

**AMENDMENT NO. 2 TO B- 35997**

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 **UCare Minnesota**, Managed Care Organization ("MCO"), identified as Contract No. **B-35997** 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:   
*Brian Osberg*

Name: Brian Osberg

Title: Medicaid Director

Date: *8/20/10*

**UCare Minnesota**  
(Two corporate officers must execute)

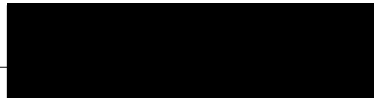
By:   
*Nancy Feldman*

Name: *Nancy Feldman*

Title: *President + CEO*

Date: *8/20/10*

**and**

By: 

Name: *Beth Monsrud*

Title: *CFO*

Date: *8/20/2010*

**Appendix II-C1: Capitation Payment Rates  
UCare Minnesota  
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	1.3086	183.77
1 - 2	F	K,L	I1,I2	\$165.16	\$157.89	\$82.58	\$78.85	1.3086	183.77
2 - 15	F	K,L	C1, C2	\$157.69	\$150.56	\$78.85	\$75.28	1.3086	183.77
16 - 20	F	K,L	C1, C2	\$291.13	\$277.95	\$145.56	\$138.97	1.3086	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	1.3086	276.39
21 - 49	F	B	M1	\$447.47	\$427.26				
21 - 49	F	G	MC	\$594.42	\$567.55				
50 +	F	F,J	A2	\$585.45	\$559.00				
50 +	F	F,J	M2	\$611.13	\$583.48	\$305.57	\$291.74	1.3086	276.39
50 +	F	B	M1	\$593.73	\$566.90				
50 +	F	G	MC	\$789.95	\$754.23				
Pregnant Wor	F	K,L	P1,P2	\$1,347.04	\$1,286.09	\$673.52	\$643.04	1.3086	183.77
0 - 1	M	K,L	I1,I2	\$715.71	\$683.37	\$357.85	\$341.69	1.3086	183.77
1 - 2	M	K,L	I1,I2	\$252.16	\$240.77	\$126.08	\$120.38	1.3086	183.77
2 - 15	M	K,L	C1, C2	\$174.88	\$166.98	\$87.44	\$83.49	1.3086	183.77
16 - 20	M	K,L	C1, C2	\$231.82	\$221.35	\$115.91	\$110.68	1.3086	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	1.3086	276.39
21 - 49	M	B	M1	\$343.66	\$328.11				
21 - 49	M	G	MC	\$456.47	\$435.82				
50 +	M	F,J	A2	\$543.34	\$518.79				
50 +	M	F,J	M2	\$567.20	\$541.55	\$283.60	\$270.78	1.3086	276.39
50 +	M	B	M1	\$551.03	\$526.11				
50 +	M	G	MC	\$733.13	\$699.95				

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  
UCare Minnesota  
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	\$120.24	\$399.61	\$386.97	\$395.62	\$383.10
1 - 2	F	K,L	I1,I2	\$120.24	\$202.82	\$199.09	\$200.79	\$197.09
2 - 15	F	K,L	C1, C2	\$120.24	\$199.09	\$195.52	\$197.09	\$193.56
16 - 20	F	K,L	C1, C2	\$120.24	\$265.80	\$259.21	\$263.15	\$256.62
21 - 49	F	F,J	A2,		\$441.25	\$421.29	\$436.83	\$417.08
21 - 49	F	F,J	M2	\$180.84	\$411.14	\$400.73	\$407.03	\$396.72
21 - 49	F	B	M1		\$447.47	\$427.26	\$443.00	\$422.99
21 - 49	F	G	MC		\$594.42	\$567.55	\$588.48	\$561.87
50 +	F	F,J	A2		\$585.45	\$559.00	\$579.59	\$553.41
50 +	F	F,J	M2	\$180.84	\$486.41	\$472.58	\$481.54	\$467.85
50 +	F	B	M1		\$593.73	\$566.90	\$587.80	\$561.24
50 +	F	G	MC		\$789.95	\$754.23	\$782.05	\$746.69
Pregnant Won	F	K,L	P1,P2	\$120.24	\$793.76	\$763.28	\$785.82	\$755.65
0 - 1	M	K,L	I1,I2	\$120.24	\$478.09	\$461.93	\$473.31	\$457.31
1 - 2	M	K,L	I1,I2	\$120.24	\$246.32	\$240.62	\$243.86	\$238.22
2 - 15	M	K,L	C1, C2	\$120.24	\$207.68	\$203.73	\$205.60	\$201.69
16 - 20	M	K,L	C1, C2	\$120.24	\$236.15	\$230.92	\$233.79	\$228.61
21 - 49	M	F,J	A2		\$338.82	\$323.52	\$335.43	\$320.28
21 - 49	M	F,J	M2	\$180.84	\$357.70	\$349.69	\$354.12	\$346.19
21 - 49	M	B	M1		\$343.66	\$328.11	\$340.22	\$324.83
21 - 49	M	G	MC		\$456.47	\$435.82	\$451.90	\$431.46
50 +	M	F,J	A2		\$543.34	\$518.79	\$537.91	\$513.60
50 +	M	F,J	M2	\$180.84	\$464.44	\$451.62	\$459.80	\$447.10
50 +	M	B	M1		\$551.03	\$526.11	\$545.52	\$520.85
50 +	M	G	MC		\$733.13	\$699.95	\$725.79	\$692.95

