



Commonwealth of Kentucky

MASTER AGREEMENT MODIFICATION

CONTRACT INFORMATION

MASTER AGREEMENT NUMBER: MA 758 1600000005

Effective Date: 7/1/15	Record Date:
Expiration Date: 6/30/20	Procurement Folder: 21106
Document Description: Medicaid Managed Care Services	Procurement Type: Standard Goods and Services
Cited Authority: Competitive Negotiation-Goods and Services	Version Number: 7

CONTACT INFORMATION

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REASON FOR MODIFICATION

To correct Appendix A, reflecting the rates determined by the actuary and submitted to CMS for April 1, 2019 - June 30, 2020 in addition to correcting contract language as advised by CMS.

No other changes have been made; documentation is on file with OPS.

VENDOR INFORMATION

Name /Address:	Contact:
KY0000171: WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY INC 13551 TRITON PARK BLVD. SUITE 1800 LOUISVILLE KY 40223	KELLY MUNSON 502-253-5157 KELLY.MUNSON@WELLCARE.COM

COMMODITY / SERVICE INFORMATION

Line	Quantity	UOM	Unit Price	Service Amount	Service From	Service To	Line Total
1	0.00000	EA	\$0.010000	\$0.00			\$0.00

Medicaid Managed Care Services

Extended Description:

Medicaid Managed Care Services All requirements of the RFP are hereby incorporated by reference and the following are attached to the header: "Attachment A - Medicaid Managed Care Services Contract" contains the Terms and Conditions for this Master Agreement Contract "Attachment G - Medicaid_Managed_Care_Contract Revised 6-26-15 FINAL" contains all programmatic requirements.

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Medicaid Managed Care Services

CONTRACT FOR MEDICAID MANAGED CARE SERVICES

BETWEEN

**THE COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DIVISION OF MEDICAID SERVICES**

AND

WELLCARE OF KENTUCKY, INC.

This Master Agreement (“Contract”) is entered into, by and between the Commonwealth of Kentucky, Cabinet for Health and Family Services (“the Commonwealth”) and Wellcare of Kentucky, Inc. as the Prime Contractor to establish a Contract for Medicaid Managed Care Services.

The Commonwealth and Contractor agree to the following:

I. Scope of Contract

The Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) issued an RFP seeking vendors to provide a Medicaid Managed Care Organization for All Regions of the Commonwealth to deliver the highest quality health care services to Kentucky Medicaid Members at the most favorable, competitive prices.

To accomplish this goal, the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services (the Department) requested Proposals from qualified Managed Care Organizations (MCOs) seeking to establish a risk-based, capitated contract with Department for providing and managing the health care services for Members enrolled in Medicaid. Respondents shall be a managed care organization with the appropriate license from the Kentucky Department of Insurance. Services are to begin on July 1, 2015. Respondents are required to provide services to Members residing in all regions of the state. The services required as part of the contract, include providing covered physical health, behavioral health, and dental services; establishing and managing a provider network; credentialing and contracting with providers; utilization management, disease management, quality management, customer service, financial management, claims management, maintaining sufficient information systems; and promoting coordination and continuity of preventive health services and other medical care.

Eligible Medicaid recipients to be enrolled into MCOs include Families and Children, SSI with and without Medicare, SSI Children, Foster Care Children, Dual Eligibles, ACA MAGI Adults, and ACA Former Foster Care Child. As of February 2015, there were approximately 1.135 million eligible Medicaid recipients included in the population to be served pursuant to this procurement. Enrollment procedures in an MCO will include a selection and auto-assign phase for new members enrolling in Medicaid after July 1, 2015 and an annual open enrollment period allowing existing Medicaid members to enroll with the MCO of their choice. The Commonwealth reserves the right, at its sole

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discretion, to adjust the enrollment schedule based on availability of MCOs, waiver approval, or network adequacy of the MCOs. Open Enrollment currently occurs in the late fall/early winter with member changes being effective January 1st of each year.

II. Contract Components and Order of Precedence

The Commonwealth's acceptance of the Contractor's offer in response to the Solicitation RFP 758 1500000283, indicated by the issuance of a Contract Award by the Office of Procurement Services, shall create a valid Contract between the Parties consisting of the following:

1. Any written Agreement between the Parties;
2. Any Addenda to the Solicitation RFP 758 1500000283 ;
3. Solicitation RFP 758 1500000283 and all attachments thereto, including Section 40--Terms and Conditions of a Contract with the Commonwealth of Kentucky;
4. General Conditions contained in 200 KAR 5:021 and Office of Procurement Services' FAP110-10-00;
5. Any Best and Final Offer;
6. Any clarifications concerning the Contractor's proposal in response to Solicitation RFP 758 1500000283 ;
7. The Contractor's proposal in response to Solicitation RFP 758 1500000283.

In the event of any conflict between or among the provisions contained in the Contract, the order of precedence shall be as enumerated above.

III. Negotiated Items

No items were negotiated.

IV. Terms and Conditions (Section 40 and Section 50 of the RFP)

Procurement Requirements

Procurement requirements are listed under "Procurement Laws, Preference, Regulations and Policies" and "Response to Solicitation" located on the eProcurement Web page at <http://eprocurement.ky.gov> and <http://finance.ky.gov/services/eprocurement/Pages/VendorServices.aspx> respectively. The vendor must comply with all applicable statutes, regulations and policies related to this procurement.

Contract Components and Order of Precedence

The Commonwealth's acceptance of the Contractor's offer in response to the Solicitation, indicated by the issuance of a Contract Award by the Office of Procurement Services, shall create a valid Contract between the Parties consisting of the following:

Any written Agreement between the Parties;

Any Addenda to the Solicitation;

The Solicitation and all attachments

Procurement Statutes, Regulations and Policies

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Any clarifications concerning the Contractor's bid in response to the Solicitation.

In the event of any conflict between or among the provisions contained in the Contract, the order of precedence shall be as enumerated above.

Final Agreement

The Contract represents the entire agreement between the parties with respect to the subject matter hereof. Prior negotiations, representations, or agreements, either written or oral, between the parties hereto relating to the subject matter hereof shall be of no effect upon this Contract.

Contract Provisions

If any provision of this Contract (including items incorporated by reference) is declared or found to be illegal, unenforceable, or void, then both the Commonwealth and the Contractor shall be relieved of all obligations arising under such provision. If the remainder of this Contract is capable of performance, it shall not be affected by such declaration or finding and shall be fully performed.

Type of Contract

The contract proposed in response to this Solicitation shall be on the basis of a **firm fixed unit price** for the elements listed in this Solicitation. This Solicitation is specifically not intended to solicit proposals for contracts on the basis of cost-plus, open-ended rate schedule, nor any non-fixed price arrangement.

Contract Usage

As a result of this RFP, the contractual agreement with the selected Vendor will in no way obligate the Commonwealth of Kentucky to purchase any services or equipment under this contract. The Commonwealth agrees, in entering into any contract, to purchase only such services in such quantities as necessary to meet the actual requirements as determined by the Commonwealth.

Addition or Deletion of Items or Services

The Office of Procurement Services reserves the right to add new and similar items, by issuing a Contract Modification, to this Contract with the consent of the Vendor. Until such time as the Vendor receives a Modification, the Vendor shall not accept Delivery Orders from any agency referencing such items or services.

Changes and Modifications to the Contract

Pursuant to KRS 45A.210 (1) and 200 KAR 5:311, no modification or change of any provision in the Contract shall be made, or construed to have been made, unless such modification is mutually agreed to in writing by the Contractor and the Commonwealth, and incorporated as a written amendment to the Contract and processed through the Office of Procurement Services and approved by the Finance and Administration Cabinet prior to the effective date of such modification or change pursuant to KRS 45A.210(1) and 200 KAR 5:311. Memorandum of understanding, written clarification, and/or correspondence shall not be construed as amendments to the Contract.

If the Contractor finds at any time that existing conditions made modification of the Contract necessary, it shall promptly report such matters to the Commonwealth Buyer for consideration and decision.

Changes in Scope

The Commonwealth may, at any time by written order, make changes within the general scope of the Contract. No changes in scope are to be conducted except at the approval of the Commonwealth.

Contract Conformance

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If the Commonwealth Buyer determines that deliverables due under the Contract are not in conformance with the terms and conditions of the Contract and the mutually agreed-upon project plan, the Buyer may request the Contractor to deliver assurances in the form of additional Contractor resources and to demonstrate that other major schedules will not be affected. The Commonwealth shall determine the quantity and quality of such additional resources and failure to comply may constitute default by the Contractor.

Assignment

The Contract shall not be assigned in whole or in part without the prior written consent of the Commonwealth Buyer.

Payment

The Commonwealth will make payment in accordance with KRS 45.453 and KRS 45.454.

Payments are predicated upon successful completion and acceptance of the described work, services, supplies, or commodities, and delivery of the required documentation. Invoices for payment shall be submitted to the Agency Contact Person or his representative.

Contractor Cooperation in Related Efforts

The Commonwealth of Kentucky may undertake or award other contracts for additional or related work, services, supplies, or commodities, and the Contractor shall fully cooperate with such other contractors and Commonwealth employees. The Contractor shall not commit or permit any act that will interfere with the performance of work by any other contractor or by Commonwealth employees.

Contractor Affiliation

"Affiliate" shall mean a branch, division or subsidiary that is effectively controlled by another party. If any affiliate of the Contractor shall take any action that, if done by the Contractor, would constitute a breach of this agreement, the same shall be deemed a breach by such party with like legal effect.

Commonwealth Property

The Contractor shall be responsible for the proper custody and care of any Commonwealth-owned property furnished for Contractor's use in connections with the performance of this Contract. The Contractor shall reimburse the Commonwealth for its loss or damage, normal wear and tear excepted.

Confidentiality of Contract Terms

The Contractor and the Commonwealth agree that all information communicated between them before the effective date of the Contract shall be received in strict confidence and shall not be necessarily disclosed by the receiving party, its agents, or employees without prior written consent of the other party. Such material will be kept confidential subject to Commonwealth and Federal public information disclosure laws.

Upon signing of the Contract by all Parties, terms of the Contract become available to the public, pursuant to the provisions of the Kentucky Revised Statutes.

The Contractor shall have an appropriate agreement with its Subcontractors extending these confidentiality requirements to all Subcontractors' employees.

Confidential Information

The Contractor shall comply with the provisions of the Privacy Act of 1974 and instruct its employees to use the same degree of care as it uses with its own data to keep confidential information concerning client data, the business of the Commonwealth, its financial affairs, its relations with its

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citizens and its employees, as well as any other information which may be specifically classified as confidential by the Commonwealth in writing to the Contractor. All Federal and State Regulations and Statutes related to confidentiality shall be applicable to the Contractor. The Contractor shall have an appropriate agreement with its employees, and any subcontractor employees, to that effect, provided however, that the foregoing will not apply to:

Information which the Commonwealth has released in writing from being maintained in confidence;

Information which at the time of disclosure is in the public domain by having been printed and published and available to the public in libraries or other public places where such data is usually collected; or

Information, which, after disclosure, becomes part of the public domain as defined above, through no act of the Contractor.

Advertising Award

The Contractor shall not refer to the Award of Contract in commercial advertising in such a manner as to state or imply that the firm or its services are endorsed or preferred by the Commonwealth of Kentucky without the expressed written consent of the Agency Technical Contact person listed in this RFP (Section 50.5).

Patent or Copyright Infringement

The Contractor shall report to the Commonwealth promptly and in reasonable written detail, each notice of claim of patent or copyright infringement based on the performance of this Contract of which the Contractor has knowledge.

The Commonwealth agrees to notify the Contractor promptly, in writing, of any such claim, suit or proceeding, and at the Contractor's expense give the Contractor proper and full information needed to settle and/or defend any such claim, suit or proceeding.

If, in the Contractor's opinion, the equipment, materials, or information mentioned in the paragraphs above is likely to or does become the subject of a claim or infringement of a United States patent or copyright, then without diminishing the Contractor's obligation to satisfy any final award, the Contractor may, with the Commonwealth's written consent, substitute other equally suitable equipment, materials, and information, or at the Contractor's options and expense, obtain the right for the Commonwealth to continue the use of such equipment, materials, and information.

The Commonwealth agrees that the Contractor has the right to defend, or at its option, to settle and the Contractor agrees to defend at its own expense, or at its option to settle, any claim, suit or proceeding brought against the Commonwealth on the issue of infringement of any United States patent or copyright or any product, or any part thereof, supplied by the Contractor to the Commonwealth under this agreement. The Contractor agrees to pay any final judgment entered against the Commonwealth on such issue in any suit or proceeding defended by the Contractor.

If principles of governmental or public law are involved, the Commonwealth may participate in the defense of any such action, but no costs or expenses shall be incurred for the account of the Contractor without the Contractor's written consent.

The Contractor shall have no liability for any infringement based upon:

- A. The combination of such product or part with any other product or part not furnished to the Commonwealth by the Contractor;
- B. The modification of such product or part unless such modification was made by the Contractor; or

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C. The use of such product or part in a manner for which it was not designed.

Permits, Licenses, Taxes and Commonwealth Registration

The Contractor shall procure all necessary permits and licenses and abide by all applicable laws, regulations, and ordinances of all Federal, State, and local governments in which work under this Contract is performed.

The Contractor shall maintain certification of authority to conduct business in the Commonwealth of Kentucky during the term of this Contract. Such registration is obtained from the Secretary of State, who will also provide the certification thereof. However, the Contractor need not be registered as a prerequisite for responding to the RFP. Additional local registration or license may be required.

The Contractor shall pay any sales, use, and personal property taxes arising out of this Contract and the transaction contemplated hereby. Any other taxes levied upon this Contract, the transaction, or the equipment or services delivered pursuant hereto shall be borne by the Contractor.

EEO Requirements

The Equal Employment Opportunity Act of 1978 applies to All State government projects with an estimated value exceeding \$500,000. The Contractor shall comply with all terms and conditions of the Act.

<http://finance.ky.gov/services/eprocurement/Pages/VendorServices.aspx>.

Provisions for Termination of the Contract

Any Contract resulting from this Solicitation shall be subject to the termination provisions set forth in 200 KAR 5:312.

Bankruptcy

In the event the Contractor becomes the subject debtor in a case pending under the Federal Bankruptcy Code, the Commonwealth's right to terminate this Contract may be subject to the rights of a trustee in bankruptcy to assume or assign this Contract. The trustee shall not have the right to assume or assign this Contract unless the trustee (a) promptly cures all defaults under this Contract; (b) promptly compensates the Commonwealth for the monetary damages incurred as a result of such default, and (c) provides adequate assurance of future performance, as determined by the Commonwealth.

Conformance with Commonwealth & Federal Laws/Regulations

This Contract is subject to the laws of the Commonwealth of Kentucky and where applicable Federal law. Any litigation with respect to this Contract shall be brought in state or federal court in **Franklin County, Kentucky in accordance with KRS 45A.245.**

Accessibility

Vendor hereby warrants that the products or services to be provided under this Contract comply with the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794d), and its implementing regulations set forth at Title 36, Code of Federal Regulations, part 1194. Vendor further warrants that the products or services to be provided under this Contract comply with existing federal standards established under Section 255 of the Federal Telecommunications Act of 1996 (47 U.S.C. § 255), and its implementing regulations set forth at Title 36, Code of Federal Regulations, part 1193, to the extent the Vendor's products or services may be covered by that act. Vendor agrees to promptly respond to and resolve any complaint regarding accessibility of its products or services which is brought to its attention.

Access to Records

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The contractor, as defined in KRS 45A.030 (9) agrees that the contracting agency, the Finance and Administration Cabinet, the Auditor of Public Accounts, and the Legislative Research Commission, or their duly authorized representatives, shall have access to any books, documents, papers, records, or other evidence, which are directly pertinent to this contract for the purpose of financial audit or program review. Records and other prequalification information confidentially disclosed as part of the bid process shall not be deemed as directly pertinent to the contract and shall be exempt from disclosure as provided in KRS 61.878(1)(c). The contractor also recognizes that any books, documents, papers, records, or other evidence, received during a financial audit or program review shall be subject to the Kentucky Open Records Act, KRS 61.870 to 61.884.

In the event of a dispute between the contractor and the contracting agency, Attorney General, or the Auditor of Public Accounts over documents that are eligible for production and review, the Finance and Administration Cabinet shall review the dispute and issue a determination, in accordance with Secretary's Order 11-004. (See **Secretary's Order**).

Prohibitions of Certain Conflicts of Interest

In accordance with KRS 45A.340, the contractor represents and warrants, and the Commonwealth relies upon such representation and warranty, that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services. The contractor further represents and warrants that in the performance of the contract, no person, including any subcontractor, having any such interest shall be employed.

In accordance with KRS 45A.340 and KRS 11A.040 (4), the contractor agrees that it shall not knowingly allow any official or employee of the Commonwealth who exercises any function or responsibility in the review or approval of the undertaking or carrying out of this contract to voluntarily acquire any ownership interest, direct or indirect, in the contract prior to the completion of the contract.

No Contingent Fees

No person or selling agency shall be employed or retained or given anything of monetary value to solicit or secure this contract, excepting bona fide employees of the Offeror or bona fide established commercial or selling agencies maintained by the Offeror for the purpose of securing business. For breach or violation of this provision, the Commonwealth shall have the right to reject the proposal or cancel the contract without liability.

Vendor Response and Proprietary Information

The RFP specifies the format, required information, and general content of proposals submitted in response to the RFP. ***The Finance and Administration Cabinet will not disclose any portions of the proposals prior to Contract Award to anyone outside the Finance and Administration Cabinet, representatives of the agency for whose benefit the contract is proposed, representatives of the Federal Government, if required, and the members of the evaluation committees.*** After a Contract is awarded in whole or in part, the Commonwealth shall have the right to duplicate, use, or disclose all proposal data submitted by Vendors in response to this RFP as a matter of public record. Although the Commonwealth recognizes the Vendor's possible interest in preserving selected data which may be part of a proposal, the Commonwealth must treat such information as provided by the Kentucky Open Records Act, KRS 61.870 et sequitur.

Informational areas which normally might be considered proprietary shall be limited to **individual personnel data, customer references, selected financial data, formulae, and financial audits** which, if disclosed, would permit an unfair advantage to competitors. If a proposal contains

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information in these areas that a Vendor declares proprietary in nature and not available for public disclosure, the **Vendor shall declare in the Transmittal Letter (Section 60.5 (C.1) the inclusion of proprietary information and shall noticeably label as proprietary each sheet containing such information. Proprietary information shall be submitted under separate sealed cover marked "Proprietary Data"**. Proposals containing information declared by the Vendor to be proprietary, either in whole or in part, outside the areas listed above may be deemed non-responsive to the RFP and may be rejected.

The Commonwealth of Kentucky shall have the right to use all system ideas, or adaptations of those ideas, contained in any proposal received in response to this RFP. Selection or rejections of the proposal will not affect this right.

Contract Claims

The Parties acknowledge that KRS 45A.225 to 45A.290 governs contract claims.

Limitation of Liability

The liability of the Commonwealth related to contractual damages is set forth in KRS 45A.245.

Performance Bond

Pursuant to 200 KAR 5:305, the Contractor shall furnish a performance bond satisfactory to the Commonwealth in the amount of \$25,000,000 as security for the faithful performance of the Contract. The bond furnished by the Contractor shall incorporate by reference the terms of the Contract as fully as though they were set forth verbatim in such bonds. In the event the Contract is amended, the penal sum of the performance bond shall be deemed increased by like amount.

The initial bond shall be submitted to the Commonwealth Buyer within thirty (30) days of execution of this Contract. Any required amendment to the bond shall be submitted to the Commonwealth Buyer within thirty (30) days of said amendment.

Executive Order 11246 - Discrimination

Discrimination (because of race, religion, color, national origin, sex, sexual orientation, gender identity, age, or disability) is prohibited. This section applies only to contracts utilizing federal funds, in whole or in part. During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, national origin, sex, sexual orientation, gender identity, or age. The contractor further agrees to comply with the provisions of the Americans with Disabilities Act (ADA), Public Law 101-336, and applicable federal regulations relating thereto prohibiting discrimination against otherwise qualified disabled individuals under any program or activity. The contractor agrees to provide, upon request, needed reasonable accommodations. The contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability. Such action shall include, but not be limited to the following; employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensations; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous

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places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.

2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability.

3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice advising the said labor union or workers' representative of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.

4. The contractor will comply with all provisions of Executive Order No. 11246 of September 24, 1965 as amended, and of the rules, regulations and relevant orders of the Secretary of Labor.

5. The contractor will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, as amended, and by the rules, regulations and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations and orders.

6. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further government contracts or federally-assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in or as otherwise provided by law.

7. The contractor will include the provisions of paragraphs (1) through (7) of section 202 of Executive Order 11246 in every subcontract or purchase order unless exempted by rules, regulations or orders of the Secretary of Labor, issued pursuant to section 204 of Executive Order No. 11246 of September 24, 1965, as amended, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions including sanctions for noncompliance; provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

Minimum Wage for the Commonwealth's Service Providers

The vendor, and all subcontractors therein, shall pay to any worker directly performing a service called for in the contract, and to any person who provides a service ancillary thereto for at least 20% of his or her working time in any given work week, a minimum of \$10.10 per hour, or \$4.90 per hour for tipped employees, for those hours worked in connection with the contract.

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Agencies to Be Served

This contract shall be for use by the **Department for Medicaid Services (DMS)**.

Term of Contract and Renewal Options

The initial term of the Contract shall be effective July 1, 2015 and expire June 30, 2016.

This Contract may be renewed at the completion of the initial Contract period for **four (4) additional one-year** periods upon the mutual agreement of the Parties. Such mutual agreement shall take the form of a Contract Modification as described in Section 40.8 of the RFP.

Vendors shall not be eligible to accept Medicaid members or receive monthly capitated rate payments prior to meeting all Readiness Review and Network Adequacy requirements. Awarded Vendor(s) may meet these requirements no later than ninety (90) days from contract award. Failure to meet the requirements by this date may result in cancellation of the awarded contract.

At the end of the contract the Vendor shall provide all agency data in a form that can be converted to any subsequent system of the agency's choice. The Vendor shall cooperate to this end with the Vendor of the agency's choice, in a timely and efficient manner.

The Commonwealth reserves the right not to exercise any or all renewal options. The Commonwealth reserves the right to extend the contract for a period less than the length of the above-referenced renewal period if such an extension is determined by the Commonwealth Buyer to be in the best interest of the Commonwealth.

The Commonwealth reserves the right to renegotiate any terms and/or conditions as may be necessary to meet requirements for the extended period. In the event proposed revisions cannot be agreed upon, either party shall have the right to withdraw without prejudice from either exercising the option or continuing the contract in an extended period.

Basis of Price Revisions

PRICE ADJUSTMENTS: Unless otherwise specified, the capitation payment rates established by the Contract resulting from this Solicitation shall remain firm for the contract period subject to the following:

CMS Approval: The capitation payment rates established by the Contract are subject to the approval of the Center for Medicare and Medicaid Services (CMS). If CMS rejects any component of the rates, the capitation payment rates shall be adjusted as required.

Extended Contract Periods: If the Contract provides for an optional renewal period, a price adjustment may be granted at the time the Contract is renewed, subject to applicable Contract provisions.

Notices

After the Award of Contract, all programmatic communications with regard to day-to-day performance under the contract are to be made to the Agency.

After the Award of Contract, all communications of a contractual or legal nature are to be made to the Commonwealth Buyer.

Subcontractors

The Contractor is permitted to make subcontract(s) with any other party for furnishing any of the work or services herein. The Contractor shall be solely responsible for performance of the entire Contract whether or not subcontractors are used. Except as otherwise provided in this Contract, all Subcontracts between the Contractor and its Subcontractors for the provision of

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Covered Services, shall contain an agreement by the Subcontractor to indemnify, defend and hold harmless the Commonwealth, its officers, agents, and employees, and each and every Member from any liability whatsoever arising in connection with this Contract for the payment of any debt of or the fulfillment of any obligation of the Subcontractor. All references to the Contractor shall be construed to encompass both the Contractor and any subcontractors of the Contractor. The Contractor shall inform the DMS of any Subcontractor providing Covered Services which engages another Subcontractor in any transaction or series of transactions, in performance of any term of this Contract, which in one fiscal year exceeds the lesser of \$25,000 or five percent (5%) of the Subcontractor's operating expense.

Transition of MCOs

An MCO currently contracting with the Commonwealth in the Managed Care Program that remains with the Managed Care Program shall not have its current membership reassigned on July 1, 2015. However, the thresholds developed for July 1, 2015 shall apply. If an MCO currently contracting with the Commonwealth in the Managed Care Program does not continue with the Managed Care Program its membership shall be reassigned as provided for in the Contract.

V. Pricing

All rates are included in "Attachment G - Medicaid Manager Care Contract" attached.

Attachment G

Medicaid Managed Care Contract

July 1 April 1, 2019-June 30, 2020 Signature Page and Actual Contract

This contract is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this contract and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this contract may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single contract.

CHFS Cabinet Approval:

DocuSigned by:
Astrud Masterson
8E324AD9710411...

Signature

Astrud Masterson

Printed Name

Executive Director, Office of Administrative Services

Title

11/13/2019 | 3:32 PM EST

Date

Contractor Approval:

DocuSigned by:
William Jones
00701050102110...

Signature

William Jones

Printed Name

Plan President, WellCare of KY

Title

11/13/2019 | 2:53 PM EST

Date

CHFS Department Commissioner Review:

DocuSigned by:
Stephanie Bates
87000040301401...

Signature

Stephanie Bates

Printed Name

Deputy Commissioner

Title

11/8/2019 | 10:38 AM PST

Date

Approved as to form and legality:

DocuSigned by:
Catherine York
8200452820245402

Signature

MEDICAID MANAGED CARE CONTRACT

BETWEEN

***THE COMMONWEALTH OF KENTUCKY
ON BEHALF OF
DEPARTMENT FOR MEDICAID SERVICES***

AND

CONTRACTOR

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Preamble

This Contract is entered into among the Commonwealth of Kentucky, Finance and Administration Cabinet ("FAC"), and [the Managed Care Organization listed on the Front Page of the Contract](#) ("Contractor").

WHEREAS, the Kentucky Department for Medicaid Services (DMS) ("Department") within the Cabinet for Health and Family Services is charged with the administration of the Kentucky Plan for Medical Assistance in accordance with the requirements of Title XIX of the Social Security Act of 1935, as amended (the "Act"), and the statutes, laws, and regulations of Kentucky; and the Kentucky Children's Health Insurance Program (KCHIP) in accordance with the requirements of the Title XXI of the Social Security Act, as amended, and

WHEREAS, the Contractor is eligible to enter into a risk contract in accordance with Section 1903(m) of the Act and 42 C.F.R. 438.6, is engaged in the business of providing prepaid comprehensive health care services as defined in 42 C.F.R. 438.2, and **Contractor** is an insurer under Subtitle 3 of the Kentucky Insurance Code with a health line of authority; and

WHEREAS, the parties are entering into this agreement regarding services for the benefit of Enrollees residing in the Commonwealth and, the Contractor has represented that the Contractor will exercise appropriate financial responsibility during the term of this Contract, including adequate protection against the risk of insolvency, and that the Contractor can and shall provide quality services efficiently, effectively and economically during the term of this Contract, and further the Contractor shall monitor the quality and provision of those services during the term of this Contract, representations upon which FAC and the Department rely in entering into this Contract;

NOW THEREFORE, in consideration of the monthly payment of predetermined Capitated Rates by the Department, the assumption of risk by the Contractor, and the mutual promises and benefits contained herein, the parties hereby agree as follows:

1.0 Definitions

Abuse means Provider Abuse and Enrollee Abuse, as defined in KRS 205.8451.

ACA Expansion Enrollees means individuals less than 65 years of age with income below 138% of the federal poverty level and former foster children up to the age of twenty-six (26) and who were not previously eligible under Title XIX of the Social Security Act prior to the passage of the Affordable Care Act.

Adverse Benefit Determination means, as defined in 42 C.F.R. 438.400(b), the

- A. denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit;
- B. reduction, suspension, or termination of a service previously authorized by the Department, its agent or Contractor;
- C. denial, in whole or in part, of payment for a service;
- D. failure to provide services in a timely manner, as defined by Department;
- E. failure of an MCO or Prepaid Health Insurance Plan (PHIP) to act within the timeframes required by 42 C.F.R. 438.408(b);

- F. for a resident of a rural area with only one MCO, the denial of a Medicaid enrollee's request to exercise his or her right, under 42 C.F.R. 438.52(b)(2)(ii), to obtain services outside a Contractor's Network; or
- G. denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

Affiliate means an entity that directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with, the entity specified.

Affordable Care Act means the Patient Protection and Affordable Act (PPACA), P.L. 111-148, enacted on March 23, 2010 and the Health Care and Education Reconciliation Act of 2010 (HCERA), P.L. 111-152, enacted on March 30, 2010.

Allowed Medical Expenses equals incurred medical claims plus expenses for activities that improve health care quality (as defined in 45 C.F.R. 158.150).

Appeal means a request for review of an Adverse Benefit Determination, or a decision by the Contractor related to Covered Services, services provided or the payment for a service.

Behavioral Health Services means clinical, rehabilitative, and support services in inpatient and outpatient settings to treat a mental illness, emotional disability, or substance abuse disorder.

Behavioral Health Services Organization means an entity that is licensed as a behavioral health services organization pursuant to 902 KAR 20:430.

Business Associate means parties authorized to exchange electronic data interchange (EDI) transactions on the Trading Partner's behalf, as defined by HIPAA.

Cabinet means the Cabinet for Health and Family Services.

Capitation Payment means the total per Enrollee per month amount paid by the Commonwealth to the Contractor, for providing Covered Services to Enrollees enrolled.

Capitation Rate(s) means the amount(s) to be paid monthly to the Contractor by the Commonwealth for Enrollees enrolled based on such factors as the Enrollee's aid category, age, gender and service.

Care Coordination means the integration of all processes in response to an enrollee's needs and strengths to ensure the achievement of desired outcomes and the effectiveness of services.

Care Management System includes a comprehensive assessment and care plan care coordination and case management services. This includes a set of processes that arrange, deliver, monitor and evaluate care, treatment and medical and social services to an enrollee.

Care Plan means written documentation of decisions made in advance of care provided, based on a Comprehensive Assessment of an enrollee's needs, preference and abilities, regarding how services will be provided. This includes establishing objectives with the Enrollee and determining the most appropriate types, timing and supplier(s) of services. This is an ongoing activity as long as care is provided.

Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human

service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

C.F.R. means the Code of Federal Regulations.

Children with Special Health Care Needs means Enrollees who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally and who may be enrolled in a Children with Special Health Care Needs program operated by a local Title V funded Maternal and Child Health Program.

CHIPRA means the Children's Health Insurance Program Reauthorization Act of 2009 which reauthorized the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. It assures that a State is able to continue its existing program and expands insurance coverage to additional low-income, uninsured children.

Claim means any 1) bill for services, 2) line item of service, or 3) all services for an enrollee within a bill.

CLIA means the federal legislation commonly known as the Clinical Laboratories Improvement Amendments of 1988 as found at Section 353 of the federal Public Health Services Act (42 U.S.C. §§ 201, 263a) and regulations promulgated hereunder.

Close of Business means 5:00 p.m. Eastern Time Zone.

CMS means the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid, formerly the Health Care Financing Administration.

Commonwealth means the Commonwealth of Kentucky.

~~**Commission for Children with Special Health Care Needs (CCSHC)** is a Title V agency which provides specialty medical services for children with specific diagnoses and health care services needs that make them eligible to participate in Commission sponsored programs, including provision of Medical care.~~

Comprehensive Assessment means the detailed assessment of the nature and cause of a person's specific conditions and needs as well as personal resources and abilities. This is generally performed by an individual or a team of specialists and may involve family, or other significant people. The assessment may be done in conjunction with care planning.

Community Mental Health Center (CMHC) is a board or a nonprofit organization providing a regional community health program operated pursuant to KRS Chapter 210 for individuals who have mental health disorders, substance abuse disorders, intellectual and/or developmental disabilities and may provide primary care.

Contract means this Contract between FAC and the Contractor and any amendments, including, corrections or modifications thereto incorporating and making a part hereof the documents described in Section 41.1 "**Documents Constituting Contract**" of this Contract.

Contractor's Network means collectively, all of the Providers that have contracts with the Contractor or any of the Contractor's subcontractors to provide Covered Services to Enrollees.

Contract Term means the term of this Contract as set forth in Section 7.1 "**Term.**"

Covered Services means services that the Contractor is required to provide under this Contract, as identified in this Contract.

Critical Access Hospitals means a health care facility designation of the federal Centers for Medicare and Medicaid Services (CMS) that provides for cost-based reimbursement for inpatient services.

Day means a calendar day unless otherwise noted. "Working day" or "business day" means Monday through Friday except for state holidays.

Decertification means any time the certification of any level of care in a hospital or residential facility is no longer authorized.

Denial means the termination, suspension or reduction in the amount, scope or duration of a Covered Service or the refusal or failure to provide a Covered Service, or the refusal or failure to pay for a service already rendered.

Department means the Department for Medicaid Services (DMS) within the Cabinet, or its designee.

Department for Aging and Independent Living (DAIL) is the Department within the Cabinet which oversees the administration of statewide programs and services on behalf of Kentucky's elders and individuals with disabilities.

Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) is the Department within the Cabinet that oversees the administration of statewide programs and services for individuals with mental health disorders, substance abuse disorders, intellectual disabilities, or developmental disabilities.

Department for Community Based Services (DCBS) is the Department within the Cabinet that oversees the eligibility determinations for the DMS and the management of the foster care program. DCBS has offices in every county of the Commonwealth.

Department of Insurance (DOI) is the Department within the Public Protection Cabinet which regulates the Commonwealth's insurance market, licenses agents and other insurance professionals, monitors the financial condition of companies, educates consumers to make wise choices, and ensures that Kentuckians are treated fairly in the marketplace.

Department for Medicaid Services (DMS) means the single state agency that submits to the Centers for Medicare and Medicaid Services (CMS) the state plan for the medical assistance program, and administers the program in accordance with the provisions of the state plan, the requirements of Title XIX of the Social Security Act, and all applicable Federal and state laws and regulations.

Disenrollment means an action taken by the Department to remove an enrollee's name from the HIPAA 834 following the Department's receipt and approval of a request for Disenrollment or a determination that the Enrollee is no longer eligible for Enrollment.

Drug Formulary/Preferred Drug List (PDL) means a list of prescriptions drugs, both generic and brand name, used to identify drugs with status (preferred or non-preferred) that offer the greatest overall value based on efficacy, safety and cost-effectiveness. The Preferred Drug List shall be maintained by a group of clinicians.

Dual Eligible Enrollee means an enrollee who is simultaneously eligible for Medicaid and Medicare benefits.

Emergency Medical Condition is defined in 42 USC 1395dd (e) and 42 C.F.R. 438.114 and means:

- A. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention to result in
 1. Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
 2. Serious impairment of bodily functions, or
 3. Serious dysfunction of any bodily organ or part; or
- B. With respect to a pregnant woman having contractions:
 1. That there is an inadequate time to effect a safe transfer to another hospital before delivery, or
 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Emergency Services or Emergency Care means covered inpatient and outpatient services that are as follows: (1) furnished by a provider that is qualified to furnish these services; and (2) needed to evaluate or stabilize an emergency medical condition.

Emergency Behavioral Health Disorder Services or Care means an emergent situation in which the Enrollee is in need of assessment and treatment in a safe and therapeutic setting, is a danger to himself or others, exhibits acute onset of psychosis, exhibits severe thought disorganization, or exhibits significant clinical deterioration in a chronic behavioral condition rendering the Enrollee unmanageable and unable to cooperate in treatment.

Encounter means a service or item provided to a patient through the healthcare system that includes but are not limited to:

- A. Office visits;
- B. Surgical procedure;
- C. Radiology, including professional and/or technical components;
- D. Prescribed drugs including mental/behavioral drugs;
- E. DME;
- F. Transportation;
- G. Institutional stays;
- H. EPSDT screening; or
- I. A service or item not directly provided by the Plan, but for which the Plan is financially responsible. An example would include an emergency service provided by an out-of-network provider or facility.

Encounter File means an electronically formatted record of multiple Encounters using data elements as established by the Department.

Encounter Technical Workgroup means a workgroup composed of representatives from Contractor, the Department, the Fiscal Agent, and EQRO.

Encounter Void means an accepted or Erred Encounter Record that has been removed from all Encounter Records.

Enrollee means an individual as defined in 42 C.F.R. 438.10(a).

Enrollee Listing Report means the HIPAA 834 transaction file which indicates Contractor's Enrollees and any new, terminated and changed Enrollees and the HIPAA 820 transaction file which indicates the Capitation Payment for Contractor's Enrollees, as reconciled against one another.

Enrollment means an action taken by the Department to add an Enrollee's name to the HIPAA 834 following approval by the Department of an eligible Enrollee to be enrolled.

EPSDT means Early and Periodic Screening, Diagnosis and Treatment Program.

EPSDT Special Services means any necessary health care, diagnostic services, treatment, and other measure described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illnesses, and conditions identified by EPSDT screening services, whether or not such services are covered under the State Medicaid Plan.

EQRO means the external quality review organization, and its affiliates, with which the Commonwealth may contract as established under 42 C.F.R. 438, Subpart E.

Erred Encounter means an Encounter that has failed to satisfy one or more requirements for valid submission.

Erred Encounter File means an Encounter File that is rejected by the Department because it has failed to satisfy the requirements for submission.

Execution Date means the date upon which this Contract is executed by FAC, the Department, and the Contractor.

Family Planning Services means counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to prevent or delay pregnancy.

Fiscal Agent means the agent contracted by the Department to audit Provider Claims: process and audit Encounter data; and, to provide the Contractor with eligibility, provider, and processing files.

Fraud means any act that constitutes fraud under applicable federal law or KRS 205.8451-KRS 205.8483.

Federally Qualified Health Center (FQHC) means a facility that meets the requirements of Social Security Act at 1905(l)(2).

Foster Care means the DCBS program which provides temporary care for children placed in the custody of the Commonwealth who are waiting for permanent homes.

FTE means full-time equivalent for an employee, based on forty (40) hours worked per week.

Grievance means the definition established in 42 C.F.R. 438.400.

Grievance and Appeal System means a comprehensive system that includes a grievance process, an appeal process, and access to the Commonwealth's fair hearing system.

Health Care Effectiveness Data and Information Set (HEDIS™) means a national tool used to measure performance on important dimensions of care of services.

Health Information means any health information provided and/or made available by the Department to a Trading Partner, and has the same meaning as the term “health information” as defined by 45 C.F.R. Part 160.103.

HHS means the United States Department for Health and Human Services.

HHS Transaction Standard Regulation means 45 C.F.R., at Title 45, Parts 160 and 162, as may be amended.

HIPAA means the Health Insurance Portability and Accountability Act of 1996, and the implementing regulations (45 C.F. R. Sections 142, 160, 162, and 164), all as may be amended.

HIPAA 820 means a transaction file prepared by the Department that indicates Enrollee’s capitated payment.

HIPAA 834 means a transaction file prepared by the Department that indicates all Enrollees enrolled.

HMO means a Health Maintenance Organization licensed in the Commonwealth pursuant to KRS 304.38, et seq.

Homeless Person, when used in the context of Section 23.4-Outreach to Homeless Persons, means one who lacks a fixed, regular or nighttime residence; is at risk of becoming homeless in a rural or urban area because the residence is not safe, decent, sanitary or secure; has a primary nighttime residence at a publicly or privately operated shelter designed to provide temporary living accommodations; has a primary nighttime residence at a public or private place not designed as regular sleeping accommodations; or is a person who does not have access to normal accommodations due to violence or the threat of violence from a cohabitant.

Health Risk Assessment (HRA) means a screening tool used to collect information on an Enrollee’s health status that includes, but is not limited to Enrollee demographics, personal and family medical history, and lifestyle. The assessment will be used to determine Enrollee’s needs for care management, disease management, behavioral health services and/or other health or community services.

Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities.

Individual Education Plan (IEP) means medically necessary services for an eligible child coordinated between the schools and the Contractor that complement school services and promote the highest level of function for the child.

Individuals with Special Healthcare Needs (ISHCN) are Enrollees who have or are at high risk for chronic physical, developmental, behavioral, neurological, or emotional condition and who may require a broad range of primary, specialized medical, behavioral health, and/or related services. ISHCN may have an increased need for healthcare or related services due to their respective conditions. The primary purpose of the definition is to identify these Enrollees so the MCO can facilitate access to appropriate services.

Insolvency means the inability of the Contractor to pay its obligations when they are due, or when its admitted assets do not exceed its liabilities. “Liabilities,” for purposes of the definition of

Insolvency, shall include, but not be limited to, claims payable required by the Kentucky Department of Insurance pursuant to Kentucky statutes, laws or regulations.

Institution for Mental Disease (IMD) is defined by 42 C.F.R. 435.1010.

Insurer is an insurer under Subtitle 3 of the Kentucky Insurance Code with a health line of authority.

I/T/U means (“I”) Indian Health Service, (“T”) Tribally operated facility/program, and (“U”) Urban Indian clinic.

Kentucky HEALTH refers to the Section 1115 Demonstration Waiver known as Kentucky Helping to Engage and Achieve Long Term Health (HEALTH).

Kentucky HEALTH Business Requirements refer to the technical and operational guidelines and documents, provided to the contractor by the Department, which outline how the various Kentucky HEALTH information systems, including the Contractor’s, are required to operate and interface with each other. This includes, but is not limited to, the Kentucky HEALTH High Level Requirements document, Detailed Design documents, Invoicing and Payment Reporting Guides, Special Terms and Conditions (STCs), and Companion Guides.

Kentucky Health Information Exchange (KHIE) means the secure electronic information infrastructure created by the Commonwealth for sharing health information among health care providers and organizations and offers health care providers the functionality to support meaningful use and a high level of patient-centered care.

Legal Entity means any form of corporation, insurance company, Limited Liability Company, partnership, or other business entity recognized as being able to enter into contracts and bear risk under the laws of both the Commonwealth and the United States.

Managed Care Organization (MCO) means an entity for which the Commonwealth has contracted to serve as a managed care organization as defined in 42 C.F.R. 438.2.

Marketing means any communication from or on behalf of the Contractor, that can reasonably be interpreted as intended to influence the beneficiary to enroll with the MCO, or either to not enroll in or to disenroll from another MCO as defined by 42 C.F.R. 438.104.

Maximum Allowable Cost (MAC) means the upper limits that a plan will pay for generic drugs and brand name drugs that have generic version available (multi-source brands).

Medicaid Region means one of eight multi-county Regions within Kentucky. A list of counties comprising each Region is attached as Appendix “A”.

Medical Loss Ratio (MLR) equals [the Medical Loss Ratio as defined in 42 CFR 438.8](#)~~Allowed Medical Expenses divided by Net Capitation Payments.~~

Medical Record means a single complete record that documents all of the treatment plans developed for, and medical services received by, the Enrollee including inpatient, outpatient, referral services and Emergency Care whether provided by Contractor’s Network or Out of Network Providers.

Medically Necessary or Medical Necessity means Covered Services which are medically necessary as defined under 907 KAR 3:130, meet national standards, if applicable, and provided

in accordance with 42 C.F.R. § 440.230, including children's services pursuant to 42 U.S.C. 1396d(r).

Miles, unless otherwise noted, means the distance traveled using public roadways.

MIS means Management Information System.

Modified Adjusted Gross Income (MAGI) means the calculation under the ACA used to determine income eligibility for Medicaid based upon federal income tax rules which include family size and household income based on the tax filing unit.

National Correct Coding Initiative (NCCI) means CMS developed coding policies based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits.

Net Capitation Payment equals earned premiums minus federal, state and local taxes and licensing or regulatory fees.

Network Provider means any provider, group of providers, or entity that has a network provider agreement with the Contractor or the Contractor's subcontractor, and receives Medicaid funding directly or indirectly to order, refer or render covered services.

Non-covered Services means health care services that the Contractor is not required to provide under the terms of this Contract.

NPI means the national provider identifier, required under HIPAA.

Office of Inspector General (OIG) is Kentucky's regulatory agency for licensing all health care agencies in the Commonwealth. The OIG is responsible for the prevention, detection and investigation of Medicaid fraud, abuse, waste, and mismanagement.

[Office for Children with Special Health Care Needs \(OCSHCN\) is a Title V agency which provides specialty medical services for children with specific diagnoses and health care services needs that make them eligible to participate in Commission sponsored programs, including provision of Medical care.](#)

Office of Attorney General (OAG) The Attorney General is the chief law officer of the Commonwealth of Kentucky and all of its departments, commissions, agencies, and political subdivisions, and the legal adviser of all state officers, departments, commissions, and agencies.

Out-of-Network Provider means any person or entity that has not entered into a participating provider agreement with Contractor or any of the Contractor's subcontractors for the provision of Covered Services.

Overpayment means any payment made to a provider by the Contractor to which the provider is not entitled.

Person-Centered Recovery Planning (PCRP) means a collaborative process resulting in a recovery oriented behavioral health treatment plan needed for maximum reduction of mental disability and restoration of a recipient to his/her best possible functional level.

Point-of-Sale (POS) means state-of-the-art, online and real-time rules-based Claims processing services with prospective drug utilization review including an accounts receivable process.

Post Stabilization Services means Covered Services, related to an Emergency Medical Condition, that are provided after an Enrollee is stabilized in order to maintain the stabilized condition, or under the circumstances described in 42 C.F.R. 438.114(e) to improve or resolve the Enrollee's condition.

Prepayment review means a specific review of identified claims or services or types of claims or services prior to determination and payment in order to prevent improper payments due to a sustained or high level of payment error or resulting from an analysis that identifies a problem related to possible Fraud, Waste, and/or Abuse.

Presumptive eligibility means eligibility granted for Medicaid-covered services as specified in administrative regulation as a qualified individual based on an income screening performed by a qualified provider.

Prevalent non-English language means any non-English language spoken by five (5) percent or more of the population in Kentucky and any non-English language spoken by five (5) percent or more of the population in a county served by the Contractor.

Primary Care Provider (PCP) means a licensed or certified health care practitioner, including a doctor of medicine, doctor of osteopathy, advanced practice registered nurse, physician assistant, or health clinic, including an FQHC, FQHC look-alike, primary care center, or RHC that functions within the scope of licensure or certification, has admitting privileges at a hospital or a formal referral agreement with a provider possessing admitting privileges, and agrees to provide twenty-four (24) hours a day, seven (7) days a week primary health care services to individuals, and for an Enrollee who has a gynecological or obstetrical health care needs, disability or chronic illness, is a specialist who agrees to provide and arrange for all appropriate primary and preventive care.

Prior Authorization means Contractor's act of authorizing specific services before they are rendered.

Program Integrity means the process of identifying and referring any suspected Fraud or Abuse activities or program vulnerabilities concerning the health care services to the Cabinet's Office of the Inspector General.

Prospective Drug Utilization Review (ProDUR) means a monitoring system that screens prescription drug claims to identify problems such as therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, drug allergy, and clinical misuse or abuse, as required by 42 C.F.R. 438.3(s) and complies with 1927(g) and 42 C.F.R. part 456, subpart K.

Protected Health Information (PHI) means individual patient demographic information, Claims data, insurance information, diagnosis information, and any other care or payment for health care that identifies the individual (or there is reasonable reason to believe could identify the individual), as defined by HIPAA.

Provider means any person or entity under contract with the Contractor or its contractual agent that provides Covered Services to Enrollees.

Psychiatric Residential Treatment Facilities (PRTF) means a non-hospital facility that has a provider agreement with the Department to provide inpatient services to Medicaid-eligible individuals under the age of 21 who require treatment on a continuous basis as a result of a severe mental or psychiatric illness. The facility must be accredited by JCAHO or other accrediting organization with comparable standards recognized by the Commonwealth. PRTFs must also meet the requirements in §441.151 through 441.184 of the C.F.R.

QAPI means quality assessment and performance improvement program, as required by 42 C.F.R. 438.330.

Quality Improvement (QI) means the process of assuring that Covered Services provided to Enrollees are appropriate, timely, accessible, available, and Medically Necessary and the level of performance of key processes and outcomes of the healthcare delivery system are improved through the Contractor's policies and procedures.

Quality Management means the integrative process that links knowledge, structure and processes together throughout the Contractor's organization to assess and improve quality.

Rate Area means one of two geographic areas composed of Medicaid Regions for which rate cells are developed. Rate Area A is comprised of Medicaid Region 3. Rate Area B is comprised of Medicaid Regions 1, 2, 4, 5, 6, 7, and 8.

Rate Cell means covered eligibility categories segmented into sub-groups based on an analysis of similarities of the per capita costs, age, and gender of various populations.

Rate Group means rate cell level information aggregated into eight larger but similarly characterized groups including 1) Families and Children – Child, 2) Families and Children – Adult, 3) SSI without Medicare Adult, 4) SSI Child and 5) Foster Care Child, 6) Dual Eligibles, 7) ACA MAGI Adults, and 8) ACA Former Foster Care Child.

Retrospective Drug Utilization Review (RetroDUR) means a process that involves ongoing and periodic examination of pharmacy claims data to identify patterns of fraud, abuse, gross overuse, or medically unnecessary care and implements corrective action when needed, as required by 42 C.F.R. 438.3(s) and complies with 1927(g) and 42 C.F.R. part 456, subpart K.

Rural Health Clinic (RHC) means an entity that meets all of the requirements for designation as a rural health clinic under 1861(aa)(1) of the Social Security Act and approved for participation in the Kentucky Medicaid Program.

Service Location means any location at which an Enrollee may obtain any Covered Services from the Contractor's Network Provider.

Serious Emotional Disorder (SED) means a child with a clinically significant disorder as described in KRS 200.503.

Severe Mental Illness (SMI) means a major mental illness or disorder (but not a primary diagnosis of Alzheimer's disease or dementia) as included in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM), under: schizophrenia spectrum and other psychotic disorders; bipolar and related disorders; depressive disorders; or post-traumatic stress disorders and has documented history indicating persistent disability and significant impairment in major areas of community living; and has clinically significant symptoms for at least two years or has been hospitalized for mental illness more than once within the two past years; and has significant impairment that impedes functioning in two or more major areas of living and is unlikely to improve without treatment, services and/or supports.

Service Authorization Request means an Enrollee's request for the provision of a service.

Specialty Care means any service provided that is not provided by a PCP.

State means the Commonwealth of Kentucky.

State Fair Hearing means the administrative hearing provided by the Cabinet pursuant to KRS Chapter 13B and contained in 907 KAR 17.010.

Supplemental Security Income (SSI) is a program administered by the Social Security Administration (SSA) that pays benefits to disabled adults and children who have limited income and resources. SSI benefits are also payable to people 65 and older without disability who meet the financial limits.

Subcontract means any agreement entered into, directly or indirectly, by a Contractor to provide or arrange for the provision of Covered Services. The term "Subcontract" does not include a policy of insurance or reinsurance purchased by a Contractor or a Subcontractor to limit its specific or aggregate loss with respect to Covered Services provided to Enrollees hereunder provided the Contractor or its risk-assuming Subcontractor assumes some portion of the underwriting risk for providing health care services to Enrollees.

Subcontractor means any individual or entity other than a Provider, Physician Health Organization, or Network Provider, with which Contractor has entered into a written agreement for the purpose of fulfilling a Contractor's obligations under an MCO Contract.

Symmetrical Risk Corridor means the same size corridors of risk sharing percentages above and below a target amount designed to limit exposure to unexpected expenses.

Teaching hospital means a hospital providing the services of interns or residents-in-training under a teaching program approved by the appropriate approving body of the American Medical Association or, in the case of an osteopathic hospital, approved by the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association. In the case of interns or residents-in-training in the field of dentistry in a general or osteopathic hospital, the teaching program shall have the approval of the Council on Dental Education of the American Dental Association. In the case of interns or resident-in-training in the field of podiatry in a general or osteopathic hospital, the teaching program shall have the approval of the Council on Podiatry Education of the American Podiatry Association.

Third-Party Liability/Resource means any resource available to an Enrollee for the payment of expenses associated with the provision of Covered Services, including but not limited to, Medicare, other health insurance coverage or amounts recovered as a result of settlement, dispute resolution, award or litigation. Third Party Resources do not include amounts that are exempt under Title XIX of the Social Security Act.

Trading Partner means a provider or a health plan that transmits health information in electronic form in connection with a transaction covered by 45 C.F.R. Parts 160 and 162, or a business associate authorized to submit health information on the Trading Partner's behalf, as defined by HIPAA.

Transaction means the exchange of information between two (2) parties to carry out financial or administrative activities related to health care as defined by 45 C.F.R. Part 160.103, as defined by HIPAA.

Urgent Care means care for a condition not likely to cause death or lasting harm but for which treatment should not wait for a normally scheduled appointment.

Waste means generally, but is not limited to, the overutilization or inappropriate utilization of services or misuse of resources, and typically is not a criminal or intentional act.

Women, Infants and Children (WIC) means a federally-funded health and nutrition program for women, infants, and children.

Kentucky HEALTH Definitions

Alternative Benefit Plan (ABP) means the benefit package provided to ACA Expansion Enrollees which is developed by the Department in accordance with 42 CFR Part 440, Subpart C.

Ad Hoc Invoice means invoicing done outside of the Batch Invoicing of actively eligible and enrolled Kentucky HEALTH Enrollees on the fifteenth day of each month. Ad Hoc Invoicing shall be completed within three (3) business days of the Contractor's receipt of the applicable HIPAA 834 record.

Batch Invoicing or Batch Invoice means invoicing of actively eligible and enrolled Kentucky HEALTH Enrollees on the fifteenth day of each month for the next coverage month.

Benefit Year means the time period of January 1 through December 31 of each calendar year.

Provider Attestation refers to the Department's designated form for completion by Medicaid Providers to document the clinical assessment of an Enrollee's Medically Frail status.

Provider Attestation Scoring Tool refers to the Department defined processes to score the results of a Provider Attestation for purposes of determining an Enrollee's Medically Frail status.

Community Engagement (CE) refers to the Kentucky HEALTH initiative whereby non-exempt Enrollees shall complete at least eighty (80) hours per month of qualifying activities to maintain eligibility. Community Engagement qualifying activities are defined separately. This initiative shall be marketed as the Partnering to Advance Training and Health (PATH) program.

Community Engagement Qualifying Activities refer to activities deemed to meet the Community Engagement requirement of eighty (80) hours per month. Such activities include volunteering, caregiving, education, job training, employment, or participation substance use disorder treatment activities.

Community Engagement Suspension means the penalty applied to Kentucky HEALTH Enrollees who do not complete their required Community Engagement hours. Enrollees in a Community Engagement Suspension remain enrolled in Kentucky HEALTH, but not eligible for benefits during the suspension period.

Conditionally Eligible Enrollee means an applicant who has been determined to meet all Kentucky HEALTH eligibility criteria, but who has not made an initial premium payment or otherwise cleared a penalty in order to start coverage. Conditionally Eligible Enrollees are not eligible to receive Kentucky HEALTH benefits.

Copayment Plan is the cost sharing plan for ACA Expansion Enrollees, Parent and Caretaker Relatives, and TMA Enrollees at or below one hundred percent (100%) FPL who fail to make required Kentucky HEALTH premium payments. Enrollees in the Copayment Plan do not have access to a My Rewards Account, and are charged copayments for covered services in accordance with the Kentucky Medicaid State Plan.

Cost Sharing Exempt refers to Kentucky HEALTH Enrollees who are excluded from the requirement or option to contribute toward the cost of their health coverage. It includes Pregnant Women and Kentucky HEALTH Children.

Cost Sharing Optional refers to Kentucky HEALTH Enrollees who are not required to contribute toward the cost of their health coverage as a condition of eligibility. It includes Former Foster Youth to age 26 and Medically Frail Individuals. These Enrollees can choose to make monthly Kentucky HEALTH premium payments in order to gain access to a My Rewards Account.

Cost Sharing Required includes ACA Expansion Enrollees, Parent and Caretaker Relatives, and TMA Enrollees who are required to contribute to the cost of their coverage via monthly premium payments or copayments for every Kentucky HEALTH covered benefit received.

Debt means any unpaid premium amounts the Contractor may collect from an Enrollee. Payment of Debt is neither a condition of eligibility nor required to cure a Non-Payment Penalty.

Deductible Account is state-funded administrative tracking account in the amount of \$1000.00 designed to expose Kentucky HEALTH Enrollees to the cost of healthcare, designed to encourage them to be active consumers by evaluating cost and quality of care. It is funded with State dollars, not with Contractor or Enrollee dollars. The first one thousand dollars (\$1,000.00) of non-preventive services received by Enrollees within a benefit year are tracked against the Deductible Account and documented on a monthly statement sent to Enrollees. Half of the remaining Deductible Account balance at the end of the benefit year (up to \$500.00) is eligible to be rolled over into the My Rewards Account.

Deemed Newborns are children enrolled in Kentucky HEALTH who meet the requirements described in 42 CFR §435.117.

Fast Track Payment means a Department-determined advance premium dollar amount that applicants may opt to pay to expedite Kentucky HEALTH coverage to the first day of the month in which the payment is made, which may be as early as the first day of the month of application.

Former Foster Youth are Kentucky HEALTH Enrollees who are under age twenty-six (26) and were in foster care under the responsibility of the State or a Tribe within Kentucky or another State and enrolled in Medicaid on the date of attaining age eighteen (18) or such higher age as the State elected.

Head of Household refers to the individual who initiates Medicaid application on behalf of a MAGI household. The Head of Household is not always enrolled in Kentucky HEALTH or with the Contractor. Kentucky HEALTH premium invoices are sent to the Head of Household, identified by the Cabinet on the HIPAA 834, unless otherwise requested by the household.

Integrated Eligibility and Enrollment System (IEES) means the information technology system utilized by the Cabinet to integrate eligibility and enrollment determination functions for all State-administered health and human services programs.

KCHIP Enrollee means a child enrolled in the Kentucky Children's Health Insurance Program.

Kentucky HEALTH Children means Deemed Newborns as described at 42 CFR §435.117 and infants and children under age 19 as described at 42 CFR §435.118. It does not include KCHIP Enrollees.

Kentucky HEALTH Enrollee means an Enrollee who is enrolled in one of the following eligibility groups: (i) ACA Expansion Enrollee; (ii) Parent and Caretaker Relative; (iii) TMA; (iv) Pregnant Women; (v) Former Foster Youth; (vi) Kentucky HEALTH Children; and (vii) KCHIP.

Medically Frail means an ACA Expansion Enrollee, Parent and Caretaker Relative or TMA

Enrollee who, in accordance with 42 CFR §440.315(f), and Department developed criteria, has a disabling mental disorder (including serious mental illness), chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living. Enrollees who meet the definition of Medically Frail shall not be subject to (i) Community Engagement requirements; (ii) mandatory cost sharing through premiums or copayments; or (iii) enrollment in the ABP.

Medically Frail Identification Tools mean the Department-defined processes established to determine an individual's Medically Frail status in accordance with 42 CFR §440.315(f).

My Rewards Account is an account available to Kentucky HEALTH Enrollees, other than Kentucky HEALTH Children and KCHIP Enrollees. Enrollees, with the exception of Pregnant Women, shall make their required premium payment contribution to have an active My Rewards Account. Enrollees can accrue funds into their My Rewards Accounts by completing Department-approved activities such as completion of healthy activities or preventive services. Funds in the My Rewards Account can be utilized to purchase Department defined services not otherwise available through the Enrollee's covered benefit package.

Non-Payment Penalty refers to a 6-month penalty period applied to Cost-Sharing Required Enrollees who fail to make timely premium payments. Individuals at or below one hundred percent (100%) FPL and subject to a Non-Payment Penalty are enrolled in the Copayment Plan. Individuals above one hundred percent (100%) FPL and subject to a Non-Payment Penalty are suspended from eligibility for Kentucky HEALTH. A twenty-five dollar (\$25) My Rewards Account deduction is also applied.

Parent and Caretaker Relative means a Kentucky HEALTH Enrollee who meets the requirements at 42 CFR §435.110.

Past Due means the total amount that an Enrollee is required to pay either to avoid a Non-Payment Penalty or to end a Non-Payment Penalty prior to the expiration of the six-month penalty period; it does not include Debt.

Possibly Medically Frail refers to the output of the Medically Frail Identification Tool which requires additional information through the Provider Attestation for determination of Medically Frail status.

Potentially Medically Frail refers to Kentucky HEALTH Enrollees who have been identified as requiring determination of Medically Frail status via the Medically Frail Identification Tool.

Pregnant Women are Kentucky HEALTH Enrollees who meet the requirements at 42 CFR §435.116.

Premium Plan is the cost sharing plan Kentucky HEALTH Enrollees are defaulted to at transition as of 7/1/2018, enrolled in upon initial application, and continuously enrolled in as long as they make their required monthly premium payments. Enrollees in the Premium Plan do not incur any other cost sharing for their healthcare coverage, and have access to a My Rewards Account.

Random Control Trial (RCT) means the evaluation of the Kentucky HEALTH program in which Enrollees otherwise eligible for Kentucky HEALTH are allocated at random to a control group through which the policies and procedures of Kentucky HEALTH are not applied.

Re-Entry Course is an educational course, identified by the Department, required for Kentucky HEALTH Enrollees in a suspension or penalty status to end the applicable suspension or penalty

and gain early re-entry into Kentucky HEALTH coverage.

Special Terms and Conditions (STC) refers to the agreement between CMS and the State regarding the requirements and assurances that govern the operation of Kentucky HEALTH.

Transitional Medical Assistance (TMA) means a Kentucky HEALTH Enrollee who meets the requirements of Section 1925 of the Social Security Act.

Voluntary Withdrawal Penalty is a six (6) month penalty period applied to Kentucky HEALTH Enrollees who disenroll from the program without cause. Individuals in this penalty period are not eligible to re-enroll in Kentucky HEALTH until the six (6) month period expires, unless early re-entry requirements are met.

2.0 Abbreviations and Acronyms

ABP – Alternative Benefit Plan

ADA - American Dental Association

AHRQ - Agency for Health Care Research and Quality

AIDS - Acquired Immune Deficiency Syndrome

APRN - Advanced Practice Registered Nurse

A/R - Accounts Receivable

BBA - Balanced Budget Act

BH - Behavioral Health

BIN - NCPDP Processor ID Number

CAHPS - Consumer Assessment of Health Care Providers and Systems

CAP - Corrective Action Plan

CCD - Continuity of Care Document

CE – Community Engagement

C.F.R. - Code of Federal Regulations

CHFS - Cabinet for Health and Family Services

CMHC - Community Mental Health Center

CMS - Centers for Medicare and Medicaid Services

CMS-416 - Centers for Medicare and Medicaid Services-416 (form)

CMS-1500 - Centers for Medicare and Medicaid Services-1500 (form)

COB - Coordination of Benefits

COPD - Chronic Obstructive Pulmonary Disease

CPT - Current Procedural Terminology

DEA - Drug Enforcement Administration

DIVERTS - Direct Intervention: Vital Early Responsive Treatment Systems

DSH - Disproportionate Share Hospital

DSM-V - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

EEO - Equal Employment Opportunity

EHR – Electronic Health Records

EQR - External Quality Review

EQRO - External Quality Review Organization

FAC - Finance and Administration Cabinet.

FFS - Fee-For-Service

FPL – Federal Poverty Level

FQHC - Federally Qualified Health Center

FTE - Full-time Equivalent

HCPCS - Health Care Common Procedure Coding System

HEDIS - Health Care Effectiveness Data and Information Set

HIPAA - Health Insurance Portability and Accountability Act

HIV - Human Immunodeficiency Virus

HRA - Health Risk Assessment

HTTP - Hyper Text Transport Protocol or Hyper Text Transfer Protocol

ICD-9-CM - International Classification of Diseases, Ninth Revision, Clinical Modification

ICD-10-CM - International Classification of Diseases, Tenth Revision, Clinical Modification

ICF-IID - Intermediate Care Facility for Individuals with Intellectual Disabilities

ICN – Internal Control Number

KAR - Kentucky Administrative Regulation

KCHIP – Kentucky Children’s Health Insurance Program

KRS - Kentucky Revised Statute

LPN - Licensed Practical Nurse

MAC – Maximum Allowable Cost

MAGI – Modified Adjusted Gross Income

MCO - Managed Care Organization

MBHO - Managed Behavioral Healthcare Organization

MMIS - Medicaid Management Information System

NCCI – National Correct Coding Initiative

NCPDP - National Council for Prescription Drug Programs

NCQA - National Committee for Quality Assurance

NDC - National Drug Code

NPI - National Provider Identifier

OBRA - Omnibus Budget Reconciliation Act

OSCAR – Online Survey Certification and Reporting

PA – Prior Authorization

PATH – Partnering to Advance Training and Health

PCN - Processor Control Number

PCP - Primary Care Provider

PCRPP - Person-Centered Recovery Planning

PDL – Preferred Drug List

PMPM – Per Member Per Month

POS – Point of Sale

ProDUR – Prospective Drug Utilization Review

PRTF - Psychiatric Residential Treatment Facility

P&T - Pharmacy and Therapeutics Committee

QAPI - Quality Assessment and Performance Improvement

R/A - Remittance Advice

RAC – Recovery Audit Contractor

RetroDUR – Retrospective Drug Utilization Review

RFP - Request for Proposal

RHC - Rural Health Clinic

RN - Registered Nurse

SOBRA - Sixth Omnibus Budget Reconciliation Act

SSI - Supplemental Security Income

STC – Special Terms and Conditions

TANF - Temporary Assistance for Needy Families

TMA – Transitional Medical Assistance

TTY-TTD – TeleTypewriter-Telecommunications Device for the Deaf

TPL - Third Party Liability

UB-92 - Universal Billing 1992 (form)

UB-04 - Universal Billing 2004 (form)

UCF – Universal Claim Form

UM - Utilization Management

URAC - Utilization Review Accreditation Commission

USC - United States Code

VPN - Virtual Private Network

WIC - Women, Infants and Children

WS-Security - Web Services-Security

3.0 Contractor Terms

3.1 Contractor Representations and Warranties

The Contractor represents and warrants that the following are true, accurate and complete statements of fact as of the Execution Date and that the Contractor shall take all actions and fulfill all obligations required so that the representations and warranties made in this Contract shall remain true, accurate and complete statements of fact throughout the term of the Contract.

3.2 Organization and Valid Authorization

Contractor is a Legal Entity duly organized, validly existing and in good standing under the laws of the Commonwealth, and is in full compliance with all material Commonwealth requirements and all material municipal, Commonwealth and federal tax obligations related to its organization as a Legal Entity. The obligations and responsibilities set forth in this Contract have been duly authorized under the terms of the laws of the Commonwealth and the actions taken are consistent with the Articles of Incorporation and By-laws of Contractor.

This Contract has been duly authorized and validly executed by individuals who have the legal capacity and authorization to bind the Contractor as set forth in this Contract. Likewise, execution and delivery of all other documents relied upon by FAC and the Department in entering into this Contract have been duly authorized and validly executed by individuals who have the legal capacity and corporate authorization to represent the Contractor.

3.3 Licensure of the Contractor

Contractor has a valid license to operate as an HMO or insurer, issued by the DOI. There are no outstanding unresolved material Appeals or Grievances filed against Contractor with DOI. Contractor has timely filed all reports required by DOI and DOI has taken no adverse action against Contractor of which FAC has not been notified.

As an HMO or insurer under Subtitle 3 of the Kentucky Insurance Code with a health line of authority, and regardless of the non-applicability of any other provision of the Kentucky Insurance Code or any legal authority cited herein, pursuant to this Contract the Contractor agrees to be subject to a one percent (1%) annual assessment on capitation payments that follow the provisions of any broad based assessment within state law including but not limited to the Governor's Enacted Budget, KRS 304.17B-021 or KRS 142.316, subject to the approval of CMS. The one percent (1%) assessment is a component of the Capitation Rates as contained in **Appendix A "Capitation Payment Rates."** On or about March 1st of each year, the Department shall notify the Contractor in writing that the annual assessment is due and the Contractor shall have 30 calendar days to remit payment in full to the Department. In the event the assessment is increased, the increase shall be provided for in an amended Capitation Rate. If CMS fails to approve this component of the rates, or if the assessment is otherwise deemed non-collectable, the capitation payment rates shall be adjusted to remove that component from the Capitation Rate.

3.4 Fiscal Solvency

As of the Execution Date, Contractor's statutory surplus is at or above the Regulatory Action Level as defined in the risk-based capital regulations applicable to designated HMO or insurer's licenses

in the Commonwealth. The Contractor is not aware of any impending changes to its financial structure that could adversely impact its compliance with these requirements or its ability to pay its debts as they come due generally. The Contractor has not filed for protection under any Commonwealth or federal bankruptcy laws. None of the Contractor's property, plant or equipment has been subject to foreclosure or repossession within the preceding ten-year period, and the Contractor has not had any debt called prior to expiration within the preceding ten-year period.

3.5 Licensure of Providers

Each of the Providers, including individuals and facilities, which will provide health care services in Contractor's Network is validly licensed or, where required, certified to provide those services in the Commonwealth, including certification under CLIA, if applicable. Each Provider in the Contractor's Network has a valid Drug Enforcement Agency ("DEA") registration number, if applicable. Each provider in the Contractor's Network shall have a valid NPI and taxonomy, if applicable.

3.6 Ownership or Controlling Interest/Fraud and Abuse

Neither the Contractor nor any individual who has a controlling interest or who has a direct or indirect ownership interest of five (5) percent or more of the Contractor, nor any officer, director, agent or managing employee (i.e., general manager, business manager, administrator, director or like individual who exercises operational or managerial control over the Contractor or who directly or indirectly conducts the day-to-day operation of the Contractor) is an entity or individual (1) who has been convicted of any offense under Section 1128(a) of the Social Security Act (42 U.S.C. §1320a-7(a)) or of any offense related to fraud or obstruction of an investigation or a controlled substance described in Section 1128(b)(1)-(3) of the Social Security Act (42 U.S.C. §1320a-7(b)(1)-(3)); or (2) against whom a civil monetary penalty has been assessed under Section 1128A or 1129 of the Social Security Act (42 U.S.C. §1320a-7a; 42 U.S.C. §1320a-8); or (3) who has been excluded from participation in a program under Title XVIII, 1902(a)(39) and (41) of the Social Security Act, Section 4724 of the BBA or under a Commonwealth health care program.

Contractor shall require by contract that neither any Provider of health care services in the Contractor's Network, nor any individual who has a direct or indirect ownership or controlling interest of 5% or more of the Provider, nor any officer, director, agent or managing employee (i.e., general manager, business manager, administrator, director or like individual who exercises operational or managerial control over the Provider or who directly or indirectly conducts the day-to-day operation of the Provider) is an entity or individual (1) who has been convicted of any offense under Section 1128(a) of the Social Security Act (42 U.S.C. §1320a-7(a)) or of any offense related to fraud or obstruction of an investigation or a controlled substance described in Section 1128(b)(1)-(3) of the Social Security Act (42 U.S.C. §1320a-7(b)(1)-(3)); or (2) against whom a civil monetary penalty has been assessed under Section 1128A or 1129 of the Social Security Act (42 U.S.C. §1320a-7a; 42 U.S.C. §1320a-8); or (3) who has been excluded from participation in a program under Title XVIII, 1902(a)(39) and (41) of the Social Security Act, Section 4724 of the BBA or under a Commonwealth health care program.

The Contractor shall certify its compliance with 42 C.F.R. 438.610(a), (b) and (c) and have processes and/or procedures in place to ensure ongoing compliance throughout the life of the Contract.

3.7 Compliance with Federal Law

- A. The Contractor shall be prohibited from paying for an item or service (other than an emergency item or service, not including items or services furnished in an emergency room of a hospital):
 1. Furnished by any individual or entity during any period when the individual or entity is

- excluded from participation under Title V, XVIII, or XX of the Social Security Act or Sections 1128, 1128A, 1156, or 1842(j)(2), [203] of the Social Security Act;
2. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or pursuant to Section 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person);
 3. Furnished by an individual or entity to whom the Department has suspended payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the Department determines there is good cause not to suspend such payments;
 4. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act of 1997;
 5. With respect to any amount expended for roads, bridges, stadiums, or any other item or service not covered under the Medicaid State Plan;
 6. For home health care services provided by an agency or organization, unless the agency provides the state with a surety bond as specified in Section 1861(o)(7) of the Social Security Act.
- B. The Capitation Payment provided by this Contract shall not be paid to the Contractor if it could be excluded from participation in Medicare or Medicaid for any of the following reasons:
1. The Contractor is controlled by a sanctioned individual;
 2. The Contractor has a contractual relationship that provides for the administration, management or provision of medical services, or the establishment of policies, or the provision of operational support for the administration, management or provision of medical services, either directly or indirectly, with an individual convicted of certain crimes as described in Section 1128(b)(8)(B) of the Social Security Act;
 3. The Contractor employs or contracts, directly or indirectly, for the furnishing of health care, utilization review, medical social work, or administrative services, with one of the following:
 - a. Any individual or entity excluded from participation in Federal health care programs.
 - b. Any entity that would provide those services through an excluded individual or entity.
- C. Prohibited Affiliations.
1. The Contractor shall not:
 - a. Knowingly have a director, officer, or partner who is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participation in federal healthcare programs;
 - b. Knowingly have a person with ownership of more than 5% of the MCE's equity who is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participation in federal healthcare programs; or
 - c. (Knowingly have an employment, consulting, or other agreement with an individual or entity for the provision of MCE contract items or services who is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participation in federal healthcare programs.
 2. The Contractor shall provide written disclosure to the Department of any director; officer; partner; subcontractor, network provider; individual or entity with an employment, consulting, or other agreement; or any affiliation with a person or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
 3. If the Department learns that the Contractor has a prohibited relationship with a person or entity who is debarred, suspended, or excluded from participation in federal healthcare programs, the Department shall notify CMS of the noncompliance; may continue this Contract unless CMS directs otherwise; shall not renew or extend this Contract unless CMS provides to the Department a written statement describing compelling reasons that

exist for renewing or extending the agreement.

- D. The Contractor shall report to the Department and, upon request, to the Secretary of HHS, the Inspector General of the HHS, and the U. S. Comptroller General a description of transactions between the Contractor and a party in interest (as defined in Section 1318(b) of such Social Security Act), including the following transactions: (i) Any sale or exchange, or leasing of any property between the Contractor and such a party; (ii) Any furnishing for consideration of goods, services (including management services), or facilities between the Contractor and such a party, but not including salaries paid to employees for services provided in the normal course of their employment; (iii) Any lending of money or other extension of credit between the Contractor and such a party. The Contractor shall make any reports of transactions between the Contractor and parties in interest that are provided to the Department, or other agencies available to Enrollees upon reasonable request.
- E. The Contractor shall disclose to the Department any persons or corporations with an ownership or control interest in the Contractor that has direct, indirect, or combined direct/indirect ownership interest of 5% or more of the Contractor's equity; owns 5% or more of any mortgage, deed of trust, note, or other obligation secured by the Contractor if that interest equals at least 5% of the value of the Contractor's assets; is an officer or director of the Contractor organized as a corporation, or is a partner of the Contractor organized as a partnership.

The disclosure shall contain: the name and address (The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address; date of birth and Social Security Number (in the case of an individual); other tax identification number (in the case of a corporation); whether the control interest in the Contractor or the Contractor's subcontractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; the name of any other Medicaid provider or fiscal agent in which the person or corporation has an ownership or control interest and the name, address, date of birth, and Social Security Number of any managing employee of the Contractor.

3.8 Pending or Threatened Litigation

All material threatened or pending litigation against the Contractor or its Affiliates has been disclosed in writing to FAC prior to the Execution Date. For purposes of this Section, litigation is material if a final finding of liability against the Contractor or its Affiliate(s), would create a substantial likelihood that the Contractor's ability to perform its obligations under this Contract would be significantly impaired. Any new material litigation filed against the Contractor or its Affiliates after the Execution Date will be disclosed in writing to FAC within ten (10) business days of receipt by the Contractor of notice new pending litigation. For purposes of this Section the term "litigation" shall mean any formal judicial or administrative proceeding.

4.0 Contractor Functions

4.1 Performance Standards

The Contractor shall perform or cause to be performed all of the Covered Services and shall develop, produce and deliver to the Department all of the statements, reports, data, accounting, Claims and documentation described and required by the provisions of this Contract, and the Department shall make payments to the Contractor on a capitated basis as described in this Contract. The Contractor acknowledges that failure to comply with the provisions of this Contract may result in the Commonwealth taking action pursuant to Sections 40.0 through 40.13, "**Remedies for Violation, Breach, or Non-Performance of Contract**". The Contractor shall meet the applicable terms and conditions imposed upon Medicaid managed care organizations as set forth in 42 United States Code Section 1396b(m), 42 C.F.R. 438 et seq., 907 KAR Title 17, other related managed care regulations and the 1915 Waiver, as applicable.

4.2 Administration and Management

The Contractor shall be responsible for the administration and management of all aspects of the performance of all of the covenants, conditions and obligations imposed upon the Contractor pursuant to this Contract. No delegation of responsibility, whether by Subcontract or otherwise, shall terminate or limit in any way the liability of the Contractor to the Department for the full performance of this Contract.

The Contractor shall, directly or indirectly, maintain the staff and staff functions as specified in Section 9.2 "**Administration/Staffing**." The Contractor shall submit to the Department within ten (10) days any changes to the Contractor's Executive Management positions or other mandatory positions required under this Contract, and whenever requested by the Department, a current organizational chart depicting all staff functions, including but not limited to mandatory staff functions, the number of employees serving each function, and a description of the qualifications of each individual with key management responsibility for any mandatory function specified in Section 9.2 "**Administration/Staffing**."

Contractor agrees that its administrative costs shall not exceed ten percent (10%) of the total Medicaid managed care contract cost. Administrative costs are those costs consistent with DOI annual financial filings that are included in the line for "GAO" which is generally referred to as General, Administrative, and Overhead expenses.

4.3 Delegations of Authority

The Contractor shall oversee and remain accountable for any functions and responsibilities that it delegates to any Subcontractor in compliance with 42 C.F.R. 438.230. In addition to the provision set forth in Section 6.0 – 6.5 "**Subcontracts**," Contractor agrees to the following provisions.

- A. There shall be a written agreement that specifies:
 1. Delegated activities and reporting responsibilities of the Subcontractor;
 2. Subcontractor agrees to comply with all applicable Medicaid laws and regulations including applicable subregulatory guidance and contract provisions;
 3. The right of the state, CMS, HHS Inspector General, the Comptroller General or their designee to audit, evaluate and inspect any books, records, contracts, computer or other electronic systems of the Subcontractor, or of the Subcontractor's contractor, that pertain to any aspect of services and activities performed, determination of amounts payable under the MCO's contract with the State, or for reasonable possibility of fraud or similar risk;
 4. Subcontractor will make its premises, physical facilities, equipment, books records, contracts, computer or other electronic systems relating to its Medicaid Enrollees available;
 5. The right to audit through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later; and
 6. Provides for revocation of the delegation or imposition of other sanctions if the Subcontractor's performance is inadequate.
- B. Before any delegation, the Contractor shall evaluate the prospective Subcontractor's ability to perform the activities to be delegated.
- C. The Contractor shall monitor the Subcontractor's performance on an ongoing basis and subject the Subcontractor to a formal review at least once a year.
- D. If the Contractor identifies deficiencies or areas for improvement, the Contractor and the Subcontractor shall take corrective action.
- E. If the Contractor delegates selection of providers to another entity, the Contractor retains the right to approve, suspend, or terminate any provider selected by that Subcontractor.
- F. The Contractor shall assure that the Subcontractor is in compliance with all Medicaid laws and regulations including applicable subregulatory guidance and contract provisions.

4.4 Approval of Department

Unless otherwise specified, the Contractor is required to submit any provider or Enrollee materials, information, or documents to the Department and all such submissions will be reviewed by the Department within (i) thirty (30) days for standard submissions or (ii) five (5) business days for expedited submissions.

Written material submitted to the Department for review and approval shall be considered received for review beginning with the date that the Department acknowledges to the Contractor receipt of the submission. Such acknowledgment may be demonstrated by evidence of a return receipt if sent via U.S. Mail, a delivery receipt if sent via e-mail, or the signature of a Cabinet for Health and Family Services employee taking receipt of the submission in the case of hand-delivery, including overnight mail or courier delivery.

4.5 General health education materials do not require prior approval by the Department. However, the Contractor shall ensure such materials are in compliance with this Contract and state and federal regulations and laws. The Contractor shall be subject to penalties for materials found to be non-compliant as set forth in [Section 40 of this Contract Appendix B “Remedies for Violation, Breach, or Non-Performance of Contract.”](#) **No Third Party Rights**

This Contract does not, nor is it intended to, create any rights, benefits or interest to any Enrollee, provider, PHO, provider network, subcontractor, delegated subcontractor, supplier, corporation, partnership or other organization of any kind.

5.0 Contractor Conformance with Applicable Law, Policies and Procedures

5.1 Department Policies and Procedures

The Contractor shall comply with the applicable policies and procedures of the Department, specifically including without limitation the policies and procedures for MCO services, and all policies and procedures applicable to each category of Covered Services as required by the terms of this Contract. In no instance may the limitations or exclusions imposed by the Contractor with respect to Covered Services be more stringent than those specified in the applicable Department's policies and procedures without the approval of the Department. The Department shall provide reasonable prior written notice to Contractor of any material changes to its policies and procedures, or any changes to its policies and procedures that materially alter the terms of this Contract.

5.2 Commonwealth and Federal Law

At all times during the term of this Contract and in the performance of every aspect of this Contract, the Contractor shall strictly adhere to all applicable federal and Commonwealth law (statutory and case law), regulations and standards, in effect when this Contract is signed or which may come into effect or which may be amended or repealed during the term of this Contract, except where waivers of said laws, regulations or standards are granted by applicable federal or Commonwealth authority. In addition to the other laws specifically identified herein, Contractor shall comply with the Davis-Bacon Act and the Clean Air Act and Federal Water Pollution Control Act. The Contractor agrees to comply with the terms of 45 C.F.R. 93 Appendix A, as applicable.

Any change mandated by the Affordable Care Act which pertains to Managed Care Organizations (MCO) and/or Medicaid Services shall be implemented by the Contractor without amendment to this Contract. One such requirement listed in Section 2501 of PPACA pertains to the States collecting drug rebates for drugs covered under a MCO. The Contractor shall create and transmit a file according to the Department specifications which will allow for the Department or its

contractors to bill drug rebates to manufacturers. The Contractor shall fully cooperate with Department and Department's contractors to ensure file transmissions are complete, accurate and delivered by the Department's specified deadlines. In addition, the Contractor shall assist and provide detailed Claim information requested by the Department or Department contractors to support rebate dispute and resolution activities.

5.3 Nondiscrimination and Affirmative Action

- A. During the performance of this Contract, the Contractor agrees as follows:
- B. The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, national origin, sex, sexual orientation, gender identity or age. The Contractor further shall comply with the provision of the Americans with Disabilities Act of 1990 (Public Law 101- 336), 42 USC 12101, and applicable federal regulations relating thereto prohibiting discrimination against otherwise qualified disabled individuals under any program or activity. The Contractor shall provide, upon request, needed reasonable accommodations. The Contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, national origin, sex, age or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor shall post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause or its nondiscriminatory practices.
- C. The Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the Contractor; state that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability.
- D. The Contractor shall send to each labor union or representative of workers with which they have a collective bargaining agreement or other contract understanding, a notice advising the said labor union or workers' representative of the Contractor's commitments under this Section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment. The Contractor shall take such action with respect to any Subcontract or purchase order as FAC may direct as a means of enforcing such provisions, including sanctions for noncompliance.
- E. The Contractor shall comply with all applicable provisions and furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, as amended, and by the rules, regulations and orders of the Secretary of Labor, or pursuant thereto, and will permit access to their books, records and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations and orders.
- F. In the event of the Contractor's noncompliance with the nondiscrimination clauses of this Contract or with any of the said rules, regulations or orders, this Contract may be canceled, terminated or suspended in whole or in part and the Contractor may be declared ineligible for further government contracts or federally-assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in or as otherwise provided by law.
- G. The Contractor shall include the provision of paragraphs (1) through (7) of Section 202 of Executive Order No. 11246 in every Subcontract or purchase order unless exempted by rules, regulations or orders of the Secretary of Labor, issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, as amended, so that such provisions will be binding upon each subcontractor or vendor. Monitoring of Subcontractor compliance with the provisions of this Contract on nondiscrimination shall be accomplished during regularly scheduled quality assurance audits. Any reports of alleged violations of the requirements of this Section received by the Contractor, together with any suggested resolution of the alleged

violation proposed by the Contractor in response to the report, shall be reported to FAC within five (5) business days. Following consultation with the Contractor, FAC shall advise the Contractor of any further action it may deem appropriate in resolution of the violation. The Contractor will take such action with respect to any Subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions including sanctions for noncompliance; provided, however, that in the event the Contractor becomes involved in, or is threatened with, litigation with a Subcontractor as a result of such direction by the agency, the Contractor may request the United States to enter or intervene into such litigation to protect the interests of the United States. Contractor shall comply with Title IX of the Education Amendments of 1972 (regarding education programs and activities), if applicable.

5.4 Employment Practices

The Contractor agrees to comply with each of the following requirements and to include in any Subcontracts that any Subcontractor, supplier, or any other person or entity who receives compensation pursuant to performance of this Contract, a requirement to also comply with the following laws:

- A. Title VI of the Civil Rights Act of 1964 (Public Law 88-352);
- B. Title IX of the Education Amendments of 1972 (regarding education, programs and activities);
- C. The Age Discrimination Act of 1975;
- D. The Rehabilitation Act of 1973;
- E. Rules and regulations prescribed by the United States Department of Labor in accordance with 41 C.F.R. Parts 60-741; and
- F. Regulations of the United States Department of Labor recited in 20 C.F.R. Part 741, and Section 504 of the Federal Rehabilitation Act of 1973 (Public Law 93-112).

5.5 Governance

Contractor shall have a governing body. The governing body shall ensure adoption and implementation of written policies governing the operation of the Contractor's plan. The administrator or executive officer that oversees the day-to-day conduct and operations of the Contractor shall be responsible to the governing body. The governing body shall meet at least quarterly, and shall keep a permanent record of all proceedings available to the Cabinet, FAC, and/or CMS upon request. The Contractor shall have written policies and procedures for governing body elections detailing, at a minimum, the following: how board members will be elected; the length of the term for board members; filling of vacancies; and notice to Enrollees.

5.6 Access to Premises

The State, CMS, HHS Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the MCO, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

The Contractor shall provide computer access in the event an audit, inspection, investigation or other on-site visit is conducted. The Contractor shall provide log-in credentials in order to access Contractor's claims and customer service systems on a read-only basis. The Contractor shall provide access to a locked space and office security credentials for use during business hours. All access under this Section shall comply with HIPAA's minimum necessary standards and any other applicable Commonwealth or federal law.

In addition, upon reasonable notice, the Contractor shall allow duly authorized agents or representatives of the Commonwealth or federal government or the independent external quality review organization access to the Contractor's premises during normal business hours, and shall cause similar access or availability to the Contractor's Subcontractors' premises to inspect, audit, investigate, monitor or otherwise evaluate the performance of the Contractor and/or its Subcontractors. The Contractor and/or Subcontractors shall forthwith produce all records, documents, or other data requested as part of such review, investigation, or audit.

In the event right of access is requested under this Section, the Contractor or Subcontractor shall provide and make available staff to assist in the audit or inspection effort, and provide adequate space on the premises to reasonably accommodate the Commonwealth, federal, or external quality review personnel conducting the audit, investigation, or inspection effort. All inspections or audits shall be conducted in a manner as will not unduly interfere with the performance of the Contractor's or Subcontractors' activities. The Contractor shall have twenty (20) business days to respond to any findings of an audit performed by FAC, the Department or their agent before the findings are finalized. The Contractor shall cooperate with FAC, the Department or their agent as necessary to resolve audit findings. All information obtained will be accorded confidential treatment as provided under applicable laws, rules and regulations.

5.7 Waivers, State Innovation Models or Other Federal Initiatives

The Contractor shall participate, upon the Department's request, in any federal waivers, grant initiatives or awards or other program changes that develop, plan, create or implement any model that includes but is not limited to integration of behavioral health and physical health, improve health care delivery, reform payment, require Enrollee engagement or improve population health outcomes.

6.0 Subcontracts

6.1 Subcontractor Indemnity

Except as otherwise provided in this Contract, all Subcontracts between the Contractor and its Subcontractors for the provision of Covered Services, shall contain an agreement by the Subcontractor to indemnify, defend and hold harmless the Commonwealth, its officers, agents, and employees, and each and every Enrollee from any liability whatsoever arising in connection with this Contract for the payment of any debt of or the fulfillment of any obligation of the Subcontractor.

Each such Subcontractor shall further covenant and agree that in the event of a breach of the Subcontract by the Contractor, termination of the Subcontract, or insolvency of the Contractor, each Subcontractor shall provide all services and fulfill all of its obligations pursuant to the Subcontract for the remainder of any month for which the Department has made payments to the Contractor, and shall fulfill all of its obligations respecting the transfer of Enrollees to other Providers, including record maintenance, access and reporting requirements all such covenants, agreements, and obligations of which shall survive the termination of this Contract and any Subcontract.

6.2 Requirements

The Contractor may, with the approval of the Department, enter into Subcontracts for the provision of various Covered Services to Enrollees or other services that involve risk-sharing, medical management, or otherwise interact with an Enrollee, except the Contractor shall not enter into any Subcontract with Subcontractors outside the United States. Such Subcontractors must be eligible for participation in the Medicaid program, as applicable. Each such Subcontract and any amendment to such Subcontract shall be in writing, and in un-redacted form and content approved

by the Department. Further, any change in terms of a subcontract, suspension, or termination of a subcontract shall be shared with the Department for review and approval. The Contractor shall submit for review to the Department a template of each type of such Subcontract referenced herein. The Department may approve, approve with modification, or reject the templates if they do not satisfy the requirements of this Contract. In determining whether the Department will impose conditions or limitations on its approval of a Subcontract, the Department may consider such factors as it deems appropriate to protect the Commonwealth and Enrollees, including but not limited to, the proposed Subcontractor's past performance. In the event the Department has not approved a Subcontract referenced herein prior to its scheduled effective date, Contractor agrees to execute said Subcontract contingent upon receiving the Department's approval. No Subcontract shall in any way relieve the Contractor of any responsibility for the performance of its duties pursuant to this Contract including the processing of claims. The Contractor shall notify the Department in writing of the status of all Subcontractors on a quarterly basis and of the termination of any approved Subcontractors within ten (10) days following termination. All approvals required by this section are subject to Section 4.4 "**Approval of Department.**"

The Department's subcontract review shall assure that all Subcontracts:

- A. Identify the population covered by the Subcontract;
- B. Specify the amount, duration and scope of services to be provided by the Subcontractor;
- C. Specify procedures and criteria for extension, renegotiation and termination;
- D. Specify that Subcontractors use only Medicaid enrolled providers in accordance with this Contract;
- E. Make full disclosure of the method of compensation or other consideration to be received from the Contractor;
- F. Provide for monitoring by the Contractor of the quality of services rendered to Enrollees, in accordance with the terms of this Contract;
- G. Contain no provision that provides incentives, monetary or otherwise, for the withholding from Enrollees of Medically Necessary Covered Services;
- H. Contain a prohibition on assignment, or on any further subcontracting, without the prior written consent of the Department;
- I. Contain an explicit provision that the Commonwealth is the intended third-party beneficiary of the Subcontract and, as such, the Commonwealth is entitled to all remedies entitled to third-party beneficiaries under law;
- J. Specify that Subcontractor where applicable, agrees to timely submit Encounter Records in the format specified by the Department so that the Contractor can meet the specifications required by this Contract;
- K. Incorporate all provisions of this Contract to the fullest extent applicable to the service or activity delegated pursuant to the Subcontract, including without limitation, the obligation to comply with all applicable federal and Commonwealth law and regulations, including but not limited to, KRS 205.8451-8483, all rules, policies and procedures of FAC and the Department, and all standards governing the provision of Covered Services and information to Enrollees, all QAPI requirements, all record keeping and reporting requirements, all obligations to maintain the confidentiality of information, all rights of FAC, the Department, the Office of the Inspector General, the Attorney General, Auditor of Public Accounts and other authorized federal and Commonwealth agents to inspect, investigate, monitor and audit operations, all indemnification and insurance requirements, and all obligations upon termination;
- L. Provide for Contractor to monitor the Subcontractor's performance on an ongoing basis, including those with accreditation: the frequency and method of reporting to the Contractor; the process by which the Contractor evaluates the Subcontractor's performance; and subjecting it to formal review according to a periodic schedule consistent with industry standards, but no less than annually;
- M. A Subcontractor with NCQA/URAC or other national accreditation shall provide the Contractor with a copy of its' current certificate of accreditation together with a copy of the survey report;
- N. Provide a process for the Subcontractor to identify deficiencies or areas of improvement, and

- any necessary corrective action;
- O. The remedies up to, and including, revocation of the Subcontract available to the Contractor if the Subcontractor does not fulfill its obligations;
- P. Contain provisions that suspected fraud and abuse be reported to the Contractor.

