

# EXHIBIT 3-B COMPREHENSIVE COMPONENT AND CATASTROPHIC COMPONENT CAPITATION RATES

**TABLE 2**

Jan 1, 2008

Area:   10   County:   Broward  

## ESTIMATED HEALTH PLAN RATES (NOT FOR USE UNLESS APPROVED BY CMS)

Age Range	FY0708 Discounted Reform rates Under Current Methodology	Percentage of Current Methodology	50% of Current Methodology	Preliminary FY0708 Base rates for Risk Adjusted Methodology	Budget Neutrality Factor	FY0708 Base rates for Risk Adjusted Methodology after Budget Neutrality	Percentage of Risk Adjusted Methodology	50% of Risk Adjusted Methodology	Final Rates (with Enhanced Benefit Adjustment)
a	b	c	d	e	f	g	h	i	j
<b>Eligibility Category: Children and Family</b>									
Month 0-2 All									\$892.28
Month 3-11 All									\$205.04
1-5 All	\$106.14	50%	\$53.07	\$117.69	1.07460	\$126.47	50%	\$63.23	\$112.09
6-13 All	\$82.94	50%	\$41.47	\$117.69	1.07460	\$126.47	50%	\$63.23	\$100.91
14-20 Female	\$115.00	50%	\$57.50	\$117.69	1.07460	\$126.47	50%	\$63.23	\$116.36
14-20 Male	\$79.98	50%	\$39.99	\$117.69	1.07460	\$126.47	50%	\$63.23	\$99.49
21-54 Female	\$202.08	50%	\$101.04	\$117.69	1.07460	\$126.47	50%	\$63.23	\$158.33
21-54 Male	\$146.71	50%	\$73.35	\$117.69	1.07460	\$126.47	50%	\$63.23	\$131.64
55+ All	\$325.58	50%	\$162.79	\$117.69	1.07460	\$126.47	50%	\$63.23	\$217.84
Composite Based on Total Casemonths	\$108.91					\$126.47		\$0.00	\$113.43
<b>Eligibility Category: Aged and Disabled</b>									
Month 0-2 All									\$17,528.17
Month 3-11 All									\$3,534.94
1-5 All	\$631.27	50%	\$315.63	\$813.28	1.06682	\$867.63	50%	\$433.81	\$722.31
6-13 All	\$355.68	50%	\$177.84	\$813.28	1.06682	\$867.63	50%	\$433.81	\$589.51
14-20 All	\$343.79	50%	\$171.90	\$813.28	1.06682	\$867.63	50%	\$433.81	\$583.78
21-54 All	\$930.27	50%	\$465.13	\$813.28	1.06682	\$867.63	50%	\$433.81	\$866.40
55+ All	\$965.71	50%	\$482.85	\$813.28	1.06682	\$867.63	50%	\$433.81	\$883.48
Composite Based on Total Casemonths	\$758.94					\$867.63		\$0.00	\$783.84

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

# EXHIBIT 3-B COMPREHENSIVE COMPONENT AND CATASTROPHIC COMPONENT CAPITATION RATES

**TABLE 2**

Jan 1, 2008

Area:   4   County:   Duval, Baker, Clay, Nassau  

## ESTIMATED HEALTH PLAN RATES (NOT FOR USE UNLESS APPROVED BY CMS)

Age Range	FY0708 Discounted Reform rates Under Current Methodology	Percentage of Current Methodology	50% of Current Methodology	Preliminary FY0708 Base rates for Risk Adjusted Methodology	Budget Neutrality Factor	FY0708 Base rates for Risk Adjusted Methodology after Budget Neutrality	Percentage of Risk Adjusted Methodology	50% of Risk Adjusted Methodology	Final Rates (with Enhanced Benefit Adjustment)
a	b	c	d	e	f	g	h	i	j
<b>Eligibility Category: Children and Family</b>									
Month 0-2 All									<b>\$926.73</b>
Month 3-11 All									<b>\$215.12</b>
1-5 All	\$113.17	50%	\$56.58	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$117.02</b>
6-13 All	\$82.75	50%	\$41.37	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$102.36</b>
14-20 Female	\$119.81	50%	\$59.91	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$120.22</b>
14-20 Male	\$81.70	50%	\$40.85	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$101.85</b>
21-54 Female	\$218.13	50%	\$109.06	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$167.60</b>
21-54 Male	\$158.54	50%	\$79.27	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$138.88</b>
55+ All	\$350.55	50%	\$175.28	\$124.53	1.04120	\$129.66	50%	\$64.83	<b>\$231.41</b>
Composite Based on Total Casemonths	\$119.40					\$129.66		\$0.00	<b>\$120.02</b>
<b>Eligibility Category: Aged and Disabled</b>									
Month 0-2 All									<b>\$14,558.96</b>
Month 3-11 All									<b>\$2,969.69</b>
1-5 All	\$537.41	50%	\$268.70	\$657.05	1.05080	\$690.42	50%	\$345.21	<b>\$591.69</b>
6-13 All	\$312.13	50%	\$156.06	\$657.05	1.05080	\$690.42	50%	\$345.21	<b>\$483.13</b>
14-20 All	\$296.53	50%	\$148.27	\$657.05	1.05080	\$690.42	50%	\$345.21	<b>\$475.61</b>
21-54 All	\$790.16	50%	\$395.08	\$657.05	1.05080	\$690.42	50%	\$345.21	<b>\$713.49</b>
55+ All	\$809.32	50%	\$404.66	\$657.05	1.05080	\$690.42	50%	\$345.21	<b>\$722.72</b>
Composite Based on Total Casemonths	\$623.67					\$690.42		\$0.00	<b>\$633.26</b>

