

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

SANDRA SHEWRY
Director



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Governor

DATE: MAR 06 2007

TO: Two-Plan Model Contractors

SUBJECT: Capitation Rate Manual for Two-Plan Model for the Rate Period Of
October 1, 2006 Through September 30, 2007

The purpose of this letter is to provide the Two-Plan Model contractors the Capitation Rate Manual for the Two-Plan Model for the rate period of October 1, 2006 through September 30, 2007. Enclosed is the final rate manual, which provides the rate methodology and basis for the final rates as approved by the Department of Finance and incorporated in each contractor's change order.

Additionally for your reference are two exhibits containing the final Two-Plan Model capitation rates for the 2006/07 rate year. Exhibit 1 details the capitation rates for the primary service contracts, as well as the abortion service contract rates for the period of October 1, 2006 through December 31, 2006. Exhibit 2 details the rates incorporating the implementation of the 5 percent provider rate restoration for the period of January 1, 2007 through September 30, 2007, for the primary contracts.

If you have any questions, please call Mr. Greg Rose, Health Program Specialist II at (916) 449-5042.

Sincerely,

A handwritten signature in black ink that reads 'Vanessa M Baird'.

Vanessa M. Baird, MPPA, Chief
Medi-Cal Managed Care Division

Enclosures

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

Two Plan Model Rate Manual

Rate Period
October 1, 2006 through September 30, 2007



MEDI-CAL MANAGED CARE DIVISION

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Rate Methodology (Summary)

The process of setting rates for Medi-Cal Managed Care Organizations (MCO) begins with an examination of a past period when MCOs were in operation. Costs are analyzed on the basis of cost per member per month (PMPM). This is the average amount that is spent on an individual, and is calculated by taking the total amount of money spent, and dividing by the total number of months that individuals were eligible for medical services.

Because there are significant differences between groups of individuals for whom rates must be set, PMPM costs are calculated separately for each group that exhibits a significant difference. These groups are referred to as Aid Code groups. When an individual becomes eligible for Medi-Cal, he/she is assigned to a specific aid code. The Aid Code groups, which are comprised of a number of individual aid codes that are similar in definition, are:

- 1 Family – this group consists predominantly of women and children, and combines the groups that were formerly Family, Medically Indigent Child, and Poverty in the prior methodology.
- 2 Disabled – these are individuals who qualified as being disabled by the state and federal government, and are typically more expensive than the Family group.
- 3 Aged – these are individuals 65 years of age and older. Prior to January 1, 2006, all individuals age 65 and over qualified under this category regardless of their eligibility for Medicare. Effective January 1, 2006, individuals who qualify for Medicare and those who do not are separated.
- 4 Adult – individuals in this group are women who are only eligible because they are pregnant, these are considered limited scope benefit individuals. PMPM costs for this group are considerably higher than the Family group.
- 5 AIDS – this is the only group that is not defined by an aid code, and are individuals who have been diagnosed with Acquired Immunodeficiency Syndrome (AIDS).
- 6 BCCTP – these are women who qualify for Medi-Cal due to a diagnosis of breast cancer or cervical cancer.

An analysis of PMPM costs is also made by provider type. The provider is the entity that provides the medical services. Provider types include:

- 1 Pharmacies – although some drugs are provided through other providers, this is the primary source of pharmaceuticals.

2. Hospital inpatient departments – the costs for these providers include the daily charges for a hospital room as well as all ancillary services that a hospital will provide.
3. Outpatient providers - includes physicians, clinics, hospital outpatient departments, laboratory services and a number of other providers. In prior methodologies these providers were shown separately as Physician, Hospital Outpatient and Other.
4. Long Term Care facilities – there are a number of different levels of care in this category. All services provided by the facility are included under this category.

The combination of Aid Code group and provider type comprises a matrix of Base Costs. These are the PMPM costs that are the starting point for all rate calculations.

In the calculation of the rate for a specific Aid Code group, for a specific plan, there are a number of other factors that are taken into consideration. These factors are listed below.

1. The age and sex mix - Age and sex is an important factor in the Aid Code groups Family, Aged, and Disabled.

In the Family category, the very young and women between ages 15 and 40 have higher PMPM costs than children between 3 and 14 years of age. In the Disabled and Aged categories, costs rise significantly as individuals age. Men and women show different patterns of medical care usage; therefore, an adjustment is made to recognize the difference between the actual eligibility in the plan and the mix that went into calculating the Base Costs. In order to accomplish this, relative cost factors are determined from the base data; then a weighted average factor is determined based on more recent data about actual plan eligibility.

2. The length of time an individual has been enrolled in Medi-Cal – Analysis shows that individuals entering Medi-Cal in the Family and Disabled groups have much higher hospital inpatient costs than individuals who have been in the program for some time. The PMPM costs related to other providers are lower; however, in the aggregate, individuals are more expensive. An adjustment is made to reflect the differences between a plan's actual population and the Base population.
3. The area in which the individual lives – A factor that compares the relative cost of Long Term Care facility charges in the various counties has been developed for the Long Term Care component.
4. Certain types of medical services may not be offered by a plan (in this case these services are provided in the fee-for-service arena and the providers are reimbursed directly by the state), and therefore it is necessary to reduce the plan's capitation rate.
5. The Medicare Prescription Drug Improvement and Modernization Act of 2003 (Pub. L. 108-173), made it desirable to split each of the Disabled, Aged, and AIDS Aid Code groups into

two categories – Medi-Cal only and Dual eligible. Therefore, a Medicare Adjustment was included to accomplish this split effective January 1, 2006.

The result of making these adjustments is referred to as the contract cost and represents the PMPM that would have been paid to the MCO, using its most recent observable eligible mix, for the period that the Base Costs were calculated. The data that was examined to calculate the Base Costs was derived from services provided between July 1, 2001 and June 30, 2002; thus, this contract cost is a rate that would have been appropriate during that period.

Because the rates are to be paid for periods beginning on or after October 1, 2006, it is necessary to make further adjustments. One of the adjustments incorporated into the rate is to account for any changes in medical services that will be provided in the future that were not provided in the past, or vice versa. A second group of adjustments will implement legislatively mandated changes which impact fee schedules. A third group of adjustments accounts for changes in the cost per unit of various elements that occur over time. The fourth and final adjustment accounts for changing patterns of utilization.

The next step in the rate calculation adds an element for administration. This element includes the plan's overhead and a contribution to reserves or profit.

The final step adjusts the rates to comply with the budget appropriation

Sample Capitation Rate Sheet

A sample capitation rate worksheet follows, and provides a detailed explanation of each of the lines included in the calculation portion of the capitation rate worksheet beginning from the base cost line to the final capitation rate line can be found on the pages that follow the sample capitation rate worksheet.

