

**AMENDMENT NO. 2 TO B- 36012**

Contract Start Date:	January 1, 2010	Total Contract Amount:	Per Member/Per Month
Original Contract Expiration Date:	December 31, 2010	Original Contract Amount:	Per Member/Per Month
Current Contract Expiration Date:	December 31, 2010	Previous Amendment(s) Total:	N/A
Requested Contract Expiration Date:	December 31, 2010	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. B-36012 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 Legislature has required changes in the rates paid to MCOs and in certain benefits; and

WHEREAS, the STATE and the MCO have agreed to amend the SNBC 2010 contract to include these legislative changes.

Therefore, the parties agree that the contract identified above shall be modified as follows:

**REVISION 1. Non-administrative rate reduction.** For services rendered on or after September 1, 2010, Medical Assistance rates are reduced by three percent (3%) of the contract rate attributable to non-administrative services. This rate reduction applies to all non-administrative services, except Medicare cost-sharing for dual eligible enrollees, and is included in the rate tables attached as Appendix 1B.

The citation is Minnesota Laws, Special Session Ch. 1, Article 25, Section 3, subd. 6 (b).

**REVISION 2. Non-primary care physician and professional services ratable reduction.** Effective October 1, 2010, contract rates paid to managed care plans and county-based purchasing plans for non-primary care physician and professional services are reduced seven percent (7.0%), which is included in the rate tables attached as Appendix 1B. The reduction does not apply to physical therapy services, occupational therapy services, speech pathology and related services, and services provided by psychiatrists and advanced practice nurses with a specialty in mental health, nor Medicare cost-sharing.

The citation is Minnesota Laws, Special Session Ch. 1, Article 16, Section 25; amending MS § 256B.76, Subd. 1 (d).

**REVISION 3. Rate increase for certain basic care services.** Effective October 1, 2010, contract rates for physical therapy, occupational therapy, and speech language pathology and related services are effectively increased by reducing the ratable reduction applied to these services from 6.5 percent to 4.5 percent for Medical Assistance which is included in the rate tables attached as Appendix 1B. Medicare cost-sharing is not included in this change.

The citation is Minnesota Laws Special Session, Ch. 1, Article 16, Section 28; amending MS § 256B.766.

**REVISION 4.**

**Inpatient ratable reduction.** The inpatient ratable reduction of 1.9% is extended through June 30, 2011, included in the rate tables attached as Appendix 1B. Facilities operated by the Indian Health Service and Indian tribes have been excluded from this reduction. The citation is Minnesota Laws, Chapter 200, Article 1, Section 2; amending MS § 256.969, subd. 3a (f) and (g).

**REVISION 5**

**Section 7.17.7 (A) (3) (b)** is deleted in its entirety and amended to read:

For Medical Assistance covered services, this amount shall be thirty percent (30%) more than the amount that was reported by the MCO on its quarterly report. Effective April 1, 2010, the Medical Assistance critical access dental incentive payment will be suspended until June 30, 2010. No payments will be issued for the Medical Assistance critical access dental incentive payments for dental services provided from April 1, 2010 through June 30, 2010. After June 30, 2010, critical access dental payments must be made as described in this section.

The citation is Minnesota Laws 2010, First Special Session Ch. 1, Article 15, Sec. 11; amending MS § 256B.76, Subd. 4)

**REVISION 6.**

**Article 6.8.1** is deleted in its entirety and amended effective September 1, 2010 as follows:

Medical assistance covers medically necessary dental services for children and pregnant women. The following guidelines apply:

(A) posterior fillings are paid at the amalgam rate; (B) application of sealants is covered once every five years per permanent molar for children only; and (C) application of fluoride varnish is covered once every six months. (D) orthodontia is covered for children only.

**Article 6.8.2 (F)** is deleted in its entirety and amended effective September 1, 2010 as follows:

(F) panoramic x-rays, limited to one every five years except (1) when medically necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once every two years for patients who cannot cooperate for intraoral film due to a developmental disability or medical condition that does not allow for intraoral film placement;

The citation is Minnesota Laws 2010, Ch. 310, art 7, sec. 1 Amending MS § 256B.0625, subd. 9.

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:  \_\_\_\_\_

Name: Brian Osberg

Title: Medicaid Director

Date: 8/20/10

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

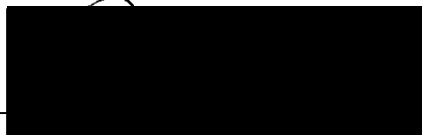
By:  \_\_\_\_\_

Name: FRANK FERNANDEZ

Title: Vice President of Government Programs

Date: 8/17/2010

and

By:  \_\_\_\_\_

Name: Patricia Riley

Title: SVP Gov Prog

Date: 8.24.10

**Appendix 1B  
Special Needs Basic Care  
September - December 2010 Capitation Payment Rates  
Non-CRP Plans**

Plan Name	MIBC Current Cost		DEU Add-on <sup>2</sup>		MIBC + DEU		Risk Adjustment Base Rate <sup>3</sup>		Plan Risk Factor <sup>4</sup>		Plan RA Rate <sup>5</sup>		Plan RA Rate + DEU + MIBC Withhold <sup>6</sup>		Plan RA Rate + DEU + MIBC + Withhold <sup>7</sup>		MIBC + Add-on - Withhold <sup>8</sup>		Total Plan Rate (MIBC + DEU + MIBC) <sup>9</sup>		Plan Rebate/Amount (DEU + MIBC) <sup>10</sup>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
<b>Champion</b>	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60	Ann 14.60
Health Advantage	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39	522.39
Non-Health Advantage	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65	370.65
<b>Medco</b>	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08
Health Advantage	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08	57.08
Non-Health Advantage	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96	35.96
<b>TRW Advisors</b>	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02
Health Advantage	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02	53.02
Non-Health Advantage	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39	43.39
<b>Non-Medco</b>	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86
Health Advantage	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86	24.86
Non-Health Advantage	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19	17.19
<b>Non-Medco</b>	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07
Health Advantage	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07
Non-Health Advantage	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53	25.53

<sup>1</sup> Includes 7% premium tax.  
<sup>2</sup> Does not include MIBC Current Cost or DEU Add-On. Includes 1% premium tax.  
<sup>3</sup> The plan risk factor will only adjust rates with change each quarter.

**Plan Reimburse:**  
 Healthnet: **Henry's Choice**  
 Medco: **Janita, Curves, Delta, Runway, Scott & Washington, Corolla**  
 TRW Advisors: **Starbuck & Wright, Corolla**  
 Non-Medco: **All other carriers not previously listed**

This schedule assumes that the member is enrolled in Kaiser's Medicare Medicaid program, that benefits, eligibility, administration and other factors. The premium was prepared solely to provide information to the State of Washington regarding rates for capitated program. It may not be appropriate for other purposes. Members that are enrolled in Medicaid and maintain any eligibility to other plans who receive this work. This material should only be reviewed in its entirety.

MILLIMAN

820018