outpatient			157.9	306.67	4.04			182.9	315.50	4.81
Emergency Room			1,377.3	86.70	9.95			1,351.5	101.90	11.48
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,535.2	\$ 109.32	\$ 13.99			1,534.4	\$ 127.36	\$ 16.29
Ancillaries										
Prescription Drugs			6,767.3	33.76	19.04			6,766.9	31.17	17.57
Transportation			324.9	54.68	1.48			410.2	48.36	1.65
DME/Prosthetics/Orthotics			323.7	104.95	2.83			356.1	96.56	2.87
Home Health/Hospice			98.5	183.44	1.51			75.5	146.79	0.92
Other Ancillary			60.3	21.37	0.11			86.0	20.92	0.15
Subtotal			7,574.7	\$ 39.54	\$ 24.96			7,694.7	\$ 36.13	\$ 23.17
Physician										
Surgery			167.4	188.74	2.63			168.9	176.84	2.49
Anesthesia			84.3	149.51	1.05			90.3	149.72	1.13
Hospital Inpatient Visits			400.7	82.94	2.77			299.9	73.69	1.84
Office Visits/Consults			2,837.5	39.40	9.32			2,764.3	36.94	8.51
Well Baby Exams/Physical Exams			7,987.2	22.16	14.75			7,816.5	21.37	13.92
Emergency Room Visits			1,214.1	34.98	3.54			1,205.5	35.40	3.56
Clinic Visit/Services			7,579.8	44.09	27.85			7,087.7	50.67	29.93
Radiology and Pathology			3,012.0	11.78	2.96			2,996.5	11.98	2.99
Outpatient Behavioral Health			-	-	-			-	-	-
Maternity			3.9	49.84	0.02			3.6	49.48	0.01
Chiropractor			21.1	10.60	0.02			21.7	10.56	0.02
Podiatrist			1.1	30.83	0.00			1.4	40.34	0.00
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,795.5	16.03	11.75			9,567.8	14.78	11.78
DMHDD / DASA			-	-	-			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			32,104.7	\$ 28.65	\$ 76.65			32,024.1	\$ 28.55	\$ 76.18
Total Claims/Benefit Cost			41,570.4	\$ 52.19	\$ 180.81			41,464.5	\$ 42.19	\$ 145.77

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 2 thru 5 Years

Member Months: 246,174

Member Months: 252,413

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	26.0	2.6	68.3	\$ 1,537.54	\$ 8.75	25.6	3.0	77.3	\$ 1,690.42	\$ 10.89
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.2	7.0	1.4	664.65	0.08	0.7	8.0	5.6	864.65	0.40
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	26.3	2.7	69.7	\$ 1,520.01	\$ 8.83	26.3	3.2	82.9	\$ 1,634.64	\$ 11.29
Outpatient Hospital										
General Outpatient			118.6	375.65	3.71			118.5	372.79	3.68
Emergency Room			815.4	91.14	6.19			784.7	113.20	7.40
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			934.0	\$ 127.26	\$ 9.91			903.2	\$ 147.25	\$ 11.08
Ancillaries										
Prescription Drugs			4,892.8	37.85	15.43			4,701.5	39.62	15.52
Transportation			163.3	54.32	0.74			197.9	47.92	0.79
DME/Prosthetics/Orthotics			308.6	115.62	2.97			276.9	115.75	2.67
Home Health/Hospice			18.2	615.08	0.93			19.6	655.82	1.07
Other Ancillary			64.3	21.25	0.11			69.9	19.86	0.12
Subtotal			5,447.2	\$ 44.49	\$ 20.19			5,265.8	\$ 45.97	\$ 20.17
Physician										
Surgery			133.5	127.86	1.42			141.7	133.67	1.58
Anesthesia			66.6	146.97	0.82			67.6	149.63	0.84
Hospital Inpatient Visits			84.6	40.02	0.28			95.1	41.01	0.33
Office Visits/Consults			1,877.8	39.84	6.23			1,637.8	39.93	5.45
Well Baby Exams/Physical Exams			1,807.6	26.25	3.95			1,867.1	24.94	3.88
Emergency Room Visits			718.0	34.28	2.05			680.2	34.69	1.97
Clinic Visit/Services			6,022.3	31.43	15.77			5,472.3	34.69	15.82
Radiology and Pathology			2,338.3	11.10	2.16			2,275.3	11.27	2.14
Outpatient Behavioral Health			9.8	54.87	0.04			9.0	45.14	0.03
Maternity			2.1	51.07	0.01			2.1	50.94	0.01
Chiropractor			33.4	10.38	0.03			34.5	10.65	0.03
Podiatrist			2.0	37.82	0.01			1.7	35.68	0.01
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,895.6	15.30	11.34			9,546.8	13.68	10.88
DMHDD / DASA			71.0	82.44	0.49			65.8	72.39	0.40
PCCM Fee			-	-	-			-	-	-
Subtotal			22,062.9	\$ 24.27	\$ 44.61			21,897.0	\$ 23.76	\$ 43.35
Total Claims/Benefit Cost			28,513.8	\$ 35.16	\$ 83.54			28,148.9	\$ 36.62	\$ 85.90

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 6 thru 13 Years

Member Months: 458,457

Member Months: 475,100

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	15.6	2.9	45.4	\$ 1,760.59	\$ 6.66	14.8	3.6	53.1	\$ 1,775.73	\$ 7.86
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	0.6	808.32	0.04
Maternity Non-Delivery	-	-	-	-	-	-	-	0.1	700.96	0.01
Psychiatric/Substance Abuse	9.9	9.5	93.6	678.98	5.30	8.3	9.6	79.9	682.01	4.54
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	25.5	5.5	139.0	\$ 1,032.25	\$ 11.96	23.2	5.8	133.7	\$ 1,116.97	\$ 12.44
Outpatient Hospital										
General Outpatient			103.6	354.41	3.06			107.1	372.57	3.33
Emergency Room			571.2	99.51	4.74			522.3	122.53	5.33
End-Stage Renal Disease			1.4	819.39	0.10			-	-	-
Subtotal			676.2	\$ 140.06	\$ 7.89			629.4	\$ 165.08	\$ 8.66
Ancillaries										
Prescription Drugs			5,830.8	66.89	32.50			5,735.6	71.86	34.35
Transportation			199.6	37.79	0.63			201.8	37.03	0.62
DME/Prosthetics/Orthotics			140.3	111.51	1.30			164.9	111.55	1.53
Home Health/Hospice			4.2	269.90	0.09			9.5	217.34	0.17
Other Ancillary			26.1	21.87	0.05			31.9	20.47	0.05
Subtotal			6,201.0	\$ 66.91	\$ 34.57			6,143.7	\$ 71.74	\$ 36.73
Physician										
Surgery			119.1	134.37	1.33			121.1	128.59	1.30
Anesthesia			39.4	149.03	0.49			38.8	152.33	0.49
Hospital Inpatient Visits			116.9	34.50	0.34			119.6	33.03	0.33
Office Visits/Consults			1,172.5	45.03	4.40			1,036.3	44.64	3.85
Well Baby Exams/Physical Exams			526.0	31.54	1.38			544.6	30.19	1.37
Emergency Room Visits			504.8	34.63	1.46			460.9	35.04	1.35
Clinic Visit/Services			5,622.6	28.75	13.47			5,096.6	31.40	13.33
Radiology and Pathology			1,647.9	12.83	1.76			1,616.4	13.05	1.76
Outpatient Behavioral Health			98.5	41.43	0.34			101.3	41.97	0.35
Maternity			0.9	50.90	0.00			1.1	49.37	0.00
Chiropractor			61.6	10.55	0.05			52.1	10.61	0.05
Podiatrist			10.9	52.84	0.05			9.4	50.13	0.04
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,256.1	3.46	2.09			7,987.6	3.63	2.42
DMHDD / DASA			486.2	75.25	3.05			455.0	75.42	2.86
PCCM Fee			-	-	-			-	-	-
Subtotal			17,663.5	\$ 20.53	\$ 30.21			17,640.8	\$ 20.07	\$ 29.50
Total Claims/Benefit Cost			24,679.7	\$ 41.15	\$ 84.64			24,547.6	\$ 42.69	\$ 87.34

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 14 thru 20 Male

Member Months: 141,399

Member Months: 143,105

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	21.2	2.7	56.2	\$ 1,860.02	\$ 8.71	23.7	3.9	93.1	\$ 2,305.26	\$ 17.88
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	26.1	7.1	185.7	649.94	10.06	26.0	8.8	228.4	702.99	13.38
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	0.1	18.0	1.8	6,546.33	0.98
Subtotal	47.3	5.1	241.9	\$ 931.08	\$ 18.77	49.8	6.5	323.3	\$ 1,196.93	\$ 32.25
Outpatient Hospital										
General Outpatient			182.0	359.04	5.45			201.0	488.18	8.18
Emergency Room			659.0	115.07	6.32			624.4	140.06	7.29
End-Stage Renal Disease			0.2	384.73	0.01			-	-	-
Subtotal			841.1	\$ 167.94	\$ 11.77			825.4	\$ 224.83	\$ 15.46
Ancillaries										
Prescription Drugs			5,813.4	71.86	34.81			5,805.0	78.05	37.76
Transportation			399.2	44.29	1.47			399.7	46.22	1.54
DME/Prosthetics/Orthotics			134.4	120.89	1.35			146.2	88.91	1.08
Home Health/Hospice			25.1	274.38	0.57			59.5	234.36	1.16
Other Ancillary			7.9	26.39	0.02			10.7	22.91	0.02
Subtotal			6,380.1	\$ 71.90	\$ 38.23			6,421.2	\$ 77.67	\$ 41.56
Physician										
Surgery			166.8	163.72	2.28			179.8	161.41	2.42
Anesthesia			42.7	178.77	0.64			43.2	188.86	0.68
Hospital Inpatient Visits			207.7	33.41	0.58			274.7	32.29	0.74
Office Visits/Consults			939.4	44.01	3.45			895.7	42.74	3.19
Well Baby Exams/Physical Exams			376.5	34.22	1.07			380.2	33.81	1.07
Emergency Room Visits			594.4	36.92	1.83			552.3	37.70	1.74
Clinic Visit/Services			5,631.8	26.45	12.41			5,238.2	28.76	12.55
Radiology and Pathology			2,217.6	17.59	3.25			2,304.1	17.77	3.41
Outpatient Behavioral Health			122.5	43.58	0.44			135.8	42.42	0.48
Maternity			0.9	51.86	0.00			0.4	52.41	0.00
Chiropractor			140.2	10.35	0.12			124.0	10.17	0.11
Podiatrist			27.6	47.92	0.11			25.4	45.89	0.10
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			6,793.4	3.54	2.01			7,423.8	3.45	2.14
DMHDD / DASA			2,017.1	133.55	22.45			1,903.7	129.94	20.61
PCCM Fee			-	-	-			-	-	-
Subtotal			19,278.6	\$ 31.52	\$ 50.63			19,481.3	\$ 30.33	\$ 49.23
Total Claims/Benefit Cost			26,741.7	\$ 53.58	\$ 119.40			27,051.2	\$ 61.44	\$ 138.51

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 14 thru 20 Female

Member Months: 163,954

Member Months: 163,863

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	28.5	3.9	111.7	\$ 1,696.83	\$ 15.79	24.7	3.9	97.0	\$ 1,701.31	\$ 13.75
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	0.1	1.0	0.1	1,337.79	0.01
Maternity Non-Delivery	15.3	2.4	36.1	668.60	2.01	15.2	2.4	36.1	669.14	2.01
Psychiatric/Substance Abuse	24.5	6.8	166.1	619.74	8.58	29.5	7.1	208.3	664.65	11.54
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	68.4	4.6	313.9	\$ 1,008.64	\$ 26.38	69.5	4.9	341.6	\$ 959.50	\$ 27.31
Outpatient Hospital										
General Outpatient			569.4	253.21	12.02			530.3	278.87	12.32
Emergency Room			1,018.5	117.75	9.99			974.1	137.83	11.19
End-Stage Renal Disease			-	-	-			0.8	295.80	0.02
Subtotal			1,587.9	\$ 166.33	\$ 22.01			1,505.1	\$ 187.62	\$ 23.53
Ancillaries										
Prescription Drugs			8,838.6	48.27	35.55			8,762.3	50.21	36.66
Transportation			437.4	50.77	1.85			537.9	44.41	1.99
DME/Prosthetics/Orthotics			123.2	103.20	1.06			128.2	99.84	1.07
Home Health/Hospice			15.2	61.14	0.08			19.0	69.10	0.11
Other Ancillary			8.6	24.01	0.02			10.1	23.39	0.02
Subtotal			9,423.0	\$ 49.10	\$ 38.56			9,457.5	\$ 50.56	\$ 39.85
Physician										
Surgery			176.5	154.82	2.28			172.5	163.58	2.35
Anesthesia			134.9	261.91	2.94			130.3	263.80	2.86
Hospital Inpatient Visits			308.5	36.51	0.94			330.7	34.56	0.95
Office Visits/Consults			1,497.4	40.75	5.09			1,433.0	39.75	4.75
Well Baby Exams/Physical Exams			493.9	34.89	1.44			490.5	33.51	1.37
Emergency Room Visits			949.9	38.94	3.08			908.1	39.51	2.99
Clinic Visit/Services			7,421.4	40.87	25.27			6,990.1	42.89	24.98
Radiology and Pathology			7,645.3	17.10	10.90			7,068.1	17.02	10.02
Outpatient Behavioral Health			131.1	49.86	0.54			140.5	49.72	0.58
Maternity			16.3	50.07	0.07			14.0	48.99	0.06
Chiropractor			184.4	10.49	0.16			176.4	10.31	0.15
Podiatrist			25.7	46.26	0.10			22.5	56.08	0.11
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,433.8	9.19	5.69			7,939.9	7.59	5.02
DMHDD / DASA			1,239.5	118.47	12.24			1,113.9	113.27	10.51
PCCM Fee			-	-	-			-	-	-
Subtotal			27,658.5	\$ 30.69	\$ 70.73			26,930.6	\$ 29.73	\$ 66.72
Total Claims/Benefit Cost			38,983.3	\$ 48.54	\$ 157.69			38,234.8	\$ 49.40	\$ 157.41

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 21 thru 44 Male

Member Months: 114,524

Member Months: 118,337

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	72.4	3.7	269.4	\$ 1,875.90	\$ 42.11	69.6	3.4	239.1	\$ 1,745.78	\$ 34.78
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	0.1	1.0	0.1	1,894.31	0.02	-	-	-	-	-
Maternity Non-Delivery	0.1	1.0	0.1	1,427.05	0.01	0.5	5.0	2.5	430.42	0.09
Psychiatric/Substance Abuse	28.9	3.4	97.7	483.45	3.94	27.5	3.4	93.1	515.01	4.00
Long Term Care	0.8	17.5	14.0	121.08	0.14	0.6	15.0	9.0	120.91	0.09
Other Inpatient	0.1	13.0	1.3	88.66	0.01	-	-	-	-	-
Subtotal	102.5	3.7	382.6	\$ 1,449.93	\$ 46.23	98.2	3.5	343.8	\$ 1,359.88	\$ 38.96
Outpatient Hospital										
General Outpatient			526.0	380.18	16.66			533.4	417.24	18.55
Emergency Room			1,073.6	125.60	11.24			1,014.4	151.77	12.83
End-Stage Renal Disease			8.1	894.76	0.60			4.5	1,144.67	0.43
Subtotal			1,607.7	\$ 212.77	\$ 28.51			1,552.2	\$ 245.89	\$ 31.81
Ancillaries										
Prescription Drugs			13,168.3	47.39	52.00			13,185.7	47.45	52.14
Transportation			361.1	60.47	1.82			487.8	48.26	1.96
DME/Prosthetics/Orthotics			549.8	90.04	4.13			616.2	81.45	4.18
Home Health/Hospice			49.8	69.61	0.29			36.5	61.35	0.19
Other Ancillary			5.6	25.84	0.01			8.2	26.27	0.02
Subtotal			14,134.5	\$ 49.45	\$ 58.25			14,334.5	\$ 48.96	\$ 58.49
Physician										
Surgery			396.1	200.84	6.63			410.2	194.39	6.64
Anesthesia			105.0	177.34	1.55			93.7	188.18	1.47
Hospital Inpatient Visits			387.9	39.78	1.29			344.4	41.37	1.19
Office Visits/Consults			1,234.9	45.16	4.65			1,184.9	44.69	4.41
Well Baby Exams/Physical Exams			12.2	65.44	0.07			12.5	77.92	0.08
Emergency Room Visits			971.6	40.30	3.26			916.2	41.33	3.16
Clinic Visit/Services			5,556.8	32.83	15.20			5,417.4	33.42	15.09
Radiology and Pathology			4,588.0	18.95	7.24			4,605.9	19.19	7.37
Outpatient Behavioral Health			94.0	50.63	0.40			94.5	51.93	0.41
Maternity			0.2	52.39	0.00			0.4	50.70	0.00
Chiropractor			328.7	8.66	0.24			342.9	8.67	0.25
Podiatrist			24.8	50.08	0.10			38.0	49.27	0.16
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			6,754.5	8.35	4.70			7,237.8	7.38	4.45
DMHDD / DASA			699.1	70.78	4.12			695.9	70.81	4.11
PCCM Fee			-	-	-			-	-	-
Subtotal			21,153.7	\$ 28.05	\$ 49.45			21,394.7	\$ 27.36	\$ 48.78
Total Claims/Benefit Cost			37,278.5	\$ 58.73	\$ 182.43			37,625.2	\$ 56.78	\$ 178.03

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 21 thru 44 Female

Member Months: 376,598

Member Months: 386,410

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	69.7	3.2	220.2	\$ 1,444.21	\$ 26.50	67.5	3.2	216.3	\$ 1,615.95	\$ 29.13
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	20.0	2.5	49.5	697.37	2.88	20.8	2.5	52.2	814.71	3.54
Psychiatric/Substance Abuse	20.6	3.8	77.3	469.80	3.03	20.1	3.7	74.2	492.01	3.04
Long Term Care	0.5	18.8	9.4	208.57	0.16	0.2	20.0	4.0	99.78	0.03
Other Inpatient	-	-	-	-	-	-	-	0.6	3,803.85	0.19
Subtotal	110.9	3.2	356.4	\$ 1,096.55	\$ 32.57	108.6	3.2	347.3	\$ 1,241.71	\$ 35.94
Outpatient Hospital										
General Outpatient			994.0	296.14	24.53			986.5	327.50	26.92
Emergency Room			1,356.1	125.78	14.21			1,354.7	146.83	16.58
End-Stage Renal Disease			8.3	766.54	0.53			3.7	707.05	0.22
Subtotal			2,358.5	\$ 199.83	\$ 39.27			2,344.8	\$ 223.73	\$ 43.72
Ancillaries										
Prescription Drugs			18,295.4	45.97	70.09			18,287.1	45.67	69.59
Transportation			708.5	40.89	2.41			733.5	39.60	2.42
DME/Prosthetics/Orthotics			373.6	84.05	2.62			373.4	83.35	2.59
Home Health/Hospice			62.8	64.21	0.34			51.4	65.53	0.28
Other Ancillary			4.7	27.61	0.01			4.9	26.64	0.01
Subtotal			19,445.0	\$ 46.57	\$ 75.47			19,450.3	\$ 46.21	\$ 74.90
Physician										
Surgery			488.3	186.18	7.58			506.0	185.48	7.82
Anesthesia			253.8	214.04	4.53			250.9	222.02	4.64
Hospital Inpatient Visits			400.4	38.17	1.27			414.6	38.64	1.33
Office Visits/Consults			1,924.9	42.27	6.78			1,852.7	41.68	6.43
Well Baby Exams/Physical Exams			313.3	50.02	1.31			298.4	48.03	1.19
Emergency Room Visits			1,273.6	41.06	4.36			1,269.8	41.54	4.40
Clinic Visit/Services			8,533.4	42.47	30.20			8,488.4	44.42	31.42
Radiology and Pathology			11,412.5	17.93	17.05			11,488.5	17.89	17.13
Outpatient Behavioral Health			117.1	47.69	0.47			101.7	50.64	0.43
Maternity			13.6	49.97	0.06			13.4	46.26	0.05
Chiropractor			384.7	8.79	0.28			359.5	8.77	0.26
Podiatrist			39.6	41.79	0.14			48.9	41.06	0.17
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,375.7	15.79	9.70			7,628.3	14.97	9.52
DMHDD / DASA			779.3	71.15	4.62			755.2	72.41	4.56
PCCM Fee			-	-	-			-	-	-
Subtotal			33,310.3	\$ 31.82	\$ 88.34			33,476.3	\$ 32.03	\$ 89.36
Total Claims/Benefit Cost			55,470.2	\$ 50.98	\$ 235.65			55,618.7	\$ 52.63	\$ 243.92

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Ratecell: 45+ Years

Member Months: 83,277

Member Months: 88,153

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	154.2	3.9	604.8	\$ 1,534.12	\$ 77.32	148.8	4.1	610.3	\$ 1,658.64	\$ 84.36
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	15.9	4.7	74.6	461.17	2.87	14.6	4.3	62.9	440.73	2.31
Long Term Care	4.3	16.0	69.0	127.93	0.74	5.2	21.8	113.3	101.92	0.96
Other Inpatient	0.1	35.0	3.5	43.97	0.01	0.3	32.3	9.7	9,407.00	7.60
Subtotal	174.5	4.3	751.9	\$ 1,291.68	\$ 80.93	168.8	4.7	796.1	\$ 1,435.48	\$ 95.23
Outpatient Hospital										
General Outpatient			1,065.3	369.46	32.80			1,097.6	386.84	35.38
Emergency Room			858.2	140.13	10.02			847.1	159.82	11.28
End-Stage Renal Disease			42.9	584.86	2.09			38.7	515.91	1.66
Subtotal			1,966.5	\$ 274.06	\$ 44.91			1,983.4	\$ 292.40	\$ 48.33
Ancillaries										
Prescription Drugs			30,025.1	49.68	124.32			30,507.7	49.22	125.12
Transportation			1,850.2	25.23	3.89			1,801.2	26.92	4.04
DME/Prosthetics/Orthotics			1,499.3	74.35	9.29			1,600.3	73.03	9.74
Home Health/Hospice			147.1	71.30	0.87			266.4	83.55	1.85
Other Ancillary			8.9	26.73	0.02			13.3	25.34	0.03
Subtotal			33,530.7	\$ 49.53	\$ 138.39			34,189.0	\$ 49.42	\$ 140.79
Physician										
Surgery			799.7	214.55	14.30			814.0	198.90	13.49
Anesthesia			195.8	173.25	2.83			195.2	170.83	2.78
Hospital Inpatient Visits			769.8	38.42	2.46			832.1	38.82	2.69
Office Visits/Consults			2,229.2	45.82	8.51			2,111.7	44.45	7.82
Well Baby Exams/Physical Exams			59.4	78.87	0.39			58.8	80.34	0.39
Emergency Room Visits			783.0	44.54	2.91			777.4	45.18	2.93
Clinic Visit/Services			6,885.6	41.21	23.65			6,849.1	42.95	24.51
Radiology and Pathology			9,913.9	17.97	14.85			10,301.8	17.29	14.84
Outpatient Behavioral Health			134.0	40.97	0.46			129.2	45.31	0.49
Maternity			0.3	48.03	0.00			0.1	68.06	0.00
Chiropractor			443.8	8.68	0.32			455.9	8.69	0.33
Podiatrist			98.0	37.77	0.31			107.8	39.76	0.36
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,857.9	27.11	17.76			8,083.2	25.04	16.87
DMHDD / DASA			811.8	62.14	4.20			782.9	68.38	4.46
PCCM Fee			-	-	-			-	-	-
Subtotal			30,982.2	\$ 36.00	\$ 92.94			31,499.4	\$ 35.03	\$ 91.96
Total Claims/Benefit Cost			67,231.3	\$ 63.75	\$ 357.18			68,467.9	\$ 65.95	\$ 376.31

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 3
Composite

Member Months: 1,740,404

Member Months: 1,784,316

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	42.4	3.4	144.5	\$ 1,631.95	\$ 19.64	40.3	3.5	140.8	\$ 1,719.63	\$ 20.17
Well Newborn	0.3	2.1	0.7	735.36	0.04	0.0	2.2	0.1	1,272.88	0.01
Other Newborn	12.1	7.3	87.7	1,478.22	10.81	12.9	7.1	91.9	1,536.46	11.77
Maternity Non-Delivery	5.7	2.4	14.0	691.04	0.80	5.9	2.5	14.7	779.83	0.96
Psychiatric/Substance Abuse	13.9	6.1	84.0	606.18	4.24	13.6	6.3	86.1	634.48	4.55
Long Term Care	0.3	17.3	5.0	159.83	0.07	0.2	20.7	5.1	103.11	0.04
Other Inpatient	0.0	37.9	0.5	10,146.48	0.40	0.0	33.1	0.6	7,506.73	0.38
Subtotal	74.7	4.5	336.4	\$ 1,284.61	\$ 36.01	73.0	4.6	339.3	\$ 1,339.64	\$ 37.88
Outpatient Hospital										
General Outpatient			404.9	312.78	10.55			405.8	343.80	11.63
Emergency Room			903.6	111.47	8.39			872.8	133.08	9.68
End-Stage Renal Disease			4.1	718.30	0.25			2.4	628.69	0.13
Subtotal			1,312.6	\$ 175.47	\$ 19.19			1,280.9	\$ 200.77	\$ 21.43
Ancillaries										
Prescription Drugs			9,843.7	50.78	41.65			9,792.8	52.02	42.45
Transportation			417.0	43.20	1.50			446.4	41.12	1.53
DME/Prosthetics/Orthotics			292.1	95.37	2.32			304.4	92.21	2.34
Home Health/Hospice			44.1	128.10	0.47			45.8	142.32	0.54
Other Ancillary			25.1	22.93	0.05			29.9	21.82	0.05
Subtotal			10,621.9	\$ 51.96	\$ 45.99			10,619.3	\$ 53.02	\$ 46.92
Physician										
Surgery			263.6	170.60	3.75			271.2	167.68	3.79
Anesthesia			109.8	198.72	1.82			108.4	203.46	1.84
Hospital Inpatient Visits			344.2	61.18	1.75			352.3	60.13	1.77
Office Visits/Consults			1,588.4	42.46	5.62			1,473.6	41.71	5.12
Well Baby Exams/Physical Exams			1,141.2	28.36	2.70			1,139.2	27.25	2.59
Emergency Room Visits			821.5	38.05	2.61			791.5	38.63	2.55
Clinic Visit/Services			6,607.4	36.09	19.87			6,251.2	38.88	20.26
Radiology and Pathology			4,998.2	16.52	6.88			4,968.9	16.52	6.84
Outpatient Behavioral Health			89.1	45.22	0.34			88.3	46.00	0.34
Maternity			5.3	50.14	0.02			5.1	47.64	0.02
Chiropractor			167.9	9.31	0.13			158.8	9.27	0.12
Podiatrist			21.5	44.45	0.08			23.5	44.28	0.09
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,528.5	10.55	6.62			8,088.3	9.69	6.53
DMHDD / DASA			669.9	94.88	5.30			632.4	93.26	4.91
PCCM Fee			-	-	-			-	-	-
Subtotal			24,356.7	\$ 28.32	\$ 57.48			24,352.6	\$ 27.97	\$ 56.76
Total Claims/Benefit Cost			38,088.2	\$ 54.31	\$ 172.39			38,090.9	\$ 55.26	\$ 175.42

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 0 thru 90 days

Member Months: 152,039

Member Months: 145,938

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	160.6	6.3	1,010.0	\$ 2,139.20	\$ 180.05	157.5	6.0	938.9	\$ 2,177.02	\$ 170.33
Well Newborn	90.4	2.3	212.3	2,627.18	46.48	75.8	2.5	188.5	2,815.87	44.23
Other Newborn	1,087.7	7.8	8,432.7	1,763.34	1,239.15	1,118.0	7.4	8,298.6	1,716.97	1,187.37
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.2	20.5	4.1	2,004.57	0.68	0.4	6.8	2.7	1,757.61	0.40
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	0.1	27.0	2.7	7,482.15	1.68	-	-	-	-	-
Subtotal	1,339.0	7.2	9,661.8	\$ 1,823.32	\$ 1,468.04	1,351.7	7.0	9,428.8	\$ 1,784.74	\$ 1,402.33
Outpatient Hospital										
General Outpatient			309.2	387.69	9.99			317.4	360.34	9.53
Emergency Room			951.2	124.53	9.87			937.1	123.41	9.64
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			1,260.4	\$ 189.09	\$ 19.86			1,254.5	\$ 183.35	\$ 19.17
Ancillaries										
Prescription Drugs			4,293.3	22.32	7.98			4,401.8	27.69	10.16
Transportation			307.0	65.27	1.67			360.1	56.91	1.71
DME/Prosthetics/Orthotics			251.7	82.50	1.73			266.7	77.99	1.73
Home Health/Hospice			85.2	90.04	0.64			98.3	115.89	0.95
Other Ancillary			21.2	50.44	0.09			42.7	46.78	0.17
Subtotal			4,958.4	\$ 29.32	\$ 12.11			5,169.5	\$ 34.15	\$ 14.71
Physician										
Surgery			651.1	155.93	8.46			629.2	147.02	7.71
Anesthesia			73.9	302.09	1.86			68.0	280.62	1.59
Hospital Inpatient Visits			10,528.6	106.54	93.47			10,017.0	108.00	90.15
Office Visits/Consults			2,355.1	50.42	9.90			2,269.9	50.57	9.57
Well Baby Exams/Physical Exams			13,026.0	35.90	38.97			13,286.8	35.62	39.44
Emergency Room Visits			873.8	40.58	2.96			863.0	40.49	2.91
Clinic Visit/Services			3,930.2	108.97	35.69			4,138.6	109.97	37.93
Radiology and Pathology			24,464.2	5.46	11.12			24,487.4	5.27	10.76
Outpatient Behavioral Health			2.8	52.01	0.01			3.5	51.71	0.02
Maternity			7.3	49.73	0.03			6.3	50.25	0.03
Chiropractor			-	-	-			-	-	-
Podiatrist			2.4	49.46	0.01			4.1	50.45	0.02
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			3,182.2	26.76	7.10			3,199.5	27.98	7.46
DMHDD / DASA			-	-	-			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			59,097.5	\$ 42.56	\$ 209.58			58,973.3	\$ 42.24	\$ 207.57
Total Claims/Benefit Cost			74,978.1	\$ 273.61	\$ 1,709.59			74,826.1	\$ 263.62	\$ 1,643.79

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 91 days thru 1 Year

Member Months: 681,490

Member Months: 659,727

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	71.5	4.4	315.0	\$ 2,130.83	\$ 55.93	65.7	4.2	274.1	\$ 2,038.78	\$ 46.57
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	2.1	26.4	55.5	2,286.49	10.58	2.4	29.1	69.8	2,320.89	13.50
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	-	-	0.1	428.74	0.00	-	-	0.1	778.53	0.01
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	0.1	14.0	1.4	10,438.96	1.22	-	-	-	-	-
Subtotal	73.7	5.0	372.0	\$ 2,184.86	\$ 67.73	68.1	5.1	344.0	\$ 2,095.66	\$ 60.08
Outpatient Hospital										
General Outpatient			146.5	382.38	4.67			151.8	375.03	4.74
Emergency Room			1,082.7	107.70	9.72			1,066.6	105.67	9.39
End-Stage Renal Disease			0.4	957.41	0.03			0.4	501.08	0.02
Subtotal			1,229.6	\$ 140.70	\$ 14.42			1,218.8	\$ 139.35	\$ 14.15
Ancillaries										
Prescription Drugs			6,990.5	30.72	17.90			6,873.1	30.72	17.59
Transportation			205.3	43.67	0.75			219.1	41.60	0.76
DME/Prosthetics/Orthotics			320.0	86.53	2.31			342.2	89.42	2.55
Home Health/Hospice			62.2	243.29	1.26			68.9	358.51	2.06
Other Ancillary			35.0	28.75	0.08			37.7	27.52	0.09
Subtotal			7,613.0	\$ 35.14	\$ 22.30			7,541.0	\$ 36.68	\$ 23.05
Physician										
Surgery			158.3	152.76	2.02			215.6	121.13	2.18
Anesthesia			46.6	202.32	0.79			48.1	196.05	0.79
Hospital Inpatient Visits			530.5	84.80	3.75			465.3	86.34	3.35
Office Visits/Consults			2,815.7	46.64	10.94			2,663.7	47.51	10.54
Well Baby Exams/Physical Exams			6,882.7	27.33	15.67			7,034.6	26.94	15.79
Emergency Room Visits			1,018.1	36.48	3.10			1,007.2	36.28	3.05
Clinic Visit/Services			5,657.3	43.70	20.60			5,654.1	43.04	20.28
Radiology and Pathology			5,211.4	8.07	3.50			5,220.5	7.91	3.44
Outpatient Behavioral Health			1.7	51.74	0.01			1.8	52.68	0.01
Maternity			9.1	50.12	0.04			7.4	50.14	0.03
Chiropractor			5.1	10.58	0.00			3.1	10.71	0.00
Podiatrist			6.7	36.29	0.02			8.2	38.22	0.03
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,240.3	14.45	11.13			9,141.5	15.43	11.76
DMHDD / DASA			0.1	90.15	0.00			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			31,583.5	\$ 27.19	\$ 71.56			31,471.0	\$ 27.16	\$ 71.24
Total Claims/Benefit Cost			40,798.1	\$ 51.77	\$ 176.01			40,574.8	\$ 49.84	\$ 168.52

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 2 thru 5 Years

Member Months: 1,324,676

Member Months: 1,353,811

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	24.9	3.5	86.3	\$ 1,892.48	\$ 13.61	23.5	3.2	75.9	\$ 1,954.83	\$ 12.36
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	0.00	-	-	0.1	4,651.66	0.04
Maternity Non-Delivery	-	-	-	-	0.00	-	-	-	-	-
Psychiatric/Substance Abuse	0.3	8.7	2.6	792.72	0.17	0.3	11.3	3.4	858.24	0.24
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	0.1	25.0	2.5	9,163.45	1.91	-	-	0.9	10,857.68	0.81
Subtotal	25.3	3.6	91.4	\$ 2,060.81	\$ 15.70	23.9	3.4	80.4	\$ 2,009.04	\$ 13.46
Outpatient Hospital										
General Outpatient			85.5	453.68	3.23			89.1	500.02	3.71
Emergency Room			574.6	107.62	5.15			559.4	109.52	5.11
End-Stage Renal Disease			-	-	-			-	-	-
Subtotal			660.1	\$ 152.44	\$ 8.39			648.5	\$ 163.18	\$ 8.82
Ancillaries										
Prescription Drugs			4,750.3	32.07	12.70			4,728.4	34.49	13.59
Transportation			117.5	35.78	0.35			141.9	33.08	0.39
DME/Prosthetics/Orthotics			225.5	123.10	2.31			249.6	125.29	2.61
Home Health/Hospice			13.1	529.44	0.58			10.3	929.76	0.80
Other Ancillary			48.5	27.35	0.11			48.4	27.45	0.11
Subtotal			5,155.0	\$ 37.36	\$ 16.05			5,178.7	\$ 40.55	\$ 17.50
Physician										
Surgery			111.2	116.05	1.08			123.6	108.40	1.12
Anesthesia			31.2	173.69	0.45			33.5	171.65	0.48
Hospital Inpatient Visits			109.0	39.90	0.36			103.5	40.42	0.35
Office Visits/Consults			2,212.9	45.65	8.42			2,070.6	47.32	8.16
Well Baby Exams/Physical Exams			2,150.8	35.38	6.34			2,176.8	33.98	6.16
Emergency Room Visits			529.8	35.56	1.57			517.3	35.61	1.53
Clinic Visit/Services			4,478.5	30.67	11.45			4,503.9	29.12	10.93
Radiology and Pathology			3,928.0	7.42	2.43			3,927.9	7.35	2.41
Outpatient Behavioral Health			10.1	51.46	0.04			9.1	52.46	0.04
Maternity			6.8	50.22	0.03			5.2	50.29	0.02
Chiropractor			3.6	10.51	0.00			4.0	10.42	0.00
Podiatrist			14.8	31.69	0.04			15.0	34.03	0.04
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,815.4	13.18	10.78			9,729.4	13.88	11.26
DMHDD / DASA			27.6	107.52	0.25			28.8	111.65	0.27
PCCM Fee			-	-	-			-	-	-
Subtotal			23,429.7	\$ 22.15	\$ 43.24			23,248.7	\$ 22.08	\$ 42.77
Total Claims/Benefit Cost			29,336.2	\$ 34.10	\$ 83.37			29,156.3	\$ 33.98	\$ 82.55

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 6 thru 13 Years

Member Months: 2,379,962

Member Months: 2,507,789

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	15.6	3.3	50.9	\$ 2,010.22	\$ 8.53	14.8	3.4	50.3	\$ 1,953.82	\$ 8.19
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	0.00
Maternity Non-Delivery	-	-	-	-	0.00	-	-	-	-	-
Psychiatric/Substance Abuse	5.0	11.4	56.9	772.10	3.66	4.7	12.0	56.6	770.89	3.64
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	0.8	10,560.45	0.70	-	-	0.9	12,442.30	0.93
Subtotal	20.7	5.2	108.5	\$ 1,425.90	\$ 12.89	19.6	5.5	107.9	\$ 1,419.22	\$ 12.76
Outpatient Hospital										
General Outpatient			75.8	408.92	2.58			76.0	418.55	2.65
Emergency Room			333.5	117.23	3.26			326.5	118.44	3.22
End-Stage Renal Disease			0.4	1,174.39	0.04			0.1	1,306.75	0.01
Subtotal			409.8	\$ 172.19	\$ 5.88			402.6	\$ 175.39	\$ 5.88
Ancillaries										
Prescription Drugs			3,773.5	51.59	16.22			3,800.6	52.08	16.49
Transportation			625.7	11.72	0.61			413.8	13.78	0.48
DME/Prosthetics/Orthotics			128.3	124.71	1.33			145.7	126.95	1.54
Home Health/Hospice			6.8	232.88	0.13			6.1	351.39	0.18
Other Ancillary			19.0	26.66	0.04			19.1	26.02	0.04
Subtotal			4,553.4	\$ 48.34	\$ 18.34			4,385.4	\$ 51.25	\$ 18.73
Physician										
Surgery			80.8	129.58	0.87			85.4	127.25	0.91
Anesthesia			21.4	177.81	0.32			22.5	175.80	0.33
Hospital Inpatient Visits			116.5	37.77	0.37			119.0	37.47	0.37
Office Visits/Consults			1,502.0	46.16	5.78			1,430.2	47.80	5.70
Well Baby Exams/Physical Exams			999.2	39.17	3.26			1,032.5	38.31	3.30
Emergency Room Visits			309.6	36.64	0.95			304.9	36.56	0.93
Clinic Visit/Services			3,736.8	23.61	7.35			3,825.5	23.14	7.38
Radiology and Pathology			2,755.2	8.09	1.86			2,834.5	8.14	1.92
Outpatient Behavioral Health			83.6	50.11	0.35			77.2	49.85	0.32
Maternity			5.2	50.47	0.02			3.7	50.18	0.02
Chiropractor			6.1	10.54	0.01			6.9	10.36	0.01
Podiatrist			30.3	38.18	0.10			35.5	39.00	0.12
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,653.8	3.82	2.76			8,593.0	4.02	2.88
DMHDD / DASA			261.0	83.80	1.82			270.7	82.68	1.87
PCCM Fee			-	-	-			-	-	-
Subtotal			18,561.5	\$ 16.68	\$ 25.80			18,641.4	\$ 16.76	\$ 26.03
Total Claims/Benefit Cost			23,633.2	\$ 31.95	\$ 62.92			23,537.3	\$ 32.33	\$ 63.41

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 14 thru 20 Male

Member Months: 661,570

Member Months: 696,687

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	22.6	4.2	95.5	\$ 1,986.25	\$ 15.81	22.0	4.5	98.3	\$ 2,072.60	\$ 16.98
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	0.1	810.07	0.01	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	0.00
Psychiatric/Substance Abuse	18.8	11.0	207.2	747.06	12.90	20.7	10.7	221.5	727.30	13.42
Long Term Care	0.1	14.0	1.4	129.48	0.02	0.3	13.0	3.9	186.65	0.06
Other Inpatient	-	-	0.5	10,690.31	0.45	0.1	29.0	2.9	11,946.71	2.89
Subtotal	41.5	7.3	304.7	\$ 1,148.95	\$ 29.17	43.0	7.6	326.6	\$ 1,225.45	\$ 33.35
Outpatient Hospital										
General Outpatient			114.8	464.55	4.44			119.3	455.97	4.53
Emergency Room			361.3	143.89	4.33			353.3	146.31	4.31
End-Stage Renal Disease			2.4	509.72	0.10			0.8	995.68	0.07
Subtotal			478.6	\$ 222.61	\$ 8.88			473.5	\$ 225.73	\$ 8.91
Ancillaries										
Prescription Drugs			3,324.2	83.29	23.07			3,376.2	85.61	24.09
Transportation			1,451.3	11.91	1.44			799.5	17.41	1.16
DME/Prosthetics/Orthotics			102.3	116.69	0.99			124.1	130.72	1.35
Home Health/Hospice			12.1	186.00	0.19			14.0	385.67	0.45
Other Ancillary			6.5	26.39	0.01			5.8	27.15	0.01
Subtotal			4,896.5	\$ 63.01	\$ 25.71			4,319.7	\$ 75.18	\$ 27.06
Physician										
Surgery			113.8	158.79	1.51			124.6	154.42	1.60
Anesthesia			27.5	202.59	0.46			29.6	196.62	0.49
Hospital Inpatient Visits			245.5	35.65	0.73			287.9	36.32	0.87
Office Visits/Consults			1,087.7	47.17	4.28			1,062.1	47.67	4.22
Well Baby Exams/Physical Exams			734.1	43.48	2.66			789.5	43.26	2.85
Emergency Room Visits			321.7	39.04	1.05			315.3	39.30	1.03
Clinic Visit/Services			3,594.1	21.39	6.41			3,615.6	21.18	6.38
Radiology and Pathology			3,345.6	10.43	2.91			3,511.0	10.47	3.06
Outpatient Behavioral Health			135.4	48.75	0.55			129.7	49.84	0.54
Maternity			5.5	49.63	0.02			3.9	50.13	0.02
Chiropractor			9.7	10.24	0.01			11.4	10.37	0.01
Podiatrist			52.6	43.29	0.19			62.2	45.28	0.23
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,239.8	3.40	2.33			8,351.8	3.62	2.52
DMHDD / DASA			826.4	121.03	8.33			805.7	118.71	7.97
PCCM Fee			-	-	-			-	-	-
Subtotal			18,739.3	\$ 20.13	\$ 31.43			19,100.5	\$ 19.97	\$ 31.79
Total Claims/Benefit Cost			24,419.1	\$ 46.78	\$ 95.19			24,220.3	\$ 50.10	\$ 101.11

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 14 thru 20 Female

Member Months: 738,429

Member Months: 762,981

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	23.2	3.2	74.9	\$ 1,908.47	\$ 11.91	21.9	3.5	77.2	\$ 2,030.15	\$ 13.06
Well Newborn	-	-	-	-	0.01	-	-	-	-	-
Other Newborn	-	-	0.1	388.69	0.00	-	-	-	-	-
Maternity Non-Delivery	11.7	2.6	30.5	1,042.07	2.65	9.8	2.5	24.9	1,193.57	2.48
Psychiatric/Substance Abuse	21.1	10.0	210.9	729.19	12.82	22.9	10.2	234.4	730.76	14.27
Long Term Care	0.1	30.0	3.0	122.96	0.03	-	-	-	-	-
Other Inpatient	-	-	1.6	6,797.83	0.91	-	-	1.2	11,937.17	1.19
Subtotal	56.2	5.7	320.9	\$ 1,059.14	\$ 28.32	54.7	6.2	337.7	\$ 1,101.75	\$ 31.01
Outpatient Hospital										
General Outpatient			330.0	280.32	7.71			318.7	275.87	7.33
Emergency Room			526.9	149.00	6.54			517.5	149.33	6.44
End-Stage Renal Disease			0.5	848.00	0.04			1.9	803.19	0.13
Subtotal			857.4	\$ 199.95	\$ 14.29			838.2	\$ 198.90	\$ 13.89
Ancillaries										
Prescription Drugs			5,067.2	45.70	19.30			4,936.9	51.24	21.08
Transportation			1,294.9	15.56	1.68			968.6	18.68	1.51
DME/Prosthetics/Orthotics			122.6	114.62	1.17			137.8	110.57	1.27
Home Health/Hospice			15.6	66.60	0.09			10.3	63.41	0.05
Other Ancillary			5.5	27.15	0.01			5.1	27.41	0.01
Subtotal			6,505.7	\$ 41.03	\$ 22.24			6,058.6	\$ 47.38	\$ 23.92
Physician										
Surgery			91.3	150.44	1.14			94.9	156.65	1.24
Anesthesia			77.8	292.35	1.90			72.6	304.55	1.84
Hospital Inpatient Visits			315.3	36.72	0.96			340.7	36.85	1.05
Office Visits/Consults			1,496.4	46.45	5.79			1,432.1	47.39	5.66
Well Baby Exams/Physical Exams			733.2	45.12	2.76			774.4	43.31	2.79
Emergency Room Visits			499.7	42.49	1.77			484.5	42.68	1.72
Clinic Visit/Services			4,575.7	37.06	14.13			4,554.7	34.98	13.28
Radiology and Pathology			8,438.9	11.58	8.14			8,127.9	11.61	7.86
Outpatient Behavioral Health			148.0	50.38	0.62			126.5	52.12	0.55
Maternity			24.4	48.30	0.10			22.0	47.59	0.09
Chiropractor			15.2	10.61	0.01			12.9	10.59	0.01
Podiatrist			44.2	44.89	0.17			53.1	46.26	0.20
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,351.1	5.48	3.82			8,335.2	5.45	3.78
DMHDD / DASA			609.7	100.58	5.11			604.3	99.69	5.02
PCCM Fee			-	-	-			-	-	-
Subtotal			25,421.0	\$ 21.91	\$ 46.42			25,035.9	\$ 21.61	\$ 45.10
Total Claims/Benefit Cost			33,105.0	\$ 40.34	\$ 111.28			32,270.4	\$ 42.36	\$ 113.92

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 21 thru 44 Male

Member Months: 214,913

Member Months: 236,843

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	65.4	4.3	280.4	\$ 2,010.31	\$ 46.97	59.0	4.5	264.9	\$ 1,856.15	\$ 40.97
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.1	1.0	0.1	1,787.37	0.01	0.1	1.0	0.1	1,770.79	0.01
Psychiatric/Substance Abuse	28.5	3.4	98.3	705.84	5.78	23.4	3.7	86.5	648.09	4.67
Long Term Care	0.8	17.3	13.8	112.98	0.13	1.2	19.4	23.3	118.81	0.23
Other Inpatient	0.2	26.0	5.2	4,319.16	1.87	0.3	21.3	6.4	6,433.62	3.43
Subtotal	95.0	4.2	397.8	\$ 1,652.27	\$ 54.77	83.9	4.5	381.2	\$ 1,552.66	\$ 49.32
Outpatient Hospital										
General Outpatient			305.5	398.54	10.15			310.3	450.26	11.64
Emergency Room			502.7	176.27	7.38			496.1	179.90	7.44
End-Stage Renal Disease			11.5	1,850.74	1.77			8.4	1,437.94	1.01
Subtotal			819.7	\$ 282.60	\$ 19.30			814.8	\$ 295.83	\$ 20.09
Ancillaries										
Prescription Drugs			8,036.6	54.82	36.71			8,075.5	54.99	37.00
Transportation			377.5	30.59	0.96			362.7	33.22	1.00
DME/Prosthetics/Orthotics			298.3	84.98	2.11			295.5	82.45	2.03
Home Health/Hospice			38.7	104.06	0.34			40.8	83.92	0.29
Other Ancillary			10.3	27.69	0.02			7.2	29.14	0.02
Subtotal			8,761.3	\$ 54.99	\$ 40.15			8,781.7	\$ 55.13	\$ 40.34
Physician										
Surgery			235.2	198.92	3.90			239.2	203.01	4.05
Anesthesia			58.8	200.02	0.98			60.9	193.83	0.98
Hospital Inpatient Visits			504.7	41.83	1.76			477.3	41.60	1.65
Office Visits/Consults			1,745.8	49.39	7.19			1,694.2	49.13	6.94
Well Baby Exams/Physical Exams			61.5	92.38	0.47			75.7	92.59	0.58
Emergency Room Visits			463.6	44.71	1.73			450.7	45.15	1.70
Clinic Visit/Services			2,742.1	28.72	6.56			2,796.0	26.27	6.12
Radiology and Pathology			7,458.1	10.52	6.54			7,235.8	10.80	6.51
Outpatient Behavioral Health			78.3	46.90	0.31			85.6	46.56	0.33
Maternity			1.2	48.86	0.00			1.0	48.13	0.00
Chiropractor			35.5	8.67	0.03			38.5	8.66	0.03
Podiatrist			85.8	39.37	0.28			109.7	43.40	0.40
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			7,989.1	6.20	4.13			8,177.0	7.48	5.09
DMHDD / DASA			273.1	70.39	1.60			256.8	72.28	1.55
PCCM Fee			-	-	-			-	-	-
Subtotal			21,732.8	\$ 19.59	\$ 35.47			21,698.2	\$ 19.87	\$ 35.94
Total Claims/Benefit Cost			31,711.6	\$ 56.65	\$ 149.70			31,675.9	\$ 55.19	\$ 145.69

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 21 thru 44 Female

Member Months: 1,204,724

Member Months: 1,263,084

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	60.6	3.6	216.5	\$ 1,600.06	\$ 28.87	56.9	3.6	202.2	\$ 1,664.67	\$ 28.05
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	0.1	587.35	0.00	-	-	0.7	1,812.52	0.11
Maternity Non-Delivery	27.3	2.6	70.2	1,242.30	7.27	25.5	2.4	62.1	1,150.54	5.95
Psychiatric/Substance Abuse	20.2	4.0	80.4	644.78	4.32	18.6	4.0	75.2	632.29	3.96
Long Term Care	1.2	19.9	23.9	118.16	0.24	1.1	21.3	23.4	122.92	0.24
Other Inpatient	-	-	0.5	8,648.26	0.36	-	-	0.8	6,740.18	0.45
Subtotal	109.4	3.6	391.7	\$ 1,257.78	\$ 41.06	102.1	3.6	364.3	\$ 1,276.78	\$ 38.76
Outpatient Hospital										
General Outpatient			861.0	297.62	21.35			856.9	286.51	20.46
Emergency Room			857.4	172.02	12.29			876.3	172.34	12.58
End-Stage Renal Disease			10.9	1,106.09	1.00			9.1	1,260.82	0.96
Subtotal			1,729.3	\$ 240.44	\$ 34.65			1,742.3	\$ 234.18	\$ 34.00
Ancillaries										
Prescription Drugs			11,103.1	47.36	43.82			11,075.9	49.14	45.36
Transportation			684.3	28.43	1.62			663.9	29.44	1.63
DME/Prosthetics/Orthotics			290.5	82.14	1.99			292.2	82.29	2.00
Home Health/Hospice			36.0	75.46	0.23			32.7	94.45	0.26
Other Ancillary			7.4	27.97	0.02			6.8	28.13	0.02
Subtotal			12,121.3	\$ 47.19	\$ 47.67			12,071.5	\$ 48.97	\$ 49.26
Physician										
Surgery			292.2	167.32	4.07			300.7	169.47	4.25
Anesthesia			198.8	249.23	4.13			191.9	264.30	4.23
Hospital Inpatient Visits			512.4	40.43	1.73			503.7	41.36	1.74
Office Visits/Consults			2,459.7	47.27	9.69			2,376.3	47.62	9.43
Well Baby Exams/Physical Exams			161.5	80.75	1.09			185.8	79.49	1.23
Emergency Room Visits			834.1	45.41	3.16			837.7	45.68	3.19
Clinic Visit/Services			5,595.5	43.47	20.27			5,591.6	42.18	19.65
Radiology and Pathology			17,299.4	13.04	18.79			17,267.1	13.21	19.01
Outpatient Behavioral Health			125.4	45.15	0.47			120.1	45.77	0.46
Maternity			25.6	49.38	0.11			30.0	49.27	0.12
Chiropractor			25.6	8.76	0.02			29.0	8.69	0.02
Podiatrist			103.6	39.77	0.34			101.9	39.32	0.33
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,347.6	12.83	8.92			8,311.6	12.38	8.57
DMHDD / DASA			544.1	85.12	3.86			539.0	80.70	3.62
PCCM Fee			-	-	-			-	-	-
Subtotal			36,525.5	\$ 25.18	\$ 76.65			36,386.3	\$ 25.02	\$ 75.85
Total Claims/Benefit Cost			50,767.8	\$ 47.28	\$ 200.02			50,564.4	\$ 46.96	\$ 197.87

