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November 30, 2009

Ms. Pam Parker
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Minnesota Department of Human Services
540 Cedar Street
Elmer L. Anderson Human Services Building
St. Paul, MN 55155-3854

Re: Rate Development for the MSHO, MSC+, and CBP 180-Day NF Add-On for CY 2010

Dear Pam:

This letter describes the development of the 180-day Nursing Facility (NF) Add-on rates for the Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), and County Based Purchasing (CBP) programs for the calendar year (CY) 2010 contract period.

Overall, the CY 2010 NF Add-On rates provide an increase of 5.5% from the October through December 2009 NF Add-On rates for all rate cells.

The 180-day NF Add-on rates are calculated using the following components:

- > Monthly frequency of nursing facility admissions,
- > Average length of stay, and
- > Average charge per day.

The 180-day NF Add-on rates reflect actual enrollment through August 2009 and projected enrollment provided by Minnesota Department of Human Services (DHS) staff thereafter. The components of the rate calculation are contained in Exhibit 1.

The data source for the calculation is CY 2005 experience, including living arrangement data compiled by the DHS staff.

FREQUENCY

The frequency of NF admissions in Exhibit 1 is expressed as the expected admissions per eligible, per month and is based on the experience of the Minnesota Senior Care (MSC) program in CY 2005. Table 1 contains the annual MSC frequency of admission in 2004 and 2005. The decrease from 2004 to 2005 is consistent with recent trends in frequency of NF admissions.

This material assumes that the reader is familiar with Minnesota's Medicaid long term care and acute care programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the Minnesota Department of Human Services in setting rates for the MSHO, MSC+, and CBP program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Table 1
MSC Population
Annual Frequency Of Nursing Facility Admissions By Calendar Year

| | |
|------|------|
| 2004 | 9.4% |
| 2005 | 8.6% |

The frequencies of admission were determined based on changes in living arrangement status (from a community living arrangement status to a NF living arrangement status) for each MSC enrollee. Admissions were counted only for those who were enrolled in MSC (i.e., not in FFS and not enrolled in MSHO or MSC+) when admitted.

The projected frequency is based on statewide living arrangement data. An adjustment is made later in the rate setting process to account for the difference in the frequency between Hennepin / Metro and the Non-Metro Counties and between age / gender combinations.

In addition, we compared nursing facility days per member per month (which combines admission frequency and average length-of-stay data) for the MSHO and MSC populations and the MSHO days were much lower. Because the 2005 MSHO data was not fully credible, we did not use it as the Table 1 starting point for the admission rate development. However, in order for our starting point to be more appropriate for an MSHO / MSC+ population, we partially accounted for this difference in expected frequency by reducing the starting MSC frequency of admission by 10%, resulting in a starting frequency of 7.74% ($8.6\% \times 0.90 = 7.74\%$).

Please note, an adjustment was made to the Elderly Waiver (EW) program such that the limit on EW home modifications was increased to \$10,000 effective January 1, 2008. This increase is expected to reduce NF admissions, however, based on discussion with DHS, we are estimating the reduction of admissions as a percentage of total admissions would be trivial and therefore we did not adjust our frequency assumptions specifically for this EW benefit change. In addition, DHS estimates that any reductions in NF costs as a result of this EW benefit modification will be offset by the increase in EW costs, which DHS also estimated was trivial as a percent of total EW costs.

AVERAGE LENGTH-OF-STAY

The MSHO and MSC+ NF benefit includes, as a maximum, only the first 180 days per stay. The benefit excludes days that would occur beyond 180 days and days outside of the contract period. All skilled NF days that qualify for Medicare payment count toward the benefit and therefore are included in the 180-day length-of-stay.

The average length-of-stay (ALOS) in Exhibit 1 is calculated over a 180-day benefit period and is based on CY 2004 MSC NF experience. It was necessary to use admissions from 2004 to allow sufficient time to measure the entire length of stay of 180 days. The ALOS was determined based on changes in living arrangement status (from a NF living arrangement status to either a community living arrangement status or until date of death) for each MSHO enrollee.

Table 2 contains the ALOS for 2004 NF admissions. The Medicare covered ALOS in Table 2 is the average number of days that are fully covered by Medicare.

