

AMENDMENT NO. 1 TO B22529

Contract Start Date:	October 1, 2009	Total Contract Amount:	Per Member/Per Month
Original Contract Expiration Date:	December 31, 2009	Original Contract Amount:	Per Member/Per Month
Current Contract Expiration Date:	December 31, 2009	Previous Amendment(s) Total:	N/A
Requested Contract Expiration Date:	December 31, 2009	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 **HMO Minnesota dba Blue Plus**, Managed Care Organization ("MCO"), identified as Contract No. **B22529** 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 STATE wishes to exercise the option to amend this contract as provided in Article 21;

WHEREAS, as of October 1, 2009, the medical assistance capitation rates for **Special Needs BasicCare** will be reduced to reflect the statutory changes enacted by the 2009 Minnesota Legislature during the regular session;

WHEREAS, pursuant to Minnesota Statutes, § 16A.152, subd. 4, the Commissioner of Finance reduced the amount of allotted funds for certain medical expenditures, and the unallotments effective July 1, 2009, that impact fee-for-service rates calculations are included in the medical assistance managed care rate reductions effective October 1, 2009, and

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

Therefore, the parties agree that:

REVISION 1. Rates listed in **Appendix 1A, 1B and 1C**, and the PMPM projected rates listed in **Appendix 2** are amended to include the following rate methodology adjustments. These adjustments will be reflected in the revised Appendix pages labeled **Appendix 1A-1, 1B-1 and 1C-1** in Appendix 1a, and the PMPM projected rates for October through December in Appendix 2a, and incorporated into this contract by reference. The rates are adjusted as follows:

Rate Adjustment 1. Physician and Professional Services Ratable Reduction. Amended rates will reflect a reduction for physician and professional services. Office and other outpatient visits, preventive medicine visits, and family planning visits are exempt from this rate reduction when billed by physicians, advanced practice nurses, or physician assistants in a family planning agency or in one of the following primary care practices: general practice, general internal medicine, general pediatrics, general geriatrics, and family medicine. This reduction does not apply to federally qualified health centers, rural health centers or Indian health services. Payment rates for physician and professional services are reduced by total of six and one half percent (6.5%). 76.9% of this reduction is pursuant to Minnesota Laws 2009, chapter 79, article 5, section 51, amended by chapter 173, article 1, section 32, that amends Minnesota Statutes § 256B.76, subd. 1; and the remaining 23.1% reduction is pursuant to Minnesota Statutes § 16A152, subd. 4, that amends Minnesota Statutes § 256B.766.

Rate Adjustment 2. Basic Care Ratable Reduction. For Special Needs BasicCare services provided on or after October 1, 2009, amended rates will reflect a reduction for basic care medical services. Exemptions from this reduction include inpatient hospital services, physician and professional services, family planning services, mental health services, dental services, prescription drugs, home health services, medical transportation and Medicare cost sharing. This reduction does not apply to federally qualified health centers, rural health centers or Indian health services. Payment rates for basic care services are reduced by a total of four and one half percent (4.5%). Two thirds (66%) of this reduction is pursuant to Minnesota Laws 2009, chapter 79, article 5, sections 52, amended by chapter 173, article 1, section 42 that amends Minnesota Statute § 256B.766. The remaining one third (33%) of this reduction is pursuant to Minnesota Statutes § 16A.152, subd. 4, which amends Minnesota Statutes § 256B.766.

Rate Adjustment 3. Inpatient Hospital Ratable Reduction. Medical Assistance payment rates for inpatient hospital admissions occurring on or after October 1, 2009 are reduced by one percent (1.0%) pursuant to Minnesota Laws 2009, chapter 79, article 5, section 12, which amends Minnesota Statutes § 256.969, subd. 3a(h). Exclusions from this reduction include facilities operated by the Indian Health Service and Indian tribes.

Rate Adjustment 4. Reimbursement Rates for Births, Professional Services. For services provided on or after October 1, 2009, there will be one calculated rate for professional services related to labor, delivery, and antepartum and postpartum care when provided for the following diagnosis-related groups: (1) 371 cesarean sections without complicating diagnosis; (2) 372 vaginal delivery with complicating diagnosis; and (3) 373 vaginal delivery without complicating diagnosis. This calculated rate shall not reflect a shift of greater than five percent (5.0%) in the current proportion of all births delivered vaginally and by cesarean section. This payment reduction is pursuant to Minnesota Statutes § 256B.756 as added by Minnesota Laws 2009, chapter 79, article 5, section 50, amended by chapter 173, article 1, section 31.

Rate Adjustment 5. Reimbursement Rates for Births, Inpatient Facility. For admissions occurring on or after October 1, 2009, the total operating and property payment rate, excluding disproportionate population adjustment, for the same diagnosis-related groups listed in **Rate Adjustment 4**, shall be no greater than \$3,528. Newborn care is excluded from these rates. This rate reduction applies to Medical Assistance and MinnesotaCare, and is pursuant to Minnesota Laws 2009, chapter 173, article 1, section 14, which amends Minnesota Statutes, § 256.969; and Minnesota Statutes, § 256B.756 as added by Minnesota Laws 2009, chapter 79, article 5, section 50.

Rate Adjustment 6. Long Term Care Providers. MCOs must implement a two and five eighths percent (2.58%) rate reduction effective October 1, 2009, for certain providers of State Plan Home Care Services, including but not limited to, nursing and home health services, personal care assistance (PCA) services, private duty nursing (PDN) services, physical therapy, occupational therapy, speech and respiratory therapy services, pursuant to Minnesota Laws 2009, chapter 79, article 8, section 79.