Sample Capitation Rate Worksheet

Plan: Sample – Local Initiative
 Plan # : 3XX
 County: Sample
 Aid Code Group: Sample

Date: 10/1/2006

The Rate Period is 10/1/2006 to 9/30/2007
 Capitation Payments at the End of the Month

Excluded Coverages:

CCS Indicated Claims	MH - Hospital Inpatient
GHPP	MH - Outpatient Services
Major Organ (except Kidney) Transplant	MH - Psychotropic Drugs
Fabrication of Optical Lenses	Psychiatrist
Local Education Agency Services	LTC After Month of Entry Plus 1
Alphafetoprotein Testing	Targeted Case Management Services
Direct Observed Therapy for Tuberculosis	Short-Doyle Mental Health
Outpatient Heroin Detoxification	Multipurpose Senior Support Program
AIDS Waiver	Services in any State or Federal Hospital
Special AIDS Drugs	Childhood Lead Poisoning Case Management
In Home Medical Care Waiver	Home/Community Based Services
Nursing Facility Subacute and A/B Waiver	Dental Services
Adult Day Health Care	Personal Care Services
Pediatric Day Health Care	Alcohol and Drug Treatment
Newborn Hearing Screening	Women, Infant, Children (WIC) Services
	Prayer or Spiritual Healing

	Pharmacy	Hospital Inpatient	Outpatient	Long Term Care	Total
1. Base Cost	13.34	29.94	51.86	0.18	\$95.32
2. Adjustments					
a. Age/Sex	1.113	1.080	1.048	1.000	
b. Duration	1.000	0.712	0.946	1.000	
c. Coverages	0.950	0.997	0.953	0.256	
d. Program	0.664	1.058	1.073	1.000	
e. New Policy Adjustments	1.000	1.000	1.001	1.252	
f. Medicare	1.000	1.000	1.000	1.000	
g. Area	1.000	1.000	1.000	1.127	
3. Trends					
a. Cost per Unit	1.426	1.110	1.110	1.043	
b. Units per Eligible	1.2292	1.000	1.229	1.000	
Projected Cost	\$17.25	\$26.93	\$71.75	\$0.07	\$116.00
4. Administrative Allowances			11.5%		\$13.34
Preliminary Rate					\$129.34
Budget Percentage					89.03%
Final Capitation Rate					\$115.14

1. Base Costs

The base cost is that part of the rate that relates to past experience. A group of individuals that will be similar to the group for which rates are being set is used to calculate the base cost. Since rates are being set for managed care plans, data from managed care plans is the most reasonable data to use.

A. Data

Claims tapes for the four County Organized Health Systems operating in Monterey, Napa, San Mateo, Santa Barbara, Santa Cruz, Solano and Yolo counties were examined for the period July 1, 2001 through December 31, 2002. A six month run out period was used to account for claims that were not reported by the end of the base period. This data was grouped by county and aid code according to the following table.

Aid Code Group	Aid Codes
Aged	10, 14, 16, 18, 1E, 1H
Disabled	20, 24, 26, 28, 2E, 36, 60, 64, 66, 68, 6A, 6C, 6E, 6H, 6J, 6N, 6P, 6V, 6X
Family	01, 02, 03, 04, 08, 0A, 30, 32, 33, 34, 35, 38, 39, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 40, 42, 45, 47, 4A, 4F, 4G, 4M, 54, 59, 5X, 82, 72, 7A, 7J, 7X, 4C, 4K, 5K, 8P, 8R
Medically Indigent Adult	86
Breast/Cervical Cancer	0M, 0N, 0P, 0R, 0T, 0U

Data is initially sorted by six provider types; physicians (Phys), pharmacies (Pharm), hospital inpatient facilities (HIP), hospital outpatient facilities (HOP), long term care facilities (LTC) and other services including clinics, laboratory, ambulance and x-ray (Other).

Vendor codes are used to classify providers. Some of the more important codes include:

- Physician claim dollars for vendor codes 20 and 22;
- Pharmacy claim dollars for vendor code 26;
- Hospital Inpatient claim dollars for vendor codes 50, 51, 60, 61, 63;
- Hospital Outpatient claim dollars for vendor codes 52 and 62;
- Long Term Care dollars for vendor codes 47 (ICF) and 80 (SNF); and
- Other claims for all other vendor codes.

A list of all vendor codes appears in Appendix 1.

B. Adjustment to Financials

Audited financial information was gathered for each of the County Organized Health Systems for the period July 1, 2001 to June 30, 2002. In the case of the Central Coast Alliance for Health, information was available by county, but in the case of Partnership HealthPlan of California, data for the counties of Solano, Napa, and Yolo were combined.

Financial amounts were compared to the amounts on the claim tapes for the period July 1, 2001 through June 30, 2002, and adjustments were made to the claims so that they represented the total amount of the health care expenditure as shown in the financial statements. These adjustments were made by provider type and were applied over all Aid Code Groups.

This adjustment obviates the need for an adjustment for incurred but unreported claims. MCOs make such an adjustment in their financials; as such, it is not necessary to make this adjustment a second time.

C. Adjustment for Capitation Payments

As part of their operations, all the MCOs capitate physicians for some services, some capitate hospitals, and some subcontract to other MCOs for all services. Based on the actual monthly payments that the MCOs make and the rules about which Aid Code groups participate in these programs, total capitation dollars are allocated to the Aid Code groups.

D. Adjustment for Procedures

Because not all MCOs cover the same set of procedures, claim data were adjusted to add or remove the cost of these services so that all the costs could reflect a similar set of services. The list of services for which adjustments have been made is shown in Section 2. D.

E. Adjustment for Aid Code

PMPM cost calculations are now made for each combination of Aid Code group and provider type, and then separate calculations are made for each MCO for which rates are to be calculated.

To make this calculation, the PMPM cost is weighted by the number of eligible months in each Aid Code group that the MCO experienced between January 1, 2003 and March 30, 2003. If a MCO's experience reflected less than 5,000 member months during this period, then MCO experience between April 1, 2002 and

March 30, 2003, was used (This rule is used for the age/sex and duration adjustments as well.)

F. Adjustments for California Children's Services (CCS)

While calculating base costs, an additional adjustment was made to remove the cost of CCS approved claims.

Final base costs are shown in Appendix 2. Base costs for Medi-Cal only and dual eligible individuals are equal.

2. Adjustments

A. Age/Sex

The age and sex mix of a population is an important adjustment to the base costs. The age/sex factors adjust for the fact that the distribution of the population in the MCO differs from the population in the base.

In order to calculate adjustments, it is first necessary to establish age groups that have similar costs. First, an analysis was performed of all ages from zero (split into three categories: 0-1 month, 2 –5 months, and 6-11 months) to one hundred, for males and females separately. Then, the overall PMPM cost for each of these cells was examined. The data was grouped as depicted below, in each case the groupings are the same for males and females.

