

## **Contract Amendment for BadgerCare Plus Services**

The agreement entered into for the period of September 1, 2010 through December 31, 2013 between the State of Wisconsin acting by or through the Department of Health Services, herein after referred to as the "Department" and \_\_\_\_\_, an insurer with a certificate of authority to do business in Wisconsin for the BadgerCare Plus Managed Care Program is hereby amended for the period of September 1, 2010 through December 31, 2013 as follows:

### **1. Article III, E – Covered BadgerCare Plus**

Add as a new #12:

Chiropractic services within the BadgerCare Plus – CORE Plan is carved out of the capitation rate and will be paid on a fee-for-service basis.

### **2. Article III, H.6 – Network Adequacy Requirements**

Add as a new last paragraph:

The HMO must notify the Department of any service area reductions 120 days before the intended decertification date. The HMO must submit a member communication/transition plan for all service area reductions.

### **3. Article VI, A – Capitation Rates**

Amend the 3<sup>rd</sup> bullet to read:

- CDPS adjusters will be 100% for BadgerCare Plus – Standard and Benchmark Plan members.

### **4. Article VI, C – Annual Negotiation of Capitation Rates**

Amend the 1<sup>st</sup> paragraph to read:

The monthly capitation rates are recalculated on an annual basis. The HMO will have 120 days from the date of the written notification to accept the new capitation rates in writing or to initiate termination or non-renewal of the Contract.

### **5. Article VI, H.1.b – Neonatal Intensive Care Unit (NICU) Risk Sharing Payment(s)**

Amend the last sentence of section a. to read:

NICU coverage continues until the infant is deemed medically stable to be discharged to a newborn nursery, pediatric floor or home. Level II, III, and IV facilities provide the following services:

Amend the last sentence of section b. to read:

NICU coverage continues until the infant is transferred back to the initial hospital and deemed medically stable to be discharged to a newborn nursery, pediatric floor or home.

### **6. Article VI, H.1 - Neonatal Intensive Care Unit (NICU) Risk Sharing Payment(s)**

Add as a new last paragraph:

To be considered for payment, acute care hospitals with a neonatal care unit must use the national coding level of care as specified in the Uniform Billing System National Uniform Billing Committee Official UB-04.

### **7. Article VI, H.2 – Reimbursement Criteria**

Amend c. to read:

The HMO's NICU cost per day includes the HMO's NICU inpatient payment per day and the HMO's associated physician payments. Associated physician payments refer to the total HMO payments made by the HMO to the physician(s) for services provided to the infant during the NICU stay. Amounts paid must include payments for all physician and hospital services that were provided during the report period regardless of the HMO's actual payment date.

Associated physician payments are divided by the number of days reported for the NICU stay to determine the HMO's payment per day of associated physician payments. HMOs cannot report the number of NICU days for a member if another party paid the hospital/physician services in full or the HMO denied all of the services.

**8. Article VI, J.6 – Hospital Access Payment**

Amend the 1<sup>st</sup> paragraph to read:

The HMO shall adjust prior hospital access payments that were based on an inaccurate counting of qualifying inpatient discharges or outpatient visits. If an error is discovered, the Bureau of Fiscal Management must be contacted in writing within 15 days of the discovery. Corrections will be adjusted on a prospective basis. Errors shall be corrected in the next distribution of the monthly access payments the HMO receives from DHS.

**9. Article VI, K.5 – Ambulatory Surgical Center (ASC) Assessment**

Amend to #5 to read:

The HMO shall adjust prior ASC payments that were based on an inaccurate counting of qualifying visits. If an error is discovered, the Bureau of Fiscal Management must be contacted in writing within 15 days of the discovery. Corrections will be adjusted on a prospective basis. Errors shall be corrected in subsequent distributions of the monthly access payments the HMO receives from DHS.