\* 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

UCare Minnesota

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
<b>FAMILIES AND CHILDREN</b>						
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
<b>PREGNANT WOMEN</b>						
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 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  
Ucare Minnesota**

**PMAP Families and Children Rates CY 2010**

Sept. 2010

Age	Sex	Core Metro		7/10-9/10	Sept-Dec	Sept. 2010	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.**	
<b>FAMILIES AND CHILDREN</b>									
0 - 1	F	\$427.89	\$401.46	1.0536	\$304.90	\$160.62	\$562.08	\$548.14	
1 - 2	F	\$137.41	\$128.92	1.0536	\$304.90	\$160.62	\$289.54	\$282.36	
2 - 15	F	\$101.51	\$95.24	1.0536	\$304.90	\$160.62	\$255.86	\$249.51	
16 - 20	F	\$203.85	\$191.26	1.0536	\$304.90	\$160.62	\$351.88	\$343.15	
21 - 49	F	\$340.21	\$319.20	1.0536	\$304.90	\$160.62	\$479.82	\$467.92	
50 - 64	F	\$550.96	\$516.94	1.0536	\$304.90	\$160.62	\$677.56	\$660.76	
0 - 1	M	\$525.18	\$492.75	1.0536	\$304.90	\$160.62	\$653.37	\$637.17	
1 - 2	M	\$162.08	\$152.07	1.0536	\$304.90	\$160.62	\$312.69	\$304.94	
2 - 15	M	\$120.54	\$113.10	1.0536	\$304.90	\$160.62	\$273.72	\$266.93	
16 - 20	M	\$151.80	\$142.43	1.0536	\$304.90	\$160.62	\$303.05	\$295.53	
21 - 49	M	\$247.12	\$231.86	1.0536	\$304.90	\$160.62	\$392.48	\$382.75	
50 - 64	M	\$491.49	\$461.14	1.0536	\$304.90	\$160.62	\$621.76	\$606.34	
<b>PREGNANT WOMEN</b>									
All Ages	F	\$873.10	\$819.18	1.0536	\$304.90	\$160.62	\$979.80	\$955.50	

\* The rates shown here reflect :  
withheld funds may be paid to  
\*\* The plan risk factors, risk adju:



**Appendix II-A1: Capitation Payment Rates**  
**Ucare Minnesota**

**PMAP Families and Children Rates CY 2010**  
**Carver County**

Age	Sex	Rate					Add-On
		Sept-Dec	Sept-Dec	Base Rate	MERC	DHU	
			Rate-MERC	-MERC & DHU	Carve Out		
<b>FAMILIES AND CHILDREN</b>							
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	
<b>PREGNANT WOMEN</b>							
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 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  
Ucare Minnesota**

**PMAP Families and Children Rates CY 2010**

Age	Sex	Carver		7/10-9/10 Plan Risk Factor**	Sept-Dec Statewide Base Rate*	Sept. 2010 Plan RA Add-On**	Sept. 2010 Plan Rate w/o MERC**	Sept. 2010 Plan Rate w rateable Reduction.**
		Base Rate w MERC*	Base Rate w/o MERC*					
<b>FAMILIES AND CHILDREN</b>								
0 - 1	F	\$376.49	\$353.24	1.0536	\$304.90	\$160.62	\$513.86	\$501.12
1 - 2	F	\$120.91	\$113.44	1.0536	\$304.90	\$160.62	\$274.06	\$267.26
2 - 15	F	\$89.31	\$83.80	1.0536	\$304.90	\$160.62	\$244.42	\$238.36
16 - 20	F	\$179.34	\$168.26	1.0536	\$304.90	\$160.62	\$328.88	\$320.72
21 - 49	F	\$299.35	\$280.86	1.0536	\$304.90	\$160.62	\$441.48	\$430.53
50 - 64	F	\$484.74	\$454.80	1.0536	\$304.90	\$160.62	\$615.42	\$600.16
0 - 1	M	\$462.06	\$433.52	1.0536	\$304.90	\$160.62	\$594.14	\$579.41
1 - 2	M	\$142.60	\$133.80	1.0536	\$304.90	\$160.62	\$294.42	\$287.12
2 - 15	M	\$106.07	\$99.52	1.0536	\$304.90	\$160.62	\$260.14	\$253.69
16 - 20	M	\$133.57	\$125.32	1.0536	\$304.90	\$160.62	\$285.94	\$278.85
21 - 49	M	\$217.44	\$204.01	1.0536	\$304.90	\$160.62	\$364.63	\$355.59
50 - 64	M	\$432.46	\$405.75	1.0536	\$304.90	\$160.62	\$566.37	\$552.32
<b>PREGNANT WOMEN</b>								
All Ages	F	\$768.21	\$720.77	1.0536	\$304.90	\$160.62	\$881.39	\$859.53

\* The rates shown here reflect the rates with withheld funds may be paid to the carrier.  
 \*\* The plan risk factors, risk adjustment factors, and rateable reduction factors are shown in the following table.