The requirements of this section would be applicable to contracts with Subcontractors characterized as risk contracts.

The requirements of this section shall not apply to Subcontracts for administrative services or other vendor contracts that do not provide Covered Services to Enrollees.

6.3 Disclosure of Subcontractors

The Contractor shall inform the Department of any Subcontractor providing Covered Services which engages another Subcontractor in any transaction or series of transactions, in performance of any term of this Contract, which in one fiscal year exceeds the lesser of \$25,000 or five percent (5%) of the Subcontractor's operating expense.

6.4 Remedies

FAC and the Department shall each have the right to invoke against any Subcontractor any remedy set forth in this Contract, including the right to require the termination of any Subcontract, for each and every reason for which it may invoke such a remedy against the Contractor or require the termination of this Contract.

6.5 Capitation Agreements

The Contractor shall notify the Department of any "capitation" agreement with Subcontractors or Providers that includes the assumption of risk by the Subcontractor or Provider. The notification shall include the name of the entity, the scope of the risk, the contracting amount, and how the entity in turn pays its Subcontractors or Providers for providing Covered Services. Contractor shall submit monthly reports of Capitation payments made to Subcontractors, such as a vision or pharmacy benefit manager or Providers such as Primary Care Physicians. The Contractor shall mark records it considers proprietary as such and shall defend such classification in the event an Open Records request is made concerning the proprietary record.

7.0 Contract Term

7.1 Term

The term of the Contract shall be for the period July 1, 2018 through June 30, 2019. This Contract may be renewed for one (1) additional six (6) month period upon the mutual agreement of the Parties. Such mutual agreement shall take the form of an addendum to the Contract under Section 41.3 "**Amendments.**" Contractor shall give notice to the Commonwealth at least sixty (60) days before the end of any annual term if the Contractor does not intend to renew the Contract. The Department shall use its best efforts to provide rates for renewal terms at least ninety (90) days prior to the expiration of the current term, unless the Department elects not to renew the Contract hereunder.

The Commonwealth reserves the right not to exercise any or all renewal options. The Commonwealth reserves the right to extend the Contract for a period less than the length of the above-referenced renewal period if such an extension is determined by FAC and the Department to be in the best interest of the Commonwealth and agreed to by the Contractor.

The Commonwealth reserves the right to renegotiate any terms and/or conditions as may be necessary to meet requirements for the renewal period. In the event proposed terms or conditions cannot be agreed upon, subject to the notices above, either party shall have the right to withdraw without prejudice from exercising the option for a renewal.

7.2 Effective Date

This Contract is not effective and binding until approved by the Commonwealth of Kentucky. Payment under this Contract is contingent upon approval by CMS of any Waiver Amendment, State Plan Amendment and this Contract.

7.3 Social Security

The parties are cognizant that the Commonwealth is not liable for Social Security contributions pursuant to 42 U.S. Code Section 418, relative to the compensation of the Contractor for this Contract.

7.4 Contractor Attestation

The Chief Executive Officer (CEO), the Chief Financial Officer (CFO) or Designee shall attest to the best of their knowledge to the truthfulness, accuracy, and completeness of all data submitted to the Department at the time of submission. This includes encounter data or any other data in which the contractor paid Claims.

8.0 Readiness Review

8.1 Prerequisite to Enrolling Enrollees

The Department reserves the right to conduct an on-or-off-site readiness review prior to the enrollment of Medicaid Enrollees with the Contractor. The purpose of the review is to provide the Department with assurances the Contractor is able and prepared to perform all administrative functions and to provide high-quality services to enrolled Enrollees. Specifically, the review will assess the Contractor's ability to meet the requirements set forth in the Contract and federal requirements outlined in 42 C.F.R. 438 and shall include at a minimum:

- A. A review of the Contractor's ability to provide services to Medicaid Enrollees;
- B. A review of an adequate statewide network of providers;
- C. A review of the Contractor's QI/UM function capability;
- D. A review of the Contractor's ability to provide adequate, accessible PCP and Specialty Providers;
- E. A review of the Contractor's technical capacity to process claims and pay providers and respond to Enrollee's needs and send/receive files as required by the Department; and
- F. A review of the Contractor's ability to process complaints, grievances and appeals.

The readiness review activities will be conducted by a team appointed by the Department and may include contract staff.

A Contractor's failure to pass the readiness review within ninety (90) days of the execution of a Contract may be in default and may result in Contract termination pursuant to Section 40.7 "**Termination for Default.**"

The Department will provide the Contractor with a summary of the findings as well as the areas requiring remedial attention.

8.2 Kentucky HEALTH 1115 Waiver

The Contractor shall complete all readiness review requirements for Kentucky HEALTH, as specified in Section 42 herein.

9.0 Organization and Collaboration

9.1 Office in the Commonwealth

The Contractor shall maintain an office within Kentucky, no more than eighty (80) miles from 275 East Main Street, Frankfort, Kentucky. Such office shall, at a minimum, provide for the following staff functions:

- A. Executive Director for the Kentucky account;
- B. Enrollee Services for Grievances and Appeals;
- C. Provider Services for Provider Relations and Enrollment;
- D. Medical Director to oversee the Contractor's clinical functions and the Medically Frail portion of Kentucky HEALTH; and
- E. Pharmacy Director to oversee the Contractor's pharmacy program.

Other functions required to be available may be located outside of an eighty (80) mile radius of Frankfort, Kentucky. The Contractor shall not be located outside of the United States. Additionally, no claims paid by the Contractor to a network provider, out-of-network provider, subcontractor, or financial institution located outside of the United States shall be considered in the development of actuarially-sound capitation rates.

The Contractor may subcontract for any functions; however, the above functions, if subcontracted, shall be approved by the Department and shall be carried out within an eighty (80) mile radius of Frankfort, Kentucky within Kentucky. All Subcontractors shall meet appropriate licensing and contract requirements specified in applicable State and Federal laws and regulations.

9.2 Administration/Staffing

The Contractor shall provide the functions and positions that shall be staffed by a sufficient number of qualified individuals to adequately provide for the Contractor's enrollment or projected enrollment. Responsibility for the functions or staff positions may be combined or divided among departments, individuals, or subcontractors unless otherwise specified. For the purposes of this Contract, the Contractor's Executive Management shall consist of the Executive Director, Finance Director, Medical Director, Pharmacy Director, Dental Director, Behavioral Health Director, Compliance Director and Quality Improvement Director; shall be based in Kentucky; and shall be capable and responsible for oversight of all operations of the Contractor. The Contractor's staff shall have the following minimum responsibilities:

- A. A Medical Director, who shall be a physician licensed to practice in Kentucky. The Medical Director shall be actively involved in all major health programs of the Contractor. The Medical director shall also be responsible for treatment policies, protocols, Quality Improvement activities and Utilization Management decisions and devote sufficient time to ensuring timely medical decisions. The Medical Director shall also be available for after-hours consultation, if needed.
- B. A Dental Director licensed to practice dentistry in Kentucky. The Dental Director shall be actively involved in all oral health programs of the Contractor and devote sufficient time to ensuring timely oral health decisions. The Dental Director shall also be available for after-hours consultation, if needed.
- C. A Finance Officer, who shall oversee the budget and accounting systems implemented by the

Contractor.

- D. An Enrollee Services function, which coordinates all communications with Enrollees and acts as an advocate for Enrollees. This function shall include sufficient Enrollee Services staff to respond in a timely manner to Enrollees seeking prompt resolution of problems or inquiries.
- E. A Provider Services function, which coordinates all communications with Contractor Providers and Subcontractors. This function shall include sufficient Provider Services staff to respond in a timely manner to Providers seeking prompt resolution of problems or inquiries.
- F. A Quality Improvement Director, who shall be responsible for the operation of the Contractor's Quality Improvement Program and any subcontractors of the Contractor.
- G. A Behavioral Health Director, who shall be a behavioral health practitioner and actively involved in all programs or initiatives relating to behavioral health. The Behavioral Health Director shall also coordinate efforts to provide behavioral health services by the Contractor or any behavioral health subcontractors.
- H. A Case Management Coordinator, who shall be responsible for coordination and oversight of case management services and continuity of care for Contractor Enrollees.
- I. An Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Coordinator, who shall coordinate and arrange for the provision of EPSDT services and EPSDT special services for Enrollees.
- J. A Foster Care and Subsidized Adoption Liaison, who shall be full time and exclusively dedicated to serving as the Contractor's primary liaison for meeting the needs of Enrollees in foster care and subsidized adoption.
- K. A Guardianship Liaison, who shall serve as the Contractor's primary liaison for meeting the needs of Enrollees who are adult guardianship clients.
- L. A Management Information System Director, who shall oversee, manage and maintain the Contractor management information system (MIS).
- M. A Claims Processing function, which shall ensure the timely and accurate processing of claims, including original claims, corrected claims, and re-submissions, and the overall adjudication of claims, including the timely and accurate submission of Encounter data.
- N. A Program Integrity Coordinator, who shall be located in Kentucky and whose job duties are dedicated exclusively to the coordination, management, and oversight of the Contractor's Program Integrity unit to reduce fraud, waste and abuse of Medicaid services within Kentucky.
- O. A Pharmacy Director, who shall coordinate, manage and oversee the provision of pharmacy services to Enrollees.
- P. A Compliance Director, who shall maintain current knowledge of Federal and State legislation, legislative initiatives, and regulations relating to Contractors, and oversee the Contractor's compliance with the laws and requirements of the Department. The Compliance Director shall also serve as the primary contact for and facilitate communications between Contractor leadership and the Department relating to Contract compliance issues. The Compliance Director shall also oversee Contractor implementation of and evaluate any actions required to correct a deficiency or address noncompliance with Contract requirements as identified by the Department.

The Contractor shall submit to the Department on an annual basis and upon request by the Department, a current organizational chart depicting all functions including mandatory functions, number of employees in each functional department and key managers responsible for the functions. The Contractor shall notify the Department in writing of any change in the Executive Management within ten (10) business days. The Commonwealth reserves the right to approve or disapprove all key personnel (initial or replacement) prior to their assignment with the Contractor. The Contractor shall ensure that all staff, Providers and Subcontractors have appropriate training, education, experience, liability coverage and orientation to fulfill the requirements of their positions.

Contractor shall provide notice to the Department of any changes relating to the personnel of its management staff, including a change in duties or time commitments. Contractor shall assure the adequacy of its administrator's staffing to properly service the needs of Contractor if changes are proposed in the personnel, duties or time commitments of administrator's staff from those in place

on the Effective Date of each Contract. Contractor shall provide those assurances to the Department before permitting its administrator to implement such changes.

9.3 Monthly Meetings

The Contractor's Pharmacy Director, Medical Director, Dental Director and Behavioral Health Director, or their designees, shall meet in separate monthly meetings with the Department and with the other Managed Care Organizations' like personnel to discuss issues for the efficient and economical delivery of quality services to the Enrollees. Contractor shall not be required to discuss or provide proprietary, confidential, or other competitively sensitive information. Such meetings shall be conducted in compliance with applicable federal antitrust laws. The Department may cancel or reduce the meetings, as needed, with prior notice to the Contractor.

10.0 Capitation Payment Information

10.1 Monthly Payment

On or before the eighth (8th) day of each month during the term of this Contract, the Department shall remit to the Contractor the Capitation Payment specified in **Appendix A "Capitation Payment Rates" (subject to approval of the rates by CMS and Appendix A-1)** for each Enrollee determined to be enrolled for the upcoming month. The Contractor shall reconcile the capitation payment against the HIPAA 820. The Contractor shall receive a full month's capitation payment for the month in which enrollment occurs except for an Enrollee enrolled based on a determination of eligibility due to being unemployed in accordance with 45 C.F.R. 233.100. The monthly capitation payment for such an Enrollee shall be pro-rated from the date of eligibility based on unemployment. The Commonwealth's payment shall conform to KRS 45A.245.

Pursuant to Section 11.2 and because of the delay in the implementation of the Kentucky HEALTH waiver, the Contractor shall be paid the rates reflected in Appendix A-2, from July 1, 2018 to March 31, 2019. The Commonwealth will reconcile the newly certified rates with the rates paid from July 1, 2018, within 45 days of certification.

Upon the implementation of Kentucky HEALTH, the Contractor shall be paid the rates reflected in Appendix A, unless the certification for those rates has expired. If the certification of the rates has expired, the Contractor shall receive the rates reflected in Appendix A-2, until such time as new rates are certified. Upon certification of the rates by the Commonwealth's actuary, the Contractor shall receive the newly certified rates. The Commonwealth will reconcile the newly certified rates from the date of implementation of Kentucky HEALTH to the rates paid, within 45 days of certification.

All rates are subject to change based on the certification from the Contractor's actuary and approval of CMS.

The Department reserves the right, if needed, to delay the monthly payment due on or before June 8 to on or before July 8 or the next business day following July 8. If such delay is contemplated, the Department shall give notice of such intent forty-five (45) days before June 8. Whether or not the Department exercises its right to delay the June Capitation Payment, the payment of all other monthly Capitation Payments shall be made on or before the eighth day of the month in which it is due.

10.2 Payment in Full

The Contractor shall accept the Capitation Payment and any adjustments made pursuant to Section 11.2 "**Rate Adjustments**" of this Contract from the Department as payment in full for all services

to be provided pursuant to this Contract and all administrative costs associated with performance of this Contract. Enrollees shall be entitled to receive all Covered Services for the entire period for which the Department has made payment. Any and all costs incurred by the Contractor in excess of the Capitation Payment shall be borne in full by the Contractor. Interest generated through investment of funds paid to the Contractor pursuant to this Contract shall be the property of the Contractor to use for eligible expenditures under this Contract. The Contractor and Department acknowledge that contracts for Medicaid capitated rates and services are subject to approval by CMS.

Contractor may pursue any unpaid Capitation Payment thirty (30) business days after when due from the Commonwealth in accordance with KRS 45A.245.

The Contractor shall report to the Department within sixty (60) calendar days when it has identified capitation payments or other payments in excess of amounts specified in this Contract in accordance with 42 C.F.R. 438.608(c)(3).

10.3 Payment Adjustments

Effective starting with the January 2017 Monthly Capitation Payment, the Monthly Capitation Payments shall be adjusted for a period not to exceed twenty-four (24) months prior to the Monthly Capitation Payment to reflect corrections to the Enrollee Listing Report. Payments will be adjusted to reflect the automatic enrollment of eligible newborn infants. Claims for payment adjustments shall be deemed to have been waived by the Contractor if a payment request is not submitted in writing within twelve (12) months following the month for which an adjustment is requested. Waiver of a claim for payment shall not release the Contractor of its obligations to provide Covered Services pursuant to the Contract.

In the event that an Enrollee is eligible and enrolled, but does not appear on the Enrollee Listing Report, the Contractor may submit a payment adjustment request. The request is to be submitted in accordance with Report 230 automated reporting requirements.

In the event that an Enrollee is eligible and enrolled and the Contractor believes the capitation payment was in error due to underpayment, overpayment or duplicate payment, the Contractor may submit a payment adjustment request. The request is to be submitted in accordance with Report 250 automated reporting requirements.

In the event that an Enrollee does not appear on the Enrollee Listing Report, but the Department has paid the Contractor for an Enrollee, the Department may request and obtain a refund of, or it may recoup from subsequent payments, any payment previously made to the Contractor.

In the event an Enrollee appears on the Enrollee Listing Report but is determined to be ineligible, the Department may request and obtain a refund of, or it may recoup from subsequent payments, any payment previously made to the Contractor. In such instances, for each Enrollee that is determined to be ineligible, the Contractor may recover payment from any Provider who rendered services to Enrollee during the period of ineligibility. The entity to which the Enrollee is retroactively added shall assume responsibility for payment of any services provided to Enrollees during the period of adjusted eligibility.

For cases involving Enrollee ineligibility due to fraud, waste and abuse, the Department shall only recoup the capitation amount and the Contractor shall establish procedures pursuant to Section 10.4 **"Contractor Recoupment from Enrollee for Fraud, Waste and Abuse"** to recover paid Claims. Any adjustment by the Department hereunder for retroactive disenrollments of Enrollees shall not exceed twelve (12) months from the effective date of disenrollment.

10.4 Contractor Recoupment from Enrollee for Fraud, Waste and Abuse

If permitted by state and federal law, the Contractor shall request a refund from the Enrollee for all paid Claims in the event the Department has established that the Enrollee was not eligible to be enrolled through an administrative determination or adjudication of fraud. The Contractor shall, upon receipt of a completed OIG investigation of a Contractor's Enrollee that calls for administrative recoupment, send a request letter to Enrollee seeking voluntary repayment of all claims paid by contractor on behalf of Enrollee during time period Enrollee was found to be ineligible to receive services. The request letter shall include the following as provided by the Department: the reason for the Enrollee's ineligibility, time period of ineligibility, and amount paid during the period of ineligibility. The Contractor shall report, on a monthly basis, to the Commonwealth any monies collected from administrative request letters during the previous month and provide a listing of all administrative request letters sent to Enrollees(s) during the previous month. The Contractor is only required to mail the initial letter to the Enrollee requesting repayment of funds and accept repayment on behalf of the Department. The contractor is not required to address any due process issues should those arise. The Contractor shall work with Department's agent to obtain monies collected through court ordered payments. Any outstanding payments not collected within six (6) months shall be subject to be collected by the Commonwealth and shall be maintained by the Commonwealth. The foregoing provisions shall be construed to require Contractor's reasonable cooperation with the Commonwealth in its efforts to recover payments made on behalf of ineligible persons, and shall not create any liability on the part of the Contractor to reimburse amounts paid due to fraud that the Contractor has been unable to recover.

10.5 High Cost Drug Stop Loss Program

The High Cost Drug Stop Loss Program (HCDSLPL) is a stop-loss program provided by the Department to the Contractor for the partial reimbursement of certain covered high cost pharmaceuticals for the contract year. The HCDSLPL stop loss period will be October 1, 2019 through June 30, 2020. Under the HCDSLPL, the Contractor shall be compensated for Costs above the Attachment Point for approved high costs drugs and conditions, subject to the Department's review and approval. Costs used in the computation of stop loss compensation will be the lesser of A and B, where:

- A is the Medicaid rate that DMS has secured for fee-for-service FFS members, net of all federal and supplemental rebates, and
- B is the acquisition cost of the drug paid to the provider, net of rebates received by the Contractor for the drug.

Within 30 days of the end of the stop loss period, the Contractor shall provide an invoice documenting the amount paid to the provider. The documentation must include, at a minimum:

1. The Medicaid member ID.
2. The incurred date of the claim.
3. The actual cost paid to the provider, gross of any rebates.
4. The actual acquisition cost with the invoice amount from the manufacturer or buyer of the drug provided to the Contractor by the provider.
5. The amount of any rebates received by the Contractor.
6. The applicable NDC or J-Code identifying the drug.
7. The quantity of the drug.
8. Documentation of any additional rebates the Contractor expects to receive in the future.

Upon review and approval of the documentation and the submitted encounter data, DMS will issue a payment according to the terms of the HCDSLPL. The Attachment Point will be applicable on a per person, per SFY, and per condition basis. Each case will be carefully reviewed accounting for the time a member is with a Contractor, their history of treatment, and other factors.

The following drugs and conditions will be covered under the HCDSLPL:

<u>Condition</u>	<u>Drugs</u>	<u>Attachment Point</u>	<u>Stop Loss Period</u>
<u>Spinal Muscular Atrophy</u>	<u>Spinraza, Zolgensma</u>	<u>\$300,000</u>	<u>10/1/2019 – 6/30/2020</u>

The Department for Medicaid Services, at its discretion, may choose to carve-out certain drug therapies and/or therapeutic drug classes from managed care to be covered by the fee-for-service pharmacy benefit or the fee-for-service medical benefit. Products moving from managed care to fee-for-service will be notified in writing to the managed care organizations thirty (30) days prior to the change in coverage.

Pursuant to the High Cost Drug Stop Loss Program (HCDSLPL) described in the Rate Certification, the Contractor shall participate in the HCDSLPL for applicable incurred claims effective 10/1/19. The HCDSLPL will reimburse the Contractor for costs above the Attachment Point for approved high costs drugs, submitted to DMS with the required documentation. Within 30 days of the incurred date, the Contractor shall provide an invoice documenting how much was paid to the provider, the documentation will include at minimum:

- The Medicaid member ID,
- The incurred date of the claim,
- The actual cost paid to the provider, gross of any rebates,
- The actual acquisition cost with the invoice amount from the manufacturer or buyer of the drug provided to the Contractor by the provider,
- The amount of any rebates received by the Contractor,
- The applicable NDC or J-Code identifying the drug,
- The quantity of the drug,
- Documentation of any additional rebates the Contractor expects to receive in the future.

Upon review of the documentation and the submitted encounter data, DMS will issue a payment to the Contractor for costs above the attachment point. The attachment point will be applicable on a per person, per SFY, and per condition basis. Each case will be carefully reviewed accounting for the time a member is with a Contractor, their history of treatment, and other factors.

The following drugs will be covered under the HCDSLPL:

<u>Condition</u>	<u>Drug(s)</u>	<u>Attachment Point</u>	<u>Effective Date</u>
<u>Spinal Muscular Atrophy</u>	<u>Spinraza, Zolgensma</u>	<u>\$300,000</u>	<u>10/1/19</u>

The Department for Medicaid Services, at its discretion, may choose to carve-out certain drug therapies and/or therapeutic drug classes from managed care to be covered by the fee-for-service pharmacy benefit or the fee-for-service medical benefit. Products moving from managed care to fee-for-service will be notified in writing to the managed care organizations thirty (30) days prior to the change in coverage.

11.0 Rate Component

11.1 Calculation of Rates

The Capitation Rate has been established in accordance with 42 C.F.R. 438. The Capitation Rates are attached as **Appendix A. “Capitation Payment Rates”** and shall be deemed incorporated into this Contract and shall be binding to the Contractor and the Department, subject to CMS’ approval. If CMS fails to approve a component of the rates, the capitation payment rates shall be adjusted to reflect that disapproval.

11.2 Rate Adjustments

Prospective adjustments to the rates may be required if there are mandated changes in Medicaid services to the managed care population provided through this Contract as a result of legislative, executive, regulatory, or judicial action. Changes applicable to this Contract mandated by state or federal legislation, or executive, regulatory or judicial mandates, shall take effect on the dates specified in the legislation or mandate. In the event of such changes, any rate adjustments shall be made through the Contract amendment process.

Contractors are free to negotiate provider rates and methodologies that are tied to Medicaid fee-for-service reimbursement, but such ties shall not be considered to have any direct impact on rates. Changes to fee-for-service provider reimbursement rates or methodologies which may be mandated by legislative, executive, regulatory or judicial action shall not be considered as an impact to the Contractor that must be considered in setting and/or adjusting rates unless those changes are explicitly required under this Contract.

11.3 Health Insurers' Premium Fee under the ACA

The health insurers' premium fee (HIF) under the ACA is due in September for the preceding calendar year premiums each year unless otherwise modified. If the Contractor is or will be subject to the health insurer's premium fee for the Capitation Payments being made under this or a previously existing Managed Care Contract with the Commonwealth, the Commonwealth shall compensate the Contractor for that fee and for any federal taxes resulting from such compensation. To facilitate this payment, the Contractor shall provide the Department with the Insurer's Premium Fee assessment received from the Federal Government and the pro rata portion attributed to the Contractor's Capitation Payments under its Contract(s) for the preceding calendar year if available. In addition, the Contractor shall provide a certified statement from its Chief Financial Officer as to the effective Federal Tax Rate paid for the past five tax periods. These shall be submitted to the Department no later than September 1 of each year that the Insurer's premium fee is imposed. This payment method is contingent upon receipt of federal financial participation for the payment and CMS approval.

11.4 Medical Loss Ratio Adjustment

Beginning with State Fiscal Year 2020~~17~~ and continuing annually on a state fiscal year basis thereafter, the Contractor shall calculate/report a MLR consistent with 42 CFR 438.8 for the Medicaid populations covered under the managed care contract.

The MLR reporting process will begin ten (10) months after the end of each State Fiscal Year. If the Contract with the Contractor is not renewed at any time or is terminated at any time, the Medical Loss Ratio and Annual Statement will reflect an appropriately reduced number of months of experience instead of the full twelve (12) months.

The MLR information shall be conveyed from the Contractor to the Commonwealth through an MLR Reporting Template developed by the Commonwealth. An actuary and an officer of the company shall attest to the accuracy of the MLR calculation and the information reported in the MLR Reporting Template. The MLR Reporting Template, and any other information the Contractor wants to submit for consideration, shall be due to the Commonwealth no later than twelve (12) months after the end of the reporting period.

The Commonwealth shall then determine, within thirty (30) days of receipt of all information from all Contractors if any remittance is to be collected and notify the Contractor in writing. The Contractor shall then have fifteen (15) days to review the Commonwealth's findings and remit payment to the Commonwealth.

The Contractor shall cooperate with the Department or its contractor by supplying all clarifications and answers to inquiries within the requested timeframe. If the Contractor fails to submit information or respond to a Department request regarding the MLR calculation within the requested timeframe, it shall be subject to a penalty of \$500.00 per day until the information or response is received.

The MLR calculation for each MCO shall be the ratio of the numerator (42 CFR 438.8(e)) to the denominator (42 CFR 438(f)). A remittance from the MCO to the State shall occur if the MLR is less than ninety (90) percent. The remittance amount shall be calculated as follows:

~~the total annual capitation payment made to the Contractor for the combined ACA and Non-ACA populations and their associated healthcare costs shall be evaluated against a ninety (90) percent Minimum Medical Loss Ratio Requirement to determine whether a Payment Adjustment is warranted (determined pursuant to **Appendix B "Medical Loss Ratio Calculation"**). A Payment Adjustment (premium refund) shall occur if:~~

- A. ~~The~~ the Contractor has an MLR Medical Loss Ratio of less than ninety (90) percent90% but greater than or equal to eighty-six (86) percent. The Contractor shall submit a ~~remittance~~Payment Adjustment (premium refund) to the Commonwealth for seventy-five (75) percent of the difference between the dollar amount corresponding to actual medical loss ratio and the dollar amount corresponding to a 90% Medical Loss Ratio.
- B. ~~The~~ the Contractor has an MLR Medical Loss Ratio less than 86%. The Contractor shall submit a ~~remittance~~Payment Adjustment (premium refund) to the Commonwealth for the sum of: (a) 75% of the difference between the dollar amount corresponding to an 86% medical loss ratio and the dollar amount corresponding to a 90% loss ratio; and (b) one hundred (100) percent of the difference between the actual countable medical expenses for the Contractor and the dollar amount corresponding to an 86% MLR medical loss ratio.

~~The adjustment process will begin ten (10) months after the end of each State Fiscal Year. If the Contract with the Contractor is not renewed at any time or is terminated at any time, the Medical Loss Ratio and Annual Statement will reflect an appropriately reduced number of months of experience instead of the full twelve (12) months.~~

Expenses must be allocated in accordance with 42 CFR 438.8(g) including the following provisions:

- Each Contractor expense must be included under only one type of expense, unless a portion of the expense fits under the definition of, or criteria for, one type of expense and the remainder fits into a different type of expense, in which case the expense must be prorated between types of expenses.
- Expenditures that benefit multiple contracts or populations, or contracts other than those being reported, must be reported on pro rata basis.
- Expense allocation must be based on a generally accepted accounting method that is expected to yield the most accurate results.
- Shared expenses, including expenses under the terms of a management contract, must be apportioned pro rata to the contract incurring the expense.
- Expenses that relate solely to the operation of a reporting entity, such as personnel costs associated with the adjusting and paying of claims, must be borne solely by the reporting entity and are not to be apportioned to the other entities.

A credibility adjustment will be added to the MLR in accordance with 42 CFR 438.8(h) should the calculated MLR not meet the credibility thresholds established in 42 CFR 438.8(h)(4).

The Contractor shall meet all the reporting requirements stipulated in 42 CFR 438.8 including but not limited to 42 CFR 438.8(k).

The Contractor must require any third party vendor providing claims adjudication activities to provide all underlying data associated with the required MLR reporting (42 CFR 438.8(k)) to the Contractor within 180 days of the end of the MLR reporting year or within 30 days of being requested by the Contractor, whichever comes sooner, regardless of current contractual limitations, to calculate and validate the accuracy of MLR reporting.

The Contractor shall be required to submit an updated MLR reporting template should a retroactive rate change occur after the Contractor has submitted the initial MLR template.

~~As part of the financial reconciliation process described above, the Contractor shall calculate and report an MLR in a format and manner prescribed by the Department for expenses directly attributed or allocated for both the ACA and non-ACA combined beginning with State Fiscal Year 2017 and continuing annually on a state fiscal year basis thereafter. The report shall be in compliance with 42 C.F.R. 438.8(k) and shall include an attestation from the Contractor's actuary to the accuracy of the calculation in accordance with the requirements of 42 C.F.R. 438.8. The Contractor shall require Subcontractors/vendors providing claim adjudication activities to provide all underlying data associated with MLR reporting to the Contractor within 180 days of the end of the MLR reporting period or within thirty (30) days of Contractor's request for such information. The report, and any other information the Contractor wants to submit for consideration, shall be due to the Commonwealth thirty (30) calendar days after the end of the 12-month period described above.~~

~~The Commonwealth shall then determine, within 30 days of receipt of all information from all Contractors, if any adjustment is to be collected and notify the Contractor in writing. The Contractor shall then have fifteen (15) days to review the Commonwealth's findings and remit payment to the Commonwealth. Items for reconciliation, including non-claim specific items, are further described in **Appendix B "Medical Loss Ratio Calculation"** of this Contract. The calculation of the Medical Loss Ratio shall comply with the requirements of 42 C.F.R. 438.8. The Contractor shall cooperate with the Department or its contractor by supplying all clarifications and answers to inquiries within the requested timeframe. If the Contractor fails to submit information or respond to a Department request regarding Medical Loss Ratio Calculation within the requested timeframe, it shall be subject to a penalty of \$500.00 per day until the information or response is received.~~

~~If the Department makes a retroactive change to a capitation payment in a MLR reporting year that has already been submitted, upon the Department's request, the Contractor shall recalculate the MLR for any year affected by the change and submit a new MLR report meeting the applicable requirements~~

11.5 Physician Incentive Plans

A template for any compensation arrangement between the Contractor and a physician, or physician group as that term is defined in 42 C.F.R. § 417.479(c); or between the Contractor and any other Primary Care Providers within the meaning of this Contract; or between the Contractor and any other Subcontractor (or like entity) shall be submitted to the Department for approval prior to its implementation. Approval is preconditioned on compliance with all applicable federal and Commonwealth laws and regulations and subject to Section 4.4 **"Approval of Department."** The Contractor shall provide information to any Enrollee upon request about any Physician Incentive Plan and/or any payments to Provider made pursuant to an incentive arrangement under this Section to a provider as required by applicable state or federal law.

11.6 Contractor Provider Payments

If a Contractor includes a Physician Incentive Plan, the activities included shall comply with requirements set forth in 42 C.F.R. 422.208 and 42 C.F.R. 422.210. The Disclosures to the Department for Contractors with Physician Incentive Plans shall include the following:

- A. The Contractor shall report whether services not furnished by a physician/group are covered by the incentive plan. No further disclosure is required if the Physician Incentive Payment does not cover services not furnished by a physician/group.
- B. The Contractor shall report type of incentive arrangement, e.g. withhold, bonus, capitation.
- C. The Contractor shall report percent of withhold or bonus (if applicable).
- D. The Contractor shall report panel size, and if patients are pooled, the approved method used.
- E. If the physician/group is at substantial financial risk, the Contractor shall report proof the physician/group has adequate stop loss coverage, including amount and type of stop-loss.

11.7 Co-Pays

If Contractor implements co-pays, those co-pays shall not exceed the Department's Fee for Service co-pays. The Contractor shall report on the Enrollees usage and co-payments, including recognition of the accumulation indicators for maximum out-of-pocket co-payments and cost sharing capitations per period that are shared through system files transmissions. The co-payment requirements for the Medicaid Program can be found in 907 KAR 1:604. Any cost sharing imposed by the Contractor shall be in accordance with 42 C.F.R. §§447.50 through 447.82.

Whether the Contractor imposes such co-pays or not, the actuarial value of the co-pays will be reflected in the Capitation Rate.

The Department may, at its discretion, mandate the imposition or collection of co-pays with at least ninety (90) days written notice to the Contractor.

12.0 Risk Adjustments

12.1 Purpose for Risk Adjustments

Risk adjustment uses information on an Enrollee's medical conditions, as reported in claims data, to predict health care costs and adjust payments to MCOs. Risk adjustment helps ensure payments to MCOs are more equitable and mitigates the impact of selection bias, thus protecting MCO solvency and reducing incentives for plans to avoid high-risk individuals. Risk adjustment is designed to be revenue neutral to the State.

12.2 Risk Adjustment Method

The capitation rates will be risk-adjusted on a prospective basis as described below:

A. Risk Adjustment Model

The CDPS + Rx model will be used. In general, the most recent available version of the model will be applied, though there may be circumstances in which an older version is preferred. Concurrent weights will be used to develop the risk profiles of Enrollees.

B. Calibration of Risk Weights

The Department shall consider implementing Kentucky-specific weights but is under no obligation to

incorporate revised risk weights during this contract period.

~~The Department shall phase in the calibration of risk weights over a fifteen (15) month period, with the full implementation of Kentucky-specific weights to be initiated on October 1, 2019.~~

B.C. Rate Cells excluded from Risk Adjustment

Dual Eligible rate cells are excluded from the risk adjustment calculation. Additional rate cells may also be excluded depending on changes in rate cell structure. Examples may include delivery payment and newborns.

C.D. Minimum Eligibility to Receive Risk Score

The minimum length of eligibility, which eligibility need not be continuous, during the risk analysis period in order for risk score to be considered in the MCO risk adjustment calculation is three months. Exceptions may apply for newborns and pregnant women.

Enrollees who do not receive a risk score shall be assigned a risk score that reflects the average risk for their rate cell, region, and MCO. Risk scores for these enrollees may be adjusted to reflect the individuals' demographic scores.

D.E. Risk Score Calculation

Twelve months of managed care encounter and fee-for-service claims data, excluding laboratory and x-ray claims, will be run through the risk model to calculate a risk score for each individual. Months of Medicaid eligibility during the 12-month analysis period are also calculated. Individual risk scores will be attributed to each MCO based on the MCO in which the person is enrolled as of a specific point in time. Raw risk scores and Enrollee months will be aggregated by rate cell, and attributed to the MCO, and relative risk adjustment scores will be calculated.

E.F. Payment Adjustment

Payment adjustments will be calculated by applying the risk adjustment scores to the negotiated capitation rates by rate cell.

G. Provider Settlements (Supplemental Pass-Through Payments)

Since MCO provider settlement obligations are a fixed amount each month, the per capita value of the settlement obligations is removed from each MCO's contracted rates prior to applying risk adjustment, and are added back in after applying risk adjustment. Revenue received for directed payments to providers may also be removed from each MCO's contracted rates prior to applying risk adjustment and added back in after applying risk adjustment.

F.H. Timing and Frequency

In general, 12 months of recent, reasonably complete data will be analyzed to develop the risk scores. Risk measurement periods will be set to provide a reasonable amount of claims runoff. The Department will make updates to the risk scores at least twice per state fiscal year, either in the form of a full Enrollee re-score or an update for changes in Enrollee distributions, with all calculations including a budget neutrality adjustment.

13.0 Contractor's Financial Security Obligations

13.1 Solvency Requirements and Protections

The Contractor shall be subject to requirements contained in KRS Chapter 304 and related administrative regulations regarding protection against insolvency and risk-based capital requirements. In addition, pursuant to KRS 304.3-125, the Commissioner has authority to require additional capital and surplus if it appears that an insurer is in a financially hazardous condition.

The Contractor shall cover continuation of services to Enrollees during insolvency, for the duration of the period for which payment has been made, as well as for inpatient admissions up until discharge.

In the event of the Contractor's insolvency, the Contractor shall not hold its Enrollees liable, except in instances of Enrollee fraud:

- A. For the Contractor's debts;
- B. For the covered services provided to the Enrollee, for which the Department does not pay the Contractor;
- C. For the covered services provided to the Enrollee for which the Department or the Contractor does not pay the individual or health care provider that furnishes the services under a contractual, referral, or other arrangement; and
- D. For covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the Enrollee would owe if the Contractor provided the services directly.

13.2 Contractor Indemnity

In no event shall the Commonwealth, FAC, the Department or Enrollee be liable for the payment of any debt or fulfillment of any obligation of the Contractor or any Subcontractor to any Subcontractor, supplier, Out-of-Network Provider or any other party, for any reason whatsoever, including the insolvency of the Contractor or any Subcontractor. The Contractor agrees that any Subcontract will contain a hold harmless provision.

The Contractor shall indemnify, defend, save and hold harmless the Commonwealth, FAC, the Department, its officers, agents, and employees (collectively, the "Indemnified Parties") from all claims, demands, liabilities, suits, judgments, or damages, including court costs and reasonable attorney fees made or asserted against or assessed to the Indemnified Parties (collectively the "Losses"), arising out of or connected in any way with this Contract or the performance or nonperformance by the Contractor, its officers, agents, employees; and suppliers, Subcontractors, or Providers, including without limitation any claim attributable to:

- A. The improper performance of any service, or improper provision of any materials or supplies, irrespective of whether the Department knew or should have known such service, supplies or materials were improper or defective;
- B. The erroneous or negligent acts or omissions, including without limitation, disregard of federal or Commonwealth law or regulations, irrespective of whether the Department knew or should have known of such erroneous or negligent acts;
- C. The publication, translation, reproduction, delivery, collection, data processing, use, or disposition of any information to which access is obtained pursuant to this Contract in a manner not authorized by this Contract or by federal or Commonwealth law or regulations, irrespective of whether the Department knew or should have known of such publication, translation, reproduction, delivery, collection, data processing, use, or disposition; or
- D. Any failure to observe federal or Commonwealth law or regulations, including but not limited

to, insurance and labor laws, irrespective of whether the Department knew or should have known of such failure.

Upon receiving notice, the Department shall give the Contractor written notice of any claim made against the Contractor for which the Indemnified Parties are entitled to indemnification, so that the Contractor shall have the opportunity to appear and defend such claim. The Indemnified Parties shall have the right to intervene in any proceeding or negotiation respecting a claim and to procure independent representation, all at the sole cost and expense of the Indemnified Parties. Under no circumstances shall the Contractor be deemed to have the right to represent the Commonwealth in any legal matter without express written permission from FAC. Notwithstanding the above, Contractor shall have no obligation to indemnify the Indemnified Parties for any losses due to the negligent acts or omissions or intentional misconduct of the Indemnified Parties.

13.3 Insurance

The Contractor shall secure and maintain during the entire term of the Contract, and for any additional periods following termination of the Contract during which it is obligated to perform any obligations pursuant to this Contract, original, prepaid policies of insurance, in amounts, form and substance satisfactory to FAC, and non-cancelable except upon thirty (30) days prior written notice to FAC, providing coverage for property damage (all risks), business interruption, comprehensive general liability, motor vehicles, workers' compensation and such additional coverage as is reasonable or customary for the conduct of the Contractor's business in the Commonwealth.

13.4 Advances and Loans

The Contractor shall not, without thirty (30) days prior written notice to and approval by the Department, make any advances to a related party or Subcontractor. The Contractor shall not, without similar thirty (30) day prior written notice and approval, make any loan or loan guarantee to any entity, including another fund or line of business within its organization. Such approval is subject to Section 4.4 "**Approval of Department.**" Written notice is to be submitted to the Department and if applicable to DOI. The prohibition on advances to Subcontractors contained in this subsection shall not apply to Capitation Payments or payments made by the Contractor to Contractor's Network for provision of Covered Services.

13.5 Provider Risks

If a Provider assumes substantial financial risk for contracted services, the Contractor shall ensure that the Provider has adequate stop-loss protection. The Contractor shall provide the Department proof the Provider has adequate stop-loss coverage, including an amount and type of stop-loss.

14.0 Third Party Resources

14.1 Coordination of Benefits (COB)

The Contractor shall actively pursue, collect and retain all monies available from all available resources for services to Enrollees under this Contract except where the amount of reimbursement the Contractor can reasonably expect to receive is less than estimated cost of recovery.

Cost effectiveness of recovery is determined by, but not limited to, time, effort, and capital outlay required in performing the activity. The Contractor shall specify the threshold amount or other guidelines used in determining whether to seek reimbursement from a liable third party, or describe the process by which the Contractor determines seeking reimbursement would not be cost effective. The Contractor shall provide the guidelines to the Department for review and approval.

COB collections are the responsibility of the Contractor or its Subcontractors. Subcontractors shall report COB information to the Contractor. Contractor and Subcontractors shall not pursue collection from the Enrollee but directly from the third party payer. The Contractor shall only recoup payments to providers if the third party payer is Medicare. Access to Covered Services shall not be restricted due to COB collection. The Contractor will be subject to penalty should any Enrollee be denied access to Covered Services due to COB collection.

The Contractor shall maintain records of all COB collections. The Contractor shall demonstrate that appropriate collection efforts and appropriate recovery actions were pursued. The Department has the right to review all billing histories and other data related to COB activities for Enrollees. The Contractor shall seek information on other available resources from all Enrollees.

In order to comply with CMS reporting requirements, the Contractor shall submit a monthly COB Report for all Enrollee activity which the Department or its agent shall audit no less than every six (6) months. Additionally, Contractor shall submit a report that includes subrogation collections from auto, homeowners, or malpractice insurance, etc.

14.2 Third Party Liability

By law, Medicaid is the payer of last resort and as a result shall be used as a source of payment for covered services only after all other sources of payment have been exhausted. If an Enrollee has resources available for payment of expenses associated with the provision of Covered Services, other than those which are exempt under Title XIX of the Social Security Act, such resources are primary to the coverage provided by the Contractor, pursuant to this Contract, and must be exhausted prior to payment by the Contractor. The Capitation Rate set forth in this Contract has been adjusted to account for the primary liability of third parties to pay such expenses. The Contractor shall be responsible for determining the legal liability of third parties to pay for services rendered to Enrollees pursuant to this Contract. The Contractor shall maintain a current TPL Resource File which contains the Enrollee's current TPL information including coverage that has ended for the Enrollee. All funds recovered by the Contractor from Third Party Resources shall be treated as income to the Contractor to be used for eligible expenses under this Contract. Except as provided in Section 42, the Contractor and all Providers in the Contractor's Network are prohibited from directly receiving payment or any type of compensation from the Enrollee, except for Enrollee co-pays or deductibles from Enrollees for providing Covered Services. Enrollee co-pay, co-insurance or deductible amounts cannot exceed amounts specified in 907 KAR 1:604. Co-pays, co-insurance or deductible amounts may be increased only with the approval of the Department.

42 C.F.R. 433.138 requires that as a condition of Medicaid eligibility each Enrollee will be required to:

- A. Assign, in writing, his/her rights to the Contractor for any medical support or other Third Party Payments for medical services paid for by the Contractor; and
- B. Cooperate in identifying and providing information to assist the Contractor in pursuing third parties that may be liable to pay for care and services.

42 C.F.R. 433.138 requires the Contractor be responsible for actively seeking and identifying third party resources, i.e. health or casualty insurance, liability insurance and attorneys retained for tort action, through contact with the Enrollees, participating providers, and the Medicaid Agency. However, the Commonwealth may direct the Contractor to refrain from actively seeking and identifying third party resources for services that are covered only by the Medicaid program, as identified by the Department.

42 C.F.R. 433.139 requires the Contractor be responsible to assure that the Medicaid Program is the payer of last resort when other Third Party Resources are available to cover the costs of medical services provided to Medicaid Enrollees. When the Contractor is aware of other Third Party Resources, the Contractor shall avoid payment by “cost avoiding” (denying) the Claim and redirecting the provider to bill the other Third Party Resource as a primary payer. If the Contractor does not become aware of another Third Party Resource until after the payment for service, the Contractor is responsible to seek recovery from the Third Party Resource on a post-payment basis. See **Appendix C. “Third Party Payments/Coordination of Benefits.”** The Department or its agent will audit the Contractor’s Third Party practices and collections at least every six (6) months.

The Contractor shall respond to Enrollee and provider requests for COB or TPL updates according to the following timelines:

- A. For urgent requests, within forty-eight (48) hours; or
- B. For routine requests, within three (3) business days.

15.0 Management Information System

15.1 Contractor MIS

The Contractor shall maintain a Management Information System (MIS) that will provide support for all aspects of a managed care operation to include the following subsystems: Enrollee, third party liability, provider, reference, encounter/Claims processing, financial, utilization data/quality improvement and Surveillance Utilization Review Subsystem. The Contractor will also be required to demonstrate sufficient analysis and interface capacities. The Contractor’s MIS shall ensure medical information will be kept confidential at all times including but not limited to when data is moving and at rest, through security protocol, especially as that information relates to personal identifiers and sensitive services. The Contractor shall comply with 42 C.F.R. 438.242.

The Contractor shall provide such information in accordance with the format and file specifications for all data elements as specified in **Appendix D. “Management Information Systems Requirements”** hereto, and as may be amended from time to time.

The Contractor shall transmit all data directly to the Department in accordance with 42 C.F.R. 438. If the Contractor utilizes subcontractors for services, all data from the subcontractors shall be provided to the Contractor and the Contractor shall be responsible for transmitting the subcontractors’ data to the Department in a format specified by the Department in accordance with 42 C.F.R. 438.

The Contractor will execute a Business Associate Agreement (BAA) in **Appendix E. “Business Associates Agreement”** with the Department, pursuant to Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as “the Administrative Simplification provisions,” direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information. The execution of the BAA is required prior to data exchanges being implemented.

The Contractor shall be responsible for meeting all system requirements, including but not limited to required testing, as directed by the Department. Upon request by the Department, the Contractor’s participation in Joint Application Development sessions for system or policy changes shall be required.

At least ten days prior to implementation, the Contractor shall notify the Department of any significant changes to the system that may impact the integrity of the data, including such changes as new Claims processing software, new Claims processing vendors and significant changes in personnel.

15.2 Contractor MIS Requirements

The Department's MIS system utilizes eight (8) subsystems to carry out the functions of the Medicaid program. The Contractor is not required to have actual subsystems as listed below, provided the requirements are met in other ways which may be mapped to the subsystem concept. The Contractor shall have the capacity to capture necessary data and provide it in formats and files that are consistent with the Commonwealth's functional subsystems as described below. The Contractor shall maintain flexibility to accommodate the Department's needs if a new system is implemented by the Commonwealth. These subsystems focus on the individual systems functions or capabilities which provide support for the following areas:

- A. Enrollee Subsystem;
- B. Third Party Liability (TPL);
- C. Provider Subsystem;
- D. Reference Subsystem;
- E. Claims Processing Subsystem (to include Encounter Data);
- F. Financial Subsystem;
- G. Utilization/Quality Improvement Subsystem; and
- H. Surveillance Utilization Review Subsystem (SURS).

The Contractor shall ensure that data received from Providers and Subcontractors is accurate and complete by:

- A. Verifying, through edits and audits, the accuracy and timeliness of reported data;
- B. Screening the data for completeness, logic and consistency;
- C. Collecting service information in standardized formats to the extent feasible and appropriate, including secure information exchanges and technologies utilized for the Department's Medicaid quality improvement and care coordination efforts;
- D. Compiling and storing all Claims and encounter data from the Subcontractors in a data warehouse in a central location in the Contractor's MIS;
- E. At a minimum, edits and audits must comply with NCCI;
- F. Resolving all reporting errors in transaction submission and reconciliation; and
- G. Successfully transmitting required data to the Department.

15.3 Interface Capability

The interface subsystems support incoming and outgoing data from other organizations and allow the Contractor to maintain Enrollee Enrollment information and Enrollee-related information. It might include information from secondary sources to allow the tracking of population outcome data or other population information. At a minimum, there will be a Provider, Enrollee, Encounter Record and capitation interface. Specific requirements for the interface subsystem shall include such items as: defined data elements, formats, and file layouts including input and output job schedule with backend reporting and data reconciliation.

15.4 Access to Contractor's MIS

The Contractor shall provide the Department with log-in credentials in order to access Contractor's claims and customer service systems on a read-only basis at the Contractor's primary place of business during normal business hours. The Contractor shall provide the Department access to a locked space and office security credentials for use during business hours. All access under this Section shall comply with HIPAA's minimum necessary standards and any other applicable Commonwealth or federal law.

16.0 Encounter Data

16.1 Encounter Data Submission

The Contractor shall ensure that Encounter data is consistent with the terms of this Contract and all applicable state and federal laws. (See **Appendix F. "Encounter Data Submissions Requirements and Quality Standards."**) The Contractor shall have a computer and data processing system sufficient to accurately produce the data, reports and Encounter Files set in formats and timelines prescribed by the Department as defined in the Contract. The system shall be capable of following or tracing an Encounter within its system using a unique Encounter identification number for each Encounter. At a minimum, the Contractor shall be required to electronically provide Encounter Files to the Department, on a weekly schedule. Encounter Files must follow the format, data elements and method of transmission specified by the Department. All changes to edits and processing requirements due to Federal or State law changes shall be provided to the Contractor in writing no less than sixty (60) business days prior to implementation, whenever possible. Other edits and processing requirements shall be provided to the Contractor in writing no less than thirty (30) business days prior to implementation. The Contractor shall submit electronic test data files as required by the Department in the format referenced in this Contract and as specified by the Department. The electronic test files are subject to Department review and approval before production of data. The Department will process the Encounter data through defined edit and audit requirements and reject Encounter data that does not meet its requirements. Threshold edits, those which will enable the Encounter File to be accepted, and informational editing, those which enable the Encounter to be processed, shall apply. The Department reserves the right to change the number of, and the types of edits used for threshold processing based on its review of the Contractor's monthly transmissions. The Contractor shall be given thirty (30) working days' prior notice of the addition/deletion of any of the edits used for threshold editing. The Encounter data will be utilized by the Department for the following:

- A. To evaluate access to health care, availability of services, quality of care and cost effectiveness of services;
- B. To evaluate contractual performance;
- C. To validate required reporting of utilization of services;
- D. To develop and evaluate proposed or existing Capitation Rates;
- E. To meet CMS Medicaid reporting requirements; and
- F. For any purpose the Department deems necessary.
- G. For Risk Adjustments
- H. For Clinical Performance Measures
- I. For Report Card Status
- J. For Fraud and Waste observation

Data quality efforts of the Department shall incorporate the following standards for monitoring and validation:

- A. Edit each data element on the Encounter for required presence, format, consistency, reasonableness and/or allowable values;
- B. Edit for Enrollee eligibility;
- C. Perform automated audit processing (e.g. duplicate, conflict, etc.) using history Encounter and same-cycle Encounter data;
- D. Identify exact duplicate Encounters;
- E. Maintain an audit trail of all error code occurrences linked to a specific Encounter; and
- F. Update Encounter history files with both processed and incomplete Encounter data.

The Contractor shall have the capacity to track all Erred Encounter Records and provide a report detailing transmission reconciliation of each failed transaction or file within 30 calendar days of the transaction or file error.

The Contractor shall be required to use procedure codes, diagnosis codes, MS-DRG, and other codes used for reporting Encounters in accordance with guidelines and versions of all code sets as defined by the Department. The Contractor must also use appropriate NPI/Provider numbers for Encounters as directed by the Department.

The Contractor shall submit corresponding data in all data fields on each encounter file submitted to the Department. Claims shall be submitted with a current and valid date in the format identified by the applicable encounter file submission guidelines.

Encounters submitted without dates, even those that have previously been allowed to be submitted blank shall be populated with a valid date or the encounter shall threshold. A complete list of field requirements at both the detail and the header levels shall be supplied by the Department.

The Encounter File shall be received and processed by the Department's Fiscal Agent and shall be stored in the existing MMIS.

All Subcontracts with Providers or other vendors of service must have provisions requiring that an Encounter is reported/submitted in an accurate and timely fashion.

The Contractor shall specify to the Department the name of the primary contact person assigned responsibility for submitting and correcting Encounters, and a secondary contact person in the event the primary contact person is not available. The Contractor shall report the reconciliation status of failed transactions on a monthly basis.

The Contractor shall be required to submit encounter data after the Contract ends for services rendered during the Contract period for a sufficient time as determined by the Department to ensure timely filing and complete data.

16.2 Technical Workgroup

The Contractor shall assign staff to participate in the Encounter Technical Workgroup periodically scheduled by the Department. The workgroup's purpose is to enhance the data submission requirements and improve the accuracy, quality and completeness of the Encounter submission.

17.0 Kentucky Health Information Exchange (KHIE)

The Contractor shall encourage all Providers in their Network to establish connectivity with the KHIE. For newly contracted providers, the Contractor shall notify the Provider within one month of the recommendation to sign a Participation Agreement with KHIE for the purpose of connecting their electronic health records system to the health information exchange to share their patient electronic records. The data set required for submission is a **Summary of Care Record**.

For hospitals, the Contractor shall also recommend the submission of ADTs (Admission, Discharge, Transfer messages) to KHIE.

If the provider does not have an electronic health record the Contractor will encourage the Provider to sign a Participation Agreement with KHIE as well as sign up for Direct Secure Messaging services so that clinical information can be shared securely with other providers in their community of care.

The Department may, at its discretion, mandate provider participation with at least ninety (90) days written notice to the Contractor.

18.0 Electronic Health Records

The Contractor shall encourage all Providers in its Network to participate in the EHR Incentive Program, if eligible.

The Department will continue to administer the EHR Incentive Payment Program. The Department will notify the Contractor on a monthly basis which providers have received incentive payments and will continue to update the Contractor when additional payments are made. The Contractor shall comply with data requests from the Department to assist in verification that the Providers are meeting the requirements for the EHR Incentive Payment Program.

19.0 Quality Assessment/Performance Improvement (QAPI)

19.1 QAPI Program

The Contractor QAPI Program shall conform to requirements of 42 C.F.R. 438, Subpart E. The Contractor shall implement and operate a comprehensive QAPI program that assesses, monitors, evaluates and improves the quality of care provided to Enrollees. The program shall also have processes that provide for the evaluation of access to care, continuity of care, health care outcomes, and services provided or arranged for by the Contractor. The Contractor's QI structures and processes shall be planned, systematic and clearly defined. The Contractor's QI activities shall demonstrate the linkage of QI projects to findings from multiple quality evaluations, such as the EQR annual evaluation, opportunities for improvement identified from the annual HEDIS indicators and the consumer and provider surveys, internal surveillance and monitoring, as well as any findings identified by an accreditation body. The QAPI program shall be developed in collaboration with input from Enrollees. The Contractor shall maintain documentation of all Enrollee input; response; conduct of performance improvement activities; and feedback to Enrollees. The Contractor shall have or obtain within two (2) to four (4) years and maintain National Committee for Quality Assurance (NCQA) accreditation for its Medicaid product line. The Contractor shall provide the Department a copy of its current certificate of accreditation together with a copy of the complete survey report every three years including the scoring at the category, Standard, and element levels, as well as NCQA recommendations, as presented via the NCQA Interactive Review Tool (IRT): Status, Summarized & Detailed Results, Performance, Performance Measures, Must Pass Results Recommendations and History.

Annually, the Contractor shall submit the QAPI program description document to the Department in accordance with a format and timeline specified by the Department, after consultation with the Contractor. However, the final design shall be decided by the Department. The Contractor shall integrate Behavioral Health indicators into its QAPI program and include a systematic, ongoing process for monitoring, evaluating, and improving the quality and appropriateness of Behavioral Health Services provided to Enrollees. The Contractor shall collect data, and monitor and evaluate for improvements to physical health outcomes resulting from behavioral health integration into the Enrollee's overall care. The Contractor shall also have mechanisms to assess the quality and appropriateness of care furnished to Enrollees with special health care needs.

19.2 Annual QAPI Review

The Contractor shall annually review and evaluate the overall effectiveness of the QAPI program to determine whether the program has demonstrated improvement in the quality of care and service provided to Enrollees. The Contractor shall modify as necessary, the QAPI program, including Quality Improvement policies and procedures; clinical care standards; practice guidelines and patient protocols; utilization and access to Covered Services; and treatment outcomes to meet the needs of Enrollees. The Contractor shall prepare a written report to the Department, detailing the annual review and shall include a review of completed and continuing QI activities that address the

quality of clinical care and service; trending of measures to assess performance in quality of clinical care and quality of service; any corrective actions implemented; corrective actions which are recommended or in progress; and any modifications to the program. There shall be evidence that QI activities have contributed to meaningful improvement in the quality of clinical care and quality of service, including preventive and behavioral health care, provided to Enrollees. The Contractor shall submit this report as specified by the Department. The Department shall give the Contractor at least ninety (90) days advance notice of the due date of the annual QAPI report.

19.3 QAPI Plan

The Contractor shall have a written QAPI work plan that outlines the scope of activities and the goals, objectives and timelines for the QAPI program. New goals and objectives must be set at least annually based on findings from quality improvement activities and studies, survey results, Grievances and Appeals, performance measures and EQRO findings. The Contractor is accountable to the Department for the quality of care provided to Enrollees. The Contractor's responsibilities of this include, at a minimum: approval of the overall QAPI program and annual QAPI work plan; designation of an accountable entity within the organization to provide direct oversight of QAPI; review of written reports from the designated entity on a periodic basis, which shall include a description of QAPI activities, progress on objectives, and improvements made; review on an annual basis of the QAPI program; and modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization.

The Contractor shall have in place an organizational Quality Improvement Committee that shall be responsible for all aspects of the QAPI program. The committee structure shall be interdisciplinary and be made up of both providers and administrative staff. It shall include a variety of medical disciplines, health professions and individual(s) with specialized knowledge and experience with Individuals with Special Health Care needs. The committee shall meet on a regular basis and activities of the committee must be documented; all committee minutes and reports shall be available to the Department upon request.

QAPI activities of Providers and Subcontractors, if separate from the Contractor's QAPI activities, shall be integrated into the overall QAPI program. Requirements to participate in QAPI activities, including submission of complete Encounter Record, are incorporated into all Provider and Subcontractor contracts and employment agreements. The Contractor's QAPI program shall provide feedback to the Providers and Subcontractors regarding integration of, operation of, and corrective actions necessary in Provider and Subcontractor QAPI activities.

The Contractor shall integrate other Management activities such as Utilization Management, Risk Management, Enrollee Services, Grievances and Appeals, Provider Credentialing, and Provider Services in its QAPI program. Qualifications, staffing levels and available resources must be sufficient to meet the goals and objectives of the QAPI program and related QAPI activities, including but not limited to monitoring and evaluation of Enrollee's care and services, including the care and services of Enrollees with special health care needs; use of preventive services; coordination of behavioral and physical health care needs, monitoring and providing feedback on provider performance, involving Enrollees in QAPI initiatives; underutilization and overutilization of services; and conducting performance improvement projects. Written documentation listing staffing resources, including total FTE's percentage of time, experience and roles, shall be submitted to the Department, upon request.

The Contractor shall submit the QAPI work plan to the Department annually in accordance with a format and timeline specified by the Department. The Department shall give the Contractor at least ninety (90) days' advance notice of the due date of the annual QAPI report.

19.4 QAPI Monitoring and Evaluation

The Contractor, through the QAPI program, shall monitor and evaluate the quality of health care on an ongoing basis. Health care needs such as acute or chronic physical or behavioral conditions, high volume, and high risk, special needs populations, preventive care, and behavioral health shall be studied and prioritized for performance measurement, performance improvement and/or development of practice guidelines. Standardized quality indicators shall be used to assess improvement, assure achievement of at least minimum performance levels, monitor adherence to guidelines and identify patterns of over- and under-utilization. The measurement of quality indicators selected by the Contractor must be supported by valid data collection and analysis methods and shall be used to improve clinical care and services.

Providers shall be measured against practice guidelines and standards adopted by the Quality Improvement Committee. Areas identified for improvement shall be tracked and corrective actions taken as indicated. The effectiveness of corrective actions shall be monitored until problem resolution occurs. The Contractor shall perform reevaluations to assure that improvement is sustained.

The Contractor shall use appropriate multidisciplinary teams to analyze and address data or systems issues. The Contractor shall collaborate with existing provider quality improvement activities and, to the extent possible, align with those activities to reduce duplication and to maximize outcomes.

The Contractor shall submit to the Department upon request documentation regarding quality and performance improvement (QAPI) projects/performance improvement projects (PIPs) and assessment that relates to enrolled Enrollees. Refer to Section 20.5 **“Performance Improvement Projects”** for further detail.

The Contractor shall develop or adopt practice guidelines that are disseminated to Providers, and, upon request, to Enrollees and Potential Enrollees. Mental Health and Substance Use practice guidelines shall also be submitted to the Department and DBHDID. The guidelines shall be based on valid and reliable medical/behavioral health evidence or consensus of health professionals; consider the needs of Enrollees; developed or adopted in consultation with contracting health professionals, and reviewed and updated periodically. Decisions with respect to UM, Enrollee education, covered services, and other areas to which the practice guidelines apply shall be consistent with the guidelines.

20.0 Kentucky Healthcare Outcomes

20.1 Kentucky Outcomes Measures and Health Care Effectiveness Data and Information Set (HEDIS) Measures

All health goals, outcomes, and indicators shall comply with Federal requirements established under 42 C.F.R. 438.240 (C)(1) and (C)(2) relating to Contractor performance and reporting. The Department shall assess the Contractor’s achievement of performance improvement related to the health outcome measures. The Contractor shall be expected to achieve demonstrable and sustained improvement for each measure. The Department will set specific quantitative performance targets and goals. The Contractor shall report activities on the performance measures in the QAPI work plan quarterly and shall submit an annual report after collection of performance data. The Contractor shall make comparisons across data for each measure by the Medicaid geographic regions, eligibility category, race ethnicity, gender and age to the extent such

information has been provide by the Department to Contractor. This information may be used to determine disparities in health care.

20.2 Reporting HEDIS Performance Measures

The Contractor shall be required to collect and report HEDIS data annually. This data shall include separate data for the KCHIP population. After completion of the Contractor's annual HEDIS data collection, reporting and performance measure audit, the Contractor shall submit to the Department the Final Auditor's Report issued by the NCQA certified audit organization and an electronic (preferred) or printed copy of the interactive data submission system tool (formerly the Data Submission tool) by no later than each August 31.

In addition, for each measure being reported, the Contractor shall provide trending of the results from all previous years in chart and table format. Where applicable, benchmark data and performance goals established for the reporting year shall be indicated. The Contractor shall include the values for the denominator and numerator used to calculate the measures. All submissions shall include a copy to the Department's Division of Program Quality & Outcomes, Managed Care Oversight Quality Branch Manager

For all reportable Effectiveness of Care and Access/Availability of Care measures, the Contractor shall make comparisons across each measure by Medicaid Region, Medicaid eligibility category, race, ethnicity, gender and age.

Annually, the Contractor and the Department will select a subset of targeted performance from the HEDIS reported measures on which the Department will evaluate the Contractor's performance. The Department shall inform the Contractor of its performance on each measure, whether the Contractor satisfied the goal established by the Department, and whether the Contractor shall be required to implement a performance improvement initiative. The Contractor shall have sixty (60) days to review and respond to the Department's performance report.

The Department reserves the right to evaluate the Contractor's performance on targeted measures based on the Contractors submitted encounter data. The Contractor shall have 60 days to review and respond to findings reported as a result of these activities.

The Department further reserves the right to implement and require different quality measures. The Contractor shall be given no less than ninety (90) days to comply with any new quality measurement requirement.

20.3 Accreditation of Contractor by National Accrediting Body

If the Contractor holds a current NCQA accreditation status it shall submit a copy of its current certificate of accreditation with a copy of the complete accreditation survey report, including scoring of each category, standard, and element levels, and recommendations, as presented via the NCQA Interactive Review Tool (IRT): Status. Summarized & Detailed Results, Performance, Performance Measures, Must Pass Results Recommendations and History to the Department in accordance with timelines established by the Department. All submissions shall include a copy to the Department's Division of Program Quality & Outcomes, Managed Care Oversight Quality Branch Manager. The Contractor shall authorize the accrediting entity to provide the Department a copy of its most recent accreditation review, including:

- A. Accreditation status, survey type, and level (as applicable);
- B. Accreditation results, including recommended actions or improvements, corrective action plans, and summaries of findings; and
- C. Expiration date of the accreditation.

If a Contractor has not earned accreditation of its Medicaid product through the National Committee for Quality Assurance (NCQA) Health Plan, the **Contractor** shall be required to obtain such accreditation within two (2) to four (4) years from the effective date of its initial MCO Contract with the Commonwealth.

20.4 Performance Improvement Projects (PIPs)

Performance Improvement Projects (PIPs) are intended to address and achieve significant (demonstrable) and sustained improvement in focus areas over time. The projects are designed to measure diverse aspects of care, and care provided to diverse populations of Enrollees. The Contractor must ensure that the chosen topic areas for PIP's are not limited to only recurring, easily measured subsets of the health care needs of its Enrollees. The selected PIPs topics must consider: the prevalence of a condition in the enrolled population; the need(s) for a specific service(s); Enrollee demographic characteristics and health risks; and the interest of Enrollees in the aspect of care/services to be addressed.

The Contractor shall continuously monitor its own performance on a variety of dimensions of care and services for Enrollees, identify areas for potential improvement, carry out individual PIPs, undertake system interventions to improve care and services, and monitor the effectiveness of those interventions. The Contractor shall develop and implement PIPs to address aspects of clinical care and non-clinical services and are expected to have a positive effect on health outcomes and Enrollee satisfaction. While undertaking a PIP, no specific payments shall be made directly or indirectly to a provider or provider group as an inducement to reduce or limit medically necessary services furnished to an Enrollee. Clinical PIPs should address preventive and chronic healthcare needs of Enrollees, including the Enrollee population as a whole and subpopulations, including, but not limited to Medicaid eligibility category, type of disability or special healthcare need, race, ethnicity, gender and age. PIPs shall also address the specific clinical needs of Enrollees with conditions and illnesses that have a higher prevalence in the enrolled population. Non-clinical PIPs should address improving the quality, availability, and accessibility of services provided by the Contractor to Enrollees and Providers. Such aspects of service should include, but not be limited to availability, accessibility, cultural competency of services, and complaints, grievances, and appeals.

The Contractor shall develop collaborative relationships with local health departments, behavioral health agencies, community based health/social agencies and health care delivery systems to achieve improvements in priority areas. Linkage between the Contractor and public health agencies is an essential element for the achievement of public health objectives. The Contractor shall be committed to ongoing collaboration in the area of service and clinical care improvements by the development of best practices, use of encounter data-driven performance measures and establishment of relationship with existing organizations engaged in provider performance improvement through education and training in best practices and data collection. Evidence of adequate partnerships should include formal documentation of meetings, input from stakeholders and shared responsibility in the design and implementation of PIP activities.

The Department recognizes that the following conditions are prevalent in the Medicaid population in the Commonwealth and recommends that the Contractor considers the following topics for PIPs: diabetes, coronary artery disease screenings, colon cancer screenings, cervical cancer screenings, behavioral health, reduction in ED usage and management of ED Services. However, the Contractor may propose an alternative topic(s) for its PIPs to meet the unique needs of its Enrollees if the proposal and justification for the alternative(s) are submitted to and approved by the Department.

Additionally, the Department shall require the Contractor to implement an additional PIP specific to the Contractor, if findings from an EQR review or audit indicate the need for a PIP, or if directed by CMS. The Contractor shall assist the Department by supplying readily available data, soliciting

input and supporting clinicians. The Contractor shall submit reports on PIPs as specified by the Department.

The Contractor shall report on each PIP utilizing the template provided by the Department and shall address all of the following in order for the Department to evaluate the reliability and validity of the data and the conclusions drawn:

- A. Topic and its importance to Enrollees;
- B. Methodology for topic selection;
- C. Goals;
- D. Data sources/collection;
- E. Intervention(s) – not required for projects to establish baseline; and
- F. Results and interpretations – clearly state whether performance goals were met, and if not met, analysis of the intervention and a plan for future action.

The final report shall also answer the following questions and provide information on:

- A. Was Enrollee confidentiality protected;
- B. Did Enrollees participate in the performance improvement project;
- C. Did the performance improvement project include cost/benefit analysis or other consideration of financial impact;
- D. How financial impact might determine sustainability of improvement achieved;
- E. Were the results and conclusions made available to Enrollees, providers and any other interested bodies;
- F. Is there an executive summary;
- G. How could findings be reported to a broad audience of relevant stakeholders or the general public; and
- H. Do illustrations – graphs, figures, tables – convey information clearly.

Performance reporting shall utilize standardized indicators appropriate to the performance improvement area. Minimum performance levels shall be specified for each performance improvement area, using standards derived from regional or national norms or from norms established by an appropriate practice organization. The norms and/or goals shall be pre-determined at the commencement of each performance improvement goal and the Contractor shall be monitored for achievement of demonstrable and/or sustained improvement.

The Contractor shall validate if improvements were sustained through periodic audits of the relevant data and maintenance of the interventions that resulted in improvement. The timeframes for reporting:

- A. Project Proposal including baseline measurement – due September 1 of Contract year. Proposal with baseline measurement is required upon submission of completed PIP. If PIP identified as a result of Department/EQRO review, the project proposal shall be due sixty (60) days after notification of requirement.
- B. 1st Remeasurement – no more than one calendar year after baseline measurement and no later than September 1 of the Contract year following baseline measurement.
- C. Conclusion – no more than one calendar year after the first remeasurement and no later than September 1 of the Contract year when the PIP concludes.

No new PIPs will be required by the Department for SFY 2020.

20.5 Quality and Member Access Committee

The Contractor shall establish and maintain an ongoing Quality and Member Access Committee (QMAC) composed of Enrollees, individuals from consumer advocacy groups or the community who represent the interests of the Enrollee population.

Enrollees of the committee shall be consistent with the composition of the Enrollee population, including such factors as aid category, gender, geographic distribution, parents, as well as adult Enrollees and representation of racial and ethnic minority groups. Enrollee participation may be excused by the Department upon a showing by Contractor of good faith efforts to obtain Enrollee participation. Responsibilities of the committee shall include:

- A. Meeting at least quarterly;
- B. Providing review and comment on quality and access standards;
- C. Providing review and comment on the Grievance and Appeals process as well as policy modifications needed based on review of aggregate Grievance and Appeals data;
- D. Providing review and comment on Enrollee Handbooks;
- E. Reviewing Enrollee education materials prepared by the Contractor;
- F. Recommending community outreach activities; and
- G. Providing reviews of and comments on Contractor and Department policies that affect Enrollees.

The list of the Enrollees participating with the QMAC shall be submitted to the Department annually.

21.0 Utilization Management

21.1 Medical Necessity

The Utilization Management (UM) program, processes and timeframes shall be in accordance with 42 C.F.R. 456, 42 C.F.R. 431, 42 C.F.R. 438 and the private review agent requirements of KRS 304.17A as applicable. The Contractor shall have a comprehensive UM program that reviews services for Medical Necessity and clinical appropriateness, and that monitors and evaluates on an ongoing basis the appropriateness of care and services for physical and behavioral health. A written description of the UM program shall outline the program structure and include a clear definition of authority and accountability for all activities between the Contractor and entities to which the Contractor delegates UM activities. The description shall include the scope of the program; the processes and information sources used to determine service coverage; clinical necessity, appropriateness and effectiveness; policies and procedures to evaluate care coordination, discharge criteria, site of services, levels of care, triage decisions and cultural competence of care delivery; processes to review, approve and deny services, as needed, particularly but not limited to the EPSDT program. The UM program shall be evaluated annually, including an evaluation of clinical and service outcomes. The UM program evaluation along with any changes to the UM program as a result of the evaluation findings, will be reviewed and approved annually by the Medical Director, the Behavioral Health Director, or the Department.

21.2 National Standards for Medical Necessity Review

The Contractor shall adopt Interqual for Medical Necessity except that the Contractor shall utilize the American Society of Addiction Medicine (ASAM) for substance use. If Interqual does not cover a behavioral health service, the Contractor shall adopt the following standardized tools for medical necessity determinations -- for adults: Level of Care Utilization System (LOCUS); for children: Child and Adolescent Service Intensity Instrument (CASII) or the Child and Adolescent Needs and Strengths Scale (CANS); for young children; Early Childhood Service Intensity Instrument (ECSII).

If it is determined that one of the medical necessity criteria named in this section is not available or not specifically addressed for a service or for a particular population, the Contractor shall submit its proposed medical necessity criteria to the Department for approval subject to Section 4.4 **“Approval of Department”**. The Department may also, at its discretion, require the use of other criteria it creates or identifies for services or populations not otherwise covered by the named criteria in the above paragraph. The Contractor will be given ninety (90) days to implement criteria the Department may otherwise require.

The Contractor shall have in place mechanisms to check the consistency of application of review criteria. The written clinical criteria and protocols shall provide for mechanisms to obtain all necessary information, including pertinent clinical information, and consultation with the attending physician or other health care provider as appropriate. The Medical Director and Behavioral Health Director shall supervise the UM program and shall be accessible and available for consultation as needed. Criteria approved under a prior contract must be resubmitted to ensure it meets the requirements of this Contract.

Decisions to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, shall be made by a physician who has appropriate clinical expertise in treating the Enrollee’s condition or disease. The clinical reason for the denial, in whole or in part, specific to the Enrollee shall be cited. Physician consultants from appropriate medical, surgical and psychiatric specialties shall be accessible and available for consultation as needed. The Medical Necessity review process shall be completed within two (2) business days of receiving the request and shall include a provision for expedited reviews in urgent decisions. Post-service review requests shall be completed within fourteen (14) days or, if the Enrollee or the Provider requests an extension or the Contractor justifies a need for additional information and how the extension is in the Enrollee’s interest, may extend up to an additional fourteen (14) days.

- A. The Contractor shall submit its request to change any prior authorization requirement to the Department for review.
- B. For the processing of requests for initial and continuing authorization of services, the Contractor shall require that its subcontractors have in place written policies and procedures and have in effect a mechanism to ensure consistent application of review criteria for authorization decisions.
- C. In the event that an Enrollee or Provider requests written confirmation of an approval, the Contractor shall provide written confirmation of its decision within three working days of providing notification of a decision if the initial decision was not in writing. The written confirmation shall be written in accordance with Enrollee Rights and Responsibilities.
- D. The Contractor shall have written policies and procedures that show how the Contractor shall monitor to ensure clinically appropriate overall continuity of care.
- E. The Contractor shall have written policies to ensure the coordination of services:
 1. Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays;
 2. With the services the Enrollee receives from any other MCO;
 3. With the services the Enrollee receives in FFS; and
 4. With the services the Enrollee receives from community and social support providers.
- F. The Contractor shall have written policies and procedures that explain how prior authorization data shall be incorporated into the Contractor’s overall Quality Improvement Plan.

Each subcontract must provide that, consistent with 42 C.F.R. Sections 438.6(h) and 422.208, compensation to individuals or entities that conduct UM activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to an Enrollee.

The program shall identify and describe the mechanisms to detect under-utilization as well as over-utilization of services. The written program description shall address the procedures used to

evaluate Medical Necessity, the criteria used, information sources, timeframes and the process used to review and approve the provision of medical services. The Contractor shall evaluate Enrollee satisfaction (using the CAHPS survey) and provider satisfaction with the UM program as part of its satisfaction surveys. The UM program will be evaluated by the Department on an annual basis.

21.3 Adverse Benefit Determination Related to Requests for Services and Coverage Denials

The Contractor shall provide the Enrollee written notice that meets the language and formatting requirements for Enrollee materials, of any adverse benefit determination (not just service authorization actions) within the timeframes for each type of adverse benefit determination pursuant to 42 C.F.R. 438.210(d) and in compliance with 42 C.F.R. 438.404 and other provisions of this Contract. The notice must explain:

- A. The adverse benefit determination the Contractor has made or intends to make;
- B. The reasons for the adverse benefit determination in clear, non-technical language that is understandable by a layperson;
- C. The right to be provided upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the Enrollee's adverse benefit determination, including medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits;
- D. Specific and detailed information as to why the service did not meet medical necessity, if the action related to a denial, in whole or in part, of a service is due to a lack of medical necessity;
- E. The federal or state regulation supporting the action, if applicable;
- F. The Enrollee's right to appeal including information on exhausting the Contractor's one level of appeal as required by 42 C.F.R. 438.402(b);
- G. The Enrollee's right to request a State Fair Hearing after receiving notice that the adverse benefit determination is upheld;
- H. Procedures for exercising Enrollee's rights to Appeal or file a Grievance;
- I. Circumstances under which the appeal process can be expedited and how to request it;
- J. The Enrollee's rights to have benefits continue pending the resolution of the Appeal, how to request that benefits be continued, and the circumstances under which the Enrollee may be required to pay the costs of these services;
- K. Be available in English, Spanish, and each prevalent non-English language;
- L. Be available in alternative formats for persons with special needs; and
- M. Be easily understood in language and format.

The Contractor shall give notice at least:

- A. Ten (10) Days before the date of an adverse benefit determination when the adverse benefit determination is a termination, suspension or reduction of a covered service authorized by the Department, its agent or Contractor, except the period of advanced notice is shortened to five (5) Days if Enrollee Fraud or Abuse has been determined.
- B. The Contractor shall give notice by the date of the adverse benefit determination for the following:
 - 1. In the death of an Enrollee;
 - 2. A signed written Enrollee statement requesting service termination or giving information requiring termination or reduction of services (where he or she understands that this will be the result of supplying that information);
 - 3. The Enrollee's admission to an institution where he or she is ineligible for further services;
 - 4. The Enrollee's address is unknown and mail directed to him or her has no forwarding address;
 - 5. The Enrollee has been accepted for Medicaid services by another local jurisdiction;
 - 6. The Enrollee's physician prescribes the change in the level of medical care;

7. An adverse determination made with regard to the preadmission screening requirements for nursing facility admissions on or after January 1, 1989;
 8. The safety or health of individuals in the facility would be endangered, the Enrollee's health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required by the Enrollee's urgent medical needs, or an Enrollee has not resided in the nursing facility for thirty (30) days.
- C. The Contractor shall give notice on the date of the adverse benefit determination when the adverse benefit determination is a denial of payment.
 - D. The Contractor shall give notice as expeditiously as the Enrollee's health condition requires and within State-established timeframes that may not exceed two (2) business days following receipt of the request for service, with a possible extension of up to fourteen (14) additional days, if the Enrollee or the Provider requests an extension, or the Contractor justifies a need for additional information and how the extension is in the Enrollee's interest. If the Contractor extends the timeframe for an appeal or expedited appeal, and the extension was not at the request of the Enrollee, the Contractor must make reasonable efforts to give the Enrollee prompt oral notice of the delay; give the Enrollee written notice, within two (2) calendar days, of the reason for the decision to extend the timeframe and inform the Enrollee of the right to file a Grievance if he or she disagrees with that decision; and resolve the appeal as expeditiously as the Enrollee's health condition requires and no later than the date the extension expires.
 - E. For cases in which a Provider indicates, or the Contractor determines, that following the standard timeframe could seriously jeopardize the Enrollee's life or health or ability to attain, maintain or regain maximum function, the Contractor shall make an expedited authorization decision and provide notice as expeditiously as the Enrollee's health condition requires and no later than two (2) business days after receipt of the request for service.
 - F. The Contractor shall give notice on the date that the time frames expire when service authorization decisions are not reached within the timeframes for either standard or expedited service authorizations. An untimely service authorization constitutes a denial and is thus an adverse benefit determination.

21.4 Prior Authorizations

The Department shall provide a common Prior Authorization Form for all Contractors to utilize for a Provider to initiate the prior authorization process. The Contractor shall give the Provider the option to use the common form or the Contractor specific form. The Contractor's prior authorization process shall comply with provisions of this Contract.

The Contractor shall approve or deny a standard Prior Authorization request within two (2) business days. The timeframe for a standard authorization request may be extended up to fourteen (14) days if the Provider or Enrollee requests an extension, or if the Contractor justifies, in writing, to the Department a need for additional information and how the extension is in the Enrollee's best interest.

The Contractor shall make Prior Authorization determinations in a timely and consistent manner so that Enrollees with comparable medical needs receive comparable and consistent levels, amounts, and duration of services as supported by the Enrollee's medical condition, records, and previous affirmative coverage decisions.

21.5 Assessment of Enrollee and Provider Satisfaction and Access

The Contractor shall conduct an annual survey of Enrollees' and Providers' satisfaction with the quality of services provided and their degree of access to services. The Enrollee satisfaction survey requirement shall be satisfied by the Contractor participating in the Agency for Health Research and Quality's (AHRQ) current Consumer Assessment of Healthcare Providers and Systems survey ("CAHPS") for Medicaid Adults and Children with a separate sample and survey for CHIP Enrollees,

administered by an NCQA certified survey vendor. The Contractor shall provide a copy of the current CAHPS survey tool to the Department. Annually, the Contractor shall assess the need for conducting special surveys to support quality/performance improvement initiatives that target subpopulations perspective and experience with access, treatment and services. To meet the provider satisfaction survey requirement, the Contractor shall submit to the Department for review and approval the Contractor's provider satisfaction survey tool. The Department shall review and approve any Enrollee and Provider survey instruments and shall provide a written response to the Contractor within fifteen (15) days of receipt. The Contractor shall provide the Department a copy of all survey results. A description of the methodology to be used conducting the Provider or other special surveys, the number and percentage of the Providers or Enrollees to be surveyed, response rates, and a sample survey instrument, shall be submitted to the Department along with the findings and interventions conducted or planned. All survey results must be reported to the Department, and upon request, disclosed to Enrollees.

22.0 Monitoring and Evaluation

22.1 Financial Performance Measures

Contractor shall provide reports quarterly on trends in utilization for each category of eligibility in a format as directed by the Department. These categories of eligibility trends should include but not necessarily be limited to:

- A. inpatient hospital admissions and days per thousand Enrollee months;
- B. outpatient hospital visits per thousand Enrollee month;
- C. emergency room visits per thousand Enrollee months;
- D. percent of emergency room visits resulting in admission;
- E. ambulatory surgery / procedures per thousand Enrollee months; hospital readmissions within 30 days per thousand Enrollee months;
- F. average visits per provider by major provider type;
- G. PRTF admits and days per thousand;
- H. mental hospital admits and days per thousand;
- I. prescriptions dispensed by major drug class per thousand Enrollee months;
- J. Pharmacy cost PMPM.

In addition, a report shall be provided that displays expenditures by category of service by both month of service and month of payment; this report should distinguish between the eight major categories of eligibility: 1) Families and Children – Child, 2) Families and Children – Adult, 3) SSI without Medicare Adult, 4) SSI Child and 5) Foster Care Child, 6) Dual Eligibles, 7) ACA MAGI Adults, and 8) ACA Former Foster Care Child.

22.2 Monitoring Requirements

The Contractor is responsible for the faithful performance of the Contract and shall have internal monitoring procedures and processes in place to ensure compliance. The Contractor is responsible for oversight of its subcontract(s) and shall have internal monitoring procedures and processes in place to ensure compliance. The Contractor shall ensure that all subcontractor(s) work for the purpose of fulfilling a Contractor's obligation under this contract. The Contractor shall fully cooperate with the Department, its agent and/or Contractor in the Contract monitoring, which includes but is not limited to: tracking and/or auditing activity, which may require the Contractor to report progress and problems, provide documents, allow random inspections of its facilities, participate in scheduled meetings and monitoring, respond to requests for corrective action plans and provide reports as requested by the Department. Cooperation in Contract monitoring and provision of documents during Contract monitoring shall be at no additional cost to the Department.

22.3 External Quality Review

Section 1902(a)(30)(c) of Title XIX of the Social Security Act, requires the Commonwealth to acquire an independent external review body for the purpose of performing an annual review of the quality of services provided by an MCO under contract with the Commonwealth, including the evaluation of quality outcomes and timeliness of access to services. Requirements relating to the External Quality Review (EQR) are further defined and described under 42 C.F.R. 438, Subpart E. The results of EQR are made available, upon request, to specified groups and to interested stakeholders. The Contractor shall provide information to the External Quality Review Organization EQRO as requested to fulfill the requirements of the mandatory and optional activities required in 42 C.F.R. Part 438.

The Contractor shall cooperate and participate in EQR activities in accordance with protocols identified under 42 C.F.R. 438, Subpart E. These protocols guide the independent external review of quality outcomes and timeliness of and access to services provided by a Contractor providing Medicaid services.

In an effort to avoid duplication, the Department may also use, in place of such audit, information obtained about the Contractor from a Medicare or private accreditation review in accordance with 42 C.F.R. 438.360.

22.4 EQR Administrative Reviews

The Contractor shall assist the EQRO in completing all Contractor reviews and evaluations in accordance with established protocols previously described. The Contractor shall assist the Department and the EQRO in identification of Provider and Enrollee information required to carry out annual, external independent reviews of the quality outcomes, and timeliness of on-site or off-site medical chart reviews. Timely notification of Providers and subcontractors of any necessary medical chart review shall be the responsibility of the Contractor.

22.5 EQR Performance

If during the conduct of an EQR by an EQRO acting on behalf of the Department, an adverse quality finding or deficiency is identified, the Contractor shall respond to and correct the finding or deficiency in a timely manner in accordance with guidelines established by the Department and EQRO. The Contractor shall:

- A. Assign a staff person(s) to conduct follow-up concerning review findings;
- B. Inform the Contractor's Quality Improvement Committee of the final findings and involve the committee in the development, implementation and monitoring of the corrective action plan;
- C. Submit a corrective action plan in writing to the EQRO and Department within 10 business days that addresses the measures the Contractor intends to take to resolve the finding. The Contractor's final resolution of all potential quality concerns shall be completed within six (6) months of the Contractor's notification. An extension to submit may be extended in accordance with Section 40.4.D;
- D. The Contractor shall demonstrate how the results of the External Quality Review (EQR) are incorporated into the Contractor's overall Quality Improvement Plan and demonstrate progressive and measurable improvement during the term of this Contract; and
- E. If Contractor disagrees with the EQRO's findings, it shall submit its position to the Commissioner of the Department whose decision is final.

23.0 Enrollee Services

23.1 Required Functions

The Contractor shall have an Enrollee Services function that includes a call center which is staffed and available by telephone Monday through Friday 7 am to 7 pm Eastern Time (ET). The call center shall meet the current American Accreditation Health Care Commission/URAC-designed Health Call Center Standard (HCC) for call center abandonment rate, blockage rate and average speed of answer for all Contractor programs with the exception of behavioral health which is addressed in Section 34.6.

If a Contractor has separate telephone lines for different Medicaid populations, the Contractor shall report performance for each individual line separately.

The Contractor shall also provide access to medical advice and direction through a centralized toll-free call-in system, available twenty-four (24) hours a day, seven (7) days a week nationwide. The twenty-four/seven (24/7) call-in system shall be staffed by appropriately trained medical personnel. For the purposes of meeting this requirement, trained medical professionals are defined as physicians, physician assistants, licensed practical nurses, and registered nurses.

The Contractor shall self-report their prior month performance in the three areas listed above, call center abandonment rate, blockage rate and average speed of answer, for their Enrollee services and twenty-four/seven (24/7) hour toll-free medical call-in system to the Department.

Appropriate foreign language and/or oral interpreters shall be provided by the Contractor and available free of charge and as necessary to ensure availability of effective communication regarding treatment, medical history, or health education and otherwise comply with 42 C.F.R. 438.10(d). Enrollee written materials shall be provided and printed in English, Spanish, and each prevalent non-English language. Oral interpretation shall be provided for all non-English languages. The Contractor staff shall be able to respond to the special communication needs of the disabled, blind, deaf, and aged, and effectively interpersonally relate with economically and ethnically diverse populations. The Contractor shall provide ongoing training to its staff and Providers on matters related to meeting the needs of economically disadvantaged and culturally diverse individuals.

The Contractor shall require that all Service Locations meet the requirements of the Americans with Disabilities Act, Commonwealth and local requirements pertaining to adequate space, supplies, sanitation, and fire and safety procedures applicable to health care facilities. The Contractor shall cooperate with the Cabinet for Health and Family Services' independent ombudsman program, including providing immediate access to an Enrollee's records when written Enrollee consent is provided.