**10. Article VI, L.5 – Hospital Access Payment**

Amend the 1<sup>st</sup> paragraph to read:

The HMO shall adjust prior CAH access payments that were based on an inaccurate counting of qualifying inpatient discharges or outpatient visits. If an error is discovered, the Bureau of Fiscal Management must be contacted in writing within 15 days of the discovery. Corrections will be adjusted on a prospective basis. Errors shall be corrected in the next distribution of the monthly access payments the HMO receives from DHS

**11. Article VII, K – Contract Specified Reports and Due Dates**

Add the following rows to the end of the chart:

Medical Loss Ratio (MLR) report	July 15	Annually	BFM	Electronic media	Art. VII, J
Maternity Kick Payment Newborn Report	Monthly	Monthly	Fiscal Agent	Electronic Media	Add. IV, N

Add the following to the report mailing addresses:

Department of Health Services  
Bureau of Fiscal Management  
P.O. Box 309  
Madison, WI 53701-0309

**12. Article XI, D.2 – Withholding of Capitation Payments and Orders to Provide Services**

Add as a new last paragraph:

Notwithstanding the preceding paragraph, if it is found that the HMO failed to submit complete encounter data prior to the submission deadlines, the Department will be damaged. The HMO will be responsible to reimburse the Department for the staffing and out-of-pocket costs incurred by the Department and its contractors associated with reviewing the delayed data submission, and developing and publishing revised rates. In addition, a delay in receiving complete encounter data damages the Department and its partner relationships by affecting the timeliness of accurate rate setting. Because this damage cannot be easily quantified, the parties agree that the Department may assess damages up to 75% of the value of the rate adjustment to the HMO's monthly capitation rate.

**13. Article XVIII, C.7 – Specific Terms of the Contract**

Amend #7 to read:

The Department shall make case mix adjusted based on rate development methodology to the HMO for BadgerCare Plus – Standard and Benchmark Plan members using the prospective Chronic Illness and Disability Payment System (CDPS) based adjustment method. The payment rates for members will be adjusted based upon the prospective CDPS scores applied prospectively to the rate schedule in the attached Exhibits. The adjustment will be budget neutral to the Department and any excess or deficient funding being divided proportionately amongst the effected HMO(s).

**14. Addendum IV, I – Attestation Form**

Add as new after HMO Network Submission:

- Maternity Kick Payment Newborn Report for (quarter) \_\_\_\_\_(year) 20\_\_\_\_.
- Common Carrier Data for (quarter) \_\_\_\_\_(year) 20\_\_\_\_.

**15. Addendum IV, N – Summary of the Maternity Kick Payment Report for Newborns to Department of Health Services**

Add as new:

This report will be provided by the HMO(s) monthly to the State's fiscal agent via the secure FTP site in order to receive the Maternity Kick Payment for newborns. The report should be zipped and sent in Microsoft Excel. Reports should be submitted within 10 calendar days of the end of the month of reporting. The report can include deliveries for prior months.

The file naming convention for both the MS Excel and zipped files should be – XXXX KICK PAYMENT NEWBORNS MMY (XXXX = last four digits of the HMO ID and MMY = current month and year).

A template of the report columns is provided below. All of the fields are mandatory except for the Baby MA ID, Baby Last Name, and Baby First Name which are optional.

HMO NAME	MONTH OF BIRTH	YEAR OF BIRTH	MOTHER'S MA ID	BABY MA ID (optional)	BABY LAST NAME (optional)	BABY FIRST NAME (optional)	MOTHER'S COUNTY (2 DIGITS)	REMOVAL STATUS (Removal of Previous Mother's Delivery Listed as a Mistake =R)
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**16. Rate Exhibits**

Add, at the end of the contract, the following Rate Exhibits as new:

**Wisconsin Department of Health Services** *DRAFT Exhibit 5c*  
**2011 Capitation Rate Development for BadgerCare Plus Standard, Benchmark, and Childless Adults Programs**  
**2011 Capitation Rate Development - BadgerCare Plus Standard Plan (Excluding Maternity Related Services)**  
**RFP Rates for Regions 5 and 6**

