

AMENDMENT NO. 4 TO B22512

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 **Medica**, Managed Care Organization (“MCO”), identified as Contract No. **B22512** 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 Families and Children Preferred Integrated Network (PIN) 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 II-E** of the Preferred Integrated Network Amendment No. 2 to Contract No. **B22512**, are amended to include the rate methodology adjustments listed in Amendment No. 3 to Contract No. **B22512** fully executed on September 8, 2009. These adjustments will be reflected in the revised Appendix page labeled **II-E(1)**, and incorporated into this contract by reference.

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: 

Brian Osberg

Title: Medicaid Director

Date: 9/29/09

Medica

(Two corporate officers must execute)


By: 

Print Name: Glenn Andis

Title: SVP

Date: 9-24-09

and

By: 

Print Name: John Choumen

Title: Vp / GM

Date: 9/24/09

Appendix II-E(1)

Preferred Integrated Network Rates

PMPM Plan Payment Calculation for
 Rates Effective October 1, 2009 through December 31, 2009

Area and Age Group	Base Rate (a)	Rateable Reductions (b)	Adjusted Base Rate (c)=(a)-(b)	Medical Education Carve Out (d)	2009 Rates Excl. Med. Educ. and RR (e)=(c)-(d)	TCM Component (f)	TCM Withhold (g)=(f)*.08	Base Rate less TCM Add-On (h)=(e)-(f)	Base Rate Withhold (i)=(h)*.08	Withhold (j)=(g)+(i)	2009 Rates Excl. Withhold (k)=(b)-(j)+(d)	2009 Rates less MERC less Withhold (l)=(k)-(d)	CY 2009 Plan Pmt with TCM (m)=(l)+(f)
Hennepin													
1-5	\$4,489.70	\$37.26	\$4,452.44	\$280.50	\$4,171.94	\$598.19	\$47.86	\$3,573.74	\$285.90	\$333.75	\$3,520.49	\$3,239.99	\$3,838.18
6-12	\$2,881.01	\$23.91	\$2,857.10	\$180.00	\$2,677.10	\$578.96	\$46.32	\$2,098.14	\$167.85	\$214.17	\$2,063.97	\$1,883.97	\$2,462.93
13-17	\$2,500.37	\$20.51	\$2,479.86	\$156.23	\$2,323.63	\$608.64	\$48.69	\$1,714.99	\$137.20	\$185.89	\$1,665.33	\$1,529.10	\$2,137.74
Other Metro													
1-5	\$4,489.70	\$37.26	\$4,452.44	\$89.05	\$4,363.39	\$625.64	\$50.05	\$3,737.75	\$299.02	\$349.07	\$3,477.73	\$3,368.68	\$4,014.32
6-12	\$2,881.01	\$23.91	\$2,857.10	\$57.14	\$2,799.96	\$605.53	\$48.44	\$2,194.43	\$175.55	\$224.00	\$2,027.57	\$1,970.43	\$2,575.96
13-17	\$2,500.37	\$20.51	\$2,479.86	\$49.60	\$2,430.27	\$636.57	\$50.93	\$1,793.69	\$143.50	\$194.42	\$1,648.87	\$1,599.27	\$2,235.84
Non-Metro													
1-5	\$4,535.48	\$37.64	\$4,497.83	\$71.97	\$4,425.87	\$603.20	\$48.26	\$3,822.67	\$305.81	\$354.07	\$3,540.56	\$3,468.60	\$4,071.80
6-12	\$2,910.41	\$24.16	\$2,886.26	\$46.18	\$2,840.08	\$595.79	\$47.66	\$2,244.28	\$179.54	\$227.21	\$2,063.26	\$2,017.08	\$2,612.87
13-17	\$2,525.90	\$20.71	\$2,505.19	\$40.08	\$2,465.11	\$630.66	\$50.45	\$1,834.45	\$146.76	\$197.21	\$1,677.32	\$1,637.24	\$2,267.90