

AMENDMENT NO. 2 TO B- 35986

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 **HealthPartners, Inc.**, Managed Care Organization ("MCO"), identified as Contract No. B-**35986** 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 2010 Families and Children, including MinnesotaCare, contract to include these legislative changes.

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

REVISION 1. Ratable reduction for MinnesotaCare. Effective for services rendered on or after September 1, 2010, MinnesotaCare contract rates for single adults and households without children whose income is greater than 75% of federal poverty guidelines shall be reduced by fifteen percent (15%). Effective for services provided on or after September 1, 2010, this reduction shall apply to all services, and is included in the rate tables attached as Appendix II-A1 and II-C1.

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

REVISION 2. Non-administrative rate reduction. For services rendered on or after September 1, 2010, Medical Assistance and MinnesotaCare 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, and is included in the rate tables attached as Appendix II-A1 and II-C1.

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

REVISION 3. Non-primary 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 physician and professional services are reduced seven percent (7.0%), which is included in the rate tables attached as Appendix II-A1 and II-C1. 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.

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

REVISION 4. 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 II-A1 and II-C1.

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

REVISION 5. Inpatient ratable reduction. The 2009 inpatient ratable reduction of 1.9% is extended through June 30, 2011, included in the rate tables attached as Appendix II-A1 and II-C1. 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 6. Critical Access Dental Payments. Contract Section 7.10.7 (A) (3) (b) is deleted in its entirety and amended to read:

(b) 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 payment will be suspended until June 30, 2010. No payments will be issued for the Medical Assistance critical access dental 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, Section 11; amending MS § 256B.76, Subd. 4.

REVISION 7. Dental Benefit Clarification. Article 6.1.10 (A)(6) is deleted in its entirety and amended effective September 1, 2010 as follows:

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

(1) posterior fillings are paid at the amalgam rate; (2) application of sealants is covered once every five years per permanent molar for children only; and (3) application of fluoride varnish is covered once every six months. (4) orthodontia is eligible for coverage for children only.

Article 6.1.10 (B)(6) is deleted in its entirety and amended effective September 1, 2010 as follows:

(6) 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, Article 7, Section 1; amending MS § 256B.0625, subd. 9.

REVISION 8. Health Plan Enhanced Hospital Payments A new **Section 4.10** is added to Article 4 as follows:

4.10 Enhanced hospital payments. Pursuant to Minnesota Laws, Ch. 200, Article 1, Section 8 (amending MS § 256B.196, subd. 2) and effective September 1, 2010, MCOs that are contracted with the STATE to administer the health care programs covered under this contract in Hennepin County and have admissions at Hennepin County Medical Center (HCMC), and/or have a similar contract with the STATE for Ramsey County and have admissions at Regions Hospital, will have their capitation rates effectively increased.

MCO hereby agrees to make enhanced monthly payments to HCMC and to Regions Hospital by an amount equal to the per member per month value of the rate increase in Appendix II-A1 and II-C1 (column 5, "IGT Add-on") multiplied by the MCO's monthly enrollment for each rate cell; and upon the request of the STATE, to submit to the STATE individual-level cost data for verification purposes.

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.

Signature page follows.

APPROVED:

**STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES**

By:  _____

Name: Brian Osberg

Title: Medicaid Director

Date: 8/27/10

HealthPartners, Inc.

(Two corporate officers must execute)

