



Coventry Health Care of
Virginia, Inc.

CardinalCare
Virginia Medicaid
Managed Care Programs

Adjusted Administrative Expenses

(With Independent Accountant's Report Thereon)

For the State Fiscal Year Ended June 30, 2025

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Independent Accountant's Report

Commonwealth of Virginia
Department of Medical Assistance Services
Richmond, Virginia

We have performed the procedures enumerated in Administrative Expenses Agreed-Upon Procedures on the Adjusted Administrative Expenses of Coventry Health Care of Virginia, Inc. (health plan) for the State Fiscal Year ended June 30, 2025. We applied these procedures to assist you in inspecting administrative expenses for Medicaid rate development. The health plan's management is responsible for presenting the Adjusted Administrative Expenses used by the Virginia Department of Medical Assistance Services (Department) for the purposes of Medicaid rate development.

The Department has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of inspecting administrative expenses for Medicaid rate development. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

Our procedures are contained within the Administrative Expenses Agreed-Upon Procedures and our findings are contained in the Adjusted Administrative Expenses and the Schedule of Adjustments. As agreed, materiality limits were applied as specified within the Administrative Expenses Agreed-Upon Procedures.

We were engaged by the Department to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion respectively, on the health plan's administrative expenses. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the health plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely for the information and use of the Department, Mercer, and the health plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Myers and Stauffer LC
Glen Allen, Virginia
January 5, 2026

Appendix A: Administrative Expense Agreed-Upon Procedures

Preliminary Work

- 1) Conduct an entrance call with DMAS and Mercer, DMAS' actuary for MCO rate setting. Gain an understanding of information needed by Mercer for rate setting purposes. Determine if either DMAS or Mercer have initial concerns requiring special attention.
- 2) Send an initial request list to each MCO to include, but not limited to, a survey containing a questionnaire, Board of Directors minutes, organizational charts, working trial balance, adjusting journal entries, audited financial statements, reconciliation of the working trial balance and the quarterly reporting, support for the allocation of administrative expenses and net premium income to the Medicaid line of business and between each Medicaid product, cost allocation worksheet summarizing quarterly reporting information and MCO reported adjustments, schedule of related-party transactions, related-party agreements, narrative surrounding reinsurance reporting, etc.
- 3) Conduct an entrance call with appropriate MCO personnel to include (a) determination of MCO personnel who should be contacted during the course of our procedures for information, explanations, documents, etc., and (b) location and availability of the information requested.
- 4) Briefly document the entity's accounting procedures and internal control per MCO responses on the survey. Emphasis should be placed on the ability of the system(s) to generate reliable cost, revenue, and statistical information.
- 5) Read Board of Directors minutes from the beginning of the report period through the current date. Document matters impacting the scope of these procedures such as discussions related to administrative costs and non-allowable or non-recurring costs as described in Step 16. Obtain copies or excerpts of pertinent sections, and file in work papers. Cross-reference matters discussed in the minutes to the related work papers.
- 6) Obtain the audited financial statements including related footnotes. Document matters impacting the scope of these procedures such as the opinion, notes that may provide information regarding non-allowable or non-recurring costs as described in Step 16, and/or related parties.
- 7) Obtain the names of all related parties from the MCO. Inspect the organizational chart, the annual statement submitted to the Virginia Bureau of Insurance (annual statement), and audited financial statements for related parties not identified by the MCO.
- 8) Obtain the names of all delegated vendors from the MCO. Inspect the organizational chart, the annual statement, and audited financial statements for delegated vendors not identified by the MCO.

- 9) Consider whether any specific information has come to our attention concerning the existence of possible fraud or prohibited acts. Fraud risk factors for this procedure include: discrepancies in accounting records, conflicting or missing evidential matter, threatened financial stability or profitability, and lack of an effective corporate compliance program. If fraud risk factors are identified, document those risk factors or conditions and our response to them.

Trial Balance Reconciliation

- 10) Reconcile total expenses and total administrative expenses per the adjusted trial balance to the annual statement and the quarterly filing.
- 11) Obtain the adjusted trial balance as of June 30, 2025. For a sample of 20 accounts, trace the account titles, account numbers, and ending balances for the administrative expenses per the adjusted trial balance to the general ledger for the period ended June 30, 2025.
- 12) Obtain the year-end adjusting journal entries recommended by the independent accountant. Inspect the entries affecting administration expense accounts for propriety. Ensure postings of adjustments to the trial balance, if adjusting journal entries have not been posted to the general ledger at year end.