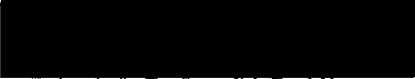
Rate Adjustment 7. 180-Day Nursing Facility Add-On. The State shall adjust the nursing facility rates to reflect rebasing for State Fiscal Year 2010, which includes the October 2009 through December 2009 rates, as stated in Minnesota Statutes, § 256B.411, subd. 55, pursuant to Minnesota Laws 2009, Chapter 79, article 8, section 61.

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: Medical Director
Date: 9/15/09

HMO Minnesota dba Blue Plus
(Two corporate officers must execute)

By: 
Title: VP of Govt. Programs
Date: 9-11-09

and

By: 
Title: SVP & CEO Blue Plus
Date: 9/14/09

Appendix 1a

Includes:

Appendix 1A-1

Appendix 1B-1

Appendix 1C-1

**SNBC October 2009 – December 2009
Base Rate Tables**

Appendix 1A-1

Special Needs BasicCare

Development of October 2009 through December 2009 Rate Components Per Member Per Month (PMPM)

Population	A		B		C		D		E		F		G		H		I		J		K	
	Estimated Eligibility for 2009 Enrollment	Acute Base Rate	From Appendix 2	Rx Base Rate	Spenddown Adjustment	Initial Base Rate	MERC Adjustmt.	Composite MERC Adjustmt.	DHU Adjustmt.	Composite DHU Adjustmt.	Base Rate Premium Tax	Composite Base Rate Premium Tax										
Duals	Metro 1	\$319.72	\$20.70	\$0.86	\$341.28	\$21.50	\$6.15	N/A	N/A	\$3.23	\$3.39											
	Metro 2	319.72	20.70	0.86	341.28	6.83	6.15	N/A	N/A	3.39	3.39											
	Metro 3	319.72	20.70	0.86	341.28	5.46	6.15	N/A	N/A	3.39	3.39											
Community	Non-Metro	\$236.18	\$16.13	\$0.46	\$272.77	\$4.36	\$4.36	N/A	N/A	\$2.71	\$2.71											
	Metro 1	\$379.15	\$15.87	\$6.91	\$401.93	\$25.32	\$15.04	N/A	N/A	\$3.80	\$3.91											
	Metro 2	379.15	15.87	6.91	401.93	8.04	15.04	N/A	N/A	3.98	3.91											
Non-Duals	Non-Metro	\$343.52	\$15.31	\$3.40	\$362.23	\$5.80	\$5.80	N/A	N/A	\$3.60	\$3.60											
	Metro 1	\$1,748.83	\$867.80	\$1.13	\$2,617.76	\$164.92	\$86.39	\$83.77	\$56.72	\$23.93	\$25.00											
	Metro 2	1,748.83	867.80	1.13	2,617.76	52.36	86.39	68.06	56.72	25.23	25.00											
Community	Non-Metro	\$1,123.85	\$387.86	\$0.96	\$2,255.56	\$36.09	\$36.09	\$15.79	\$15.79	\$22.26	\$22.26											
	Metro 1	\$1,123.85	\$387.86	\$2.12	\$1,513.83	\$95.37	\$59.00	\$48.44	\$42.01	\$13.84	\$14.27											
	Metro 2	1,123.85	387.86	2.12	1,513.83	30.28	59.00	39.36	42.01	14.59	14.27											
Non-Duals	Non-Metro	\$1,041.29	\$486.26	\$1.68	\$1,539.23	\$24.63	\$24.63	\$10.77	\$10.77	\$15.19	\$15.19											

Population	L		M		N		O		P		Q		R		S		T	
	Non-CBP Final Base Rate with MERC and DHU Removed	CBP Final Base Rate with MERC and DHU Removed	MERC Add-Back	DHU Add-Back for Non-CBP (includes Premium Tax)	DHU Add-Back for CBP	NF Add-On for Non-CBP (includes Premium Tax)	NF Add-On for CBP	MHTCM Add-On for Non-CBP (includes Premium Tax)	MHTCM Add-On for CBP	From App. 2	From App. 2							
Duals	Metro 1	\$338.52	N/A	\$21.50	N/A	N/A	N/A	\$55.49	\$54.94	\$54.94								
	Metro 2	338.52	N/A	6.83	N/A	N/A	N/A	55.49	54.94	54.94								
	Metro 3	338.52	N/A	5.46	N/A	N/A	N/A	55.49	54.94	54.94								
Community	Non-Metro	\$271.12	\$268.41	\$4.36	N/A	N/A	N/A	\$55.49	\$54.94	\$54.94								
	Metro 1	\$390.80	N/A	\$25.32	N/A	N/A	N/A	\$64.42	\$63.78	\$63.78								
	Metro 2	390.80	N/A	8.04	N/A	N/A	N/A	64.42	63.78	63.78								
Non-Duals	Non-Metro	\$360.03	\$356.43	\$5.80	N/A	N/A	N/A	\$13.81	\$13.81	\$13.81								
	Metro 1	\$2,499.65	N/A	\$164.92	N/A	N/A	N/A	\$13.81	\$13.81	\$13.81								
	Metro 2	2,499.65	N/A	52.36	N/A	N/A	N/A	\$13.81	\$13.81	\$13.81								
Community	Non-Metro	\$2,225.94	\$2,203.68	\$36.09	N/A	N/A	N/A	\$15.79	\$15.79	\$15.79								
	Metro 1	\$1,427.09	N/A	\$95.37	N/A	N/A	N/A	\$14.07	\$14.07	\$14.07								
	Metro 2	1,427.09	N/A	30.28	N/A	N/A	N/A	14.07	14.07	14.07								
Non-Duals	Non-Metro	\$1,519.02	\$1,503.83	\$24.63	N/A	N/A	N/A	\$10.77	\$10.77	\$10.77								