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Ratecell: 45+ Years

Member Months: 360,124

Member Months: 397,831

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	129.9	4.5	589.8	\$ 1,641.46	\$ 80.68	111.5	4.5	503.5	\$ 1,722.03	\$ 72.25
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.1	2.0	0.2	1,949.42	0.03	0.2	2.5	0.5	2,625.32	0.11
Psychiatric/Substance Abuse	26.1	4.1	106.4	635.55	5.64	26.0	4.4	113.2	681.54	6.43
Long Term Care	5.4	19.4	104.6	131.14	1.14	5.3	19.2	101.7	133.56	1.13
Other Inpatient	0.1	23.0	2.3	4,244.23	0.81	0.1	27.0	2.7	7,681.34	1.73
Subtotal	161.6	5.0	803.2	\$ 1,319.26	\$ 88.30	143.2	5.0	721.7	\$ 1,357.66	\$ 81.65
Outpatient Hospital										
General Outpatient			828.3	404.30	27.91			849.9	394.20	27.92
Emergency Room			518.3	203.10	8.77			512.9	207.04	8.85
End-Stage Renal Disease			47.4	1,133.19	4.48			34.0	1,129.29	3.20
Subtotal			1,394.1	\$ 354.25	\$ 41.15			1,396.8	\$ 343.37	\$ 39.97
Ancillaries										
Prescription Drugs			22,829.0	50.06	95.23			22,819.2	49.10	93.36
Transportation			1,872.6	14.94	2.33			1,897.3	14.53	2.30
DME/Prosthetics/Orthotics			822.0	69.62	4.77			808.5	67.25	4.53
Home Health/Hospice			154.5	93.69	1.21			129.9	86.89	0.94
Other Ancillary			19.7	28.03	0.05			14.4	27.60	0.03
Subtotal			25,697.8	\$ 48.37	\$ 103.58			25,669.3	\$ 47.29	\$ 101.16
Physician										
Surgery			518.1	213.95	9.24			516.9	207.16	8.92
Anesthesia			128.6	182.64	1.96			128.3	182.95	1.96
Hospital Inpatient Visits			1,007.4	40.70	3.42			925.7	41.07	3.17
Office Visits/Consults			3,496.9	48.89	14.25			3,357.2	48.87	13.67
Well Baby Exams/Physical Exams			99.4	86.52	0.72			127.6	86.94	0.92
Emergency Room Visits			497.4	49.19	2.04			475.5	49.51	1.96
Clinic Visit/Services			3,703.0	49.77	15.36			3,580.2	47.17	14.07
Radiology and Pathology			15,447.2	11.56	14.89			15,256.5	11.83	15.05
Outpatient Behavioral Health			148.3	40.61	0.50			149.5	40.16	0.50
Maternity			0.8	47.65	0.00			0.4	45.25	0.00
Chiropractor			50.5	8.68	0.04			53.8	8.68	0.04
Podiatrist			223.1	35.42	0.66			246.9	37.06	0.76
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,253.4	16.17	12.47			9,318.6	16.92	13.14
DMHDD / DASA			638.6	67.79	3.61			650.7	67.34	3.65
PCCM Fee			-	-	-			-	-	-
Subtotal			35,212.5	\$ 26.97	\$ 79.14			34,787.8	\$ 26.84	\$ 77.82
Total Claims/Benefit Cost			63,107.6	\$ 59.36	\$ 312.18			62,575.6	\$ 57.65	\$ 300.60

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 4
Composite

Member Months: 7,717,927

Member Months: 8,024,691

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	37.9	4.0	150.5	\$ 1,876.14	\$ 23.53	35.4	3.9	139.3	\$ 1,901.24	\$ 22.06
Well Newborn	1.8	2.3	4.2	2,629.02	0.92	1.5	2.5	3.7	2,815.87	0.88
Other Newborn	21.7	7.9	171.2	1,775.24	25.32	22.3	7.6	169.6	1,735.15	24.53
Maternity Non-Delivery	6.4	2.6	16.4	1,207.72	1.65	5.8	2.5	14.3	1,159.16	1.38
Psychiatric/Substance Abuse	10.1	7.4	74.3	723.62	4.48	9.9	7.7	76.6	719.08	4.59
Long Term Care	0.4	19.8	7.9	122.76	0.08	0.4	20.0	7.8	128.80	0.08
Other Inpatient	0.0	38.5	1.3	8,666.89	0.94	0.0	73.8	1.1	10,424.22	0.97
Subtotal	78.3	5.4	425.7	\$ 1,604.77	\$ 56.93	75.5	5.5	412.5	\$ 1,585.40	\$ 54.50
Outpatient Hospital										
General Outpatient			288.3	333.41	8.01			288.7	330.10	7.94
Emergency Room			574.0	136.96	6.55			569.3	138.07	6.55
End-Stage Renal Disease			3.9	1,118.25	0.36			3.1	1,191.94	0.30
Subtotal			866.2	\$ 206.73	\$ 14.92			861.1	\$ 206.19	\$ 14.80
Ancillaries										
Prescription Drugs			6,250.9	46.03	23.98			6,235.7	47.64	24.76
Transportation			659.7	18.23	1.00			514.9	21.73	0.93
DME/Prosthetics/Orthotics			212.0	100.87	1.78			227.0	103.25	1.95
Home Health/Hospice			24.7	173.67	0.36			23.1	256.29	0.49
Other Ancillary			21.2	27.81	0.05			21.5	27.87	0.05
Subtotal			7,168.5	\$ 45.48	\$ 27.17			7,022.2	\$ 48.17	\$ 28.19
Physician										
Surgery			161.3	155.93	2.10			171.6	150.67	2.15
Anesthesia			69.4	234.08	1.35			68.5	240.38	1.37
Hospital Inpatient Visits			485.0	71.74	2.90			471.5	71.69	2.82
Office Visits/Consults			1,954.6	46.70	7.61			1,864.0	47.72	7.41
Well Baby Exams/Physical Exams			1,633.0	35.44	4.82			1,678.2	34.82	4.87
Emergency Room Visits			540.5	40.17	1.81			533.7	40.29	1.79
Clinic Visit/Services			4,428.8	34.92	12.89			4,461.8	33.82	12.58
Radiology and Pathology			7,365.1	10.77	6.61			7,359.7	10.83	6.64
Outpatient Behavioral Health			81.9	48.07	0.33			76.4	48.49	0.31
Maternity			11.4	49.46	0.05			11.0	49.21	0.05
Chiropractor			11.9	9.51	0.01			12.8	9.41	0.01
Podiatrist			48.1	39.18	0.16			52.1	40.06	0.17
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,694.3	8.97	6.50			8,657.2	9.23	6.66
DMHDD / DASA			334.3	93.76	2.61			334.4	91.39	2.55
PCCM Fee			-	-	-			-	-	-
Subtotal			25,819.4	\$ 23.12	\$ 49.74			25,752.8	\$ 23.01	\$ 49.38
Total Claims/Benefit Cost			34,415.2	\$ 52.89	\$ 151.69			34,137.9	\$ 51.83	\$ 147.45

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 0 thru 90 days

Member Months: 70,894

Member Months: 67,479

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	161.8	6.5	1,058.3	\$ 1,820.50	\$ 160.55	144.9	5.9	860.5	\$ 1,910.31	\$ 136.99
Well Newborn	4.4	2.4	10.5	2,260.28	1.98	3.7	2.2	8.2	2,891.44	1.98
Other Newborn	1,091.1	5.9	6,455.8	1,394.87	750.42	1,158.2	6.1	7,078.3	1,482.03	874.19
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.5	8.4	4.2	1,053.88	0.37	0.2	14.0	2.8	1,593.18	0.37
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	1,257.8	6.0	7,528.8	\$ 1,455.72	\$ 913.32	1,307.1	6.1	7,949.9	\$ 1,529.86	\$ 1,013.52
Outpatient Hospital										
General Outpatient			326.0	272.35	7.40			326.0	263.55	7.16
Emergency Room			992.6	108.17	8.95			938.6	108.58	8.49
End-Stage Renal Disease			0.8	351.81	0.02			-	-	-
Subtotal			1,319.4	\$ 148.88	\$ 16.37			1,264.6	\$ 148.53	\$ 15.65
Ancillaries										
Prescription Drugs			3,189.8	35.58	9.46			3,375.3	33.25	9.35
Transportation			356.1	79.02	2.34			353.4	72.60	2.14
DME/Prosthetics/Orthotics			404.4	82.74	2.79			426.3	82.95	2.95
Home Health/Hospice			99.5	91.44	0.76			113.1	81.28	0.77
Other Ancillary			94.3	49.11	0.39			99.2	49.18	0.41
Subtotal			4,144.2	\$ 45.57	\$ 15.74			4,367.2	\$ 42.89	\$ 15.61
Physician										
Surgery			808.4	127.02	8.56			850.9	137.01	9.72
Anesthesia			73.5	259.15	1.59			81.3	275.10	1.86
Hospital Inpatient Visits			9,651.4	99.89	80.34			9,696.7	104.69	84.60
Office Visits/Consults			3,885.2	50.73	16.43			3,911.1	50.03	16.31
Well Baby Exams/Physical Exams			19,102.3	32.82	52.24			20,201.3	32.38	54.51
Emergency Room Visits			970.1	40.24	3.25			935.0	39.98	3.11
Clinic Visit/Services			2,743.5	104.66	23.93			2,998.6	100.39	25.08
Radiology and Pathology			20,287.1	5.58	9.44			24,350.2	5.38	10.91
Outpatient Behavioral Health			0.2	41.48	0.00			1.1	53.14	0.00
Maternity			12.0	50.07	0.05			11.0	49.31	0.05
Chiropractor			12.9	10.64	0.01			29.3	10.69	0.03
Podiatrist			7.3	38.21	0.02			7.3	47.29	0.03
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			3,988.4	18.88	6.27			5,136.7	15.94	6.82
DMHDD / DASA			-	-	-			0.2	84.51	0.00
PCCM Fee			-	-	-			-	-	-
Subtotal			61,542.2	\$ 39.41	\$ 202.13			68,210.7	\$ 37.48	\$ 213.03
Total Claims/Benefit Cost			74,534.6	\$ 184.76	\$ 1,147.55			81,792.4	\$ 184.54	\$ 1,257.82

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 91 days thru 1 Year

Member Months: 348,933

Member Months: 340,180

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	57.9	3.8	220.8	\$ 1,674.88	\$ 30.82	57.4	3.6	206.8	\$ 1,699.51	\$ 29.29
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	0.4	17.0	6.8	1,591.93	0.90	1.3	28.6	37.2	2,224.00	6.89
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	-	-	-	-	-	-	-	-	-	-
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	0.26	-	-	-	-	-
Subtotal	58.4	3.9	227.6	\$ 1,686.37	\$ 31.98	58.7	4.2	244.0	\$ 1,779.47	\$ 36.18
Outpatient Hospital										
General Outpatient			142.0	319.07	3.78			148.4	345.20	4.27
Emergency Room			1,172.2	89.84	8.78			1,098.4	93.23	8.53
End-Stage Renal Disease			0.2	402.18	0.01			0.5	1,544.20	0.06
Subtotal			1,314.4	\$ 114.65	\$ 12.56			1,247.3	\$ 123.79	\$ 12.87
Ancillaries										
Prescription Drugs			5,866.1	35.57	17.39			5,871.4	33.33	16.31
Transportation			191.7	48.46	0.77			180.5	48.61	0.73
DME/Prosthetics/Orthotics			389.3	85.75	2.78			422.4	87.07	3.06
Home Health/Hospice			57.7	191.71	0.92			55.0	305.15	1.40
Other Ancillary			47.2	32.64	0.13			41.3	29.80	0.10
Subtotal			6,552.0	\$ 40.28	\$ 21.99			6,570.6	\$ 39.46	\$ 21.60
Physician										
Surgery			150.1	142.58	1.78			207.6	117.62	2.03
Anesthesia			48.7	177.29	0.72			49.2	170.80	0.70
Hospital Inpatient Visits			393.6	76.63	2.51			477.8	84.91	3.38
Office Visits/Consults			4,092.4	46.76	15.95			4,010.3	47.60	15.91
Well Baby Exams/Physical Exams			9,485.8	24.36	19.26			9,734.2	24.47	19.85
Emergency Room Visits			1,164.3	36.46	3.54			1,092.4	36.52	3.32
Clinic Visit/Services			3,484.4	42.27	12.27			3,379.8	45.43	12.80
Radiology and Pathology			4,395.6	9.12	3.34			4,706.0	8.57	3.36
Outpatient Behavioral Health			0.1	35.26	0.00			0.2	55.86	0.00
Maternity			12.3	49.91	0.05			10.8	49.97	0.04
Chiropractor			24.5	10.68	0.02			26.5	10.67	0.02
Podiatrist			5.6	33.37	0.02			6.2	40.61	0.02
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,810.5	11.09	9.99			10,939.7	10.91	9.95
DMHDD / DASA			-	-	-			-	-	-
PCCM Fee			-	-	-			-	-	-
Subtotal			34,067.8	\$ 24.46	\$ 69.45			34,640.5	\$ 24.73	\$ 71.40
Total Claims/Benefit Cost			42,161.8	\$ 38.70	\$ 135.99			42,702.4	\$ 39.92	\$ 142.05

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 2 thru 5 Years

Member Months: 712,321

Member Months: 741,065

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	21.1	3.5	74.0	\$ 1,810.68	\$ 11.17	19.3	3.2	62.6	\$ 1,572.26	\$ 8.20
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	0.00
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	0.4	8.5	3.4	821.90	0.23	0.2	13.0	2.6	791.84	0.17
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	0.1	20.0	2.0	7,507.07	1.25	-	-	0.6	7,847.70	0.39
Subtotal	21.6	3.7	79.3	\$ 1,914.23	\$ 12.65	19.5	3.4	65.9	\$ 1,596.51	\$ 8.77
Outpatient Hospital										
General Outpatient			80.3	393.26	2.63			81.4	412.39	2.80
Emergency Room			615.0	93.95	4.82			583.1	96.57	4.69
End-Stage Renal Disease			0.2	2,033.62	0.03			0.2	1,404.15	0.02
Subtotal			695.6	\$ 129.05	\$ 7.48			664.6	\$ 135.66	\$ 7.51
Ancillaries										
Prescription Drugs			3,804.3	39.67	12.58			3,815.0	37.91	12.05
Transportation			144.0	33.03	0.40			165.4	31.12	0.43
DME/Prosthetics/Orthotics			178.0	108.68	1.61			194.3	115.13	1.86
Home Health/Hospice			11.7	765.47	0.75			13.7	868.25	0.99
Other Ancillary			47.9	29.04	0.12			42.7	27.67	0.10
Subtotal			4,185.9	\$ 44.29	\$ 15.45			4,231.1	\$ 43.77	\$ 15.43
Physician										
Surgery			127.3	119.72	1.27			133.5	108.91	1.21
Anesthesia			38.7	159.46	0.51			36.6	156.21	0.48
Hospital Inpatient Visits			116.7	41.60	0.40			90.3	43.00	0.32
Office Visits/Consults			2,649.5	46.14	10.19			2,560.8	47.00	10.03
Well Baby Exams/Physical Exams			2,478.3	31.40	6.49			2,603.3	30.69	6.66
Emergency Room Visits			598.9	35.66	1.78			567.8	35.49	1.68
Clinic Visit/Services			2,735.4	26.98	6.15			2,797.5	27.48	6.41
Radiology and Pathology			3,266.5	8.21	2.23			3,287.9	8.06	2.21
Outpatient Behavioral Health			5.3	56.01	0.02			5.3	51.96	0.02
Maternity			9.2	50.08	0.04			7.5	49.87	0.03
Chiropractor			31.7	10.63	0.03			27.2	10.58	0.02
Podiatrist			9.5	33.88	0.03			10.2	33.36	0.03
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			10,845.0	10.00	9.04			10,917.3	10.30	9.37
DMHDD / DASA			16.9	77.29	0.11			12.5	82.74	0.09
PCCM Fee			-	-	-			-	-	-
Subtotal			22,928.9	\$ 20.04	\$ 38.29			23,057.6	\$ 20.07	\$ 38.56
Total Claims/Benefit Cost			27,889.7	\$ 31.78	\$ 73.87			28,019.2	\$ 30.10	\$ 70.27

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 6 thru 13 Years

Member Months: 1,220,102

Member Months: 1,340,125

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	13.4	3.2	43.0	\$ 1,875.76	\$ 6.72	12.2	3.5	42.5	\$ 1,627.93	\$ 5.77
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	5.2	11.0	57.1	707.53	3.37	5.0	11.2	56.1	717.60	3.35
Long Term Care	-	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	18.6	5.4	100.1	\$ 1,209.37	\$ 10.09	17.2	5.7	98.6	\$ 1,109.98	\$ 9.12
Outpatient Hospital										
General Outpatient			76.7	396.58	2.53			77.2	436.72	2.81
Emergency Room			392.8	102.09	3.34			362.7	105.55	3.19
End-Stage Renal Disease			0.3	2,161.19	0.05			0.4	1,227.33	0.04
Subtotal			469.8	\$ 151.48	\$ 5.93			440.2	\$ 164.67	\$ 6.04
Ancillaries										
Prescription Drugs			3,539.7	62.99	18.58			3,533.0	66.17	19.48
Transportation			139.9	29.68	0.35			158.4	25.35	0.33
DME/Prosthetics/Orthotics			140.5	120.19	1.41			159.0	117.70	1.56
Home Health/Hospice			7.8	485.75	0.32			8.5	619.01	0.44
Other Ancillary			17.3	25.77	0.04			14.5	26.31	0.03
Subtotal			3,845.1	\$ 64.56	\$ 20.69			3,873.4	\$ 67.68	\$ 21.85
Physician										
Surgery			105.7	125.31	1.10			107.8	122.96	1.10
Anesthesia			25.9	163.87	0.35			27.0	165.38	0.37
Hospital Inpatient Visits			105.9	38.91	0.34			106.4	38.66	0.34
Office Visits/Consults			1,899.8	46.84	7.42			1,821.6	47.87	7.27
Well Baby Exams/Physical Exams			1,160.2	36.82	3.56			1,158.8	37.65	3.64
Emergency Room Visits			385.1	36.44	1.17			358.9	36.56	1.09
Clinic Visit/Services			2,573.5	22.16	4.75			2,601.4	22.45	4.87
Radiology and Pathology			2,571.9	8.80	1.89			2,685.2	8.75	1.96
Outpatient Behavioral Health			67.3	45.35	0.25			61.4	46.97	0.24
Maternity			7.3	49.98	0.03			4.8	49.62	0.02
Chiropractor			41.2	10.11	0.03			40.9	10.41	0.04
Podiatrist			25.0	39.34	0.08			30.6	40.06	0.10
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,598.2	3.50	2.80			9,746.8	3.48	2.83
DMHDD / DASA			261.6	83.98	1.83			229.6	84.11	1.61
PCCM Fee			-	-	-			-	-	-
Subtotal			18,828.7	\$ 16.33	\$ 25.62			18,981.3	\$ 16.11	\$ 25.47
Total Claims/Benefit Cost			23,243.7	\$ 32.17	\$ 62.32			23,393.5	\$ 32.05	\$ 62.48

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 14 thru 20 Male

Member Months: 299,748

Member Months: 335,354

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	18.7	3.8	70.3	\$ 1,952.90	\$ 11.44	21.0	3.8	80.2	\$ 1,832.16	\$ 12.24
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	-
Psychiatric/Substance Abuse	23.1	9.2	211.5	635.05	11.19	19.7	9.2	181.2	646.47	9.76
Long Term Care	0.4	23.5	9.4	125.81	0.10	0.5	18.4	9.2	108.57	0.08
Other Inpatient	-	-	-	-	-	-	-	-	-	-
Subtotal	42.1	6.9	291.2	\$ 936.76	\$ 22.73	41.2	6.6	270.6	\$ 979.59	\$ 22.09
Outpatient Hospital										
General Outpatient			125.9	402.43	4.22			143.9	430.34	5.16
Emergency Room			437.8	124.52	4.54			408.8	129.40	4.41
End-Stage Renal Disease			0.5	3,185.66	0.13			2.5	774.00	0.16
Subtotal			564.2	\$ 189.25	\$ 8.90			555.2	\$ 210.30	\$ 9.73
Ancillaries										
Prescription Drugs			3,691.5	79.62	24.49			3,780.4	90.51	28.51
Transportation			262.7	43.43	0.95			281.4	40.72	0.95
DME/Prosthetics/Orthotics			113.8	137.39	1.30			149.9	104.62	1.31
Home Health/Hospice			18.8	117.52	0.18			14.2	224.35	0.27
Other Ancillary			7.4	27.06	0.02			5.7	25.80	0.01
Subtotal			4,094.1	\$ 78.98	\$ 26.95			4,231.6	\$ 88.06	\$ 31.05
Physician										
Surgery			148.1	144.46	1.78			155.6	151.22	1.96
Anesthesia			30.9	191.37	0.49			35.4	195.08	0.58
Hospital Inpatient Visits			271.6	37.14	0.84			276.0	38.58	0.89
Office Visits/Consults			1,397.1	47.38	5.52			1,420.9	47.71	5.65
Well Baby Exams/Physical Exams			857.9	42.79	3.06			876.8	43.54	3.18
Emergency Room Visits			422.7	38.91	1.37			396.9	39.40	1.30
Clinic Visit/Services			2,645.2	19.94	4.40			2,666.4	20.00	4.44
Radiology and Pathology			3,156.8	10.98	2.89			3,310.0	11.04	3.05
Outpatient Behavioral Health			157.4	46.29	0.61			132.6	49.60	0.55
Maternity			6.5	50.20	0.03			4.8	50.32	0.02
Chiropractor			52.2	10.39	0.05			42.9	10.15	0.04
Podiatrist			52.8	42.43	0.19			54.9	47.89	0.22
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,975.1	3.09	2.31			9,296.9	3.24	2.51
DMHDD / DASA			1,690.0	135.81	19.13			1,431.9	129.61	15.47
PCCM Fee			-	-	-			-	-	-
Subtotal			19,864.4	\$ 25.76	\$ 42.65			20,102.0	\$ 23.79	\$ 39.85
Total Claims/Benefit Cost			24,813.9	\$ 48.95	\$ 101.22			25,159.4	\$ 48.99	\$ 102.72

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 14 thru 20 Female

Member Months: 324,836

Member Months: 357,579

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	20.5	3.2	66.3	\$ 1,747.90	\$ 9.66	18.4	3.2	58.9	\$ 1,791.28	\$ 8.79
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	0.1	1,059.67	0.01
Maternity Non-Delivery	9.5	2.5	23.6	805.37	1.58	7.4	3.0	22.4	905.52	1.69
Psychiatric/Substance Abuse	25.5	8.0	203.5	594.40	10.08	25.1	8.2	206.9	604.43	10.42
Long Term Care	0.2	22.5	4.5	103.18	0.04	-	-	0.4	169.20	0.01
Other Inpatient	-	-	1.1	8,097.18	0.74	-	-	0.8	10,599.67	0.71
Subtotal	55.8	5.4	299.0	\$ 887.04	\$ 22.10	51.1	5.7	289.4	\$ 896.68	\$ 21.62
Outpatient Hospital										
General Outpatient			382.2	254.01	8.09			345.2	256.92	7.39
Emergency Room			654.8	126.73	6.92			603.6	131.75	6.63
End-Stage Renal Disease			1.2	601.66	0.06			0.9	344.85	0.03
Subtotal			1,038.2	\$ 174.13	\$ 15.07			949.7	\$ 177.45	\$ 14.04
Ancillaries										
Prescription Drugs			5,136.1	51.36	21.98			5,082.8	56.15	23.78
Transportation			356.3	38.57	1.15			304.9	43.67	1.11
DME/Prosthetics/Orthotics			95.4	108.30	0.86			132.0	96.89	1.07
Home Health/Hospice			10.0	71.35	0.06			14.7	94.57	0.12
Other Ancillary			5.2	25.21	0.01			4.4	26.85	0.01
Subtotal			5,603.1	\$ 51.53	\$ 24.06			5,538.8	\$ 56.51	\$ 26.08
Physician										
Surgery			138.9	141.84	1.64			131.3	132.86	1.45
Anesthesia			94.2	270.32	2.12			81.0	282.35	1.91
Hospital Inpatient Visits			343.3	36.83	1.05			326.4	36.78	1.00
Office Visits/Consults			1,945.2	47.70	7.73			1,942.5	48.23	7.81
Well Baby Exams/Physical Exams			891.8	43.06	3.20			911.4	43.37	3.29
Emergency Room Visits			659.8	42.21	2.32			611.7	42.29	2.16
Clinic Visit/Services			3,278.0	32.56	8.89			3,247.1	31.18	8.44
Radiology and Pathology			7,926.4	11.81	7.80			7,711.0	11.56	7.43
Outpatient Behavioral Health			125.8	53.64	0.56			129.2	58.79	0.63
Maternity			41.0	47.90	0.16			34.7	47.93	0.14
Chiropractor			55.9	10.39	0.05			54.2	10.39	0.05
Podiatrist			41.8	45.28	0.16			53.7	47.00	0.21
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,643.6	6.64	5.34			9,745.2	5.89	4.78
DMHDD / DASA			910.0	108.40	8.22			800.8	111.38	7.43
PCCM Fee			-	-	-			-	-	-
Subtotal			26,095.6	\$ 22.65	\$ 49.26			25,780.3	\$ 21.75	\$ 46.73
Total Claims/Benefit Cost			33,035.9	\$ 40.13	\$ 110.49			32,558.2	\$ 39.98	\$ 108.48

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 21 thru 44 Male

Member Months: 147,585

Member Months: 164,128

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	64.9	3.7	237.3	\$ 2,205.71	\$ 43.62	64.8	4.0	259.3	\$ 1,993.24	\$ 43.07
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.1	1.0	0.1	702.42	0.01	-	-	-	-	-
Psychiatric/Substance Abuse	23.0	3.5	80.6	815.11	5.47	20.1	3.6	71.9	524.30	3.14
Long Term Care	1.5	19.4	29.1	97.73	0.24	1.1	19.5	21.5	103.13	0.18
Other Inpatient	0.1	12.0	1.2	7,264.82	0.73	0.2	15.0	3.0	4,523.80	1.13
Subtotal	89.5	3.9	348.2	\$ 1,725.29	\$ 50.06	86.2	4.1	355.7	\$ 1,603.41	\$ 47.53
Outpatient Hospital										
General Outpatient			333.9	417.66	11.62			338.1	431.92	12.17
Emergency Room			681.3	148.15	8.41			699.8	152.66	8.90
End-Stage Renal Disease			10.7	879.29	0.78			9.8	1,414.44	1.16
Subtotal			1,025.9	\$ 243.49	\$ 20.82			1,047.7	\$ 254.58	\$ 22.23
Ancillaries										
Prescription Drugs			8,315.3	53.08	36.78			8,682.5	50.52	36.55
Transportation			363.9	35.06	1.06			296.7	48.36	1.20
DME/Prosthetics/Orthotics			289.8	82.79	2.00			311.3	80.65	2.09
Home Health/Hospice			47.8	146.18	0.58			45.2	98.17	0.37
Other Ancillary			6.2	25.79	0.01			4.8	28.97	0.01
Subtotal			9,022.9	\$ 53.78	\$ 40.44			9,340.4	\$ 51.67	\$ 40.22
Physician										
Surgery			294.7	181.28	4.45			308.3	186.67	4.80
Anesthesia			68.2	184.06	1.05			79.2	181.61	1.20
Hospital Inpatient Visits			539.7	43.33	1.95			580.2	42.32	2.05
Office Visits/Consults			1,931.2	50.41	8.11			1,944.2	50.57	8.19
Well Baby Exams/Physical Exams			81.6	92.06	0.63			91.8	91.40	0.70
Emergency Room Visits			657.8	44.10	2.42			678.9	44.45	2.51
Clinic Visit/Services			2,432.0	19.12	3.87			2,258.1	17.78	3.35
Radiology and Pathology			6,626.1	11.65	6.43			6,910.6	11.66	6.72
Outpatient Behavioral Health			82.6	45.90	0.32			78.0	48.72	0.32
Maternity			1.5	51.50	0.01			1.7	49.46	0.01
Chiropractor			111.9	8.67	0.08			131.5	8.68	0.10
Podiatrist			73.5	42.34	0.26			90.9	44.65	0.34
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			8,089.9	6.92	4.67			8,759.1	6.70	4.89
DMHDD / DASA			394.8	72.41	2.38			504.7	68.51	2.88
PCCM Fee			-	-	-			-	-	-
Subtotal			21,385.6	\$ 20.55	\$ 36.62			22,417.2	\$ 20.36	\$ 38.04
Total Claims/Benefit Cost			31,782.6	\$ 55.86	\$ 147.94			33,161.0	\$ 53.56	\$ 148.02

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 21 thru 44 Female

Member Months: 556,531

Member Months: 601,222

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	67.6	3.4	231.4	\$ 1,758.70	\$ 33.91	62.1	3.3	207.1	\$ 1,922.96	\$ 33.19
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	0.00	-	-	-	-	-
Maternity Non-Delivery	20.8	2.5	52.4	855.18	3.73	18.6	2.5	46.0	924.67	3.54
Psychiatric/Substance Abuse	18.5	4.3	78.9	537.88	3.54	17.1	4.6	78.9	522.25	3.43
Long Term Care	0.9	21.1	19.0	111.54	0.18	1.0	18.2	18.2	119.43	0.18
Other Inpatient	0.1	22.0	2.2	5,596.76	1.03	0.1	11.0	1.1	6,163.22	0.56
Subtotal	107.9	3.6	383.9	\$ 1,325.00	\$ 42.39	98.9	3.6	351.3	\$ 1,397.49	\$ 40.91
Outpatient Hospital										
General Outpatient			921.8	276.08	21.21			915.3	276.99	21.13
Emergency Room			1,119.3	148.97	13.89			1,074.9	156.15	13.99
End-Stage Renal Disease			6.3	1,490.84	0.78			4.9	1,861.96	0.76
Subtotal			2,047.4	\$ 210.32	\$ 35.88			1,995.2	\$ 215.77	\$ 35.88
Ancillaries										
Prescription Drugs			12,147.2	47.69	48.28			12,506.6	49.21	51.29
Transportation			425.1	44.30	1.57			518.7	38.96	1.68
DME/Prosthetics/Orthotics			240.1	88.95	1.78			254.8	88.34	1.88
Home Health/Hospice			32.5	72.33	0.20			35.7	76.55	0.23
Other Ancillary			6.0	27.33	0.01			5.9	28.24	0.01
Subtotal			12,850.9	\$ 48.40	\$ 51.84			13,321.7	\$ 49.63	\$ 55.09
Physician										
Surgery			398.1	172.49	5.72			406.7	162.58	5.51
Anesthesia			230.7	227.87	4.38			226.7	236.06	4.46
Hospital Inpatient Visits			600.4	41.15	2.06			584.9	41.45	2.02
Office Visits/Consults			3,049.0	49.45	12.56			3,123.5	49.40	12.86
Well Baby Exams/Physical Exams			312.9	63.55	1.66			361.1	62.78	1.89
Emergency Room Visits			1,139.3	45.31	4.30			1,103.5	45.97	4.23
Clinic Visit/Services			3,844.9	33.36	10.69			3,663.5	34.11	10.41
Radiology and Pathology			16,113.9	13.52	18.16			16,814.9	13.42	18.80
Outpatient Behavioral Health			157.7	43.06	0.57			144.2	43.40	0.52
Maternity			56.2	45.92	0.22			55.3	46.09	0.21
Chiropractor			150.8	8.80	0.11			151.0	8.79	0.11
Podiatrist			94.1	41.10	0.32			102.0	42.91	0.36
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,743.1	13.58	11.03			10,114.7	12.82	10.80
DMHDD / DASA			609.3	76.46	3.88			665.1	76.37	4.23
PCCM Fee			-	-	-			-	-	-
Subtotal			36,500.3	\$ 24.87	\$ 75.66			37,517.1	\$ 24.44	\$ 76.42
Total Claims/Benefit Cost			51,782.5	\$ 47.68	\$ 205.77			53,185.3	\$ 47.00	\$ 208.30

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Ratecell: 45+ Years

Member Months: 178,398

Member Months: 213,484

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	119.4	4.2	504.7	\$ 1,967.91	\$ 82.77	109.9	4.3	468.2	\$ 2,100.23	\$ 81.94
Well Newborn	-	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.4	2.0	0.8	803.75	0.05	0.1	1.0	0.1	793.00	0.01
Psychiatric/Substance Abuse	16.2	4.8	77.8	519.15	3.37	15.2	4.5	68.4	582.41	3.32
Long Term Care	4.6	16.8	77.5	118.95	0.77	7.3	18.5	135.1	128.58	1.45
Other Inpatient	0.2	26.0	5.2	1,537.13	0.67	0.1	3.0	0.3	206.10	0.01
Subtotal	140.8	4.7	665.9	\$ 1,578.99	\$ 87.62	132.5	5.1	672.1	\$ 1,548.40	\$ 86.72
Outpatient Hospital										
General Outpatient			839.4	389.07	27.22			819.9	355.21	24.27
Emergency Room			599.5	178.93	8.94			580.1	182.91	8.84
End-Stage Renal Disease			38.3	930.78	2.97			20.6	1,109.98	1.91
Subtotal			1,477.1	\$ 317.85	\$ 39.13			1,420.7	\$ 295.78	\$ 35.02
Ancillaries										
Prescription Drugs			20,488.1	50.90	86.91			20,958.1	51.54	90.02
Transportation			922.3	22.88	1.76			953.8	23.95	1.90
DME/Prosthetics/Orthotics			730.3	70.16	4.27			803.0	67.48	4.52
Home Health/Hospice			127.2	94.32	1.00			144.6	85.65	1.03
Other Ancillary			15.1	25.78	0.03			16.4	27.69	0.04
Subtotal			22,283.1	\$ 50.60	\$ 93.97			22,875.8	\$ 51.15	\$ 97.51
Physician										
Surgery			589.9	204.65	10.06			608.8	196.46	9.97
Anesthesia			143.4	176.22	2.11			152.7	171.51	2.18
Hospital Inpatient Visits			945.6	43.07	3.39			936.0	42.16	3.29
Office Visits/Consults			3,490.1	51.49	14.97			3,567.4	50.76	15.09
Well Baby Exams/Physical Exams			159.9	85.80	1.14			184.3	86.26	1.32
Emergency Room Visits			590.6	49.31	2.43			586.6	49.36	2.41
Clinic Visit/Services			2,862.8	31.02	7.40			2,708.3	30.24	6.82
Radiology and Pathology			13,570.2	12.58	14.23			13,953.8	12.45	14.48
Outpatient Behavioral Health			137.9	40.07	0.46			133.6	41.14	0.46
Maternity			1.3	51.74	0.01			0.9	48.12	0.00
Chiropractor			155.3	8.70	0.11			164.0	8.68	0.12
Podiatrist			196.8	40.03	0.66			192.8	37.28	0.60
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,291.2	14.51	11.24			9,651.6	14.85	11.94
DMHDD / DASA			443.1	69.23	2.56			447.7	67.86	2.53
PCCM Fee			-	-	-			-	-	-
Subtotal			32,578.1	\$ 26.07	\$ 70.76			33,288.5	\$ 25.67	\$ 71.22
Total Claims/Benefit Cost			57,004.2	\$ 61.36	\$ 291.48			58,257.1	\$ 59.83	\$ 290.47

**State of Illinois
Department of Healthcare and Family Services
VMC Base Data**

Region: 5
Composite

Member Months: 3,859,348

Member Months: 4,160,616

Type of Service	Fiscal Year 2010					Fiscal Year 2011				
	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM	Admits Per 1,000	Average Length of Stay	Utilization Per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Medical/Surgical	40.2	3.9	156.8	\$ 1,840.98	\$ 24.05	37.7	3.8	143.8	\$ 1,863.12	\$ 22.33
Well Newborn	0.1	2.4	0.3	2,260.28	0.05	0.1	2.2	0.2	2,891.44	0.05
Other Newborn	27.4	5.9	162.7	1,395.64	18.93	29.2	6.2	181.1	1,495.78	22.57
Maternity Non-Delivery	4.5	2.5	11.4	847.12	0.80	4.0	2.6	10.1	921.39	0.77
Psychiatric/Substance Abuse	10.3	6.7	68.8	631.67	3.62	9.5	6.9	65.8	619.63	3.40
Long Term Care	0.5	19.3	9.1	112.42	0.09	0.6	18.6	10.6	121.96	0.11
Other Inpatient	0.0	22.6	1.1	5,947.16	0.54	0.0	16.2	0.5	6,361.66	0.28
Subtotal	83.2	4.9	410.1	\$ 1,406.78	\$ 48.08	81.1	5.1	412.1	\$ 1,441.71	\$ 49.51
Outpatient Hospital										
General Outpatient			314.5	313.12	8.21			312.0	317.57	8.26
Emergency Room			694.5	120.77	6.99			658.4	125.73	6.90
End-Stage Renal Disease			3.6	1,150.62	0.34			2.7	1,395.40	0.31
Subtotal			1,012.5	\$ 184.13	\$ 15.54			973.0	\$ 190.74	\$ 15.47
Ancillaries										
Prescription Drugs			6,428.3	50.47	27.03			6,539.1	51.71	28.18
Transportation			270.8	38.18	0.86			291.0	36.55	0.89
DME/Prosthetics/Orthotics			220.9	96.08	1.77			244.6	94.89	1.93
Home Health/Hospice			27.6	193.81	0.45			29.5	233.15	0.57
Other Ancillary			22.8	30.73	0.06			20.5	30.39	0.05
Subtotal			6,970.4	\$ 51.94	\$ 30.17			7,124.6	\$ 53.26	\$ 31.62
Physician										
Surgery			219.3	155.92	2.85			230.2	149.33	2.86
Anesthesia			81.1	211.38	1.43			80.9	214.86	1.45
Hospital Inpatient Visits			549.5	69.15	3.17			551.9	72.42	3.33
Office Visits/Consults			2,520.3	47.91	10.06			2,494.0	48.41	10.06
Well Baby Exams/Physical Exams			2,291.7	31.58	6.03			2,375.4	31.63	6.26
Emergency Room Visits			689.6	40.49	2.33			658.2	40.81	2.24
Clinic Visit/Services			2,981.1	30.52	7.58			2,947.4	30.95	7.60
Radiology and Pathology			6,871.9	11.33	6.49			7,191.4	11.12	6.67
Outpatient Behavioral Health			79.6	45.42	0.30			73.6	47.31	0.29
Maternity			19.0	47.48	0.08			17.1	47.33	0.07
Chiropractor			67.6	9.42	0.05			68.0	9.42	0.05
Podiatrist			45.4	40.77	0.15			50.5	42.03	0.18
Vision - EyeCare & Eyewear			-	-	-			-	-	-
Other Professional			9,673.6	8.30	6.69			9,917.3	8.15	6.74
DMHDD / DASA			410.3	98.70	3.37			391.1	94.99	3.10
PCCM Fee			-	-	-			-	-	-
Subtotal			26,500.1	\$ 22.90	\$ 50.58			27,046.9	\$ 22.58	\$ 50.89
Total Claims/Benefit Cost			33,702.5	\$ 47.24	\$ 132.68			34,152.5	\$ 46.77	\$ 133.10



ATTACHMENT 4

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 0 thru 90 Days
SFY11 Member Months: 36,226

June 2012 HMO Member Months: 24

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	801.9	\$ 1,779.93	\$ 118.94	(20.0%)	641.5	6.3%	\$ 1,891.23	\$ 101.10	108.1%	0.9000	\$ 98.34
Well Newborn	23.0	956.98	1.84	(10.0%)	20.7	0.6%	963.03	1.66	108.1%	0.9000	1.62
Other Newborn	7,106.9	1,719.93	1,018.62	(10.0%)	6,396.2	1.6%	1,747.69	931.55	108.1%	0.9000	906.04
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	108.1%	0.9000	-
Psychiatric/Substance Abuse	-	-	-	(30.0%)	0.0	23.7%	0.00	0.00	108.1%	0.9000	-
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.9000	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	108.1%	0.9000	-
Subtotal	7,931.9	\$ 1,723.78	\$ 1,139.40	(11.0%)	7,058.5	2.0%	\$ 1,758.43	\$ 1,034.32	108.1%	0.9000	\$ 1,006.00
Outpatient Hospital											
General Outpatient	318.0	\$ 249.29	\$ 6.61	(10.0%)	286.2	(12.9%)	\$ 217.13	\$ 5.18	101.3%	0.9000	\$ 4.72
Emergency Room	1,140.9	97.00	9.22	(20.0%)	912.7	9.7%	106.41	8.09	101.3%	0.9000	7.38
End-Stage Renal Disease	0.5	1,530.74	0.06	0.0%	0.5	0.0%	1,530.74	0.06	101.3%	0.9000	0.06
Subtotal	1,459.4	\$ 130.68	\$ 15.89	(17.8%)	1,199.4	2.1%	\$ 133.43	\$ 13.34	101.3%	0.9000	\$ 12.16
Ancillaries											
Prescription Drugs	3,330.9	\$ 39.94	\$ 11.09	0.0%	3,330.9	(5.0%)	\$ 37.94	\$ 10.53	116.5%	0.9000	\$ 11.05
Transportation	355.2	62.52	1.85	(20.0%)	284.1	0.0%	62.53	1.48	102.6%	0.9000	1.37
DME/Prosthetics/Orthotics	455.2	98.88	3.75	(30.0%)	318.7	2.5%	101.38	2.69	102.6%	0.9000	2.49
Home Health/Hospice	301.5	61.08	1.53	0.0%	301.5	0.0%	61.08	1.53	102.6%	0.9000	1.42
Other Ancillary	90.0	46.03	0.35	(10.0%)	81.0	0.1%	46.06	0.31	102.6%	0.9000	0.29
Subtotal	4,532.8	\$ 49.16	\$ 18.57	(4.8%)	4,316.2	(6.4%)	\$ 46.01	\$ 16.55	111.5%	0.9000	\$ 16.61
Physician											
Surgery	1,337.3	114.60	\$ 12.77	(20.0%)	1,069.9	(3.1%)	\$ 111.08	\$ 9.90	102.6%	0.9000	\$ 9.15
Anesthesia	93.6	244.71	1.91	(20.0%)	74.9	(0.1%)	244.55	1.53	102.6%	0.9000	1.41
Hospital Inpatient Visits	9,138.9	101.05	76.96	(20.0%)	7,311.1	6.9%	108.05	65.83	102.6%	0.9000	60.82
Office Visits/Consults	3,518.8	46.10	13.52	(10.0%)	3,166.9	(12.7%)	40.23	10.62	102.6%	0.9000	9.81
Well Baby Exams/Physical Exams	17,309.5	31.61	45.60	40.0%	24,233.3	0.4%	31.74	64.10	102.6%	0.9000	59.22
Emergency Room Visits	1,028.7	40.12	3.44	(20.0%)	823.0	1.4%	40.69	2.79	102.6%	0.9000	2.58
Clinic Visit/Services	2,989.9	93.88	23.39	(10.0%)	2,690.9	2.1%	95.87	21.50	102.6%	0.9000	19.86
Radiology and Pathology	26,501.9	5.42	11.98	(20.0%)	21,201.5	(7.1%)	5.03	8.89	102.6%	0.9000	8.21
Outpatient Behavioral Health	0.2	56.08	0.00	(30.0%)	0.1	(3.0%)	54.40	0.00	102.6%	0.9000	0.00
Maternity	2.8	50.29	0.01	0.0%	2.8	0.0%	50.29	0.01	102.6%	0.9000	0.01
Chiropractor	57.2	10.21	0.05	(40.0%)	34.3	(0.0%)	10.21	0.03	102.6%	0.9000	0.03
Podiatrist	10.7	57.03	0.05	0.0%	10.7	0.0%	57.03	0.05	102.6%	0.9000	0.05
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.9000	-
Other Professional	4,107.1	17.91	6.13	10.0%	4,517.9	6.1%	18.99	7.15	102.6%	0.9000	6.61
DMHDD / DASA	-	-	-	(30.0%)	0.0	(14.5%)	0.00	0.00	102.6%	0.9000	-
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	66,096.6	\$ 35.55	\$ 195.80	(1.5%)	65,137.2	(0.3%)	\$ 35.45	\$ 192.41	102.6%	0.9000	\$ 179.75
Total Claims/Benefit Cost	80,020.6	\$ 205.40	\$ 1,369.66	(2.9%)	77,711.3	(5.5%)	\$ 194.04	\$ 1,256.62	107.2%	0.9000	\$ 1,214.51
Copay Adjustment Administration											-
											185.50
Capitation Rate											\$ 1,400.01

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 91 Days thru 1 year
SFY11 Member Months: 168,239

June 2012 HMO Member Months: 87

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	239.2	\$ 1,721.65	\$ 34.31	(20.0%)	191.3	6.3%	\$ 1,829.30	\$ 29.17	102.6%	1.0000	\$ 29.94
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	1.0000	-
Other Newborn	3.3	1,951.13	0.53	(10.0%)	2.9	1.6%	1,982.62	0.49	102.6%	1.0000	0.50
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	1.0000	-
Psychiatric/Substance Abuse	0.1	1,643.89	0.01	(30.0%)	0.1	23.7%	2,034.10	0.01	102.6%	1.0000	0.01
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	1.0000	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	1.0000	-
Subtotal	242.5	\$ 1,724.71	\$ 34.86	(19.9%)	194.3	6.2%	\$ 1,831.70	\$ 29.67	102.6%	1.0000	\$ 30.45
Outpatient Hospital											
General Outpatient	161.3	\$ 339.31	\$ 4.56	(10.0%)	145.2	(12.9%)	\$ 295.54	\$ 3.57	101.3%	1.0000	\$ 3.62
Emergency Room	1,282.6	86.69	9.27	(20.0%)	1,026.1	9.7%	95.10	8.13	101.3%	1.0000	8.24
End-Stage Renal Disease	0.2	189.66	0.00	0.0%	0.2	0.0%	189.66	0.00	101.3%	1.0000	0.00
Subtotal	1,444.1	\$ 114.92	\$ 13.83	(18.9%)	1,171.5	4.4%	\$ 119.95	\$ 11.71	101.3%	1.0000	\$ 11.86
Ancillaries											
Prescription Drugs	5,537.6	\$ 36.61	\$ 16.89	0.0%	5,537.6	(5.0%)	\$ 34.78	\$ 16.05	116.5%	1.0000	\$ 18.70
Transportation	190.8	45.26	0.72	(20.0%)	152.6	0.0%	45.27	0.58	102.6%	1.0000	0.59
DME/Prosthetics/Orthotics	415.3	86.97	3.01	(30.0%)	290.7	2.5%	89.17	2.16	102.6%	1.0000	2.22
Home Health/Hospice	63.1	76.50	0.40	0.0%	63.1	0.0%	76.50	0.40	102.6%	1.0000	0.41
Other Ancillary	60.8	26.36	0.13	(10.0%)	54.7	0.1%	26.38	0.12	102.6%	1.0000	0.12
Subtotal	6,267.5	\$ 40.51	\$ 21.16	(2.7%)	6,098.7	(6.2%)	\$ 37.99	\$ 19.31	114.2%	1.0000	\$ 22.05
Physician											
Surgery	179.5	157.96	\$ 2.36	(20.0%)	143.6	(3.1%)	\$ 153.11	\$ 1.83	105.3%	1.0000	\$ 1.93
Anesthesia	80.4	154.87	1.04	(20.0%)	64.3	(0.1%)	154.77	0.83	105.3%	1.0000	0.87
Hospital Inpatient Visits	410.7	75.48	2.58	(20.0%)	328.6	6.9%	80.71	2.21	105.3%	1.0000	2.33
Office Visits/Consults	3,391.9	45.35	12.82	(10.0%)	3,052.7	(12.7%)	39.57	10.07	105.3%	1.0000	10.60
Well Baby Exams/Physical Exams	8,587.7	23.61	16.90	40.0%	12,022.7	0.4%	23.71	23.75	105.3%	1.0000	25.02
Emergency Room Visits	1,119.7	35.28	3.29	(20.0%)	895.8	1.4%	35.78	2.67	105.3%	1.0000	2.81
Clinic Visit/Services	3,964.2	37.44	12.37	(10.0%)	3,567.8	2.1%	38.24	11.37	105.3%	1.0000	11.97
Radiology and Pathology	5,182.6	9.09	3.93	(20.0%)	4,146.1	(7.1%)	8.44	2.92	105.3%	1.0000	3.07
Outpatient Behavioral Health	0.1	80.00	0.00	(30.0%)	0.0	(3.0%)	77.60	0.00	105.3%	1.0000	0.00
Maternity	4.1	49.67	0.02	0.0%	4.1	0.0%	49.67	0.02	105.3%	1.0000	0.02
Chiropractor	63.4	10.28	0.05	(40.0%)	38.1	(0.0%)	10.28	0.03	105.3%	1.0000	0.03
Podiatrist	4.7	33.12	0.01	0.0%	4.7	0.0%	33.12	0.01	105.3%	1.0000	0.01
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	1.0000	-
Other Professional	9,761.9	8.04	6.54	10.0%	10,738.1	6.1%	8.53	7.63	105.3%	1.0000	8.04
DMHDD / DASA	0.0	59.63	0.00	(30.0%)	0.0	(14.5%)	50.97	0.00	105.3%	1.0000	0.00
PCCM Fee											2.00
Subtotal	32,751.1	\$ 22.69	\$ 61.92	6.9%	35,006.7	(4.3%)	\$ 21.71	\$ 63.34	105.3%	1.0000	\$ 68.72
Total Claims/Benefit Cost	40,705.3	\$ 38.84	\$ 131.76	4.3%	42,471.2	(9.8%)	\$ 35.04	\$ 124.03	105.7%	1.0000	\$ 133.08
Copay Adjustment											-
Administration											20.33
Capitation Rate											\$ 153.41

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 2 yrs thru 5 yrs
SFY11 Member Months: 339,271

June 2012 HMO Member Months: 89

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	76.0	\$ 1,530.98	\$ 9.70	(20.0%)	60.8	6.3%	\$ 1,626.71	\$ 8.24	102.6%	0.8873	\$ 7.51
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.8873	-
Other Newborn	0.2	2,254.93	0.03	(10.0%)	0.1	1.6%	2,291.33	0.03	102.6%	0.8873	0.02
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.8873	-
Psychiatric/Substance Abuse	5.3	698.78	0.31	(30.0%)	3.7	23.7%	864.65	0.27	102.6%	0.8873	0.24
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8873	-
Other Inpatient	1.3	8,309.83	0.87	(20.0%)	1.0	6.7%	8,868.15	0.75	102.6%	0.8873	0.68
Subtotal	82.7	\$ 1,582.67	\$ 10.91	(20.6%)	65.6	7.2%	\$ 1,696.61	\$ 9.28	102.6%	0.8873	\$ 8.45
Outpatient Hospital											
General Outpatient	110.0	\$ 398.43	\$ 3.65	(10.0%)	99.0	(12.9%)	\$ 347.03	\$ 2.86	101.3%	0.8873	\$ 2.57
Emergency Room	740.7	92.12	5.69	(20.0%)	592.6	9.7%	101.06	4.99	101.3%	0.8873	4.49
End-Stage Renal Disease	0.2	1,431.95	0.02	0.0%	0.2	0.0%	1,431.95	0.02	101.3%	0.8873	0.02
Subtotal	850.8	\$ 131.96	\$ 9.36	(18.7%)	691.7	3.5%	\$ 136.55	\$ 7.87	101.3%	0.8873	\$ 7.08
Ancillaries											
Prescription Drugs	3,733.9	\$ 41.27	\$ 12.84	0.0%	3,733.9	(5.0%)	\$ 39.21	\$ 12.20	116.5%	0.8873	\$ 12.61
Transportation	112.5	39.93	0.37	(20.0%)	90.0	0.0%	39.94	0.30	102.6%	0.8873	0.27
DME/Prosthetics/Orthotics	160.6	115.06	1.54	(30.0%)	112.4	2.5%	117.97	1.11	102.6%	0.8873	1.01
Home Health/Hospice	13.5	487.18	0.55	0.0%	13.5	0.0%	487.18	0.55	102.6%	0.8873	0.50
Other Ancillary	65.3	25.31	0.14	(10.0%)	58.8	0.1%	25.32	0.12	102.6%	0.8873	0.11
Subtotal	4,085.9	\$ 45.35	\$ 15.44	(1.9%)	4,008.7	(5.8%)	\$ 42.74	\$ 14.28	114.5%	0.8873	\$ 14.51
Physician											
Surgery	166.9	118.40	\$ 1.65	(20.0%)	133.5	(3.1%)	\$ 114.76	\$ 1.28	105.3%	0.8873	\$ 1.19
Anesthesia	63.2	148.76	0.78	(20.0%)	50.6	(0.1%)	148.66	0.63	105.3%	0.8873	0.59
Hospital Inpatient Visits	107.4	38.30	0.34	(20.0%)	85.9	6.9%	40.95	0.29	105.3%	0.8873	0.27
Office Visits/Consults	2,147.0	45.56	8.15	(10.0%)	1,932.3	(12.7%)	39.76	6.40	105.3%	0.8873	5.98
Well Baby Exams/Physical Exams	2,060.0	29.68	5.09	40.0%	2,884.0	0.4%	29.80	7.16	105.3%	0.8873	6.69
Emergency Room Visits	627.8	34.25	1.79	(20.0%)	502.2	1.4%	34.73	1.45	105.3%	0.8873	1.36
Clinic Visit/Services	3,158.6	23.35	6.15	(10.0%)	2,842.8	2.1%	23.85	5.65	105.3%	0.8873	5.28
Radiology and Pathology	3,494.6	8.45	2.46	(20.0%)	2,795.7	(7.1%)	7.85	1.83	105.3%	0.8873	1.71
Outpatient Behavioral Health	7.9	54.14	0.04	(30.0%)	5.5	(3.0%)	52.52	0.02	105.3%	0.8873	0.02
Maternity	2.9	50.08	0.01	0.0%	2.9	0.0%	50.08	0.01	105.3%	0.8873	0.01
Chiropractor	77.6	10.31	0.07	(40.0%)	46.6	(0.0%)	10.31	0.04	105.3%	0.8873	0.04
Podiatrist	5.8	39.57	0.02	0.0%	5.8	0.0%	39.57	0.02	105.3%	0.8873	0.02
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.8873	-
Other Professional	9,840.3	7.56	6.20	10.0%	10,824.4	6.1%	8.02	7.23	105.3%	0.8873	6.76
DMHDD / DASA	46.4	74.07	0.29	(30.0%)	32.5	(14.5%)	63.32	0.17	105.3%	0.8873	0.16
PCCM Fee											2.00
Subtotal	21,806.5	\$ 18.18	\$ 33.04	1.6%	22,144.7	(4.0%)	\$ 17.44	\$ 32.19	105.3%	0.8873	\$ 32.09
Total Claims/Benefit Cost	26,826.0	\$ 30.75	\$ 68.74	0.3%	26,910.7	(7.7%)	\$ 28.37	\$ 63.62	106.5%	0.8873	\$ 62.12
Copay Adjustment											-
Administration											9.49
Capitation Rate											\$ 71.61

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 6 yrs thru 13 yrs
SFY11 Member Months: 638,243