**Appendix II-A1 Capitation Payment Rates  
UCare**

**PMAP Families and Children Rates CY 2010**

**Hennepin**

Age	Sex	Rate		Base Rate	MERC	IGT	DHU
		Sept-Dec	Sept-Dec				
FAMILIES AND CHILDREN		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-on	Add-On
0 - 1	F	\$783.09	\$704.69	\$684.96	\$78.40	\$53.29	\$19.73
1 - 2	F	\$251.45	\$226.28	\$219.94	\$25.17	\$17.11	\$6.34
2 - 15	F	\$185.77	\$167.17	\$162.49	\$18.60	\$12.64	\$4.68
16 - 20	F	\$373.02	\$335.68	\$326.28	\$37.34	\$25.38	\$9.40
21 - 49	F	\$622.55	\$560.22	\$544.54	\$62.33	\$42.37	\$15.68
50 - 64	F	\$1,008.23	\$907.30	\$881.89	\$100.93	\$68.61	\$25.41
0 - 1	M	\$961.07	\$864.86	\$840.65	\$96.21	\$65.40	\$24.21
1 - 2	M	\$296.59	\$266.90	\$259.43	\$29.69	\$20.18	\$7.47
2 - 15	M	\$220.60	\$198.51	\$192.95	\$22.09	\$15.01	\$5.56
16 - 20	M	\$277.82	\$250.01	\$243.01	\$27.81	\$18.91	\$7.00
21 - 49	M	\$452.24	\$406.96	\$395.57	\$45.28	\$30.78	\$11.39
50 - 64	M	\$899.46	\$809.42	\$786.75	\$90.04	\$61.21	\$22.67
PREGNANT WOMEN							
All Ages	F	\$1,597.75	\$1,437.80	\$1,397.54	\$159.95	\$108.73	\$40.26

\* 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 UCare

### PMAP Families and Children Rates CY 2010

		Hennepin		7/10-9/10		Sept-Dec		Sept. 2010		Sept. 2010		Sept. 2010	
Age	Sex	Base Rate	Base Rate	Plan Risk	Statewide	Plan RA	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate
		w/ MERC*	w/o MERC*	Factor**	Base Rate*	Add-On**	w/o MERC**	w/ MERC**	w/ MERC**	w/ MERC**	w/ MERC**	w/ MERC**	w/ MERC**
<b>FAMILIES AND CHILDREN</b>													
0 - 1	F	\$493.90	\$415.50	1.0536	\$304.90	\$160.62	\$576.12	\$561.83	\$561.83	\$561.83	\$561.83	\$561.83	\$561.83
1 - 2	F	\$158.59	\$133.42	1.0536	\$304.90	\$160.62	\$294.04	\$286.75	\$286.75	\$286.75	\$286.75	\$286.75	\$286.75
2 - 15	F	\$117.17	\$98.57	1.0536	\$304.90	\$160.62	\$259.19	\$252.76	\$252.76	\$252.76	\$252.76	\$252.76	\$252.76
16 - 20	F	\$235.26	\$197.92	1.0536	\$304.90	\$160.62	\$358.54	\$349.65	\$349.65	\$349.65	\$349.65	\$349.65	\$349.65
21 - 49	F	\$392.65	\$330.32	1.0536	\$304.90	\$160.62	\$490.94	\$478.76	\$478.76	\$478.76	\$478.76	\$478.76	\$478.76
50 - 64	F	\$635.90	\$534.97	1.0536	\$304.90	\$160.62	\$695.59	\$678.34	\$678.34	\$678.34	\$678.34	\$678.34	\$678.34
0 - 1	M	\$606.15	\$509.94	1.0536	\$304.90	\$160.62	\$670.56	\$653.93	\$653.93	\$653.93	\$653.93	\$653.93	\$653.93
1 - 2	M	\$187.06	\$157.37	1.0536	\$304.90	\$160.62	\$317.99	\$310.10	\$310.10	\$310.10	\$310.10	\$310.10	\$310.10
2 - 15	M	\$139.14	\$117.05	1.0536	\$304.90	\$160.62	\$277.67	\$270.78	\$270.78	\$270.78	\$270.78	\$270.78	\$270.78
16 - 20	M	\$175.22	\$147.41	1.0536	\$304.90	\$160.62	\$308.03	\$300.39	\$300.39	\$300.39	\$300.39	\$300.39	\$300.39
21 - 49	M	\$285.23	\$239.95	1.0536	\$304.90	\$160.62	\$400.57	\$390.64	\$390.64	\$390.64	\$390.64	\$390.64	\$390.64
50 - 64	M	\$567.29	\$477.25	1.0536	\$304.90	\$160.62	\$637.87	\$622.05	\$622.05	\$622.05	\$622.05	\$622.05	\$622.05
<b>PREGNANT WOMEN</b>													
All Ages	F	\$1,007.71	\$847.76	1.0536	\$304.90	\$160.62	\$1,008.38	\$983.37	\$983.37	\$983.37	\$983.37	\$983.37	\$983.37