By:  _____

Name: Kathleen Cooney

Title: SVP & CAO

Date: 8/27/10

and

By:  _____

Name: Donna Zimmermann

Title: SVP Government / Community
Relations

Date: 8/27/10

**Appendix II-C1 Capitation Payment Rates
HealthPartners
MinnesotaCare Rates 9/01/10 - 12/31/10**

Age	Sex	Program	Eligibility Types	9/1-12/31	9/1-12/31	Metro	Non-Metro	7/1-9/30	CY2010
				Metro Rates*	Non-Metro Rates*	50% Of Base	50% Of Base	Plan Risk Factor**	Statewide Base Rate*
0 - 1	F	K,L	I1,I2	\$558.74	\$533.47	\$279.37	\$266.73	1.4241	183.77
1 - 2	F	K,L	I1,I2	\$165.16	\$157.69	\$82.58	\$78.85	1.4241	183.77
2 - 15	F	K,L	C1, C2	\$157.69	\$150.56	\$78.85	\$75.28	1.4241	183.77
16 - 20	F	K,L	C1, C2	\$291.13	\$277.95	\$145.56	\$138.97	1.4241	183.77
21 - 49	F	F,J	A2,	\$441.25	\$421.29				
21 - 49	F	F,J	M2	\$460.61	\$439.77	\$230.30	\$219.89	1.4241	276.39
21 - 49	F	B	M1	\$455.99	\$435.39				
21 - 49	F	G	MC	\$605.73	\$578.35				
50 +	F	F,J	A2	\$585.45	\$559.00				
50 +	F	F,J	M2	\$611.13	\$583.48	\$305.57	\$291.74	1.4241	276.39
50 +	F	B	M1	\$605.03	\$577.69				
50 +	F	G	MC	\$804.98	\$768.58				
Pregnant Wor	F	K,L	P1,P2	\$1,347.04	\$1,286.09	\$673.52	\$643.04	1.4241	183.77
0 - 1	M	K,L	I1,I2	\$715.71	\$683.37	\$357.85	\$341.69	1.4241	183.77
1 - 2	M	K,L	I1,I2	\$252.16	\$240.77	\$126.08	\$120.38	1.4241	183.77
2 - 15	M	K,L	C1, C2	\$174.88	\$166.98	\$87.44	\$83.49	1.4241	183.77
16 - 20	M	K,L	C1, C2	\$231.82	\$221.35	\$115.91	\$110.68	1.4241	183.77
21 - 49	M	F,J	A2	\$338.82	\$323.52				
21 - 49	M	F,J	M2	\$353.71	\$337.69	\$176.86	\$168.85	1.4241	276.39
21 - 49	M	B	M1	\$350.20	\$334.35				
21 - 49	M	G	MC	\$465.16	\$444.12				
50 +	M	F,J	A2	\$543.34	\$518.79				
50 +	M	F,J	M2	\$567.20	\$541.55	\$283.60	\$270.78	1.4241	276.39
50 +	M	B	M1	\$561.51	\$536.12				
50 +	M	G	MC	\$747.08	\$713.27				

* The rates shown here are in effect until the GAMC program is terminated on March 31, 2010.

However, the Legislature may extend or re-instate the program beyond that date.

The rates also reflect a withhold of 5.0% of payments per Section 4.5 of the Contract. All or part of these withheld funds may be paid back to the plan if performance targets in the contract are met.

** Plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

**Appendix II-C1 Capitation Payment Rates
HealthPartners
MinnesotaCare Rates 9/01/10 - 12/31/10**

Age	Sex	Program	Eligibility Types	9/1-9/30	9/1-9/30	9/1-9/30	9/1-9/30	9/1-9/30
				Risk Adjusted Add-On**	Metro Rate** (before RR)	Non-Metro Rate** (before RR)	Metro Rate** (w 1% RR)	Non-Metro Rate** (w 1% RR)
0 - 1	F	K,L	I1,I2	\$130.85	\$410.23	\$397.59	\$406.12	\$393.61
1 - 2	F	K,L	I1,I2	\$130.85	\$213.44	\$209.70	\$211.30	\$207.60
2 - 15	F	K,L	C1, C2	\$130.85	\$209.70	\$206.13	\$207.60	\$204.07
16 - 20	F	K,L	C1, C2	\$130.85	\$276.42	\$269.83	\$273.65	\$267.13
21 - 49	F	F,J	A2,		\$441.25	\$421.29	\$436.83	\$417.08
21 - 49	F	F,J	M2	\$196.80	\$427.11	\$416.69	\$422.83	\$412.52
21 - 49	F	B	M1		\$455.99	\$435.39	\$451.43	\$431.04
21 - 49	F	G	MC		\$605.73	\$578.35	\$599.68	\$572.57
50 +	F	F,J	A2		\$585.45	\$559.00	\$579.59	\$553.41
50 +	F	F,J	M2	\$196.80	\$502.37	\$488.54	\$497.34	\$483.66
50 +	F	B	M1		\$605.03	\$577.69	\$598.98	\$571.91
50 +	F	G	MC		\$804.98	\$768.58	\$796.93	\$760.90
Pregnant Won	F	K,L	P1,P2	\$130.85	\$804.37	\$773.90	\$796.33	\$766.16
0 - 1	M	K,L	I1,I2	\$130.85	\$488.71	\$472.54	\$483.82	\$467.81
1 - 2	M	K,L	I1,I2	\$130.85	\$256.93	\$251.24	\$254.37	\$248.72
2 - 15	M	K,L	C1, C2	\$130.85	\$218.29	\$214.34	\$216.11	\$212.20
16 - 20	M	K,L	C1, C2	\$130.85	\$246.76	\$241.53	\$244.30	\$239.11
21 - 49	M	F,J	A2		\$338.82	\$323.52	\$335.43	\$320.28
21 - 49	M	F,J	M2	\$196.80	\$373.66	\$365.65	\$369.92	\$361.99
21 - 49	M	B	M1		\$350.20	\$334.35	\$346.69	\$331.01
21 - 49	M	G	MC		\$465.16	\$444.12	\$460.50	\$439.67
50 +	M	F,J	A2		\$543.34	\$518.79	\$537.91	\$513.60
50 +	M	F,J	M2	\$196.80	\$480.40	\$467.58	\$475.60	\$462.90
50 +	M	B	M1		\$661.51	\$536.12	\$555.90	\$530.76
50 +	M	G	MC		\$747.08	\$713.27	\$739.60	\$706.14