Age Range	Gender	2011 Blended PEPM after Adjustments		P4P Withholding of 3.25%		2011 Blended PEPM after Adjustments and P4P	
		Region 5	Region 6	Region 5	Region 6	Region 5	Region 6
Age 0	All	\$ 224.98	\$ 280.94	\$ 7.31	\$ 9.13	\$ 217.67	\$ 271.81
Ages 1 - 5	All	55.80	66.81	1.81	2.17	53.99	64.64
Ages 6 - 14	All	43.94	42.17	1.43	1.37	42.52	40.80
Ages 15 - 20	Female	89.72	83.47	2.92	2.71	86.80	80.76
Ages 15 - 20	Male	58.49	48.17	1.90	1.57	56.59	46.60
Ages 21 - 34	Female	139.26	138.52	4.53	4.50	134.74	134.02
Ages 21 - 34	Male	89.06	93.43	2.89	3.04	86.17	90.39
Ages 35 -44	Female	194.96	193.33	6.34	6.28	188.63	187.05
Ages 35 -44	Male	140.55	161.84	4.57	5.26	135.98	156.58
Ages 45 & Over	Female	224.32	264.06	7.29	8.58	217.03	255.48
Ages 45 & Over	Male	193.42	218.01	6.29	7.09	187.13	210.93
All Ages		\$ 97.44	\$ 99.27	\$ 3.17	\$ 3.23	\$ 94.27	\$ 96.04

Medical Administration by HMO:	RFP Bid	P4P Withholding	Adjusted Admin
UnitedHealthcare of Wisconsin, Inc.	\$ 12.71	\$ 0.41	\$ 12.30
Abri Health Plan, Inc.	13.99	0.45	13.54
Children's Community Health Plan, I	14.00	0.46	13.55
Community Connect Health Plan	17.50	0.57	16.93

2011 Capitation Rate by Age/Gender, Rate Region, and HMO						
Region 5						
Age Range	Gender	UnitedHealthcare of Wisconsin, Inc.	Abri Health Plan, Inc.	Children's Community Health Plan, Inc.	Community Connect Health Plan	
Age 0	All	\$ 229.97	\$ 231.21	\$ 231.22	\$ 234.60	
Ages 1 - 5	All	66.29	67.53	67.54	70.92	
Ages 6 - 14	All	54.81	56.05	56.06	59.45	
Ages 15 - 20	Female	99.10	100.34	100.35	103.74	
Ages 15 - 20	Male	68.88	70.12	70.13	73.52	
Ages 21 - 34	Female	147.03	148.27	148.28	151.67	
Ages 21 - 34	Male	98.46	99.70	99.71	103.10	
Ages 35 -44	Female	200.92	202.16	202.17	205.56	
Ages 35 -44	Male	148.28	149.52	149.53	152.92	
Ages 45 & Over	Female	229.33	230.57	230.58	233.96	
Ages 45 & Over	Male	199.43	200.67	200.68	204.06	
Region 6						
Age Range	Gender	UnitedHealthcare of Wisconsin, Inc.	Abri Health Plan, Inc.	Children's Community Health Plan, Inc.	Community Connect Health Plan	
Age 0	All	\$ 284.11	\$ 285.35	\$ 285.36	\$ 288.74	
Ages 1 - 5	All	76.93	78.17	78.18	81.57	
Ages 6 - 14	All	53.09	54.33	54.34	57.73	
Ages 15 - 20	Female	93.05	94.29	94.30	97.69	
Ages 15 - 20	Male	58.90	60.14	60.15	63.53	
Ages 21 - 34	Female	146.32	147.56	147.57	150.95	
Ages 21 - 34	Male	102.69	103.93	103.94	107.33	
Ages 35 -44	Female	199.35	200.58	200.59	203.98	
Ages 35 -44	Male	168.87	170.11	170.12	173.51	
Ages 45 & Over	Female	267.77	269.01	269.02	272.41	
Ages 45 & Over	Male	223.22	224.46	224.47	227.86	