Administrative Expenses

- 13) Determine how the MCO allocated the administration expenses and net premium income among the various lines of business. Determine how the MCO allocated the administration expenses for the Medicaid line of business to Cardinal Care Acute, Cardinal Care LTSS, and any other products included by the MCO in the Medicaid line of business. Determine if any trial balance accounts are allocated between administration and medical expenses.
 - a. Document this understanding through a narrative.
 - b. Document the MCO's support for these allocations.
 - c. Request supporting documentation for the elements of any allocation basis utilized by the MCO and ensure it agrees.
- 14) Document the cost allocation worksheet provided by the MCO in response to the request list. Trace the following elements to the support provided for allocations. Request additional support, as needed, if the self-reported amounts are not full account balances.
 - a. Self-Excluded Expenses
 - b. Healthcare Quality Improvement Expenses (HCQI)
 - c. Fraud Reduction and Recovery Expenses
 - d. Non-recurring expenses such as start-up costs
 - e. Care Coordination
 - f. Allowable Member Incentives
- 15) Compare administrative and claims adjustment expenses per the quarterly filing for the state fiscal year ended June 30, 2025 to the prior year and obtain explanations for any fluctuations greater than 10 percent and \$100,000. Determine and document whether the MCO's explanation is consistent with supporting documentation.

- 16) Scan administration expense accounts allocated to the Medicaid line of business for the below types of expenses. Select 15 to 20 accounts from this scan and from Step 14 and request the general ledger and a description of the account contents. If these documents are inconclusive as to the nature of the expense, request invoices for no more than five entries. Confer with the assigned senior manager/partner to select samples and document the reasoning.
 - a. Non-allowable expenses as defined either by the MCO contract with DMAS or by CMS Publication 15. Examples of non-allowable expenses include: lobbying, contributions/donations, income tax, management fees for non-Virginia operations, and management fees for the sole purpose of securing an exclusive arrangement.
 - b. Non-recurring expenses such as start-up costs and expenses reimbursed separately from the MCO rate.
 - c. HCQI Expenses
 - d. Fraud Reduction and Recovery Expenses
 - e. Non-recurring expenses such as start-up costs
 - f. Care Coordination
 - g. Allowable Member Incentives
- 17) Agree the summary work paper of related-party transactions from the MCO from Step 7 to the trial balance. Obtain agreements or other supporting documentation for payments to or costs allocated from affiliates or parent companies and determine if exclusivity payments or special contractual arrangements are included. Ensure the regulations within CMS Publication 15-1, Chapter 10 have been applied.
- 18) Agree the summary work paper of delegated vendor transactions from the MCO from Step 8 to the trial balance. For vendors with sub-capitated arrangements and the Pharmacy Benefit Manager (PBM), obtain agreements and ensure that medical and administrative expenses were appropriately separated on the quarterly filing. For the PBM, collect information regarding where all costs (claims payments, ingredient cost, dispensing fees, rebates, sales tax, spread pricing, administrative payment, and other) are included on the trial balance and collect information regarding spread pricing, if applicable.
- 19) Prepare a narrative that summarizes the MCOs' methodology for reporting reinsurance premiums and reinsurance recoveries. Include both reinsurance amounts per the annual statement, as well as the allocation methodology to the Medicaid line of business. Agree amounts to the trial balance or document the trial balance account these amounts are included in.

Appendix B: Adjusted Administrative Expenses

Source of Information

Our procedures were performed to determine allowable administrative expenses for the purpose of Medicaid rate development. Our procedures were not performed to determine whether such administrative expenses were properly reported for purposes of the Bureau of Insurance of the Commonwealth of Virginia.

We used the quarterly filing required by the Department (quarterly filing), the Annual Statement submitted to the Insurance Department of the Commonwealth of Virginia (Annual Statement), and audited financial statements for Coventry Health Care of Virginia, Inc. (Coventry). The quarterly filing is for the State Fiscal Year ended June 30, 2025 and the Annual Statement and audited financial statements are for the calendar year ended December 31, 2024.

Coventry is operated under their parent holding company, Aetna Health Holdings, LLC, which is a wholly owned subsidiary of Aetna, Inc. Aetna, Inc. is a wholly owned subsidiary of CVS Health Corporation. Coventry receives administrative services from Aetna Health Management, LLC (AHM) and Aetna Medicaid Administrators (AMA), which are owned by Aetna, Inc. Coventry also has administrative expenses from Caremark-PCS Health, LLC (Caremark), which is an affiliate of Aetna, Inc. Caremark provides prescription benefit management for Coventry. In order to perform the agreed upon procedures outlined in Appendix A, we obtained a trial balance for Coventry, support for the management fee payments, as well as agreements held with Caremark.