The Contractor's Enrollee Services function shall also be responsible for:

- A. Ensuring that Enrollees are informed of their rights and responsibilities;
- B. Ensuring each Enrollee is free to exercise his or her rights without the Contractor or its Providers treating the Enrollee adversely.
- C. Guaranteeing each Enrollee's right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Enrollee's condition and ability to understand.
- D. Monitoring the selection and assignment process of PCPs;
- E. Identifying, investigating, and resolving Enrollee Grievances about health care services;
- F. Assisting Enrollees with filing formal Appeals regarding plan determinations;
- G. Providing each Enrollee with an identification card that identifies the Enrollee as a participant

- with the Contractor, unless otherwise approved by the Department;
- H. Explaining rights and responsibilities to Enrollees or to those who are unclear about their rights or responsibilities including reporting of suspected fraud and abuse;
 - I. Explaining Contractor's rights and responsibilities, including the responsibility to assure minimal waiting periods for scheduled Enrollee office visits and telephone requests, and avoiding undue pressure to select specific Providers or services;
 - J. Providing within five (5) business days of the Contractor being notified of the enrollment of a new Enrollee, by a method that will not take more than three (3) days to reach the Enrollee, and whenever requested by the Enrollee, guardian or authorized representative, an Enrollee Handbook and information on how to access services; (alternate notification methods shall be available for persons who have reading difficulties or visual impairments);
 - K. Explaining or answering any questions regarding the Enrollee Handbook;
 - L. Facilitating the selection of or explaining the process to select or change Primary Care Providers through telephone or face-to-face contact where appropriate. The Contractor shall assist Enrollees to make the most appropriate Primary Care Provider selection based on previous or current Primary Care Provider relationship, providers of other family Enrollees, medical history, language needs, provider location and other factors that are important to the Enrollee. The Contractor shall notify Enrollees within thirty (30) days prior to the effective date of voluntary termination (or if Provider notifies Contractor less than thirty (30) days prior to the effective date, as soon as Contractor receives notice), and within fifteen (15) days prior to the effective date of involuntary termination if their Primary Care Provider leaves the Program and assist Enrollees in selecting a new Primary Care Provider;
 - M. Facilitating direct access to specialized providers in the circumstances of:
 1. Enrollees with long-term, complex health conditions;
 2. Aged, blind, deaf, or disabled persons; and
 3. Enrollees who have been identified as having special healthcare needs and who require a course of treatment or regular healthcare monitoring. This access can be achieved through referrals from the Primary Care Provider or by the specialty physician being permitted to serve as the Primary Care Provider.
 - N. Arranging for and assisting with scheduling EPSDT Services in conformance with federal law governing EPSDT for persons under the age of twenty-one (21) years;
 - O. Providing Enrollees with information or referring to support services offered outside the Contractor's Network such as WIC, child nutrition, elderly and child abuse, parenting skills, stress control, exercise, smoking cessation, weight loss, behavioral health and substance abuse;
 - P. Facilitating direct access to primary care vision services; primary dental and oral surgery services, and evaluations by orthodontists and prosthodontists; women's health specialists; voluntary family planning; maternity care for Enrollees under age 18; childhood immunizations; sexually transmitted disease screening, evaluation and treatment; tuberculosis screening, evaluation and treatment; and testing for HIV, HIV-related conditions and other communicable diseases; all as further described in Appendix H. "Covered Services" of this Contract;
 - Q. Facilitating access to behavioral health services and pharmaceutical services;
 - R. Facilitating access to the services of public health departments, Community Mental Health Centers, rural health clinics, Federally Qualified Health Centers, the [Office for Children with Special Health Care Needs](#)~~Commission for Children with Special Health Care Needs~~ and charitable care providers, such as Shriner's Hospital for Children;
 - S. Assisting Enrollees in making appointments with Providers and obtaining services. When the Contractor is unable to meet the accessibility standards for access to Primary Care Providers or referrals to specialty providers, the Enrollee Services staff function shall document and refer such problems to the designated Enrollee Services Director for resolution;
 - T. Assisting Enrollees in obtaining transportation for both emergency and appropriate non-emergency situations;
 - U. Handling, recording and tracking Enrollee Grievances properly and timely and acting as an advocate to assure Enrollees receive adequate representation when seeking an expedited Appeal;

- V. Facilitating access to Enrollee Health Education Programs;
- W. Assisting Enrollees in completing the Health Risk Assessment (HRA) as outlined in Appendix H. "Covered Services" upon any telephone contact; and referring Enrollees to the appropriate areas to learn how to access the health education and prevention opportunities available to them including referral to case management or disease management; and
- X. The Enrollee Services staff shall be responsible for making an annual report to management about any changes needed in Enrollee services functions to improve either the quality of care provided or the method of delivery. A copy of the report shall be provided to the Department.

23.2 Enrollee Handbook

The Contractor shall publish an Enrollee Handbook and make the handbook available to Enrollees upon enrollment, to be delivered to the Enrollee within five (5) business days of Contractor's notification of Enrollee's enrollment. With the exception of a new Enrollee assigned to the Contractor, the Contractor is in compliance with this requirement if the Enrollee's handbook is:

- A. Mailed within five (5) business days by a method that will not take more than three (3) days to reach the Enrollee;
- B. Provided by email after obtaining the Enrollee's agreement to receive the information by email;
- C. Posted on the Contractor's website and the Contractor advises the Enrollee in paper or electronic form that the information is available on the internet and includes the internet address, provided that Enrollee's with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; or
- D. Provided by any other method that can reasonably be expected to result in the Enrollee receiving that information.

For any new Enrollee assigned to the Contractor, the Contractor shall mail a hard copy of the Enrollee Handbook within five (5) business days of notification of the assignment.

If the information is provided electronically, it must be in a format that is readily accessible, is placed in a location on the website that is prominent and easily accessible, can be electronically retained and printed, and that the information is available in paper form without charge upon request within five (5) business days.

The Enrollee Handbook shall be available in English, Spanish, and each prevalent non-English language. The Enrollee Handbook shall be available in a hardcopy format as well as an electronic format online. The Contractor shall review the handbook at least annually and shall be updated as necessary to maintain accuracy, particularly with regard to the list of participating providers, covered services and any service not covered by the Contractor because of moral or religious objections. Contractor shall communicate any changes to Enrollees in written form as least thirty (30) days before the intended effective date of the change. Revision dates shall be added to the Enrollee Handbook so that it is evident which version is the most current. Changes shall be approved by the Department prior to printing. The Department has the authority to review the Contractor's Enrollee Handbook at any time.

Pursuant to 42 C.F.R. 438.10, the Department may will develop and require the use of a model handbook and/or notices. The Contractor shall be given at least sixty (60) days to implement any model handbook or change any notice.

The handbook shall be written at the sixth grade reading comprehension level and shall include at a minimum the following information:

- A. The Contractor's Network of Primary Care Providers, including a list of the names, telephone numbers, and service site addresses of PCPs available for Primary Care Providers in the

- network listing. The network listing may be combined with the Enrollee Handbook or distributed as a stand-alone document;
- B. How to access a list of network providers for covered services in paper form, upon request, or electronic form containing information required in 42 C.F.R. 438.10(h);
 - C. Any restrictions on an Enrollee's freedom of choice among network providers;
 - D. The procedures for selecting a PCP and scheduling an initial health appointment or requesting a change of PCP and specialists; reasons for which a request may be denied; and reasons a Provider may request a change;
 - E. The availability of oral interpretation services for all languages, written translations in English, Spanish, and each prevalent non-English language as well as for the top 15 non-English languages as released by the U.S. Department of Health and Human Services, Office for Civil Rights, alternative formats, and other auxiliary aids and services as well as how to access those services;
 - F. The name of the Contractor and address and telephone number from which it conducts its business; the hours of business; and the Enrollee Services telephone number and twenty-four/seven (24/7) toll-free medical call-in system;
 - G. A list of all available Covered Services, an explanation of any service limitations or exclusions from coverage, including those due to moral or religious objections, and a notice stating that the Contractor shall be liable only for those services authorized by the Contractor;
 - H. Enrollee rights and responsibilities including reporting suspected fraud and abuse and the elements specified in 42 C.F.R. 438.100;
 - I. Procedures for obtaining Emergency Care and non-emergency care after hours, what constitutes an emergency medical condition, the fact that a prior authorization is not required for emergency services and the right to use any hospital or other setting for emergency care. For a life-threatening situation, instruct Enrollees to use the emergency medical services available or to activate emergency medical services by dialing 911;
 - J. Procedures for obtaining transportation for both emergency and non-emergency situations;
 - K. Information on the availability of maternity, family planning and sexually transmitted disease services and methods of accessing those services;
 - L. Procedures for arranging EPSDT for persons under the age of twenty-one (21) years;
 - M. Procedures for obtaining access to Long Term Care Services;
 - N. Procedures for notifying the Department for Community Based Services (DCBS) of family size changes, births, address changes, death notifications;
 - O. A list of direct access services that may be accessed without the authorization of a PCP;
 - P. Information about how to access care before a PCP is assigned or chosen;
 - Q. An Enrollee's right to obtain a second opinion in or out of the Contractor's Provider network and information on obtaining second opinions related to surgical procedures, complex and/or chronic conditions;
 - R. Procedures for obtaining Covered Services from non-network providers;
 - S. Procedures and timelines for filing a Grievance or Appeal. This shall include the title, address and telephone number of the person responsible for processing and resolving Grievances and Appeals, the availability of assistance in the filing process, the right of the Enrollee to a State Fair Hearing and that benefits will continue while under appeal if MCO decision is to reduce or terminate services;
 - T. Information about the Cabinet for Health and Family Services' independent ombudsman program for Enrollees;
 - U. Information on the availability of, and procedures for obtaining behavioral health/substance abuse health services;
 - V. Information on the availability of health education services
 - W. Any cost sharing imposed;
 - X. How to exercise an advance directive;
 - Y. Information deemed mandatory by the Department; and
 - Z. The availability of care coordination case management and disease management provided by the Contractor.

23.3 Enrollee Education and Outreach

The Contractor shall develop, administer, implement, monitor and evaluate an Enrollee and community education and outreach program that incorporates information on the benefits and services of the Contractor's Program to its Enrollees. The Outreach Program shall encourage Enrollees and community partners to use the information provided to best utilize services and benefits.

Creative methods should be used to reach Contractor's Enrollees and community partners. These must include but not be limited to collaborations with schools, homeless centers, youth service centers, family resource centers, public health departments, school-based health clinics, chamber of commerce, faith-based organizations, and other appropriate sites.

The Contractor shall submit an annual outreach plan to the Department for review and approval subject to Section 4.4 "**Approval of Department.**" The plan shall include the frequency of activities, the staff person responsible for the activities and how the activities will be documented and evaluated for effectiveness and need for change.

23.4 Outreach to Homeless Persons

The Contractor shall assess the homeless population by implementing and maintaining a customized outreach plan for Homeless Persons population, including victims of domestic violence. The plan shall include:

- A. Utilizing existing community resources such as shelters and clinics; and
- B. Face-to-face encounters.

The Contractor shall not differentiate services for Enrollees who are homeless. Victims of domestic violence should be a target for outreach as they are frequently homeless. Assistance with transportation to access health care may be provided via bus tokens, taxi vouchers or other arrangements when applicable.

23.5 Enrollee Information Materials

All written materials provided to Enrollees that are critical to obtaining services, including, at a minimum, marketing materials, new Enrollee information, provider directories, handbooks, denial and termination notices, and grievance and appeal information shall comply with 42 C.F.R. 438.10(d) and 45 C.F.R. 92 unless otherwise specifically addressed in this Contract. The information shall at a minimum:

- A. Be geared toward persons who read at a sixth-grade level and use easily understood language and format;
- B. Be published in at least a twelve (12) point font size, and available in large print in a font size no smaller than 18 point, except font size requirements shall not apply to Enrollee Identification Cards;
- C. Comply with the Americans with Disabilities Act of 1990 (Public Law USC 101-336).
- D. Be available through auxiliary aids and services, upon request of the Enrollee at no cost;
- E. Be available in alternative formats, upon request of the Enrollee at no cost;
- F. Be available in English, Spanish, and each prevalent non-English language;
- G. Be provided through oral interpretation services for any language;
- H. Include taglines in the top 15 non-English languages as released by the U.S. Department of Health and Human Services Office of Civil Rights, as well as large print, explaining the availability of written translation or oral interpretation and the toll-free telephone number of the Contractor's entity providing those services and how to request services.

All written materials provided to Enrollees, including forms used to notify Enrollees of Contractor actions and decisions, with the exception of written materials unique to individual Enrollees, unless otherwise required by the Department shall be submitted to the Department for review and approval prior to publication and distribution to Enrollees such approval by the Department shall be subject to Section 4.4 **“Approval of Department.”**

23.6 Information Materials Requirements

The Contractor shall notify all Enrollees of their right to request and obtain the information listed herein at least once a year and within a reasonable time after the Contractor receives from the Department notice of the Enrollee's enrollment. Any change in the information listed herein shall be communicated at least thirty (30) days before the intended effective date of the change.

- A. Names, locations, telephone numbers of, and non-English languages spoken by, Providers in the Contractor's network, including identification of Providers that are not accepting new patients. This includes, at a minimum, information on primary care physicians, specialists, and hospitals.
- B. Any restrictions on the Enrollee's freedom of choice among network Providers.
- C. Any changes in covered services by the Contractor due to moral or religious objections and how to obtain the service.
- D. Enrollee rights and protections, as specified in 42 C.F.R. §438.100.
- E. Information on the right to file grievances and appeals and procedures as provided in 42 C.F.R. §§438.400 through 438.424 and 907 KAR 17:010, including: requirements and timeframes for filing a grievance or appeal; availability of assistance in the filing process; toll-free numbers that the Enrollee can use to file a grievance or an appeal by phone; that when requested benefits can continue during the grievance or appeal; and that the Enrollee may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the Enrollee.
- F. Information on a State fair hearing including the right to hearing; method for obtaining a hearing; and rules that govern representation at the hearing.
- G. The amount, duration, and scope of benefits available under the Contract in sufficient detail to ensure that Enrollees understand the benefits to which they are entitled.
- H. Procedures for obtaining benefits, including authorization requirements.
- I. The extent to which, and how, Enrollees may obtain benefits, including family planning services, from out-of-network providers.
- J. The extent to which, and how, after-hours and emergency coverage are provided, including:
 1. What constitutes emergency medical condition, emergency services, and post-stabilization services, with reference to the definitions in 42 C.F.R. §438.114(a) and 907 KAR 3:130.
 2. The fact that prior authorization is not required for emergency services.
 3. The process and procedures for obtaining emergency services, including use of the 911-telephone system.
 4. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the Contract.
 5. The fact that, subject to the provisions of this section, the Enrollee has a right to use any hospital or other setting for emergency care.
- K. The post-stabilization care services rules set forth at 42 C.F.R. §422.113(c).
- L. The Contractor's policy on referrals for specialty care and for other benefits not furnished by the Enrollee's primary care provider.
- M. Cost sharing, if any.
- N. How and where to access any benefits that are available under the State plan but are not covered under the Contract.
- O. Any appeal rights made available to Providers to challenge the failure of the Contractor to cover a service.

- P. Advance directives, as set forth in 42 C.F.R. §438.6(i)(2).
- Q. Upon request, information on the structure and operation of the Contractor and physician incentive plans.
- R. An Enrollee's right to request and receive a copy of his or her medical records and request that the records be amended or corrected.

23.7 Enrollee Rights and Responsibilities

The Contractor shall have written policies and procedures that are in compliance with Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 C.F.R. part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 C.F.R. part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972; Titles II and III of the Americans with Disabilities Act; Section 1557 of the ACA and 42 C.F.R. 438.100, and designed to protect the rights of Enrollees and enumerate the responsibilities of each Enrollee. A written description of the rights and responsibilities of Enrollees shall be included in the Enrollee information materials provided to new Enrollees. A copy of these policies and procedures shall be provided to all of the Contractor's Network Providers to whom Enrollees may be referred. In addition, these policies and procedures shall be provided to any Out-of-Network Provider upon request from the Provider.

The Contractor's written policies and procedures that are designed to protect the rights of Enrollees, in accordance with federal and state law, shall include, without limitation, the right to:

- A. Respect, dignity, privacy, confidentiality, accessibility and nondiscrimination;
- B. A reasonable opportunity to choose a PCP and to change to another Provider in a reasonable manner;
- C. Consent for or refusal of treatment and active participation in decision choices;
- D. Ask questions and receive complete information relating to the Enrollee's medical condition and treatment options, including specialty care;
- E. Voice Grievances and receive access to the Grievance process, receive assistance in filing an Appeal, and request a state fair hearing from the Contractor and/or the Department;
- F. Timely access to care that does not have any communication or physical access barriers;
- G. Prepare Advance Medical Directives pursuant to KRS 311.621 to KRS 311.643;
- H. Assistance with medical records in accordance with applicable federal and state laws;
- I. Timely referral and access to medically indicated specialty care; and
- J. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
- K. Receive information in accordance with 42 C.F.R. 438.10;
- L. Be furnished health care services in accordance with 42 C.F.R. Part 438;
- M. Any Indian enrolled with the Contractor eligible to receive services from a participating I/T/U provider or a I/T/U primary care provider shall be allowed to receive services from that provider if part of Contractor's network,

The Contractor shall also have policies addressing the responsibility of each Enrollee to:

- A. Become informed about Enrollee rights;
- B. Abide by the Contractor's and Department's policies and procedures;
- C. Become informed about service and treatment options;
- D. Actively participate in personal health and care decisions, practice healthy lifestyles;
- E. Report suspected Fraud and Abuse; and
- F. Keep appointments or call to cancel.

23.8 Enrollee Choice of MCO

The Department will enroll and disenroll eligible Enrollees in conformance with this Contract. The

Contractor is not allowed to induce or accept disenrollment from an Enrollee. The Contractor shall direct the Enrollee to contact the Department for enrollment or disenrollment questions.

The Department makes no guarantees or representations to the Contractor regarding the number of eligible Enrollees who may ultimately be enrolled with the Contractor or the length of time any Enrollee may remain enrolled with the Contractor.

The Department will electronically transmit to the Contractor new Enrollee information monthly and will electronically transmit demographic changes regarding Enrollees daily.

23.9 Identification Cards

The Contractor shall issue an identification card for every Enrollee assigned to it. The Identification card will also include the PCP, if applicable, and the Enrollee's Identification Number.

24.0 Enrollee Selection of Primary Care Provider (PCP)

24.1 Enrollees Not Required to Have a PCP

Adults for whom the state is appointed guardian, disabled children, foster care children, Dual Eligible Enrollees and Enrollees who are presumptively eligible are not required to have a Primary Care Provider (PCP).

~~A PCP shall be required for adults for whom the state is appointed guardian, disabled children, and foster care children effective October 1, 2019.~~

24.2 Enrollee Choice of Primary Care Provider

Enrollees shall choose or have the Contractor select a PCP for their medical home. The Contractor shall have two processes in place for Enrollees to choose a PCP:

- A. A process for Enrollees who have SSI coverage but are not Dual Eligible Enrollees; and
- B. A process for other Enrollees.

24.3 Enrollees without SSI

An Enrollee without SSI shall be offered an opportunity to: (1) choose a new PCP who is affiliated with the Contractor's network or (2) stay with their current PCP as long as such PCP is affiliated with the Contractor's network. Each Enrollee shall be allowed to choose his or her Primary Care Provider from among all available Contractor Network Primary Care Providers and specialists as is reasonable and appropriate for Enrollee.

The Contractor shall have procedures for serving Enrollees from the date of notification of enrollment, whether or not the Enrollee has selected a Primary Care Provider. The Contractor shall send Enrollees a written explanation of the Primary Care Provider selection process within ten (10) business days of receiving enrollment notification from the Department, either as a part of the Enrollee Handbook or by separate mailing. Enrollees will be asked to select a Primary Care Provider by contacting the Contractor's Enrollee Services department with their selection. The written communication shall include the timeframe for selection of a Primary Care Provider, an explanation of the process for assignment of a Primary Care Provider if the Enrollee does not select a Primary Care Provider and information on where to call for assistance with the selection process.

An Enrollee shall be allowed to select, from all available, but not less than two (2) Primary Care Providers in the Contractor's Network.

Contractor shall assign the Enrollee to a Primary Care Provider:

- A. Who has historically provided services to the Enrollee, meets the Primary Care Provider criteria and participates in the Contractor's Network;
- B. If there is no such Primary Care Provider who has historically provided services, the Contractor shall assign the Enrollee to a Primary Care Provider, who participates in the Contractor's Network and is within thirty (30) miles or thirty (30) minutes from the Enrollee's residence in an urban area or within forty-five (45) miles or forty-five (45) minutes from the Enrollee's residence in a rural area. The assignment shall be based on the following:
 1. The need of children and adolescents to be followed by pediatric or adolescent specialists;
 2. Any special medical needs, including pregnancy;
 3. Any language needs made known to the Contractor; and
 4. Area of residence and access to transportation.

The Contractor shall monitor and document in a quarterly report to the Department the number of eligible individuals that are assigned a PCP. The Contractor shall notify the Enrollee, in writing, of the PCP assignment, including the Provider's name, and office telephone number. The Contractor shall make available to the PCP a roster on the first day of each month of Enrollees who have selected or been assigned to his/her care.

If the Contractor assigns the Enrollee a PCP prior to offering the Enrollee the process above for self-selection, then in the event the Contractor receives a request from the Enrollee within thirty (30) days for a reassignment, the reassignment shall be retroactively effective to the date of the Enrollee's assignment to the Contractor.

24.4 Enrollees who have SSI and Non-Dual Eligibles

An Enrollee who has SSI but is not a dual eligible shall be offered an opportunity to: (1) choose a new PCP who is affiliated with the Contractor's network or (2) stay with their current PCP as long as such PCP is affiliated with the Contractor's network. Each Enrollee shall be allowed to choose his or her Primary Care Provider from among all available Contractor Network Primary Care Providers and specialists as is reasonable and appropriate for Enrollee.

The Contractor shall send Enrollees information regarding the requirement to select a PCP, or one will be assigned to them according to the following:

- A. Upon Enrollment, the Enrollee shall receive a letter requesting them to select a PCP. This letter may be included in the Enrollee Welcome Kit. After thirty (30) days, if the Enrollee has not selected a PCP, the Contractor shall send a second letter requesting the Enrollee to select a PCP. If the Enrollee does not select a PCP within thirty (30) days of the second notice, the Contractor shall send a third notice to the Enrollee.
- B. At the end of the third thirty (30) day period, if the Enrollee has not selected a PCP, the Contractor shall select a PCP for the Enrollee and send a card identifying the PCP selected for the Enrollee and informing the Enrollee specifically that the Enrollee can contact the Contractor and make a PCP change.

If the Contractor assigns the Enrollee a PCP prior to offering the Enrollee the process above for self-selection, then in the event the Contractor receives a request from the Enrollee for a PCP reassignment within thirty (30) days of the auto assignment, the reassignment shall be retroactively effective to the date of the Enrollee's assignment to the Contractor.

24.5 Selection Procedures for Foster Children, Adoption and Guardianship

DCBS and DAIL staff are authorized to apply for Medicaid on behalf of foster children (DCBS) and guardianship clients (DAIL) through an expedited application process agreed on by the Department and DCBS and DAIL.

Enrollees who are children in foster care and adult guardianship clients may move frequently from one placement to another. The parties agree that the following procedures will be used to determine the residence of these Enrollees for the purpose of maintaining -a PCP selection.

Foster Children. For Enrollees who are in foster care, assignment will be based on where the foster child's DCBS case is located (which is usually the Medicaid Region where the child's family of origin resides). It is the responsibility of the DCBS to notify the Contractor of a foster child's change in placement.

Adopted Children. For Enrollees who have been adopted, the Enrollee's Medicaid Region of residence shall be determined by the adoptive parent's official residence.

Adult Guardianship. For Enrollees who are in adult guardianship status, the county of residence shall be where the Enrollee is living. Brief absences, such as for respite care or hospitalization, not to exceed one month, do not change the county of residence.

The DCBS shall notify the Department when an Enrollee's case is transferred to another area. The Department will include notice of the transfer in the HIPAA 834.

For former foster children under the age of 26 covered by the Expansion of Medicaid by the ACA, the county of residence shall be where the Enrollee is living.

24.6 Primary Care Provider (PCP) Changes

The Contractor shall have written policies and procedures for allowing Enrollees to select or be assigned to a new PCP when such a change is mutually agreed to by the Contractor and Enrollee, when a PCP is terminated from coverage, or when a PCP change is as part of the resolution to an Appeal. The Contractor shall allow Enrollees to select another PCP within ten (10) days of the approved change or the Contractor shall assign a PCP to the Enrollee if a selection is not made within the time frame. Pursuant to 42 C.F.R. 438.52, for Enrollees in a designated rural area in which only the Contractor provides services, the restrictions on changing PCPs cannot be more restrictive than for Enrollee Disenrollment as outlined in Section 27.3 "**Enrollee Request for Disenrollment.**"

An Enrollee shall have the right to change the PCP ninety (90) days after the initial assignment and once a year regardless of reason, and at any time for any reason as approved by the Enrollee's Contractor. The Enrollee may also change the PCP if there has been a temporary loss of eligibility and this loss caused the Enrollee to miss the annual opportunity, if Medicaid or Medicare imposes sanctions on the PCP, or if the Enrollee and/or the PCP are no longer located in the same Medicaid Region.

The Enrollee shall also have the right to change the PCP at any time for cause. Good cause includes the Enrollee was denied access to needed medical services; the Enrollee received poor quality of care; and the Enrollee does not have access to providers qualified to treat his or her health care needs. If the Contractor approves the Enrollee's request, the assignment will occur no later than the first day of the second month following the month of the request.

PCPs shall have the right to request an Enrollee's Disenrollment from his/her practice and be reassigned to a new PCP in the following circumstances: incompatibility of the PCP/patient relationship; Enrollee has not utilized a service within one year of enrollment in the PCP's practice and the PCP has documented unsuccessful contact attempts by mail and phone on at least six (6) separate occasions during the year; or inability to meet the medical needs of the Enrollee.

PCPs shall not have the right to request an Enrollee's Disenrollment from their practice for the following: a change in the Enrollee's health status or need for treatment; an Enrollee's utilization of medical services; an Enrollee's diminished mental capacity; or, disruptive behavior that results from the Enrollee's special health care needs unless the behavior impairs the ability of the PCP to furnish services to the Enrollee or others. Transfer requests shall not be based on race, color, national origin, handicap, age or gender. The Contractor shall have authority to approve all transfers.

The initial PCP shall serve until the new PCP begins serving the Enrollee, barring ethical or legal issues. The Enrollee has the right to file a grievance regarding such a transfer.

The PCP shall make the change for request in writing. Enrollee may request a PCP change in writing, face to face or via telephone.

25.0 Enrollee Grievances and Appeals

25.1 General Requirements

The Contractor shall have an organized grievance system that shall include- a grievance process, an appeals process, and access for Enrollees to a State Fair Hearing pursuant to KRS Chapter 13B and 42 C.F.R. 438 Subpart F. The Department shall provide a standardized form for Contractors to utilize for an Enrollee to begin the Contractor's grievance and appeal process.

25.2 Enrollee Grievance and Appeal Policies and Procedures

The Contractor shall have a timely and organized Grievance and Appeal Process with written policies and procedures for resolving Grievances filed by Enrollees. The Grievance and Appeal Process shall address Enrollees' oral and written grievances. The Grievance and Appeal Process shall be approved in writing by the Department prior to implementation and shall be conducted in compliance with the notice, timelines, rights and procedures in 42 C.F.R. 438 subpart F, 907 KAR 17:010 and other applicable CMS and Department requirements. If federal law and regulation and state law and regulation conflict, federal law and regulation preempts unless the state has been given specific discretion. Grievance and Appeal policies and procedures shall include, but not be limited to:

- A. Provide the Enrollee the opportunity to present evidence, testimony and allegations of fact or law, in person as well as in writing. The Contractor shall inform the Enrollee of the limited time available for this sufficiently in advance of the resolution timeframe for appeals and expedited appeals as specified in 42 C.F.R. 438.408(b) and (c);
- B. Provide the Enrollee and the Enrollee's representative the Enrollee's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the Contractor, or at the direction of the Contractor, in connection with the appeal of the adverse benefit determination. This information shall be provided, upon request, free of charge and sufficiently in advance of the resolution timeframe for appeals as specified in 42 C.F.R. 438.408(b) and (c);
- C. Take into account all comments, documents, records, and other information submitted by the Enrollee or their representative without regard to whether such information was submitted or considered in the initial adverse benefit determination;
- D. Consider the Enrollee, the Enrollee's representative, or the legal representative of the Enrollee's estate as parties to the appeal;

- E. A process for evaluating patterns of grievances for impact on the formulation of policy and procedures, access and utilization;
- F. Procedures for maintenance of records of grievances separate from medical case records and in a manner which protects the confidentiality of Enrollees who file a grievance or appeal;
- G. Ensure that a grievance or an appeal is disposed of and notice given as expeditiously as the Enrollee's health condition requires but not to exceed 30 days from its initiation. If the Contractor extends the timeline for an appeal not at the request of the Enrollee, the Contractor shall make reasonable efforts to give the Enrollee prompt oral notice of the delay and shall give the Enrollee written notice, within two (2) calendar days, of the reason for the decision to extend the timeframe and inform the Enrollee of the right to file another grievance if he or she disagrees with that decision. Additionally, if the Contractor fails to resolve an appeal within this 30-day timeframe, the Enrollee is deemed to have exhausted the Contractor's internal appeal process and may initiate a State Fair Hearing;
- H. Ensure individuals and subordinates of individuals who make decisions on grievances and appeals were not involved in any prior level of review;
- I. If the grievance or appeal involves a Medical Necessity determination, denial or expedited resolution or clinical issue, ensure that the grievance and appeal is heard by health care professionals who have the appropriate clinical expertise;
- J. Process for informing Enrollees, orally and/or in writing, about the Contractor's Grievance and Appeal Process by making information readily available at the Contractor's office, by distributing copies to Enrollees upon enrollment; and by providing it to all subcontractors at the time of contract or whenever changes are made to the Grievance and Appeal Process;
- K. Provide assistance to Enrollees in filing a grievance if requested or needed including, but not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY-TTD and interpreter capability;
- L. Include assurance that there will be no discrimination against an Enrollee solely on the basis of the Enrollee filing a grievance or appeal;
- M. Include notification to Enrollees in the Enrollee Handbook regarding how to access the Cabinet's ombudsmen's office regarding grievances, appeals and hearings;
- N. Provide oral or written notice of the resolution of the grievance in a manner to ensure ease of understanding;
- O. Provide for an appeal of a grievance decision if the Enrollee is not satisfied with that decision.
- P. Provide for continuation of services, in accordance with 42 C.F.R. 438.420, while the appeal is pending;
- Q. Provide expedited appeals relating to matters which could seriously jeopardize the Enrollee's life, physical or mental health, or ability to attain, maintain or regain maximum function;
- R. Provide that oral inquiries seeking to appeal an adverse benefit determination are treated as appeals to establish the earliest possible filing date for the appeal and must be confirmed in writing;
- S. Not require an Enrollee or an Enrollee's representative to follow an oral request for an expedited appeal with a written request;
- T. Inform the Enrollee of the limited time to present evidence and allegations of fact or law in the case of an expedited appeal;
- U. Acknowledge receipt of each grievance and appeal;
- V. Provide written notice of the appeal decision in a format and language that, at a minimum, meet the standards described in 42 C.F.R. 438.10 and for notice of an expedited resolution, the Contractor shall also make reasonable efforts to provide oral notice;
- W. Provide for the right to request a hearing under KRS Chapter 13B;
- X. Allows a Provider or a representative to file a grievance or appeal on the Enrollee's behalf as provided in 907 KAR 17.010; and
- Y. Notifies the Enrollee that if a Service Authorization Request is denied and the Enrollee proceeds to receive the service and appeal the denial, if the appeal is in the Contractor's favor, that the Enrollee may be liable for the cost as allowed by 42 C.F.R. 438.420(d).

If the Contractor continues or reinstates the Enrollee's benefits while the appeal is pending, the benefits must be continued until one of the following occurs:

- A. The Enrollee withdraws the appeal or request for a State Fair Hearing;
- B. The Enrollee does not request a State Fair Hearing with continuation of benefits within ten (10) days from the date the Contractor mails an adverse appeal decision; or
- C. A State Fair Hearing decision adverse to the Enrollee is made.

All grievance or appeal files shall be maintained in a secure and designated area and be accessible to the Department, its designee, or CMS upon request, for review. Grievance or appeal files shall be retained for ten (10) years following the final decision by the Contractor, HSD, an administrative law judge, judicial appeal, or closure of a file, whichever occurs later.

The Contractor shall have procedures for assuring that files contain sufficient information, as outlined at 42 C.F.R. 438.416, to identify the grievance or appeal, the date it was received, the nature of the grievance or appeal, notice to the Enrollee of receipt of the grievance or appeal, all correspondence between the Contractor and the Enrollee, the date the grievance or appeal is resolved, the resolution, the notices of final decision to the Enrollee, and all other pertinent information. Documentation regarding the grievance shall be made available to the Enrollee, if requested.

25.3 State Fair Hearings for Enrollees

. An Enrollee shall exhaust the internal Appeal process with the Contractor prior to requesting a State Fair Hearing. The Contractor, the Enrollee, or the Enrollee's representative or legal representative of the Enrollee's estate shall be parties to the hearing as provided in 907 KAR 17:010(5). An Enrollee may request a State Fair Hearing if he or she is dissatisfied with an adverse benefit determination that has been taken by the Contractor within one hundred and twenty (120) days of the final appeal decision by the Contractor as provided for in 42 C.F.R. 438.408. An Enrollee may request a State Fair Hearing for an adverse benefit determination taken by the Contractor that denies or limits an authorization of a requested service or reduces, suspends, or terminates a previously authorized service. The standard timeframe for reaching a decision in a State Fair Hearing is found in KRS Chapter 13B.

Failure of the Contractor to comply with the State Fair Hearing requirements of the Commonwealth and federal Medicaid law in regard to an adverse benefit determination made by the Contractor or to appear and present evidence shall result in an automatic ruling in favor of the Enrollee.

The Contractor shall authorize or provide the disputed services promptly and as expeditiously as the Enrollee's health condition requires, but not later than 72 hours from the date the Contractor receives notice reversing the determination, if the services were not furnished while the appeal was pending and the State Fair Hearing results in a decision to reverse the Contractor's decision to deny, limit, or delay services. The Contractor shall pay for disputed services received by the Enrollee while the appeal was pending and the State Fair Hearing reverses a decision to deny authorization of the services.

The Department shall provide for an expedited State Fair Hearing within three (3) days of a request for an appeal that meets the requirements of an expedited appeal after a denial by the Contractor.

26.0 Marketing

26.1 Marketing Activities

The Contractor shall submit any marketing plans and all marketing materials related to the Medicaid managed care program to the Department and shall obtain the written approval of the Department prior to implementing any marketing plan or arranging for the distribution of any marketing materials to potential Enrollees. The Contractor shall abide by the requirements in 42 C.F.R. 438.104

regarding Marketing activities. The Contractor shall establish and at all times maintain a system of control over the content, form, and method of dissemination of its marketing and information materials or any marketing and information materials disseminated on its behalf or through its Subcontractors. The Contractor shall provide marketing materials in English, Spanish, and each prevalent non-English language. The marketing plan shall include methods and procedures to log and resolve marketing Grievances. The Contractor shall conduct mass media advertising directed to Enrollees in the entire state pursuant to the marketing plan.

Marketing by mail, mass media advertising and community oriented marketing directed at potential Enrollees shall be allowed, subject to the Department's prior approval. The Contractor shall be responsible for all costs of mailing, including labor costs.

Any marketing materials referring to the Contactor must be approved in writing by the Department prior to dissemination, including mailings sent only to Enrollees. The Contractor shall engage only in marketing activities that are pre-approved in writing by the Department. The Contractor shall require its Subcontractors to submit any marketing or information materials which relates to this Contract prior to disseminating same. The Contractor shall be responsible for submitting such marketing or information materials to the Department for approval. The Department shall have the same approval authority over such Subcontractor materials as over Contractor materials. The Contractor shall correct problems and errors subsequently identified by the Department after notification by the Department. Any approval required by Section 26.1 "**Marketing Activities**" shall be subject to Section 4.4 "**Approval of Department.**"

The Contractor is responsible for ensuring any Enrollee gift card or value added benefit meets the requirements of Social Security Act §1128A, the Contract and any other applicable federal and state laws. Approval of these benefits by the Department shall not be construed as superseding federal or state law.

26.2 Marketing Rules

The Contractor shall abide by the requirements in 42 C.F.R. Section 438.104 regarding Marketing activities. Face to face marketing by the Contractor directed at Enrollees or potential Enrollees is strictly prohibited. In developing marketing materials such as written brochures, fact sheets, and posters, the Contractor shall abide by the following rules:

- A. No marketing materials shall be disseminated through the Contractor's Provider network. If the Contractor supplies branded health education materials to its Provider network, distribution shall be limited to the Contractor's Enrollees and not available to those visiting the Provider's facility. Such branded health education materials shall not provide enrollment or disenrollment information. Any violation of this section shall be subject to the maximum sanction contained in Section 40.5 "Penalties for Failure to Correct."
- B. No fraudulent, misleading, or misrepresentative information shall be used in the marketing materials;
- C. No offers of material or financial gain shall be made to potential Enrollees as an inducement to select a particular provider or use a product;
- D. No offers of material or financial gain shall be made to any person for the purpose of soliciting, referring or otherwise facilitating the enrollment of any Enrollee;
- E. No direct or indirect door-to-door, telephone, email, texting or other cold-call marketing activities;
- F. All marketing materials comply with information requirements of 42 C.F.R. 438.10; and
- G. No materials shall contain any assertion or statement (whether written or oral) that CMS, the federal government, the Commonwealth, or any other similar entity endorses the Contractor.

The following are inappropriate marketing activities, and the Contractor shall not:

- A. Provide cash to Enrollees or potential Enrollees, except for stipends, in an amount approved by the Department and reimbursement of expenses provided to Enrollees for participation on committees or advisory groups;
- B. Provide gifts or incentives to Enrollees or potential Enrollees unless such gifts or incentives: (1) are also provided to the general public; (2) do not exceed ten dollars per individual gift or incentive; and (3) have been pre-approved by the Department;
- C. Provide gifts or incentives to Enrollees unless such gifts or incentives: (1) are provided conditionally based on the Enrollee receiving preventive care or other Covered Services; (2) are not in the form of cash or an instrument that may be converted easily to cash; and (3) have been pre-approved by the Department;
- D. Seek to influence a potential Enrollee's enrollment with the Contractor in conjunction with the sale of any private insurance;
- E. Induce providers or employees of the Department to reveal confidential information regarding Enrollees or otherwise use such confidential information in a fraudulent manner; or
- F. Threaten, coerce or make untruthful or misleading statements to potential Enrollees or Enrollees regarding the merits of enrollment with the Contractor or any other plan.

27.0 Enrollee Eligibility, Enrollment and Disenrollment

27.1 Eligibility Determination

The Department shall have the exclusive right to determine an individual's eligibility for the Medicaid Program and eligibility to become an Enrollee of the Contractor. Such determination shall be final and is not subject to review or appeal by the Contractor. Nothing in this section prevents the Contractor from providing the Department with information the Contractor believes indicates that the Enrollee's eligibility has changed.

27.2 Assignments of New Enrollees

Due consideration shall be given to the following when making assignments for Enrollees who do not select an MCO when enrolling:

- A. Keeping the family together - Assign Enrollees of a family to the same MCO.
- B. Continuity of Care - Preserve the family's pre-established relationship with providers to the extent possible.
- C. Robust MCO Competition - equitable distribution of the participants among the MCOs.

In order to ensure equitable distribution of Enrollees there will be a MCO maximum threshold and a minimum threshold assigned. Those thresholds shall be developed prior to July 1, 2015, the start date of this Contract. If the Contractor was participating in the Managed Care Program as an MCO prior to entering into this Contract, its current enrollment shall not be reassigned on July 1, 2015. However, the thresholds developed for July 1, 2015 shall apply.

After June 30, 2015, the Department shall follow the steps below for the purpose of equitable distribution.

- A. All managed care Enrollees of a Medicaid family will be assigned to the same MCO.
- B. Continuity of Care – The Department will use Claims history to determine the most recent, regularly visited primary care physicians (PCP). The top three PCP providers for each Enrollee shall be considered. This determination will be based on the last 12 months of history with relative weights based on the time period of the visits. The weight shall be 1 thru 3 with 3 being assigned to visits in the most recent four months; 1 being assigned to visits in the earliest four-month period, and 2 being assigned to the visits in the middle four-month period. Next, each Enrollee's top three PCP Providers shall be matched against the provider network

of the Medicaid Region's MCOs and a "MCO network suitability score" shall be assigned to each family Enrollee.

- C. In order to give due consideration to children and individuals with specialized health care needs it is important that all family Enrollees are not treated equally in developing the family unit's overall MCO score. The ratio between the numbers of children eligible for managed care versus the number of adults eligible for managed care is almost 1.9 to 1. Therefore, the "MCO network suitability score" for a child shall be further multiplied by a factor of 1.9. Similarly, individuals with special health care needs (identified as SSI Adults, SSI Children, and Foster Care) shall have their score adjusted by a factor of 1.6 which represents the relative cost of these individuals relative to the cost of adults over 18. In the case of SSI Children and Foster Care both the child factor (1.9) and the special needs factor (1.6) shall be applied. After these adjustments, each family Enrollee's individual "MCO network suitability score" shall be added together to determine the family unit's "MCO network suitability score"
- D. The family shall be assigned to the MCO with the highest "MCO network suitability score" unless that MCO has exceeded its maximum threshold. Two maximum thresholds are defined for each Medicaid Region: Families and Children, and Others. If the family unit has both categories of individuals, then both thresholds shall apply. In a scenario where the applicable threshold(s) are exceeded, the family shall be assigned to the MCO with next highest score. If a tie exists between two eligible MCOs, see the following step used.
- E. In scenarios where multiple eligible MCOs have the same score for the family "MCO network suitability score", the MCOs which are under the minimum threshold shall be given preference, until the MCO reaches the minimum threshold.
- F. In scenarios where multiple MCOs have the same score for the family "MCO network suitability score" and all MCOs are above the minimum threshold, the family shall be assigned on a rotation basis.

27.3 General Enrollment Provisions

The Department shall notify the Contractor of the Enrollees to be enrolled with the Contractor. The Contractor shall provide for a continuous open enrollment period throughout the term of the Contract for newly eligible Enrollees. The Contractor shall not discriminate against potential Enrollees on the basis of an individual's health status, need for health services, race, color, religion, sex, sexual orientation, gender identity, disability or national origin, and shall not use any policy or practice that has the effect of discriminating on the basis of an Enrollee's health status, need for health services, race, color, religion, sex, sexual orientation, gender identity, disability or national origin.

The Department shall be responsible for the enrollment. The Department shall develop an enrollment packet to be sent to potential Enrollees. The Contractor shall have an opportunity to review and comment on the information to be included in the enrollment packet, and may be asked to provide material for the enrollment packet.

Enrollees, during the first ninety (90) calendar days after the effective date of initial enrollment, whether the Enrollee selected the Contractor or was assigned through an automatic process, the Enrollee shall have the opportunity to change their Contractor and once a year thereafter in accordance with 42 C.F.R. 438.

27.4 Enrollment Procedures

Each Enrollee shall be provided a Kentucky Medicaid Enrollee Identification Card by the Contractor.

Within five (5) business days after receipt of notification of new Enrollee enrollment, the Contractor shall send a confirmation letter to the Enrollee by a method that shall not take more than three (3) days to reach the Enrollee. The confirmation letter shall include at least the following information:

the effective date of enrollment; Site and PCP contact information; how to obtain referrals; the role of the Care Coordinator and Contractor; the benefits of preventive health care; Enrollee identification card; copy of the Enrollee Handbook; and list of covered services. The identification card may be sent separately from the confirmation letter as long as it is sent within five (5) business days after receipt of notification of new Enrollee enrollment.

27.5 Enrollment Levels

The Contractor shall accept all Enrollees, regardless of overall plan enrollment. Enrollment shall be without restriction and shall be in the order in which potential Enrollees apply or are assigned. The Contractor shall maintain staffing and service delivery network necessary to adhere to minimum standards for Covered Services.

Enrollees may voluntarily choose a Contractor. Enrollees who do not select a Contractor shall be assigned to a Contractor by the Department. The Department reserves the right to re-evaluate and modify the auto-assignment algorithm anytime for any reason, provided however, the Department shall provide written notice to Contractor of any modification of the auto-assignment algorithm before the implementation of such modification.

The Department may develop specific limitations regarding Enrollee enrollment with the Contractor to take into consideration quality, cost, competition and adverse selection.

27.6 Enrollment Period

Enrollment begins at 12:01 a.m. on the first day of the first calendar month for which eligibility is indicated on the eligibility file (HIPAA 834) transmitted to the Contractor, and shall remain until the Enrollee is disenrolled in accordance with disenrollment provisions of this Contract. Applicable state and federal law determines Membership for newborns. Membership begins on day of application for Enrollees who are presumptive eligible.

The Contractor shall be responsible for the provision and costs of all Covered Services beginning on or after the beginning date of Enrollment. In the event an Enrollee entering is receiving Medically Necessary Covered Services the day before Enrollment, the Contractor shall be responsible for the costs of continuation of such Medically Necessary Covered Services, without any form of prior approval and without regard to whether such services are being provided within or outside the Contractor's Network until such time as the Contractor can reasonably transfer the Enrollee to a service and/or Network Provider without impeding service delivery that might be harmful to the Enrollee's health.

27.7 Enrollee Eligibility File (HIPAA 834)

The Department shall electronically transmit to the Contractor a HIPAA 834 transaction file daily to indicate new, terminated and changed Enrollees and a monthly listing of all Contractor's Enrollees. The Department shall submit with the monthly HIPAA 834 transaction file, a reconciliation of enrollment information pursuant to policies and procedures determined by the Department. The Department shall send the first enrollment data to Contractor in HIPAA 834 format.

All Enrollments and Disenrollments shall become effective on the dates specified on the HIPAA 834 transaction files and shall serve as the basis for Capitated Payments to the Contractor.

The Contractor shall be responsible for promptly notifying the Department of Enrollees of whom it has knowledge were not included on the HIPAA 834 transaction file and shall have been enrolled with the Contractor. Should the Contractor become aware of any changes in demographic

information the Contractor shall advise the Enrollee of the need to report information to the appropriate source, i.e. the DCBS office or the Social Security Administration. The Contractor shall not attempt to report these types of changes on behalf of the Enrollee, but shall monitor the HIPAA 834 for appropriate changes. In the event that the change does not appear on the HIPAA 834 within sixty (60) days, Contractor shall report the conflicting information to the Department. The Department shall evaluate and address the inconsistencies as appropriate.

27.8 Persons Eligible for Enrollment and Retroactivity

To be enrolled with a Contractor, the individual shall be eligible to receive Medicaid assistance under one of the aid categories defined below:

Eligible Enrollee Categories

- A. Temporary Assistance to Needy Families (TANF);
- B. Children and family related;
- C. Aged, blind, and disabled Medicaid only;
- D. Pass through;
- E. Poverty level pregnant women and children, including presumptive eligibility;
- F. Aged, blind, and disabled receiving State Supplementation;
- G. Aged, blind, and disabled receiving Supplemental Security Income (SSI);
- H. Under the age of twenty-one (21) years and in an inpatient psychiatric facility;
- I. Children under the age of eighteen (18) who are receiving adoption assistance and have special needs;
- J. Dual eligibles;
- K. Disabled Children;
- L. Foster Care Children;
- M. Adults age 19 to 64 with income under 138% of the Federal Poverty Level; or
- N. Former Foster Care Children up to age 26.

Enrollees eligible to enroll with the Contractor will be enrolled beginning with the first day of the application month with the exception of (1) newborns who are enrolled beginning with their date of birth and (2) presumptively eligible (PE) Enrollees who are eligible on their day of eligibility determination and (3) unemployed parent program Enrollees who are enrolled beginning with the date the definition of unemployment or underemployment in accordance with 45 C.F.R. 233.100 is met. Presumptively Eligible Enrollees will be added to the Contractor's Enrollee Listing Report with an enrollment date equal to the eligibility date described in (2) above.

The Contractor shall also be responsible for providing coverage to individuals who are retroactively determined eligible for Medicaid. Retroactive Medicaid coverage is defined as a period of time up to three (3) months prior to the application month. The Contractor shall cover all medically necessary services provided the Enrollee during the retroactive coverage without a Prior Authorization. The Contractor shall allow a provider to submit a claim outside of the timely filing period when the provider is notified after the end of the Contractor's timely filing period of a retroactive change in MCO by receipt of a recoupment letter, and the Contractor shall not deny the claim based on timely filing.

The Contractor is not responsible for retroactive coverage for SSI Enrollees who are newly enrolled. The Department shall be responsible for previous months or years in situations where an individual appealed a SSI denial, and were subsequently approved as of the original application date and was not already assigned to the Contractor.

27.9 Newborn Infants

Newborn infants of non-presumptive eligible Enrollees shall be deemed eligible for Medicaid and automatically enrolled with the Contractor as individual Enrollees for sixty (60) days. The hospital shall request enrollment of a newborn at the time of birth, as set forth by the Department. Deemed eligible newborns are auto enrolled in Medicaid and enrollment is coordinated within the Cabinet. The delivery hospital is required to enter the birth record in the birth record system called KY CHILD (Kentucky's Certificate of Live Birth, Hearing, Immunization, and Lab Data). That information is used to auto enroll the deemed eligible newborn within twenty-four (24) hours of birth. The Contractor is required to use the newborn's Medicaid ID for any costs associated with child.

27.10 Dual Eligibles

The Contractor shall utilize the HIPAA 834 to identify Enrollees who are Dual Eligible within the MMIS. The Contractor and Medicare Providers shall work together to coordinate the care for such Enrollees in order to reduce over utilization and duplication of services and cost.

27.11 Persons Ineligible for Enrollment

Enrollees who are not eligible to enroll in the Managed Care Program are defined below:

INELIGIBLE ENROLLEE CATEGORIES

- A. Individuals who shall spend down to meet eligibility income criteria;
- B. Individuals currently Medicaid eligible and have been in a nursing facility for more than thirty (30) days*;
- C. Individuals determined eligible for Medicaid due to a nursing facility admission including those individuals eligible for institutionalized hospice;
- D. Individuals served under the Supports for Community Living, Michele P, home and community-based, or other 1915(c) Medicaid waivers;
- E. Qualified Medicare Beneficiaries (QMBs), specified low income Medicare beneficiaries (SLMBs) or Qualified Disabled Working Individuals (QDWIs);
- F. Timed limited coverage for illegal aliens for emergency medical conditions;
- G. Working Disabled Program;
- H. Individuals in an intermediate care facility for individuals with intellectual disabilities (ICF-IID);
- I. Individuals who are eligible for the Breast or Cervical Cancer Treatment Program; and
- J. Individuals otherwise eligible while incarcerated in a correction facility.

* The Contractor shall not be responsible for an Enrollee's nursing facility costs during the first thirty (30) days; however, if an Enrollee is admitted to a nursing facility, the Contractor shall be responsible for covering the costs of health services, exclusive of nursing facility costs, provided to the Enrollee while in the nursing facility until the Enrollee is either discharged from the nursing facility or disenrolled from the Contractor (effective as is administratively feasible). Contractor costs may include those of physicians, physician assistants, APRNs, or any other medical services that are not included in the nursing home facility per diem rate. In no event shall Contractor be responsible for covering the costs of such health services after the Enrollee's 30th day in the nursing facility, and the monthly Capitation Payment for such an Enrollee shall be prorated based upon the days of eligibility. This also applies to an Enrollee receiving hospice services who is transferred into a nursing facility.

The Contractor shall not be responsible for 1915(c) Waiver Services furnished to its Enrollees.

27.12 Reenrollment

An Enrollee whose eligibility is terminated because the Enrollee no longer qualifies for medical assistance under one of the aid categories listed in Section 27.8 **“Persons Eligible for Enrollment”** or otherwise becomes ineligible may apply for reenrollment in the same manner as an initial enrollment.

An Enrollee previously enrolled with the Contractor shall be automatically reenrolled with the Contractor if eligibility for medical assistance is re-established within two (2) months of losing eligibility. The Contractor shall be given a new enrollment date once an Enrollee has been reinstated.

Reenrollment that is more than two (2) months after losing eligibility shall be treated as a new enrollment for all purposes.

The Contractor shall provide reasonable modifications to the annual redetermination process to beneficiaries with disabilities protected by the Americans with Disabilities Act of 1990 (Public Law 101-336), 42 USC 12101, and applicable Federal regulations relating thereto prohibiting discrimination against otherwise qualified disabled individuals under any program or activity; Section 504 of the Rehabilitation Act. The Contractor shall provide reasonable modifications to the obligation to report a change in circumstance for any beneficiary with a disability.

27.13 Enrollee Request for Disenrollment

An Enrollee may request Disenrollment only with cause pursuant to 42 C.F.R. 438.56.

The Enrollee shall submit a written or oral request to request Disenrollment to either the Contractor or the Department giving the reason(s) for the request. If submitted to the Contractor, the Contractor shall transmit the Enrollee’s request to the Contract Compliance Officer of the Department. If the Disenrollment request is not granted, the Enrollee may request a state fair hearing. The Department shall notify all Enrollees of their disenrollment rights at least annually no less than 60 days before the start of each enrollment period.

27.14 Contractor Request for Disenrollment

The Contractor shall recommend to the Department Disenrollment of an Enrollee when the Enrollee pursuant to 42 C.F.R. 438.56:

- A. Is found guilty of Fraud in a court of law or administratively determined to have committed Fraud related to the Medicaid Program;
- B. Is abusive or threatening as defined by and reported in Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers to either Contractor, Contractor’s agents, or providers;
- C. Is admitted to a nursing facility for more than 31 days; or
- D. Is incarcerated in a correctional facility;
- E. No longer qualifies for Medical Assistance under one of the aid categories listed in Section 27.8 **“Persons Eligible for Enrollment”**
- F. Cannot be located.

All requests by the Contractor for the Department to disenroll an Enrollee shall be in writing and shall specify the basis for the request. If applicable, the Contractor’s request shall document that reasonable steps were taken to educate the Enrollee regarding proper behavior, and that the Enrollee refused to comply. The Contractor may not request Disenrollment of an Enrollee based

on an adverse change in the Enrollee's health, or because of the Enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs, except when his or her continued enrollment with the Contractor seriously impairs the Contractor's ability to furnish services to either this particular Enrollee or other Enrollees.

27.15 Effective Date of Disenrollment

Disenrollment shall be effective on the first day of the calendar month for which the Disenrollment appears on the HIPAA 834 transaction file. Requested Disenrollment shall be effective no later than the first day of the second month following the month the Enrollee or the Contractor files the request. If the Department fails to make a determination within the timeframes the Disenrollment shall be considered approved.

27.16 Continuity of Care upon Disenrollment

The Contractor shall take all reasonable and appropriate actions necessary to ensure the continuity of an Enrollee's care upon Disenrollment. Such actions shall include: assisting in the selection of a new Primary Care Provider, cooperating with the new Primary Care Provider in transitioning the Enrollee's care, and making the Enrollee's Medical Record available to the new the Primary Care Provider, in accordance with applicable state and federal law. The Contractor shall be responsible for following the Transition/Coordination of Care Plan contained in **Appendix I. "Transition/Coordination of Care Plan"** whenever an Enrollee is transferred to another MCO.

27.17 Death Notification

The Contractor shall notify the Department or Social Security Administration in the appropriate county, within five (5) working days of receiving notice of the death of any Enrollee.

27.18 Enrollee Address Verification

The Department reserves the right to disenroll an Enrollee from the Medicaid program if the Department is unable to contact the Enrollee by first class mail and after the Contractor has been notified and is unable to provide the Department with a valid address. The Enrollee shall remain disenrolled until either the Department or the Contractor locates the Enrollee and eligibility is reestablished.

28.0 Provider Services

28.1 Required Functions

The Contractor shall maintain a Provider Services function that is responsible for the following services and tasks:

- A. Enrolling, credentialing and recredentialing and performance review of providers;
- B. Assisting Providers with Enrollee Enrollment status questions;
- C. Assisting Providers with Prior Authorization and referral procedures;
- D. Assisting Providers with Claims submissions and payments;
- E. Explaining to Providers their rights and responsibilities as an Enrollee of Contractor's Network;
- F. Handling, recording and tracking Provider Grievances and Appeals properly and timely;
- G. Developing, distributing and maintaining a Provider manual;
- H. Developing, conducting, and assuring Provider orientation/training;
- I. Explaining to Providers the extent of Medicaid benefit coverage including EPSDT preventive

- health screening services and EPSDT Special Services;
- J. Communicating Medicaid policies and procedures, including state and federal mandates and any new policies and procedures;
- K. Assisting Providers in coordination of care for child and adult Enrollees with complex and/or chronic conditions;
- L. Encouraging and coordinating the enrollment of Primary Care Providers in the Department for Public Health and the Department for Medicaid Services Vaccines for Children Program. This program offers certain vaccines free of charge to Medicaid Enrollees under the age of 21 years. The Contractor is responsible for reimbursement of the administration fee associated with vaccines provided through the program;
- M. Coordinating workshops relating to the Contractor's policies and procedures;
- N. Providing necessary technical support to Providers who experience unique problems with certain Enrollees in their provision of services;
- O. Annually addressing fraud, waste and abuse with providers;
- P. Consult with a requesting Provider on authorization decisions, when appropriate; and
- Q. Ensures no punitive action is taken against a Provider who either requests an expedited resolution or supports an Enrollee's appeal.

The Contractor shall, no later than January 1, 2019:

- A. Establish and operate an interactive website which allows Medicaid providers to file grievances, appeals, and supporting documentation electronically in an encrypted format which complies with Federal and State law and allows a Medicaid provider to review the current status of a matter relating to a grievance or an appeal filed concerning a submitted claim.
- B. Upon the request of a Medicaid Provider, provide at no cost to the provider, all documents, records, and other information relevant to an adverse payment or coverage determination, the Contractor shall inform a Medicaid Provider of the determination with sufficient detail of the reason(s) therefore and the Provider's right to request and receive at no cost to the Provider, all documents, records, and other information related to the determination.
- C. Provide to each Medicaid Provider the opportunity for an in-person meeting with a representative of the Contractor on any clean claim that remains unpaid in violation of KRS 304.17A-700 to 304.17A-730; and on any claim that remains unpaid for forty-five (45) days or more after the date on which the claim is received by the Contractor and that individually, or in the aggregate, exceeds \$2,500.00.
- D. Reprocess claims that are incorrectly paid or denied in error, in compliance with KRS 304.17A-708. The Contractor shall not require a Medicaid Provider to rebill or resubmit such a claim in order to obtain correct payment, and no claim shall be denied for timely filing if the claim was timely submitted.

Provider Services shall be staffed, at a minimum, Monday through Friday 8:00 am – 6:00 pm Eastern Time. Staff members shall be available to speak with providers any time during open hours. The Contractor shall operate a provider call center that meets standards as determined by the Department.

Provider Services staff shall be instructed to follow all contractually-required provider relation functions including, policies, procedures and scope of services.

28.2 Provider Credentialing and Recredentialing

The Contractor shall conduct Credentialing and Recredentialing in compliance with National Committee for Quality Assurance standards (NCQA), KRS 205.560(12), 907 KAR 1:672 or other applicable state regulations and federal law. The Contractor shall document the procedure, which shall comply with the Department's current policies and procedures, for credentialing and recredentialing of providers with whom it contracts or employs to treat Enrollees. Detailed

documentation and scope of the Credentialing and Recredentialing process is contained in **Appendix J. "Credentialing Process."**

The Contractor shall complete the Credentialing or Recredentialing of a Provider within ninety (90) calendar days of receipt of all relative information from the Provider, or within forty-five (45) days if the Provider is providing substance use disorder services. The status of pending requests for credentialing or recredentialing shall be submitted as required in **Appendix J. "Credentialing Process."**

Unless prohibited by NCQA standards, if the Contractor allows the Provider to provide covered services to its Enrollees before the credentialing or recredentialing process is completed and the Provider is credentialed, the Contractor shall allow the Provider to be paid for the period from the date of its application for credentials to completion of the credentialing or recredentialing process.

If the Contractor accepts the Medicaid enrollment application on behalf of the provider, the Contractor will use the format provided in **Appendix J. "Credentialing Process"** to transmit the listed provider enrollment data elements to the Department. A Provider Enrollment Coversheet will be generated per provider. The Provider Enrollment Coversheet will be submitted electronically to the Department.

The Contractor shall establish ongoing monitoring of provider sanctions, complaints and quality issues between recredentialing cycles, and take appropriate action.

The Contractor shall provide a credentialing process whereby the Provider is only required to go through one credentialing process that applies to the Contractor and any or all of its Subcontractors, if one credentialing process meets NCQA requirements.

28.3 Implementation of a Credentialing Verification Organization (CVO)

The Contractor shall comply with and take all necessary actions to implement the requirements of 2018 Ky.Acts Ch. 69 and all other applicable Federal and State laws. The Contractor shall work with any identified CVO designated by the Department.

28.4 Provider Credentialing and Recredentialing

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The Contractor shall provide a credentialing process whereby the Provider is only required to go through one credentialing process that applies to the Contractor and any or all of its Subcontractors, if one credentialing process meets NCQA requirements.

28.5 Primary Care Provider Responsibilities

A primary care provider (PCP) is a licensed or certified health care practitioner, including a doctor of medicine, doctor of osteopathy, advanced practice registered nurse (including a nurse practitioner, nurse midwife and clinical specialist), physician assistant, or clinic (including a FQHC, FQHC look-alike, primary care center and rural health clinic), that functions within the scope of licensure or certification, has admitting privileges at a hospital or a formal referral agreement with a provider possessing admitting privileges, and agrees to provide twenty-four (24) hours per day, seven (7) days a week primary health care services to individuals. Primary care physician residents may function as PCPs. The PCP shall serve as the Enrollee's initial and most important point of contact with the Contractor. This role requires a responsibility to both the Contractor and the Enrollee. Although PCPs are given this responsibility, the Contractors shall retain the ultimate responsibility for monitoring PCP actions to ensure they comply with the Contractor and Department policies.

Specialty providers may serve as PCPs under certain circumstances, depending on the Enrollee's needs, including for an Enrollee who has a gynecological or obstetrical health care need, a disability, or chronic illness. The decision to utilize a specialist as the PCP shall be based on agreement among the Enrollee or family, the specialist, and the Contractor's medical director. The Enrollee has the right to Appeal such a decision in the formal Appeals process.

The Contractor shall monitor PCP's actions to ensure he/she complies with the Contractor's and Department's policies including but not limited to the following:

- A. Maintaining continuity of the Enrollee's health care;
- B. Making referrals for specialty care and other Medically Necessary services, both in and out of network, if such services are not available within the Contractor's network;
- C. Maintaining a current medical record for the Enrollee, including documentation of all PCP and specialty care services;
- D. Discussing Advance Medical Directives with all Enrollees as appropriate;
- E. Providing primary and preventative care, recommending or arranging for all necessary preventive health care, including EPSDT for persons under the age of 21 years;
- F. Documenting all care rendered in a complete and accurate medical record that meets or exceeds the Department's specifications; and
- G. Arranging and referring Enrollees when clinically appropriate, to behavioral health providers.

Maintaining formalized relationships with other PCPs to refer their Enrollees for after-hours care, during certain days, for certain services, or other reasons to extend the hours of service of their practice. The PCP remains solely responsible for the PCP functions (A) through (G) above.

The Contractor shall ensure that the following acceptable after-hours phone arrangements are implemented by PCPs in Contractor's Network and that the unacceptable arrangements are not implemented:

A. Acceptable:

1. Office phone is answered after hours by an answering service that can contact the PCP or another designated medical practitioner and the PCP or designee is available to return the call within a maximum of thirty (30) minutes;
2. Office phone is answered after hours by a recording directing the Enrollee to call another number to reach the PCP or another medical practitioner whom the Provider has designated to return the call within a maximum of thirty (30) minutes; and
3. Office phone is transferred after office hours to another location where someone shall answer the phone and be able to contact the PCP or another designated medical practitioner within a maximum of thirty (30) minutes.

B. Unacceptable:

1. Office phone is only answered during office hours;
2. Office phone is answered after hours by a recording that tells Enrollees to leave a message;
3. Office phone is answered after hours by a recording that directs Enrollees to go to the emergency room for any services needed; and
4. Returning after-hours calls outside of thirty (30) minutes.

28.6 Provider Manual and Communications

The Contractor shall prepare and issue a Provider Manual(s), including any necessary specialty manuals (e.g. Behavioral Health) to all network Providers. For newly contracted providers, the Contractor shall issue copies of the Provider Manual(s) within five (5) working days from inclusion of the provider in the network or provide online access to the Provider Manual and any changes or updates. All Provider Manuals shall be available in hard copy format and/or online.

Department shall approve the Provider Manual, including any provided by a subcontractor for direct services, and any updates to the Provider Manual, prior to publication and distribution to Providers. Such approval is subject to Section 4.4 "**Approval of Department.**"

The Provider Manual and updates shall serve as a source of information to Providers regarding Covered Services, Contractor's Policies and Procedures, provider credentialing and recredentialing, including Enrollee Grievances and Appeals, claims submission requirements, reporting fraud and abuse, prior authorization procedures, Medicaid laws and regulations, telephone access, the QAPI program, standards for preventive health services and other requirements when identified by the Contractor.

The Contractor shall prepare and issue provider communications as necessary to inform providers about Contractor's policies, initiatives or other information. The Department shall approve prior to distribution provider communications only if they change or amend the way the MCO conducts business with the provider. Such approval is subject to Section 4.4 "**Approval of Department.**" An example of a provider communication requiring approval is notification of a rate change.

28.7 Provider Orientation and Education

The Contractor shall conduct initial orientation for all Providers within thirty (30) days after the Contractor places a newly contracted Provider on an active status. The Contractor shall ensure that all Providers receive initial and ongoing orientation in order to operate in full compliance with the Contract and all applicable Federal and Commonwealth requirements. The Contractor shall use reasonable efforts to ensure that all Providers receive targeted education for specific issues

identified by the Department. The Contractor shall ensure that provider relations staffing ratios are proportionally adequate to address provider's issues in a timely manner. The Contractor shall maintain and make available upon request enrollment or attendance rosters dated and signed by each attendee or other written evidence of training of each Provider and their staff. The Contractor shall ensure that Provider education includes: Contractor coverage requirements for Medicaid services; policies or procedures and any modifications to existing services, reporting fraud and abuse; Medicaid populations/eligibility; standards for preventive health services; special needs of Enrollees in general that affect access to and delivery of services; Advance Medical Directives; EPSDT services; Claims submission and payment requirements; special health/care management programs that Enrollees may enroll in; cultural sensitivity; responding to needs of Enrollees with mental, developmental and physical disabilities; reporting of communicable disease; the Contractors QAPI program; medical records review; EQRO and; the rights and responsibilities of both Enrollees and Providers. The Contractor shall ensure that ongoing education is conducted relating to findings from the QAPI program when deemed necessary by either the Contractor or Department.

28.8 Provider Educational Forums

The Contractor shall participate in any Medicaid Provider Educational Forums designated by the Department to be held throughout the State as enhanced education efforts related to Medicaid managed care. The Contractor shall remit to the Department Ten Thousand (\$10,000) Dollars at the start of each fiscal year under this Contract to support this outreach effort.

28.9 Provider Maintenance of Medical Records

The Contractor shall require their Providers to maintain Enrollee medical records on paper or in an electronic format. Enrollee medical records shall be maintained timely, legible, current, detailed and organized to permit effective and confidential patient care and quality review. Complete medical records include, but are not limited to, medical charts, prescription files, hospital records, provider specialist reports, consultant and other health care professionals' findings, appointment records, and other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided under the Contract. The medical record shall be signed by the provider of service.

The Enrollee's medical record is the property of the Provider who generates the record. However, each Enrollee or their representative is entitled to one free copy of his/her medical record. Additional copies shall be made available to Enrollees at cost. Medical records shall generally be preserved and maintained for a minimum of five (5) years unless federal requirements mandate a longer retention period (i.e. immunization and tuberculosis records are required to be kept for a person's lifetime).

The Contractor shall ensure that the PCP maintains a primary medical record for each Enrollee, which contains sufficient medical information from all providers involved in the Enrollee's care, to ensure continuity of care. The medical chart organization and documentation shall, at a minimum, require the following:

- A. Enrollee/patient identification information, on each page;
- B. Personal/biographical data, including date of birth, age, gender, marital status, race or ethnicity, mailing address, home and work addresses and telephone numbers, employer, school, name and telephone numbers (if no phone contact name and number) of emergency contacts, consent forms, identify language spoken and guardianship information;
- C. Date of data entry and date of encounter;
- D. Provider identification by name;
- E. Allergies, adverse reactions and any known allergies shall be noted in a prominent location;

- F. Past medical history, including serious accidents, operations, illnesses. For children, past medical history includes prenatal care and birth information, operations, and childhood illnesses (i.e. documentation of chickenpox);
- G. Identification of current problems;
- H. The consultation, laboratory, and radiology reports filed in the medical record shall contain the ordering provider's initials or other documentation indicating review;
- I. Documentation of immunizations pursuant to 902 KAR 2:060;
- J. Identification and history of nicotine, alcohol use or substance abuse;
- K. Documentation of reportable diseases and conditions to the local health department serving the jurisdiction in which the patient resides or Department for Public Health pursuant to 902 KAR 2:020;
- L. Follow-up visits provided secondary to reports of emergency room care;
- M. Hospital discharge summaries;
- N. Advanced Medical Directives, for adults;
- O. All written denials of service and the reason for the denial; and
- P. Record legibility to at least a peer of the writer. Any record judged illegible by one reviewer shall be evaluated by another reviewer.

An Enrollee's medical record shall include the following minimal detail for individual clinical encounters:

- A. History and physical examination for presenting complaints containing relevant psychological and social conditions affecting the patient's medical/behavioral health, including mental health, and substance abuse status;
- B. Unresolved problems, referrals and results from diagnostic tests including results and/or status of preventive screening services (EPSDT) are addressed from previous visits;
- C. Plan of treatment including:
 - 1. Medication history, medications prescribed, including the strength, amount, directions for use and refills;
 - 2. Therapies and other prescribed regimen; and
 - 3. Follow-up plans including consultation and referrals and directions, including time to return.

An Enrollee's medical record shall include at a minimum for hospitals and mental hospitals:

- A. Identification of the beneficiary.
- B. Physician name.
- C. Date of admission and dates of application for and authorization of Medicaid benefits if application is made after admission; the plan of care (as required under 42 C.F.R. 456.172 (mental hospitals) or 42 C.F.R. 456.70 (hospitals). Initial and subsequent continued stay review dates (described under 42 C.F.R. 456.233 and 42 C.F.R. 465.234 (for mental hospitals) and 42 C.F.R. 456.128 and 42 C.F.R. 456.133 (for hospitals)
- D. Reasons and plan for continued stay if applicable.
- E. Other supporting material appropriate to include.
- F. For non-mental hospitals only:
 - 1. Date of operating room reservation.
 - 2. Justification of emergency admission if applicable.

28.10 Advance Medical Directives

The Contractor shall comply with laws relating to Advance Medical Directives pursuant to KRS 311.621 - 311.643 and 42 C.F.R. Part 489, Subpart I and 42 C.F.R. 422.128, and 438.10 Advance Medical Directives, including living wills or durable powers of attorney for health care, allow adult Enrollees to initiate directions about their future medical care in those circumstances where

Enrollees are unable to make their own health care decisions. The Contractor shall, at a minimum, provide written information on Advance Medical Directives to all Enrollees and shall notify all Enrollees of any changes in the rules and regulations governing Advance Medical Directives within ninety (90) Days of the change and provide information to its PCPs via the Provider Manual and Enrollee Services staff on informing Enrollees about Advance Medical Directives. PCPs have the responsibility to discuss Advance Medical Directives with adult Enrollees at the first medical appointment and chart that discussion in the medical record of the Enrollee.

28.11 Provider Grievances and Appeals

The Contractor shall implement a process to ensure that a Provider shall have the right to file an internal appeal with the Contractor regarding denial of a health care service or claim for reimbursement, provider payment or contractual issues. The Contractor shall provide written notification to the Provider regarding a denial. The Department shall provide a standard Provider Grievance Form to be used by the Contractor to initiate its provider grievance process. Appeals received from Providers that are on the Enrollee's behalf for denied services with requisite consent of the Enrollee are deemed Enrollee appeals and not subject to this Section.

Contractor shall log Provider appeals. Appeals shall be recorded in a written record and logged with the following details: date, nature of Appeal, identification of the individual filing the Appeal, identification of the individual recording the appeal, disposition of the Appeal, corrective action required and date resolved. Provider grievances or appeals shall be resolved and the Provider shall receive in writing the resolution within thirty (30) calendar days. If the grievance or appeal is not resolved within thirty (30) days, the Contractor shall request a fourteen (14) day extension from the Provider. If the Provider requests the extension, the extension shall be approved by the Contractor. The Contractor shall ensure that there is no discrimination against a Provider solely on the grounds that the Provider filed an Appeal or is making an informal Grievance. The Contractor shall monitor and evaluate Provider Grievances and Appeals. The Contractor shall submit monthly reports to the Department regarding the number, type and outcomes including final denials of Provider Grievances and Appeals as required in **Appendix K. "Reporting Requirements and Reporting Deliverables."**

A Provider who has exhausted the Contractor's internal appeal process shall have a right to appeal a final denial, in whole or in part, by the Contractor to an external independent third party in accordance with applicable state laws and regulations including denials, in whole or in part, involving emergency care services. The Contractor shall provide written notification to the Provider of its right to file an appeal. A provider shall have a right to appeal a final decision by an external independent third party to the Cabinet for Health and Family Services Division of Administrative Hearings for a hearing in accordance with applicable state laws and regulation. If the Provider prevails, in whole or in part, the Contractor shall comply with any Final Order within sixty (60) days unless the Final Order designates a different timeframe.

28.12 Other Related Processes

The Contractor shall provide information specified in 42 C.F.R. 438.10(g)(2)(XI) about the grievance and appeal system to all service providers and subcontractors at the time they enter into a contract.

28.13 Release for Ethical Reasons

The Contractor shall not require Providers to perform any treatment or procedure that is contrary to the Provider's conscience, religious beliefs, or ethical principles in accordance with 42 C.F.R. 438.102.

The Contractor shall have a referral process in place for situations where a Provider declines to perform a service because of ethical reasons. The Enrollee shall be referred to another Provider licensed, certified or accredited to provide care for the individual service, or assigned to another PCP licensed, certified or accredited to provide care appropriate to the Enrollee's medical condition.

A release for ethical reasons only applies to Contractor's Network Providers; it does not apply to the Contractor.

The Contractor shall not prohibit or restrict a Provider from advising an Enrollee about his or her health status, medical care or treatment, regardless of whether benefits for such care are provided under the Contract, if the Provider is acting within the lawful scope of practice.

29.0 Provider Network

29.1 Network Providers to Be Enrolled

In accordance with 42 C.F.R. 438.206(b)(1)(i)-(v), when establishing and maintaining its network of Providers, the Contractor shall consider the anticipated Medicaid enrollment; the expected utilization of services, given the characteristics and health care needs of the specific Medicaid populations enrolled with the Contractor; the numbers and types (their training, experience, and specialization) of Providers required to provide the necessary Medicaid services; the numbers of network Providers who are not accepting new Medicaid patients; and the geographic location of Providers and its Enrollees, considering distance, travel time, the means of transportation ordinarily used by its Enrollees, and whether the location provides physical access for its Enrollees with disabilities. The Contractor shall maintain, by written agreements, its network of Providers.

The Contractor's Network shall include Providers from throughout the provider community. The Contractor shall comply with the any willing provider statute as described in 907 KAR 1:672 or as amended and KRS 304.17A-270. Neither the Contractor nor any of its Subcontractors shall require a Provider to enroll exclusively with its network to provide Covered Services under this Contract as such would violate the requirement of 42 C.F.R. Part 438 to provide Enrollees with continuity of care and choice. The Contractor shall enroll at least one (1) Federally Qualified Health Centers (FQHCs) and one (1) Rural Health Clinic into its network for each Medicaid Region where available and at least one teaching hospital.

In addition the Contractor shall enroll the following types of providers who are willing to meet the terms and conditions for participation established by the Contractor: physicians, psychiatrists, advanced practice registered nurses, physician assistants, free-standing birthing centers, dentists, primary care centers including, home health agencies, rural health clinics, opticians, optometrists, audiologists, hearing aid vendors, speech language pathologists, physical therapists, occupational therapists, private duty nursing agencies, pharmacies, durable medical equipment suppliers, podiatrists, renal dialysis clinics, ambulatory surgical centers, family planning providers, emergency medical transportation provider, non-emergency medical transportation providers as specified by the Department, other laboratory and x-ray providers, individuals and clinics providing Early and Periodic Screening, Diagnosis, and Treatment services, chiropractors, community mental health centers, psychiatric residential treatment facilities, hospitals (including acute care, critical access, rehabilitation, and psychiatric hospitals), local health departments, and providers of EPSDT Special Services. The Contractor shall also enroll Psychologists, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychological Practitioners, Behavioral Health Multi-Specialty Groups, Behavioral Health Services Organizations, Certified Family, Youth and Peer Support Providers, Licensed Clinical Social Workers, Targeted Case Managers, Chemical Dependency Treatment Centers, Residential Crisis Stabilization Units, Licensed Clinical Alcohol and Drug Counselors, Multi-Therapy Agencies (agencies providing physical, speech and occupational therapies which include Comprehensive Outpatient Rehabilitation Facilities, Special Health Clinics, Mobile Health Services, Rehabilitation Agencies

and Adult Day Health Centers) and other independently licensed behavioral health professionals. The Contractor may also enroll other providers, which meet the credentialing requirements, to the extent necessary to provide covered services to the Enrollees. Enrollment forms shall include those used by the Kentucky Medicaid Program as pertains to the provider type. The Contractor shall use such enrollment forms as required by the Department.

The Department will continue to enroll hospitals, nursing facilities, home health agencies, independent laboratories, preventive health care providers, FQHC, RHC and hospices. The Medicaid provider file will be available for review by the Contractor so that the Contractor can ascertain the status of a Provider with the Medicaid Program and the provider number assigned by the Kentucky Medicaid Program.

Providers performing laboratory tests are required to be certified under the CLIA. The Department will continue to update the provider file with CLIA information from the CASPER/QIES file formally known as OSCAR provided by the Centers for Medicare & Medicaid Services for all appropriate providers. This will make laboratory certification information available to the Contractor on the Medicaid provider file.

The Contractor shall have written policies and procedures regarding the selection and retention of Contractor's Network. The policies and procedures regarding selection and retention must not discriminate against providers who service high-risk populations or who specialize in conditions that require costly treatment or based upon that Provider's licensure or certification.

If the Contractor declines to include individuals or groups of providers in its network, it shall give affected providers written notice of the reason for its decision.

The Contractor must offer participation agreements with currently enrolled Medicaid providers who have received electronic health record incentive funds who are willing to meet the terms and conditions for participation established by the Contractor.

29.2 Out-of-Network Providers

The Department will provide the Contractor with an expedited enrollment process to assign provider numbers for providers not already enrolled in Medicaid for emergency situations only.

29.3 Contractor's Provider Network

All providers in the Contractor's network shall be enrolled in the Kentucky Medicaid Program. The Contractor may enroll providers in their network who do not provide services to the fee-for-service population. Providers shall meet the credentialing standards described in Section 28.2 "**Provider Credentialing and Re-Credentialing**" of this Contract and be eligible to enroll with the Kentucky Medicaid Program. A provider joining the Contractor's Network shall meet the Medicaid provider enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for fee-for-service providers of the appropriate provider type.

The Contractor shall provide written notice to Providers not accepted into the network along with the reasons for the non-acceptance. A provider cannot enroll or continue participation in the Contractor's Network if the provider has active sanctions imposed by Medicare or Medicaid or SCHIP, if required licenses and certifications are not current, if money is owed to the Medicaid Program, or if the Office of the Attorney General has an active fraud investigation involving the Provider or the Provider otherwise fails to satisfactorily complete the credentialing process. The Contractor shall obtain access to the National Practitioner Database as part of their credentialing process in order to verify the Provider's eligibility for network participation. Federal Financial

Participation is not available for amounts expended for providers excluded by Medicare, Medicaid, or SCHIP, except for Emergency Medical Services.

29.4 Enrolling Current Medicaid Providers

The Contractor will have access to the Department's Medicaid provider file either by direct on-line inquiry access, by electronic file transfer, or by means of an extract provided by the Department. The Medicaid provider master file is to be used by the Contractor to obtain the ten-digit provider number assigned to a medical provider by the Department, the Provider's status with the Medicaid program, CLIA certification, and other information. The Contractor shall use the Medicaid Provider number as the provider identifier when transmitting information or communicating about any provider to the Department or its Fiscal Agent. The Contractor shall transmit a file of Provider data specified in this Contract for all credentialed Providers in the Contractor's network on a monthly basis and when any information changes.

29.5 Enrolling New Providers and Providers Not Participating in Medicaid

A provider is not required to participate in the Kentucky Medicaid Fee-for-Service Program as a condition of participation with the Contractor's Network but must be enrolled in the Kentucky Medicaid Program. If a potential Provider has not had a Medicaid number assigned, the provider shall apply for enrollment with the Department and meet the Medicaid provider enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for fee-for-service providers of the appropriate provider type. When the Contractor has submitted the required data in the transmission of the provider file indicating inclusion in the Contractor's Network, the Department will enter the provider number on the master provider file and the transmitted data will be loaded to the provider file. The Contractor will receive a report within two weeks of transactions being accepted, suspended or denied.

All documentation regarding a provider's qualifications and services provided shall be available for review by the Department or its agents at the Contractor's offices during business hours upon reasonable advance notice.

29.6 Termination of Network Providers

- A. The Contractor shall terminate from participation any Provider who (i) engages in an activity that violates any law or regulation and results in suspension, termination, or exclusion from the Medicare or Medicaid program; (ii) has a license, certification, or accreditation terminated, revoked or suspended; (iii) has medical staff privileges at any hospital terminated, revoked or suspended; or (iv) engages in behavior that is a danger to the health, safety or welfare of Enrollees.

The Department shall notify the Contractor of suspension, termination, and exclusion actions taken against Medicaid providers by the Kentucky Medicaid program within three (3) business days via e-mail. The Contractor shall terminate the Provider effective upon receipt of notice by the Department.

- B. The Contractor shall notify the Department via email of a Provider termination from the Contractor's network within three (3) business days for the following reasons:
1. Adverse Medicare Action
 2. Adverse Action on Professional License;
 3. Deceased;
 4. Professional License Surrender; and
 5. Other State Medicaid Adverse Action.

The notification should contain the reason, a brief description of the Provider's actions and/or applicable information leading to termination, the NPI, Medicaid ID, Entity Name, Provider Type (two digit) and complete mailing address. The Contractor shall send the email notification to the Division of Program Integrity, Provider Enrollment Branch Manager and any applicable designee(s). The Contractor shall notify any Enrollee of the Provider's termination provided such Enrollee has received a service from the terminated Provider within the previous six months. Such notice shall be mailed within fifteen (15) days of the action taken if it is a PCP and within thirty (30) days for any other Provider.

The Contractor will report all terminations monthly via the Provider Termination Report as referenced in Appendix K. "Reporting Requirements and Reporting Deliverables." The Contractor shall indicate in its notice to the Department the reason or reasons for which the PCP ceased participation. The Contractor shall notify any Enrollee of the Provider's termination provided such Enrollee has received a service from the terminating Provider within the previous six months. Such notice shall be mailed the later of the following: (i.) thirty (30) days prior to the effective date of the termination or (ii) within fifteen (15) days of receiving notice.

The Contractor shall notify any Enrollee of the Provider's termination provided such Enrollee has received a service from the terminated Provider within the previous six months. Such notice shall be mailed within fifteen (15) days of the action taken if it is a PCP and within thirty (30) days for any other Provider.

- C. The Contractor may terminate from participation any Provider who materially breaches the Provider Agreement with Contractor and fails to timely and adequately cure such breach in accordance with the terms of the Provider Agreement.

The Contractor shall notify any Enrollee of the Provider's termination provided such Enrollee has received a service from the terminating Provider within the previous six months. Such notice shall be mailed the later of the following: (i) within fifteen (15) days of providing notice or (ii) thirty (30) days prior to the effective date of the termination.

29.7 Provider Program Capacity Demonstration

The Contractor shall assure that all covered services are as accessible to Enrollees (in terms of timeliness, amount, duration, and scope) as the same services are available to commercial insurance Enrollees in the Medicaid Region; and that no incentive is provided, monetary or otherwise, to providers for the withholding from Enrollees of medically-necessary services. The Contractor shall make available and accessible facilities, service locations, and personnel sufficient to provide covered services consistent with the requirements specified in this section. Emergency medical and behavioral health services shall be made available and accessible to Enrollees twenty-four (24) hours a day, seven (7) days a week. Urgent care services by any provider in the Contractor's Program shall be made available and accessible within 48 hours of request. The Contractor shall provide the following:

- A. Primary Care Provider (PCP) delivery sites that are: no more than thirty (30) miles or thirty (30) minutes from Enrollee residence in urban areas, and for Enrollees in non-urban areas, no more than forty-five (45) minutes or forty-five (45) miles from Enrollee residence; with an Enrollee to PCP (FTE) ratio not to exceed 1500:1; and with appointment and waiting times, not to exceed thirty (30) days from date of an Enrollee's request for routine and preventive services and forty-eight (48) hours for Urgent Care.
- B. If either the Contractor or a Provider (including Behavioral Health) requires a referral before making an appointment for specialty care, any such appointment shall be made within thirty (30) days for routine care or forty-eight (48) hours for Urgent Care.

- C. In addition to the above, the Contractor shall include in its network Specialists designated by the Department; and include sufficient pediatric specialists to meet the needs of Enrollees younger than twenty-one (21) years of age. Access to Specialists shall not exceed sixty (60) miles or sixty (60) minutes. Appointment and waiting times shall not exceed thirty (30) days for regular appointments and forty-eight (48) hours for urgent care.
- D. Immediate treatment for any Emergency Medical or Behavioral Health Services by a health provider that is most suitable for the type of injury, illness, or condition, regardless of whether the facility is in Contractor's Network.
- E. Access to Hospital care shall not exceed thirty (30) miles or thirty (30) minutes, except in non-urban areas where access may not exceed sixty (60) miles or sixty (60) minutes, with the exception of Behavioral Health Services and physical rehabilitative services where access shall not exceed sixty (60) miles or sixty (60) minutes.
- F. Access for general dental services shall not exceed sixty (60) miles or sixty (60) minutes. Any exceptions shall be justified and documented by the Contractor. Appointment and waiting times shall not exceed thirty (30) days for regular appointments and forty-eight (48) hours for urgent care.
- G. Access for general vision, laboratory and radiology services shall not exceed sixty (60) miles or sixty (60) minutes. Any exceptions shall be justified and documented by the Contractor. Appointment and waiting times shall not exceed thirty (30) days for regular appointments and forty-eight (48) hours for Urgent Care.
- H. Access for Pharmacy services shall not exceed thirty (30) miles or thirty (30) minutes.
- I. In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program to provide out-patient, intensive out-patient, substance abuse residential, case management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services..
- J. The Department shall notify the Contractor and all other MCOs on contract with the Department when more than five (5%) percent of Emergency Room visits in a Medicaid Region, in a rolling three (3) month period, are determined to be a non-emergent visit. The Contractor shall provide sufficient alternate sites for twenty-four (24) hour care and appropriate incentives to Enrollees to reduce unnecessary Emergency Room visits so that the determination of non-emergent visits are reduced to no more than two (2%) percent in a rolling three (3) month period for that Medicaid Region. The Contractor and all other MCOs shall provide such alternate sites or incentives based upon the number of their respective Enrollees in the Medicaid Region.

29.8 Additional Network Provider Requirements

- A. The Contractor shall attempt to enroll the following Providers in its network as follows:
 - 1. Teaching hospitals;
 - 2. FQHCs and rural health clinics;
 - 3. The Kentucky [Office for Children with Special Health Care Needs](#) ~~Commission for Children with Special Health Care Needs~~
 - 4. Community Mental Health Centers;
 - 5. Pediatric Prescribed Extended Care Providers

If the Contractor is not able to reach agreement on terms and conditions with these specified providers, it shall submit to the Department, for approval, documentation which supports that adequate services and service sites as required in this Contract shall be provided to meet the needs of its Enrollees without contracting with these specified providers. Such approval is subject to Section 4.4 "Approval of Department."

- B. In consideration of the role that Department for Public Health, which contracts with the local

health departments, plays in promoting population health of the provision of safety net services, the Contractor shall offer a participation agreement to the Department of Public Health for local health department services. Such participation agreement shall include, but not be limited to, the following provisions:

1. Coverage of the Preventive Health Package pursuant to 907 KAR 1:360.
2. Provide reimbursement at rates commensurate with those provided under Medicare.

The Contractor is encouraged to work with the Department for Public Health on the Diabetes Self-Management Program and the Diabetes Prevention Program

The Contractor may also include any charitable providers which serve Enrollees in the Medicaid Region, provided that such providers meet credentialing standards.

- C. The Contractor shall demonstrate the extent to which it has included providers who have traditionally provided a significant level of care to Medicaid Enrollees. The Contractor shall have participating providers of sufficient types, numbers, and specialties to assure quality and access to health care services as required for the Quality Improvement program as outlined in Management Information Systems. If the Contractor is unable to contract with the providers listed in this subsection, it shall submit to the Department, for approval, documentation which supports that adequate services and service sites as required in the Contract shall be available to meet the needs of its Enrollees. Such approval is subject to Section 4.4 "Approval of Department."

29.9 Provider Network Adequacy

The Contractor shall submit information in accordance with **Appendix L. "MCO Provider Network File Layout"** that demonstrates that the Contractor has an adequate network that meets the Department's standards in Section 29.7 "**Provider Program Capacity Demonstration.**" The Contractor shall notify the Department, in writing, of any anticipated network changes that may impact network standards as defined herein.

The Contractor shall update this information to reflect changes in the Contractor's Network monthly. Unless the request is as a result of a determination under Section 29.10 "**Expansion and/or Changes in the Network**" that the Contractor is not in compliance with the access standards, the Contractor shall have thirty (30) days to produce documentation on changes to its Network.

29.10 Expansion and/or Changes in the Network

If at any time, the Contractor or the Department determines that its Contractor Network is not adequate to comply with the access standards specified above for 95% of its Enrollees, the Contractor or Department shall notify the other of this situation and within fifteen (15) business days the Contractor shall submit a corrective action plan to remedy the deficiency. Providers in the Contractor's Network who will not accept Medicaid Enrollees shall not be included in the assessment as to whether the Contractor's Network is adequate to comply with access standards. The corrective action plan shall describe the deficiency in detail, including the geographic location where the problem exists, and identify specific action steps to be taken by the Contractor and time-frames to correct the deficiency.

In addition to expanding the service delivery network to remedy access problems, the Contractor shall also make reasonable efforts to recruit additional providers based on Enrollee requests. When Enrollees ask to receive services from a provider not currently enrolled in the network, the Contractor shall contact that provider to determine an interest in enrolling and willingness to meet the Contractor's terms and conditions.

29.11 Provider Electronic Transmission of Data

The Contractor shall transmit any additions or changes to the Contractor's Network as specified in **Appendix L. "MCO Provider Network File Layout"**. Encounter Record containing provider numbers that are not on the Medicaid master provider file will not be accepted.

29.12 Provider System Specifications and Data Definitions

Appendix L. "MCO Provider Network File Layout" contains the file layouts, data element definitions, and other information relevant to maintenance of the provider file by Contractor.

29.13 Maintaining Current Provider Network Information for Enrollees

In addition to providing changes to the Provider Network to the Department, the Contractor shall ensure that all changes to the Provider Network are communicated to Enrollees within ten (10) business days of such change. Correcting the Provider Directory maintained by the Contractor on its website within ten (10) business days of such changes shall be deemed in compliance with this provision. The Contractor shall update a paper provider directory at least monthly.

In accordance with 42 C.F.R. 438.10(h), the Provider Directory shall include the following for physicians, hospitals, pharmacies, behavioral health providers:

- A. Provider's name as well as any group affiliation;
- B. Street address;
- C. Telephone number(s);
- D. Website URL, as appropriate;
- E. Specialty, as appropriate;
- F. Whether the provider will accept new Enrollees;
- G. Provider's cultural and linguistic capabilities including languages offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
- H. Whether the provider's office/facility has accommodations for people with physical disabilities including offices, exam rooms and equipment.

29.14 Cultural Consideration and Competency

The Contractor shall participate in the Department's effort to promote the delivery of services in a culturally competent manner to all Enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity. The Contractor shall address the special health care needs of its Enrollees needing culturally sensitive services. The Contractor shall incorporate in policies, administration and service practice the values of: recognizing the Enrollee's beliefs; addressing cultural differences in a competent manner; fostering in staff and Providers attitudes and interpersonal communication styles which respect Enrollee's cultural background. The Contractor shall communicate such policies to Subcontractors.