Metro 1 - Hennepin County
 Metro 2 - Anoka, Carver, Dakota, Ramsey, Scott, and Washington Counties
 Metro 3 - Sherburne and Wright Counties
 Non-Metro - All other counties

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. It may not be appropriate for other purposes. Milliman does not intend to benefit or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix 1B-1
Special Needs BasicCare
October 2009 through December 2009 Capitation Payment Rates
Non-CBP Plans

Rate Regions	MERC Carve Out	DHU Add-on ¹	MERC + DHU	Risk Adjustment Base Rate ²	Plan Risk Factor ³	Plan RA Rate ^{1,2,3}	Plan RA Rate + DHU - Withhold ^{1,3}	Plan RA Rate + DHU + MERC - Withhold ^{1,3}	NF Add-on ¹	ME-TCM Add-on - Withhold ¹	Total Plan Rate (Includes MERC) ^{1,3}	Plan Reimbursement Amount (Excludes MERC) ^{1,3}
	App. 1A (R)	App. 1A (C)	App. 1A (L)	App. 1A (O)	(3 x 4)	(2 + 5) x 0.92	(6 + 1)	App. 1A (Q)	App. 1A (S) x 0.92	(7 + 8 + 9)	(6 + 8 + 9)	
Homepin	Institutionalized	Dual	\$21.50	\$338.52	1.1067	\$374.63	\$344.66	\$366.16	N/A	\$51.05	\$417.21	\$395.71
	Non-Dual	N/A	249.53	2,499.65	1.3593	3,397.77	3,203.79	3,368.71	N/A	46.37	3,415.08	3,250.16
Metro	Dual	N/A	25.32	390.80	1.1067	432.48	397.89	423.21	\$13.81	\$59.27	496.28	470.96
	Non-Dual	48.93	144.30	1,427.09	1.3593	1,939.85	1,829.67	1,925.04	14.07	53.84	1,992.95	1,897.58
	Dual	N/A	\$6.83	\$338.52	1.1067	\$374.63	\$344.66	\$351.49	N/A	\$51.05	\$402.54	\$395.71
	Non-Dual	\$68.75	121.11	2,499.65	1.3593	3,397.77	3,189.20	3,241.56	N/A	46.37	3,287.93	3,235.57
NW Metro	Dual	N/A	8.04	390.80	1.1067	432.48	397.89	405.93	\$13.81	\$59.27	479.00	470.96
	Non-Dual	39.76	70.04	1,427.09	1.3593	1,939.85	1,821.24	1,851.52	14.07	53.84	1,919.43	1,889.15
	Dual	\$5.46	\$338.52	1.1067	\$374.63	\$344.66	\$350.12	N/A	\$51.05	\$401.17	\$395.71	
	Non-Dual	41.88	\$18.51	2,499.65	1.3593	3,397.77	3,142.98	3,184.86	N/A	46.37	3,231.23	3,189.55
Non-Metro	Dual	6.43	6.43	390.80	1.1067	432.48	397.89	404.32	\$13.81	\$59.27	477.39	470.96
	Non-Dual	24.22	10.70	1,427.09	1.3593	1,939.85	1,794.50	1,818.72	14.07	53.84	1,886.63	1,862.41
	Dual	\$4.36	N/A	\$271.12	1.1067	\$300.04	\$276.04	\$280.40	N/A	\$51.05	\$331.45	\$327.09
	Non-Dual	36.09	\$15.95	2,225.94	1.3593	3,025.72	2,798.33	2,834.42	N/A	46.37	2,880.79	2,844.70
Non-Metro	Dual	5.80	5.80	360.03	1.1067	398.44	366.56	372.36	\$13.81	\$59.27	445.44	439.64
	Non-Dual	24.63	10.88	1,519.02	1.3593	2,064.80	1,909.63	1,934.96	14.07	53.84	2,002.17	1,977.54

¹ Includes 1% premium tax.
² Does not include MERC Carve-Out or DHU Add-On. Includes 1% premium tax.
³ The plan risk factor and risk adjusted rates will change each quarter

Rate Regions:
Homepin: Homepin County
Metro: Anoka, Carver, Dakota, Ramsey, Scott & Washington Counties
NW Metro: Sherburne & Wright Counties
Non-Metro: All other counties not previously listed

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

Appendix 1C-1
Special Needs BasicCare
October 2009 through December 2009 Capitation Payment Rates
CBP Plans

