

Exhibit FF - Medicaid Mental Health Claims to Caseload Adjustment

Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care
FY 2004-05	Average Monthly Claims	36,200	57,371	73,804	244,786	16,119
	Average Caseload	35,780	54,011	63,124	222,472	15,795
	Claims as a Percentage of Caseload	101.17%	106.22%	116.92%	110.03%	102.05%
FY 2005-06	Average Monthly Claims	36,924	58,313	72,736	235,280	16,823
	Average Caseload	36,207	53,897	64,004	214,158	16,460
	Claims as a Percentage of Caseload	101.98%	108.19%	113.64%	109.86%	102.20%
FY 2006-07	Average Monthly Claims	36,556	59,610	71,948	228,286	17,242
	Average Caseload	35,888	54,858	61,031	205,390	16,724
	Claims as a Percentage of Caseload	101.86%	108.66%	117.89%	111.15%	103.10%
FY 2007-08	Average Monthly Claims	36,301	60,414	69,283	225,065	17,794
	Average Caseload	36,284	56,079	59,761	204,022	17,141
	Claims as a Percentage of Caseload	100.05%	107.73%	115.93%	110.31%	103.81%
FY 2008-09	Average Monthly Claims	37,698	60,993	76,693	251,079	18,550
	Average Caseload	37,619	57,802	68,850	235,129	18,033
	Claims as a Percentage of Caseload	100.21%	105.52%	111.39%	106.78%	102.86%
Weighted Average Claims as a Percentage of Caseload ⁽²⁾		100.39%	107.50%	115.52%	109.96%	103.44%
Claims-to-Caseload Adjustment Factor		0.39%	7.50%	15.52%	9.96%	3.44%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² The claims to caseload adjustment captures the difference in total claims paid versus caseload due to retroactive eligibility. Because the most recent period will not have experienced all of the retroactive claims that will be paid, the most current year accounts for 10% of the weight, the previous year as 70% of the weight, and the average of the previous four years account for the other 20% of the weight.

Exhibit FF - Medicaid Mental Health Claims-Based Adjustment Multiplier

Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program- Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care
FY 2006-07	Weighted Claims-Based Rate	\$13.40	\$105.57	\$14.95	\$12.80	\$280.10
	Weighted Capitation Rate	\$13.47	\$105.99	\$14.96	\$12.85	\$282.88
	Claims as a Percentage of Capitation	99.46%	99.60%	99.96%	99.55%	99.02%
FY 2007-08	Weighted Claims-Based Rate	\$13.07	\$113.59	\$17.48	\$13.87	\$260.01
	Weighted Capitation Rate	\$13.16	\$114.02	\$17.51	\$13.94	\$262.45
	Claims as a Percentage of Capitation	99.33%	99.62%	99.84%	99.49%	99.07%
FY 2008-09	Weighted Claims-Based Rate	\$13.49	\$122.69	\$18.40	\$14.47	\$253.56
	Weighted, Paid Capitation Rate ⁽²⁾	\$13.58	\$123.29	\$18.46	\$14.56	\$255.34
	Claims as a Percentage of Capitation	99.35%	99.51%	99.69%	99.41%	99.30%
Average Claims as a Percentage of Capitation: FY 2006-07 through FY 2008-09		99.38%	99.58%	99.83%	99.48%	99.13%
Claims-Based Adjustment Multiplier		-0.62%	-0.42%	-0.17%	-0.52%	-0.87%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² For Q3 and Q4 of FY 2008-09, the Department paid at 3% above the midpoint of the actuarial rate range. The number provided, here, reflects the actual expenditure to the Department and therefore does not match the number in Exhibit GG, which demonstrates the trend on the actuarial midpoints.