**Wisconsin Department of Health Services**  
**2011 Capitation Rate Development for BadgerCare Plus Standard,**  
**Benchmark, and Childless Adults Programs**  
**2011 Capitation Rate Development - BadgerCare Plus Standard Plan - Dental and Chiropractic Only**  
**RFP Rates for Regions 5 and 6**

*DRAFT Exhibit 6c*

2011 Capitation Rate by Age/Gender and Rate Region before Pay-for-Performance Withholding						
Age Range	Gender	Dental		Chiro		
		Region 5	Region 6	Region 5	Region 6	
Age 0	All	\$ 0.07	\$ 0.19	\$ 0.29	\$ 0.06	
Ages 1 - 5	All	3.16	3.55	0.25	0.05	
Ages 6 - 14	All	5.72	6.77	0.43	0.08	
Ages 15 - 20	Female	5.31	4.80	0.84	0.20	
Ages 15 - 20	Male	4.62	4.01	0.61	0.13	
Ages 21 - 34	Female	6.19	7.37	1.70	0.54	
Ages 21 - 34	Male	6.06	6.87	1.98	0.58	
Ages 35 -44	Female	5.78	7.83	2.77	0.75	
Ages 35 -44	Male	6.62	7.70	2.22	0.92	
Ages 45 & Over	Female	7.27	10.12	2.61	0.97	
Ages 45 & Over	Male	7.35	9.06	1.78	0.78	
All Ages		\$ 5.01	\$ 5.67	\$ 0.98	\$ 0.25	

P4P Withholding of 3.25%						
Age Range	Gender	Dental		Chiro		
		Region 5	Region 6	Region 5	Region 6	
Age 0	All	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.00	
Ages 1 - 5	All	0.10	0.12	0.01	0.00	
Ages 6 - 14	All	0.19	0.22	0.01	0.00	
Ages 15 - 20	Female	0.17	0.16	0.03	0.01	
Ages 15 - 20	Male	0.15	0.13	0.02	0.00	
Ages 21 - 34	Female	0.20	0.24	0.06	0.02	
Ages 21 - 34	Male	0.20	0.22	0.06	0.02	
Ages 35 -44	Female	0.19	0.25	0.09	0.02	
Ages 35 -44	Male	0.22	0.25	0.07	0.03	
Ages 45 & Over	Female	0.24	0.33	0.08	0.03	
Ages 45 & Over	Male	0.24	0.29	0.06	0.03	
All Ages		\$ 0.16	\$ 0.18	\$ 0.03	\$ 0.01	

2011 Capitation Rate by Age/Gender and Rate Region						
Age Range	Gender	Dental		Chiro		
		Region 5	Region 6	Region 5	Region 6	
Age 0	All	\$ 0.06	\$ 0.18	\$ 0.28	\$ 0.06	
Ages 1 - 5	All	3.05	3.43	0.24	0.05	
Ages 6 - 14	All	5.53	6.55	0.41	0.08	
Ages 15 - 20	Female	5.14	4.65	0.82	0.19	
Ages 15 - 20	Male	4.47	3.88	0.59	0.13	
Ages 21 - 34	Female	5.99	7.13	1.64	0.52	
Ages 21 - 34	Male	5.86	6.65	1.92	0.56	
Ages 35 -44	Female	5.59	7.57	2.68	0.73	
Ages 35 -44	Male	6.40	7.45	2.15	0.89	
Ages 45 & Over	Female	7.04	9.79	2.53	0.94	
Ages 45 & Over	Male	7.11	8.77	1.72	0.76	
All Ages		\$ 4.85	\$ 5.49	\$ 0.95	\$ 0.25	

Cap Rate Comparison	Region 5	Region 6	Region 5	Region 6
(1) 2011 Cap Rates*	4.85	5.49	0.95	0.25
(2) 2010 Cap Rates*	5.00	6.39	0.80	0.15
Difference [(1) / (2) - 1]	-2.9%	-14.1%	19.1%	69.2%