Rate Regions	MERC Carve Out	DHU Add-on	MERC + DHU	Risk Adjustment Base Rate ¹	Plan Risk Factor ²	Plan RA Rate ^{1/2}	Plan RA Rate + DHU - Withhold ²	Plan RA Rate + DHU + MERC - Withhold ²	NF Add-on	MH-TCM Add-on - Withhold	Total Plan Rate (Includes MERC) ²	Plan Reimbursement Amount (Excludes MERC) ²
	App. 1A (8)	App. 1A (7)		App. 1A (6)		(3 x 4)	(2 + 5) x 0.92	(6 + 1)	App. 1A (8)	App. 1A (7) x 0.92	(7 + 8 + 9)	(6 + 8 + 9)
Non-Metro	Dual	\$4.36	N/A	\$268.41	1.1067	\$297.04	\$273.28	\$277.64	N/A	\$30.54	\$328.18	\$323.82
	Non-Dual	36.09	\$15.79	2,703.68	1.3593	2,995.46	2,770.35	2,806.44	N/A	45.91	2,852.35	2,816.26
Non-Institutionalized	Dual	5.80	N/A	556.43	1.1067	394.45	362.90	368.70	\$13.67	58.68	441.04	435.24
	Non-Dual	24.63	10.77	1,503.83	1.3593	2,044.15	1,890.53	1,915.16	13.93	53.30	1,982.39	1,957.76

¹ Does not include MERC Carve-Out or DHU Add-On.
² The plan risk factor and risk adjusted rates will change each quarter

Rate Regions:
 Hennepin: Hennepin County
 Metro: Anoka, Carver, Dakota, Ramsey, Scott & Washington Counties
 NW Metro: Sherburne & Wright Counties
 Non-Metro: All other counties not previously listed

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

Appendix 2a

Includes:

**SNBC October 2009 – December 2009
PMPM Cost Models**

Listed as Appendix 2

Current 2009 Rates and Projected October 2009 – December 2009 Rates

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates**

Population: Dual Eligibles, Metro Counties, Institutional

COS	Description	Physician & Professional Services		Basic Care		Reimb. Rates for Births: Physician Services		Payment Rates for 2.53% UNCOLA Reduction		Unallotment for Suspension Nursing Facility Rebasing		Estimated October - December 2009 PMPM
		Reduction & Unallotment	Reduction & Unallotment	Inpatient Rateable Reduction	Births: Physician Services	Births: Inpatient	UNCOLA Reduction	Suspension Nursing Facility Rebasing				
001	Inpatient Hospital General	\$48.95	\$0.00	\$0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$48.81	
006	Rehabilitation	0.17	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.17	
007	Outpatient Hospital Services	15.88	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.82	
015	Inpatient Long Term Hospital	0.86	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.85	
020	Home Health Services	0.09	0.00	0.00	1.0000	1.0000	1.0000	0.9742	1.0000	1.0000	0.09	
032	Medical Supply / DME	36.80	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	36.11	
036	Transport, Special	50.33	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	50.33	
037	Transport, Ambulance	8.08	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.08	
041	Anesthesia	1.65	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.65	
043	Physician Services	44.85	0.30	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	44.55	
045	Dental	20.72	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.72	
046	Mental Health	32.50	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	32.50	
051	Physical Therapy	7.74	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.56	
053	Speech Therapy	3.06	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.97	
054	Occupational Therapy	10.91	0.45	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.46	
055	Podiatry	0.76	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.76	
057	Chiropractic	0.05	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.05	
058	Audiology	0.53	0.01	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.54	
062	Chemical Dependency	0.67	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.67	
063	CD Extended Care / Halfway House	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00	
072	Hospice	1.44	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.44	
074	Inpatient Hospital 45 Day Psych Contract	0.75	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.75	
075	Eyeglasses / Contact Lenses	2.25	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.15	
076	Prosthetics and Orthotics	3.10	0.00	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.03	
077	Hearing Aids	0.85	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.84	
078	Vision Care	2.44	0.08	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.36	
079	Radiology, Technical Component	11.86	0.04	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.82	
080	Laboratory	1.22	0.00	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.20	
082	Federal Qualified Health Contract Service	3.07	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.07	
087	End-Stage Renal Dialysis	8.36	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.36	
091	Nurse Practitioner Services	1.15	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.15	
999	Unable to Define	0.28	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.28	
	Dialectical Behavioral Therapy	0.58	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.58	
	Total Acute Base Rate	\$321.97									\$319.72	
	Prescription Drugs	\$20.70	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.70	
	Spentdown	0.86	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.86	
	Grand Total	\$343.53									\$341.28	
	Mental Health Targeted Case Management	\$54.94	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$54.94	

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. It may not be appropriate for other purposes. Millman 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates**

