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December 10, 2009

Ms. Pam Parker
Manager, Special Needs Purchasing
Minnesota Department of Human Services
540 Cedar Street
St. Paul, MN 55101-2208

Re: Capitation Rate Adjustments for 2010 Payment Rates – Seniors

Dear Pam:

Capitation payment rates in 2010 are derived by applying adjustment factors to the rates in effect as of the fourth quarter of 2009. Adjustments are made for (1) cost and utilization trend and contribution to surplus, (2) changes in rate cell relativities, and (3) benefit changes. This letter contains my analysis of trend and surplus rate adjustments for the payment rates for basic care services for the Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC) programs. I will refer to the enrollees in these programs and rate cells collectively as “seniors”. The other adjustments listed above are discussed in other letters.

The purpose of this analysis is to assist the Minnesota Department of Human Services (DHS) with setting payment rates for contracting health plans for these programs. The results may not be appropriate for other purposes. The results contained in this letter are intended only for use by DHS and CMS, the federal agency that must approve these capitation rates. This analysis should be considered preliminary until the resulting capitation rates are approved by DHS and CMS. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This letter should be reviewed only in its entirety. It assumes the reader is familiar with Minnesota’s Medicaid programs and managed care rating principles.

The results in this letter are technical in nature and are dependent upon specific assumptions and methods. No party should rely upon specific assumptions and methods nor upon these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

The trends and rate adjustments I have developed are based on the historical financial results for the public program business for the health plans that participate in the MSHO and MSC programs. The trends and rate adjustments are intended to provide rate levels that result in a targeted

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contribution to surplus as a percentage of income before investment income for the health plans in aggregate, assuming prudent management. For this analysis, this target percentage is equal to 1.75%. This figure takes into account that we have explicitly recognized the value of investment income.

Differences between estimates and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is almost certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience is different than expected. Accordingly, DHS should continue to carefully monitor actual experience and make adjustments as necessary.

In performing this analysis, I have relied on data and other information provided to me by DHS and the plans with which it contracts. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

For this analysis, I relied on the following data and information:

- Various Enrollment and Capitation reports from DHS that provide detail by rate cell for each health plan and area;
- Copies of the Minnesota State Supplement Report #1, Statement of Revenue, Expenses and Net Income for each health plan, as submitted to the State of Minnesota;
- Restated net hospital and medical expenses for Medicaid-covered services provided by the health plans, based on more recent experience, including information on reinsurance recoveries;
- Certifications, provided by the health plans, certifying the percentage of expenses that were for non-State Plan services; and
- Miscellaneous data and information provided by DHS and the health plans.

I have performed a limited review of the data used directly in my analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of this assignment.

The following provides an overview of the rate development, a summary of the rate adjustments, and describes the analysis that was performed.

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Overview of Rate Development

For this preliminary analysis, rate levels have been set to target a contribution to surplus equal to 1.75% for the health plans in aggregate. The structure, assumptions, and data used in the development of the rates are summarized below:

- I. The base utilization and cost data used to determine the rate levels is actual experience for Medicaid-covered services for calendar year 2008 for the MSHO and MSC populations enrolled in managed care programs in Minnesota. This analysis includes MSHO data from seven of the eight continuing plans and MSC data from six of the eight continuing plans. It reflects the experience of 92.7% of 2008 combined MSHO and MSC enrollment. I excluded data from two plans due to concerns about their data.
- II. Demographic rates vary by eligibility category, age and gender, and geographic location. Current eligibility categories include aged institutionalized and aged non-institutionalized.
- III. Rate relationships by demographic rate cell were developed in 2009 and are based on actual claim experience from 2007-2008 for the aged populations enrolled in managed care programs in Minnesota.
- IV. Adjustments are made for trends in utilization and cost per service, on a combined basis. The trends are based on historical claim trends from 2006 to 2008 for public program populations enrolled in managed care programs in Minnesota and on benchmark utilization and provider payment rates for public programs including the Medicare fee-for-service program.
- V. I projected 2010 administrative costs by projecting forward 2008 administrative costs per member per month. (For MSHO, administrative expenses are allocated to Medicaid according to revenue and recognize that MSHO Medicare premiums are not subject to the state premium tax.) I used a trend rate of 2.0% for this purpose and took into account Minnesota's law limiting administrative costs for specified programs to 8.2% of revenue. As directed by DHS, I combined the administrative costs of PMAP, MNCare, MSC, and MSHO for the purpose of testing projected administrative expenses in 2010 against this limit of 8.2%. If treated individually, not all programs would be projected to achieve an administrative cost level as low as 8.2% of revenue.