30.0 Provider Payment Provisions

30.1 Claims Payments

The Contractor shall accept only the uniform claim forms submitted from providers that have been approved by the Department and completed according to Department guidelines. The Contractor

shall accept claims submitted directly to the Contractor by the Provider. The Contractor shall ensure that payments are made to the appropriate provider.

30.2 Prompt Payment of Claims

In accordance with 42 C.F.R. 447.46, the Contractor shall comply with the timely claims payment requirements of 42 C.F.R. 447.45. The Contractor shall implement Claims payment procedures that ensure 90% of all Provider Claims, including to I/T/Us, for which no further written information or substantiation is required in order to make payment are paid or denied within thirty (30) days of the date of receipt of such Claims and that 99% of all Claims are processed within ninety (90) days of the date of receipt of such Claims. In addition, the Contractor shall comply with the Prompt-Pay statute, codified within KRS 304.17A-700-730, as may be amended, and KRS 205.593, and KRS 304.14-135 and KRS 304.99-123, as may be amended. The date of receipt is the date the MCO receives the claim, as indicated by its date stamp on the claim or other notation as appropriate to the medium used to file a claim and the date of payment is the date of the check or other form of payment.

The Contractor shall notify the requesting provider of any decision to deny a Claim or to authorize a service in an amount, duration, or scope that is less than requested.

Any conflict between federal law and Commonwealth law will default to the federal law unless the Commonwealth requirements are stricter.

30.3 Payment to Out-of-Network Providers

The Contractor shall reimburse Out-of-Network Providers in accordance with Section 30.1 “**Claims Payments**” for the following Covered Services:

- A. Specialty care for which the Contractor has approved an authorization for the Enrollee to receive services from an Out-of-Network Provider;
- B. Emergency Care that could not be provided by the Contractor’s Network Provider because the time to reach the Contractor’s Network Provider would have resulted in risk of serious damage to the Enrollee’s health;
- C. Services provided for family planning;
- D. Services for children in Foster Care; and
- E. Pharmacy services.

The above listed Covered Services shall be reimbursed at no more than 100 percent of the Medicaid fee schedule/rate.

30.4 Payment to Providers for Serving Dual Eligible Enrollees

The Contractor shall coordinate benefits for Dual Eligible Enrollees by paying the lesser amount of:

- A. The Contractor’s allowed amount minus the Medicare payment, or
- B. The Medicare co-insurance and deductible up to Contractor’s allowed amount.

In the event that Medicaid does not have a price for codes included on a crossover claim then the entire Medicare coinsurance and deductible shall be paid by the Contractor. The Contractor shall further assist Dual Eligible Enrollees in coordination of benefits required under Section 4.3 “**Delegations of Authority.**”

30.5 Payment of Federally Qualified Health Centers (“FQHC”) and Rural Health Clinics (“RHC”)

The Contractor shall assure that payment for services provided to FQHCs and RHCs is not less than the level and amount of payment the Contractor would make for the services if the services were furnished by other clinic or primary care Providers. The Department shall reimburse, by making payments directly to FQHCs and RHCs, the difference if the rate is less than the amount paid under Kentucky’s established prospective payment system (PPS) rate for the federally certified facilities. The Department may not pay an FQHC and RHC in excess of the PPS rate. The Contractor may also limit payment to the PPS rate.

The Contractor shall report to the Department within forty-five (45) calendar days of the end of each quarter the total amount paid to each FQHC and RHC per month. The report shall include the provider number, name, total number of paid claims per month, total amount paid by Contractor, and any adjustments. If the Contractor fails to submit the information within the required timeframe, there shall be a penalty of \$500 per day until the information is received.

30.6 Office for Children with Special Health Care Needs~~Commission for Children with Special Needs~~

The case management and care coordination needs of the medically complex children serviced by the Office for Children with Special Health Care Needs (OCSHCN)~~Commission for Children with Special Needs~~ must be recognized by the Contractor in that a special payment rate shall be developed for OCSHCN ~~the Commission~~ by a process of negotiation between the Contractor and OCSHCN~~the Commission~~. The rate to be established shall be not less than seventy-eight (78) percent of the Medicaid allowable cost based on the most recent available cost report of ~~the Commission~~OCSHCN and shall be subject to negotiation at annual intervals.

30.7 Payment of Teaching Hospitals

In establishing payments for teaching hospitals in the Contractor’s Network, the Contractor shall recognize total costs for graduate medical education at state owned or operated teaching hospitals, including adjustments required by KRS 205.565

30.8 Intensity Operating Allowance

The Department and the Contractor acknowledge and agree that Contractor is subject to the legislatively mandated intensity operating allowance and hospital rate increase. Contractor shall receive capitation payments that reflect these mandated items. (See 907 KAR 10:830)

30.9 Urban Trauma

The Contractor shall agree that payment for Urban Trauma Center amount is contingent upon the Commonwealth’s receipt of the necessary state matching funds from the Urban Trauma Provider to support such payment and shall so do in a manner necessary to meet all federal requirements governing such transactions. (See 907 KAR 10:830)

30.10 Critical Access Hospitals

The Contractor shall reimburse Critical Access Hospitals at rates that are at least equal to those established by CMS for Medicare reimbursement to a critical access hospital in accordance with 907 KAR 10:815.

30.11 Supplemental Payments [including State Directed Payments](#)

The Department and Contractor recognize the Department's desire to provide enhanced reimbursement to provider entities through supplemental payments in order to preserve the ability of the provider entities to provide essential services to Commonwealth residents.

Supplemental payments in addition to adjudicated claims payments are made to a number of specified provider entities. Those categories of providers receiving supplemental payments are as follows:

- A. Intensity Operating Allowance for Pediatric Teaching hospitals
- B. A State Designated Urban Trauma Center
- C. State Owned or Operated University Teaching Hospital Faculty
- D. Psychiatric Access Supplement to a Designated Psychiatric Hospital

Descriptions of these payments are found in other sections of the contract. State owned or operated university teaching hospitals include a hospital operated by a related party organization as defined in 42 C.F.R. 413.17, which is operated as part of an approved School of Medicine or Dentistry.

Supplemental payments will be made in accordance with 42 C.F.R. 438.6(d). The Department will make payments to the Contractor, through the monthly capitation payment in accordance with Appendix A, for the supplemental payments the Contractor shall pay the specified providers. The Department will notify the Contractor of the amount of the monthly supplemental payment. Contractor shall make monthly supplemental payments to the specified providers on or before the last business day of the month of service for which capitation is paid. Six (6) months following the end of this Contract, the Department or its designee will reconcile the supplemental payments between the Department and the Contractor based on Total Enrollee Months during the Contract period with run out through the June, 2018 capitation cycle. The Department will make a final supplemental payment or recoup payments from the Contractor as determined by the reconciliation. The Contractor shall pay any additional funds due the specified providers or recoup from the providers based on the Department's determination.

The Contractor agrees, upon the request of the Department, to submit to the Department claims-level cost data for payment verification purposes. Contractor will work with the Department to assure that information is provided to allow for provider entities to remit the state matching portion of the payments to the Department, as applicable.

[The Contractor agrees upon the request of the Department to participate in other State Directed Payment programs as they are implemented.](#)

30.12 Independence of Provider Reimbursement Rates and Methodologies

Unless explicitly stated elsewhere in this Contract, the Department does not direct the Contractor's expenditures for services provided under this Contract, and reimbursement rates and methodologies for services provided under this Contract are at the sole discretion of the Contractor.

30.13 Notice to Providers on Change of Reimbursement

The Contractor shall give at least thirty (30) days written notice to Providers prior to any change in payment structure or reimbursement amount. The written notice must contain clear and detailed information about the change. Changes in reimbursement to current Covered Services shall not be retroactive. The Contractor is responsible for updating their system to accept new codes covered

by The Department and delete expired codes regardless of when they are added to or deleted from The Department's fee schedules.

31.0 Covered Services

31.1 Medicaid Covered Services

The Contractor shall provide Covered Services in an amount, duration, and scope that is no less than the amount, duration, and scope furnished Medicaid recipients under fee-for-service program, and for Enrollees under the age of twenty-one (21) as set forth in 42 C.F.R. 441 Subpart B; that are reasonably expected to achieve the purpose for which the services are furnished; enables the Enrollee to achieve age-appropriate growth and development; and enables the Enrollee to attain, maintain, or regain functional capacity. The Contractor shall not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition.

The Contractor may establish measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to Enrollees; may place appropriate limits on a service on the basis of criteria applied under the Medicaid State Plan, and applicable regulations, such as medical necessity; and place appropriate limits on a service for utilization control, provided the services furnished can reasonably be expected to achieve their purpose, services supporting individuals with ongoing or chronic conditions or who require long-term services and supports are authorized in a manner that reflects the Enrollee's ongoing need for such services and supports, and family planning services are provided in a manner that protects and enables the Enrollee's freedom to choose the method of family planning.

The Contractor shall provide, or arrange for the provision of Covered Services to Enrollees in accordance with the state Medicaid plan, state regulations, and policies and procedures applicable to each category of Covered Services. The Contractor shall ensure that the care of new Enrollees is not disrupted or interrupted. The Contractor shall ensure continuity of care for new Enrollees receiving health care under fee for service prior to enrollment in the Plan. **Appendix H. "Covered Services"** shall serve as a summary of currently Covered Services that the Contractor shall be responsible for providing to Enrollees. However, it is not intended, nor shall it serve as a substitute for the more detailed information relating to Covered Services which is contained in the State Medicaid Plan, applicable administrative regulations governing Kentucky Medicaid services and individual Medicaid program services manuals incorporated by reference in the administrative regulations.

After the Execution Date, to the extent a new or expanded Covered Service is added by the Department to Contractor's responsibilities under this Contract, ("New Covered Service") the financial impact of such New Covered Service will be evaluated from an actuarial perspective by the Department, and Capitation Rates to be paid to Contractor hereunder will be adjusted, if necessary, accordingly to Sections 11.2 "**Rate Adjustments**" and 41.3 "**Amendments**". The determination that a Covered Service is a New Covered Service is at the discretion of the Department. At least ninety (90) days before the effective date of the addition of a New Covered Service, the Department will provide written notice to Contractor of any such New Covered Service and any adjustment to the Capitation Rates herein as a result of such New Covered Service. This notice shall include: (i) an explanation of the New Covered Service; (ii) the amount of any adjustment to Capitation Rates herein as a result of such New Covered Service; and (iii) the methodology for any such adjustment.

The Contractor may provide, or arrange to provide, services in addition to the services described above provided quality and access are not diminished, the services are Medically Necessary health services and cost-effective. The cost for these additional services shall not be included in the Capitation Rate. The Contractor shall notify and obtain approval from Department for any new

services prior to implementation. The Contractor shall notify the Department by submitting a proposed plan for additional services and specify the level of services in the proposal.

For any Medicaid service provided by the Contractor that requires the completion of a specific form (e.g., hospice, sterilization, hysterectomy, or abortion), the form shall be completed according to the appropriate Kentucky Administrative Regulation (KAR). The Contractor shall require its Subcontractor or Provider to retain the form in the event of audit and a copy shall be submitted to the Department upon request.

The Contractor shall not prohibit or restrict a Provider from advising an Enrollee about his or her health status, medical care, or treatment, regardless of whether benefits for such care are provided under the Contract, if the Provider is acting within the lawful scope of practice.

If the Contractor is unable to provide within its network necessary **Covered Services**, it shall timely and adequately cover these services out of network for the Enrollee for as long as Contractor is unable to provide the services in accordance with 42 C.F.R. 438.206. The Contractor shall coordinate with out-of-network providers with respect to payment. The Contractor will ensure that cost to the Enrollee is no greater than it would be if the services were provided within the Contractor's Network.

An Enrollee who has received Prior Authorization from the Contractor for referral to a specialist physician or for inpatient care shall be allowed to choose from among all the available specialists and hospitals within the Contractor's Network, to the extent reasonable and appropriate.

31.2 Direct Access Services

The Contractor shall make Covered Services available and accessible to Enrollees as specified in this Contract. The Contractor shall routinely evaluate Out-of-Network utilization and shall contact high volume providers to determine if they are qualified and interested in enrolling in the Contractor's network. If so, the Contractor shall enroll the provider as soon as the necessary procedures have been completed. When an Enrollee wishes to receive a direct access service or receives a direct access service from an Out-of-Network Provider, the Contractor shall contact the provider to determine if it is qualified and interested in enrolling in the network. If so, the Contractor shall enroll the provider as soon as the necessary enrollment procedures have been completed.

The Contractor shall ensure direct access and may not restrict the choice of a qualified provider by an Enrollee for the following services within the Contractor's Network:

- A. Primary care vision services, including the fitting of eye-glasses, provided by ophthalmologists, optometrists and opticians;
- B. Primary care dental and oral surgery services and evaluations by orthodontists and prosthodontists;
- C. Voluntary family planning in accordance with federal and state laws and judicial opinion;
- D. Maternity care for Enrollees under eighteen (18) years of age;
- E. immunizations to Enrollees under twenty-one (21) years of age;
- F. Sexually transmitted disease screening, evaluation and treatment;
- G. Tuberculosis screening, evaluation and treatment;
- H. Testing for Human Immunodeficiency Virus (HIV), HIV-related conditions, and other communicable diseases as defined by 902 KAR 2:020;
- I. Chiropractic services;
- J. For Enrollees with special health care needs determined through an assessment to need a course of treatment or regular care monitoring, allow Enrollees to directly access a specialist as appropriate for the Enrollee's condition and identified needs; and
- K. Women's health specialists.

The Contractor shall ensure direct access and may not restrict the Enrollee's access to services in accordance with 42 C.F.R. 438 and applicable state statutes and regulations.

31.3 Second Opinions

At the Enrollee's request, the Contractor shall provide for a second opinion related to surgical procedures and diagnosis and treatment of complex and/or chronic conditions, within the Contractor's network, or arrange for the Enrollee to obtain a second opinion outside the network without cost to the Enrollee. The Contractor shall inform the Enrollee, in writing, at the time of Enrollment of the Enrollee's right to request a second opinion.

31.4 Billing Enrollees for Covered Services

The Contractor and its Providers and Subcontractors shall not bill an Enrollee for Medically Necessary Covered Services with the exception of applicable co-pays or other cost sharing requirements provided under this Contract. Any Provider who knowingly and willfully bills an Enrollee for a Medicaid Covered Service shall be guilty of a felony and upon conviction shall be fined, imprisoned, or both, as defined in Section 1128B(d)(1) 42 U.S.C. 1320a-7b of the Social Security Act. This provision shall remain in effect even if the Contractor becomes insolvent.

However, if an Enrollee agrees in advance in writing to pay for a Non-Medicaid covered service, then the Contractor, the Contractor's Provider, or Contractor's Subcontractor may bill the Enrollee. The standard release form signed by the Enrollee at the time of services does not relieve the Contractor, Providers and Subcontractors from the prohibition against billing a Medicaid Enrollee in the absence of a knowing assumption of liability for a Non-Medicaid Covered Service. The form or other type of acknowledgement relevant to Medicaid Enrollee liability must specifically state the services or procedures that are not covered by Medicaid.

31.5 Referrals for Services Not Covered by Contractor

When it is necessary for an Enrollee to receive a Medicaid service that is outside the scope of the Covered Services provided by the Contractor, the Contractor shall refer the Enrollee to a provider enrolled in the Medicaid fee-for-service program. The Contractor shall have written policies and procedures for the referral of Enrollees for Non-Covered Services that shall provide for the transition to a qualified health care provider and, where necessary, assistance to Enrollees in obtaining a new Primary Care Provider. The Contractor shall submit any desired changes to the established written referral policies and procedures to the Department for review and approval subject to Section 4.4 "**Approval of Department.**"

31.6 Interface with State Behavioral Health Agency

- A. Contractor's Behavioral Health Director or designee will meet with the Department and DBHDID no less than quarterly to discuss State Mental Health Authority and Single State (substance abuse) Agency (SSA) protocols, rules and regulations including but not limited to:
 - 1. Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) operating definitions
 - 2. Other priority populations
 - 3. Targeted Case Management, Community Support Associate, and Peer Support provider certification training and process
 - 4. Satisfaction survey requirements
 - 5. Priority training topics (e.g. trauma-informed care, suicide prevention, co-occurring disorders, evidence-based practices)
 - 6. Behavioral health services hotline
 - 7. Behavioral health crisis services (referrals; emergency, urgent and routine care)

- B. Contractor will coordinate:
1. Enrollee education process for individuals with serious mental illnesses (SMI) and children and youth with serious emotional disturbances (SED) with the Department. Contractor will provide the Department and DBHDID with proposed materials and protocols.
 2. With the Department, DBHDID and CMHCs a process for integrating Behavioral Health Services' hotlines with processes planned by the Contractor to meet system requirements.
 3. With the Department on establishing collaborative agreements with state operated or state contracted psychiatric hospitals, as well as with other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use.

31.7 Provider-Preventable Diseases

The Contractor shall not pay a Provider for provider-preventable conditions that meet the following criteria:

- A. Is identified in the State Medicaid plan;
- B. Has been found by the Department, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines;
- C. Has a negative consequence for the Enrollee;
- D. Is auditable; and
- E. Includes, at a minimum, wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

The Contractor shall require all Providers to report provider-preventable conditions associated with claims for payment or Enrollee treatments for which payment would otherwise be made. The Contractor shall report all identified provider-preventable conditions in a form or frequency as specified by the Department.

31.8 Mental Health Parity

The Contractor and its providers must comply with the Mental Health Parity and Addiction Equity Act of 2008 and 42 C.F.R. 438 Subpart K, including the requirements that treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the Contractor and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

31.9 Institutions for Mental Disease (IMD) Expansion

In accordance with 42 C.F.R. 438.3(e)(2), the Contractor may cover services or settings in lieu of services or settings covered under the State Plan, including an inpatient stay in an IMD for psychiatric or substance use disorder, for Enrollees aged 21 through 64 for a short term stay up to the number of days permitted by CMS.

- A. The services and settings will be reimbursable and subject to the requirements of 42 C.F.R. Part 438.
- B. Per 42 C.F.R. 438.3(e)(2)(ii), the Contractor may not require an Enrollee to receive services in an IMD.
- C. The Contractor shall track the number of days of the Enrollee's stay in an IMD during a calendar month. If the Enrollee's stay exceeds 15 calendar days in a given month, the Contractor shall notify the Department within five (5) business days.

- D. The Enrollee will remain in the Contractor's plan. For months when the Enrollee's stay exceeds 15 days, the Contractor will receive a pro-rated capitation payment for the days the Enrollee is not in the IMD. The rate to be paid for the days in the IMD shall be at the Contractor's negotiated rate between the Contractor and the provider.

32.0 Pharmacy Benefits

This section serves to clarify additional requirements specifically related to the Contractor's administration of pharmacy benefits on behalf of the Department.

32.1 Pharmacy General Requirements

The Contractor shall administer pharmacy benefits in accordance with this section, other requirements specified in this Contract, and in accordance with all applicable State and Federal laws and regulations. In accordance with the Contractor's Formulary and/or Preferred Drug List, the Contractor shall provide coverage for all medically necessary legend and non-legend drugs once a drug becomes FDA approved and eligible for manufacturer federal rebates in accordance with Section 1927 of the Social Security Act, and ensure the availability of quality pharmacy services for all Enrollees.

Pharmacy benefit requirements shall include, but not be limited to:

- A. State-of-the-art, online and real-time rules-based point-of-sale (POS) claims processing services with prospective drug utilization review (ProDUR) and edits;
- B. An accounts receivable (A/R) process that includes records for the Department to systematically track adjustments, recoupments, manual payments, and other required identifying A/R and claim information;
- C. Retrospective drug utilization review (RetroDUR) services;
- D. Formulary and non-formulary services, including but not limited to, prior authorization (PA) services, a PA escalation process and procedure, an appeals process, and a Pharmacy and Therapeutics Committee;
- E. Pharmacy Provider relations and education, and call center services (Enrollee and Provider), in addition to Provider services specified elsewhere;
- F. Seamless interfaces with the information systems of the Department and as needed, any related vendors;
- G. Claims payment services;
- H. Reporting and analysis to assist in monitoring and managing the pharmacy program and ensuring compliance with all Federal and State requirements;
- I. Assisting the Department by cooperating and providing support during internal and external audits, including CMS certification or reviews, or transitions or upgrades of any MMIS/MEMS systems; and
- J. Pursuant to Section 1903(i) of the Social Security Act, all handwritten or computer generated/printed Medicaid prescriptions shall require one or more approved industry-recognized tamper-resistant features to prevent all three (3) of the following:
 - 1. Copying of a completed or blank prescription form;
 - 2. Erasure or modification of information written on the prescription pad by the prescriber;
AND
 - 3. Use of counterfeit prescription forms.

This requirement does not pertain to prescriptions received by fax, telephone, or electronically.

32.2 Response Time for Pharmacy-Related Matters

The Contractor shall cooperate with the Department as needed regarding pharmacy-related

matters and shall respond to Department staff telephone calls or emails no later than three (3) hours or within the time requested in urgent or emergency cases as determined by the Department.

32.3 Covered Outpatient Drugs

The Contractor shall provide coverage of covered outpatient drugs and prescribed drugs as defined in Section 1927 of the Social Security Act, that meets the standard of coverage imposed by Section 1927 as if such standards applied directly to Contractor. If the Contractor's formulary does not provide coverage of a drug that is otherwise covered by Kentucky Medicaid for individuals in the FFS program, the Contractor shall ensure access and coverage to the off-formulary covered outpatient or prescribed drug in the same manner as Kentucky Medicaid FFS and in accordance with the prior authorization requirements of Section 1927.

32.4 Physician Administered Drugs

The Contractor shall be responsible for reimbursement of physician administered drugs and biologics. Claims for drug products obtained and/or administered in an office/clinic or other non-institutional setting and processed via Contractor's medical benefit shall contain a valid National Drug Code (NDC) and other necessary information such as a HCPCS code (J-Code, Q-Code, A-Code) and appropriate billable units. If such claims are processed via Contractor's point of sale system, then such claims shall be NCPDP compliant. Any claim for a physician administered drug shall satisfy all requirements for encounter submission and acceptance and meet all rebate invoicing requirements regardless of processing format.

32.5 Formulary and/or Preferred Drug List

The Contractor shall maintain a drug formulary and/or preferred drug list (PDL) which follows the general and minimum requirements herein:

- A. The formulary and/or PDL shall:
 1. Be made available to Providers and Enrollees, including the tier for each medication and other information as necessary;
 2. Only exclude coverage of drugs or drug categories permitted under Section 1927(d) of the Social Security Act as amended by the Omnibus Budget Reconciliation Act (OBRA) of 1993;
 3. Be developed by a P&T that shall represent the Enrollees including those with special needs;
 4. For each therapeutic drug class, the selection of drugs included shall be sufficient to ensure the availability of covered drugs with the least need for prior authorization; and
 5. Not be used for the sole purpose to deny coverage of any Medicaid covered outpatient drug.
 6. Be reviewed on a rolling basis so that all represented classes are reviewed within at least a three (3) year period.
- B. If the formulary and/or PDL prefers generic equivalents, Contractor shall provide a brand name exception process for prescribers to use when medically necessary.
- C. Publication of formulary and/or PDL:
 1. Contractor shall publish and make available via hard copy upon request, online/webpage or web portal, or by other relevant means of communication its current formulary and/or PDL to all Providers and Enrollees.
 2. Formulary and/or PDL drug lists shall be made available on Contractor's web site in a machine readable file and format as specified in 42 C.F.R. section 438.10.
 3. The formulary and/or PDL shall be updated by the Contractor throughout the year and shall reflect changes such as, status of a drug, adds or deletes. Updates to the formulary and/or PDL shall be distributed in the formats herein mentioned no later than the effective

date of changes.

So long as the Contractor complies with the requirements of Section 1927, Contractor may adopt different formularies and/or PDLs than those of the Department and apply different utilization management tools or practices such as, but not limited to, prior authorization requirements.

32.6 Alignment of Clinical Criteria and Pharmacy Based Programs and Initiatives

To assist the Department in its efforts to address some of Kentucky's greatest health concerns; including but not limited to Hepatitis and substance use disorders, the Contractor shall, when and as directed by the Department, align with Department sponsored clinical criteria, pharmacy based programs and other initiatives. The Department may at any time during this Contract notify the Contractor of drug class or specific drug product clinical criteria, pharmacy based programs, or initiatives focused on drug utilization or outcomes. The Contractor shall align its criteria and processes and comply with such requirements no later than ninety (90) calendar days after written notification is sent from the Department. Any systems or policy and process changes required to implement new requirements shall be made at no cost to the Department.

32.7 Reimbursement Rates and Dispensing Fees

The Department shall set, create, or approve, and may change at any time for any reason, reimbursement rates between the Contractor or a pharmacy benefit manager or administrator or the like subcontractor and a pharmacy Provider, or an entity which contracts on behalf of a pharmacy. Reimbursement rates shall include dispensing fees which take into account applicable CMS guidance. The pharmacy benefit manager or administrator or the like subcontracted by the Contractor shall notify the Department directly or through the Contractor no less than thirty (30) calendar days in advance of any proposed change of over five percent (5%) in the product reimbursement rates for a pharmacy Provider licensed in the state. The Department may disallow such a change by notifying the Contractor at any time prior to the implementation date of the change. If the Department disallows the proposed change, the Contractor shall require its subcontracted pharmacy benefit manager or administrator or the like to reprocess all affected claims without undue delay at the old reimbursement rate.

The Department may consider any information ascertained pursuant to this Contract in the setting, creation, or approval of reimbursement rates and dispensing fees subject to this section.

Beginning on the effective date of this Contract and pursuant to 18 RS HB 200, Medicaid Benefits, section (16), the Contractor shall comply and ensure that any subcontractor engaged to reimburse for drug products through POS/retail claims complies with all dispensing fee requirements set by this Contract. The Contractor shall or shall cause and ensure its subcontracted agent or entity to pay an additional dispensing fee of two dollars (\$2.00) without reduction of any kind or for any reason. This additional dispensing fee amount shall be in addition to the dispensing fee remitted to pharmacies for POS/retail claims as calculated or determined by contractual provisions negotiated directly with the dispensing pharmacy or any entity who contracts on behalf of the dispensing pharmacy whether negotiated by the Contractor, any subcontracted pharmacy benefit manager or administrator or the like.

32.8 Pharmacy and Therapeutics Committee

The Contractor shall utilize a Pharmacy and Therapeutics Committee (P&T) in accordance with KAR Title 907. The P&T shall meet in Kentucky periodically throughout the calendar year as necessary and make recommendations to the Contractor for changes to the PDL or drug formulary. The P&T shall be considered an advisory committee to a public body thereby making it subject to Kentucky's Open Meetings Law found in KRS 61.800 to 61.850. Prior to each new calendar year,

the Contractor shall give notice to the Department of the time, date and location of the P&T meetings. The Contractor shall make every reasonable effort to ensure that meeting dates and times for the P&T do not conflict with the meeting times for other MCO P&T or FFS P&T meetings. This shall be for the purpose of allowing attendance and travel for interested parties and the Department's pharmacy staff. Final decisions are to be posted and maintained on the Contractor's pharmacy information webpage and/or web portal.

32.9 Pharmacy Claims Payment Administration

All claims adjudicated as payable shall be for eligible Enrollees, to enrolled Providers, for approved services, and in accordance with the payment rules and other policies, regulations, and statutes of the Department.

The Contractor shall:

- A. Ensure the POS system satisfies the functional and informational requirements by:
 1. Supporting the POS function for claims submissions by pharmacies twenty-four (24) hours per day, three hundred and sixty-six (366) days per year (except for scheduled and approved downtime).
 2. Providing the ability to apply an Internal Control Number (ICN) to each claim and its supporting documentation, regardless of submission format. This unique number is used to cross reference the ICN for tracking, claims, research, reconciliation, or audit purposes.
 3. Ensuring appropriate HIPAA safeguards are in place to protect the confidentiality of client information.
 4. Ensuring the system is capable of adding, changing, or removing claim adjudication processing rules to accommodate State and Federal required changes to the pharmacy program within sixty (60) days, unless otherwise approved.
- B. Process, adjudicate, and pay Kentucky Medicaid pharmacy claims, including voids and full or partial adjustments, via an online, real-time POS system by:
 1. Using the specified current National Council for Prescription Drug Program (NCPDP) format. Required updates to this format shall be at no cost to the Department;
 2. Identifying and denying claims that contain invalid Provider numbers including where the Taxonomy/National Provider Identifier (NPI) or Provider number is missing or is invalid. Claims containing errors shall be returned to the originating Provider;
 3. Identifying Providers on all pharmacy claims by their specific NPI; Drug Enforcement Administration (DEA) numbers, Taxonomy, or any other identifying number as required by CHFS, the Department, or HIPPA shall be captured by the Provider files;
 4. Utilizing a system that has the functionality to process claims requiring International Classification of Diseases Ninth Revision (ICD-9) and International Classification of Diseases Tenth Revision (ICD-10) codes; and
 5. Validating claims to identify any liable third party (e.g. Medicare), and ensure that Medicaid is the payer of last resort.
- C. Pay ninety-five percent (95%) of all clean claims submitted by network and non-network pharmacy Providers within twenty-one (21) calendar days of receipt and one hundred percent (100%) of all claims in thirty (30) calendar days.
 1. The term "pay" means either send the Provider cash or cash equivalent in full satisfaction of the clean claim, or give the Provider a credit against any outstanding balance owed by that Provider to the Contractor.
 2. The term "clean claim" means a properly completed paper or electronic claim submitted in compliance with NCPDP standards and approved for payment.
 3. Resubmission of a claim with further information and/or documentation shall constitute a new claim for purposes of establishing the time frame for claims processing.
 4. Contractor shall pay the claim or advise the Provider that the claim submitted is denied and specify all reasons for the denial.
- D. Contractor shall also provide the ability to process claims on batch electronic media and paper

claims submitted directly for processing. Paper claims may include, but not limited to, those submitted in situations when an Enrollee has to visit an out-of-network pharmacy in an emergency. Paper claims shall be submitted on the NCPDP UCF version D.0.

1. Contractor shall process and adjudicate paper claims within ten (10) calendar days of receipt.
 2. Contractor shall assign ICNs to all batch claims within twenty-four (24) hours of receipt.
 3. Contractor shall maintain electronic backup of batch claims for the duration of the contract.
 4. Electronic batch claims shall be adjudicated through the same processing logic as the POS claims.
- E. Claims (837) and Remittance Advices (R/A) (835) shall use the American National Standards Institute (ANSI) X12 Electronic Data Interface (EDI) standard required for HIPAA compliance.
- F. Contractor shall notify the Department in writing no later than one (1) calendar day from discovery of any POS processing and/or claims adjudication issue that is or has the potential to significantly impact processing time for claims submissions, claims adjudication, and/or continuity of Enrollee drug therapy. A significant impact means for this purpose a threshold of one hundred (100) or more Enrollees impacted by the issue. Notification shall be followed by a written explanation of the root cause and corrective action.
- G. Contractor shall establish a unique Medicaid-specific Processor Identification (BIN)/Issuer Identification Number (IIN), Processor Control Number (PCN), and Group Number combination for POS pharmacy claims processing, to ensure Medicaid claims are not the same as Contractor's commercial and/or Medicare Part D business lines.
- H. Contractor shall develop, maintain and distribute to Providers a procedure and billing manual that lists detailed billing instructions.

32.10 Drug Utilization Review (DUR) Program

The Contractor shall operate a drug utilization review (DUR) program that complies with the requirements described in Section 1927(g) of the Social Security Act and 42 C.F.R. Part 456, Subpart K, and as required by the Department, as if such requirements applied directly to Contractor instead of the Department. The Contractor's DUR program shall satisfy the minimum requirements for prospective and retrospective DUR as described in Section 1927(g) of the Social Security Act, amended by the OBRA of 1990, and as followed herein.

- A. DUR standards shall ensure that Providers screen for allergies, idiosyncrasies, chronic conditions that may relate to drug utilization, potential drug therapy problems, and provide counseling to the Enrollee in accordance with existing pharmacy laws and federal regulations.
- B. DUR standards shall also encourage proper drug utilization by ensuring maximum compliance, minimizing potential fraud, waste and abuse, and taking into consideration both the quality and cost of the pharmacy benefit.
- C. Contractor shall include review of mental health/substance use and narcotic drugs in its DUR program.
- D. The DUR services and activities shall include, but not be limited to:
 1. Monitoring, managing and profiling prescribing patterns;
 2. Educating contracted Providers regarding compliance to formulary and/or PDL and appropriate prescribing practices; and
 3. Administering intervention practices with the goal of improving prescribing patterns for contracted Providers:
 - a. Whose prescribing patterns or practices appear to be operating outside of industry or peer norms or as may be defined by the Department;
 - b. Who are noncompliant as it relates to formulary and/or PDL adherence and/or generic prescription patterns; and/or
 - c. Who are failing to follow required PA processes and procedures.
- E. Reports and/or results of DUR program reviews shall be provided where applicable to Contractor's network Providers.
- F. A DUR program shall include current clinical standards for each category of DUR, i.e.

therapeutic duplication, drug-drug interaction, disease-drug interactions, maximum daily dosage, and therapy duration.

G. If at any time during this Contract DUR requirements are revised to align with State or federal laws, regulations or guidance, or Department policy, Contractor shall make all necessary changes to remain in compliance.

G.H. Effective October 1, 2019 all managed care organizations (MCOs) contracted with Kentucky Department for Medicaid Services will have drug utilization review provisions as outlined in Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. These provisions will include utilizing safety edits related to duplicate and early fills, quantity limits, dosage limits, and morphine milligram equivalents (MME). All MCOs will utilize safety edits for concurrent prescribing of opioids and benzodiazepines and opioids and antipsychotics. Additionally, all MCOs must have a program in place to monitor antipsychotic medications by children and document the appropriate actions taken based on the program. All MCOs must have in place a process that identifies fraud or abuse of controlled substances by individuals enrolled, health care providers prescribing drugs to individuals so enrolled, and pharmacies dispensing drugs to individuals so enrolled.

The Contractor shall provide a detailed description of its drug utilization review program activities to the Department on an annual basis. The actual date shall be determined by the Department and in sufficient time to gather the information necessary to comply with and time submit the CMS Annual DUR report. The Contractor shall provide all data necessary for appropriate CMS Annual DUR Report submissions including, but not limited to, completing the Contractor's portion of the actual annual report template furnished by CMS and within the requested timeframe.

32.11 Pharmacy Drug Rebate Administration

Pursuant to the Affordable Care Act and 42 C.F.R. 438.3(s), CMS requires States to collect CMS level rebates on all Medicaid MCO utilization. In order for the Department to comply with this requirement the Contractor shall be required to report timely drug utilization data that is necessary for the Department to bill manufacturers for rebates in accordance with section 1927 (b) (1) (A) of the Social Security Act no later than forty-five (45) calendar days or as required by the Department after the end of each quarterly rebate period. Therefore, covered outpatient or prescribed drugs dispensed by Contractor to Enrollees, including diabetic testing supplies, insulin, and those drug products administered by network Providers in an office/clinical or other non-institutional setting, are subject to the same manufacturer rebate requirements as Kentucky Medicaid FFS outpatient drugs. Such utilization information must include, at a minimum, information on the total number of units of each dosage form, strength, date of service (date of dispense), paid date (actual date claim was paid) and package size by NDC of each covered outpatient drug and prescribed drug dispensed or covered by the Contractor's plan. The Contractor shall submit this NDC level information on drugs, biologics, and other Provider administered products, including, but not limited to drug codes (e.g. J-Code/Q-Code/A-Code), units and conversions consistent with federal and Department requirements. The Department or its designated contractor shall provide this claims level detail to manufacturers to assist in dispute resolutions. However, since the Department is not the POS Claims processor, resolutions of unit disputes are dependent upon cooperation of the Contractor. The Contractor shall assist the Department in resolving drug rebate disputes with the manufacture.

If at any time during this Contract, requirements are revised to align with State or federal laws, regulations or guidance, Contractor shall make all changes necessary to remain in compliance.

32.12 340B Transactions

The Contractor shall submit all drug encounters including physician administered drugs, with the exception of in-patient hospital drug encounters, to the Department pursuant to the requirements

of this Contract. The Contractor shall maintain the systems capability and methodology to appropriately identify 340B claims in real time, prospectively, and retrospectively. The Contractor shall support all Department based efforts and initiatives for 340B claim identification at a claim level of detail, including the utilization of the NCPDP fields designed for this purpose. Contractor shall require pharmacy Providers or processing vendors to identify 340B purchased drugs on claims in accordance with Department requirements.

The Department shall deliver notice of billing guide changes to Contractor as necessary and with implementation deadlines. If program changes occur, these shall be at no cost to the Department.

32.13 Pharmacy Prior Authorizations

The Contractor shall conduct a Prior Authorization (PA) program that complies with the requirements of section 1927(d)(5) of the Social Security Act and with Department requirements, as if such requirements apply to the Contractor instead of the Department.

The Contractor's PA program shall ensure there is no undue disruption of an Enrollee's access to care; shall prevent penalization of the Provider or Enrollee, financially or otherwise, for such PA requests or approvals; and shall incorporate the minimum requirements described herein:

- A. Clinical PA review criteria shall be aligned with FDA approved indications, best clinical practice standards, and/or other national standards.
- B. A physician peer review shall be available upon a Provider's request for any denial made at a pharmacist review level.
- C. PA determinations including those from escalated reviews shall be made and communicated to the requesting Provider within twenty-four (24) hours from the initial request including weekends in compliance with the provisions of OBRA 1990 mandate, Section 1927 of the Social Security Act, and other federal regulations.
- D. All PA activities and decisions shall be documented in Contractor's online pharmacy case management system. This information shall be available for immediate review at the Department's request or other timeframe as specified by the Department.
- E. In the event a prescription is for a drug awaiting PA and the pharmacy cannot reach the prescribing physician, and when the dispensing pharmacist using reasonable clinical judgment deems it necessary to avoid imminent harm or injury to the Enrollee, a seventy-two (72) hour emergency supply shall be provided. If the physician prescribed an amount of drug that is less than a seventy-two (72) hour supply but is packaged so that it must be dispensed intact, the pharmacist may dispense the packaged drug and Contractor shall pay for this quantity even if it exceeds a calculated seventy-two (72) hour supply. Contractor shall instruct the pharmacy Providers how to perform the override in the NCPDP environment of the POS pharmacy claims processing system.
- F. Contractor's PA process shall include procedures for Enrollee appeals and grievances submitted by the Enrollee or the prescriber authorized to act on behalf of the Enrollee related to PAs denied after the final escalated review. Contractor's procedures for PA related appeals and grievances shall be in accordance with Section 25.2 Enrollee Grievance and Appeal Policies and Procedures and Section 28.9 Provider Grievances and Appeals of this Contract.
- G. Adverse benefit determinations shall comply with the timely and adequate notice requirements of 42 C.F.R. section 438.10 and section 438.404.
- H. The Department shall provide a universal prior authorization form for the Contractor to utilize for a Provider to initiate the pharmacy prior authorization process. The Contractor shall give the Provider the option to use the designated Kentucky Medicaid pharmacy universal form or a Contractor specific form. Although the Contractor may seek additional information before making determination on a particular prior authorization request, all such information shall be requested from the Provider by way of a supplemental prior authorization information sheet that does not duplicate information found on the Kentucky Medicaid universal pharmacy prior authorization form. The Contractor shall not deny a prior authorization request submitted on

the designated universal pharmacy prior authorization form and require the provider to submit the Contractor specific form but rather shall suspend the request while awaiting a supplemental information sheet.

- I. The Contractor shall make prior authorization determinations in a timely and consistent manner so that Enrollees with comparable medical needs receive a comparable and consistent level, amount, and duration of pharmacy services as supported by the Enrollee's medical condition, records, and previous affirmative coverage decisions.
- J. The Contractor shall comply with any reporting requests made by the Department within this contracting period to assist the Department in accessing the process and outcomes of the Contractor's prior authorization policies and practices.

32.14 Maximum Allowable Cost and Transparency

The Contractor shall establish and maintain a generic drug Maximum Allowable Cost (MAC) program in order to promote generic utilization and cost containment. The Contractor shall update MAC and other pricing benchmarks on a schedule at least as consistent as is required by CMS for Medicare Part D plans found at 42 C.F.R. 423.505(b)(21) or State law.

The Contractor shall specify in all applicable Provider and/or Subcontractor/vendor agreements entered into or amended after the effective date of this Contract, including its PBM, to manage or control the cost of the prescription drug coverage provided by the Contractor's health plan that the MAC program requirements herein shall apply. Specifically, the Contractor and any pharmacy benefit manager or administrator or like subcontractor shall comply with all maximum allowable cost laws and administrative regulations promulgated by DOI, or the Department. The Contractor shall be accountable for any Subcontractor noncompliance with the MAC program requirements herein or otherwise promulgated by State or federal law.

32.15 Specialty Pharmacy and Pharmacy Drugs

The Contractor shall comply with industry standards for the management of specialty pharmacy drugs. Characteristics of specialty drugs may include the following:

- A. Drugs that are used to treat and diagnose rare and complex diseases;
- B. Drugs that require close clinical monitoring and management;
- C. Drugs that frequently require special handling;
- D. Drugs of a high dollar amount for a standard dosage; or
- E. Drugs that may have limited access or distribution.

The Contractor may establish a Specialty Pharmacy Network, subject to any Willing Provider specifications outlined in federal and/or State laws or regulations. The Contractor's criteria for network participation shall be readily available.

32.16 Pharmacy Call Center Services

In addition to any other Provider Services required herein, the Contractor shall operate a toll-free pharmacy call center twenty-four (24) hours a day, three-hundred and sixty-six (366) days per year for access by Providers.

The Department may monitor the call center through review of statistical reports, telephone calls, or onsite visits. The Contractor shall have a tracking system that retains information taken on each call and is retrievable using personal information for the individual from whom the call was received. The information shall be provided to the Department upon request.

Call Center capabilities shall include:

- A. Producing an electronic record to document all calls, including, but not limited to, PA requests and claims processing;
- B. Providing a complete record of communication to the call line from Providers and other parties;
- C. Providing an escalation procedure whereby a caller not satisfied with the response received may pursue a resolution; and
- D. Ensuring compliance with HIPAA confidentiality requirements.

The Contractor shall provide a quality assurance program to sample calls and make follow-up calls to monitor caller satisfaction.

32.17 Interfaces Maintained

The Contractor shall maintain the following systems:

- A. An effective interface between the MMIS/MEMS and the Contractor's system(s) for pharmacy claims processing;
- B. A dedicated communication line connecting the MMIS/MEMS to the Contractor's processing site. The cost of this communication line is to be solely at the expense of the Contractor. This dedicated communication line shall meet specifications of the Department; and
- C. The ability to accept transaction data that changes baseline MMIS/MEMS files on a daily basis unless the Department approves a more/less frequent schedule.
 - 1. The file transfer schedule shall, at a minimum, result in the daily update of the POS system with the most current information from the MMIS/MEMS. This may include, but not be limited to, Enrollee eligibility, PA information, and Provider file(s) or reference information;
 - 2. The interface between Contractor's system(s) and the MMIS/MEMS system shall be compatible;
 - 3. The Contractor shall adhere to all Change Management requirements prior to implementing any changes to existing or new interfaces from the MMIS/MEMS; and
 - 4. The Contractor shall update all MMIS/MEMS data without manual intervention, unless approval from the Department is provided.

NOTE: Federal regulations require the Department to maintain appropriate controls over POS eligibility contractors who perform both switching services and billing services. Switch and billing agent functions, if provided by the same company, shall be maintained as separate and distinct operations. If the contractor serving as the POS contractor also provides services as the Providers' agent, an organizational firewall shall be in place to separate these functions.

32.18 Provider Education

The Contractor shall develop, implement, and conduct ongoing educational programs for Kentucky Medicaid pharmacy Provider community. These educational initiatives shall include, but not be limited to:

- A. Provider letters and bulletins.
- B. PDL drug changes and distribution.
- C. POS messaging.
- D. Training sessions, webinars, quarterly newsletters, and other training activities as requested by the Department.
- E. Billing instructions and claim resolution.
- F. Website postings of the PDL.
- G. PA processes and procedures.

The Contractor shall cooperate with the Department and/or other Contractors as needed regarding pharmacy-related matters.

32.19 Pharmacy Directors Meeting

Pursuant to Section 9.3 Monthly meetings, Contractor's Pharmacy Director shall meet monthly with the Department and other Contractors like personnel to discuss issues for the efficient and economical delivery of quality pharmacy services to Enrollees. This collaborative meeting of pharmacy directors shall be referred to as the Kentucky Medicaid Pharmacy Director Workgroup. Meetings of this workgroup may be held separately or in combination with the medical director's or uniform pharmacy policy workgroup meetings in order to satisfy the monthly requirement.

All Department and Contractor Pharmacy Directors shall be committed to developing, contributing and fully supporting or enhancing collaborative projects or initiatives of the Department, such as, but not limited to, a Contractor process and quality review dashboard, a total (FFS and Contractor combined) pharmacy dashboard, universal criteria for specific drug products or classes, universal PA forms and other Department efforts. Any and all approved universal criteria, PA forms, or other materials produced by the Pharmacy Director Workgroup shall be utilized and accepted by all Contractors and the Department. Nothing herein shall be construed to give any approved universal PA form exclusivity, or otherwise negate applicable specialty or similar PA forms that may also be utilized by a Contractor. Contractor shall permit a Provider to submit an appropriate Kentucky Medicaid universal PA form or the applicable Contractor form to initiate a drug product PA consideration.

32.20 Pharmacy Information Materials & Document Approval

The Contractor shall submit, for the purpose of obtaining Department approval, all written materials in accordance with Sections 4.4, 23.5, and 28.4 of this Contract. Any materials or communications conveying pharmacy related information to the Enrollee or Provider (both pharmacy and prescriber) shall be subject to these requirements. However, Sections 4.4, 23.5 or 28.4 shall not include or cause to be included any specific drug or drug class therapeutic clinical criteria or PDL changes made in the normal conduct of the Contractor's P&T decisions so long as the materials are posted when required and in accordance with the requirements of Section 32 of this Contract or as otherwise directed by the Department.

32.21 Pharmacy Contract and Fee Approval

The Department shall review any subcontract including but not limited to, any contract between the Contractor and a pharmacy benefit manager or administrator or any entity contracted to perform such services in whole or in part entered into or renewed on or after the effective date of this Contract in accordance with Section 6.2.

Any fee established, modified, or implemented directly or indirectly by a managed care organization, pharmacy benefit manager or administrator, or entity which contracts on behalf of a pharmacy that is directly or indirectly charged to, passed onto, or required to be paid by a pharmacy services administration organization, group buying organization or the like, pharmacy, or Medicaid recipient shall be submitted to the Department for approval. This paragraph shall not apply to any membership fee or service fee established, modified, or implemented by a pharmacy services administration organization, group buying organization, or the like on a pharmacy licensed in Kentucky that is not directly or indirectly related to product reimbursement.

Any contract entered into or renewed by Contractor for the delivery in whole or part of Medicaid pharmacy services on or after the effective date of this Contract shall comply with all laws and administrative regulations promulgated by the Department, or other applicable regulatory

authority, including but not limited to the regulation of maximum allowable costs programs.

32.22 Pharmacy Benefit Manager or Administrator Reporting Requirements

The Contractor shall comply with all pharmacy benefit reporting requirements of this Contract, the Department and those set forth by applicable statutory or regulatory authority. If the Contractor subcontracts any part of its pharmacy benefit administration to a pharmacy benefit manager or administrator or the like then the Contractor shall ensure and be held responsible for such contracted entity's failure or non-compliance with any pharmacy benefit reporting requirements set forth by this Contract, the Department or applicable regulatory authority.

The Contractor shall deliver or cause to be delivered through its agent or contracted entity to the Department no later than August 15, 2018, and for each contracting year thereafter, the following pharmacy benefit information:

- A. The total Medicaid dollars paid to the pharmacy benefit manager by a managed care organization.
- B. The total amount of Medicaid dollars paid to the pharmacy benefit manager by a managed care organization which were not subsequently paid to a pharmacy licensed in Kentucky.
- C. The average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by a pharmacy benefit manager to licensed pharmacies with which the pharmacy benefit manager shares common ownership, management, or control; or which are owned, managed, or controlled by any of the pharmacy benefit manager's management companies, parent companies, subsidiary companies jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company; or which share any common Enrollees on the board of directors; or which share managers in common.
- D. The average reimbursement, by drug ingredient cost, dispensing fee, and any other fee, paid by a pharmacy benefit manager to pharmacies licensed in Kentucky which operate more than ten (10) locations.
- E. The average reimbursement by drug ingredient cost, dispensing fee, and any other fee, paid by a pharmacy benefit manager to pharmacies licensed in Kentucky which operate ten (10) or fewer locations.
- F. Any direct or indirect fees, charges, or any kind of assessments imposed by the pharmacy benefit manager on pharmacies licensed in Kentucky with which the pharmacy benefit manager shares common ownership, management, or control; or which are owned, managed, or controlled by any of the pharmacy benefit manager's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company; or which share any common Enrollees on the board of directors; or which share managers in common.
- G. Any direct or indirect fees, charges, or any kind of assessments imposed by the pharmacy benefit manager on pharmacies licensed in Kentucky which operate more than ten (10) locations.
- H. Any direct or indirect fees, charges, or any kind of assessments imposed by the pharmacy benefit manager on pharmacies licensed in Kentucky which operate ten (10) or fewer locations.
- I. All common ownership, management, common Enrollees of a board of directors, shared managers, or control of a pharmacy benefit manager, or any of the pharmacy benefit manager's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company with any managed care organization contracted to administer Kentucky Medicaid benefits, any entity which contracts on behalf of a pharmacy, or any pharmacy services administration organization, or any common ownership, management, common Enrollees of a board of directors, shared managers, or control of a pharmacy services administration organization that is contracted with a pharmacy benefit manager, with any drug wholesaler or distributor or any of the pharmacy services administration organizations, management

companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, common Enrollees of a board of directors, manager, or holding company.

All information provided by the Contractor or its agent or contracted entity shall reflect data for the most recent full calendar year and shall be divided by calendar months pursuant to the reporting template format approved and directed by the Department. This reporting template may be revised by the Department without additional notice to the Contractor so long as delivery of the revised template is made sixty (60) days prior to the next reporting delivery date.

33.0 Special Program Requirements

33.1 EPSDT Early and Periodic Screening, Diagnosis and Treatment

The Contractor shall provide all Enrollees under the age of twenty-one (21) years, except those eligible pursuant to 907 KAR 4:030, EPSDT services in compliance with the terms of this Contract and policy statements issued during the term of this Contract by the Department or CMS. The Contractor shall file EPSDT reports in the format and within the time-frames required by the terms of this Contract as indicated in **Appendix M. "EPSDT."** The Contractor shall comply with 907 KAR 11:034 that delineates the requirements of all EPSDT providers participating in the Medicaid program. Health care professionals who meet the standards established in the above-referenced regulation shall provide EPSDT services. Additionally, the Contractor shall:

- A. Provide, through direct employment with the Contractor or by Subcontract, accessible and fully trained EPSDT Providers who meet the requirements set forth under 907 KAR 1:034, and who are supported by adequately equipped offices to perform EPSDT services.
- B. Effectively communicate information (e.g. written notices, verbal explanations, face to face counseling or home visits when appropriate or necessary) with Enrollees and their families who are eligible for EPSDT services [(i.e. Medicaid eligible persons who are under the age of twenty-one (21))] regarding the value of preventive health care, benefits provided as part of EPSDT services, how to access these services, and the Enrollee's right to access these services. Enrollees and their families shall be informed about EPSDT and the right to Appeal any decision relating to Medicaid services, including EPSDT services, upon initial enrollment and annually thereafter where Enrollees have not accessed services during the year.
- C. Provide EPSDT services to all eligible Enrollees in accordance with EPSDT guidelines issued by the Commonwealth and federal government and in conformance with the Department's approved periodicity schedule, a sample of which is included in Appendix M. "EPSDT."
- D. Provide all needed initial, periodic and inter-periodic health assessments in accordance with 907 KAR 1:034. The Primary Care Provider assigned to each eligible Enrollee shall be responsible for providing or arranging for complete assessments at the intervals specified by the Department's approved periodicity schedule and at other times when Medically Necessary.
- E. Provide all needed diagnosis and treatment for eligible Enrollees in accordance with 907 KAR 1:034. The Primary Care Provider and other Providers in the Contractor's Network shall provide diagnosis and treatment and or Out-of-network Providers shall provide treatment if the service is not available within the Contractor's network.
- F. Provide EPSDT Special Services for eligible Enrollees, including identifying providers who can deliver the Medically Necessary services described in federal Medicaid law and developing procedures for authorization and payment for these services. Current requirements for EPSDT Special Services are included in Appendix M. "EPSDT."
- G. Establish and maintain a tracking system to monitor acceptance and refusal of EPSDT services, whether eligible Enrollees are receiving the recommended health assessments and all necessary diagnosis and treatment, including EPSDT Special Services when needed.
- H. Establish and maintain an effective and on-going Enrollee Services case management function for eligible Enrollees and their families to provide education and counseling with

regard to Enrollee compliance with prescribed treatment programs and compliance with EPSDT appointments. This function shall assist eligible Enrollees or their families in obtaining sufficient information so they can make medically informed decisions about their health care, provide support services including transportation and scheduling assistance to EPSDT services, and follow up with eligible Enrollees and their families when recommended assessments and treatment are not received.

- I. Maintain a consolidated record for each eligible Enrollee, including reports of informing about EPSDT, information received from other providers and dates of contact regarding appointments and rescheduling when necessary for EPSDT screening, recommended diagnostic or treatment services and follow-up with referral compliance and reports from referral physicians or providers.
- J. Establish and maintain a protocol for coordination of physical health services and Behavioral Health Services for eligible Enrollees with behavioral health or developmentally disabling conditions. Coordination procedures shall be established for other services needed by eligible Enrollees that are outside the usual scope of Contractor services. Examples include early intervention services for infants and toddlers with disabilities, services for students with disabilities included in the child's individual education plan at school, WIC, Head Start, DCBS, etc.
- K. Participate in any state or federally required chart audit or quality assurance study.
- L. Maintain an effective education/information program for health professionals on EPSDT compliance (including changes in state or federal requirements or guidelines). At a minimum, training shall be provided concerning the components of an EPSDT assessment, EPSDT Special Services, and emerging health status issues among Enrollees which should be addressed as part of EPSDT services to all appropriate staff and Providers, including medical residents and specialists delivering EPSDT services. In addition, training shall be provided concerning physical assessment procedures for nurse practitioners, registered nurses and physician assistants who provide EPSDT screening services.
- M. Submit Encounter Record for each EPSDT service provided according to requirements provided by the Department, including use of specified EPSDT procedure codes and referral codes. Submit quarterly and annual reports on EPSDT services including the current Form CMS-416.
- N. Provide an EPSDT Coordinator staff function with adequate staff or subcontract personnel to serve the Contractor's enrollment or projected enrollment.

33.2 Dental Services

Except as provided in Section 42 of this contract, the Contractor shall provide preventive and primary care dental services for oral health conditions and illness in a timely manner on an emergent, urgent care or non-urgent care basis in accordance with 42 C.F.R. 438. Covered dental services shall be provided in accordance with 907 KAR 1:026.

The Contractor shall enroll providers of dental services in accordance with KRS 304.17A-270, and establish written policies and procedures to ensure the timely provision of services in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services provided to fee-for-service Medicaid Enrollees. The Contractor shall assess the oral health of Enrollees and develop a plan for improving oral health in Enrollees, particularly in children and persons with special health care needs.

The Contractor shall have ultimate responsibility for the provision of dental services and shall oversee and coordinate the delivery of or access to all Enrollee health information and other data relating to dental services, as requested by the Department.

The Contractor will also provide for adherence to standards of care based on established clinical criteria and evidence based science.

The Contractor shall determine the Medical Necessity criteria to be used in the provision of dental services which shall be submitted to the Department for approval in accordance with Section 4.4, **“Approval of Department.”**

33.3 Emergency Care, Urgent Care and Post Stabilization Care

Emergency Care as defined in 42 USC 1395dd and 42 C.F.R. 438.114 shall be available to Enrollees twenty-four (24) hours a day, seven (7) days a week. Urgent Care services shall be made available within forty-eight (48) hours of request. Urgent Care means care for a condition that is not likely to cause death or lasting harm but for which treatment should not wait for a normally scheduled appointment. Post Stabilization Care services are covered and reimbursed in accordance with 42 C.F.R. 422.113(c) and 438.114(e).

The Contractor shall not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms. An Emergency Medical Services Provider shall have a minimum of ten (10) calendar days to notify the Contractor of the Enrollee's screening and treatment before refusing to cover the emergency services based on a failure to notify. An Enrollee who has an emergency medical condition shall not be liable for payment of subsequent screening and treatment needed to diagnose or stabilize the specific condition. The Contractor is responsible for coverage and payment of services until the attending Provider determines that the Enrollee is sufficiently stabilized for transfer or discharge.

33.4 Out-of-Network Emergency Care

The Contractor shall provide, or arrange for the provision of Emergency Care, even though the services may be received outside the Contractor's network in compliance with 42 C.F.R. 438.114.

Payment for Emergency Services covered by a non-contracting provider shall not exceed the Medicaid Fee-For-Service rate as required by Section 6085 of the Deficit Reduction Act of 2005. For services provided by non-contracting hospitals, this amount must be less any payments for indirect costs of medical education and direct costs of graduate medical education that would have been included in Fee-For-Service payments.

33.5 Maternity Care

When a woman has entered prenatal care before enrolling with the Contractor shall take every effort to allow her to continue with the same prenatal care provider throughout the entire pregnancy. Contractor shall also establish procedures to assure either prompt initiation of prenatal care or continuation of care without interruption for women who are pregnant when they enroll. The Contractor shall provide maternity care that includes prenatal, delivery, and postpartum care as well as care for conditions that complicate pregnancies. All newborn Enrollees shall be screened for those disorders specified in the Commonwealth of Kentucky metabolic screen.

33.6 Voluntary Family Planning

The Contractor shall ensure direct access for any Enrollee to a Provider, qualified by experience and training, to provide Family Planning Services, as such services are described in **Appendix H. “Covered Services”** to this Contract. The Contractor may not restrict an eEnrollee's choice of his or her provider for Family Planning Services. Contractor must assure access to any qualified provider of Family Planning Services without requiring a referral from the PCP.

The Contractor shall maintain confidentiality for Family Planning Services in accordance with applicable federal and state laws and judicial opinions for Enrollees less than eighteen (18) years

of age pursuant to Title X. 42 C.F.R. 59.11, and KRS 214.185. Situations under which confidentiality may not be guaranteed are described in KRS 620.030, KRS 209.010 et seq., KRS 202A, and KRS 214.185.

All information shall be provided to the Enrollee in a confidential manner. Appointments for counseling and medical services shall be available as soon as possible with in a maximum of thirty (30) days. If it is not possible to provide complete medical services to Enrollees less than 18 years of age on short notice, counseling and a medical appointment shall be provided right away preferably within ten (10) days. Adolescents in particular shall be assured that Family Planning Services are confidential and that any necessary follow-up will assure the Enrollee's privacy.

33.7 Nonemergency Medical Transportation

The Department contracts with the Office of Transportation and Delivery to provide non-emergency medical transportation (NEMT) services to select Medicaid Enrollees. Through the NEMT program, certain eligible Enrollees receive safe and reliable transportation to Medicaid covered services. The Department shall continue to provide NEMT services for Medicaid Enrollees except as provided in Section 42. The Contractor shall provide educational materials regarding the availability of transportation services and refer Enrollees for NEMT. NEMT services do not include emergency ambulance and non-emergency ambulance stretcher services. Transportation of an emergency nature, including ambulance stretcher services is the responsibility of the Contractor.

33.8 Pediatric Interface

School-Based Services provided by school personnel are excluded from Contractor coverage and are paid by the Department through fee-for-service Medicaid.

Preventive and remedial care services as contained in 907 KAR 1:360 and the Kentucky State Medicaid Plan provided by the Department of Public Health through public health departments in schools by a Physician, Physician's Assistant, Advanced Registered Nurse Practitioner, Registered Nurse, or other appropriately supervised health care professional are included in Contractor coverage. Service provided under a child's IEP should not be duplicated. However, in situations where a child's course of treatment is interrupted due to school breaks, after school hours or during summer months, the Contractor is responsible for providing all Medically Necessary Covered Services to eligible Enrollees.

Services provided under HANDS shall be excluded from Contractor coverage.

Pediatric Interface Services includes pediatric concurrent care as mandated by the ACA. The Contractor shall simultaneously provide palliative hospice services in conjunction with curative services and medications for pediatric patients diagnosed with life-threatening/terminal illnesses.

33.9 Pediatric Sexual Abuse Examination

Contractor shall have Providers in its network that has the capacity to perform a forensic pediatric sexual abuse examination. This examination must be conducted for Enrollees at the request of the DCBS.

33.10 Lock-In Program

The Contractor shall develop a program to address and contain Enrollee over utilization of services, for pharmacy and non-emergent care provided in an emergency setting. The criteria for this

program shall be submitted to the Department for approval subject to Section 4.4 **“Approval of Department.”**

34.0 Behavioral Health Services

34.1 Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Responsibilities

The Department works collaboratively with Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to assure that Medicaid Enrollees receive quality behavioral health services.

The Contractor shall use evidence-based practices (EBPs) that meet the standards of national models in all behavior health services. The Contractor shall comply with standards identified in the “Interoperability Standards Advisory—Best Available Standards and Implementation Specifications” (ISA) and 45 CFR 170 Subpart B in complying with the Commonwealth’s behavioral health policies.

34.2 Requirements for Behavioral Health Services

The Contractor shall engage in behavioral health promotion efforts, psychotropic medication management, suicide prevention and overall person centered treatment approaches, to lower morbidity among Enrollees with SMI and SED, including Enrollees with co-occurring developmental disabilities, substance use disorders and smoking cessation.

The Contractor in its design and operation of behavioral health services shall incorporate these core values for Medicaid Enrollees:

- A. Enrollees have the right to retain the fullest control possible over their behavior health treatment. Behavioral health services shall be responsive, coherently organized, and accessible to those who require behavioral healthcare.
- B. The Contractor shall provide the most normative care in the least restrictive setting and serve Enrollees in the community to the greatest extent possible.
- C. The Contractor shall measure Enrollees’ satisfaction with the services they receive.
- D. The Contractor’s behavioral health services shall be recovery and resiliency focused.

34.3 Covered Behavioral Health Services

The Contractor shall assure the provision of all Medically Necessary Behavioral Health Services for Enrollees. These services are described in **Appendix H. “Covered Services.”** All Behavioral Health services shall be provided in conformance with the access standards established by the Department. When assessing Enrollees for Behavioral Health Services, the Contractor and its providers shall use the most current version of DSM classification. The Contractor may require use of other diagnostic and assessment instrument/outcome measures in addition to the most current version of DMS. Providers shall document DSM diagnosis and assessment/outcome information in the Enrollee’s medical record.

34.4 Behavioral Health Provider Network

The Contractor shall provide access to Psychiatrists, Psychologists, and other behavioral health service providers. Community Mental Health Centers (CMHCs) shall be offered participation in the Contractor provider network. Other eligible providers of behavioral health services include Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed

Psychological Practitioners, Behavioral Health Multi-Specialty Groups, Behavior Health Services Organizations, Licensed Clinical Social Workers, and other independently licensed behavioral health professions. To the extent that non-psychiatrists and other providers of Behavioral Health services may also be provided as a component of FQHC and RHC services, these facilities shall be offered the opportunity to participate in the Behavioral Health network. FQHC and RHC providers can continue to provide the same services they currently provide under their licenses.

34.5 Enrollee Access to Behavioral Health Services

The Contractor shall ensure accessibility and availability of qualified providers to all Enrollees. The Contractor shall maintain an adequate network that provides continuum of care to ensure the Enrollee has access to care at the appropriate level. The Contractor shall ensure that upon decertifying an Enrollee at a certain level of care, there is access to Providers for continued care at a lower level, if such care is determined medically necessary. The Contractor shall coordinate and collaborate with Providers on discharge plans and criteria.

The Contractor shall maintain an Enrollee education process to help Enrollees know where and how to obtain Behavioral Health Services. The Enrollee Manual shall contain information for Enrollees on how to direct their behavioral health care, as appropriate.

The Contractor shall permit Enrollees to participate in the selection of the appropriate behavioral health individual practitioner(s) who will serve them and shall provide the Enrollee with information on accessible in-network Providers with relevant experience.

34.6 Behavioral Health Services Hotline

The Contractor shall have an emergency and crisis Behavioral Health Services Hotline staffed by trained personnel twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, toll-free throughout the Commonwealth. Crisis hotline staff must include or have access to qualified Behavioral Health Services professionals to assess, triage and address specific behavioral health emergencies. Emergency and crisis Behavioral Health Services may be arranged through mobile crisis teams. Face to face emergency services shall be available twenty-four (24) hours a day, seven (7) days a week. The Behavioral Health Services Hotline shall not be answered by any automated means.

The Contractor shall ensure that the toll-free Behavioral Health Services Hotline meets the following **minimum** performance requirements for all Contractor Programs:

- A. Ninety-nine percent (99%) of call are answered by the fourth ring;
- B. No incoming calls receive a busy signal;
- C. The call abandonment rate is seven percent (7%) or less; and
- D. The system can immediately connect to the local Suicide Hotline's telephone number and other Crisis Response Systems and have patch capabilities to 911 emergency services.

The Contractor shall operate one hotline to handle emergency and crisis calls. The Contractor cannot impose maximum call duration limits and shall allow calls to be of sufficient length to ensure adequate information is provided to the Enrollee. Hotline services shall meet Cultural Competency requirements and provide linguistic access to all Enrollees, including the interpretive services required for effective communication.

The Behavioral Health Services Hotline may serve multiple Contractor Programs if the Hotline staff is knowledgeable about all of the Contractor Programs.

The Contractor shall conduct ongoing quality assurance to ensure these standards are met.

The Contractor shall monitor its performance against the Behavioral Health Services Hotline standards and submit performance reports summarizing call center performance as indicated.

If the Department determines that it is necessary to conduct onsite monitoring of the Contractor's Behavioral Health Services Hotline functions, the Contractor is responsible for all reasonable costs incurred by the Department or its authorized agent(s) relating to such monitoring.

34.7 Coordination between the Behavioral Health Provider and the PCP

The Contractor shall require, through contract provisions, that PCPs have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders. PCPs may provide any clinically appropriate Behavioral Health Services within the scope of their practice. Such contract provisions and screening and evaluation procedures shall be submitted to the Department for approval. Such approval is subject to Section 4.4 "**Approval of Department.**"

The Contractor shall provide training to network PCPs on how to screen for and identify behavioral health disorders, the Contractor's referral process for Behavioral Health Services and clinical coordination requirements for such services. The Contractor shall include training on coordination and quality of care such as behavioral health screening techniques for PCPs and new models of behavioral health interventions.

The Contractor shall develop policies and procedures and provide to the Department for approval regarding clinical coordination between Behavioral Health Service Providers and PCPs. Such approval is subject to Section 4.4 "**Approval of Department.**" The Contractor shall require that Behavioral Health Service Providers refer Enrollees with known or suspected and untreated physical health problems or disorders to their PCP for examination and treatment, with the Enrollee's or the Enrollee's legal guardian's consent. Behavioral Health Providers may only provide physical health care services if they are licensed to do so. This requirement shall be specified in all Provider Manuals.

The Contractor shall require that behavioral health Providers send initial and quarterly (or more frequently if clinically indicated) summary reports of an Enrollees' behavioral health status to the PCP, with the Enrollee's or the Enrollee's legal guardian's consent. This requirement shall be specified in all Provider Manuals.

34.8 Follow-up after Hospitalization for Behavioral Health Services

The Contractor shall require, through Provider contract provision, that all Enrollees receiving inpatient behavioral health services are scheduled for outpatient follow-up and/or continuing treatment prior to discharge. The outpatient treatment must occur within seven (7) days from the date of discharge. The Contractor shall ensure that Behavioral Health Service Providers contact Enrollees who have missed an appointment within twenty-four (24) hours to reschedule appointments.

34.9 Court-Ordered Services

"Court-Ordered Commitment" means an involuntary commitment of an Enrollee to a psychiatric facility for treatment that is ordered by a court of law pursuant to Kentucky statutes.

The Contractor must provide inpatient psychiatric services to Enrollees under the age of twenty-one (21) and over the age of sixty-five (65) who have been ordered to receive the services by a court of competent jurisdiction under the provisions of KRS 645, Kentucky Mental Health Act of The Unified Juvenile Code and KRS 202A, Kentucky Mental Health Hospitalization Act.

The Contractor cannot deny, reduce or controvert the Medical Necessity of inpatient psychiatric services provided pursuant to a Court ordered commitment for Enrollees under the age of twenty-one (21) or over the age of sixty-five (65). Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.

34.10 Continuity of Care Upon Discharge from a Psychiatric Hospital

- A. The Contractor shall coordinate with providers of behavioral health services, and state operated or state contracted psychiatric hospitals and nursing facilities regarding admission and discharge planning, treatment objectives and projected length of stay for Enrollees committed by a court of law and/or voluntarily admitted to the state psychiatric hospital. The Contractor shall enter into a collaborative agreement with the state operated or state contracted psychiatric hospital assigned to their Medicaid Region in accordance with 908 KAR 3:040 and in accordance with federal Olmstead law. At a minimum the agreement shall include responsibilities of the Behavioral Health Service Provider to assure continuity of care for successful transition back into community-based supports. In addition, the Contractor Behavioral Health Service Providers shall participate in quarterly Continuity of Care meetings hosted by the state operated or state contracted psychiatric hospital.
- B. The Contractor shall ensure Behavioral Health Service Providers assign a case manager prior to or on the date of discharge and provide basic, targeted or intensive case management services as medically necessary to Enrollees with SMI and co-occurring conditions who are discharged from a state operated or state contracted psychiatric facility or state operated nursing facility for Enrollees with SMI. The Case Manager and other identified behavioral health service providers shall participate in discharge planning meetings to ensure compliance with federal Olmstead and other applicable laws. Appropriate discharge planning shall be focused on ensuring needed supports and services are available in the least restrictive environment to meet the Enrollee's behavioral and physical health needs, including psychosocial rehabilitation and health promotion. Appropriate follow up by the Behavioral Health Service Provider shall occur to ensure the community supports are meeting the needs of the Enrollee discharged from a state operated or state contracted psychiatric hospital. The Contractor shall ensure the Behavioral Health Service Providers assist Enrollees in accessing free or discounted medication through the Kentucky Prescription Assistance Program (KPAP) or other similar assistance programs.

34.11 Program and Standards

Appropriate information sharing and careful monitoring of diagnosis, treatment, and follow-up and medication usage are especially important when Enrollees use physical and behavioral health systems simultaneously. The Contractor shall:

- A. Establish guidelines and procedures to ensure accessibility, availability, referral and triage to effective physical and behavioral health care, including emergency behavioral health services, (i.e. Suicide Prevention and community crisis stabilization);
- B. Facilitate the exchange of information among providers to reduce inappropriate or excessive use of psychopharmacological medications and adverse drug reactions;
- C. Identify a method to evaluate the continuity and coordination of care, including Enrollee-approved communications between behavioral health care providers and primary care providers;
- D. Protect the confidentiality of Enrollee information and records; and
- E. Monitor and evaluate the above, which shall be a part of the Quality Improvement Plan.

The Department shall monitor referral patterns between physical and behavioral providers to evaluate coordination and continuity of care. Drug utilization patterns of psychopharmacological medications shall be closely monitored. The findings of these evaluations will be provided to the Contractor.

34.12 NCQA/MBHO Accreditation Requirements

The Contractor shall demonstrate to the Department its compliance with NCQA/MBHO accreditation requirements by meeting the following standards:

- A. The availability of behavioral healthcare practitioners and providers within its network;
- B. The development of preventive behavioral health programs;
- C. The development of Self-Management Tools for Use by Enrollees;
- D. The establishment of a Complex Case Management Program that addresses the needs of adults with SMI, children with SED and other high risk groups with co-occurring conditions;
- E. The adoption of Clinical Practice Guidelines specific to the needs of behavioral health clients;
- F. The establishment of a process for Data Collection and Integration between the Contractor and the MBHO;
- G. Identify and report on critical Performance Measures that are specific to behavioral health Enrollees;
- H. Establish a written program description for the MBHO's Utilization Management Program;
- I. Establish a process for collaboration between behavioral healthcare and medical care.

34.13 Coordination and Collaboration with Behavioral Health Providers

The Contractor shall identify and develop community alternatives to inpatient hospitalization for those Enrollees who are currently receiving inpatient psychiatric facility services and could be discharged from the facility if an appropriate treatment alternative were made available in the community. In the event that the Contractor does not provide and cover an appropriate community alternative, the Contractor shall remain financially responsible for the continued inpatient care of these individuals until the Contractor ensures availability and access to an appropriate community provider.

35.0 Case Management

35.1 Health Risk Assessment (HRA)

The Contractor shall have programs and processes in place to address the preventive and chronic physical and behavioral health care needs of its population. The Contractor shall implement processes to assess, monitor, and evaluate services to all subpopulations, including but not limited to, the ongoing special conditions that require a course of treatment or regular care monitoring, Medicaid eligibility category, type of disability or chronic conditions, race, ethnicity, gender and age.

The Contractor shall conduct initial health screening assessments, including mental health and substance use disorders screenings, of new Enrollees who have not been enrolled with the Contractor in the prior twelve (12) month period for the purpose, of accessing the Enrollees' health care needs within ninety (90) days of Enrollment. If the Contractor has a reasonable belief an Enrollee is pregnant, the Enrollee shall be screened within thirty (30) days of Enrollment, and if pregnant, referred for appropriate prenatal care. The Contractor agrees to make all reasonable efforts to contact new Enrollees in person, by telephone, or by mail to have Enrollees complete the initial health screening questionnaire which includes the survey instrument for both substance use and mental disorders. Reasonable effort is defined as at least three attempts to contact the Enrollee with at least one of those attempts by phone. The three attempts by the Contractor may not be within the same day.

Information to be collected shall include demographic information, current health and behavioral health status to determine the Enrollee's need for care management, disease management, behavioral health services and/or any other health or community services.

The Contractor shall use appropriate health care professionals in the assessment process. Enrollees shall be offered assistance in arranging an initial visit to their PCP for a baseline medical assessment and other preventive services, including an assessment or screening of the Enrollees potential risk, if any, for specific diseases or conditions including substance use and mental health disorders.

The Contractor shall submit a quarterly report on the number of new Enrollee assessments; number of assessments completed; number of assessments not completed after reasonable effort; and number of refusals.

The Contractor shall, upon request, share with the Department or another MCO, if the Enrollee is assigned to the MCO, the result of any identification and assessment of the Enrollee's needs to prevent duplication.

The Contractor shall be responsible for the management and continuity of health care for all Enrollees.

The Contractor shall utilize the common HRA, as designated by the Department.

35.2 Care Management System

As part of the Care Management System, the Contractor shall employ care coordinators and case managers to arrange, assure delivery of, monitor and evaluate basic and comprehensive care, treatment and services to an Enrollee. Enrollees needing Care Management Services shall be identified through the health risk assessment, evaluation of Claims data, Physician referral or other mechanisms that may be utilized by the Contractor. The Contractor shall develop guidelines for Care Coordination that will be submitted to the Department for review and approval. The Contractor shall have approval from the Department for any subsequent changes prior to implementation of such changes subject to Section 4.4 "**Approval of Department.**" Care coordination shall be linked to other Contractor systems, such as QI, Enrollee Services and Grievances.

35.3 Care Coordination

The care coordinators and case managers will work with the primary care providers as teams to provide appropriate services for Enrollees. Care coordination is a process to assure that the physical and behavioral health needs of Enrollees are identified and services are facilitated and coordinated with all service providers, individual Enrollees and family, if appropriate, and authorized by the Enrollee. The Contractor shall identify the primary elements for care coordination and submit the plan to the Department for approval.

The Contractor shall identify an Enrollee with special physical and behavioral health care needs and shall have a Comprehensive Assessment completed upon admission to a Care Management program. The Enrollee will be referred to Care Management. Guidelines for referral to the appropriate care management programs shall be pre-approved by the Department. The guidelines will also include the criteria for development of Care Plans. The Care Plan shall include both appropriate medical, behavioral and social services and be consistent with the Primary Care Provider's clinical treatment plan and medical diagnosis.

The Contractor shall first complete a Care Coordination Assessment for these Enrollees the

elements of which shall comply with policies and procedures approved by the Department.

The Care Plan shall be developed in accordance with 42 C.F.R. 438.208.

The Contractor shall develop and implement policies and procedures to ensure access to care coordination for all DCBS clients. The Contractor shall track, analyze, report, and when indicated, develop corrective action plans on indicators that measure utilization, access, complaints and grievances, and services specific to the DCBS population.

Enrollees, Enrollee representatives and providers shall be provided information relating to care management services, including case management, and information on how to request and obtain these services.

All approvals required by this section are subject to Section 4.4 "**Approval of Department.**"

35.4 Coordination with Women, Infants and Children (WIC)

The Contractor shall comply with Section 1902(a)(11)(C) of the Social Security Act which requires coordination between Medicaid MCOs and WIC. This coordination includes the referral of potentially eligible women, infants and children to the WIC program and the provision of medical information by providers working within Medicaid managed care plans to the WIC program if requested by WIC agencies and if permitted by applicable law. Typical types of medical information requested by WIC agencies include information on nutrition-related metabolic disease, diabetes, low birth weight, failure to thrive, prematurity, infants of alcoholics, mentally retarded or drug-addicted mothers, AIDS, allergy or intolerance that affects nutritional status and anemia.

36.0 Enrollees with Special Health Care Needs

36.1 Individuals with Special Health Care Needs (ISHCN)

Individuals with Special Health Care Needs (ISHCN) are persons who have or are at high risk for chronic physical, developmental, behavioral, neurological, or emotional condition and who may require a broad range of primary, specialized medical, behavioral health, and/or related services. ISCHN may have an increased need for healthcare or related services due to their respective conditions. The primary purpose of the definition is to identify these individuals so the Contractor can facilitate access to appropriate services.

As per the requirement of 42 C.F.R. 438.208, the Department has defined the following categories of individuals who shall be identified as ISHCN. The Contractor shall have written policies and procedures in place which govern how Enrollees with these multiple and complex physical and behavioral health care needs are further identified. The Contractor shall have an internal operational process, in accordance with policy and procedure, to target Enrollees for the purpose of screening and identifying ISHCN's. The Contractor shall assess each enrollee identified as ISHCN in order to identify any ongoing special conditions that require a course of treatment or regular care monitoring. The assessment process shall use appropriate health professionals. The Contractor shall employ reasonable efforts to identify ISHCN's based on the following populations:

- A. Children in/or receiving Foster Care or adoption assistance;
- B. Blind/Disabled Children under age 19 and Related Populations eligible for SSI;
- C. Adults over the age of 65;
- D. Homeless (upon identification);
- E. Individuals with chronic physical health illnesses;
- F. Individuals with chronic behavioral health illnesses;

- G. Children receiving EPSDT Special Services;
- H. Children receiving services in a Pediatric Prescribed Extended Care facility or unit.

The Contractor shall develop and distribute to ISHCN Enrollees caregivers, parents and/or legal guardians, information and materials specific to the needs of the Enrollee, as appropriate. This information shall include health educational material as appropriate to assist ISHCN and /or caregivers in understanding their chronic illness.

The contractor shall have in place policies governing the mechanisms utilized to identify, screen and assess individuals with special health care needs. The Contractor will produce a treatment plan for Enrollees with special health care needs who are determined through assessment to need a course of treatment or regular care monitoring.

The Contractor shall develop practice guidelines and other criteria that consider that needs of ISHCN and provide guidance in the provision of acute and chronic physical and behavioral health care services to this population.

36.2 DCBS and DAIL Protection and Permanency Clients

Enrollees who are adult guardianship clients or foster care children shall be identified as ISHCN. The Contractor shall attempt to obtain the service plan which will be completed by DCBS or DAIL. The service plan will be used by DCBS and/or DAIL and the Contractor to determine the individual's medical needs and identify the need for placement in case management. The Contractor shall be responsible for the ongoing care coordination of these Enrollees whether or not enrolled in case management to ensure access to needed social, community, medical and behavioral health services. A monthly report of Foster Care and Adult Guardianship Cases shall be sent to Department thirty (30) days after the end of each month.

The Contractor shall develop and implement policies and procedures to ensure access to care coordination for all DCBS and DAIL clients. The Contractor shall track, analyze, report, and when indicated, develop corrective action plans on indicators that measure utilization, access, complaints and grievances, and services specific to the DCBS and DAIL population.

36.3 Adult Guardianship Clients

Each adult in Guardianship shall have a service plan prepared by DAIL. The service plan shall indicate DAIL level of responsibility for making medical decisions for each Enrollee. If the service plan identifies the need for case management, the Contractor shall work with Guardianship staff and/or the Enrollee, as appropriate, to determine what level of case management is needed.

36.4 Children in Foster Care

No less than quarterly, Contractor's staff shall meet with DCBS staff to identify, discuss and resolve any health care issues and needs of the Contractor's Foster Care Membership. Examples of these issues include needed specialized Medicaid Covered Services, community services and whether the child's current primary and specialty care providers are enrolled in the Contractor's Network.

If the DCBS service plan identifies the need for case management or DCBS staff requests case management for an Enrollee, the Contractor's staff will work with foster parent and/or DCBS staff to develop a case management plan.

The Contractor's staff will consult with DCBS staff before the development of a new case management plan (on a newly identified health care issue) or modification of an existing case management plan.

The designated Contractor staff will sign each service plan made available by DCBS to indicate their agreement with the plan. If the DCBS and Contractor staff cannot reach agreement on the service plan for an Enrollee, information about that Enrollee's physical health care needs, unresolved issues in developing the case management plan, and a summary of resolutions discussed by the DCBS and Contractor staff will be forwarded to the designated Department representative.

The Contractor shall notify the Department and DCBS no later than three (3) business days prior to the decertification of a foster child for services at a hospital or other residential facility located in Kentucky and no later than seven (7) business days prior to the decertification of a foster child for services at a hospital or other residential facility located out of state. Written documentation of an upcoming medical necessity review does not qualify as a decertification notification. The Department shall provide the Contractor with the office or division, the individual(s) and the contact information for such notification and provide updated contact information as necessary. The decertification notification shall include the Enrollee name, Enrollee ID, facility name, level of care, discharge plan and date of next follow-up appointment. If the Contractor fails to notify the Department and DCBS at least three (3) business days or seven (7) business days, as applicable, prior to the decertification and the foster child remains in the facility because arrangements for placement cannot be made, the Contractor shall be responsible for the time the foster child remains in the facility prior to notification and up to three (3) business days or seven (7) business days, as applicable, after notification.

The Contractor shall not decertify any child in foster care, for services at a hospital or other residential facility, without a documented peer to peer between the DMS, DCBS, or DBHDID Medical Director and the Contractor's physician who is making the decision to decertify. A peer to peer is not required if DCBS agrees with the decertification or discharge.

The Contractor shall require in its contracts with Providers that the Provider provides basic, targeted or intensive case management services as medically necessary to foster children who are discharged from a hospital or other residential facility. The Contractor, case manager and Provider shall participate in appropriate discharge planning, focused on ensuring that the needed supports and services to meet the Enrollee's behavioral and physical health needs will be provided outside of the hospital or other residential facility.

36.5 Legal Guardians

The Contractor shall permit a parent, custodial parent, person exercising custodial control or supervision, or an agency with legal responsibility for a child by virtue of voluntary commitment or emergency or temporary custody orders to act on behalf of an Enrollee under the age of eighteen (18), potential Enrollee or former Enrollee for purposes of selecting a PCP, filing Grievances or Appeals, and otherwise acting on behalf of the child in interactions with the Contractor.

A legal guardian of an adult Enrollee appointed pursuant to KRS 387.500 to 387.800 shall be allowed to act on behalf of a ward as defined in that statute, and a person authorized to make health care decisions pursuant to KRS 311.621, et seq. shall be allowed to act on behalf of an Enrollee, prospective Enrollee or former Enrollee. an Enrollee may represent her/himself, or use legal counsel, a relative, a friend, or other spokesperson.

36.6 Enrollees with SMI Residing in Institutions or At Risk of Institutionalization

The Contractor shall participate in transition planning and continued care coordination for Enrollees with SMI who are transitioning from licensed Personal Care Homes, psychiatric hospitals, or other institutional settings to integrated, community based housing. The Contractor shall perform a comprehensive physical and behavioral health assessment designed to support the successful transition to community based housing within fourteen (14) days of the transition. To perform such assessment, the Contractor shall review the Enrollee's Person-Centered Recovery Plan and level of care determination developed by the provider agency in tandem with Contractor's routine UM procedures. The Contractor shall provide services that are recommended in the Person-Centered Recovery Plan and that meet medical necessity criteria.

37.0 Program Integrity

The Contractor shall have arrangements and policies and procedures that comply with all state and federal statutes and regulations including 42 C.F.R. 438.608 and Section 6032 of the Federal Deficit Reduction Act of 2005, governing fraud, waste and abuse requirements. The Contractor shall have sufficient investigatory capacity necessary to comply with all applicable requirements and standards under the contract as well as all federal and state requirements and standards to detect fraud, waste and abuse. The Department has defined minimums standards for the Contractor's Program Integrity Unit (PIU) as follows:

- A. Identification of a minimum of 2% in provider overpayments and prepayment cost avoidance on Report 64;
- B. Conducting a minimum of three (3) on-site visits per quarter;
- C. Attending any training or meeting given by the Commonwealth;
- D. Collecting outstanding debt owed to the Department;
- E. Respond to informational or reporting requests timely;
- F. Requesting permission to administratively collect overpayments in excess of \$500;
- G. Ensuring formal case tracking and case management of provider and member cases;
- H. Maintain two (2) full-time investigators with a minimum of three (3) years Medicaid fraud, waste and abuse investigatory experience located in Kentucky dedicated 100% to the Kentucky Medicaid Program, and notification to the Department's Program Integrity Director if there is any absence or vacancy that is more than thirty (30) days with a contingency plan to remain compliant with the other contract requirements in the interim; and
- I. Meeting the requirements of Appendix N.

37.1 Program Integrity Plan

The Contractor shall develop in accordance with the Contract requirements in this Section and **Appendix N. "Program Integrity Requirements,"** a Program Integrity plan for the Commonwealth of Kentucky of internal controls and policies and procedures for preventing, identifying and investigating Enrollee and provider fraud, waste and abuse. If the Department changes its program integrity activities, the Contractor shall have up to three (3) months to provide a new or revised program. This plan shall include, at a minimum:

- A. Written policies, procedures, and standards of conduct that articulate the Contractor's commitment to comply with all applicable requirements and standards under the contract as well as all federal and state requirements and standards;
- B. The designation of a Compliance Officer who is responsible for developing and implementing policies, procedures and practices designed to ensure compliance with the requirements of the contract and who reports directly to the Chief Executive Officer and the Board of Directors;
- C. A Regulatory Compliance Committee on the Board of Directors and at the senior management level charged with overseeing the Contractor's compliance program and its compliance with

- the requirements under this Contract;
- D. Effective training and education for the Contractor's Compliance Officer, senior management, employees, subcontractors, providers, and Enrollees for the federal and state standards and requirements under the contract, including:
 - 1. Training and education regarding fraud, waste, and abuse; and
 - 2. Detailed information about the False Claims Act (FCA), rights of employees to be protected as whistleblowers, and other federal and state laws described in Section 1902 of the Act (42 USC 1396a(a)(68));
 - E. Effective lines of communication between the Compliance Officer and the Contractor's employees;
 - F. Enforcement of standards through written and well-publicized disciplinary guidelines;
 - G. Written procedures and an operational system that include but are not limited to the following:
 - 1. Routine internal monitoring and auditing of Enrollee, provider and compliance risks by dedicated staff for the Contractor and any Subcontractor;
 - 2. Prompt investigation, response and development of corrective action initiatives to compliance risks or issues as they are raised or identified in the course of self-evaluation or audit, including coordination with law enforcement agencies for suspected criminal acts, to reduce potential recurrence and ensure ongoing compliance under the contract;
 - 3. Provision for immediate notification to the Department's Program Quality & Outcomes Division Director and Program Integrity Division Director should any employee of the Contractor, Subcontractors or agents seek protection under the False Claims Act;
 - 4. Provision for prompt reporting to the Department of all overpayments identified or recovered, specifying the overpayments due to potential fraud, in a manner as determined by the Department;
 - 5. Prompt referral of any potential fraud, waste, or abuse that the Contractor identifies to the Department's program integrity unit or any potential fraud directly to the state Medicaid Fraud Control Unit in the form of an investigative report or in another manner as prescribed by the Department;
 - 6. Provision for network providers to report and return to the Contractor any overpayment within sixty (60) calendar days of identification, and to notify Contractor in writing of the reason for the overpayment;
 - 7. Suspension and escrow of payments to a network provider for which the Department has notified the Contractor that there is a credible allegation of fraud in accordance with 42 C.F.R. 455.23 and report payment suspension information quarterly in a manner determined by the Department;
 - 8. Prompt notification to the Department when it receives information about a change in an Enrollee's circumstances that may affect the Enrollee's eligibility including changes in the Enrollee's residence or the death of the Enrollee;
 - 9. Notification to the Department when it receives information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the Contractor;
 - 10. Method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers have been delivered to Enrollees and the application of such verification processes on a regular basis;
 - 11. Ensure all of Contractor's network providers are enrolled with the Department consistent with the provider disclosure, screening and enrollment requirements of 42 C.F.R. 455;
 - 12. An accounts receivable process to collect outstanding debt from Enrollees or providers and provide monthly reports of activities and collections to the Department in a manner determined by the Department;
 - 13. An appeal process;
 - 14. Process for card sharing cases;
 - 15. Tracking the disposition of all Enrollee and provider cases (initial and preliminary) as well as case management that allows for ad hoc reporting or case status
 - 16. A prepayment review process in accordance with this contract; and
 - H. Contractor shall be subject to on-site review; and comply with requests from the Department

- to supply documentation and records;
- I. Contractor shall comply with the expectations of 42 C.F.R. 455.20 by employing a method of verifying with Enrollee whether the services billed by provider were received by randomly selecting a minimum sample of five hundred (500) Claims on a monthly basis;
 - J. Contractor shall run algorithms on Claims data and develop a process and report quarterly to the department all algorithms run, issues identified, actions taken to address those issues and the overpayments identified and collected;
 - K. Contractor shall follow cases from the time they are opened until they are closed following written protocol regarding submission of investigative reports to the Department;
 - L. Contractor shall notify Department within fifteen (15) business days in a manner determined by the Department of any provider placed on prepayment review related to fraud, waste and abuse. The information shall include at a minimum the following:
 - 1. Case Number;
 - 2. Provider Name;
 - 3. Medicaid Provider ID;
 - 4. NPI;
 - 5. Summary of Concern; and
 - 6. Date action taken.

The Contractor shall submit an annual listing of providers that were under prepayment review during the state fiscal year in a manner determined by the Department; and

- M. Contractor shall attend any training given by the Commonwealth, Department, its Fiscal Agent or other Contractor's organizations provided reasonable advance notice is given to Contractor of the scheduled training.