Population: Dual Eligibles, Non-Metro Counties, Institutional

COS	Description	Physician & Professional Services Rateable		Basic Care Rateable		Inpatient Rateable		Reimb. Rates for Births: Physician Services		Payment Rates for 2.58% UNCOLA Births: Inpatient		Unallowment for Suspension Nursing Facility Rebased		Estimated October - December 2009 PMPM
		Reduction & Unallowment	Unallowment	Reduction & Unallowment	Unallowment	Reduction	Rateable	Births: Physician Services	Rateable	Births: Inpatient	Reduction	Rateable	Rateable	
001	Inpatient Hospital General	\$31.31	\$0.00	\$0.00	\$0.00	\$0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$31.29
006	Rehabilitation	0.17	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.17
007	Outpatient Hospital Services	16.90	0.00	0.14	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.76
014	Inpatient Hospital IMD	0.11	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.11
015	Inpatient Long Term Hospital	1.32	0.00	0.00	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.31
020	Home Health Services	0.06	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
032	Medical Supply / DME	40.53	0.00	1.11	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	39.42
036	Transport, Special	50.81	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	50.81
037	Transport, Ambulance	6.79	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.79
041	Anesthesia	1.26	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.26
043	Physician Services	39.31	0.08	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	39.23
045	Dental	19.52	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.52
046	Mental Health	11.39	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.39
051	Physical Therapy	4.66	0.01	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.65
053	Speech Therapy	1.17	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.17
054	Occupational Therapy	3.99	0.04	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.95
055	Podiatry	0.47	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.47
056	Ambulatory Surgery	0.20	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.20
057	Chiropractic	0.14	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.14
058	Audiology	0.32	0.01	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.31
062	Chemical Dependency	0.86	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.86
063	CD Extended Care / Halfway House	0.00	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
072	Hospice	2.94	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.94
074	Inpatient Hospital 45 Day Psych Contract	0.08	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.08
075	Eyeglasses / Contact Lenses	1.70	0.00	0.08	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.62
076	Prosthetics and Orthotics	3.05	0.00	0.04	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.01
077	Hearing Aids	0.55	0.00	0.01	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.54
078	Vision Care	0.04	0.04	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.69
079	Radiology, Technical Component	9.41	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.37
080	Laboratory	1.28	0.00	0.02	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.26
082	Federal Qualified Health Contract Service	0.10	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.10
083	Rural Health Clinic Services	1.41	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.41
087	End-Stage Renal Dialysis	3.15	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.15
088	Public Health Nursing	0.02	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
091	Nurse Practitioner Services	0.42	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.42
999	Unable to Define	0.12	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.12
	Dialectical Behavioral Therapy	0.58	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.58
	Total Acute Base Rate	\$257.83												\$256.18
	Prescription Drugs	\$16.13	\$0.00	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$16.13
	Spenddown	0.46	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.46
	Grand Total	\$274.42												\$272.77
	Mental Health Targeted Case Management	\$54.94	\$0.00	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$54.94

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates**

Population: Dual Eligibles, Metro Counties, Community

COS	Description	Physician & Professional Services		Basic Care Rateable		Inpatient Rateable		Reimb. Rates for Births: Physician Services		Payment Rates for 2.38% UNCOLA		Unalotment for Suspension Nursing Facility Releasing		Estimated October - December 2009 PMPM
		Reduction & Unalotment	Unalotment	Reduction & Unalotment	Unalotment	Reduction	Services	Births: Inpatient	Reduction	Unalotment for Suspension Nursing Facility Releasing	Unalotment for Suspension Nursing Facility Releasing			
001	Inpatient Hospital General	\$45.64	\$0.00	\$0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$45.37	
006	Rehabilitation	0.25	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.25	
007	Outpatient Hospital Services	19.43	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.38	
014	Inpatient Hospital IMD	0.14	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.14	
015	Inpatient Long Term Hospital	7.40	0.00	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.33	
020	Home Health Services	26.58	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	25.89	
029	RTC - Mental Health	0.72	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.72	
032	Medical Supply / DMIE	26.98	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	26.29	
036	Transport, Special	15.12	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.12	
037	Transport, Ambulance	4.31	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.31	
041	Anesthesia	1.25	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.25	
043	Physician Services	47.82	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	47.54	
045	Dental	17.31	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	17.31	
046	Mental Health	110.23	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	110.23	
051	Physical Therapy	2.01	0.03	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.98	
053	Speech Therapy	0.62	0.03	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.59	
054	Occupational Therapy	2.75	0.14	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.61	
055	Podiatry	0.43	0.01	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.42	
056	Ambulatory Surgery	0.04	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04	
057	Chiropractic	0.68	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.68	
058	Audiology	0.19	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.19	
062	Chemical Dependency	7.26	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.26	
063	CD Extended Care / Halfway House	1.38	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.38	
072	Hospice	4.31	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.31	
074	Inpatient Hospital 45 Day Psych Contract	2.54	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.54	
075	Eyeglasses / Contact Lenses	2.46	0.00	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.35	
076	Prosthetics and Orthotics	0.76	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.75	
077	Hearing Aids	2.12	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.07	
078	Vision Care	1.32	0.04	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.28	
079	Radiology, Technical Component	14.18	0.07	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.11	
080	Laboratory	1.74	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.71	
082	Federal Qualified Health Contract Service	4.56	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.56	
083	Rural Health Clinic Services	0.02	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02	
087	End-Stage Renal Dialysis	6.84	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.84	
088	Public Health Nursing	0.06	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06	
090	Nurse Midwife Services	0.01	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01	
091	Nurse Practitioner Services	0.27	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.27	
999	Unable to Define	1.11	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.11	
	Dialectical Behavioral Therapy	0.68	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.68	
	Total Acute Base Rate	\$381.52											\$379.15	
	Prescription Drugs	\$15.87	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$15.87	
	Spentdown	6.91	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.91	
	Grand Total	\$404.30											\$401.93	
	Mental Health Targeted Case Management	\$63.78	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$63.78	
	NF Add-on	\$13.75	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$13.67	

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates
Population: Dual Eligibles, Non-Metro Counties, Community**

