

Commonwealth of Kentucky Medicaid Rate Template

MCO: Humana
Region: TOTAL SUMMARY
Time Period:

		January - March (Q1)						April - June (Q2)								
		Total	Families and Children	SSI Adult without Medicare	Dual	SSI Child	Foster	ACA Expansion	Total	Families and Children	SSI Adult without Medicare	Dual	SSI Child	Foster	ACA Expansion	
MEMBER MONTHS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
REVENUE																
REVENUE	Risk-Adjusted Base Capitation Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Supplemental Pass-through Interim Monthly Capitation Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	HIIPF Interim Monthly Capitation Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CLAIMS EXPENSE																
VALUE-ADD CLAIMS	Hospital Inpatient - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Inpatient - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Inpatient - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Hospital Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Outpatient - ER (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Outpatient - ER (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Outpatient - ER IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Hospital Outpatient ER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Outpatient - Non ER (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Outpatient - Non ER (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hospital Outpatient - Non ER IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Hospital Outpatient Non ER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Mental Health - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Mental Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home Health & Hospice - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home Health & Hospice - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home Health & Hospice - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Home Health & Hospice	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy Rebates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	VALUE-ADD CLAIMS	Expanded Benefits (Value-Add) - (FFS) **DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Expanded Benefits (Value-Add) - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Total Expanded Benefits (Value-Add) **DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Expanded Benefits (Value-Add) - (FFS) **Non-DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Expanded Benefits (Value-Add) - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Total Expanded Benefits (Value-Add) **Non-DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Claims Expense		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Loss Ratio (MLR %)		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
SUPPLEMENTAL PROVIDER PAYMENTS																
SUPPLEMENTAL PROVIDER PAYMENTS	Intensity Operating Allowance - Norton Kosair Children's Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Intensity Operating Allowance - U of K Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	State Designated Pediatric Teaching Hospital - U of L Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	State Owned or Operated University Teaching - U of K Physicians	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	State Owned or Operated University Teaching - U of L Physicians	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	State Owned or Operated Dentist - UK Dentists	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Psych. Access Supp. Designated Psych. Hosp. - Appalachian Regional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Urban Trauma Center - Region 3 Only (Prior to January 2013)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Commission for Children with Special Health Care Needs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	GME	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	TPL Recoveries - outside of the claims system (enter as a negative)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Risk Sharing/Incentive/Bonus Payments to Providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Supplemental Provider Payments	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ADMINISTRATIVE EXPENSES																
ADMINISTRATIVE EXPENSES	Claims Processing and Member Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	IT, Finance, and Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Marketing/Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Medical Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Network Development	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Corporate Overhead Allocation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Net Reinsurance Costs (Reinsurance Premiums)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Net Reinsurance Costs (Recoveries entered as negative)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	General Operating Expenses (rent, utilities, etc.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Pharmacy Administration for MCO (exclude PBM admin if the PBM is a third party vendor)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	HCQI meeting requirements of 158.150(b) and not excluded by 158.15(c)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Administrative Expenses		-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Commonwealth of Kentucky Medicaid Rate Template

MCO: Humana
Region: TOTAL SUMMARY
Time Period:

		July - September (Q3)							October - December (Q4)						
		Total	Families and Children	SSI Adult without Medicare	Dual	SSI Child	Foster	ACA Expansion	Total	Families and Children	SSI Adult without Medicare	Dual	SSI Child	Foster	ACA Expansion
MEMBER MONTHS		-	-	-	-	-	-	-	-	-	-	-	-	-	-
REVENUE															
REVENUE	Risk-Adjusted Base Capitation Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Supplemental Pass-through Interim Monthly Capitation Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	HIIPF Interim Monthly Capitation Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CLAIMS EXPENSE															
VALUE-ADD CLAIMS	Hospital Inpatient - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Inpatient - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Inpatient - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Hospital Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Outpatient - ER (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Outpatient - ER (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Outpatient - ER IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Hospital Outpatient ER	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Outpatient - Non ER (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Outpatient - Non ER (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Outpatient - Non ER IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Hospital Outpatient Non ER	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Mental Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home Health & Hospice - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home Health & Hospice - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home Health & Hospice - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Home Health & Hospice	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental - (Subcapitated)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy - (FFS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy Rebates	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - (FFS) **DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expanded Benefits (Value-Add) **DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - (FFS) **Non-DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - IBNR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expanded Benefits (Value-Add) **Non-DMS Encounter Submitted	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Claims Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Loss Ratio (MLR %)		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
SUPPLEMENTAL PROVIDER PAYMENTS															
SUPPLEMENTAL PROVIDER PAYMENTS	Intensity Operating Allowance - Norton Kosair Children's Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Intensity Operating Allowance - U of K Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	State Designated Pediatric Teaching Hospital - U of L Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	State Owned or Operated University Teaching - U of K Physicians	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	State Owned or Operated University Teaching - U of L Physicians	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	State Owned or Operated Dentist - UK Dentists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Psych. Access Supp. Designated Psych. Hosp. - Appalachian Regional	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Urban Trauma Center - Region 3 Only (Prior to January 2013)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Commission for Children with Special Health Care Needs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	GME	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPL Recoveries - outside of the claims system (enter as a negative)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Risk Sharing/Incentive/Bonus Payments to Providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Supplemental Provider Payments	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ADMINISTRATIVE EXPENSES															
ADMINISTRATIVE EXPENSES	Claims Processing and Member Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IT, Finance, and Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Marketing/Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Medical Management	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Network Development	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Corporate Overhead Allocation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Net Reinsurance Costs (Reinsurance Premiums)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Net Reinsurance Costs (Recoveries entered as negative)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	General Operating Expenses (rent, utilities, etc.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy Administration for MCO (exclude PBM admin if the PBM is a third party vendor)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	HCQI meeting requirements of 158.150(b) and not excluded by 158.15(c)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Administrative Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Commonwealth of Kentucky Medicaid Rate Template

MCO: Humana
Region: TOTAL SUMMARY
Time Period:

		TOTAL (To Date)						
		Total	Families and Children	SSI Adult without Medicare	Dual	SSI Child	Foster	ACA Expansion
MEMBER MONTHS		-	-	-	-	-	-	-
REVENUE								
REVENUE	Risk-Adjusted Base Capitation Payment	-	-	-	-	-	-	-
	Supplemental Pass-through Interim Monthly Capitation Payment	-	-	-	-	-	-	-
	HIIPF Interim Monthly Capitation Payment	-	-	-	-	-	-	-
	Total Revenue	-	-	-	-	-	-	-
CLAIMS EXPENSE								
VALUE-ADD CLAIMS	Hospital Inpatient - (FFS)	-	-	-	-	-	-	-
	Hospital Inpatient - (Subcapitated)	-	-	-	-	-	-	-
	Hospital Inpatient - IBNR	-	-	-	-	-	-	-
	Total Hospital Inpatient	-	-	-	-	-	-	-
	Hospital Outpatient - ER (FFS)	-	-	-	-	-	-	-
	Hospital Outpatient - ER (Subcapitated)	-	-	-	-	-	-	-
	Hospital Outpatient - ER IBNR	-	-	-	-	-	-	-
	Total Hospital Outpatient ER	-	-	-	-	-	-	-
	Hospital Outpatient - Non ER (FFS)	-	-	-	-	-	-	-
	Hospital Outpatient - Non ER (Subcapitated)	-	-	-	-	-	-	-
	Hospital Outpatient - Non ER IBNR	-	-	-	-	-	-	-
	Total Hospital Outpatient Non ER	-	-	-	-	-	-	-
	Mental Health - (FFS)	-	-	-	-	-	-	-
	Mental Health - (Subcapitated)	-	-	-	-	-	-	-
	Mental Health IBNR	-	-	-	-	-	-	-
	Total Mental Health	-	-	-	-	-	-	-
	Physician - (FFS)	-	-	-	-	-	-	-
	Physician - (Subcapitated)	-	-	-	-	-	-	-
	Physician IBNR	-	-	-	-	-	-	-
	Total Physician	-	-	-	-	-	-	-
	Home Health & Hospice - (FFS)	-	-	-	-	-	-	-
	Home Health & Hospice - (Subcapitated)	-	-	-	-	-	-	-
	Home Health & Hospice - IBNR	-	-	-	-	-	-	-
	Total Home Health & Hospice	-	-	-	-	-	-	-
	Transportation - (FFS)	-	-	-	-	-	-	-
	Transportation - (Subcapitated)	-	-	-	-	-	-	-
	Transportation - IBNR	-	-	-	-	-	-	-
	Total Transportation	-	-	-	-	-	-	-
	Dental - (FFS)	-	-	-	-	-	-	-
	Dental - (Subcapitated)	-	-	-	-	-	-	-
	Dental - IBNR	-	-	-	-	-	-	-
	Total Dental	-	-	-	-	-	-	-
	Pharmacy - (FFS)	-	-	-	-	-	-	-
	Pharmacy Rebates	-	-	-	-	-	-	-
	Pharmacy - IBNR	-	-	-	-	-	-	-
	Total Pharmacy	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - (FFS) **DMS Encounter Submitted	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - IBNR	-	-	-	-	-	-	-
	Total Expanded Benefits (Value-Add) **DMS Encounter Submitted	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - (FFS) **Non-DMS Encounter Submitted	-	-	-	-	-	-	-
	Expanded Benefits (Value-Add) - IBNR	-	-	-	-	-	-	-
	Total Expanded Benefits (Value-Add) **Non-DMS Encounter Submitted	-	-	-	-	-	-	-
	Total Claims Expense	-	-	-	-	-	-	-
Medical Loss Ratio (MLR %)		0%	0%	0%	0%	0%	0%	0%
SUPPLEMENTAL PROVIDER PAYMENTS								
SUPPLEMENTAL PROVIDER PAYMENTS	Intensity Operating Allowance - Norton Kosair Children's Hospital	-	-	-	-	-	-	-
	Intensity Operating Allowance - U of K Hospital	-	-	-	-	-	-	-
	State Designated Pediatric Teaching Hospital - U of L Hospital	-	-	-	-	-	-	-
	State Owned or Operated University Teaching - U of K Physicians	-	-	-	-	-	-	-
	State Owned or Operated University Teaching - U of L Physicians	-	-	-	-	-	-	-
	State Owned or Operated Dentist - UK Dentists	-	-	-	-	-	-	-
	Psych. Access Supp. Designated Psych. Hosp. - Appalachian Regional	-	-	-	-	-	-	-
	Urban Trauma Center - Region 3 Only (Prior to January 2013)	-	-	-	-	-	-	-
	Commission for Children with Special Health Care Needs	-	-	-	-	-	-	-
	GME	-	-	-	-	-	-	-
	TPL Recoveries - outside of the claims system (enter as a negative)	-	-	-	-	-	-	-
	Risk Sharing/Incentive/Bonus Payments to Providers	-	-	-	-	-	-	-
	Total Supplemental Provider Payments	-	-	-	-	-	-	-
ADMINISTRATIVE EXPENSES								
ADMINISTRATIVE EXPENSES	Claims Processing and Member Services	-	-	-	-	-	-	-
	IT, Finance, and Management	-	-	-	-	-	-	-
	Marketing/Outreach	-	-	-	-	-	-	-
	Medical Management	-	-	-	-	-	-	-
	Network Development	-	-	-	-	-	-	-
	Corporate Overhead Allocation	-	-	-	-	-	-	-
	Net Reinsurance Costs (Reinsurance Premiums)	-	-	-	-	-	-	-
	Net Reinsurance Costs (Recoveries entered as negative)	-	-	-	-	-	-	-
	General Operating Expenses (rent, utilities, etc.)	-	-	-	-	-	-	-
	Pharmacy Administration for MCO (exclude PBM admin if the PBM is a third party vendor)	-	-	-	-	-	-	-
	HCQI meeting requirements of 158.150(b) and not excluded by 158.15(c)	-	-	-	-	-	-	-
	Total Administrative Expenses	-	-	-	-	-	-	-

Key metrics (Legend):

- Total Revenue: Revenue recognized by plan for current incurred period
- Total Benefit Expense: Total benefits expenses (Medical, Pharmacy, Behavioral Health, Dental and Vision) and recognized by the plan for current incurred period
- Medical Loss Ratio (MLR%): Medical Loss Ratio recognized by the plan for current incurred period
- Total Supplemental Provider Payments: Total Supplemental Provider Payments recognized by the plan for current incurred period
- Total Administrative Expenses: Total Administrative Expenses recognized by the plan for current incurred period