Coventry has delegated certain functions to vendors. Modivcare Solutions, LLC provides administration of the non-emergency transportation benefit. Vision Service Plan, Inc. (VSP) provides administration of the vision benefit. MedSolutions, Inc. provides certain radiology management functions. Public Partnerships LLC (PPL) and Consumer Direct Care Network Virginia, LLC (CDCN) are the fiscal employer/agent for consumer directed services.

Trial Balance Reconciliation

We obtained Coventry's adjusted trial balance as of June 30, 2025 as well as a schedule of allocated expenses for AMA, as the majority of the administrative costs flow through AMA. We agreed the account descriptions, account numbers and ending balances for a sample of 20 accounts to the general ledger for the state fiscal year ended June 30, 2025. No exceptions were noted.

Total administrative expenses including claims adjustment expenses per the Coventry adjusted trial balance as of June 30, 2025 of \$265,205,614 were reconciled to the total administrative expenses including claims adjustment expenses on the quarterly filing of \$265,366,901. The difference of \$161,287 is due to the merging of the S4 and Oracle accounting systems.

Administrative Expenses

Total claims adjustment expenses and administrative expenses included in the quarterly filing consist of two basic components, direct expenses and management fee expense. Direct expenses are those that are unequivocally related to a product, and therefore, are charged directly to that product.

Management fee expenses are recorded at the AHM and AMA level, and allocated to the appropriate entities and products. The total direct and management fee Medicaid expenses submitted on the quarterly filing for Claims Adjustment and General Administrative expenses are \$69,783,186 and \$146,517,788 respectively.

We compared total Coventry administrative and claim adjustment expenses reported on the quarterly filing by line item for the current year and prior year and obtained explanations for any line item with a change greater than \$100,000 and 10%. Total Medicaid general administrative expenses, excluding investment expenses, for State Fiscal Year ended June 30, 2024 were \$222,086,253 compared to State Fiscal Year ended June 30, 2025 expenses of \$216,300,974. The decrease of \$5,785,279, or 2.60%, is within the specified threshold.

We inspected the accounts included in the schedule of direct and management fee expense. Within the management fee expenses we determined \$14,571 in marketing expense should be excluded from the Underwriting Exhibit at Appendix C. We found that many of the expenses self-excluded by the health plan did not agree to the underlying support and multiple reclassification adjustments were needed to correct these errors.

AMA and AHM provide Coventry with administrative services. The Management Services Agreement (MSA) by and between AMA and Coventry effective March 2016 allows for an administrative fee equal to a percent of revenues. The MSA by and between AHM and Coventry effective January 2014 provides for an administrative fee equal to a percent of revenues with a year-end true up to allocated costs. Caremark provides Coventry with Pharmacy Benefit Management services. The Service Agreement by and between AHM and Caremark effective October 2013 allows for a per claim administrative fee. Payments made to AMA and AHM were \$215,964,326 which includes administrative payments made to Caremark of \$6,652,496.

Schedules documenting allocated costs from AMA and AHM were provided to agree to amounts included with Coventry administrative expenses. Support for allocated costs was received on a sample basis and were found to include non-allowable marketing expenses, included in the previously described adjustment. Coventry has not provided support for allocated costs related to administrative services provided by Caremark. Additional procedures were applied and the per claim administrative fees were determined to meet the related party exception provided for within CMS Publication 15-1: 1010.

Modivcare Solutions, LLC, PPL, and CDCN expenses are appropriately split between administrative and medical on the trial balance. These vendors provide administration of the non-emergency transportation benefit and fiscal employer/agent services for consumer direct services, respectively. MedSolutions, Inc. expenses are recorded in full to administrative. This vendor provides utilization management for radiology services. VSP provides administration of the vision benefit. Although the contract between VSP and Coventry provides for a separate administrative fee, the expenses were

recorded to medical services expenditures in full. The vendor certification was used to separate and reclassify the administrative fee of \$113,096. This amount has been included in the Underwriting Exhibit at Appendix C.

Healthcare Quality Improvement Expenses (HCQI)

Medical Management expenses are accumulated with administrative expenses at the AMA level. Coventry is charged a management fee by AMA. The management fee is based on Administrative Service Agreement (ASA) rates. The ASA rates are supposed to be a representation of actual cost. Therefore, properly calculated ASA rates allow for the proper amount of Medical Management expenses allocated to Coventry Health Care of Virginia, Inc. Medicaid ASA rates were analyzed and are described above. Total HCQI expenses allocated to Medicaid in 2025 are \$75,614,505. This amount includes \$49,949,658 related to care coordination.