June 2012 HMO Member Months: 156

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	50.0	\$ 1,599.53	\$ 6.66	(20.0%)	40.0	6.3%	\$ 1,699.55	\$ 5.66	102.6%	0.7595	\$ 4.42
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.7595	-
Other Newborn	-	-	0.00	(10.0%)	0.0	1.6%	0.00	0.00	102.6%	0.7595	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.7595	-
Psychiatric/Substance Abuse	107.9	671.46	6.04	(30.0%)	75.5	23.7%	830.85	5.23	102.6%	0.7595	4.08
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.7595	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	0.7595	-
Subtotal	157.9	\$ 965.45	\$ 12.70	(26.8%)	115.5	17.2%	\$ 1,131.67	\$ 10.89	102.6%	0.7595	\$ 8.49
Outpatient Hospital											
General Outpatient	96.6	\$ 385.24	\$ 3.10	(10.0%)	87.0	(12.9%)	\$ 335.54	\$ 2.43	101.3%	0.7595	\$ 1.87
Emergency Room	477.9	99.70	3.97	(20.0%)	382.3	9.7%	109.37	3.48	101.3%	0.7595	2.68
End-Stage Renal Disease	-	-	0.00	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.7595	-
Subtotal	574.6	\$ 147.73	\$ 7.07	(18.3%)	469.3	2.4%	\$ 151.28	\$ 5.92	101.3%	0.7595	\$ 4.55
Ancillaries											
Prescription Drugs	4,928.3	\$ 79.27	\$ 32.55	0.0%	4,928.3	(5.0%)	\$ 75.31	\$ 30.93	116.5%	0.7595	\$ 27.37
Transportation	128.1	36.08	0.39	(20.0%)	102.5	0.0%	36.09	0.31	102.6%	0.7595	0.24
DME/Prosthetics/Orthotics	139.3	125.55	1.46	(30.0%)	97.5	2.5%	128.73	1.05	102.6%	0.7595	0.82
Home Health/Hospice	11.8	354.87	0.35	0.0%	11.8	0.0%	354.87	0.35	102.6%	0.7595	0.27
Other Ancillary	27.4	22.19	0.05	(10.0%)	24.7	0.1%	22.20	0.05	102.6%	0.7595	0.04
Subtotal	5,234.9	\$ 79.76	\$ 34.80	(1.3%)	5,164.7	(4.8%)	\$ 75.92	\$ 32.68	115.8%	0.7595	\$ 28.74
Physician											
Surgery	149.3	124.41	\$ 1.55	(20.0%)	119.4	(3.1%)	\$ 120.59	\$ 1.20	105.3%	0.7595	\$ 0.96
Anesthesia	40.8	156.29	0.53	(20.0%)	32.6	(0.1%)	156.19	0.42	105.3%	0.7595	0.34
Hospital Inpatient Visits	145.1	31.86	0.39	(20.0%)	116.1	6.9%	34.07	0.33	105.3%	0.7595	0.26
Office Visits/Consults	1,678.5	46.24	6.47	(10.0%)	1,510.7	(12.7%)	40.35	5.08	105.3%	0.7595	4.06
Well Baby Exams/Physical Exams	785.8	32.93	2.16	40.0%	1,100.1	0.4%	33.07	3.03	105.3%	0.7595	2.43
Emergency Room Visits	411.2	34.97	1.20	(20.0%)	328.9	1.4%	35.46	0.97	105.3%	0.7595	0.78
Clinic Visit/Services	2,998.7	19.21	4.80	(10.0%)	2,698.8	2.1%	19.62	4.41	105.3%	0.7595	3.53
Radiology and Pathology	2,587.8	9.69	2.09	(20.0%)	2,070.3	(7.1%)	9.00	1.55	105.3%	0.7595	1.24
Outpatient Behavioral Health	87.3	41.13	0.30	(30.0%)	61.1	(3.0%)	39.90	0.20	105.3%	0.7595	0.16
Maternity	1.5	51.07	0.01	0.0%	1.5	0.0%	51.07	0.01	105.3%	0.7595	0.01
Chiropractor	105.1	10.33	0.09	(40.0%)	63.0	(0.0%)	10.33	0.05	105.3%	0.7595	0.04
Podiatrist	22.2	41.59	0.08	0.0%	22.2	0.0%	41.59	0.08	105.3%	0.7595	0.06
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.7595	-
Other Professional	9,006.9	3.23	2.43	10.0%	9,907.5	6.1%	3.43	2.83	105.3%	0.7595	2.26
DMHDD / DASA	335.1	72.18	2.02	(30.0%)	234.5	(14.5%)	61.70	1.21	105.3%	0.7595	0.96
PCCM Fee											2.00
Subtotal	18,355.2	\$ 15.75	\$ 24.09	(0.5%)	18,266.9	(10.8%)	\$ 14.04	\$ 21.38	105.3%	0.7595	\$ 19.10
Total Claims/Benefit Cost	24,322.5	\$ 38.81	\$ 78.66	(1.3%)	24,016.5	(8.8%)	\$ 35.41	\$ 70.86	109.4%	0.7595	\$ 60.89
Copay Adjustment Administration											-
											9.30
Capitation Rate											\$ 70.18

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 14 yrs thru 20 yrs - Male
SFY11 Member Months: 173,662

June 2012 HMO Member Months: 33

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	81.1	\$ 1,922.51	\$ 13.00	(20.0%)	64.9	6.3%	\$ 2,042.72	\$ 11.05	104.0%	0.7423	\$ 8.53
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.7423	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	104.0%	0.7423	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	104.0%	0.7423	-
Psychiatric/Substance Abuse	225.5	624.53	11.74	(30.0%)	157.9	23.7%	772.78	10.17	104.0%	0.7423	7.85
Long Term Care	4.6	144.93	0.06	(20.0%)	3.6	6.7%	154.67	0.05	100.0%	0.7423	0.03
Other Inpatient	2.6	5,193.21	1.12	(20.0%)	2.1	6.7%	5,542.13	0.96	104.0%	0.7423	0.74
Subtotal	313.8	\$ 990.90	\$ 25.91	(27.2%)	228.5	17.8%	\$ 1,166.95	\$ 22.22	104.0%	0.7423	\$ 17.15
Outpatient Hospital											
General Outpatient	150.2	\$ 400.05	\$ 5.01	(10.0%)	135.2	(12.9%)	\$ 348.44	\$ 3.93	102.6%	0.7423	\$ 2.99
Emergency Room	571.3	117.59	5.60	(20.0%)	457.0	9.7%	129.00	4.91	102.6%	0.7423	3.74
End-Stage Renal Disease	1.1	2,574.49	0.23	0.0%	1.1	0.0%	2,574.49	0.23	102.6%	0.7423	0.17
Subtotal	722.6	\$ 179.90	\$ 10.83	(17.9%)	593.3	1.9%	\$ 183.35	\$ 9.07	102.6%	0.7423	\$ 6.91
Ancillaries											
Prescription Drugs	5,333.1	\$ 85.80	\$ 38.13	0.0%	5,333.1	(5.0%)	\$ 81.51	\$ 36.23	116.5%	0.7423	\$ 31.33
Transportation	362.5	33.91	1.02	(20.0%)	290.0	0.0%	33.92	0.82	101.3%	0.7423	0.62
DME/Prosthetics/Orthotics	138.0	109.37	1.26	(30.0%)	96.6	2.5%	112.14	0.90	101.3%	0.7423	0.68
Home Health/Hospice	10.5	67.92	0.06	0.0%	10.5	0.0%	67.92	0.06	101.3%	0.7423	0.04
Other Ancillary	7.6	25.86	0.02	(10.0%)	6.9	0.1%	25.88	0.01	101.3%	0.7423	0.01
Subtotal	5,851.8	\$ 83.03	\$ 40.49	(2.0%)	5,737.1	(4.2%)	\$ 79.53	\$ 38.02	115.8%	0.7423	\$ 32.69
Physician											
Surgery	204.8	143.31	\$ 2.45	(20.0%)	163.8	(3.1%)	\$ 138.91	\$ 1.90	104.0%	0.7423	\$ 1.46
Anesthesia	43.6	173.50	0.63	(20.0%)	34.9	(0.1%)	173.39	0.50	104.0%	0.7423	0.39
Hospital Inpatient Visits	273.2	30.38	0.69	(20.0%)	218.5	6.9%	32.49	0.59	104.0%	0.7423	0.46
Office Visits/Consults	1,392.1	45.97	5.33	(10.0%)	1,252.9	(12.7%)	40.12	4.19	104.0%	0.7423	3.23
Well Baby Exams/Physical Exams	623.7	38.13	1.98	40.0%	873.1	0.4%	38.29	2.79	104.0%	0.7423	2.15
Emergency Room Visits	488.6	37.25	1.52	(20.0%)	390.9	1.4%	37.78	1.23	104.0%	0.7423	0.95
Clinic Visit/Services	3,104.9	18.43	4.77	(10.0%)	2,794.4	2.1%	18.82	4.38	104.0%	0.7423	3.38
Radiology and Pathology	3,160.0	12.29	3.24	(20.0%)	2,528.0	(7.1%)	11.41	2.40	104.0%	0.7423	1.86
Outpatient Behavioral Health	140.8	43.70	0.51	(30.0%)	98.5	(3.0%)	42.39	0.35	104.0%	0.7423	0.27
Maternity	1.4	49.47	0.01	0.0%	1.4	0.0%	49.47	0.01	104.0%	0.7423	0.00
Chiropractor	142.3	10.05	0.12	(40.0%)	85.4	(0.0%)	10.05	0.07	104.0%	0.7423	0.06
Podiatrist	43.0	48.30	0.17	0.0%	43.0	0.0%	48.30	0.17	104.0%	0.7423	0.13
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Professional	8,574.3	3.37	2.41	10.0%	9,431.7	6.1%	3.57	2.81	104.0%	0.7423	2.17
DMHDD / DASA	1,268.1	116.09	12.27	(30.0%)	887.7	(14.5%)	99.24	7.34	104.0%	0.7423	5.67
PCCM Fee											2.00
Subtotal	19,460.7	\$ 22.26	\$ 36.09	(3.4%)	18,804.3	(17.6%)	\$ 18.34	\$ 28.73	104.0%	0.7423	\$ 24.18
Total Claims/Benefit Cost	26,348.8	\$ 51.61	\$ 113.33	(3.7%)	25,363.1	(10.1%)	\$ 46.38	\$ 98.04	108.4%	0.7423	\$ 80.92
Copay Adjustment Administration											-
											12.36
Capitation Rate											\$ 93.28

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 14 yrs thru 20 yrs - Female
SFY11 Member Months: 196,405

June 2012 HMO Member Months: 46

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	83.3	\$ 1,799.25	\$ 12.48	(20.0%)	66.6	6.3%	\$ 1,911.75	\$ 10.61	104.0%	0.8353	\$ 9.22
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.8353	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	104.0%	0.8353	-
Maternity Non-Delivery	38.0	614.04	1.95	(10.0%)	34.2	1.8%	624.97	1.78	104.0%	0.8353	1.55
Psychiatric/Substance Abuse	243.5	600.93	12.19	(30.0%)	170.5	23.7%	743.57	10.56	104.0%	0.8353	9.17
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8353	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	104.0%	0.8353	-
Subtotal	364.8	\$ 875.79	\$ 26.62	(25.6%)	271.3	15.9%	\$ 1,015.42	\$ 22.96	104.0%	0.8353	\$ 19.94
Outpatient Hospital											
General Outpatient	382.4	\$ 284.81	\$ 9.08	(10.0%)	344.1	(12.9%)	\$ 248.07	\$ 7.11	102.6%	0.8353	\$ 6.10
Emergency Room	945.7	118.29	9.32	(20.0%)	756.6	9.7%	129.76	8.18	102.6%	0.8353	7.02
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8353	-
Subtotal	1,328.1	\$ 166.23	\$ 18.40	(17.1%)	1,100.7	0.3%	\$ 166.75	\$ 15.30	102.6%	0.8353	\$ 13.12
Ancillaries											
Prescription Drugs	7,599.7	\$ 50.98	\$ 32.28	0.0%	7,599.7	(5.0%)	\$ 48.43	\$ 30.67	116.5%	0.8353	\$ 29.86
Transportation	374.1	41.27	1.29	(20.0%)	299.3	0.0%	41.28	1.03	101.3%	0.8353	0.87
DME/Prosthetics/Orthotics	172.1	105.36	1.51	(30.0%)	120.5	2.5%	108.02	1.08	101.3%	0.8353	0.92
Home Health/Hospice	19.3	66.38	0.11	0.0%	19.3	0.0%	66.38	0.11	101.3%	0.8353	0.09
Other Ancillary	7.4	26.27	0.02	(10.0%)	6.6	0.1%	26.29	0.01	101.3%	0.8353	0.01
Subtotal	8,172.6	\$ 51.69	\$ 35.20	(1.6%)	8,045.4	(5.0%)	\$ 49.08	\$ 32.91	115.5%	0.8353	\$ 31.75
Physician											
Surgery	219.4	137.45	\$ 2.51	(20.0%)	175.5	(3.1%)	\$ 133.23	\$ 1.95	104.0%	0.8353	\$ 1.69
Anesthesia	118.2	240.60	2.37	(20.0%)	94.6	(0.1%)	240.45	1.89	104.0%	0.8353	1.65
Hospital Inpatient Visits	353.6	31.80	0.94	(20.0%)	282.9	6.9%	34.00	0.80	104.0%	0.8353	0.70
Office Visits/Consults	2,339.0	43.92	8.56	(10.0%)	2,105.1	(12.7%)	38.33	6.72	104.0%	0.8353	5.84
Well Baby Exams/Physical Exams	763.2	36.83	2.34	40.0%	1,068.5	0.4%	36.98	3.29	104.0%	0.8353	2.86
Emergency Room Visits	830.6	39.70	2.75	(20.0%)	664.5	1.4%	40.26	2.23	104.0%	0.8353	1.94
Clinic Visit/Services	3,846.2	30.71	9.84	(10.0%)	3,461.6	2.1%	31.36	9.05	104.0%	0.8353	7.86
Radiology and Pathology	10,374.1	12.36	10.68	(20.0%)	8,299.3	(7.1%)	11.48	7.94	104.0%	0.8353	6.89
Outpatient Behavioral Health	133.5	46.38	0.52	(30.0%)	93.5	(3.0%)	44.99	0.35	104.0%	0.8353	0.30
Maternity	97.0	45.75	0.37	0.0%	97.0	0.0%	45.75	0.37	104.0%	0.8353	0.32
Chiropractor	221.2	9.95	0.18	(40.0%)	132.7	(0.0%)	9.95	0.11	104.0%	0.8353	0.10
Podiatrist	37.1	44.65	0.14	0.0%	37.1	0.0%	44.65	0.14	104.0%	0.8353	0.12
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Professional	10,009.2	10.62	8.86	10.0%	11,010.2	6.1%	11.26	10.33	104.0%	0.8353	8.98
DMHDD / DASA	720.4	97.50	5.85	(30.0%)	504.3	(14.5%)	83.35	3.50	104.0%	0.8353	3.04
PCCM Fee											2.00
Subtotal	30,062.8	\$ 22.32	\$ 55.92	(6.8%)	28,026.6	(6.6%)	\$ 20.84	\$ 48.68	104.0%	0.8353	\$ 44.29
Total Claims/Benefit Cost	39,928.3	\$ 40.92	\$ 136.14	(6.2%)	37,444.1	(6.1%)	\$ 38.41	\$ 119.84	107.0%	0.8353	\$ 109.09
Copay Adjustment											-
Administration											16.66
Capitation Rate											\$ 125.75

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 21 yrs thru 44 yrs - Male
SFY11 Member Months: 129,384

June 2012 HMO Member Months: 51

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	220.8	\$ 2,363.47	\$ 43.49	(20.0%)	176.7	6.3%	\$ 2,511.25	\$ 36.97	101.3%	0.8624	\$ 32.30
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.2	761.43	0.01	(10.0%)	0.2	1.8%	774.98	0.01	101.3%	0.8624	0.01
Psychiatric/Substance Abuse	62.0	394.23	2.04	(30.0%)	43.4	23.7%	487.81	1.77	101.3%	0.8624	1.54
Long Term Care	15.7	122.44	0.16	(20.0%)	12.6	6.7%	130.67	0.14	100.0%	0.8624	0.12
Other Inpatient	0.8	3,379.79	0.23	(20.0%)	0.6	6.7%	3,606.87	0.19	101.3%	0.8624	0.17
Subtotal	299.6	\$ 1,839.84	\$ 45.93	(22.1%)	233.5	9.2%	\$ 2,008.46	\$ 39.08	101.3%	0.8624	\$ 34.14
Outpatient Hospital											
General Outpatient	424.9	\$ 396.09	\$ 14.03	(10.0%)	382.4	(12.9%)	\$ 344.99	\$ 10.99	102.6%	0.8624	\$ 9.73
Emergency Room	961.3	128.02	10.26	(20.0%)	769.0	9.7%	140.44	9.00	102.6%	0.8624	7.97
End-Stage Renal Disease	7.1	752.67	0.45	0.0%	7.1	0.0%	752.67	0.45	102.6%	0.8624	0.40
Subtotal	1,393.3	\$ 212.98	\$ 24.73	(16.8%)	1,158.6	(0.6%)	\$ 211.74	\$ 20.44	102.6%	0.8624	\$ 18.10
Ancillaries											
Prescription Drugs	10,327.4	\$ 49.99	\$ 43.02	0.0%	10,327.4	(5.0%)	\$ 47.49	\$ 40.87	116.5%	0.8624	\$ 41.07
Transportation	295.3	47.28	1.16	(20.0%)	236.3	0.0%	47.29	0.93	101.3%	0.8624	0.81
DME/Prosthetics/Orthotics	419.6	79.86	2.79	(30.0%)	293.7	2.5%	81.88	2.00	101.3%	0.8624	1.75
Home Health/Hospice	63.5	63.62	0.34	0.0%	63.5	0.0%	63.62	0.34	101.3%	0.8624	0.29
Other Ancillary	13.1	25.33	0.03	(10.0%)	11.8	0.1%	25.34	0.02	101.3%	0.8624	0.02
Subtotal	11,118.9	\$ 51.09	\$ 47.34	(1.7%)	10,932.7	(5.1%)	\$ 48.48	\$ 44.17	115.4%	0.8624	\$ 43.95
Physician											
Surgery	364.6	194.46	\$ 5.91	(20.0%)	291.7	(3.1%)	\$ 188.49	\$ 4.58	102.6%	0.8624	\$ 4.06
Anesthesia	86.1	182.27	1.31	(20.0%)	68.9	(0.1%)	182.15	1.05	102.6%	0.8624	0.93
Hospital Inpatient Visits	357.2	39.05	1.16	(20.0%)	285.8	6.9%	41.76	0.99	102.6%	0.8624	0.88
Office Visits/Consults	1,920.6	47.59	7.62	(10.0%)	1,728.6	(12.7%)	41.53	5.98	102.6%	0.8624	5.30
Well Baby Exams/Physical Exams	24.8	85.67	0.18	40.0%	34.8	0.4%	86.03	0.25	102.6%	0.8624	0.22
Emergency Room Visits	823.8	40.37	2.77	(20.0%)	659.0	1.4%	40.94	2.25	102.6%	0.8624	1.99
Clinic Visit/Services	2,999.7	21.97	5.49	(10.0%)	2,699.8	2.1%	22.44	5.05	102.6%	0.8624	4.47
Radiology and Pathology	5,972.7	12.61	6.28	(20.0%)	4,778.2	(7.1%)	11.71	4.66	102.6%	0.8624	4.13
Outpatient Behavioral Health	96.2	44.79	0.36	(30.0%)	67.3	(3.0%)	43.45	0.24	102.6%	0.8624	0.22
Maternity	1.1	70.21	0.01	0.0%	1.1	0.0%	70.21	0.01	102.6%	0.8624	0.01
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	13.5	43.49	0.05	0.0%	13.5	0.0%	43.49	0.05	102.6%	0.8624	0.04
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	8,164.3	5.68	3.86	10.0%	8,980.8	6.1%	6.02	4.51	102.6%	0.8624	3.99
DMHDD / DASA	374.3	68.29	2.13	(30.0%)	262.0	(14.5%)	58.38	1.27	102.6%	0.8624	1.13
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	21,199.0	\$ 21.01	\$ 37.12	(6.3%)	19,871.3	(11.2%)	\$ 18.66	\$ 30.89	102.6%	0.8624	\$ 29.35
Total Claims/Benefit Cost	34,010.8	\$ 54.73	\$ 155.12	(5.3%)	32,196.0	(8.3%)	\$ 50.16	\$ 134.58	106.4%	0.8624	\$ 125.54
Copay Adjustment											(0.83)
Administration											19.05
Capitation Rate											\$ 143.76

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 21 yrs thru 44 yrs - Female
SFY11 Member Months: 460,736

June 2012 HMO Member Months: 145

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	172.3	\$ 1,709.80	\$ 24.56	(20.0%)	137.9	6.3%	\$ 1,816.71	\$ 20.87	101.3%	0.8624	\$ 18.24
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	0.1	203.02	0.00	(10.0%)	0.0	1.6%	206.30	0.00	101.3%	0.8624	0.00
Maternity Non-Delivery	68.3	631.69	3.59	(10.0%)	61.5	1.8%	642.93	3.29	101.3%	0.8624	2.88
Psychiatric/Substance Abuse	64.8	409.50	2.21	(30.0%)	45.3	23.7%	506.70	1.91	101.3%	0.8624	1.67
Long Term Care	7.2	120.79	0.07	(20.0%)	5.8	6.7%	128.91	0.06	100.0%	0.8624	0.05
Other Inpatient	0.2	4,679.28	0.08	(20.0%)	0.2	6.7%	4,993.67	0.07	101.3%	0.8624	0.06
Subtotal	312.9	\$ 1,170.32	\$ 30.51	(19.9%)	250.7	7.2%	\$ 1,254.83	\$ 26.21	101.3%	0.8624	\$ 22.90
Outpatient Hospital											
General Outpatient	779.0	\$ 319.79	\$ 20.76	(10.0%)	701.1	(12.9%)	\$ 278.54	\$ 16.27	102.6%	0.8624	\$ 14.41
Emergency Room	1,345.9	130.58	14.65	(20.0%)	1,076.7	9.7%	143.25	12.85	102.6%	0.8624	11.38
End-Stage Renal Disease	2.2	553.16	0.10	0.0%	2.2	0.0%	553.16	0.10	102.6%	0.8624	0.09
Subtotal	2,127.1	\$ 200.32	\$ 35.51	(16.3%)	1,780.0	(1.6%)	\$ 197.04	\$ 29.23	102.6%	0.8624	\$ 25.87
Ancillaries											
Prescription Drugs	15,096.0	\$ 44.64	\$ 56.16	0.0%	15,096.0	(5.0%)	\$ 42.41	\$ 53.35	116.5%	0.8624	\$ 53.61
Transportation	356.7	47.29	1.41	(20.0%)	285.4	0.0%	47.30	1.12	101.3%	0.8624	0.98
DME/Prosthetics/Orthotics	314.5	87.70	2.30	(30.0%)	220.1	2.5%	89.92	1.65	101.3%	0.8624	1.44
Home Health/Hospice	39.8	63.79	0.21	0.0%	39.8	0.0%	63.79	0.21	101.3%	0.8624	0.18
Other Ancillary	9.6	25.24	0.02	(10.0%)	8.6	0.1%	25.25	0.02	101.3%	0.8624	0.02
Subtotal	15,816.6	\$ 45.60	\$ 60.10	(1.1%)	15,649.9	(5.2%)	\$ 43.21	\$ 56.35	115.7%	0.8624	\$ 56.24
Physician											
Surgery	516.1	169.49	\$ 7.29	(20.0%)	412.9	(3.1%)	\$ 164.29	\$ 5.65	102.6%	0.8624	\$ 5.00
Anesthesia	226.2	209.99	3.96	(20.0%)	181.0	(0.1%)	209.86	3.17	102.6%	0.8624	2.80
Hospital Inpatient Visits	381.7	37.02	1.18	(20.0%)	305.4	6.9%	39.59	1.01	102.6%	0.8624	0.89
Office Visits/Consults	3,231.2	45.13	12.15	(10.0%)	2,908.1	(12.7%)	39.38	9.54	102.6%	0.8624	8.45
Well Baby Exams/Physical Exams	427.2	50.66	1.80	40.0%	598.0	0.4%	50.87	2.54	102.6%	0.8624	2.24
Emergency Room Visits	1,184.1	41.39	4.08	(20.0%)	947.3	1.4%	41.97	3.31	102.6%	0.8624	2.93
Clinic Visit/Services	4,384.2	34.48	12.60	(10.0%)	3,945.8	2.1%	35.21	11.58	102.6%	0.8624	10.25
Radiology and Pathology	16,423.7	13.67	18.71	(20.0%)	13,138.9	(7.1%)	12.69	13.90	102.6%	0.8624	12.30
Outpatient Behavioral Health	145.1	42.82	0.52	(30.0%)	101.6	(3.0%)	41.54	0.35	102.6%	0.8624	0.31
Maternity	118.9	46.10	0.46	0.0%	118.9	0.0%	46.10	0.46	102.6%	0.8624	0.40
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	11.1	43.02	0.04	0.0%	11.1	0.0%	43.02	0.04	102.6%	0.8624	0.04
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	10,389.3	14.47	12.53	10.0%	11,428.3	6.1%	15.35	14.61	102.6%	0.8624	12.94
DMHDD / DASA	481.7	68.46	2.75	(30.0%)	337.2	(14.5%)	58.52	1.64	102.6%	0.8624	1.46
PCCM Fee											2.00
Subtotal	37,920.6	\$ 24.70	\$ 78.06	(9.2%)	34,434.5	(4.3%)	\$ 23.63	\$ 67.80	102.6%	0.8624	\$ 62.02
Total Claims/Benefit Cost	56,177.1	\$ 43.61	\$ 204.18	(7.2%)	52,115.0	(5.2%)	\$ 41.35	\$ 179.59	106.6%	0.8624	\$ 167.03
Copay Adjustment Administration											(1.61) 25.27
Capitation Rate											\$ 190.69

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: 45 + Years
SFY11 Member Months: 104,896

June 2012 HMO Member Months: 28

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	514.5	\$ 1,964.90	\$ 84.24	(20.0%)	411.6	0.0%	\$ 1,964.90	\$ 67.39	101.3%	0.8624	\$ 58.89
Well Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.9	392.45	0.03	(10.0%)	0.8	0.0%	392.45	0.03	101.3%	0.8624	0.02
Psychiatric/Substance Abuse	60.1	422.03	2.11	(30.0%)	42.1	0.0%	422.03	1.48	101.3%	0.8624	1.29
Long Term Care	47.5	121.28	0.48	(20.0%)	38.0	0.0%	121.28	0.38	100.0%	0.8624	0.33
Other Inpatient	-	-	-	(20.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Subtotal	622.9	\$ 1,673.36	\$ 86.86	(21.0%)	492.4	0.9%	\$ 1,688.42	\$ 69.28	101.3%	0.8624	\$ 60.53
Outpatient Hospital											
General Outpatient	944.2	\$ 374.23	\$ 29.45	(10.0%)	849.8	0.0%	\$ 374.23	\$ 26.50	102.6%	0.8624	\$ 23.46
Emergency Room	782.3	149.60	9.75	(20.0%)	625.9	0.0%	149.60	7.80	102.6%	0.8624	6.91
End-Stage Renal Disease	33.3	618.46	1.71	0.0%	33.3	0.0%	618.46	1.71	102.6%	0.8624	1.52
Subtotal	1,759.8	\$ 278.98	\$ 40.91	(14.3%)	1,508.9	2.7%	\$ 286.44	\$ 36.02	102.6%	0.8624	\$ 31.88
Ancillaries											
Prescription Drugs	24,924.4	\$ 51.31	\$ 106.57	0.0%	24,924.4	(5.0%)	\$ 48.74	\$ 101.24	116.5%	0.8624	\$ 101.75
Transportation	912.8	24.51	1.86	(20.0%)	730.3	0.0%	24.51	1.49	101.3%	0.8624	1.30
DME/Prosthetics/Orthotics	1,118.6	66.46	6.20	(30.0%)	783.1	0.0%	66.46	4.34	101.3%	0.8624	3.79
Home Health/Hospice	200.8	73.96	1.24	0.0%	200.8	0.0%	73.96	1.24	101.3%	0.8624	1.08
Other Ancillary	20.5	26.09	0.04	(10.0%)	18.5	0.0%	26.09	0.04	101.3%	0.8624	0.04
Subtotal	27,177.2	\$ 51.18	\$ 115.92	(1.9%)	26,657.0	(4.7%)	\$ 48.78	\$ 108.35	115.5%	0.8624	\$ 107.95
Physician											
Surgery	765.1	202.47	\$ 12.91	(20.0%)	612.1	0.0%	\$ 202.47	\$ 10.33	102.6%	0.8624	\$ 9.14
Anesthesia	181.2	171.07	2.58	(20.0%)	145.0	0.0%	171.07	2.07	102.6%	0.8624	1.83
Hospital Inpatient Visits	748.9	37.45	2.34	(20.0%)	599.1	0.0%	37.45	1.87	102.6%	0.8624	1.66
Office Visits/Consults	3,369.2	47.60	13.36	(10.0%)	3,032.3	0.0%	47.60	12.03	102.6%	0.8624	10.65
Well Baby Exams/Physical Exams	116.4	80.83	0.78	40.0%	163.0	0.0%	80.83	1.10	102.6%	0.8624	0.97
Emergency Room Visits	695.3	45.14	2.62	(20.0%)	556.2	0.0%	45.14	2.09	102.6%	0.8624	1.85
Clinic Visit/Services	3,526.5	35.16	10.33	(10.0%)	3,173.8	0.0%	35.16	9.30	102.6%	0.8624	8.23
Radiology and Pathology	13,212.8	12.28	13.52	(20.0%)	10,570.3	0.0%	12.28	10.82	102.6%	0.8624	9.58
Outpatient Behavioral Health	149.5	37.88	0.47	(30.0%)	104.6	0.0%	37.88	0.33	102.6%	0.8624	0.29
Maternity	0.9	36.67	0.00	0.0%	0.9	0.0%	36.67	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	74.0	41.62	0.26	0.0%	74.0	0.0%	41.62	0.26	102.6%	0.8624	0.23
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	9,400.7	14.84	11.63	10.0%	10,340.8	0.0%	14.84	12.79	102.6%	0.8624	11.32
DMHDD / DASA	430.5	60.40	2.17	(30.0%)	301.3	0.0%	60.40	1.52	102.6%	0.8624	1.34
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	32,670.9	\$ 26.80	\$ 72.97	(9.2%)	29,673.3	(2.7%)	\$ 26.08	\$ 64.49	-	0.8624	\$ 59.09
Total Claims/Benefit Cost	62,230.8	\$ 61.06	\$ 316.67	(6.3%)	58,331.6	(6.3%)	\$ 57.22	\$ 278.14	-	0.8624	\$ 259.46
Copay Adjustment Administration	-	-	-	-	-	-	-	-	-	-	(1.46)
	-	-	-	-	-	-	-	-	-	-	39.41
Capitation Rate	-	-	-	-	-	-	-	-	-	-	\$ 297.40

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 1

Population: Composite
SFY11 Member Months: 2,247,062

June 2012 HMO Member Months: 659

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
<i>Inpatient Hospital</i>											
Medical/Surgical	169.6	\$ 1,812.46	\$ 25.62	(20.0%)	135.7	5.4%	\$ 1,909.96	\$ 21.60	103.0%	0.8845	\$ 19.68
Well Newborn	0.8	956.98	0.07	(10.0%)	0.8	0.6%	963.03	0.06	108.1%	0.9000	0.06
Other Newborn	259.3	1,720.30	37.17	(10.0%)	233.4	1.6%	1,748.06	33.99	108.1%	0.9002	33.07
Maternity Non-Delivery	17.7	628.67	0.93	(10.0%)	16.0	1.8%	639.84	0.85	101.7%	0.8584	0.74
Psychiatric/Substance Abuse	76.2	574.32	3.64	(30.0%)	53.3	23.2%	707.29	3.14	102.9%	0.7963	2.57
Long Term Care	5.0	122.47	0.05	(20.0%)	4.0	4.1%	127.45	0.04	100.0%	0.8558	0.04
Other Inpatient	0.4	6,165.05	0.21	(20.0%)	0.3	6.7%	6,579.27	0.18	102.8%	0.8438	0.15
Subtotal	529.1	\$ 1,535.27	\$ 67.69	(16.2%)	443.4	5.5%	\$ 1,620.05	\$ 59.87	105.9%	0.8886	\$ 56.31
<i>Outpatient Hospital</i>											
General Outpatient	349.2	\$ 338.77	\$ 9.86	(10.0%)	314.3	(11.3%)	\$ 300.61	\$ 7.87	102.4%	0.8605	\$ 6.94
Emergency Room	922.4	112.25	8.63	(20.0%)	737.9	9.2%	122.61	7.54	102.1%	0.8683	6.69
End-Stage Renal Disease	2.6	684.18	0.15	0.0%	2.6	(0.1%)	683.63	0.15	102.6%	0.8545	0.13
Subtotal	1,274.2	\$ 175.49	\$ 18.63	(17.2%)	1,054.8	0.9%	\$ 177.02	\$ 15.56	102.3%	0.8643	\$ 13.75
<i>Ancillaries</i>											
Prescription Drugs	8,500.7	\$ 51.46	\$ 36.45	0.0%	8,500.7	(5.0%)	\$ 48.88	\$ 34.63	116.5%	0.8427	\$ 34.01
Transportation	268.0	41.36	0.92	(20.0%)	214.4	0.0%	41.37	0.74	101.8%	0.8613	0.65
DME/Prosthetics/Orthotics	294.2	91.39	2.24	(30.0%)	205.9	2.2%	93.43	1.60	102.0%	0.8711	1.42
Home Health/Hospice	48.0	100.36	0.40	0.0%	48.0	(0.0%)	100.36	0.40	102.2%	0.8679	0.36
Other Ancillary	31.5	27.13	0.07	(10.0%)	28.3	0.1%	27.15	0.06	102.5%	0.8906	0.06
Subtotal	9,142.4	\$ 52.62	\$ 40.09	(1.6%)	8,997.4	(5.1%)	\$ 49.93	\$ 37.44	115.4%	0.8444	\$ 36.49
<i>Physician</i>											
Surgery	330.1	155.33	\$ 4.27	(20.0%)	264.1	(2.7%)	\$ 151.17	\$ 3.33	103.3%	0.8645	\$ 2.97
Anesthesia	106.8	192.95	1.72	(20.0%)	85.4	(0.1%)	192.84	1.37	103.4%	0.8642	1.23
Hospital Inpatient Visits	617.7	74.40	3.83	(20.0%)	494.2	6.8%	79.42	3.27	103.0%	0.8987	3.03
Office Visits/Consults	2,499.0	45.68	9.51	(10.0%)	2,249.1	(12.0%)	40.21	7.54	104.0%	0.8701	6.82
Well Baby Exams/Physical Exams	2,413.7	28.82	5.80	40.0%	3,379.2	0.4%	28.94	8.15	104.3%	0.9175	7.80
Emergency Room Visits	803.7	38.49	2.58	(20.0%)	643.0	1.3%	39.00	2.09	103.8%	0.8731	1.89
Clinic Visit/Services	3,539.3	30.56	9.01	(10.0%)	3,185.4	2.0%	31.18	8.28	103.9%	0.8751	7.52
Radiology and Pathology	8,253.6	11.44	7.87	(20.0%)	6,602.9	(6.6%)	10.68	5.88	103.3%	0.8631	5.24
Outpatient Behavioral Health	83.8	42.82	0.30	(30.0%)	58.7	(2.8%)	41.62	0.20	103.6%	0.8246	0.17
Maternity	34.5	46.26	0.13	0.0%	34.5	(0.0%)	46.25	0.13	103.0%	0.8585	0.12
Chiropractor	68.4	10.20	0.06	(40.0%)	41.0	(0.0%)	10.20	0.03	104.8%	0.8283	0.03
Podiatrist	18.4	43.06	0.07	0.0%	18.4	0.0%	43.06	0.07	103.9%	0.8196	0.06
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	103.9%	-	-
Other Professional	9,344.7	8.72	6.79	10.0%	10,279.2	5.6%	9.20	7.88	103.7%	0.8711	7.12
DMHDD / DASA	352.6	81.68	2.40	(30.0%)	246.8	(14.0%)	70.28	1.45	103.8%	0.8070	1.21
PCCM Fee											2.00
Subtotal	28,466.4	\$ 22.90	\$ 54.33	(3.1%)	27,581.9	(5.7%)	\$ 21.61	\$ 49.66	103.7%	0.9162	\$ 47.20
Total Claims/Benefit Cost	39,412.1	\$ 55.03	\$ 180.74	(3.4%)	38,077.5	(6.9%)	\$ 51.22	\$ 162.53	107.1%	0.8836	\$ 153.76
Copay Adjustment											(0.48)
Administration											23.41
Capitation Rate											\$ 176.69

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 0 thru 90 Days
SFY11 Member Months: 32,232

June 2012 HMO Member Months: 13

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	881.9	\$ 1,814.70	\$ 133.37	(20.0%)	705.5	6.3%	\$ 1,928.17	\$ 113.37	108.1%	0.9000	\$ 110.26
Well Newborn	24.7	849.12	1.75	(10.0%)	22.2	0.6%	854.49	1.58	108.1%	0.9000	1.54
Other Newborn	7,088.8	1,508.76	891.27	(10.0%)	6,379.9	1.6%	1,533.11	815.09	108.1%	0.9000	792.77
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	108.1%	0.9000	-
Psychiatric/Substance Abuse	0.4	714.97	0.02	(30.0%)	0.2	23.7%	884.68	0.02	108.1%	0.9000	0.02
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.9000	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	108.1%	0.9000	-
Subtotal	7,995.7	\$ 1,540.43	\$ 1,026.41	(11.1%)	7,107.9	1.9%	\$ 1,570.19	\$ 930.06	108.1%	0.9000	\$ 904.59
Outpatient Hospital											
General Outpatient	374.9	\$ 258.35	\$ 8.07	(10.0%)	337.4	(12.9%)	\$ 225.02	\$ 6.33	101.3%	0.9000	\$ 5.77
Emergency Room	1,240.8	104.32	10.79	(20.0%)	992.7	9.7%	114.44	9.47	101.3%	0.9000	8.63
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.9000	-
Subtotal	1,615.7	\$ 140.06	\$ 18.86	(17.7%)	1,330.1	1.7%	\$ 142.49	\$ 15.79	101.3%	0.9000	\$ 14.40
Ancillaries											
Prescription Drugs	3,313.3	\$ 46.11	\$ 12.73	0.0%	3,313.3	(5.0%)	\$ 43.80	\$ 12.09	116.5%	0.9000	\$ 12.68
Transportation	509.8	119.13	5.06	(20.0%)	407.9	0.0%	119.15	4.05	102.6%	0.9000	3.74
DME/Prosthetics/Orthotics	396.3	86.18	2.85	(30.0%)	277.4	2.5%	88.36	2.04	102.6%	0.9000	1.89
Home Health/Hospice	209.3	59.92	1.05	0.0%	209.3	0.0%	59.92	1.05	102.6%	0.9000	0.97
Other Ancillary	110.9	41.76	0.39	(10.0%)	99.8	0.1%	41.78	0.35	102.6%	0.9000	0.32
Subtotal	4,539.7	\$ 58.34	\$ 22.07	(5.1%)	4,307.7	(6.5%)	\$ 54.54	\$ 19.58	111.2%	0.9000	\$ 19.60
Physician											
Surgery	1,440.9	112.81	\$ 13.55	(20.0%)	1,152.7	(3.1%)	\$ 109.35	\$ 10.50	102.6%	0.9000	\$ 9.70
Anesthesia	90.6	265.89	2.01	(20.0%)	72.5	(0.1%)	265.72	1.61	102.6%	0.9000	1.48
Hospital Inpatient Visits	8,901.0	97.32	72.19	(20.0%)	7,120.8	6.9%	104.07	61.75	102.6%	0.9000	57.05
Office Visits/Consults	3,797.2	45.55	14.41	(10.0%)	3,417.4	(12.7%)	39.75	11.32	102.6%	0.9000	10.46
Well Baby Exams/Physical Exams	17,134.8	30.04	42.89	40.0%	23,988.7	0.4%	30.17	60.30	102.6%	0.9000	55.71
Emergency Room Visits	1,198.2	38.80	3.87	(20.0%)	958.5	1.4%	39.35	3.14	102.6%	0.9000	2.90
Clinic Visit/Services	4,591.6	83.81	32.07	(10.0%)	4,132.5	2.1%	85.59	29.47	102.6%	0.9000	27.23
Radiology and Pathology	18,976.5	6.05	9.57	(20.0%)	15,181.2	(7.1%)	5.62	7.11	102.6%	0.9000	6.57
Outpatient Behavioral Health	2.1	54.97	0.01	(30.0%)	1.4	(3.0%)	53.32	0.01	102.6%	0.9000	0.01
Maternity	3.8	49.43	0.02	0.0%	3.8	0.0%	49.43	0.02	102.6%	0.9000	0.01
Chiropractor	18.1	10.32	0.02	(40.0%)	10.8	(0.0%)	10.32	0.01	102.6%	0.9000	0.01
Podiatrist	8.0	63.37	0.04	0.0%	8.0	0.0%	63.37	0.04	102.6%	0.9000	0.04
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.9000	-
Other Professional	4,303.3	19.78	7.09	10.0%	4,733.6	6.1%	20.98	8.28	102.6%	0.9000	7.64
DMHDD / DASA	0.1	67.09	0.00	(30.0%)	0.1	(14.5%)	57.35	0.00	102.6%	0.9000	0.00
PCCM Fee											2.00
Subtotal	60,466.0	\$ 39.24	\$ 197.73	0.5%	60,782.1	(2.6%)	\$ 38.21	\$ 193.56	102.6%	0.9000	\$ 180.81
Total Claims/Benefit Cost											
	74,617.1	\$ 203.45	\$ 1,265.07	(1.5%)	73,527.7	(7.0%)	\$ 189.15	\$ 1,158.99	107.1%	0.9000	\$ 1,119.40
Copay Adjustment											-
Administration											170.97
Capitation Rate											\$ 1,290.37

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 91 Days thru 1 year
SFY11 Member Months: 141,434

June 2012 HMO Member Months: 45

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	234.3	\$ 1,782.81	\$ 34.80	(20.0%)	187.4	6.3%	\$ 1,894.29	\$ 29.58	102.6%	1.0000	\$ 30.37
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	1.0000	-
Other Newborn	24.6	1,959.88	4.02	(10.0%)	22.2	1.6%	1,991.51	3.68	102.6%	1.0000	3.78
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	1.0000	-
Psychiatric/Substance Abuse	0.2	226.46	0.00	(30.0%)	0.1	23.7%	280.22	0.00	102.6%	1.0000	0.00
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	1.0000	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	1.0000	-
Subtotal	259.1	\$ 1,798.44	\$ 38.83	(19.1%)	209.7	5.8%	\$ 1,903.49	\$ 33.27	102.6%	1.0000	\$ 34.15
Outpatient Hospital											
General Outpatient	204.1	\$ 332.72	\$ 5.66	(10.0%)	183.7	(12.9%)	\$ 289.80	\$ 4.44	101.3%	1.0000	\$ 4.49
Emergency Room	1,424.7	92.30	10.96	(20.0%)	1,139.7	9.7%	101.25	9.62	101.3%	1.0000	9.74
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	1.0000	-
Subtotal	1,628.8	\$ 122.42	\$ 16.62	(18.7%)	1,323.4	4.1%	\$ 127.42	\$ 14.05	101.3%	1.0000	\$ 14.24
Ancillaries											
Prescription Drugs	6,217.0	\$ 40.74	\$ 21.11	0.0%	6,217.0	(5.0%)	\$ 38.70	\$ 20.05	116.5%	1.0000	\$ 23.37
Transportation	264.0	46.92	1.03	(20.0%)	211.2	0.0%	46.93	0.83	102.6%	1.0000	0.85
DME/Prosthetics/Orthotics	398.7	93.97	3.12	(30.0%)	279.1	2.5%	96.35	2.24	102.6%	1.0000	2.30
Home Health/Hospice	76.7	124.11	0.79	0.0%	76.7	0.0%	124.11	0.79	102.6%	1.0000	0.81
Other Ancillary	88.5	23.13	0.17	(10.0%)	79.6	0.1%	23.14	0.15	102.6%	1.0000	0.16
Subtotal	7,044.9	\$ 44.67	\$ 26.23	(2.6%)	6,863.7	(5.8%)	\$ 42.07	\$ 24.07	114.2%	1.0000	\$ 27.49
Physician											
Surgery	197.6	162.61	\$ 2.68	(20.0%)	158.1	(3.1%)	\$ 157.62	\$ 2.08	105.3%	1.0000	\$ 2.19
Anesthesia	101.9	146.53	1.24	(20.0%)	81.5	(0.1%)	146.44	0.99	105.3%	1.0000	1.05
Hospital Inpatient Visits	398.6	80.96	2.69	(20.0%)	318.8	6.9%	86.57	2.30	105.3%	1.0000	2.42
Office Visits/Consults	3,390.8	43.49	12.29	(10.0%)	3,051.7	(12.7%)	37.95	9.65	105.3%	1.0000	10.17
Well Baby Exams/Physical Exams	8,280.6	22.03	15.20	40.0%	11,592.8	0.4%	22.12	21.37	105.3%	1.0000	22.51
Emergency Room Visits	1,359.8	34.76	3.94	(20.0%)	1,087.8	1.4%	35.25	3.20	105.3%	1.0000	3.37
Clinic Visit/Services	4,299.2	51.17	18.33	(10.0%)	3,869.3	2.1%	52.26	16.85	105.3%	1.0000	17.75
Radiology and Pathology	4,645.5	9.74	3.77	(20.0%)	3,716.4	(7.1%)	9.04	2.80	105.3%	1.0000	2.95
Outpatient Behavioral Health	0.8	61.23	0.00	(30.0%)	0.6	(3.0%)	59.39	0.00	105.3%	1.0000	0.00
Maternity	5.0	50.13	0.02	0.0%	5.0	0.0%	50.13	0.02	105.3%	1.0000	0.02
Chiropractor	20.7	10.30	0.02	(40.0%)	12.4	(0.0%)	10.30	0.01	105.3%	1.0000	0.01
Podiatrist	2.8	72.28	0.02	0.0%	2.8	0.0%	72.28	0.02	105.3%	1.0000	0.02
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	1.0000	-
Other Professional	11,051.8	10.29	9.48	10.0%	12,157.0	6.1%	10.91	11.06	105.3%	1.0000	11.65
DMHDD / DASA	-	-	-	(30.0%)	0.0	(14.5%)	0.00	0.00	105.3%	1.0000	-
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	33,754.8	\$ 24.77	\$ 69.68	6.8%	36,054.1	(5.5%)	\$ 23.41	\$ 70.35	105.3%	1.0000	\$ 76.10
Total Claims/Benefit Cost	42,687.6	\$ 42.55	\$ 151.36	4.1%	44,450.9	(10.1%)	\$ 38.26	\$ 141.73	105.8%	1.0000	\$ 151.97
Copay Adjustment											-
Administration											23.21
Capitation Rate											\$ 175.18

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 2 yrs thru 5 yrs
SFY11 Member Months: 284,773

June 2012 HMO Member Months: 60

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	73.6	\$ 1,817.33	\$ 11.15	(20.0%)	58.9	6.3%	\$ 1,930.97	\$ 9.48	102.6%	0.8873	\$ 8.63
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.8873	-
Other Newborn	0.3	2,508.86	0.05	(10.0%)	0.2	1.6%	2,549.36	0.05	102.6%	0.8873	0.04
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.8873	-
Psychiatric/Substance Abuse	8.1	756.87	0.51	(30.0%)	5.7	23.7%	936.53	0.44	102.6%	0.8873	0.40
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8873	-
Other Inpatient	1.3	5,702.83	0.60	(20.0%)	1.0	6.7%	6,085.99	0.51	102.6%	0.8873	0.46
Subtotal	83.2	\$ 1,775.07	\$ 12.31	(20.9%)	65.8	7.7%	\$ 1,911.05	\$ 10.47	102.6%	0.8873	\$ 9.54
Outpatient Hospital											
General Outpatient	151.1	\$ 345.60	\$ 4.35	(10.0%)	136.0	(12.9%)	\$ 301.02	\$ 3.41	101.3%	0.8873	\$ 3.07
Emergency Room	810.8	98.59	6.66	(20.0%)	648.6	9.7%	108.15	5.85	101.3%	0.8873	5.26
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8873	-
Subtotal	961.9	\$ 137.39	\$ 11.01	(18.4%)	784.6	3.1%	\$ 141.58	\$ 9.26	101.3%	0.8873	\$ 8.32
Ancillaries											
Prescription Drugs	4,408.7	\$ 40.19	\$ 14.77	0.0%	4,408.7	(5.0%)	\$ 38.18	\$ 14.03	116.5%	0.8873	\$ 14.50
Transportation	148.7	43.68	0.54	(20.0%)	119.0	0.0%	43.69	0.43	102.6%	0.8873	0.39
DME/Prosthetics/Orthotics	297.5	123.26	3.06	(30.0%)	208.2	2.5%	126.38	2.19	102.6%	0.8873	2.00
Home Health/Hospice	11.8	214.12	0.21	0.0%	11.8	0.0%	214.12	0.21	102.6%	0.8873	0.19
Other Ancillary	84.5	21.43	0.15	(10.0%)	76.1	0.1%	21.44	0.14	102.6%	0.8873	0.12
Subtotal	4,951.1	\$ 45.38	\$ 18.72	(2.6%)	4,823.7	(6.8%)	\$ 42.29	\$ 17.00	114.1%	0.8873	\$ 17.21
Physician											
Surgery	189.3	127.00	\$ 2.00	(20.0%)	151.4	(3.1%)	\$ 123.10	\$ 1.55	105.3%	0.8873	\$ 1.45
Anesthesia	85.1	155.63	1.10	(20.0%)	68.1	(0.1%)	155.53	0.88	105.3%	0.8873	0.82
Hospital Inpatient Visits	111.8	39.70	0.37	(20.0%)	89.4	6.9%	42.45	0.32	105.3%	0.8873	0.30
Office Visits/Consults	2,066.9	43.22	7.44	(10.0%)	1,860.2	(12.7%)	37.72	5.85	105.3%	0.8873	5.46
Well Baby Exams/Physical Exams	1,855.9	28.00	4.33	40.0%	2,598.3	0.4%	28.12	6.09	105.3%	0.8873	5.69
Emergency Room Visits	753.6	33.86	2.13	(20.0%)	602.9	1.4%	34.34	1.73	105.3%	0.8873	1.61
Clinic Visit/Services	3,156.5	38.13	10.03	(10.0%)	2,840.9	2.1%	38.94	9.22	105.3%	0.8873	8.62
Radiology and Pathology	3,045.0	9.42	2.39	(20.0%)	2,436.0	(7.1%)	8.75	1.78	105.3%	0.8873	1.66
Outpatient Behavioral Health	12.8	56.32	0.06	(30.0%)	9.0	(3.0%)	54.63	0.04	105.3%	0.8873	0.04
Maternity	2.9	50.25	0.01	0.0%	2.9	0.0%	50.25	0.01	105.3%	0.8873	0.01
Chiropractor	18.1	10.07	0.02	(40.0%)	10.8	(0.0%)	10.07	0.01	105.3%	0.8873	0.01
Podiatrist	6.0	36.63	0.02	0.0%	6.0	0.0%	36.63	0.02	105.3%	0.8873	0.02
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.8873	-
Other Professional	10,968.4	9.30	8.50	10.0%	12,065.2	6.1%	9.86	9.92	105.3%	0.8873	9.27
DMHDD / DASA	44.8	72.23	0.27	(30.0%)	31.4	(14.5%)	61.75	0.16	105.3%	0.8873	0.15
PCCM Fee											2.00
Subtotal	22,317.1	\$ 20.80	\$ 38.67	2.0%	22,772.5	(4.8%)	\$ 19.79	\$ 37.56	105.3%	0.8873	\$ 37.11
Total Claims/Benefit Cost	28,313.3	\$ 34.21	\$ 80.72	0.5%	28,446.6	(8.4%)	\$ 31.34	\$ 74.30	106.5%	0.8873	\$ 72.18
Copay Adjustment											-
Administration											11.03
Capitation Rate											\$ 83.21

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 6 yrs thru 13 yrs
SFY11 Member Months: 531,315