\* The rates shown here reflect :  
withheld funds may be paid t  
\*\* The plan risk factors, risk adju:

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

**PMAP Families and Children Rates CY 2010  
North Central Regional**

Age	Sex	Rate				
		Sept-Dec	Sept-Dec	Base Rate	MERC	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-On
<b>FAMILIES AND CHILDREN</b>						
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
<b>PREGNANT WOMEN</b>						
All Ages	F	\$1,507.21	1,467.72	1,457.44	\$39.49	\$10.27

\* 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  
UCare**

**PMAP Families and Children Rates CY 2010**

Age	Sex	NC Regional		7/10-9/10	Sept-Dec	Sept. 2010	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.**	
<b>FAMILIES AND CHILDREN</b>									
0 - 1	F	\$381.51	\$362.16	1.0536	\$304.90	\$160.62	\$522.78	\$509.81	
1 - 2	F	\$122.53	\$116.31	1.0536	\$304.90	\$160.62	\$276.93	\$270.06	
2 - 15	F	\$90.51	\$85.92	1.0536	\$304.90	\$160.62	\$246.54	\$240.43	
16 - 20	F	\$181.75	\$172.53	1.0536	\$304.90	\$160.62	\$333.15	\$324.89	
21 - 49	F	\$303.33	\$287.94	1.0536	\$304.90	\$160.62	\$448.56	\$437.44	
50 - 64	F	\$491.25	\$466.33	1.0536	\$304.90	\$160.62	\$626.95	\$611.40	
0 - 1	M	\$468.24	\$444.49	1.0536	\$304.90	\$160.62	\$605.11	\$590.10	
1 - 2	M	\$144.51	\$137.18	1.0536	\$304.90	\$160.62	\$297.80	\$290.41	
2 - 15	M	\$107.48	\$102.03	1.0536	\$304.90	\$160.62	\$262.65	\$256.14	
16 - 20	M	\$135.36	\$128.49	1.0536	\$304.90	\$160.62	\$289.11	\$281.94	
21 - 49	M	\$220.35	\$209.18	1.0536	\$304.90	\$160.62	\$369.80	\$360.63	
50 - 64	M	\$438.26	\$416.03	1.0536	\$304.90	\$160.62	\$576.65	\$562.35	
<b>PREGNANT WOMEN</b>									
All Ages	F	\$778.49	\$739.00	1.0536	\$304.90	\$160.62	\$899.62	\$877.31	

\* The rates shown here reflect the  
withheld funds may be paid to  
\*\* The plan risk factors, risk adjusters

**Appendix II-A1: Capitation Payment Rates  
UCare Minnesota**

**PMAP Families and Children Rates CY 2010  
NorthEast Regional**

Age	Sex	Sept-Dec	Sept-Dec	Base Rate	MERC	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-On
<b>FAMILIES AND CHILDREN</b>						
0 - 1	F	\$720.14	\$701.27	\$696.36	\$18.87	\$4.91
1 - 2	F	\$231.26	\$225.20	\$223.63	\$6.06	\$1.57
2 - 15	F	\$170.85	\$166.38	\$165.21	\$4.47	\$1.17
16 - 20	F	\$343.07	\$334.09	\$331.75	\$8.98	\$2.34
21 - 49	F	\$572.61	\$557.60	\$553.70	\$15.01	\$3.90
50 - 64	F	\$927.31	\$903.01	\$896.69	\$24.30	\$6.32
0 - 1	M	\$883.90	\$860.74	\$854.72	\$23.16	\$6.02
1 - 2	M	\$272.79	\$265.64	\$263.78	\$7.15	\$1.86
2 - 15	M	\$202.88	\$197.57	\$196.18	\$5.31	\$1.39
16 - 20	M	\$255.49	\$248.80	\$247.06	\$6.69	\$1.74
21 - 49	M	\$415.94	\$405.04	\$402.21	\$10.90	\$2.83
50 - 64	M	\$827.25	\$805.58	\$799.94	\$21.67	\$5.64
<b>PREGNANT WOMEN</b>						
All Ages	F	\$1,469.41	\$1,430.92	\$1,420.90	\$38.49	\$10.02