COS	Description	Physician & Professional Services		Basic Care Rateable		Inpatient Rateable		Reimb. Rates for Births: Physician Services		Payment Rates for 2.58% UNCOLA Reduction		Unallotment for Suspension Nursing Facility Re-basing		Estimated October - December, 2009 PMPM
		Current 2009 PMPM Rates	Reduction & Unallotment	Reduction & Unallotment	Reduction	Reduction	Births: Inpatient	Reduction	Reduction	Reduction	Reduction			
001	Inpatient Hospital General	\$34.56	\$0.00	\$0.00	\$0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$34.54	
006	Rehabilitation	0.13	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.13	
007	Outpatient Hospital Services	20.62	0.00	0.06	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.56	
014	Inpatient Hospital IMD	2.01	0.00	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.00	
015	Inpatient Long Term Hospital	1.78	0.00	0.00	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.76	
020	Home Health Services	25.03	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	24.38	
029	KTC - Mental Health	10.06	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.06	
032	Medical Supply / DME	25.70	0.00	0.65	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	25.05	
036	Transport, Special	12.90	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	12.90	
037	Transport, Ambulance	3.76	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.76	
041	Anesthesia	1.20	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.20	
043	Physician Services	43.42	0.00	0.22	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	43.20	
045	Dental	20.32	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.32	
046	Mental Health	99.60	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	99.60	
051	Physical Therapy	2.30	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.30	
053	Speech Therapy	0.30	0.01	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.29	
054	Occupational Therapy	0.44	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.44	
055	Podiatry	0.44	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.44	
056	Ambulatory Surgery	0.15	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.15	
057	Chiropractic	1.19	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.19	
058	Autiology	0.18	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.18	
062	Chemical Dependency	5.95	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.95	
063	CD Extended Care / Halfway House	1.15	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.15	
072	Hospice	2.42	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.42	
074	Inpatient Hospital 45 Day Psych Contract	0.73	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.73	
075	Eyeglasses / Contact Lenses	3.02	0.00	0.14	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.88	
076	Prosthetics and Orthotics	1.85	0.00	0.04	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.81	
077	Hearing Aids	0.95	0.00	0.01	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.94	
078	Vision Care	1.74	0.06	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.68	
079	Radiology, Technical Component	14.40	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.34	
080	Laboratory	1.63	0.00	0.02	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.61	
082	Federal Qualified Health Contract Service	0.61	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.61	
083	Rural Health Clinic Services	1.04	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.04	
087	End-Stage Renal Dialysis	1.74	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.74	
088	Public Health Nursing	0.40	0.00	0.02	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.38	
090	Nurse Midwife Services	0.01	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01	
091	Nurse Practitioner Services	0.36	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.36	
999	Unable to Define	0.74	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.74	
	Dialectical Behavioral Therapy	0.68	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.68	
	Total Acute Base Rate	\$345.51											\$343.52	
	Prescription Drugs	\$15.31	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$15.31	
	Spenddown	3.40	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.40	
	Grand Total	\$364.22											\$362.23	
	Mental Health Targeted Case Management	\$63.78	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$63.78	
	NF Add-on	\$13.75	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$13.67	

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates**

Population: Single Eligibles, Metro Counties, Institutional

COS	Description	Current 2009 PMPM Rates		Physician & Professional Services Rateable		Basic Care Rateable		Inpatient Rateable		Reimb. Rates for Births: Physician Services		Payment Rates for 2.58% UNCOLA Reduction		Unallotment for Suspension Nursing Facility Releasing		Estimated October - December 2009 PMPM
				Reduction & Unallotment	Reduction	Unallotment	Reduction	Unallotment	Reduction	Unallotment	Reduction	Unallotment	Reduction	Unallotment		
001	Inpatient Hospital General	\$946.45	\$0.00	\$0.00	\$9.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$936.99	
006	Rehabilitation	7.93	0.00	0.00	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.85	
007	Outpatient Hospital Services	70.12	0.00	3.11	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	67.01	
014	Inpatient Hospital IMD	2.14	0.00	0.00	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.12	
015	Inpatient Long Term Hospital	11.49	0.00	0.00	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.38	
020	Home Health Services	0.68	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.66	
032	Medical Supply / DME	84.21	0.00	2.40	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	81.81	
036	Transport, Special	43.51	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	43.51	
037	Transport, Ambulance	62.70	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	62.70	
040	Child and Teen Checkup	0.05	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.05	
041	Anesthesia	10.12	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.12	
043	Physician Services	175.44	9.34	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	166.10	
045	Dental	20.65	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.65	
046	Mental Health	47.35	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	47.35	
051	Physical Therapy	51.94	3.38	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	48.56	
053	Speech Therapy	17.00	1.11	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.89	
054	Occupational Therapy	46.07	2.99	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	43.08	
055	Podiatry	2.64	0.17	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.47	
056	Ambulatory Surgery	0.59	0.00	0.03	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.56	
057	Chiropractic	0.10	0.01	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.09	
058	Audiology	0.76	0.05	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.71	
062	Chemical Dependency	3.94	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.94	
063	CD Extended Care / Halfway House	0.03	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.03	
072	Hospice	2.64	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.64	
074	Inpatient Hospital 45 Day Psych Contract	22.94	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	22.94	
075	Eyeglasses / Contact Lenses	2.43	0.00	0.11	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.32	
076	Prosthetics and Orthotics	15.65	0.00	0.70	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.95	
077	Hearing Aids	1.63	0.00	0.02	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.61	
078	Vision Care	2.66	0.17	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.49	
079	Radiology, Technical Component	59.51	3.86	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	55.65	
080	Laboratory	38.04	0.00	1.71	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	36.33	
082	Federal Qualified Health Contract Service	8.48	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.48	
083	Rural Health Clinic Services	0.02	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02	
087	End-Stage Renal Dialysis	19.08	0.00	0.84	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	18.24	
090	Nurse Midwife Services	0.02	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02	
091	Nurse Practitioner Services	9.51	0.58	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.93	
	Dialectical Behavioral Therapy	0.58	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.58	
	Total Acute Base Rate	\$1,789.10													\$1,748.83	
	Prescription Drugs	\$867.80	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$867.80	
	Spenddown	1.13	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.13	
	Grand Total	\$2,658.03													\$2,617.76	
	Mental Health Targeted Case Management	\$49.90	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$49.90	