June 2012 HMO Member Months: 52

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	43.1	\$ 1,675.87	\$ 6.02	(20.0%)	34.5	6.3%	\$ 1,780.66	\$ 5.12	102.6%	0.7595	\$ 3.99
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.7595	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	102.6%	0.7595	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.7595	-
Psychiatric/Substance Abuse	142.1	695.53	8.24	(30.0%)	99.5	23.7%	860.63	7.13	102.6%	0.7595	5.56
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.7595	-
Other Inpatient	0.3	7,333.26	0.18	(20.0%)	0.2	6.7%	7,825.97	0.16	102.6%	0.7595	0.12
Subtotal	185.5	\$ 934.10	\$ 14.44	(27.7%)	134.2	18.8%	\$ 1,109.56	\$ 12.41	102.6%	0.7595	\$ 9.67
Outpatient Hospital											
General Outpatient	117.0	\$ 357.70	\$ 3.49	(10.0%)	105.3	(12.9%)	\$ 311.56	\$ 2.73	101.3%	0.7595	\$ 2.10
Emergency Room	530.8	106.36	4.70	(20.0%)	424.6	9.7%	116.68	4.13	101.3%	0.7595	3.18
End-Stage Renal Disease	0.2	1,574.18	0.02	0.0%	0.2	0.0%	1,574.18	0.02	101.3%	0.7595	0.02
Subtotal	647.9	\$ 152.08	\$ 8.21	(18.2%)	530.1	2.4%	\$ 155.80	\$ 6.88	101.3%	0.7595	\$ 5.30
Ancillaries											
Prescription Drugs	6,130.2	\$ 74.73	\$ 38.18	0.0%	6,130.2	(5.0%)	\$ 70.99	\$ 36.27	116.5%	0.7595	\$ 32.10
Transportation	111.1	47.76	0.44	(20.0%)	88.9	0.0%	47.77	0.35	102.6%	0.7595	0.28
DME/Prosthetics/Orthotics	174.5	106.22	1.54	(30.0%)	122.1	2.5%	108.91	1.11	102.6%	0.7595	0.86
Home Health/Hospice	9.5	174.96	0.14	0.0%	9.5	0.0%	174.96	0.14	102.6%	0.7595	0.11
Other Ancillary	35.0	21.38	0.06	(10.0%)	31.5	0.1%	21.39	0.06	102.6%	0.7595	0.04
Subtotal	6,460.4	\$ 74.97	\$ 40.36	(1.2%)	6,382.3	(4.9%)	\$ 71.31	\$ 37.92	115.9%	0.7595	\$ 33.39
Physician											
Surgery	159.6	124.29	\$ 1.65	(20.0%)	127.7	(3.1%)	\$ 120.47	\$ 1.28	105.3%	0.7595	\$ 1.03
Anesthesia	45.9	164.71	0.63	(20.0%)	36.7	(0.1%)	164.60	0.50	105.3%	0.7595	0.40
Hospital Inpatient Visits	183.4	30.72	0.47	(20.0%)	146.7	6.9%	32.85	0.40	105.3%	0.7595	0.32
Office Visits/Consults	1,468.9	46.70	5.72	(10.0%)	1,322.0	(12.7%)	40.75	4.49	105.3%	0.7595	3.59
Well Baby Exams/Physical Exams	696.7	32.16	1.87	40.0%	975.4	0.4%	32.29	2.62	105.3%	0.7595	2.10
Emergency Room Visits	492.9	34.49	1.42	(20.0%)	394.3	1.4%	34.98	1.15	105.3%	0.7595	0.92
Clinic Visit/Services	2,929.5	36.49	8.91	(10.0%)	2,636.6	2.1%	37.27	8.19	105.3%	0.7595	6.55
Radiology and Pathology	2,265.0	10.59	2.00	(20.0%)	1,812.0	(7.1%)	9.83	1.48	105.3%	0.7595	1.19
Outpatient Behavioral Health	160.1	38.31	0.51	(30.0%)	112.0	(3.0%)	37.16	0.35	105.3%	0.7595	0.28
Maternity	1.0	49.49	0.00	0.0%	1.0	0.0%	49.49	0.00	105.3%	0.7595	0.00
Chiropractor	36.6	10.22	0.03	(40.0%)	22.0	(0.0%)	10.22	0.02	105.3%	0.7595	0.01
Podiatrist	19.8	41.97	0.07	0.0%	19.8	0.0%	41.97	0.07	105.3%	0.7595	0.06
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.7595	-
Other Professional	9,776.7	3.18	2.59	10.0%	10,754.4	6.1%	3.37	3.02	105.3%	0.7595	2.42
DMHDD / DASA	434.7	72.37	2.62	(30.0%)	304.3	(14.5%)	61.87	1.57	105.3%	0.7595	1.25
PCCM Fee											2.00
Subtotal	18,670.7	\$ 18.31	\$ 28.49	(0.0%)	18,664.8	(11.7%)	\$ 16.17	\$ 25.15	105.3%	0.7595	\$ 22.12
Total Claims/Benefit Cost	25,964.5	\$ 42.29	\$ 91.50	(1.0%)	25,711.4	(9.1%)	\$ 38.44	\$ 82.37	109.5%	0.7595	\$ 70.48
Copay Adjustment											-
Administration											10.77
Capitation Rate											\$ 81.25

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 14 yrs thru 20 yrs - Male
SFY11 Member Months: 151,363

June 2012 HMO Member Months: 8

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	82.3	\$ 1,765.36	\$ 12.10	(20.0%)	65.8	6.3%	\$ 1,875.75	\$ 10.29	104.0%	0.7423	\$ 7.94
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.7423	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	104.0%	0.7423	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	104.0%	0.7423	-
Psychiatric/Substance Abuse	280.6	674.10	15.76	(30.0%)	196.4	23.7%	834.11	13.65	104.0%	0.7423	10.54
Long Term Care	3.6	110.73	0.03	(20.0%)	2.8	6.7%	118.17	0.03	100.0%	0.7423	0.02
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	104.0%	0.7423	-
Subtotal	366.5	\$ 913.60	\$ 27.90	(27.7%)	265.1	18.8%	\$ 1,085.01	\$ 23.97	104.0%	0.7423	\$ 18.50
Outpatient Hospital											
General Outpatient	194.5	\$ 377.93	\$ 6.13	(10.0%)	175.1	(12.9%)	\$ 329.18	\$ 4.80	102.6%	0.7423	\$ 3.66
Emergency Room	660.8	124.13	6.84	(20.0%)	528.6	9.7%	136.17	6.00	102.6%	0.7423	4.57
End-Stage Renal Disease	0.1	160.85	0.00	0.0%	0.1	0.0%	160.85	0.00	102.6%	0.7423	0.00
Subtotal	855.4	\$ 181.86	\$ 12.96	(17.7%)	703.8	1.3%	\$ 184.19	\$ 10.80	102.6%	0.7423	\$ 8.23
Ancillaries											
Prescription Drugs	6,574.6	\$ 88.10	\$ 48.27	0.0%	6,574.6	(5.0%)	\$ 83.70	\$ 45.85	116.5%	0.7423	\$ 39.66
Transportation	193.9	60.50	0.98	(20.0%)	155.1	0.0%	60.51	0.78	101.3%	0.7423	0.59
DME/Prosthetics/Orthotics	145.6	106.25	1.29	(30.0%)	101.9	2.5%	108.94	0.93	101.3%	0.7423	0.70
Home Health/Hospice	48.0	52.20	0.21	0.0%	48.0	0.0%	52.20	0.21	101.3%	0.7423	0.16
Other Ancillary	11.2	26.77	0.03	(10.0%)	10.1	0.1%	26.79	0.02	101.3%	0.7423	0.02
Subtotal	6,973.3	\$ 87.37	\$ 50.77	(1.2%)	6,889.7	(4.7%)	\$ 83.24	\$ 47.79	115.9%	0.7423	\$ 41.12
Physician											
Surgery	210.0	148.03	\$ 2.59	(20.0%)	168.0	(3.1%)	\$ 143.48	\$ 2.01	104.0%	0.7423	\$ 1.55
Anesthesia	49.5	185.38	0.76	(20.0%)	39.6	(0.1%)	185.26	0.61	104.0%	0.7423	0.47
Hospital Inpatient Visits	343.6	29.37	0.84	(20.0%)	274.9	6.9%	31.41	0.72	104.0%	0.7423	0.56
Office Visits/Consults	1,353.4	44.54	5.02	(10.0%)	1,218.1	(12.7%)	38.87	3.95	104.0%	0.7423	3.05
Well Baby Exams/Physical Exams	581.1	35.08	1.70	40.0%	813.5	0.4%	35.23	2.39	104.0%	0.7423	1.84
Emergency Room Visits	606.9	36.60	1.85	(20.0%)	485.5	1.4%	37.12	1.50	104.0%	0.7423	1.16
Clinic Visit/Services	2,863.3	33.99	8.11	(10.0%)	2,577.0	2.1%	34.71	7.45	104.0%	0.7423	5.75
Radiology and Pathology	3,048.7	13.30	3.38	(20.0%)	2,439.0	(7.1%)	12.35	2.51	104.0%	0.7423	1.94
Outpatient Behavioral Health	210.5	39.08	0.69	(30.0%)	147.4	(3.0%)	37.91	0.47	104.0%	0.7423	0.36
Maternity	1.7	43.81	0.01	0.0%	1.7	0.0%	43.81	0.01	104.0%	0.7423	0.00
Chiropractor	69.7	9.93	0.06	(40.0%)	41.8	(0.0%)	9.93	0.03	104.0%	0.7423	0.03
Podiatrist	43.0	47.56	0.17	0.0%	43.0	0.0%	47.56	0.17	104.0%	0.7423	0.13
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Professional	9,424.7	3.58	2.81	10.0%	10,367.1	6.1%	3.80	3.28	104.0%	0.7423	2.53
DMHDD / DASA	1,388.7	120.46	13.94	(30.0%)	972.1	(14.5%)	102.98	8.34	104.0%	0.7423	6.44
PCCM Fee											2.00
Subtotal	20,195.0	\$ 24.91	\$ 41.93	(3.0%)	19,588.8	(17.8%)	\$ 20.48	\$ 33.44	104.0%	0.7423	\$ 27.81
Total Claims/Benefit Cost	28,390.1	\$ 56.45	\$ 133.56	(3.3%)	27,447.3	(10.2%)	\$ 50.72	\$ 116.00	108.8%	0.7423	\$ 95.66
Copay Adjustment Administration											-
											14.61
Capitation Rate											\$ 110.27

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 14 yrs thru 20 yrs - Female
SFY11 Member Months: 170,430

June 2012 HMO Member Months: 12

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	68.1	\$ 1,782.76	\$ 10.12	(20.0%)	54.5	6.3%	\$ 1,894.23	\$ 8.60	104.0%	0.8353	\$ 7.47
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.8353	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	104.0%	0.8353	-
Maternity Non-Delivery	33.1	601.32	1.66	(10.0%)	29.8	1.8%	612.02	1.52	104.0%	0.8353	1.32
Psychiatric/Substance Abuse	313.9	664.95	17.39	(30.0%)	219.7	23.7%	822.79	15.06	104.0%	0.8353	13.09
Long Term Care	2.6	103.30	0.02	(20.0%)	2.1	6.7%	110.24	0.02	100.0%	0.8353	0.02
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	104.0%	0.8353	-
Subtotal	417.7	\$ 838.63	\$ 29.19	(26.7%)	306.1	17.8%	\$ 988.11	\$ 25.20	104.0%	0.8353	\$ 21.89
Outpatient Hospital											
General Outpatient	482.1	\$ 273.66	\$ 10.99	(10.0%)	433.9	(12.9%)	\$ 238.36	\$ 8.62	102.6%	0.8353	\$ 7.39
Emergency Room	1,105.6	122.38	11.28	(20.0%)	884.5	9.7%	134.25	9.90	102.6%	0.8353	8.49
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8353	-
Subtotal	1,587.8	\$ 168.32	\$ 22.27	(17.0%)	1,318.4	0.1%	\$ 168.51	\$ 18.51	102.6%	0.8353	\$ 15.88
Ancillaries											
Prescription Drugs	9,170.7	\$ 51.09	\$ 39.04	0.0%	9,170.7	(5.0%)	\$ 48.54	\$ 37.09	116.5%	0.8353	\$ 36.11
Transportation	320.8	54.13	1.45	(20.0%)	256.6	0.0%	54.14	1.16	101.3%	0.8353	0.98
DME/Prosthetics/Orthotics	141.2	91.49	1.08	(30.0%)	98.9	2.5%	93.80	0.77	101.3%	0.8353	0.65
Home Health/Hospice	45.6	41.12	0.16	0.0%	45.6	0.0%	41.12	0.16	101.3%	0.8353	0.13
Other Ancillary	13.1	22.55	0.02	(10.0%)	11.8	0.1%	22.56	0.02	101.3%	0.8353	0.02
Subtotal	9,691.5	\$ 51.69	\$ 41.75	(1.1%)	9,583.6	(5.0%)	\$ 49.09	\$ 39.20	115.7%	0.8353	\$ 37.89
Physician											
Surgery	210.4	146.26	\$ 2.56	(20.0%)	168.3	(3.1%)	\$ 141.77	\$ 1.99	104.0%	0.8353	\$ 1.73
Anesthesia	127.8	228.18	2.43	(20.0%)	102.2	(0.1%)	228.03	1.94	104.0%	0.8353	1.69
Hospital Inpatient Visits	430.3	30.74	1.10	(20.0%)	344.2	6.9%	32.87	0.94	104.0%	0.8353	0.82
Office Visits/Consults	2,132.5	43.12	7.66	(10.0%)	1,919.3	(12.7%)	37.63	6.02	104.0%	0.8353	5.23
Well Baby Exams/Physical Exams	656.6	35.91	1.97	40.0%	919.2	0.4%	36.06	2.76	104.0%	0.8353	2.40
Emergency Room Visits	1,052.8	38.37	3.37	(20.0%)	842.2	1.4%	38.91	2.73	104.0%	0.8353	2.37
Clinic Visit/Services	3,678.7	43.84	13.44	(10.0%)	3,310.9	2.1%	44.77	12.35	104.0%	0.8353	10.73
Radiology and Pathology	10,222.1	12.65	10.78	(20.0%)	8,177.7	(7.1%)	11.75	8.00	104.0%	0.8353	6.95
Outpatient Behavioral Health	194.9	44.82	0.73	(30.0%)	136.4	(3.0%)	43.48	0.49	104.0%	0.8353	0.43
Maternity	52.2	53.23	0.23	0.0%	52.2	0.0%	53.23	0.23	104.0%	0.8353	0.20
Chiropractor	107.1	10.10	0.09	(40.0%)	64.2	(0.0%)	10.10	0.05	104.0%	0.8353	0.05
Podiatrist	39.4	48.00	0.16	0.0%	39.4	0.0%	48.00	0.16	104.0%	0.8353	0.14
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Professional	10,824.3	10.15	9.16	10.0%	11,906.7	6.1%	10.76	10.68	104.0%	0.8353	9.28
DMHDD / DASA	856.6	97.11	6.93	(30.0%)	599.6	(14.5%)	83.01	4.15	104.0%	0.8353	3.60
PCCM Fee											2.00
Subtotal	30,585.5	\$ 23.78	\$ 60.60	(6.5%)	28,582.6	(7.3%)	\$ 22.05	\$ 52.51	104.0%	0.8353	\$ 47.61
Total Claims/Benefit Cost	42,282.5	\$ 43.65	\$ 153.81	(5.9%)	39,790.7	(6.4%)	\$ 40.84	\$ 135.43	107.2%	0.8353	\$ 123.27
Copay Adjustment											-
Administration											18.83
Capitation Rate											\$ 142.10

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 21 yrs thru 44 yrs - Male
SFY11 Member Months: 125,887

June 2012 HMO Member Months: 24

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	218.5	\$ 2,446.72	\$ 44.56	(20.0%)	174.8	6.3%	\$ 2,599.71	\$ 37.87	101.3%	0.8624	\$ 33.09
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.4	395.65	0.01	(10.0%)	0.4	1.8%	402.69	0.01	101.3%	0.8624	0.01
Psychiatric/Substance Abuse	64.4	366.77	1.97	(30.0%)	45.1	23.7%	453.83	1.71	101.3%	0.8624	1.49
Long Term Care	8.4	111.11	0.08	(20.0%)	6.7	6.7%	118.58	0.07	100.0%	0.8624	0.06
Other Inpatient	0.9	3,700.34	0.26	(20.0%)	0.7	6.7%	3,948.96	0.23	101.3%	0.8624	0.20
Subtotal	292.6	\$ 1,922.49	\$ 46.88	(22.2%)	227.7	9.3%	\$ 2,101.91	\$ 39.88	101.3%	0.8624	\$ 34.85
Outpatient Hospital											
General Outpatient	503.6	\$ 396.60	\$ 16.64	(10.0%)	453.2	(12.9%)	\$ 345.44	\$ 13.05	102.6%	0.8624	\$ 11.55
Emergency Room	1,103.4	134.25	12.34	(20.0%)	882.7	9.7%	147.27	10.83	102.6%	0.8624	9.59
End-Stage Renal Disease	6.5	816.16	0.45	0.0%	6.5	0.0%	816.16	0.45	102.6%	0.8624	0.39
Subtotal	1,613.5	\$ 218.90	\$ 29.43	(16.8%)	1,342.5	(0.7%)	\$ 217.44	\$ 24.33	102.6%	0.8624	\$ 21.53
Ancillaries											
Prescription Drugs	11,504.2	\$ 47.96	\$ 45.98	0.0%	11,504.2	(5.0%)	\$ 45.56	\$ 43.68	116.5%	0.8624	\$ 43.90
Transportation	209.9	71.63	1.25	(20.0%)	167.9	0.0%	71.64	1.00	101.3%	0.8624	0.88
DME/Prosthetics/Orthotics	534.7	76.15	3.39	(30.0%)	374.3	2.5%	78.08	2.44	101.3%	0.8624	2.13
Home Health/Hospice	52.4	63.51	0.28	0.0%	52.4	0.0%	63.51	0.28	101.3%	0.8624	0.24
Other Ancillary	12.1	24.86	0.03	(10.0%)	10.9	0.1%	24.87	0.02	101.3%	0.8624	0.02
Subtotal	12,313.2	\$ 49.64	\$ 50.93	(1.7%)	12,109.6	(5.3%)	\$ 46.99	\$ 47.42	115.3%	0.8624	\$ 47.16
Physician											
Surgery	403.0	202.08	\$ 6.79	(20.0%)	322.4	(3.1%)	\$ 195.87	\$ 5.26	102.6%	0.8624	\$ 4.66
Anesthesia	98.9	189.81	1.57	(20.0%)	79.2	(0.1%)	189.69	1.25	102.6%	0.8624	1.11
Hospital Inpatient Visits	374.0	40.54	1.26	(20.0%)	299.2	6.9%	43.35	1.08	102.6%	0.8624	0.96
Office Visits/Consults	1,713.6	46.38	6.62	(10.0%)	1,542.2	(12.7%)	40.47	5.20	102.6%	0.8624	4.60
Well Baby Exams/Physical Exams	22.7	86.08	0.16	40.0%	31.7	0.4%	86.44	0.23	102.6%	0.8624	0.20
Emergency Room Visits	1,026.7	39.39	3.37	(20.0%)	821.4	1.4%	39.95	2.73	102.6%	0.8624	2.42
Clinic Visit/Services	2,590.9	37.57	8.11	(10.0%)	2,331.8	2.1%	38.37	7.46	102.6%	0.8624	6.60
Radiology and Pathology	5,915.0	13.54	6.67	(20.0%)	4,732.0	(7.1%)	12.57	4.96	102.6%	0.8624	4.39
Outpatient Behavioral Health	106.9	38.59	0.34	(30.0%)	74.8	(3.0%)	37.43	0.23	102.6%	0.8624	0.21
Maternity	0.6	48.68	0.00	0.0%	0.6	0.0%	48.68	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	9.6	43.00	0.03	0.0%	9.6	0.0%	43.00	0.03	102.6%	0.8624	0.03
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	9,355.8	8.52	6.64	10.0%	10,291.4	6.1%	9.04	7.75	102.6%	0.8624	6.86
DMHDD / DASA	470.3	63.64	2.49	(30.0%)	329.2	(14.5%)	54.40	1.49	102.6%	0.8624	1.32
PCCM Fee											2.00
Subtotal	22,088.1	\$ 23.94	\$ 44.07	(5.5%)	20,865.6	(9.5%)	\$ 21.67	\$ 37.68	102.6%	0.8624	\$ 35.36
Total Claims/Benefit Cost	36,307.5	\$ 56.62	\$ 171.32	(4.9%)	34,545.4	(8.4%)	\$ 51.87	\$ 149.31	106.3%	0.8624	\$ 138.90
Copy Adjustment											(1.01)
Administration											21.06
Capitation Rate											\$ 158.96

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 21 yrs thru 44 yrs - Female
SFY11 Member Months: 406,718

June 2012 HMO Member Months: 74

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	179.7	\$ 1,626.93	\$ 24.37	(20.0%)	143.8	6.3%	\$ 1,728.66	\$ 20.71	101.3%	0.8624	\$ 18.10
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	0.1	9,686.90	0.04	(10.0%)	0.0	1.6%	9,843.26	0.04	101.3%	0.8624	0.03
Maternity Non-Delivery	51.1	661.07	2.82	(10.0%)	46.0	1.8%	672.83	2.58	101.3%	0.8624	2.25
Psychiatric/Substance Abuse	56.8	347.46	1.64	(30.0%)	39.7	23.7%	429.94	1.42	101.3%	0.8624	1.24
Long Term Care	5.8	118.81	0.06	(20.0%)	4.7	6.7%	126.79	0.05	100.0%	0.8624	0.04
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	101.3%	0.8624	-
Subtotal	293.5	\$ 1,182.68	\$ 28.93	(20.2%)	234.2	7.4%	\$ 1,270.68	\$ 24.80	101.3%	0.8624	\$ 21.67
Outpatient Hospital											
General Outpatient	876.8	\$ 329.09	\$ 24.04	(10.0%)	789.1	(12.9%)	\$ 286.64	\$ 18.85	102.6%	0.8624	\$ 16.69
Emergency Room	1,547.3	133.18	17.17	(20.0%)	1,237.8	9.7%	146.10	15.07	102.6%	0.8624	13.34
End-Stage Renal Disease	4.1	678.00	0.23	0.0%	4.1	0.0%	678.00	0.23	102.6%	0.8624	0.21
Subtotal	2,428.1	\$ 204.85	\$ 41.45	(16.4%)	2,031.0	(1.5%)	\$ 201.78	\$ 34.15	102.6%	0.8624	\$ 30.23
Ancillaries											
Prescription Drugs	17,147.1	\$ 44.34	\$ 63.36	0.0%	17,147.1	(5.0%)	\$ 42.12	\$ 60.19	116.5%	0.8624	\$ 60.49
Transportation	363.3	51.82	1.57	(20.0%)	290.6	0.0%	51.83	1.26	101.3%	0.8624	1.10
DME/Prosthetics/Orthotics	407.8	77.89	2.65	(30.0%)	285.5	2.5%	79.86	1.90	101.3%	0.8624	1.66
Home Health/Hospice	54.6	69.13	0.31	0.0%	54.6	0.0%	69.13	0.31	101.3%	0.8624	0.27
Other Ancillary	12.7	24.25	0.03	(10.0%)	11.4	0.1%	24.26	0.02	101.3%	0.8624	0.02
Subtotal	17,985.4	\$ 45.31	\$ 67.91	(1.1%)	17,789.2	(5.2%)	\$ 42.96	\$ 63.68	115.7%	0.8624	\$ 63.54
Physician											
Surgery	551.6	177.24	\$ 8.15	(20.0%)	441.3	(3.1%)	\$ 171.80	\$ 6.32	102.6%	0.8624	\$ 5.59
Anesthesia	257.8	195.78	4.21	(20.0%)	206.2	(0.1%)	195.65	3.36	102.6%	0.8624	2.98
Hospital Inpatient Visits	390.8	37.80	1.23	(20.0%)	312.6	6.9%	40.42	1.05	102.6%	0.8624	0.93
Office Visits/Consults	2,936.8	44.91	10.99	(10.0%)	2,643.1	(12.7%)	39.19	8.63	102.6%	0.8624	7.64
Well Baby Exams/Physical Exams	252.1	61.76	1.30	40.0%	352.9	0.4%	62.02	1.82	102.6%	0.8624	1.61
Emergency Room Visits	1,482.8	40.29	4.98	(20.0%)	1,186.2	1.4%	40.86	4.04	102.6%	0.8624	3.58
Clinic Visit/Services	4,003.8	44.37	14.80	(10.0%)	3,603.4	2.1%	45.31	13.61	102.6%	0.8624	12.05
Radiology and Pathology	15,648.3	13.75	17.94	(20.0%)	12,518.7	(7.1%)	12.77	13.32	102.6%	0.8624	11.79
Outpatient Behavioral Health	183.0	36.39	0.55	(30.0%)	128.1	(3.0%)	35.30	0.38	102.6%	0.8624	0.33
Maternity	62.2	54.17	0.28	0.0%	62.2	0.0%	54.17	0.28	102.6%	0.8624	0.25
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	11.0	44.47	0.04	0.0%	11.0	0.0%	44.47	0.04	102.6%	0.8624	0.04
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	11,399.7	14.53	13.81	10.0%	12,539.7	6.1%	15.41	16.10	102.6%	0.8624	14.25
DMHDD / DASA	557.2	63.87	2.97	(30.0%)	390.0	(14.5%)	54.60	1.77	102.6%	0.8624	1.57
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	37,737.1	\$ 25.83	\$ 81.24	(8.9%)	34,395.5	(4.5%)	\$ 24.68	\$ 70.73	102.6%	0.8624	\$ 64.61
Total Claims/Benefit Cost	58,444.1	\$ 45.07	\$ 219.53	(6.8%)	54,449.9	(5.4%)	\$ 42.62	\$ 193.37	106.8%	0.8624	\$ 180.06
Copay Adjustment											(1.80)
Administration											27.23
Capitation Rate											\$ 205.48

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: 45 + Years
SFY11 Member Months: 90,673

June 2012 HMO Member Months: 17

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	581.7	\$ 2,063.52	\$ 100.03	(20.0%)	465.4	0.0%	\$ 2,063.52	\$ 80.02	101.3%	0.8624	\$ 69.92
Well Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.1	1,374.59	0.01	(10.0%)	0.1	0.0%	1,374.59	0.01	101.3%	0.8624	0.01
Psychiatric/Substance Abuse	43.8	371.67	1.36	(30.0%)	30.7	0.0%	371.67	0.95	101.3%	0.8624	0.83
Long Term Care	91.3	119.75	0.91	(20.0%)	73.0	0.0%	119.75	0.73	100.0%	0.8624	0.63
Other Inpatient	1.2	3,675.59	0.37	(20.0%)	1.0	0.0%	3,675.59	0.30	101.3%	0.8624	0.26
Subtotal	718.1	\$ 1,715.84	\$ 102.68	(20.6%)	570.1	0.6%	\$ 1,726.16	\$ 82.01	101.3%	0.8624	\$ 71.65
Outpatient Hospital											
General Outpatient	1,079.6	\$ 400.82	\$ 36.06	(10.0%)	971.7	0.0%	\$ 400.82	\$ 32.46	102.6%	0.8624	\$ 28.73
Emergency Room	926.0	156.45	12.07	(20.0%)	740.8	0.0%	156.45	9.66	102.6%	0.8624	8.55
End-Stage Renal Disease	22.1	477.41	0.88	0.0%	22.1	0.0%	477.41	0.88	102.6%	0.8624	0.78
Subtotal	2,027.8	\$ 290.06	\$ 49.01	(14.5%)	1,734.6	2.5%	\$ 297.44	\$ 42.99	102.6%	0.8624	\$ 38.06
Ancillaries											
Prescription Drugs	28,409.6	\$ 49.02	\$ 116.06	0.0%	28,409.6	(5.0%)	\$ 46.57	\$ 110.25	116.5%	0.8624	\$ 110.80
Transportation	788.8	32.12	2.11	(20.0%)	631.1	0.0%	32.12	1.69	101.3%	0.8624	1.48
DME/Prosthetics/Orthotics	1,710.3	67.66	9.64	(30.0%)	1,197.2	0.0%	67.66	6.75	101.3%	0.8624	5.90
Home Health/Hospice	181.0	76.27	1.15	0.0%	181.0	0.0%	76.27	1.15	101.3%	0.8624	1.01
Other Ancillary	23.6	24.70	0.05	(10.0%)	21.2	0.0%	24.70	0.04	101.3%	0.8624	0.04
Subtotal	31,113.3	\$ 49.76	\$ 129.01	(2.2%)	30,440.1	(5.0%)	\$ 47.26	\$ 119.88	115.3%	0.8624	\$ 119.21
Physician											
Surgery	857.5	212.87	\$ 15.21	(20.0%)	686.0	0.0%	\$ 212.87	\$ 12.17	102.6%	0.8624	\$ 10.77
Anesthesia	232.9	158.75	3.08	(20.0%)	186.3	0.0%	158.75	2.46	102.6%	0.8624	2.18
Hospital Inpatient Visits	863.8	38.83	2.80	(20.0%)	691.0	0.0%	38.83	2.24	102.6%	0.8624	1.98
Office Visits/Consults	3,095.6	47.88	12.35	(10.0%)	2,786.1	0.0%	47.88	11.12	102.6%	0.8624	9.84
Well Baby Exams/Physical Exams	88.8	81.87	0.61	40.0%	124.3	0.0%	81.87	0.85	102.6%	0.8624	0.75
Emergency Room Visits	885.7	43.62	3.22	(20.0%)	708.6	0.0%	43.62	2.58	102.6%	0.8624	2.28
Clinic Visit/Services	3,296.6	49.68	13.65	(10.0%)	2,967.0	0.0%	49.68	12.28	102.6%	0.8624	10.87
Radiology and Pathology	13,431.9	13.01	14.56	(20.0%)	10,745.5	0.0%	13.01	11.65	102.6%	0.8624	10.31
Outpatient Behavioral Health	189.0	32.95	0.52	(30.0%)	132.3	0.0%	32.95	0.36	102.6%	0.8624	0.32
Maternity	0.4	46.69	0.00	0.0%	0.4	0.0%	46.69	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	66.1	37.45	0.21	0.0%	66.1	0.0%	37.45	0.21	102.6%	0.8624	0.18
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	10,840.8	20.27	18.31	10.0%	11,924.9	0.0%	20.27	20.14	102.6%	0.8624	17.83
DMHDD / DASA	556.9	57.48	2.67	(30.0%)	389.8	0.0%	57.48	1.87	102.6%	0.8624	1.65
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	34,406.0	\$ 30.41	\$ 87.18	(8.7%)	31,408.3	(2.1%)	\$ 29.77	\$ 77.92	102.6%	0.8624	\$ 70.98
Total Claims/Benefit Cost	68,265.1	\$ 64.67	\$ 367.88	(6.0%)	64,153.0	(6.6%)	\$ 60.38	\$ 322.81	102.6%	0.8624	\$ 299.91
Copay Adjustment											(1.78)
Administration											45.54
Capitation Rate											\$ 343.67

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 2

Population: Composite
SFY11 Member Months: 1,934,825

June 2012 HMO Member Months: 305

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	192.0	\$ 1,858.81	\$ 29.75	(20.0%)	153.6	5.1%	\$ 1,953.25	\$ 25.01	103.1%	0.8905	\$ 22.95
Well Newborn	1.1	849.12	0.07	(10.0%)	0.9	0.6%	854.49	0.07	108.1%	0.9000	0.07
Other Newborn	305.8	1,514.61	38.60	(10.0%)	275.3	1.6%	1,539.06	35.30	108.0%	0.9014	34.36
Maternity Non-Delivery	13.7	655.08	0.75	(10.0%)	12.4	1.8%	666.73	0.69	101.6%	0.8600	0.60
Psychiatric/Substance Abuse	66.9	580.30	3.23	(30.0%)	46.8	23.2%	714.82	2.79	102.9%	0.7970	2.29
Long Term Care	7.4	118.45	0.07	(20.0%)	5.9	2.0%	120.84	0.06	100.0%	0.8606	0.05
Other Inpatient	0.4	5,269.24	0.19	(20.0%)	0.3	6.0%	5,584.86	0.16	102.4%	0.8608	0.14
Subtotal	587.3	\$ 1,484.78	\$ 72.67	(15.7%)	495.2	4.6%	\$ 1,552.55	\$ 64.07	105.7%	0.8923	\$ 60.46
Outpatient Hospital											
General Outpatient	432.4	\$ 343.50	\$ 12.38	(10.0%)	389.1	(10.8%)	\$ 306.38	\$ 9.94	102.4%	0.8668	\$ 8.82
Emergency Room	1,087.7	117.19	10.62	(20.0%)	870.2	9.1%	127.84	9.27	102.1%	0.8771	8.30
End-Stage Renal Disease	2.8	622.47	0.14	0.0%	2.8	0.0%	622.47	0.14	102.6%	0.8600	0.13
Subtotal	1,522.9	\$ 182.36	\$ 23.14	(17.1%)	1,262.1	0.9%	\$ 183.97	\$ 19.35	102.3%	0.8717	\$ 17.25
Ancillaries											
Prescription Drugs	10,153.2	\$ 48.85	\$ 41.33	0.0%	10,153.2	(5.0%)	\$ 46.41	\$ 39.26	116.5%	0.8541	\$ 39.08
Transportation	275.2	53.60	1.23	(20.0%)	220.2	0.0%	53.61	0.98	101.9%	0.8783	0.88
DME/Prosthetics/Orthotics	409.7	86.97	2.97	(30.0%)	286.8	2.1%	88.77	2.12	102.0%	0.8797	1.90
Home Health/Hospice	54.7	87.87	0.40	0.0%	54.7	0.0%	87.87	0.40	102.1%	0.9015	0.37
Other Ancillary	46.5	24.36	0.09	(10.0%)	41.9	0.1%	24.38	0.09	102.5%	0.9008	0.08
Subtotal	10,939.3	\$ 50.49	\$ 46.02	(1.7%)	10,756.7	(5.3%)	\$ 47.81	\$ 42.86	115.3%	0.8562	\$ 42.31
Physician											
Surgery	382.1	162.53	\$ 5.18	(20.0%)	305.7	(2.6%)	\$ 158.36	\$ 4.03	103.2%	0.8713	\$ 3.63
Anesthesia	133.1	182.54	2.02	(20.0%)	106.5	(0.1%)	182.43	1.62	103.4%	0.8714	1.46
Hospital Inpatient Visits	689.8	73.86	4.25	(20.0%)	551.8	6.7%	78.79	3.62	103.0%	0.9003	3.36
Office Visits/Consults	2,458.5	44.79	9.18	(10.0%)	2,212.6	(11.8%)	39.51	7.29	103.9%	0.8826	6.68
Well Baby Exams/Physical Exams	2,544.9	26.99	5.72	40.0%	3,562.9	0.4%	27.11	8.05	104.3%	0.9254	7.77
Emergency Room Visits	1,031.2	37.70	3.24	(20.0%)	825.0	1.3%	38.20	2.63	103.8%	0.8819	2.40
Clinic Visit/Services	3,529.3	45.21	13.30	(10.0%)	3,176.4	2.0%	46.11	12.21	104.0%	0.8834	11.21
Radiology and Pathology	7,972.3	12.01	7.98	(20.0%)	6,377.8	(6.4%)	11.23	5.97	103.2%	0.8683	5.35
Outpatient Behavioral Health	106.6	37.97	0.34	(30.0%)	74.6	(2.7%)	36.94	0.23	103.6%	0.8279	0.20
Maternity	18.9	53.66	0.08	0.0%	18.9	0.0%	53.66	0.08	103.0%	0.8644	0.08
Chiropractor	19.7	10.16	0.02	(40.0%)	11.8	(0.0%)	10.15	0.01	104.8%	0.8405	0.01
Podiatrist	15.1	43.30	0.05	0.0%	15.1	(0.0%)	43.30	0.05	103.8%	0.8362	0.05
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	103.8%	-	-
Other Professional	10,417.9	10.53	9.14	10.0%	11,459.7	5.4%	11.10	10.60	103.8%	0.8827	9.70
DMHDD / DASA	356.3	74.19	2.20	(30.0%)	249.4	(13.5%)	64.15	1.33	103.6%	0.8189	1.13
PCCM Fee											2.00
Subtotal	29,675.6	\$ 25.35	\$ 62.70	(2.5%)	28,948.2	(5.6%)	\$ 23.93	\$ 57.72	103.7%	0.9189	\$ 55.03
Total Claims/Benefit Cost	42,725.2	\$ 57.45	\$ 204.53	(3.0%)	41,462.3	(7.3%)	\$ 53.25	\$ 184.00	107.0%	0.8893	\$ 175.04
Copay Adjustment											(0.62)
Administration											26.64
Capitation Rate											\$ 201.07

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 0 thru 90 Days
SFY11 Member Months: 28,932

June 2012 HMO Member Months: 115

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	822.1	\$ 1,766.43	\$ 121.02	(20.0%)	657.7	6.3%	\$ 1,876.88	\$ 102.87	108.1%	0.9000	\$ 100.05
Well Newborn	32.1	753.41	2.01	(10.0%)	28.9	0.6%	758.18	1.82	108.1%	0.9000	1.77
Other Newborn	7,170.1	1,444.29	862.97	(10.0%)	6,453.1	1.6%	1,467.60	789.21	108.1%	0.9000	767.60
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	108.1%	0.9000	-
Psychiatric/Substance Abuse	6.3	1,571.50	0.83	(30.0%)	4.4	23.7%	1,944.53	0.71	108.1%	0.9000	0.70
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.9000	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	108.1%	0.9000	-
Subtotal	8,030.6	\$ 1,474.61	\$ 986.83	(11.0%)	7,144.0	1.9%	\$ 1,502.71	\$ 894.62	108.1%	0.9000	\$ 870.12
Outpatient Hospital											
General Outpatient	367.1	\$ 235.53	\$ 7.21	(10.0%)	330.4	(12.9%)	\$ 205.15	\$ 5.65	101.3%	0.9000	\$ 5.15
Emergency Room	1,253.8	98.71	10.31	(20.0%)	1,003.0	9.7%	108.29	9.05	101.3%	0.9000	8.25
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.9000	-
Subtotal	1,620.9	\$ 129.70	\$ 17.52	(17.7%)	1,333.5	2.0%	\$ 132.29	\$ 14.70	101.3%	0.9000	\$ 13.40
Ancillaries											
Prescription Drugs	4,032.0	\$ 31.47	\$ 10.57	0.0%	4,032.0	(5.0%)	\$ 29.90	\$ 10.05	116.5%	0.9000	\$ 10.53
Transportation	722.0	112.64	6.78	(20.0%)	577.6	0.0%	112.66	5.42	102.6%	0.9000	5.01
DME/Prosthetics/Orthotics	441.1	78.66	2.89	(30.0%)	308.8	2.5%	80.65	2.08	102.6%	0.9000	1.92
Home Health/Hospice	772.8	63.80	4.11	0.0%	772.8	0.0%	63.80	4.11	102.6%	0.9000	3.80
Other Ancillary	99.9	40.46	0.34	(10.0%)	89.9	0.1%	40.48	0.30	102.6%	0.9000	0.28
Subtotal	6,067.8	\$ 48.82	\$ 24.69	(4.7%)	5,781.0	(6.6%)	\$ 45.57	\$ 21.96	109.0%	0.9000	\$ 21.54
Physician											
Surgery	1,318.1	110.06	\$ 12.09	(20.0%)	1,054.5	(3.1%)	\$ 106.68	\$ 9.37	102.6%	0.9000	\$ 8.66
Anesthesia	74.5	269.61	1.67	(20.0%)	59.6	(0.1%)	269.44	1.34	102.6%	0.9000	1.24
Hospital Inpatient Visits	8,107.4	112.45	75.97	(20.0%)	6,485.9	6.9%	120.24	64.99	102.6%	0.9000	60.04
Office Visits/Consults	2,840.3	40.13	9.50	(10.0%)	2,556.2	(12.7%)	35.02	7.46	102.6%	0.9000	6.89
Well Baby Exams/Physical Exams	15,254.7	29.04	36.91	40.0%	21,356.6	0.4%	29.16	51.90	102.6%	0.9000	47.95
Emergency Room Visits	1,106.9	38.77	3.58	(20.0%)	885.5	1.4%	39.32	2.90	102.6%	0.9000	2.68
Clinic Visit/Services	6,111.4	90.68	46.18	(10.0%)	5,500.2	2.1%	92.61	42.45	102.6%	0.9000	39.21
Radiology and Pathology	6,952.9	9.98	5.79	(20.0%)	5,562.4	(7.1%)	9.27	4.30	102.6%	0.9000	3.97
Outpatient Behavioral Health	-	-	-	(30.0%)	0.0	(3.0%)	0.00	0.00	102.6%	0.9000	-
Maternity	3.9	49.95	0.02	0.0%	3.9	0.0%	49.95	0.02	102.6%	0.9000	0.02
Chiropractor	28.3	10.38	0.02	(40.0%)	17.0	(0.0%)	10.38	0.01	102.6%	0.9000	0.01
Podiatrist	0.4	41.28	0.00	0.0%	0.4	0.0%	41.28	0.00	102.6%	0.9000	0.00
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.9000	-
Other Professional	3,562.8	20.50	6.09	10.0%	3,919.0	6.1%	21.74	7.10	102.6%	0.9000	6.56
DMHDD / DASA	-	-	-	(30.0%)	0.0	(14.5%)	0.00	0.00	102.6%	0.9000	-
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	45,361.6	\$ 52.33	\$ 197.82	4.5%	47,401.2	(7.2%)	\$ 48.57	\$ 191.84	102.6%	0.9000	\$ 179.22
Total Claims/Benefit Cost	61,080.8	\$ 241.03	\$ 1,226.86	0.9%	61,659.8	(9.3%)	\$ 218.58	\$ 1,123.11	107.1%	0.9000	\$ 1,084.28
Copay Adjustment Administration											165.61
Capitation Rate											\$ 1,249.89

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 91 Days thru 1 year
SFY11 Member Months: 128,003

June 2012 HMO Member Months: 415

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	232.5	\$ 1,759.23	\$ 34.09	(20.0%)	186.0	6.3%	\$ 1,869.23	\$ 28.98	102.6%	1.0000	\$ 29.74
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	1.0000	-
Other Newborn	49.5	1,926.94	7.95	(10.0%)	44.6	1.6%	1,958.04	7.27	102.6%	1.0000	7.46
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	1.0000	-
Psychiatric/Substance Abuse	-	-	-	(30.0%)	0.0	23.7%	0.00	0.00	102.6%	1.0000	-
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	1.0000	-
Other Inpatient	3.3	15,693.09	4.36	(20.0%)	2.7	6.7%	16,747.48	3.72	102.6%	1.0000	3.82
Subtotal	285.4	\$ 1,951.06	\$ 46.40	(18.3%)	233.3	5.4%	\$ 2,056.28	\$ 39.97	102.6%	1.0000	\$ 41.03
Outpatient Hospital											
General Outpatient	170.8	\$ 301.80	\$ 4.30	(10.0%)	153.8	(12.9%)	\$ 262.87	\$ 3.37	101.3%	1.0000	\$ 3.41
Emergency Room	1,368.2	91.97	10.49	(20.0%)	1,094.5	9.7%	100.89	9.20	101.3%	1.0000	9.32
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	1.0000	-
Subtotal	1,539.0	\$ 115.26	\$ 14.78	(18.9%)	1,248.3	4.8%	\$ 120.84	\$ 12.57	101.3%	1.0000	\$ 12.74
Ancillaries											
Prescription Drugs	6,976.7	\$ 32.50	\$ 18.89	0.0%	6,976.7	(5.0%)	\$ 30.88	\$ 17.95	116.5%	1.0000	\$ 20.92
Transportation	369.4	49.79	1.53	(20.0%)	295.5	0.0%	49.80	1.23	102.6%	1.0000	1.26
DME/Prosthetics/Orthotics	341.7	98.20	2.80	(30.0%)	239.2	2.5%	100.68	2.01	102.6%	1.0000	2.06
Home Health/Hospice	87.5	163.20	1.19	0.0%	87.5	0.0%	163.20	1.19	102.6%	1.0000	1.22
Other Ancillary	73.5	20.54	0.13	(10.0%)	66.1	0.1%	20.55	0.11	102.6%	1.0000	0.12
Subtotal	7,848.8	\$ 37.52	\$ 24.54	(2.3%)	7,665.0	(6.2%)	\$ 35.20	\$ 22.49	113.7%	1.0000	\$ 25.57
Physician											
Surgery	169.8	182.79	\$ 2.59	(20.0%)	135.9	(3.1%)	\$ 177.18	\$ 2.01	105.3%	1.0000	\$ 2.11
Anesthesia	88.1	149.61	1.10	(20.0%)	70.5	(0.1%)	149.51	0.88	105.3%	1.0000	0.93
Hospital Inpatient Visits	354.3	79.03	2.33	(20.0%)	283.4	6.9%	84.51	2.00	105.3%	1.0000	2.10
Office Visits/Consults	2,829.3	38.20	9.01	(10.0%)	2,546.4	(12.7%)	33.33	7.07	105.3%	1.0000	7.45
Well Baby Exams/Physical Exams	7,981.7	21.77	14.48	40.0%	11,174.4	0.4%	21.86	20.36	105.3%	1.0000	21.44
Emergency Room Visits	1,221.9	35.11	3.58	(20.0%)	977.6	1.4%	35.61	2.90	105.3%	1.0000	3.06
Clinic Visit/Services	7,409.6	47.24	29.17	(10.0%)	6,668.6	2.1%	48.24	26.81	105.3%	1.0000	28.24
Radiology and Pathology	3,034.4	11.80	2.98	(20.0%)	2,427.5	(7.1%)	10.96	2.22	105.3%	1.0000	2.33
Outpatient Behavioral Health	-	-	-	(30.0%)	0.0	(3.0%)	0.00	0.00	105.3%	1.0000	-
Maternity	3.8	49.67	0.02	0.0%	3.8	0.0%	49.67	0.02	105.3%	1.0000	0.02
Chiropractor	21.6	10.30	0.02	(40.0%)	13.0	(0.0%)	10.30	0.01	105.3%	1.0000	0.01
Podiatrist	1.3	35.13	0.00	0.0%	1.3	0.0%	35.13	0.00	105.3%	1.0000	0.00
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	1.0000	-
Other Professional	9,269.6	15.15	11.70	10.0%	10,196.6	6.1%	16.07	13.65	105.3%	1.0000	14.38
DMHDD / DASA	-	-	-	(30.0%)	0.0	(14.5%)	0.00	0.00	105.3%	1.0000	-
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	32,385.5	\$ 28.52	\$ 76.97	6.5%	34,498.9	(5.0%)	\$ 27.10	\$ 77.92	105.3%	1.0000	\$ 84.08
Total Claims/Benefit Cost											
	42,058.6	\$ 46.42	\$ 162.69	3.8%	43,645.5	(9.4%)	\$ 42.05	\$ 152.95	105.5%	1.0000	\$ 163.42
Copay Adjustment											-
Administration											24.96
Capitation Rate											\$ 188.38

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 2 yrs thru 5 yrs
SFY11 Member Months: 252,413

June 2012 HMO Member Months: 1,430

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	73.2	\$ 1,565.22	\$ 9.54	(20.0%)	58.5	6.3%	\$ 1,663.09	\$ 8.11	102.6%	0.8873	\$ 7.39
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.8873	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	102.6%	0.8873	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.8873	-
Psychiatric/Substance Abuse	3.5	795.49	0.23	(30.0%)	2.5	23.7%	984.32	0.20	102.6%	0.8873	0.18
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8873	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	0.8873	-
Subtotal	76.7	\$ 1,530.00	\$ 9.77	(20.5%)	61.0	6.9%	\$ 1,635.76	\$ 8.31	102.6%	0.8873	\$ 7.57
Outpatient Hospital											
General Outpatient	118.9	\$ 362.89	\$ 3.59	(10.0%)	107.0	(12.9%)	\$ 316.08	\$ 2.82	101.3%	0.8873	\$ 2.53
Emergency Room	802.3	99.69	6.66	(20.0%)	641.8	9.7%	109.36	5.85	101.3%	0.8873	5.26
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8873	-
Subtotal	921.1	\$ 133.66	\$ 10.26	(18.7%)	748.8	3.9%	\$ 138.90	\$ 8.67	101.3%	0.8873	\$ 7.79
Ancillaries											
Prescription Drugs	4,947.7	\$ 38.69	\$ 15.95	0.0%	4,947.7	(5.0%)	\$ 36.76	\$ 15.15	116.5%	0.8873	\$ 15.67
Transportation	181.5	49.46	0.75	(20.0%)	145.2	0.0%	49.47	0.60	102.6%	0.8873	0.55
DME/Prosthetics/Orthotics	270.7	112.74	2.54	(30.0%)	189.5	2.5%	115.59	1.83	102.6%	0.8873	1.66
Home Health/Hospice	19.0	618.96	0.98	0.0%	19.0	0.0%	618.96	0.98	102.6%	0.8873	0.89
Other Ancillary	67.5	19.98	0.11	(10.0%)	60.7	0.1%	19.99	0.10	102.6%	0.8873	0.09
Subtotal	5,486.4	\$ 44.48	\$ 20.34	(2.3%)	5,362.1	(6.1%)	\$ 41.76	\$ 18.66	113.9%	0.8873	\$ 18.86
Physician											
Surgery	138.9	130.77	\$ 1.51	(20.0%)	111.1	(3.1%)	\$ 126.75	\$ 1.17	105.3%	0.8873	\$ 1.10
Anesthesia	67.8	148.29	0.84	(20.0%)	54.2	(0.1%)	148.19	0.67	105.3%	0.8873	0.63
Hospital Inpatient Visits	90.7	40.54	0.31	(20.0%)	72.6	6.9%	43.35	0.26	105.3%	0.8873	0.24
Office Visits/Consults	1,776.6	39.88	5.90	(10.0%)	1,598.9	(12.7%)	34.80	4.64	105.3%	0.8873	4.33
Well Baby Exams/Physical Exams	1,855.4	25.59	3.96	40.0%	2,597.6	0.4%	25.70	5.56	105.3%	0.8873	5.20
Emergency Room Visits	706.3	34.39	2.02	(20.0%)	565.0	1.4%	34.88	1.64	105.3%	0.8873	1.53
Clinic Visit/Services	5,807.5	32.96	15.95	(10.0%)	5,226.8	2.1%	33.66	14.66	105.3%	0.8873	13.70
Radiology and Pathology	2,330.2	11.10	2.16	(20.0%)	1,864.1	(7.1%)	10.31	1.60	105.3%	0.8873	1.50
Outpatient Behavioral Health	9.5	50.08	0.04	(30.0%)	6.6	(3.0%)	48.58	0.03	105.3%	0.8873	0.03
Maternity	2.1	51.00	0.01	0.0%	2.1	0.0%	51.00	0.01	105.3%	0.8873	0.01
Chiropractor	34.3	10.23	0.03	(40.0%)	20.6	(0.0%)	10.23	0.02	105.3%	0.8873	0.02
Podiatrist	1.9	35.86	0.01	0.0%	1.9	0.0%	35.86	0.01	105.3%	0.8873	0.01
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.8873	-
Other Professional	9,310.2	14.24	11.05	10.0%	10,241.2	6.1%	15.10	12.89	105.3%	0.8873	12.05
DMHDD / DASA	34.6	77.66	0.22	(30.0%)	24.2	(14.5%)	66.39	0.13	105.3%	0.8873	0.13
PCCM Fee											2.00
Subtotal	22,165.9	\$ 23.82	\$ 44.00	1.0%	22,387.0	(2.6%)	\$ 23.21	\$ 43.29	105.3%	0.8873	\$ 42.46
Total Claims/Benefit Cost	28,650.0	\$ 35.34	\$ 84.37	(0.3%)	28,558.8	(6.2%)	\$ 33.17	\$ 78.93	106.6%	0.8873	\$ 76.69
Copay Adjustment Administration											-
											11.71
Capitation Rate											\$ 88.40

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 6 yrs thru 13 yrs
SFY11 Member Months: 475,100

June 2012 HMO Member Months: 2,977

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	49.6	\$ 1,709.83	\$ 7.07	(20.0%)	39.7	6.3%	\$ 1,816.74	\$ 6.01	102.6%	0.7595	\$ 4.69
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.7595	-
Other Newborn	0.3	780.03	0.02	(10.0%)	0.3	1.6%	792.62	0.02	102.6%	0.7595	0.01
Maternity Non-Delivery	0.1	676.42	0.00	(10.0%)	0.0	1.8%	688.46	0.00	102.6%	0.7595	0.00
Psychiatric/Substance Abuse	87.5	656.56	4.78	(30.0%)	61.2	23.7%	812.41	4.14	102.6%	0.7595	3.23
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.7595	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	0.7595	-
Subtotal	137.4	\$ 1,037.20	\$ 11.88	(26.3%)	101.2	16.3%	\$ 1,206.20	\$ 10.18	102.6%	0.7595	\$ 7.93
Outpatient Hospital											
General Outpatient	105.6	\$ 353.66	\$ 3.11	(10.0%)	95.1	(12.9%)	\$ 308.04	\$ 2.44	101.3%	0.7595	\$ 1.88
Emergency Room	548.4	108.14	4.94	(20.0%)	438.7	9.7%	118.63	4.34	101.3%	0.7595	3.34
End-Stage Renal Disease	0.7	790.71	0.05	0.0%	0.7	0.0%	790.71	0.05	101.3%	0.7595	0.04
Subtotal	654.7	\$ 148.49	\$ 8.10	(18.4%)	534.5	3.2%	\$ 153.21	\$ 6.82	101.3%	0.7595	\$ 5.25
Ancillaries											
Prescription Drugs	5,962.7	\$ 69.28	\$ 34.43	0.0%	5,962.7	(5.0%)	\$ 65.82	\$ 32.70	116.5%	0.7595	\$ 28.94
Transportation	201.8	36.40	0.61	(20.0%)	161.4	0.0%	36.41	0.49	102.6%	0.7595	0.38
DME/Prosthetics/Orthotics	146.3	108.75	1.33	(30.0%)	102.4	2.5%	111.50	0.95	102.6%	0.7595	0.74
Home Health/Hospice	6.9	227.28	0.13	0.0%	6.9	0.0%	227.28	0.13	102.6%	0.7595	0.10
Other Ancillary	29.1	20.54	0.05	(10.0%)	26.2	0.1%	20.55	0.04	102.6%	0.7595	0.04
Subtotal	6,346.8	\$ 69.09	\$ 36.54	(1.4%)	6,259.7	(4.8%)	\$ 65.79	\$ 34.32	115.9%	0.7595	\$ 30.20
Physician											
Surgery	121.3	131.43	\$ 1.33	(20.0%)	97.0	(3.1%)	\$ 127.39	\$ 1.03	105.3%	0.7595	\$ 0.82
Anesthesia	39.5	150.63	0.50	(20.0%)	31.6	(0.1%)	150.53	0.40	105.3%	0.7595	0.32
Hospital Inpatient Visits	119.4	33.76	0.34	(20.0%)	95.5	6.9%	36.10	0.29	105.3%	0.7595	0.23
Office Visits/Consults	1,116.1	44.84	4.17	(10.0%)	1,004.5	(12.7%)	39.13	3.28	105.3%	0.7595	2.62
Well Baby Exams/Physical Exams	540.6	30.86	1.39	40.0%	756.8	0.4%	30.99	1.95	105.3%	0.7595	1.56
Emergency Room Visits	487.9	34.72	1.41	(20.0%)	390.3	1.4%	35.21	1.15	105.3%	0.7595	0.92
Clinic Visit/Services	5,415.8	29.99	13.54	(10.0%)	4,874.3	2.1%	30.63	12.44	105.3%	0.7595	9.95
Radiology and Pathology	1,648.6	12.82	1.76	(20.0%)	1,318.9	(7.1%)	11.90	1.31	105.3%	0.7595	1.05
Outpatient Behavioral Health	100.9	41.62	0.35	(30.0%)	70.6	(3.0%)	40.37	0.24	105.3%	0.7595	0.19
Maternity	1.0	50.06	0.00	0.0%	1.0	0.0%	50.06	0.00	105.3%	0.7595	0.00
Chiropractor	57.5	10.29	0.05	(40.0%)	34.5	(0.0%)	10.29	0.03	105.3%	0.7595	0.02
Podiatrist	10.3	50.21	0.04	0.0%	10.3	0.0%	50.21	0.04	105.3%	0.7595	0.03
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.7595	-
Other Professional	7,694.4	3.53	2.26	10.0%	8,463.9	6.1%	3.74	2.64	105.3%	0.7595	2.11
DMHDD / DASA	237.7	75.33	1.49	(30.0%)	166.4	(14.5%)	64.40	0.89	105.3%	0.7595	0.71
PCCM Fee											2.00
Subtotal	17,591.0	\$ 19.53	\$ 28.63	(1.6%)	17,315.6	(8.9%)	\$ 17.80	\$ 25.69	105.3%	0.7595	\$ 22.55
Total Claims/Benefit Cost	24,730.0	\$ 41.32	\$ 85.16	(2.1%)	24,210.9	(7.6%)	\$ 38.17	\$ 77.01	109.3%	0.7595	\$ 65.94
Copay Adjustment Administration											-
											10.07
Capitation Rate											\$ 76.01