Table 2
MSC Population
Average Length Of Stay Over 180 Day Benefit Period

| Year of Admission | Medicare Covered ALOS ⁽¹⁾ | Medicare Coinsurance and Non-Medicare Covered ALOS | Total ALOS |
|--------------------------|---|---|-------------------|
| 2004 | 10.3 | 89.1 | 99.4 |

⁽¹⁾ The Medicare covered ALOS is based on 1998 and 1999 FFS data as these were the last years of FFS data for which the Medicare covered days could be separated from total days. Since the structure of the Medicare nursing facility benefit has not changed over time, the estimated ALOS for the first 20 days of fully-covered has not been modified.

The ALOS within the contract year depends on the pattern of enrollment by month. The projected CY 2010 ALOS of 76.9 days (from Exhibit 1) within the CY 2010 contract period is based on the most recent enrollment projections.

The projected ALOS is based on statewide living arrangement data. An adjustment is made later in the rate setting process to account for the difference in the ALOS between Hennepin / Metro and the Non-Metro Counties.

TREND FOR FREQUENCY AND AVERAGE LENGTH-OF-STAY

We examined historical trends in the frequency of admissions and ALOS based on the CY 2003 through CY 2005 NF data provided. The combination of frequency and ALOS, the expected days per enrollee, showed a decreasing trend from CY 2003 through CY 2005. Current trends from the Reports and Forecast Division continue to show a similar decrease in recent years, even as the MSC population has transitioned to the MSHO and MSC+ programs during this time. Given these two sources, we continued to assume that the number of days per enrollee would decrease by 1.5% per year. This results in an overall trend factor of 0.9272 for the five-year period between the center of experience period (7/1/05) to the center of the contract period (7/1/10) ($0.985^5 = 0.9272$).

We applied the full amount of the overall trend factor to the admission frequency for simplicity. The end result would have been the same if we had made adjustments to both the admission frequency and average length-of-stay if the data was available to determine the appropriate split. This results in a final frequency assumption of $7.74\% \times 0.9272 = 7.18\%$.

CHARGE PER DAY

The average charge per day was developed from the CY 2005 MSC NF claims data. The CY 2005 MSC NF average charge per day of \$144.21 reflects MA reimbursed amounts and institutional spend-down amounts. The average charge per Medicaid payment day excludes days that were covered exclusively by Medicare. However, coinsurance days paid by Medicaid are included.

Table 3 contains the calendar year trend assumptions for the average charge per day.

| Table 3 Average Nursing Facility Charge Per Day Annualized Trend Assumptions | |
|---|---------------------------|
| Calendar Year | Trend ¹ |
| 2006 | 2.6% |
| 2007 | 3.8% |
| 2008 | 3.8% |
| 2009 | 3.4% |
| 2010 | 1.1% |

¹ Per the Reports and Forecast Division, the annual trends include cost of living adjustments (COLAs) implemented in 2007 and 2008 and include the impact of the new legislation's suspension of nursing facility rebasing for FY 2010.

These trends are based on information on the average NF charge per day from DHS' Reports and Forecasts Division. The 1.1% annual trend from 2009 to 2010 includes the impact of the new legislation's suspension of nursing facility rebasing for FY 2010.

The projected average charge per Medicaid payment day for CY 2010 is \$166.65. This is calculated as follows:

| | | |
|-------|----------|--|
| | \$144.21 | Average MSC charge per Medicaid payment day for CY 2005 |
| x | 1.026 | 2.6% annual increase trended from a midpoint of 7/1/05 to 7/1/06 |
| x | 1.038 | 3.8% annual increase trended from a midpoint of 7/1/06 to 7/1/07 |
| x | 1.038 | 3.8% annual increase trended from a midpoint of 7/1/07 to 7/1/08 |
| x | 1.034 | 3.4% annual increase trended from a midpoint of 7/1/08 to 7/1/09 |
| x | 1.011 | 1.1% annual increase trended from a midpoint of 7/1/09 to 7/1/10 |
| <hr/> | | |
| = | \$166.65 | Projected CY 2010 average charge per day |

The projected average charge per day is based on statewide experience. An adjustment is made later in the rate setting process to account for the difference in the average charge per day between Hennepin / Metro and the Non-Metro Counties.

180 – DAY NURSING FACILITY ADD-ON RATE CALCULATION (EXHIBITS 2A AND 2B)

The 180-day NF Add-on rate is calculated by the following formula:

$$\begin{array}{rcl} \text{Monthly Rate} & = & \text{Adjusted Monthly Frequency of Nursing Facility Admissions} \\ & \times & \text{Average Length of Stay within the contract period} \\ & \times & \text{Average Charge per Day} \end{array}$$

The calculation of the initial rate as well as subsequent adjustments is outlined in Exhibit 2A for MSHO / MSC+ and Exhibit 2B for CBP.

Section A of Exhibits 2A and 2B shows the calculation of the initial rate of \$66.63 PMPM for CY 2010. The CY 2010 NF ALOS of 66.6 days in Section A is the CY 2010 ALOS of 76.9 days from Exhibit 1 reduced for the 10.3 Medicare covered days from Table 3.

Section B of Exhibits 2A and 2B contains the calculation of the tail rate. The tail rate is equal to the expected nursing facility costs for days in CY 2010 from admissions occurring in CY 2009, divided by projected community eligible months in CY 2010. The tail rate for CY 2010 is \$22.01 PMPM.

Section C of Exhibit 2 contains the calculation of the value of the enrollment adjustment based on updated enrollment. There is an enrollment adjustment of \$1.02 for CY 2010. The positive enrollment adjustment accounts for plans being underpaid in CY 2009 due to the CY 2009 rates being based on projected CY 2009 enrollment. Actual 2009 enrollment indicates the CY 2009 rates should have been set slightly higher.

Section D of Exhibit 2A contains an initial MSHO / MSC+ base rate for CY 2010 of \$89.66 PMPM. The initial base rate has been decreased by 1.7% for the elimination of disenrollment fees. In addition, the initial base rate has been increased for the legislated premium tax of 1%. The final MSHO / MSC+ base rate for CY 2010 is \$89.03 PMPM. The October through December 2009 final base rate was \$84.42 for MSHO / MSC+.

Rates for County Based Purchasing (CBP) entities are excluded from the 1% premium tax. Section D of Exhibit 2B contains an initial CBP base rate for CY 2010 of \$89.66 PMPM. The initial base rate has been decreased by 1.7% for the elimination of disenrollment fees. The final CBP base rate for CY 2010 is \$88.14 PMPM.

Section E of Exhibits 2A (MSHO / MSC+ non-CBP) and 2B (MSHO / MSC+ CBP) contains aggregate 180-day NF Add-on rates specific to enrollees eligible for both Medicaid and Medicare versus Medicaid-only enrollees. The adjustment to calculate these rates reflects differences in frequency and ALOS for Medicare versus Non-Medicare enrollees based on statewide CY 2005 MSC experience. The aggregate Medicare and Non-Medicare rates equal the overall 180-day NF Add-on rates times the corresponding Medicare and Non-Medicare adjustment.

180-DAY NURSING FACILITY ADD-ON RATES (EXHIBITS 3A AND 3B)

Exhibits 3A (MSHO / MSC+ non-CBP) and 3B (MSHO / MSC+ CBP) contain the CY 2010 180-day NF Add-on rates by age, gender and region for enrollees eligible for both Medicaid and Medicare versus Medicaid-only enrollees. The relationships by age, gender and region are based on statewide MSHO and MSC CY 2003 and CY 2005 NF cost experience.

CAVEATS AND LIMITATIONS

This report was prepared specifically for DHS and the development of CY 2010 180-day NF Add-on rates for MSHO and MSC+ and may not be appropriate for other purposes. This report is for internal use only and should only be viewed in its entirety. The report assumes the reader is familiar with the MSHO and MSC+ programs, managed care rate setting, long term care services and the Minnesota Medicaid program. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

The results presented in this letter are estimates only based on historical living arrangement and NF claim experience. Actual CY 2010 experience will vary from these estimates and will only be known with certainty after sufficient time has passed so that all CY 2010 experience has been completed.

We relied on data and information supplied to us by DHS. We have not audited or attempted any independent verification of such data. If this data is incomplete or inaccurate, then our conclusions will be incomplete or inaccurate.

This letter and its use are subject to the terms of the contract between Milliman and DHS effective July 1, 2009.



Please call us with any questions regarding this information.

Sincerely,



Eric P. Goetsch, FSA, MAAA
Principal and Consulting Actuary

EPG/zh

Attachments

Exhibit 1
Minnesota Senior Health Options, Minnesota Senior Care Plus, and County Based Purchasing Programs
180 Day Nursing Facility Add-On Rate Calculation for January 2010 Through December 2010
Projected Enrollment after August 2009

| | 2008 Contract Period | 1/09 - 9/09 Contract Period | 10/09 - 12/09 Contract Period | 2010 Contract Period |
|--------------|----------------------|-----------------------------|-------------------------------|----------------------|
| NF Add-On | \$89.64 | \$84.93 | \$84.42 | \$89.03 |
| Per Diem | \$159.42 | \$164.84 | \$163.85 | \$166.65 |
| Monthly Freq | 0.6167% | 0.6083% | 0.6083% | 0.6000% |

| Year | Month | Monthly Enrollment | Total NF Add-On Paid to Health Plans | Admissions | NF Days for Admissions in Month by Contract Period * | | | Health Plan Payments to NF for Admissions in Month by Contract Period | | |
|-----------------------------------|-----------|--------------------|--------------------------------------|----------------|--|----------------------|----------------------|---|----------------------|----------------------|
| | | | | | 2008 Contract Period | 2009 Contract Period | 2010 Contract Period | 2008 Contract Period | 2009 Contract Period | 2010 Contract Period |
| 2008 Contract Period | | | | | | | | | | |
| 2008 | January | 26,382 | \$2,364,882 | 162.7 | 99.4 | 0.0 | | \$2,310,858 | \$0 | |
| | February | 26,475 | 2,373,219 | 163.3 | 99.4 | 0.0 | | 2,319,004 | 0 | |
| | March | 26,667 | 2,390,430 | 164.4 | 99.4 | 0.0 | | 2,335,822 | 0 | |
| | April | 27,006 | 2,420,818 | 166.5 | 99.4 | 0.0 | | 2,365,516 | 0 | |
| | May | 27,271 | 2,444,572 | 168.2 | 99.4 | 0.0 | | 2,388,728 | 0 | |
| | June | 27,602 | 2,474,243 | 170.2 | 99.4 | 0.0 | | 2,417,721 | 0 | |
| | July | 27,745 | 2,487,062 | 171.1 | 93.0 | 6.4 | | 2,256,792 | 179,352 | |
| | August | 27,949 | 2,505,348 | 172.4 | 79.6 | 19.8 | | 1,903,103 | 563,543 | |
| | September | 28,007 | 2,510,547 | 172.7 | 65.0 | 34.4 | | 1,506,607 | 978,773 | |
| | October | 28,171 | 2,525,248 | 173.7 | 49.3 | 50.1 | | 1,079,149 | 1,435,618 | |
| | November | 28,308 | 2,537,529 | 174.6 | 31.6 | 67.8 | | 592,219 | 1,951,511 | |
| | December | 28,332 | 2,539,680 | 174.7 | 11.4 | 88.0 | | 29,970 | 2,535,051 | |
| Total 2008 Contract Period | | 329,915 | \$29,573,581 | 2,034.5 | 76.6 | 22.8 | | \$21,505,491 | \$7,643,848 | |
| 2009 Contract Period | | | | | | | | | | |
| 2009 | January | 33,266 | \$2,825,281 | 202.4 | | 99.4 | 0.0 | | \$2,972,199 | \$0 |
| | February | 33,445 | 2,840,484 | 203.5 | | 99.4 | 0.0 | | 2,988,192 | 0 |
| | March | 33,538 | 2,848,382 | 204.0 | | 99.4 | 0.0 | | 2,996,501 | 0 |
| | April | 33,630 | 2,856,196 | 204.6 | | 99.4 | 0.0 | | 3,004,721 | 0 |
| | May | 33,818 | 2,872,163 | 205.7 | | 99.4 | 0.0 | | 3,021,518 | 0 |
| | June | 33,849 | 2,874,796 | 205.9 | | 99.4 | 0.0 | | 3,024,288 | 0 |
| | July | 33,866 | 2,876,239 | 206.0 | | 93.0 | 6.4 | | 2,809,845 | 218,335 |
| | August | 33,802 | 2,870,804 | 205.6 | | 79.6 | 19.8 | | 2,347,741 | 679,738 |
| | September | 34,056 | 2,892,361 | 207.2 | | 65.0 | 34.4 | | 1,868,687 | 1,186,985 |
| | October | 34,135 | 2,881,678 | 207.7 | | 49.3 | 50.1 | | 1,325,804 | 1,734,904 |
| | November | 34,213 | 2,888,227 | 208.1 | | 31.6 | 67.8 | | 725,704 | 2,352,265 |
| | December | 34,352 | 2,899,957 | 209.0 | | 11.4 | 88.0 | | 36,843 | 3,065,449 |
| Total 2009 Contract Period | | 405,969 | \$34,426,569 | 2,469.6 | | 77.0 | 22.4 | | \$27,122,044 | \$9,237,676 |
| 2010 Contract Period | | | | | | | | | | |
| 2010 | January | 34,528 | \$3,074,015 | 207.2 | | | 99.4 | | | \$3,076,124 |
| | February | 34,544 | 3,075,412 | 207.3 | | | 99.4 | | | 3,077,522 |
| | March | 34,645 | 3,084,410 | 207.9 | | | 99.4 | | | 3,086,526 |
| | April | 34,749 | 3,093,708 | 208.5 | | | 99.4 | | | 3,095,830 |
| | May | 34,818 | 3,099,833 | 208.9 | | | 99.4 | | | 3,101,960 |
| | June | 34,867 | 3,104,211 | 209.2 | | | 99.4 | | | 3,106,341 |
| | July | 35,007 | 3,116,635 | 210.0 | | | 93.0 | | | 2,896,177 |
| | August | 35,098 | 3,124,818 | 210.6 | | | 79.6 | | | 2,430,822 |
| | September | 35,191 | 3,133,034 | 211.1 | | | 65.0 | | | 1,925,444 |
| | October | 35,302 | 3,142,975 | 211.8 | | | 49.3 | | | 1,375,473 |
| | November | 35,426 | 3,154,016 | 212.6 | | | 31.6 | | | 753,823 |
| | December | 35,499 | 3,160,461 | 213.0 | | | 11.4 | | | 38,194 |
| Total 2010 Contract Period | | 419,673 | \$37,363,529 | 2,518.0 | | | 76.9 | | | \$27,964,239 |
| Grand Total | | | | | | | | | \$34,765,891 | \$37,201,914 |

* Days that are 100% covered by Medicare are included.

Exhibit 2A
Minnesota Senior Health Options and Minnesota Senior Care Plus Programs
180 Day Nursing Facility Add-On Rate Calculation
Contract Period January 2010 to December 2010

| Rate Component | 1/09 - 9/09 | 10/09 - 12/09 | 2010 |
|--|-----------------|---------------|---------------------|
| Section A | | | |
| Monthly Claim Frequency | 0.006083 | | 0.006000 |
| (x) Medicaid Length of Stay * | 66.5 | | 66.6 |
| (x) Charge per Day * | <u>\$164.84</u> | | <u>\$166.65</u> |
| = Initial Rate (1) | \$66.72 | | \$66.63 |
| Section B | | | |
| 2010 NF \$ for 2009 Admits | | | \$9,237,676 |
| (/) 2010 Eligible Months | | | <u>419,673</u> |
| = Tail Rate (2) | \$18.59 | | \$22.01 |
| Section C | | | |
| 2009 NF Rates to Health Plans | | | (\$34,426,569) |
| (+) 2008 Enrollment Adjustment in 2009 | | | \$89,313 |
| (+) 2009 NF \$ for 2008 Admits | | | \$7,643,848 |
| (+) 2009 NF \$ for 2009 Admits | | | <u>\$27,122,044</u> |
| = Enrollment Adjustment Dollars | | | \$428,636 |
| (/) 2010 Eligible Months | | | <u>419,673</u> |
| = Enrollment Adjustment Rate (3) | \$0.22 | | \$1.02 |
| Section D | | | |
| Initial Base Rate = (1)+(2)+(3) | \$85.53 | \$85.02 | \$89.66 |
| Disenrollment Fee Adjustment | 0.9830 | 0.9830 | 0.9830 |
| Legislated Premium Tax Adjustment | <u>1.0101</u> | <u>1.0101</u> | <u>1.0101</u> |
| Final Base Rate | \$84.93 | \$84.42 | \$89.03 |
| Section E | | | |
| (x) Medicare Adjustment | 1.000 | 1.000 | 1.000 |
| (x) Non Medicare Adjustment | 0.669 | 0.669 | 0.669 |
| = Aggregate Medicare Rate | \$84.93 | \$84.42 | \$89.03 |
| = Aggregate Non-Medicare Rate | \$56.82 | \$56.48 | \$59.56 |

* The ALOS and charge per day exclude days that are 100% covered by Medicare.

Exhibit 2B
County Based Purchasing Program
180 Day Nursing Facility Add-On Rate Calculation
Contract Period January 2010 to December 2010

| Rate Component | 1/09 - 9/09 | 10/09 - 12/09 | 2010 |
|--|-----------------|---------------|---------------------|
| Section A | | | |
| Monthly Claim Frequency | 0.006083 | | 0.006000 |
| (x) Medicaid Length of Stay * | 66.5 | | 66.6 |
| (x) Charge per Day * | <u>\$164.84</u> | | <u>\$166.65</u> |
| = Initial Rate (1) | \$66.72 | | \$66.63 |
| Section B | | | |
| 2010 NF \$ for 2009 Admits | | | \$9,237,676 |
| (/) 2010 Eligible Months | | | <u>419,673</u> |
| = Tail Rate (2) | \$18.59 | | \$22.01 |
| Section C | | | |
| 2009 NF Rates to Health Plans | | | (\$34,426,569) |
| (+) 2008 Enrollment Adjustment in 2009 | | | \$89,313 |
| (+) 2009 NF \$ for 2008 Admits | | | \$7,643,848 |
| (+) 2009 NF \$ for 2009 Admits | | | <u>\$27,122,044</u> |
| = Enrollment Adjustment Dollars | | | \$428,636 |
| (/) 2010 Eligible Months | | | <u>419,673</u> |
| = Enrollment Adjustment Rate (3) | \$0.22 | | \$1.02 |
| Section D | | | |
| Initial Base Rate = (1)+(2)+(3) | \$85.53 | \$85.02 | \$89.66 |
| Disenrollment Fee Adjustment | <u>0.9830</u> | <u>0.9830</u> | <u>0.9830</u> |
| Final Base Rate | \$84.08 | \$83.57 | \$88.14 |
| Section E | | | |
| (x) Medicare Adjustment | 1.000 | 1.000 | 1.000 |
| (x) Non Medicare Adjustment | 0.669 | 0.669 | 0.669 |
| = Aggregate Medicare Rate | \$84.08 | \$83.57 | \$88.14 |
| = Aggregate Non-Medicare Rate | \$56.25 | \$55.91 | \$58.97 |

* The ALOS and charge per day exclude days that are 100% covered by Medicare.

Exhibit 3A

**Minnesota Senior Health Options and Minnesota Senior Care Plus Programs
Nursing Facility Add-On Rates (PMPM)
180 Day Benefit Period**

January 2010 to December 2010 Contract Period

Medicare Population

| Area | Males | | | Females | | |
|----------------|---------|----------|----------|---------|----------|----------|
| | 65-74 | 75-84 | 85+ | 65-74 | 75-84 | 85+ |
| Hennepin/Metro | \$44.60 | \$103.21 | \$170.70 | \$34.21 | \$100.90 | \$160.41 |
| Non Metro | 50.76 | 117.48 | 194.31 | 38.95 | 114.85 | 182.60 |

Non-Medicare Population

| Area | Males | | | Females | | |
|----------------|---------|---------|----------|---------|---------|----------|
| | 65-74 | 75-84 | 85+ | 65-74 | 75-84 | 85+ |
| Hennepin/Metro | \$29.83 | \$69.05 | \$114.20 | \$22.89 | \$67.50 | \$107.32 |
| Non Metro | 33.96 | 78.60 | 130.00 | 26.06 | 76.84 | 122.16 |

Exhibit 3B

**County Based Purchasing Program
Nursing Facility Add-On Rates (PMPM)
180 Day Benefit Period**

January 2010 to December 2010 Contract Period

Medicare Population

| Area | Males | | | Females | | |
|-------------|--------------|--------------|------------|----------------|--------------|------------|
| | 65-74 | 75-84 | 85+ | 65-74 | 75-84 | 85+ |
| Non Metro | \$50.26 | \$116.31 | \$192.37 | \$38.56 | \$113.71 | \$180.78 |

Non-Medicare Population

| Area | Males | | | Females | | |
|-------------|--------------|--------------|------------|----------------|--------------|------------|
| | 65-74 | 75-84 | 85+ | 65-74 | 75-84 | 85+ |
| Non Metro | \$33.62 | \$77.81 | \$128.70 | \$25.79 | \$76.07 | \$120.94 |