As mentioned above, I have also explicitly recognized investment income in the rate development process. Investment income is shown in the exhibits as an offset to administrative cost.

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- VI. The load for the 2010 contribution to surplus in this analysis is 1.75%. This includes an adjustment of 0.25% to reflect that over the past few years the plans have, on average, received about 99.75% of revenue after withhold returns. I am also including a line for investment income to recognize that it is a component of gain. For this analysis, I have assumed that investment income will be 1.0% of revenue. This adjustment and the adjustment to administrative costs mentioned above offset each other.

Development of Recommended Rate Increase

Exhibit A provides a summary of the development of the preliminary rate increase (7.80%). Exhibits B and C describe the development of the claim cost trend figures. Exhibit D describes the impact of benefit changes. Exhibit E describes the calculation of 2009 revenue. The exhibits are discussed below.

Exhibit A

The 2008 Medicaid-covered MSHO and MSC claim cost of \$544.69 was developed from actual data received from the plans (as mentioned above) and is before reinsurance. I relied on enrollment figures provided by DHS.

The annual claim cost trend rate of 6.68% shown in Exhibit A is a 50/50 blend of a Benchmark Trend Rate (Exhibit B) and an Experience-based Trend Rate (Exhibit C). The administrative trend is 2.0% and the surplus margin is 1.75%. Based on the average withhold returned over the period from 2006 to 2008, a withhold adjustment of 0.25% has been included in the surplus margin, as described above.

After applying trend, benefit, and surplus adjustments to 2008 claim cost, the preliminary rate increase (7.80%) is calculated by comparing this total to average fourth quarter 2009 revenue (calculated using 2009 rates with the 2008 membership distribution, to be consistent with the claim cost projection).

Exhibit B

The benchmark trend rate of 6.69% shown in Exhibit A is developed by applying benchmark trend rates for various service categories to plan data as shown in Exhibit B. The claim costs shown by benefit category were developed using the data provided by the plans.

The benchmark trend rates for Medicare cost sharing are based on Milliman research regarding trends in Medicare cost-sharing for 2009 and projected trends for 2010, including the effect of published increases in the Part A and Part B deductibles. The Part A cost-sharing trend of 3%

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reflects the increase in the Part A deductible for 2010. Part B cost-sharing is primarily hospital outpatient and physician cost-sharing. The Part B cost-sharing trend of 7.0% considers the benchmark trend rates of 8.16% for hospital outpatient services and 5.58% for physician services.

The trend rate for Non-Medicare-covered drugs is based primarily on Milliman estimates of generic drug trends, as most non-Medicare-covered drugs are generics. The trend rate of 7.82% for home health and PCA services includes the 2% rate increase effective between 2008 and 2009.

Exhibit C

The Experience-Based trend rate of 6.67% shown in Exhibit A is developed based on a weighted average of health plan trends over the last three years, backing out trend due to changes in demographic and area mix, as shown in Exhibit C, and the impact of benefit changes.

The average claim costs and demographic and area factors shown for 2006-2007 and 2007-2008 were developed using the plan data described above. Note that we did not receive 2006 data from one plan and thus they have not been included in the 2006-2007 trend calculations. The impact of benefit changes is described in Exhibit D. The development of the trend in demographic and area factors is described in Exhibit F.