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 14 yrs thru 20 yrs - Male
SFY11 Member Months: 143,105

June 2012 HMO Member Months: 752

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	75.1	\$ 2,064.64	\$ 12.93	(20.0%)	60.1	6.3%	\$ 2,193.74	\$ 10.99	104.0%	0.7423	\$ 8.48
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.7423	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	104.0%	0.7423	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	104.0%	0.7423	-
Psychiatric/Substance Abuse	208.6	655.51	11.40	(30.0%)	146.0	23.7%	811.11	9.87	104.0%	0.7423	7.62
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.7423	-
Other Inpatient	0.9	6,317.21	0.47	(20.0%)	0.7	6.7%	6,741.65	0.41	104.0%	0.7423	0.31
Subtotal	284.6	\$ 1,045.41	\$ 24.80	(27.3%)	206.9	18.0%	\$ 1,233.56	\$ 21.26	104.0%	0.7423	\$ 16.41
Outpatient Hospital											
General Outpatient	192.5	\$ 415.78	\$ 6.67	(10.0%)	173.2	(12.9%)	\$ 362.14	\$ 5.23	102.6%	0.7423	\$ 3.98
Emergency Room	645.2	124.52	6.70	(20.0%)	516.2	9.7%	136.60	5.88	102.6%	0.7423	4.48
End-Stage Renal Disease	0.1	371.27	0.00	0.0%	0.1	0.0%	371.27	0.00	102.6%	0.7423	0.00
Subtotal	837.8	\$ 191.47	\$ 13.37	(17.7%)	689.5	1.0%	\$ 193.30	\$ 11.11	102.6%	0.7423	\$ 8.46
Ancillaries											
Prescription Drugs	5,986.8	\$ 74.86	\$ 37.35	0.0%	5,986.8	(5.0%)	\$ 71.12	\$ 35.48	116.5%	0.7423	\$ 30.69
Transportation	400.8	44.03	1.47	(20.0%)	320.7	0.0%	44.04	1.18	101.3%	0.7423	0.89
DME/Prosthetics/Orthotics	137.9	101.65	1.17	(30.0%)	96.5	2.5%	104.22	0.84	101.3%	0.7423	0.63
Home Health/Hospice	42.4	240.90	0.85	0.0%	42.4	0.0%	240.90	0.85	101.3%	0.7423	0.64
Other Ancillary	9.3	23.73	0.02	(10.0%)	8.4	0.1%	23.74	0.02	101.3%	0.7423	0.01
Subtotal	6,577.3	\$ 74.54	\$ 40.86	(1.9%)	6,454.8	(4.3%)	\$ 71.32	\$ 38.36	115.4%	0.7423	\$ 32.86
Physician											
Surgery	174.6	162.48	\$ 2.36	(20.0%)	139.6	(3.1%)	\$ 157.49	\$ 1.83	104.0%	0.7423	\$ 1.41
Anesthesia	43.3	183.79	0.66	(20.0%)	34.6	(0.1%)	183.67	0.53	104.0%	0.7423	0.41
Hospital Inpatient Visits	242.8	32.78	0.66	(20.0%)	194.2	6.9%	35.05	0.57	104.0%	0.7423	0.44
Office Visits/Consults	924.6	43.38	3.34	(10.0%)	832.1	(12.7%)	37.86	2.63	104.0%	0.7423	2.03
Well Baby Exams/Physical Exams	381.2	34.01	1.08	40.0%	533.6	0.4%	34.15	1.52	104.0%	0.7423	1.17
Emergency Room Visits	577.8	37.19	1.79	(20.0%)	462.2	1.4%	37.71	1.45	104.0%	0.7423	1.12
Clinic Visit/Services	5,477.2	27.55	12.58	(10.0%)	4,929.5	2.1%	28.14	11.56	104.0%	0.7423	8.92
Radiology and Pathology	2,277.5	17.53	3.33	(20.0%)	1,822.0	(7.1%)	16.28	2.47	104.0%	0.7423	1.91
Outpatient Behavioral Health	130.1	42.96	0.47	(30.0%)	91.0	(3.0%)	41.67	0.32	104.0%	0.7423	0.24
Maternity	0.7	52.03	0.00	0.0%	0.7	0.0%	52.03	0.00	104.0%	0.7423	0.00
Chiropractor	133.2	9.99	0.11	(40.0%)	79.9	(0.0%)	9.99	0.07	104.0%	0.7423	0.05
Podiatrist	26.7	45.68	0.10	0.0%	26.7	0.0%	45.68	0.10	104.0%	0.7423	0.08
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Professional	7,159.6	3.48	2.08	10.0%	7,875.5	6.1%	3.69	2.42	104.0%	0.7423	1.87
DMHDD / DASA	987.8	131.81	10.85	(30.0%)	691.4	(14.5%)	112.68	6.49	104.0%	0.7423	5.01
PCCM Fee											2.00
Subtotal	18,536.8	\$ 25.51	\$ 39.41	(4.4%)	17,713.2	(15.1%)	\$ 21.65	\$ 31.96	104.0%	0.7423	\$ 26.67
Total Claims/Benefit Cost	26,236.5	\$ 54.17	\$ 118.43	(4.5%)	25,064.4	(9.2%)	\$ 49.17	\$ 102.69	108.1%	0.7423	\$ 84.40
Copay Adjustment Administration											12.89
Capitation Rate											\$ 97.29

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 14 yrs thru 20 yrs - Female
SFY11 Member Months: 163,863

June 2012 HMO Member Months: 820

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	105.3	\$ 1,643.08	\$ 14.42	(20.0%)	84.2	6.3%	\$ 1,745.82	\$ 12.25	104.0%	0.8353	\$ 10.64
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.8353	-
Other Newborn	0.1	1,290.96	0.01	(10.0%)	0.0	1.6%	1,311.80	0.00	104.0%	0.8353	0.00
Maternity Non-Delivery	36.4	647.82	1.97	(10.0%)	32.8	1.8%	659.35	1.80	104.0%	0.8353	1.56
Psychiatric/Substance Abuse	188.7	622.41	9.79	(30.0%)	132.1	23.7%	770.15	8.48	104.0%	0.8353	7.36
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8353	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	104.0%	0.8353	-
Subtotal	330.4	\$ 950.56	\$ 26.17	(24.6%)	249.1	14.2%	\$ 1,085.58	\$ 22.53	104.0%	0.8353	\$ 19.57
Outpatient Hospital											
General Outpatient	552.9	\$ 258.87	\$ 11.93	(10.0%)	497.6	(12.9%)	\$ 225.48	\$ 9.35	102.6%	0.8353	\$ 8.02
Emergency Room	1,001.7	124.67	10.41	(20.0%)	801.4	9.7%	136.76	9.13	102.6%	0.8353	7.83
End-Stage Renal Disease	0.4	285.45	0.01	0.0%	0.4	0.0%	285.45	0.01	102.6%	0.8353	0.01
Subtotal	1,555.0	\$ 172.42	\$ 22.34	(16.4%)	1,299.4	(1.0%)	\$ 170.78	\$ 18.49	102.6%	0.8353	\$ 15.86
Ancillaries											
Prescription Drugs	9,071.2	\$ 49.21	\$ 37.20	0.0%	9,071.2	(5.0%)	\$ 46.75	\$ 35.34	116.5%	0.8353	\$ 34.40
Transportation	489.1	45.99	1.87	(20.0%)	391.3	0.0%	46.00	1.50	101.3%	0.8353	1.27
DME/Prosthetics/Orthotics	125.5	99.17	1.04	(30.0%)	87.8	2.5%	101.68	0.74	101.3%	0.8353	0.63
Home Health/Hospice	17.2	63.83	0.09	0.0%	17.2	0.0%	63.83	0.09	101.3%	0.8353	0.08
Other Ancillary	9.4	23.04	0.02	(10.0%)	8.4	0.1%	23.05	0.02	101.3%	0.8353	0.01
Subtotal	9,712.3	\$ 49.69	\$ 40.22	(1.4%)	9,575.9	(4.9%)	\$ 47.23	\$ 37.69	115.6%	0.8353	\$ 36.39
Physician											
Surgery	175.8	159.10	\$ 2.33	(20.0%)	140.7	(3.1%)	\$ 154.21	\$ 1.81	104.0%	0.8353	\$ 1.57
Anesthesia	133.6	262.82	2.93	(20.0%)	106.9	(0.1%)	262.65	2.34	104.0%	0.8353	2.03
Hospital Inpatient Visits	321.9	35.50	0.95	(20.0%)	257.5	6.9%	37.96	0.81	104.0%	0.8353	0.71
Office Visits/Consults	1,476.4	40.26	4.95	(10.0%)	1,328.8	(12.7%)	35.13	3.89	104.0%	0.8353	3.38
Well Baby Exams/Physical Exams	495.9	34.20	1.41	40.0%	694.3	0.4%	34.34	1.99	104.0%	0.8353	1.73
Emergency Room Visits	936.1	39.13	3.05	(20.0%)	748.9	1.4%	39.68	2.48	104.0%	0.8353	2.15
Clinic Visit/Services	7,261.4	41.84	25.32	(10.0%)	6,535.3	2.1%	42.73	23.27	104.0%	0.8353	20.21
Radiology and Pathology	7,414.1	16.81	10.38	(20.0%)	5,931.2	(7.1%)	15.61	7.72	104.0%	0.8353	6.70
Outpatient Behavioral Health	136.8	49.74	0.57	(30.0%)	95.7	(3.0%)	48.25	0.38	104.0%	0.8353	0.33
Maternity	15.3	49.57	0.06	0.0%	15.3	0.0%	49.57	0.06	104.0%	0.8353	0.05
Chiropractor	181.8	10.12	0.15	(40.0%)	109.1	(0.0%)	10.12	0.09	104.0%	0.8353	0.08
Podiatrist	24.3	49.44	0.10	0.0%	24.3	0.0%	49.44	0.10	104.0%	0.8353	0.09
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Professional	7,742.6	8.35	5.39	10.0%	8,516.9	6.1%	8.86	6.29	104.0%	0.8353	5.46
DMHDD / DASA	593.0	116.03	5.73	(30.0%)	415.1	(14.5%)	99.19	3.43	104.0%	0.8353	2.98
PCCM Fee											2.00
Subtotal	26,909.0	\$ 28.24	\$ 63.34	(7.4%)	24,919.9	(6.8%)	\$ 26.32	\$ 54.66	104.0%	0.8353	\$ 49.48
Total Claims/Benefit Cost											
	38,506.8	\$ 47.39	\$ 152.07	(6.4%)	36,044.3	(6.3%)	\$ 44.40	\$ 133.38	107.1%	0.8353	\$ 121.30
Copay Adjustment											-
Administration											18.53
Capitation Rate											\$ 139.83

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 21 yrs thru 44 yrs - Male
SFY11 Member Months: 118,337

June 2012 HMO Member Months: 432

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	256.0	\$ 1,755.61	\$ 37.46	(20.0%)	204.8	6.3%	\$ 1,865.39	\$ 31.84	101.3%	0.8624	\$ 27.82
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	0.1	1,828.01	0.01	(10.0%)	0.0	1.6%	1,857.52	0.01	101.3%	0.8624	0.01
Maternity Non-Delivery	1.3	454.12	0.05	(10.0%)	1.2	1.8%	462.20	0.05	101.3%	0.8624	0.04
Psychiatric/Substance Abuse	96.1	486.87	3.90	(30.0%)	67.3	23.7%	602.44	3.38	101.3%	0.8624	2.95
Long Term Care	11.5	131.27	0.13	(20.0%)	9.2	6.7%	140.09	0.11	100.0%	0.8624	0.09
Other Inpatient	0.7	85.56	0.00	(20.0%)	0.5	6.7%	91.31	0.00	101.3%	0.8624	0.00
Subtotal	365.7	\$ 1,363.34	\$ 41.55	(22.6%)	283.1	10.0%	\$ 1,499.91	\$ 35.38	101.3%	0.8624	\$ 30.92
Outpatient Hospital											
General Outpatient	532.8	\$ 388.93	\$ 17.27	(10.0%)	479.6	(12.9%)	\$ 338.76	\$ 13.54	102.6%	0.8624	\$ 11.98
Emergency Room	1,050.3	135.30	11.84	(20.0%)	840.3	9.7%	148.42	10.39	102.6%	0.8624	9.20
End-Stage Renal Disease	6.3	949.10	0.50	0.0%	6.3	0.0%	949.10	0.50	102.6%	0.8624	0.44
Subtotal	1,589.5	\$ 223.57	\$ 29.61	(16.6%)	1,326.2	(1.1%)	\$ 221.08	\$ 24.43	102.6%	0.8624	\$ 21.63
Ancillaries											
Prescription Drugs	13,058.8	\$ 47.42	\$ 51.60	0.0%	13,058.8	(5.0%)	\$ 45.05	\$ 49.02	116.5%	0.8624	\$ 49.27
Transportation	425.6	52.02	1.84	(20.0%)	340.4	0.0%	52.03	1.48	101.3%	0.8624	1.29
DME/Prosthetics/Orthotics	584.4	83.49	4.07	(30.0%)	409.0	2.5%	85.60	2.92	101.3%	0.8624	2.55
Home Health/Hospice	43.3	64.61	0.23	0.0%	43.3	0.0%	64.61	0.23	101.3%	0.8624	0.20
Other Ancillary	6.9	25.39	0.01	(10.0%)	6.2	0.1%	25.40	0.01	101.3%	0.8624	0.01
Subtotal	14,118.9	\$ 49.09	\$ 57.76	(1.8%)	13,857.8	(5.3%)	\$ 46.47	\$ 53.66	115.2%	0.8624	\$ 53.32
Physician											
Surgery	405.1	197.56	\$ 6.67	(20.0%)	324.1	(3.1%)	\$ 191.49	\$ 5.17	102.6%	0.8624	\$ 4.58
Anesthesia	99.9	182.40	1.52	(20.0%)	79.9	(0.1%)	182.28	1.21	102.6%	0.8624	1.07
Hospital Inpatient Visits	368.1	40.52	1.24	(20.0%)	294.5	6.9%	43.33	1.06	102.6%	0.8624	0.94
Office Visits/Consults	1,216.1	44.90	4.55	(10.0%)	1,094.5	(12.7%)	39.18	3.57	102.6%	0.8624	3.16
Well Baby Exams/Physical Exams	12.4	71.73	0.07	40.0%	17.4	0.4%	72.03	0.10	102.6%	0.8624	0.09
Emergency Room Visits	948.8	40.68	3.22	(20.0%)	759.0	1.4%	41.25	2.61	102.6%	0.8624	2.31
Clinic Visit/Services	5,514.9	33.12	15.22	(10.0%)	4,963.4	2.1%	33.82	13.99	102.6%	0.8624	12.38
Radiology and Pathology	4,619.9	18.92	7.28	(20.0%)	3,695.9	(7.1%)	17.57	5.41	102.6%	0.8624	4.79
Outpatient Behavioral Health	94.7	51.24	0.40	(30.0%)	66.3	(3.0%)	49.70	0.27	102.6%	0.8624	0.24
Maternity	0.3	51.27	0.00	0.0%	0.3	0.0%	51.27	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	7.8	48.26	0.03	0.0%	7.8	0.0%	48.26	0.03	102.6%	0.8624	0.03
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	7,006.1	7.77	4.54	10.0%	7,706.7	6.1%	8.24	5.29	102.6%	0.8624	4.68
DMHDD / DASA	350.5	70.79	2.07	(30.0%)	245.3	(14.5%)	60.51	1.24	102.6%	0.8624	1.10
PCCM Fee											2.00
Subtotal	20,644.6	\$ 27.21	\$ 46.82	(6.7%)	19,255.1	(8.4%)	\$ 24.91	\$ 39.97	102.6%	0.8624	\$ 37.39
Total Claims/Benefit Cost	36,718.7	\$ 57.43	\$ 175.74	(5.4%)	34,722.2	(7.7%)	\$ 53.03	\$ 153.45	106.7%	0.8624	\$ 143.25
Copy Adjustment											(1.62)
Administration											21.63
Capitation Rate											\$ 163.26

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 21 yrs thru 44 yrs - Female
SFY11 Member Months: 386,410

June 2012 HMO Member Months: 2,020

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	219.3	\$ 1,481.08	\$ 27.07	(20.0%)	175.5	6.3%	\$ 1,573.69	\$ 23.01	101.3%	0.8624	\$ 20.11
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	51.1	733.83	3.12	(10.0%)	46.0	1.8%	746.89	2.86	101.3%	0.8624	2.50
Psychiatric/Substance Abuse	76.1	468.61	2.97	(30.0%)	53.3	23.7%	579.85	2.57	101.3%	0.8624	2.25
Long Term Care	6.7	192.39	0.11	(20.0%)	5.4	6.7%	205.32	0.09	100.0%	0.8624	0.08
Other Inpatient	0.3	3,670.72	0.09	(20.0%)	0.2	6.7%	3,917.35	0.08	101.3%	0.8624	0.07
Subtotal	353.6	\$ 1,132.50	\$ 33.37	(20.7%)	280.4	8.2%	\$ 1,224.97	\$ 28.62	101.3%	0.8624	\$ 25.01
Outpatient Hospital											
General Outpatient	995.8	\$ 303.47	\$ 25.18	(10.0%)	896.2	(12.9%)	\$ 264.32	\$ 19.74	102.6%	0.8624	\$ 17.48
Emergency Room	1,363.0	133.09	15.12	(20.0%)	1,090.4	9.7%	146.00	13.27	102.6%	0.8624	11.74
End-Stage Renal Disease	6.0	722.12	0.36	0.0%	6.0	0.0%	722.12	0.36	102.6%	0.8624	0.32
Subtotal	2,364.8	\$ 206.34	\$ 40.66	(15.7%)	1,992.6	(2.6%)	\$ 200.96	\$ 33.37	102.6%	0.8624	\$ 29.54
Ancillaries											
Prescription Drugs	18,124.6	\$ 45.82	\$ 69.21	0.0%	18,124.6	(5.0%)	\$ 43.53	\$ 65.75	116.5%	0.8624	\$ 66.07
Transportation	723.1	39.15	2.36	(20.0%)	578.5	0.0%	39.16	1.89	101.3%	0.8624	1.65
DME/Prosthetics/Orthotics	373.4	81.82	2.55	(30.0%)	261.4	2.5%	83.89	1.83	101.3%	0.8624	1.60
Home Health/Hospice	57.3	63.31	0.30	0.0%	57.3	0.0%	63.31	0.30	101.3%	0.8624	0.26
Other Ancillary	4.8	26.38	0.01	(10.0%)	4.3	0.1%	26.40	0.01	101.3%	0.8624	0.01
Subtotal	19,283.2	\$ 46.32	\$ 74.43	(1.3%)	19,026.1	(5.0%)	\$ 44.01	\$ 69.77	115.6%	0.8624	\$ 69.59
Physician											
Surgery	499.6	185.82	\$ 7.74	(20.0%)	399.7	(3.1%)	\$ 180.11	\$ 6.00	102.6%	0.8624	\$ 5.31
Anesthesia	253.6	217.97	4.61	(20.0%)	202.9	(0.1%)	217.83	3.68	102.6%	0.8624	3.26
Hospital Inpatient Visits	409.5	38.40	1.31	(20.0%)	327.6	6.9%	41.06	1.12	102.6%	0.8624	0.99
Office Visits/Consults	1,898.4	41.96	6.64	(10.0%)	1,708.6	(12.7%)	36.62	5.21	102.6%	0.8624	4.62
Well Baby Exams/Physical Exams	307.4	49.05	1.26	40.0%	430.4	0.4%	49.26	1.77	102.6%	0.8624	1.56
Emergency Room Visits	1,278.1	41.21	4.39	(20.0%)	1,022.5	1.4%	41.79	3.56	102.6%	0.8624	3.15
Clinic Visit/Services	8,553.6	43.44	30.96	(10.0%)	7,698.2	2.1%	44.36	28.46	102.6%	0.8624	25.19
Radiology and Pathology	11,507.6	17.67	16.94	(20.0%)	9,206.1	(7.1%)	16.41	12.59	102.6%	0.8624	11.14
Outpatient Behavioral Health	110.0	49.00	0.45	(30.0%)	77.0	(3.0%)	47.53	0.30	102.6%	0.8624	0.27
Maternity	13.6	48.14	0.05	0.0%	13.6	0.0%	48.14	0.05	102.6%	0.8624	0.05
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	8.6	40.28	0.03	0.0%	8.6	0.0%	40.28	0.03	102.6%	0.8624	0.03
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	7,527.5	15.31	9.60	10.0%	8,280.3	6.1%	16.24	11.20	102.6%	0.8624	9.92
DMHDD / DASA	385.6	71.77	2.31	(30.0%)	269.9	(14.5%)	61.35	1.38	102.6%	0.8624	1.22
PCCM Fee											2.00
Subtotal	32,753.0	\$ 31.61	\$ 86.28	(9.5%)	29,645.2	(3.5%)	\$ 30.51	\$ 75.36	102.6%	0.8624	\$ 68.71
Total Claims/Benefit Cost	54,754.6	\$ 51.45	\$ 234.74	(7.0%)	50,944.3	(5.2%)	\$ 48.79	\$ 207.12	106.8%	0.8624	\$ 192.85
Copay Adjustment Administration											(3.25)
											28.96
Capitation Rate											\$ 218.56

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: 45 + Years
SFY11 Member Months: 88,153

June 2012 HMO Member Months: 314

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	611.7	\$ 1,545.45	\$ 78.78	(20.0%)	489.4	0.0%	\$ 1,545.45	\$ 63.03	101.3%	0.8624	\$ 55.07
Well Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Psychiatric/Substance Abuse	69.2	438.23	2.53	(30.0%)	48.4	0.0%	438.23	1.77	101.3%	0.8624	1.55
Long Term Care	91.6	120.45	0.92	(20.0%)	73.3	0.0%	120.45	0.74	100.0%	0.8624	0.63
Other Inpatient	6.7	6,688.01	3.71	(20.0%)	5.3	0.0%	6,688.01	2.97	101.3%	0.8624	2.59
Subtotal	779.2	\$ 1,323.41	\$ 85.94	(20.9%)	616.5	0.8%	\$ 1,333.35	\$ 68.50	101.3%	0.8624	\$ 59.84
Outpatient Hospital											
General Outpatient	1,088.1	\$ 368.47	\$ 33.41	(10.0%)	979.3	0.0%	\$ 368.47	\$ 30.07	102.6%	0.8624	\$ 26.62
Emergency Room	857.9	146.48	10.47	(20.0%)	686.3	0.0%	146.48	8.38	102.6%	0.8624	7.42
End-Stage Renal Disease	41.1	532.97	1.82	0.0%	41.1	0.0%	532.97	1.82	102.6%	0.8624	1.61
Subtotal	1,987.1	\$ 276.02	\$ 45.71	(14.1%)	1,706.7	2.6%	\$ 283.15	\$ 40.27	102.6%	0.8624	\$ 35.65
Ancillaries											
Prescription Drugs	29,994.7	\$ 49.46	\$ 123.62	0.0%	29,994.7	(5.0%)	\$ 46.99	\$ 117.45	116.5%	0.8624	\$ 118.03
Transportation	1,831.3	25.36	3.87	(20.0%)	1,465.1	0.0%	25.36	3.10	101.3%	0.8624	2.71
DME/Prosthetics/Orthotics	1,547.6	71.93	9.28	(30.0%)	1,083.4	0.0%	71.93	6.49	101.3%	0.8624	5.67
Home Health/Hospice	207.3	77.92	1.35	0.0%	207.3	0.0%	77.92	1.35	101.3%	0.8624	1.18
Other Ancillary	11.1	25.20	0.02	(10.0%)	10.0	0.0%	25.20	0.02	101.3%	0.8624	0.02
Subtotal	33,592.0	\$ 49.34	\$ 138.13	(2.5%)	32,760.4	(4.7%)	\$ 47.03	\$ 128.40	115.2%	0.8624	\$ 127.60
Physician											
Surgery	810.9	206.69	\$ 13.97	(20.0%)	648.7	0.0%	\$ 206.69	\$ 11.17	102.6%	0.8624	\$ 9.89
Anesthesia	196.5	172.02	2.82	(20.0%)	157.2	0.0%	172.02	2.25	102.6%	0.8624	1.99
Hospital Inpatient Visits	804.8	38.63	2.59	(20.0%)	643.8	0.0%	38.63	2.07	102.6%	0.8624	1.83
Office Visits/Consults	2,181.6	45.13	8.20	(10.0%)	1,963.4	0.0%	45.13	7.38	102.6%	0.8624	6.54
Well Baby Exams/Physical Exams	59.4	79.60	0.39	40.0%	83.2	0.0%	79.60	0.55	102.6%	0.8624	0.49
Emergency Room Visits	784.1	44.76	2.92	(20.0%)	627.3	0.0%	44.76	2.34	102.6%	0.8624	2.07
Clinic Visit/Services	6,901.8	42.07	24.20	(10.0%)	6,211.6	0.0%	42.07	21.78	102.6%	0.8624	19.28
Radiology and Pathology	10,157.5	17.44	14.76	(20.0%)	8,126.0	0.0%	17.44	11.81	102.6%	0.8624	10.45
Outpatient Behavioral Health	132.3	43.03	0.47	(30.0%)	92.6	0.0%	43.03	0.33	102.6%	0.8624	0.29
Maternity	0.2	53.00	0.00	0.0%	0.2	0.0%	53.00	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	47.7	37.81	0.15	0.0%	47.7	0.0%	37.81	0.15	102.6%	0.8624	0.13
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	7,972.6	25.70	17.08	10.0%	8,769.9	0.0%	25.70	18.78	102.6%	0.8624	16.63
DMHDD / DASA	400.7	65.19	2.18	(30.0%)	280.5	0.0%	65.19	1.52	102.6%	0.8624	1.35
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	30,450.1	\$ 35.36	\$ 89.73	(9.2%)	27,652.1	(1.6%)	\$ 34.78	\$ 80.15	102.6%	0.8624	\$ 72.95
Total Claims/Benefit Cost	66,808.4	\$ 64.57	\$ 359.51	(6.1%)	62,735.6	(6.0%)	\$ 60.70	\$ 317.32	102.6%	0.8624	\$ 296.05
Copay Adjustment											(2.68)
Administration											44.81
Capitation Rate											\$ 338.18

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 3

Population: Composite
SFY11 Member Months: 1,784,316

June 2012 HMO Member Months: 9,275

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
<i>Inpatient Hospital</i>											
Medical/Surgical	143.6	\$ 1,620.80	\$ 19.40	(20.0%)	114.9	5.4%	\$ 1,708.22	\$ 16.35	102.5%	0.8577	\$ 14.38
Well Newborn	0.4	753.41	0.02	(10.0%)	0.4	0.6%	758.18	0.02	108.1%	0.9000	0.02
Other Newborn	91.2	1,455.31	11.06	(10.0%)	82.1	1.6%	1,478.80	10.12	107.9%	0.9030	9.86
Maternity Non-Delivery	14.4	713.39	0.86	(10.0%)	13.0	1.8%	726.08	0.79	101.9%	0.8567	0.69
Psychiatric/Substance Abuse	85.7	600.21	4.29	(30.0%)	60.0	23.3%	739.84	3.70	102.9%	0.7940	3.02
Long Term Care	5.1	142.20	0.06	(20.0%)	4.1	3.3%	146.83	0.05	100.0%	0.8624	0.04
Other Inpatient	0.5	8,375.18	0.38	(20.0%)	0.4	4.5%	8,751.72	0.32	102.3%	0.9223	0.30
Subtotal	341.0	\$ 1,269.33	\$ 36.07	(19.4%)	274.8	7.8%	\$ 1,368.67	\$ 31.34	104.3%	0.8661	\$ 28.31
<i>Outpatient Hospital</i>											
General Outpatient	407.4	\$ 319.56	\$ 10.85	(10.0%)	366.7	(11.6%)	\$ 282.64	\$ 8.64	102.4%	0.8486	\$ 7.51
Emergency Room	892.1	119.33	8.87	(20.0%)	713.7	9.3%	130.45	7.76	102.2%	0.8445	6.69
End-Stage Renal Disease	3.3	661.38	0.18	0.0%	3.3	0.0%	661.38	0.18	102.5%	0.8537	0.16
Subtotal	1,302.9	\$ 183.31	\$ 19.90	(16.8%)	1,083.7	0.1%	\$ 183.55	\$ 16.58	102.3%	0.8467	\$ 14.36
<i>Ancillaries</i>											
Prescription Drugs	9,897.3	\$ 51.49	\$ 42.47	0.0%	9,897.3	(5.0%)	\$ 48.91	\$ 40.34	116.5%	0.8293	\$ 38.98
Transportation	433.3	40.99	1.48	(20.0%)	346.6	0.0%	41.00	1.18	101.7%	0.8465	1.02
DME/Prosthetics/Orthotics	292.7	91.15	2.22	(30.0%)	204.9	2.2%	93.13	1.59	101.9%	0.8492	1.38
Home Health/Hospice	45.1	132.10	0.50	0.0%	45.1	0.0%	132.10	0.50	102.1%	0.8630	0.44
Other Ancillary	27.6	21.72	0.05	(10.0%)	24.9	0.1%	21.74	0.05	102.5%	0.8523	0.04
Subtotal	10,695.9	\$ 52.41	\$ 46.71	(1.7%)	10,518.7	(5.0%)	\$ 49.80	\$ 43.66	115.4%	0.8307	\$ 41.85
<i>Physician</i>											
Surgery	269.1	169.06	\$ 3.79	(20.0%)	215.3	(2.7%)	\$ 164.52	\$ 2.95	103.3%	0.8504	\$ 2.59
Anesthesia	109.9	200.99	1.84	(20.0%)	87.9	(0.1%)	200.87	1.47	103.4%	0.8519	1.30
Hospital Inpatient Visits	350.4	60.63	1.77	(20.0%)	280.3	6.6%	64.62	1.51	103.1%	0.8800	1.37
Office Visits/Consults	1,543.4	42.09	5.41	(10.0%)	1,389.1	(12.1%)	37.01	4.28	104.1%	0.8440	3.76
Well Baby Exams/Physical Exams	1,150.1	27.80	2.66	40.0%	1,610.2	0.4%	27.92	3.75	104.5%	0.8857	3.47
Emergency Room Visits	812.6	38.23	2.59	(20.0%)	650.1	1.4%	38.76	2.10	103.8%	0.8469	1.85
Clinic Visit/Services	6,480.5	37.43	20.21	(10.0%)	5,832.4	2.0%	38.19	18.56	103.9%	0.8441	16.28
Radiology and Pathology	5,015.8	16.32	6.82	(20.0%)	4,012.7	(6.6%)	15.24	5.10	103.3%	0.8497	4.47
Outpatient Behavioral Health	89.3	45.54	0.34	(30.0%)	62.5	(2.9%)	44.24	0.23	103.9%	0.8110	0.19
Maternity	5.2	48.93	0.02	0.0%	5.2	(0.0%)	48.92	0.02	103.4%	0.8540	0.02
Chiropractor	51.9	10.17	0.04	(40.0%)	31.1	(0.0%)	10.17	0.03	104.6%	0.7979	0.02
Podiatrist	11.8	45.48	0.04	0.0%	11.8	0.0%	45.49	0.04	104.0%	0.8039	0.04
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.0%	-	-
Other Professional	7,864.7	10.00	6.55	10.0%	8,651.2	5.5%	10.55	7.61	104.0%	0.8639	6.84
DMHDD / DASA	328.0	94.10	2.57	(30.0%)	229.6	(14.1%)	80.84	1.55	103.9%	0.7972	1.28
PCCM Fee											2.00
Subtotal	24,082.8	\$ 27.24	\$ 54.68	(4.2%)	23,069.4	(6.1%)	\$ 25.59	\$ 49.20	103.9%	0.8902	\$ 45.48
Total Claims/Benefit Cost	36,422.6	\$ 51.85	\$ 157.36	(4.1%)	34,946.6	(6.8%)	\$ 48.34	\$ 140.77	107.4%	0.8603	\$ 130.01
Copay Adjustment											(0.87)
Administration											19.72
Capitation Rate											\$ 148.86

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 0 thru 90 Days
SFY11 Member Months: 145,938

June 2012 HMO Member Months: 3,981

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	990.8	\$ 2,112.15	\$ 174.39	(20.0%)	792.6	6.3%	\$ 2,244.22	\$ 148.24	108.1%	0.9000	\$ 144.18
Well Newborn	203.8	2,619.92	44.50	(10.0%)	183.4	0.6%	2,636.50	40.30	108.1%	0.9000	39.20
Other Newborn	8,502.8	1,689.28	1,196.96	(10.0%)	7,652.5	1.6%	1,716.55	1,094.65	108.1%	0.9000	1,064.67
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	108.1%	0.9000	-
Psychiatric/Substance Abuse	3.5	1,875.75	0.54	(30.0%)	2.4	23.7%	2,321.00	0.47	108.1%	0.9000	0.46
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.9000	-
Other Inpatient	1.4	7,482.15	0.87	(20.0%)	1.1	6.7%	7,984.86	0.74	108.1%	0.9000	0.72
Subtotal	9,702.2	\$ 1,752.91	\$ 1,417.26	(11.0%)	8,632.1	1.9%	\$ 1,785.53	\$ 1,284.41	108.1%	0.9000	\$ 1,249.23
Outpatient Hospital											
General Outpatient	314.2	\$ 364.18	\$ 9.54	(10.0%)	282.8	(12.9%)	\$ 317.20	\$ 7.48	101.3%	0.9000	\$ 6.82
Emergency Room	947.0	121.05	9.55	(20.0%)	757.6	9.7%	132.79	8.38	101.3%	0.9000	7.64
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.9000	-
Subtotal	1,261.2	\$ 181.63	\$ 19.09	(17.5%)	1,040.4	0.7%	\$ 182.92	\$ 15.86	101.3%	0.9000	\$ 14.46
Ancillaries											
Prescription Drugs	4,480.8	\$ 24.96	\$ 9.32	0.0%	4,480.8	(20.0%)	\$ 19.97	\$ 7.46	116.5%	0.9000	\$ 7.82
Transportation	335.2	59.14	1.65	(20.0%)	268.1	0.0%	59.15	1.32	102.6%	0.9000	1.22
DME/Prosthetics/Orthotics	260.5	78.38	1.70	(30.0%)	182.4	2.5%	80.36	1.22	102.6%	0.9000	1.13
Home Health/Hospice	92.2	102.23	0.79	0.0%	92.2	0.0%	102.23	0.79	102.6%	0.9000	0.73
Other Ancillary	32.1	46.71	0.12	(10.0%)	28.9	0.1%	46.74	0.11	102.6%	0.9000	0.10
Subtotal	5,200.7	\$ 31.34	\$ 13.58	(2.9%)	5,052.3	(17.4%)	\$ 25.88	\$ 10.90	112.1%	0.9000	\$ 11.00
Physician											
Surgery	643.4	151.57	\$ 8.13	(20.0%)	514.7	(3.1%)	\$ 146.92	\$ 6.30	102.6%	0.9000	\$ 5.82
Anesthesia	71.3	291.85	1.73	(20.0%)	57.1	(0.1%)	291.66	1.39	102.6%	0.9000	1.28
Hospital Inpatient Visits	10,325.4	107.25	92.28	(20.0%)	8,260.4	6.9%	114.68	78.94	102.6%	0.9000	72.93
Office Visits/Consults	2,324.3	50.46	9.77	(10.0%)	2,091.8	(12.7%)	44.03	7.68	102.6%	0.9000	7.09
Well Baby Exams/Physical Exams	13,221.5	35.75	39.38	40.0%	18,510.1	0.4%	35.90	55.38	102.6%	0.9000	51.16
Emergency Room Visits	872.8	40.53	2.95	(20.0%)	698.2	1.4%	41.10	2.39	102.6%	0.9000	2.21
Clinic Visit/Services	4,054.1	109.48	36.99	(10.0%)	3,648.6	2.1%	111.81	34.00	102.6%	0.9000	31.41
Radiology and Pathology	24,598.1	5.36	10.98	(20.0%)	19,678.5	(7.1%)	4.98	8.16	102.6%	0.9000	7.54
Outpatient Behavioral Health	3.2	51.84	0.01	(30.0%)	2.2	(3.0%)	50.29	0.01	102.6%	0.9000	0.01
Maternity	6.8	49.96	0.03	0.0%	6.8	0.0%	49.96	0.03	102.6%	0.9000	0.03
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.9000	-
Podiatrist	3.3	48.73	0.01	0.0%	3.3	0.0%	48.73	0.01	102.6%	0.9000	0.01
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.9000	-
Other Professional	3,206.8	27.25	7.28	10.0%	3,527.4	6.1%	28.90	8.50	102.6%	0.9000	7.85
DMHDD / DASA	-	-	-	(30.0%)	0.0	(14.5%)	0.00	0.00	102.6%	0.9000	-
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	59,330.9	\$ 42.38	\$ 209.55	(3.9%)	56,999.2	0.7%	\$ 42.69	\$ 202.78	102.6%	0.9000	\$ 189.33
Total Claims/Benefit Cost	75,495.1	\$ 263.78	\$ 1,659.49	(5.0%)	71,724.0	(4.0%)	\$ 253.29	\$ 1,513.94	107.3%	0.9000	\$ 1,464.02
Copay Adjustment											-
Administration											223.61
Capitation Rate											\$ 1,687.63

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 91 Days thru 1 year
SFY11 Member Months: 659,727

June 2012 HMO Member Months: 14,332

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	296.3	\$ 2,045.23	\$ 50.49	(20.0%)	237.0	6.3%	\$ 2,173.12	\$ 42.92	102.6%	1.0000	\$ 44.06
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	1.0000	-
Other Newborn	63.0	2,242.87	11.77	(10.0%)	56.7	1.6%	2,279.07	10.76	102.6%	1.0000	11.05
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	1.0000	-
Psychiatric/Substance Abuse	0.1	581.75	0.00	(30.0%)	0.1	23.7%	719.84	0.00	102.6%	1.0000	0.00
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	1.0000	-
Other Inpatient	0.7	10,297.42	0.61	(20.0%)	0.6	6.7%	10,989.29	0.52	102.6%	1.0000	0.53
Subtotal	360.0	\$ 2,095.59	\$ 62.87	(18.3%)	294.3	5.5%	\$ 2,210.11	\$ 54.20	102.6%	1.0000	\$ 55.64
Outpatient Hospital											
General Outpatient	149.6	\$ 369.19	\$ 4.60	(10.0%)	134.6	(12.9%)	\$ 321.56	\$ 3.61	101.3%	1.0000	\$ 3.65
Emergency Room	1,077.6	104.10	9.35	(20.0%)	862.1	9.7%	114.20	8.20	101.3%	1.0000	8.31
End-Stage Renal Disease	0.4	704.22	0.02	0.0%	0.4	0.0%	704.22	0.02	101.3%	1.0000	0.02
Subtotal	1,227.6	\$ 136.59	\$ 13.97	(18.8%)	997.1	4.3%	\$ 142.43	\$ 11.83	101.3%	1.0000	\$ 11.99
Ancillaries											
Prescription Drugs	7,148.2	\$ 30.72	\$ 18.30	0.0%	7,148.2	(20.0%)	\$ 24.58	\$ 14.64	116.5%	1.0000	\$ 17.06
Transportation	213.3	41.45	0.74	(20.0%)	170.7	0.0%	41.46	0.59	102.6%	1.0000	0.61
DME/Prosthetics/Orthotics	332.9	86.04	2.39	(30.0%)	233.0	2.5%	88.22	1.71	102.6%	1.0000	1.76
Home Health/Hospice	65.9	296.36	1.63	0.0%	65.9	0.0%	296.36	1.63	102.6%	1.0000	1.67
Other Ancillary	36.5	27.35	0.08	(10.0%)	32.9	0.1%	27.37	0.08	102.6%	1.0000	0.08
Subtotal	7,796.8	\$ 35.60	\$ 23.13	(1.9%)	7,650.7	(17.9%)	\$ 29.24	\$ 18.64	113.5%	1.0000	\$ 21.17
Physician											
Surgery	188.5	134.65	\$ 2.12	(20.0%)	150.8	(3.1%)	\$ 130.52	\$ 1.64	105.3%	1.0000	\$ 1.73
Anesthesia	47.8	199.16	0.79	(20.0%)	38.3	(0.1%)	199.03	0.63	105.3%	1.0000	0.67
Hospital Inpatient Visits	503.2	85.51	3.59	(20.0%)	402.6	6.9%	91.44	3.07	105.3%	1.0000	3.23
Office Visits/Consults	2,767.9	47.03	10.85	(10.0%)	2,491.1	(12.7%)	41.04	8.52	105.3%	1.0000	8.97
Well Baby Exams/Physical Exams	7,027.5	27.12	15.88	40.0%	9,838.5	0.4%	27.23	22.33	105.3%	1.0000	23.52
Emergency Room Visits	1,022.8	36.38	3.10	(20.0%)	818.3	1.4%	36.89	2.52	105.3%	1.0000	2.65
Clinic Visit/Services	5,712.3	43.37	20.65	(10.0%)	5,141.1	2.1%	44.29	18.98	105.3%	1.0000	19.99
Radiology and Pathology	5,268.1	7.92	3.48	(20.0%)	4,214.5	(7.1%)	7.35	2.58	105.3%	1.0000	2.72
Outpatient Behavioral Health	1.8	52.16	0.01	(30.0%)	1.2	(3.0%)	50.60	0.01	105.3%	1.0000	0.01
Maternity	8.3	50.11	0.03	0.0%	8.3	0.0%	50.11	0.03	105.3%	1.0000	0.04
Chiropractor	4.2	10.34	0.00	(40.0%)	2.5	(0.0%)	10.34	0.00	105.3%	1.0000	0.00
Podiatrist	7.5	36.33	0.02	0.0%	7.5	0.0%	36.33	0.02	105.3%	1.0000	0.02
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	1.0000	-
Other Professional	9,283.3	14.67	11.35	10.0%	10,211.7	6.1%	15.56	13.24	105.3%	1.0000	13.95
DMHDD / DASA	0.0	90.15	0.00	(30.0%)	0.0	(14.5%)	77.06	0.00	105.3%	1.0000	0.00
PCCM Fee											2.00
Subtotal	31,843.3	\$ 27.08	\$ 71.87	4.7%	33,326.3	(2.2%)	\$ 26.49	\$ 73.57	105.3%	1.0000	\$ 79.49
Total Claims/Benefit Cost	41,227.7	\$ 50.02	\$ 171.85	2.5%	42,268.3	(10.2%)	\$ 44.93	\$ 158.25	105.1%	1.0000	\$ 168.29
Copay Adjustment											-
Administration											25.70
Capitation Rate											\$ 194.00

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 2 yrs thru 5 yrs
SFY11 Member Months: 1,353,811

June 2012 HMO Member Months: 38,431

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	81.5	\$ 1,882.52	\$ 12.79	(20.0%)	65.2	6.3%	\$ 2,000.23	\$ 10.87	102.6%	0.8873	\$ 9.90
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.8873	-
Other Newborn	0.1	4,885.91	0.02	(10.0%)	0.0	1.6%	4,964.77	0.02	102.6%	0.8873	0.02
Maternity Non-Delivery	-	-	0.00	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.8873	-
Psychiatric/Substance Abuse	3.0	806.48	0.20	(30.0%)	2.1	23.7%	997.92	0.18	102.6%	0.8873	0.16
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8873	-
Other Inpatient	1.7	9,551.94	1.36	(20.0%)	1.4	6.7%	10,193.72	1.16	102.6%	0.8873	1.06
Subtotal	86.3	\$ 1,999.01	\$ 14.38	(20.3%)	68.8	6.8%	\$ 2,134.69	\$ 12.23	102.6%	0.8873	\$ 11.14
Outpatient Hospital											
General Outpatient	87.5	\$ 466.12	\$ 3.40	(10.0%)	78.8	(12.9%)	\$ 405.99	\$ 2.67	101.3%	0.8873	\$ 2.40
Emergency Room	568.6	105.93	5.02	(20.0%)	454.8	9.7%	116.21	4.40	101.3%	0.8873	3.96
End-Stage Renal Disease	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8873	-
Subtotal	656.1	\$ 153.99	\$ 8.42	(18.7%)	533.6	3.2%	\$ 158.99	\$ 7.07	101.3%	0.8873	\$ 6.36
Ancillaries											
Prescription Drugs	4,885.6	\$ 33.25	\$ 13.54	0.0%	4,885.6	(20.0%)	\$ 26.60	\$ 10.83	116.5%	0.8873	\$ 11.20
Transportation	130.4	33.38	0.36	(20.0%)	104.3	0.0%	33.39	0.29	102.6%	0.8873	0.26
DME/Prosthetics/Orthotics	222.7	121.17	2.25	(30.0%)	155.9	2.5%	124.23	1.61	102.6%	0.8873	1.47
Home Health/Hospice	11.8	686.35	0.67	0.0%	11.8	0.0%	686.35	0.67	102.6%	0.8873	0.61
Other Ancillary	48.7	26.66	0.11	(10.0%)	43.8	0.1%	26.68	0.10	102.6%	0.8873	0.09
Subtotal	5,299.2	\$ 38.34	\$ 16.93	(1.8%)	5,201.4	(18.7%)	\$ 31.16	\$ 13.50	113.8%	0.8873	\$ 13.63
Physician											
Surgery	118.5	112.04	\$ 1.11	(20.0%)	94.8	(3.1%)	\$ 108.60	\$ 0.86	105.3%	0.8873	\$ 0.80
Anesthesia	32.7	172.65	0.47	(20.0%)	26.1	(0.1%)	172.54	0.38	105.3%	0.8873	0.35
Hospital Inpatient Visits	107.3	40.15	0.36	(20.0%)	85.9	6.9%	42.93	0.31	105.3%	0.8873	0.29
Office Visits/Consults	2,163.9	46.42	8.37	(10.0%)	1,947.5	(12.7%)	40.51	6.57	105.3%	0.8873	6.14
Well Baby Exams/Physical Exams	2,185.3	34.67	6.31	40.0%	3,059.4	0.4%	34.82	8.88	105.3%	0.8873	8.30
Emergency Room Visits	528.8	35.58	1.57	(20.0%)	423.1	1.4%	36.08	1.27	105.3%	0.8873	1.19
Clinic Visit/Services	4,536.0	29.90	11.30	(10.0%)	4,082.4	2.1%	30.54	10.39	105.3%	0.8873	9.71
Radiology and Pathology	3,967.2	7.30	2.41	(20.0%)	3,173.8	(7.1%)	6.78	1.79	105.3%	0.8873	1.68
Outpatient Behavioral Health	9.7	51.86	0.04	(30.0%)	6.8	(3.0%)	50.31	0.03	105.3%	0.8873	0.03
Maternity	6.1	50.22	0.03	0.0%	6.1	0.0%	50.22	0.03	105.3%	0.8873	0.02
Chiropractor	3.8	10.18	0.00	(40.0%)	2.3	(0.0%)	10.18	0.00	105.3%	0.8873	0.00
Podiatrist	15.0	31.97	0.04	0.0%	15.0	0.0%	31.97	0.04	105.3%	0.8873	0.04
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.8873	-
Other Professional	9,870.6	13.30	10.94	10.0%	10,857.6	6.1%	14.11	12.76	105.3%	0.8873	11.93
DMHDD / DASA	14.2	109.61	0.13	(30.0%)	10.0	(14.5%)	93.70	0.08	105.3%	0.8873	0.07
PCCM Fee											2.00
Subtotal	23,559.2	\$ 21.95	\$ 43.09	1.0%	23,790.8	(0.3%)	\$ 21.88	\$ 43.38	105.3%	0.8873	\$ 42.55
Total Claims/Benefit Cost	29,600.8	\$ 33.57	\$ 82.81	(0.0%)	29,594.6	(8.0%)	\$ 30.89	\$ 76.19	106.0%	0.8873	\$ 73.68
Copay Adjustment Administration											-
											11.25
Capitation Rate											\$ 84.93

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 6 yrs thru 13 yrs
SFY11 Member Months: 2,507,789

June 2012 HMO Member Months: 62,368

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	51.0	\$ 1,944.36	\$ 8.26	(20.0%)	40.8	6.3%	\$ 2,065.94	\$ 7.02	102.6%	0.7595	\$ 5.48
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.7595	-
Other Newborn	-	-	0.00	(10.0%)	0.0	1.6%	0.00	0.00	102.6%	0.7595	-
Maternity Non-Delivery	-	-	0.00	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.7595	-
Psychiatric/Substance Abuse	57.2	749.44	3.57	(30.0%)	40.0	23.7%	927.34	3.09	102.6%	0.7595	2.41
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.7595	-
Other Inpatient	0.9	11,421.49	0.82	(20.0%)	0.7	6.7%	12,188.88	0.70	102.6%	0.7595	0.54
Subtotal	109.1	\$ 1,392.23	\$ 12.65	(25.2%)	81.5	14.3%	\$ 1,591.83	\$ 10.81	102.6%	0.7595	\$ 8.43
Outpatient Hospital											
General Outpatient	76.1	\$ 404.41	\$ 2.57	(10.0%)	68.5	(12.9%)	\$ 352.24	\$ 2.01	101.3%	0.7595	\$ 1.55
Emergency Room	330.9	114.94	3.17	(20.0%)	264.8	9.7%	126.09	2.78	101.3%	0.7595	2.14
End-Stage Renal Disease	0.3	1,158.74	0.02	0.0%	0.3	0.0%	1,158.74	0.02	101.3%	0.7595	0.02
Subtotal	407.3	\$ 169.68	\$ 5.76	(18.1%)	333.5	2.1%	\$ 173.32	\$ 4.82	101.3%	0.7595	\$ 3.71
Ancillaries											
Prescription Drugs	3,903.3	\$ 51.83	\$ 16.86	0.0%	3,903.3	(20.0%)	\$ 41.46	\$ 13.49	116.5%	0.7595	\$ 11.94
Transportation	523.1	12.20	0.53	(20.0%)	418.5	0.0%	12.20	0.43	102.6%	0.7595	0.33
DME/Prosthetics/Orthotics	133.8	122.98	1.37	(30.0%)	93.7	2.5%	126.09	0.98	102.6%	0.7595	0.77
Home Health/Hospice	6.5	281.94	0.15	0.0%	6.5	0.0%	281.94	0.15	102.6%	0.7595	0.12
Other Ancillary	19.2	25.63	0.04	(10.0%)	17.2	0.1%	25.65	0.04	102.6%	0.7595	0.03
Subtotal	4,585.9	\$ 49.60	\$ 18.95	(3.2%)	4,439.2	(17.8%)	\$ 40.78	\$ 15.09	115.1%	0.7595	\$ 13.18
Physician											
Surgery	83.9	128.36	\$ 0.90	(20.0%)	67.1	(3.1%)	\$ 124.42	\$ 0.70	105.3%	0.7595	\$ 0.56
Anesthesia	22.2	176.79	0.33	(20.0%)	17.7	(0.1%)	176.68	0.26	105.3%	0.7595	0.21
Hospital Inpatient Visits	118.9	37.62	0.37	(20.0%)	95.1	6.9%	40.23	0.32	105.3%	0.7595	0.26
Office Visits/Consults	1,481.1	46.93	5.79	(10.0%)	1,333.0	(12.7%)	40.95	4.55	105.3%	0.7595	3.64
Well Baby Exams/Physical Exams	1,025.8	38.72	3.31	40.0%	1,436.2	0.4%	38.88	4.65	105.3%	0.7595	3.72
Emergency Room Visits	310.3	36.60	0.95	(20.0%)	248.3	1.4%	37.12	0.77	105.3%	0.7595	0.61
Clinic Visit/Services	3,818.5	23.37	7.44	(10.0%)	3,436.7	2.1%	23.87	6.84	105.3%	0.7595	5.47
Radiology and Pathology	2,822.4	8.02	1.89	(20.0%)	2,257.9	(7.1%)	7.45	1.40	105.3%	0.7595	1.12
Outpatient Behavioral Health	81.2	49.96	0.34	(30.0%)	56.9	(3.0%)	48.46	0.23	105.3%	0.7595	0.18
Maternity	4.5	50.33	0.02	0.0%	4.5	0.0%	50.33	0.02	105.3%	0.7595	0.02
Chiropractor	6.6	10.16	0.01	(40.0%)	3.9	(0.0%)	10.16	0.00	105.3%	0.7595	0.00
Podiatrist	33.2	37.58	0.10	0.0%	33.2	0.0%	37.58	0.10	105.3%	0.7595	0.08
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.7595	-
Other Professional	8,710.0	3.90	2.83	10.0%	9,580.9	6.1%	4.14	3.30	105.3%	0.7595	2.64
DMHDD / DASA	134.2	83.23	0.93	(30.0%)	94.0	(14.5%)	71.15	0.56	105.3%	0.7595	0.45
PCCM Fee											2.00
Subtotal	18,652.9	\$ 16.21	\$ 25.20	0.1%	18,665.5	(6.0%)	\$ 15.24	\$ 23.70	105.3%	0.7595	\$ 20.96
Total Claims/Benefit Cost	23,755.1	\$ 31.60	\$ 62.56	(1.0%)	23,519.7	(12.1%)	\$ 27.76	\$ 54.42	107.1%	0.7595	\$ 46.28
Copay Adjustment											-
Administration											7.07
Capitation Rate											\$ 53.35