<u>Family</u>	<u>Disabled</u>	<u>Aged</u>
0-1 month	4 years and under	65-74 years
2-11 months	5-14 years	75-84 years
1-4 years	15-24 years	85 and over
5-14 years	25-34 years	
15-24 years	35-44 years	
25-34 years	45-54 years	
35-44 years	55 and over	
45 and over		

After these categories were determined, the relative costs of each of the four provider types in each aid code group were calculated. For example, if the overall Pharmacy PMPM cost in the Family category is \$13, and the cost for individuals 1-4 years of age is \$8, then the factor is $8/13$ or 0.615. Thus, Pharmacy costs are expected to decline in direct proportion to the increase of individuals in the Family category.

When factors for each combination of provider and age/sex group are calculated, age/sex factors can be calculated. The method of weighted averages is used here. For each group of age/sex specific eligibles, the weighting factor (.615 noted above) is multiplied by the number of eligible months in the observation period.

Age/sex factors by plan are shown in Appendix 3. Age/Sex factors for Medi-Cal only and dual eligible individuals are equal. Age/Sex factors are not applied to Adult, AIDS and BCCTP categories, since these eligibility categories are defined by specific conditions.

B. Duration

The time that has lapsed since an individual became enrolled in Medi-Cal is a significant factor in determining their expected costs. For example, individuals in the family group, in their first month, have costs of \$300, while costs in the second month are less than \$200, and after the tenth month costs have dropped to under \$100. Disabled group statistics reflect similar results, with the respective numbers being \$1,200, \$800, and \$500. In the Aged group, the first duration showed slightly greater expense than in later months; however, there was not a steep slope, as in the other two categories.

Similar to the process in age/sex, first groups are determined, then relative factors are calculated, and weighted average factors are determined for each MCO.

C. Coverages

A significant issue to consider in calculating rates is that MCOs do not contract to provide identical benefits. There were two types of adjustments that were made in the rate calculations: adjustments to achieve consistency with plan's actual responsibility and adjustments to add or remove items from the rate calculations.

Adjustments to the base costs.

- Most of the COHS's are responsible for Child Health and Disability Prevention (CHDP) services with the exception of Santa Barbara and San Mateo. In order to equalize or establish appropriate rates for all Two Plan model MCOs, amounts for CHDP services were added.
- Similarly, only Santa Barbara and Solano COHS's cover a certain group of drugs referred to as psychotropic drugs; as such, these costs were removed. Although all the counties pay for abortions, it was necessary to remove these costs because of federal regulations.

Adjustments to add or remove certain items from the rate calculations.

- Remove the cost of mental health services from all plans.
- Remove the costs of Acupuncturists and Chiropractors.
- Remove the cost of Long Term Care facilities after the month of entry and the following month.
Remove the cost of erectile dysfunction drugs from all plans.

In each case above, a value was calculated for the particular services and compared to the total for the given combination of aid code group and provider.

D. Program

There are four adjustments reflected on the Program line (d) of the Sample Capitation Worksheet table. These adjustments are for changes in reimbursement levels in the Medi-Cal program, not reflected in the base costs, expected to be incurred by the plans.

As a result of the Orthopaedic lawsuit settlement in Los Angeles County, reimbursement to hospital outpatient facilities was increased by 30 percent effective July 1, 2001. Because of a delay in receiving these additional amounts from the state, none of these costs were incurred by the counties until after July 1, 2002. Therefore, the base costs for hospital outpatient services were too low. In addition, the settlement included additional increases of 3.3 percent as of July 1, 2002, July 1, 2003, and July 1, 2004. The outpatient category has been adjusted to reflect these increases.

The five percent reduction to physician and pharmacy reimbursements has been factored into the rates. This reduction will be restored on January 1, 2007. The hospital inpatient component has been increased to account for the entire nurse to patient staffing ratio effective January 1, 2004, and January 1, 2005.

It was originally intended for the cost of special AIDS drugs to be included under capitation, and the base costs were developed with the cost of AIDS drugs included. It was subsequently decided not to include them under capitation; consequently, a factor was developed to remove the cost of AIDS drugs from the AIDS rate.

E. New Policy Adjustments

A separate line (e) on the sample capitation worksheet, New Policy Adjustments, includes increases for Hospice rates, Long Term Care rates, and fluoride varnish, this line also includes the factor for the decrease in pharmacy costs for individuals with Medicare coverage. The State has used the assumption that 94.25 percent of

the pharmacy costs for those individuals will be paid by Medicare. These policy adjustments were included in the May, 2006 budget.

F. Medicare

Effective January 1, 2006, a separate adjustment line (f) accomplishes the splitting of the Aged, Disabled, and AIDS aid codes into a Medi-Cal only and dual eligible rate. Effective at this time, the Medi-Cal only rate is increased to account for the fact that all individuals in this category have no Medicare coverage so the plan will be responsible for all covered costs; the dual eligible rate is decreased to account for the fact that all individuals in this category will be covered by Medicare for much of the physician, hospital inpatient, and pharmacy costs. The table below shows the factors used to split these aid code groups.

Aid Code Group	Pharmacy	Hospital		Long Term	
		Inpatient	Outpatient	Care	Total
Family	1.000	1.000	1.000	1.000	4.000
Aged - Medi-Cal only	0.585	2.476	2.632	0.355	6.048
Disabled - Medi-Cal only	0.888	1.614	1.416	1.251	5.169
Adult	1.000	1.000	1.000	1.000	4.000
AIDS - Medi-Cal only	0.888	1.614	1.416	1.251	5.169
BCCTP	1.000	1.000	1.000	1.000	4.000
Aged - Dual eligible	1.054	0.806	0.786	1.066	3.712
Disabled - Dual eligible	1.137	0.247	0.489	0.685	2.558
AIDS - Dual eligible	1.137	0.247	0.489	0.685	2.558

G. Area Adjustment

The area in which the individual lives – A factor that compares the relative cost of long term care facility charges in the various counties has been developed for the Long Term Care component.

3. Trends

Annual trend factors for hospital inpatient, outpatient services, and pharmacy were provided by Milliman USA as follows.

Category	Utilization	Cost
Hospital Inpatient	0%	2% - 4%
Hospital Outpatient	4%	2% - 4%
Physician	2%	2% - 3%
Pharmacy	5%	7% - 9%
Other	2%	2% - 3%

Milliman USA represents that these are Medicaid trends independent of any budgetary constraints.

Long Term Care reimbursement rates are determined annually by the state. The fee-for-service trend model suggests either a level trend or small increases in the immediate future for Long Term Care utilization. Based upon this information, a minimum of 0% and a maximum of 4% for Long Term Care utilization were chosen

4. Administrative Allowances

The amount used for administrative expenses was 10% of medical costs. One additional adjustment is made to the administrative expenses for the Two Plan Model. That is, because the Local Initiatives are required to contract with County Hospitals, which are generally more expensive than Community Hospitals, 1.5% is added to the administrative expenses for the Local Initiative plans and 1.5% is subtracted from the administrative expenses of the Commercial plans. In Fresno county, where there are two commercial plans operating, this differential is not included.