Exhibit D

The aggregate impact of 2007, 2008 and 2009 benefit changes on claim cost is calculated as the claim cost-weighted average of the adjustment factors for each group of rate cells (institutionalized and non-institutionalized by gender, or, in one case, Medicare-eligibles and non-eligibles). The adjustment factors were developed in my letters regarding benefit changes for this and prior years.

Rateable reductions effective for payment rates beginning October 2010 are also included. I am assuming that the MCOs will be able to pass these reductions on to the providers.

Exhibit E

The 2009 revenue figure of \$620.59 shown on Exhibit A is calculated as the weighted average capitation rate among enrollees whose data is reflected in the average 2008 claim costs of \$544.69 (Exhibit A). The calculation of 2009 revenue is shown on Exhibit E.

The fourth quarter 2009 capitation rates used for this calculation have been adjusted to reflect that the MCOs receive the MERC amount for MSHO enrollees (except Non-MC MSHO enrollees). I understand that the MERC amount received by the plans for these dual-eligible MSHO enrollees is subject to ratable reductions, whereas MERC carve-outs are not subject to ratable reductions.

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Exhibit F

Exhibit F describes the development of the trend in demographic and area factors shown on Exhibit C. The demographic and area factors are first shown separately, and then together for each rate cell/area combination as “rate cell relativities”. Enrollment is shown for each year. There are separate 2007 enrollment tables because one plan was excluded in the 2006-2007 trend calculations due to non submission of 2006 data as I noted earlier. For each year, the average demographic/area factor is the enrollment-weighted average rate cell relativity.



Pam, I am available for questions by phone at [REDACTED] and by e-mail at [REDACTED].

Sincerely,

Leigh M. Wachenheim, FSA, MAAA
Principal & Consulting Actuary

LMW/ral

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Exhibit A: Preliminary Rate Increase for 2010 Rates - Seniors

(a) 2008 Medicaid-Covered MSHO & MSC Claim Cost	\$	544.69	
(b) Annual Trend Rate - Benchmark		6.69%	Exhibit B
(c) Annual Trend Rate - Experience		6.67%	Exhibit C
(d) Annual Trend Rate - 50/50 Blend		6.68%	= (b + c) / 2
(e) Projected 2010 Claim Cost	\$	619.88	= (a) * (1 + d) ^ 2
(f) 2008 Administrative Cost	\$	47.26	
(g) Administrative Trend Rate		2.00%	
(h) Projected 2010 Administrative Cost	\$	49.17	= (f) * (1 + g) ^ 2
(i) Investment Income as a Percent of Revenue		1.00%	
(j) Admin Offset for Investment Income	\$	6.81	= (e + h) * (i) / (1 - p)
(k) Net Provision for Administrative Margin	\$	42.36	= (h) - (j)
(l) Preliminary 2010 Claim and Administrative Cost	\$	662.25	= (e) + (k)
(m) Impact of 2009 Benefit Changes		0.9824	Exhibit D
(n) Projected 2010 Claim and Administrative Cost	\$	650.60	= (l) * (m)
(o) Investment Income Margin		1.00%	= (i)
(p) Surplus Margin (w/o Inv Income, incl. Withhold Adj)		1.75%	
(q) Projected 2010 Required Revenue	\$	669.00	= (n) / (1 - o - p)
(r) 2009 Revenue	\$	620.59	Exhibit E
(s) Preliminary Rate Increase for 2010 Rates		7.80%	= (q) / (r) - 1