The plan shall be made available to the Department for review and approval subject to Section 4.4 **"Approval of Department."**

37.2 Prepayment Review

The Contractor shall have written, policies, procedures and standards of conduct for a prepayment review process in accordance with the requirements of this contract, and should perform a review when there is a sustained or high level of payment error or data analysis identifies a problem area related to possible Fraud, Waste and Abuse. Any request for a prepayment review process outside of the scope of Fraud, Waste and Abuse as prescribed in this Section shall be submitted in writing to the Director of the Division of Program Quality Outcomes for approval with copy to the Director of the Division of Program Integrity.

The Contractor shall have discretion on when to utilize prepayment review, but should consider such review due to a high volume of services, high cost, dramatic change in frequency of use, high risk problem-prone area, complaints, or if the Department or any other federal or state agency has identified a certain vulnerability in a service area. The Contractor shall not use prepayment review to hold claims for an indefinite period of time. The Contractor shall review the documentation submitted within a reasonable amount of time to determine whether the claim should be paid. Claims under prepayment review are not subject to prompt payment or timely filing requirements.

Notice shall be sent to the provider in writing on or before the date a prepayment review is started. The written notice shall contain the following:

- A. Specific reason for the review;
- B. Complete description of the specific documentation needed for the review and method of submission;
- C. Timeframe for returning the documentation, and information that the claim will be denied if

- documentation is not returned timely;
- D. Length of time the prepayment review will be conducted if the Contractor has determined one at its discretion;
 - E. Contact information if there are questions related to the prepayment review; and
 - F. Information on how the provider may request removal of a prepayment review.
 - G. Ensure the documentation is readily available in the investigative progression from referral (external or internal) to closure and ensure the investigation meets Departmental requirements as well as the requirements of case tracking, case management and reporting.

The Provider shall be given forty-five (45) calendar days to submit documents in support of claims under prepayment review. The Contractor shall deny claims for which the requested documentation was not received by day forty-six (46). The Contractor shall deny a claim when the submitted documentation lacks evidence to support the service or code. The Contractor shall follow Contract Provision 28.9 for any appeals related to the prepayment process. The Contractor may extend the length of a prepayment review when it is determined necessary to prevent improper payments. If the provider has sustained a ninety (90) percent error free claims submission rate to the Contractor for forty-five (45) calendar days the Contractor must request express permission to continue prepayment review from the Director of Program Integrity (or designee) and the Director of Program Quality and Outcomes (or designee).

37.3 Report of Suspected Fraud, Waste or Abuse

If the Contractor fails to properly report a case of suspected provider fraud, waste or abuse to the Department before the suspected fraud, waste or abuse is identified by the Commonwealth, its designees, the United States or private parties acting on behalf of the United States, any portion of the funds related to fraud or abuse recovered by the Commonwealth or designees shall be retained by the Commonwealth or its designees.

37.4 Audit by Department or its Designee

If the Department performs or contracts with an entity that performs audits of claims paid by the Contractor and identifies an overpayment, then the Department shall send notice to the Contractor and collect and retain any overpayment. The Contractor shall remit the amount or balance of the provider overpayment within ninety (90) calendar days of notification by the Department unless otherwise notified in writing by the Department or contracted entity. The Contractor may request an extension of the remittance with justification to the Department's Program Integrity Director prior to the deadline. Failure to remit an amount within the timeframe will result in a \$500.00 penalty per incident.

37.5 Contractor Dispute of Audit by Department or its Designee

The Contractor shall have thirty (30) calendar days to dispute an Overpayment identified by the Department, in writing to the Department's Program Integrity Director, or the Department's designee, within thirty (30) calendar days of receiving notice of the identified Overpayment. Failure of the Contractor to meet contractual, state or federal requirements will not be an acceptable basis for Overpayment disputes. The Department will have the sole discretion to uphold or overturn, or amend, an identified Overpayment disputed by the Contractor. The Contractor shall be notified of the decision of the Department in writing within ninety (90) calendar days of receipt.

38.0 Contractor Reporting Requirements

38.1 General Reporting and Data Requirements

The Contractor shall provide to the Department managerial, financial, delegation, utilization, quality, Program Integrity and enrollment reports in compliance with 42 C.F.R. 438.604. The parties acknowledge that CMS has requested the Department to provide certain reports concerning Contractor. Contractor agrees to provide Department with the reports CMS has requested or does request. Additionally, the parties agree for Contractor to provide any additional reports requested by Department. The parties agree that **Appendix K. "Reporting Requirements and Reporting Deliverables"** may be amended outside the scope of this agreement. The Department may require the Contractor to prepare and submit ad hoc reports. The Department must give the Contractor sufficient notice prior to the submission of ad hoc reports to the Department. The notice must be reasonable relative to the nature of the ad hoc report requested by the Department. At a minimum, the Department must give Contractor five (5) business days' notice prior to submission of an ad hoc report.

The Contractor shall respond to any Department request for information or documents within the timeframe specified by the Department in its request. If the Contractor is unable to respond within the specified timeframe, the Contractor shall immediately notify the Department in writing and shall include an explanation for the inability to meet the timeframe and a request for approval of an extension of time. The Department may approve, within its sole discretion, any such extension of time upon a showing of good cause by the Contractor. To avoid delayed responses by Contractor caused by a high volume of information or document requests by the Department, the Parties shall devise and agree upon a functional method of prioritizing requests so that urgent requests are given appropriate priority.

Contractor shall provide a paid claims listing, in a manner and format as required by the Department, to each of Contractor's Network hospitals as outlined in **Appendix O. "Paid Claims Listing Requirements"**. Failure of the Contractor to provide a paid claims listing by the required date in accordance with this Contract shall result in a separate penalty of \$50,000 per hospital and a \$1,000 per day penalty until provided. An additional penalty of \$25,000 will be assessed for any paid claims listing that is not in the required format, or is determined to contain errors or omissions.

38.2 Record System Requirements

The Contractor shall maintain or cause to be maintained detailed records relating to the operation including but not limited to the following:

- A. Administrative costs and expenses incurred pursuant to this Contract;
- B. Enrollee enrollment status;
- C. Provision of Covered Services;
- D. All relevant medical information relating to individual Enrollees for the purpose of audit, evaluation or investigation by the Department, the Office of Inspector General, the Attorney General and other authorized federal or state personnel;
- E. Quality Improvement and utilization;
- F. All financial records, including all financial reports required under Section 38.14 "Financial Reports" of this Contract and A/R activity, rebate data, DSH requests and etc.;
- G. Performance reports to indicate Contractor's compliance with Contract requirements;
- H. Fraud and abuse;
- I. Enrollee/Provider satisfaction and
- J. Managerial reports.

All records shall be maintained and available for review by authorized federal and state personnel during the entire term of this Contract and for a period of ten (10) years after termination of this Contract, except that when an audit has been conducted, or audit findings are unresolved. In such case records shall be kept for a period of ten (10) years in accordance with 42 C.F.R. 438.2 and 907 KAR 1:672, or as amended or until all issues are finally resolved, whichever is later.

38.3 Reporting Requirements and Standards

The Contractor shall verify the accuracy for data and other information on reports submitted. Reports or other required data shall be received on or before scheduled due dates. Reports or other required data shall conform to the Department's defined standards. All required information shall be fully disclosed in a manner that is responsive and without material omission.

The Contractor shall analyze all required reports internally before submitting to the Department. The Contractor shall analyze the reports for any early patterns of change, identified trends, or outliers and shall submit this analysis with the required report. The Contractor shall submit a written narrative with the report documenting the Contractor's interpretation of the early patterns of change, identified trend or outlier.

The Contractor shall be responsible for complying with the reporting requirements set forth in this Contract. The Contractor shall be responsible for assuring the accuracy, completeness and timely submission of each report. Reports shall be submitted in electronic format, paper or disk. The Contractor shall provide such additional data and reports as may be reasonably requested by the Department. The Department shall furnish the Contractor with the appropriate reporting formats, instructions, timetables for submission and such technical assistance in filing reports and data as may be permitted by the Department's available resources. The Department reserves the right to modify from time to time the form, nature, content, instructions and timetables for the collection and reporting of data. Any requested modification will take cost into consideration.

38.4 COB Reporting Requirements

In order to comply with CMS reporting requirements, the Contractor shall submit a monthly Coordination of Benefits Report for all Enrollee activity. Additionally, Contractor shall submit a report that includes subrogation collections from auto, homeowners, or malpractice insurance, etc.

38.5 QAPI Reporting Requirements

The Contractor shall provide status reports of the QAPI program and work plan to the Department on a quarterly basis thirty (30) working days after the end of the quarter and as required under this section and upon request. All reports shall be submitted in electronic and paper format.

38.6 Enrollment Reconciliation

The Contractor shall reconcile each Enrollee payment identified in a HIPAA 820 transaction with information contained in the HIPAA 834 transaction. The Contractor shall submit all requested corrections to the Department within forty-five (45) days of receipt of HIPAA 820 transaction. Adjustments shall be made to the next HIPAA 820 transaction and/or next available HIPAA 834 transactions to reflect corrections.

38.7 Enrollee Services Report

By the fifteenth (15th) of each month, Contractor shall self-report their prior month performance in call center abandonment rate, blockage rate and average speed of answer, for their Enrollee

services and twenty-four/seven (24/7) hour toll-free medical call-in system to the Department.

38.8 Grievance and Appeal Reporting Requirements

The Contractor shall submit to the Department on a quarterly basis the total number of Enrollee Grievances and Appeals and their disposition. The report shall be in a format approved by the Department and shall include at least the following information:

- A. Number of Grievances and Appeals, including expedited appeal requests;
- B. Nature of Grievances and Appeals;
- C. Resolution;
- D. Timeframe for resolution; and
- E. QAPI initiatives or administrative changes as a result of analysis of Grievances and Appeals.

The Department or its contracted agent may conduct reviews or onsite visits to follow up on patterns of repeated Grievances or Appeals. Any patterns of suspected Fraud or Abuse identified through the data shall be immediately referred to the Contractor's Program Integrity Unit.

38.9 EPSDT Reports

The Contractor shall submit Encounter Files to the Department's Fiscal Agent for each Enrollee who receives EPSDT Services. This Encounter File shall be completed according to the requirements provided by the Department, including use of specified EPSDT procedure codes and referral codes. Annually the Contractor shall submit a report on EPSDT activities, utilization and services and the current Form CMS-416 to the Department.

38.10 Contractor's Provider Network Reporting

The Contractor shall submit to the Department on a quarterly basis, in a format specified by the Department, a report summarizing changes in the Contractor's Network. The Contractor shall report to the Department all provider groups, clinics, facilities and individual physician practices and sites in its network that are not accepting new Medicaid Enrollees. The Contractor shall have procedures to address changes in its network that reduce Enrollee access to services. Significant changes in Contractor's network composition that reduce Enrollee access to services may be grounds for Contract termination.

38.11 DCBS and DAIL Service Plans Reporting

Thirty (30) days after the end of each quarter, the Contractor shall submit a quarterly report detailing the number of service plan reviews conducted for Guardianship, Foster and Adoption Assistance, including Enrollee outcome decisions, such as referral to case management, and rationale for decisions.

38.12 Management Reports

Managerial reports demonstrate compliance with operational requirements of the Contract. These reports shall include, but not be limited to, information on such topics as:

- A. Composition of current provider networks and capacity to take on new Medicaid Enrollees;
- B. Changes in the composition and capacity of the provider network;
- C. PCP to Enrollee ratio;
- D. Identification of TPL;
- E. Grievance and appeals resolution activities;

- F. Fraud and abuse activities;
- G. Delegation oversight activities;
- H. Enrollee satisfaction; and
- I. Out-of-Network utilization by Enrollees.

38.13 Financial Reports

Financial reports demonstrate the Contractor's ability to meet its commitments under the terms of this Contract. The Contractor and its subcontractors shall maintain their accounting systems in accordance with statutory accounting principles, generally accepted accounting principles, or other generally accepted system of accounting. The accounting system shall clearly document all financial transactions between the Contractor and its subcontractors and the Contractor and the Department. These transactions shall include, but not be limited to, Claims payment, refunds and adjustment of payments.

The Contractor shall file, in the form and content prescribed by the ~~Commonwealth National Association of Insurance Commissioners (NAIC)~~, within one hundred and twenty days (120) days following the end of each fiscal year an annual audited financial statement that has been prepared by an independent Certified Public Accountant on an accrual basis, in accordance with statutory accounting principles, generally accepted accounting principles, or other generally accepted system of accounting.

The Contractor shall also file, within ~~ninetyseveny-five (75)~~(90) days following the end of each fiscal year, certified copies of the annual statement and reports as prescribed and adopted by the DOI. The Department may request information in the form of a consolidated financial statement.

The Contractor shall file within sixty (60) days following the end of each calendar quarter, quarterly financial reports in form and content as prescribed by the NAIC.

The Contractor shall file with FAC and the Department, within seven (7) days after issuance, a true, correct and complete copy of any report or notice issued in connection with a financial examination conducted by or on behalf of the DOI.

38.14 Ownership and Financial Disclosure

The Contractor agrees to comply with the provisions of 42 C.F.R. 455.104. The Contractor shall provide true and complete disclosures of the following information to FAC, the Department, CMS, and/or their agents or designees, in a form designated by the Department (1) at the time of each annual audit, (2) at the time of each Medicaid survey, (3) prior to entry into a new contract with the Department, (4) upon any change in operations which affects the most recent disclosure report, or (5) within thirty-five (35) days following the date of each written request for such information:

- A. The name and address of each person with an ownership or control interest in (i) the Contractor or (ii) any Subcontractor or supplier in which the Contractor has a direct or indirect ownership of five percent (5%) or more, specifying the relationship of any listed persons who are related as spouse, parent, child, or sibling;
- B. The name of any other entity receiving reimbursement through the Medicare or Medicaid programs in which a person listed in response to subsection (a) has an ownership or control interest;
- C. The same information requested in subsections (A) and (B) for any Subcontractors or suppliers with whom the Contractor has had business transactions totaling more than \$25,000 during the immediately preceding twelve-month period;
- D. A description of any significant business transactions between the Contractor and any wholly-owned supplier, or between the Contractor and any Subcontractor, during the immediately

- preceding five-year period;
- E. The identity of any person who has an ownership or control interest in the Contractor, any Subcontractor or supplier, or is an agent or managing employee of the Contractor, any Subcontractor or supplier, who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the services program under Title XX of the Act, since the inception of those programs;
 - F. The name of any officer, director, employee or agent of, or any person with an ownership or controlling interest in, the Contractor, any Subcontractor or supplier, who is also employed by the Commonwealth or any of its agencies and
 - G. The Contractor shall be required to notify the Department immediately when any change in ownership is anticipated. The Contractor shall submit a detailed work plan to the Department and to the DOI during the transition period no later than the date of the sale that identifies areas of the Contract that may be impacted by the change in ownership including management and staff.

The Department shall review the ownership and financial disclosures submitted by the Contractor and any Subcontractor.

38.15 Utilization and Quality Improvement Reporting

Utilization and Quality Improvement reports demonstrate compliance with the Departments service delivery and quality standards. These reports shall include, but not be limited to:

- A. Trending and analysis reports on areas such as quality of care, access to care, or service delivery access;
- B. Encounter data as specified by the Department;
- C. Utilization review and management activities data; and
- D. Other required reports as determined by the Department, including, but not limited to, performance and tracking measures.

39.0 Records Maintenance and Audit Rights

39.1 Medical Records

Enrollee medical records if maintained by the Contractor shall be maintained timely, legible, current, detailed and organized to permit effective and confidential patient care and quality review. Complete medical records include, but are not limited to, medical charts, prescription files, hospital records, provider specialist reports, consultant and other health care professionals' findings, appointment records, and other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided under the Contract. The medical record shall be signed by the provider of service.

The Contractor shall have medical record confidentiality policies and procedures in compliance with state and federal guidelines and HIPAA. The Contractor shall protect Enrollee information from unauthorized disclosure as set forth in Section 39.2 "**Confidentiality of Records**".

The Contractor shall conduct HIPAA privacy and security audits of providers as prescribed by the Department.

The Contractor shall include provisions in its Subcontracts for access to the medical records of its Enrollees by the Contractor, the Department, the Office of the Inspector General and other authorized Commonwealth and federal agents thereof, for purposes of auditing. Additionally, Provider contracts shall provide that when an Enrollee changes PCP, the medical records or copies of medical records shall be forwarded to the new PCP or Partnership within ten (10) Days from

receipt of request. The Contractor's PCPs shall have Enrollees sign a release of Medical Records before a Medical Record transfer occurs.

The Contractor shall have a process to systematically review provider medical records to ensure compliance with the medical records standards. The Contractor shall institute improvement and actions when standards are not met. The Contractor shall have a mechanism to assess the effectiveness of practice-site follow-up plans to increase compliance with the Contractor's established medical records standards and goals.

The Contractor shall develop methodologies for assessing performance/compliance to medical record standards of PCP's/PCP sites, high risk/high volume specialist, dental providers, providers of ancillaries services not less than every three (3) years. Audit activity shall, at a minimum:

- A. Demonstrate the degree to which providers are complying with clinical and preventative care guidelines adopted by the Contractor;
- B. Allow for the tracking and trending of individual and plan wide provider performance over time;
- C. Include mechanism and processes that allow for the identification, investigation and resolution of quality of care concerns; and
- D. Include mechanism for detecting instances of over-utilization, under-utilization, and misutilization.

39.2 Confidentiality of Records

The parties agree that all information, records, and data collected in connection with this Contract, including Medical Records, shall be protected from unauthorized disclosure as provided in 42 C.F.R. Section 431, subpart F, KRS 194.060A, KRS 214.185, KRS 434.840 to 434.860, and any applicable state and federal laws, including the laws specified in Section 41.15 "**Health Insurance Portability and Accountability Act.**"

The Contractor shall have written policies and procedures for maintaining the confidentiality of Enrollee information consistent with applicable laws. Policies and procedures shall include but not be limited to, adequate provisions for assuring confidentiality of services for minors who consent to diagnosis and treatment for sexually transmitted disease, alcohol and other drug abuse or addiction, contraception, or pregnancy or childbirth without parental notification or consent as specified in KRS 214.185. The policies and procedures shall also address such issues as how to contact the minor Enrollee for any needed follow-up and limitations on telephone or mail contact to the home.

The Contractor on behalf of its employees, agents and assignees, shall sign a confidentiality agreement.

Except as otherwise required by law, regulations, or this Contract, access to such information shall be limited by the Contractor and the Department, to persons who or agencies which require the information in order to perform their duties related to the administration of the Department, including but not limited to the U.S. Department of Health and Human Services, U.S. Attorney's Office, the Office of the Inspector General, the Office of Attorney General, and such others as may be required by the Department.

Any data, information, records or reports which may be disclosed to the Department by the Contractor pursuant to the express terms of this Contract shall not be disclosed or divulged by the Department in whole or in part to any other third person, other than expressly provided for in this Contract, or the Kentucky Open Records Act, KRS 61.870-61.882. The Department and the Contractor agree that this confidentiality provision will survive the termination of this Contract.

Proprietary information, which consists of data, information or records relating to the Contractor, its affiliates' or subsidiaries' business operations and structure, sales methods, practices and techniques, advertising, methods and practices, provider relationships unless otherwise expressly provided for in this Contract, non-Medicaid Enrollee or Enrollee lists, trade secrets, and the Contractor's, its affiliates' or subsidiaries' relationships with its suppliers, providers, potential Enrollees or Enrollees and potential providers, is supplied under the terms of this Contract based on the Department's representation that the information is not subject to disclosure, except as otherwise provided by the Kentucky Open Records Act, KRS 61.870-61.882 or 200 KAR 5:314. The Contractor understands that it must designate information it has which it considers proprietary so that the Department or FAC may claim the proprietary information exemption to KRS 61.878(1)(c) if a request for such information is made. The Contractor also understands that it shall be responsible for defending its Claim that such designated information is proprietary before any applicable adjudicator.

Any requests for disclosure of information received by the Contractor pursuant to this section of the Contract shall be submitted to and received by the Department's Contract Compliance Officer within twenty-four (24) hours as specified in Section 41.16 "**Notices**" of this Contract, and no information for which an exemption from disclosure exists shall be disclosed pursuant to such a request without prior written authorization from the Department. The Department shall notify Contractor if its records are being requested under the Open Records Law.

However, non-individual identified data and information required to be reported to the Department either by this Contract or by CMS or by applicable laws or regulations, shall not be considered confidential.

39.3 Privacy, Confidentiality, and Ownership of Information

The CHFS is the designated owner of all data and shall approve all access to that data. The Contractor shall not have ownership of Commonwealth data at any time. The Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the Commonwealth and will be appropriately displayed on the Commonwealth portal (Ky.gov). The Contractor shall provide sufficient security to protect the Commonwealth and CHFS data in network transit, storage, and cache.

39.4 Identity Theft Prevention and Reporting Requirements

In the delivery and/or provision of Information Technology hardware, software, systems, and/or services through a contract/s established as a result of this solicitation, the Contractor shall prevent unauthorized access to "Identity Information" of Commonwealth citizens, clients, constituents and employees. "Identity Information" includes, but is not limited to, an individual's first name or initial and last name in combination with any of the following information:

- A. Social Security Number;
- B. Driver's License Number;
- C. System Access ID's and associated passwords; and
- D. Account Information –such account number(s), credit/debit/ProCard number(s), and/or passwords and/or security codes.

The Contractor shall also immediately notify the contracting agency, the Office of Procurement Services, and the Commonwealth Office of Technology upon learning of any unauthorized breach/access, theft, or release of Commonwealth data containing "Identity Information."

For even a single knowing violation of these Identity Theft Prevention and Reporting Requirements,

the Contractor agrees that the Commonwealth may terminate for default the Contract(s) and may withhold payment(s) owed to the Contractor in an amount sufficient to pay the cost of notifying Commonwealth customers of unauthorized access or security breaches.

39.5 Compliance

The Contractor shall agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) (45 C.F.R. Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996. The Contractor shall ensure that all Contractor actions are compliant with HIPAA rules for access, authentications, storage and auditing, and transmittal of electronic personal health information (e-PHI). Where applicable, The Contractor shall establish and maintain HIPAA compliant controls and procedures that protect, define, and limit circumstances for access, use, and disclosure of personal health information (PHI). An analysis shall be performed by the Contractor during the System Design phase to ensure implementation of appropriate controls for the relevant HIPAA requirements. The Contractor shall not be permitted to use or disclose health information for any reason other than what is mandated within this Contract. All CHFS Projects must adhere to the Commonwealth Office of Technology (COT) security and enterprise policies and procedures and the Cabinet for Health and Family Services (CHFS) security policies and procedures. Below is a listing of additional applicable policies, procedures, and laws for which the proposing Contractors must be prepared to comply:

- A. Computer Fraud and Abuse Act [PL 99-474, 18 USC 1030]
- B. Privacy Act of 1974 as amended [5 USC 552a]
- C. Protection of Sensitive Agency Information [OMB M-06-16]
- D. NIST 800-53 [Moderate]
- E. IRS Publication 1075
- F. Center for Medicare and Medicaid Services requirements
- G. Health Insurance Portability and Accountability (HIPAA)
- H. Federal Information Processing Standards (FIPS) Publications

39.6 Application Vulnerability Assessment

Contractor shall perform a non-intrusive vulnerability assessment on web applications and web services; scan the web applications and web services without credentials to identify vulnerabilities related to the OWASP top 10 vulnerabilities and SANS top 25 programming errors; scan the web applications and web services with credentials to identify vulnerabilities related to the OWASP top 10 vulnerabilities and SANS top 25 programming errors.

The initial web applications and web services assessment should be a gray box approach with the chosen Contractor only having knowledge of the IP information, but having no other knowledge with the web application. The chosen Contractor should perform a non-intrusive vulnerability assessment to discover if access can be discovered, programming flaws, data leakage, and information that could allow an intruder to attack the web applications.

The second part of the web applications and web services assessment included a provide role(s) with access to the application(s). The vulnerability assessment of the chosen Contractor will be a non-intrusive security test. A walk through of the application will be very limited and will be at a high level to allow the chosen Contractor to review the application at first glance as a discovery. The high level walk through will include all IPs and URLs only. The application(s) vulnerability assessment should address at the very minimum:

- A. Injection
- B. Broken Authentication and Session Management

- C. Cross-Site Scripting (XSS)
- D. Insecure Direct Object References
- E. Security Misconfiguration
- F. Sensitive Data Exposure
- G. Missing Function Level Access
- H. Cross-Site Request Forgery (CSRF)
- I. Using Known Vulnerable Components
- J. Invalidated Redirects and Forwards

The cabinet shall have a copy of the application vulnerability assessment within 14 working days of its execution. The Contractor will provide a mediation plan which meets risk assignment and in agreement with the Commonwealth.

40.0 Remedies for Violation, Breach, or Non-Performance of Contract

40.1 Performance Bond

FAC or the Department shall have the right to enforce the Contractor's Performance Bond pursuant to the terms thereof for any material breach of this Contract after prior written notice to Contractor and an opportunity to cure such material breach within thirty (30) days of the date of the notice, and subject to Contractor's appeal rights pursuant to Section 41.12 "Disputes."

40.2 Violation of State or Federal Law

A finding by any authorized agency that the Contractor has violated any State or Federal Law as it relates to any obligations or requirements under this Contract shall subject the Contractor to immediate withholding, penalty and forfeiture as a Type A violation without the necessity for a Letter of Concern or a Corrective Action Plan.

40.3 Penalties for Failure to Submit Reports and Encounters

A. Appendix K. Reporting Requirements and Reporting Deliverables.

The following regarding reporting requirements and deliverables as found in Appendix K. "Reporting Requirements and Reporting Deliverables" shall be considered Contract violations for which fines shall be imposed:

1. Failure to provide a required report in the allotted timeframe;
2. Submission of incomplete or incorrect reports; or
3. Failure to resolve identified reporting errors within required timelines.

The Department shall notify Contractor of a violation and if the violation is not remedied within five (5) business days, shall fine the Contractor one hundred (\$100) dollars per day until the violation is remedied. The fines shall be deducted from the next month's Capitation Payment. This violation shall not require a Letter of Concern or a Corrective Action Plan before fines are imposed.

B. Encounter and Encounter File Submission Deadlines, Errors, and Penalties

1. Timeliness

- a. Timely Submission of Encounter File. An Encounter File is due on a weekly basis and shall be considered late if not received after five (5) business days from the weekly submission due date. Failure of the Contractor to submit the Encounter File within five (5) business days from the scheduled submission due date shall

- result in an assessment of \$500.00 per day late fee.
- b. Timely Submission of Encounters from Adjudication Date. Encounters shall be submitted within thirty (30) days of the adjudication date. Failure of the Contractor to submit an Encounter File with all of the Encounters within thirty (30) days from the adjudication date is subject to a one dollar \$1.00 per day per encounter late fee calculated as follows: the total number of days between adjudication and submission for the Encounter submitted in the Encounter File; 30 days are then subtracted from the days submitted for that Encounter. The late fee of \$1.00 per encounter is then assessed for each day over the 30 days.

An additional penalty for Federally Qualified Health Centers and Rural Health Centers encounters of eleven dollars (\$11.00) per day shall be assessed for each day greater than thirty (30) days.

- c. Timely Resubmission of Erred Encounters. Failure to resubmit erred encounter records within sixty (60) days from receipt of the 277U Erred Record Report is subject to a \$1.00 per day late fee per encounter over sixty (60) days.

An additional penalty for Federally Qualified Health Centers and Rural Health Centers encounters of \$11.00 per day shall be assessed for each day greater than sixty (60) days.

- d. Timeliness Penalty Cap. Penalties under this section for timeliness shall be capped at 0.33% of the Contractor's monthly capitation rate.

2. Accuracy

- a. Threshold Error. An Encounter File that exceeds a five (5%) percent threshold error rate shall be assessed a per Encounter File error fee of \$500.00.
- b. File Not in Required Format. Failure of the Contractor to submit encounter data in the required form or format (as required by DMS, 837, ASC X12 EDI for Electronic Data Interchange and the KY Companion Guide or current industry standard with appropriate KY Companion Guide) for one calendar month shall result in an assessment of \$50,000 per file.
- c. Duplicates. Duplicate encounter submissions are subject to a monthly \$5.00 per duplicate encounter fee.
- d. Accuracy Penalty Cap. Penalties under this section for accuracy shall be capped at 0.33% of the Contractor's monthly capitation rate.

3. Completeness

- a. Failure to Submit Required Attestation. Failure of the Contractor to submit the required attestation showing all failed files were successfully resubmitted and accepted within sixty (60) days of notification, shall result in an assessment of \$10,000 per file. An additional penalty of \$1,000 per each late day beyond the sixty (60) days of notification shall also be assessed.
- b. Completeness Penalty Cap. Penalties under this section for completeness shall be capped at 0.33% of the Contractor's monthly capitation rate.

If the Department elects not to exercise any of the penalty clauses herein in a particular instance, this decision shall not be construed as a waiver of the Department's right to pursue the future assessment of that performance standard requirement and associated penalties.

The Department will work with the Contractor to resolve problems in obtaining data at all times. The Contractor acknowledges its responsibility to provide data on Enrollees upon request.

40.4 Kentucky HEALTH Performance Penalties

In addition to any other penalties provided for in this Contract, Contractor shall be penalized as follows for failures to perform its obligations under Section 42 of the Contract.

A. Premium Collection Performance Penalties

The State, or its designee, shall have the right to audit the performance of the Contractor in collecting premiums as required by Section 42.18.1 and the payment files sent by the Contractor to IEES for accuracy and completeness on all required data elements, including, but not limited to: (i) coverage month; (ii) payment date; and (iii) payment status.

For each instance that the Contractor fails to meet a requirement set forth in Section 42.18.1A-E, Contractor shall pay a penalty of \$1000.00.

If the results of an audit of payment files indicate that payment files are not one hundred percent (100%) accurate and complete, the Contractor shall pay a penalty in an amount that corresponds the percentage of error to the percentage of capitation payment received by the Contractor during the audit period for the Kentucky HEALTH population. For example, If the audit indicates an error rate of 5%, then Contractor shall be penalized 5% of the total capitation payments received by it during the audit period for the Kentucky HEALTH population.

B. Medically Frail Identification Performance Penalties

The Contractor shall be subject to an audit of Kentucky HEALTH Medically Frail determinations made pursuant to Section 42.12.3. The Department may use a contracted entity to conduct the audit. If the results of the audit indicate that inappropriate determinations have been made in greater than ten percent (10%) of the audited cases, the Contractor shall pay a penalty in an amount that corresponds the percentage of error above 10% to the percentage of capitation payment received by the Contractor during the audit period for the Kentucky HEALTH population:

Prior to imposing sanctions, the Contractor, at its sole expense, shall have the right to dispute the audit findings. The Contractor may present to the Department documentation used to determine whether the Member met the Medically Frail criteria. Sanctions shall not be imposed if the Department determines, based upon this documentation, that a Member met the Medically Frail criteria at the time of the determination.

C. My Rewards Account Performance Penalties

The Contractor shall be responsible for transmitting data for the My Rewards Account in accordance with Kentucky HEALTH Business Requirements and Section 42.15 "My Rewards Account," for activities completed by Kentucky HEALTH Members. For each instance in which the Contractor fails to transmit completion of activities which qualify a Member for My Rewards Account accrual, the Contractor shall pay a penalty in the amount of \$1000.00.

40.5 Requirement of Corrective Action

A. Letter of Concern

Should the Department determine that the Contractor or any Subcontractor is in violation of any requirement of this Contract, the Department shall issue a "Letter of Concern." The Contractor shall contact the Department's representative designated by the Department within

two (2) business days of receipt of the Letter of Concern and shall indicate how such concern is unfounded or how it will be addressed. If the Contractor fails to timely contact the designated representative regarding a Letter of Concern, the Department shall proceed to the additional enforcement contained in this Contract.

B. Corrective Action Plan

Should FAC or the Department determine that the Contractor or any Subcontractor is not in substantial compliance with any material provision of this Contract, FAC or the Department shall issue a Written Deficiency Notice to the Contractor specifying the deficiency and requesting a corrective action plan be filed by the Contractor within ten (10) business days following the date of the notice.

A corrective action plan shall delineate the time and manner in which each deficiency is to be corrected. The plan shall be subject to approval by FAC or the Department, which may accept the plan as submitted, may accept the plan with specified modifications, or may reject the plan within ten (10) business days of receipt. FAC or the Department may reduce the time allowed for corrective action depending upon the nature of the deficiency.

C. Failure to Respond to Letter of Concern or Corrective Action Plan Notice

Failure of the Contractor to respond to a Letter of Concern within two (2) business days of receipt of the Letter of Concern shall result in a \$500.00 per day penalty for each day until the response is received. Failure of the Contractor to submit a Corrective Action Plan within ten (10) business days following the date of the Written Deficiency Notice shall result in a \$1000.00 per day penalty for each day until the Corrective Action Plan is received.

D. Request for Extension

Upon request, FAC or the Department may extend the time allowed for both a response to the Letter of Concern and a Corrective Action Plan. The Contractor may request an extension of time in writing from the representative designated in the Letter of Concern or the Written Deficiency Notice. An extension shall be requested no later than one (1) business day prior to the date the response is due. The written request shall contain a justification and proposed extension period. If an extension is granted, the penalty per day for both a late Letter of Concern or a late Corrective Action Plan would begin after the expiration of the extension period.

40.6 Penalties for Failure to Correct

A. Civil Money Penalties

Following failure on the part of the Contractor to cure a default in accordance with a plan of correction under Section 40.4 "Requirement of Corrective Action," FAC or the Department may impose civil money penalties in the circumstances and the amounts set forth below if the Contractor does any of the following:

1. Fails substantially to provide Medically Necessary items and services that are required under law and under this Contract (\$25,000);
2. Imposes excess premiums and charges; (The maximum amount of the penalty shall be \$25,000 or double the excess amount charged, whichever is greater. The Department shall deduct the amount of the overcharge from the penalty and return it to the affected Enrollee);

3. Acts to discriminate among Enrollees; (an amount not to exceed \$100,000);
 4. Misrepresents or falsifies information; (an amount not to exceed \$100,000);
 5. Fails to comply with the requirements for physician incentive plans, as set forth (for Medicare) in 42 C.F.R. §§422.208 and 422.210 (\$25,000);
 6. Violates marketing guidelines (\$10,000);
 7. Prompt Pay Violations (\$1,000 per infraction);
 8. Finding of substantial non-compliance that affects Enrollee's access to services (\$5,000);
 9. Network Program Adequacy/ Capacity (\$10,000);
 10. Failure to respond sufficiently to an LOC (\$1,000);
 11. Failure to respond sufficiently to a Corrective Action Plan request (\$5000);
 12. Failure to timely implement a Corrective Action Plan;
 13. Failure to submit correct data (\$1,000) except for encounter submission or if otherwise addressed in the Contract; or
 14. Repeated contractual violation:
 - a. 1st Offense (\$5,000);
 - b. 2nd Offense (\$10,000);
 - c. 3rd-6th Offense (\$20,000); and
 - d. 7th Offense and each subsequent offense (\$40,000).
- B. Withholding, Penalty and Forfeiture

Upon the issuance of a Written Deficiency Notice requiring a corrective action plan, the Department shall withhold one quarter of one (0.25%) percent of one monthly Capitation Payment for Type B deficiencies until the corrective action has been completed. The Department shall impose a nonrefundable penalty of \$10,000 for each Type B infraction. The Department shall withhold one-half of one (0.5%) percent of one monthly Capitation Payment for Type A deficiencies until the corrective action has been completed. The Department shall impose a nonrefundable penalty of \$50,000 for each Type A infraction.

If the deficiency is not remedied within three (3) months from acceptance of the corrective action plan, one-half of the funds withheld shall be forfeited in addition to the nonrefundable penalty referenced above. If the deficiency is not remedied within six (6) months from acceptance of the corrective action plan, all of the funds withheld shall be forfeited in addition to the nonrefundable penalty referenced above.

Type A deficiencies shall be a written deficiency in the requirements in the following sections: 23 through 37, inclusive.

Type B deficiencies shall be a written deficiency in the requirements in the following sections: 3-15, 17-22, 38 and 41.

40.7 Penalties for Failure to Respond to Requests

For requests not otherwise specifically addressed in this Contract, if the Contractor either fails to respond or fails to submit a complete or accurate written response to a Department's written request within the designated timeframe, the Department may impose a \$500.00 per day penalty until the response is received, complete or accurate, whichever is applicable.

40.8 Appeal of Penalties Established in 40.5.A or 40.6

Prior to exercising the dispute provision of Section 41.12, the Contractor may request reconsideration of a penalty imposed in accordance with 40.5.A or 40.6 that equals or exceeds \$50,000 by sending a letter to the Commissioner of the Department for Medicaid Services, or his/her designee, within thirty (30) days of receipt of notification of the penalty.

40.9 Notice of Contractor Breach

A Contractor shall be considered in breach if the Contractor is not in substantial compliance with any material provision of this Contract that cannot be cured or if the Contractor fails to cure a default in accordance with a plan of correction under Section 40.4 “**Requirement of Corrective Action**,” or comply with Sections 1932, 1903(m), and 1905(t) of the Social Security Act, or 42 C.F.R. 438. FAC shall issue a timely written notice to the Contractor, explaining any appeal rights provided to the Contractor, indicating the nature of the default, and advising the Contractor that failure to cure the default within a defined time period to the satisfaction of the Department, may lead to the imposition of any sanction or combination of sanctions provided by the terms of this Contract, or otherwise provided by law, including but not limited to all of the following:

- A. Suspension of further Enrollment for a defined time period;
- B. Suspension of Capitation Payments;
- C. Suspension or recoupment of the Capitation Rate paid for any month for any Enrollee who was denied the full extent of Covered Services meeting the standards set by this Contract, or who received or is receiving substandard services;
- D. A claim against Contractor’s Performance Bond;
- E. Appoint temporary management;
- F. Grant Enrollees the right to disenroll without cause; and
- G. Termination of the contract.

The Department shall impose mandatory temporary management when a Contractor repeatedly fails to meet substantive requirements established in Sections 1903(m) or 1932 of the Social Security Act or 42 C.F.R. 438. The Department shall not delay the imposition of temporary management to provide a hearing and shall not terminate temporary management until it determines that the Contractor can ensure the sanctioned behavior will not reoccur. If the Department imposes temporary management, the Department shall notify affected Enrollees of their right to terminate enrollment without cause, pursuant to 42 C.F.R. 438.706(b).

40.10 Additional Sanctions Required by CMS

Payments provided for under this Contract will be denied for new Enrollees when, and for so long as, payment for those Enrollees is denied by CMS under 42 C.F.R. 438.730(e).

40.11 Termination for Default

In addition to nonperformance of the particular terms and conditions of this Contract by the Contractor, each of the following shall constitute breach of the Contract by Contractor for which actual and consequential money damages and any of the other remedies set forth in the Contract are available to FAC, as well as a remedy of immediate termination of this Contract if the problem is not cured in the time frame specified by the Department:

- A. The conduct of the Contractor, any Subcontractor or supplier, or the standard of services provided by or on behalf of the Contractor, fails to meet the Department’s minimum standards of care or threatens to place the health or safety of any group of Enrollees in jeopardy;
- B. The Contractor is either expelled or suspended from the federal health insurance programs under Title XVIII or Title XIX of the Social Security Act;
- C. Contractor’s license to operate as an HMO is suspended or terminated by the DOI, or any adverse action is taken by the DOI which is deemed by the Department to affect the ability of the Contractor to provide health care services as set forth in this Contract to Enrollees;
- D. The Contractor fails to maintain protection against fiscal insolvency as required under state or federal law, or as required by the terms of this Contract, or the Contractor fails to meet its financial obligations as they become due other than with respect to contested or challenged

- Claims filed by Enrollees or Providers;
- E. The Contractor fails to or knowingly permits any Subcontractor, supplier, or any other person or entity who receives compensation pursuant to performance of this Contract, to fail to comply with the nondiscrimination and affirmative action requirements of Section 5.3 "Nondiscrimination and Affirmative Action" of this Contract;
 - F. The Contractor provides or knowingly permits any Subcontractor to provide fraudulent, or intentionally misleading or misrepresentative information to any Enrollee, or to any agent of the Commonwealth or the United States in connection with; or
 - G. Gratuities other than de minimus or otherwise legal gratuities are offered to, or received by, any public official, employee or agent of the Commonwealth from the Contractor, its agent's employees, Subcontractors or suppliers, in violation of Offer of Gratuities and Affirmative Action of this Contract;
 - H. The Contractor violates any of the confidentiality provisions of this Contract; or
 - I. The Contractor fails to provide covered services to its Enrollees.

As part of FAC's option to terminate, if the Contractor is in uncured material breach of the Contract or is insolvent, the Department has the option to assume the rights and obligations of the Contractor and directly operate the Contractor's network, using the existing Contractor's administrative organization, to ensure delivery of care to Enrollees through the Contractor's Network until cure by the Contractor of the breach or by demonstrated financial solvency, or until the successful transition of those Enrollees to other MCOs at the expense of the Contractor.

The certification by the Commissioner of the Department of the occurrence of any of the events stated above shall be conclusive. The Contractor, however, shall retain all rights to dispute resolution specified in **Disputes** of this Contract.

Before terminating the Contract under 42 C.F.R. 438.708, FAC must provide the Contractor with a pre-termination hearing. The State shall give the Contractor written notice of its intent to terminate, the reason for termination, and the time and place of hearing. FAC shall give the Contractor, after the hearing, written notice of the decision affirming or reversing the proposed termination of the Contract, and for an affirming decision, the effective date of termination. For an affirming decision, the Department shall give Enrollees notice of the termination and information, consistent with 42 C.F.R. 438.10 on their options for receiving Medicaid services following the effective date of termination

40.12 Obligations upon Termination

Upon termination of this Contract before the end of its term regardless of cause except for the convenience of the Commonwealth, the Contractor shall be solely responsible for the provision and payment for all Covered Services for all Enrollees for the remainder of any month for which the Department has paid the monthly Capitation Rate. Contractor may be requested to continue in place for two additional months. Upon final notice of termination, on the date, and to the extent specified in the notice of termination, the Contractor shall:

- A. Provide a written Transition Plan for the Department's approval. In the event of Contract termination, the Transition Plan shall be due within ten (10) calendar days of receiving Notice of Termination from the Commonwealth. The Contractor will revise and resubmit the Transition Plan to the Department on a regular basis, the frequency of which will be determined by the Department;
- B. Appoint a liaison for post-transition concerns;
- C. Provide for sufficient claims payment staff, Enrollee services staff, and provider services staff to ensure a smooth transition;
- D. Continue providing Covered Services to all Enrollees until midnight on the last day of the calendar month for which a Capitation Payment has been made by the Department;
- E. Continue providing all Covered Services to all infants of female Enrollees who have not been

- discharged from the hospital following birth, until each infant is discharged, or for the period specified in (a) above, whichever period is shorter;
- F. Continue providing inpatient hospital services to any Enrollees who are hospitalized on the termination date, until each Enrollee is discharged, or for the period specified in (a) above, whichever period is shorter;
 - G. Arrange for the transfer of Enrollees and medical records to other appropriate Providers;
 - H. Be responsible for resolving Enrollee grievances and appeals with respect to claims with dates of service prior to the date of contract termination or expiration, including those grievances and appeals filed on or after the day of termination or expiration for those dates of service;
 - I. Be financially responsible for Enrollee appeals of adverse decisions rendered by the Contractor concerning treatment of services requested prior to termination or expiration of the Contract which are subsequently upheld on behalf of the Enrollee after an appeal proceeding or after a State Fair Hearing.
 - J. Be responsible for submitting encounter data for all claims incurred for dates of service prior to contract termination.
 - K. Be responsible for submitting all reports necessary to facilitate the collection of pharmacy rebates and assisting in the resolution of all drug rebate disputes with the manufacturer for all claims incurred prior to the contract termination date;
 - L. Be responsible for submitting all performance data with a due date following the termination or expiration of the Contract, but covering a reporting period prior to termination or expiration of the Contract;
 - M. Promptly supply to the Department such information as it may request respecting any unpaid Claims submitted by Out-of- Network Providers and arrange for the payment of such Claims within the time periods provided herein;
 - N. Provide the Department will all information requested in the format and within the timeframe set forth by the Department, which shall be no later than thirty (30) calendar days of the request;
 - O. Take such action as may be necessary, or as the Department may direct, for the protection of property related to this Contract, which is in the possession of the Contractor and in which the Department has or may acquire an interest; and
 - P. Provide for the maintenance of all records for audit and inspection by the Department, CMS and other authorized government officials, in accordance with terms and conditions specified in this Contract including the transfer of all such data and records, or copies thereof, to the Department or its agents as may be requested by the Department; and the preparation and delivery of any reports, forms or other documents to the Department as may be required pursuant to this Contract or any applicable policies and procedures of the Department.

The covenants set forth in this Section shall survive the termination of this Contract and shall remain fully enforceable by FAC against the Contractor. In the event that the Contractor fails to fulfill each covenant set forth in this Section, the Department shall have the right, but not the obligation, to arrange for the provision of such services and the fulfillment of such covenants, all at the sole cost and expense of the Contractor and the Contractor shall refund to the Department all sums expended by the Department in so doing.

After FAC notifies the Contractor that it intends to terminate the Contract, the Department may provide the Enrollees written notice of FAC's intent to terminate the Contract and allow the Enrollees to disenroll immediately without cause.

40.13 Liquidated Damages

If the Contractor breaches the Contract and the actual and consequential damages caused by that breach cannot be demonstrated, the Contractor shall pay to the Department liquidated damages up to ten percent (10%) of the Contractor's annual Capitation Payment. Such payment is to be made no later than thirty (30) days following the date of termination. FAC and the Contractor agree that the sum set forth herein as liquidated damages is a reasonable pre-estimate of the probable

loss which will be incurred by the Department in the event this Contract is terminated prior to the end of the Contract term and actual or consequential money damages cannot be demonstrated.

If this Contract is terminated by FAC for convenience as specified in Section 40.12 **“Termination for Convenience”** of this Contract, the Contractor may seek a remedy pursuant to 200 KAR 5:312.

40.14 Right of Set Off

The Contractor hereby grants to FAC a lien and right of set off for any refund and liquidated damages due the Department pursuant to this Contract, upon and against any deposits, credits, payments due or other property of the Contractor at any time in the possession or control of the Department or in transit to the Department.

40.15 Annual Contract Monitoring

FAC or the Department retains the right to withhold payment if the Contractor does not comply with programmatic and fiscal reporting and monitoring requirements following failure on the part of the Contractor to cure a default in accordance with a plan of correction under Section 40.4 **“Requirement of Corrective Action.”**

40.16 Termination for Convenience

FAC upon thirty (30) days prior written notice to the Contractor may terminate this Contract without cause. Termination shall be effective only at midnight of the last day of a calendar month, except for termination notices received in June, which termination shall be effective on June 30. In the event of such a termination, Contractor shall have a transition period of not less than three (3) nor more than six (6) months to transition services, during which time the terms and conditions of this Contract shall continue to apply, and Contractor shall provide Covered Services to, and shall be paid pursuant to the Capitation Rate set forth herein for, each Enrollee up to and including the date of transition of such Enrollee.

40.17 Funding Out Provision

The Contractor agrees that if funds are not appropriated to the Department or are not otherwise available for the purpose of making payments, the Commonwealth shall be authorized, upon sixty (60) days written notice to the Contractor to terminate this Contract. The termination shall be without any other obligation or liability of any cancellation or termination charges, which may be fixed by this Contract.

41.0 Miscellaneous

41.1 Documents Constituting Contract

This Contract shall include

- A. This Medicaid Managed Care Contract;
- B. The Appendices to this Contract;
- C. The Request for Proposal and all attachments and addendums thereto, including Section 40-Terms and Conditions of a Contract with the Commonwealth of Kentucky, where applicable;
- D. General Conditions contained in 200 KAR 5:021 and Office of Procurement Services’ FAP110-10-00; and
- E. The Contractor’s proposal in response to the RFP. Provided however, by submitting materials in response to the RFP, the Contractor has not fulfilled any obligation under this Contract to

submit plans, programs, policies, procedures, forms or documents, etc. to the Department for approval as required by this Contract.

In the event of any conflict between or among the provisions contained in the Contract, the order of precedence shall be as enumerated above. The documents listed above constitute the entire agreement between the parties.

41.2 Definitions and Construction

The terms used in this Contract shall have the definitions set forth in Section 1 “**Definitions**,” unless this Contract expressly provides otherwise. References to numbered sections refer to the designated sections contained in this Contract. Titles of sections used in this Contract are for reference only and shall not be deemed to be a part of this Contract.

41.3 Amendments

This Contract may be amended at any time by written mutual consent of the Contractor and FAC and the Department, and upon approval of CMS. In the event that changes in state or federal law require the Department to amend its Contract with the Contractor, notice shall be made to the Contractor in writing and any such amendment shall be subject to the applicable payment rate revision provisions as described in Section 11.2 “**Rate Adjustments**.” The Department may, from time to time provide clarification of the Providers’ and the Contractor’s responsibilities, provided, however, such clarification shall not expand or amend the duties and obligations under this Contract without an amendment.

41.4 Notice of Legal Action

The Contractor shall provide written notice to FAC of any legal action or notice listed below, within ten (10) days following the date the Contractor receives written notice of:

- A. Any action, proposed action, lawsuit or counterclaim filed against the Contractor, or against any Subcontractor or supplier, related in any way to this Contract;
- B. Any administrative or regulatory action, or proposed action, respecting the business or operations of the Contractor, any Subcontractor or supplier, related in any way to this Contract;
- C. Any notice received from the DOI or the Cabinet for Health and Family Services;
- D. Any claim made against the Contractor by an Enrollee, Subcontractor or supplier having the potential to result in litigation related in any way to this Contract;
- E. The filing of a petition in bankruptcy by or against a Subcontractor or supplier, or the insolvency of a Subcontractor or supplier; and
- F. The payment of a civil fine or conviction of any person who has an ownership or controlling interest in the Contractor, any Subcontractor or supplier, or who is an agent or managing employee of the Contractor, any Subcontractor or supplier, of a criminal offense related to that person’s involvement in an program under Medicare, Medicaid, or Title XX of the Act, or of Fraud, or unlawful manufacture, distribution, prescription or dispensing of a controlled substance, as specified in 42 USC 1320a-7.

A complete copy of all documents, filings or notices received by the Contractor shall accompany the notice to FAC. A complete copy of all further filings and other documents generated in connection with any such legal action shall be provided to FAC within ten (10) days following the date the Contractor receives such documents.

41.5 Conflict of Interest

By the signature of its authorized representative, the Contractor certifies that it is legally entitled to enter into this Contract with the Commonwealth, and in holding and performing this Contract, the Contractor does not and will not violate either applicable conflict of interest statutes (KRS 45A.330-45A.340, 45A.990, 164.390), or KRS 11A.040 of the Executive Branch Code of Ethics, relating to the employment of former public servants.

41.6 Offer of Gratuities/Purchasing and Specifications

The Contractor certifies that no Enrollee or delegate of Congress, nor any elected or appointed official, employee or agent of the Commonwealth, the Kentucky Cabinet for Health and Family Services, CMS, or any other federal agency, has or will benefit financially or materially from this procurement. This Contract may be terminated by FAC pursuant to Section 40.7 "**Termination for Default**," herein if it is determined that gratuities were offered to or received by any of the aforementioned officials or employees from the Contractor, its agents, employees, Subcontractors or suppliers.

The Contractor certifies by its signatories hereinafter that it will not attempt in any manner to influence any specifications to be restrictive in any way or respect nor will it attempt in any way to influence any purchasing of services, commodities or equipment by the Commonwealth. For the purpose of this paragraph, "it" is construed to mean any person with an interest therein, as required by applicable law.

41.7 Independent Capacity of the Contractor and Subcontractors

It is expressly agreed that the Contractor and any Subcontractors and agents, officers, and employees of the Contractor or any Subcontractors shall act in an independent capacity in the performance of this Contract and not as officers or employees of the Department or the Commonwealth. It is further expressly agreed that this Contract shall not be construed as a partnership or joint venture between the Contractor or any Subcontractor and the Department or the Commonwealth.

41.8 Assignment

Except as allowed through subcontracting, this Contract and any payments that may become due hereunder shall not be assignable by the Contractor, either in whole or in part, without prior written approval of FAC. The transfer of five percent (5%) or more of the direct ownership in the Contractor at any time during the term of this Contract shall be deemed an assignment of this Contract. FAC shall be entitled to assign this Contract to any other agency of the Commonwealth which may assume the duties or responsibilities of the Department relating to this Contract. FAC shall provide written notice of any such assignment to the Contractor, whereupon the Department shall be discharged from any further obligation or liability under this Contract arising on or after the date of such assignment.

41.9 No Waiver

No covenant, condition, duty, obligation, or undertaking contained in or made a part of this Contract may be waived except by written agreement of the parties. The forbearance or indulgence in any form or manner by either party shall not constitute a waiver of any covenant, condition, duty, obligation, or undertaking to be kept, performed, or discharged by the party to which the same may apply. Until complete performance or satisfaction of all such covenants, conditions, duties, obligations, or undertakings, the other party shall have the right to invoke any remedy available under law or equity, notwithstanding any such forbearance or indulgence.

41.10 Severability

In the event that any provision of this Contract (including items incorporated by reference) is found to be unlawful, invalid or unenforceable, such provision shall be deemed severed from this Contract and FAC the Department and the Contractor shall be relieved of all obligations arising under such provision. If the remaining parts of this Contract are capable of performance, this Contract shall continue in full force and effect, and all remaining provisions shall be binding upon each party to this Contract as if no such unlawful, invalid or unenforceable provision had been part of this Contract. If the laws or regulations governing this Contract should be amended or judicially interpreted so as to render the fulfillment of this Contract impossible or economically not feasible, as determined jointly by FAC, the Department and the Contractor, FAC, the Department and the Contractor shall be discharged from any further obligations created under the terms of this Contract.

41.11 Force Majeure

The parties shall be excused from performance thereunder for any period that it is prevented from providing, arranging for, or paying for services as a result of a catastrophic occurrence or natural disaster including but not limited to an act of war, and excluding labor disputes.

41.12 Disputes

Any disputes arising under this Contract which cannot be disposed of by agreement between the parties, shall be decided by the Secretary of the Cabinet for Health and Family Services or his/her duly authorized representative. Such decision shall be produced in writing and sent via first-class mail to the Contract Compliance Officer for the Contractor at the address specified in Section 41.16 "Notices" of this Contract. The decision of the Secretary or his representative shall be final and conclusive unless, within ten (10) working days following the date of notice to the Contractor of such decision, the Contractor mails or otherwise furnishes a written appeal to the Secretary of FAC.

Any appeal to the Secretary of FAC shall be in accordance with KRS Chapter 45A.225 et seq. and regulations promulgated thereunder. The Contractor shall proceed diligently with the performance of this Contract in accordance with the decision rendered by the Secretary of the Cabinet for Health and Family Services until the Secretary of the Finance and Administration Cabinet renders a final decision.

The Contractor acknowledges that, pursuant to KRS Chapter 45A.225 et seq., the Secretary of the Finance and Administration Cabinet is the final arbiter of any and all disputes concerning the Contract or the Department, subject to the right of the Contractor to appeal any such determination to the Circuit Court of Franklin County, Kentucky.

41.13 Modifications or Rescission of Section 1915 Waiver / State Plan Amendment

It is understood Contractor operates either pursuant to authority granted to the Department under a waiver granted by CMS. Notwithstanding any other provision contained herein, if at any time the waiver is rescinded or materially changed in scope, format, funding or is withdrawn or modified the Department reserves the right to immediately and without notice suspend or terminate this Contract pursuant to Sections 40.1 through 40.13 "Remedies for Violation, Breach or Non-Performance of Contract" herein.

41.14 Choice of Law

The Contract shall be governed by and construed in accordance with the laws of the Commonwealth and applicable federal law and regulations. The Contractor shall be required to

bring all legal proceedings against the Commonwealth in the Franklin County Circuit Court of the Commonwealth and the Contractor shall accept jurisdiction of the Kentucky courts over all matters arising out of this Contract.

41.15 Health Insurance Portability and Accountability Act

The Contractor agrees to abide by the rules and regulations regarding the confidentiality of protected health information as defined and mandated by the Health Insurance Portability and Accountability Act (42 USC 1320d) and set forth in federal regulations at 45 C.F.R. Parts 160 and 164. Any Subcontract entered by the Contractor as a result of this Contract shall mandate that the Subcontractor be required to abide by the same statutes and regulations regarding confidentiality of protected health information as are the Contractor.

41.16 Notices

All notices required by, or pursuant to, this Contract shall be deemed duly given upon delivery, if delivered by hand (against receipt), or three (3) business days after posting, if sent by registered or certified mail, return receipt requested, to a party's representative or representatives, as designated in this Contract at the address or addresses designated in this Contract. Notices to FAC and the Department, except those specified to be given to the Department's Fiscal Agent, shall be given to both of the following:

Finance and Administration Cabinet
Office of Procurement Services
Attn: Executive Director
Room 96 Capitol Annex

Frankfort, Kentucky 40601

Department for Medicaid Services
Commissioner
275 East Main Street, 6W-A
Frankfort, Kentucky 40621

Notices to the Contractor shall be given to the designated point of contact.

41.17 Survival

The provisions of this Contract which relate to the obligations of the Contractor to maintain records and reports shall survive the expiration or earlier termination of this Contract for a period of five (5) years or such other period as may be required by record retention policies of the Commonwealth or CMS, or otherwise required by law. Each party's right to recoupment pursuant to Section 10.4 "**Contractor Recoupment from Enrollee for Fraud, Waste and Abuse**" of this Contract shall survive the expiration or earlier termination of this Contract until such time as all payments and/or recoupment have been finally settled.

FAC's, the Department's and the Contractor's rights pursuant to Sections 13.1 through 13.5 "**Contractor's Financial Security Obligations**" of this Contract shall survive expiration, or earlier termination of this Contract, until such time as the Contractor has satisfactorily complied with the terms thereof.

41.18 Prohibition on Use of Funds for Lobbying Activities

The contractor agrees that no funding derived directly or indirectly from funds pursuant to this Contract shall be used to support lobbying activities or expenses of state or federal government agencies or state or federal lawmakers.

41.19 Adoption of Auditor of Public Account (APA) Standards for Public and Nonprofit Boards

The contractor agrees to adopt the APA Standards for Public and Nonprofit Boards, if applicable. The contractor agrees to provide documentation of this adoption within thirty (30) days of execution of the Contract.

41.20 Review of Distributions

The Contractor agrees to seek approval from the Department prior to submitting a request for approval of the Kentucky Department of Insurance of any distributions of capital and surplus that are subject to the provisions of KRS Chapter 304. The parties agree that capital and surplus amounts in excess of the required minimum amount required to be maintained under the Kentucky Insurance Code or as may be determined by the Kentucky Insurance Commissioner at any time represents net worth assets for the purposes of benefitting the Commonwealth of Kentucky's Medicaid Program and its beneficiaries. The parties agree to make a good faith effort to cooperatively decide how much excess capital and surplus is needed by the contractor and possible uses of excess capital and surplus that should not be retained by the contractor. This Section shall not apply in the event the Contractor is not domiciled in the Commonwealth of Kentucky, provided, however that on a semi-annual basis Contractor shall provide the Department with medical loss ratio calculations relating specifically to this Contract and risk-based capital calculations, and on a quarterly basis Contractor shall provide to the Department the most recent quarterly financial filing that the Contractor submitted to the Department of Insurance in its state of domicile.

41.21 Audits

The Contractor agrees that the Department, FAC, the Auditor of Public Accounts, and the Legislative Research Commission, or their duly authorized representatives, shall have access to any books, documents, papers, records, or other evidence, which are directly pertinent to this contract for the purpose of financial audit or program review. Records and other prequalification information confidentially disclosed as part of the bid process shall not be deemed as directly pertinent to the contract and shall be exempt from disclosure as provided in KRS 61.878(1)(c). The contractor also recognizes that any books, documents, papers, records, or other evidence, received during a financial audit or program review shall be subject to the Kentucky Open Records Act, KRS 61.870 to 61.884 subject to applicable exceptions

41.22 Cost Effective Analyses

The Contractor will cooperate with any analyses conducted by the Department or its agent(s) of the cost effectiveness of the Contract for any period. Such analyses may review cost effectiveness from any number of comparisons. Such analyses will be used to assist the Department to meet federal requirements, program management and provide accountability and transparency to the public.

41.23 Open Meetings and Open Records

The Contractor agrees that only those portions of its Board of Directors meetings or parts of its meetings that are with the Department shall be open to the public.

The Contractor for the purpose of this Contract and any documents or records pertaining to this Contract provided to the Department or FAC shall be considered a “public record” under the Open Records Act, KRS 61.870 through KRS 61.884. If the Contractor wishes to claim any documents or records provided to the Department or FAC exempt from release under the Open Records Act, the Contractor shall be required to note the appropriate exemption when providing the documents or records and, if necessary, to take the appropriate legal actions to defend such exemption.

41.24 Disclosure of Certain Financial Information

The Contractor agrees to provide the Department upon request information regarding salaries, travel, other compensation, and other expenses listed in **Appendix K. “Reporting Requirements and Reporting Deliverables.”** The contractor agrees to provide any information requested by the Department regarding expenditures related to this Contract. Including but not limited to any findings of the Medicaid Managed Care Operations Examination.

41.25 Disclosure of Certain Financial Information

The Contractor agrees to provide the Department, upon request, information regarding salaries, travel, other compensation, and other expenses listed in **Appendix K. “Reporting Requirements and Reporting Deliverables.”** The contractor agrees to provide any information requested by the Department regarding expenditures related to this Contract. Including but not limited to any findings of the Medicaid Managed Care Operations Examination.

42.0 Kentucky HEALTH Policies and Performance Requirements

The provisions of this section are intended to implement and support the Kentucky Health Waiver project. To the extent that any provisions in this section conflict with the preceding provisions of the Contract for the populations known as Kentucky HEALTH Enrollees, set forth in Section 42.1, the provisions of Section 42 shall control.

The Contractor shall apply Kentucky HEALTH policies as outlined in this Section to all Kentucky HEALTH Enrollees. The requirements of this Section shall not apply to Enrollees assigned to the Kentucky HEALTH Random Control Trial (RCT). The Contractor shall comply with all requirements of the Kentucky HEALTH Special Terms and Conditions (STCs).

42.1 Kentucky HEALTH Enrolled Populations

The following eligibility groups shall be enrolled in Kentucky HEALTH:

- A. ACA Expansion Enrollees;
- B. Parents and Caretaker Relatives;
- C. Transitional Medical Assistance (TMA);
- D. Pregnant Women;
- E. Former Foster Youth;
- F. Kentucky HEALTH Children; and
- G. KCHIP Enrollees.

42.2 Enrollment Effective Date

The Contractor shall provide coverage to Kentucky HEALTH Enrollees in accordance with the HIPAA 834 effective date information. Pregnant Women, Former Foster Youth and Kentucky HEALTH Children, with the exception of Deemed Newborns as described in 42 CFR §435.117, shall have retroactive eligibility effective up to three (3) months prior to Medicaid application, to the extent that the conditions of 42 CFR §435.915 are met. Deemed Newborns shall have eligibility from the date of birth if the conditions of 42 CFR §435.117 are met. The Contractor shall be responsible for coverage of benefits during periods of retroactivity as described in Section 27.8 "Persons Eligible for Enrollment and Retroactivity."

ACA Expansion Enrollees, Parents and Caretaker Relatives, and TMA Enrollees shall not receive retroactive eligibility. Their eligibility effective date is contingent upon the date of initial premium payment; they shall be deemed Conditionally Eligible Enrollees prior to initial premium payment. Upon such payment, Conditionally Eligible Enrollees shall become eligible for Kentucky HEALTH, effective the first day of the month of initial premium payment. Conditionally Eligible Enrollees whose household income is at or below one hundred percent (100%) FPL who do not make an initial premium payment within sixty (60) days of the Contractor's invoice date shall become eligible for Kentucky HEALTH under the Copayment Plan effective the first day of the month in which the sixty (60) day premium payment period expired.

Kentucky HEALTH Enrollees who make a Fast Track Payment, as further described in Section 42.3 "Fast Track Enrollment," shall be enrolled in Kentucky HEALTH effective the first day of the month in which the Fast Track Payment was made.

Kentucky HEALTH Enrollees who are determined Medically Frail at the time of application, as described in Section 42.12.1 "State Identification of Medically Frail," shall be eligible for enrollment on the first day of the month of application.

42.3 Fast Track Enrollment

Applicants shall be given the opportunity to expedite enrollment into the Premium Plan by making a Fast Track Payment, in accordance with the Kentucky HEALTH Business Requirements. If determined eligible for coverage, submission of a Fast Track Payment shall render a Kentucky HEALTH Enrollee eligible for Kentucky HEALTH coverage effective the first day of the month that the payment is made, which may be as early as the first day of the month of application. If the applicant's eligibility is pending upon electronic application for a reason other than income verification, the amount of the Fast Track Payment shall be a premium dollar amount defined by the Department. If eligibility is determined in real time and the individual is a Conditionally Eligible Enrollee, or has submitted an application which is pending but whose income has been verified, the Fast Track Payment shall be the calculated premium amount determined in accordance with Section 42.5.2 "Premiums." The Department shall establish the dollar amount of the Fast Track Payment and may adjust the amount at any time. The Department shall provide the Contractor at least sixty (60) days advance written notice of any change in the dollar amount of the Fast Track Payment.

The opportunity to make a Fast Track Payment shall not be available to applicants who are in a Presumptive Eligibility period. Notwithstanding the foregoing, if an Enrollee in a Presumptive Eligibility period submits a Medicaid application with other household Enrollees who are not in a Presumptive Eligibility period, the case will have a Fast Track option; however, the Enrollee in a Presumptive Eligibility period shall not be eligible to transfer to the Premium Plan until the next administratively feasible month, in order to avoid an overlap in coverage in the Copayment Plan.

Applicants who select the option to make a Fast Track Payment on the application shall also select whether to join the Contractor's network. Once both selections are made, the Cabinet shall direct the applicant to the Contractor's electronic payment portal.

The Contractor shall establish and maintain an electronic portal for Fast Track Payments which integrates with the IEES electronic application portal, and by which Fast Track Payments may be accepted. The Contractor's electronic portal shall display language, which meets the readability requirements of Section 23.5 "Enrollee Information Materials," indicating the implications for an applicant's enrollment effective date in the event that a Fast Track Payment is not made. Such language shall be subject to Department review and approval.

The Contractor, via its electronic portal, shall accept and process Fast Track Payments made by credit card, debit card, pre-paid debit card, and electronic check. The Contractor's electronic portal shall provide the applicant a confirmation number upon the real-time processing of a payment. Additionally, the Contractor shall send a payment record in accordance with the Kentucky HEALTH Business Requirements, including, but not limited to inclusion of the payment date. Pursuant to the Kentucky HEALTH Business Requirements, the Contractor shall store the application identification number provided by IEES, the payment amount, and the payment date for the purpose of matching Fast Track Payments to HIPAA 834 records.

Upon receipt of the payment record for applicants who made a Fast Track Payment, IEES shall set the eligibility effective date as the first day of the month in which the Fast Track Payment was received by the Contractor. If no HIPAA 834 is received indicating the eligibility status of an applicant who has made a Fast Track Payment within sixty (60) days of the Contractor's original receipt of the Fast Track Payment, the Contractor shall issue a refund of the full amount within the next ten (10) business days.

If the applicant is determined eligible for Kentucky HEALTH as Cost Sharing Required or Cost Sharing Optional Enrollee, the Contractor shall calculate the difference between the Fast Track Payment made by the applicant and the actual premium obligation owed by the Enrollee as indicated on the HIPAA 834. The Enrollee's subsequent invoice shall display the following:

- A. If the applicant's Fast Track Payment was made for a dollar amount more than the calculated premium amount as indicated on the HIPAA 834, the amount paid in excess of the premium shall be credited to the Enrollee's account, and the Enrollee's first invoice shall reflect the amount due as the calculated premium for the subsequent coverage month minus the amount of the excess Fast Track Payment.
- B. If the applicant's Fast Track Payment was made for an amount less than the calculated premium amount as indicated on the HIPAA 834, the additional amount owed to complete the Enrollee's premium obligation shall be reflected on the Enrollee's first invoice, and the invoice shall reflect the amount due as the calculated premium for the subsequent coverage month plus the difference between the amount of the Fast Track Payment made and the total premium amount owed.

If the Contractor receives a HIPAA 834 with a matching Fast Track Payment indicator prior to the run cycle for Batch Invoicing on the fifteenth day of the month, the Contractor shall add the Enrollee to the batch scheduled on the fifteenth of the month during which the eligibility determination was made. If the Contractor receives a HIPAA 834 with a matching Fast Track Payment indicator after the Contractor's run cycle for Batch Invoicing on the fifteenth of the month, the Contractor shall send one (1) additional invoice to the Enrollee within three (3) business days of receiving the HIPAA 834. This Ad Hoc Invoice shall be due the first day of the following month. The Contractor shall then add the Enrollee to the Batch Invoicing for the following month.

If an applicant is determined Medicaid eligible but not as a Kentucky HEALTH Enrollee, or is enrolled as Cost Sharing Exempt, and no other Enrollee of the household is Cost Sharing Required or Cost Sharing Optional and enrolled with the Contractor, then the Contractor shall issue a refund of the full amount of the Fast Track Payment within ten (10) business days of receipt of the HIPAA 834 record indicating such eligibility. Additionally, if an applicant is determined eligible as a Former Foster Youth or Medically Frail Enrollee, the Contractor shall issue a refund of the Fast Track Payment if requested by the Enrollee. When a refund of a Fast Track Payment is made to a Cost Sharing Optional Enrollee, the Contractor shall transmit the refund information to the Department in accordance with the Kentucky HEALTH Business Requirements in order to facilitate Enrollee transition out of the Premium Plan without application of a Non-Payment Penalty. Refunds of Fast Track Payment shall be made to the original source of payment.

42.4 Kentucky HEALTH Presumptive Eligibility

Individuals determined presumptively eligible for Kentucky HEALTH shall be enrolled with an MCO for the Presumptive Eligibility period. Presumptive Eligibility applicants shall be given the opportunity to select an MCO at the point of application. The Department shall assign the applicant in the absence of a self-selection.

The Contractor shall provide covered benefits during the Presumptive Eligibility period in accordance with the table below.

Category	Description	Presumptive Eligibility Benefits
PEAD	Presumptively Eligible ACA Expansion Enrollee	ABP (refer to Section 42.10)
PEPC	Presumptively Eligible Parent and Caretaker Relative	State Plan Benefits (refer to Section 31.0)
PEC1 PEC2 PEC4	Presumptively Eligible Child	State Plan Benefits (refer to Section 31.0)
PEPR	Presumptively Eligible Pregnant Woman	Ambulatory Prenatal Care (as required under 42 CFR §435.1103)

The Contractor shall not send premium invoices during the Presumptive Eligibility period. Presumptively eligible ACA Expansion Enrollees and Parent and Caretaker Relatives shall be responsible for copayments for all services received during the Presumptive Eligibility period. The Contractor shall charge copayments to these Enrollees in accordance with Section 42.5.3 "Copayments" and deduct the applicable copayment amount from provider claims reimbursement.

The Presumptive Eligibility period shall end either (i) the last day of the month following the start of the Presumptive Eligibility period for individuals who do not file a Medicaid application; (ii) the day of the Medicaid application denial; or (iii) for individuals found fully eligible for Kentucky HEALTH, the first day of the month of the eligibility determination.

The HIPAA 834 shall contain information on presumptively eligible Enrollees who have been determined fully eligible for Kentucky HEALTH. ACA Expansion Enrollees and Parent and Caretaker Relatives transitioning from Presumptive Eligibility to fully eligible Kentucky HEALTH Enrollees shall be enrolled in the Copayment Plan initially, regardless of FPL, to provide sufficient time for the Enrollee to make a premium payment and avoid a coverage gap. Kentucky HEALTH Children, Former Foster Youth, Pregnant Women and Medically Frail Enrollees transitioning from

Presumptive Eligibility to fully eligible Kentucky HEALTH Enrollees shall be enrolled in Kentucky HEALTH with no cost sharing requirement.

The Contractor shall send a prospective initial premium invoice within three (3) business days of receipt of a record on the HIPAA 834 indicating that the ACA Expansion Enrollee or Parent and Caretaker Relative Enrollee has transitioned from Presumptive Eligibility to the Copayment Plan. The invoice shall be due to be paid within sixty (60) days. The Contractor shall report invoice details to IEES in accordance with the Kentucky HEALTH Business Requirements. Enrollees transitioning from a Presumptive Eligibility period who do not make an initial premium payment within sixty (60) days of the invoice date shall be subject to a Non-Payment Penalty as outlined in Section 42.8.12 "Non-Payment of Premiums and Non-Payment Penalties." If the Enrollee pays the invoice on or before its due date, the Contractor shall report the payment to IEES as part of its daily payment reporting, in accordance with the Kentucky HEALTH Business Requirements, which shall trigger conversion of the Enrollee to the Premium Plan effective the first day of the month following the month in which the payment was made. The Contractor shall then initiate ongoing Batch Invoicing as described in Section 42.8.1 "Batch Invoicing Obligations."

42.5 Kentucky HEALTH Cost Sharing

42.5.1 Cost Sharing Obligations

All Kentucky HEALTH Enrollees shall be responsible for making financial contributions toward their health care coverage either through payment of premiums or copayments, except for the following groups:

Pregnant Women;

Kentucky HEALTH Children; and

Former Foster Youth and Medically Frail Enrollees, who may optionally pay premiums to gain access to the My Rewards Account.

42.5.2 Premiums

The Contractor shall impose monthly premiums in accordance with the premium amount reflected on the HIPAA 834 for all Conditionally Eligible and Premium Plan Enrollees. Premiums shall be calculated by the Department based on an enrollee’s MAGI household FPL. The Department shall have the right to adjust the premium amounts at any time and shall provide the Contractor at least sixty (60) days advance written notice of such adjustments becoming effective, after the initial premium. Initial premium amounts shall be charged as outlined in the table below. Kentucky HEALTH premiums shall be applied to the entire MAGI household enrolled with the Contractor. For example, if a husband and wife are both enrolled with the Contractor, and their combined income is below twenty-five percent (25%) FPL, a total monthly premium of one dollar (\$1.00) shall be charged to the household by the Contractor. Kentucky HEALTH MAGI households with a premium obligation who are enrolled with multiple MCOs shall be charged a premium for each MCO with which they are enrolled. For example, if a husband and wife are enrolled in separate MCOs and their income is below twenty-five percent (25%) FPL, each MCO with which they are enrolled shall charge a one dollar (\$1.00) monthly premium.

FPL	Monthly Premium Amount
≤25% FPL	\$1.00

>25% - ≤50%	\$4.00
>50% - ≤100%	\$8.00
>100% - ≤138%	\$15.00

For Kentucky HEALTH Enrollees with an income above one hundred percent (100%) FPL, premiums shall increase based on length of enrollment in Kentucky HEALTH. The duration of enrollment shall be calculated based on the Kentucky HEALTH Enrollee within a MAGI household with the longest enrollment in Kentucky HEALTH. The Contractor shall charge escalating premiums in accordance with the table below.

Duration of Kentucky HEALTH Enrollment	Monthly Premium
0-24 months	\$15.00
25-36 months	\$22.50
37-48 months	\$30.00
49+ months	\$37.50

The Contractor shall accommodate the premium schedule in accordance with any future modifications made by the Department. The Department shall provide sixty (60) days advanced notice to the Contractor of any such modifications.

42.5.3 Copayments

The Contractor shall impose copayment requirements on all Copayment Plan Enrollees. The copayment schedule shall be the copayments approved by CMS in the Kentucky Medicaid State Plan. The Contractor shall update the copayment schedule in accordance with any future modifications made by the Department. The Department shall provide sixty (60) days advanced notice to the Contractor of any such modifications.

The Contractor shall establish education efforts, policies, and procedures for contracted providers to collect copayments from Kentucky HEALTH Enrollees enrolled in the Copayment Plan at the time of service. In accordance with 42 CFR §447.52, providers shall not deny care or services to any Enrollee at or below one hundred percent (100%) FPL because of his or her inability to pay the copayment. The Contractor shall implement the following mechanisms to enforce this policy: (i) provider education; (ii) documentation in the provider manual; and (iii) assistance to Enrollees who report that they have been denied services due to inability to pay.

Additionally, the Contractor shall reduce the payment it makes to providers by the amount of the Enrollee’s copayment obligation, regardless of whether the provider has collected the payment. The Contractor shall ensure that copayments are not imposed on the following exempt services:

1. Emergency Services as defined at Section 1932(b)(2) of the Social Security Act and 42 CFR §438.114(a);
2. Family planning services and supplies described in Section 1905(a)(4)(C) of the Social Security Act, including contraceptives and pharmaceuticals for which the State can claim enhanced federal match under Section 1903(a)(5) of the Social Security Act;

3. Preventive Services, defined as (i) all the preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF); or (ii) all approved adult vaccines, including their administration, recommended by the Advisory Committee on Immunization Practices, as well as the influenza vaccine; or (iii) preventive care and screening recommended by the Health Resources and Services Administration Bright Future Program Project; or (iv) preventive services recommended by the Institute of Medicine;
4. Pregnancy-related services, which in accordance with 42 C.F.R. 447.56 shall include all services provided to pregnant Kentucky HEALTH Enrollees; and
5. Provider-preventable services as defined in 42 CFR §447.26(b).

In imposing a copayment for an emergency room visit for a non-emergent service, the Contractor shall ensure compliance with 42 CFR §447.54 and Section 42.11 "Non-Emergency Use of the Emergency Room". The Contractor shall consider an emergency room visit emergent, for purposes of waiving the copayment, if the Enrollee had a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the Enrollee (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

The Contractor shall not limit what constitutes a non-emergent visit, for purposes of imposition of the copayment, on the basis of lists of diagnoses or symptoms. Conditional Eligibility, Initial Invoicing, and Payment Processing

42.6 Conditional Eligibility, Initial Invoicing, and Payment Processing

42.6.1 Conditional Eligibility Welcome Packet and Initial Invoicing

Within three (3) business days of receipt of a HIPAA 834 with a new Conditionally Eligible Enrollee, the Contractor shall send a Kentucky HEALTH welcome packet. The Kentucky HEALTH welcome packet shall include, at minimum, an initial premium invoice and a welcome letter. The Contractor's welcome packet shall be subject to Department review and approval in accordance with Section 4.4 "Approval of Department."

The initial premium invoice shall meet the requirements of Section 42.8.1 "Batch Invoicing Obligations." Additionally, it shall include: (i) a clear indication that benefit coverage is conditioned upon premium payment, including a description of how the benefit effective date is impacted by premium payment; and (ii) that the individual may change MCOs until the first payment is made, including clarification that once initial payment is made, the Enrollee may only change MCOs for cause, except during the annual open enrollment period.

The welcome letter shall be tailored individually to address differences for households with income at or below one hundred percent (100%) FPL, and those with income above one hundred percent (100%) FPL. The welcome letter shall include the following:

- A. An explanation that payment is due sixty (60) days from the date of first invoice;
- B. An explanation that eligibility shall be effective the first day of the month during which a timely payment is made;
- C. An explanation of the consequences of non-payment, which shall be as follows:
 1. For households with income at or below one hundred percent (100%) FPL, the letter

- shall explain that if an initial premium payment is not received within sixty (60) calendar days of the invoice date, coverage in the Copayment Plan shall begin the first day of the month in which the sixty (60) day payment period ends. Further, it may describe the benefits of enrollment in the Premium Plan versus Copayment Plan, including, but not limited to, predictability in healthcare costs and access to the My Rewards Account; and
2. For households with income above one hundred percent (100%) FPL, the letter shall indicate that failure to make an initial premium payment within sixty (60) days of the invoice date shall result in denial of eligibility and the requirement to reapply for Kentucky HEALTH coverage;
- D. A description of the option to change the Enrollee's MCO before payment is made and how to do so;
 - E. Information about requirements for reporting any changes that may impact eligibility;
 - F. An explanation that once initial payment is made, an Enrollee may only change MCOs for cause, except during the annual open enrollment period.

The Contractor shall invoice Conditionally Eligible Enrollees experiencing transitions or changes in accordance with Kentucky HEALTH Business Requirements. Transitions which may occur during the conditional eligibility period which impact Contractor invoicing include, but are not limited to (i) case changes; (ii) Medically Frail determinations; (iii) pregnancy reports; and (iv) MCO changes.

42.6.2 Conditional Eligibility Initial Invoice Reporting

The Contractor shall send conditionally eligible invoice information to IEES daily and in accordance with the Kentucky HEALTH Business Requirements.

42.6.3 Conditional Eligibility Reporting of Payment and Non-Payment

The Contractor shall report payments received from Conditionally Eligible Enrollees on a daily basis to IEES. The Contractor shall report the payment date as the date of receipt; however, payment records shall only be sent after the payment has cleared. Notwithstanding the foregoing, the Contractor shall ensure the timely processing of payments and shall send payment records to IEES within one (1) business day of the payment clearing and no later than the sixth day of the month following receipt of payment. The Conditionally Eligible Enrollee shall become fully eligible for Kentucky HEALTH effective the first day of the month of the reported premium payment date. The Contractor shall transition Conditionally Eligible Enrollees who become fully eligible for Kentucky HEALTH to ongoing Batch Invoicing in accordance with Kentucky HEALTH Business Requirements.

Once the Contractor has confirmed from all payment sources that payment was not received by the due date (sixty (60) days following the date of invoice), the Contractor shall send IEES a termination record indicating the Enrollee's late payment. When either a late payment is reported, or no record is sent by the Contractor within seventy-five (75) days of the initial eligibility determination date, the Conditionally Eligible Enrollee shall be subject to non-payment penalties in accordance with Section 42.6.5 "Non-Payment Penalty During Conditional Eligibility."

If the Contractor receives a payment of an initial invoice following the close of the sixty (60) day payment period, the payment shall not be reported to IEES as payment of the initial invoice. Rather, for individuals in households with income at or below one hundred percent (100%) FPL, the Contractor shall retain the payment and apply it to a future invoice. For individuals in households with income above one hundred percent (100%) FPL, the Contractor shall refund the payment within thirty (30) days of receipt.

42.6.4 Conditional Eligibility Payment Reminders

The Contractor shall send a minimum of two (2) written payment reminder notices to Conditionally Eligible Enrollees between the date of initial invoice and the close of the sixty (60) day payment period. Payment reminders shall not be required once payment of the initial invoice is made. The intervals by which these payment reminders are sent shall be at the discretion of the Contractor. The Contractor's payment reminder notices shall be subject to Department review and approval in accordance with Section 4.4 "Approval of Department."

42.6.5 Non-Payment Penalty During Conditional Eligibility

Conditionally Eligible Enrollees shall make a premium payment within sixty (60) days of the Contractor's invoice date. IEES shall determine Conditionally Eligible Enrollees' payment as untimely upon the first of (i) receipt of the Contractor's non-payment file; or (ii) passage of seventy-five (75) days since the Enrollee was determined eligible for Kentucky HEALTH.

Conditionally Eligible Enrollees over one hundred percent (100%) FPL who fail to make a premium payment within sixty (60) days of the invoice date shall be denied eligibility for Kentucky HEALTH. A Conditionally Eligible Enrollee over one hundred percent (100%) FPL who has previously been denied eligibility for Kentucky HEALTH shall submit a new application should they wish to participate in Kentucky HEALTH, and no non-payment penalty shall be applied. The Contractor shall have no ongoing responsibilities to a formerly Conditionally Eligible Enrollee who has been denied eligibility for Kentucky HEALTH. Notwithstanding the foregoing, if the Contractor has received a partial payment from the Conditionally Eligible Enrollee that does not satisfy the individual's full premium obligation, the Contractor shall issue a refund of the partial payment within thirty (30) days.

Conditionally Eligible Enrollees at or below one hundred percent (100%) FPL who fail to make a premium payment within sixty (60) days of the invoice date shall be enrolled in the Copayment Plan effective the first day of the month in which the sixty (60) day payment period expires. The Enrollee shall then receive a six (6) month Non-Payment Penalty effective the first of the next administratively feasible month.

42.7 Kentucky HEALTH Enrollment Materials

Within five (5) business days of receipt of a HIPAA 834 record indicating enrollment of a fully eligible Kentucky HEALTH Enrollee, the Contractor shall issue a Kentucky HEALTH Enrollee identification card.

The Enrollee identification card shall include, at minimum, the following components:

- A. The Kentucky HEALTH Enrollee's name and identification number;
- B. The Contractor's Enrollee services call center phone number;
- C. The Contractor's nurse hotline phone number, which shall be operable twenty-four (24) hours per day, seven (7) days per week;
- D. The Contractor's provider call center phone number;
- E. The Contractor's website; and
- F. The Kentucky HEALTH logo.

To account for potential movement between the Premium Plan and Copayment Plan, the Enrollee identification card shall not include an indication of the cost sharing plan in which the Kentucky HEALTH Enrollee is enrolled.

Additionally, in accordance with Section 23.2 "Enrollee Handbook," the Contractor shall deliver to Kentucky HEALTH Enrollees an Enrollee handbook within five (5) business days of receipt of a HIPAA 834 fully eligible add record. In addition to the general Enrollee handbook requirements described in Section 23.2 "Enrollee Handbook," the Enrollee handbook shall include, at minimum, the following Kentucky HEALTH information:

- A. Cost sharing requirements, including consequences for non-payment;
- B. My Rewards Account overview, including information on how to accrue funds and policies pertaining to deductions;
- C. Instructions regarding how to request a Medically Frail determination;
- D. Community Engagement requirements;
- E. Requirements for early re-entry and curing penalties for premium non-payment, Community Engagement and recertification non-compliance, voluntary withdrawal, and penalties for failure to report a change;
- F. Description of vision and dental benefits available through the My Rewards Account versus directly through the Contractor; and
- G. An overview of the Deductible Account.

The Contractor's Enrollee identification card and Enrollee handbook shall be subject to Department review and approval in accordance with Section 4.4 "Approval of Department." Additionally, the Department shall have the right to establish guidelines regarding the use of the Kentucky HEALTH logo; with which the Contractor shall comply. The Contractor may establish a separate supplement for Kentucky HEALTH to be included with the Enrollee Handbook.

42.8 Billing and Collections

The Contractor shall operate billing and collection services for Kentucky HEALTH which include, at minimum, the following key components:

- A. Generating invoices available in the format requested by the Kentucky HEALTH Enrollee in accordance with Section 42.8.1 "Batch Invoicing Obligations;"
- B. Receiving and reporting premium payments;
- C. Monitoring and tracking missed premium payments;
- D. Processing returned checks;
- E. Generating delinquent payment notices;
- F. Providing documentation of premium payment activities and other related financial reports in the timeframe and format requested by the Department;
- G. Processing electronic Fast Track Payments in accordance with Section 42.3 "Fast Track Enrollment;"
- H. Providing documentation and reconciliation of premium payments received;
- I. Providing Enrollees the opportunity to review and seek correction of their payment history;
- J. Maintaining premium collection system that identifies, validates, and provides reasonable modifications related to the obligation to pay premiums to Enrollees with disabilities protected by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act; and
- K. Complying with the requirements of the Kentucky HEALTH STCs.

In operating billing and collection services, the Contractor shall not pass along to Enrollees any costs associated with the processing of payments or collecting past-due payments.

42.8.1 Batch Invoicing Obligations

The Contractor shall develop and send ongoing Batch Invoices for Kentucky HEALTH Enrollees enrolled in the Premium Plan.

The Contractor shall provide Enrollees the option to receive invoices electronically as an alternative to paper. The Contractor shall mail invoices with a detachable payment coupon and a return envelope without postage paid to all Enrollees that do not elect to receive invoices electronically.

The Contractor shall submit the invoice template to the Department for review and approval in accordance with Section 4.4 "Approval of Department." The Contractor invoice shall be developed at a sixth (6th) grade reading level in a font no smaller than twelve (12) point. The Contractor shall send invoices in Spanish to households for whom the HIPAA 834 indicates Spanish as the primary household language. The Contractor shall also translate invoices to each prevalent non-English language. The invoice shall include, at minimum, the following information:

- A. The Contractor's name, even if the Contractor subcontracts the invoicing function;
- B. First name, last name, and address of the Head of Household to whom the invoice is being sent;
- C. First and last name(s) of the Kentucky HEALTH Enrollee(s) enrolled with the Contractor to whom the premium applies with an indication that the family premium applies to each MCO with which the family is enrolled;
- D. First and last name of the Kentucky HEALTH Enrollee(s) enrolled with the Contractor within the household who currently have a Kentucky HEALTH penalty period or suspension status;
- E. The invoice amount, which clarifies the monthly premium contribution plus any amounts Past Due;
- F. Any applicable overpayments shown as a credit;
- G. Invoice due date;
- H. Non-payment consequences;
- I. Notification of all forms of payment accepted by the Contractor as outlined in Section 42.8.4 "Payment Methods;"
- J. Inclusion of a Department-developed insert or language provided by the Department which details instructions on how to report a change in household composition or monthly income, including the deadline for reporting changes and consequences for failure to report a change in a circumstance that may affect eligibility;
- K. Indication that once payment is made, a change in MCO is permitted only for cause or during the annual open enrollment period;
- L. Contractor contact information for questions or concerns regarding the premium payment or invoice, including the Contractor's Enrollee call center and TTY-TDD telephone number;
- M. A tagline in compliance with 42 CFR §438.10 written in the prevalent non-English languages spoken by at least five percent (5%) of the Contractor's Kentucky HEALTH population and in font no smaller than eighteen (18) point that explains the availability of written translation or oral interpretation to understand the information provided;
- N. Clear indication on invoices for Medically Frail and Former Foster Youth Enrollees that the premium obligation is optional, including consequences for non-payment;
- O. Detachable portion, on paper invoices, identifying case number to which the invoice applies, which can be returned with payment; and
- P. Any additional information as directed by the Department.

Batch Invoices shall reflect the next full month of coverage. The Contractor shall send ongoing monthly premium invoices no later than the fifteenth of each month with a due date of the first day of the following month.

The Head of Household shall be indicated on the HIPAA 834; however, the Contractor shall permit a household to designate a different primary responsible payer to whom invoices shall be sent.

42.8.2 Invoice Reporting Obligations

The Contractor shall send invoice information to IEES monthly, and in accordance with the Kentucky HEALTH Business Requirements, for ongoing monthly premium invoices.

42.8.3 Invoicing Medically Frail and Former Foster Youth

Individuals known to be Medically Frail at the time of Medicaid application and Former Foster Youth shall be Cost Sharing Optional upon enrollment with the Contractor. These Enrollees shall be given the opportunity to opt into the Premium Plan to gain access to the My Rewards Account. The Contractor shall invoice Cost Sharing Optional Enrollees within three (3) business days of receipt of the HIPAA 834 reflecting initial enrollment with the Contractor. Unless there are Cost Sharing Required Enrollees in the household, the Contractor shall ensure the invoice clearly indicates that the premium payment is optional. For cases in which there are no Cost Sharing Required Enrollees in the household, the Contractor shall send a welcome letter with the invoice containing, at minimum, the following information: (i) that payment is optional; and (ii) that a premium payment shall give the Enrollee access to the My Rewards Account.

If the Cost Sharing Optional Enrollee opts not to pay the premium within sixty (60) days of the initial invoice, the Enrollee shall be considered to have opted out of premium payments. No Non-Payment Penalty shall be applied to Medically Frail or Former Foster Youth who choose not to make premium payments. The Contractor shall not be required to continue invoicing Cost Sharing Optional Enrollees who have opted out of premium payments. However, the Contractor shall develop an outreach program, subject to Department approval, targeted to Cost Sharing Optional Enrollees to assist them in learning about the benefits of the Premium Plan. This outreach shall include, at minimum, requirements for accessing the Premium Plan and benefits of the Premium Plan, including but not limited to access to the My Rewards Account.