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

**EXHIBIT 5-C  
CAPITATION RATES  
SSI MEDICARE PART B ONLY  
AND  
SSI MEDICARE PARTS A AND B ENROLLEES  
FOR ALL MEDICAID REFORM COUNTIES**

**TABLE 4**

Area:   10   County:   Broward  

ESTIMATED HEALTH PLAN RATES (NOT FOR USE UNLESS APPROVED BY CMS)

	<b>Under Age 65</b>	<b>Age 65 &amp; Over</b>
<b>SSI/Parts A &amp; B</b>	\$149.01	\$100.91
<b>SSI/Part B Only</b>	\$244.40	\$244.40

Area:   4   County:   Duval, Baker, Clay, and Nassau  

ESTIMATED HEALTH PLAN RATES (NOT FOR USE UNLESS APPROVED BY CMS)

	<b>Under Age 65</b>	<b>Age 65 &amp; Over</b>
<b>SSI/Parts A &amp; B</b>	\$156.46	\$105.72
<b>SSI/Part B Only</b>	\$362.68	\$362.68

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

**EXHIBIT 6-C**  
**CAPITATION RATES FOR HIV/AIDS POPULATIONS FOR EACH**  
**MEDICAID REFORM COUNTY**

**TABLE 5**

Area:   10   County:   Broward  

ESTIMATED HEALTH PLAN RATES (NOT FOR USE UNLESS APPROVED BY CMS)

	<b>Capitation Rate</b>
<b>HIV (no medicare)</b>	\$1,933.92
<b>AIDS (no medicare)</b>	\$3,629.23
<b>HIV-SSI/Parts A &amp; B, SSI Part B Only</b>	\$ 271.50
<b>AIDS-SSI/Parts A &amp; B, SSI Part B Only</b>	\$ 579.63

Area:   4   County:   Duval, Baker, Clay, and Nassau  

ESTIMATED HEALTH PLAN RATES (NOT FOR USE UNLESS APPROVED BY CMS)

	<b>Capitation Rate</b>
<b>HIV (no medicare)</b>	\$1,196.17
<b>AIDS (no medicare)</b>	\$2,354.82
<b>HIV-SSI/Parts A &amp; B, SSI Part B Only</b>	\$ 162.15
<b>AIDS-SSI/Parts A &amp; B, SSI Part B Only</b>	\$ 346.18

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

**EXHIBIT 9-B**  
**KICK PAYMENT AMOUNTS FOR COVERED**  
**OBSTETRICAL DELIVERY SERVICES**

**TABLE 8**

Area:   10   County:   Broward  

CPT Code	Obstetrical Delivery CPT Code Description	Payment Amount
59409	Vaginal delivery only	\$3,950.67
59410	Vaginal delivery including postpartum care	
59515	Cesarean delivery including postpartum care	
59612	Vaginal delivery only, after previous cesarean delivery	
59614	Vaginal delivery only, after previous cesarean delivery including postpartum care	
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery including postpartum care	

Area:   04   County:   Duval, Baker, Clay, Nassau  

CPT Code	Obstetrical Delivery CPT Code Description	Payment Amount
59409	Vaginal delivery only	\$3,936.56
59410	Vaginal delivery including postpartum care	
59515	Cesarean delivery including postpartum care	
59612	Vaginal delivery only, after previous cesarean delivery	
59614	Vaginal delivery only, after previous cesarean delivery including postpartum care	
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery including postpartum care	