* The rates shown here are in effect until the GAMC program is terminated on March 31, 2010.

However, the Legislature may extend or re-instate the program beyond that date.

The rates also reflect a withhold of 5.0% of payments per Section 4.5 of the Contract. All or part of these withheld funds may be paid back to the plan if performance targets in the contract are met.

** Plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

**Appendix II-A1: Capitation Payment Rates
HealthPartners**

PMAP Families and Children Rates CY 2010

Core Metro

Age	Sex	Sept-Dec Rate	Sept-Dec Rate-MERC	Base Rate -MERC & DHU	MERC Carve Out	DHU Add-On
FAMILIES AND CHILDREN						
0 - 1	F	\$809.00	\$782.57	\$762.23	\$26.43	\$20.34
1 - 2	F	\$259.80	\$251.31	\$244.78	\$8.49	\$6.53
2 - 15	F	\$191.92	\$185.65	\$180.82	\$6.27	\$4.83
16 - 20	F	\$385.42	\$372.83	\$363.14	\$12.59	\$9.69
21 - 49	F	\$643.23	\$622.22	\$606.05	\$21.01	\$16.17
50 - 64	F	\$1,041.69	\$1,007.67	\$981.47	\$34.02	\$26.20
0 - 1	M	\$992.95	\$960.52	\$935.55	\$32.43	\$24.97
1 - 2	M	\$306.43	\$296.42	\$288.71	\$10.01	\$7.71
2 - 15	M	\$227.91	\$220.47	\$214.74	\$7.44	\$5.73
16 - 20	M	\$287.01	\$277.64	\$270.42	\$9.37	\$7.22
21 - 49	M	\$467.23	\$451.97	\$440.22	\$15.26	\$11.75
50 - 64	M	\$929.25	\$898.90	\$875.52	\$30.35	\$23.38
PREGNANT WOMEN						
All Ages	F	\$1,650.75	\$1,596.83	\$1,555.31	\$53.92	\$41.52

* The rates shown here reflect a withhold of 9.5% per Section 4.5 of the Contract. All or part of these withheld funds may be paid back to the plan if performance targets in the contract are met.

** The plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

Appendix II-B1: Capitation Payment Rates
HealthPartners

PMAP Families and Children Rates CY 2010

Age	Sex	Core Metro		7/10-9/10		Sept-Dec		Sept. 2010		Sept. 2010	
		Base Rate w MERC*	Base Rate w/o MERC*	Plan Risk Factor**	Statewide Base Rate*	Plan RA Add-On**	Plan Rate w/o MERC**	Plan Rate w rateable			
FAMILIES AND CHILDREN											
0 - 1	F	\$427.89	\$401.46	1.2105	\$304.90	\$184.54	\$586.00	\$571.47			
1 - 2	F	\$137.41	\$128.92	1.2105	\$304.90	\$184.54	\$313.46	\$305.69			
2 - 15	F	\$101.51	\$95.24	1.2105	\$304.90	\$184.54	\$279.78	\$272.84			
16 - 20	F	\$203.85	\$191.26	1.2105	\$304.90	\$184.54	\$375.80	\$366.48			
21 - 49	F	\$340.21	\$319.20	1.2105	\$304.90	\$184.54	\$503.74	\$491.25			
50 - 64	F	\$550.96	\$516.94	1.2105	\$304.90	\$184.54	\$701.48	\$684.08			
0 - 1	M	\$525.18	\$492.75	1.2105	\$304.90	\$184.54	\$677.29	\$660.49			
1 - 2	M	\$162.08	\$152.07	1.2105	\$304.90	\$184.54	\$336.61	\$328.26			
2 - 15	M	\$120.54	\$113.10	1.2105	\$304.90	\$184.54	\$297.64	\$290.26			
16 - 20	M	\$151.80	\$142.43	1.2105	\$304.90	\$184.54	\$326.97	\$318.86			
21 - 49	M	\$247.12	\$231.86	1.2105	\$304.90	\$184.54	\$416.40	\$406.07			
50 - 64	M	\$491.49	\$461.14	1.2105	\$304.90	\$184.54	\$645.68	\$629.67			
PREGNANT WOMEN											
All Ages	F	\$873.10	\$819.18	1.2105	\$304.90	\$184.54	\$1,003.72	\$978.83			

* The rates shown here reflect :
withheld funds may be paid t

** The plan risk factors, risk adju:

Appendix II-A1: Capitation Payment Rates
HealthPartners

PMAP Families and Children Rates CY 2010
Carver County

Age	Sex	Sept-Dec Rate	Sept-Dec Rate-MERC	Base Rate -MERC & DHU	MERC Carve Out	DHU Add-On
FAMILIES AND CHILDREN						
0 - 1	F	\$711.83	\$688.58	\$670.68	\$23.25	\$17.90
1 - 2	F	\$228.60	\$221.13	\$215.38	\$7.47	\$5.75
2 - 15	F	\$168.86	\$163.35	\$159.10	\$5.51	\$4.25
16 - 20	F	\$339.08	\$328.00	\$319.48	\$11.08	\$8.52
21 - 49	F	\$565.97	\$547.48	\$533.25	\$18.49	\$14.23
50 - 64	F	\$916.48	\$886.54	\$863.49	\$29.94	\$23.05
0 - 1	M	\$873.61	\$845.07	\$823.10	\$28.54	\$21.97
1 - 2	M	\$269.61	\$260.81	\$254.03	\$8.80	\$6.78
2 - 15	M	\$200.53	\$193.98	\$188.93	\$6.55	\$5.05
16 - 20	M	\$252.53	\$244.28	\$237.93	\$8.25	\$6.35
21 - 49	M	\$411.10	\$397.67	\$387.33	\$13.43	\$10.34
50 - 64	M	\$817.65	\$790.94	\$770.38	\$26.71	\$20.56
PREGNANT WOMEN						
All Ages	F	\$1,452.44	\$1,405.00	\$1,368.47	\$47.44	\$36.53

* The rates shown here reflect a withhold of 9.5% per Section 4.5 of the Contract. All or part of these withheld funds may be paid back to the plan if performance targets in the contract are met.

** The plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

**Appendix II-B1: Capitation Payment Rates
HealthPartners**

PMAP Families and Children Rates CY 2010

Age	Sex	Carver		7/10-9/10		Sept-Dec		Sept. 2010		Sept. 2010	
		Base Rate w MERC*	Base Rate w/o MERC*	Plan Risk Factor**	Statewide Base Rate*	Plan RA Add-On**	Plan Rate w/o MERC**	Plan Rate w rateable Reduction.**			
FAMILIES AND CHILDREN											
0 - 1	F	\$376.49	\$353.24	1.2105	\$304.90	\$184.54	\$537.78	\$524.44			
1 - 2	F	\$120.91	\$113.44	1.2105	\$304.90	\$184.54	\$297.98	\$290.59			
2 - 15	F	\$89.31	\$83.80	1.2105	\$304.90	\$184.54	\$268.34	\$261.69			
16 - 20	F	\$179.34	\$168.26	1.2105	\$304.90	\$184.54	\$352.80	\$344.05			
21 - 49	F	\$299.35	\$280.86	1.2105	\$304.90	\$184.54	\$465.40	\$453.86			
50 - 64	F	\$484.74	\$454.80	1.2105	\$304.90	\$184.54	\$639.34	\$623.48			
0 - 1	M	\$462.06	\$433.52	1.2105	\$304.90	\$184.54	\$618.06	\$602.73			
1 - 2	M	\$142.60	\$133.80	1.2105	\$304.90	\$184.54	\$318.34	\$310.45			
2 - 15	M	\$106.07	\$99.52	1.2105	\$304.90	\$184.54	\$284.06	\$277.02			
16 - 20	M	\$133.57	\$125.32	1.2105	\$304.90	\$184.54	\$309.86	\$302.18			
21 - 49	M	\$217.44	\$204.01	1.2105	\$304.90	\$184.54	\$388.55	\$378.91			
50 - 64	M	\$432.46	\$405.75	1.2105	\$304.90	\$184.54	\$590.29	\$575.65			
PREGNANT WOMEN											
All Ages	F	\$768.21	\$720.77	1.2105	\$304.90	\$184.54	\$905.31	\$882.86			

* The rates shown here reflect
withheld funds may be paid t

** The plan risk factors, risk adju:

Appendix II-A1: Capitation Payment Rates
HealthPartners
PMAP Families and Children Rates CY 2010
Hennepin

Age	Sex	Sept-Dec	Sept-Dec	Base Rate	MERC	IGT	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-on	Add-On
FAMILIES AND CHILDREN							
0 - 1	F	\$771.04	\$693.85	\$685.69	\$77.19	\$24.41	\$8.16
1 - 2	F	\$247.58	\$222.80	\$220.18	\$24.78	\$7.84	\$2.62
2 - 15	F	\$182.91	\$164.60	\$162.67	\$18.31	\$5.79	\$1.93
16 - 20	F	\$367.28	\$330.51	\$326.63	\$36.77	\$11.63	\$3.88
21 - 49	F	\$612.97	\$551.60	\$545.12	\$61.37	\$19.41	\$6.48
50 - 64	F	\$992.72	\$893.33	\$882.83	\$99.39	\$31.43	\$10.50
0 - 1	M	\$946.28	\$851.55	\$841.54	\$94.73	\$29.96	\$10.01
1 - 2	M	\$292.03	\$262.79	\$259.70	\$29.24	\$9.25	\$3.09
2 - 15	M	\$217.20	\$195.46	\$193.16	\$21.74	\$6.88	\$2.30
16 - 20	M	\$273.55	\$246.16	\$243.27	\$27.39	\$8.66	\$2.89
21 - 49	M	\$445.28	\$400.70	\$395.99	\$44.58	\$14.10	\$4.71
50 - 64	M	\$885.62	\$796.96	\$787.59	\$88.66	\$28.04	\$9.37
PREGNANT WOMEN							
All Ages	F	\$1,573.16	\$1,415.67	\$1,399.03	\$157.49	\$49.81	\$16.64

* The rates shown here reflect a withhold of 9.5% per Section 4.5 of the Contract. All or part of these withhold funds may be paid back to the plan if performance targets in the contract are met.

** The plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

**Appendix II-B1: Capitation Payment Rates
HealthPartners**

PMAF Families and Children Rates CY 2010

Age	Sex	Hennepin		7/10-9/10	Sept-Dec	Sept. 2010	Sept. 2010	Sept. 2010	
		Base Rate w/ MERC*	Base Rate w/o MERC*	Plan Risk Factor**	Statewide Base Rate*	Plan RA Add-On**	Plan Rate w/o MERC**	Plan Rate w rateable Reduction.**	
FAMILIES AND CHILDREN									
0 - 1	F	\$452.61	\$375.42	1.2105	\$304.90	\$184.54	\$559.96	\$546.07	
1 - 2	F	\$145.33	\$120.55	1.2105	\$304.90	\$184.54	\$305.09	\$297.52	
2 - 15	F	\$107.37	\$89.06	1.2105	\$304.90	\$184.54	\$273.60	\$266.81	
16 - 20	F	\$215.59	\$178.82	1.2105	\$304.90	\$184.54	\$363.36	\$354.35	
21 - 49	F	\$359.82	\$298.45	1.2105	\$304.90	\$184.54	\$482.99	\$471.01	
50 - 64	F	\$582.73	\$483.34	1.2105	\$304.90	\$184.54	\$667.88	\$651.32	
0 - 1	M	\$555.47	\$460.74	1.2105	\$304.90	\$184.54	\$645.28	\$629.28	
1 - 2	M	\$171.43	\$142.19	1.2105	\$304.90	\$184.54	\$326.73	\$318.63	
2 - 15	M	\$127.50	\$105.76	1.2105	\$304.90	\$184.54	\$290.30	\$283.10	
16 - 20	M	\$160.58	\$133.19	1.2105	\$304.90	\$184.54	\$317.73	\$309.85	
21 - 49	M	\$261.38	\$216.80	1.2105	\$304.90	\$184.54	\$401.34	\$391.39	
50 - 64	M	\$519.86	\$431.20	1.2105	\$304.90	\$184.54	\$615.74	\$600.47	
PREGNANT WOMEN									
All Ages	F	\$923.45	\$765.96	1.2105	\$304.90	\$184.54	\$950.50	\$926.93	

* The rates shown here reflect
withheld funds may be paid t

** The plan risk factors, risk adju:

Appendix II-A1: Capitation Payment Rates
Healthpartners

PMAP Families and Children Rates CY 2010
North Central Regional

Age	Sex	Sept-Dec	Sept-Dec	Base Rate	MERC	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-On
FAMILIES AND CHILDREN						
0 - 1	F	\$738.64	\$719.29	\$714.25	\$19.35	\$5.04
1 - 2	F	\$237.22	\$231.00	\$229.38	\$6.22	\$1.62
2 - 15	F	\$175.23	\$170.64	\$169.45	\$4.59	\$1.19
16 - 20	F	\$351.88	\$342.66	\$340.26	\$9.22	\$2.40
21 - 49	F	\$587.27	\$571.88	\$567.88	\$15.39	\$4.00
50 - 64	F	\$951.10	\$926.18	\$919.70	\$24.92	\$6.48
0 - 1	M	\$906.55	\$882.80	\$876.62	\$23.75	\$6.18
1 - 2	M	\$279.78	\$272.45	\$270.54	\$7.33	\$1.91
2 - 15	M	\$208.09	\$202.64	\$201.22	\$5.45	\$1.42
16 - 20	M	\$262.07	\$255.20	\$253.41	\$6.87	\$1.79
21 - 49	M	\$426.62	\$415.45	\$412.54	\$11.17	\$2.91
50 - 64	M	\$848.50	\$826.27	\$820.49	\$22.23	\$5.78
PREGNANT WOMEN						
All Ages	F	\$1,507.21	\$1,467.72	\$1,457.44	\$39.49	\$10.28

* The rates shown here reflect a withhold of 9.5% per Section 4.5 of the Contract. All or part of these withhold funds may be paid back to the plan if performance targets in the contract are met.

** The plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

**Appendix II-B1: Capitation Payment Rates
HealthPartners**

PMAP Families and Children Rates CY 2010

Age	Sex	NC Regional		7/10-9/10		Sept-Dec		Sept. 2010		Sept. 2010	
		Base Rate w MERC*	Base Rate w/o MERC*	Plan Risk Factor**	Statewide Base Rate*	Plan RA Add-On**	Plan Rate w/o MERC**	Plan Rate w rateable Reduction.**			
FAMILIES AND CHILDREN											
0 - 1	F	\$381.52	\$362.17	1.2105	\$304.90	\$184.54	\$546.71	\$533.15			
1 - 2	F	\$122.53	\$116.31	1.2105	\$304.90	\$184.54	\$300.85	\$293.39			
2 - 15	F	\$90.51	\$85.92	1.2105	\$304.90	\$184.54	\$270.46	\$263.75			
16 - 20	F	\$181.75	\$172.53	1.2105	\$304.90	\$184.54	\$357.07	\$348.21			
21 - 49	F	\$303.33	\$287.94	1.2105	\$304.90	\$184.54	\$472.48	\$460.76			
50 - 64	F	\$491.25	\$466.33	1.2105	\$304.90	\$184.54	\$650.87	\$634.73			
0 - 1	M	\$468.24	\$444.49	1.2105	\$304.90	\$184.54	\$629.03	\$613.43			
1 - 2	M	\$144.51	\$137.18	1.2105	\$304.90	\$184.54	\$321.72	\$313.74			
2 - 15	M	\$107.48	\$102.03	1.2105	\$304.90	\$184.54	\$286.57	\$279.46			
16 - 20	M	\$135.37	\$128.50	1.2105	\$304.90	\$184.54	\$313.04	\$305.28			
21 - 49	M	\$220.35	\$209.18	1.2105	\$304.90	\$184.54	\$393.72	\$383.96			
50 - 64	M	\$438.26	\$416.03	1.2105	\$304.90	\$184.54	\$600.57	\$585.68			
PREGNANT WOMEN											
All Ages	F	\$778.49	\$739.00	1.2105	\$304.90	\$184.54	\$923.54	\$900.64			

* The rates shown here reflect a withheld funds may be paid to

** The plan risk factors, risk adju:

**Appendix II-A1: Capitation Payment Rates
Healthpartners**

**PMPA Families and Children Rates CY 2010
NorthWest Metro**

Age	Sex	Sept-Dec	Sept-Dec	Base Rate	MERC	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-On
FAMILIES AND CHILDREN						
0 - 1	F	\$803.65	\$782.59	\$777.11	\$21.06	\$5.48
1 - 2	F	\$258.08	\$251.32	\$249.56	\$6.76	\$1.76
2 - 15	F	\$190.65	\$185.65	\$184.35	\$5.00	\$1.30
16 - 20	F	\$382.84	\$372.81	\$370.20	\$10.03	\$2.61
21 - 49	F	\$638.95	\$622.21	\$617.86	\$16.74	\$4.35
50 - 64	F	\$1,034.75	\$1,007.64	\$1,000.59	\$27.11	\$7.05
0 - 1	M	\$986.38	\$960.54	\$953.82	\$25.84	\$6.72
1 - 2	M	\$304.39	\$296.42	\$294.34	\$7.97	\$2.08
2 - 15	M	\$226.41	\$220.47	\$218.93	\$5.94	\$1.54
16 - 20	M	\$285.12	\$277.65	\$275.71	\$7.47	\$1.94
21 - 49	M	\$464.14	\$451.98	\$448.82	\$12.16	\$3.16
50 - 64	M	\$923.09	\$898.91	\$892.61	\$24.18	\$6.30
PREGNANT WOMEN						
All Ages	F	\$1,639.70	\$1,596.74	\$1,585.57	\$42.96	\$11.17

* The rates shown here reflect a withhold of 9.5% per Section 4.5 of the Contract. All or part of these withheld funds may be paid back to the plan if performance targets in the contract are met.

** The plan risk factors, risk adjustment add-on, and risk adjusted rates will change each quarter

**Appendix II-B1: Capitation Payment Rates
HealthPartners**

PMPAP Families and Children Rates CY 2010

Age	Sex	NW Metro		7/10-9/10		Sept-Dec		Sept. 2010		Sept. 2010	
		Base Rate w/ MERC*	Base Rate w/0 MERC*	Plan Risk Factor**	Statewide Base Rate*	Plan RA Add-On**	Plan Rate w/0 MERC**	Plan Rate w rateable Reduction.**			
FAMILIES AND CHILDREN											
0 - 1	F	\$415.10	\$394.04	1.2105	\$304.90	\$184.54	\$578.58	\$564.23			
1 - 2	F	\$133.30	\$126.54	1.2105	\$304.90	\$184.54	\$311.08	\$303.37			
2 - 15	F	\$98.48	\$93.48	1.2105	\$304.90	\$184.54	\$278.02	\$271.12			
16 - 20	F	\$197.74	\$187.71	1.2105	\$304.90	\$184.54	\$372.25	\$363.02			
21 - 49	F	\$330.02	\$313.28	1.2105	\$304.90	\$184.54	\$497.82	\$485.47			
50 - 64	F	\$534.46	\$507.35	1.2105	\$304.90	\$184.54	\$691.89	\$674.73			
0 - 1	M	\$509.47	\$483.63	1.2105	\$304.90	\$184.54	\$668.17	\$651.60			
1 - 2	M	\$157.22	\$149.25	1.2105	\$304.90	\$184.54	\$333.79	\$325.51			
2 - 15	M	\$116.95	\$111.01	1.2105	\$304.90	\$184.54	\$295.55	\$288.22			
16 - 20	M	\$147.27	\$139.80	1.2105	\$304.90	\$184.54	\$324.34	\$316.30			
21 - 49	M	\$239.73	\$227.57	1.2105	\$304.90	\$184.54	\$412.11	\$401.89			
50 - 64	M	\$476.79	\$452.61	1.2105	\$304.90	\$184.54	\$637.15	\$621.35			
PREGNANT WOMEN											
All Ages	F	\$846.92	\$803.96	1.2105	\$304.90	\$184.54	\$988.50	\$963.98			

* The rates shown here reflect a withheld funds may be paid to

** The plan risk factors, risk adju:

Appendix II-A1: Capitation Payment Rates
HealthPartners
PMPA Families and Children Rates CY 2010
Ramsey

Age	Sex	Sept-Dec	Sept-Dec	Base Rate	MERC	IGT	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-on	Add-on
FAMILIES AND CHILDREN							
0 - 1	F	\$674.57	\$652.53	\$631.68	\$22.04	\$113.39	\$20.85
1 - 2	F	\$216.62	\$209.54	\$202.84	\$7.08	\$36.41	\$6.70
2 - 15	F	\$160.03	\$154.80	\$149.85	\$5.23	\$26.90	\$4.95
16 - 20	F	\$321.33	\$310.84	\$300.90	\$10.49	\$54.01	\$9.94
21 - 49	F	\$536.30	\$518.79	\$502.20	\$17.51	\$90.14	\$16.59
50 - 64	F	\$868.57	\$840.19	\$813.34	\$28.38	\$145.99	\$26.85
0 - 1	M	\$827.91	\$800.87	\$775.27	\$27.04	\$139.16	\$25.60
1 - 2	M	\$255.51	\$247.17	\$239.27	\$8.34	\$42.95	\$7.90
2 - 15	M	\$190.04	\$183.83	\$177.95	\$6.21	\$31.94	\$5.88
16 - 20	M	\$239.32	\$231.50	\$224.11	\$7.82	\$40.23	\$7.39
21 - 49	M	\$389.58	\$376.86	\$364.81	\$12.72	\$65.48	\$12.05
50 - 64	M	\$774.81	\$749.51	\$725.55	\$25.30	\$130.24	\$23.96
PREGNANT WOMEN							
All Ages	F	\$1,376.38	\$1,331.43	\$1,288.87	\$44.95	\$231.35	\$42.56

* The rates shown here reflect a withhold of 9.5% per Section 4.5 of the Contract. All or part of these withhold funds may be paid back to the plan if performance targets in the contract are met.

**Appendix II-B1: Capitation Payment Rates
Healthpartners**

PMAP Families and Children Rates CY 2010

Age	Sex	Ramsey		7/10-9/10		Sept-Dec		Sept. 2010		Sept. 2010	
		Base Rate w MERC*	Base Rate w/o MERC*	Plan Risk Factor**	Statewide Base Rate*	Plan RA Add-On**	Plan Rate w/o MERC**	Plan Rate w rateable Reduction.**			
FAMILIES AND CHILDREN											
0 - 1	F	\$472.12	\$450.08	1.2105	\$304.90	\$184.54	\$634.62	\$618.88			
1 - 2	F	\$151.61	\$144.53	1.2105	\$304.90	\$184.54	\$329.07	\$320.91			
2 - 15	F	\$112.00	\$106.77	1.2105	\$304.90	\$184.54	\$291.31	\$284.09			
16 - 20	F	\$224.89	\$214.40	1.2105	\$304.90	\$184.54	\$398.94	\$389.05			
21 - 49	F	\$375.34	\$357.83	1.2105	\$304.90	\$184.54	\$542.37	\$528.92			
50 - 64	F	\$607.89	\$579.51	1.2105	\$304.90	\$184.54	\$764.05	\$745.10			
0 - 1	M	\$579.44	\$552.40	1.2105	\$304.90	\$184.54	\$736.94	\$718.66			
1 - 2	M	\$178.82	\$170.48	1.2105	\$304.90	\$184.54	\$355.02	\$346.22			
2 - 15	M	\$133.01	\$126.80	1.2105	\$304.90	\$184.54	\$311.34	\$303.62			
16 - 20	M	\$167.49	\$159.67	1.2105	\$304.90	\$184.54	\$344.21	\$335.67			
21 - 49	M	\$272.66	\$259.94	1.2105	\$304.90	\$184.54	\$444.48	\$433.46			
50 - 64	M	\$542.27	\$516.97	1.2105	\$304.90	\$184.54	\$701.51	\$684.11			
PREGNANT WOMEN											
All Ages	F	\$963.30	\$918.35	1.2105	\$304.90	\$184.54	\$1,102.89	\$1,075.54			

* The rates shown here reflect :
withheld funds may be paid t