\*Note - Cap Rates Weighted By Projected 2011 Standard Plan Eligible Months

**Wisconsin Department of Health Services**  
**2011 Capitation Rate Development for BadgerCare Plus Standard,**  
**Benchmark, and Childless Adults Programs**  
**2011 Maternity Case Rate Development - BadgerCare Plus Standard Plan**

*DRAFT Exhibit 8*

	Region						Statewide
	1	2	3	4	5	6	
<b>Number of Deliveries</b>							
<b>November 2008 - October 2009</b>	2,935	3,505	2,639	3,140	2,067	5,670	19,956
2008-09 Maternity Related Costs	\$12,873,439	\$12,255,168	\$10,241,986	\$12,676,122	\$8,107,580	\$25,651,070	\$81,805,364
Base Case Rate	\$4,386.18	\$3,496.48	\$3,881.01	\$4,036.98	\$3,922.39	\$4,524.00	\$4,099.29
<b>Adjustments</b>							
Completion Factor	1.0235	1.0235	1.0235	1.0235	1.0235	1.0235	
Reduction in Cesarean Section	0.9796	0.9942	0.9980	0.9879	0.9852	1.0000	
Medicaid Medicare Rate Reform	0.9989	0.9989	0.9989	0.9989	0.9989	0.9989	
Medicaid Medicare Radiology Rate Reform Adjustment	0.9967	0.9967	0.9967	0.9967	0.9967	0.9967	
Hospital Rate Adjustment	1.0054	1.0054	1.0054	1.0054	1.0054	1.0054	
<b>2011 Maternity Base Rate</b>	\$4,402.59	\$3,561.76	\$3,968.44	\$4,086.42	\$3,959.39	\$4,635.21	\$4,167.94
<b>2010 Maternity Base Rate</b>	\$3,829.59	\$3,509.67	\$3,348.57	\$3,625.40	\$3,659.71	\$4,596.43	\$3,877.95
<b>2010 to 2011 Difference</b>	15.0%	1.5%	18.5%	12.7%	8.2%	0.8%	7.5%
14.0% Administration*	14.0%	14.0%	14.0%	14.0%			
<b>2011 Maternity Kick Payment</b>	\$5,119.30	\$4,141.58	\$4,614.47	\$4,751.65	\$3,959.39	\$4,635.21	\$4,565.28
<b>2010 Maternity Kick Payment**</b>	\$4,697.93	\$4,081.02	\$4,107.84	\$4,447.43	\$4,489.53	\$5,638.65	\$4,717.82
<b>2010 to 2011 Difference</b>	9.0%	1.5%	12.3%	6.8%	-11.8%	-17.8%	-3.2%
Pay-for-Performance Withholding %	0.00%	0.00%	0.00%	0.00%	3.25%	3.25%	
Pay-for-Performance Withholding	\$0.00	\$0.00	\$0.00	\$0.00	\$128.68	\$150.64	
<b>2011 Maternity Kick Payment after P4P</b>	\$5,119.30	\$4,141.58	\$4,614.47	\$4,751.65	\$3,830.71	\$4,484.56	\$4,509.15
<b>2010 Maternity Kick Payment**</b>	\$4,697.93	\$4,081.02	\$4,107.84	\$4,447.43	\$4,489.53	\$5,638.65	\$4,717.82
<b>2010 to 2011 Difference after P4P</b>	9.0%	1.5%	12.3%	6.8%	-14.7%	-20.5%	-4.4%

\*Per RFP bids in regions 5 and 6, no admin was allocated for kick payments

\*\*Includes MCE to Cap Adjustment

**Wisconsin Department of Health Services**  
**2011 Capitation Rate Development for BadgerCare Plus Standard,**  
**Benchmark, and Childless Adults Programs**