42.8.4 Payments Methods

The Contractor shall accept, at minimum, premium payments via the following methodologies:

- A. Check;
- B. Money order;
- C. Automatic payroll deduction;
- D. Cash;
- E. Online payment via web portal;
- F. Electronic check or debit card payment via telephone;
- G. Automatic draft withdrawal from a designated account;
- H. Credit and debit card;
- I. Automated Clearinghouse (ACH); and
- J. Electronic funds transfer.

The Department encourages the Contractor to establish arrangements for Kentucky HEALTH Enrollees to make no-cost premium payments at in-person locations, particularly via cash. To the extent such arrangements are utilized, the Contractor shall ensure that any in-person contributions are processed and communicated to IEES in accordance with the timelines and requirements established at Section 42.8.5 "Payment Processing and Reporting."

42.8.5 Payment Processing and Reporting

The Contractor shall communicate all information regarding premium payments to IEES in accordance with the Kentucky HEALTH Business Requirements. This shall include, but shall

not be limited to, transmission of the Contractor invoice date for each Kentucky HEALTH Enrollee with a premium obligation, premium payments received, and the date of payment receipt. The Contractor shall transmit records of all premium payments and non-payments for ongoing Batch Invoicing no later than the sixth day of each month.

For premium payments via direct deposit or payroll deduction, the Contractor shall provide confirmation to the Enrollee that the payment was debited. Additionally, for electronic and telephonic payments, the Contractor shall provide the Enrollee with a confirmation number upon real-time processing of the payment.

The Contractor shall make premium payment status available to its Enrollees (i.e., via an Enrollee web portal or helpline). Available information shall include, but not be limited to, the Enrollee's required monthly premium contribution amount, a record of premium payments received year-to-date, and Past Due premium payment amounts. The Contractor shall give Enrollees an opportunity to review and seek correction of their payment history.

Payment via a dishonored check due to insufficient funds shall be considered non-payment. If an Enrollee's check is returned for insufficient funds, the Contractor may charge a commercially reasonable fee for the returned check. However, any Enrollee non-payment of the returned check fee shall be considered Debt and under no circumstances shall the Contractor be permitted to treat such non-payment as Past Due. The Contractor shall develop, print, and mail notices to Enrollees if their payments are returned from the bank due to insufficient funds. These notices shall be subject to Department review and approval in accordance with Section 4.4 "Approval of Department," and shall include, at minimum, notification that the premium payment could not be processed due to insufficient funds, the premium amount due, the due date, and consequences for non-payment.

The Contractor shall accept partial premium payments. However, the Kentucky HEALTH Enrollee shall pay the monthly premium payment in full, and all other amounts due, within sixty (60) calendar days of the invoice date or be subject to a Non-Payment Penalty described in Section 42.8.12 "Non-Payment of Premiums and Non-Payment Penalties."

As such, the Contractor shall track partial payments of premiums, but shall only send a payment record to IEES after the complete premium payment has cleared.

The Contractor shall also accept pre-payments of future premium contributions. The Contractor shall track such payments as a credit toward future premium payments. The Contractor shall continue to send monthly Batch Invoices when prepayments have been made; the invoice shall reflect the premium amount due with any prepayment listed as a credit applied to the premium.

42.8.6 Delinquent Payment Notices

If an Enrollee has not made the required premium payment for the current month of coverage, the Contractor shall send the Enrollee a delinquent payment notice. The first notice may be sent as early as the second day of the month of coverage for which payment has not been received and shall be sent no later than the seventh day of the month of coverage for which the premium payment was to be applied. If the Contractor does not receive a premium payment from an Enrollee for a second consecutive month, a second delinquent payment notice shall be sent. This notice may be sent as early as the second day of the second unpaid coverage month and shall be sent no later than the seventh day of the second coverage month of non-payment.

The Contractor shall develop three (3) separate delinquent payment notices targeted to: (i) individuals at or below one hundred percent (100%) FPL; (ii) individuals above one hundred

percent (100%) FPL; and Cost Sharing Optional Enrollees who have opted into premium payments. The notice targeted by FPL shall include an explanation noting a change in income moving the Enrollee above or below one hundred percent (100%) FPL will impact the type of Non-Payment Penalty applied. These notices shall advise the Enrollee of (i) the delinquent payment; (ii) the date that the payment shall be made to prevent a Non-Payment Penalty; (iii) the option for Medically Frail screening; (iv) consequences of nonpayment of required premiums; and (v) information about reporting changes in circumstances, including household income. The notice targeted to households with only Cost Sharing Optional Enrollees shall indicate that the Enrollee shall no longer have access to the My Rewards Account if payment is not received.

The Contractor's delinquent payment notices are subject to Department review and approval in accordance with Section 4.4 "Approval of Department."

42.8.7 Invoicing and Outreach During Kentucky HEALTH Penalty and Suspension Periods

The Contractor shall not be required to invoice Enrollees who have been assessed a Non-Payment Penalty. However, the Contractor shall conduct outreach to these Enrollees, in accordance with a Contractor-developed and Department-approved outreach strategy. At a minimum, as part of its outreach strategy, the Contractor shall correspond to the Enrollee in writing during the month in which the penalty is effectuated, which shall include details necessary to facilitate Enrollee payment. This communication shall include, at a minimum: (i) how to remove the Non-Payment Penalty; (ii) amount of premium owed; (iii) forms of payment accepted; (iv) where payment can be made; and (v) the overall benefits of Kentucky HEALTH, including the benefits of participating in the Premium Plan for individuals on the Copayment Plan.

Notwithstanding the foregoing, the Contractor shall send a premium invoice on the fifteenth of the month prior to the end of an Enrollee's Non-Payment Penalty period. This invoice shall include a cover letter indicating that the Enrollee's penalty period is ending and the Enrollee need only make one (1) premium payment to enter the Premium Plan and regain access to the My Rewards Account. The invoice shall only require payment of the upcoming coverage month.

The Contractor shall not invoice Enrollees in a Community Engagement Suspension. However, the Contractor shall develop an outreach program approved by the Department to assist such Enrollees in regaining coverage. At a minimum, this outreach shall include requirements for ending the Community Engagement Suspension and the overall benefits of Kentucky HEALTH.

42.8.8 Invoicing During Kentucky HEALTH Transition Scenarios

The Contractor shall follow Kentucky HEALTH Business Requirements for invoicing Enrollees under any of the following transition scenarios: (i) from Cost Sharing Optional to Cost Sharing Required; (ii) from Cost Sharing Exempt to Cost Sharing Required; and (iii) from Cost Sharing Required to Cost Sharing Optional.

42.8.9 Third Party Payment of Premiums

Third parties are permitted to contribute toward a Kentucky HEALTH Enrollee's premium up to one hundred percent (100%) of the Enrollee's monthly premium obligation. The Contractor shall credit third party contributions to the Enrollee's balance upon receipt and may not use the contribution for any other purpose.

If a third party contributes more than one (1) month premium payment, the Contractor shall treat the excess funds as a prepayment, tracking the overpayment as a credit toward future premium payments. The Contractor shall continue to send the Enrollee an ongoing Batch Invoice on the fifteenth day of each month, with the prepayment listed as a credit.

Any third party contributions that exceed an Enrollee's total premium obligation for the remainder of the Benefit Year shall be returned by the Contractor to the contributing third party within thirty (30) days of receipt.

The Contractor shall ensure healthcare providers or provider-related entities making premium payments on behalf of Kentucky HEALTH Enrollees have criteria for providing assistance that does not distinguish between Enrollees based on whether or not they will receive services from the contributing provider(s) or class of provider(s). Further, the Contractor shall ensure that contributing providers do not include the cost of Kentucky HEALTH premium contributions in the cost of care for purposes of Medicare and Medicaid cost reporting or as part of a Medicaid shortfall or uncompensated care.

The Contractor shall maintain a record of all contributions made by third parties on behalf of Enrollees and make reports available to the Department in the timeframe, frequency and format requested. The Contractor shall not make any premium contribution on behalf of a Kentucky HEALTH Enrollee. Further, the Contractor shall be prohibited from reducing the premium amount below the limits established by the Department as described in Section 42.5.2 "Premiums."

42.8.10 Premium Recalculations

Enrollees shall report to the Cabinet all changes which may affect eligibility and their required premium contribution, including changes in income and family size. The Department shall notify the Contractor, via the HIPAA 834, of changes to premium amounts as a result of reported changes. The Contractor shall begin invoicing Kentucky HEALTH Enrollees the updated premium amount in the billing cycle in which the change is effective. If the Contractor receives the change in premium amount after the monthly invoice has already been sent, the amount shall be adjusted on the next month's premium invoice. If the premium payment received after the adjusted premium amount is effective exceeds the new monthly premium obligation, the Contractor shall apply the surplus amount as a credit toward future months' premiums. If the premium payment received after the adjusted premium amount is effective is less than the new monthly premium obligation, the Contractor shall add the remaining balance to the Enrollee's next monthly invoice.

42.8.11 Premium Refunds

If an individual makes a premium payment following termination of enrollment or transfer to another MCO, the Contractor shall apply the payment to any Past Due amounts or Debt owed to the Contractor by the individual. If there are no Past Due amounts or Debt, Contractor shall refund the payment to the individual. If the payment exceeds the Past Due or Debt amount, the Contractor shall apply the payment to the Past Due or Debt amount and refund to the individual any remaining credit. Such refunds shall be made to the individual within thirty (30) days of the last date of the Enrollee's participation with the Contractor. The Contractor shall report payment of Past Due amounts and refunds to IEES. The Contractor shall not report the terminated individual's payment as a payment toward a future month of coverage.

If an Enrollee makes a payment while in a suspended status, the Contractor shall apply the payment in accordance with Kentucky HEALTH Business Requirements. However, if a

suspended individual requests a refund of an advanced payment, the Contractor shall refund the payment within thirty (30) days of the request.

In accordance with 42 CFR §447.56, Pregnant Women shall be Cost Sharing Exempt. Enrollees are required to report changes, including pregnancy; therefore, the Contractor is not obligated to retroactively refund premiums paid for months prior to Contractor identification or Kentucky HEALTH Enrollee self-report of pregnancy. The Contractor shall implement strategies to educate Enrollees on the requirement to report pregnancy to the Cabinet. However, once the Contractor is aware of a Kentucky HEALTH Enrollee's pregnancy, the Contractor shall ensure that no premiums are imposed on the pregnant Enrollee. Therefore, in the event that the Contractor has received a prospective premium payment from a woman who is subsequently identified as pregnant, the Contractor shall refund the premium payment for the future month of coverage, within thirty (30) days of the notification of pregnancy. Notwithstanding the foregoing, the Contractor shall apply the premium payment to the Enrollee's premium obligation at the end of her sixty (60) day post-partum period, if that is the preference indicated by the Enrollee. Additionally, the Contractor shall not refund the payment if there are household Enrollees also enrolled in the Premium Plan with the Contractor as the Kentucky HEALTH premium payment is a family premium payment.

42.8.12 Non-Payment of Premiums and Non-Payment Penalties

If a Cost Sharing Required Enrollee fails to make a premium payment by the due date of an ongoing Batch Invoice, the Contractor shall send a non-payment file no later than the sixth day of the month. There shall be no immediate consequence to an Enrollee the first time they are sent in a non-payment status on the Contractor's monthly payment status file. If an Enrollee is included on a second consecutive non-payment file from the Contractor, a Non-Payment Penalty shall become effective the first day of the following month if the Enrollee does not ensure that all owed payments are up-to-date prior to the penalty effective date.

The Non-Payment Penalty for Enrollees whose household income is over one hundred percent (100%) FPL shall be suspension from Kentucky HEALTH enrollment. Kentucky HEALTH Enrollees with income at or below one hundred percent (100%) FPL shall be enrolled in the Copayment Plan. Under the Copayment Plan, Enrollees shall be subject to a copayment for every Kentucky HEALTH service received, as outlined in Section 42.5.3 "Copayments." Additionally, the Department shall deduct twenty-five dollars (\$25) from the Enrollee's My Rewards Account. The My Rewards Account shall also be suspended for the duration of the Enrollee's enrollment in the Copayment Plan, and the Enrollee shall be unable to either use funds from the account or accrue funds in the account for services or activities completed during the suspension.

The Contractor shall report any payments received by the Enrollee to cure the Non-Payment Penalty before it is effectuated, and in accordance with the Kentucky HEALTH Business Requirements. If the Enrollee makes payment prior to the end of the month before the Non-Payment Penalty effective date, but with insufficient time for the Contractor to send a payment record which voids the Non-Payment Penalty prior to it taking effect, the following shall occur:

- A. Enrollees with an income at or below one hundred percent (100%) FPL who were moved to the Copayment Plan shall be moved to the Premium Plan effective the first day of the following month to avoid retroactively overlaying coverage. The Contractor shall invoice these Enrollees during the Batch Invoicing cycle on the fifteenth day of the month to reflect the premium due for the following month of coverage in the Premium Plan.
- B. Enrollees with income over one hundred percent (100%) FPL whose enrollment was suspended shall be enrolled in the Premium Plan effective the first day of the month with no gap in coverage. The Contractor shall continue invoicing the Enrollee on the Batch Invoicing cycle.

The Contractor shall wait until receipt of a HIPAA 834 record to take any actions associated with the Non-Payment Penalty, including suspension or movement from the Premium Plan to the Copayment Plan.

Notwithstanding the foregoing, the following Kentucky HEALTH Enrollees shall not be subject to a Non-Payment Penalty: (i) Cost Sharing Optional Enrollees; and (ii) Enrollees determined to have good cause for non-payment as described in Section 42.8.13 “Good Cause for Premium Non-Payment.”

A Non-Payment Penalty shall remain effective for six (6) months unless the Kentucky HEALTH Enrollee (i) completes early re-entry requirements outlined in Section 42.8.14 “Non-Payment Early Re-Entry;” (ii) has a good cause for non-payment; or (iii) during the penalty period becomes pregnant, is determined to be Medically Frail, or otherwise becomes eligible for Medicaid under an eligibility group not subject to a Non-Payment Penalty.

In the absence of early re-entry, the Contractor shall send one (1) premium invoice the month before the expiration of the Enrollee’s Non-Payment Penalty. The invoice shall include a cover letter indicating that the Enrollee’s Non-Payment Penalty is ending and that the Enrollee shall make at least one (1) prospective premium payment to transition back to the Premium Plan and regain access to the My Rewards Account. The Contractor may still pursue collection of Debt in accordance with Section 42.8.16 “Debt Collection.” Upon expiration of the Non-Payment Penalty, the effective date of an Enrollee’s transition from the Copayment Plan to the Premium Plan shall be the first day of the month following premium payment. The effective date of an Enrollee’s transition from a suspended status to the Premium Plan shall be the first day of the month in which the premium payment is made.

Enrollees with income at or below one hundred percent (100%) FPL who opt not to make a premium payment at the close of the Non-Payment Penalty period shall remain enrolled with the Contractor in the Copayment Plan with no additional Non-Payment Penalty. Suspended Enrollees with income above one hundred percent (100%) FPL who opt not to make a premium payment at the close of the Non-Payment Penalty period shall remain suspended. The Contractor shall continue outreach to these Enrollees in accordance with Section 42.8.7 “Invoicing and Outreach During Kentucky HEALTH Penalty and Suspension Periods.”

42.8.13 Good Cause for Premium Non-Payment

An Enrollee who fails to make the required premium payment for any of the following reasons shall not be subject to a Non-Payment Penalty:

- A. The Enrollee is hospitalized or otherwise incapacitated, or has a disability as defined by the ADA, Section 504 of the Rehabilitation Act, or Section 1557 of the Affordable Care Act, and as a result is unable to pay premiums during the entire sixty (60) day payment period; has a disability and was not provided with reasonable modifications needed to pay the premium; or has a disability, and there were no reasonable modifications which would have enabled the Enrollee to pay premiums during the entire sixty (60) day payment period;
- B. An individual in the Enrollee’s immediate family who was living in the same home as the Enrollee was institutionalized or died during the sixty (60) day payment period; an immediate family Enrollee living in the same home as the Enrollee has a disability as defined by the ADA, Section 504 of the Rehabilitation Act, or Section 1557 of the Affordable Care Act, and caretaking or other disability-related responsibilities resulted in the Enrollee’s inability to pay the premiums;
- C. The Enrollee was evicted from his or her home or experienced homelessness during the sixty (60) day payment period;

- D. The Enrollee was the victim of a declared natural disaster, such as a flood, storm, earthquake, or serious fire, that occurred during the sixty (60) day payment period; or
- E. The Enrollee was a victim of domestic violence during the sixty (60) day payment period.

The Contractor shall be responsible for educating Enrollees on the good cause reasons for premium non-payment as outlined in paragraphs A through E of this subsection, as well as the process for reviewing and processing premium non-payment good cause requests. Kentucky HEALTH Enrollees may report good cause for premium non-payment to the Cabinet or the Contractor. If the report is made to the Contractor, the Contractor shall complete the following:

- A. Gather the good cause reason reported by the Enrollee;
- B. Determine if the reported reason is in alignment with the non-payment good cause reasons outlined in paragraphs A through E of this subsection;
- C. Determine how many months, and for which months, the good cause reason applies. If a good cause reason only applies to one (1) month, the Contractor shall log the good cause reason for the one (1) month;
- D. Inform the Enrollee of the obligation to provide verification to the Cabinet, the acceptable forms of verification, and the process for submission; and
- E. Send the file to IEES with premium non-payment good cause records in accordance with the Kentucky HEALTH Business Requirements.

The Contractor shall continue to invoice Enrollees with a pending good cause request during the ongoing Batch Invoicing schedule. Because only verified good cause reasons shall be accepted, and these must be reviewed and confirmed by the Cabinet, the Contractor shall continue to invoice the Enrollee and reflect non-payments as Past Due until receipt of verification from the Department that the good cause request has been approved. The Contractor may collect any Debt owed as a result of the good cause non-payment; however, the unpaid amounts shall be considered a Debt owed, rather than a Past Due amount that is required in order to avoid a penalty.

42.8.14 Non-Payment Penalty Early Re-Entry

Kentucky HEALTH Enrollees subject to a Non-Payment Penalty may re-enter the Premium Plan prior to the expiration of the six (6) month penalty period by completing early re-entry requirements. These early re-entry requirements shall include: (i) payment of any applicable Past Due premium amounts; (ii) payment of one (1) month's future premium payment; and (iii) completion of a Re-Entry Course. Enrollees may only exit the Non-Payment Penalty period once during any Benefit Year.

The Contractor shall not be responsible for providing Re-Entry Courses. Rather, the Contractor shall implement outreach and communication strategies to Enrollees in a Non-Payment Penalty period as described in Section 42.8.7 "Invoicing and Outreach During Kentucky HEALTH Penalty and Suspension Periods." Additionally, the Contractor shall ensure that its call center staff are prepared to answer inbound calls from Enrollees in a Non-Payment Penalty period with information regarding the requirements for early re-entry.

42.8.15 4% Maximum Cost Sharing

In accordance with the Special Terms and Conditions and 42 CFR §447.56, a Kentucky HEALTH Enrollee's total cost sharing shall not exceed four percent (4%) of the Enrollee's MAGI household income applied on a quarterly basis. Upon receipt of a HIPAA 834 file indicating that a Kentucky HEALTH Enrollee has reached the four percent (4%) cost sharing limit, for Kentucky HEALTH Enrollees in the Copayment Plan, the Contractor shall ensure that copayments are no longer collected from the Enrollee and are not deducted from provider

claims reimbursement through the end of the calendar quarter. For Kentucky HEALTH Enrollees enrolled in the Premium Plan, the Contractor shall send monthly premium invoices reflecting a premium obligation of one dollar (\$1.00) for the remainder of the calendar quarter. In the event that a Kentucky HEALTH Enrollee made a premium payment in excess of one dollar (\$1.00) after the five percent (5%) limit has been met, the Contractor shall apply the amount paid over one dollar (\$1.00) to a future coverage month and reflect the credit on the next invoice. The Contractor shall process updated HIPAA 834 files reflecting the reinstatement of cost sharing for the next calendar quarter and begin charging copayments and premiums in accordance with Kentucky HEALTH policies as outlined in this Contract.

42.8.16 Debt Collection

The Contractor may pursue unpaid premiums for months in which a Kentucky HEALTH Enrollee was fully enrolled but did not make a premium payment. Unpaid premiums during months of conditional eligibility shall not be collected by the Contractor. In pursuing the payment of Debt by an Enrollee, the Contractor shall not: (i) report the Debt to credit reporting agencies; (ii) place a lien on an Enrollee's home; (iii) refer the case to debt collectors; (iv) file a lawsuit; (v) seek a court order to seize a portion of the Enrollee's earnings; or (vi) sell the Debt for collection by a third party.

42.9 MCO Change Policies

Kentucky HEALTH Enrollees with a mandatory premium contribution and Medically Frail Enrollees may change MCOs without cause if the change is requested prior to (i) the date on which the Enrollee pays an initial premium; or (ii) the date on which the Enrollee has enrolled in Kentucky HEALTH after the sixty (60) day initial payment period has expired. Pregnant Women, Former Foster Youth, Kentucky HEALTH Children and KCHIP Enrollees may change MCOs within the first ninety (90) days of enrollment with an MCO.

All Kentucky HEALTH Enrollees may request disenrollment for cause in accordance with Section 27.13 "Enrollee Request for Disenrollment" and for any reason during the annual open enrollment period. The Department shall not approve retroactive MCO changes for cause for Kentucky HEALTH Enrollees; therefore, the Contractor shall be required to work with the Department to resolve issues related to an Enrollee's disenrollment request prior to a prospective MCO transfer. If an Enrollee is transferred from the Contractor to another MCO, the Contractor shall refund any applicable premium payment received for a future coverage month within thirty (30) days of the Enrollee's last date of participation with the Contractor.

42.10 Kentucky HEALTH Alternative Benefit Plan

Beginning July 1, 2018, ACA Expansion Enrollees shall receive all services, including coverage criteria, limitations and procedures, identified in the Kentucky HEALTH ABP. In the event that the requirements of the ABP conflict with any of the terms of this Contract, the requirements of the ABP shall prevail.

The ABP shall cover the ten (10) essential health benefits: (i) ambulatory patient services; (ii) Emergency Services; (iii) hospitalization; (iv) maternity and newborn care; (v) mental health and substance use disorder services, including behavioral health treatment; (iv) prescription drugs; (vii) rehabilitative and habilitative services and devices; (viii) laboratory services; (ix) preventive and wellness services and chronic disease management; and (x) pediatric services. The ABP shall also specify and cover additional pregnancy-only benefits which the Contractor shall only make available for ACA Expansion Enrollees who are pregnant. Additionally, the Contractor shall ensure that all ACA Expansion Enrollees under age twenty-one (21) are covered for EPSDT benefits in

accordance with Section 33.1 “EPSDT.” This shall include, but is not limited to, vision and dental coverage which are otherwise not covered under the ABP.

42.10.1 Populations Exempt from Kentucky HEALTH ABP

The following Kentucky HEALTH Enrollees shall not receive the ABP benefits described in Section 42.10 “Kentucky HEALTH ABP”:

- A. Parents and Caretaker Relatives;
- B. TMA;
- C. Former Foster Youth;
- D. Pregnant Women who are not ACA Expansion Enrollees;
- E. Kentucky HEALTH Children;
- F. KCHIP recipients; and
- G. Medically Frail Enrollees.

The Contractor shall ensure that the Enrollees described in this Section have access to Covered Services in accordance with Section 31 “Covered Services.”

42.11 Non-Emergency Use of the Emergency Room

To impose copayments and My Rewards Account deductions for non-emergency use of the emergency room, as described in Sections 42.5.3 “Copayments” and 42.15 “My Rewards Account,” the Contractor shall ensure that any hospital in its network providing non-emergency care in its emergency room to a Kentucky HEALTH Enrollee shall first conduct an appropriate medical screening pursuant to 42 CFR §489.24 to determine that the Enrollee does not require Emergency Services. The Contractor shall instruct its provider network of the following emergency room services copayment and My Rewards Account deduction policies and procedures, as well as the circumstances under which the hospital shall waive or return the copayment:

- A. Inform Enrollees in the Copayment Plan of the amount of their cost sharing obligation for non-emergency services provided in the emergency room;
- B. Inform Enrollees with a My Rewards Account that non-emergency visits shall result in a deduction to the My Rewards Account, and the deduction amount shall escalate for each inappropriate visit during the Benefit Year;
- C. Provide the Enrollee with the name and location of an available and accessible alternative non-emergency services provider;
- D. Determine that the alternative provider can provide services to the Enrollee in a timely manner with the imposition of a lesser cost sharing amount; and
- E. Provide a referral to coordinate scheduling for treatment by the alternative provider.

42.12 Medically Frail

Enrollees who meet the definition of Medically Frail shall be enrolled in Kentucky HEALTH, but shall not be subject to: (i) Community Engagement requirements; (ii) mandatory cost sharing through premiums or copayments; or (iii) enrollment in the ABP. Medically Frail Enrollees may pay premiums in order to access a My Rewards Account. In accordance with 42 CFR §440.315(f), a person shall be determined Medically Frail if the Enrollee has a disabling mental disorder (including serious mental illness); chronic substance use disorder; serious and complex medical condition; or physical, intellectual or developmental disability which significantly impairs the Enrollee’s ability to perform one or more activities of daily living.

As described in the subsections below, Enrollees shall be identified as Medically Frail in one of the following ways: (i) State identification based on eligibility data; (ii) Enrollee self-attestation; and (iii)

Contractor identification through either the Provider Attestation Scoring Tool or Medically Frail Identification Tool.

42.12.1 State Identification of Medically Frail

Individuals eligible for Kentucky HEALTH who are diagnosed with HIV/AIDs as identified by the Ryan White Program, or receiving Retirement, Survivors and Disability Insurance (RSDI) income based upon a disability, or Enrollees with refugee status following their first year of entrance into the United States, shall automatically be determined Medically Frail at the point of application. The Contractor shall not be responsible for initial confirmation or annual reconfirmation of the Medically Frail status of these Enrollees.

42.12.2 Self-Attestation of Medically Frail

Applicants and Enrollees who self-attest to chronic homelessness or inability to complete activities of daily living (ADL) and who become otherwise eligible for Kentucky HEALTH will receive six (6) months of Medically Frail status. The Contractor shall verify the Enrollee's Medically Frail status prior to the expiration of the six (6) month period. The Contractor shall provide the results of the verification to the State and to the Enrollee in accordance with Kentucky HEALTH Business Requirements and Section 42.12.3 "Contractor Medically Frail Determination."

42.12.3 Contractor Medically Frail Determination

Applicants and Enrollees can also self-report a variety of health indicators through the Cabinet operated IEES self-service portal or with the assistance of a DCBS case worker in the IEES worker portal. Upon self-attestation of a physical or behavioral health disorder, the individual will be directed to contact the Contractor to begin the Medically Frail determination process.

Enrollees may also be identified as Potentially Medically Frail through Contractor completion of the HRA, as described in Section 35.1 "Health Risk Assessment." Completion of the HRA and Enrollee self-reporting, with the exception of the self-attestation indicators specified in Section 42.12.2 "Self-Attestation of Medically Frail," does not automatically result in designation of an Enrollee as Medically Frail.

Within thirty (30) days of identification of an Enrollee as Potentially Medically Frail through the HRA, the Contractor shall determine if the Enrollee meets the Medically Frail criteria, utilizing the Medically Frail Identification Tool. If the Medically Frail Identification Tool determines the Enrollee as Possibly Medically Frail, the Contractor shall assist the Enrollee or Conditionally Eligible Enrollee in scheduling an appointment with a medical provider, who shall complete the Provider Attestation. The Contractor shall accept completed Provider Attestations, at a minimum, via fax, mail and electronically. Upon receipt of the Provider Attestation, the Contractor shall process the Provider Attestation through the Provider Attestation Scoring Tool.

The Contractor shall also identify Medically Frail Enrollees through ongoing use, on at least a monthly basis, of the Medically Frail Identification Tool. In utilizing the Medically Frail Identification Tool, the Contractor shall include all claims data, including but not limited to, denied claims, Medicare crossover claims and TPL claims. An Enrollee shall be considered Medically Frail if the Medically Frail Identification Tool identifies the Enrollee as automatically Medically Frail. If the Medically Frail Identification Tool identifies the Enrollee as Possibly Medically Frail, the Contractor shall assist the Enrollee in scheduling an appointment with their medical provider for completion of the Provider Attestation within sixty (60) days.

The Contractor shall notify the Department in accordance with the Kentucky HEALTH Business Requirements when an Enrollee is determined Medically Frail by the Contractor through either the Medically Frail Identification Tool or the Provider Attestation Scoring Tool. Upon receipt of the confirmation, the Department shall transfer the Enrollee to Medicaid State Plan benefits, in accordance with Section 31.1 "Medicaid Covered Services," effective the first day of the month following the Medically Frail confirmation.

Following the Medically Frail determination, the Contractor shall be responsible for notifying the Enrollee, in writing, of the decision, using a Medically Frail notice template developed by the Department. The notice shall include, at minimum, the following information:

- A. The Medically Frail designation decision;
- B. For denials of Medically Frail status, the reasons for the determination and the Enrollee's right to appeal;
- C. A description of any changes to the Enrollee's benefits; and
- D. A description of applicable changes to the Enrollee's cost sharing obligations.

Enrollees with an active My Rewards Account who were enrolled in the Premium Plan prior to a Medically Frail determination shall continue enrollment in the Premium Plan. The Contractor shall ensure, in accordance with Section 42.8.1 "Batch Invoicing," that premium invoices sent to the Enrollee following the Medically Frail determination clearly indicate that the premium obligation is optional, including consequences for non-payment. Enrollees determined Medically Frail who have a suspended My Rewards Account shall continue to have their My Rewards Account suspended, but shall no longer be responsible for copayments for services received.

42.12.4 Ongoing Review

Enrollees determined Medically Frail by the Contractor shall be deemed Medically Frail for twelve (12) months. The Contractor shall utilize the Medically Frail Identification Tool and Provider Attestation Scoring Tool to review the status of all Medically Frail Enrollees prior to the expiration of their twelve (12) month period. Enrollees who are reconfirmed Medically Frail shall receive an additional twelve (12) month Medically Frail determination.

The Contractor shall track when it identifies Enrollees whose Medically Frail status has ended prior to the end of the twelve (12) month period through the monthly run of the Medically Frail Identification Tool or via the Provider Attestation as described in Section 42.12.3 "Contractor Medically Frail Determination." If the Contractor determines that the Enrollee's Medically Frail status has ended, the Enrollee shall lose the Medically Frail designation effective the first day of the month following the determination. The Contractor shall notify the Enrollee of the denial in accordance with Section 42.12.3 "Contractor Medically Frail Determination."

Additionally, the Contractor shall review all Kentucky HEALTH Children, KCHIP Enrollees and Former Foster Youth at least thirty (30) days prior to aging out of their eligibility category and Pregnant Women prior to the end of their postpartum period to determine if they are Medically Frail.

42.12.5 Department Audit

The Department shall conduct regular audits of the Contractor's Medically Frail assessment and confirmation process pursuant to Section 42.12.3 "Contractor Medically Frail Determination" to determine appropriate identification and placement of Medically Frail Enrollees. The Department may subcontract this audit function.

42.13 Community Engagement Initiative

The Contractor shall:

- A. Communicate Community Engagement requirements through the Enrollee handbook and other Enrollee education materials;
- B. Suspend premium invoicing if an Enrollee enters a Community Engagement Suspension status, as communicated on the HIPAA 834. However, the Contractor shall continue invoicing other Enrollees in the same case who have a premium obligation;
- C. Conduct outreach to Enrollees in a Community Engagement Suspension in accordance with the Department-approved outreach plan described in Section 42.8.7 "Invoicing and Outreach During Kentucky HEALTH Penalty and Suspension Period;"
- D. Reinstate Batch Invoicing upon notice of an Enrollee's Community Engagement Suspension as defined in the Kentucky HEALTH Business Requirements;
- E. Ensure that the Enrollee call center can address basic Enrollee inquiries regarding Community Engagement, including, but not limited to:
 1. Community Engagement requirements;
 2. Applicable exemptions and how to report meeting an exemption requirement;
 3. How to report Community Engagement hours;
 4. How to avoid Community Engagement Suspension when an Enrollee falls short in a given month;
 5. How to appeal a Community Engagement Suspension;
 6. Providing referrals to the appropriate State or vendor Community Engagement resources; and
 7. Requirements for early re-entry from a suspension status.

42.14 Deductible Account

The Contractor shall establish a Deductible Account for all Kentucky HEALTH Enrollees except for Kentucky HEALTH Children, KCHIP Enrollees, and Pregnant Women. The beginning balance of a Deductible Account shall be one thousand dollars (\$1,000), regardless of a Kentucky HEALTH Enrollee's date of enrollment. The Contractor shall track the first one thousand dollars (\$1,000) of non-preventive services received by Enrollees with a Deductible Account and deduct such expenses from the Deductible Account balance. The Contractor shall ensure that the amount deducted for each non-preventive service received equals the actual dollar amount that the Contractor reimbursed to the provider and is not based on the Department's fee-for-service schedule. The Contractor shall not deduct expenses for any preventive services received from the Deductible Account. For purposes of this requirement, the definition of preventive services shall be developed by the Department based on U.S. Preventive Services Task Force (USPSTF) and Centers for Disease Control (CDC) age and gender appropriate preventive services. The Contractor shall comply with the list of preventive services provided by the Department and any updates thereto.

Kentucky HEALTH Enrollees who become pregnant shall have their Deductible Account frozen during their pregnancy and through their sixty (60) day post-partum period. The Contractor shall ensure that healthcare expenses are not deducted from the Deductible Account of a female Enrollee during her pregnancy. Kentucky HEALTH applicants who are pregnant at the time of application shall not have a Deductible Account established until the close of their sixty (60) day post-partum period.

The Contractor shall send a monthly Deductible Account statement to all Kentucky HEALTH Enrollees by the tenth day of each month, utilizing the Department's standardized template. The statement shall be sent in the preferred mode selected by the Enrollee, either via mail or electronically. The Deductible Account statement shall list, at minimum: (i) the previous statement balance; (ii) claims applied to the account during the time period in which the statement applies,

including pharmacy claims; (iii) the remaining Deductible Account balance; (iv) an explanation of benefits (EOB) summary for all services received by the Enrollee during the statement period; and (v) the Contractor's helpline number for Kentucky HEALTH Enrollees to contact with questions or concerns regarding the statement.

The Contractor shall continue to send the Deductible Account Statement monthly, even after the full balance has been depleted. The Contractor shall not display a negative Deductible Account balance; rather, the balance shall be displayed as zero dollars (\$0) when funds have been depleted. Exhaustion of the Deductible Account before the end of the Enrollee's Benefit Year shall not change the Contractor's covered service requirements, and the Contractor shall continue to ensure that the Enrollee is able to access covered services.

The Contractor shall implement mechanisms to ensure that its call center staff are able to view an Enrollee's Deductible Account balance and relevant transactions in order to assist with Enrollee phone calls related to the Deductible Account.

To encourage the appropriate utilization of healthcare services, Kentucky HEALTH Enrollees are eligible to have up to one-half of their remaining Deductible Account balance transferred to their My Rewards Account following the close of the Benefit Year. Enrollees with a My Rewards Account that is suspended or inactive shall not be eligible for such a transfer. The percentage of the Deductible Account balance eligible for transfer to a My Rewards Account shall be based on the number of active months of the Enrollee's enrollment in Kentucky HEALTH within a Benefit Year. For purposes of this requirement, active months are months in which an Enrollee is not disenrolled or in a suspension status. Ninety (90) days after the end of the calendar year, the Contractor shall transmit all Deductible Account balances maintained by its Kentucky HEALTH Enrollees to the Department's designee in accordance with the Kentucky HEALTH Business Requirements. The Contractor shall continue to process claims received after this transmission, but shall not be responsible for continuing to track such expenditures against Deductible Accounts.

In the event that a Kentucky HEALTH Enrollee with a Deductible Account changes MCOs during a Benefit Year, the Enrollee's Deductible Account balance information shall transfer to the Enrollee's new MCO. To facilitate this transfer, the Contractor shall transmit the Enrollee's Deductible Account balance information in accordance with the Kentucky HEALTH Business Requirements. The Contractor shall not be required to track expenditures against the Enrollee's Deductible Account from the effective date of the Enrollee's transfer to another MCO, although the Contractor shall remain responsible for claims incurred prior to the date of transfer.

42.15 My Rewards Account

All Premium Plan Enrollees shall have access to a My Rewards Account. Additionally, pregnant Enrollees aged nineteen (19) or older shall also have access to a My Rewards Account, even though they do not have a premium payment obligation. Pregnant Enrollees who are in a penalty status from their previous enrollment, however, shall not be eligible for a My Rewards Account, unless they complete a Re-Entry Course.

The My Rewards Account may be utilized by Enrollees to access the following services:

- A. Routine dental benefits;
- B. Routine vision benefits;
- C. Limited reimbursement for fitness activities; and
- D. Other services designated by the Department.

Only ACA Expansion Enrollees receiving ABP benefits shall be required to utilize the My Rewards Account to access routine dental and vision benefits. The Contractor shall be responsible for

providing routine dental and vision services for all other Kentucky HEALTH Enrollees, as described in Section 42.10.1 “Populations Exempt from Kentucky HEALTH ABP,” and including ACA Expansion Enrollees who are pregnant or nineteen (19) or twenty (20) years of age. The Contractor shall ensure that if claims are submitted to the Contractor, or any applicable subcontracted entities, for dental or vision services for ACA Expansion Enrollees, the denial reason codes and explanations shall be clear that while benefits are not reimbursed by the Contractor, reimbursement may be available through the My Rewards Account.

Kentucky HEALTH Enrollees may accrue funds in their My Rewards Account by completing activities as outlined in the Kentucky HEALTH Business Requirements. The Contractor shall not be responsible for operating the My Rewards Account; however, the Contractor shall provide customer service and transmit data, in accordance with the Kentucky HEALTH Business Requirements, regarding Enrollee participation in My Rewards Account accrual activities.

The Contractor shall communicate an Enrollee’s completion of any of the following preventive health activities to the Department in accordance with the Kentucky HEALTH Business Requirements:

- A. Completion of a health risk assessment with the Contractor;
- B. Enrollee follow-up visit to a physician within fifteen (15) days of an emergency room visit;
- C. Completion of mammogram, pap smear, colonoscopy, flu shot, annual physical, preventive dental exam, preventive vision exam, or other preventive services as defined by the Department;
- D. Completion of a well-child preventive or comprehensive dental exam or comprehensive vision screening for a dependent child of a Kentucky HEALTH Enrollee;
- E. Participation in drug addiction counseling; and
- F. Participation in smoking cessation activity.

The Department may audit the Contractor’s performance regarding the submission of data upon Enrollee completion of My Rewards Account eligible activities, including, but not limited to, comparisons against submitted encounter data.

Activities eligible for My Rewards Account accrual shall be subject to change by the Department, and the Department shall provide the Contractor sixty (60) days advance notice of any such modification. The Contractor shall comply with all modifications to the activities eligible for accrual and shall begin communicating Enrollee completion of new activities for which the Contractor is responsible to the Department immediately upon the modification effective date.

Deductions shall be taken from an Enrollee’s My Rewards Account for improper use of hospital emergency room services. The Contractor shall educate its provider network regarding this My Rewards Account deduction policy and ensure compliance with the requirements of Section 42.11 “Non-Emergency Use of the Emergency Room.” The deduction shall be applied based on the number of improper visits as described in the table below.

Inappropriate Emergency Room Visit	My Rewards Account Deduction
1st visit	\$20
2nd visit	\$50
3rd visit or more	\$75

The Contractor shall review paid emergency room claims against the Department established list of ICD-10 diagnoses, which indicate non-emergent use of the emergency room. If the Contractor's review determines that the emergency room claim included a primary diagnosis on the non-emergent diagnosis list, the Contractor shall verify whether the Enrollee contacted the twenty-four (24) nurse hotline described in Section 23.1 "Required Functions" within twenty-four (24) hours prior to the emergency room visit. If such a call was made, the visit shall be treated as a valid emergency room visit and the Enrollee shall not be subject to a My Rewards Account deduction. If no call was made to the nurse hotline, the emergency room visit shall be considered improper, and an Enrollee with an active My Rewards Account on the date of service shall be subject to a My Rewards Account deduction. Notwithstanding this policy, if a behavioral health diagnosis is included on the emergency room claim, the visit shall be considered appropriate, and the Enrollee shall not be subject to a My Rewards Account deduction, regardless of whether the primary diagnosis on the claim is included on the non-emergent diagnosis list. The Contractor shall communicate inappropriate use of the emergency room by an Enrollee to IEES in accordance with the Kentucky HEALTH Business Requirements.

The Contractor shall comply with any updates to the non-emergent diagnoses list in accordance with any future modifications made by the Department. The Department shall provide thirty (30) days advance notice to the Contractor of any such modifications.

The Contractor shall provide Enrollee service support to Enrollees who have inquiries regarding their My Rewards Account. At a minimum, the Contractor shall provide the following information in Enrollee communication materials and via the Contractor's Enrollee helpline:

- A. How Enrollees may check their My Rewards Account balance;
- B. Which activities Enrollees may complete to earn funds in their My Rewards Account;
- C. Which benefits can be purchased with My Rewards Account funds;
- D. A link on the Contractor's website to the My Rewards Account website where Enrollees may locate all information regarding their My Rewards Account; and
- E. The Enrollee's My Rewards Account balance, with the ability to transfer an Enrollee to the My Rewards Account call center identified by the Department when more complex issues such as My Rewards Account claims denials are raised.

42.16 Kentucky HEALTH Grievances and Appeals

The Contractor shall process grievances and appeals related to Kentucky HEALTH in accordance with Section 25.0 "Enrollee Grievances and Appeals" and all applicable subsections. In addition, the Contractor shall comply with the following requirements applicable to Kentucky HEALTH:

- A. In the event that an Enrollee's ineligibility determination is overturned on appeal, the Contractor shall be responsible for reactivating an Enrollee's Deductible Account in accordance with the date of eligibility reinstatement. To the extent that the Enrollee's eligibility is reinstated effective in the same Benefit Year during which eligibility was initially lost, upon the reinstatement of the Enrollee's Deductible Account, the Contractor shall apply the balance that was in effect as of the date of loss of eligibility;
- B. Benefits currently held by Enrollees who timely appeal a Cabinet termination of eligibility shall be continued while the appeal is pending. During the appeal period, the Contractor shall continue to send monthly premium invoices and collect premium payments in accordance with Section 42.8 "Billing and Collections;"
- C. Benefits shall not be continued during an appeal period if the Enrollee's appeal concerns an eligibility suspension for premium non-payment;
- D. If an appeal is related to an increase in premium amount, the Contractor shall invoice the Enrollee at the new premium amount, as reflected on the HIPAA 834. If the premium increase is overturned on appeal, the Contractor shall apply any overpayments made toward future months' premiums;

- E. Enrollees shall continue to receive State Plan benefits in the event that they timely appeal a transition to the ABP. If a change in benefits is appealed but not within the timeframe required to continue benefits in the State Plan, the Contractor shall provide coverage to the Enrollee via the ABP. Further, in the event that the Enrollee's benefit change is overturned on appeal, the Contractor shall transfer the Enrollee to State Plan benefits in accordance with the effective date of the appeal determination;
- F. The Contractor shall manage grievances related to Deductible Accounts in accordance with 42 CFR 428, Subpart F and Section 25 "Enrollee Grievances and Appeals" of this Contract. Further, the Contractor shall adjust each Deductible Account balance in alignment with the applicable grievance resolution and communicate any such balance updates in accordance with the Kentucky HEALTH Business Requirements;
- G. Appeals regarding Medically Frail determinations shall be processed by the Contractor in accordance with the appeals requirements at 42 CFR 428, Subpart F and Section 25 "Enrollee Grievances and Appeals" of this Contract. In the event that an Enrollee subsequently appeals the Contractor's appeal decision to the Cabinet, the Contractor shall comply with requests for documentation from the Department, its designee, or State Fair Hearings. The Contractor shall comply with the final determination of the Enrollee's Medically Frail status, including the application of benefits and cost sharing in accordance with Kentucky HEALTH policy; and
- H. Appeals of eligibility suspension due to premium non-payment shall be processed by State Fair Hearings; however, the Contractor shall provide to the Cabinet either proof of payment receipt, or non-payment.

42.17 Recertification

Kentucky HEALTH Enrollees shall complete an eligibility recertification every twelve (12) months, in accordance with 42 CFR §435.916. If eligibility is maintained at recertification, the Kentucky HEALTH Enrollee shall maintain enrollment in their current cost sharing plan (i.e., Premium Plan or Copayment Plan).

ACA Expansion Enrollees, Parent and Caretaker Relatives, and TMA Enrollees who are not Medically Frail and who fail to submit required recertification documentation within ninety (90) days of their benefit end date shall be subject to a six (6) month recertification penalty, during which they shall be prohibited from re-enrolling in Kentucky HEALTH. Kentucky HEALTH Enrollees shall be exempted from the six (6) month recertification penalty period if they meet a just cause exemption, as defined by the Department. Additionally, Kentucky HEALTH Enrollees may complete a Re-Entry Course to initiate early re-entry into Kentucky HEALTH prior to the expiration of the six (6) month recertification penalty period.

To facilitate the continuous enrollment of Kentucky HEALTH Enrollees, and to minimize the number of Enrollees subject to the recertification penalty, the Contractor is encouraged to assist Enrollees in the recertification process. Permitted assistance may include:

- A. Conducting outreach calls and sending letters to Enrollees reminding them to renew their eligibility. All recertification call center scripts and letters shall be subject to Department approval in accordance with Section 4.4 "Approval of Department;"
- B. Reviewing recertification requirements with Enrollees;
- C. Answering questions about the recertification process; and
- D. Helping the Enrollee to obtain required documentation and collateral verification needed to process the recertification.

In providing recertification assistance, the Contractor shall be prohibited from the following:

- A. Discriminating against Enrollees, particularly high-cost Enrollees or Enrollees that have indicated a desire to change MCOs;

- B. Talking to Enrollees about changing MCOs. If an Enrollee has questions or requests to change MCOs, the Contractor shall refer the Enrollee to the Department;
- C. Providing any indication as to whether the Enrollee may be eligible;
- D. Engaging in or supporting fraudulent activity in association with helping the Enrollee complete the recertification process;
- E. Signing the Enrollee's recertification forms; and
- F. Completing or sending recertification materials to DCBS on behalf of the Enrollee.

The Contractor shall provide recertification assistance equally across its membership and be able to demonstrate to the Department that its recertification-related procedures are applied consistently for each Enrollee.

42.18 Kentucky HEALTH Contract Compliance Requirements

The Contractor shall comply with the Kentucky HEALTH performance standards described in this Section. Failure to meet these standards shall subject the Contractor to the penalties described herein, and as applicable, the remedies in Section 40 "Remedies for Violation, Breach, or Non-Performance of Contract."

42.18.1 Premium Collection

The Contractor shall provide premium collection services in accordance with the standards described below.

- A. Premium invoices shall be sent to Conditionally Eligible Enrollees within three (3) business days of receipt of the HIPAA 834 indicating conditional eligibility.
- B. Ongoing premium invoices shall be sent to Kentucky HEALTH Enrollees enrolled in the Premium Plan by the fifteenth day of the month for the subsequent month's coverage.
- C. Contractor invoice information shall be sent to IEES for each Kentucky HEALTH Enrollee and Conditionally Eligible Enrollee with a premium obligation in accordance with the Kentucky HEALTH Business Requirements.
- D. Record of premium payment receipt or non-payment for Kentucky HEALTH Enrollees shall be sent to IEES in accordance with Kentucky HEALTH Business Requirements no later than the sixth of each month.
- E. Record of premium payment or non-payment for Conditionally Eligible Enrollees shall be sent to IEES in accordance with Kentucky HEALTH Business Requirements no later than seventy-five (75) days after the Conditionally Eligible Enrollee's eligibility determination.

APPENDICES

APPENDIX A. CAPITATION PAYMENT RATES

Appendix A is incorporated by reference. It is an attachment to this contract document and is made up of two emails provided by DMS's Actuary.

APPENDIX B. MEDICAL LOSS RATIO CALCULATION (REMOVED (October 2019))

~~Unless specifically addressed below, the Medical Loss Ratio (MLR) calculation shall follow guidelines described in the Affordable Care Act. The formula to be used for the MLR Calculation is as follows:~~

~~$$\text{Adjusted MLR} = \frac{(i + q - s + n - r)}{((p + s - n + r) - t - f - (s - n + r))} + c$$~~

~~Where,~~

~~i = incurred claims~~

~~q = expenditures on quality improving activities~~

~~s = issuer's transitional reinsurance receipts~~

~~p = earned premiums (excluding MCO tax)~~

~~t = Federal and State taxes (excluding MCO tax)~~

~~f = licensing and regulatory fees~~

~~n = issuer's risk corridors and risk adjustment related payments~~

~~r = issuer's risk corridors, and risk adjustment related receipts~~

~~c = credibility adjustment, if any.~~

~~Additional guidance regarding financial items to excluded or included in the Numerator or Denominator of the Medical Loss Ratio calculation is as follows:~~

~~➤ **Numerator**~~

~~•Amounts paid, including amounts paid to a provider, for professional or administrative services that do not represent compensation or reimbursement for State plan services, or services meeting the definition in §438.3(e) and provided to an enrollee.~~

~~•Incurred Claims~~

~~•Direct claims that the MCO pays to providers (including under capitation contracts with health care professionals) for services or supplies covered under the managed care contract with DMS, provided to enrollees;~~

~~•Direct claims that the MCO pays to providers (including under capitation contracts with health care professionals) for services or supplies defined under §438.3(e) that are in addition to services defined in the managed care contract with DMS, provided to enrollees~~

~~•Incurred but not reported and unpaid claims reserves for the MLR Reporting year, including claims reported in the process of adjustment;~~

~~•Percentage withholds from payments made to contracted providers;~~

~~•Claims that are recoverable for anticipated coordination of benefits;~~

~~•Claims payments recoveries received as a result of subrogation;~~

~~•Changes in other claims-related reserves;~~

~~•Claims payments recoveries as a result of fraud reductions efforts, not to~~

- exceed the amount of fraud reduction expenses;
- Reserves for contingent benefits and the medical claim portion of lawsuits; and
- The amount of incentive and bonus payments made to providers.

• Deductions from Claims

- Overpayment recoveries received from providers;
- Prescription drug rebates received by the MCO or PIHP; and
- State subsidies based on a stop-loss payment methodology.

• Solvency Funds

- Payments made by an MCO to mandated solvency funds.

• Health Care Quality Activities May be included in numerator

- Any MCO expenditure that is related to Health Information Technology and meaningful use, and is not considered incurred claims.

• Excluded from Claims

- Amounts paid to third party vendors for secondary network savings;
- Amounts paid to third party vendors for network development, administrative fees, claims processing, and utilization management; and
- Amounts paid to the State as remittance
- Pass-through Payments made under 42 CFR 438.6(d)

➤ **Denominator**

• Revenue

- State capitation payments to the MCO for all enrollees under a risk contract less any unreturned withholds
- State-developed one-time payments, for specific life events;
- Payments to the MCO for incentive arrangements or payments for the amount of a withhold the MCO earns in accordance with conditions in the contract
- Unpaid cost sharing amounts that the MCO could have collected from enrollees under the contract
- All changes to unearned premium reserves.

• Exclusions

- Federal and State taxes and licensing and regulatory fees. Taxes, licensing and regulatory fees
 - e.g. Health Insurer Fee
- Statutory assessments to defray the operating expenses of any State or Federal department.
- State taxes and assessments
- Pass-through Payments made under 42 CFR 438.6(d)

APPENDIX C. THIRD PARTY PAYMENTS/COORDINATION OF BENEFITS

I. To meet the requirements of 42 CFR 433.138 through 433.139, the MCO shall be responsible for:

A.

Maintaining an MIS that includes:

1. Third Party Liability Resource File

- a) Cost Avoidance - Use automated daily and monthly TPL files to update the MCO's MIS TPL files as appropriate. This information is to cost avoid claims for members who have other insurance.

The MCO shall obtain subscriber data and perform data matches directly with a specified list of insurance companies, as defined by DMS.

- b) Department for Community Based Services (DCBS) - Apply Third Party Liability (TPL) information provided electronically on a daily basis by DMS through its contract with DCBS to have eligibility caseworkers collect third party liability information during the Recipient application process and reinvestigation process.
- c) Workers' Compensation - The fiscal agent performs this function. The data is provided electronically on a quarterly basis. This data should be applied to TPL files referenced in I.A.1.a (Commercial Data Matching) in this Attachment.

2. Third Party Liability Billing File

- a) Commercial Insurance/Medicare Part B Billing - The MCO's MIS should automatically search paid claim history and recover from providers, insurance companies or Medicare Part B in a nationally accepted billing format for all claim types whenever other commercial insurance or Medicare Part B coverage is discovered and added to the MCO's MIS that was unknown to the MCO at the time of payment of a claim or when a claim could not be cost avoided due to federal regulations (pay and chase) which should have been paid by the health plan. Within sixty (60) Days from the date of identification of the other third party resource billings must be generated and sent to liable parties.
- b) Medicare Part A - The MCO's MIS should automatically search paid claim history and generate reports by Provider of the billings applicable to Medicare Part A coverage whenever Medicare Part A coverage is discovered and added to the MCO's MIS that was unknown to the MCO at the time of payment of a claim. Providers who do not dispute the Medicare

coverage should be instructed to bill Medicare immediately. The MCO's MIS should recoup the previous payment from the Provider within sixty (60) days from the date the reports are sent to the Providers, if they do not dispute that Medicare coverage exists.

- c) Manual Research/System Billing - System should include capability for the manual setup for billings applicable to workers' compensation, casualty, absent parents and other liability coverages that require manual research to determine payable claims.

3. Questionnaire File

- MAID
- Where it was sent
- Type of Questionnaire Sent
- Date Sent
- Date Followed Up
- Actions Taken

All questionnaires should be tracked in a Questionnaire history file on the MIS.

B.

Coordination of Third Party Information (COB)

1. Division of Child Support Enforcement (DCSE)

Provide county attorneys and the Division of Child Support Enforcement (DCSE) upon request with amounts paid by the MCO in order to seek restitution for the payment of past medical bills and to obtain insurance coverage to cost avoid payment of future medical bills.

2. Casualty Recoveries

Provide the necessary information regarding paid claims in order to seek recovery from liable parties in legal actions involving Members.

In cases where an attorney has been retained, a lawsuit filed or a lump sum settlement offer is made, the MCO shall notify Medicaid within five days of identifying such information so that recovery efforts can be coordinated when the Department has a claim for the same accident.

C.

Claims

1. Processing

a)

MCO MIS edits:

- Edit and cost avoid Claims when Member has Medicare coverage;
- Edit and cost avoid Claims when Provider indicates other insurance on claim but does not identify payment or denial from third party;
- Edit and cost avoid Claims when Provider indicates services provided were work related and does not indicate denial from workers' compensation carrier;
- Edit and cost avoid or pay and chase as required by federal regulations when Member has other insurance coverage. When cost avoiding, the MCO's MIS should supply the Provider with information on the remittance advice that would be needed to bill the other insurance, such as carrier name, address, policy #, etc.;
- Edit Claims as required by federal regulations for accident/trauma diagnosis codes. Claims with the accident/trauma diagnosis codes should be flagged and accumulated for ninety (90) Days and if the amount accumulated exceeds \$250, a questionnaire should be sent to the Member in an effort to identify whether other third party resources may be liable to pay for these medical bills;
- The MCO is prohibited from cost avoiding Claims when the source of the insurance coverage was due to a court order. All Claims with the exception of hospital Claims must be paid and chased. Hospital claims may be cost avoided; and
- A questionnaire should be generated and mailed to Members and/or Providers for claims processed with other insurance coverage indicated on the claim and where no insurance coverage is indicated on the MCO's MIS Third Party Files.

2. Encounter Record

a)

TPL Indicator

b)

TPL Payment

II. DMS shall be responsible for the following:

1. Provide the MCO with an initial third party information tape;
2. Provide electronic computerized files of third party information transmitted from DCBS;
3. Provide the MCO with a copy of the information received from the Labor Cabinet

on a quarterly basis;

4. Provide the MCO with a list of the Division of Child Support Contracting Officials.
5. Refer calls from attorneys to the MCO in order for their Claims to be included in casualty settlements; and
6. Monitoring Encounter Claims and reports submitted by the MCO to ensure that the MCO performs all required activities.

APPENDIX D. MANAGEMENT INFORMATION SYSTEM REQUIREMENTS

The Contractor's MIS must enable the Contractor to provide format and file specifications for all data elements as specified below for all of the required seven subsystems.

Member Subsystem

The primary purpose of the member subsystem is to accept and maintain an accurate, current, and historical source of demographic information on Members to be enrolled by the Contractor.

The maintenance of enrollment/member data is required to support Claims and encounter processing, third party liability (TPL) processing and reporting functions. The major source of enrollment/member data will be electronically transmitted by the Department to the Contractor on a daily basis in a HIPAA 834 file format. The daily transaction file will include new, changed and terminated member information. The Contractor shall be required to process and utilize the daily transaction files prior to the start of the next business day. A monthly HIPAA 834 file of members will be electronically transmitted to the Contractor. The Contractor must reconcile Member and Capitation Payment information with the Department for Medicaid Services.

Specific data item requirements for the Contractor's Member subsystem shall contain such items as maintenance of demographic data, matching Primary Care Providers with Members, maintenance information on Enrollments/Disenrollments, identification of TPL information, tracking EPSDT preventive services and referrals.

A. Inputs

The Recipient Data Maintenance function will accept input from various sources to add, change, or close records on the file(s). Inputs to the Recipient Data Maintenance function include:

1. Daily and monthly electronic member eligibility updates (HIPAA ASC X12 834)
2. Claim/encounter history – sequential file; file description to be determined
3. Social demographic information
4. Initial Implementation of the Contract, the following inputs shall be provide to the contractor:
 - Initial Member assignment file (sequential file; format to be supplemented at contract execution); a file will be sent approximately sixty (60) calendar days prior to the Contractor effective date of operations
 - Member claim history file – twelve (12) months of member claim history (sequential file; format to be supplemented at Contract execution)
 - Member Prior Authorizations in force file (medical and

pharmacy; sequential file; format will be supplemented at Contract execution)

B. Processing Requirements

The Recipient Data Maintenance function must include the following capabilities:

1. Accept a daily/monthly member eligibility file from the Department in a specified format.
2. Transmit a file of health status information to the Department in a specified format.
3. Transmit a file of social demographic data to the Department in a specified format.
4. Transmit a primary care provider (PCP) enrollment file to the Department in a specified format.
5. Edit data transmitted from the Department for completeness and consistency, editing all data in the transaction.
6. Identify potential duplicate Member records during update processing.
7. Maintain on-line access to all current and historical Member information, with inquiry capability by case number, Medicaid Recipient ID number, social security number (SSN), HIC number, full name or partial name, and the ability to use other factors such as date of birth and/or county code to limit the search by name.
8. Maintain identification of Member eligibility in special eligibility programs, such as hospice, etc., with effective date ranges/spans and other data required by the Department.
9. Maintain current and historical date-specific managed care eligibility data for basic program eligibility, special program eligibility, and all other Member data required to support Claims processing, Prior Authorization processing, managed care processing, etc.
10. Maintain and display the same values as the Department for eligibility codes and other related data.
11. Produce, issue, and mail a managed care ID card pursuant to the Department's approval within Department determined time requirements.
12. Identify Member changes in the primary care provider (PCP) and the reason(s) for those changes to include effective dates.
13. Monitor PCP capacity and limitations prior to Enrollment of a Member to the PCP.
14. Generate and track PCP referrals if applicable.
15. Assign applicable Member to PCP if one is not selected within thirty (30) Days, except Members with SSI without Medicare, who are allowed ninety (90) Days.

C. Reports

Reports for Member function are described in Appendix K.

D. On-line Inquiry Screens

On-line inquiry screens that meet the user interface requirements of this section and provide access to the following data:

1. Member basic demographic data
2. Member liability data
3. Member characteristics and service utilization data
4. Member current and historical managed care eligibility data
5. Member special program data
6. Member social/demographic data
7. Health status data
8. PCP data

E. Interfaces

The Member Data Maintenance function must accommodate an external electronic interface (HIPAA ASC X12 834, both 4010A1 and 5010 after January 1, 2012) with the Department.

Third Party Liability (TPL) Subsystem

In order to ensure that federal third party liability requirements are met and to maximize savings from available Third Party Resources, identification and recovery of Third Party Resources must be a joint effort between the Department and the Contractor. The Department will provide Contractor with the Medicare effective dates.

The Third Party Liability (TPL) processing function permits the Contractor to utilize the private health, Medicare, and other third-party resources of its Members and ensures that the Contractor is the payer of last resort. This function works through a combination of cost avoidance (non-payment of billed amounts for which a third party may be liable) and post-payment recovery (post-payment collection of Contractor paid amounts for which a third party is liable).

Cost avoidance is the preferred method for processing claims with TPL. This method is implemented automatically by the MIS through application of edits and audits which check claim information against various data fields on recipient, TPL, reference, or other MIS files. Post-payment recovery is primarily a back-up process to cost avoidance, and is also used in certain situations where cost avoidance is impractical or unallowable.

The TPL information maintained by the MIS must include Member TPL resource data, insurance carrier data, health plan coverage data, threshold information, and post payment recovery tracking data. The TPL processing function will assure the presence of this information for use by the Edit/Audit Processing, Financial Processing, and Claim Pricing functions, and will also use it to perform the functions described in this subsection for TPL Processing.

A. Inputs

The following are required inputs to the TPL function of the MIS:

1. Member eligibility, Medicare, and TPL, information from the Department via proprietary file formats.
2. Enrollment and coverage information from private insurers/health plans, state plans, and government plans.
3. TPL-related data from claims, claim attachments, or claims history files, including but not limited to:
 - diagnosis codes, procedure codes, or other indicators suggesting trauma or accident;
 - indication that a TPL payment has been made for the claim (including Medicare);
 - indication that the Member has reported the existence of TPL to the Provider submitting the claim;
 - indication that TPL is not available for the service claimed.
4. Correspondence and phone calls from Members, carriers, and Providers and DMS.

B. Processing Requirements

The TPL processing function must include the following capabilities:

1. Maintain accurate third-party resource information by Member including but not limited to:
 - Name, ID number, date of birth, SSN of eligible Member;
 - Policy number or Medicare HIC number and group number;
 - Name and address of policyholder, relationship to Member,
 - SSN of policyholder;
 - Court-ordered support indicator;
 - Employer name and tax identification number and address of policyholder;
 - Type of policy, type of coverage, and inclusive dates of coverage;
 - Date and source of TPL resource verification; and
 - Insurance carrier name and tax identification and ID.
1. Provide for multiple, date-specific TPL resources (including Medicare) for each Member.
2. Maintain current and historical information on third-party resources for each Member.
3. Maintain third-party carrier information that includes but is not limited to:
 - Carrier name and ID
 - Corporate correspondence address and phone number
 - Claims submission address(s) and phone number
1. Identify all payment costs avoided due to established TPL, as defined by the Department.
2. Maintain a process to identify previously paid claims for recovery when TPL resources are identified or verified retroactively, and to initiate recovery within sixty (60) Days of the date the TPL resource is known to the Contractor.

3. Maintain an automated tracking and follow-up capability for all TPL questionnaires.
4. Maintain an automated tracking and follow-up capability for post payment recovery actions which applies to health insurance, casualty insurance, and all other types of recoveries, and which can track individual or group claims from the initiation of recovery efforts to closure.
5. Provide for the initiation of recovery action at any point in the claim processing cycle.
6. Maintain a process to adjust paid claims history for a claim when a recovery is received.
7. Provide for unique identification of recovery records.
8. Provide for on-line display, inquiry, and updating of recovery case records with access by claim, Member, carrier, Provider or a combination of these data elements.
9. Accept, edit and update with all TPL and Medicare information received from the Department through the Member eligibility update or other TPL updates specified by the Department.
10. Implement processing procedures that correctly identify and cost avoid claims having potential TPL, and flag claims for future recovery to the appropriate level of detail.
11. Provide verified Member TPL resource information generated from data matches and claims, to the Department for Medicaid Services, in an agreed upon format and media, on a monthly basis.

C. Reports

The following types of reports must be available from the TPL Processing function by the last day of the month for the previous month:

1. Cost-avoidance summary savings reports, including Medicare but identifying it separately;
2. Listings and totals of cost-avoided claims;
3. Listings and totals of third-party resources utilized;
4. Reports of amounts billed and collected, current and historical, from the TPL recovery tracking system, by carrier and Member;
5. Detailed aging report for attempted recoveries by carrier and Member;
6. Report on the number and amount of recoveries by type; for example, fraud collections, private insurance, and the like;
7. Report on the unrecoverable amounts by type and reason, carrier, and other relevant data, on an aged basis and in potential dollar ranges;
8. Report on the potential trauma and/or accident claims for claims that meet specified dollar threshold amounts;
9. Report on services subject to potential recovery when date of death is reported;
10. Unduplicated cost-avoidance reporting by program category and by

- type of service, with accurate totals and subtotals;
- 11. Listings of TPL carrier coverage data;
- 12. Audit trails of changes to TPL data.

D. On-line Inquiry Screens

On-line inquiry screens that meet the user interface requirements of this section and provide the following data:

- 1. Member current and historical TPL data
- 2. TPL carrier data
- 3. Absent parent data
- 4. Recovery cases

Automatically generate letters/questionnaires to carriers, employers, Members, and Providers when recoveries are initiated, when TPL resource data is needed, or when accident information is required and was not supplied with the incoming claim.

Automatically generate claim facsimiles, which can be sent to carriers, attorneys, or other parties.

Provide absent parent canceled court order information generated from data matches with the Division of Child Support Enforcement, to the Department, in an agreed upon format and media, on an annual basis.

Provider Subsystem

The provider subsystem accepts and maintains comprehensive, current and historical information about Providers eligible to participate in the Contractor's Network. The maintenance of provider data is required to support Claims and encounter processing, utilization/quality processing, financial processing and report functions. The Contractor shall electronically transmit provider enrollment information to the Department on a monthly basis, by the first Friday of the month following the month reported.

The Contractor's provider subsystem shall contain such items as demographic data, identification of provider type, specialty codes, maintenance of payment information, identification of licensing, credentialing/re-credentialing information, and monitoring of Primary Care Provider capacity for enrollment purposes.

The Contractor shall demonstrate compliance with standards of provider network capacity and member access to services by producing reports illustrating that services, service locations, and service sites are available and accessible in terms of timeliness, amount, duration and personnel sufficient to provide all Covered Services on an emergency or urgent care basis, 24 hours a day, seven days a week.

The Department shall monitor the Contractor's Network capacity and member access by use of a Decision Support System. The Encounter Record submitted

will be used to display Primary Care Provider location, Service Location, Member distribution, patterns of referral, quality measures, and other analytical data.

A. Inputs

The inputs to the provider Data Maintenance function include:

1. Provider update transactions
2. Licensure information, including electronic input from other governmental agencies
3. Financial payment, adjustment, and accounts receivable data from the Financial Processing function.

B. Processing Requirements

The Provider Data Maintenance function must have the capabilities to:

1. Transmit a provider enrollment file to the Department in a specified format;
2. Maintain current and historical provider enrollment applications from receipt to final disposition (approval only);
3. Maintain on-line access to all current and historical provider information, including Provider rates and effective dates, Provider program and status codes, and summary payment data;
4. Maintain on-line access to Provider information with inquiry by Provider name, partial name characters, provider number, NPI, SSN, FEIN, CLIA number, Provider type and specialty, County, Zip Code, and electronic billing status;
5. Edit all update data for presence, format, and consistency with other data in the update transaction;
6. Edits to prevent duplicate Provider enrollment during an update transaction;
7. Accept and maintain the National Provider Identification (NPI);
8. Provide a Geographic Information System (GIS) to identify Member populations, service utilization, and corresponding Provider coverage to support the Provider recruitment, enrollment, and participation;
9. Maintain on-line audit trail of Provider names, Provider numbers (including old and new numbers, NPI), locations, and status changes by program;
10. Identify by Provider any applicable type code, NPI/TAXONOMY code, location code, practice type code, category of service code, and medical specialty and sub-specialty code which is used in the Kentucky Medicaid program, and which affects Provider billing, claim pricing, or other processing activities;
11. Maintain effective dates for Provider membership, Enrollment status, restriction and on-review data, certification(s), specialty, sub-specialty, claim types, and other user-specified Provider status codes and indicators;

12. Accept group provider numbers, and relate individual Providers to their groups, as well as a group to its individual member Providers, with effective date ranges/spans. A single group provider record must be able to identify an unlimited number of individuals who are associated with the group;
13. Maintain multiple, provider-specific reimbursement rates, including, but not necessarily limited to, per diems, case mix, rates based on licensed levels of care, specific provider agreements, volume purchase contracts, and capitation, with beginning and ending effective dates for a minimum of sixty (60) months.
14. Maintain provider-specific rates by program, type of capitation, Member program category, specific demographic classes, Covered Services, and service area for any prepaid health plan or managed care providers;
15. Provide the capability to identify a Provider as a PCP and maintain an inventory of available enrollment slots;
16. Identify multiple practice locations for a single provider and associate all relevant data items with the location, such as address and CLIA certification;
17. Maintain multiple addresses for a Provider, including but not limited to:
 - Pay to;
 - Mailing, and
 - Service location(s).
18. Create, maintain and define provider enrollment status codes with associated date spans. For example, the enrollment codes must include but not be limited to:
 - Application pending
 - Limited time-span enrollment
 - Enrollment suspended
 - Terminated-voluntary/involuntary
19. Maintain a National Provider Identifier (NPI) and taxonomies;
20. Maintain specific codes for restricting the services for which Providers may bill to those for which they have the proper certifications (for example, CLIA certification codes);
21. Maintain summary-level accounts receivable and payable data in the provider file that is automatically updated after each payment cycle;
22. Provide the capability to calculate and maintain separate 1099 and associated payment data by FEIN number for Providers with changes of ownership, based upon effective dates entered by the Contractor;
23. Generate a file of specified providers, selected based on the Department identified parameters, in an agreed upon Department approved format and media, to be provided to the Department on an agreed upon periodic basis; and
24. Generate a file of provider 1099 information.

25. Reports – Reports for Provider functions are as described in Appendix J.

C. On-line Inquiry Screens

On-line inquiry screens that meet the user interface requirements of this contract and provide access to the following data:

1. Provider eligibility history
2. Basic information about a Provider (for example, name, location, number, program, provider type, specialty, sub-specialty, certification dates, effective dates)
3. Provider group inquiry, by individual provider number displaying groups and by group number displaying individuals in group (with effective and end dates for those individuals within the group)
4. Provider rate data
5. Provider accounts receivable and payable data, including claims adjusted but not yet paid
6. Provider Medicare number(s) by Medicare number, Medicaid number, and SSN/FEIN
7. Demographic reports and maps from the GIS, for performing, billing, and/or enrolled provider, listing provider name, address, and telephone number to assist in the provider recruitment process and provider relations

D. Interfaces

The Provider Data Maintenance function must accommodate an external interface with:

1. The Department; and
2. Other governmental agencies to receive licensure information.

Reference Subsystem

The reference subsystem maintains pricing files for procedures and drugs, and maintains other general reference information such as diagnoses, edit/audit criteria, edit dispositions and reimbursement parameters/modifiers. The reference subsystem provides a consolidated source of reference information which is accessed by the MIS during the performance of other functions, including Claims and encounter processing, TPL processing and utilization/quality reporting functions.

The Contractor's reference subsystem shall contain such items as maintenance of procedure codes/NDC codes and diagnosis codes, identification of pricing files, maintenance of edit and audit criteria.

The contractor must maintain sufficient reference data (NDC codes, HCPCS, CPT4, Revenue codes, etc.) to accurately process fee for service claims and develop encounter data for transmission to the Department as well as support Department required reporting.

A. Inputs

The inputs to the Reference Data Maintenance function are:

1. NDC codes
2. CMS - HCPCS updates
3. ICD-9-CM or 10 and DSM III diagnosis and procedure updates
4. ADA (dental) codes

B.

Processing Requirements

The Reference Processing function must include the following capabilities:

1. Maintain current and historical reference data, assuring that updates do not overlay or otherwise make historical information inaccessible.
2. Maintain a Procedure data set which is keyed to the five-character HCPCS code for medical-surgical and other professional services, ADA dental codes; a two-character field for HCPCS pricing modifiers; and the Department's specific codes for other medical services; in addition, the procedure data set will contain, at a minimum, the following elements for each procedure:
 - Thirty-six (36) months of date-specific pricing segments, including a pricing action code, effective beginning and end dates, and allowed amounts for each segment.
 - Thirty-six (36) months of status code segments with effective beginning and end dates for each segment.
 - Multiple modifiers and the percentage of the allowed price applicable to each modifier.
 - Indication of TPL actions, such as Cost Avoidance, Benefit Recovery or Pay, by procedure code.
 - Other information such as accident-related indicators for possible TPL, federal cost-sharing indicators, Medicare coverage and allowed amounts.
3. Maintain a diagnosis data set utilizing the three (3), four (4), and five (5) character for ICD-9-CM and 7 digits for ICD-10 and DSM III coding system, which supports relationship editing between diagnosis code and claim information including but not limited to:
 - Valid age
 - Valid sex
 - Family planning indicator
 - Prior authorization requirements
 - EPSDT indicator
 - Trauma diagnosis and accident cause codes
 - Description of the diagnosis
 - Permitted primary and secondary diagnosis code usage
4. Maintain descriptions of diagnoses.

5. Maintain flexibility in the diagnosis file to accommodate expanded diagnosis codes with the implementation of ICD-10 by October 1, 2013.
6. Maintain a drug data set of the eleven (11) digit National Drug Code (NDC), including package size, which can accommodate updates from a drug pricing service and the CMS Drug Rebate file updates; the Drug data set must contain, at a minimum:
 - Unlimited date-specific pricing segments that include all prices and pricing action codes needed to adjudicate drug claims.
 - Indicator for multiple dispensing fees
 - Indicator for drug rebate including name of manufacturer and labeler codes.
 - Description and purpose of the drug code.
 - Identification of the therapeutic class.
 - Identification of discontinued NDCs and the termination date.
 - Identification of CMS Rebate program status.
 - Identification of strength, units, and quantity on which price is based.
 - Indication of DESI status (designated as less than effective), and IRS status (identical, related or similar to DESI drugs).
7. Maintain a Revenue Center Code data set for use in processing claims for hospital inpatient/outpatient services, home health, hospice, and such.
8. Maintain flexibility to accommodate multiple reimbursement methodologies, including but not limited to fee-for-service, capitation and carve-outs from Capitated or other "all inclusive" rate systems, and DRG reimbursement for inpatient hospital care, etc.
9. Maintain pricing files based on:
 - Fee schedule
 - Per DIEM rates
 - Capitated rates
 - Federal maximum allowable cost (FMAC), estimated acquisition (EAC) for drugs
 - Percentage of charge allowance
 - Contracted amounts for certain services
 - Fee schedule that would pay at variable percentages.
 - (MAC) Maximum allowable cost pricing structure

C.

On-line Inquiry Screens

Maintain on-line access to all Reference files with inquiry by the appropriate service code, depending on the file or table being accessed.

Maintain on-line inquiry to procedure and diagnosis files by name or description including support for phonetic and partial name search.

Provide inquiry screens that display:

- All relevant pricing data and restrictive limitations for claims processing including historical information, and
- All pertinent data for claims processing and report generation.

D. Interfaces

The Reference Data Maintenance function must interface with:

1. ADA (dental) codes
2. CMS-HCPCS updates;
3. ICD-9, ICD-10, DSM, or other diagnosis/surgery code updating service; and
4. NDC Codes.

Financial Subsystem

The financial function encompasses claim payment processing, adjustment processing, accounts receivable processing, and all other financial transaction processing. This function ensures that all funds are appropriately disbursed for claim payments and all post-payment transactions are applied accurately. The financial processing function is the last step in claims processing and produces remittance advice statements/explanation of benefits and financial reports.

The Contractor's financial subsystem shall contain such items as: update of provider payment data, tracking of financial transactions, including TPL recoveries and maintenance of adjustment and recoupment processes.

A. Inputs

The Financial Processing function must accept the following inputs:

1. On-line entered, non-claim-specific financial transactions, such as recoupments, mass adjustments, cash transactions, etc.;
2. Retroactive changes to Member financial liability and TPL retroactive changes from the Member data maintenance function;
3. Provider, Member, and reference data from the MIS.

B. Processing Requirements

The MIS must perform three types of financial processing: 1) payment processing; 2) adjustment processing; 3) other financial processing. Required system capabilities are classified under one of these headings in this subsection.

C. Payment Processing

Claims that have passed all edit, audit, and pricing processing, or which have been denied, must be processed for payment by the Contractor if the

contractor has fee for service arrangements. Payment processing must include the capability to:

1. Maintain a consolidated accounts receivable function and deduct/add appropriate amounts and/or percentages from processed payments.
2. Update individual provider payment data and 1099 data on the Provider database.

D. Adjustment Processing

The MIS adjustment processing function must have the capabilities to:

1. Maintain complete audit trails of adjustment processing activities on the claims history files.
2. Update provider payment history and recipient claims history with all appropriate financial information and reflect adjustments in subsequent reporting, including claim-specific and non-claim-specific recoveries.
3. Maintain the original claim and the results of all adjustment transactions in claims history; link all claims and subsequent adjustments by control number, providing for identification of previous adjustment and original claim number.
4. Reverse the amount previously paid/recovered and then processes the adjustment so that the adjustment can be easily identified.
5. Re-edit, re-price, and re-audit each adjustment including checking for duplication against other regular and adjustment claims, in history and in process.
6. Maintain adjustment information which indicates who initiated the adjustment, the reason for the adjustment, and the disposition of the claim (additional payment, recovery, history only, etc.) for use in reporting the adjustment.
7. Maintain an adjustment function to re-price claims, within the same adjudication cycle, for retroactive pricing changes, Member liability changes, Member or provider eligibility changes, and other changes necessitating reprocessing of multiple claims.
8. Maintain a retroactive rate adjustment capability which will automatically identify all Claims affected by the adjustment, create adjustment records for them, reprocess them, and maintain a link between the original and adjusted Claim.

Other Financial Processing

Financial transactions such as stop payments, voids, reissues, manual checks, cash receipts, repayments, cost settlements, overpayment adjustments, recoupments, and financial transactions processed outside the MIS are to be processed as part of the Financial Processing function. To process these transactions, the MIS must have the capability to:

1. Maintain the following information:
 - Program identification (for example, TPL recovery, rate

- adjustment);
 - Transaction source (for example, system generated, refund, Department generated);
 - Provider number/entity name and identification number;
 - Payment/recoupment detail (for example, dates, amounts, cash or recoupment);
 - Account balance;
 - Reason indicator for the transaction (for example, returned dollars from provider for TPL, unidentified returned dollars, patient financial liability adjustment);
 - Comment section;
 - Type of collection (for example, recoupment, cash receipt);
 - Program to be affected;
 - Adjustment indicator; and
 - Internal control number (ICN) (if applicable).
2. Accept manual or automated updates including payments, changes, deletions, suspensions, and write-offs, of financial transactions and incorporate them as MIS financial transactions for purposes of updating claims history, Provider/Member history, current month financial reporting, accounts receivable, and other appropriate files and reports.
 3. Maintain sufficient controls to track each financial transaction, balance each batch, and maintain appropriate audit trails on the claims history and consolidated accounts receivable system, including a mechanism for adding user narrative.
 4. Maintain on-line inquiry to current and historical financial information with access by Provider ID or entity identification, at a minimum to include:
 - Current amount payable/due
 - Total amount of claims adjudication for the period
 - Aging of receivable information, according to user defined aging parameters
 - Receivable account balance and established date
 - Percentages and/or dollar amounts to be deducted from future payments
 - Type and amounts of collections made and dates
 - Both non-claim-specific, and
 - Data to meet the Department's reporting.
 5. Maintain a recoupment process that sets up Provider accounts receivable that can be either automatically recouped from claims payments or satisfied by repayments from the provider or both.
 6. Maintain a methodology to apply monies received toward the established recoupment to the accounts receivable file, including the remittance advice date, number, and amount, program, and transfer that data to an on-line provider paid claims summary.

7. Identify a type, reason, and disposition on recoupments, payouts, and other financial transactions.
8. Provide a method to link full or partial refunds to the specific Claim affected, according to guidelines established by the Department.
9. Generate provider 1099 information annually, which indicate the total paid claims plus or minus any appropriate adjustments and financial transactions.
10. Maintain a process to adjust providers' 1099 earnings with payout or recoupment or transaction amounts through the accounts receivable transactions.
11. Maintain a process to accommodate the issuance and tracking of non-provider-related payments through the MIS (for example, a refund or an insurance company overpayment) and adjust expenditure reporting appropriately.
12. Track all financial transactions, by program and source, to include TPL recoveries, Fraud, Waste and Abuse recoveries, provider payments, drug rebates, and so forth.
13. Determine the correct federal fiscal year within claim adjustments and other financial transactions are to be reported.
14. Provide a method to direct payments resulting from an escrow or lien request to facilitate any court order or legal directive received.

C. Reports

Reports from the financial processing function are described in Appendix J and Contractor Reporting Requirements Section of Contract.

Utilization/Quality Improvement

The Contractor shall capture and maintain a patient-level record of each service provided to Members using CMS 1500, UBO4, NCPDP, HIPAA code sets or other Claim or Claim formats that shall meet the reporting requirements in this Contract. The computerized database must contain and hold a complete and accurate representation of all services covered by the Contractor, and by all providers and Subcontractors rendering services for the contract period. The Contractor shall be responsible for monitoring the integrity of the database and facilitating its appropriate use for such required reports as encounter data, and targeted performance improvement studies.

Contractor shall comply with the requirements of 42 CFR 455.20 (a) by employing a selected sample method approved by CMS and the Department of verifying with Members whether the services billed by provider were received.

The utilization/quality improvement subsystem combines data from other subsystems, and/or external systems, to produce reports for analysis which focus on the review and assessment of access, availability and continuity of services, quality of care given, detection of over and underutilization of services, and the development of user-defined reporting criteria and standards. This system profiles

utilization of Providers and Members and compares them against experience and norms for comparable individuals.

The subsystem shall support tracking utilization control function(s) and monitoring activities, including Geo Network for all Encounters in all settings particularly inpatient and outpatient care, emergency room use, outpatient drug therapy, EPSDT and out-of-area services. It shall complete provider profiles; occurrence reporting, including adverse incidents and complications, monitoring and evaluation studies; Members and Providers aggregate Grievances and Appeals; effects of educational programs; and Member/Provider satisfaction survey compilations. The subsystem may integrate the Contractor's manual and automated processes or incorporate other software reporting and/or analysis programs.

The Contractor's utilization/quality improvement subsystem shall contain such items as: monitoring of primary care and specialty provider referral patterns processes to monitor and identify deviations in patterns of treatment from established standards or norms, performance and health outcome measures using standardized indicators. The quality improvement subsystem will be based upon nationally recognized standards and guidelines, including but not limited to, a measurement system based upon the most current version of HEDIS published by the National Committee for Quality Assurance.

Surveillance Utilization Review Subsystem (SURS)

In accordance with 42 CFR 455, the Contractor shall establish a SURS function which provides the capability to identify potential fraud and/or abuse of providers or Members. The SURS component supports profiling, random sampling, groupers (for example Episode Treatment Grouper), ad hoc and targeted queries.

The utilization/quality improvement function combines data from other external systems, such as Geo Network to produce reports for analysis which focus on the review and assessment of access and availability of services and quality of care given, detection of over and underutilization, and the development of user-defined reporting criteria and standards. This system profiles utilization of Providers and Members and compares them against experience and norms for comparable individuals.

This system supports tracking utilization control function(s) and monitoring activities for inpatient admissions, emergency room use, and out-of-area services. It completes Provider profiles, occurrence reporting, monitoring and evaluation studies, and Member/Provider satisfaction survey compilations. The subsystem may integrate the Contractor's manual and automated processes or incorporate other software reporting and/or analysis programs.

This system also supports and maintains information from Member surveys, Provider and Member Grievances, Appeal processes.

A. Inputs

The Utilization/Quality Improvement system must accept the following inputs:

1. Adjudicated Claims/encounters from the claims processing subsystem;
2. Provider data from the provider subsystem;
3. Member data from the Member subsystem.

B. Processing Requirements

The Utilization/Quality Improvement function must include the following capabilities:

1. Maintain Provider credentialing and recredentialing activities.
2. Maintain Contractor's processes to monitor and identify deviations in patterns of treatment from established standards or norms. Provide feedback information for monitoring progress toward goals, identifying optimal practices, and promoting continuous improvement.
3. Maintain development of cost and utilization data by Provider and services.
4. Provide aggregate performance and outcome measures using standardized quality indicators similar to Medicaid HEDIS as specified by the Department.
5. Support focused quality of care studies.
6. Support the management of referral/utilization control processes and procedures.
7. Monitor PCP referral patterns.
8. Support functions of reviewing access, use and coordination of services (i.e. actions of peer review and alert/flag for review and/or follow-up; laboratory, x-ray and other ancillary service utilization per visit).
9. Store and report Member satisfaction data through use of Member surveys, Grievance/Appeals processes, etc.
10. Provide Fraud, Waste and Abuse detection, monitoring and reporting.

C. Reports

Utilization/quality improvement reports are listed in Appendices K and L.

Claims Control and Entry

The Claims Control function ensures that all claims are captured at the earliest possible time and in an accurate manner. Claims must be adjudicated within the parameters of Prompt Pay standards set by CMS and the American Recovery and Reinvestment Act (ARRA).

Edit/Audit Processing

The Claims processing subsystem collects, processes, and stores data on all health services delivered. The functions of this subsystem are Claims payment processing and capturing medical service utilization data. Claims are screened

against the provider and Member subsystems. The Claims processing subsystem captures all medically related services, including medical supplies, using standard codes (e.g. HCPCS, ICD9-CM/ICD-10 CM/PCS diagnosis and procedure code, Revenue Codes, ADA Dental Codes and NDCs) rendered by medical providers to a Member regardless of remuneration arrangement (e.g. capitation/fee-for-service). The Contractor shall be required to electronically transmit Encounter Record to the Department on a weekly basis, or on a department approved schedule that is determined by the Contractor's financial schedule.

The Contractor's Claims processing/encounter subsystem shall contain such items as: apply edit and audit criteria to verify timely, accurate and complete Encounter Record; edit for prior-authorized Claims; identify error codes for Claims.

The Edit/Audit Processing function ensures that Claims are processed in accordance with Department and Contractor policy and the development of accurate encounters to be transmitted to the department. This processing includes application of non-history-related edits and history-related audits to the Claim. Claims are screened against Member and Provider eligibility information; pending and paid/denied claims history; and procedure, drug, diagnosis, and edit/audit information. Those Claims that exceed Program limitations or do not satisfy Program or processing requirements, suspend or deny with system assigned error messages related to the Claim.

Claims also need to be edited utilizing all components of the CMS mandated National Correct Coding Initiative (NCCI)

A. Inputs

The inputs to the Edit/Audit Processing function are:

1. The Claims that have been entered into the claims processing system from the claims entry function;
2. Member, Provider, reference data required to perform the edits and audits.

B. Processing Requirements

Basic editing necessary to pass the Claims onto subsequent processing requires that the MIS have the capabilities to:

1. Edit each data element on the Claim record for required presence, format, consistency, reasonableness, and/or allowable values.
2. Edit to assure that the services for which payment is requested are covered.
3. Edit to assure that all required attachments are present.
4. Maintain a function to process all Claims against an edit/audit criteria table and an error disposition file (maintained in the Reference Data Maintenance function) to provide flexibility in edit and audit processing.
5. Edit for prior authorization requirements and to assure that a prior authorization number is present on the Claim and matches to an active Prior Authorization on the MIS.

6. Edit Prior-Authorized claims and cut back billed units or dollars, as appropriate, to remaining authorized units or dollars, including Claims and adjustments processed within the same cycle.
7. Maintain edit disposition to deny Claims for services that require Prior Authorization if no Prior Authorization is identified or active.
8. Update the Prior Authorization record to reflect the services paid on the Claim and the number of services still remaining to be used.
9. Perform relationship and consistency edits on data within a single Claim for all Claims.
10. Perform automated audit processing (e.g., duplicate, conflict, etc.) using history Claims, suspended Claims, and same cycle Claims.
11. Edit for potential duplicate claims by taking into account group and rendering Provider, multiple Provider locations, and across Provider and Claim types.
12. Identify exact duplicate claims.
13. Perform automated audits using duplicate and suspect-duplicate criteria to validate against history and same cycle claims.
14. Perform all components of National Correct Coding Initiative (NCCI) edits
15. Maintain audit trail of all error code occurrences linked to a specific Claim line or service, if appropriate.
16. Edit and suspend each line on a multi-line Claim independently.
17. Edit each Claim record completely during an edit or audit cycle, when appropriate, rather than ceasing the edit process when an edit failure is encountered.
18. Identify and track all edits and audits posted to the claim from suspense through adjudication.
19. Update Claim history files with both paid and denied Claims from the previous audit run.
20. Maintain a record of services needed for audit processing where the audit criterion covers a period longer than thirty-six (36) months (such as once-in-a-lifetime procedures).
21. Edit fields in Appendices D and E for validity (numerical field, appropriate dates, values, etc.).

Claims Pricing

The Claims Pricing function calculates the payment amount for each service according to the rules and limitations applicable to each Claim type, category of service, type of provider, and provider reimbursement code. This process takes into consideration the Contractor allowed amount, TPL payments, Medicare payments, Member age, prior authorized amounts, and any co-payment requirements. Prices are maintained on the Reference files (e.g., by service, procedure, supply, drug, etc.) or provider-specific rate files and are date-specific.

The Contractor MIS must process and pay Medicare Crossover Claims and adjustments.

A. Inputs

The inputs into the Claims Pricing function are the Claims that have been passed from the edit/audit process.

The Reference and Provider files containing pricing information are also inputs to this function.

B. Processing Requirements

The Claims Pricing function for the Fee for Service contracts the vendor has with providers of the MIS must have the capabilities to:

1. Calculate payment amounts according to the fee schedules, per diems, rates, formulas, and rules established by the Contractor.
2. Maintain access to pricing and reimbursement methodologies to appropriately price claims at the Contractor's allowable amount.
3. Maintain flexibility to accommodate future changes and expanded implementation of co pays.
4. Deduct Member liability amounts from payment amounts as defined by the Department.
5. Deduct TPL amounts from payments amounts.
6. Provide adjustment processing capabilities.

Claims Operations Management

The Claims Operations Management function provides the overall support and reporting for all of the Claims processing functions.

A. Inputs

The inputs to the Claims Operations Management function must include all the claim records from each processing cycle and other inputs described for the Claims Control and Entry function.