Exhibit B: Benchmark Trend Rate

Item	2008 Claim Cost	Benchmark Annual Trend Rate	2010 Claim Cost
<u>Drug Costs</u>			
Medicare cost sharing	\$ -	0.00%	\$ -
Non-Medicare-covered drugs	14.27	5.00%	15.73
<u>Part C Cost Sharing</u>			
Medicare Part A cost sharing	39.14	3.00%	41.52
Medicare Part B cost sharing	123.69	7.00%	141.61
<u>Other Medicaid-Covered Costs</u>			
Hospital Inpatient	9.82	3.58%	10.54
Hospital Outpatient	7.12	8.16%	8.33
Physician	11.76	5.58%	13.10
Dental	14.87	5.02%	16.40
Home Health	58.48	7.82%	67.98
Personal Care Assistants	184.05	7.82%	213.94
Podiatry	0.76	5.58%	0.85
All other Non-Medicare services	80.73	5.58%	89.98
<u>Total Medicaid-Covered Costs</u>			
Subtotal	544.69		619.99
Reinsurance recoveries	-		-
Grand Total	\$ 544.69	6.69%	\$ 619.99



Exhibit C: Experience-Based Trend Rate

<u>2006-2007 Trend</u>	<u>2006</u>	<u>2007</u>
Average Demog/Area Factor	0.9449	0.9690
Trend in Demog/Area Factors		2.55%
	<u>2006</u>	<u>2007</u>
Incurred Claim Cost PMPM	\$ 446.23	\$ 486.06
Claim Cost Trend		8.93%
Net of Benefit/Elig Changes (Exh D)		8.75%
Also Net of Trend in D/A Factors		6.04%
	<u>2007</u>	<u>2008</u>
<u>2007-2008 Trend</u>	<u>2007</u>	<u>2008</u>
Average Demog/Area Factor	0.9806	0.9970
Trend in Demog/Area Factors		1.66%
	<u>2007</u>	<u>2008</u>
Incurred Claim Cost PMPM	\$ 494.17	\$ 544.69
Claim Cost Trend		10.22%
Net of Benefit/Elig Changes (Exh D)		9.09%
Also Net of Trend in D/A Factors		7.30%
Blended Trend		6.67%



Exhibit D: Impact of Benefit Changes

Adjustment Factor for	Rate Cells	
	Inst.	Non-Inst.
Rate Increase for Critical Access Mental Health Providers	1.0004	1.0004
Adult Mental Health Rehab Services (ARMHS & Crisis)	1.0001	1.0015
Composite Adjustment Factor for 2007 Benefit Changes	1.0005	1.0019
Distribution of Revenue	18.79%	81.21%
Aggregate Impact of 2007 Benefit Changes on Claim Cost	1.0016	

Adjustment Factor for	Inst.	Non-Inst. F	Rate Cells		
			Non-Inst. M	Medicare	Non-MC
Model Benefit Set for Mental Health Services	1.0008	1.0032	1.0030		
Shingles Vaccine				1.0000	1.0440
Fee Increase for Selected Critical Access Providers	1.0001	1.0001	1.0001		
Halfway House and Extended Care Services	1.0000	1.0011	1.0011		
Rate Increase for Critical Access Mental Health Providers	1.0004	1.0004	1.0004		
Composite Adjustment Factor for 2008 Benefit Changes	1.0013	1.0048	1.0046	1.0000	1.0440
Distribution of Revenue	17.15%	57.62%	25.23%	85.82%	14.18%
Aggregate Impact of 2008 Benefit Changes on Claim Cost	1.0104				

Adjustment Factor for	Inst.	Non-Inst. F	Rate Cells		
			Non-Inst. M	Medicare	Non-MC
Ratable Reduction for Fee-For-Service Hospitals				1.0000	0.9917
Offset of Model Benefit Set for Mental Health Services	1.0000	1.0001	1.0001		
Mental Health Targeted Case Management	1.0009	1.0032	1.0037		
Halfway House and Extended Care Services	1.0000	1.0011	1.0011		
Removal of Room and Board Costs From FS Resid CD	0.9992	0.9992	0.9992		
Income Based Copay Limits	1.0001	1.0001	1.0001		
Composite Adjustment Factor for Jan 2009 Benefit Changes	1.0002	1.0037	1.0042	1.0000	0.9917
Distribution of Revenue (based on data in Exhibit E)	16.22%	57.57%	26.20%	85.11%	14.89%
Impact of January 2009 Benefit Changes on Claim Cost	1.0020				