*DRAFT Exhibit 10a*

**2011 Capitation Rate Development - BadgerCare Plus Benchmark Plan - Medical Only**  
**RFP Rates for Regions 5 and 6**

Age Range	Gender	2011 MCE (no Admin)		P4P Withholding of 3.25%		2011 MCE after P4P (no Admin)	
		Region 5	Region 6	Region 5	Region 6	Region 5	Region 6
Age 0	All	\$ 198.68	\$ 255.17	\$ 6.46	\$ 8.29	\$ 192.23	\$ 246.87
Ages 1 - 5	All	49.74	61.43	1.62	2.00	48.12	59.44
Ages 6 - 14	All	39.30	39.14	1.28	1.27	38.02	37.87
Ages 15 - 20	Female	79.60	76.51	2.59	2.49	77.01	74.02
Ages 15 - 20	Male	52.10	44.57	1.69	1.45	50.41	43.12
Ages 21 - 34	Female	142.04	145.56	4.62	4.73	137.43	140.83
Ages 21 - 34	Male	91.06	98.50	2.96	3.20	88.10	95.30
Ages 35 -44	Female	198.61	202.76	6.45	6.59	192.16	196.17
Ages 35 -44	Male	143.35	169.89	4.66	5.52	138.69	164.37
Ages 45 & Over	Female	228.43	276.57	7.42	8.99	221.01	267.59
Ages 45 & Over	Male	197.04	228.52	6.40	7.43	190.64	221.09
All Ages		\$ 74.88	\$ 92.15	\$ 2.43	\$ 2.99	\$ 72.44	\$ 89.15

Medical Administration by HMO:	RFP Bid	P4P Withholding	Adjusted Admin
UnitedHealthcare of Wisconsin, Inc.	\$ 12.71	\$ 0.41	\$ 12.30
Abri Health Plan, Inc.	13.99	0.45	13.54
Children's Community Health Plan, I	14.00	0.46	13.55
Community Connect Health Plan	17.50	0.57	16.93

**2011 Capitation Rate by Age/Gender, Rate Region, and HMO**

Age Range	Gender	Region 5			
		UnitedHealthcare of Wisconsin, Inc.	Abri Health Plan, Inc.	Children's Community Health Plan, Inc.	Community Connect Health Plan
Age 0	All	\$ 204.52	\$ 205.76	\$ 205.77	\$ 209.16
Ages 1 - 5	All	60.42	61.66	61.67	65.05
Ages 6 - 14	All	50.32	51.55	51.56	54.95
Ages 15 - 20	Female	89.31	90.55	90.56	93.94
Ages 15 - 20	Male	62.71	63.94	63.95	67.34
Ages 21 - 34	Female	149.72	150.96	150.97	154.36
Ages 21 - 34	Male	100.39	101.63	101.64	105.03
Ages 35 -44	Female	204.45	205.69	205.70	209.09
Ages 35 -44	Male	150.99	152.23	152.24	155.62
Ages 45 & Over	Female	233.30	234.54	234.55	237.94
Ages 45 & Over	Male	202.93	204.17	204.18	207.57

Age Range	Gender	Region 6			
		UnitedHealthcare of Wisconsin, Inc.	Abri Health Plan, Inc.	Children's Community Health Plan, Inc.	Community Connect Health Plan
Age 0	All	\$ 259.17	\$ 260.41	\$ 260.42	\$ 263.81
Ages 1 - 5	All	71.74	72.97	72.98	76.37
Ages 6 - 14	All	50.17	51.41	51.42	54.80
Ages 15 - 20	Female	86.32	87.56	87.57	90.95
Ages 15 - 20	Male	55.42	56.66	56.67	60.05
Ages 21 - 34	Female	153.13	154.37	154.38	157.76
Ages 21 - 34	Male	107.60	108.84	108.84	112.23
Ages 35 -44	Female	208.47	209.71	209.72	213.10
Ages 35 -44	Male	176.67	177.91	177.92	181.30
Ages 45 & Over	Female	279.88	281.12	281.13	284.52
Ages 45 & Over	Male	233.39	234.63	234.64	238.02

**Wisconsin Department of Health Services**  
**2011 Capitation Rate Development for BadgerCare Plus Standard,**  
**Benchmark, and Childless Adults Programs**

*DRAFT Exhibit 10b*

**2011 Capitation Rate Development - BadgerCare Plus Benchmark Plan - Dental & Chiropractic Only**  
**RFP Rates for Regions 5 and 6**