Appendix 1

Vendor Codes

01 Adult Day Health Care	45 Hearing Aid Dispenser
04 Genetic Disease Testing	47 Intermediate Care Facility
05 Nurse Midwife	49 Birthing Centers
06 Certified Hospice Service	50 County Hospital - Acute Inpatient
07 Certified Pediatric Nurse Practitioner	51 County Hospital - Extended Care
08 Certified Family Nurse Practitioner	52 County Hospital - Outpatient
11 Fabricating Optical Centers	54 County Hospital - Short Doyle
12 Optometric Group	56 State Hospital (DD)
13 Nurse Anesthetists	57 State Hospital (MD)
19 Portable X-Ray Lab	58 County Hospital - Renal Dialysis
20 Physicians	59 County Hospital - Rehab. Facility
22 Physician Groups	60 Community Hospital-Acute Inpatient
24 Clinical Labs	61 Community Hospital - Extended Care
26 Pharmacies	62 Community Hospital - Outpatient
27 Dentists	63 Mental Health Inpatient
28 Optometrists	64 Community Hospital - Short Doyle
29 Dispensing Clinics	65 Community Rehab. Centers
30 Chiropractors	68 Community Hospital - Renal Dialysis
31 Psychologists	69 Community Hospital - Rehab. Facility
32 Podiatrists	71 In-Home Medical Care
33 Acupuncturists	72 Surgicenter
34 Physical Therapists	73 AIDS Waiver
35 Occupational Therapists	74 Short-Doyle
36 Speech Therapists	75 Organized Outpatient Clinic
37 Audiologists	77 Rural Health Clinics
38 Prosthetists	78 Community Renal Dialysis Center
39 Orthotists	79 Independent Rehab. Facility
40 Other Providers	80 Skilled Nursing Facility
41 Blood Banks	90 Out of State
42 Medical Transportation	91 Outpatient Heroin Detox.
44 Home Health Agencies	

Base Costs by Plan

	Pharmacies	Hospital Inpatient	Outpatient	Long Term Care	Total
300 Alameda Alliance for Health					
Family	13.34	29.94	51.86	0.18	95.32
Aged - mc	109.92	67.57	61.05	44.97	283.51
Disabled - mc	136.60	105.13	119.06	49.31	410.09
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	109.92	67.57	61.05	44.97	283.51
Disabled - dual	136.60	105.13	119.06	49.31	410.09
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Contra Costa Health Plan					
Family	13.25	30.91	52.37	0.20	96.74
Aged - mc	115.30	62.97	56.18	44.94	279.40
Disabled - mc	136.60	108.98	120.61	49.35	415.55
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	115.30	62.97	56.18	44.94	279.40
Disabled - dual	136.60	108.98	120.61	49.35	415.55
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
303 Kern Family Health Care					
Family	13.18	31.36	53.00	0.22	97.76
Aged - mc	109.90	67.58	61.07	44.97	283.52
Disabled - mc	136.60	105.46	119.19	49.31	410.57
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	109.90	67.58	61.07	44.97	283.52
Disabled - dual	136.60	105.46	119.19	49.31	410.57
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
L.A. Care Health Plan					
Family	13.13	31.85	52.65	0.22	97.84
Aged - mc	110.36	67.19	60.65	44.97	283.17
Disabled - mc	136.60	108.29	120.33	49.34	414.56
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	110.36	67.19	60.65	44.97	283.17
Disabled - dual	136.60	108.29	120.33	49.34	414.56
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79

Base Costs by Plan

	Pharmacies	Hospital Inpatient	Outpatient	Long Term Care	Total
Inland Empire Health Plan					
Family	13.20	31.31	52.25	0.20	96.96
Aged - mc	118.12	60.56	53.64	44.93	277.25
Disabled - mc	136.60	106.11	119.45	49.32	411.48
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	118.12	60.56	53.64	44.93	277.25
Disabled - dual	136.60	106.11	119.45	49.32	411.48
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
306 Inland Empire Health Plan					
Family	13.29	30.33	52.21	0.19	96.03
Aged - mc	120.28	58.72	51.69	44.92	275.61
Disabled - mc	136.60	104.69	118.88	49.31	409.47
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	120.28	58.72	51.69	44.92	275.61
Disabled - dual	136.60	104.69	118.88	49.31	409.47
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
San Francisco Health Authority					
Family	13.16	31.78	52.35	0.20	97.49
Aged - mc	115.94	62.42	55.61	44.94	278.91
Disabled - mc	136.60	104.04	118.62	49.30	408.55
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	115.94	62.42	55.61	44.94	278.91
Disabled - dual	136.60	104.04	118.62	49.30	408.55
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Health Plan of San Joaquin					
Family	13.23	30.93	52.75	0.21	97.12
Aged - mc	111.95	65.83	59.21	44.96	281.96
Disabled - mc	136.60	103.57	118.43	49.29	407.89
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	111.95	65.83	59.21	44.96	281.96
Disabled - dual	136.60	103.57	118.43	49.29	407.89
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79

Base Costs by Plan

	Pharmacies	Hospital Inpatient	Outpatient	Long Term Care	Total
Santa Clara Family Health Plan					
Family	13.11	32.20	52.60	0.22	98.13
Aged - mc	108.53	68.75	62.31	44.97	284.57
Disabled - mc	136.61	112.73	122.12	49.39	420.85
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	108.53	68.75	62.31	44.97	284.57
Disabled - dual	136.61	112.73	122.12	49.39	420.85
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
310 Family	13.18	31.41	52.86	0.21	97.66
Aged - mc	120.10	58.87	51.85	44.92	275.75
Disabled - mc	136.60	103.65	118.46	49.30	408.00
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	120.10	58.87	51.85	44.92	275.75
Disabled - dual	136.60	103.65	118.46	49.30	408.00
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
Family	13.19	31.33	52.77	0.21	97.50
Aged - mc	117.81	60.83	53.92	44.93	277.49
Disabled - mc	136.59	98.20	116.26	49.24	400.29
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	117.81	60.83	53.92	44.93	277.49
Disabled - dual	136.59	98.20	116.26	49.24	400.29
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
Family	13.33	29.98	51.76	0.18	95.25
Aged - mc	109.33	68.07	61.59	44.97	283.96
Disabled - mc	136.60	104.28	118.71	49.30	408.90
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	109.33	68.07	61.59	44.97	283.96
Disabled - dual	136.60	104.28	118.71	49.30	408.90
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79