Adjustment Factor for	Rate Cells			
	Inst. Medicare	Inst. Non-MC	Non-Inst. Medicare	Non-Inst. Non-MC
October 2009 Legislative and Unallotment Changes		0.9976	0.9875	0.9789
Distribution of Revenue (based on data in Exhibit E)		15.59%	0.63%	69.52%
Impact of October 2009 Benefit Changes on Claim Cost	0.9805			

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Exhibit E: 2009 Revenue

Rate Cell			Hennepin	Ramsey	Greater Metro	Core Metro	North East	North Central	Carver	South West	Olmsted	South East	Total
2008 Enrollment by Rate Cell													
65 - 74	F	Instit	3,300	1,498	339	837	409	2,058	84	1,418	267	1,644	11,854
75 - 84	F	Instit	6,176	3,037	875	3,057	1,674	6,807	226	4,862	525	5,667	32,906
85 +	F	Instit	11,259	6,098	2,189	5,810	4,279	18,347	704	14,947	1,467	14,800	79,900
All Ages - Non MC	F	Instit	206	46	9	5	27	78	144	23	-	44	582
65 - 74	M	Instit	2,432	982	298	673	382	1,673	50	1,261	196	1,421	9,368
75 - 84	M	Instit	2,530	1,212	400	1,093	638	3,419	101	2,525	237	2,564	14,719
85 +	M	Instit	1,810	1,042	341	992	794	4,160	106	3,300	284	3,568	16,397
All Ages - Non MC	M	Instit	136	17	10	20	10	21	47	32	-	32	325
65 - 74	F	Non-Inst	22,249	13,222	1,886	12,372	4,014	16,717	618	8,556	2,352	10,210	92,196
75 +	F	Non-Inst	26,838	14,918	4,069	15,569	6,295	32,666	1,428	18,533	3,978	22,604	146,898
All Ages - Non MC	F	Non-Inst	7,721	2,468	175	1,073	55	399	58	391	488	387	13,215
65 - 74	M	Non-Inst	12,947	7,199	942	4,934	2,279	10,496	219	4,946	1,547	5,942	51,451
75 +	M	Non-Inst	11,007	5,027	945	4,588	1,413	9,625	312	5,565	1,649	6,745	46,876
All Ages - Non MC	M	Non-Inst	6,359	2,020	39	671	40	225	25	423	384	232	10,418
Total			114,970	58,786	12,517	51,694	22,309	106,691	4,122	66,782	13,374	75,860	527,105
October 2009 Rates (Including MERC amount add-on received by MCOs for some MSHO enrollees)													
65 - 74	F	Instit	\$ 634.84	\$ 764.92	\$ 543.53	\$ 544.62	\$ 325.90	\$ 414.31	\$ 404.44	\$ 403.12	\$ 388.16	\$ 387.07	\$ 524.08
75 - 84	F	Instit	443.34	532.28	378.04	379.66	227.23	288.56	283.83	281.09	270.42	269.74	343.16
85 +	F	Instit	311.66	373.15	265.28	266.32	159.48	202.49	198.62	197.04	189.55	189.08	231.18
All Ages - Non MC	F	Instit	2,718.03	3,383.94	2,412.79	2,413.07	1,449.69	1,838.16	1,796.63	1,781.13	1,726.34	1,720.53	2,246.15
65 - 74	M	Instit	619.40	750.75	533.71	534.03	320.32	407.09	398.58	396.15	382.46	380.42	501.76
75 - 84	M	Instit	493.21	592.62	420.69	422.31	252.57	320.86	313.76	312.50	299.99	300.36	374.76
85 +	M	Instit	407.28	489.60	347.71	348.61	208.78	265.28	260.42	258.22	247.64	247.85	293.68
All Ages - Non MC	M	Instit	2,717.10	3,384.87	2,412.04	2,412.32	1,450.00	1,838.44	1,796.54	1,778.72	1,726.28	1,719.10	2,304.34
65 - 74	F	Non-Inst	750.57	908.36	645.50	647.50	387.51	491.39	481.76	479.59	461.44	460.43	627.96
75 +	F	Non-Inst	898.60	1,086.43	772.22	773.77	463.16	588.42	576.54	573.70	552.20	550.92	706.31
All Ages - Non MC	F	Non-Inst	2,043.79	2,546.20	1,814.68	1,815.03	1,090.10	1,384.38	1,352.33	1,351.33	1,299.30	1,293.17	2,019.14
65 - 74	M	Non-Inst	686.19	831.07	590.29	592.32	355.18	449.87	441.28	439.11	422.83	421.43	569.54
75 +	M	Non-Inst	962.97	1,167.25	829.11	831.57	497.20	631.87	621.15	616.35	592.71	592.37	777.52
All Ages - Non MC	M	Non-Inst	1,925.86	2,399.73	1,710.90	1,709.73	1,028.44	1,305.09	1,274.48	1,273.76	1,224.24	1,219.25	1,916.53
Total			\$ 879.27	\$ 993.71	\$ 612.84	\$ 663.16	\$ 348.88	\$ 456.28	\$ 529.38	\$ 427.16	\$ 505.28	\$ 418.22	\$ 620.59