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 14 yrs thru 20 yrs - Male
SFY11 Member Months: 696,687

June 2012 HMO Member Months: 15,769

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	97.7	\$ 1,981.00	\$ 16.13	(20.0%)	78.1	6.3%	\$ 2,104.87	\$ 13.71	104.0%	0.7423	\$ 10.58
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.7423	-
Other Newborn	0.1	781.72	0.00	(10.0%)	0.0	1.6%	794.34	0.00	104.0%	0.7423	0.00
Maternity Non-Delivery	-	-	0.00	(10.0%)	0.0	1.8%	0.00	0.00	104.0%	0.7423	-
Psychiatric/Substance Abuse	216.1	714.09	12.86	(30.0%)	151.2	23.7%	883.60	11.14	104.0%	0.7423	8.60
Long Term Care	2.7	183.50	0.04	(20.0%)	2.1	6.7%	195.83	0.03	100.0%	0.7423	0.03
Other Inpatient	1.7	11,566.28	1.64	(20.0%)	1.4	6.7%	12,343.40	1.40	104.0%	0.7423	1.08
Subtotal	318.2	\$ 1,156.89	\$ 30.67	(26.8%)	232.9	17.1%	\$ 1,354.20	\$ 26.29	104.0%	0.7423	\$ 20.29
Outpatient Hospital											
General Outpatient	117.7	\$ 448.19	\$ 4.39	(10.0%)	105.9	(12.9%)	\$ 390.37	\$ 3.45	102.6%	0.7423	\$ 2.62
Emergency Room	359.2	141.25	4.23	(20.0%)	287.4	9.7%	154.95	3.71	102.6%	0.7423	2.83
End-Stage Renal Disease	1.6	608.31	0.08	0.0%	1.6	0.0%	608.31	0.08	102.6%	0.7423	0.06
Subtotal	478.5	\$ 218.30	\$ 8.70	(17.5%)	394.9	0.7%	\$ 219.94	\$ 7.24	102.6%	0.7423	\$ 5.51
Ancillaries											
Prescription Drugs	3,451.8	\$ 84.43	\$ 24.28	0.0%	3,451.8	(20.0%)	\$ 67.54	\$ 19.43	116.5%	0.7423	\$ 16.81
Transportation	1,129.8	13.49	1.27	(20.0%)	903.9	0.0%	13.49	1.02	101.3%	0.7423	0.76
DME/Prosthetics/Orthotics	112.5	121.39	1.14	(30.0%)	78.8	2.5%	124.46	0.82	101.3%	0.7423	0.61
Home Health/Hospice	13.1	285.74	0.31	0.0%	13.1	0.0%	285.74	0.31	101.3%	0.7423	0.23
Other Ancillary	6.2	26.04	0.01	(10.0%)	5.6	0.1%	26.06	0.01	101.3%	0.7423	0.01
Subtotal	4,713.4	\$ 68.79	\$ 27.02	(5.5%)	4,453.1	(15.4%)	\$ 58.17	\$ 21.59	115.0%	0.7423	\$ 18.43
Physician											
Surgery	120.1	156.50	\$ 1.57	(20.0%)	96.0	(3.1%)	\$ 151.69	\$ 1.21	104.0%	0.7423	\$ 0.94
Anesthesia	28.8	199.52	0.48	(20.0%)	23.0	(0.1%)	199.39	0.38	104.0%	0.7423	0.30
Hospital Inpatient Visits	268.5	36.01	0.81	(20.0%)	214.8	6.9%	38.51	0.69	104.0%	0.7423	0.53
Office Visits/Consults	1,083.1	47.38	4.28	(10.0%)	974.8	(12.7%)	41.35	3.36	104.0%	0.7423	2.59
Well Baby Exams/Physical Exams	767.3	43.36	2.77	40.0%	1,074.2	0.4%	43.54	3.90	104.0%	0.7423	3.01
Emergency Room Visits	320.9	39.16	1.05	(20.0%)	256.7	1.4%	39.71	0.85	104.0%	0.7423	0.66
Clinic Visit/Services	3,631.8	21.29	6.44	(10.0%)	3,268.6	2.1%	21.74	5.92	104.0%	0.7423	4.57
Radiology and Pathology	3,453.4	10.32	2.97	(20.0%)	2,762.7	(7.1%)	9.58	2.21	104.0%	0.7423	1.70
Outpatient Behavioral Health	133.6	49.27	0.55	(30.0%)	93.5	(3.0%)	47.79	0.37	104.0%	0.7423	0.29
Maternity	4.7	49.82	0.02	0.0%	4.7	0.0%	49.82	0.02	104.0%	0.7423	0.02
Chiropractor	10.6	10.03	0.01	(40.0%)	6.4	(0.0%)	10.03	0.01	104.0%	0.7423	0.00
Podiatrist	57.8	43.17	0.21	0.0%	57.8	0.0%	43.17	0.21	104.0%	0.7423	0.16
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Professional	8,357.6	3.49	2.43	10.0%	9,193.4	6.1%	3.70	2.84	104.0%	0.7423	2.19
DMHDD / DASA	411.1	119.89	4.11	(30.0%)	287.8	(14.5%)	102.49	2.46	104.0%	0.7423	1.90
PCCM Fee											2.00
Subtotal	18,649.3	\$ 17.81	\$ 27.69	(1.8%)	18,314.5	(10.2%)	\$ 16.00	\$ 24.42	104.0%	0.7423	\$ 20.85
Total Claims/Benefit Cost	24,159.4	\$ 46.73	\$ 94.08	(3.2%)	23,395.4	(12.7%)	\$ 40.79	\$ 79.53	106.9%	0.7423	\$ 65.08
Copay Adjustment											-
Administration											9.94
Capitation Rate											\$ 75.02

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 14 yrs thru 20 yrs - Female
SFY11 Member Months: 762,981

June 2012 HMO Member Months: 19,050

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	76.7	\$ 1,924.41	\$ 12.30	(20.0%)	61.4	6.3%	\$ 2,044.74	\$ 10.45	104.0%	0.8353	\$ 9.08
Well Newborn	-	-	0.00	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.8353	-
Other Newborn	0.1	375.09	0.00	(10.0%)	0.0	1.6%	381.14	0.00	104.0%	0.8353	0.00
Maternity Non-Delivery	28.0	1,079.61	2.51	(10.0%)	25.2	1.8%	1,098.82	2.30	104.0%	0.8353	2.00
Psychiatric/Substance Abuse	224.5	708.12	13.25	(30.0%)	157.1	23.7%	876.21	11.47	104.0%	0.8353	9.97
Long Term Care	1.5	135.20	0.02	(20.0%)	1.2	6.7%	144.28	0.01	100.0%	0.8353	0.01
Other Inpatient	1.4	8,755.33	1.03	(20.0%)	1.1	6.7%	9,343.59	0.88	104.0%	0.8353	0.76
Subtotal	332.1	\$ 1,052.01	\$ 29.11	(25.9%)	246.0	16.5%	\$ 1,225.64	\$ 25.13	104.0%	0.8353	\$ 21.83
Outpatient Hospital											
General Outpatient	326.1	\$ 271.47	\$ 7.38	(10.0%)	293.5	(12.9%)	\$ 236.45	\$ 5.78	102.6%	0.8353	\$ 4.96
Emergency Room	525.0	145.33	6.36	(20.0%)	420.0	9.7%	159.43	5.58	102.6%	0.8353	4.78
End-Stage Renal Disease	1.2	784.15	0.08	0.0%	1.2	0.0%	784.15	0.08	102.6%	0.8353	0.07
Subtotal	852.3	\$ 194.50	\$ 13.81	(16.1%)	714.7	(1.2%)	\$ 192.11	\$ 11.44	102.6%	0.8353	\$ 9.81
Ancillaries											
Prescription Drugs	5,157.2	\$ 48.35	\$ 20.78	0.0%	5,157.2	(20.0%)	\$ 38.68	\$ 16.62	116.5%	0.8353	\$ 16.18
Transportation	1,135.6	16.44	1.56	(20.0%)	908.5	0.0%	16.44	1.24	101.3%	0.8353	1.05
DME/Prosthetics/Orthotics	129.2	110.04	1.18	(30.0%)	90.4	2.5%	112.82	0.85	101.3%	0.8353	0.72
Home Health/Hospice	13.0	64.39	0.07	0.0%	13.0	0.0%	64.39	0.07	101.3%	0.8353	0.06
Other Ancillary	5.3	26.54	0.01	(10.0%)	4.8	0.1%	26.56	0.01	101.3%	0.8353	0.01
Subtotal	6,440.4	\$ 43.98	\$ 23.60	(4.1%)	6,174.0	(16.9%)	\$ 36.54	\$ 18.80	114.8%	0.8353	\$ 18.02
Physician											
Surgery	93.8	153.56	\$ 1.20	(20.0%)	75.0	(3.1%)	\$ 148.84	\$ 0.93	104.0%	0.8353	\$ 0.81
Anesthesia	75.8	298.19	1.88	(20.0%)	60.6	(0.1%)	298.00	1.51	104.0%	0.8353	1.31
Hospital Inpatient Visits	330.4	36.78	1.01	(20.0%)	264.3	6.9%	39.33	0.87	104.0%	0.8353	0.75
Office Visits/Consults	1,475.5	46.86	5.76	(10.0%)	1,327.9	(12.7%)	40.89	4.53	104.0%	0.8353	3.93
Well Baby Exams/Physical Exams	759.3	44.18	2.80	40.0%	1,063.0	0.4%	44.37	3.93	104.0%	0.8353	3.41
Emergency Room Visits	495.8	42.57	1.76	(20.0%)	396.7	1.4%	43.17	1.43	104.0%	0.8353	1.24
Clinic Visit/Services	4,599.5	36.03	13.81	(10.0%)	4,139.6	2.1%	36.80	12.69	104.0%	0.8353	11.03
Radiology and Pathology	8,346.7	11.42	7.94	(20.0%)	6,677.4	(7.1%)	10.60	5.90	104.0%	0.8353	5.13
Outpatient Behavioral Health	138.4	51.16	0.59	(30.0%)	96.9	(3.0%)	49.63	0.40	104.0%	0.8353	0.35
Maternity	23.4	47.93	0.09	0.0%	23.4	0.0%	47.93	0.09	104.0%	0.8353	0.08
Chiropractor	14.2	10.32	0.01	(40.0%)	8.5	(0.0%)	10.32	0.01	104.0%	0.8353	0.01
Podiatrist	49.0	44.40	0.18	0.0%	49.0	0.0%	44.40	0.18	104.0%	0.8353	0.16
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Professional	8,405.8	5.45	3.82	10.0%	9,246.4	6.1%	5.78	4.45	104.0%	0.8353	3.87
DMHDD / DASA	305.8	100.14	2.55	(30.0%)	214.1	(14.5%)	85.60	1.53	104.0%	0.8353	1.33
PCCM Fee											2.00
Subtotal	25,113.3	\$ 20.74	\$ 43.41	(5.9%)	23,642.7	(5.9%)	\$ 19.51	\$ 38.44	104.0%	0.8353	\$ 35.39
Total Claims/Benefit Cost	32,738.1	\$ 40.30	\$ 109.94	(6.0%)	30,777.4	(9.2%)	\$ 36.58	\$ 93.81	106.0%	0.8353	\$ 85.05
Copay Adjustment Administration											-
											12.99
Capitation Rate											\$ 98.04

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 21 yrs thru 44 yrs - Male
SFY11 Member Months: 236,843

June 2012 HMO Member Months: 3,159

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	274.6	\$ 1,876.65	\$ 42.94	(20.0%)	219.7	6.3%	\$ 1,993.99	\$ 36.50	101.3%	0.8624	\$ 31.90
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.1	1,734.51	0.01	(10.0%)	0.1	1.8%	1,765.38	0.01	101.3%	0.8624	0.01
Psychiatric/Substance Abuse	93.1	669.82	5.19	(30.0%)	65.1	23.7%	828.82	4.50	101.3%	0.8624	3.93
Long Term Care	18.7	125.46	0.20	(20.0%)	14.9	6.7%	133.89	0.17	100.0%	0.8624	0.14
Other Inpatient	5.8	5,295.85	2.58	(20.0%)	4.7	6.7%	5,651.67	2.20	101.3%	0.8624	1.92
Subtotal	392.2	\$ 1,557.95	\$ 50.92	(22.4%)	304.5	9.7%	\$ 1,709.65	\$ 43.38	101.3%	0.8624	\$ 37.90
Outpatient Hospital											
General Outpatient	309.7	\$ 412.33	\$ 10.64	(10.0%)	278.8	(12.9%)	\$ 359.14	\$ 8.34	102.6%	0.8624	\$ 7.39
Emergency Room	502.4	172.99	7.24	(20.0%)	401.9	9.7%	189.77	6.36	102.6%	0.8624	5.63
End-Stage Renal Disease	10.0	1,618.70	1.35	0.0%	10.0	0.0%	1,618.70	1.35	102.6%	0.8624	1.20
Subtotal	822.1	\$ 280.77	\$ 19.24	(16.0%)	690.7	(0.7%)	\$ 278.85	\$ 16.05	102.6%	0.8624	\$ 14.21
Ancillaries											
Prescription Drugs	7,983.4	\$ 54.90	\$ 36.52	0.0%	7,983.4	(20.0%)	\$ 43.92	\$ 29.22	116.5%	0.8624	\$ 29.36
Transportation	371.2	31.01	0.96	(20.0%)	297.0	0.0%	31.02	0.77	101.3%	0.8624	0.67
DME/Prosthetics/Orthotics	295.9	81.62	2.01	(30.0%)	207.1	2.5%	83.68	1.44	101.3%	0.8624	1.26
Home Health/Hospice	39.9	92.32	0.31	0.0%	39.9	0.0%	92.32	0.31	101.3%	0.8624	0.27
Other Ancillary	8.8	27.52	0.02	(10.0%)	7.9	0.1%	27.54	0.02	101.3%	0.8624	0.02
Subtotal	8,699.1	\$ 54.93	\$ 39.82	(1.9%)	8,535.2	(18.7%)	\$ 44.65	\$ 31.76	115.3%	0.8624	\$ 31.58
Physician											
Surgery	238.4	200.96	\$ 3.99	(20.0%)	190.7	(3.1%)	\$ 194.79	\$ 3.10	102.6%	0.8624	\$ 2.74
Anesthesia	60.1	196.88	0.99	(20.0%)	48.1	(0.1%)	196.75	0.79	102.6%	0.8624	0.70
Hospital Inpatient Visits	493.5	41.72	1.72	(20.0%)	394.8	6.9%	44.61	1.47	102.6%	0.8624	1.30
Office Visits/Consults	1,728.7	49.24	7.09	(10.0%)	1,555.9	(12.7%)	42.97	5.57	102.6%	0.8624	4.93
Well Baby Exams/Physical Exams	68.9	92.49	0.53	40.0%	96.5	0.4%	92.88	0.75	102.6%	0.8624	0.66
Emergency Room Visits	459.5	44.91	1.72	(20.0%)	367.6	1.4%	45.54	1.40	102.6%	0.8624	1.23
Clinic Visit/Services	2,782.8	27.49	6.38	(10.0%)	2,504.5	2.1%	28.07	5.86	102.6%	0.8624	5.19
Radiology and Pathology	7,384.3	10.53	6.48	(20.0%)	5,907.4	(7.1%)	9.78	4.81	102.6%	0.8624	4.26
Outpatient Behavioral Health	82.3	46.72	0.32	(30.0%)	57.6	(3.0%)	45.32	0.22	102.6%	0.8624	0.19
Maternity	1.1	48.46	0.00	0.0%	1.1	0.0%	48.46	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	32.4	40.48	0.11	0.0%	32.4	0.0%	40.48	0.11	102.6%	0.8624	0.10
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	8,118.4	6.79	4.59	10.0%	8,930.2	6.1%	7.20	5.36	102.6%	0.8624	4.74
DMHDD / DASA	133.2	71.30	0.79	(30.0%)	93.2	(14.5%)	60.95	0.47	102.6%	0.8624	0.42
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	21,583.6	\$ 19.30	\$ 34.72	(6.5%)	20,180.0	(7.9%)	\$ 17.78	\$ 29.90	102.6%	0.8624	\$ 28.47
Total Claims/Benefit Cost	31,497.0	\$ 55.13	\$ 144.70	(5.7%)	29,710.4	(11.3%)	\$ 48.91	\$ 121.09	105.5%	0.8624	\$ 112.16
Copy Adjustment											(0.85)
Administration											17.00
Capitation Rate											\$ 128.31

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 21 yrs thru 44 yrs - Female
SFY11 Member Months: 1,263,084

June 2012 HMO Member Months: 38,608

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	210.4	\$ 1,585.92	\$ 27.80	(20.0%)	168.3	6.3%	\$ 1,685.09	\$ 23.63	101.3%	0.8624	\$ 20.65
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	0.4	1,656.75	0.06	(10.0%)	0.4	1.6%	1,683.49	0.05	101.3%	0.8624	0.04
Maternity Non-Delivery	66.5	1,164.96	6.45	(10.0%)	59.8	1.8%	1,185.69	5.91	101.3%	0.8624	5.17
Psychiatric/Substance Abuse	78.2	630.29	4.11	(30.0%)	54.7	23.7%	779.90	3.56	101.3%	0.8624	3.11
Long Term Care	23.7	130.24	0.26	(20.0%)	19.0	6.7%	138.99	0.22	100.0%	0.8624	0.19
Other Inpatient	0.7	7,212.64	0.39	(20.0%)	0.5	6.7%	7,697.24	0.34	101.3%	0.8624	0.29
Subtotal	379.8	\$ 1,234.41	\$ 39.07	(20.3%)	302.7	8.2%	\$ 1,336.24	\$ 33.71	101.3%	0.8624	\$ 29.45
Outpatient Hospital											
General Outpatient	863.7	\$ 283.95	\$ 20.44	(10.0%)	777.4	(12.9%)	\$ 247.32	\$ 16.02	102.6%	0.8624	\$ 14.18
Emergency Room	871.6	167.42	12.16	(20.0%)	697.3	9.7%	183.66	10.67	102.6%	0.8624	9.45
End-Stage Renal Disease	10.1	1,135.66	0.95	0.0%	10.1	0.0%	1,135.66	0.95	102.6%	0.8624	0.84
Subtotal	1,745.5	\$ 230.67	\$ 33.55	(14.9%)	1,484.7	(3.1%)	\$ 223.44	\$ 27.65	102.6%	0.8624	\$ 24.47
Ancillaries											
Prescription Drugs	10,988.8	\$ 48.22	\$ 44.16	0.0%	10,988.8	(20.0%)	\$ 38.58	\$ 35.33	116.5%	0.8624	\$ 35.50
Transportation	676.1	28.15	1.59	(20.0%)	540.9	0.0%	28.16	1.27	101.3%	0.8624	1.11
DME/Prosthetics/Orthotics	289.8	80.52	1.94	(30.0%)	202.9	2.5%	82.56	1.40	101.3%	0.8624	1.22
Home Health/Hospice	34.5	82.99	0.24	0.0%	34.5	0.0%	82.99	0.24	101.3%	0.8624	0.21
Other Ancillary	7.1	27.29	0.02	(10.0%)	6.4	0.1%	27.31	0.01	101.3%	0.8624	0.01
Subtotal	11,996.3	\$ 47.96	\$ 47.94	(1.9%)	11,773.4	(18.7%)	\$ 38.98	\$ 38.24	115.4%	0.8624	\$ 38.05
Physician											
Surgery	297.9	168.39	\$ 4.18	(20.0%)	238.3	(3.1%)	\$ 163.22	\$ 3.24	102.6%	0.8624	\$ 2.87
Anesthesia	196.3	256.59	4.20	(20.0%)	157.1	(0.1%)	256.43	3.36	102.6%	0.8624	2.97
Hospital Inpatient Visits	510.6	40.89	1.74	(20.0%)	408.5	6.9%	43.72	1.49	102.6%	0.8624	1.32
Office Visits/Consults	2,430.3	47.40	9.60	(10.0%)	2,187.3	(12.7%)	41.36	7.54	102.6%	0.8624	6.67
Well Baby Exams/Physical Exams	174.5	80.07	1.16	40.0%	244.2	0.4%	80.41	1.64	102.6%	0.8624	1.45
Emergency Room Visits	840.1	45.54	3.19	(20.0%)	672.1	1.4%	46.18	2.59	102.6%	0.8624	2.29
Clinic Visit/Services	5,621.5	42.83	20.06	(10.0%)	5,059.4	2.1%	43.74	18.44	102.6%	0.8624	16.33
Radiology and Pathology	17,369.8	12.94	18.73	(20.0%)	13,895.8	(7.1%)	12.02	13.91	102.6%	0.8624	12.32
Outpatient Behavioral Health	123.4	45.45	0.47	(30.0%)	86.4	(3.0%)	44.09	0.32	102.6%	0.8624	0.28
Maternity	27.9	49.29	0.11	0.0%	27.9	0.0%	49.29	0.11	102.6%	0.8624	0.10
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	20.9	38.49	0.07	0.0%	20.9	0.0%	38.49	0.07	102.6%	0.8624	0.06
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	8,367.2	12.54	8.75	10.0%	9,203.9	6.1%	13.30	10.20	102.6%	0.8624	9.03
DMHDD / DASA	272.1	82.93	1.88	(30.0%)	190.5	(14.5%)	70.89	1.13	102.6%	0.8624	1.00
PCCM Fee											2.00
Subtotal	36,252.6	\$ 24.54	\$ 74.14	(10.6%)	32,392.3	(3.3%)	\$ 23.72	\$ 64.03	102.6%	0.8624	\$ 58.68
Total Claims/Benefit Cost	50,374.1	\$ 46.38	\$ 194.70	(8.8%)	45,953.2	(7.9%)	\$ 42.73	\$ 163.63	105.3%	0.8624	\$ 150.66
Copay Adjustment											(2.22)
Administration											22.67
Capitation Rate											\$ 171.10

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: 45 + Years
SFY11 Member Months: 397,831

June 2012 HMO Member Months: 5,133

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	550.3	\$ 1,630.90	\$ 74.79	(20.0%)	440.3	0.0%	\$ 1,630.90	\$ 59.84	101.3%	0.8624	\$ 52.28
Well Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.4	2,358.24	0.07	(10.0%)	0.3	0.0%	2,358.24	0.06	101.3%	0.8624	0.05
Psychiatric/Substance Abuse	110.6	651.24	6.00	(30.0%)	77.4	0.0%	651.24	4.20	101.3%	0.8624	3.67
Long Term Care	103.6	143.03	1.23	(20.0%)	82.9	0.0%	143.03	0.99	100.0%	0.8624	0.85
Other Inpatient	2.5	5,889.56	1.24	(20.0%)	2.0	0.0%	5,889.56	0.99	101.3%	0.8624	0.86
Subtotal	767.4	\$ 1,303.19	\$ 83.33	(21.4%)	602.9	0.9%	\$ 1,315.21	\$ 66.07	101.3%	0.8624	\$ 57.72
Outpatient Hospital											
General Outpatient	844.2	\$ 388.04	\$ 27.30	(10.0%)	759.8	0.0%	\$ 388.04	\$ 24.57	102.6%	0.8624	\$ 21.75
Emergency Room	518.8	199.36	8.62	(20.0%)	415.0	0.0%	199.36	6.90	102.6%	0.8624	6.10
End-Stage Renal Disease	41.0	1,092.28	3.73	0.0%	41.0	0.0%	1,092.28	3.73	102.6%	0.8624	3.30
Subtotal	1,404.0	\$ 338.87	\$ 39.65	(13.4%)	1,215.8	2.5%	\$ 347.37	\$ 35.19	102.6%	0.8624	\$ 31.16
Ancillaries											
Prescription Drugs	22,624.4	\$ 49.59	\$ 93.49	0.0%	22,624.4	(20.0%)	\$ 39.67	\$ 74.80	116.5%	0.8624	\$ 75.17
Transportation	1,890.7	14.34	2.26	(20.0%)	1,512.6	0.0%	14.34	1.81	101.3%	0.8624	1.58
DME/Prosthetics/Orthotics	806.2	66.74	4.48	(30.0%)	564.3	0.0%	66.74	3.14	101.3%	0.8624	2.74
Home Health/Hospice	142.7	89.24	1.06	0.0%	142.7	0.0%	89.24	1.06	101.3%	0.8624	0.93
Other Ancillary	17.1	27.10	0.04	(10.0%)	15.4	0.0%	27.10	0.03	101.3%	0.8624	0.03
Subtotal	25,481.0	\$ 47.72	\$ 101.34	(2.4%)	24,859.3	(18.2%)	\$ 39.02	\$ 80.84	115.4%	0.8624	\$ 80.45
Physician											
Surgery	520.1	210.56	\$ 9.13	(20.0%)	416.1	0.0%	\$ 210.56	\$ 7.30	102.6%	0.8624	\$ 6.46
Anesthesia	129.1	182.79	1.97	(20.0%)	103.3	0.0%	182.79	1.57	102.6%	0.8624	1.39
Hospital Inpatient Visits	971.6	40.87	3.31	(20.0%)	777.3	0.0%	40.87	2.65	102.6%	0.8624	2.34
Office Visits/Consults	3,444.6	48.86	14.02	(10.0%)	3,100.1	0.0%	48.86	12.62	102.6%	0.8624	11.17
Well Baby Exams/Physical Exams	114.0	86.75	0.82	40.0%	159.6	0.0%	86.75	1.15	102.6%	0.8624	1.02
Emergency Room Visits	488.9	49.33	2.01	(20.0%)	391.2	0.0%	49.33	1.61	102.6%	0.8624	1.42
Clinic Visit/Services	3,660.1	48.50	14.79	(10.0%)	3,294.1	0.0%	48.50	13.31	102.6%	0.8624	11.79
Radiology and Pathology	15,429.2	11.55	14.85	(20.0%)	12,343.3	0.0%	11.55	11.88	102.6%	0.8624	10.52
Outpatient Behavioral Health	149.6	40.38	0.50	(30.0%)	104.7	0.0%	40.38	0.35	102.6%	0.8624	0.31
Maternity	0.6	46.86	0.00	0.0%	0.6	0.0%	46.86	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	113.0	35.27	0.33	0.0%	113.0	0.0%	35.27	0.33	102.6%	0.8624	0.29
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	9,312.3	16.33	12.67	10.0%	10,243.5	0.0%	16.33	13.94	102.6%	0.8624	12.34
DMHDD / DASA	323.9	67.56	1.82	(30.0%)	226.7	0.0%	67.56	1.28	102.6%	0.8624	1.13
PCCM Fee											2.00
Subtotal	34,657.0	\$ 26.40	\$ 76.24	(9.8%)	31,273.5	(1.2%)	\$ 26.09	\$ 68.00		0.8624	\$ 62.20
Total Claims/Benefit Cost	62,309.4	\$ 57.88	\$ 300.56	(7.0%)	57,951.5	(10.5%)	\$ 51.79	\$ 250.11		0.8624	\$ 231.52
Copay Adjustment Administration											(1.87)
											35.08
Capitation Rate											\$ 264.73

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 4

Population: Composite
SFY11 Member Months: 8,024,691

June 2012 HMO Member Months: 200,831

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
<i>Inpatient Hospital</i>											
Medical/Surgical	146.0	\$ 1,844.36	\$ 22.44	(20.0%)	116.8	5.7%	\$ 1,949.86	\$ 18.98	103.2%	0.8733	\$ 17.10
Well Newborn	4.0	2,620.86	0.88	(10.0%)	3.6	0.6%	2,636.50	0.80	108.1%	0.9000	0.78
Other Newborn	173.1	1,703.77	24.58	(10.0%)	155.8	1.6%	1,731.25	22.48	107.9%	0.9032	21.91
Maternity Non-Delivery	15.4	1,151.37	1.48	(10.0%)	13.9	1.8%	1,171.52	1.36	101.7%	0.8580	1.18
Psychiatric/Substance Abuse	76.0	702.65	4.45	(30.0%)	53.2	22.9%	863.70	3.83	103.0%	0.8016	3.16
Long Term Care	7.8	135.88	0.09	(20.0%)	6.3	4.3%	141.77	0.07	100.0%	0.8575	0.06
Other Inpatient	1.2	9,323.02	0.95	(20.0%)	1.0	6.5%	9,928.57	0.81	102.9%	0.8294	0.69
Subtotal	423.7	\$ 1,554.19	\$ 54.87	(17.2%)	350.6	6.4%	\$ 1,654.03	\$ 48.33	105.4%	0.8813	\$ 44.88
<i>Outpatient Hospital</i>											
General Outpatient	290.0	\$ 322.96	\$ 7.80	(10.0%)	261.0	(11.7%)	\$ 285.02	\$ 6.20	102.3%	0.8531	\$ 5.41
Emergency Room	574.0	133.98	6.41	(20.0%)	459.2	9.4%	146.53	5.61	102.1%	0.8569	4.90
End-Stage Renal Disease	3.5	1,110.77	0.32	0.0%	3.5	0.0%	1,110.77	0.32	102.6%	0.8577	0.28
Subtotal	867.4	\$ 201.08	\$ 14.53	(16.6%)	723.6	0.0%	\$ 201.12	\$ 12.13	102.2%	0.8550	\$ 10.60
<i>Ancillaries</i>											
Prescription Drugs	6,322.6	\$ 46.78	\$ 24.65	0.0%	6,322.6	(20.0%)	\$ 37.42	\$ 19.72	116.5%	0.8393	\$ 19.28
Transportation	589.8	19.22	0.94	(20.0%)	471.9	0.0%	19.23	0.76	101.8%	0.8383	0.65
DME/Prosthetics/Orthotics	215.2	99.40	1.78	(30.0%)	150.6	2.4%	101.75	1.28	102.1%	0.8500	1.11
Home Health/Hospice	24.0	208.75	0.42	0.0%	24.0	0.0%	208.75	0.42	102.3%	0.8909	0.38
Other Ancillary	21.4	27.09	0.05	(10.0%)	19.3	0.1%	27.11	0.04	102.5%	0.8617	0.04
Subtotal	7,173.0	\$ 46.57	\$ 27.84	(2.6%)	6,988.3	(18.1%)	\$ 38.14	\$ 22.21	114.9%	0.8407	\$ 21.46
<i>Physician</i>											
Surgery	167.6	153.17	\$ 2.14	(20.0%)	134.1	(2.7%)	\$ 148.98	\$ 1.66	103.6%	0.8556	\$ 1.48
Anesthesia	69.4	237.14	1.37	(20.0%)	55.5	(0.1%)	236.99	1.10	103.3%	0.8562	0.97
Hospital Inpatient Visits	481.2	71.69	2.88	(20.0%)	385.0	6.7%	76.51	2.45	103.1%	0.8916	2.26
Office Visits/Consults	1,925.1	47.16	7.57	(10.0%)	1,732.6	(12.1%)	41.44	5.98	104.3%	0.8510	5.31
Well Baby Exams/Physical Exams	1,670.2	35.11	4.89	40.0%	2,338.2	0.4%	35.26	6.87	104.6%	0.8781	6.31
Emergency Room Visits	541.3	40.21	1.81	(20.0%)	433.1	1.4%	40.77	1.47	104.0%	0.8600	1.32
Clinic Visit/Services	4,481.3	34.36	12.83	(10.0%)	4,033.2	2.1%	35.06	11.79	104.1%	0.8585	10.53
Radiology and Pathology	7,411.8	10.66	6.58	(20.0%)	5,929.4	(6.7%)	9.94	4.91	103.4%	0.8540	4.34
Outpatient Behavioral Health	79.7	48.26	0.32	(30.0%)	55.8	(2.9%)	46.87	0.22	104.0%	0.8084	0.18
Maternity	11.3	49.31	0.05	0.0%	11.3	0.0%	49.31	0.05	103.7%	0.8506	0.04
Chiropractor	5.2	10.19	0.00	(40.0%)	3.1	(0.0%)	10.19	0.00	104.8%	0.8082	0.00
Podiatrist	30.4	38.88	0.10	0.0%	30.4	0.0%	38.88	0.10	104.2%	0.8081	0.08
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.2%	-	-
Other Professional	8,747.6	9.00	6.56	10.0%	9,622.3	5.7%	9.51	7.63	104.3%	0.8695	6.92
DMHDD / DASA	168.4	92.59	1.30	(30.0%)	117.9	(14.0%)	79.63	0.78	103.9%	0.8051	0.65
PCCM Fee											2.00
Subtotal	25,790.5	\$ 22.52	\$ 48.39	(3.5%)	24,881.9	(3.6%)	\$ 21.71	\$ 45.01	104.1%	0.9050	\$ 42.39
Total Claims/Benefit Cost	34,254.6	\$ 51.02	\$ 145.64	(3.8%)	32,944.4	(8.8%)	\$ 46.51	\$ 127.68	106.3%	0.8794	\$ 119.32
Copay Adjustment											(0.49)
Administration											18.15
Capitation Rate											\$ 136.99

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 0 thru 90 Days
SFY11 Member Months: 67,479

June 2012 HMO Member Months: 152

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	976.4	\$ 1,814.16	\$ 147.61	(20.0%)	781.1	6.3%	\$ 1,927.60	\$ 125.47	108.1%	0.9000	\$ 122.04
Well Newborn	9.5	2,444.18	1.94	(10.0%)	8.6	0.6%	2,459.64	1.76	108.1%	0.9000	1.71
Other Newborn	6,872.9	1,392.06	797.29	(10.0%)	6,185.6	1.6%	1,414.53	729.15	108.1%	0.9000	709.18
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	108.1%	0.9000	-
Psychiatric/Substance Abuse	3.6	1,231.63	0.37	(30.0%)	2.5	23.7%	1,523.99	0.32	108.1%	0.9000	0.31
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.9000	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	108.1%	0.9000	-
Subtotal	7,862.4	\$ 1,445.68	\$ 947.21	(11.3%)	6,977.8	1.9%	\$ 1,473.29	\$ 856.69	108.1%	0.9000	\$ 833.23
Outpatient Hospital											
General Outpatient	327.0	\$ 259.61	\$ 7.07	(10.0%)	294.3	(12.9%)	\$ 226.12	\$ 5.54	101.3%	0.9000	\$ 5.06
Emergency Room	968.5	104.89	8.47	(20.0%)	774.8	9.7%	115.07	7.43	101.3%	0.9000	6.77
End-Stage Renal Disease	0.4	339.50	0.01	0.0%	0.4	0.0%	339.50	0.01	101.3%	0.9000	0.01
Subtotal	1,295.9	\$ 144.00	\$ 15.55	(17.5%)	1,069.5	1.2%	\$ 145.71	\$ 12.99	101.3%	0.9000	\$ 11.84
Ancillaries											
Prescription Drugs	3,381.6	\$ 34.42	\$ 9.70	0.0%	3,381.6	(5.0%)	\$ 32.70	\$ 9.21	116.5%	0.9000	\$ 9.66
Transportation	356.6	73.79	2.19	(20.0%)	285.3	0.0%	73.80	1.75	102.6%	0.9000	1.62
DME/Prosthetics/Orthotics	417.5	80.89	2.81	(30.0%)	292.2	2.5%	82.94	2.02	102.6%	0.9000	1.87
Home Health/Hospice	106.8	84.74	0.75	0.0%	106.8	0.0%	84.74	0.75	102.6%	0.9000	0.70
Other Ancillary	97.2	47.82	0.39	(10.0%)	87.5	0.1%	47.85	0.35	102.6%	0.9000	0.32
Subtotal	4,359.8	\$ 43.62	\$ 15.85	(4.7%)	4,153.5	(6.7%)	\$ 40.71	\$ 14.09	111.7%	0.9000	\$ 14.17
Physician											
Surgery	833.7	132.12	\$ 9.18	(20.0%)	667.0	(3.1%)	\$ 128.06	\$ 7.12	102.6%	0.9000	\$ 6.58
Anesthesia	77.8	267.49	1.73	(20.0%)	62.2	(0.1%)	267.32	1.39	102.6%	0.9000	1.28
Hospital Inpatient Visits	9,722.3	102.28	82.87	(20.0%)	7,777.8	6.9%	109.37	70.89	102.6%	0.9000	65.49
Office Visits/Consults	3,917.6	50.37	16.44	(10.0%)	3,525.8	(12.7%)	43.95	12.91	102.6%	0.9000	11.93
Well Baby Exams/Physical Exams	19,747.3	32.59	53.64	40.0%	27,646.2	0.4%	32.73	75.40	102.6%	0.9000	69.65
Emergency Room Visits	957.4	40.08	3.20	(20.0%)	765.9	1.4%	40.65	2.59	102.6%	0.9000	2.40
Clinic Visit/Services	2,884.8	102.44	24.63	(10.0%)	2,596.3	2.1%	104.62	22.63	102.6%	0.9000	20.91
Radiology and Pathology	22,420.1	5.46	10.20	(20.0%)	17,936.1	(7.1%)	5.07	7.58	102.6%	0.9000	7.00
Outpatient Behavioral Health	0.7	51.33	0.00	(30.0%)	0.5	(3.0%)	49.79	0.00	102.6%	0.9000	0.00
Maternity	11.6	49.71	0.05	0.0%	11.6	0.0%	49.71	0.05	102.6%	0.9000	0.04
Chiropractor	21.2	10.38	0.02	(40.0%)	12.7	(0.0%)	10.38	0.01	102.6%	0.9000	0.01
Podiatrist	7.3	41.58	0.03	0.0%	7.3	0.0%	41.58	0.03	102.6%	0.9000	0.02
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.9000	-
Other Professional	4,582.5	17.18	6.56	10.0%	5,040.7	6.1%	18.22	7.65	102.6%	0.9000	7.07
DMHDD / DASA	0.1	84.51	0.00	(30.0%)	0.0	(14.5%)	72.24	0.00	102.6%	0.9000	0.00
PCCM Fee											2.00
Subtotal	65,184.2	\$ 38.39	\$ 208.54	1.3%	66,050.2	(1.4%)	\$ 37.83	\$ 208.25	102.6%	0.9000	\$ 194.39
Total Claims/Benefit Cost	78,702.2	\$ 181.01	\$ 1,187.15	(0.6%)	78,251.0	(7.5%)	\$ 167.46	\$ 1,092.02	107.0%	0.9000	\$ 1,053.62
Copay Adjustment Administration											-
											160.93
Capitation Rate											\$ 1,214.55

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 91 Days thru 1 year
SFY11 Member Months: 340,180

June 2012 HMO Member Months: 546

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	215.0	\$ 1,644.95	\$ 29.47	(20.0%)	172.0	6.3%	\$ 1,747.81	\$ 25.05	102.6%	1.0000	\$ 25.72
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	1.0000	-
Other Newborn	22.1	2,063.48	3.79	(10.0%)	19.8	1.6%	2,096.79	3.47	102.6%	1.0000	3.56
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	1.0000	-
Psychiatric/Substance Abuse	-	-	-	(30.0%)	0.0	23.7%	0.00	0.00	102.6%	1.0000	-
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	1.0000	-
Other Inpatient	-	-	0.13	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	1.0000	-
Subtotal	237.1	\$ 1,690.41	\$ 33.39	(19.1%)	191.9	5.5%	\$ 1,783.91	\$ 28.52	102.6%	1.0000	\$ 29.28
Outpatient Hospital											
General Outpatient	145.6	\$ 323.25	\$ 3.92	(10.0%)	131.0	(12.9%)	\$ 281.55	\$ 3.07	101.3%	1.0000	\$ 3.11
Emergency Room	1,138.5	88.58	8.40	(20.0%)	910.8	9.7%	97.17	7.38	101.3%	1.0000	7.47
End-Stage Renal Disease	0.4	1,174.26	0.03	0.0%	0.4	0.0%	1,174.26	0.03	101.3%	1.0000	0.03
Subtotal	1,284.4	\$ 115.47	\$ 12.36	(18.9%)	1,042.2	4.5%	\$ 120.72	\$ 10.48	101.3%	1.0000	\$ 10.62
Ancillaries											
Prescription Drugs	6,050.5	\$ 34.48	\$ 17.38	0.0%	6,050.5	(5.0%)	\$ 32.76	\$ 16.52	116.5%	1.0000	\$ 19.25
Transportation	187.1	47.22	0.74	(20.0%)	149.7	0.0%	47.23	0.59	102.6%	1.0000	0.60
DME/Prosthetics/Orthotics	408.0	84.46	2.87	(30.0%)	285.6	2.5%	86.60	2.06	102.6%	1.0000	2.12
Home Health/Hospice	56.7	241.29	1.14	0.0%	56.7	0.0%	241.29	1.14	102.6%	1.0000	1.17
Other Ancillary	44.5	30.48	0.11	(10.0%)	40.1	0.1%	30.50	0.10	102.6%	1.0000	0.10
Subtotal	6,746.8	\$ 39.57	\$ 22.24	(2.4%)	6,582.5	(6.0%)	\$ 37.20	\$ 20.41	113.9%	1.0000	\$ 23.24
Physician											
Surgery	180.4	128.20	\$ 1.93	(20.0%)	144.3	(3.1%)	\$ 124.26	\$ 1.49	105.3%	1.0000	\$ 1.57
Anesthesia	49.4	174.06	0.72	(20.0%)	39.5	(0.1%)	173.95	0.57	105.3%	1.0000	0.60
Hospital Inpatient Visits	439.6	81.13	2.97	(20.0%)	351.7	6.9%	86.75	2.54	105.3%	1.0000	2.68
Office Visits/Consults	4,092.3	47.16	16.08	(10.0%)	3,683.1	(12.7%)	41.15	12.63	105.3%	1.0000	13.30
Well Baby Exams/Physical Exams	9,704.9	24.42	19.75	40.0%	13,586.8	0.4%	24.52	27.77	105.3%	1.0000	29.25
Emergency Room Visits	1,140.0	36.46	3.46	(20.0%)	912.0	1.4%	36.97	2.81	105.3%	1.0000	2.96
Clinic Visit/Services	3,467.0	43.81	12.66	(10.0%)	3,120.3	2.1%	44.74	11.63	105.3%	1.0000	12.25
Radiology and Pathology	4,594.8	8.79	3.36	(20.0%)	3,675.8	(7.1%)	8.16	2.50	105.3%	1.0000	2.63
Outpatient Behavioral Health	0.2	48.90	0.00	(30.0%)	0.1	(3.0%)	47.43	0.00	105.3%	1.0000	0.00
Maternity	11.7	49.94	0.05	0.0%	11.7	0.0%	49.94	0.05	105.3%	1.0000	0.05
Chiropractor	25.7	10.38	0.02	(40.0%)	15.4	(0.0%)	10.38	0.01	105.3%	1.0000	0.01
Podiatrist	6.0	36.14	0.02	0.0%	6.0	0.0%	36.14	0.02	105.3%	1.0000	0.02
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	1.0000	-
Other Professional	10,983.2	10.83	9.91	10.0%	12,081.6	6.1%	11.49	11.56	105.3%	1.0000	12.18
DMHDD / DASA	-	-	-	(30.0%)	0.0	(14.5%)	0.00	0.00	105.3%	1.0000	-
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	34,695.1	\$ 24.53	\$ 70.93	8.5%	37,628.3	(4.3%)	\$ 23.47	\$ 73.59	105.3%	1.0000	\$ 79.52
Total Claims/Benefit Cost	42,963.3	\$ 38.80	\$ 138.93	5.8%	45,444.8	(9.5%)	\$ 35.12	\$ 133.01	105.8%	1.0000	\$ 142.66
Copay Adjustment											-
Administration											21.79
Capitation Rate											\$ 164.45

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 2 yrs thru 5 yrs
SFY11 Member Months: 741,065

June 2012 HMO Member Months: 1,021

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	68.7	\$ 1,661.97	\$ 9.51	(20.0%)	54.9	6.3%	\$ 1,765.89	\$ 8.09	102.6%	0.8873	\$ 7.36
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.8873	-
Other Newborn	-	-	0.00	(10.0%)	0.0	1.6%	0.00	0.00	102.6%	0.8873	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.8873	-
Psychiatric/Substance Abuse	3.0	782.16	0.20	(30.0%)	2.1	23.7%	967.82	0.17	102.6%	0.8873	0.16
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.8873	-
Other Inpatient	1.3	7,523.62	0.82	(20.0%)	1.0	6.7%	8,029.12	0.70	102.6%	0.8873	0.64
Subtotal	73.0	\$ 1,730.92	\$ 10.53	(20.4%)	58.1	6.9%	\$ 1,849.86	\$ 8.96	102.6%	0.8873	\$ 8.16
Outpatient Hospital											
General Outpatient	81.1	\$ 391.61	\$ 2.65	(10.0%)	73.0	(12.9%)	\$ 341.09	\$ 2.07	101.3%	0.8873	\$ 1.86
Emergency Room	600.7	92.23	4.62	(20.0%)	480.6	9.7%	101.18	4.05	101.3%	0.8873	3.64
End-Stage Renal Disease	0.2	1,659.42	0.03	0.0%	0.2	0.0%	1,659.42	0.03	101.3%	0.8873	0.02
Subtotal	682.0	\$ 128.28	\$ 7.29	(18.8%)	553.7	4.0%	\$ 133.35	\$ 6.15	101.3%	0.8873	\$ 5.53
Ancillaries											
Prescription Drugs	3,926.8	\$ 38.81	\$ 12.70	0.0%	3,926.8	(5.0%)	\$ 36.87	\$ 12.07	116.5%	0.8873	\$ 12.47
Transportation	155.5	31.15	0.40	(20.0%)	124.4	0.0%	31.16	0.32	102.6%	0.8873	0.29
DME/Prosthetics/Orthotics	179.8	109.42	1.64	(30.0%)	125.9	2.5%	112.19	1.18	102.6%	0.8873	1.07
Home Health/Hospice	12.8	799.28	0.85	0.0%	12.8	0.0%	799.28	0.85	102.6%	0.8873	0.77
Other Ancillary	45.6	27.63	0.10	(10.0%)	41.0	0.1%	27.65	0.09	102.6%	0.8873	0.09
Subtotal	4,320.5	\$ 43.61	\$ 15.70	(2.1%)	4,230.9	(5.6%)	\$ 41.15	\$ 14.51	114.2%	0.8873	\$ 14.70
Physician											
Surgery	131.7	114.22	\$ 1.25	(20.0%)	105.3	(3.1%)	\$ 110.71	\$ 0.97	105.3%	0.8873	\$ 0.91
Anesthesia	38.0	157.90	0.50	(20.0%)	30.4	(0.1%)	157.80	0.40	105.3%	0.8873	0.37
Hospital Inpatient Visits	104.7	42.20	0.37	(20.0%)	83.7	6.9%	45.12	0.31	105.3%	0.8873	0.29
Office Visits/Consults	2,631.6	46.54	10.21	(10.0%)	2,368.5	(12.7%)	40.61	8.02	105.3%	0.8873	7.49
Well Baby Exams/Physical Exams	2,565.6	31.04	6.64	40.0%	3,591.8	0.4%	31.17	9.33	105.3%	0.8873	8.72
Emergency Room Visits	589.3	35.55	1.75	(20.0%)	471.5	1.4%	36.05	1.42	105.3%	0.8873	1.32
Clinic Visit/Services	2,793.8	27.23	6.34	(10.0%)	2,514.4	2.1%	27.81	5.83	105.3%	0.8873	5.45
Radiology and Pathology	3,309.9	8.07	2.23	(20.0%)	2,647.9	(7.1%)	7.49	1.65	105.3%	0.8873	1.55
Outpatient Behavioral Health	5.4	53.99	0.02	(30.0%)	3.7	(3.0%)	52.37	0.02	105.3%	0.8873	0.02
Maternity	8.4	49.99	0.04	0.0%	8.4	0.0%	49.99	0.04	105.3%	0.8873	0.03
Chiropractor	29.8	10.32	0.03	(40.0%)	17.9	(0.0%)	10.32	0.02	105.3%	0.8873	0.01
Podiatrist	9.9	32.71	0.03	0.0%	9.9	0.0%	32.71	0.03	105.3%	0.8873	0.03
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.8873	-
Other Professional	10,989.6	9.99	9.15	10.0%	12,088.6	6.1%	10.59	10.67	105.3%	0.8873	9.98
DMHDD / DASA	7.4	79.58	0.05	(30.0%)	5.2	(14.5%)	68.03	0.03	105.3%	0.8873	0.03
PCCM Fee											2.00
Subtotal	23,215.2	\$ 19.95	\$ 38.59	3.2%	23,947.4	(2.7%)	\$ 19.41	\$ 38.73	105.3%	0.8873	\$ 38.20
Total Claims/Benefit Cost											
	28,290.6	\$ 30.59	\$ 72.11	1.8%	28,790.1	(6.9%)	\$ 28.49	\$ 68.35	106.5%	0.8873	\$ 66.59
Copay Adjustment											-
Administration											10.17
Capitation Rate											\$ 76.76

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 6 yrs thru 13 yrs
SFY11 Member Months: 1,340,125

June 2012 HMO Member Months: 1,810

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	43.1	\$ 1,709.16	\$ 6.14	(20.0%)	34.5	6.3%	\$ 1,816.03	\$ 5.22	102.6%	0.7595	\$ 4.07
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	102.6%	0.7595	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	102.6%	0.7595	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	102.6%	0.7595	-
Psychiatric/Substance Abuse	57.0	689.65	3.28	(30.0%)	39.9	23.7%	853.35	2.84	102.6%	0.7595	2.21
Long Term Care	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	100.0%	0.7595	-
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	102.6%	0.7595	-
Subtotal	100.1	\$ 1,128.34	\$ 9.42	(25.7%)	74.4	15.2%	\$ 1,299.35	\$ 8.06	102.6%	0.7595	\$ 6.28
Outpatient Hospital											
General Outpatient	77.2	\$ 404.94	\$ 2.60	(10.0%)	69.5	(12.9%)	\$ 352.70	\$ 2.04	101.3%	0.7595	\$ 1.57
Emergency Room	378.9	100.50	3.17	(20.0%)	303.1	9.7%	110.25	2.78	101.3%	0.7595	2.14
End-Stage Renal Disease	0.4	1,571.55	0.05	0.0%	0.4	0.0%	1,571.55	0.05	101.3%	0.7595	0.04
Subtotal	456.4	\$ 153.10	\$ 5.82	(18.3%)	372.9	2.4%	\$ 156.78	\$ 4.87	101.3%	0.7595	\$ 3.75
Ancillaries											
Prescription Drugs	3,645.4	\$ 64.54	\$ 19.61	0.0%	3,645.4	(5.0%)	\$ 61.31	\$ 18.63	116.5%	0.7595	\$ 16.49
Transportation	149.9	26.65	0.33	(20.0%)	119.9	0.0%	26.66	0.27	102.6%	0.7595	0.21
DME/Prosthetics/Orthotics	147.8	116.05	1.43	(30.0%)	103.5	2.5%	118.98	1.03	102.6%	0.7595	0.80
Home Health/Hospice	8.2	541.72	0.37	0.0%	8.2	0.0%	541.72	0.37	102.6%	0.7595	0.29
Other Ancillary	16.0	25.31	0.03	(10.0%)	14.4	0.1%	25.32	0.03	102.6%	0.7595	0.02
Subtotal	3,967.3	\$ 65.85	\$ 21.77	(1.9%)	3,891.4	(4.8%)	\$ 62.66	\$ 20.32	115.4%	0.7595	\$ 17.80
Physician											
Surgery	107.8	124.12	\$ 1.12	(20.0%)	86.2	(3.1%)	\$ 120.31	\$ 0.86	105.3%	0.7595	\$ 0.69
Anesthesia	26.7	164.64	0.37	(20.0%)	21.4	(0.1%)	164.53	0.29	105.3%	0.7595	0.23
Hospital Inpatient Visits	107.2	38.78	0.35	(20.0%)	85.8	6.9%	41.47	0.30	105.3%	0.7595	0.24
Office Visits/Consults	1,879.7	47.32	7.41	(10.0%)	1,691.7	(12.7%)	41.29	5.82	105.3%	0.7595	4.66
Well Baby Exams/Physical Exams	1,171.1	37.23	3.63	40.0%	1,639.5	0.4%	37.39	5.11	105.3%	0.7595	4.09
Emergency Room Visits	375.9	36.46	1.14	(20.0%)	300.7	1.4%	36.97	0.93	105.3%	0.7595	0.74
Clinic Visit/Services	2,613.2	22.30	4.86	(10.0%)	2,351.9	2.1%	22.77	4.46	105.3%	0.7595	3.57
Radiology and Pathology	2,654.3	8.70	1.92	(20.0%)	2,123.4	(7.1%)	8.08	1.43	105.3%	0.7595	1.14
Outpatient Behavioral Health	65.0	46.10	0.25	(30.0%)	45.5	(3.0%)	44.72	0.17	105.3%	0.7595	0.14
Maternity	6.1	49.83	0.03	0.0%	6.1	0.0%	49.83	0.03	105.3%	0.7595	0.02
Chiropractor	41.5	9.98	0.03	(40.0%)	24.9	(0.0%)	9.98	0.02	105.3%	0.7595	0.02
Podiatrist	28.1	38.66	0.09	0.0%	28.1	0.0%	38.66	0.09	105.3%	0.7595	0.07
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	105.3%	0.7595	-
Other Professional	9,768.5	3.48	2.83	10.0%	10,745.3	6.1%	3.69	3.30	105.3%	0.7595	2.64
DMHDD / DASA	124.1	84.04	0.87	(30.0%)	86.9	(14.5%)	71.84	0.52	105.3%	0.7595	0.42
PCCM Fee											2.00
Subtotal	18,969.1	\$ 15.75	\$ 24.90	1.4%	19,237.4	(7.6%)	\$ 14.56	\$ 23.33	105.3%	0.7595	\$ 20.67
Total Claims/Benefit Cost	23,492.9	\$ 31.62	\$ 61.91	0.4%	23,576.1	(8.9%)	\$ 28.80	\$ 56.58	108.2%	0.7595	\$ 48.50
Copay Adjustment											-
Administration											7.41
Capitation Rate											\$ 55.91