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates**

Population: Single Eligibles, Non-Metro Counties, Institutional

COS	Description	Physician & Professional Services		Basic Care		Reimb. Rates for Births: Physician Services		Payment Rates for 2.58% UNCOLA Reduction		Unallowance for Suspension Nursing Facility Re-basing		Estimated October - December 2009 PMPM
		Current 2009 PMPM Rates	Reduction & Unallowance	Reduction & Unallowance	Inpatient Rareable Reduction	Births: Physician Services	Births: Inpatient	UNCOLA Reduction	Suspension Nursing Facility Re-basing			
001	Inpatient Hospital General	\$752.90	\$0.00	\$0.00	\$7.36	1.0000	1.0000	1.0000	1.0000	1.0000	\$745.54	
006	Rehabilitation	10.65	0.00	0.00	0.10	1.0000	1.0000	1.0000	1.0000	1.0000	10.55	
007	Outpatient Hospital Services	57.39	0.00	2.58	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	54.81	
014	Inpatient Hospital IMD	6.94	0.00	0.00	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	6.87	
015	Inpatient Long Term Hospital	22.87	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	22.87	
020	Home Health Services	0.58	0.00	0.00	0.00	1.0000	1.0000	0.9742	1.0000	1.0000	0.57	
032	Medical Supply / DME	79.32	0.00	2.66	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	76.66	
036	Transport, Special	74.24	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	74.24	
037	Transport, Ambulance	46.97	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	46.97	
040	Child and Teen Checkup	0.04	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.04	
041	Anesthesia	9.60	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	9.60	
043	Physician Services	167.49	8.82	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	158.67	
045	Dental	19.99	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	19.99	
046	Mental Health	30.04	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	30.04	
051	Physical Therapy	52.55	3.40	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	48.95	
053	Speech Therapy	14.57	0.95	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	13.62	
054	Occupational Therapy	44.21	2.75	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	41.46	
055	Podiatry	0.97	0.06	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.91	
056	Ambulatory Surgery	1.37	0.00	0.06	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.31	
057	Chiropractic	0.30	0.02	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.28	
058	Audiology	0.45	0.03	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.42	
062	Chemical Dependency	4.93	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	4.93	
063	CD Extended Care / Halfway House	0.00	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.00	
072	Hospice	4.47	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	4.47	
074	Inpatient Hospital 45 Day Psych Contract	16.82	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	16.82	
075	Eyeglasses / Contact Lenses	2.36	0.00	0.10	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	2.26	
076	Prosthetics and Orthotics	23.12	0.00	1.04	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	22.08	
077	Hearing Aids	0.51	0.00	0.01	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.50	
078	Vision Care	2.30	0.14	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	2.16	
079	Radiology, Technical Component	59.16	3.81	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	55.35	
080	Laboratory	34.38	0.00	1.55	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	32.83	
082	Federal Qualified Health Contract Service	1.74	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.74	
083	Rural Health Clinic Services	8.73	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	8.73	
087	End-Stage Renal Dialysis	13.92	0.00	0.61	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	13.31	
088	Public Health Nursing	0.01	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.01	
090	Nurse Midwife Services	0.02	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.02	
091	Nurse Practitioner Services	4.50	0.25	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	4.25	
	Dialectical Behavioral Therapy	0.58	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.58	
	Total Acute Base Rate	\$1,570.79									\$1,534.18	
	Prescription Drugs	\$720.42	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	\$720.42	
	Spenddown	0.96	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.96	
	Grand Total	\$2,292.17									\$2,255.56	
	Mental Health Targeted Case Management	\$49.90	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	\$49.90	