B. Processing Requirements

The primary processes of Claims Operations Management are to maintain sufficient on-line claims information, provide on-line access to this information, and produce claims processing reports. The claims operations management function of the MIS must:

1. Maintain Claim history at the level of service line detail.
2. Maintain all adjudicated (paid and denied) claims history. Claims history must include at a minimum:
 - All submitted diagnosis codes (including service line detail, if applicable);
 - Line item procedure codes, including modifiers;
 - Member ID and medical coverage group identifier;
 - Billing, performing, referring, and attending provider Ids and

- corresponding provider types;
 - All error codes associated with service line detail, if applicable;
 - Billed, allowed, and paid amounts;
 - TPL and Member liability amounts, if any;
 - Prior Authorization number;
 - Procedure, drug, or other service codes;
 - Place of service;
 - Date of service, date of entry, date of adjudication, date of payment, date of adjustment, if applicable.
3. Maintain non-claim-specific financial transactions as a logical component of Claims history.
 4. Provide access to the adjudicated and Claims in process, showing service line detail and the edit/audits applied to the Claim.
 5. Maintain accurate inventory control status on all Claims.

C. Reports

The following reports must be available from the Claims processing function fifteen days after the end of each month:

1. Number of Claims received, paid, denied, and suspended for the previous month by provider type with a reason for the denied or suspended claim.
2. Number and type of services that are prior-authorized (PA) for the previous month (approved and denied).
3. Amount paid to providers for the previous month by provider type.
4. Number of Claims by provider type for the previous month, which exceed processing timelines standards defined by the Department. Claim Prompt Pay reports as defined by ARRA

Analysis and Reporting Function

The analysis capacity function supports reporting requirements for the Contractor and the Department with regard to the QAPI program and managed care operations. The Contractor shall show sufficient capacity to support special requests and studies that may be part of the financial and quality systems. The reporting subsystem allows the Contractor to develop various reports to enable Contractor management and the Department to make informed decisions regarding managed care activity, costs and quality.

The Contractor's reporting subsystem shall contain such items as: specifications for a decision support system; capacity to collect, analyze and report performance data sets such as may be required under this Contract; HEDIS performance measures; report on Provider rates, federally required services, reports such as family planning services, abortions, sterilizations and EPSDT services.

APPENDIX E. BUSINESS ASSOCIATES AGREEMENT

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“Agreement”), effective _____ (“Effective Date”) is entered into by and between _____, located at _____ (“Business Associate”) and the Cabinet for Health and Family Services, the Department for Medicaid Services, (“Covered Entity”), individually referred to herein as a “Party” and collectively as “Parties”.

The Business Associate herein is a _____ and the Covered Entity herein is the designated agency to administer the Kentucky Medicaid Program. The parties have an agreement for the provision of _____ (“Contract”) under which the Business Associate herein may use or disclose Protected Health Information in the performance of the services described in the contract. The parties herein entered into a Master Contract on the ___ day of _____, _____, under which the Business Associate may use and/or disclose Protected Health Information (PHI) in performance of the services described in the Contract. Both parties are committed to complying with the Standards for Privacy and Security of Individually Health Information (“Privacy and Security Regulations”) promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This Agreement sets forth the terms and conditions pursuant to which Protected Health Information that is provided by the Covered Entity to the Business Associate, or created, received, maintained or transmitted by the Business Associate on behalf of the Covered Entity, will be handled between the Business Associate and the Covered Entity and with third parties during the term of the Contract and after termination.

WHEREAS, Sections 261 through 264 of the Federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, directs the Secretary of the Department of Health & Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, the Secretary of HHS has duly promulgated such administrative regulations found at 45 C.F.R. § 160 and § 164, known as the HIPAA Privacy Rule; and

WHEREAS, the Parties are desirous to enter into or have entered into an agreement whereby the Business Associate will provide certain services to the covered entity herein, and pursuant to such agreement, the Business Associate may be considered a “business associate” of the Covered Entity as defined in the HIPAA Privacy Rule; and

WHEREAS, the Business Associate under the contract will have access to Protected Health Information in fulfilling its responsibilities under such agreement; and

WHEREAS, Business Associate agrees to collect and destroy any and all recyclable

material produced by the Covered Entity, and is to assume responsibility for these documents upon receipt.

NOW THEREFORE THE PARTIES TO THIS AGREEMENT, for just and valuable consideration which both parties acknowledge herein, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy and Security Rules and to protect the interest of both parties.

1. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

1.1 Services. Pursuant to this Contract, Business Associate provides services (“Services”) for the Covered Entity that involve the use and/or disclosure of protected health information (PHI). Except as otherwise specified herein, the business associate may make any and all uses of PHI necessary to perform its obligations under the contract, provided that such use would not violate the Privacy and Security Regulations if done by the Covered Entity or the minimum necessary policies and procedures of the Covered Entity. Moreover, the Business Associate may disclose PHI for the purposes authorized by this Agreement only, (i) to its employees, subcontractors and agents, in accordance with Section 2.1 (e), (ii) as directed by the Covered Entity, or (iii) as otherwise permitted by the terms of this Agreement including, but not limited to, Section 1.2 (b) below, provided that such disclosure would not violate the Privacy and Security Regulations if done by the Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

1.2 Business Activities of the Business Associate. Unless otherwise limited herein the Business Associate may:

- a. Use the Protected Health Information in its possession for its proper management and administration and to fulfill any present or future legal responsibilities of the Business Associate provided that such are permitted under State and Federal laws.
- b. Disclose the Protected Health Information in its possession to third parties for the purpose of its proper management and administration or to fulfill any present or future legal responsibilities of the Business Associate, provided that the Business Associate represents to the Covered Entity, in writing, that (i) the disclosures are required by law, as that phrase is defined in 45 C.F.R. § 164.501 or (ii) the Business Associate has received from the third party written assurances regarding the confidential handling of such Protected Health Information as required by 45 C.F.R. § 164.504 (e) (4), and the third party agrees in writing to notify Business Associate of any instances of which it becomes aware that the confidentiality of the information has been breached.

2. RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO PROTECTED HEALTH INFORMATION

2.1 Responsibilities of the Business Associate. With respect to its use and/or disclosure of Protected Health Information, the Business Associate hereby agrees to do the following:

- a. Shall use and disclose the Protected Health Information only in the amount minimally necessary to perform the services of the Contract or under this Agreement, provided that such use or disclosure would not violate the Privacy and Security Regulations if done by the Covered Entity or as required by law.
- b. Shall immediately report to the designated privacy officer of the covered entity, in writing, any use and/or disclosure of unsecured Protected Health Information that is not permitted or required by this Agreement or required by law.
- c. Establish procedures for mitigating, to the greatest extent possible, any deleterious effects from any improper use and/or disclosure of PHI that the Business Associate reports to the Covered Entity.
- d. Use appropriate administrative, technical and physical safeguards to maintain the privacy and security of PHI and to prevent uses and/or disclosures of unsecured PHI other than as provided in this Agreement.
- e. Require all of its subcontractors and agents that receive or use, or have access to, PHI provided under this Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and/or disclosures of PHI that apply to the Business Associate pursuant to this Agreement.
- f. Make available all policies, records, books, agreements, records or procedures relating to the use or disclosure of Protected Health Information to the Secretary of Health & Human Services for purposes of determining the Business Associates' compliance with the Privacy and Security Regulations.
- g. Upon written request, make available during normal working hours at Business Associate's office all records, books, agreements, policies and procedures relating to the use and disclosure of Protected Health Information to the Covered Entity to determine the Business Associate's compliance with the terms of this Agreement.
- h. Upon Covered Entity's request, Business Associate shall provide to the Covered Entity an accounting of each disclosure of PHI made by the Business Associate or its employees, agents, representatives, or subcontractors. Business Associate shall implement a process that allows for an accounting to be collected and maintained for any disclosure of PHI for which Covered Entity is required to maintain. Business Associate shall include in the accounting: (a) date of the disclosure; (b) the name, and address if known, of the entity or person who received the PHI; (c) a brief description of the PHI disclosed; and (d) a brief statement of the purpose of the disclosure. For each disclosure that requires an

accounting under this section, Business Associate shall document the information specified in (a) through (d), and shall securely retain the documentation for six (6) years from the date of the disclosure. To the extent that the Business Associate maintains PHI in an electronic format, Business Associate shall maintain an accounting of disclosures for treatment, payment, and other health care operations purposes for three (3) years from the disclosure. Notwithstanding anything to the contrary, this agreement shall become effective upon either of the following: (a) on or after January 1, 2014, if the Business Associate acquired the electronic record before January 1, 2009; or (b) on or after January 1, 2011 if Business Associate acquired an electronic health record after January 1, 2009, or such later date as determined by the Secretary.

- i. Subject to Section 4.5 below, Business Associate shall return to the covered entity or destroy, at the termination of this Agreement, the PHI in its possession and retain no copies which shall include for the purposes of this Agreement without limitations the destruction of all backup tapes.
- j. Disclose to its subcontractors, agents, or other third parties, and request from the covered entity, only the minimum PHI necessary to perform or fulfill a specific function required by this Agreement or the Contract or permitted by law.
- k. Business Associate agrees to immediately report to the covered entity any security incident involving the attempted or successful unauthorized access, use, disclosure, modification, or destruction of covered entity's electronic PHI or interference with the systems operations in an information system that involves the covered entity's electronic PHI. An attempt unauthorized access, for purposes of reporting to the covered entity, means any attempted unauthorized access that prompts Business Associate to investigate the attempt, or review or change its current security measures. The parties acknowledge that the foregoing does not require Business Associate to report attempted unauthorized access that results in Business Associate: (i) investigating solely for the purpose of reviewing and or noting the attempt, but rather requires notification only when such attempted unauthorized access results in Business Associate conducting a material and full-scale investigation ("Material Attempt"); and (ii) continuously reviewing, updating and modifying its security measures to guard against unauthorized access to its system, but rather requires notification only when a Material Attempt results in significant modifications to the Business Associate's security measures in order to prevent such Material Attempt in the future.
- l. Business Associate agrees to use appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information (EPHI) that

- it creates, receives, maintains or submits on behalf of the covered entity as required by 45 C.F.R. §164.308, §164.310, §164.312, and § 164.314.
- m. Business Associate agrees that any EPHI it acquires, maintains, receives or transmits will be maintained or transmitted in a manner that fits the definition of secure PHI as that term is defined by the American Recovery and Reinvestment Act of 2009 (“ARRA”) and any subsequent regulations or guidelines from the Secretary of the Department of Health and Human Services (“DHHS”) promulgated under ARRA.
 - n. Business Associate agrees to ensure that any agency, including subcontractor, to whom it provides EPHI agrees to implement reasonable and appropriate safeguards to protect it as required by 45 C.F.R. §164.308, §164.310, §164.312 and §164.414.
 - o. The Business Associate agrees to immediately notify the covered entity of any breach of unsecured PHI . Notice of such breach shall include the identification of each individual whose unsecured PHI has been, or reasonably believed by the business associate to have been, accessed, acquired or disclosed during the breach. Notice shall also include the description of the PHI involved in the breach, description of the factual grounds leading to the breach, and any remedial action taken to address the breach. Business Associate further agrees to make available in a reasonable time and manner any other information needed by covered entity to respond to the individual’s inquiries regarding said breach and to report the breach to the Secretary of the Department of Health and Human Services. Business Associate shall be responsible to notify in writing the individuals affected by the breach as required under HIPAA regulations, but shall have the notice approved before mailing by the covered entity.
 - p. Business Associate agrees to indemnify the covered entity for the reasonable costs to notify the individuals affected by the breach if the covered entity provides that notice, and for any costs, damages, fines, penalties, including attorney fees, incurred by covered entity as a result of the breach by the Business Associate or its employees, agents or subcontractors, including but not limited to any identity theft related prevention or monitoring costs.
 - q. Business Associate shall make available PHI in a designated record set to the covered entity or to the individual requesting access to PHI as necessary to satisfy covered entity’s obligations under 45 C.F.R. §164.524. If the information is maintained in an electronic format, the access shall be provided to the individual in the electronic format.
 - r. Business Associate shall make any amendments to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 C.F.R. §164.526 or take other measures as necessary to satisfy covered entity’s obligations under 45 C.F.R. §164.526.

- s. Business Associate, to the extent the business associate is to carry out one or more of the covered entity's obligations under Subpart E of 45 C.F.R. part 164 shall comply with the requirements found therein which apply to the covered entity's performance of such obligations.
- t. Business Associate agrees to comply with any and all privacy and security provisions not otherwise specified herein made applicable to the Business Associate under the provisions of HIPAA or ARRA.

2.2 Responsibilities of the Covered Entity. With regard to the use and/or disclosure of Protected Health Information by the Business Associate, the covered entity hereby agrees:

- a. Covered entity shall inform the Business Associate of any changes in the form of notice of privacy practices ("Notice") that the covered entity provides to individuals pursuant to 45 C.F.R. § 164.520, and provide, upon request, the Business Associate a copy of the Notice currently in use.
- b. Covered entity shall inform the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use and disclosure of protected health information pursuant to 45 C.F.R. § 164.508.
- c. Covered entity shall notify business associate of any limitations or restrictions placed upon PHI to the extent such restrictions or limitations affect the business associate's use or disclosure of protected health information.
- d. Covered entity shall notify business associate of any amendments made to PHI at the request of any individual for the Business Associate to correct the PHI in accordance with the amendment.
- e. Covered entity shall notify the Business Associate of any opt-outs exercised by any individual from fundraising activities of the covered entity pursuant to 45 C.F.R. § 164.514(f).
- f. Covered entity shall notify Business Associate, in writing and in a timely manner, of any arrangements permitted or required of the covered entity under 45 C.F.R. Part 160 or 164 that may impact in any manner the use and/or disclosure, including but not limited to, restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. § 164.522 agreed to by the covered entity.

APPENDIX F. ENCOUNTER DATA SUBMISSION REQUIREMENTS AND QUALITY STANDARDS

I. Contractor's Encounter Data

A. Submissions

The Contractor is required to electronically submit Encounter data to the Department on a weekly scheduled basis. The submission is to include all adjudicated (paid and denied) Claims, corrected claims and adjusted claims processed by the Contractor. Contractor shall submit all claims within thirty days of adjudication. Encounter File transmissions that exceed a 5% threshold error rate (total claims/documents in error equal to or exceed 5% of claims/documents records submitted) will be subject to penalties as provided in the Contract. Encounter File transmissions with a threshold error rate not exceeding 5% will be accepted and processed by the Department. Only those Erred Encounters will be returned to the contractor for correction and resubmission. Denied claims submitted for encounter processing will not be held to normal edit requirements and rejections of denied claims will not count towards the minimum 5% rejection.

Encounter data must be submitted in the format defined by the Department as follows:

1. Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010 transaction 837 and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version 2.2. Example transactions include the following:
 - 837I – Instructional Transactions
 - 837P – Professional Transactions
 - 837D – Dental Transactions
 - 278 – Prior Authorization Transactions
 - 835 – Remittance Advice
 - 834 – Enrollment/Disenrollment
 - 820 – Capitation
 - 276/277 Claims Status Transactions
 - 270/271 Eligibility Transactions
 - 999 – Functional Acknowledgement
 - NCPDP 2.2
2. Conversion from ICD-9 to ICD-10 for medical diagnosis and inpatient procedure coding by October 1, 2015.

The Contractor is required to use procedure codes, diagnosis codes and other codes used for reporting Encounter data in accordance with guidelines defined by the Department. The Contractor must also use appropriate provider numbers as directed by the Department for

Encounter data. The Encounters will be received and processed by Fiscal Agent and will be stored in the existing MIS.

B. Encounter Corrections

Encounter corrections (encounter returned to the Contractor for correction, i.e., incorrect procedure code, blank value for diagnosis codes) will be transmitted to the Contractor electronically for correction and resubmission. Penalties will be assessed against the Contractor for each Encounter record, which is not resubmitted within thirty (30) days of the date the record is returned.

C. Annual Validity Study

The Department will conduct an annual validity study to determine the completeness, accuracy and timeliness of the Encounter data provided by the Contractor.

Completeness will be determined by assessing whether the Encounter data transmitted includes each service that was provided. Accuracy will be determined by evaluating whether or not the values in each field of the Encounter accurately represent the service that was provided. Timeliness will be determined by assuring that the Encounter was transmitted to the Department the month after adjudication. The Department will randomly select an adequate sample which will include hospital claims, provider claims, drug claims and other claims (any claims except in-patient hospital, provider and drug), to be designated as the Encounter Processing Assessment Sample (EPAS). The Contractor will be responsible to provide to the Department the following information as it relates to each Claim in order to substantiate that the Contractor and the Department processed the claim correctly:

- A copy of the claim, either paper or a generated hard copy for electronic claims;
- Data from the paid claim's file;
- Member eligibility/enrollment data;
- Provider eligibility data;
- Reference data (i.e., diagnosis code, procedure rates, etc.) pertaining to the Claim;
- Edit and audit procedures for the Claim;
- A copy of the remittance advice statement/explanation of benefits;
- A copy of the Encounter Record transmitted to the Department; and
- A listing of Covered Services.

The Department will review each Claim from the EPAS to determine if complete, accurate and timely Encounter data was provided to the Department. Results of the review will be provided to the Contractor. The Contractor will be required to provide a corrective action plan to the

Department within sixty (60) Days if deficiencies are found.

APPENDIX G. HEDIS MEASURES INCENTIVE PROGRAM (REMOVED)

This appendix was removed in a previous contract modification.

APPENDIX H. COVERED SERVICES

I. Contractor Covered Services

- A. Alternative Birthing Center Services
- B. Ambulatory Surgical Center Services
- C. Behavioral Health Services – Mental Health and Substance Abuse Disorders
- D. Chiropractic Services
- E. Community Mental Health Center Services
- F. Dental Services, including Oral Surgery, Orthodontics and Prosthodontics
- G. Durable Medical Equipment, including Prosthetic and Orthotic Devices, and Disposable Medical Supplies
- H. Early and Periodic Screening, Diagnosis & Treatment (EPSDT) screening and special services
- I. End Stage Renal Dialysis Services
- J. Family Planning Services in accordance with federal and state law and judicial opinion
- K. Hearing Services, including Hearing Aids for Members Under age 21
- L. Home Health Services
- M. Hospice Services (non-institutional only)
- N. Independent Laboratory Services
- O. Inpatient Hospital Services
- P. Inpatient Mental Health Services
- Q. Meals and Lodging for Appropriate Escort of Members
- R. Medical Detoxification, meaning management of symptoms during the acute withdrawal phase from a substance to which the individual has been addicted.
- S. Medical Services, including but not limited to, those provided by Physicians, Advanced Practice Registered Nurses, Physicians Assistants and FQHCs, Primary Care Centers and Rural Health Clinics
- T. Organ Transplant Services not Considered Investigational by FDA
- U. Other Laboratory and X-ray Services
- V. Outpatient Hospital Services
- W. Outpatient Mental Health Services
- X. Pharmacy and Limited Over-the-Counter Drugs including Mental/Behavioral Health Drugs
- Y. Podiatry Services
- Z. Preventive Health Services, including those currently provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics
- AA. Psychiatric Residential Treatment Facilities (Level I and Level II)
- BB. Specialized Case Management Services for Members with Complex Chronic Illnesses (Includes adult and child targeted case management)
- CC. Specialized Children's Services Clinics
- DD. Targeted Case Management

- EE. Therapeutic Evaluation and Treatment, including Physical Therapy, Speech Therapy, Occupational Therapy
- FF. Transportation to Covered Services, including Emergency and Ambulance Stretcher Services
- GG. Urgent and Emergency Care Services
- HH. Vision Care, including Vision Examinations, Services of Opticians, Optometrists and Ophthalmologists, including eyeglasses for Members Under age 21

II. Member Covered Services and Summary of Benefits Plan

A. General Requirements and Limitations

The Contractor shall provide, or arrange for the provision of, health services, including Emergency Medical Services, to the extent services are covered for Members under the then current Kentucky State Medicaid Plan, as designated by the department in administrative regulations adopted in accordance with KRS Chapter 13A and as required by federal and state regulations, guidelines, transmittals, and procedures.

This Appendix was developed to provide, for illustration purposes only, the Contractor with a summary of currently covered Kentucky Medicaid services and to communicate guidelines for the submission of specified Medicaid reports. The summary is not meant to act, nor serve as a substitute for the then current administrative regulations and the more detailed information relating to services which is contained in administrative regulations governing provision of Medicaid services (907 KAR Chapters 1, 3 4, 8, 9, 10, 11, 13, 15 and 17) and in individual Medicaid program services benefits summaries incorporated by reference in the administrative regulations. If the Contractor questions whether a service is a Covered Service or Non-Covered Service, the Department reserves the right to make the final determination, based on the then current administrative regulations in effect at the time of the contract.

Administrative regulations and incorporated by reference Medicaid program services benefits summaries may be accessed by contacting:

Kentucky Cabinet for Health and Family Services
Department for Medicaid Services
275 East Main Street, 6th Floor
Frankfort, Kentucky 40621

Kentucky's Medicaid State Plan, administrative regulations, and incorporated by reference materials are also accessible via the Internet at <http://www.chfs.ky.gov/dms/Regs.htm>.

Kentucky Medicaid covers only Medically Necessary services. These services are considered by the Department to be those which are reasonable and necessary to establish a diagnosis and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with the standards of health care generally accepted at the time services are provided, including but not limited to services for children in accordance with 42 USC 1396d(r). Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose. The amount, duration, or scope of coverage must not be arbitrarily denied or reduced solely because of the diagnosis, scope of illness, or condition.

The Contractor shall provide any Covered Services ordered to be provided to a Member by a Court, to the extent not in conflict with federal laws. The Department shall provide written notification to the Contractor of any court-ordered service. The Contractor shall additionally cover forensic pediatric and adult sexual abuse examinations performed by health care professional(s) credentialed to perform such examinations and any physical and sexual abuse examination(s) for any Member when the Department for Community Based Services is conducting an investigation and determines that the examination(s) is necessary.

III. EMERGENCY CARE SERVICES (42 CFR 431.52)

The Contractor must provide, or arrange for the provision of, all covered emergency care immediately using health care providers most suitable for the type of injury or illness in accordance with Medicaid policies and procedures, even when services are provided outside the Contractor's region or are not available using Contractor enrolled providers. Conditions related to provision of emergency care are shown in 42 CFR 438.144.

IV. MEDICAID SERVICES COVERED AND NOT COVERED BY THE CONTRACTOR

The Contractor must provide Covered Services under current administrative regulations. The scope of services may be expanded with approval of the Department and as necessary to comply with federal mandates and state laws. Certain Medicaid services are currently excluded from the Contractor benefits package, but continue to be covered through the traditional fee-for-service Medicaid Program. The Contractor will be expected to be familiar with these Contractor excluded services, designated Medicaid "wrap-around" services and to coordinate with the Department's providers in the delivery of these services to Members.

Information relating to these excluded services' programs may be accessed by the Contractor from the Department to aid in the coordination of the services.

A. Health Services Not Covered Under Kentucky Medicaid

Under federal law, Medicaid does not receive federal matching funds for certain services. Some of these excluded services are optional services that the Department may or may not elect to cover. The Contractor is not required to cover services that Kentucky Medicaid has elected not to cover for Members.

Following are services currently not covered by the Kentucky Medicaid Program:

- Any laboratory service performed by a provider without current certification in accordance with the Clinical Laboratory Improvement Amendment (CLIA). This requirement applies to all facilities and individual providers of any laboratory service;
- Cosmetic procedures or services performed solely to improve appearance;
- Hysterectomy procedures, if performed for hygienic reasons or for sterilization only;
- Medical or surgical treatment of infertility (e.g., the reversal of sterilization, invitro fertilization, etc.);
- Induced abortion and miscarriage performed out-of-compliance with federal and Kentucky laws and judicial opinions;
- Paternity testing;
- Personal service or comfort items;
- Post mortem services;
- Services, including but not limited to drugs, that are investigational, mainly for research purposes or experimental in nature;
- Sex transformation services;
- Sterilization of a mentally incompetent or institutionalized member;
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services;
- Services or supplies in excess of limitations or maximums set forth in federal or state laws, judicial opinions and Kentucky Medicaid program regulations referenced herein; and
- Services for which the Member has no obligation to pay and for which no other person has a legal obligation to pay are excluded from coverage.;

V. Health Services Limited by Prior Authorization

The following services are currently limited by Prior Authorization of the Department for Members. Other than the Prior Authorization of organ transplants, the Contractor may establish its own policies and procedures relating to Prior Authorization.

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Special

Services

The Contractor is responsible for providing and coordinating Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT), and EPSDT Special Services, through the primary care provider (PCP), for any Member under the age of twenty-one (21) years.

EPSDT Special Services must be covered by the Contractor and include any Medically Necessary health care, diagnostic, preventive, rehabilitative or therapeutic service that is Medically Necessary for a Member under the age of twenty-one (21) years to correct or ameliorate defects, physical and mental illness, or other conditions whether the needed service is covered by the Kentucky Medicaid State Plan in accordance with Section 1905 (a) of the Social Security Act.

- Transplantation of Organs and Tissue (Must be in compliance with State Plan and 907 KAR 1:350.)
- Other Prior Authorized Medicaid Services

Other Medicaid services limited by Prior Authorization are identified in the individual program coverage areas in Section VI.

VI. Current Medicaid Programs' Services and Extent of Coverage

The Contractor shall cover all services for its Members at the appropriate level, in the appropriate setting and as necessary to meet Members' needs to the extent services are currently covered. The Contractor may expand coverage to include other services not routinely covered by Kentucky Medicaid, if the expansion is approved by the Department, if the services are deemed cost effective and Medically Necessary, and as long as the costs of the additional services do not affect the Capitation Rate.

The Contractor shall provide covered services as required by statutes or administrative regulations. The current location of Covered Services can be found in the following regulations:

- Alternative Birthing Center Services (907 KAR 1:180)
- Ambulatory Surgical Center (907 KAR 1:008)
- Behavioral Health Service Organization Services (907 KAR 15:020)
- Behavioral Health Services Provided by Independent Providers (907 KAR 15:010)
- Chemical Dependency Treatment Center Services (907 KAR 15:080)
- Chiropractic Services (907 KAR 3:125)
- ~~Commission for Children with Special Health Care Needs (911 KAR Chapter 4)~~

~~Coverage includes physician, EPSDT, dental, occupational therapy,~~

~~physical therapy, speech therapy, durable medical equipment, genetic screening and counseling, audiological, vision, case management, laboratory and x-ray, psychological and hemophilia treatment and related services.~~

- Community Mental Health Center Primary Care Services (907 KAR 1:046)
- Community Mental Health Center Behavioral Health Services (907 KAR 1:044)
- Dental Health Services (907 KAR 1:026)
- Dialysis Center Services (907 KAR 1:400)
- Durable Medical Equipment, Medical Supplies, Orthotic and Prosthetic Devices (907 KAR 1:479)
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (907 KAR 11:034)
- Family Planning Clinic Services (907 KAR 1:048 & 1:434)
- Federally Qualified Health Clinics, Primary Care Clinics and Rural Health Center Services (907 KAR 1:054, 1:082,)
- Hearing Program Services (907 KAR 1:038)
- Home Health Services (907 KAR 1:030)
- Hospice Services – non-institutional (907 KAR 1:330 & 1: 436)
- Hospital Inpatient Services (907 KAR 10:012)
- Hospital Outpatient Services (907 KAR 10:014)
- Independent Occupational Therapy Services (907 KAR 8:005 and 907 KAR 8:101)
- Independent Physical Therapy Services (907 KAR 8:005 and 907 KAR 8:020)
- Independent Speech Language Pathology Services (907 KAR 8:005 and 907 KAR 8:030)
- Inpatient Psychiatric Hospital Services (907 KAR 10:016)
- Laboratory Services (907 KAR 1:028)
- Medical Necessity and Clinical Appropriate Determination Basis (907 KAR 3:130)
- Medicare Non-Covered Services (907 KAR 1:006)
- Mental Health Inpatient Services (907 KAR 10:012 & 10:016)
- Mental Health Outpatient Services (see physician, community mental health center, FQHC and RHC, 907 KAR Chapter 15)
- Office for Children with Special Health Care Needs (911 KAR Chapter 1)
Coverage includes physician, EPSDT, dental, occupational therapy, physical therapy, speech therapy, durable medical equipment, genetic screening and counseling, audiological, vision, case management, laboratory and x-ray, psychological and hemophilia treatment and related services.
- Psychiatric Hospital Inpatient Services (907 KAR 10:016)
- Psychiatric Hospital Outpatient Services (907 KAR 10:020)
- Nursing Facility Services (907 KAR 1:022 & 1:037)
- Organ Transplants (907 KAR 1:350)

- Other Laboratory and X-ray Provider Services (907 KAR 1:028)
- Outpatient Pharmacy Prescriptions and Over-the-Counter Drugs including Behavioral Health Drugs (907 KAR 1:019, KRS 205.5631, 205,5632, 205.560)
- Outpatient Psychiatric Hospital Behavioral Health Services (907 KAR 10:020)
- Physicians and Nurses in Advanced Practice Medical Services (907 KAR 3:005 and 907 KAR 1:102)
- Podiatry Services (907 KAR 1:270)
- Preventive and Remedial Public Health Services (907 KAR 1:360)
- Private Duty Nursing (907 KAR Chapter13)
- Psychiatric Residential Treatment Facility Services – (907 KAR 9:005)
- Residential Crisis Stabilization Unit Services (907 KAR 15:075)
- Specialized Children’s Services Clinics (907 KAR 3:160)
- Sterilization, Hysterectomy and Induced Termination of Pregnancy Procedures (Sterilizations of both male and female Members are covered only when performed in compliance with 42 CFR 441.250, KRS 205.560 and *Glenda Hope, et al. v. Masten Childers, et al.*)
- Substance Use Disorder Services (907 KAR 15:005, 907 KAR 15:010 – 15:025)
- Targeted Case Management Services (907 KAR15:005, 907 KAR 15:040 - 15:065)
- Tobacco Cessation Services (907 KAR 3:215)
- Transportation, including Emergency and Non-emergency Ambulance (907 KAR 1:060)
- Vaccines for Children (VFC) Program (907 KAR 1:680)
- Vision Services (907 KAR 1:632)

APPENDIX I. TRANSITION/COORDINATION OF CARE PLANS

Upon receipt of a HIPAA 834 indicating that a Member is transferring from one Medicaid Managed Care Organization (Former MCO) to another MCO (New MCO), the Former MCO shall be responsible to contact the New MCO, the recipient and the recipient's providers in order to transition existing care. A Prior Authorization (PA) shall be honored by the New MCO for 90 days or until the recipient or provider is contacted by the New MCO regarding the PA. If the recipient and provider are not contacted by the New MCO, the existing Medicaid PA shall be honored until expired.

Hospital Admission Prior to the Member's Transition.

If the Member is an in-patient in any facility at the time of transition, the entity responsible for the Member's care at the time of admission shall continue to provide coverage for the Member at that facility, including all Professional Services, until the recipient is discharged from the facility for the current admission. An inpatient admission within fourteen (14) calendar days of discharge for the same diagnosis shall be considered a "current admission." The "same diagnosis" is defined as the first five digits of a diagnosis code.

Outpatient Facility Services and Non-Facility Services

Effective on the Member's Transition date, the New MCO will be responsible for outpatient services both facility and non-facility. Outpatient reimbursement includes outpatient hospital, ambulatory surgery centers, and renal dialysis centers.

Nursing Homes

Eligibility for Long Term Care in a Nursing Facility (NF) includes some financial requirements not needed for basic Medicaid eligibility. When an eligible member enters an NF the facility must receive a Level of Care (LOC) determination to ensure the member meets medical criteria for Nursing Facility. That LOC is passed electronically to the DCBS eligibility worker, triggering the eligibility determination for this additional benefit. That determination can generally be completed within thirty days. *Once LTC eligible, worker entries exempt the member from managed care effective with the next feasible month.* If the worker action is completed prior to cut off (eight business days before the end of the month), managed care ends at the last day of current month. If the action is after cut off, managed care ends the last day of the following month. During this transition, the MCO will be responsible for ancillary, physician and pharmaceuticals charges and the Department will reimburse for those services billed by Nursing Facility. Once exempt from Managed Care, the Department will be responsible for all eligible services associated with this recipient.

Waiver Participation

1915(c) Home and Community Based Services Waiver programs are simply added benefits for eligible members; however, the action that exempts those members from being subject to Managed Care resides with the DCBS eligibility

worker. These services require a Level of Care (LOC). The LOC is passed electronically to the DCBS eligibility worker; receipt of the LCO triggers the eligibility worker to complete entries within the eligibility system. Those entries exempt the member from managed care effective the next feasible month. If the worker action is completed prior to cut off (eight business days before the end of the month), managed care ends at the last day of current month. If the action is after cut off, managed care ends the last day of the following month. During this transition, the MCO will be responsible for all services except the additional Waiver benefits. The Waiver Services will be paid by the Department as fee for service. Coding in our billing system allows the Wavier Service to be processed during the transition period, once the eligibility worker has completed the necessary entries. Once exempt from Managed Care the Department will be responsible for all services associated with this recipient.

Transplants

Follow up care provided on or after the Member's Transition that is billed outside the Global Charges, will be the responsibility of the New MCO.

Eligibility Issues

For a Member who loses eligibility during an inpatient stay, an MCO is responsible for the care through discharge if the hospital is compensated under a DRG methodology or through the day of ineligibility if the hospital is compensated under a per diem methodology.

APPENDIX J. CREDENTIALING PROCESS

Provider Enrollment Coversheet

1. Provider Name
2. Address-Physical & telephone number
3. Address-Pay-to-address
4. Address-Correspondence
5. E-mail address
6. Address-1099 & telephone number
7. Fax Number
8. Electronic Billing
9. Specialty
10. SSN/FEIN#
11. License#/Certificate
12. Begin and End date of Eligibility
13. CLIA
14. NPI
15. Taxonomy
16. Ownership (5%or more)
17. Previous Provider Number (if applicable) this also includes Change in Ownership
18. Existing provider number if EPSDT
19. Tax Structure
20. Provider Type
21. DOB
22. Supervising Physician (for Physician Assist)
23. Map 347 (need group# and effective date)
24. EFT (Account # and ABA #)
25. Bed Data
26. DEA (Effective and Expiration dates)
27. Fiscal Year End Date
28. Document Control Number
29. Contractor Credentialing Date
30. Credentialing Required

Credentialing and Recredentialing Requirements

This documentation shall include, but not be limited to, defining the scope of providers covered, the criteria and the primary source verification of information used to meet the criteria, the process used to make decisions and the extent of delegated credentialing and recredentialing arrangements. The Contractor shall have a process for receiving input from participating providers regarding credentialing and recredentialing of providers. Those providers accountable to a formal governing body for review of credentials shall include physicians, dentists, advanced registered nurse practitioners, audiologist, CRNA, optometrist, podiatrist, chiropractor, physician assistant and other licensed or certified practitioners. Providers required to be recredentialled by the Contractor per

Department policy are physicians, audiologists, certified registered nurse anesthetists, advanced registered nurse practitioners, podiatrists, chiropractors and physician assistants. However, if any of these providers are hospital-based, credentialing will be performed by the Department. The Contractor shall be responsible for the ongoing review of provider performance and credentialing as specified below:

- A. The Contractor shall verify that its enrolled network Providers to whom Members may be referred are properly licensed in accordance with all applicable Commonwealth law and regulations and have in effect such current policies of malpractice insurance as may be required by the Contractor.
- B. The process for verification of Provider credentials and insurance, and any additional facts for further verification and periodic review of Provider performance, shall be embodied in written policies and procedures, approved in writing by the Department.
- C. The Contractor shall maintain a file for each Provider containing a copy of the Provider's current license issued by the Commonwealth and such additional information as may be specified by the Department.
- D. The process for verification of Provider credentials and insurance shall be in conformance with the Department's policies and procedures. The Contractor shall meet requirements under KRS 205.560(12) related to credentialing. The Contractor's enrolled providers shall complete a credentialing application in accordance with the Department's policies and procedures.

The process for verification of Provider credentials and insurance shall include the following:

- A. Written policies and procedures that include the Contractor's initial process for credentialing as well as its re-credentialing process that must occur, at a minimum, every three (3) years;
- B. A governing body, or the groups or individuals to whom the governing body has formally delegated the credentialing function;
- C. A review of the credentialing policies and procedures by the formal body;
- D. A credentialing committee which makes recommendations regarding credentialing;
- E. Written procedures, if the Contractor delegates the credentialing function, as well as evidence that the effectiveness is monitored;
- F. Written procedures for the termination or suspension of Providers; and
- G. Written procedures for, and implementation of, reporting to the appropriate authorities serious quality deficiencies resulting in suspension or termination of a provider.

The contractor shall meet requirements under KRS 205.560(12) related to credentialing. Verification of Provider's credentials shall include the following:

- A. A current valid license or certificate to practice in the Commonwealth of Kentucky;
- B. A Drug Enforcement Administration (DEA) certificate and number, if applicable;
- C. Primary source of graduation from medical school and completion of an appropriate residency, or accredited nursing, dental, physician assistant or vision program as applicable; if provider is not board certified.
- D. Board certification if the practitioner states on the application that the practitioner is board certified in a specialty;
- E. Professional board certification, eligibility for certification, or graduation from a training program to serve children with special health care needs under twenty-one (21) years of age;
- F. Previous five (5) years' work history;
- G. Professional liability claims history;
- H. Clinical privileges and performance in good standing at the hospital designated by the Provider as the primary admitting facility, for all providers whose practice requires access to a hospital, as verified through attestation;
- I. Current, adequate malpractice insurance, as verified through attestation;
- J. Documentation of revocation, suspension or probation of a state license or DEA/BNDD number;
- K. Documentation of curtailment or suspension of medical staff privileges;
- L. Documentation of sanctions or penalties imposed by Medicare or Medicaid;
- M. Documentation of censure by the State or County professional association; and
- N. Most recent information available from the National Practitioner Data Bank.
- O. Health and Human Services Office of Inspector General (HHS OIG)
- P. System for Award Management (SAM)

The provider shall complete a credentialing application that includes a statement by the applicant regarding:

- A. The ability to perform the essential functions of the positions, with or without accommodation;
- B. Lack of present illegal drug use;
- C. History of loss of license and felony convictions;
- D. History of loss or limitation of privileges or disciplinary activity;
- E. Sanctions, suspensions or terminations imposed by Medicare or

- Medicaid; and
- F. Applicants attest to the correctness and completeness of the application.

Before a practitioner is credentialed, the Contractor shall verify information from the following organizations and shall include the information in the credentialing files:

- A. National practitioner data bank, if applicable;
- B. Information about sanctions or limitations on licensure from the appropriate state boards applicable to the practitioner type; and
- C. Other recognized monitoring organizations appropriate to the practitioner's discipline.

At the time of credentialing, the Contractor shall perform an initial visit to providers as it deems necessary and as required by law. (See 42 CFR Part 455 Subpart E.). The Contractor shall document a structured review to evaluate the site against the Contractor's organizational standards and those specified by this contract. The Contractor shall document an evaluation of the medical record documentation and keeping practices at each site for conformity with the Contractor's organizational standards and this contract.

The Contractor shall have formalized recredentialing procedures. The Contractor shall formally recredential its providers at least every three (3) years. The Contractor shall comply with the Department's recredentialing policies and procedures. There shall be evidence that before making a recredentialing decision, the Contractor has verified information about sanctions or limitations on practitioner from:

- A. A current license to practice;
- B. The status of clinical privileges at the hospital designated by the practitioner as the primary admitting facility;
- C. A valid DEA number, if applicable;
- D. Board certification, if the practitioner was due to be recertified or become board certified since last credentialed or recredentialled;
- E. Five (5) year history of professional liability claims that resulted in settlement or judgment paid by or on behalf of the practitioner; and
- F. A current signed attestation statement by the applicant regarding:
 - (1) The ability to perform the essential functions of the position, with or without accommodation;
 - (2) The lack of current illegal drug use;
 - (3) A history of loss, limitation of privileges or any disciplinary action; and
 - (4) Current malpractice insurance.
 - (5) Health and Human Services Office of Inspector General (HHS OIG)
 - (6) System for Award Management (SAM)

There shall be evidence that before making a recredentialing decision, the Contractor has verified information about sanctions or limitations on practitioner from:

- A. The national practitioner data bank;
- B. Medicare and Medicaid;
- C. State boards of practice, as applicable; and
- D. Other recognized monitoring organizations appropriate to the practitioner's specialty.

The Contractor shall have written policies and procedures for the initial and on-going assessment of organizational providers with whom it intends to contract or which it is contracted. Providers include, but are not limited to, hospitals, home health agencies, free-standing surgical centers, residential treatment centers, and clinics. At least every three (3) years, the Contractor shall confirm that the provider is in good standing with state and federal regulatory bodies, including the Department, and, has been accredited or certified by the appropriate accrediting body and state certification agency or has met standards of participation required by the Contractor.

The Contractor shall have policies and procedures for altering conditions of the practitioners participation with the Contractor based on issues of quality of care and services. The Contractor shall have procedures for reporting to the appropriate authorities, including the Department, serious quality deficiencies that could result in a practitioner's suspension or termination.

If a provider requires review by the Contractor's credentialing Committee, based on the Contractor's quality criteria, the Contractor will notify the Department regarding the facts and outcomes of the review in support of the State Medicaid credentialing process.

The contractor shall use the provider type summaries listed at <http://chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>

APPENDIX K. REPORTING REQUIREMENTS AND REPORTING DELIVERABLES
08-16-18 Internal Document Active-Inactive

Document Name	MCO Reports Description
Date Created	September 4, 2011
Last Revised	July 20, 2018 Active Reports
Owner	Medicaid Managed Care Oversight Contract Management

Active Reports

Report #	Report Name	Status	FREQUENCY
1	NAIC Annual Financial Statement	Active	ANNUAL
2	Audit/Internal Control	Active	ANNUAL OR AS APPROPRIATE
3	NAIC Quarterly Financial Statement	Active	QUARTERLY
4	Executive Summary	Active	QUARTERLY
11	Call Center	Active	MONTHLY
11B	KY HEALTH Call Center	Active	MONTHLY
12A	Geo Access Network Reports and Maps	Active	ANNUAL
13	Access and Delivery Network Narrative	Active	QUARTERLY
16	Summary of Quality Improvement Actives; Monitoring Indicators, Benchmarks and Outcomes	Active	ANNUAL
17	Quality Assessment and Performance Improvement Work Plan; Utilization of Subpopulations and Individuals with Special Healthcare Needs	Active	QUARTERLY
21	MCO Committee Activity	Active	QUARTERLY
22	Satisfaction Survey(s)	Active	QUARTERLY
27	Grievance Activity	Active	QUARTERLY
27B	KY HEALTH Grievance Activity	Active	QUARTERLY
28	Appeal Activity	Active	QUARTERLY
28B	KY HEALTH Appeal Activity	Active	QUARTERLY
29	Grievances and Appeals Narrative	Active	QUARTERLY
38	Behavioral Health Services In/Out State Facility Utilization	MADE ACTIVE JAN 2019	MONTHLY
39	Monthly Formulary Management	Active	MONTHLY
50A, 50B	Post Payment Billing Recovery	Active	MONTHLY
51	Operational Changes	Active	QUARTERLY
52	Expenditures Related to MCO's Operations	Active	QUARTERLY
53	Prompt Payment	Active	QUARTERLY
54	COB Savings	Active	MONTHLY
55	Medicare Cost Avoidance	Active	MONTHLY
56	Non-Medicare Cost Avoidance	Active	MONTHLY
57	Potential Subrogation	Active	MONTHLY
58	Original Claims Processed	Active	MONTHLY
58B	KY HEALTH Original Claims Processed	Active	MONTHLY
59	Prior Authorizations	Active	MONTHLY
60	Original Claims Inventory	Active	MONTHLY
64	Monthly Benefit Payments	Active	MONTHLY
65	Foster Care	Active	QUARTERLY
66	Guardianship	Active	QUARTERLY
67	Provider Credentialing Activity-Inactive Ad Hoc Report when start Report 251	Active	MONTHLY

68	Provider Enrollment	Active	MONTHLY
69	Termination from MCO Participation	Active	MONTHLY
70	Denial of MCO Participation	Active	MONTHLY
71	Provider Outstanding Accounts Receivables	Active	MONTHLY
72	Medicaid Program Violation Letters and Collections	Active	MONTHLY
73	Explanation of Member Benefits (EOMB)	Active	MONTHLY

Report #	Group	Report Name	Status	Sent to IPRO	FREQUENCY
75	PI	SUR Algorithms	Active		MONTHLY
76	PI	Provider Fraud Waste and Abuse	Active		QUARTERLY
77	PI	Member Fraud Waste and Abuse	Active		QUARTERLY
78	F	Quarterly Benefits Payment	Active		QUARTERLY
79	0	Health Risk Assessments	Active	IPRO	QUARTERLY
84	Q	Quality Assessment and Performance Improvement Project Description	Active	IPRO Due 7/31	ANNUAL
85	Q	Quality Improvement Plan and Evaluation	Active	IPRO Due 7/31	ANNUAL
86	O	Annual Outreach Plan	Active	IPRO Due 7/31	ANNUAL
90	Q	Performance Improvement Projects Proposal	Active	IPRO Due 9/01	ANNUAL
91	F,Q	Abortion Procedures DUE-15 Calendar Days following the report period	Active	Goes to Sandy Amanor	QUARTERLY
92	Q	Performance Improvement Projects Measurement	Active	IPRO Due 9/01	ANNUAL
93		EPSDT CMS – 416	Active	IPRO Due 3/15	ANNUAL
94	Q	Member Surveys	Active	IPRO Due 8/31	ANNUAL
95	Q	Provider Surveys	Active	IPRO Due 8/31	ANNUAL
96	Q	Audited HEDIS Reports	Active	IPRO Due 8/31	ANNUAL
97	BH	Behavioral Health Adults and Children Population	Active		QUARTERLY
119	Q	Mental Health Statistics Improvement Project Adult Survey	Active	IPRO Due 12/27- Marydale; 12/27 Chuck	ANNUAL
120	Q	Youth Services Satisfaction Caregiver Survey	Active	IPRO Due 12/27- Marydale; 12/27 Chuck	ANNUAL
126		Federally Qualified Health Centers	Active		QUARTERLY
127		Statement on Standards for Attestation Engagements (SSAE) No. 16	Active	Due April 30	ANNUAL
173		MCO-PBM Compliance Report for POS Transactions	Active		ANNUAL
200	Q	Ineligible Assignment (834 RECONCILIATION REPORTS -HIPAA)	Active	Start Monthly Report May 2019	DAILY MONTHLY MAY 2019
220	Q	Newborn	Active		MONTHLY
230		Capitation Payment Request	Active		MONTHLY
250		Capitation Adjustment Requests	Active		MONTHLY
251	Q	Provider Credentialing Status Report Replaces Report 67 Provider Credentialing Activity	Active		MONTHLY
252	BH	IMD Report Institution for Mental Diseases-15 Days	Active		MONTHLY
253	BH	IMD-Residential Treatment (SUD) 30 Days EFFECTIVE 04-01-19	Active		MONTHLY

300		Quarterly LRC Report EFFECTIVE 7-1-18 ANGIE SEND EMAIL DUE 5-1-19	Active		QUARTERLY
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Exhibit #	Exhibit Name		
Exhibit A	Billing Provider Type and Specialty Crosswalk		
Exhibit B	Billing Provider Type Category Crosswalk		
Exhibit C	Provider Enrollment Activity Reasons		
Exhibit D	Category of Service Crosswalk		
Exhibit E	EPSDT Category of Service Crosswalk		
Exhibit F	Medicaid Eligibility		
Exhibit G	Behavioral Health Population Definitions	Revised	12/15/15
Exhibit H	MH/SA Procedure Codes	Inactive	07/29/13
Exhibit I	Mental Health Evidence Based Practices Definitions	Revised	07/29/13
Exhibit J	BHDID Psychotropic Medication Class Codes	Revised	07/29/13
Exhibit K	Behavioral Health and Chronic Physical Health	Revised	07/29/13

Note: A report will not be required to be submitted to the Department during the period the report has a status of 'Inactive'.



Report #:	1	Created:	09/10/2011
Name:	NAIC Annual Financial Statement	Last Revised:	09/24/2011
Group:	Finance and Medicaid Managed Care Oversight	Report Status:	Active
Frequency:	Annual	Exhibits:	NA
Period:	January 1 through December 31		
Due Date:	Date Submitted to DOI		
Submit To:	Kentucky Department of Insurance Kentucky Department for Medicaid Services		

Description:

NAIC Financial Statement and Supplements are required by the Kentucky Department of Insurance (DOI). MCOs are required to comply with the DOI filing requirements. A copy of the NAIC Financial Statement and Supplements are required to be submitted to the Department for Medicaid Services (DMS) at the same time the reports are submitted to the DOI. Any revisions of the documents submitted to the DOI are also to be submitted to the DMS at the same time. Due date for the Annual Financial Statement and Supplements is March 1 as stated in the DOI NAIC Checklist for Health.



Report #:	2	Created:	09/10/2011
Name:	Audit/Internal Control	Last Revised:	09/24/2011
Group:	Finance and Medicaid Managed Care Oversight	Report Status:	Active
Frequency:	Annual or as Appropriate	Exhibits:	NA
Period:	As Required by DOI		
Due Date:	Date Submitted to DOI		
Submit To:	Kentucky Department of Insurance Kentucky Department		

	for Medicaid Services		
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Description:

MCOs are required to comply with the Kentucky Department of Insurance (DOI) requirements for Audit/Internal Control reporting as referenced in the DOI NAIC Checklist for Health. A copy of the Audit/Internal Control reports are required to be submitted to the Department for Medicaid Services (DMS) at the same time the reports are submitted to the DOI. Any revisions of the documents submitted to the DOI are also to be submitted to the DMS at the same time.

Report #:	3	Created:	09/10/2011
Name:	NAIC Quarterly Financial Statement	Last Revised:	09/24/2011
Group:	Finance and Medicaid Managed Care Oversight	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of the quarter through the last day of the quarter.		
Due Date:	Date Submitted to DOI		
Submit To:	Kentucky Department of Insurance Kentucky Department for Medicaid Services		

Description:

NAIC Quarterly Financial Statement and Supplements are required by the Kentucky Department of Insurance (DOI). MCOs are required to comply with the DOI filing requirements. A copy of the NAIC Quarterly Financial Statement and Supplements are required to be submitted to the Department for Medicaid Services (DMS) at the same time the reports are submitted to the DOI. Any revisions of the documents submitted to the DOI are also to be submitted to the DMS at the same time. Due dates for the Quarterly Financial Statement and Supplements are May 15, August 15 and November 15 as stated in the DOI NAIC Checklist for Health.

Report #:	4	Created:	12/12/2011
Name:	Executive Summary	Last Revised:	
Group:	Executive Summary	Report Status:	Active
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Provide a narrative overview summarizing significant activities during the reporting period, problems or issues during the reporting period, and any program modifications that occurred during the reporting period. The overview should also contain success stories or positive results that were achieved during the reporting period, any specific problem area that the MCO plans to address in the future, and a summary of all press releases and issues covered by the press.

Sample Layout:

Kentucky Department for Medicaid Services MCO Report # 4: Executive Summary

MCO Name: DMS Use Only
 Report Date: Received Date:
 Report Period From: Reviewed Date:
 Report Period To: Reviewer:

Significant Operational Activities
 Overview of Success Stories and Positive Results
 Problems or Issues Identified
 Other Plan Activities

Summary of Reports
 Eligibility and Enrollment;
 Access/Delivery Network
 Quality Assurance/Performance Improvement(QAPI)
 Grievance/Appeals
 Budget Neutrality
 Utilization
 Systems
 Other Plan Activities

Summary of Media/Press Releases

Media Source	Name	Date	Title-Subject	Highlight-Overview



Report #:	11	Created:	08/27/2011
Name:	Call Center	Last Revised:	09/01/2011
Group:	Member Services and Quality	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
	First day of month through the last day of the month.		
Due Date:	By the 15h of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Provides MCO reporting of call center performance in the areas of abandonment, blockage rate and average speed of answer. A total for all Splits/VDN and each individual Split/VDN is to be reported.

Sample Layout:

Member (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

	Total all Incoming	<name of	<name of	<name of	<name of
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Behavioral Health (Main/Trunk)	Calls/VDN	Split 1>	Split 2>	Split 3>	Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Provider (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Medical Advice (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

<List Other by Name> (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy
<List Other by Name>	The report is to include all Main/Trunk lines that the MCO or the MCO subcontractors maintain. Additional sections of the report are to be added as needed.

Row Label	Description
Number of Calls	Number of calls received including answered, abandoned and blocked.
Number of Calls Abandoned	Calls into the call centers that are terminated by the persons originating the call before answer by a staff person. (URAC standards measure this as the calls that disconnect after 30 seconds when a live individual would have answered the call. If there is a pre-recorded message or greeting for the caller, the 30-second measurement begins after the

	message/greeting has ended).
% Abandoned Calls	The percentage of calls into the call center that are terminated by the persons originating the call before answer by a staff person. (URAC standards measure this as the percentage of calls that disconnect after 30 seconds when a live individual would have answered the call. If there is a pre-recorded message or greeting for the caller, the 30-second measurement begins after the message/greeting has ended)
Average Speed to Answer (seconds)	The average delay in seconds that inbound telephone calls encounter waiting in the telephone queue of a call center before answer by a staff person (URAC measures the speed of answer starting at the point when a live individual would have answered the call. If there is a pre-recorded message or greeting for the caller, the time it takes to respond to the call – average speed of answer – begins after the message/greeting has ended).
Highest Maximum Delay (minutes)	The one call during the reporting period that had the greatest delay in speed to answer measured in minutes.
% Calls Answered on or before 4th Ring	The percentage of calls answered on or before the fourth ring.
% Calls Receiving Busy Signal	The percentage of incoming telephone calls 'blocked' or not completed because switching or transmission capacity is unavailable, as compared to the total number of calls encountered. Blocked calls usually occur during peak call volume periods and result in callers receiving a busy signal.
% Calls Answered within 30 Seconds	The percentage of calls answered within thirty seconds.
Average Length of Call (minutes)	The average length of all calls answered measured in minutes.

Column Label	Description
Total All Incoming Calls/VDN	Report a total for all incoming calls to the Main/Trunk line.
<name of split>	A separate column needs to be added to the report for each individual Split/VDN maintained for the Main/Trunk line.
mm/yyyy	The reporting period represented by a two character number for the month (mm) and a four character number for the year (yyyy). Example: January 2012 would be represented as 01/2012.



Report #:	11B KY HEALTH	Created:	07/11/2018
Name:	Call Center	Last Revised:	
Group:	Member Services and Quality	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
	First day of month through the last day of the month.		
Due Date:	By the 15h of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

KY HEALTH Report provides MCO reporting of call center performance in the areas of abandonment, blockage rate and average speed of answer. A total for all Splits/VDN and each individual Split/VDN is to be reported.

Sample Layout:

Member (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Behavioral Health (Main/Trunk)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Provider (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Medical Advice (Main/Trunk Line)	Total all Incoming Calls/VDN	<name of Split 1>	<name of Split 2>	<name of Split 3>	<name of Split #>
	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

<List Other by Name> (Main/Trunk Line)	Total all Incoming Calls/VDN mm/yyyy	<name of Split 1> mm/yyyy	<name of Split 2> mm/yyyy	<name of Split 3> mm/yyyy	<name of Split #> mm/yyyy
Number of Calls					
Number of Calls Abandoned					
% Abandoned Calls					
Average Speed to Answer (seconds)					

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy
<List Other by Name>	The report is to include all Main/Trunk lines that the MCO or the MCO subcontractors maintain. Additional sections of the report are to be added as needed.

Row Label	Description
Number of Calls	Number of calls received including answered, abandoned and blocked.
Number of Calls Abandoned	Calls into the call centers that are terminated by the persons originating the call before answer by a staff person. (URAC standards measure this as the calls that disconnect after 30 seconds when a live individual would have answered the call. If there is a pre-recorded message or greeting for the caller, the 30-second measurement begins after the message/greeting has ended).
% Abandoned Calls	The percentage of calls into the call center that are terminated by the persons originating the call before answer by a staff person. (URAC standards measure this as the percentage of calls that disconnect after 30 seconds when a live individual would have answered the call. If there is a pre-recorded message or greeting for the caller, the 30-second measurement begins after the message/greeting has ended)
Average Speed to Answer (seconds)	The average delay in seconds that inbound telephone calls encounter waiting in the telephone queue of a call center before answer by a staff person (URAC measures the speed of answer starting at the point when a live individual would have answered the call. If there is a pre-recorded message or greeting for the caller, the time it takes to respond to the call – average speed of answer – begins after the message/greeting has ended).
Highest Maximum Delay (minutes)	The one call during the reporting period that had the greatest delay in speed to answer measured in minutes.
% Calls Answered on or before 4th Ring	The percentage of calls answered on or before the fourth ring.
% Calls Receiving Busy Signal	The percentage of incoming telephone calls 'blocked' or not completed because switching or transmission capacity is unavailable, as compared to the total number of calls encountered. Blocked calls usually occur during peak call volume periods and result in callers receiving a busy signal.
% Calls Answered within 30 Seconds	The percentage of calls answered within thirty seconds.
Average Length of Call (minutes)	The average length of all calls answered measured in minutes.

Column Label	Description
Total All Incoming Calls/VDN	Report a total for all incoming calls to the Main/Trunk line.
<name of split>	A separate column needs to be added to the report for each individual Split/VDN maintained for the Main/Trunk line.
mm/yyyy	The reporting period represented by a two character number for the month (mm) and a four character number for the year (yyyy). Example: January 2012 would be represented as 01/2012.

Report #:	12A	Created:	02/06/2012
Name:	Geo Access Network Reports and Maps	Last Revised:	
Group:	Access/Delivery Network	Report Status:	Active
Frequency:	Annual	Exhibits:	
Period:	Ongoing		
Due Date:	July 31st		
Submit To:	Kentucky Department for Medicaid Services		

Description:

MCO's should provide the GEO Access Network Reports and Maps on an annual basis or upon request by the Department.

Sample Layout:

Title page, table of contents, accessibility standard comparison, accessibility standard detail, accessibility detail, accessibility summary, member map, provider listing, provider map, service area detail.

Maps shall include geographic detail including highways, major streets and the boundaries of the MCO's network. In addition to the maps and charts, the MCO shall provide an analysis of the capacity to serve all categories of Members. The analysis shall address the standards for access to care. Maps shall include the location of all categories of Providers or provider sites as follows:

- A. Primary Care Providers (designated by a "P");
- B. Primary Care Centers, non FQHC and RHC (designated by a "C");
- C. Dentists (designated by a "D");
 - D. Other Specialty Providers (designated by a "S");
 - E. Non-Physician Providers - including nurse practitioners, (designated by a "N") nurse mid-wives (designated by a "M") and physician assistants (designated by a "A");
- Hospitals (designated by a "H");
- After hours Urgent Care Centers (designated by a "U");
- Local health departments (designated by a "L");
- Federally Qualified Health Centers/Rural Health Clinics (designated by a "F" or "R" respectively);
- Pharmacies (designated by a "X");
- Family Planning Clinics (designated by an "Z");
- Significant traditional Providers (designated by an "**");
- Maternity Care Physicians (designated by a "o");
- Vision Providers (designated by a "V"); and
- Community Mental Health Centers (designated by an "M").

Report #:	13	Created:	02/06/2012
Name:	Access and Delivery Network Narrative	Last Revised:	
Group:	Access/Delivery Network	Report Status:	Active
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description: MCOs should provide specific information on Access Issues/Problems Identified on the nature of any access problems identified and any plans or remedial action taken.

Sample Layout:

Kentucky Department for Medicaid Services
MCO Report # 13: Access and Delivery Network Narrative

MCO Name: DMS Use Only
Report Date: Received Date:
Report Period From: Reviewed Date:
Report Period To: Reviewer:

Summary of Complaints - Access Issues
Provider
B. Member
Network Access Problems
Issue
Remedial Action Taken



Report #:	16	Created:	12/12/2011
Name:	Summary of Quality Improvement Activities; Monitoring Indicators, Benchmarks and Outcomes	Last Revised:	06/15/18
Group:	Quality Assurance and Improvement	Report Status:	Active
Frequency:	Annual	Exhibits:	
Period:	State Fiscal Year: 01-JULY through 30-JUNE		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description: Describe the quality assurance activities during the report period directed at improving the availability, continuity, and quality of services. Examples include problems identified from utilization review to be investigated, medical management committee recommendations based on findings, special research into suspected problems and research into practice guidelines or disease management. Include a narrative on the MCO's progress in developing or obtaining baseline data and the required health outcomes, including proposed sampling methods and methods to validate data, to be used as a progress comparison for the Contractor's quality improvement plan. The report should include how the baseline

data for comparison will be obtained or developed and what indicators of quality will be used to determine if the desired outcomes are achieved.

Sample Layout:

Kentucky Department for Medicaid Services

MCO Report # 16: Summary of Quality Improvement Activities; Monitoring Indicators, Benchmarks and Outcomes

MCO Name: DMS Use Only

Report Date: Received Date:

Report Period From: Reviewed Date:

Report Period To: Reviewer:

MCO completed the following activities during the year:

Improving Availability

Continuity

Quality of Services

Monitoring

Benchmarks

Outcome

Report #:	17	Created:	01/09/2012
Name:	Quality Assessment and Performance Improvement Work Plan; Utilization of Subpopulations and Individuals with Special Healthcare Needs	Last Revised:	06/15/2018
Group:	Quality Assurance and Improvement	Report Status:	Active
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The MCO shall have a written Quality Assessment and Performance Improvement Work Plan (QAPI) Work Plan that outlines the scope of activities and the goals, objectives and timelines for the QAPI program. New goals and objectives must be set at least annually based on findings from quality improvement activities and studies, survey results, Grievances and Appeals, performance measures and EQRO findings. The MCO is accountable to the Department for the quality of care provided to Members. The Contractor's responsibilities of this include, at a minimum: approval of the overall QAPI program and annual QAPI work plan; designation of an accountable entity within the organization to provide direct oversight of QAPI; review of written reports from the designated entity on a periodic basis, which shall include a description of QAPI activities, progress on objectives, and improvements made; review on an annual basis of the QAPI program; and modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization. Discuss any issues that arose during the report period that related to persons associated with sub-populations and individuals with special healthcare needs. Examples of sup-populations and individuals with special health care needs include members with chronic and disabling conditions, minorities, children enrolled with the [OfficeCommission](#) for Children with Special Health Care Needs, persons receiving SSI, persons with mental illness, the disabled, homeless, and any groups identified by the Contractor for targeted study. Discuss progress in the development of new or ongoing outreach and education to these special populations.

Sample Layout:

Kentucky Department for Medicaid Services
MCO Report # 17: Quality Assessment and Performance Improvement Work Plan; Utilization of Subpopulations and Individuals with Special Healthcare Needs

MCO Name:	DMS Use Only
Report Date:	Received Date:
Report Period From:	Reviewed Date:
Report Period To:	Reviewer:

Quality Improvement
Improving Availability
Continuity
Quality of Services

Following Outreach/Education to Special Populations (population examples):
Children with Special Healthcare Needs
Activities Related to the Homeless Population
Foster Care/Out of Home Placement
Guardianship
Smoking Cessation

COPD
 Asthma
 Diabetes
 EPSDT

Report #:	21	Created:	01/13/2012
Name:	MCO Committee Activities	Last Revised:	
Group:	Quality Assurance and Improvement	Report Status:	Active
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Provide a summary of the any MCO committee activities that met during the reporting period, including changes to the committee structure, if any, and any decisions regarding quality and appropriateness of care. Provide copies of meeting minutes and reports of any special focus groups.

Kentucky Department for Medicaid Services MCO Report # 21: MCO Committee Activities

MCO Name:		DMS Use Only
Report Date:		Received Date:
Report Period From:		Reviewed Date:
Report Period To:		Reviewer:

Quality and Member Access Committee
 Committee Structure
 Committee Decisions (quality and appropriateness of care)
 Provide list of members on committee

Committee Name
 Committee Structure
 Committee Decisions (quality and appropriateness of care)
 Provide list of members on committee

Committee Name
 Committee Structure
 Committee Decisions (quality and appropriateness of care)
 Provide list of members on committee

Report #:	22	Created:	01/09/2012
Name:	Satisfaction Survey(s)	Last Revised:	
Group:	Quality Assurance and Improvement	Report Status:	Active
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description: Describe results of any satisfaction survey that was conducted by the MCO during the report

Provider NPI Provider ID	Date Grievance Received	Acknowledgement Letter Sent	Reason for Grievance	Pending	14 Day Extension Granted	Date Extension Letter Sent	Date Completed	Number of Days Open	Grievance Resolved	Date Resolution Letter Sent	Timely Resolution	Reason Late/Comments

Reporting Criteria:

Terminology	Definition
Date Format	All report dates not otherwise specified are to be in the following format: yyyy/mm/dd.

Row Label	Description
NA	NA

Column Label	Description
Member	Member initiated grievances are to be reported under the Member Tab
Provider	Provider initiated grievances are to be reported under the Provider Tab.
Medicaid ID	Member's Medicaid Identification Number
NPI	National Provider's Identification Number. Atypical Providers use their Kentucky Provider's Medicaid Identification Number.
Date Grievance Received	Date grievance received by MCO
Date Acknowledgement Letter Sent	Date MCO mailed grievant written acknowledgment letter.
Reason for Grievance	List the specific issue of dissatisfaction the grievant voiced. If a grievance includes more than one issue then report each issue separately as an individual grievance.
Pending	Grievances that are not resolved within the reporting period are carried over to the next reporting period as "pending". Valid values are "yes" or "no."
14 Day Extension Granted	Indicate if the MCO granted a 14 calendar day extension, at the request of the grievant or at the decision of the MCO. Valid values are "yes," "no" or "N/A."
Date Extension Letter Sent	Date MCO mailed grievant written extension letter.
Date Grievance Resolved	Date grievance is resolved by the MCO. Valid values are "date" or "N/A."
Number of Days Open	Total number of calendar days the grievance is opened. For a grievance that is pending, it is measured as date grievance received to the end of the reporting period. For a resolved grievance, it is measured as date grievance received through date grievance is resolved.
Grievance Resolved	Grievance status on the last day of the reporting period.
Date Resolution Letter Sent	Date MCO mailed grievant written resolution letter.
Timely Resolution	Grievances resolved over 30 calendar days or in 44 days if an extension has been granted. Valid values are "yes," "no" or "N/A."
Reason Late/Comments	MCO explanation for delayed resolution. MCO Comments.

Report #:	27B KY HEALTH	Created:	08/27/2011
Name:	Grievance Activity	Last Revised:	05/29/2018
Group:	Grievance and Appeals	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of the quarter through the last day of the quarter		
Due Date:	By 30 calendar days following the last day of the reporting period		
Submit To:	Kentucky Department for Medicaid Services		

Description:

KY HEALTH Report provides summarized activity for both Member Grievances and Provider Grievances voiced to the MCO during the reporting period.

Grievance means the definition established in 42 CFR 438.400. MCOs are to report:

All Grievances received during the reporting period;

All Grievances received in prior periods that are resolved in the reporting period; All Grievances received in prior periods that have not been resolved.

Sample Layout:

Medicaid ID	Date Grievance Received	Date Acknowledgment Letter Sent	Reason for Grievance	Pending	14 Day Extension Granted	Date Extension Letter Sent	Date Completed	Number of Days Open	Grievance Resolved	Date Resolution Letter Sent	Timely Resolution	Reason Late/Comments

Provider NPI / Provider ID	Date Grievance Received	Date Acknowledgment Letter Sent	Reason for Grievance	Pending	14 Day Extension Granted	Date Extension Letter Sent	Date Completed	Number of Days Open	Grievance Resolved	Date Resolution Letter Sent	Timely Resolution	Reason Late/Comments

Reporting Criteria:

Terminology	Definition
Date Format	All report dates not otherwise specified are to be in the following format: yyyy/mm/dd.

Row Label	Description
NA	NA

Column Label	Description
Member	Member initiated grievances are to be reported under the Member Tab

Provider	Provider initiated grievances are to be reported under the Provider Tab.
Medicaid ID	Member's Medicaid Identification Number
NPI	National Provider's Identification Number. Atypical Providers use their Kentucky Provider's Medicaid Identification Number.
Date Grievance Received	Date grievance received by MCO
Date Acknowledgement Letter Sent	Date MCO mailed grievant written acknowledgment letter.
Reason for Grievance	List the specific issue of dissatisfaction the grievant voiced. If a grievance includes more than one issue then report each issue separately as an individual grievance.
Pending	Grievances that are not resolved within the reporting period are carried over to the next reporting period as "pending". Valid values are "yes" or "no."
14 Day Extension Granted	Indicate if the MCO granted a 14 calendar day extension, at the request of the grievant or at the decision of the MCO. Valid values are "yes," "no" or "N/A."
Date Extension Letter Sent	Date MCO mailed grievant written extension letter.
Date Grievance Resolved	Date grievance is resolved by the MCO. Valid values are "date" or "N/A."
Number of Days Open	Total number of calendar days the grievance is opened. For a grievance that is pending, it is measured as date grievance received to the end of the reporting period. For a resolved grievance, it is measured as date grievance received through date grievance is resolved.
Grievance Resolved	Grievance status on the last day of the reporting period.
Date Resolution Letter Sent	Date MCO mailed grievant written resolution letter.
Timely Resolution	Grievances resolved over 30 calendar days or in 44 days if an extension has been granted. Valid values are "yes," "no" or "N/A."
Reason Late/comments	MCO explanation for delayed resolution. MCO Comments.

Report #:	28	Created:	08/27/2011
Name:	Appeal Activity	Last Revised:	10/12/2011
Group:	Member and Financial	Report Status:	Active
Frequency:	Quarterly	Exhibits:	A, B, D
Period:	First day of the quarter through the last day of the quarter		
Due Date:	By 30 calendar days following the last day of the reporting period		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Report provides a summarized activity for both Member and Provider Appeals during the reporting period. Member appeals are based on Category of Service (COS) while Provider Appeals are based on Billing Provider Type/Category.

Two (2) Billing Provider Types are further broken down as follows:

Billing Provider Type 01 General Hospital Inpatient;

Medicaid Optional Services

0																				
3	Mental																			
4	Renal Subtotal: Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total: Mandatory		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Appeal Activity																					
Provider Type/Cate gory	Beginning Balance	Ending Balance	Received				Resolved														
			Total	Oral	Written	5 Working Days Written Notice	Total	Resolved in 30 Calendar Days	Average Days for Resolution	Written Notice of Resolution	Oral/Abandoned	Upheld	Overturned	Partially Overturne d	Appeals Extended beyond Calendar						
Inpatient																					
Outpatient																					
Unknown Type																					
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Reporting Criteria:

Terminology	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy
Row Label	Description
COS	Two character designation for a state specific category of service. Crosswalk may be found in Exhibit D.
Category of Service (COS) Description	A description for the 'COS'.
Medicaid Mandatory Services	State covered Medicaid services required by federal law.
Subtotal: Mandatory Services	Calculated field. Sum total of all services listed as mandatory services For columns with Average Days it is the average days of resolution for all mandatory services.
Medicaid Optional Services	State covered Medicaid services in addition to the mandatory covered services the state has chosen to cover.
Subtotal: Optional Services	Calculated field. Sum total of all services listed as optional services. For columns with Average Days it is the average days of resolution for all optional services.
Total: Mandatory and Optional	Calculated field. Total of all mandatory and optional services. For columns with Average Days it is the average days of resolution for all mandatory and optional services.
Provider Type/Category	Crosswalk of Provider Type and Provider Specialty to each Provider

	Description listed is provided in Exhibit A: Provider Type and Specialty Crosswalk. Crosswalk of Provider Type Categories for General Hospital and Pharmacy are provided in Exhibit B: Billing Provider Type Category Crosswalk
Total	Calculated field. Total of all Provider Type/Category listed in the report. For columns with Average Days it is the average days of resolution for all Provider Type/Category listed in the report.

Column Label	Description
Member: Beginning Balance	Total number of outstanding appeals at the beginning of the first day of the reporting period.
Member: Ending Balance	Total number of outstanding appeals at the end of the last day of the reporting period.
Member: Received: Total	Total number of appeals received during the reporting period.
Member: Received: Expedited	Total number of expedited appeals received within the reporting period broken down by Oral and Written.
Member: Received: Expedited: Oral	Total number of expedited oral appeals received within the reporting period.
Member: Received: Expedited: Written	Total number of expedited written appeals received within the reporting period.
Member: Received: Non Expedited	Total number of non-expedited appeals received within the reporting period broken down by Oral and Written.
Member: Received: Non Expedited: Oral	Total number of non-expedited oral appeals received within the reporting period.
Member: Received: Non Expedited: Written	Total number of non-expedited written appeals received within the reporting period.
Member: Received: Non Expedited: 5 Working Days Written Notice Provided	Total number of written notices provided within five (5) working days for non- expedited appeals.
Member: Resolved: Total	Total number of appeals resolved during the reporting period.
Member: Resolved: Expedited Resolved in 3 Working Days	Total of expedited appeals resolved in three (3) or fewer working days.
Member: Resolved: Non Expedited Resolved in 30 Calendar Days	Total of non-expedited appeals resolved in thirty (30) or fewer calendar days.
Member: Resolved: Non Expedited	Average number of days to resolve all non-expedited appeals excluding non-

Average Days for Resolution	expedited appeals extended by fourteen (14) calendar days.
Member: Resolved: Written Notice of Resolution within 30 Calendar Days	Total number of written notice of resolution that were provided within thirty (30) calendar days of receipt of a non-expedited appeal.
Member: Resolved: Expedited	An appeal that is required to be resolved within three (3) calendar days).
Member: Resolved: Final Disposition	Result of the expedited or non-expedited appeal process broken down by upheld, overturned and partially overturned.
Member: Resolved: Expedited: Final Disposition: Upheld	Total number of expedited appeals that were resolved during the reporting period and were upheld. Upheld means that the prior decision was confirmed and remains as is.
Member: Resolved: Expedited: Final disposition: Overturned	Total number of expedited appeals that were resolved during the reporting period and were overturned. Overturned means that the prior decision was not confirmed and was reversed.
Member: resolved: Expedited: Final disposition: Partially Overturned	Total number of expedited appeals that were resolved during the reporting period and were partially overturned. Partially overturned means that part of the prior decision was not confirmed and was reversed.

Member: Resolved: Expedited: Moved to Non Expedited	Number of expedited appeals that moved to a non-expedited appeal process.
Member: Resolved: Non Expedited: Oral Abandoned	A non-expedited appeal that was not followed up by a written appeal and no additional action was taken.
Member: Resolved: Non Expedited: Final Disposition: Upheld	Total number of non-expedited appeals that were resolved during the reporting period and were upheld. Upheld means that the prior decision was confirmed and remains as is.
Member: Resolved: Non Expedited: Final Disposition: Overturned	Total number of non-expedited appeals that were resolved during the reporting period and were overturned. Overturned means that the prior decision was not confirmed and was reversed.
Member: Resolved: Non Expedited: Final Disposition: Partially Overturned	Total number of non-expedited appeals that were resolved during the reporting period and were partially overturned. Partially overturned means that part of the prior decision was not confirmed.
Member: Appeals Extended by 14 Calendar Days	The total number of non-expedited appeals that were extended by fourteen.
Provider: Beginning Balance	Total number of outstanding appeals at the beginning of the first day of the reporting period.
Provider: Ending Balance	Total number of outstanding appeals at the end of the last day of the reporting period.
Provider: Received: Total	Total number of appeals received during the reporting period.
Provider: Received: Oral	Total number of oral appeals received within the reporting period.
Provider: Received: Written	Total number of written appeals received within the reporting period.
Provider: Received: 5 Working Days Written Notice Provided	Total number of written notices provided within five (5) working days.
Provider: Resolved: Total	Total number of appeals resolved during the reporting period.
Provider: Resolved: Resolved in 30 Calendar Days	Total number of appeals resolved in thirty (30) or fewer calendar days.
Provider: Resolved: Average Days for Resolution	Average number of days to resolve all appeals excluding appeals extended by fourteen (14) calendar days.
Provider: Resolved: Written Notice of Resolution within 30 Calendar	Total number of written notice of resolution that were provided within thirty.
Provider: Resolved: Oral Abandoned	An oral appeal that was not followed up by a written appeal and no additional action was taken.
Provider: Resolved: Upheld	Total number of appeals that were resolved during the reporting period and were upheld. Upheld means that the prior decision was

Provider: Resolved: Overturned	Total number of appeals that were resolved during the reporting period and were overturned. Overturned means that the prior decision was not confirmed and was reversed.
Provider: Resolved: Partially Overturned	Total number of appeals that were resolved during the reporting period and were partially overturned. Partially overturned means that part of the prior decision was not confirmed and was reversed.
Provider: Appeals Extended by 14 Calendar Days	The total number of appeals that were extended by fourteen (14) calendar days beyond the initial thirty (30) calendar day period.



Report #:	28B KY HEALTH	Created:	05/29/2018
Name:	Appeal Activity	Last Revised:	10/12/2011
Group:	Member and Financial	Report Status:	Active
	Quarterly		A, B, D
Frequency:	First day of the quarter through the last day of the quarter	Exhibits:	
Period:	By 30 calendar days following the last day of the reporting period		
Due Date:	Kentucky Department for Medicaid Services		

Medicaid Optional Services

0																				
3	Mental																			
4	Renal																			
	Subtotal:																			
	Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total:																				
Mandatory	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Appeal Activity													
Provider Type/Category	Beginning Balance	Ending Balance	Received				Resolved						
			Total	Oral	Written	5 Working Days Written Notice	Total	Resolved in 30 Calendar Days	Average Days for Resolution	Written Notice of Resolution	Oral Abandoned	Upheld	Overturned

Inpatient														
Outpatient														
Unknown Type														

Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Reporting Criteria:

Terminology	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
COS	Two character designation for a state specific category of service. Crosswalk may be found in Exhibit D.
Category of Service (COS) Description	A description for the 'COS'.
Medicaid Mandatory Services	State covered Medicaid services required by federal law.
Subtotal: Mandatory Services	Calculated field. Sum total of all services listed as mandatory services For columns with Average Days it is the average days of resolution for all mandatory services.
Medicaid Optional Services	State covered Medicaid services in addition to the mandatory covered services the state has chosen to cover.
Subtotal: Optional Services	Calculated field. Sum total of all services listed as optional services.

	For columns with Average Days it is the average days of resolution for all optional services.
Total: Mandatory and Optional	Calculated field. Total of all mandatory and optional services. For columns with Average Days it is the average days of resolution for all mandatory and optional services.
Provider Type/Category	Crosswalk of Provider Type and Provider Specialty to each Provider Description listed is provided in Exhibit A: Provider Type and Specialty Crosswalk. Crosswalk of Provider Type Categories for General Hospital and Pharmacy are provided in Exhibit B: Billing Provider Type Category Crosswalk
Total	Calculated field. Total of all Provider Type/Category listed in the report. For columns with Average Days it is the average days of resolution for all Provider Type/Category listed in the report.

Column Label	Description
Member: Beginning Balance	Total number of outstanding appeals at the beginning of the first day of the reporting period.
Member: Ending Balance	Total number of outstanding appeals at the end of the last day of the reporting period.
Member: Received: Total	Total number of appeals received during the reporting period.
Member: Received: Expedited	Total number of expedited appeals received within the reporting period broken down by Oral and Written.
Member: Received: Expedited: Oral	Total number of expedited oral appeals received within the reporting period.
Member: Received: Expedited: Written	Total number of expedited written appeals received within the reporting period.
Member: Received: Non Expedited	Total number of non-expedited appeals received within the reporting period broken down by Oral and Written.
Member: Received: Non Expedited: Oral	Total number of non-expedited oral appeals received within the reporting period.
Member: Received: Non Expedited: Written	Total number of non-expedited written appeals received within the reporting period.
Member: Received: Non Expedited: 5 Working Days Written Notice Provided	Total number of written notices provided within five (5) working days for non- expedited appeals.
Member: Resolved: Total	Total number of appeals resolved during the reporting period.
Member: Resolved: Expedited Resolved in 3 Working Days	Total of expedited appeals resolved in three (3) or fewer working days.
Member: Resolved: Non Expedited Resolved in 30 Calendar Days	Total of non-expedited appeals resolved in thirty (30) or fewer calendar days.
Member: Resolved: Non Expedited	Average number of days to resolve all non-expedited appeals excluding non-

Average Days for Resolution	expedited appeals extended by fourteen (14) calendar days.
Member: Resolved: Written Notice of Resolution within 30 Calendar Days	Total number of written notice of resolution that were provided within thirty (30) calendar days of receipt of a non-expedited appeal.
Member: Resolved: Expedited	An appeal that is required to be resolved within three (3) calendar days).

Member: Resolved: Final Disposition	Result of the expedited or non-expedited appeal process broken down by upheld, overturned and partially overturned.
Member: Resolved: Expedited: Final Disposition: Upheld	Total number of expedited appeals that were resolved during the reporting period and were upheld. Upheld means that the prior decision was confirmed and remains as is.
Member: Resolved: Expedited: Final disposition: Overturned	Total number of expedited appeals that were resolved during the reporting period and were overturned. Overturned means that the prior decision was not confirmed and was reversed.
Member: resolved: Expedited: Final disposition: Partially Overturned	Total number of expedited appeals that were resolved during the reporting period and were partially overturned. Partially overturned means that part of the prior decision was not confirmed and was reversed.
Member: Resolved: Expedited: Moved to Non Expedited	Number of expedited appeals that moved to a non-expedited appeal process.
Member: Resolved: Non Expedited: Oral Abandoned	A non-expedited appeal that was not followed up by a written appeal and no additional action was taken.
Member: Resolved: Non Expedited: Final Disposition: Upheld	Total number of non-expedited appeals that were resolved during the reporting period and were upheld. Upheld means that the prior decision was confirmed and remains as is.
Member: Resolved: Non Expedited: Final Disposition: Overturned	Total number of non-expedited appeals that were resolved during the reporting period and were overturned. Overturned means that the prior decision was not confirmed and was reversed.
Member: Resolved: Non Expedited: Final Disposition: Partially Overturned	Total number of non-expedited appeals that were resolved during the reporting period and were partially overturned. Partially overturned means that part of the prior decision was not confirmed and was reversed.
Member: Appeals Extended by 14 Calendar Days	The total number of non-expedited appeals that were extended by fourteen (14) calendar days beyond the initial thirty (30) calendars day period.
Provider: Beginning Balance	Total number of outstanding appeals at the beginning of the first day of the reporting period.
Provider: Ending Balance	Total number of outstanding appeals at the end of the last day of the reporting period.
Provider: Received: Total	Total number of appeals received during the reporting period.
Provider: Received: Oral	Total number of oral appeals received within the reporting period.
Provider: Received: Written	Total number of written appeals received within the reporting period.
Provider: Received: 5 Working Days Written Notice Provided	Total number of written notices provided within five (5) working days.
Provider: Resolved: Total	Total number of appeals resolved during the reporting period.
Provider: Resolved: Resolved in 30 Calendar Days	Total number of appeals resolved in thirty (30) or fewer calendar days.
Provider: Resolved: Average Days for Resolution	Average number of days to resolve all appeals excluding appeals extended by fourteen (14) calendar days.
Provider: Resolved: Written Notice of Resolution within 30 Calendar Days	Total number of written notice of resolution that were provided within thirty (30) calendar days of receipt of a non-expedited appeal.
Provider: Resolved: Oral Abandoned	An oral appeal that was not followed up by a written appeal and no additional action was taken.

Provider: Resolved: Upheld	Total number of appeals that were resolved during the reporting period and were upheld. Upheld means that the prior decision was confirmed and remains as is.
Provider: Resolved: Overturned	Total number of appeals that were resolved during the reporting period and were overturned. Overturned means that the prior decision was not confirmed and was reversed.
Provider: Resolved: Partially Overturned	Total number of appeals that were resolved during the reporting period and were partially overturned. Partially overturned means that part of the prior decision was not confirmed and was reversed.
Provider: Appeals Extended by 14 Calendar Days	The total number of appeals that were extended by fourteen (14) calendar days beyond the initial thirty (30) calendar day period.

Report #:	29	Created:	02/06/2012
Name:	Grievances and Appeals Narrative	Last Revised:	
Group:	Grievances and Appeals	Report Status:	Active
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Discuss any trends or problem areas identified in the appeals and grievance and address opportunity for improvement.

Sample Layout:

Kentucky Department for Medicaid Services
MCO Report #29: Grievances and Appeals Narrative

MCO Name: DMS Use Only
Report Date: Received Date:
Report Period From: Reviewed Date:
Report Period To: Reviewer:

Member Grievances
Trends
Problems or Issues Identified
Opportunity for Improvement

Provider Grievances
Trends
Problems or Issues Identified
Opportunity for Improvement

Member Appeals
 Trends
 Problems or Issues Identified
 Opportunity for Improvement

Provider Appeals
 Trends
 Problems or Issues Identified
 Opportunity for Improvement



REPORT 38-MADE ACTIVE JANUARY 2019

Report #:	38	Created:	01/22/2019
Name:	Behavioral Health Services In/Out State Facility Utilization	Last Revised:	
Group:	Utilization	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month.		
Due Date:	By the 15h of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

MCO should provide Special Services. Report will contain Behavioral Health services placement information for members. This report should identify in and out of state BH facility utilization for all members under age 21. The report should include ALL members under age 21 that are in a facility for 10 days or more in and out of the state of KY for a BH service no matter what service they are receiving. If the member is in a facility and receiving an EPSDT Special Service, it should be reported.

Reporting Criteria:

General Specifications	Definition
Sort Order	The report is to be sorted in order: Facility Name (A to Z); Member last name (A to Z).

Column Label	Description
Member Last Name	The Member's last name
Member First Name	The Member's first name
Member Medicaid ID	The Member's Medicaid ID number
Facility NPI Number	The Facility's NPI number
Facility Name	The complete name of the facility
Facility State	The 2 digit postal abbreviation of the state where the facility is located
Level of Care	The amount of assistance a member requires to meet their needs. Examples: Inpatient, PRTF, ECU, Substance Abuse
Date of Admission	The date the member was admitted. Use mm/dd/yyyy
Admitting Diagnosis	The primary diagnosis

Foster Care Indicator	The member's foster care status. Acceptable entries are Y and N
Date of Last Review	The date of the last review to determine continuation of current services. Use mm/dd/yyyy
Discharge Date	The date the member was/is to be discharged from the current level of care. If unknown, leave blank.
Discharge Disposition	The code for anticipated placement when the Member is discharged from the current level of care. Acceptable entries are: 1 - Bio Home; 2 – Foster Parents; 3 – PRTF/Residential; 4 – AMA; 5 – TFC (Therapeutic Foster Care); 6 - CSU (Crisis Stabilization Unit); 7 - ECU (Extended Care Unit); 8 Continues Inpatient
Aftercare	The type of facility providing care after discharge. Acceptable entries are: 1 – PRTF; 2 – Residential; 3 – Outpatient CMHC; 4 – Outpatient Non-CHMC; 5 – None; 6-DCBS Placement
Date of De-Certification	The date the member was/is to be De-Certification from the current level of care. If unknown, leave blank
Facilities Discharge Recommended Level of Care	The Facilities Discharge Recommended Level of Care
Appeal Filed by Agency=Yes or No; Results of Appeal	Yes or No to Appeal Filed by Agency; If Yes the results of the appeal

Sample Layout:

Member Last Name	Member First Name	Member Medicaid #	Facility NPI #	Facility Name	Facility State	Level of Care	Date of Admission	Admitting Diagnosis	Foster Care Status	Date of Last Review	Discharge Date	Discharge Disposition	Aftercare	Date of De-Certification	Facilities Discharge Recommended Level of Care	Appeal Filed by Agency=Yes or No; Results of Appeal
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Report #:	39	Created:	01/04/2012
Name:	Monthly Formulary Management Report	Last	02/07/2012
Group:	Pharmacy	Report	Active
Frequency	Monthly	Exhibits:	NA
Period:	First day of month through the last day of		
Due Date:	By the 15th of the month following the		
Submit To:	Kentucky Department for Medicaid		

Description:

Monthly summary of pharmacy related utilization and costs by Medicaid members assigned to Managed Care Organizations broken down by region.