\* 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  
UCare Minnesota**

**PMAP Families and Children Rates CY 2010**

Age	Sex	NE Regional		7/10-9/10 Plan Risk Factor**	Sept-Dec Statewide Base Rate*	Sept. 2010 Plan RA Add-On**	Sept. 2010 Plan Rate w/o MERC**	Sept. 2010 Plan Rate w rateable Reduction.**
		Base Rate w MERC*	Base Rate w/o MERC*					
<b>FAMILIES AND CHILDREN</b>								
0 - 1	F	\$371.96	\$353.09	1.0536	\$304.90	\$160.62	\$513.71	\$500.97
1 - 2	F	\$119.45	\$113.39	1.0536	\$304.90	\$160.62	\$274.01	\$267.21
2 - 15	F	\$88.25	\$83.78	1.0536	\$304.90	\$160.62	\$244.40	\$238.34
16 - 20	F	\$177.20	\$168.22	1.0536	\$304.90	\$160.62	\$328.84	\$320.68
21 - 49	F	\$295.76	\$280.75	1.0536	\$304.90	\$160.62	\$441.37	\$430.42
50 - 64	F	\$478.97	\$454.67	1.0536	\$304.90	\$160.62	\$615.29	\$600.03
0 - 1	M	\$456.54	\$433.38	1.0536	\$304.90	\$160.62	\$594.00	\$579.27
1 - 2	M	\$140.90	\$133.75	1.0536	\$304.90	\$160.62	\$294.37	\$287.07
2 - 15	M	\$104.79	\$99.48	1.0536	\$304.90	\$160.62	\$260.10	\$253.65
16 - 20	M	\$131.96	\$125.27	1.0536	\$304.90	\$160.62	\$285.89	\$278.80
21 - 49	M	\$214.84	\$203.94	1.0536	\$304.90	\$160.62	\$364.56	\$355.52
50 - 64	M	\$427.28	\$405.61	1.0536	\$304.90	\$160.62	\$566.23	\$552.19
<b>PREGNANT WOMEN</b>								
All Ages	F	\$758.96	\$720.47	1.0536	\$304.90	\$160.62	\$881.09	\$859.24

\* The rates shown here reflect :  
withheld funds may be paid t  
\*\* The plan risk factors, risk adju:



**Appendix II-A1: Capitation Payment Rates**  
**UCare Minnesota**  
**PMAP 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
<b>FAMILIES AND CHILDREN</b>						
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
<b>PREGNANT WOMEN</b>						
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 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  
UCare Minnesota**

**PMAP Families and Children Rates CY 2010**

Sept. 2010

Age	Sex	NW Metro		7/10-9/10	Sept-Dec	Sept. 2010	Sept. 2010	Sept. 2010	
		Base Rate	Base Rate	Plan Risk	Statewide	Plan RA	Plan Rate	Plan Rate	
		w/ MERC*	w/o MERC*	Factor**	Base Rate*	Add-On**	w/o MERC**	w rateable Reduction.**	
<b>FAMILIES AND CHILDREN</b>									
0 - 1	F	\$415.10	\$394.04	1.0536	\$304.90	\$160.62	\$554.66	\$540.90	
1 - 2	F	\$133.30	\$126.54	1.0536	\$304.90	\$160.62	\$287.16	\$280.04	
2 - 15	F	\$98.48	\$93.48	1.0536	\$304.90	\$160.62	\$254.10	\$247.80	
16 - 20	F	\$197.74	\$187.71	1.0536	\$304.90	\$160.62	\$348.33	\$339.69	
21 - 49	F	\$330.02	\$313.28	1.0536	\$304.90	\$160.62	\$473.90	\$462.15	
50 - 64	F	\$534.46	\$507.35	1.0536	\$304.90	\$160.62	\$667.97	\$651.40	
0 - 1	M	\$509.47	\$483.63	1.0536	\$304.90	\$160.62	\$644.25	\$628.27	
1 - 2	M	\$157.22	\$149.25	1.0536	\$304.90	\$160.62	\$309.87	\$302.19	
2 - 15	M	\$116.95	\$111.01	1.0536	\$304.90	\$160.62	\$271.63	\$264.89	
16 - 20	M	\$147.27	\$139.80	1.0536	\$304.90	\$160.62	\$300.42	\$292.97	
21 - 49	M	\$239.73	\$227.57	1.0536	\$304.90	\$160.62	\$388.19	\$378.56	
50 - 64	M	\$476.79	\$452.61	1.0536	\$304.90	\$160.62	\$613.23	\$598.02	
<b>PREGNANT WOMEN</b>									
All Ages	F	\$846.92	\$803.96	1.0536	\$304.90	\$160.62	\$964.58	\$940.66	

\* The rates shown here reflect a  
withheld funds may be paid to  
\*\* The plan risk factors, risk adju:

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

**PMAP Families and Children Rates CY 2010  
Olmsted County**

Age	Sex	Rate					DHU Add-On
		Sept-Dec	Sept-Dec	Base Rate	MERC	DHU	
		Rate	Rate-MERC	-MERC & DHU	Carve Out		
<b>FAMILIES AND CHILDREN</b>							
0 - 1	F	\$572.62	\$557.62	\$553.72	\$15.00	\$3.90	
1 - 2	F	\$183.87	\$179.06	\$177.80	\$4.81	\$1.26	
2 - 15	F	\$135.84	\$132.28	\$131.36	\$3.56	\$0.92	
16 - 20	F	\$272.77	\$265.63	\$263.77	\$7.14	\$1.86	
21 - 49	F	\$455.26	\$443.33	\$440.23	\$11.93	\$3.10	
50 - 64	F	\$737.29	\$717.97	\$712.95	\$19.32	\$5.02	
0 - 1	M	\$702.80	\$684.39	\$679.60	\$18.41	\$4.79	
1 - 2	M	\$216.88	\$211.19	\$209.72	\$5.69	\$1.47	
2 - 15	M	\$161.31	\$157.08	\$155.98	\$4.23	\$1.10	
16 - 20	M	\$203.15	\$197.83	\$196.44	\$5.32	\$1.39	
21 - 49	M	\$330.71	\$322.05	\$319.80	\$8.66	\$2.25	
50 - 64	M	\$657.71	\$640.47	\$635.99	\$17.24	\$4.48	
<b>PREGNANT WOMEN</b>							
All Ages	F	\$1,168.36	\$1,137.75	\$1,129.79	\$30.61	\$7.96	

\* 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  
Ucare**

		PMAP Families and Children Rates CY 2010						
		Olmsted		7/10-9/10	Sept-Dec	Sept. 2010	Sept. 2010	Sept. 2010
Age	Sex	Base Rate	Base Rate	Plan Risk	Statewide	Plan RA	Plan Rate	Plan Rate
		w/ MERC*	w/0 MERC*	Factor**	Base Rate*	Add-On**	w/0 MERC**	w rateable Reduction.**
<b>FAMILIES AND CHILDREN</b>								
0 - 1	F	\$295.76	\$280.76	1.0536	\$304.90	\$160.62	\$441.38	\$430.43
1 - 2	F	\$94.97	\$90.16	1.0536	\$304.90	\$160.62	\$250.78	\$244.56
2 - 15	F	\$70.16	\$66.60	1.0536	\$304.90	\$160.62	\$227.22	\$221.58
16 - 20	F	\$140.89	\$133.75	1.0536	\$304.90	\$160.62	\$294.37	\$287.07
21 - 49	F	\$235.15	\$223.22	1.0536	\$304.90	\$160.62	\$383.84	\$374.32
50 - 64	F	\$380.82	\$361.50	1.0536	\$304.90	\$160.62	\$522.12	\$509.17
0 - 1	M	\$363.00	\$344.59	1.0536	\$304.90	\$160.62	\$505.21	\$492.68
1 - 2	M	\$112.02	\$106.33	1.0536	\$304.90	\$160.62	\$266.95	\$260.33
2 - 15	M	\$83.32	\$79.09	1.0536	\$304.90	\$160.62	\$239.71	\$233.77
16 - 20	M	\$104.93	\$99.61	1.0536	\$304.90	\$160.62	\$260.23	\$253.78
21 - 49	M	\$170.81	\$162.15	1.0536	\$304.90	\$160.62	\$322.77	\$314.77
50 - 64	M	\$339.72	\$322.48	1.0536	\$304.90	\$160.62	\$483.10	\$471.12
<b>PREGNANT WOMEN</b>								
All Ages	F	\$603.47	\$572.86	1.0536	\$304.90	\$160.62	\$733.48	\$715.29

\* The rates shown here reflect:  
withheld funds may be paid to  
\*\* The plan risk factors, risk adju

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

**PMAP Families and Children Rates CY 2010**

**Ramsey**

Sex	FAMILIES AND CHILDREN	Sept-Dec	Sept-Dec	Base Rate	MERC	IGT	DHU
		Rate	Rate-MERC	-MERC & DHU	Carve Out	Add-on	Add-On
F	0 - 1	\$666.16	\$644.40	\$631.84	\$21.76	\$33.52	\$12.56
F	1 - 2	\$213.92	\$206.93	\$202.90	\$6.99	\$10.76	\$4.03
F	2 - 15	\$158.03	\$152.87	\$149.89	\$5.16	\$7.95	\$2.98
F	16 - 20	\$317.33	\$306.96	\$300.98	\$10.37	\$15.97	\$5.98
F	21 - 49	\$529.62	\$512.32	\$502.34	\$17.30	\$26.65	\$9.98
F	50 - 64	\$857.74	\$829.72	\$813.56	\$28.02	\$43.16	\$16.16
M	0 - 1	\$817.59	\$790.89	\$775.48	\$26.70	\$41.14	\$15.41
M	1 - 2	\$252.33	\$244.09	\$239.33	\$8.24	\$12.70	\$4.76
M	2 - 15	\$187.67	\$181.54	\$178.00	\$6.13	\$9.44	\$3.54
M	16 - 20	\$236.34	\$228.62	\$224.16	\$7.72	\$11.89	\$4.46
M	21 - 49	\$384.72	\$372.16	\$364.91	\$12.56	\$19.36	\$7.25
M	50 - 64	\$765.16	\$740.16	\$725.74	\$25.00	\$38.50	\$14.42
F	PREGNANT WOMEN						
F	All Ages	\$1,359.23	\$1,314.83	\$1,289.21	\$44.40	\$68.39	\$25.62