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Exhibit F: Trend in Demographic/Area Factors - Seniors

2006-2007 Trend	2006	2007
Average Demographic/Area Factor	0.9449	0.9690
Trend in Demographic/Area Factors		2.55%

2007-2008 Trend	2007	2008
Average Demographic/Area Factor	0.9806	0.9970
Trend in Demographic/Area Factors		1.66%

Demographic Factors

<u>Institutionalized</u>		
Female	65-74	0.729
	75-84	0.550
	85+	0.409
	Non-MC	2.473
Male	65-74	0.727
	75-84	0.619
	85+	0.529
	Non-MC	2.473

<u>Non-Institutionalized</u>		
Female	65-74	1.020
	75+	1.147
	Non-MC	2.707
Male	65-74	0.964
	75+	1.182
	Non-MC	2.844

Area Factors

Hennepin	1.157
Carver	0.897
Core Metro	1.060
Greater Metro	1.060
Northeast	0.725
Northwest	0.887
Olmsted	0.822
Ramsey	1.295
Southeast	0.822
Southwest	0.897

Rate Cell Relativities

Rate Cell	Hennepin	Carver	Core Metro	Greater Metro	Northeast	Northwest	Olmsted	Ramsey	Southeast	Southwest	
<u>Institutionalized</u>											
Female	65-74	0.844	0.654	0.773	0.773	0.529	0.647	0.599	0.944	0.599	0.654
	75-84	0.637	0.493	0.583	0.583	0.399	0.488	0.452	0.712	0.452	0.493
	85+	0.473	0.367	0.433	0.433	0.296	0.363	0.336	0.529	0.336	0.367
	Non-MC	2.862	2.217	2.621	2.621	1.793	2.194	2.032	3.202	2.032	2.217
Male	65-74	0.842	0.652	0.771	0.771	0.527	0.645	0.598	0.942	0.598	0.652
	75-84	0.716	0.555	0.656	0.656	0.449	0.549	0.509	0.801	0.509	0.555
	85+	0.612	0.475	0.561	0.561	0.384	0.470	0.435	0.685	0.435	0.475
	Non-MC	2.862	2.217	2.621	2.621	1.793	2.194	2.032	3.202	2.032	2.217
<u>Non-Institutionalized</u>											
Female	65-74	1.180	0.914	1.080	1.080	0.739	0.905	0.838	1.320	0.838	0.914
	75+	1.327	1.029	1.216	1.216	0.832	1.018	0.942	1.485	0.942	1.029
	Non-MC	3.132	2.427	2.869	2.869	1.962	2.402	2.224	3.505	2.224	2.427
Male	65-74	1.116	0.865	1.022	1.022	0.699	0.856	0.792	1.249	0.792	0.865
	75+	1.368	1.060	1.253	1.253	0.857	1.049	0.971	1.530	0.971	1.060
	Non-MC	3.290	2.550	3.013	3.013	2.061	2.523	2.336	3.681	2.336	2.550

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Exhibit F Continued: Trend in Demographic/Area Factors - Seniors

2006 Enrollment

Rate Cell	Hennepin	Carver	Core Metro	Greater Metro	Northeast	Northwest	Olmsted	Ramsey	Southeast	Southwest	Total
<u>Institutionalized</u>											
Female 65-74	3,056	133	757	375	518	2,282	227	885	1,849	1,377	11,459
75-84	6,278	245	2,416	886	2,178	7,248	609	2,609	6,356	5,089	33,914
85+	10,545	606	5,412	2,479	4,810	19,026	1,543	4,909	15,141	15,399	79,870
Non-MC	213	-	33	19	23	52	8	24	65	8	445
Male 65-74	2,212	68	581	182	508	1,723	234	666	1,371	1,213	8,758
75-84	2,585	58	1,041	387	828	3,485	232	937	2,855	2,864	15,272
85+	1,628	116	883	335	1,019	4,364	209	806	3,756	3,559	16,675
Non-MC	171	-	6	10	9	35	8	40	39	23	341
<u>Non-Institutionalized</u>											
Female 65-74	18,041	402	8,808	1,567	3,676	13,215	2,047	9,142	9,371	8,489	74,758
75+	20,022	791	10,511	3,539	5,124	25,463	3,403	10,605	20,334	17,636	117,428
Non-MC	6,061	51	1,159	97	75	358	439	1,808	571	296	10,915
Male 65-74	10,673	104	3,629	731	2,138	7,832	1,238	4,750	5,413	4,379	40,887
75+	7,592	242	2,844	681	1,069	7,458	1,212	3,466	5,985	5,264	35,813
Non-MC	4,171	27	633	58	27	238	395	1,515	243	369	7,676
Total Enrollment	93,248	2,843	38,713	11,346	22,002	92,779	11,804	42,162	73,349	65,965	454,211

2007 Enrollment (Corresponds to 2006-2007 Trend)

Rate Cell	Hennepin	Carver	Core Metro	Greater Metro	Northeast	Northwest	Olmsted	Ramsey	Southeast	Southwest	Total
<u>Institutionalized</u>											
Female 65-74	3,029	105	883	429	401	2,144	252	964	1,911	1,365	11,483
75-84	5,852	251	2,537	952	1,853	6,955	591	2,438	6,050	4,812	32,291
85+	10,184	707	5,443	2,263	4,748	18,543	1,576	4,922	15,083	15,276	78,745
Non-MC	229	-	10	14	35	50	6	35	50	15	444
Male 65-74	2,150	97	553	237	439	1,614	234	625	1,466	1,184	8,599
75-84	2,323	51	963	402	723	3,484	220	921	2,849	2,622	14,558
85+	1,600	112	865	332	894	4,217	253	733	3,800	3,498	16,304
Non-MC	139	-	21	-	12	40	-	28	31	36	307
<u>Non-Institutionalized</u>											
Female 65-74	19,338	433	9,883	1,716	3,860	14,544	2,340	9,700	9,743	8,570	80,127
75+	22,967	1,129	12,928	3,955	6,730	29,540	3,905	11,365	22,483	18,444	133,446
Non-MC	6,727	40	1,161	140	68	363	502	2,101	419	342	11,863
Male 65-74	11,275	160	4,007	811	2,207	8,708	1,404	5,106	5,663	4,744	44,085
75+	8,867	259	3,509	822	1,460	8,604	1,488	3,716	6,683	5,546	40,954
Non-MC	5,396	22	700	70	42	230	394	1,698	212	400	9,164
Total Enrollment	100,076	3,366	43,463	12,143	23,472	99,036	13,165	44,352	76,443	66,854	482,370

