## UnitedHealthcare Provider Agreement Submission

As you will see from the various provider participation agreements (or base contract document) submitted by United, the underlying provider participation agreements capture many of the foundational elements of a healthcare services agreement regardless of the type of benefit plan (i.e. Medicaid, Medicare or Commercial). In order to ensure consistency and clarity, United attaches a Kentucky State Programs Regulatory Requirements Appendix ("Appendix") to each of the provider participation agreements which captures all of the applicable KENTUCKY MEDICAID /Medicaid requirements. All providers must comply with the provisions of the Appendix and the Appendix supersedes the underlying participation agreement if there is a conflict.

| Document<br># | Document Title  | Kentucky Medicaid  | Material Type (i.e. contract, letter)   | Description/Summary   | Kentucky Agreement Requirement<br>Overview  |
|---------------|---|--|---|---|---|
| 01            | Kentucky State Programs Regulatory Requirements Appendix            | Kentucky Medicaid –<br>UnitedHealthcare<br>Medical, Essential Care<br>Providers, Skilled<br>Nursing Facilities,<br>Ancillary and National<br>Ancillary | Kentucky Regulatory Requirements Attachment (attachment to provider contract) | State regulatory requirements appendix which is attached to provider contracts when provider participates in Kentucky Medicaid. This appendix controls certain contractual provisions that are superseded by the state Medicaid requirements. This version has been given to providers subject to state agency review, and will be updated in accordance with United's contract with the state. | Attached to each KENTUCKY MEDICAID provider contract. This appendix outlines all KENTUCKY MEDICAID requirements for our provider contracts and supersedes the base contract language requiring providers to comply with the state requirements to support the program.  *This document will be updated and a new version submitted to state and circulated to providers upon completion of United's contract with the state.* |
| 02            | Kentucky State Programs Regulatory Requirements Appendix Downstream | Kentucky Medicaid –<br>Behavioral Health,<br>Dental, Non-Emergency<br>Medical Transportation,<br>Physical Health,<br>Pharmacy, Vision                  | Kentucky Regulatory Requirements Attachment (attachment to provider contract) | State regulatory requirements appendix which is attached to provider contracts when provider participates in Kentucky Medicaid. This appendix controls certain contractual provisions that are superseded by the state Medicaid requirements. This version has been given to providers subject to state agency review, and will be updated in accordance with United's contract with the state. | Attached to each KENTUCKY MEDICAID provider contract. This appendix outlines all KENTUCKY MEDICAID requirements for our provider contracts and supersedes the base contract language requiring providers to comply with the state requirements to support the program.  *This document will be updated and a new version submitted to state and circulated to providers upon completion of United's contract with the state.* |
| 03            | Kentucky<br>Regulatory DOI<br>Attachment                            | Kentucky Medicaid– All<br>providers  | Kentucky Regulatory Requirements<br>Attachment                                | State regulatory requirements appendix which is attached to all provider contracts. This appendix controls certain contractual provisions that are superseded by state requirements.  | This appendix outlines all KENTUCKY state requirements for our state licensed entities and supersedes the base contract language requiring providers to comply with the state requirements to support the program.  *This document will be updated and a new version submitted to state and circulated to providers upon completion of United's contract with the state.*   |

|    |  | Uni                             | tedHealthcare Standard Ter  | mplates - Medical   |                       |
|----|--|---------------------------------|---|---|-----------------------|
| 04 | Facility Provider<br>Agreement             | KENTUCKY MEDICAID -<br>Medical  | Contract template for use with facilities   | Agreement with facility providers to effect participation in benefit plans/networks                 | Standard UHC Template |
| 05 | Medical Group<br>Provider<br>Agreement     | KENTUCKY MEDICAID –<br>Medical  | Contract template for use with medical groups   | Agreement with medical group providers to effect participation in benefit plans/networks            | Standard UHC Template |
| 06 | Simplified Medical<br>Group Agreement      | KENTUCKY MEDICAID –<br>Medical  | Contract template for use with simplified medical groups                                | Agreement with simplified medical group providers to effect participation in benefit plans/networks | Standard UHC Template |
| 07 | FQHC RHC<br>Provider<br>Agreement          | KENTUCKY MEDICAID –<br>Medical  | Contract template for Federally<br>Qualified Health Clinics and Rural<br>Health Clinics | Agreement with FQHC and RHC providers to effect participation in benefit plans/networks             | Standard UHC Template |
| 08 | Ancillary Provider<br>Agreement            | KENTUCKY MEDICAID —<br>Medical  | Contract template for use for local ancillary providers                                 | Agreement with ancillary providers to effect participation in benefit plans/networks                | Standard UHC Template |
| 09 | National Ancillary<br>Agreement            | KENTUCKY MEDICAID –<br>Medical  | Contract template for use for national ancillary providers                              | Agreement with national ancillary providers to effect participation in benefit plans/networks       | Standard UHC Template |
| 10 | Physician and<br>Practitioner<br>Agreement | KENTUCKY MEDICAID –<br>Medical  | Contract template for use for physician/ practitioners                                  | Agreement with individual physician/practitioners to effect participation in benefit plans/networks | Standard UHC Template |
| 11 | Provider<br>Amendment                      | KENTUCKY MEDICAID –<br>Medical  | Contract amendment template for use with practitioners/physicians/medical group         | Agreement with provider to amend current participation in benefit plans/networks                    | Standard UHC Template |
| 12 | Facility Provider<br>Amendment             | KENTUCKY MEDICAID —<br>Facility | Contract amendment template for use with Facilities                                     | Agreement with provider to amend current participation in benefit plans/networks                    | Standard UHC Template |