\* 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 UCare

### PMAP Families and Children Rates CY 2010

Sex	Ramsey		7/10-9/10 Plan Risk Factor**	Sept-Dec Statewide Base Rate*	Sept. 2010 Plan RA Add-On**	Sept. 2010 Plan Rate w/o MERC**	Sept. 2010 Plan Rate w rateable Reduction.**	
	Base Rate w MERC*	Base Rate w/o MERC*						
<b>FAMILIES AND CHILDREN</b>								
0 - 1	F	\$383.76	\$362.00	1.0536	\$304.90	\$160.62	\$522.62	\$509.66
1 - 2	F	\$123.23	\$116.24	1.0536	\$304.90	\$160.62	\$276.86	\$269.99
2 - 15	F	\$91.04	\$85.88	1.0536	\$304.90	\$160.62	\$246.50	\$240.39
16 - 20	F	\$182.81	\$172.44	1.0536	\$304.90	\$160.62	\$333.06	\$324.80
21 - 49	F	\$305.10	\$287.80	1.0536	\$304.90	\$160.62	\$448.42	\$437.30
50 - 64	F	\$494.12	\$466.10	1.0536	\$304.90	\$160.62	\$626.72	\$611.18
0 - 1	M	\$470.99	\$444.29	1.0536	\$304.90	\$160.62	\$604.91	\$589.91
1 - 2	M	\$145.36	\$137.12	1.0536	\$304.90	\$160.62	\$297.74	\$290.36
2 - 15	M	\$108.11	\$101.98	1.0536	\$304.90	\$160.62	\$262.60	\$256.09
16 - 20	M	\$136.15	\$128.43	1.0536	\$304.90	\$160.62	\$289.05	\$281.88
21 - 49	M	\$221.62	\$209.06	1.0536	\$304.90	\$160.62	\$369.68	\$360.51
50 - 64	M	\$440.79	\$415.79	1.0536	\$304.90	\$160.62	\$576.41	\$562.11
<b>PREGNANT WOMEN</b>								
All Ages	F	\$783.02	\$738.62	1.0536	\$304.90	\$160.62	\$899.24	\$876.94

\* The rates shown here reflect  
withheld funds may be paid to  
\*\* The plan risk factors, risk adjust

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

**PMAP Families and Children Rates CY 2010  
South East Regional**

Age	Sex	Rate					Add-On
		Sept-Dec	Sept-Dec Rate-MERC	Base Rate -MERC & DHU	MERC Carve Out	DHU	
<b>FAMILIES AND CHILDREN</b>							
0 - 1	F	\$635.01	\$618.37	\$614.04	\$16.64	\$4.33	
1 - 2	F	\$203.93	\$198.59	\$197.20	\$5.34	\$1.39	
2 - 15	F	\$150.64	\$146.69	\$145.67	\$3.95	\$1.02	
16 - 20	F	\$302.50	\$294.58	\$292.52	\$7.92	\$2.06	
21 - 49	F	\$504.88	\$491.65	\$488.21	\$13.23	\$3.44	
50 - 64	F	\$817.63	\$796.21	\$790.64	\$21.42	\$5.57	
0 - 1	M	\$779.38	\$758.96	\$753.65	\$20.42	\$5.31	
1 - 2	M	\$240.51	\$234.21	\$232.57	\$6.30	\$1.64	
2 - 15	M	\$178.89	\$174.20	\$172.98	\$4.69	\$1.22	
16 - 20	M	\$225.29	\$219.39	\$217.85	\$5.90	\$1.54	
21 - 49	M	\$366.77	\$357.16	\$354.66	\$9.61	\$2.50	
50 - 64	M	\$729.41	\$710.30	\$705.32	\$19.11	\$4.98	
<b>PREGNANT WOMEN</b>							
All Ages	F	\$1,295.68	\$1,261.74	\$1,252.90	\$33.94	\$8.84	

\* 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  
UCare**

**PMAP Families and Children Rates CY 2010**

Sept. 2010

Age	Sex	SE Regional		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.**	
<b>FAMILIES AND CHILDREN</b>									
0 - 1	F	\$327.99	\$311.35	1.0536	\$304.90	\$160.62	\$471.97	\$460.26	
1 - 2	F	\$105.33	\$99.99	1.0536	\$304.90	\$160.62	\$260.61	\$254.15	
2 - 15	F	\$77.81	\$73.86	1.0536	\$304.90	\$160.62	\$234.48	\$228.66	
16 - 20	F	\$156.24	\$148.32	1.0536	\$304.90	\$160.62	\$308.94	\$301.28	
21 - 49	F	\$260.78	\$247.55	1.0536	\$304.90	\$160.62	\$408.17	\$398.05	
50 - 64	F	\$422.31	\$400.89	1.0536	\$304.90	\$160.62	\$561.51	\$547.58	
0 - 1	M	\$402.56	\$382.14	1.0536	\$304.90	\$160.62	\$542.76	\$529.30	
1 - 2	M	\$124.23	\$117.93	1.0536	\$304.90	\$160.62	\$278.55	\$271.64	
2 - 15	M	\$92.40	\$87.71	1.0536	\$304.90	\$160.62	\$248.33	\$242.17	
16 - 20	M	\$116.37	\$110.47	1.0536	\$304.90	\$160.62	\$271.09	\$264.37	
21 - 49	M	\$189.44	\$179.83	1.0536	\$304.90	\$160.62	\$340.45	\$332.01	
50 - 64	M	\$376.75	\$357.64	1.0536	\$304.90	\$160.62	\$518.26	\$505.41	
<b>PREGNANT WOMEN</b>									
All Ages	F	\$669.23	\$635.29	1.0536	\$304.90	\$160.62	\$795.91	\$776.17	

