

### Medicaid Provider Rate Increases

	July 1 FY 2006 GF	May 1 FY 2006 VHCF	Percent Increase
Obstetrical/Gynecological Svs. (34% was effective Sept. 2004)	\$16,584,455	\$179,909	36.5%
Dental Services	\$7,781,514	\$92,640	30%
Inpatient Hospital Services (4% increase in Chpt. 4, July 1, 2005)	\$3,613,900	\$0	1%
Mental Retardation Waivers (3% increase in Chpt. 4, July 1, 2005)	\$3,316,655	\$0	2%
Pediatric Services	\$0	\$506,214	5%
Primary Care Physician Services	\$0	416,667	5%
Personal Care (3% increase in Chpt. 4, effective July 1, 2005)	\$0	\$218,539	2%
Neo-natal Intensive Care Unit (NICU) Hospitals with High Medicaid Utilization	\$250,000	\$0	n/a
Pharmacy Dispensing Fee (Chpt. 4 includes a \$4 disp. fee for generics drugs, effective July1, 2005, the added increase is for brand name drugs)	\$0	\$83,333	\$3.75 to \$4
Emergency Room Physicians	\$0	\$73,336	3%
<b>TOTAL</b>	<b>\$31,546,524</b>	<b>\$1,570,638</b>	

**Note:** Virginia Health Care Funds represent the cost of rate increases for two months, since the rates are effective May 1, 2006.