|    |   | Unite   | dHealthcare Standard Tem                                 | plates – Behavioral   |  |
|----|---|---|--|---|--|
| 13 | Behavioral Health<br>Facility Agreement               | KENTUCKY MEDICAID —<br>Behavioral Health        | Behavioral Health Facility<br>Agreement                  | Agreement with Behavioral Health facilities to effect participation in benefit plans/networks   | Standard UHC Template                      |
| 14 | Behavioral Health<br>Group Agreement                  | KENTUCKY MEDICAID –<br>Behavioral Health        | Behavioral Health Group<br>Agreement                     | Agreement with Behavioral Health groups to effect participation in benefit plans/networks   | Standard UHC Template                      |
| 15 | Behavioral Health<br>Individual<br>Agreement          | KENTUCKY MEDICAID –<br>Behavioral Health        | Behavioral Health Individual<br>Agreement                | Agreement with Behavioral<br>Health clinicians to effect<br>participation in benefit<br>plans/networks                                      | Standard UHC Template                      |
| 16 | Behavioral Health<br>Provider<br>Amendment            | KENTUCKY MEDICAID —<br>Behavioral Health        | Behavioral Health Provider<br>Amendment                  | Agreement with Behavioral<br>Health clinicians to amend<br>current participation in benefits<br>plans/network                               | Standard UHC Template                      |
|    |   | KEN'  | TUCKY MEDICAID Dental Pi                                 | rovider Agreement   |  |
| 17 | Dental Provider<br>Agreement                          | KENTUCKY MEDICAID –<br>Dental Providers         | Contract template for Dental<br>Providers                | Agreement with dental providers to effect participation in benefit plans/networks   | Kentucky Dental Provider Specific Template |
|    |   | KENTUC  | KY MEDICAID Essential Car                                | e Provider Agreements   |  |
| 18 | Essential Care<br>Provider Medical<br>Group Agreement | KENTUCKY MEDICAID -<br>Essential Care Providers | Contract template for Essential<br>Care Providers        | Agreement with Essential Care<br>Providers to effect participation<br>in benefit plans/networks   | Essential Care Provider Template           |
| 19 | Rural Health Care<br>Provider<br>Agreement            | KENTUCKY MEDICAID –<br>Essential Care Providers | Contract - template for Essential<br>Care Providers RHCs | Agreement with Essential Care<br>Providers to effect participation<br>in benefit plans/networks<br>specific to Rural Health Care<br>Clinics | Essential Care Provider Template           |
| 20 | Essential Care<br>Provider<br>Amendment               | KENTUCKY MEDICAID –<br>Essential Care Providers | Contract - template for Essential<br>Care Providers      | Agreement with Essential Care<br>Providers to amend current<br>participation in benefit<br>plans/networks                                   | Essential Care Provider Template           |

|    |  | KENTUCKY  | MEDICAID Non-Emergency                               | Medical Transportation   |  |  |  |
|----|--|---|--|--|--|--|--|
| 21 | Subcontractor<br>Business<br>Agreement   | KENTUCKY MEDICAID –<br>NEMT Provider                | Contract template for<br>Subcontractors              | Agreement with subcontractor to effect participation in benefit plans/networks                 | Kentucky NEMT Provider Specific Template               |  |  |
| 22 | Transportation Provider Agreement        | KENTUCKY MEDICAID —<br>NEMT Provider                | Contract template for Logisticare                    | Agreement with transportation provider to effect participation in benefit plans/networks       | Kentucky NEMT Provider Specific Template               |  |  |
|    |  | KENTUCK   | Y MEDICAID Physical Health                           | Provider Agreements  |  |  |  |
| 23 | Physical Health<br>Provider<br>Agreement | KENTUCKY MEDICAID —<br>Physical Health<br>Providers | Contract template for PT, ST, OT and Chiro Providers | Agreement with Physical Health providers to effect participation in benefit plans/networks     | Kentucky Physical Health Provider Specific<br>Template |  |  |
| 24 | Physical Health<br>Provider<br>Amendment | KENTUCKY MEDICAID —<br>Physical Health<br>Providers | Contract template for PT, ST, OT and Chiro Providers | Agreement with Physical Health providers amend current participation in benefit plans/networks | Kentucky Physical Health Provider Specific<br>Template |  |  |
|    |  | KE  | NTUCKY MEDICAID Pharma                               |  |  |  |  |
| 25 | Pharmacy<br>Provider<br>Agreement        | KENTUCKY MEDICAID –<br>Pharmacy Provider            | Contract template for Pharmacy<br>Providers          | Agreement with Pharmacy provider to effect participation in benefit plans/networks             | Kentucky Pharmacy Provider Specific<br>Template        |  |  |
|    | _  | KENTUCI   | KY MEDICAID Skilled Nursin                           | g Provider Agreement   |  |  |  |
| 26 | Skilled Nursing<br>Provider<br>Amendment | KENTUCKY MEDICAID –<br>Skilled Nursing              | Contract template for SNF providers                  | Agreement with SNF providers amend current participation in benefit plans/networks             | Kentucky SNF Specific Template                         |  |  |
|    | KENTUCKY MEDICAID Vision Agreements      |   |  |  |  |  |  |
| 27 | Vision Provider<br>Agreement             | KENTUCKY MEDICAID –<br>Vision Provider              | Contract template for Vision<br>Providers            | Agreement with Vision provider to effect participation in benefit plans/networks               | Kentucky Vision Provider Specific Template             |  |  |