Reinsurance

Coventry stated there was no reinsurance premium expense nor were there recoveries related to 2025. This is consistent with the Annual Statement.

Total Revenues

Total revenues were agreed to the trial balance. Amounts reported as change in unearned premium reserves and aggregate write-ins were inspected to determine appropriateness for rate setting purposes. The change in unearned premium reserves included reserves related to prior periods which were removed for the purposes of this report. There were no aggregate write-ins noted on the quarterly filing.

COVENTRY HEALTH CARE OF VIRGINIA, INC.

APPENDIX C: ADJUSTED ADMINISTRATIVE EXPENSES

Line #	Line Description	Cardinal Care Acute FAMIS & FAMIS MOMS	Cardinal Care Acute Non Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non Expansion	Cardinal Care LTSS Expansion	Total Medicaid
1	Administrative Expense	-	-	-	-	-	-
1.1	Claims Adjustment Expenses	\$ 1,069,144	\$ 13,925,705	\$ 16,286,559	\$ 32,062,641	\$ 6,439,137	\$ 69,783,186
1.2	General Administrative Expenses	\$ 3,255,798	\$ 27,371,221	\$ 53,854,349	\$ 43,649,009	\$ 18,387,411	\$ 146,517,788
1.3	Total Administrative Expenses	\$ 4,324,942	\$ 41,296,927	\$ 70,140,908	\$ 75,711,650	\$ 24,826,548	\$ 216,300,974
1.4	Less: Self-Reported Excludable Expenses *	\$ 132,778	\$ 1,480,649	\$ 2,340,466	\$ 2,593,279	\$ 770,310	\$ 7,317,481
1.5	Adjusted Administrative Expenses	\$ 4,457,720	\$ 42,777,575	\$ 72,481,374	\$ 78,304,928	\$ 25,596,858	\$ 223,618,455
1.6	Adjustments to Administrative Expenses	\$ 250,479	\$ 8,978,434	\$ (18,088,292)	\$ 14,769,376	\$ (7,063,644)	\$ (1,153,647)
1.7	Total Adjusted Administrative Expenses	\$ 4,708,199	\$ 51,756,009	\$ 54,393,082	\$ 93,074,304	\$ 18,533,214	\$ 222,464,808
2	Net Premium Income	-	-	-	-	-	-
2.1	Net Premium Income	\$ 53,271,502	\$ 597,177,009	\$ 938,994,369	\$ 1,138,374,902	\$ 337,206,909	\$ 3,065,024,691
2.2	Adjustments to Net Premium Income	\$ -	\$ -	\$ (9,436,384)	\$ 1,275,867	\$ 7,919,854	\$ (240,662)
2.3	Total Adjusted Revenues	\$ 53,271,502	\$ 597,177,009	\$ 929,557,985	\$ 1,139,650,769	\$ 345,126,763	\$ 3,064,784,029
2.4	Percentage of Adjusted Administration Expenses to Net Premium Income	8.84%	8.67%	5.85%	8.17%	5.37%	7.26%
3	Separately Identified Expenses included in Adjusted Administrative Expenses	-	-	-	-	-	-
3.1	Healthcare Quality Improvement Expenses (HCQI)	\$ 1,158,486	\$ 15,089,384	\$ 17,647,519	\$ 34,741,904	\$ 6,977,213	\$ 75,614,505
3.2	Fraud Reduction and Recovery Expenses	\$ 15,970	\$ 626,839	\$ 223,595	\$ 185,841	\$ 371,559	\$ 1,423,804
3.3	Start Up / Other Non Recurring Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.4	Care Coordination expenses as defined within the MCO contract	\$ 998,744	\$ 9,536,561	\$ 16,197,404	\$ 17,483,837	\$ 5,733,111	\$ 49,949,658
3.5	Allowable Member Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Medicaid expenses excluded by the health plan include lobbying expenses (\$234,398); contribution/donation expenses (\$176,699); a positive adjustment related to State and Federal income taxes (\$10,177,040); State Premium taxes (\$627,706); accruals for future losses (\$605,106); fines and penalties (\$106,108); and marketing and advertising (\$1,109,542).

Appendix D: Schedule of Adjustments

During our procedures we noted certain matters involving costs, that in our determination did not meet the definitions of allowable administrative expenses and other operational matters that are presented for your consideration.

Adjustment #1 – To adjust to remove unearned premium reserves not relating to the current period.

Coventry included unearned premium reserves related to periods prior to July 1, 2024. An adjustment of \$240,663 was made to remove all unearned premium reserves not related to the period under review, for the purpose of administrative reporting.