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 14 yrs thru 20 yrs - Male
SFY11 Member Months: 335,354

June 2012 HMO Member Months: 395

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	75.8	\$ 1,830.52	\$ 11.57	(20.0%)	60.7	6.3%	\$ 1,944.98	\$ 9.83	104.0%	0.7423	\$ 7.59
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.7423	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	104.0%	0.7423	-
Maternity Non-Delivery	-	-	-	(10.0%)	0.0	1.8%	0.00	0.00	104.0%	0.7423	-
Psychiatric/Substance Abuse	198.1	619.32	10.22	(30.0%)	138.6	23.7%	766.33	8.85	104.0%	0.7423	6.83
Long Term Care	9.3	126.94	0.10	(20.0%)	7.4	6.7%	135.47	0.08	100.0%	0.7423	0.06
Other Inpatient	-	-	-	(20.0%)	0.0	6.7%	0.00	0.00	104.0%	0.7423	-
Subtotal	283.2	\$ 927.46	\$ 21.89	(27.0%)	206.8	17.5%	\$ 1,089.45	\$ 18.77	104.0%	0.7423	\$ 14.49
Outpatient Hospital											
General Outpatient	135.6	\$ 404.61	\$ 4.57	(10.0%)	122.0	(12.9%)	\$ 352.41	\$ 3.58	102.6%	0.7423	\$ 2.73
Emergency Room	425.6	122.85	4.36	(20.0%)	340.5	9.7%	134.77	3.82	102.6%	0.7423	2.91
End-Stage Renal Disease	1.5	1,137.79	0.14	0.0%	1.5	0.0%	1,137.79	0.14	102.6%	0.7423	0.11
Subtotal	562.7	\$ 193.45	\$ 9.07	(17.5%)	464.0	0.9%	\$ 195.25	\$ 7.55	102.6%	0.7423	\$ 5.75
Ancillaries											
Prescription Drugs	3,848.8	\$ 84.97	\$ 27.25	0.0%	3,848.8	(5.0%)	\$ 80.72	\$ 25.89	116.5%	0.7423	\$ 22.39
Transportation	273.0	40.89	0.93	(20.0%)	218.4	0.0%	40.90	0.74	101.3%	0.7423	0.56
DME/Prosthetics/Orthotics	130.9	115.90	1.26	(30.0%)	91.6	2.5%	118.83	0.91	101.3%	0.7423	0.68
Home Health/Hospice	16.6	160.56	0.22	0.0%	16.6	0.0%	160.56	0.22	101.3%	0.7423	0.17
Other Ancillary	6.6	25.81	0.01	(10.0%)	5.9	0.1%	25.83	0.01	101.3%	0.7423	0.01
Subtotal	4,275.8	\$ 83.31	\$ 29.68	(2.2%)	4,181.3	(4.3%)	\$ 79.72	\$ 27.78	115.5%	0.7423	\$ 23.81
Physician											
Surgery	153.0	147.88	\$ 1.89	(20.0%)	122.4	(3.1%)	\$ 143.34	\$ 1.46	104.0%	0.7423	\$ 1.13
Anesthesia	33.4	193.34	0.54	(20.0%)	26.7	(0.1%)	193.22	0.43	104.0%	0.7423	0.33
Hospital Inpatient Visits	275.8	37.86	0.87	(20.0%)	220.7	6.9%	40.48	0.74	104.0%	0.7423	0.57
Office Visits/Consults	1,419.5	47.52	5.62	(10.0%)	1,277.5	(12.7%)	41.47	4.41	104.0%	0.7423	3.41
Well Baby Exams/Physical Exams	873.8	43.16	3.14	40.0%	1,223.3	0.4%	43.34	4.42	104.0%	0.7423	3.41
Emergency Room Visits	413.0	39.10	1.35	(20.0%)	330.4	1.4%	39.65	1.09	104.0%	0.7423	0.84
Clinic Visit/Services	2,675.6	19.97	4.45	(10.0%)	2,408.1	2.1%	20.39	4.09	104.0%	0.7423	3.16
Radiology and Pathology	3,257.1	10.92	2.96	(20.0%)	2,605.7	(7.1%)	10.14	2.20	104.0%	0.7423	1.70
Outpatient Behavioral Health	146.2	47.74	0.58	(30.0%)	102.3	(3.0%)	46.31	0.39	104.0%	0.7423	0.30
Maternity	5.7	50.23	0.02	0.0%	5.7	0.0%	50.23	0.02	104.0%	0.7423	0.02
Chiropractor	47.9	10.01	0.04	(40.0%)	28.8	(0.0%)	10.01	0.02	104.0%	0.7423	0.02
Podiatrist	54.2	43.97	0.20	0.0%	54.2	0.0%	43.97	0.20	104.0%	0.7423	0.15
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Professional	9,203.3	3.16	2.42	10.0%	10,123.6	6.1%	3.35	2.83	104.0%	0.7423	2.18
DMHDD / DASA	786.8	132.99	8.72	(30.0%)	550.8	(14.5%)	113.69	5.22	104.0%	0.7423	4.03
PCCM Fee											2.00
Subtotal	19,345.3	\$ 20.35	\$ 32.80	(1.4%)	19,080.1	(14.9%)	\$ 17.32	\$ 27.54	104.0%	0.7423	\$ 23.26
Total Claims/Benefit Cost	24,467.0	\$ 45.83	\$ 93.45	(2.2%)	23,932.2	(10.7%)	\$ 40.94	\$ 81.64	107.8%	0.7423	\$ 67.31
Copay Adjustment Administration											-
											10.28
Capitation Rate											\$ 77.59

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 14 yrs thru 20 yrs - Female
SFY11 Member Months: 357,579

June 2012 HMO Member Months: 459

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	63.2	\$ 1,725.10	\$ 9.08	(20.0%)	50.5	6.3%	\$ 1,832.97	\$ 7.72	104.0%	0.8353	\$ 6.70
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	104.0%	0.8353	-
Other Newborn	0.1	1,022.58	0.00	(10.0%)	0.0	1.6%	1,039.09	0.00	104.0%	0.8353	0.00
Maternity Non-Delivery	23.2	826.01	1.60	(10.0%)	20.9	1.8%	840.71	1.46	104.0%	0.8353	1.27
Psychiatric/Substance Abuse	206.9	580.16	10.00	(30.0%)	144.9	23.7%	717.87	8.67	104.0%	0.8353	7.53
Long Term Care	2.5	118.86	0.02	(20.0%)	2.0	6.7%	126.85	0.02	100.0%	0.8353	0.02
Other Inpatient	1.0	9,143.02	0.73	(20.0%)	0.8	6.7%	9,757.32	0.62	104.0%	0.8353	0.54
Subtotal	296.8	\$ 866.99	\$ 21.44	(26.2%)	219.0	16.9%	\$ 1,013.25	\$ 18.49	104.0%	0.8353	\$ 16.06
Outpatient Hospital											
General Outpatient	365.7	\$ 247.32	\$ 7.54	(10.0%)	329.2	(12.9%)	\$ 215.42	\$ 5.91	102.6%	0.8353	\$ 5.07
Emergency Room	632.7	125.00	6.59	(20.0%)	506.2	9.7%	137.13	5.78	102.6%	0.8353	4.96
End-Stage Renal Disease	1.1	474.95	0.04	0.0%	1.1	0.0%	474.95	0.04	102.6%	0.8353	0.04
Subtotal	999.5	\$ 170.13	\$ 14.17	(16.3%)	836.4	(1.0%)	\$ 168.36	\$ 11.73	102.6%	0.8353	\$ 10.06
Ancillaries											
Prescription Drugs	5,266.8	\$ 53.67	\$ 23.56	0.0%	5,266.8	(5.0%)	\$ 50.99	\$ 22.38	116.5%	0.8353	\$ 21.78
Transportation	331.7	39.81	1.10	(20.0%)	265.4	0.0%	39.82	0.88	101.3%	0.8353	0.75
DME/Prosthetics/Orthotics	113.3	99.38	0.94	(30.0%)	79.3	2.5%	101.89	0.67	101.3%	0.8353	0.57
Home Health/Hospice	12.4	83.96	0.09	0.0%	12.4	0.0%	83.96	0.09	101.3%	0.8353	0.07
Other Ancillary	4.8	25.27	0.01	(10.0%)	4.3	0.1%	25.28	0.01	101.3%	0.8353	0.01
Subtotal	5,729.0	\$ 53.82	\$ 25.69	(1.8%)	5,628.2	(4.8%)	\$ 51.23	\$ 24.03	115.5%	0.8353	\$ 23.18
Physician											
Surgery	136.1	137.49	\$ 1.56	(20.0%)	108.9	(3.1%)	\$ 133.27	\$ 1.21	104.0%	0.8353	\$ 1.05
Anesthesia	88.3	275.84	2.03	(20.0%)	70.6	(0.1%)	275.66	1.62	104.0%	0.8353	1.41
Hospital Inpatient Visits	337.4	36.80	1.03	(20.0%)	269.9	6.9%	39.35	0.89	104.0%	0.8353	0.77
Office Visits/Consults	1,958.4	47.94	7.82	(10.0%)	1,762.6	(12.7%)	41.83	6.14	104.0%	0.8353	5.34
Well Baby Exams/Physical Exams	908.3	43.22	3.27	40.0%	1,271.6	0.4%	43.40	4.60	104.0%	0.8353	3.99
Emergency Room Visits	640.7	42.21	2.25	(20.0%)	512.6	1.4%	42.81	1.83	104.0%	0.8353	1.59
Clinic Visit/Services	3,287.1	31.88	8.73	(10.0%)	2,958.4	2.1%	32.56	8.03	104.0%	0.8353	6.97
Radiology and Pathology	7,878.2	11.54	7.58	(20.0%)	6,302.5	(7.1%)	10.72	5.63	104.0%	0.8353	4.89
Outpatient Behavioral Health	128.4	56.08	0.60	(30.0%)	89.9	(3.0%)	54.40	0.41	104.0%	0.8353	0.35
Maternity	38.2	47.91	0.15	0.0%	38.2	0.0%	47.91	0.15	104.0%	0.8353	0.13
Chiropractor	55.5	10.11	0.05	(40.0%)	33.3	(0.0%)	10.11	0.03	104.0%	0.8353	0.02
Podiatrist	48.1	44.99	0.18	0.0%	48.1	0.0%	44.99	0.18	104.0%	0.8353	0.16
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Professional	9,766.7	6.26	5.09	10.0%	10,743.4	6.1%	6.64	5.94	104.0%	0.8353	5.16
DMHDD / DASA	431.1	109.78	3.94	(30.0%)	301.8	(14.5%)	93.85	2.36	104.0%	0.8353	2.05
PCCM Fee											2.00
Subtotal	25,702.6	\$ 20.68	\$ 44.30	(4.6%)	24,511.8	(7.6%)	\$ 19.10	\$ 39.02	104.0%	0.8353	\$ 35.89
Total Claims/Benefit Cost	32,727.9	\$ 38.72	\$ 105.60	(4.7%)	31,195.4	(7.3%)	\$ 35.88	\$ 93.27	106.8%	0.8353	\$ 85.20
Copay Adjustment											-
Administration											13.01
Capitation Rate											\$ 98.21

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 21 yrs thru 44 yrs - Male
SFY11 Member Months: 164,128

June 2012 HMO Member Months: 321

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	250.1	\$ 2,029.01	\$ 42.29	(20.0%)	200.1	6.3%	\$ 2,155.88	\$ 35.95	101.3%	0.8624	\$ 31.41
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	1.6%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.1	677.84	0.00	(10.0%)	0.0	1.8%	689.90	0.00	101.3%	0.8624	0.00
Psychiatric/Substance Abuse	76.8	660.59	4.23	(30.0%)	53.8	23.7%	817.40	3.66	101.3%	0.8624	3.20
Long Term Care	25.4	108.35	0.23	(20.0%)	20.3	6.7%	115.63	0.20	100.0%	0.8624	0.17
Other Inpatient	2.1	5,118.97	0.90	(20.0%)	1.7	6.7%	5,462.90	0.77	101.3%	0.8624	0.67
Subtotal	354.5	\$ 1,613.19	\$ 47.65	(22.2%)	275.9	9.4%	\$ 1,764.90	\$ 40.58	101.3%	0.8624	\$ 35.45
Outpatient Hospital											
General Outpatient	338.0	\$ 410.94	\$ 11.57	(10.0%)	304.2	(12.9%)	\$ 357.93	\$ 9.07	102.6%	0.8624	\$ 8.03
Emergency Room	694.6	145.67	8.43	(20.0%)	555.7	9.7%	159.80	7.40	102.6%	0.8624	6.55
End-Stage Renal Disease	10.3	1,094.30	0.94	0.0%	10.3	0.0%	1,094.30	0.94	102.6%	0.8624	0.83
Subtotal	1,042.9	\$ 241.02	\$ 20.95	(16.6%)	870.2	(0.4%)	\$ 240.13	\$ 17.41	102.6%	0.8624	\$ 15.42
Ancillaries											
Prescription Drugs	8,417.7	\$ 51.81	\$ 36.34	0.0%	8,417.7	(5.0%)	\$ 49.22	\$ 34.53	116.5%	0.8624	\$ 34.70
Transportation	331.3	39.91	1.10	(20.0%)	265.1	0.0%	39.92	0.88	101.3%	0.8624	0.77
DME/Prosthetics/Orthotics	301.0	79.64	2.00	(30.0%)	210.7	2.5%	81.65	1.43	101.3%	0.8624	1.25
Home Health/Hospice	46.6	121.76	0.47	0.0%	46.6	0.0%	121.76	0.47	101.3%	0.8624	0.41
Other Ancillary	5.5	26.44	0.01	(10.0%)	5.0	0.1%	26.46	0.01	101.3%	0.8624	0.01
Subtotal	9,102.2	\$ 52.64	\$ 39.93	(1.7%)	8,945.0	(4.9%)	\$ 50.07	\$ 37.33	115.4%	0.8624	\$ 37.14
Physician											
Surgery	303.0	184.02	\$ 4.65	(20.0%)	242.4	(3.1%)	\$ 178.37	\$ 3.60	102.6%	0.8624	\$ 3.19
Anesthesia	74.0	182.75	1.13	(20.0%)	59.2	(0.1%)	182.63	0.90	102.6%	0.8624	0.80
Hospital Inpatient Visits	562.7	42.81	2.01	(20.0%)	450.1	6.9%	45.78	1.72	102.6%	0.8624	1.52
Office Visits/Consults	1,947.4	50.47	8.19	(10.0%)	1,752.6	(12.7%)	44.04	6.43	102.6%	0.8624	5.69
Well Baby Exams/Physical Exams	87.1	91.71	0.67	40.0%	122.0	0.4%	92.09	0.94	102.6%	0.8624	0.83
Emergency Room Visits	671.6	44.23	2.48	(20.0%)	537.3	1.4%	44.85	2.01	102.6%	0.8624	1.78
Clinic Visit/Services	2,357.2	18.48	3.63	(10.0%)	2,121.5	2.1%	18.87	3.34	102.6%	0.8624	2.95
Radiology and Pathology	6,801.5	11.55	6.55	(20.0%)	5,441.2	(7.1%)	10.72	4.86	102.6%	0.8624	4.30
Outpatient Behavioral Health	80.7	47.22	0.32	(30.0%)	56.5	(3.0%)	45.80	0.22	102.6%	0.8624	0.19
Maternity	1.6	50.42	0.01	0.0%	1.6	0.0%	50.42	0.01	102.6%	0.8624	0.01
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	27.7	42.29	0.10	0.0%	27.7	0.0%	42.29	0.10	102.6%	0.8624	0.09
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	8,459.3	6.76	4.76	10.0%	9,305.2	6.1%	7.17	5.56	102.6%	0.8624	4.92
DMHDD / DASA	225.9	70.23	1.32	(30.0%)	158.1	(14.5%)	60.04	0.79	102.6%	0.8624	0.70
PCCM Fee											2.00
Subtotal	21,599.7	\$ 19.89	\$ 35.80	(6.1%)	20,275.5	(9.3%)	\$ 18.03	\$ 30.47	102.6%	0.8624	\$ 28.97
Total Claims/Benefit Cost	32,099.3	\$ 53.95	\$ 144.32	(5.4%)	30,366.6	(7.9%)	\$ 49.71	\$ 125.79	106.0%	0.8624	\$ 116.98
Copy Adjustment											(0.63)
Administration											17.77
Capitation Rate											\$ 134.12

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 21 yrs thru 44 yrs - Female
SFY11 Member Months: 601,222

June 2012 HMO Member Months: 1,102

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	220.3	\$ 1,776.11	\$ 32.61	(20.0%)	176.3	6.3%	\$ 1,887.17	\$ 27.72	101.3%	0.8624	\$ 24.22
Well Newborn	-	-	-	(10.0%)	0.0	0.6%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	0.00	(10.0%)	0.0	1.6%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	49.4	860.41	3.55	(10.0%)	44.5	1.8%	875.72	3.25	101.3%	0.8624	2.84
Psychiatric/Substance Abuse	79.3	517.60	3.42	(30.0%)	55.5	23.7%	640.46	2.96	101.3%	0.8624	2.59
Long Term Care	18.6	124.70	0.19	(20.0%)	14.9	6.7%	133.08	0.17	100.0%	0.8624	0.14
Other Inpatient	1.7	5,583.03	0.77	(20.0%)	1.3	6.7%	5,958.14	0.66	101.3%	0.8624	0.58
Subtotal	369.4	\$ 1,317.14	\$ 40.54	(20.8%)	292.5	8.2%	\$ 1,425.76	\$ 34.75	101.3%	0.8624	\$ 30.37
Outpatient Hospital											
General Outpatient	923.7	\$ 267.53	\$ 20.59	(10.0%)	831.3	(12.9%)	\$ 233.02	\$ 16.14	102.6%	0.8624	\$ 14.29
Emergency Room	1,103.3	147.58	13.57	(20.0%)	882.7	9.7%	161.90	11.91	102.6%	0.8624	10.54
End-Stage Renal Disease	5.6	1,594.57	0.75	0.0%	5.6	0.0%	1,594.57	0.75	102.6%	0.8624	0.66
Subtotal	2,032.6	\$ 206.10	\$ 34.91	(15.4%)	1,719.6	(2.5%)	\$ 200.97	\$ 28.80	102.6%	0.8624	\$ 25.49
Ancillaries											
Prescription Drugs	12,209.5	\$ 48.44	\$ 49.29	0.0%	12,209.5	(5.0%)	\$ 46.02	\$ 46.82	116.5%	0.8624	\$ 47.05
Transportation	473.2	40.26	1.59	(20.0%)	378.6	0.0%	40.27	1.27	101.3%	0.8624	1.11
DME/Prosthetics/Orthotics	246.2	86.69	1.78	(30.0%)	172.3	2.5%	88.88	1.28	101.3%	0.8624	1.12
Home Health/Hospice	34.2	73.03	0.21	0.0%	34.2	0.0%	73.03	0.21	101.3%	0.8624	0.18
Other Ancillary	6.0	27.03	0.01	(10.0%)	5.4	0.1%	27.05	0.01	101.3%	0.8624	0.01
Subtotal	12,969.0	\$ 48.92	\$ 52.88	(1.3%)	12,799.9	(5.0%)	\$ 46.49	\$ 49.59	115.7%	0.8624	\$ 49.47
Physician											
Surgery	404.4	167.50	\$ 5.64	(20.0%)	323.5	(3.1%)	\$ 162.36	\$ 4.38	102.6%	0.8624	\$ 3.87
Anesthesia	229.9	231.91	4.44	(20.0%)	183.9	(0.1%)	231.76	3.55	102.6%	0.8624	3.14
Hospital Inpatient Visits	595.7	41.30	2.05	(20.0%)	476.5	6.9%	44.16	1.75	102.6%	0.8624	1.55
Office Visits/Consults	3,101.5	49.40	12.77	(10.0%)	2,791.4	(12.7%)	43.11	10.03	102.6%	0.8624	8.88
Well Baby Exams/Physical Exams	338.6	63.14	1.78	40.0%	474.0	0.4%	63.40	2.50	102.6%	0.8624	2.22
Emergency Room Visits	1,127.1	45.59	4.28	(20.0%)	901.7	1.4%	46.23	3.47	102.6%	0.8624	3.08
Clinic Visit/Services	3,773.4	33.72	10.60	(10.0%)	3,396.1	2.1%	34.44	9.75	102.6%	0.8624	8.63
Radiology and Pathology	16,545.0	13.30	18.34	(20.0%)	13,236.0	(7.1%)	12.35	13.62	102.6%	0.8624	12.06
Outpatient Behavioral Health	151.7	43.19	0.55	(30.0%)	106.2	(3.0%)	41.90	0.37	102.6%	0.8624	0.33
Maternity	56.0	46.00	0.21	0.0%	56.0	0.0%	46.00	0.21	102.6%	0.8624	0.19
Chiropractor	-	-	-	(40.0%)	0.0	(0.0%)	0.00	0.00	102.6%	0.8624	-
Podiatrist	18.1	40.97	0.06	0.0%	18.1	0.0%	40.97	0.06	102.6%	0.8624	0.05
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	9,973.0	13.15	10.93	10.0%	10,970.3	6.1%	13.95	12.75	102.6%	0.8624	11.29
DMHDD / DASA	320.1	76.41	2.04	(30.0%)	224.1	(14.5%)	65.32	1.22	102.6%	0.8624	1.08
PCCM Fee											2.00
Subtotal	36,634.5	\$ 24.14	\$ 73.71	(9.5%)	33,157.8	(4.5%)	\$ 23.04	\$ 63.67	102.6%	0.8624	\$ 58.37
Total Claims/Benefit Cost	52,005.6	\$ 46.62	\$ 202.04	(7.8%)	47,969.8	(5.1%)	\$ 44.23	\$ 176.82	106.0%	0.8624	\$ 163.70
Copay Adjustment Administration											(1.46) 24.78
Capitation Rate											\$ 187.02

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: 45 + Years
SFY11 Member Months: 213,484

June 2012 HMO Member Months: 247

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	489.8	\$ 1,963.98	\$ 80.16	(20.0%)	391.8	0.0%	\$ 1,963.98	\$ 64.13	101.3%	0.8624	\$ 56.03
Well Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.5	778.59	0.03	(10.0%)	0.4	0.0%	778.59	0.03	101.3%	0.8624	0.02
Psychiatric/Substance Abuse	73.6	535.72	3.29	(30.0%)	51.5	0.0%	535.72	2.30	101.3%	0.8624	2.01
Long Term Care	106.9	134.47	1.20	(20.0%)	85.5	0.0%	134.47	0.96	100.0%	0.8624	0.83
Other Inpatient	2.8	1,413.04	0.33	(20.0%)	2.2	0.0%	1,413.04	0.26	101.3%	0.8624	0.23
Subtotal	673.5	\$ 1,514.48	\$ 84.99	(21.1%)	531.5	0.9%	\$ 1,527.97	\$ 67.67	101.3%	0.8624	\$ 59.12
Outpatient Hospital											
General Outpatient	834.8	\$ 360.26	\$ 25.06	(10.0%)	751.3	0.0%	\$ 360.26	\$ 22.56	102.6%	0.8624	\$ 19.97
Emergency Room	593.5	175.02	8.66	(20.0%)	474.8	0.0%	175.02	6.92	102.6%	0.8624	6.13
End-Stage Renal Disease	29.7	958.38	2.37	0.0%	29.7	0.0%	958.38	2.37	102.6%	0.8624	2.10
Subtotal	1,458.0	\$ 297.03	\$ 36.09	(13.9%)	1,255.8	2.5%	\$ 304.35	\$ 31.85	102.6%	0.8624	\$ 28.20
Ancillaries											
Prescription Drugs	20,535.1	\$ 51.22	\$ 87.65	0.0%	20,535.1	(5.0%)	\$ 48.66	\$ 83.27	116.5%	0.8624	\$ 83.68
Transportation	940.9	22.79	1.79	(20.0%)	752.7	0.0%	22.79	1.43	101.3%	0.8624	1.25
DME/Prosthetics/Orthotics	761.7	67.04	4.26	(30.0%)	533.2	0.0%	67.04	2.98	101.3%	0.8624	2.60
Home Health/Hospice	136.3	88.37	1.00	0.0%	136.3	0.0%	88.37	1.00	101.3%	0.8624	0.88
Other Ancillary	15.8	26.05	0.03	(10.0%)	14.2	0.0%	26.05	0.03	101.3%	0.8624	0.03
Subtotal	22,389.8	\$ 50.77	\$ 94.73	(1.9%)	21,971.5	(4.6%)	\$ 48.45	\$ 88.71	115.6%	0.8624	\$ 88.44
Physician											
Surgery	602.3	200.50	\$ 10.06	(20.0%)	481.8	0.0%	\$ 200.50	\$ 8.05	102.6%	0.8624	\$ 7.13
Anesthesia	148.8	173.80	2.15	(20.0%)	119.0	0.0%	173.80	1.72	102.6%	0.8624	1.53
Hospital Inpatient Visits	945.5	42.62	3.36	(20.0%)	756.4	0.0%	42.62	2.69	102.6%	0.8624	2.38
Office Visits/Consults	3,546.2	51.11	15.10	(10.0%)	3,191.6	0.0%	51.11	13.59	102.6%	0.8624	12.03
Well Baby Exams/Physical Exams	172.9	86.04	1.24	40.0%	242.1	0.0%	86.04	1.74	102.6%	0.8624	1.54
Emergency Room Visits	591.6	49.29	2.43	(20.0%)	473.2	0.0%	49.29	1.94	102.6%	0.8624	1.72
Clinic Visit/Services	2,799.9	30.64	7.15	(10.0%)	2,519.9	0.0%	30.64	6.43	102.6%	0.8624	5.70
Radiology and Pathology	13,829.9	12.38	14.27	(20.0%)	11,063.9	0.0%	12.38	11.41	102.6%	0.8624	10.10
Outpatient Behavioral Health	136.4	40.56	0.46	(30.0%)	95.5	0.0%	40.56	0.32	102.6%	0.8624	0.29
Maternity	1.1	50.27	0.00	0.0%	1.1	0.0%	50.27	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	(40.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	82.2	37.70	0.26	0.0%	82.2	0.0%	37.70	0.26	102.6%	0.8624	0.23
Vision - EyeCare & Eyewear	-	-	-	(10.0%)	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	9,486.3	14.48	11.45	10.0%	10,434.9	0.0%	14.48	12.59	102.6%	0.8624	11.15
DMHDD / DASA	223.8	68.55	1.28	(30.0%)	156.7	0.0%	68.55	0.89	102.6%	0.8624	0.79
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	32,567.0	\$ 25.50	\$ 69.22	(9.1%)	29,618.5	(2.0%)	\$ 24.98	\$ 61.65	-	0.8624	\$ 56.58
Total Claims/Benefit Cost	57,088.2	\$ 59.91	\$ 285.03	(6.5%)	53,377.2	(6.2%)	\$ 56.18	\$ 249.89	-	0.8624	\$ 232.33
Copay Adjustment	-	-	-	-	-	-	-	-	-	-	(1.23)
Administration	-	-	-	-	-	-	-	-	-	-	35.30
Capitation Rate	-	-	-	-	-	-	-	-	-	-	\$ 266.40

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: 5

Population: Composite
SFY11 Member Months: 4,160,616

June 2012 HMO Member Months: 6,053

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	151.5	\$ 1,798.15	\$ 22.70	(20.0%)	121.2	5.4%	\$ 1,894.38	\$ 19.13	103.0%	0.8736	\$ 17.21
Well Newborn	0.2	2,444.18	0.05	(10.0%)	0.2	0.6%	2,459.64	0.04	108.1%	0.9000	0.04
Other Newborn	174.6	1,399.72	20.36	(10.0%)	157.1	1.6%	1,422.29	18.62	108.0%	0.9016	18.13
Maternity Non-Delivery	10.8	854.61	0.77	(10.0%)	9.7	1.8%	869.80	0.70	101.7%	0.8581	0.61
Psychiatric/Substance Abuse	67.8	607.10	3.43	(30.0%)	47.4	22.8%	745.57	2.95	102.8%	0.8033	2.44
Long Term Care	9.9	126.81	0.10	(20.0%)	7.9	3.6%	131.35	0.09	100.0%	0.8543	0.07
Other Inpatient	0.8	5,954.55	0.41	(20.0%)	0.7	3.4%	6,159.90	0.34	102.2%	0.8673	0.30
Subtotal	415.6	\$ 1,380.81	\$ 47.82	(17.2%)	344.3	5.7%	\$ 1,459.63	\$ 41.87	105.2%	0.8812	\$ 38.80
Outpatient Hospital											
General Outpatient	314.8	\$ 305.38	\$ 8.01	(10.0%)	283.3	(11.3%)	\$ 271.01	\$ 6.40	102.4%	0.8545	\$ 5.60
Emergency Room	679.3	119.29	6.75	(20.0%)	543.4	9.2%	130.26	5.90	102.1%	0.8603	5.18
End-Stage Renal Disease	3.1	1,211.23	0.32	0.0%	3.1	0.0%	1,211.23	0.32	102.6%	0.8559	0.28
Subtotal	997.3	\$ 181.48	\$ 15.08	(16.8%)	829.9	0.5%	\$ 182.41	\$ 12.62	102.2%	0.8572	\$ 11.06
Ancillaries											
Prescription Drugs	6,540.9	\$ 51.11	\$ 27.86	0.0%	6,540.9	(5.0%)	\$ 48.55	\$ 26.47	116.5%	0.8414	\$ 25.95
Transportation	282.0	36.33	0.85	(20.0%)	225.6	0.0%	36.34	0.68	101.8%	0.8544	0.59
DME/Prosthetics/Orthotics	230.8	93.10	1.79	(30.0%)	161.6	2.3%	95.23	1.28	102.1%	0.8565	1.12
Home Health/Hospice	28.7	209.52	0.50	0.0%	28.7	(0.0%)	209.52	0.50	102.3%	0.8727	0.45
Other Ancillary	21.7	29.75	0.05	(10.0%)	19.6	0.1%	29.76	0.05	102.5%	0.8818	0.04
Subtotal	7,104.1	\$ 52.46	\$ 31.06	(1.8%)	6,976.3	(5.0%)	\$ 49.85	\$ 28.98	115.3%	0.8428	\$ 28.15
Physician											
Surgery	226.2	152.51	\$ 2.88	(20.0%)	181.0	(2.6%)	\$ 148.50	\$ 2.24	103.4%	0.8573	\$ 1.99
Anesthesia	81.5	213.07	1.45	(20.0%)	65.2	(0.1%)	212.94	1.16	103.3%	0.8575	1.03
Hospital Inpatient Visits	554.0	70.76	3.27	(20.0%)	443.2	6.6%	75.46	2.79	103.1%	0.8923	2.56
Office Visits/Consults	2,527.3	48.13	10.14	(10.0%)	2,274.5	(12.0%)	42.38	8.03	104.2%	0.8595	7.19
Well Baby Exams/Physical Exams	2,353.5	31.60	6.20	40.0%	3,294.8	0.4%	31.73	8.71	104.5%	0.8916	8.12
Emergency Room Visits	679.2	40.59	2.30	(20.0%)	543.3	1.3%	41.14	1.86	103.9%	0.8638	1.67
Clinic Visit/Services	2,987.9	30.72	7.65	(10.0%)	2,689.2	2.0%	31.35	7.02	104.1%	0.8631	6.31
Radiology and Pathology	7,076.6	11.10	6.55	(20.0%)	5,661.3	(6.5%)	10.38	4.90	103.3%	0.8567	4.33
Outpatient Behavioral Health	77.1	46.28	0.30	(30.0%)	54.0	(2.8%)	44.98	0.20	103.7%	0.8171	0.17
Maternity	18.2	47.41	0.07	0.0%	18.2	(0.0%)	47.41	0.07	103.6%	0.8556	0.06
Chiropractor	27.6	10.11	0.02	(40.0%)	16.6	(0.0%)	10.10	0.01	104.9%	0.8165	0.01
Podiatrist	26.1	40.23	0.09	0.0%	26.1	(0.0%)	40.22	0.09	104.1%	0.8124	0.07
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.1%	-	-
Other Professional	9,873.1	8.15	6.70	10.0%	10,860.4	5.6%	8.61	7.79	104.1%	0.8702	7.05
DMHDD / DASA	201.8	96.91	1.63	(30.0%)	141.3	(14.1%)	83.30	0.98	103.8%	0.7992	0.81
PCCM Fee											2.00
Subtotal	26,710.1	\$ 22.12	\$ 49.23	(1.7%)	26,269.0	(5.3%)	\$ 20.95	\$ 45.86	104.0%	0.9101	\$ 43.39
Total Claims/Benefit Cost	35,227.0	\$ 48.78	\$ 143.19	(2.3%)	34,419.4	(7.6%)	\$ 45.09	\$ 129.33	106.7%	0.8796	\$ 121.40
Copay Adjustment											(0.35)
Administration											18.49
Capitation Rate											\$ 139.54

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 0 thru 90 Days
SFY11 Member Months: 310,807

HMO Member Months: 4,285

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	984.4	\$ 2,091.59	\$ 171.58	(20.0%)	787.5	6.3%	\$ 2,222.38	\$ 145.84	108.1%	0.9000	\$ 141.85
Well Newborn	190.8	2,609.37	41.48	(10.0%)	171.7	0.6%	2,625.88	37.57	108.1%	0.9000	36.54
Other Newborn	8,397.1	1,674.72	1,171.89	(10.0%)	7,557.4	1.6%	1,701.75	1,071.73	108.1%	0.9000	1,042.38
Maternity Non-Delivery	-	-	-	0.0%	0.0	0.0%	0.00	0.00	108.1%	0.9000	-
Psychiatric/Substance Abuse	3.5	1,837.59	0.54	(30.0%)	2.5	23.7%	2,273.78	0.47	108.1%	0.9000	0.45
Long Term Care	-	-	-	0.0%	0.0	0.0%	0.00	0.00	108.1%	0.9000	-
Other Inpatient	1.3	7,482.15	0.81	(20.0%)	1.0	6.7%	7,984.86	0.69	108.1%	0.9000	0.67
Subtotal	9,577.0	\$ 1,737.03	\$ 1,386.29	(11.0%)	8,520.0	1.9%	\$ 1,769.42	\$ 1,256.30	108.1%	0.9000	\$ 1,221.89
Outpatient Hospital											
General Outpatient	316.3	\$ 355.31	\$ 9.37	(10.0%)	284.7	(12.9%)	\$ 309.47	\$ 7.34	101.3%	0.9000	\$ 6.69
Emergency Room	957.9	119.46	9.54	(20.0%)	766.3	9.7%	131.05	8.37	101.3%	0.9000	7.63
End-Stage Renal Disease	0.0	535.19	0.00	0.0%	0.0	0.0%	535.19	0.00	101.3%	0.9000	0.00
Subtotal	1,274.2	\$ 178.01	\$ 18.90	(17.5%)	1,051.0	0.8%	\$ 179.38	\$ 15.71	101.3%	0.9000	\$ 14.33
Ancillaries											
Prescription Drugs	4,419.8	\$ 25.49	\$ 9.39	0.0%	4,419.8	(18.8%)	\$ 20.69	\$ 7.62	116.5%	0.9000	\$ 7.99
Transportation	347.0	62.95	1.82	(20.0%)	277.6	0.0%	62.96	1.46	102.6%	0.9000	1.35
DME/Prosthetics/Orthotics	272.4	78.76	1.79	(30.0%)	190.7	2.5%	80.75	1.28	102.6%	0.9000	1.19
Home Health/Hospice	112.5	93.70	0.88	0.0%	112.5	(0.0%)	93.70	0.88	102.6%	0.9000	0.81
Other Ancillary	36.8	46.30	0.14	(10.0%)	33.1	0.1%	46.33	0.13	102.6%	0.9000	0.12
Subtotal	5,188.4	\$ 32.42	\$ 14.02	(3.0%)	5,033.6	(16.4%)	\$ 27.09	\$ 11.37	112.0%	0.9000	\$ 11.45
Physician											
Surgery	674.6	147.87	\$ 8.31	(20.0%)	539.7	(3.1%)	\$ 143.34	\$ 6.45	102.6%	0.9000	\$ 5.96
Anesthesia	71.8	289.85	1.73	(20.0%)	57.5	(0.1%)	289.67	1.39	102.6%	0.9000	1.28
Hospital Inpatient Visits	10,233.6	107.13	91.36	(20.0%)	8,186.8	6.9%	114.56	78.16	102.6%	0.9000	72.20
Office Visits/Consults	2,405.8	50.07	10.04	(10.0%)	2,165.2	(12.7%)	43.69	7.88	102.6%	0.9000	7.28
Well Baby Exams/Physical Exams	13,542.4	35.33	39.87	40.0%	18,959.3	0.4%	35.48	56.06	102.6%	0.9000	51.79
Emergency Room Visits	883.9	40.45	2.98	(20.0%)	707.1	1.4%	41.01	2.42	102.6%	0.9000	2.23
Clinic Visit/Services	4,063.5	108.39	36.70	(10.0%)	3,657.1	2.1%	110.69	33.74	102.6%	0.9000	31.17
Radiology and Pathology	24,040.9	5.40	10.82	(20.0%)	19,232.7	(7.1%)	5.02	8.04	102.6%	0.9000	7.43
Outpatient Behavioral Health	3.0	51.85	0.01	(30.0%)	2.1	(3.0%)	50.29	0.01	102.6%	0.9000	0.01
Maternity	6.9	49.94	0.03	0.0%	6.9	0.0%	49.94	0.03	102.6%	0.9000	0.03
Chiropractor	1.9	10.35	0.00	(40.0%)	1.1	(0.1%)	10.35	0.00	102.6%	0.9000	0.00
Podiatrist	3.4	48.41	0.01	0.0%	3.4	0.0%	48.41	0.01	102.6%	0.9000	0.01
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.9000	-
Other Professional	3,273.5	26.46	7.22	10.0%	3,600.8	6.0%	28.06	8.42	102.6%	0.9000	7.78
DMHDD / DASA	0.0	81.96	0.00	(30.0%)	0.0	(14.5%)	70.07	0.00	102.6%	0.9000	0.00
PCCM Fee											2.00
Subtotal	59,205.0	\$ 42.38	\$ 209.09	(3.5%)	57,119.8	0.4%	\$ 42.56	\$ 202.59	102.6%	0.9000	\$ 189.16
Total Claims/Benefit Cost	75,244.7	\$ 259.68	\$ 1,628.30	(4.7%)	71,724.5	(4.3%)	\$ 248.61	\$ 1,485.97	107.3%	0.9000	\$ 1,436.83
Copay Adjustment											-
Administration											219.46
Capitation Rate											\$ 1,656.29

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 91 Days thru 1 year
SFY11 Member Months: 1,437,583

HMO Member Months: 15,425

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	291.2	\$ 2,026.49	\$ 49.17	(20.0%)	232.9	6.3%	\$ 2,153.27	\$ 41.80	102.6%	1.0000	\$ 42.90
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	1.0000	-
Other Newborn	60.7	2,233.21	11.30	(10.0%)	54.6	1.6%	2,269.41	10.33	102.6%	1.0000	10.60
Maternity Non-Delivery	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	1.0000	-
Psychiatric/Substance Abuse	0.1	585.82	0.00	(30.0%)	0.1	23.8%	724.96	0.00	102.6%	1.0000	0.00
Long Term Care	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	1.0000	-
Other Inpatient	0.7	11,017.76	0.69	(20.0%)	0.6	6.1%	11,685.34	0.58	102.6%	1.0000	0.60
Subtotal	352.7	\$ 2,080.70	\$ 61.16	(18.3%)	288.2	5.5%	\$ 2,194.70	\$ 52.71	102.6%	1.0000	\$ 54.11
Outpatient Hospital											
General Outpatient	150.2	\$ 365.22	\$ 4.57	(10.0%)	135.2	(12.9%)	\$ 318.10	\$ 3.58	101.3%	1.0000	\$ 3.63
Emergency Room	1,089.8	102.96	9.35	(20.0%)	871.8	9.7%	112.94	8.21	101.3%	1.0000	8.31
End-Stage Renal Disease	0.4	717.86	0.02	0.0%	0.4	(0.0%)	717.84	0.02	101.3%	1.0000	0.02
Subtotal	1,240.4	\$ 134.91	\$ 13.94	(18.8%)	1,007.4	4.3%	\$ 140.71	\$ 11.81	101.3%	1.0000	\$ 11.97
Ancillaries											
Prescription Drugs	7,092.8	\$ 30.93	\$ 18.28	0.0%	7,092.8	(18.9%)	\$ 25.07	\$ 14.82	116.5%	1.0000	\$ 17.27
Transportation	216.6	42.05	0.76	(20.0%)	173.3	0.0%	42.06	0.61	102.6%	1.0000	0.62
DME/Prosthetics/Orthotics	336.4	86.34	2.42	(30.0%)	235.5	2.5%	88.52	1.74	102.6%	1.0000	1.78
Home Health/Hospice	66.2	288.18	1.59	0.0%	66.2	0.0%	288.19	1.59	102.6%	1.0000	1.63
Other Ancillary	38.1	27.09	0.09	(10.0%)	34.3	0.0%	27.10	0.08	102.6%	1.0000	0.08
Subtotal	7,750.1	\$ 35.82	\$ 23.14	(1.9%)	7,602.1	(17.0%)	\$ 29.72	\$ 18.83	113.6%	1.0000	\$ 21.38
Physician											
Surgery	187.7	135.82	\$ 2.12	(20.0%)	150.2	(3.1%)	\$ 131.64	\$ 1.65	105.3%	1.0000	\$ 1.74
Anesthesia	49.3	195.16	0.80	(20.0%)	39.4	(0.1%)	195.03	0.64	105.3%	1.0000	0.68
Hospital Inpatient Visits	496.1	85.19	3.52	(20.0%)	396.9	6.9%	91.10	3.01	105.3%	1.0000	3.17
Office Visits/Consults	2,821.9	46.77	11.00	(10.0%)	2,539.7	(12.7%)	40.82	8.64	105.3%	1.0000	9.10
Well Baby Exams/Physical Exams	7,160.6	26.79	15.99	40.0%	10,024.9	0.4%	26.90	22.47	105.3%	1.0000	23.67
Emergency Room Visits	1,033.9	36.33	3.13	(20.0%)	827.1	1.4%	36.84	2.54	105.3%	1.0000	2.67
Clinic Visit/Services	5,664.1	43.51	20.54	(10.0%)	5,097.7	2.1%	44.44	18.88	105.3%	1.0000	19.88
Radiology and Pathology	5,181.9	8.02	3.46	(20.0%)	4,145.5	(7.2%)	7.45	2.57	105.3%	1.0000	2.71
Outpatient Behavioral Health	1.6	52.16	0.01	(30.0%)	1.2	(3.0%)	50.61	0.00	105.3%	1.0000	0.01
Maternity	8.3	50.10	0.03	0.0%	8.3	(0.0%)	50.09	0.03	105.3%	1.0000	0.04
Chiropractor	5.8	10.34	0.00	(40.0%)	3.5	(0.0%)	10.34	0.00	105.3%	1.0000	0.00
Podiatrist	7.3	36.35	0.02	0.0%	7.3	(0.0%)	36.35	0.02	105.3%	1.0000	0.02
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	105.3%	1.0000	-
Other Professional	9,351.3	14.47	11.27	10.0%	10,286.4	6.1%	15.34	13.15	105.3%	1.0000	13.86
DMHDD / DASA	0.0	89.97	0.00	(30.0%)	0.0	(14.5%)	76.92	0.00	105.3%	1.0000	0.00
PCCM Fee											2.00
Subtotal	31,969.9	\$ 26.99	\$ 71.91	4.9%	33,528.0	(2.4%)	\$ 26.35	\$ 73.62	105.3%	1.0000	\$ 79.55
Total Claims/Benefit Cost	41,313.0	\$ 49.42	\$ 170.15	2.7%	42,425.7	(10.2%)	\$ 44.40	\$ 156.97	105.1%	1.0000	\$ 167.01
Copay Adjustment											-
Administration											25.51
Capitation Rate											\$ 192.52

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 2 yrs thru 5 yrs
SFY11 Member Months: 2,971,333

HMO Member Months: 41,031

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	80.8	\$ 1,866.13	\$ 12.57	(20.0%)	64.6	6.4%	\$ 1,986.27	\$ 10.70	102.6%	0.8873	\$ 9.75
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8873	-
Other Newborn	0.0	4,808.98	0.02	(10.0%)	0.0	1.3%	4,872.99	0.02	102.6%	0.8873	0.02
Maternity Non-Delivery	-	-	0.00	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8873	-
Psychiatric/Substance Abuse	3.1	803.85	0.20	(30.0%)	2.1	23.4%	992.03	0.18	102.6%	0.8873	0.16
Long Term Care	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8873	-
Other Inpatient	1.6	9,480.53	1.30	(20.0%)	1.3	6.5%	10,099.60	1.11	102.6%	0.8873	1.01
Subtotal	85.6	\$ 1,976.70	\$ 14.09	(20.4%)	68.1	6.9%	\$ 2,113.92	\$ 12.00	102.6%	0.8873	\$ 10.93
Outpatient Hospital											
General Outpatient	88.5	\$ 458.88	\$ 3.38	(10.0%)	79.6	(12.7%)	\$ 400.53	\$ 2.66	101.3%	0.8873	\$ 2.39
Emergency Room	577.7	105.06	5.06	(20.0%)	462.1	10.0%	115.54	4.45	101.3%	0.8873	4.00
End-Stage Renal Disease	0.0	1,635.38	0.00	0.0%	0.0	(32.8%)	1,099.66	0.00	101.3%	0.8873	0.00
Subtotal	666.1	\$ 152.07	\$ 8.44	(18.7%)	541.8	3.5%	\$ 157.44	\$ 7.11	101.3%	0.8873	\$ 6.39
Ancillaries											
Prescription Drugs	4,845.4	\$ 33.61	\$ 13.57	0.0%	4,845.4	(18.8%)	\$ 27.29	\$ 11.02	116.5%	0.8873	\$ 11.39
Transportation	132.6	33.95	0.38	(20.0%)	106.1	0.6%	34.16	0.30	102.6%	0.8873	0.28
DME/Prosthetics/Orthotics	222.3	120.54	2.23	(30.0%)	155.6	3.0%	124.14	1.61	102.6%	0.8873	1.47
Home Health/Hospice	12.0	685.09	0.69	0.0%	12.0	0.3%	686.82	0.69	102.6%	0.8873	0.63
Other Ancillary	49.3	26.41	0.11	(10.0%)	44.4	(0.0%)	26.40	0.10	102.6%	0.8873	0.09
Subtotal	5,261.6	\$ 38.71	\$ 16.97	(1.9%)	5,163.5	(17.7%)	\$ 31.88	\$ 13.72	113.8%	0.8873	\$ 13.85
Physician											
Surgery	120.0	112.83	\$ 1.13	(20.0%)	96.0	(3.2%)	\$ 109.21	\$ 0.87	105.3%	0.8873	\$ 0.82
Anesthesia	34.1	170.39	0.48	(20.0%)	27.3	0.1%	170.48	0.39	105.3%	0.8873	0.36
Hospital Inpatient Visits	106.8	40.22	0.36	(20.0%)	85.4	6.8%	42.95	0.31	105.3%	0.8873	0.29
Office Visits/Consults	2,169.7	46.27	8.37	(10.0%)	1,952.7	(13.1%)	40.20	6.54	105.3%	0.8873	6.11
Well Baby Exams/Physical Exams	2,188.2	34.27	6.25	40.0%	3,063.5	0.2%	34.33	8.76	105.3%	0.8873	8.19
Emergency Room Visits	537.0	35.52	1.59	(20.0%)	429.6	1.4%	36.02	1.29	105.3%	0.8873	1.21
Clinic Visit/Services	4,496.4	29.94	11.22	(10.0%)	4,046.8	3.1%	30.87	10.41	105.3%	0.8873	9.73
Radiology and Pathology	3,894.5	7.39	2.40	(20.0%)	3,115.6	(7.1%)	6.87	1.78	105.3%	0.8873	1.67
Outpatient Behavioral Health	9.5	51.89	0.04	(30.0%)	6.7	(2.6%)	50.53	0.03	105.3%	0.8873	0.03
Maternity	6.0	50.22	0.03	0.0%	6.0	(0.7%)	49.88	0.03	105.3%	0.8873	0.02
Chiropractor	6.0	10.22	0.01	(40.0%)	3.6	(5.2%)	9.69	0.00	105.3%	0.8873	0.00
Podiatrist	14.4	32.02	0.04	0.0%	14.4	(0.1%)	32.00	0.04	105.3%	0.8873	0.04
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	105.3%	0.8873	-
Other Professional	9,898.4	13.15	10.85	10.0%	10,888.2	6.4%	14.00	12.70	105.3%	0.8873	11.87
DMHDD / DASA	14.8	106.10	0.13	(30.0%)	10.4	(14.0%)	91.29	0.08	105.3%	0.8873	0.07
PCCM Fee											2.00
Subtotal	23,496.1	\$ 21.90	\$ 42.88	1.1%	23,746.4	(0.3%)	\$ 21.85	\$ 43.23	105.3%	0.8873	\$ 42.40
Total Claims/Benefit Cost	29,509.4	\$ 33.50	\$ 82.39	0.0%	29,519.8	(7.7%)	\$ 30.92	\$ 76.06	106.1%	0.8873	\$ 73.58
Copay Adjustment											-
Administration											11.24
Capitation Rate											\$ 84.81

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 6 yrs thru 13 yrs
SFY11 Member Months: 5,492,572

HMO Member Months: 67,363

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	50.7	\$ 1,928.50	\$ 8.14	(20.0%)	40.5	6.4%	\$ 2,051.08	\$ 6.93	102.6%	0.7595	\$ 5.40
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.7595	-
Other Newborn	0.0	2,199.74	0.00	(10.0%)	0.0	(40.7%)	1,305.20	0.00	102.6%	0.7595	0.00
Maternity Non-Delivery	0.0	3,800.45	0.00	(10.0%)	0.0	(70.2%)	1,133.67	0.00	102.6%	0.7595	0.00
Psychiatric/Substance Abuse	58.5	742.45	3.62	(30.0%)	41.0	23.9%	919.94	3.14	102.6%	0.7595	2.45
Long Term Care	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.7595	-
Other Inpatient	0.8	11,416.80	0.76	(20.0%)	0.6	6.3%	12,135.16	0.64	102.6%	0.7595	0.50
Subtotal	110.0	\$ 1,366.03	\$ 12.52	(25.3%)	82.2	14.6%	\$ 1,564.95	\$ 10.71	102.6%	0.7595	\$ 8.35
Outpatient Hospital											
General Outpatient	77.2	\$ 402.21	\$ 2.59	(10.0%)	69.5	(12.7%)	\$ 351.05	\$ 2.03	101.3%	0.7595	\$ 1.56
Emergency Room	339.9	113.92	3.23	(20.0%)	271.9	10.5%	125.92	2.85	101.3%	0.7595	2.20
End-Stage Renal Disease	0.3	1,152.75	0.03	0.0%	0.3	1.1%	1,165.61	0.03	101.3%	0.7595	0.02
Subtotal	417.4	\$ 167.89	\$ 5.84	(18.1%)	341.7	2.7%	\$ 172.50	\$ 4.91	101.3%	0.7595	\$ 3.78
Ancillaries											
Prescription Drugs	3,961.9	\$ 53.25	\$ 17.58	0.0%	3,961.9	(17.3%)	\$ 44.02	\$ 14.53	116.5%	0.7595	\$ 12.86
Transportation	497.8	12.67	0.53	(20.0%)	398.2	0.8%	12.77	0.42	102.6%	0.7595	0.33
DME/Prosthetics/Orthotics	134.8	122.25	1.37	(30.0%)	94.4	2.4%	125.16	0.98	102.6%	0.7595	0.77
Home Health/Hospice	6.6	292.12	0.16	0.0%	6.6	(1.8%)	286.89	0.16	102.6%	0.7595	0.12
Other Ancillary	19.4	25.36	0.04	(10.0%)	17.5	0.4%	25.46	0.04	102.6%	0.7595	0.03
Subtotal	4,620.5	\$ 51.11	\$ 19.68	(3.1%)	4,478.6	(15.4%)	\$ 43.23	\$ 16.14	115.1%	0.7595	\$ 14.11
Physician											
Surgery	86.4	128.23	\$ 0.92	(20.0%)	69.1	(2.9%)	\$ 124.53	\$ 0.72	105.3%	0.7595	\$ 0.57
Anesthesia	23.0	174.80	0.33	(20.0%)	18.4	0.3%	175.34	0.27	105.3%	0.7595	0.21
Hospital Inpatient Visits	118.9	37.48	0.37	(20.0%)	95.1	6.7%	40.01	0.32	105.3%	0.7595	0.25
Office Visits/Consults	1,486.5	46.90	5.81	(10.0%)	1,337.9	(13.4%)	40.62	4.53	105.3%	0.7595	3.62
Well Baby Exams/Physical Exams	1,015.6	38.51	3.26	40.0%	1,421.9	(0.5%)	38.32	4.54	105.3%	0.7595	3.63
Emergency Room Visits	318.6	36.50	0.97	(20.0%)	254.8	1.9%	37.18	0.79	105.3%	0.7595	0.63
Clinic Visit/Services	3,811.3	23.61	7.50	(10.0%)	3,430.2	3.9%	24.54	7.01	105.3%	0.7595	5.61
Radiology and Pathology	2,781.9	8.13	1.89	(20.0%)	2,225.5	(7.3%)	7.54	1.40	105.3%	0.7595	1.12
Outpatient Behavioral Health	81.5	49.45	0.34	(30.0%)	57.0	(2.8%)	48.07	0.23	105.3%	0.7595	0.18
Maternity	4.4	50.30	0.02	0.0%	4.4	(1.3%)	49.66	0.02	105.3%	0.7595	0.01
Chiropractor	9.8	10.17	0.01	(40.0%)	5.9	2.0%	10.37	0.01	105.3%	0.7595	0.00
Podiatrist	32.3	37.74	0.10	0.0%	32.3	(0.8%)	37.46	0.10	105.3%	0.7595	0.08
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	105.3%	0.7595	-
Other Professional	8,725.1	3.87	2.81	10.0%	9,597.7	5.8%	4.09	3.27	105.3%	0.7595	2.62
DMHDD / DASA	138.7	82.64	0.96	(30.0%)	97.1	(14.3%)	70.86	0.57	105.3%	0.7595	0.46
PCCM Fee											2.00
Subtotal	18,634.0	\$ 16.28	\$ 25.28	0.1%	18,647.3	(6.0%)	\$ 15.30	\$ 23.77	105.3%	0.7595	\$ 21.02
Total Claims/Benefit Cost	23,781.9	\$ 31.95	\$ 63.32	(1.0%)	23,549.7	(11.4%)	\$ 28.30	\$ 55.53	107.3%	0.7595	\$ 47.26
Copay Adjustment											-
Administration											7.22
Capitation Rate											\$ 54.48