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates**

Population: Single Eligibles, Metro Counties, Community

COS	Description	Physician & Professional Services Rateable		Basic Care Rateable		Reimb. Rates for Births: Physician Services		Payment Rates for 2.58% UNCOLA Reduction		Unallotment for Suspension Nursing Facility Re-basing		Estimated October - December 2009 PMPM
		Reduction & Unallotment	Reduction & Unallotment	Inpatient Rateable	Reduction	Births: Inpatient	Reduction	Reduction	Reduction			
001	Inpatient Hospital General	\$534.30	\$0.00	\$5.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$528.96	
006	Rehabilitation	8.36	0.00	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.28	
007	Outpatient Hospital Services	56.52	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	53.98	
014	Inpatient Hospital IMD	1.12	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.11	
015	Inpatient Long Term Hospital	20.05	0.00	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.85	
020	Home Health Services	18.41	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	17.94	
029	RTC - Mental Health	3.45	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.45	
032	Medical Supply / DME	47.01	0.00	2.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	44.95	
036	Transport, Special	6.51	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.51	
037	Transport, Ambulance	19.03	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.03	
040	Child and Teen Checkup	0.06	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06	
041	Anesthesia	6.05	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.05	
043	Physician Services	134.88	7.28	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	127.60	
045	Dental	14.94	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.94	
046	Mental Health	86.78	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	86.78	
051	Physical Therapy	4.41	0.29	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.12	
053	Speech Therapy	1.00	0.07	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.93	
054	Occupational Therapy	2.85	0.19	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.66	
055	Podiatry	1.17	0.08	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.09	
056	Ambulatory Surgery	1.51	0.00	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.44	
057	Chiropractic	0.84	0.05	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.79	
058	Audiology	0.26	0.02	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.24	
062	Chemical Dependency	14.82	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.82	
063	CD Extended Care / Halfway House	1.96	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.96	
072	Hospice	8.53	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.53	
074	Inpatient Hospital 45 Day Psych Contract	39.68	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	39.68	
075	Eyeglasses / Contact Lenses	2.50	0.00	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.39	
076	Prosthetics and Orthotics	4.92	0.00	0.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.70	
077	Hearing Aids	0.50	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.49	
078	Vision Care	1.39	0.09	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.30	
079	Radiology, Technical Component	47.75	3.10	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	44.65	
080	Laboratory	21.15	0.00	0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.20	
082	Federal Qualified Health Contract Service	21.34	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	21.34	
083	Rural Health Clinic Services	0.09	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.09	
087	End-Stage Renal Dialysis	10.41	0.00	0.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.94	
088	Public Health Nursing	0.18	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.17	
090	Nurse Midwife Services	0.15	0.01	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.14	
091	Nurse Practitioner Services	2.08	0.08	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.00	
999	Unable to Define	0.01	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01	
	Dialectical Behavioral Therapy	0.68	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.68	
	Total Acute Base Rate	\$1,147.65									\$1,123.85	
	Prescription Drugs	\$387.86	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$387.86	
	Spenddown	2.12	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.12	
	Grand Total	\$1,537.63									\$1,513.83	
	Mental Health Targeted Case Management	\$57.93	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$57.93	
	NF Add-on	\$14.01	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	0.9940	\$13.93	

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.

**Appendix 2
Special Need BasicCare
Current 2009 Rates and Projected October 2009 - December 2009 Rates
Population: Single Eligibles, Non-Metro Counties, Community**

COS	Description	Physician & Professional Services		Basic Care		Reimb. Rates for Births: Physician Services		Payment Rates for 2.53% UNCOLA Reduction		Unallotment for Suspension Nursing Facility Rebasing		Estimated October - December 2009 PMPM
		Reduction & Unallotment	Reduction & Unallotment	Inpatient Rateable Reduction	Outpatient Rateable Reduction	Births: Inpatient	Births: Outpatient	UNCOLA Reduction	UNCOLA Reduction	UNCOLA Reduction	UNCOLA Reduction	
001	Inpatient Hospital General	\$413.63	\$0.00	\$4.14	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$409.49
006	Rehabilitation	9.71	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.61
007	Outpatient Hospital Services	62.79	0.00	0.00	2.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	60.09
014	Inpatient Hospital IMD	9.28	0.00	0.09	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.19
015	Inpatient Long Term Hospital	15.46	0.00	0.15	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.31
020	Home Health Services	21.39	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.84
029	RTC - Mental Health	21.56	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	21.56
032	Medical Supply / DME	50.33	0.00	0.00	2.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	48.31
036	Transport, Special	7.90	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.90
037	Transport, Ambulance	19.90	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.90
040	Child and Teen Checkup	0.06	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
041	Anesthesia	7.70	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.70
043	Physician Services	146.74	8.13	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	138.61
045	Dental	18.69	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	18.69
046	Mental Health	102.22	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	102.22
051	Physical Therapy	5.79	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.41
053	Speech Therapy	0.76	0.05	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.71
054	Occupational Therapy	1.71	0.11	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.60
055	Podiatry	1.27	0.07	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.20
056	Ambulatory Surgery	2.83	0.00	0.13	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.70
057	Chiropractic	1.69	0.11	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.58
058	Audiology	0.22	0.01	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.21
062	Chemical Dependency	11.78	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.78
063	CD Extended Care / Halfway House	1.43	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.43
072	Hospice	6.79	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.79
074	Inpatient Hospital 45 Day Psych Contract	16.91	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.91
075	Eyeglasses / Contact Lenses	3.06	0.00	0.14	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.92
076	Prosthetics and Orthotics	6.16	0.00	0.28	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.88
077	Hearing Aids	0.78	0.00	0.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.77
078	Vision Care	2.10	0.13	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.97
079	Radiology, Technical Component	56.41	3.67	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	52.74
080	Laboratory	23.54	1.06	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	22.48
082	Federal Qualified Health Contract Service	2.56	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.56
083	Rural Health Clinic Services	4.72	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.72
087	End-Stage Renal Dialysis	3.62	0.00	0.16	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.46
088	Public Health Nursing	0.58	0.00	0.02	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.56
090	Nurse Midwife Services	0.06	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
091	Nurse Practitioner Services	2.77	0.08	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.69
	Dialectical Behavioral Therapy	0.68	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.68
	Total Acute Base Rate	\$1,065.58										\$1,041.29
	Prescription Drugs	\$496.26	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$496.26
	Spenddown	1.68	0.00	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.68
	Grand Total	\$1,563.52										\$1,539.23
	Mental Health Targeted Case Management	\$57.93	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$57.93
	NF Add-on	\$14.01	\$0.00	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	0.9940	1.0000	\$13.93

This material assumes that the reader is familiar with Minnesota Medicaid programs, their benefits, eligibility, administration and other factors. The material was prepared solely to provide assistance to the State of Minnesota in setting rates for capitated programs. 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.