Table 1. Proposed Adjustment #1 to Line 2.1 – Net Premium Income

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$0	\$0	(\$9,436,384)	\$1,275,867	\$7,919,854	(\$240,663)

Adjustment #2 – To adjust HCQI included in separately identified expenses to agree to supporting documentation submitted by the health plan.

Coventry had originally identified \$69,783,186 of HCQI costs. Per review of the supporting documentation, this amount was understated and an adjustment of \$5,831,319 will be made to agree to the supporting documentation.

Table 2. Proposed Adjustment #2 to Line 3.1 – Healthcare Quality Improvement Expenses (HCQI)

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$89,341	\$1,163,679	\$1,360,960	\$2,679,263	\$538,076	\$5,831,319

Adjustment #3 – To adjust to agree total costs to supported amounts.

The health plan was unable to support the submitted expenses allocated to the Medicaid lines of business due to an improper allocation methodology. An adjustment was made to agree to the supported allocation of expenses to Medicaid lines of business, which is primarily driven by Net Premium Income.

Table 3. Proposed Adjustment #3 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$236,892	\$8,869,445	(\$18,134,769)	\$14,516,381	(\$6,990,870)	(\$1,502,921)

Adjustment #4 – To adjust to agree to direct cost allocation support.

A variance was identified per review of the allocation support of direct costs, and an adjustment will be made to agree to supporting documentation.

Table 4. Proposed Adjustment #4 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$4,971	\$55,428	\$87,616	\$105,925	\$31,464	\$285,404

Adjustment #5 – To adjust to agree self-excluded lobbying expense to supported amounts.

Coventry self-excluded lobbying expense of \$234,398. Per review of the supporting documentation, the total exclusion was correct however the allocation between the Medicaid categories was not. A reclassification was made to agree to the supported amounts. (45 CFR § 75.450)

Table 5. Proposed Adjustment #5 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
(\$56)	(\$373)	\$428	\$4,250	(\$4,249)	\$0

Adjustment #6 – To adjust to agree self-excluded contribution/donation expenses to supported amounts.

Coventry self-excluded contribution/donation expenses of \$176,699. Per review of the supporting documentation, the total exclusion was correct however the allocation between the Medicaid categories was not. A reclassification was made to agree to the supported amounts. (45 CFR § 75.434)

Table 6. Proposed Adjustment #6 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$1,787	\$8,439	(\$10,226)	(\$165)	\$165	\$0

Adjustment #7 – To adjust to agree self-excluded marketing and advertising expense to supported amounts.

Coventry self-excluded marketing and advertising expense of \$1,109,542. Per review of the supporting documentation, the total exclusion was correct however the allocation between the Medicaid categories was not. A reclassification was made to agree to the supported amounts. (45 CFR § 75.421)

Table 7. Proposed Adjustment #7 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$4,220	\$32,091	(\$36,311)	\$109,695	(\$109,695)	\$0

Adjustment #8 – To adjust to agree self-excluded fines and penalties expense to supported amounts.

Coventry self-excluded fines and penalties expense of \$106,108. Per review of the supporting documentation the correct amount related to Medicaid categories was \$140,763. An adjustment was made to agree to the supported amounts. (45 CFR § 75.441)

Table 8. Proposed Adjustment #8 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non-Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non-Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$949	(\$5,731)	(\$25,276)	(\$3,277)	(\$1,320)	(\$34,655)

Adjustment #9 – To adjust to remove unallowable marketing expense.

During the inspection of cost centers included in allocated costs from AMA and AHM, amounts were found that included expenses coded to the marketing category. An analysis of these costs provided by the health plan supported that a portion of these costs were non-allowable and an adjustment was made to remove these expenses. (45 CFR § 75.421)

Table 9. Proposed Adjustment #9 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non- Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non- Expansion	Cardinal Care LTSS Expansion	Total Medicaid
(\$254)	(\$2,830)	(\$4,473)	(\$5,408)	(\$1,606)	(\$14,571)

Adjustment #10 – To adjust to reclassify the administrative portion of VSP expenses from medical expense.

Coventry reported the full amount of capitated expense for VSP as medical expenses. Coventry was unable to provide support to separate out the administrative component of these expenses. The reclassification amount of \$113,096 was calculated using the vendor certification provided by the vendor. (45 CFR § 158.140(b)(3))

Table 10. Proposed Adjustment #10 to Line 1.3 – Total Administrative Expenses

Cardinal Care FAMIS	Cardinal Care Acute Non- Expansion	Cardinal Care Acute Expansion	Cardinal Care LTSS Non- Expansion	Cardinal Care LTSS Expansion	Total Medicaid
\$1,970	\$21,964	\$34,719	\$41,975	\$12,468	\$113,096