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 14 yrs thru 20 yrs - Male
SFY11 Member Months: 1,500,171

HMO Member Months: 16,957

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	96.2	\$ 1,977.71	\$ 15.85	(20.0%)	76.9	6.4%	\$ 2,104.19	\$ 13.49	104.0%	0.7423	\$ 10.41
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Newborn	0.0	781.72	0.00	(10.0%)	0.0	1.7%	795.10	0.00	104.0%	0.7423	0.00
Maternity Non-Delivery	-	-	0.00	0.0%	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Psychiatric/Substance Abuse	215.5	708.80	12.73	(30.0%)	150.8	23.8%	877.26	11.03	104.0%	0.7423	8.51
Long Term Care	2.8	176.28	0.04	(20.0%)	2.3	3.0%	181.57	0.03	100.0%	0.7423	0.03
Other Inpatient	1.6	11,431.16	1.55	(20.0%)	1.3	7.1%	12,243.93	1.33	104.0%	0.7423	1.02
Subtotal	316.1	\$ 1,145.13	\$ 30.17	(26.8%)	231.4	17.2%	\$ 1,342.21	\$ 25.88	104.0%	0.7423	\$ 19.97
Outpatient Hospital											
General Outpatient	120.7	\$ 444.39	\$ 4.47	(10.0%)	108.7	(12.3%)	\$ 389.74	\$ 3.53	102.6%	0.7423	\$ 2.69
Emergency Room	371.4	139.43	4.31	(20.0%)	297.1	10.5%	154.01	3.81	102.6%	0.7423	2.91
End-Stage Renal Disease	1.6	633.41	0.08	0.0%	1.6	(3.0%)	614.65	0.08	102.6%	0.7423	0.06
Subtotal	493.6	\$ 215.57	\$ 8.87	(17.5%)	407.3	1.4%	\$ 218.66	\$ 7.42	102.6%	0.7423	\$ 5.65
Ancillaries											
Prescription Drugs	3,553.9	\$ 84.05	\$ 24.89	0.0%	3,553.9	(18.3%)	\$ 68.67	\$ 20.34	116.5%	0.7423	\$ 17.59
Transportation	1,072.7	14.11	1.26	(20.0%)	858.2	0.8%	14.21	1.02	101.3%	0.7423	0.76
DME/Prosthetics/Orthotics	114.1	120.39	1.14	(30.0%)	79.9	2.4%	123.23	0.82	101.3%	0.7423	0.62
Home Health/Hospice	14.1	273.58	0.32	0.0%	14.1	3.7%	283.57	0.33	101.3%	0.7423	0.25
Other Ancillary	6.3	25.94	0.01	(10.0%)	5.7	0.3%	26.03	0.01	101.3%	0.7423	0.01
Subtotal	4,761.1	\$ 69.64	\$ 27.63	(5.2%)	4,511.7	(14.0%)	\$ 59.89	\$ 22.52	115.1%	0.7423	\$ 19.23
Physician											
Surgery	123.4	156.18	\$ 1.61	(20.0%)	98.7	(2.8%)	\$ 151.79	\$ 1.25	104.0%	0.7423	\$ 0.96
Anesthesia	29.5	198.36	0.49	(20.0%)	23.6	0.2%	198.73	0.39	104.0%	0.7423	0.30
Hospital Inpatient Visits	268.4	35.94	0.80	(20.0%)	214.7	6.5%	38.29	0.69	104.0%	0.7423	0.53
Office Visits/Consults	1,093.3	47.27	4.31	(10.0%)	984.0	(13.5%)	40.89	3.35	104.0%	0.7423	2.59
Well Baby Exams/Physical Exams	759.4	43.18	2.73	40.0%	1,063.1	(0.6%)	42.91	3.80	104.0%	0.7423	2.93
Emergency Room Visits	332.9	39.04	1.08	(20.0%)	266.3	1.9%	39.79	0.88	104.0%	0.7423	0.68
Clinic Visit/Services	3,642.1	21.52	6.53	(10.0%)	3,277.9	4.2%	22.43	6.13	104.0%	0.7423	4.73
Radiology and Pathology	3,412.0	10.49	2.98	(20.0%)	2,729.6	(7.0%)	9.75	2.22	104.0%	0.7423	1.71
Outpatient Behavioral Health	134.2	48.96	0.55	(30.0%)	93.9	(3.4%)	47.32	0.37	104.0%	0.7423	0.29
Maternity	4.6	49.84	0.02	0.0%	4.6	(1.3%)	49.17	0.02	104.0%	0.7423	0.01
Chiropractor	16.2	10.02	0.01	(40.0%)	9.7	6.5%	10.67	0.01	104.0%	0.7423	0.01
Podiatrist	56.7	43.26	0.20	0.0%	56.7	(0.7%)	42.94	0.20	104.0%	0.7423	0.16
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.0%	0.7423	-
Other Professional	8,359.9	3.48	2.42	10.0%	9,195.9	5.6%	3.68	2.82	104.0%	0.7423	2.17
DMHDD / DASA	447.7	121.36	4.53	(30.0%)	313.4	(14.4%)	103.90	2.71	104.0%	0.7423	2.09
PCCM Fee											2.00
Subtotal	18,680.2	\$ 18.16	\$ 28.27	(1.9%)	18,332.1	(10.5%)	\$ 16.26	\$ 24.84	104.0%	0.7423	\$ 21.17
Total Claims/Benefit Cost											
	24,251.1	\$ 46.98	\$ 94.94	(3.2%)	23,482.5	(12.3%)	\$ 41.22	\$ 80.66	107.0%	0.7423	\$ 66.03
Copay Adjustment											-
Administration											10.09
Capitation Rate											
											\$ 76.12

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 14 yrs thru 20 yrs - Female
SFY11 Member Months: 1,651,258

HMO Member Months: 20,387

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	77.0	\$ 1,907.15	\$ 12.24	(20.0%)	61.6	6.9%	\$ 2,038.78	\$ 10.46	104.0%	0.8353	\$ 9.09
Well Newborn	-	-	0.00	0.0%	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Newborn	0.1	422.47	0.00	(10.0%)	0.0	3.1%	435.44	0.00	104.0%	0.8353	0.00
Maternity Non-Delivery	28.1	1,051.91	2.46	(10.0%)	25.3	2.1%	1,074.34	2.26	104.0%	0.8353	1.97
Psychiatric/Substance Abuse	223.3	701.13	13.04	(30.0%)	156.3	23.6%	866.83	11.29	104.0%	0.8353	9.81
Long Term Care	1.5	134.07	0.02	(20.0%)	1.2	4.9%	140.69	0.01	100.0%	0.8353	0.01
Other Inpatient	1.3	8,765.13	0.98	(20.0%)	1.1	6.3%	9,316.60	0.84	104.0%	0.8353	0.73
Subtotal	331.2	\$ 1,041.51	\$ 28.75	(25.9%)	245.5	16.7%	\$ 1,215.75	\$ 24.87	104.0%	0.8353	\$ 21.60
Outpatient Hospital											
General Outpatient	334.4	\$ 270.07	\$ 7.53	(10.0%)	301.0	(12.4%)	\$ 236.61	\$ 5.93	102.6%	0.8353	\$ 5.09
Emergency Room	545.8	143.07	6.51	(20.0%)	436.6	10.2%	157.66	5.74	102.6%	0.8353	4.92
End-Stage Renal Disease	1.2	769.62	0.07	0.0%	1.2	0.0%	769.70	0.07	102.6%	0.8353	0.06
Subtotal	881.3	\$ 192.09	\$ 14.11	(16.2%)	738.7	(0.7%)	\$ 190.79	\$ 11.75	102.6%	0.8353	\$ 10.07
Ancillaries											
Prescription Drugs	5,292.0	\$ 48.62	\$ 21.44	0.0%	5,292.0	(18.1%)	\$ 39.79	\$ 17.55	116.5%	0.8353	\$ 17.08
Transportation	1,083.0	17.13	1.55	(20.0%)	866.4	0.8%	17.26	1.25	101.3%	0.8353	1.05
DME/Prosthetics/Orthotics	128.8	109.32	1.17	(30.0%)	90.2	2.6%	112.13	0.84	101.3%	0.8353	0.71
Home Health/Hospice	13.2	64.79	0.07	0.0%	13.2	(0.4%)	64.55	0.07	101.3%	0.8353	0.06
Other Ancillary	5.4	26.31	0.01	(10.0%)	4.9	0.5%	26.45	0.01	101.3%	0.8353	0.01
Subtotal	6,522.5	\$ 44.60	\$ 24.24	(3.9%)	6,266.7	(15.3%)	\$ 37.76	\$ 19.72	114.9%	0.8353	\$ 18.92
Physician											
Surgery	98.5	152.79	\$ 1.25	(20.0%)	78.8	(2.9%)	\$ 148.42	\$ 0.98	104.0%	0.8353	\$ 0.85
Anesthesia	78.2	294.84	1.92	(20.0%)	62.5	0.4%	296.04	1.54	104.0%	0.8353	1.34
Hospital Inpatient Visits	330.8	36.70	1.01	(20.0%)	264.7	6.8%	39.20	0.86	104.0%	0.8353	0.75
Office Visits/Consults	1,499.5	46.70	5.83	(10.0%)	1,349.5	(13.5%)	40.39	4.54	104.0%	0.8353	3.95
Well Baby Exams/Physical Exams	757.2	43.90	2.77	40.0%	1,060.1	(0.3%)	43.75	3.86	104.0%	0.8353	3.36
Emergency Room Visits	516.4	42.34	1.82	(20.0%)	413.1	1.6%	43.02	1.48	104.0%	0.8353	1.29
Clinic Visit/Services	4,617.4	36.17	13.92	(10.0%)	4,155.7	3.8%	37.55	13.01	104.0%	0.8353	11.30
Radiology and Pathology	8,322.1	11.56	8.02	(20.0%)	6,657.7	(6.9%)	10.77	5.97	104.0%	0.8353	5.19
Outpatient Behavioral Health	138.1	51.24	0.59	(30.0%)	96.7	(3.1%)	49.65	0.40	104.0%	0.8353	0.35
Maternity	24.2	47.94	0.10	0.0%	24.2	(2.5%)	46.74	0.09	104.0%	0.8353	0.08
Chiropractor	21.6	10.23	0.02	(40.0%)	12.9	3.7%	10.61	0.01	104.0%	0.8353	0.01
Podiatrist	48.2	44.50	0.18	0.0%	48.2	(0.5%)	44.28	0.18	104.0%	0.8353	0.15
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.0%	0.8353	-
Other Professional	8,452.6	5.61	3.95	10.0%	9,297.9	5.3%	5.91	4.58	104.0%	0.8353	3.98
DMHDD / DASA	321.9	101.33	2.72	(30.0%)	225.4	(14.4%)	86.71	1.63	104.0%	0.8353	1.41
PCCM Fee											2.00
Subtotal	25,226.7	\$ 20.98	\$ 44.10	(5.9%)	23,747.3	(5.7%)	\$ 19.78	\$ 39.14	104.0%	0.8353	\$ 36.00
Total Claims/Benefit Cost											
Copay Adjustment	32,961.8	\$ 40.48	\$ 111.20	(6.0%)	30,998.2	(8.7%)	\$ 36.96	\$ 95.47	106.1%	0.8353	\$ 86.59
Administration											13.23
Capitation Rate											\$ 99.82

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 21 yrs thru 44 yrs - Male
SFY11 Member Months: 774,579

HMO Member Months: 3,987

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	272.8	\$ 1,882.15	\$ 42.78	(20.0%)	218.2	5.1%	\$ 1,977.98	\$ 35.97	101.3%	0.8624	\$ 31.43
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	0.0	1,828.01	0.00	(10.0%)	0.0	310.2%	7,499.34	0.00	101.3%	0.8624	0.00
Maternity Non-Delivery	0.1	1,360.63	0.02	(10.0%)	0.1	17.4%	1,597.62	0.02	101.3%	0.8624	0.01
Psychiatric/Substance Abuse	92.3	662.75	5.10	(30.0%)	64.6	19.3%	790.88	4.26	101.3%	0.8624	3.72
Long Term Care	18.7	124.70	0.19	(20.0%)	14.9	4.1%	129.87	0.16	100.0%	0.8624	0.14
Other Inpatient	5.5	5,274.60	2.43	(20.0%)	4.4	(6.9%)	4,912.96	1.81	101.3%	0.8624	1.58
Subtotal	389.4	\$ 1,556.87	\$ 50.52	(22.4%)	302.3	7.6%	\$ 1,675.81	\$ 42.21	101.3%	0.8624	\$ 36.88
Outpatient Hospital											
General Outpatient	317.9	\$ 411.03	\$ 10.89	(10.0%)	286.2	(7.9%)	\$ 378.53	\$ 9.03	102.6%	0.8624	\$ 7.99
Emergency Room	528.3	169.00	7.44	(20.0%)	422.6	16.6%	196.99	6.94	102.6%	0.8624	6.14
End-Stage Renal Disease	9.9	1,582.70	1.31	0.0%	9.9	(7.4%)	1,465.24	1.21	102.6%	0.8624	1.07
Subtotal	856.2	\$ 275.23	\$ 19.64	(16.1%)	718.7	4.2%	\$ 286.75	\$ 17.17	102.6%	0.8624	\$ 15.20
Ancillaries											
Prescription Drugs	8,158.8	\$ 54.40	\$ 36.99	0.0%	8,158.8	(13.4%)	\$ 47.11	\$ 32.03	116.5%	0.8624	\$ 32.19
Transportation	370.3	32.09	0.99	(20.0%)	296.3	8.2%	34.71	0.86	101.3%	0.8624	0.75
DME/Prosthetics/Orthotics	305.2	81.60	2.08	(30.0%)	213.6	11.2%	90.78	1.62	101.3%	0.8624	1.41
Home Health/Hospice	40.4	92.36	0.31	0.0%	40.4	0.5%	92.85	0.31	101.3%	0.8624	0.27
Other Ancillary	8.6	27.42	0.02	(10.0%)	7.8	(3.7%)	26.41	0.02	101.3%	0.8624	0.01
Subtotal	8,883.3	\$ 54.55	\$ 40.38	(1.9%)	8,716.9	(12.1%)	\$ 47.95	\$ 34.83	115.3%	0.8624	\$ 34.64
Physician											
Surgery	246.4	200.02	\$ 4.11	(20.0%)	197.1	3.3%	\$ 206.62	\$ 3.39	102.6%	0.8624	\$ 3.00
Anesthesia	62.0	195.51	1.01	(20.0%)	49.6	5.2%	205.77	0.85	102.6%	0.8624	0.75
Hospital Inpatient Visits	491.5	41.73	1.71	(20.0%)	393.2	5.0%	43.82	1.44	102.6%	0.8624	1.27
Office Visits/Consults	1,723.8	49.19	7.07	(10.0%)	1,551.4	(14.7%)	41.98	5.43	102.6%	0.8624	4.80
Well Baby Exams/Physical Exams	67.7	92.33	0.52	40.0%	94.7	(6.3%)	86.52	0.68	102.6%	0.8624	0.60
Emergency Room Visits	483.9	44.57	1.80	(20.0%)	387.1	10.9%	49.44	1.59	102.6%	0.8624	1.41
Clinic Visit/Services	2,841.6	27.51	6.52	(10.0%)	2,557.5	11.5%	30.67	6.54	102.6%	0.8624	5.79
Radiology and Pathology	7,277.1	10.73	6.51	(20.0%)	5,821.6	(6.2%)	10.06	4.88	102.6%	0.8624	4.32
Outpatient Behavioral Health	82.8	46.83	0.32	(30.0%)	57.9	(0.9%)	46.42	0.22	102.6%	0.8624	0.20
Maternity	1.1	48.71	0.00	0.0%	1.1	(3.3%)	47.09	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	31.4	40.60	0.11	0.0%	31.4	(7.1%)	37.72	0.10	102.6%	0.8624	0.09
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	8,104.6	6.81	4.60	10.0%	8,915.1	6.1%	7.23	5.37	102.6%	0.8624	4.75
DMHDD / DASA	144.7	71.09	0.86	(30.0%)	101.3	(0.3%)	70.89	0.60	102.6%	0.8624	0.53
PCCM Fee											2.00
Subtotal	21,558.3	\$ 19.55	\$ 35.12	(6.5%)	20,158.9	(5.3%)	\$ 18.51	\$ 31.10	102.6%	0.8624	\$ 29.53
Total Claims/Benefit Cost	31,687.2	\$ 55.16	\$ 145.66	(5.7%)	29,896.8	(8.8%)	\$ 50.30	\$ 125.32	105.7%	0.8624	\$ 116.25
Copay Adjustment											(0.92)
Administration											17.62
Capitation Rate											\$ 132.95

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 21 yrs thru 44 yrs - Female
SFY11 Member Months: 3,118,170

HMO Member Months: 41,949

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	210.7	\$ 1,590.72	\$ 27.93	(20.0%)	168.5	6.1%	\$ 1,687.25	\$ 23.70	101.3%	0.8624	\$ 20.71
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	0.4	1,659.86	0.05	(10.0%)	0.3	0.5%	1,668.22	0.05	101.3%	0.8624	0.04
Maternity Non-Delivery	65.4	1,143.44	6.23	(10.0%)	58.9	1.2%	1,157.55	5.68	101.3%	0.8624	4.96
Psychiatric/Substance Abuse	78.0	620.35	4.03	(30.0%)	54.6	23.4%	765.57	3.48	101.3%	0.8624	3.04
Long Term Care	22.9	130.54	0.25	(20.0%)	18.3	5.9%	138.22	0.21	100.0%	0.8624	0.18
Other Inpatient	0.7	7,023.92	0.40	(20.0%)	0.5	4.4%	7,330.42	0.33	101.3%	0.8624	0.29
Subtotal	378.1	\$ 1,234.30	\$ 38.89	(20.3%)	301.3	7.9%	\$ 1,332.40	\$ 33.45	101.3%	0.8624	\$ 29.23
Outpatient Hospital											
General Outpatient	869.0	\$ 284.25	\$ 20.58	(10.0%)	782.1	(12.5%)	\$ 248.72	\$ 16.21	102.6%	0.8624	\$ 14.35
Emergency Room	897.8	164.67	12.32	(20.0%)	718.2	10.0%	181.20	10.85	102.6%	0.8624	9.60
End-Stage Renal Disease	9.7	1,136.86	0.92	0.0%	9.7	(0.9%)	1,127.08	0.91	102.6%	0.8624	0.81
Subtotal	1,776.5	\$ 228.49	\$ 33.83	(15.0%)	1,510.0	(2.7%)	\$ 222.27	\$ 27.97	102.6%	0.8624	\$ 24.76
Ancillaries											
Prescription Drugs	11,265.3	\$ 48.08	\$ 45.14	0.0%	11,265.3	(17.6%)	\$ 39.62	\$ 37.20	116.5%	0.8624	\$ 37.38
Transportation	667.4	28.87	1.61	(20.0%)	534.0	1.1%	29.18	1.30	101.3%	0.8624	1.13
DME/Prosthetics/Orthotics	291.0	80.79	1.96	(30.0%)	203.7	3.2%	83.36	1.41	101.3%	0.8624	1.24
Home Health/Hospice	35.1	81.60	0.24	0.0%	35.1	0.7%	82.15	0.24	101.3%	0.8624	0.21
Other Ancillary	7.0	27.23	0.02	(10.0%)	6.3	(0.7%)	27.05	0.01	101.3%	0.8624	0.01
Subtotal	12,265.9	\$ 47.90	\$ 48.96	(1.8%)	12,044.4	(16.4%)	\$ 40.02	\$ 40.17	115.4%	0.8624	\$ 39.98
Physician											
Surgery	309.1	169.16	\$ 4.36	(20.0%)	247.3	(1.9%)	\$ 165.87	\$ 3.42	102.6%	0.8624	\$ 3.03
Anesthesia	199.4	253.73	4.22	(20.0%)	159.5	0.1%	253.98	3.38	102.6%	0.8624	2.99
Hospital Inpatient Visits	509.8	40.83	1.73	(20.0%)	407.9	6.3%	43.40	1.48	102.6%	0.8624	1.31
Office Visits/Consults	2,445.9	47.35	9.65	(10.0%)	2,201.3	(13.6%)	40.89	7.50	102.6%	0.8624	6.64
Well Baby Exams/Physical Exams	185.5	77.14	1.19	40.0%	259.7	(0.0%)	77.12	1.67	102.6%	0.8624	1.48
Emergency Room Visits	865.9	45.31	3.27	(20.0%)	692.7	1.8%	46.11	2.66	102.6%	0.8624	2.36
Clinic Visit/Services	5,622.8	42.61	19.96	(10.0%)	5,060.6	3.9%	44.26	18.66	102.6%	0.8624	16.52
Radiology and Pathology	17,172.7	13.04	18.66	(20.0%)	13,738.2	(7.3%)	12.09	13.84	102.6%	0.8624	12.25
Outpatient Behavioral Health	124.3	45.38	0.47	(30.0%)	87.0	(3.3%)	43.89	0.32	102.6%	0.8624	0.28
Maternity	29.2	49.01	0.12	0.0%	29.2	(2.6%)	47.71	0.12	102.6%	0.8624	0.10
Chiropractor	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	20.4	38.61	0.07	0.0%	20.4	(1.0%)	38.21	0.06	102.6%	0.8624	0.06
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	8,422.1	12.66	8.88	10.0%	9,264.3	5.8%	13.40	10.34	102.6%	0.8624	9.15
DMHDD / DASA	278.9	82.00	1.91	(30.0%)	195.2	(14.3%)	70.25	1.14	102.6%	0.8624	1.01
PCCM Fee											2.00
Subtotal	36,186.1	\$ 24.70	\$ 74.49	(10.6%)	32,363.3	(3.0%)	\$ 23.95	\$ 64.59	102.6%	0.8624	\$ 59.18
Total Claims/Benefit Cost	50,606.5	\$ 46.51	\$ 196.16	(8.7%)	46,218.9	(7.2%)	\$ 43.14	\$ 166.18	105.5%	0.8624	\$ 153.14
Copay Adjustment											(2.25)
Administration											23.05
Capitation Rate											\$ 173.94

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: 45 + Years
SFY11 Member Months: 895,037

HMO Member Months: 5,739

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	549.7	\$ 1,642.01	\$ 75.22	(20.0%)	439.8	0.2%	\$ 1,645.14	\$ 60.29	101.3%	0.8624	\$ 52.68
Well Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Other Newborn	-	-	-	0.0%	0.0	0.0%	0.00	0.00	101.3%	0.8624	-
Maternity Non-Delivery	0.3	2,257.63	0.07	(10.0%)	0.3	(3.4%)	2,181.93	0.06	101.3%	0.8624	0.05
Psychiatric/Substance Abuse	107.7	643.70	5.77	(30.0%)	75.4	(2.0%)	630.97	3.96	101.3%	0.8624	3.46
Long Term Care	103.0	142.06	1.22	(20.0%)	82.4	(0.7%)	141.07	0.97	100.0%	0.8624	0.84
Other Inpatient	2.6	5,773.25	1.26	(20.0%)	2.1	5.0%	6,061.67	1.06	101.3%	0.8624	0.92
Subtotal	763.4	\$ 1,313.23	\$ 83.54	(21.4%)	600.0	1.0%	\$ 1,326.82	\$ 66.34	101.3%	0.8624	\$ 57.95
Outpatient Hospital											
General Outpatient	851.7	\$ 386.36	\$ 27.42	(10.0%)	766.5	0.6%	\$ 388.50	\$ 24.82	102.6%	0.8624	\$ 21.97
Emergency Room	533.3	195.48	8.69	(20.0%)	426.6	0.6%	196.63	6.99	102.6%	0.8624	6.19
End-Stage Renal Disease	40.5	1,070.37	3.61	0.0%	40.5	(1.7%)	1,052.06	3.55	102.6%	0.8624	3.14
Subtotal	1,425.5	\$ 334.38	\$ 39.72	(13.5%)	1,233.6	2.9%	\$ 343.92	\$ 35.36	102.6%	0.8624	\$ 31.30
Ancillaries											
Prescription Drugs	22,778.5	\$ 49.65	\$ 94.24	0.0%	22,778.5	(17.5%)	\$ 40.95	\$ 77.73	116.5%	0.8624	\$ 78.11
Transportation	1,846.6	14.84	2.28	(20.0%)	1,477.3	1.8%	15.11	1.86	101.3%	0.8624	1.63
DME/Prosthetics/Orthotics	829.0	67.02	4.63	(30.0%)	580.3	2.8%	68.90	3.33	101.3%	0.8624	2.91
Home Health/Hospice	144.6	88.61	1.07	0.0%	144.6	0.7%	89.22	1.08	101.3%	0.8624	0.94
Other Ancillary	16.9	27.01	0.04	(10.0%)	15.2	(1.2%)	26.69	0.03	101.3%	0.8624	0.03
Subtotal	25,615.6	\$ 47.90	\$ 102.26	(2.4%)	24,995.9	(15.8%)	\$ 40.34	\$ 84.03	115.4%	0.8624	\$ 83.62
Physician											
Surgery	533.2	209.95	\$ 9.33	(20.0%)	426.6	1.5%	\$ 213.07	\$ 7.57	102.6%	0.8624	\$ 6.70
Anesthesia	132.2	181.78	2.00	(20.0%)	105.8	1.2%	184.02	1.62	102.6%	0.8624	1.44
Hospital Inpatient Visits	964.6	40.86	3.28	(20.0%)	771.7	(0.6%)	40.63	2.61	102.6%	0.8624	2.31
Office Visits/Consults	3,412.8	48.87	13.90	(10.0%)	3,071.5	(1.1%)	48.33	12.37	102.6%	0.8624	10.95
Well Baby Exams/Physical Exams	114.6	86.57	0.83	40.0%	160.4	(1.1%)	85.65	1.14	102.6%	0.8624	1.01
Emergency Room Visits	502.9	49.07	2.06	(20.0%)	402.3	1.4%	49.75	1.67	102.6%	0.8624	1.48
Clinic Visit/Services	3,714.8	47.63	14.74	(10.0%)	3,343.3	1.4%	48.30	13.46	102.6%	0.8624	11.91
Radiology and Pathology	15,212.5	11.69	14.82	(20.0%)	12,170.0	(0.0%)	11.69	11.85	102.6%	0.8624	10.49
Outpatient Behavioral Health	148.8	40.41	0.50	(30.0%)	104.2	(0.2%)	40.32	0.35	102.6%	0.8624	0.31
Maternity	0.6	47.05	0.00	0.0%	0.6	(1.0%)	46.58	0.00	102.6%	0.8624	0.00
Chiropractor	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Podiatrist	109.8	35.40	0.32	0.0%	109.8	(1.7%)	34.78	0.32	102.6%	0.8624	0.28
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	102.6%	0.8624	-
Other Professional	9,287.6	16.48	12.76	10.0%	10,216.4	0.9%	16.63	14.16	102.6%	0.8624	12.53
DMHDD / DASA	323.7	67.40	1.82	(30.0%)	226.6	0.3%	67.60	1.28	102.6%	0.8624	1.13
PCCM Fee	-	-	-	-	-	-	-	-	-	-	2.00
Subtotal	34,458.1	\$ 26.59	\$ 76.36	(9.7%)	31,109.1	(0.8%)	\$ 26.39	\$ 68.41	102.6%	0.8624	\$ 62.56
Total Claims/Benefit Cost	62,262.6	\$ 58.18	\$ 301.88	(6.9%)	57,938.6	(9.5%)	\$ 52.63	\$ 254.13	106.5%	0.8624	\$ 235.43
Copay Adjustment											(1.88)
Administration											35.67
Capitation Rate											\$ 269.22

State of Illinois
Department of Healthcare and Family Services
VMC Rate Development: Apr to Dec 2013
Region: Statewide

Population: Composite
SFY11 Member Months: 18,151,510

June 2012 HMO Member Months: 217,123

Type of Service	Annual Utilization Per 1,000	Cost Per Service	PMPM	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	PMPM	Trend	Selection Adjustment	Proposed Cap Rate
Inpatient Hospital											
Medical/Surgical	146.1	\$ 1,834.81	\$ 22.34	(20.0%)	116.9	5.7%	\$ 1,939.42	\$ 18.89	103.1%	0.8728	\$ 17.00
Well Newborn	3.8	2,610.30	0.82	(10.0%)	3.4	0.6%	2,625.88	0.74	108.1%	0.9000	0.72
Other Newborn	170.1	1,688.99	23.94	(10.0%)	153.1	1.6%	1,716.24	21.90	107.9%	0.9032	21.34
Maternity Non-Delivery	15.3	1,128.64	1.44	(10.0%)	13.8	1.4%	1,143.89	1.31	101.8%	0.8579	1.15
Psychiatric/Substance Abuse	76.2	695.50	4.42	(30.0%)	53.4	22.7%	853.48	3.80	103.0%	0.8013	3.13
Long Term Care	7.9	135.63	0.09	(20.0%)	6.3	3.3%	140.11	0.07	100.0%	0.8576	0.06
Other Inpatient	1.2	9,196.98	0.91	(20.0%)	1.0	5.6%	9,712.79	0.77	102.8%	0.8315	0.66
Subtotal	420.5	\$ 1,539.69	\$ 53.96	(17.3%)	347.7	6.4%	\$ 1,638.50	\$ 47.48	105.3%	0.8809	\$ 44.06
Outpatient Hospital											
General Outpatient	294.6	\$ 322.11	\$ 7.91	(10.0%)	265.2	(11.2%)	\$ 285.92	\$ 6.32	102.3%	0.8529	\$ 5.51
Emergency Room	588.4	132.63	6.50	(20.0%)	470.8	9.9%	145.76	5.72	102.1%	0.8564	5.00
End-Stage Renal Disease	3.5	1,107.72	0.32	0.0%	3.5	(1.6%)	1,090.06	0.32	102.6%	0.8576	0.28
Subtotal	886.6	\$ 199.42	\$ 14.73	(16.6%)	739.4	0.5%	\$ 200.47	\$ 12.35	102.2%	0.8546	\$ 10.79
Ancillaries											
Prescription Drugs	6,438.8	\$ 47.25	\$ 25.35	0.0%	6,438.8	(17.7%)	\$ 38.88	\$ 20.86	116.5%	0.8386	\$ 20.38
Transportation	571.8	20.07	0.96	(20.0%)	457.4	1.0%	20.27	0.77	101.8%	0.8394	0.66
DME/Prosthetics/Orthotics	217.9	98.81	1.79	(30.0%)	152.5	2.9%	101.72	1.29	102.1%	0.8503	1.12
Home Health/Hospice	24.9	202.87	0.42	0.0%	24.9	0.2%	203.28	0.42	102.3%	0.8888	0.38
Other Ancillary	21.7	26.93	0.05	(10.0%)	19.6	0.0%	26.93	0.04	102.5%	0.8621	0.04
Subtotal	7,275.1	\$ 47.13	\$ 28.57	(2.5%)	7,093.2	(16.0%)	\$ 39.57	\$ 23.39	115.0%	0.8400	\$ 22.59
Physician											
Surgery	173.3	153.79	\$ 2.22	(20.0%)	138.7	(1.9%)	\$ 150.89	\$ 1.74	103.6%	0.8554	\$ 1.54
Anesthesia	71.3	234.14	1.39	(20.0%)	57.0	0.3%	234.73	1.12	103.3%	0.8561	0.99
Hospital Inpatient Visits	479.3	71.28	2.85	(20.0%)	383.5	6.6%	75.98	2.43	103.1%	0.8913	2.23
Office Visits/Consults	1,939.8	47.07	7.61	(10.0%)	1,745.8	(12.8%)	41.07	5.97	104.3%	0.8512	5.30
Well Baby Exams/Physical Exams	1,675.1	34.74	4.85	40.0%	2,345.2	0.0%	34.76	6.79	104.6%	0.8789	6.25
Emergency Room Visits	555.2	40.13	1.86	(20.0%)	444.1	1.8%	40.87	1.51	104.0%	0.8594	1.35
Clinic Visit/Services	4,469.5	34.40	12.81	(10.0%)	4,022.6	3.5%	35.59	11.93	104.1%	0.8577	10.65
Radiology and Pathology	7,343.1	10.79	6.60	(20.0%)	5,874.5	(6.8%)	10.06	4.92	103.4%	0.8540	4.35
Outpatient Behavioral Health	80.2	48.02	0.32	(30.0%)	56.1	(2.9%)	46.62	0.22	104.0%	0.8088	0.18
Maternity	11.5	49.16	0.05	0.0%	11.5	(2.0%)	48.16	0.05	103.7%	0.8510	0.04
Chiropractor	7.9	10.18	0.01	(40.0%)	4.7	2.0%	10.38	0.00	104.7%	0.8068	0.00
Podiatrist	29.7	39.01	0.10	0.0%	29.7	(0.9%)	38.66	0.10	104.2%	0.8082	0.08
Vision - EyeCare & Eyewear	-	-	-	0.0%	0.0	0.0%	0.00	0.00	104.2%	0.8786	-
Other Professional	8,774.6	8.98	6.56	10.0%	9,652.0	5.8%	9.49	7.64	104.3%	0.8693	6.92
DMHDD / DASA	176.1	92.80	1.36	(30.0%)	123.3	(13.7%)	80.12	0.82	103.9%	0.8043	0.69
PCCM Fee											2.00
Subtotal	25,786.6	\$ 22.61	\$ 48.59	(3.5%)	24,888.7	(3.5%)	\$ 21.82	\$ 45.25	104.0%	0.9045	\$ 42.58
Total Claims/Benefit Cost	34,368.9	\$ 50.92	\$ 145.85	(3.8%)	33,069.1	(8.5%)	\$ 46.62	\$ 128.47	106.3%	0.8786	\$ 120.02
Copay Adjustment											(0.50)
Administration											18.26
Capitation Rate											\$ 137.77

State of Illinois
Department of Healthcare and Family Services
VMC Maternity Rate Development: Apr to Dec 2013
Region 1

Populations : All
SFY11 FFS Admits: 6,537

Estimated HMO deliveries per month: 1

<u>Type of Service</u>	<u>Annual Utilization Per 1,000</u>	<u>Cost Per Service</u>	<u>Per Delivery</u>	<u>Managed Care Utilization Adjustment</u>	<u>Annual Utilization Per 1,000</u>	<u>Managed Care Cost Adjustment</u>	<u>Cost Per Service</u>	<u>Adjusted Cost Per Delivery</u>	<u>Trend</u>	<u>Proposed Cap Rate</u>
<i>Inpatient Hospital</i>										
Maternity Delivery	2,639.7	\$ 917.34	\$ 2,421.55	(1.5%)	2,600.2	0.0%	917.34	2,385.22	102.6%	2,448.34
Subtotal	2,639.7	\$ 917.34	\$ 2,421.55	(1.5%)	2,600.2	0.0%	\$ 917.34	\$ 2,385.22	102.6%	\$ 2,448.34
<i>Physician</i>										
Normal Deliveries	679.2	\$ 915.28	\$ 621.70	4.5%	709.8	0.0%	915.28	649.67	101.3%	658.23
Cesarean Deliveries	442.6	766.42	339.25	(10.5%)	396.2	0.0%	766.42	303.63	101.3%	307.63
Subtotal	1,121.9	\$ 856.55	\$ 960.95	(1.4%)	1,106.0	0.6%	\$ 861.96	\$ 953.30	101.3%	\$ 965.86
Total Claims/Benefit Cost	3,761.6	\$ 899.21	\$ 3,382.49	(1.5%)	3,706.1	0.2%	\$ 900.81	\$ 3,338.52	102.3%	\$ 3,414.21
Administration										123.83
Maternity Case Rate										\$ 3,538.04

State of Illinois
Department of Healthcare and Family Services
VMC Maternity Rate Development: Apr to Dec 2013
Region 2

Populations : All
SFY11 FFS Admits: 5,890

Estimated HMO deliveries per month: 1

Type of Service	Annual Utilization Per 1,000	Cost Per Service	Per Delivery	Managed Care Utilization Adjustment	Annual Utilization Per 1,000	Managed Care Cost Adjustment	Cost Per Service	Adjusted Cost Per Delivery	Trend	Proposed Cap Rate
<i>Inpatient Hospital</i>										
Maternity Delivery	2,382.3	\$ 961.48	\$ 2,290.50	(1.5%)	2,346.5	0.0%	961.48	2,256.13	102.6%	2,315.84
Subtotal	2,382.3	\$ 961.48	\$ 2,290.50	(1.5%)	2,346.5	0.0%	\$ 961.48	\$ 2,256.13	102.6%	\$ 2,315.84
<i>Physician</i>										
Normal Deliveries	693.7	\$ 916.47	\$ 635.78	4.5%	725.0	0.0%	916.47	664.40	101.3%	673.15
Cesarean Deliveries	412.1	781.23	321.94	(10.5%)	368.8	0.0%	781.23	288.14	101.3%	291.93
Subtotal	1,105.8	\$ 866.07	\$ 957.73	(1.1%)	1,093.8	0.6%	\$ 870.87	\$ 952.53	101.3%	\$ 965.09
Total Claims/Benefit Cost	3,488.1	\$ 931.23	\$ 3,248.23	(1.4%)	3,440.3	0.2%	\$ 932.67	\$ 3,208.67	102.3%	\$ 3,280.93
Administration										119.00
Maternity Case Rate										\$ 3,399.92

State of Illinois
Department of Healthcare and Family Services
VMC Maternity Rate Development: Apr to Dec 2013
Region 3

Populations : All
SFY11 FFS Admits: 5,458

Estimated HMO deliveries per month: 16

<u>Type of Service</u>	<u>Annual Utilization Per 1,000</u>	<u>Cost Per Service</u>	<u>Per Delivery</u>	<u>Managed Care Utilization Adjustment</u>	<u>Annual Utilization Per 1,000</u>	<u>Managed Care Cost Adjustment</u>	<u>Cost Per Service</u>	<u>Adjusted Cost Per Delivery</u>	<u>Trend</u>	<u>Proposed Cap Rate</u>
<i>Inpatient Hospital</i>										
Maternity Delivery	2,531.3	\$ 974.88	\$ 2,467.75	(1.5%)	2,493.4	0.0%	974.88	2,430.73	102.6%	2,495.05
Subtotal	2,531.3	\$ 974.88	\$ 2,467.75	(1.5%)	2,493.4	0.0%	\$ 974.88	\$ 2,430.73	102.6%	\$ 2,495.05
<i>Physician</i>										
Normal Deliveries	683.8	\$ 914.73	\$ 625.54	4.5%	714.6	0.0%	914.73	653.69	101.3%	662.30
Cesarean Deliveries	337.2	939.01	316.61	(10.5%)	301.8	0.0%	939.01	283.36	101.3%	287.10
Subtotal	1,021.0	\$ 922.75	\$ 942.14	(0.5%)	1,016.4	(0.1%)	\$ 921.94	\$ 937.05	101.3%	\$ 949.40
Total Claims/Benefit Cost	3,552.3	\$ 959.90	\$ 3,409.89	(1.2%)	3,509.7	(0.0%)	\$ 959.55	\$ 3,367.77	102.3%	\$ 3,444.45
Administration										124.93
Maternity Case Rate										\$ 3,569.38

State of Illinois
Department of Healthcare and Family Services
VMC Maternity Rate Development: Apr to Dec 2013
Region 4

Populations : All
SFY11 FFS Admits: 19,045

Estimated HMO deliveries per month: 344

<u>Type of Service</u>	<u>Annual Utilization Per 1,000</u>	<u>Cost Per Service</u>	<u>Per Delivery</u>	<u>Managed Care Utilization Adjustment</u>	<u>Annual Utilization Per 1,000</u>	<u>Managed Care Cost Adjustment</u>	<u>Cost Per Service</u>	<u>Adjusted Cost Per Delivery</u>	<u>Trend</u>	<u>Proposed Cap Rate</u>
<i>Inpatient Hospital</i>										
Maternity Delivery	2,702.4	\$ 1,271.20	\$ 3,435.27	(1.5%)	2,661.8	0.0%	1,271.20	3,383.73	102.6%	3,473.27
Subtotal	2,702.4	\$ 1,271.20	\$ 3,435.27	(1.5%)	2,661.8	0.0%	\$ 1,271.20	\$ 3,383.73	102.6%	\$ 3,473.27
<i>Physician</i>										
Normal Deliveries	652.2	\$ 918.58	\$ 599.07	4.0%	678.3	0.0%	918.58	623.03	101.3%	631.25
Cesarean Deliveries	280.5	940.11	263.66	(10.5%)	251.0	0.0%	940.11	235.98	101.3%	239.09
Subtotal	932.6	\$ 925.05	\$ 862.73	(0.4%)	929.3	(0.1%)	\$ 924.40	\$ 859.01	101.3%	\$ 870.33
Total Claims/Benefit Cost	3,635.0	\$ 1,182.39	\$ 4,298.00	(1.2%)	3,591.1	(0.1%)	\$ 1,181.46	\$ 4,242.74	102.4%	\$ 4,343.60
Administration										157.54
Maternity Case Rate										\$ 4,501.14

State of Illinois
Department of Healthcare and Family Services
VMC Maternity Rate Development: Apr to Dec 2013
Region 5

Populations : All
SFY11 FFS Admits: 8,388

Estimated HMO deliveries per month: 12

<u>Type of Service</u>	<u>Annual Utilization Per 1,000</u>	<u>Cost Per Service</u>	<u>Per Delivery</u>	<u>Managed Care Utilization Adjustment</u>	<u>Annual Utilization Per 1,000</u>	<u>Managed Care Cost Adjustment</u>	<u>Cost Per Service</u>	<u>Adjusted Cost Per Delivery</u>	<u>Trend</u>	<u>Proposed Cap Rate</u>
<i>Inpatient Hospital</i>										
Maternity Delivery	2,494.3	\$ 1,082.08	\$ 2,699.00	(1.5%)	2,456.9	0.0%	1,082.08	2,658.51	102.6%	2,728.86
Subtotal	2,494.3	\$ 1,082.08	\$ 2,699.00	(1.5%)	2,456.9	0.0%	\$ 1,082.08	\$ 2,658.51	102.6%	\$ 2,728.86
<i>Physician</i>										
Normal Deliveries	675.5	\$ 917.55	\$ 619.82	4.5%	705.9	0.0%	917.55	647.71	101.3%	656.24
Cesarean Deliveries	405.3	799.38	323.99	(10.5%)	362.7	0.0%	799.38	289.97	101.3%	293.79
Subtotal	1,080.8	\$ 873.24	\$ 943.80	(1.1%)	1,068.6	0.5%	\$ 877.44	\$ 937.67	101.3%	\$ 950.03
Total Claims/Benefit Cost	3,575.1	\$ 1,018.94	\$ 3,642.80	(1.4%)	3,525.5	0.1%	\$ 1,020.05	\$ 3,596.18	102.3%	\$ 3,678.89
Administration										133.43
Maternity Case Rate										\$ 3,812.33

State of Illinois
Department of Healthcare and Family Services
VMC Maternity Rate Development: Apr to Dec 2013
Region: Composite

Populations : All
SFY11 FFS Admits: 45,318

Estimated HMO deliveries per month: 374

<u>Type of Service</u>	<u>Annual Utilization Per 1,000</u>	<u>Cost Per Service</u>	<u>Per Delivery</u>	<u>Managed Care Utilization Adjustment</u>	<u>Annual Utilization Per 1,000</u>	<u>Managed Care Cost Adjustment</u>	<u>Cost Per Service</u>	<u>Adjusted Cost Per Delivery</u>	<u>Trend</u>	<u>Proposed Cap Rate</u>
<i>Inpatient Hospital</i>										
<u>Maternity Delivery</u>	<u>2,687.4</u>	<u>\$ 1,251.97</u>	<u>\$ 3,364.48</u>	<u>(1.5%)</u>	<u>2,647.0</u>	<u>0.0%</u>	<u>1,251.96</u>	<u>3,314.00</u>	<u>102.6%</u>	<u>3,401.70</u>
Subtotal	2,687.4	\$ 1,251.97	\$ 3,364.48	(1.5%)	2,647.0	0.0%	\$ 1,251.96	\$ 3,314.00	102.6%	\$ 3,401.70
<i>Physician</i>										
Normal Deliveries	654.5	\$ 918.35	\$ 601.03	4.0%	680.9	0.0%	918.36	625.32	101.3%	633.56
<u>Cesarean Deliveries</u>	<u>287.7</u>	<u>932.37</u>	<u>268.22</u>	<u>(10.5%)</u>	<u>257.5</u>	<u>0.0%</u>	<u>932.37</u>	<u>240.06</u>	<u>101.3%</u>	<u>243.22</u>
Subtotal	942.1	\$ 922.63	\$ 869.25	(0.4%)	938.4	0.0%	\$ 922.20	\$ 865.38	101.3%	\$ 876.78
<i>Total Claims/Benefit Cost</i>	3,629.5	\$ 1,166.48	\$ 4,233.73	(1.2%)	3,585.4	0.0%	\$ 1,165.66	\$ 4,179.38	102.4%	\$ 4,278.48
Administration										155.18
<i>Maternity Case Rate</i>										\$ 4,433.66



ATTACHMENT 5

State of Illinois
 Department of Healthcare and Family Services
 Capitation Rate Comparison
 Contract Period: 4/1/2013 - 12/31/2013

3/26/2013
 2:41 PM

<u>Region: 1</u>	<u>Population</u>	<u>June 2012 Distribution</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
	0 Thru 90 Days	24	\$ 1,291.79	\$ 279,000	\$ 1,400.01	\$ 302,000	8.4%	\$ 23,000
	91 Days Thru 1 Year	87	124.28	97,000	153.41	120,000	23.4%	23,000
	2 Thru 5 Years	89	52.03	42,000	71.61	57,000	37.6%	15,000
	6 Thru 13 Years	156	46.91	66,000	70.18	99,000	49.6%	33,000
	14 Thru 20 Male	33	79.95	24,000	93.28	28,000	16.7%	4,000
	14 Thru 20 Female	46	129.17	53,000	125.75	52,000	(2.6%)	(1,000)
	21 Thru 44 Male	51	111.39	51,000	143.76	66,000	29.1%	15,000
	21 Thru 44 Female	145	165.23	216,000	190.69	249,000	15.4%	33,000
	45+ Years	28	228.43	58,000	297.40	75,000	30.2%	17,000
	Composite	659	\$ 149.29	\$ 886,000	\$ 176.69	\$ 1,048,000	18.4%	\$ 162,000

<u>Region: 2</u>	<u>Population</u>	<u>June 2012 Distribution</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
	0 Thru 90 Days	13	\$ 1,301.60	\$ 152,000	\$ 1,290.37	\$ 151,000	(0.9%)	\$(1,000)
	91 Days Thru 1 Year	45	142.44	58,000	175.18	71,000	23.0%	13,000
	2 Thru 5 Years	60	57.58	31,000	83.21	45,000	44.5%	14,000
	6 Thru 13 Years	52	54.88	26,000	81.25	38,000	48.1%	12,000
	14 Thru 20 Male	8	86.99	6,000	110.27	8,000	26.8%	2,000
	14 Thru 20 Female	12	139.34	15,000	142.10	15,000	2.0%	-
	21 Thru 44 Male	24	121.04	26,000	158.96	34,000	31.3%	8,000
	21 Thru 44 Female	74	167.15	111,000	205.48	137,000	22.9%	26,000
	45+ Years	17	251.49	38,000	343.67	53,000	36.7%	15,000
	Composite	305	\$ 169.04	\$ 463,000	\$ 201.07	\$ 552,000	18.9%	\$ 89,000

<u>Region: 3</u>	<u>Population</u>	<u>June 2012 Enrollment</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
	0 Thru 90 Days	115	\$ 1,166.45	\$ 1,207,000	\$ 1,249.89	\$ 1,294,000	7.2%	\$ 87,000
	91 Days Thru 1 Year	415	153.95	575,000	188.38	704,000	22.4%	129,000
	2 Thru 5 Years	1,430	63.98	823,000	88.40	1,138,000	38.2%	315,000
	6 Thru 13 Years	2,977	54.23	1,453,000	76.01	2,037,000	40.2%	584,000
	14 Thru 20 Male	752	96.02	650,000	97.29	658,000	1.3%	8,000
	14 Thru 20 Female	820	143.03	1,056,000	139.83	1,032,000	(2.2%)	(24,000)
	21 Thru 44 Male	432	139.38	542,000	163.26	635,000	17.1%	93,000
	21 Thru 44 Female	2,020	184.66	3,357,000	218.56	3,973,000	18.4%	616,000
	45+ Years	314	293.48	829,000	338.18	956,000	15.2%	127,000
	Composite	9,275	\$ 125.70	\$ 10,492,000	\$ 148.86	\$ 12,427,000	18.4%	\$ 1,935,000

<u>Region: 4</u>	<u>Population</u>	<u>June 2012 Enrollment</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
	0 Thru 90 Days	3,981	\$ 1,460.40	\$ 52,325,000	\$ 1,687.63	\$ 60,466,000	15.6%	\$ 8,141,000
	91 Days Thru 1 Year	14,332	142.30	18,355,000	194.00	25,023,000	36.3%	6,668,000
	2 Thru 5 Years	38,431	58.45	20,215,000	84.93	29,375,000	45.3%	9,160,000
	6 Thru 13 Years	62,368	43.61	24,478,000	53.35	29,947,000	22.3%	5,469,000
	14 Thru 20 Male	15,769	66.62	9,454,000	75.02	10,647,000	12.6%	1,193,000
	14 Thru 20 Female	19,050	105.77	18,135,000	98.04	16,809,000	(7.3%)	(1,326,000)
	21 Thru 44 Male	3,159	111.42	3,168,000	128.31	3,648,000	15.2%	480,000
	21 Thru 44 Female	38,608	156.40	54,346,000	171.10	59,454,000	9.4%	5,108,000
	45+ Years	5,133	221.74	10,244,000	264.73	12,230,000	19.4%	1,986,000
	Composite	200,831	\$ 116.58	\$ 210,720,000	\$ 136.99	\$ 247,599,000	17.5%	\$ 36,879,000

<u>Region: 5</u>	<u>Population</u>	<u>June 2012 Distribution</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
	0 Thru 90 Days	152	\$ 1,191.25	\$ 1,630,000	\$ 1,214.55	\$ 1,662,000	2.0%	\$ 32,000
	91 Days Thru 1 Year	546	128.33	631,000	164.45	808,000	28.1%	177,000
	2 Thru 5 Years	1,021	53.43	491,000	76.76	705,000	43.7%	214,000
	6 Thru 13 Years	1,810	43.76	713,000	55.91	911,000	27.8%	198,000
	14 Thru 20 Male	395	80.26	285,000	77.59	276,000	(3.3%)	(9,000)
	14 Thru 20 Female	459	105.13	434,000	98.21	406,000	(6.6%)	(28,000)
	21 Thru 44 Male	321	154.78	447,000	134.12	387,000	(13.3%)	(60,000)
	21 Thru 44 Female	1,102	162.82	1,615,000	187.02	1,855,000	14.9%	240,000
	45+ Years	247	267.96	596,000	266.40	592,000	(0.6%)	(4,000)
	Composite	6,053	\$ 125.58	\$ 6,842,000	\$ 139.54	\$ 7,602,000	11.1%	\$ 760,000

<u>Statewide</u>	<u>Population</u>	<u>June 2012 Enrollment</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
	0 Thru 90 Days	4,285	\$ 1,441.54	\$ 55,593,000	\$ 1,656.29	\$ 63,875,000	14.9%	\$ 8,282,000
	91 Days Thru 1 Year	15,425	142.02	19,716,000	192.52	26,726,000	35.6%	7,010,000
	2 Thru 5 Years	41,031	58.50	21,602,000	84.81	31,320,000	45.0%	9,718,000
	6 Thru 13 Years	67,363	44.10	26,735,000	54.48	33,031,000	23.5%	6,296,000
	14 Thru 20 Male	16,957	68.27	10,419,000	76.12	11,617,000	11.5%	1,198,000
	14 Thru 20 Female	20,387	107.33	19,693,000	99.82	18,314,000	(7.0%)	(1,379,000)
	21 Thru 44 Male	3,987	118.00	4,234,000	132.95	4,771,000	12.7%	537,000
	21 Thru 44 Female	41,949	157.98	59,644,000	173.94	65,668,000	10.1%	6,024,000
	45+ Years	5,739	227.77	11,765,000	269.22	13,905,000	18.2%	2,140,000
	Composite	217,123	\$ 117.39	\$ 229,401,000	\$ 137.77	\$ 269,227,000	17.4%	\$ 39,826,000

State of Illinois
Department of Healthcare and Family Services
Delivery Rate Comparison
Contract Period: 4/1/2013 - 12/31/2013

<u>Population</u>	<u>Monthly Deliveries</u>	<u>Current Cap Rate</u>	<u>Current Expenditures</u>	<u>Proposed Cap Rate</u>	<u>Proposed Expenditures</u>	<u>Percentage Change</u>	<u>Dollar Change</u>
Region 1	1	\$ 3,755.59	\$ 34,000	\$ 3,538.04	\$ 32,000	(5.8%)	\$ (2,000)
Region 2	1	3,585.62	32,000	3,399.92	31,000	(5.2%)	(1,000)
Region 3	16	3,857.71	556,000	3,569.38	514,000	(7.5%)	(42,000)
Region 4	344	4,425.10	13,700,000	4,501.14	13,936,000	1.7%	236,000
Region 5	12	3,988.78	431,000	3,812.33	412,000	(4.4%)	(19,000)
Composite	374	\$ 4,382.79	\$ 14,753,000	\$ 4,433.66	\$ 14,925,000	1.2%	\$ 172,000