2011 Capitation Rate by Age/Gender and Rate Region before P4P Withholding							
Age Range	Gender	Dental		Chiro			
		Region 5	Region 6	Region 5	Region 6		
Age 0	All	\$ 0.06	\$ 0.17	\$ 0.06	\$ 0.01		
Ages 1 - 5	All	2.77	3.11	0.06	0.01		
Ages 6 - 14	All	5.02	5.94	0.10	0.02		
Ages 15 - 20	Female	4.66	4.22	0.19	0.04		
Ages 15 - 20	Male	4.06	3.52	0.14	0.03		
Ages 21 - 34	Female	5.98	7.12	0.42	0.13		
Ages 21 - 34	Male	n/a	n/a	0.49	0.14		
Ages 35 -44	Female	5.58	7.56	0.68	0.19		
Ages 35 -44	Male	n/a	n/a	0.55	0.23		
Ages 45 & Over	Female	7.03	9.78	0.64	0.24		
Ages 45 & Over	Male	n/a	n/a	0.44	0.19		
All Ages		\$ 4.02	\$ 4.45	\$ 0.17	\$ 0.05		

P4P Withholding of 3.25%							
Age Range	Gender	Dental		Chiro			
		Region 5	Region 6	Region 5	Region 6		
Age 0	All	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00		
Ages 1 - 5	All	0.09	0.10	0.00	0.00		
Ages 6 - 14	All	0.16	0.19	0.00	0.00		
Ages 15 - 20	Female	0.15	0.14	0.01	0.00		
Ages 15 - 20	Male	0.13	0.11	0.00	0.00		
Ages 21 - 34	Female	0.19	0.23	0.01	0.00		
Ages 21 - 34	Male	n/a	n/a	0.02	0.00		
Ages 35 -44	Female	0.18	0.25	0.02	0.01		
Ages 35 -44	Male	n/a	n/a	0.02	0.01		
Ages 45 & Over	Female	0.23	0.32	0.02	0.01		
Ages 45 & Over	Male	n/a	n/a	0.01	0.01		
All Ages		\$ 0.13	\$ 0.14	\$ 0.01	\$ 0.00		

2011 Capitation Rate by Age/Gender and Rate Region							
Age Range	Gender	Dental		Chiro			
		Region 5	Region 6	Region 5	Region 6		
Age 0	All	\$ 0.06	\$ 0.16	\$ 0.06	\$ 0.01		
Ages 1 - 5	All	2.68	3.01	0.05	0.01		
Ages 6 - 14	All	4.86	5.75	0.09	0.02		
Ages 15 - 20	Female	4.51	4.08	0.18	0.04		
Ages 15 - 20	Male	3.93	3.41	0.13	0.03		
Ages 21 - 34	Female	5.78	6.89	0.40	0.13		
Ages 21 - 34	Male	n/a	n/a	0.47	0.14		
Ages 35 -44	Female	5.40	7.32	0.66	0.18		
Ages 35 -44	Male	n/a	n/a	0.53	0.22		
Ages 45 & Over	Female	6.80	9.46	0.62	0.23		
Ages 45 & Over	Male	n/a	n/a	0.42	0.19		
All Ages		\$ 3.89	\$ 4.31	\$ 0.16	\$ 0.05		

Cap Rate Comparison	Region 5	Region 6	Region 5	Region 6
(1) 2011 Cap Rates*	3.89	4.31	0.16	0.05
(2) 2010 Cap Rates*	3.79	4.81	0.14	0.03
Difference [(1) / (2) - 1]	2.7%	-10.5%	16.8%	75.2%

\*Note - MCEs Weighted By Projected 2011 Benchmark Plan Eligible Months



All terms and conditions of the September 1, 2010 through December 31, 2013 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

<b>HMO Name</b>	<b>Department of Health Services</b>
Official Signature	Official Signature
Printed Name	Printed Name Jason Helgeson
Title	Title Medicaid Director Division of Health Care Access and Accountability
Date	Date