\* The rates shown here reflect a 1% increase in the capitated rates withheld funds may be paid to the member.  
 \*\* The plan risk factors, risk adjustment factors, and other plan factors are shown in the table below.



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

**PMPAP Families and Children Rates CY 2010  
SouthWest Regional**

Age	Sex	Rate					DHU Add-On
		Sept-Dec	Sept-Dec Rate-MERC	Base Rate -MERC & DHU	MERC Carve Out	DHU	
<b>FAMILIES AND CHILDREN</b>							
0 - 1	F	\$714.25	\$695.54	\$690.67	\$18.71	\$4.87	
1 - 2	F	\$229.37	\$223.36	\$221.80	\$6.01	\$1.56	
2 - 15	F	\$169.45	\$165.01	\$163.85	\$4.44	\$1.16	
16 - 20	F	\$340.24	\$331.32	\$329.00	\$8.92	\$2.32	
21 - 49	F	\$567.85	\$552.97	\$549.10	\$14.88	\$3.87	
50 - 64	F	\$919.64	\$895.55	\$889.28	\$24.09	\$6.27	
0 - 1	M	\$876.64	\$853.67	\$847.69	\$22.97	\$5.98	
1 - 2	M	\$270.53	\$263.44	\$261.60	\$7.09	\$1.84	
2 - 15	M	\$201.21	\$195.94	\$194.57	\$5.27	\$1.37	
16 - 20	M	\$253.39	\$246.75	\$245.02	\$6.64	\$1.73	
21 - 49	M	\$412.49	\$401.68	\$398.87	\$10.81	\$2.81	
50 - 64	M	\$820.45	\$798.95	\$793.36	\$21.50	\$5.59	
<b>PREGNANT WOMEN</b>							
All Ages	F	\$1,457.27	\$1,419.09	\$1,409.16	\$38.18	\$9.93	

\* 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  
UCare**

**PMAP Families and Children Rates CY 2010**

Sept. 2010

Age	Sex	SW Regional		7/10-9/10 Plan Risk Factor**	Sept-Dec Statewide Base Rate*	Sept. 2010 Plan RA Add-On**	Sept. 2010 Plan Rate w/o MERC**	Sept. 2010 Plan Rate w rateable Reduction.**
		Base Rate w MERC*	Base Rate w/o MERC*					
<b>FAMILIES AND CHILDREN</b>								
0 - 1	F	\$368.92	\$350.21	1.0536	\$304.90	\$160.62	\$510.83	\$498.16
1 - 2	F	\$118.47	\$112.46	1.0536	\$304.90	\$160.62	\$273.08	\$266.31
2 - 15	F	\$87.53	\$83.09	1.0536	\$304.90	\$160.62	\$243.71	\$237.67
16 - 20	F	\$175.74	\$166.82	1.0536	\$304.90	\$160.62	\$327.44	\$319.32
21 - 49	F	\$293.30	\$278.42	1.0536	\$304.90	\$160.62	\$439.04	\$428.15
50 - 64	F	\$475.00	\$450.91	1.0536	\$304.90	\$160.62	\$611.53	\$596.36
0 - 1	M	\$452.80	\$429.83	1.0536	\$304.90	\$160.62	\$590.45	\$575.81
1 - 2	M	\$139.73	\$132.64	1.0536	\$304.90	\$160.62	\$293.26	\$285.99
2 - 15	M	\$103.93	\$98.66	1.0536	\$304.90	\$160.62	\$259.28	\$252.85
16 - 20	M	\$130.88	\$124.24	1.0536	\$304.90	\$160.62	\$284.86	\$277.80
21 - 49	M	\$213.06	\$202.25	1.0536	\$304.90	\$160.62	\$362.87	\$353.87
50 - 64	M	\$423.77	\$402.27	1.0536	\$304.90	\$160.62	\$562.89	\$548.93
<b>PREGNANT WOMEN</b>								
All Ages	F	\$752.69	\$714.51	1.0536	\$304.90	\$160.62	\$875.13	\$853.43

\* The rates shown here reflect :  
withheld funds may be paid to  
\*\* The plan risk factors, risk adju: