

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	-	-	-	-	-	-	-	
	HIPF 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%	
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)	-	-	-	-	-	-	-	
	HCOI 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