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Exhibit F Continued: Trend in Demographic/Area Factors - Seniors

2007 Enrollment (Corresponds to 2007-2008 Trend)

Rate Cell	Hennepin	Carver	Core Metro	Greater Metro	Northeast	Northwest	Olmsted	Ramsey	Southeast	Southwest	Total
<u>Institutionalized</u>											
Female 65-74	3,383	106	946	429	401	2,144	252	1,455	1,911	1,365	12,392
75-84	6,521	283	2,884	952	1,853	6,955	591	3,453	6,050	4,812	34,354
85+	11,524	819	6,004	2,263	4,748	18,543	1,576	6,670	15,083	15,276	82,506
Non-MC	229	-	10	14	35	50	6	46	50	15	455
Male 65-74	2,387	97	596	237	439	1,614	234	975	1,466	1,184	9,229
75-84	2,602	61	1,041	402	723	3,484	220	1,212	2,849	2,622	15,216
85+	1,812	129	939	332	894	4,217	253	1,113	3,800	3,498	16,987
Non-MC	139	-	21	-	12	40	-	28	31	36	307
<u>Non-Institutionalized</u>											
Female 65-74	21,512	500	11,584	1,716	3,860	14,544	2,340	12,797	9,743	8,570	87,166
75+	26,097	1,252	14,584	3,955	6,730	29,540	3,905	14,658	22,483	18,444	141,648
Non-MC	7,046	40	1,204	140	68	363	502	2,203	419	342	12,327
Male 65-74	12,622	204	4,688	811	2,207	8,708	1,404	6,722	5,663	4,744	47,773
75+	9,963	278	4,094	822	1,460	8,604	1,488	4,755	6,683	5,546	43,693
Non-MC	5,684	22	708	70	42	230	394	1,808	212	400	9,570
Total Enrollment	111,521	3,791	49,303	12,143	23,472	99,036	13,165	57,895	76,443	66,854	513,623

2008 Enrollment

Rate Cell	Hennepin	Carver	Core Metro	Greater Metro	Northeast	Northwest	Olmsted	Ramsey	Southeast	Southwest	Total
<u>Institutionalized</u>											
Female 65-74	3,300	84	837	339	409	2,058	267	1,498	1,644	1,418	11,854
75-84	6,176	226	3,057	875	1,674	6,807	525	3,037	5,667	4,862	32,906
85+	11,259	704	5,810	2,189	4,279	18,347	1,467	6,098	14,800	14,947	79,900
Non-MC	206	144	5	9	27	78	-	46	44	23	582
Male 65-74	2,432	50	673	298	382	1,673	196	982	1,421	1,261	9,368
75-84	2,530	101	1,093	400	638	3,419	237	1,212	2,564	2,525	14,719
85+	1,810	106	992	341	794	4,160	284	1,042	3,568	3,300	16,397
Non-MC	136	47	20	10	10	21	-	17	32	32	325
<u>Non-Institutionalized</u>											
Female 65-74	22,249	618	12,372	1,886	4,014	16,717	2,352	13,222	10,210	8,556	92,196
75+	26,838	1,428	15,569	4,069	6,295	32,666	3,978	14,918	22,604	18,533	146,898
Non-MC	7,721	58	1,073	175	55	399	488	2,468	387	391	13,215
Male 65-74	12,947	219	4,934	942	2,279	10,496	1,547	7,199	5,942	4,946	51,451
75+	11,007	312	4,588	945	1,413	9,625	1,649	5,027	6,745	5,565	46,876
Non-MC	6,359	25	671	39	40	225	384	2,020	232	423	10,418
Total Enrollment	114,970	4,122	51,694	12,517	22,309	106,691	13,374	58,786	75,860	66,782	527,105

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