

AMENDMENT NO. 1 TO B06780

Contract Start Date:	January 1, 2008	Total Contract Amount:	Per Member/Per Month
Original Contract Expiration Date:	December 31, 2008	Original Contract Amount:	Per Member/Per Month
Current Contract Expiration Date:	December 31, 2008	Previous Amendment(s) Total:	N/A
Requested Contract Expiration Date:	December 31, 2008	Amendment Amount:	N/A

This amendment is by and between the State of Minnesota, through its Commissioner of the Department of Human Services (“STATE”) and **HealthPartners**, Managed Care Organization (“MCO”), identified as Contract No. **B06780** to further the Minnesota Medical Assistance Program for the provision of prepaid medical and remedial services pursuant to Title XIX of the Social Security Act; and

WHEREAS, the definition of Inpatient Hospitalization no longer excludes free-standing residential chemical dependency facilities; and

WHEREAS, the STATE requires MCOs to provide follow-up renewal calls to Enrollees who are receiving services through the MCO, at least sixty days prior to the enrollees’ renewal dates; and

WHEREAS, for MinnesotaCare Basic Plus and Basic Plus One, Inpatient Hospitalization includes inpatient mental health services and inpatient hospital and residential chemical dependency treatment for purposes of determining the Enrollee’s inpatient hospital benefit limit and/or copayment as applicable; and

WHEREAS, to reflect the current language that allows the MCO to provide the STATE written notice of non-renewal less than one hundred fifty days prior to the contract end is removed; and

WHEREAS, the MCO must ensure that no Provider denies Covered Services to an Enrollee because of the Enrollee’s inability to pay the copayment, including Enrollees in the GAMC program; and

WHEREAS, effective July 1, 2008, the MCO shall assume responsibility for all chemical dependency treatment services and treatment-related room and board effective upon the date of the Recipient’s enrollment into the MCO. For services that were authorized by the CCDTF or any other STATE-contracted MCO prior to the Recipient’s enrollment, the language allowing for a one month transition period is removed; and

WHEREAS, the STATE and the MCO have agreed to amend the 2008 Contract to include these legislative and procedural changes.

Therefore, the parties agree that:

REVISION 1. 2.46 “Inpatient Hospitalization” is amended as follows:

2.46 Inpatient Hospitalization includes inpatient medical, mental health and chemical dependency services, ~~excluding free-standing residential chemical dependency facilities.~~

REVISION 2. 3.1.2 “Enrollment” is amended as follows:

3.1.2(O) Call Prior to Renewal. The MCO shall place a follow-up renewal call to an each Enrollee at least sixty (60) days prior to the Enrollee's eligibility renewal date in accordance with the STATE's specifications found on the STATE's website at: www.dhs.state.mn.us/dhs16_139698, as mandated by Minnesota Statutes, § 256.962, subd. 7(b), utilizing eligibility renewal data provided by the STATE.

REVISION 3. 4.4.3 "MinnesotaCare Enrollees" is amended as follows:

4.4.3(C) Inpatient Hospitalization, which includes Inpatient Hospitalization for chemical dependency treatment:

- (1) Basic Plus Two: No copay or annual limit.
- (2) Basic Plus One: Copayment of is ten percent (10%) of paid charges subject to an annual calendar year maximum of one thousand dollars (\$1,000), and an Annual inpatient hospital benefit limit of ten thousand dollars (\$10,000) on paid charges. For purposes of the inpatient hospital benefit limit and copayment, Inpatient Hospitalization includes inpatient hospital mental health services and inpatient hospital and residential chemical dependency treatment as authorized by Minnesota Statutes, § 256L.03, subd. 3.
- (3) Basic Plus: No copay. Enrollees are subject to an Annual inpatient hospital benefit limit of ten thousand dollars (\$10,000) on paid charges. For purposes of the inpatient hospital benefit limit, see paragraph 4.4.3(C)(2) above.

REVISION 4. 4.4.5 "Collection and Payment of Copays" is amended as follows:

4.4.5(B) The MCO must ensure that no Provider denies Covered Services to an Enrollee because of the Enrollee's inability to pay the copayment pursuant to 42 CFR § 447.53 for Enrollees enrolled in the Medical Assistance program, GAMC and MinnesotaCare's Basic Plus Two and Basic Plus.

REVISION 5. 5.2 "Contract Non-Renewal and Termination" is amended as follows:

5.2.1 Notice of Non-Renewal.

- (A) **150 or More Days Prior to the End of Contract.** The MCO shall provide the STATE with at least one hundred and fifty (150) days written notice prior to the end of the contract term if the MCO chooses not to renew or extend this Contract at the end of the contract term. If the MCO provides the STATE with such notice, the Contract will end on the Termination Date.
- ~~(B) **Less Than 150 Days Prior to the End of the Contract.** If the MCO provides the STATE written notice prior to the end of the contract term but less than one hundred and fifty (150) days prior to, the Contract will end at 11:59:59 p.m. on the last day of the month which falls one hundred and fifty (150) days from the date the notice is given, unless the parties agree in writing to a different date.~~

REVISION 6. 6.25 "Out of Network and Transition Services" is amended as follows:

6.25.2(D)(2) CD Services.


Effective July 1, 2008, the MCO shall assume responsibility for all treatment and treatment-related room and board effective upon the date of the Recipient's enrollment into the MCO. Except for inpatient hospital-based programs, enrollment into the MCO will not be delayed. The MCO shall provide coverage for services that were authorized by the CCDTF or any other STATE-contracted MCO prior to the Recipient's enrollment in the MCO, unless the MCO completes a new Rule 25 assessment or re-assessment, and the assessment determines a different level of need for services. ~~for a one-month transition period. During the transition period, if the end date of the current treatment authorization period is prior to the end of the first month of MCO enrollment, the MCO may require a new Rule 25 assessment or a reassessment during the first month if continued services are needed or requested by either the Provider or the Recipient.~~

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ALL PREVIOUS AMENDMENTS REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, the parties hereto have executed this contract amendment. This contract amendment is hereby accepted and considered binding in accordance with the terms outlined in the preceding statements.

APPROVED:

**STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES**

By: 

Title: Assistant Commissioner

Date: 7/16/08

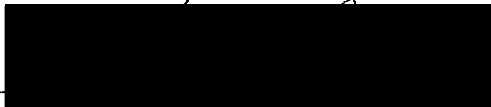
HealthPartners
(Two corporate officers must execute)

By: 

Title: SR VP, Health Plan Ops + Govt Programs

Date: 07-09-08

and

By: 

Title: CAO & CFO

Date: 7-09-08