Base Costs by Plan

	Pharmacies	Hospital Inpatient	Outpatient	Long Term Care	Total
34 Blue Cross of California					
Family	13.27	30.52	52.65	0.20	96.65
Aged - mc	122.97	56.42	49.26	44.91	273.56
Disabled - mc	136.60	101.53	117.60	49.27	405.00
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	122.97	56.42	49.26	44.91	273.56
Disabled - dual	136.60	101.53	117.60	49.27	405.00
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
Family	13.19	31.23	52.16	0.21	96.79
Aged - mc	118.05	60.62	53.70	44.93	277.31
Disabled - mc	136.60	107.40	119.97	49.33	413.31
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	118.05	60.62	53.70	44.93	277.31
Disabled - dual	136.60	107.40	119.97	49.33	413.31
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
Family	13.21	31.35	52.17	0.20	96.92
Aged - mc	104.42	72.26	66.02	44.99	287.70
Disabled - mc	136.60	105.16	119.07	49.31	410.13
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	104.42	72.26	66.02	44.99	287.70
Disabled - dual	136.60	105.16	119.07	49.31	410.13
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
Family	13.15	31.80	52.84	0.21	98.00
Aged - mc	108.93	68.42	61.95	44.97	284.26
Disabled - mc	136.59	98.28	116.30	49.24	400.41
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	108.93	68.42	61.95	44.97	284.26
Disabled - dual	136.59	98.28	116.30	49.24	400.41
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79

Base Costs by Plan

	Pharmacies	Hospital Inpatient	Outpatient	Long Term Care	Total
Health Net					
Family	13.21	31.16	52.71	0.21	97.28
Aged - mc	122.22	57.06	49.93	44.91	274.12
Disabled - mc	136.59	97.51	115.98	49.23	399.31
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	122.22	57.06	49.93	44.91	274.12
Disabled - dual	136.59	97.51	115.98	49.23	399.31
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Health Net					
Family	13.12	31.96	52.64	0.23	97.94
Aged - mc	115.55	62.76	55.96	44.94	279.21
Disabled - mc	136.60	107.32	119.94	49.33	413.20
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	115.55	62.76	55.96	44.94	279.21
Disabled - dual	136.60	107.32	119.94	49.33	413.20
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Health Net					
Family	13.17	31.46	52.82	0.21	97.67
Aged - mc	124.37	55.22	47.99	44.90	272.49
Disabled - mc	136.59	98.72	116.47	49.24	401.03
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	124.37	55.22	47.99	44.90	272.49
Disabled - dual	136.59	98.72	116.47	49.24	401.03
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Molina Medical Center					
Family	13.16	31.75	52.18	0.20	97.29
Aged - mc	107.96	69.24	62.83	44.98	285.00
Disabled - mc	136.60	100.44	117.16	49.26	403.46
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	107.96	69.24	62.83	44.98	285.00
Disabled - dual	136.60	100.44	117.16	49.26	403.46
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79

Base Costs by Plan

	Pharmacies	Hospital Inpatient	Outpatient	Long Term Care	Total
Molina Medical Center					
Family	13.28	30.46	52.14	0.19	96.07
Aged - mc	119.06	59.76	52.79	44.93	276.53
Disabled - mc	136.60	100.91	117.35	49.27	404.13
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	119.06	59.76	52.79	44.93	276.53
Disabled - dual	136.60	100.91	117.35	49.27	404.13
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Blue Cross of California					
358 Family	13.18	31.46	52.82	0.22	97.67
Aged - mc	106.02	70.89	64.57	44.98	286.48
Disabled - mc	136.60	105.17	119.07	49.31	410.15
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	106.02	70.89	64.57	44.98	286.48
Disabled - dual	136.60	105.17	119.07	49.31	410.15
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
Health Net					
Family	13.21	31.08	52.89	0.21	97.40
Aged - mc	111.41	66.30	59.71	44.96	282.37
Disabled - mc	136.60	104.18	118.67	49.30	408.75
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	111.41	66.30	59.71	44.96	282.37
Disabled - dual	136.60	104.18	118.67	49.30	408.75
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79
361 Health Net					
Family	13.18	31.41	52.86	0.21	97.66
Aged - mc	120.10	58.87	51.85	44.92	275.75
Disabled - mc	136.60	103.65	118.46	49.30	408.00
Adult	8.38	278.80	170.90	0.00	458.07
AIDS - mc	628.38	555.14	290.37	17.90	1,491.79
BCCTP	58.63	227.51	417.62	0.00	703.76
Aged - dual	120.10	58.87	51.85	44.92	275.75
Disabled - dual	136.60	103.65	118.46	49.30	408.00
AIDS - dual	628.38	555.14	290.37	17.90	1,491.79

Age/Sex Factors by Plan

	Pharmacies	Inpatient	Outpatient	Long Term Care	Total
Alameda Alliance for Health					
Family	1.113	1.080	1.048	1.000	4.241
Aged - mc	0.956	0.925	0.990	0.693	3.564
Disabled - mc	0.925	0.934	1.027	0.909	3.795
Adult	1.000	1.000	1.000	1.000	4.000
AIDS - mc	1.000	1.000	1.000	1.000	4.000
BCCTP	1.000	1.000	1.000	1.000	4.000
Aged - dual	0.956	0.925	0.990	0.693	3.564
Disabled - dual	0.925	0.934	1.027	0.909	3.795
AIDS - dual	1.000	1.000	1.000	1.000	4.000
301 Contra Costa Health Plan					
Family	1.049	1.059	1.032	1.000	4.139
Aged - mc	0.986	0.951	0.995	0.852	3.783
Disabled - mc	0.932	0.908	1.015	0.915	3.770
Adult	1.000	1.000	1.000	1.000	4.000
AIDS - mc	1.000	1.000	1.000	1.000	4.000
BCCTP	1.000	1.000	1.000	1.000	4.000
Aged - dual	0.986	0.951	0.995	0.852	3.783
Disabled - dual	0.932	0.908	1.015	0.915	3.770
AIDS - dual	1.000	1.000	1.000	1.000	4.000
Kern Family Health Care					
Family	0.988	0.988	0.983	1.000	3.960
Aged - mc	0.923	0.889	0.983	0.545	3.339
Disabled - mc	0.864	0.894	1.011	0.887	3.656
Adult	1.000	1.000	1.000	1.000	4.000
AIDS - mc	1.000	1.000	1.000	1.000	4.000
BCCTP	1.000	1.000	1.000	1.000	4.000
Aged - dual	0.923	0.889	0.983	0.545	3.339
Disabled - dual	0.864	0.894	1.011	0.887	3.656
AIDS - dual	1.000	1.000	1.000	1.000	4.000
L.A. Care Health Plan					
Family	1.050	0.961	0.988	1.000	3.998
Aged - mc	0.948	0.931	0.988	0.713	3.580
Disabled - mc	0.836	0.905	1.029	0.842	3.611
Adult	1.000	1.000	1.000	1.000	4.000
AIDS - mc	1.000	1.000	1.000	1.000	4.000
BCCTP	1.000	1.000	1.000	1.000	4.000
Aged - dual	0.948	0.931	0.988	0.713	3.580
Disabled - dual	0.836	0.905	1.029	0.842	3.611
AIDS - dual	1.000	1.000	1.000	1.000	4.000

Age/Sex Factors by Plan

305	Inland Empire Health Plan					
	Family	0.958	0.968	0.978	1.000	3.904
	Aged - mc	0.969	0.916	0.989	0.706	3.581
	Disabled - mc	0.860	0.917	1.023	0.892	3.692
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.969	0.916	0.989	0.706	3.581
	Disabled - dual	0.860	0.917	1.023	0.892	3.692
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Inland Empire Health Plan					
	Family	0.992	0.995	0.988	1.000	3.976
	Aged - mc	0.979	0.946	0.992	0.822	3.738
	Disabled - mc	0.846	0.892	1.014	0.883	3.634
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.979	0.946	0.992	0.822	3.738
	Disabled - dual	0.846	0.892	1.014	0.883	3.634
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	San Francisco Health Authority					
	Family	1.248	1.121	1.094	1.000	4.463
	Aged - mc	0.953	0.940	0.989	0.734	3.616
	Disabled - mc	0.993	1.030	1.065	0.921	4.009
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.953	0.940	0.989	0.734	3.616
	Disabled - dual	0.993	1.030	1.065	0.921	4.009
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Health Plan of San Joaquin					
	Family	1.021	1.074	1.018	1.000	4.114
	Aged - mc	0.920	0.904	0.980	0.554	3.357
	Disabled - mc	0.882	0.921	1.019	0.879	3.701
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.920	0.904	0.980	0.554	3.357
	Disabled - dual	0.882	0.921	1.019	0.879	3.701
	AIDS - dual	1.000	1.000	1.000	1.000	4.000

Age/Sex Factors by Plan

309	Santa Clara Family Health Plan					
	Family	1.062	0.996	1.014	1.000	4.072
	Aged - mc	0.957	0.935	0.991	0.708	3.590
	Disabled - mc	0.907	0.985	1.058	0.906	3.855
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.957	0.935	0.991	0.708	3.590
	Disabled - dual	0.907	0.985	1.058	0.906	3.855
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Blue Cross of California					
	Family	1.019	1.023	0.998	1.000	4.041
	Aged - mc	0.920	0.911	0.985	0.548	3.364
	Disabled - mc	0.945	0.948	1.029	0.883	3.804
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.920	0.911	0.985	0.548	3.364
	Disabled - dual	0.945	0.948	1.029	0.883	3.804
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
311	Blue Cross of California					
	Family	1.010	0.997	0.986	1.000	3.994
	Aged - mc	0.912	0.888	0.979	0.517	3.297
	Disabled - mc	0.872	0.973	1.047	0.842	3.735
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.912	0.888	0.979	0.517	3.297
	Disabled - dual	0.872	0.973	1.047	0.842	3.735
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Blue Cross of California					
	Family	1.070	1.087	1.046	1.000	4.203
	Aged - mc	0.930	0.905	0.984	0.558	3.377
	Disabled - mc	0.890	0.893	1.003	0.896	3.682
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.930	0.905	0.984	0.558	3.377
	Disabled - dual	0.890	0.893	1.003	0.896	3.682
	AIDS - dual	1.000	1.000	1.000	1.000	4.000

Age/Sex Factors by Plan

341	Blue Cross of California					
	Family	1.017	1.027	0.996	1.000	4.040
	Aged - mc	0.938	0.937	0.987	0.682	3.544
	Disabled - mc	0.917	0.972	1.052	0.844	3.786
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.938	0.937	0.987	0.682	3.544
	Disabled - dual	0.917	0.972	1.052	0.844	3.786
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Blue Cross of California					
	Family	1.223	1.140	1.085	1.000	4.448
	Aged - mc	0.944	0.972	0.995	0.812	3.724
	Disabled - mc	0.991	1.011	1.050	0.912	3.964
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.944	0.972	0.995	0.812	3.724
	Disabled - dual	0.991	1.011	1.050	0.912	3.964
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Blue Cross of California					
	Family	0.959	0.972	0.981	1.000	3.912
	Aged - mc	0.988	0.926	0.988	0.830	3.731
	Disabled - mc	0.764	0.814	0.985	0.872	3.434
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.988	0.926	0.988	0.830	3.731
	Disabled - dual	0.764	0.814	0.985	0.872	3.434
	AIDS - dual	1.000	1.000	1.000	1.000	4.000
	Blue Cross of California					
	Family	1.222	1.102	1.076	1.000	4.400
	Aged - mc	0.929	0.896	0.985	0.547	3.357
	Disabled - mc	0.958	1.002	1.075	0.880	3.914
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS - mc	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged - dual	0.929	0.896	0.985	0.547	3.357
	Disabled - dual	0.958	1.002	1.075	0.880	3.914
	AIDS - dual	1.000	1.000	1.000	1.000	4.000

		Age/Sex Factors		Plan	
351	Health Net				
	Family	0.995	979	977	000 951
	Aged	0.897	0.873	0.979	0.468 3.218
	Disabled	0.825	0.956	1.039	0.842 3.662
	Adult	1.000	1.000	1.000	1.000 4.000
	AIDS	1.000	1.000	1.000	1.000 4.000
	BCCT	1.000	1.000	1.000	1.000 4.000
	Aged dual	0.897	0.873	0.979	0.468 3.218
	Disabled dual	0.825	0.956	1.039	0.842 3.662
	AIDS dual	1.000	1.000	1.000	1.000 4.000
352	Health Net				
	Family	0.914	960	979	000 3.953
	Aged	0.960	0.962	0.989	0.822 3.734
	Disabled	0.826	0.882	1.013	0.859 3.579
	Adult	1.000	1.000	1.000	1.000 4.000
	AIDS	1.000	1.000	1.000	1.000 4.000
	BCCT	1.000	1.000	1.000	1.000 4.000
	Aged dual	0.960	0.962	0.989	0.822 3.734
	Disabled dual	0.826	0.882	1.013	0.859 3.579
	AIDS dual	1.000	1.000	1.000	1.000 4.000
	Health Net				
	Family	0.985	985	974	000 3.944
	Aged	0.908	0.984	1.001	0.565 3.457
	Disabled	0.787	0.985	1.061	0.858 3.692
	Adult	1.000	1.000	1.000	1.000 4.000
	AIDS	1.000	1.000	1.000	1.000 4.000
	BCCTP	1.000	1.000	1.000	1.000 4.000
	Aged dual	0.908	0.984	1.001	0.565 3.457
	Disabled dual	0.787	0.985	1.061	0.858 3.692
	AIDS dual	1.000	1.000	1.000	1.000 4.000
	Molina Medical Center				
	Family	0.924	909	952	000 785
	Aged	0.916	0.900	0.983	0.536 3.334
	Disabled	0.852	0.939	1.031	0.887 3.709
	Adult	1.000	1.000	1.000	1.000 4.000
	AIDS	1.000	1.000	1.000	1.000 4.000
	BCCTP	1.000	1.000	1.000	1.000 4.000
	Aged dual	0.916	0.900	0.983	0.536 334
	Disabled dual	0.852	0.939	1.031	0.887 3.709
	AIDS dual	1.000	1.000	1.000	1.000 4.000

Age/Sex Factors by Plan

356	Molina Medical Center					
	Family	960	0.966	971	000	898
	Aged	0.955	0.914	0.987	0.683	3.539
	Disabled	0.803	0.859	0.988	0.892	3.542
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS	1.000	1.000	1.000	1.000	4.000
	BCCTI	1.000	1.000	1.000	1.000	4.000
	Aged dual	0.955	0.914	0.987	0.683	3.539
	Disabled dual	0.803	0.859	0.988	0.892	3.542
	AIDS dual	1.000	1.000	1.000	1.000	4.000
	Blue Cross California					
	Family	985	017	998	000	000
	Aged	0.914	0.916	0.980	0.622	3.432
	Disabled	0.791	0.858	1.001	0.824	3.474
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged dual	0.914	0.916	0.980	0.622	3.432
	Disabled dual	0.791	0.858	1.001	0.824	3.474
	AIDS dual	1.000	1.000	1.000	1.000	4.000
	Health Net					
	Family	0.994	010	986	000	990
	Aged	0.914	0.892	0.979	0.557	3.343
	Disabled	0.893	0.872	0.978	0.947	3.690
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged dual	0.914	0.892	0.979	0.557	343
	Disabled dual	0.893	0.872	0.978	0.947	3.690
	AIDS dual	1.000	1.000	1.000	1.000	4.000
	Health Net					
	Family	.019	023	998	000	041
	Aged	0.920	0.911	0.985	0.548	3.364
	Disabled	0.945	0.948	1.029	0.883	3.804
	Adult	1.000	1.000	1.000	1.000	4.000
	AIDS	1.000	1.000	1.000	1.000	4.000
	BCCTP	1.000	1.000	1.000	1.000	4.000
	Aged dual	0.920	0.911	0.985	0.548	3.364
	Disabled dual	0.945	0.948	1.029	0.883	3.804
	AIDS dual	1.000	1.000	1.000	1.000	4.000

Exhibit 1
Two Plan Model

Current Capitation Rates For the Period October 1, 2006 through December 31, 2006

Primary Rates

Plan Number	Plan Name	Family	Aged Medi-Cal Only	Disabled Medi-Cal Only	Adult	AIDS Medi-Cal Only	BCCTP	Aged Dual Eligible	Disabled Dual Eligible	AIDS Dual Eligible
300	Alameda Alliance for Health	\$115.14	\$399.81	\$448.02	\$563.96	\$1,715.62	\$950.55	\$119.55	\$100.54	\$348.73
301	Contra Costa Health Plan	107.13	351.97	410.82	529.86	1,566.76	893.07	105.46	91.94	318.05
303	Kern Family Health Care	98.80	345.79	383.42	510.27	1,520.07	860.06	101.78	86.93	308.58
304	L.A. Care Health Plan	101.78	366.69	403.55	528.62	1,578.27	890.99	108.54	91.98	319.28
305	Inland Empire Health Plan	95.43	322.08	386.40	497.19	1,508.67	838.02	94.27	87.62	305.74
306	Inland Empire Health Plan	100.01	335.63	396.90	521.14	1,585.92	878.38	99.59	90.39	321.94
307	San Francisco Health Authority	119.34	391.30	493.55	541.58	1,785.58	912.84	120.87	110.53	367.58
308	Health Plan of San Joaquin	98.05	323.73	368.32	486.50	1,448.08	819.99	95.03	83.10	293.79
309	Santa Clara Family Health Plan	121.97	449.58	523.61	606.58	1,893.42	1,022.40	134.62	118.08	384.56
310	Blue Cross of California Partnership Plan, Inc.	113.49	380.13	484.67	576.88	1,848.71	972.33	109.76	107.94	374.71
311	Blue Cross of California Partnership Plan, Inc.	103.35	336.24	411.80	535.30	1,615.51	902.24	97.20	93.17	327.50
340	Blue Cross of California Partnership Plan, Inc.	115.00	383.96	420.73	563.16	1,665.55	949.21	113.55	94.84	338.56
341	Blue Cross of California Partnership Plan, Inc.	100.70	320.33	415.70	517.19	1,585.15	871.72	93.27	93.34	321.35
343	Blue Cross of California Partnership Plan, Inc.	91.84	280.96	358.07	423.81	1,292.77	714.33	87.76	80.02	266.13
344	Blue Cross of California Partnership Plan, Inc.	109.87	398.07	379.04	569.70	1,608.91	960.24	120.57	87.89	326.61
345	Blue Cross of California Partnership Plan, Inc.	96.62	298.44	345.03	443.81	1,292.95	748.04	88.04	77.26	262.60
351	Health Net Community Solutions, Inc.	99.11	315.79	399.83	518.03	1,611.84	873.15	90.12	91.29	326.76
352	Health Net Community Solutions, Inc.	97.93	341.11	381.76	513.02	1,526.17	864.70	101.12	87.09	308.74
353	Health Net Community Solutions, Inc.	97.93	309.16	384.99	510.45	1,531.30	860.36	89.19	88.80	310.42
355	Molina Healthcare of California Partner Plan, Inc.	92.76	343.99	372.39	500.13	1,477.44	842.98	101.21	84.59	299.41
356	Molina Healthcare of California Partner Plan, Inc.	95.23	314.45	355.85	505.79	1,496.14	852.52	92.27	81.57	303.72
358	Blue Cross of California Partnership Plan, Inc.	94.98	340.70	347.68	479.20	1,427.82	807.70	101.63	79.95	289.68
360	Health Net Community Solutions, Inc.	98.89	348.49	385.90	509.25	1,559.66	858.34	102.56	86.60	316.62
361	Health Net Community Solutions, Inc.	99.05	331.94	423.23	503.47	1,614.36	848.61	95.85	94.26	327.21

Abortion Only Rates

Plan Number	Plan Name	Family	Adult
300	Alameda Alliance for Health	\$0.61	\$18.51
301	Contra Costa Health Plan	0.53	16.08
303	Kern Family Health Care	0.55	16.69
304	L.A. Care Health Plan	0.57	17.30
305	Inland Empire Health Plan	0.53	16.09
306	Inland Empire Health Plan	0.56	17.00
307	San Francisco Health Authority	0.59	17.91
308	Health Plan of San Joaquin	0.53	16.08
309	Santa Clara Family Health Plan	0.64	19.42
310	Blue Cross of California Partnership Plan, Inc.	0.57	17.30
311	Blue Cross of California Partnership Plan, Inc.	0.57	17.30
340	Blue Cross of California Partnership Plan, Inc.	0.61	18.51
341	Blue Cross of California Partnership Plan, Inc.	0.57	17.30
343	Blue Cross of California Partnership Plan, Inc.	0.56	17.00
344	Blue Cross of California Partnership Plan, Inc.	0.57	17.30
345	Blue Cross of California Partnership Plan, Inc.	0.57	17.30
351	Health Net Community Solutions, Inc.	0.57	17.30
352	Health Net Community Solutions, Inc.	0.57	17.30
353	Health Net Community Solutions, Inc.	0.58	17.60
355	Molina Healthcare of California Partner Plan, Inc.	0.53	16.09
356	Molina Healthcare of California Partner Plan, Inc.	0.56	17.00
358	Blue Cross of California Partnership Plan, Inc.	0.57	17.30
360	Health Net Community Solutions, Inc.	0.54	16.39
361	Health Net Community Solutions, Inc.	0.57	17.30

Exhibit 2
Two Plan Model

Capitation Rates For the Period January 1, 2007 through September 30, 2007

Primary Rates

Plan Number	Plan Name	Family	Aged Medi-Cal Only	Disabled Medi-Cal Only	Adult	AIDS Medi-Cal Only	BCCTP	Aged Dual Eligible	Disabled Dual Eligible	AIDS Dual Eligible
300	Alameda Alliance for Health	\$118.37	\$407.65	\$458.61	\$572.79	\$1,743.40	\$973.66	\$121.25	\$102.51	\$353.86
301	Contra Costa Health Plan	110.10	359.07	420.54	538.15	1,592.15	914.79	106.95	93.75	322.73
303	Kern Family Health Care	101.54	352.61	392.39	518.26	1,544.70	880.97	103.27	88.63	313.12
304	L.A. Care Health Plan	104.64	373.88	412.82	536.90	1,603.89	912.65	110.10	93.77	324.00
305	Inland Empire Health Plan	98.06	328.76	395.33	504.98	1,533.14	858.39	95.65	89.33	310.25
306	Inland Empire Health Plan	102.80	342.61	406.14	529.30	1,611.61	899.74	101.02	92.15	326.68
307	San Francisco Health Authority	122.66	399.15	505.10	550.06	1,814.27	935.03	122.52	112.65	372.87
308	Health Plan of San Joaquin	100.74	330.15	376.97	494.11	1,471.55	839.93	96.42	84.73	298.12
309	Santa Clara Family Health Plan	125.35	458.30	535.43	616.08	1,924.09	1,047.25	136.53	120.34	390.21
310	Blue Cross of California Partnership Plan, Inc.	116.63	388.02	496.22	585.91	1,878.69	995.97	111.39	110.07	380.24
311	Blue Cross of California Partnership Plan, Inc.	106.22	343.16	421.43	543.68	1,641.71	924.18	98.65	95.00	332.33
340	Blue Cross of California Partnership Plan, Inc.	118.20	391.49	430.65	571.98	1,692.52	972.29	115.20	96.70	343.53
341	Blue Cross of California Partnership Plan, Inc.	103.51	327.06	425.49	525.28	1,610.85	892.91	94.63	95.17	326.09
343	Blue Cross of California Partnership Plan, Inc.	94.39	286.58	366.41	430.44	1,313.54	731.70	88.93	81.55	269.96
344	Blue Cross of California Partnership Plan, Inc.	112.89	405.71	387.78	578.63	1,634.98	983.59	122.26	89.61	331.41
345	Blue Cross of California Partnership Plan, Inc.	99.31	304.30	353.24	450.76	1,313.90	766.23	89.33	78.79	266.46
351	Health Net Community Solutions, Inc.	101.88	322.49	409.10	526.15	1,637.97	894.38	91.49	93.08	331.58
352	Health Net Community Solutions, Inc.	100.66	347.93	390.58	521.06	1,550.95	885.73	102.56	88.79	313.31
353	Health Net Community Solutions, Inc.	100.64	315.55	393.66	518.44	1,556.13	881.28	90.49	90.51	315.00
355	Molina Healthcare of California Partner Plan, Inc.	95.32	350.67	381.05	507.96	1,501.41	863.47	102.69	86.24	303.83
356	Molina Healthcare of California Partner Plan, Inc.	97.88	320.98	364.17	513.71	1,520.38	873.24	93.62	83.17	308.19
358	Blue Cross of California Partnership Plan, Inc.	97.59	347.20	355.65	486.71	1,450.96	827.34	103.08	81.50	293.94
360	Health Net Community Solutions, Inc.	101.62	355.40	395.14	517.22	1,584.93	879.20	104.06	88.30	321.27
361	Health Net Community Solutions, Inc.	101.79	338.83	433.32	511.36	1,640.55	869.24	97.27	96.12	332.04

Abortion Only Rates

Plan Number	Plan Name	Family	Adult
300	Alameda Alliance for Health	\$0.63	\$19.17
301	Contra Costa Health Plan	0.55	16.66
303	Kern Family Health Care	0.57	17.29
304	L.A. Care Health Plan	0.59	17.92
305	Inland Empire Health Plan	0.55	16.66
306	Inland Empire Health Plan	0.58	17.60
307	San Francisco Health Authority	0.61	18.55
308	Health Plan of San Joaquin	0.55	16.66
309	Santa Clara Family Health Plan	0.66	20.12
310	Blue Cross of California Partnership Plan, Inc.	0.59	17.92
311	Blue Cross of California Partnership Plan, Inc.	0.59	17.92
340	Blue Cross of California Partnership Plan, Inc.	0.63	19.17
341	Blue Cross of California Partnership Plan, Inc.	0.59	17.92
343	Blue Cross of California Partnership Plan, Inc.	0.58	17.60
344	Blue Cross of California Partnership Plan, Inc.	0.59	17.92
345	Blue Cross of California Partnership Plan, Inc.	0.59	17.92
351	Health Net Community Solutions, Inc.	0.59	17.92
352	Health Net Community Solutions, Inc.	0.59	17.92
353	Health Net Community Solutions, Inc.	0.60	18.23
355	Molina Healthcare of California Partner Plan, Inc.	0.55	16.66
356	Molina Healthcare of California Partner Plan, Inc.	0.58	17.60
358	Blue Cross of California Partnership Plan, Inc.	0.59	17.92
360	Health Net Community Solutions, Inc.	0.56	16.97
361	Health Net Community Solutions, Inc.	0.59	17.92