BEHAVIORALHEALTH	% MEMBERS ON ATYP ANTIPSYCH UTILIZERS								
	# TYPICAL ANTIPSYCH UTILIZERS								
	% TYPICAL								

PERCENTAGES	ANTIPSYCH UTILIZERS								
	# MEMBERS ON ATYP								
	BH %								
	BH %								
	% PDL COST/TOTAL COST								
	% NON PDL COST/TOTAL COST								
	% PSYCH COST/TOTAL COST								
	% PDL PSYCH COST/TOTAL COST								
	% NON PDL PSYCH COST/TOTAL COST								
	% ATYP ANTIPSYCH COST/TOTAL COST								
SPECIALTY	% HIV COST/TOTAL COST								
	% HEP B COST/TOTAL COST								
	% HEP C COST/TOTAL COST								
	HEP C RXS								
	# HEP C UTILIZERS								
	HEP C RX								
	HEP C COST/HEP B RXS								
SPECIALTY	# HEP B UTILIZERS								
	HEP B RX								

	HEP B COST/HEP								
	HEP B COST/MEM								
	HIV RXS								
	# HIV								
	HIV RX								
	HIVCOST/HI V/LUTILIZER								
	TOTAL								
	DRUG REIMBURS DISPENSIN								
	TOTAL COST/MEM COST/RX LUTILIZER								
	PDL TOTAL								
	PDL COST/MEM								
	NON PDL TOTAL								
	NON PDL COST/MEM PSYCHCOS								
	PSYCH COST/MEM								
	PDL PSYCH								
	PDL PSYCH COST/MEM								
	NON PDL PSYCH								
	NON PDL PSYCH								
	ATYPANTIP SY COST								
	ATYPANTIP SY								
	ATYPANTIP SYCH COST/ATYP								
	PROVIDER PRESCRIBE DOTC								
	PROVIDER PRESCRIBE DOTC								
	TOTALINSU LIN COST								

COST

	PROVID3ER							
	PRESCRIBE							
	DOTC COST							
	LESS							
	H2BLOCKE							
	RS TOTAL							
	NSAIDSTOT							
	AL COST							
	PPI TOTAL							
	VACCINETO							
	TAL COST							
TOTAL REGIONS	# MEMBERS							
	%UTILIZER							
	# RXS							
	AVG #							
	RXS/MEMB							
	AVG #							
	RXS/UTILIZ							
	# PAs							
	% PAs							
	# CLAIMS							
	% CLAIMS							
	DENIED							
	#PRESCRIB							
	#							
	RXS/PRESC							
	#							
	CONTROLS/							
#PHARMACI								
AVGCOST/R								
SUBOXONE								
ADHD RXS								
LOCK INS								
REGION 1	# MEMBERS							
	%UTILIZER							
	# RXS							
	AVG #							
	RXS/MEMB							
	AVG #							
	RXS/UTILIZ							
	# PAs							
	% PAs							
	# CLAIMS							
% CLAIMS								
DENIED								
#PRESCRIB								
#								
RXS/PRESC								
#								
CONTROLS								
#PHARMAC								
AVG								

SUBOXONE							
ADHD RXS							

Reporting Criteria:

Terminology	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Definition
NEW RXS	Number of new prescriptions
REFILL RXS	Number of refill prescriptions
TOTAL NON PDL RXS	Total number of prescriptions written for a drug not listed on the preferred drug list
% NON PDL RXS	Percentage of prescriptions written for a drug not listed on the preferred drug list
PSYCH RXS	Number of prescriptions written for a psychotropic drug
% PSYCH RXS	Percentage of prescriptions written for a drug not listed on the preferred drug list
NON PDL PSYCH RXS	Number of prescriptions written for a psychotropic drug not listed on the preferred drug list
% NON PDL PSYCH RXS	Percentage of prescriptions written for a psychotropic drug not listed on the preferred drug list
# PSYCH UTILIZERS	Number of Medicaid /MCO members for whom psychotropic drug prescriptions were filled
% PSYCH UTILIZERS	Percentage of Medicaid /MCO members for whom psychotropic drug prescriptions were filled
% PSYCH UTILIZERS/RX UTILIZERS	Percentage of Medicaid/MCO members for whom psychotropic drug prescriptions were filled as compared to total Medicaid/MCO members for whom any drug prescriptions were filled
# PSYCH RXS/MEMBER	Number of psychotropic prescriptions per Medicaid/MCO member
# PSYCH RXS/PSYCH UTILIZER	Number of psychotropic prescriptions per Medicaid/MCO member who fills prescriptions written for psychotropic medications
#RXS/MEMBER LESSPSYCHS	Number of prescriptions per Medicaid/MCO member not counting prescriptions for psychotropic medications
% MEMBERS ON MEDSLESS PSYCHS	Percentage of Medicaid/MCO members for whom drug prescriptions were filled not counting prescriptions for psychotropic medications
PSYCHCOST/PSYCH UTILIZER	Psychotropic drug cost/Medicaid/MCO member for whom psychotropic medication were filled
# OTC RXS	Number of prescriptions filled for over the counter items
# CONTROLLED RXS	Number of prescriptions filled for controlled (scheduled) narcotics
% BRAND	Percentage of prescriptions filled with brand name drugs
% GENERIC	Percentage of prescriptions filled with a generic drug
ATYPANTIPSYCH	Number of prescriptions filled for an atypical anti-psychotropic drug

RXS	
NON PDL ATYP ANTI PSYCH RXS	Number of prescriptions filled for an atypical anti-psychotropic drug not listed on the preferred drug list
# ATYP ANTIPSYCH UTILIZERS	Number of Medicaid/MCO members for whom drug prescriptions for atypical antipsychotics were filled
% ATYP ANTIPSYCH UTILIZERS	Percentage of Medicaid/MCO members for whom drug prescriptions were filled for atypical antipsychotics
% MEMBERS ON ATYP ANTIPSYCHS/RX UTILIZERS	Percentage of Medicaid/MCO members for whom drug prescriptions were filled for atypical antipsychotics as compared to total Medicaid/MCO members for whom any drug prescriptions were filled
# TYPICAL ANTIPSYCH UTILIZERS	Number of Medicaid/MCO members for whom drug prescriptions for typical antipsychotics were filled
% TYPICAL ANTIPSYCH UTILIZERS	Percentage of Medicaid/MCO members for whom drug prescriptions for typical antipsychotics were filled
BH % BRAND	Percentage of behavioral health prescriptions filled with a brand name drug
BH % GENERIC	Percentage of behavioral health prescriptions filled with a generic drug
% PDL COST/TOTAL COST	Percentage of drug cost for prescriptions filled with drugs on the preferred drug list as compared with total drug cost
% NON PDL COST/TOTALCOST	Percentage of drug cost for prescriptions filled with drugs on the non-preferred drug list as compared with total drug cost
% PSYCH COST/TOTALCOST	Percentage of drug cost for prescriptions filled with psychotropic drugs as compared with total drug cost
% PDL PSYCH COST/TOTALCOST	Percentage of drug cost for prescriptions filled with drugs on the preferred drug list as compared with total drug cost
% NON PDL PSYCH COST/TOTALCOST	Percentage of drug cost for prescriptions filled with drugs not on the preferred drug list as compared with total drug cost
% ATYP ANTIPSYCH COST/TOTALCOST	Percentage of drug cost for prescriptions filled with atypical antipsychotic drugs as compared with total drug cost
% HIV COST/TOTAL COST	Percentage of drug cost for prescriptions filled with drugs used to treat HIV as compared with total drug cost
% HEP B COST/TOTALCOST	Percentage of drug cost for prescriptions filled with drugs used to treat Hep B as compared with total drug cost
% HEP C COST/TOTALCOST	Percentage of drug cost for prescriptions filled with drugs used to treat Hep C as compared with total drug cost
HEP C RXS	Number of prescriptions filled with drugs used to treat Hep C
# HEP C	Number of Medicaid/MCO members for whom prescriptions for drugs used to treat

UTILIZERS	Hep C are filled
HEP C RX COST	Total cost for prescriptions filled with drugs used to treat Hep C
HEP C COST/HEP C UTILIZER	Cost for prescriptions filled with drugs used to treat Hep C per Medicaid/MCO member for whom prescriptions for drugs used to treat Hep C are filled
HEP B RXS	Number of prescriptions filled with drugs used to treat Hep B
# HEP B UTILIZERS	Number of Medicaid/MCO members for whom prescriptions for drugs used to treat Hep B are filled

HEP B RX COST	Total cost for prescriptions filled with drugs used to treat Hep B
HEP B COST/HEP B UTILIZER	Cost for prescriptions filled with drugs used to treat Hep B per Medicaid/MCO member for whom prescriptions for drugs used to treat Hep B are filled
HIV RXS	Number of prescriptions filled with drugs used to treat HIV
# HIV UTILIZER	Number of Medicaid/MCO members for whom prescriptions for drugs used to treat HIV are filled
HIV RX COST	Total cost for prescriptions filled with drugs with HIV indication
HIVCOST/HIV UTILIZER	Cost for prescriptions filled with drugs with HIV indication per Medicaid/MCO member for whom prescriptions for drugs with HIV indication are filled
TOTAL COST	Total drug cost = Total Drug Reimbursement + Dispensing Fees
TOTAL DRUG REIMBURSEMENT	Total reimbursed for drugs dispensed to Medicaid members
DISPENSINGFEES	Total dispensing fees to pharmacies
TOTAL COST/MEMBER	Total drug cost per Medicaid/MCO member
COST/RXUTILIZER	Total drug cost per Medicaid/MCO member for whom prescriptions for any drug are filled
PDL TOTAL COST	Total drug cost for prescriptions filled for drugs listed on the preferred drug list
PDL COST/MEMBER	Total drug cost for prescriptions filled for drugs listed on the preferred drug list per Medicaid/MCO member
NON PDL TOTAL COST	Total drug cost for prescriptions filled for drugs not listed on the preferred drug list
NON PDL COST/MEMBER	Total drug cost for prescriptions filled for drugs not listed on the preferred drug list per Medicaid/MCO member
PSYCH COST	Total drug cost for prescriptions filled with psychotropic drugs
PSYCH COST/MEMBER	Total drug cost for prescriptions filled with psychotropic drugs per Medicaid/MCO member
PDL PSYCH COST	Total drug cost for prescriptions filled with psychotropic drugs listed on the preferred drug list
PDL PSYCH COST/MEMBER	Total drug cost for prescriptions filled with psychotropic drugs listed on the preferred drug list per Medicaid/MCO member
NON PDL PSYCH COST	Total drug cost for prescriptions filled with psychotropic drugs not listed on the preferred drug list
NON PDL PSYCH COST/MEMBER	Total drug cost for prescriptions filled with psychotropic drugs not listed on the preferred drug list per Medicaid/MCO member
ATYP ANTIPSY COST	Total drug cost for prescriptions filled with atypical antipsychotic drugs
ATYPANTIPSY COST/MEMBER	Total drug cost for prescriptions filled with atypical antipsychotic drugs per

	Medicaid/MCO member
ATYPANTIPSYCH COST/ATYPANTIPSY UTILIZER	Total drug cost for prescriptions filled with atypical antipsychotic drugs per Medicaid/MCO member for whom prescriptions for atypical antipsychotic drugs are filled
OTC TOTAL COST	Total cost for prescriptions filled for over the counter items
OTCCOST/MEMBER	Total cost for prescriptions filled for over the counter items per Medicaid MCO member
TOTAL INSULIN COST	Total cost for prescriptions filled with insulin
OTC COST LESS INSULIN	Total cost for prescriptions filled for over the counter items minus total cost for prescriptions filled with insulin

H2 BLOCKERS TOTAL COST	Total cost for prescriptions filled with any drug listed in the histamine H2 acid reducers drug category
NSAIDS TOTAL COST	Total cost for prescriptions filled with any drug listed in the non-steroidal anti-inflammatory drug category
PPI TOTAL COST	Total cost for prescriptions filled with any drug listed in the proton pump inhibitor drug category
# MEMBERS	Number of Medicaid/MCO members
%UTILIZERS	Percentage of Medicaid/MCO members for whom prescriptions are filled
# RXS	Number of prescriptions filled for Medicaid/MCO members
AVG # RXS/MEMBER	Average number of prescriptions filled for each Medicaid/MCO member
AVG # RXS/UTILIZER	Average number of prescriptions filled for each Medicaid/MCO member for whom prescriptions are filled
# PAs	Number of prior authorizations for drug items requested
% PAs DENIED	Percentage of prior authorization requests denied as compared to total number of prior authorizations requested
# CLAIMS	Number of prescriptions claims
% CLAIMS DENIED	Percentage of prescription claims denied as compared to total number of paid claims
#PRESCRIBERS	Number of Medicaid/MCO providers who prescribed medications for Medicaid/MCO members for whom prescriptions were filled
# RXS/PRESCRIBER	Number of prescriptions filled for Medicaid/MCO members filled for any drug per provider who prescribed medications for Medicaid/MCO members for whom prescriptions were filled
# CONTROLS/ PRESCRIBER	Number of prescriptions filled for controlled (scheduled) narcotics per provider who prescribed medications for Medicaid/MCO members for whom prescriptions were filled
#PHARMACIES	Number of pharmacies where prescriptions were filled for Medicaid/MCO members
AVG COST/RX	Average cost of prescriptions filled for Medicaid/MCO members per prescription filled for Medicaid/MCO members
SUBOXONERXS	Number of Suboxone prescriptions filled for Medicaid/MCO members
ADHD RXS	Number of prescriptions filled with any drug listed in the attention deficit hyperactivity disorder drug category
# LOCK IN MEMBERS	Number of Medicaid/MCO members placed in a Lock In program

Column Label	Description
Nov 11	Information for the entire month
Dec 11	Information for the entire month
Jan 12	Information for the entire month
% Change per Month	The percentage change realized from one rolling month to the next
% Change per Year	The percentage change realized from one rolling year to the next
Average per Month	The average of the requested information per month
Y-T-D	Total of requested information through the last reporting period

Report #	50A, 50B	Created:	01/01/2017
Name:	Post Payment Billing Recovery	Last Revised:	

Group:	Third Party Liability	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month. By the 15th of the month following the report period.		
Due Date:			
Submit To:	Kentucky Department for Medicaid Services		

Description:

Reports all recoveries for monies collected from commercial insurance carriers during the reporting period from claims that were paid prior to the commercial insurance carrier being identified

Report 50A reports all non-pharmacy recoveries; Report 50B reports all pharmacy recoveries.

Sample Layout:

Member Medicaid ID	Member Name	Claim ICN	Insurance Carrier Name	MCO Paid Amount	Amount Recovered

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Column Label	Description
Member Medicaid ID	The Member's Medicaid ID
Member Name	Concatenate the Member's 'Last Name', 'First Name' 'Middle Initial'.
Claim ICN	The MCO claim internal control number for the claim being reported.
Name of Insurance Carrier	The name of the company that issued the insurance policy

MCO Paid Amount	The net amount the claim adjudicated to a paid status.
Amount Recovered	The total amount recovered from the commercial insurance carrier by the MCO.



Report #:	51	Created:	01/09/2012
Name:	Operational Changes	Last Revised:	
	Other Activities		Active
Group:		Report Status:	
Frequency:	Quarterly	Exhibits:	
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Identify any operational changes or relevant to the operations of the MCO not otherwise covered during the report period.

Sample Layout:

Kentucky Department for Medicaid Services

MCO Report # 51: Operational Changes

MCO Name: DMS Use Only
 Report Date: Received Date:
 Report Period From: Reviewed Date:
 Report Period To: Reviewer:

Operational Change

Operational Change

Operational Change

Report #:	52	Created:	02/14/2012
Name:	Expenditures Related to MCO's Operations	Last Revised:	
Group:	Other Activities	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

MCO should provide the Executive Management's salary, bonus, other compensation, travel and other expenses based upon the reporting period.

Sample Layout:

Category	Positions	Salary	Bonus	Other Compensation	Travel	Other Expenses	Reporting Period	
							Begin Date	End Date
Executive Management	Executive Officer/CEO							
Executive Management	Medical Director							
Executive Management	Pharmacy Director							
Executive Management	Dental Director							
Executive Management	CFO							
Executive Management	Compliance Director							
Executive Management	Quality Improvement Director							
Executive Management	Sub-Total							
Executive	All other Executives							

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Executive Management	Capable and responsible for the oversight of the entire operation.
Executive Director/CEO	Primary contact and will be authorized to represent the Contractor regarding inquiries pertaining to the contract, will be available during normal business hours, and will have decision-making authority in regard to urgent situations that arise.
Medical Director	Actively involved in all major clinical programs and Quality Improvement components.
Pharmacy Director	Coordinate, manage and oversee the provision of pharmacy services to Members.
Dental Director	Actively involved in all major dental programs.
CFO	Ensure compliance with adopted standards and review expenditures for reasonableness and necessity.
Compliance Director	Maintain current knowledge of Federal and State legislation, Legislative initiatives, and regulations relating to Contractor and oversee the Contractor's compliance with the laws and Contract requirements of the Department. Serve as the primary contact for and facilitate communications between Contractor leadership and the Department relating to Contract compliance issues.
Quality Improvement Director	Responsible for the operation of the Contractor's QAPI Program and any QAPI Program of its subcontractors.
Sub-Total	Provide the subtotal of each of the Executive Management team above
All Other Executives	Provide a total of all other Executive Management as defined in the MCO contract.

Column Label	Description
Salary	Provide the salary of only the Kentucky's line of business. MCO may disclose an estimated allocation based on the time allocated to Kentucky. Information related to the Contractor's ultimate parent company's Executive Management need not be disclosed.
Bonus	Unless guaranteed, or actually paid during the report period, bonuses disclosed may be target amounts for the period disclosed expressed as a percentage of base salary.
Other Compensation	Is limited to other cash compensation actually paid during the reporting period, and may exclude amounts realized or realizable during the period through grant, vesting or exercise of stock options, restricted stock, stock appreciation rights, phantom stock plans, or other long term non-cash incentives.
Travel	Provide the travel of only the Kentucky's line of business. MCO may

	disclose an estimated allocation based on the time allocated to Kentucky. Information related to the Contractor's ultimate parent company's Executive Management need not be disclosed.
Other Expenses	Provide the other expenses of only the Kentucky's line of business. MCO may disclose an estimated allocation based on the time allocated to Kentucky. Information related to the Contractor's ultimate parent company's Executive Management need not be disclosed.
Begin Date	Provide the begin date of the report period.
End Date	Provide the end date of the report period.

Report #:	53	Created:	09/12/2011
Name:	Prompt Payment	Last Revised:	09/24/2011
Group:	Financial and Information Systems	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	In accordance with DOI requirements.		
Due Date:	Date Submitted to DOI		

Description:

MCOs are required to comply with the Kentucky Department of Insurance (DOI) requirements for prompt payment reporting as referenced in the DOI HIPMC-CP-3 Prompt Payment Reporting Manual. The DOI requires a quarterly submission of the prompt payment report. A copy of the quarterly prompt payment report is required to be submitted to the Department for Medicaid Services (DMS) at the same time the report is submitted to the DOI. Any revisions of the documents submitted to the DOI are also to be submitted to the DMS at the same time.

Report #:	54	Created:	08/28/2011
Name:	COB Savings	Last Revised:	02/27/2015
Group:	Third Party Liability	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Reports all Coordination of Benefit (COB) savings due to other insurance payment, including Medicare, for which the claim submission includes and the MCO processed/paid the claim accordingly. The report is to include claims when the other insurance paid zero dollars because the service was not covered by the other insurance.

Sample Layout:

COB/TBL Savings

Member Medicaid ID	Member Name	Claim ICN	MCO Paid Amount	COB Amount
Total				

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Total	Provide a total of all reported activity for MCO Paid Amount, COB Amount, Other Insurance Deductible Amount and Other Insurance Co-Pay Amount.

Column Label	Description
Member Medicaid ID	The Member's Medicaid ID
Member Name	Concatenate the Member's 'Last Name', 'First Name' 'Middle Initial'.
Claim ICN	The MCO claim internal control number for the claim being reported.
MCO Paid Amount	The net amount the claim adjudicated to a paid status. Note: When there is a Provider outstanding balance due and the claim payment was reduced by the outstanding balance do not report the payment Financial paid out.
COB Amount	The amount the other insurance paid on the claim.



Report #:	55	Created:	08/28/2011
Name:	Medicare Cost Avoidance	Last Revised:	02/27/2015
	Third Party Liability	Report Status:	Active
Group:	Monthly	Exhibits:	NA
Frequency:	First day of month through the last day of the month.		
Period:	By the 15th of the month following the report period.		
Due Date:			
Submit To:	Kentucky Department for Medicaid Services		

Description:

Reports the Medicare crossover claims that were denied during the reporting period because the claim was

submitted without first having been submitted to Medicare for payment.

Sample Layout:

Medicare Cost Avoidance			
Medicaid Member ID	Member Name	Claim ICN	Amount Denied Due To Medicare

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Total	Provide a total of all reported activity for Denied Amount, Medicare Payment, Medicare Deductible and Medicare Coinsurance.

Column Label	Description
Member Medicaid ID	The Member's Medicaid ID
Member Name	Concatenate the Member's 'Last Name', 'First Name' 'Middle Initial'.
Claim ICN	The MCO claim internal control number for the claim being reported.
Denied Amount Due to Medicare	The billed amount the MCO denied due to Medicare coverage.



Report #:	56	Created:	08/28/2011
Name:	non-Medicare Cost Avoidance	Last Revised:	02/27/2015
Group:	Third Party Liability	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The report lists the claims that were denied during the reporting period because the claim was submitted without first having been submitted to another Insurer for payment. The report is not to include Medicare crossover claims.

Sample Layout:

Non-Medicare TPL Cost Avoidance			
Medicaid Member ID	Member Name	Claim ICN	Amount Denied Due To Non-Medicare TPL

Monthly Total			
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Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Total	Provide a total of all reported activity for Denied Amount, Other Insurance non- Medicare Payment, Other Insurance non-Medicare Deductible and Other Insurance non-Medicare Coinsurance.

Column Label	Description
Member Medicaid ID	The Member's Medicaid ID
Member Name	Concatenate the Member's 'Last Name', 'First Name' 'Middle Initial'.
Claim ICN	The MCO claim internal control number for the claim being reported.
Denied Amount	The billed amount the MCO denied due to non-Medicare TPL.



Report #:	57	Created:	08/27/2011
Name:	Potential Subrogation	Last Revised:	02/27/2015
	Third Party Liability	Report Status:	Active
Group:	Monthly	Exhibits:	NA
Frequency:	First day of month through the last day of the month.		
Period:	By the 15th of the month following the report period.		
Due Date:	Kentucky Department for Medicaid Services		
Submit To:			

Description:

Provides report for cases where the MCO's Member has had an accident and there is potential for a liable third party or subrogation claim.

Sample Layout:

Active/Potential Subrogation/Liable Party							
Member Medicaid ID	Member Name	Date of Injury	Attorney/Liable Party Information	Lien/Claim Amount	Recovered Amount	Status/Closed Date	Comments

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in ascending order by 'Member Name'.

Row Label	Description
NA	NA

Column Label	Description
Member Medicaid ID	The Member's Medicaid ID reported as a text string.
Member Name	Concatenate the Medicaid Member's 'Last Name', 'First Name', 'Middle Initial'
Date of Injury	The date of the actual injury/accident.
Attorney/Liable Party Information	The attorney/liable party name, address and contact information.
Lien Claim Amount	The MCO lien or claim amount.
Recovered Amount	The MCO recovered amount from the attorney/liable party.
Status/Closed Date	Awaiting additional funds or Date case closed if applicable
Comments	Regarding pending payment or any special circumstance



Report #:	58	Created:	08/20/2011
Name:	Original Claims Processed	Last Revised:	08/29/2011
	Claims Processing		Active
Group:		Report Status:	
	Monthly		A, B
Frequency:		Exhibits:	
	First day of month through the last day of the month.		
Period:			
	By the 15th of the month following the report period.		
Due Date:			
	Kentucky Department for Medicaid Services		
Submit To:			

Description:

Provides the number of original clean claims processed during a reporting period reported by Billing Provider Type and claim status. There are four claim statuses to be included in the report:

- Received;
- Pay;
- Deny; and
- Suspended

Two (2) Billing Provider Types are further broken down as follows:

- Billing Provider Type 01 General Hospital
 - Inpatient;
 - Outpatient;
 - Emergency Room; and
 - Inpatient/Outpatient Other
- Billing Provider Type 54 Pharmacy
 - Pharmacy non-Behavioral Health Brand;

Pharmacy non-Behavioral Health Generic;
 Pharmacy Behavioral Health Brand; and
 Pharmacy Behavioral Health Generic

Sample Layout:

Claims Received				
	Total Count	Total Processed	Total Charges	Avg. Charges
Total All Claims Inpatient				
Outpatient				
Emergency Room				
Inpatient/Outpatient Other				
Mental Hospital				
PRTF				
Specialized Child Svc Clinics				

Adjudicated to Pay Status						
	Total Count	Percent	Total Charges	Avg. Charges	Total Paid	Avg. Paid
Total All Claims Inpatient						
Outpatient						
Emergency Room						
Inpatient/Outpatient Other						
Mental Hospital						
PRTF						
Specialized Child Svc Clinics						

Adjudicated to Deny Status				
	Total Count	Percent	Total Charges	Avg. Charges
Total All Claims Inpatient				
Outpatient				
Emergency Room				
Inpatient/Outpatient Other				
Mental Hospital				
PRTF				
Specialized Child Svc Clinics				

Placed in Suspended Status				
	Total Count	Percent	Total Charges	Avg. Charges
Total All Claims Inpatient				
Outpatient				
Emergency Room				
Inpatient/Outpatient Other				
PRTF				
Specialized Child Svc Clinics				

Reporting Criteria:

General Specifications	Definition
Claim	Claim is defined as an original clean claim.
Claim Count	A claim count of one is applied to each claim. Therefore a claim that pays on the header and a claim that pays on the detail will both have a count of one.
Billing Provider Type	Billing Provider Type is designated with a state specific two (2) character field. Example: Billing Provider Type 01 = General Hospital
Provider Type Category	Billing Provider Type Category is a breakdown of a Billing Provider Type by specified criteria.
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
Total All Claims	Includes all Provider Types and Provider Type Categories included in the report.
'Provider Type'	Crosswalk of Provider Type and Provider Specialty to each Provider Description listed is provided in Exhibit A: Provider Type and Specialty Crosswalk.
'Provider Type Category'	Crosswalk of Provider Type Categories for General Hospital and Pharmacy are provided in Exhibit B: Billing Provider Type Category Crosswalk
Other non-Medicaid Provider Type	Category is used to report claims processed for Providers that do not have a Medicaid Provider ID or for Providers with a Provider Type that Medicaid does not recognize.

Claim Status	Column Label	Description
Received	Total Count	Total Count of all Original Claims received during the reporting period.
Received	Total Processed	Total Count of all Original Claims processed during the reporting period to a status of Pay, Deny or Suspended.
Received	Total Charges	Total charges for all received original claims. A claim that pays at the header should use the

		charges from the header. A claim that pays at the detail should include the charges from all the details.
Received	Avg. Charges	Calculated Field: 'Total Charges' from received status divided 'Total Count' from received status.
Pay	Total Count	Total Count of all Original Claims that adjudicated to a Pay status.
Pay	Percent	Calculated Field: 'Total Count' from pay status divided by 'Total Processed' from received status.
Pay	Total Charges	Total charges from original claims adjudicated to a pay status. Header paid claims will use the charges from the Header. Detail paid claims will use charge from the line items that have a pay status. Denied line item charges are not to be included in Total Charges.
Pay	Avg. Charges	Calculated Field: 'Total Charges' from pay status divided by 'Total Count' from pay status.
Pay	Total Paid	The total adjudicated claim paid amount by the MCO. Example: A claim adjudicated to pay \$100. There is an outstanding A/R in financial for \$200. The MCO should report the \$100 adjudicated paid amount and not the \$0 financial payment.

Pay	Avg. Paid	Calculated Field: 'Total Paid' from pay status divided by 'Total Count' from pay status.
Deny	Total Count	Total Count of all Original that adjudicated to a Deny status.
Deny	Percent	Calculated Field: 'Total Count' from deny status divided by 'Total Count' from received status.
Deny	Total Charges	Total charges for all denied original claims. A claim that pays at the header should use the charges from the header. A claim that pays at the detail should include the charges from all the details.
Deny	Avg. Charges	Calculated Field: 'Total Charges' from deny status divided by 'Total Count' from deny status.
Suspended	Total Count	Total Count of all Original Claims that moved to a suspended status. The claim shall be counted even if the claim later was changed to a Pay or Deny status during the reporting period.
Suspended	Percent	Calculated Field: 'Total Count' from suspended status divided by 'Total Count' from received status.
Suspended	Total Charges	Total charges for all suspended original claims. A claim that pays at the header should use the charges from the header. A claim that pays at the detail should include the charges from all the details.
Suspended	Avg. Charges	Calculated Field: 'Total Charges' from suspended status divided by 'Total Count' from suspended status.



Report #:	58B KY HEALTH	Created:	05/29/2018
Name:	Original Claims Processed	Last Revised:	

Group:	Claims Processing	Report Status:	Active
Frequency:	Monthly	Exhibits:	A, B
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

58B KY HEALTH Original Claims Processed -Description:

Provides the number of original clean claims processed during a reporting period reported by Billing Provider Type and claim status. There are four claim statuses to be included in the report:

- Received;
- Pay;
- Deny; and
- Suspended

Two (2) Billing Provider Types are further broken down as follows:

- Billing Provider Type 01 General Hospital
 - Inpatient;
 - Outpatient;
 - Emergency Room; and
 - Inpatient/Outpatient Other
- Billing Provider Type 54 Pharmacy
 - Pharmacy non-Behavioral Health Brand;
 - Pharmacy non-Behavioral Health Generic;
 - Pharmacy Behavioral Health Brand; and
 - Pharmacy Behavioral Health Generic

Sample Layout:

	Claims Received			
	Total Count	Total Processed	Total Charges	Avg. Charges
Total All Claims Inpatient				
Outpatient				
Emergency Room				
Inpatient/Outpatient Other				
Mental Hospital				
PRTF				
Specialized Child Svc Clinics				

Adjudicated to Pay Status			
	Total	Avg.	Avg.

	Total Count	Percent	Charges	Charges	Total Paid	Paid
Total All Claims						
Inpatient						
Outpatient						
Emergency Room						
Inpatient/Outpatient Other						
Mental Hospital						
PRTF						
Specialized Child Svc Clinics						

Adjudicated to Deny Status						
	Total Count	Percent		Total Charges	Avg. Charges	
Total All Claims						
Inpatient						
Outpatient						
Emergency Room						
Inpatient/Outpatient Other						
Mental Hospital						
PRTF						
Specialized Child Svc Clinics						

Placed in Suspended Status						
	Total Count	Percent		Total Charges	Avg. Charges	
Total All Claims Inpatient						
Outpatient						
Emergency Room						
Inpatient/Outpatient Other						
Mental Hospital						
PRTF						
Specialized Child Svc Clinics						

Reporting Criteria:

General Specifications	Definition
Claim	Claim is defined as an original clean claim.
Claim Count	A claim count of one is applied to each claim. Therefore a claim that pays on the header and a claim that pays on the detail will both

	have a count of one.
Billing Provider Type	Billing Provider Type is designated with a state specific two (2) character field. Example: Billing Provider Type 01 = General Hospital
Provider Type Category	Billing Provider Type Category is a breakdown of a Billing Provider Type by specified criteria.
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
Total All Claims	Includes all Provider Types and Provider Type Categories included in the report.
'Provider Type'	Crosswalk of Provider Type and Provider Specialty to each Provider Description listed is provided in Exhibit A: Provider Type and Specialty Crosswalk.
'Provider Type Category'	Crosswalk of Provider Type Categories for General Hospital and Pharmacy are provided in Exhibit B: Billing Provider Type Category Crosswalk
Other non-Medicaid Provider Type	Category is used to report claims processed for Providers that do not have a Medicaid Provider ID or for Providers with a Provider Type that Medicaid does not recognize.

Claim Status	Column Label	Description
Received	Total Count	Total Count of all Original Claims received during the reporting period.
Received	Total Processed	Total Count of all Original Claims processed during the reporting period to a status of Pay, Deny or Suspended.
Received	Total Charges	Total charges for all received original claims. A claim that pays at the header should use the charges from the header. A claim that pays at the detail should include the charges from all the details.
Received	Avg. Charges	Calculated Field: 'Total Charges' from received status divided 'Total Count' from received status.
Pay	Total Count	Total Count of all Original Claims that adjudicated to a Pay status.
Pay	Percent	Calculated Field: 'Total Count' from pay status divided by 'Total Processed' from received status.
Pay	Total Charges	Total charges from original claims adjudicated to a pay status. Header paid claims will use the charges from the Header. Detail paid claims will use charge from the line items that have a pay status. Denied line item charges are not to be included in Total Charges.
Pay	Avg. Charges	Calculated Field: 'Total Charges' from pay status divided by 'Total Count' from pay status.
Pay	Total Paid	The total adjudicated claim paid amount by the MCO. Example: A claim adjudicated to pay \$100. There is an outstanding A/R in financial for \$200. The MCO should report the \$100 adjudicated paid amount and not the \$0 financial payment.

Pay	Avg. Paid	Calculated Field: 'Total Paid' from pay status divided by 'Total Count' from pay status.
Deny	Total Count	Total Count of all Original that adjudicated to a Deny status.
Deny	Percent	Calculated Field: 'Total Count' from deny status divided by 'Total Count' from received status.
Deny	Total Charges	Total charges for all denied original claims. A claim that pays at the header should use the charges from the header. A claim that pays at the detail should include the charges from all the details.
Deny	Avg. Charges	Calculated Field: 'Total Charges' from deny status divided by 'Total Count' from deny status.
Suspended	Total Count	Total Count of all Original Claims that moved to a suspended status. The claim shall be counted even if the claim later was changed to a Pay or Deny status during the reporting period.
Suspended	Percent	Calculated Field: 'Total Count' from suspended status divided by 'Total Count' from received status.
Suspended	Total Charges	Total charges for all suspended original claims. A claim that pays at the header should use the charges from the header. A claim that pays at the detail should include the charges from all the details.
Suspended	Avg. Charges	Calculated Field: 'Total Charges' from suspended status divided by 'Total Count' from suspended status.



Report #:	59	Created:	09/10/2011
Name:	Prior Authorizations	Last Revised:	7/1/2015
Group:	Medical Management	Report Status:	Active
Frequency:	Monthly	Exhibits:	A, B
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The report list the Prior Authorization (PA) activity during the reporting period. All PAs required by the MCO are to be listed regardless of the level of activity during the reporting period. If an MCO adds or deletes a PA from their program requirements then the MCO is to report that information when submitting the report.

Sample Layout:

Prior Authorization (PA)								
Provider Type/Category	Prior Authorizations Requested	Prior Authorizations Approved			Prior Authorizations Partial Approved			Prior Authorizations Denied
		Medical	Medical	Medical	Medical	Medical	Medical	
		Necessity (no MCO Service Limits)	Necessity and within MCO Service Limits	Necessity and Exceeded MCO Service Limits	Necessity (no MCO Service Limits)	Necessity and within MCO Service Limits	Necessity and Exceeded MCO Service Limits	
Inpatient								
Outpatient								
Emergency Room								
Inpatient/Outpatient Other								
Mental Hospital								
Other non-Medicaid Provider Type								
Total	0	0	0	0	0	0	0	0

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
'Provider Type'	Crosswalk of Provider Type and Provider Specialty to each Provider Description listed is provided in Exhibit A: Provider Type and Specialty Crosswalk.
'Provider Type Category'	Crosswalk of Provider Type Categories for General Hospital and Pharmacy are provided in Exhibit B: Billing Provider Type Category Crosswalk
Other non-Medicaid Provider Type	Category is used to report prior authorizations processed for Providers that do not have a Medicaid Provider ID or for Providers with a Provider Type that Medicaid does not recognize.
Total	Report the total of all PA activity listed in the report.

Column Label	Description
Prior Authorizations Requested	The total number of prior authorizations that were requested for each specific 'Provider Type/Category'. If no PA activity was requested for a specific 'Provider Type/Category' report 0.
Prior Authorizations Approved	The total number of prior authorizations that were approved for each specific "Provider Type/Category". If no PA activity was requested for a specific 'Provider Type/Category' report 0.
PAs Approved: Medical Necessity (no MCO service Limits)	Prior authorizations required for medical necessity determination only. There are no MCO service limits for the service being prior authorized and the MCO approved all of the units requested.
PAs Approved: Medical Necessity and within MCO Service Limits	The MCO has service limits and a medical necessity determination for the service that is being prior authorized. Only report the prior authorizations if the MCO approved all of the units requested and

	the units approved did not exceed MCO service limits.
PAs Approved: Medical Necessity and Exceeded MCO Service Limits	The MCO has service limits and a medical necessity determination for the service that is being prior authorized. Only report the prior authorizations if the MCO approved all of the units requested and the total units approved exceeded the MCO service limits.
Prior Authorizations Partially Approved	The total number of prior authorizations that were partially approved for each specific "Provider Type/Category". If no PA activity was requested for a specific 'Provider Type/Category' report 0.
PAs Partially Approved: Medical Necessity (no MCO service Limits)	Prior authorizations required for medical necessity determination only. There are no MCO service limits for the service being prior authorized and the MCO approved some but not all of the units requested.
PAs Partially Approved: Medical Necessity and within MCO Service Limits	The MCO has service limits and a medical necessity determination for the service that is being prior authorized. Only report the prior authorizations if the MCO approved some but not all of the units requested and the units approved did not exceed MCO service limits.
PAs Partially Approved: Medical Necessity and Exceeded MCO Service Limits	The MCO has service limits and a medical necessity determination for the service that is being prior authorized. Only report the prior authorizations if the MCO approved some but not all of the units requested and the total units approved exceeded the MCO service limits.
Prior Authorizations Denied	The total number of prior authorizations that were denied for each specific "Provider Type/Category". If no PA activity was requested for a specific 'Provider Type/Category' report 0.



Report #:	60	Created:	08/20/2011
Name:	Original Claims Payment Activity	Last Revised:	02/27/2015
Group:	Claims Processing	Report Status:	Active
Frequency:	Monthly	Exhibits:	A, B
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Provides the number of original clean claims paid during a reporting period and length of time from receipt of a clean original claim to claim payment; the number of original clean claims denied during a reporting period and length of time from receipt of a clean original claim to claim denial; the number of original clean claims in a suspended status during a reporting period and length of time from receipt of an original claim.

Sample Layout:

	Claim Activity				Total Claims
	1-30 Days	31-60 Days	61-90 Days	91+ Days	
Total All Claims Paid					
Total All Claims Denied					
Total All Claims Suspended					

Reporting Criteria:

General Specifications	Definition
Claim	Claim is defined as an original clean claim that has been paid/denied/suspended.
Claim Count	A claim count of one is applied to each paid/denied/suspended claim. Therefore a header paid claim that is paid/denied/suspended and a detailed paid claim that is paid/denied/suspended on all details will both have a count of one.
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
Total All Claims Paid	Includes all clean claims that have been paid in the reporting period
Total All Claims Denied	Includes all clean claims that have been denied in the reporting period
Total All Claims Suspended	Includes all clean claims that have been suspended in the reporting period

Column Label	Description
1-30 Days	Total count of all claims paid/denied/suspended during the reporting period for which the claim was in process for 1 to 30 calendar days from receipt of a clean claim.

31-60 Days	Total count of all claims paid/denied/suspended during the reporting period for which the claim was in process for 31 to 60 calendar days from receipt of a clean claim.
61-90 Days	Total count of all claims paid/denied/suspended during the reporting period for which the claim was in process for 61 to 90 calendar days from receipt of a clean claim.
91+ Days	Total count of all claims paid/denied/suspended during the reporting period for which the claim was in process for 91 or more calendar days from receipt of a clean claim.
Total Claims	Total count of all claims paid/denied/suspended during the reporting period.



Report #:	64	Created:	10/01/2016
Name:	Monthly Benefit Payments	Last Revised:	
Group:	Financial	Report Status:	Active
Frequency:	Monthly	Exhibits:	D, E, F
Period:	First day of month through the last day of the month.		
Due Date:	15th of the month following the reporting period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Monthly Benefit Payments report provides MCO financial activity for the Medicaid expansion population, Kentucky Children’s Health Insurance Program (KCHIP), and all other Medicaid populations by Month and State Category of Service. Report only includes financial activity related to Benefits including claims, claim adjustments, mass adjustments, sub-capitation, and other financial payments/recoupment activity not processed as part of claims activity. Categories of Service are grouped by Medicaid Mandatory and Medicaid Optional Services. Criteria to properly identify and report EPSDT services and KCHIP services are to be applied as outlined below.

Sample Layout:

COS	COS Description	Expansion Medicaid	KCHIP	Other Medicaid	Total
	Medicaid Mandatory Services				
02	Inpatient Hospital				
12	Outpatient Hospital				
	Subtotal: Mandatory Services				
03	Mental Hospital				
04	Renal Dialysis				
	Subtotal: Optional Services				
	Total: Mandatory and Optional Services				
	Reinsurance				
	Pharmacy Rebates				

Grand Total				
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Reporting Criteria:

General Specifications	Definition
Financial Activity	Payments reported are to be based on date of payment.
EPSDT Services	Multiple Provider Types may provide EPSDT services. Reference Exhibit E for EPSDT Category of Service crosswalk for additional information regarding the identification of EPSDT services.
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Subtotal: Mandatory Services	Calculated Field: Total for all mandatory category of services listed in the report.
Subtotal: Optional Services	Calculated Field: Total for all optional category of services listed in the report.
Total: Mandatory and Optional Services	Calculated Field: Total of 'Subtotal: Mandatory Services' and 'Subtotal: Optional Services'.
Reinsurance	MCO premium payments for stop-loss insurance coverage.
Pharmacy Rebates	Drug Rebates collected by the MCO. 'Pharmacy Rebates' is to be reported as a negative value. Note: The state is responsible for collecting federal drug rebates.
Grand Total	Calculated Field: Total of 'Total: Mandatory and Optional Services', 'Reinsurance' and 'Pharmacy Rebates'.

Column Label	Description
COS	Category of Service: A two digit, State specific identification of services primarily identified by use of Provider Type. Reference Exhibit D for Category of Service crosswalk.
COS Description	Description for 'COS'
Expansion Medicaid	The Expansion Medicaid population services are to be reported separately from the KCHIP population services. Population to be those members who qualified based on criteria set forth in the Affordable Care Act (ACA). Reference Exhibit F for the Medicaid Eligibility Group crosswalk.
KCHIP	The Kentucky Children's Health Insurance Program (KCHIP) population services are to be reported separately from the Medicaid population services. Populations to be included are based on the Medicaid Eligibility Groups (MEGs): MCHIP SCHIP Reference Exhibit F for the Medicaid Eligibility Group crosswalk.
Other Medicaid	All Medicaid members not reported in the previous two groups.



Name:	Foster Care	Last Revised:	07/25/2015
	Other Activities		Active
Group:		Report Status:	
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of quarter through the last day of the quarter.		
	30 calendar days following the report period.		
Due Date:			
Submit To:	Kentucky Department for Medicaid Services Kentucky Department for Community Based Services		

Description: Quarterly report provides information on the Foster Care population for each MCO and broken down by Region.

Sample Layout:

MCO Region	Foster Care Region	Number of New Foster Care Members	Number of Existing Foster Care Members	Number of New Foster Care Members Enrolled into CM	Number of Existing Foster Care Members Enrolled into CM	Number of New Foster Care Members Enrolled into DM	Number of Existing Foster Care Members Enrolled into DM	Number of New Foster Care Members with Completed HRAs	Number of Existing Foster Care Members with Completed HRAs

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in order: MCO Region

Row Label	Description
NA	NA

Column Label	Description
MCO Region	Provide the member's MCO region.
Foster Care Region	Provide the member's Foster Care region.
Number of New Foster Care Members	Provide the total number of new Foster Care Members during the month.
Number of Existing Foster Care Members	Provide the total number of existing Foster Care Members during the month.
Number of New Foster Care Members Enrolled into Case Management	Provide the total number of new Foster Care Members enrolled into Case Management during the month.
Number of Existing Foster Care Members Enrolled into Case Management	Provide the total number of existing Foster Care Members enrolled into Case Management during the month.
Number of New Foster Care Member Enrolled into Disease	Provide the total number of new Foster Care Members enrolled into Disease Management during the month.

Management	
Provide the total number of Existing Foster Care Members enrolled into Disease Management	Provide the total number of existing Foster Care Members enrolled into Disease Management during the month.
Number of New Foster Care Members with Completed HRAs	Provide the total number of new Foster Care Members with completed HRAs during the month.
Number of Existing Foster Care Members with Completed HRAs	Provide the total number of existing Foster Care Members enrolled into HRAs during the month.



Report #:	66	Created:	02/10/2012
Name:	Guardianship	Last Revised:	07/15/2015
Group:	Other Activities	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		
	Kentucky Department for Aging and Independent Living		

Description: Quarterly report provides information on the Guardianship population for each MCO and broken down by Region.

Sample Layout:

MCO Region	Guardianship	Number of New Guardianship Members	Number of Existing Guardianship Members	Number of New Guardianship Members Enrolled	Number of Existing Guardianship Members Enrolled into CM	Number of New Guardianship Members Enrolled	Number of Existing Guardianship Members Enrolled into DM	Number of New Guardianship Members with Complete	Number of Existing Guardianship Members with Complete HRAs
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Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in order: MCO Region

Row Label	Description
NA	

Column Label	Description
MCO Region	Provide the member's MCO region.
Guardianship Region	Provide the member's Guardianship region.
Number of Guardianship Members	Provide the total number of new Guardianship Members during the month.

02	Mental Hospital								
03	Behavioral Health Services Organization								
04	Psychiatric Residential Treatment Facility								
05	PRTF 2								
10	ICF/MR Clinic								
11	ICF/MR								
12	Nursing Facility								
13	Specialized Children Service Clinics								
14	MFP Pre-Transition Services								
15	Health Access Nurturing Development Svcs								
17	Acquired Brain Injury								
18	Private Duty Nursing								
20	Preventive & Remedial Public Health								
21	School Based Health Services								

22	Commission for Handicapped Children								
23	Title V/DSS								
24	First Steps/Early Int.								
25	Targeted Case Management								
26	Residential Crisis Treatment Stabilization Unit								
27	Adult Targeted Case Management								
28	Children Targeted Case Management								
29	Impact Plus								

30	Community Mental Health								
31	Primary Care								
32	Family Planning Service								
33	Support for Community Living (SCL)								
34	Home Health								
35	Rural Health Clinic								
36	Ambulatory Surgical Centers								
37	Independent Laboratory								

	Plan									
95	Physician Assistant									

Reporting Criteria:

Terminology	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
'Provider Type'	Medicaid defined Provider Type. A Provider may be enrolled under multiple Provider Types.
Total	Calculated Field: Total of activity for all Provider Types listed in the report.

Column Label	Description
Provider Type	Provider Type Code of two characters and is based on Kentucky's recognized Provider Types.
Provider Type Description	Description for Provider Type.
Applications in Process 1-30 days	Total number of applications on hand at the MCO that have not completed the entire MCO enrollment process that are 1-30 days old.
Applications in Process 31-60 days	Total number of applications on hand at the MCO that have not completed the entire MCO enrollment process that are 31-60 days old.
Applications in Process 61-90 days	Total number of applications on hand at the MCO that have not completed the entire MCO enrollment process that are 61-90 days old.
Applications in Process 91+ days	Total number of applications on hand at the MCO that have not completed the entire MCO enrollment process that are over 90 days old.
Applications Received	Total number of Provider Applications received by the MCO during the reporting period. If a single Provider is requesting to be credentialed under multiple Provider Types the Application Received is to be reported under each Provider Type.
Applications Credentialed	Total number of Provider Applications credentialed during the reporting period. If a single Provider is credentialed under more than one Provider Type the Application Credentialed is to be reported under each Provider Type.
Applications Processed	Total number of Provider Applications Processed to an enrollment or deny status by the MCO during the reporting period. If a single Provider is requesting to be credentialed under multiple Provider Types the Application Processed is to be reported under each Provider Type.

Enrolled	Total number of Providers enrolled by the MCO during the reporting period. Only providers issued a Medicaid Provider ID are to be included in the count for Enrolled. If a single Provider is enrolled under multiple Provider Types the enrollment is to be reported under each Provider Type.
Denied	Total number of Providers denied by the MCO during the reporting period. If a single Provider is denied under multiple Provider Types the denial is to be reported under each Provider Type.

Report #:	68	Created:	08/21/2011
Name:	Additions to Provider Network	Last Revised:	10/01/2011
Group:	Provider Enrollment	Report Status:	Active
Frequency:	Monthly	Exhibits:	C
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

Report documents additions to the MCO Provider Network

Sample Layout:

NPI	Medicaid ID	Last/Entity Name	First Name	Phone	Address 1	Address 2	City	State	Zip	County Name	Specialty

Reporting Criteria:

Terminology	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Column Label	Description
NPI	The Provider's NPI
Medicaid ID	The Provider's Medicaid Identification Number
Last/Entity Name	For an individual Medical Provider report the last name of the Provider; When the addition applies to a Provider group report the group name; When the addition applies to a subcontractor report the last name of the company contact.
First Name	The Provider's first name
Phone	Provide the contact number for the 'Last/Entity Name' listed.
Address 1	First line of the mailing address for the 'Last/Entity Name' listed.
Address 2	Second line of the mailing address for the 'Last/Entity Name' listed.
City	City of the mailing address for the 'Last/Entity Name' listed.
State	A two character designation for the state of the mailing address for the 'Last/Entity Name' listed.
Zip	Five character zip code of the mailing address for the 'Last/Entity Name' listed.
County Name	The complete name of the county where the provider is located. (County name is not necessary if the provider is located out of Kentucky)
Specialty	The medical specialty of the 'Last/Entity Name' listed. (Do not use abbreviations)

Report #:	69	Created:	08/21/2011
Name:	Termination from MCO Activity	Last Revised:	02/16/2015
Group:	Provider Enrollment	Report Status:	Active
Frequency:	Monthly	Exhibits:	
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description: Report documents terminations to the MCO Provider Network

Sample Layout:

NPI	Medicaid	Last/Entity	First	Phone	Address	Address 2	City	State	Zip	County	Specialty	Reason
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Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
NA	NA

Column Label	Description
NPI	The Provider's NPI
Medicaid ID	The Provider's Medicaid Identification Number
Last/Entity Name	For an individual Medical Provider report the last name of the Provider; When the termination applies to a Provider group report the group name; When the termination applies to a subcontractor report the last name of the company contact.
First Name	The Provider's first name
Phone	Provide the contact number for the 'Last/Entity Name' listed.
Address 1	First line of the mailing address for the 'Last/Entity Name' listed.
Address 2	Second line of the mailing address for the 'Last/Entity Name' listed.
City	City of the mailing address for the 'Last/Entity Name' listed.
State	A two character designation for the state of the mailing address for the 'Last/Entity Name' listed.
Zip	Five character zip code of the mailing address for the 'Last/Entity Name' listed.
County Name	The complete name of the county where the provider is located. (County name is not necessary if the provider is located out of Kentucky)
Specialty	The medical specialty of the 'Last/Entity Name' listed. (Do not use abbreviations)

Reason	The reason for suspension or termination given by the MCO. Combines the Reason Code and Reason Code Description. Format: 'Reason Code'<space>'<space>'Reason Code Description' List of values for suspension or termination are provided in Exhibit
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Report #:	70	Created:	08/21/2011
Name:	Denial of MCO Participation	Last Revised:	09/24/2011
	Provider Enrollment		Active
Group:		Report Status:	
	Monthly		C
Frequency:		Exhibits:	
	First day of month through the last day of the month.		
Period:			
	By the 15th of the month following the report period.		
Due Date:			
	Kentucky Department for Medicaid Services		
Submit To:			

Description:

Report documents any Provider of Subcontractor who is denied participation with the MCO. Only those Providers or Subcontractors who are not currently participating with the MCO are to be reported.

Sample Layout:

Providers or Subcontractors Denied Participation with the MCO												
NPI	Last/Entity Name	First Name	Title	Phone	Addr. 1	Addr. 2	City	State	Zip	County	Co. Name	Reason

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
NA	NA

Column Label	Description
NPI	NPI should be reported as a text string. When the denial applies to a Medical Provider report the Provider's NPI. When the denial is for a subcontractor report 'Subcon'.
Last/Entity Name	When the denial applies to an individual Medical Provider report the last name of the Provider. When the denial applies to a Provider group report the group name.

	When the denial applies to a subcontractor report the last name of
--	--

	the company contact.
First Name	When the denial applies to an individual Medical Provider report the first name of the Provider. When the denial applies to a Provider group report the group name. When the denial applies to a subcontractor report the first name of the company contact.
Title	When the denial applies to an individual Medical Provider report the title of the Provider. When the denial applies to a Provider Group report 'NA'. When the denial applies to a subcontractor report the title of the company contact.
Phone	Provide the contact number for the 'Last/Entity Name' listed.
Addr. 1	First line of the mailing address for the 'Last/Entity Name' listed.
Addr. 2	Second line of the mailing address for the 'Last/Entity Name' listed.
City	City of the mailing address for the 'Last/Entity Name' listed.
State	A two character designation for the state of the mailing address for the 'Last/Entity Name' listed.
Zip	Five character zip code of the mailing address for the 'Last/Entity Name' listed.
County	A three character code for the county of the mailing address for the 'Last/Entity Name' listed.
Co. Name	The name of the county of the mailing address for the 'Last/Entity Name' listed.
Reason	The reason for denial given by the MCO. Combines the Reason Code and Reason Code Description. Format: 'Reason Code'<space>'<space>'Reason Code Description' List of values for denial are provided in Exhibit C: Provider Enrollment Activity Reasons.

Report #:	71	Created:	09/01/2011
Name:	Provider Outstanding Account Receivables	Last Revised:	09/26/2011
Group:	Finance and Program Integrity	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of the month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Provider Outstanding Account Receivables report contains all accounts receivable that have reached 180 days or older in age. If there are no accounts receivable 180 days or older as of the last day of the reporting period then the report is to be submitted with the 'Total' values set to \$0.00 and the following comment located at the bottom of the report:

'NO ACCOUNTS RECEIVABLE 180 DAYS OR OLDER TO REPORT AS OF THE END OF THE REPORTING PERIOD'

Sample Layout:

Outstanding Account Receivables 180 Days or Older

					AR		AR	AR	Revise				
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AR ID	Provider Tax ID/SSN	Medicaid Provider ID	Provider NPI	Provider Name	Setup Date	AR Age	Setup Reason	Setup Amount	Revised AR Setup Amount	Disposition	AR Balance	Write Off Indicator	TPL Indicator
Total								\$0.00	\$0.00	\$0.00	\$0.00		

NO ACCOUNTS RECEIVABLE 180 DAYS OR OLDER TO REPORT AS OF THE END OF THE REPORTING PERIOD

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in ascending order by provider name.

Row Label	Description
Total	Calculated Field: Total of all reported in each column for 'AR Setup Amount', 'Revised AR Setup Amount', 'Disposition' and 'AR Balance'.

Column Label	Description
AR ID	The MCO identifier for the account receivable.
Provider Tax ID/SSN	Billing Provider Federal Tax ID (FEIN) or SSN of the Billing Provider.
Medicaid Provider ID	The Provider's Medicaid ID
Provider NPI	The Provider's NPI number as reported on the claim.
Provider Name	Concatenate the Provider's 'Last Name', 'First Name' 'Middle Initial'.
AR Setup Date	The date the account receivable was established.
AR Age	The age measured in days of the account receivable as of the last day of the reporting period. The setup date for the account receivable is to be counted.
AR Setup Reason	The reason behind the creation of the account receivable.
AR Setup Amount	The amount originally requested from the provider.
Revised AR Setup Amount	When MCO procedures allow modification of the original account receivable setup amount due to a dispute resolution or write off report the new account receivable setup amount. If the account receivable balance is adjusted rather than the setup amount report the original account receivable setup amount.
Disposition	The total amount applied to the account receivable during the reporting period. Dispositions may include payments received, recoupment or adjustments (dispute resolution or write offs).
AR Balance	The balance of the account receivable as of the last day of the reporting period.
Write Off Indicator	Indicates if the account receivable was partially or completely written off. Valid values are: N = Account receivable not written off. C = Account receivable completely written off. P = Account receivable partially written off.
TPL Indicator	Indicates if the account receivable resulted from identification of TPL. Valid values are 'Y' or 'N'.



Report #:	72	Created:	09/07/2011
Name:	Member Violation Letters and Collections	Last Revised:	09/25/2011
Group:	Program Integrity	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		

Description:

The report lists the complaints received and actions taken regarding potential Medicaid program violations by a Member. The MCO is to open a case for each complaint received and document the related activity for all active/open cases during the reporting period.

A copy of each Medicaid Program Violation (MPV) letter with signature that is mailed during the reporting period is to be provided as an attachment when the Member Violation Letters and Collections report is submitted.

Sample Layout:

Medicaid Program Violation Letters and Collections												
Case	Case	Member	Member	Member	Date Complaint	Source of	Summary of	Date Case	Actions	Overpayment Amount	Overpayment Collected	Total Overpayment Collected

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates not otherwise specified are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted as follows: First sort order by 'Case Status' (N, A, C, I). Second sort order by ascending 'Date Case Opened'.

Row Label	Description
NA	NA

Column Label	Description
Case Status	Identifies if the case is New, Existing or Closed. Valid values are: N = New Case opened during reporting period. A = Active Case and status update C = Closed case with disposition I = Inactive case and status description Only one Case Status is to be reported per line. If a Case is Opened and Closed during the same reporting period then one record with Case Status = N and one record with a Case Status = C will be reported for the case.
Case ID	The Case unique identifier assigned by the MCO.

Total (Y)										
Total										

(N)										
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Meets 42 CFR 455.20	Member Region	Billing Provider Type	MCO ICN	Payer	Billing Provider Name	Billing Provider Medicaid Number	Rendering Provider Name	Rendering Provider Medicaid Number	Billed Amount	Paid Amount	Response	Action
Total (Y)												
Total (N)												

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in ascending order by number in column A.

Row Label	Description
Total (Y)	<p>Total (Y) for MCO ICN: Report the unduplicated count of 'MCO ICN' for which the 'Meets 42 CFR 455.20' indicator was set to 'Y'.</p> <p>Total (Y) for Billed Amount: Report the sum of all 'Billed Amount' for which the 'Meets 42 CFR 455.20' indicator was set to 'Y'.</p> <p>Total (Y) for Paid Amount: Report the sum of all 'Paid Amount' for which the 'Meets 42 CFR 455.20' indicator was set to 'Y'.</p> <p>Total (Y) for Collections: Report the sum of all 'Collections' for which the 'Meets 42 CFR 455.20' indicator was set to 'Y'.</p>
Total (N)	<p>Total (N) for MCO ICN: Report the unduplicated count of 'MCO ICN' for which the 'Meets 42 CFR 455.20' indicator was set to 'N'.</p> <p>Total (N) for Billed Amount: Report the sum of all 'Billed Amount' for which the 'Meets 42 CFR 455.20' indicator was set to 'N'.</p> <p>Total (N) for Paid Amount: Report the sum of all 'Paid Amount' for which the 'Meets 42 CFR 455.20' indicator was set to 'N'.</p> <p>Total (N) for Collections: Report the sum of all 'Collections' for which the 'Meets 42 CFR 455.20' indicator was set to 'N'.</p>

Column Label	Description
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Meets 42 CFR 455.20	Yes or No indicator to be set as follows: 'Y' is to be used for all letters that were sent in order to meet the federal requirements of 42 CFR 455.20. 'N' is to be used for all letters that were sent for purposes other than compliance with 42 CFR 455.20.
Member Region	The MCO Region where the Member resides. Reported as a two (2) character text string. Valid values are 01, 02, 03, 04, 05, 06, 07 and 08.
Billing Provider Type	Billing Provider Type is designated with a state specific two (2) character field. Example: Billing Provider Type 01 = General Hospital
MCO ICN	The MCO Internal Control Number used to identify the claim. To be reported as a text string.
Date of Contact	The date the MCO initiated the action. Letter = Date of the Letter
Contact Type	The type of communication the MCO used to contact the Member. Valid Codes are: L = Letter
Member Name	The name of the member that received the EOB letter.
Member Medicaid ID	The Medicaid ID of the Member contacted. To be reported as a text string.
Date of Service	Date of Service of claim
Service Code	The code (e.g. procedure code, revenue code) for the service that was rendered to the member.
Service Code Description	The description of the 'Service Code' for the service that was rendered to the member.
Payer	The name of the payer source. If the MCO paid the claim report MCO. If an MCO subcontractor paid the claim then list the service description of the Subcontractor (i.e. Pharmacy, Dental, Vision, PCP Cap)
Billing Provider Name	The name of the provider who has billed for service rendered.
Billing Provider Medicaid Number	The Medicaid ID number for the provider who has billed for service rendered.
Rendering Provider Name	The name of the provider who rendered the service to the member for that specific date of service.
Rendering Provider Medicaid Number	The Medicaid ID number for the provider who has rendered the service to the member.
Billed Amount	Total billed amount for the 'Service Code'.
Paid Amount	Total paid amount by the MCO or the MCO subcontractor for the 'Service code'.
Response	If the Member has not responded then report 'No Member Response'. If the Member responded then concatenate the following: <date of response>,<->,<validation code>. Validation codes are: RB = Received Benefit NB = No Benefit Received PB = Partial Benefit Received
Action	The Action the MCO took based on the Member's response. Multiple actions may be reported. Valid Actions are: NAT: No Action Taken IPI: Initiated Provider Investigation RPA: Requested Provider Billing Adjustment ARS: Accounts Receivable Setup to Recoup Payment

Name:	SUR Algorithms	Last Revised:	09/22/2011
	Program Integrity		Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of the month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The SUR Algorithm report identifies potential overpayments to providers determined to be erroneous, abusive or otherwise inconsistent with DMS and/or MCO policy. The report is to include only those providers for which a demand letter was sent.

MCO algorithms that are routinely run are to be identified, documented and provided to DMS prior to the first submission of the SUR Algorithms Report. If the MCO modifies and/or creates specially designed algorithms that are used in reporting any subsequent SUR Algorithm report, the MCO is to provide DMS at the time of report submission documentation related to the algorithm including the algorithm name, algorithm description and algorithm logic.

Sample Layout:

Program Integrity - SUR - Algorithms											
Medicaid Provider ID	Provider Name	Tax ID/SSN	Provider Type	Algorithm Name	Demand LTR Date	Review Period	Identified Overpayment	Disputed	Revised Overpayment	Collected Overpayment	Total Overpayment Collected
				sub-total for <Algorithm Name>:			\$0.00	0	\$0.00	\$0.00	\$0.00
				sub-total for <Algorithm Name>:			\$0.00	0	\$0.00	\$0.00	\$0.00
				sub-total for <Algorithm Name>:			\$0.00	0	\$0.00	\$0.00	\$0.00
				Total for all Algorithms:			\$0.00	0	\$0.00	\$0.00	\$0.00

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in ascending order by 'Algorithm Name' by 'Demand LTR Date' by 'Medicaid Provider ID'.

Row Label	Description
Sub-total for <Algorithm Name>:	A sub-total for the 'Identified Overpayment', 'Revised Overpayment', 'Collected Overpayment' and 'Total Overpayment Collected' columns for each 'Algorithm Name' is to be calculated for all reported activity. A sub-total of all <Y> listed in the 'Disputed' column is to be calculated for all reported activity.
Total for all Algorithms:	A total of all algorithm sub-totals is to be calculated for the 'Identified Overpayment', 'Revised Overpayment', 'Collected Overpayment' and 'Total Overpayment Collected' columns for all reported activity.

	A total of all algorithms sub-totals is to be calculated for the "Disputed" column for all reported activity.
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Column Label	Description
Medicaid Provider ID	The Provider's Medicaid ID
Provider Name	Concatenate the Providers <Last Name>, <First Name> ,Middle Initial>
Tax ID/SSN	The Provider's FEIN number or SSN
Provider Type	Concatenate <Billing Provider Type> - <Billing Provider Type Description>. Values for Provider Type are provided in Exhibit A: Billing Provider Type and Specialty Crosswalk.
Algorithm Name	The name and/or title designated to a specific algorithm.
Demand LTR Date	The letter and mailing date of the demand letter pertaining to a specific algorithm and Provider.
Review Period	The time span (dates-of-service) of claims reviewed for a specific algorithm.
Identified Overpayment	A potential overpayment amount identified through an algorithm as reported on the demand letter.
Disputed	Valid codes are: Y = Demand Letter was Disputed N= Demand Letter was not Disputed
Revised Overpayment	If the Demand Letter was disputed and the overpayment amount was changed then report the new overpayment amount. Otherwise report the overpayment amount as identified in the Demand Letter.
Collected Overpayment	The amount collected during the reporting period based on a specific algorithm demand letter.
Total Overpayment Collected	The total amount collected since the demand letter was sent through the end of the reporting period.



Report #:	76	Created:	09/01/2011
Name:	Provider Fraud Waste and Abuse Report	Last Revised:	4/9/19
Group:	Program Integrity	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Provider Fraud Waste and Abuse report should contain all cases that are in the initial (not reported on the TIPS report) investigation stages acted upon during the reporting period. New cases, existing case actions, and closed cases within the reporting period are to be identified and the outcome of the investigation documented based upon the most current DMS State Requirements regarding Detecting and Preventing Fraud, Waste and Abuse .

Sample Layout:

Provider Fraud Waste and Abuse-Active Cases

PIU Case	Provider	Medicaid	Provider NPI	OIG Case Number	Date	Date Case Open	MAT Case (Y/N)	Summary of Complaint	Initial Investigation	PIU Action	Referred to DMS (Y, N, E)	Date Referred to	Overpayment	Date Case

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in ascending order by 'Medicaid Provider ID'

Row Label	Description
NA	NA

Column Label	Description															
PIU Case Number	The unique number assigned by the MCO to identify the case.															
Provider Name	The specific name of the provider (individual, group or clinic) that the complaint was filed against.															
Medicaid Provider ID	Report the Medicaid Provider ID if an individual provider. Report the Medicaid Billing Provider ID if a Facility or group practice. ID is to be reported as a text string.															
Provider NPI	The Provider's NPI number reported as a text string.															
Source of Complaint	Valid codes are to reported using the list below. Please note there may be multiple referral sources. <table border="0"> <tr> <td>Code</td> <td>Code</td> <td>Description</td> </tr> <tr> <td>DMS</td> <td></td> <td>The Department for Medicaid Services</td> </tr> <tr> <td>OIG</td> <td></td> <td>The Office of Inspector General</td> </tr> <tr> <td>INT</td> <td></td> <td>MCO internal source such as hotline, algorithm, SIU, etc. The Internal source should be specified</td> </tr> <tr> <td>OTH</td> <td></td> <td>MCO other source. Source should be identified</td> </tr> </table>	Code	Code	Description	DMS		The Department for Medicaid Services	OIG		The Office of Inspector General	INT		MCO internal source such as hotline, algorithm, SIU, etc. The Internal source should be specified	OTH		MCO other source. Source should be identified
Code	Code	Description														
DMS		The Department for Medicaid Services														
OIG		The Office of Inspector General														
INT		MCO internal source such as hotline, algorithm, SIU, etc. The Internal source should be specified														
OTH		MCO other source. Source should be identified														
OIG Case Number	The number assigned to the case by OIG or N/A (Applicable only to OIG Source of Complaint). If the source of complaint is OIG, an OIG Case # is required in the OIG Case Number column.															
Date Complaint or Referral Received	The date the complaint or referral was received by the MCO.															
Date Case Opened	Date the case was opened for review by the MCO.															
MAT (Y or N)	Case involves Medication Assisted Treatment (Y- yes, N-no).															
Summary of Complaint with timeframe reviewed	Short description of the complaint and MCO insight regarding pertinent facts to case. The timeframe under review should be included.															
Initial Investigation (Y or N)	Initial Investigation (Y- yes, N-no). (The case has been opened and is being actively worked. If a case has been referred to DMS or submitted for closure it would not be in the initial investigation stage.)															
PIU Action(s) Taken and Date(s)	Brief description of tangible action(s) taken during the reporting period with corresponding date(s). If no action was taken, explain why.															
Referred to DMS (Y, N, E or N/A-Reason)	Investigative report was referred to DMS with MCO recommendation and the MCO requesting permission to take action. <table border="0"> <tr> <td>Code</td> <td>Code</td> <td>Description</td> </tr> <tr> <td>Y</td> <td></td> <td>Yes, case referred to DMS.</td> </tr> <tr> <td>N</td> <td></td> <td>No, case has not been referred to DMS.</td> </tr> <tr> <td>E</td> <td></td> <td>Extension Requested</td> </tr> <tr> <td>N/A-Reason</td> <td></td> <td>Referral to DMS not applicable. The reason should</td> </tr> </table>	Code	Code	Description	Y		Yes, case referred to DMS.	N		No, case has not been referred to DMS.	E		Extension Requested	N/A-Reason		Referral to DMS not applicable. The reason should
Code	Code	Description														
Y		Yes, case referred to DMS.														
N		No, case has not been referred to DMS.														
E		Extension Requested														
N/A-Reason		Referral to DMS not applicable. The reason should														

	be specified if the case was closed (not substantiated).
Date Referred to DMS	The date the action in the previous column was taken (N/A would only be applicable for No and N/A in previous column).
Provider on Prepayment (Y/N) (Date if applicable)	Provider on Prepayment(Y- yes, N-no). If applicable, include the date the provider was placed on prepayment.
Overpayment Identified	Amount identified during the investigation that may have resulted from fraud, waste and/or abuse. Please note any investigation involving any overpayment over the \$500 threshold must be referred to DMS prior to MCO action.

Date Case Closed (with Code)	The Date the Case was closed or N/A. Please note if your MCO has referred the case to DMS based upon a reasonable belief that fraud, waste or abuse has occurred and if your MCO is not making tangible case updates every thirty (30) business days to the case the investigation should show as closed for purposes of the report and a notation made in the MCO case file. The code for these cases are as follows based upon the decision of DMS after submission of the MCO Standardized Investigative Report:
	Code Code Description
	ICNA Investigation Closed (no Action) with permission from DMS.
	AC Administrative Action Taken by MCO (no Fraud) with permission from DMS.
	OIG Acknowledgement from DMS case was referred for Preliminary Investigation (OIG).

Report #:	77	Created:	10/02/2011
Name:	Member Fraud Waste and Abuse	Last Revised:	4/9/19
Group:	Program Integrity	Report Status:	Active
Frequency:	Quarterly	Exhibits:	NA
Period:	First day of quarter through the last day of the quarter.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Member Fraud Waste and Abuse report should contain all cases acted upon during the reporting period. New cases, action taken on existing cases, and closed cases are to be identified and the outcome of the investigation documented.

Sample Layout:

Member Fraud Waste and Abuse														
PIU Case Number	Medicaid Member ID	Member Name	Date Complaint or Referral Received	Source of Complaint	OIG Case Number (if applicable)	MAT Related (Y or No)	Date Case Opened	Summary of Complaint with timeframe reviewed	PIU Action(s) Taken with Date(s)	Initial Investigation (Y or N)	Overpayment Identified	Referred to DMS (Y, N, E or N/A-Reason)	Date Referred to DMS	Date Case Closed

Reporting Criteria:

General Specifications	Definition
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Date Format	All report dates are to be in the following format: mm/dd/yyyy
Sort Order	The report is to be sorted in ascending order by 'Medicaid Member

Row Label	Description
NA	NA

Column Label	Description												
PIU CaseNumber	The unique number assigned by the MCO to identify the case.												
Medicaid Member ID	Member's Medicaid ID reported as a text string.												
Member Name	The name of the Medicaid member. Concatenate the Member's <Last Name>, <First Name> <Middle Initial>												
Date Complaint or Referral Received	The date the complaint or referral was received by the MCO.												
Source of Complaint	Valid codes are to be reported using the list below: <table border="0"> <tr> <td>Code</td> <td>Code Description</td> </tr> <tr> <td>DMS</td> <td>The Department for Medicaid Services</td> </tr> <tr> <td>OIG</td> <td>The Office of Inspector General</td> </tr> <tr> <td>INT</td> <td>MCO internal source such as hotline, algorithm, SIU, etc.</td> </tr> <tr> <td colspan="2">The Internal Source should be specified.</td> </tr> <tr> <td>OTH</td> <td>MCO other source. Source should be specified.</td> </tr> </table>	Code	Code Description	DMS	The Department for Medicaid Services	OIG	The Office of Inspector General	INT	MCO internal source such as hotline, algorithm, SIU, etc.	The Internal Source should be specified.		OTH	MCO other source. Source should be specified.
Code	Code Description												
DMS	The Department for Medicaid Services												
OIG	The Office of Inspector General												
INT	MCO internal source such as hotline, algorithm, SIU, etc.												
The Internal Source should be specified.													
OTH	MCO other source. Source should be specified.												
OIG Case Number (if applicable)	The number assigned to the case by OIG or N/A (Applicable only to OIG Source of Complaint). If the source of complaint is OIG, an OIG Case # is required in the OIG Case Number column.												
MAT Related (Y or No)	Case involves Medication Assisted Treatment (Y=yes, N=no).												
Date Case Opened	Date the case was opened for review by the MCO.												
Summary of Complaint with timeframe reviewed	Short description of the complaint with timeframe reviewed.												
PIU Action(s) Taken with Date(s)	Brief description of tangible action(s) taken during the reporting period with corresponding date(s). If no action was taken, explain why.												
Initial Investigation (Y or N)	Initial Investigation (Y=yes, N=no).												
Overpayment Identified	Amount identified during the investigation that may have resulted from fraud, waste and/or abuse.												
Referred to DMS (Y, N, E or N/A-Reason)	Investigative report was referred to DMS with MCO recommendation and the MCO requesting permission to take action. <table border="0"> <tr> <td>Code</td> <td>Code Description</td> </tr> <tr> <td>Y</td> <td>Yes, case referred to DMS.</td> </tr> <tr> <td>N</td> <td>No, case has not been referred to DMS.</td> </tr> <tr> <td>E</td> <td>Extension Requested</td> </tr> <tr> <td>N/A-Reason</td> <td>Referral to DMS not applicable. The reason should be specified if the case was closed (not substantiated).</td> </tr> </table>	Code	Code Description	Y	Yes, case referred to DMS.	N	No, case has not been referred to DMS.	E	Extension Requested	N/A-Reason	Referral to DMS not applicable. The reason should be specified if the case was closed (not substantiated).		
Code	Code Description												
Y	Yes, case referred to DMS.												
N	No, case has not been referred to DMS.												
E	Extension Requested												
N/A-Reason	Referral to DMS not applicable. The reason should be specified if the case was closed (not substantiated).												

Date Referred to DMS	The date the action in the previous column was taken (N/A would only be applicable for No and N/A in previous column)
Date Case Closed	The date the case was closed.



Report #:	78	Created:	08/23/2011
Name:	Quarterly Benefit Payments	Last Revised:	08/28/2012
	Financial		Active
Group:		Report Status:	
Frequency:	Quarterly	Exhibits:	D, E, F
	First day of quarter through the last day of quarter.		
Period:			
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Quarterly Benefit Payments report provides MCO financial activity for the Medicaid and Kentucky Children’s Health Insurance Program (KCHIP) by MCO Region, Month and State Category of Service. Report only includes financial activity related to Benefits including claims, claim adjustments, mass adjustments, sub-capitation, and other financial payments/recoupment activity not processed as part of claims activity. Categories of Service are grouped by Medicaid Mandatory and Medicaid Optional Services. Criteria to properly identify and report EPSDT services and KCHIP services are to be applied as outlined below.

Sample Layout:

MCO Data for LRC Quarterly Report Medicaid (non KCHIP) - Region 01					
COS	COS Description	mm/yyyy	mm/yyyy	mm/yyyy	Qtr. Total

Medicaid Mandatory Services

02	Inpatient Hospital				\$0.00
12	Outpatient Hospital				\$0.00
	Subtotal: Mandatory Services	\$0.00	\$0.00	\$0.00	\$0.00

Medicaid Optional Services

03	Mental Hospital				\$0.00
04	Renal Dialysis Clinic				\$0.00
	Subtotal: Optional Services	\$0.00	\$0.00	\$0.00	\$0.00

Total: Mandatory and Optional Services	\$0.00	\$0.00	\$0.00	\$0.00
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Reinsurance			\$0.00
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Pharmacy Rebates				\$0.00
Grand Total	\$0.00	\$0.00	\$0.00	\$0.00

MCO Data for LRC Quarterly KCHIP - Region 01					
COS	COS Description	mm/yy	mm/yy	mm/yy	Qtr. Total

Medicaid Mandatory Services

02	Inpatient Hospital				\$0.00
12	Outpatient Hospital				\$0.00
	Subtotal: Mandatory Services				\$0.00

Medicaid Optional Services

03	Mental Hospital				\$0.00
04	Renal Dialysis Clinic				\$0.00
	Subtotal: Optional Services				\$0.00

Total: Mandatory and	\$0.00	\$0.00	\$0.00	\$0.00
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Reinsurance				\$0.00
Pharmacy Rebates				\$0.00

Grand Total	\$0.00	\$0.00	\$0.00	\$0.00
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Reporting Criteria:

General Specifications	Definition
Financial Activity	Payments reported are to be based on date of
EPSDT Services	Multiple Provider Types may provide EPSDT services. Reference Exhibit E for EPSDT Category of Service spreadsheet for additional information.
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Subtotal: Mandatory Services	Calculated Field: Total for all mandatory category of services listed in the report
Subtotal: Optional Services	Calculated Field: Total for all optional category of
Total: Mandatory and Optional Services	Calculated Field: Total of 'Subtotal: Mandatory Services' and 'Subtotal: Optional Services'
Reinsurance	MCO premium payments for stop-loss insurance
Pharmacy Rebates	Drug Rebates collected by the MCO. 'Pharmacy Rebates' is to be reported as a negative value. Note: The state is responsible for collecting federal
Grand Total	Calculated Field: Total of 'Total: Mandatory and Optional Services', 'Reinsurance' and 'Pharmacy

Column Label	Description
COS	Category of Service: State specific identification of services primarily identified by use of Provider
COS Description	Description for 'COS'

Reporting Criteria:

Row Label	Definition
Region	Provide HRA data by each region

Column Label	Description
Number of New HRA's Initiated Child (Total)	Provide the total number of New HRA's Initiated for children
Number of New HRA's Initiated Adult (Total)	Provide the total number of New HRA's Initiated for Adults
Number of New HRA's Initiated Pregnant (Total)	Provide the total number of New HRA's Initiated for pregnant women
Total New HRA's Initiated	Provide the total number of New HRA's Initiated for this Quarter
Number of Cumulative HRA's Initiated Child (Total)	Provide the total number of Cumulative HRA's Initiated for children during this Quarter
Number of Cumulative HRA's Initiated Adult (Total)	Provide the total number of Cumulative HRA's Initiated for Adults during this Quarter
Number of Cumulative HRA's Initiated Pregnant Women (Total)	Provide the total number of Cumulative HRA's Initiated for pregnant women during this Quarter
Total Cumulative HRA's Initiated	Provide the total number of Cumulative HRA's Initiated for this Quarter



Report #:	84	Created:	12/12/2011
Name:	Quality Assessment and Performance	Last	
Group:	Quality Assurance and Improvement	Report	Active
Frequency:	Annual	Exhibits:	
Period:	Ongoing		
Due	July 31st		
Submit	Kentucky Department for Medicaid		

Description:

The MCO's Quality Assessment and Performance Improvement (QAPI) Program shall conform to requirements of 42 CFR 438, Subpart D at a minimum. The MCO shall implement and operate a comprehensive QAPI program that assesses monitors, evaluates and improves the quality of care provided to Members. Behavioral Health services, the Contractor shall integrate Behavioral Health indicators into its QAPI program and include a systematic, on-going process for monitoring, evaluating, and improving the quality and appropriateness of Behavioral Health Services provided to Members. The program shall also have processes that provide for the evaluation of access to care, continuity of care, health care outcomes, and services provided or arranged for by the MCO. The Contractor's QI structures and processes shall be planned, systematic and clearly defined. Annually, the MCO shall submit the QAPI program description document to the Department for review by July 31 of each contract year.



Report #:	85	Created:	12/12/2011
Name:	Quality Improvement Plan and Evaluation	Last	
Group:	Quality Assurance and Improvement	Report	Active
Frequency:	Annual	Exhibits:	
Period:	Ongoing		
Due	July 31st		
Submit	Kentucky Department for Medicaid		

Description:

The MCO's Quality Assessment and Performance Improvement (QAPI) Program shall monitor and evaluate the quality of health care on an ongoing basis and conform to requirements of 42 CFR 438, Subpart D at a minimum. Health care needs such as acute or chronic physical or behavioral conditions, high volume, and high risk, special needs populations, preventive care, and behavioral health shall be studied and prioritized for performance measurement, performance improvement and/or development of practice guidelines. Standardized quality indicators shall be used to assess improvement, assure achievement of at least minimum performance levels, monitor adherence to guidelines and identify patterns of over- and under-utilization. The measurement of quality indicators selected by the Contractor must be supported by valid data collection and analysis methods and shall be used to improve clinical care and services.

Annually, the MCO shall submit the Quality Improvement Plan and Evaluation document to the Department for review by July 31 of each contract year.



Report #:	86	Created:	01/09/2012
Name:	Annual Outreach Plan	Last	
Group:	Other Activities	Report	Active
Frequency:	Annual	Exhibits:	
Period:	Ongoing		
Due	July 31st		
Submit	Kentucky Department for Medicaid		

Description:

The MCO shall develop, administer, implement, monitor and evaluate a Member and community education and outreach program that incorporates information on the benefits and services of the Contractor's Program to all Members. The Outreach Program shall encourage Members and community partners to use the information provided to best utilize services and benefits.

Educational and outreach efforts shall be carried on throughout the Contractor's Region. Creative methods will be used to reach Members and community partners. These will include but not be limited to collaborations with schools, homeless centers, youth service centers, family resource centers, public health departments, school-based health clinics, chamber of commerce, faith-based organizations, and other appropriate sites.

The plan shall include the frequency of activities, the staff person responsible for the activities and how the activities will be documented and evaluated for effectiveness and need for change.

Annually, the MCO shall submit the Annual Outreach Plan document to the Department for review by July 31 of each contract year.

Sample Layout:

Quality Improvement	MCO Responsible	Monitoring	Quarterly Activity
Activity Name: Objective: Goal: Monitoring:			1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
Activity Name: Objective: Goal: Monitoring:			1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
Activity Name: Objective: Goal: Monitoring:			1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Reporting Criteria:

Row Label	Description
Activity Name Objective	Provide the name of the QAPI Activity. Provide the objective of the QAPI Activity.
Goal Monitoring	Provide evaluation and track events and quality of care concerns. Provide MCO staff person or

Column Label	Description
Quality Improvement Activity	Provide the QAPI Activity along with objective, goal and monitoring for each activity.

MCO Staff Responsible	Provide the MCO staff person/people responsible
Monitoring Frequency	Provide the monitoring frequency of each QAPI
Quarterly Activity Summary	Provide the quarterly summaries of each QAPI

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format:
Sort Order	The report is to be sorted in ascending order by 'MCO Region' by 'Member ID' by 'First DOS'

Row Label	Description
Sub-total	Although not shown on the report template, a subtotal line is to be added after each Region. Sub-total figures are to be reported for Medicaid
Total	Medicaid ID: Total unduplicated Member IDs for the reporting period. Claim ICN: Total count of all claim ICNs for the

Column Label	Description
MCO Region	The MCO Region is determined by the Member's county at the time the service was provided. The MCO shall be under contract to provide Medicaid
Member ID	The Member's Medicaid ID.
Member DOB	The Member's date of birth.
Provider NPI	The Provider's NPI number as reported on the
Claim ICN	The MCO claim internal control number for the
First DOS	First date of service as reported on the claim.
Last DOS	Last date of service as reported on the claim.
Paid Amount	The total adjudicated claim paid amount by the MCO. Example: A claim adjudicated to pay \$100. There is an outstanding A/R in financial for \$200.

Report #:	92	Created:	10/29/201
Name:	Performance Improvement Projects	Last	
Group:	Quality	Report	Active
Frequency:	Annual	Exhibits:	N/A
Period:			
Due Date:	01-SEP		
Submit To:	Kentucky Department for Medicaid		

Description:

The Performance Improvement Projects Measurement report provides the baseline, interim, and final results of the Performance Improvement Projects.

The baseline report is to be submitted in the format as outlined in the Health Plan Performance Improvement Project (PIP) document.

The interim report is to be submitted in the format as outlined in the Health Plan Performance Improvement Project (PIP) document.

The final report is to be submitted in the format as outlined in the Health Plan Performance Improvement Project (PIP) document.

A Project Review Guidelines is provided as a separate document which outlines how the PIPs will be evaluated and also provides guidance to the plans on what is expected through the PIP lifetime. The actual scoring of a PIP may differ based on the EQRO contracted with the Department.

Report #: 93	Created: 11/08/201
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Name:	EPSDT CMS-416	Last	
Group:		Report	Active
Frequency:	Annual	Exhibits:	NA
Period:	Federal Fiscal Year: 01-OCT through 30-SEP		
Due	15-MAR		
Submit	Kentucky Department for Medicaid Services		

Description:

The EPSDT CMS-416 report is required annually. The specifications for the EPSDT CMS-416 report shall be in compliance with the most current CMS-416: Annual EPSDT Participation Report and shall be based on Federal



Report #:	94	Created:	11/08/2011
Name:	Member Surveys	Last	
Group:	Quality	Report	Active
Frequency:	Annual	Exhibits:	NA
Period:	Calendar Year: 01-JAN through 31-DEC		
Due	31-AUG		
Submit	Kentucky Department for Medicaid Services		

Description:

The Contractor shall conduct an annual survey of Members' satisfaction with the quality of services provided and their degree of access to services. The member satisfaction survey requirement shall be satisfied by the Contractor participating in the Agency for Health Research and Quality's (AHRQ) current Consumer Assessment of Healthcare Providers and Systems survey ("CAHPS") for Medicaid Adults and Children, administered by an NCQA certified survey vendor. The Contractor shall provide a copy of the current CAHPS survey tool to the Department. Annually, the Contractor shall assess the need for conducting special surveys to support quality/performance improvement initiatives that target subpopulations perspective and experience with access, treatment and services. The Department shall review and approve any Member survey instruments and shall provide a written response to the Contractor within fifteen (15) days of receipt. The Contractor shall provide the Department a copy of all survey results. A description of the methodology to be used conducting the Member or other special surveys, the number and percentage of the Members to be surveyed, response rates, and a sample survey instrument, shall be submitted to the Department along with the findings and interventions conducted or planned.



Report #:	95	Created:	11/08/2011
Name:	Provider Surveys	Last Revised:	
Group:	Quality	Report Status:	Active
Frequency:	Annual	Exhibits:	NA
Period:	Calendar Year: 01-JAN through 31-DEC		
Due Date:	31-AUG		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Contractor shall conduct an annual survey of Providers' satisfaction. To meet the provider satisfaction survey requirement the Contractor shall submit to the Department for review and approval the Contractor's provider satisfaction survey tool. The Department shall review and approve any Provider survey instruments and shall provide a written response to the Contractor within fifteen (15) days of receipt. The Contractor shall provide the Department a copy of all survey results. A description of the methodology to be used conducting the Provider or other special surveys, the number and percentage of the Providers to be surveyed, response rates,

and a sample survey instrument, shall be submitted to the Department along with the findings and interventions conducted or planned.

Report #:	96	Created:	11/08/2011
Name:	Audited HEDIS Reports	Last Revised:	
Group:	Quality	Report Status:	Active
Frequency:	Annual	Exhibits:	NA
Period:	Calendar Year: 01-JAN through 31-DEC		
Due Date:	31-AUG		
Submit To:	National Committee for Quality Assurance (NCQA) Kentucky Department for Medicaid Services		

Description:

The Contractor shall be required to collect and report HEDIS data annually. After completion of the Contractor’s annual HEDIS data collection, reporting and performance measure audit, the Contractor shall submit to the Department the Final Auditor’s Report issued by the NCQA certified audit organization and an electronic (preferred) or printed copy of the interactive data submission system tool (formerly the Data Submission tool) by no later than August 31st.

In addition, for each measure being reported, the Contractor shall provide trending of the results from all previous years in chart and table format. Where applicable, benchmark data and performance goals established for the reporting year shall be indicated. The Contractor shall include the values for the denominator and numerator used to calculate the measures.

For all reportable Effectiveness of Care and Access/Availability of Care measures, the Contractor shall stratify each measure by Medicaid eligibility category, race, ethnicity, gender and age.

Report #:	97	Created:	10/08/11
Name:	Behavioral Health Adult and Children Populations	Last Revised:	02/05/16
Group:	Behavioral Health	Report Status:	Active
Frequency:	Quarterly, SFY to date	Exhibits:	G
Period:	First day of the State Fiscal Year quarter through the last day of the State Fiscal Year quarter		
Due Date:	30 calendar days following the last day of the reporting period		
Submit To:	Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities Kentucky Department for Medicaid Services		

Description:

The report identifies the behavioral health populations to whom services have been provided during the reporting period. Reference Exhibit G for definitions of behavioral health populations. The populations in this report should be consistent with the populations across all reports. Count an individual as an adult if at any time during the reporting period the individual was 18 years old or older. Specific sections of this report require a look back of 24 months from the quarter end date of the reporting period. Both paid and denied claims should be counted when determining if a service has been rendered.

The populations determined on this report shall be used as the populations for Reports 103, 104, 105, 106 and 110.

Sample Layout:

QE mm/dd/yyyy	
Unduplicated Client Count	Percent of MCO Enrolled
MCO Enrolled	1.00
BH Adults & Children Enrolled	
ADULTS	
All MCO Adults Enrolled	
Adults enrolled during reporting period with BH Diagnosis in 24 months before Qtr End but no BH Services during Reporting Period (1)	
Adults enrolled during the reporting period with BH Diagnosis and BH Services during Reporting Period (2)	
BH Adults General Population [Sum of (1) and (2) above]	
Adults with No BH Diagnosis during 24 months prior to Qtr End who did receive BH Services during Reporting Period	
SMI Enrolled (Subset of BH Adults General Population)	

CHILDREN/YOUTH		
All MCO Children/Youth Enrolled		

Children enrolled during the reporting period with BH Diagnosis in 24 months before Qtr End but no BH Services during Reporting Period (1)		
Children enrolled during the reporting period with BH Diagnosis and BH Services during Reporting Period (2)		
BH Children General Population [Sum of (1) and (2) above]		
Children with No BH Diagnosis who received BH Services during reporting period		
SED Enrolled. (Subset of BH Children General Population)		

SPECIAL POPULATIONS – Subset of Above		
All Pregnant and Post Partum Women		
Adults (18+) - Pregnant and Post Partum Women		
Children/Youth (<18) - Pregnant and Post Partum Women		
All BH Clients Receiving EPSDT Services		
Adults (18+) - BH Clients Receiving EPSDT Services		
Children/Youth (<18) - BH Clients Receiving EPSDT Services		

All PRTF I Clients		
Adults (18+) - PRTF 1 Clients - in state		
Adults (18+) - PRTF 1 Clients - out of state		
Children/Youth (<18) - PRTF I Clients - in state		
Children/Youth (<18) - PRTF I Clients - out of state		

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy
	Quarterly Unduplicated count of all Members from the first day of the State Fiscal Year quarter to the last day of the State Fiscal Year quarter.
	State Unduplicated count of Members from the first day of the State Fiscal Fiscal Year through the last day of the State Fiscal Year (July 1- Year June 30).
Percent	Report percentages as decimals, e.g., 5.25% should be reported as .0525.
Sort Order	The report is to be sorted in order as shown above in sample layout.

Row Label	Description
MCO Enrolled	Include all persons who were members during the reporting period.
BH Adults and Children/Youth Enrolled	An unduplicated count of MCO enrolled members who meet the criteria for any of the four Behavioral Health populations according to Exhibit G.
Adults	This is a header row
All MCO Adults Enrolled	An unduplicated count of all MCO enrolled Members that are age 18 or older.
Adults with BH Diagnosis not receiving BH services	An unduplicated count of all MCO Members enrolled during the reporting period that meet the criteria outlined in Measure 1 in Exhibit G. This is a subset of the row "All MCO Adults Enrolled".
Adults with BH Diagnosis receiving BH Services	An unduplicated count of all MCO Members enrolled during the reporting period that meet the criteria outlined in Measure 2 in Exhibit G. This is a subset of the row "All MCO Adults Enrolled".
TOTAL BH ADULTS	The sum of the previous two rows
Adults without BH Diagnosis receiving BH Services	An unduplicated count of all MCO enrolled Members without a diagnosis as outlined in Exhibit G who received a behavior health service. Refer to the Fee for Service Schedules to identify behavioral health services.
SMI Enrolled	An unduplicated count of all MCO users that are SMI. The SMI Behavioral Health Population is defined in Exhibit G: Behavioral Health Populations. This is a subset of row "BH Adults Enrolled".
Children/Youth	This is a header row
All MCO Children/Youth Enrolled	An unduplicated count of all MCO enrolled Members that are under age 18.
Children/Youth with BH Diagnosis not receiving BH Services	An unduplicated count of all MCO Members enrolled during the reporting period that meet the criteria outlined in Measure 1 in Exhibit G. This is a subset of the row "All MCO Children/Youth Enrolled".
Children/Youth with BH Diagnosis receiving BH Services	An unduplicated count of all MCO Children/Youth enrolled during the reporting period that meet the criteria outlined in Measure 2 in Exhibit G. This is a subset of the row "All MCO Children/Youth Enrolled".
TOTAL BH Children/Youth	The sum of the previous two rows
Children/Youth without BH Diagnosis receiving BH Services	An unduplicated count of all MCO enrolled Children/Youth that meet the criteria outlined in Exhibit G.

SED Enrolled	An unduplicated count of all MCO users that are SED. The SED Behavioral Health Population is defined in Exhibit G: Behavioral Health Populations. "This is a subset of "BH Children/Youth Enrolled".
SPECIALPOPULATIONS	This is a header row
Pregnant and Postpartum Women	This is a header row
All Pregnant and Postpartum Women	The unduplicated count of pregnant or postpartum members for which a behavioral health service was provided by the MCO or the MCO subcontractor during the reporting period. Refer to the Fee for Service Schedules to identify behavioral health services. This row is the sum of the following two rows which distinguish between adults and children/youth.
Adults (18+) – Pregnant and Postpartum Women	The unduplicated count of pregnant or postpartum members that are age 18 or older for which a behavioral health service was provided by the MCO or the MCO subcontractor during the reporting period. Refer to the Fee for Service Schedules to identify behavioral health services. This row is a subset of the row "All Pregnant and Postpartum Women".
Children/Youth (<18) – Pregnant and Postpartum Women	The unduplicated count of pregnant or postpartum members that are less than 18 years old for which a behavioral health service was provided by the MCO or the MCO subcontractor during the reporting period. Refer to the Fee for Service Schedules to identify behavioral health services. Refer to industry

	standards for a list of behavioral health services. This row is a subset of the row "All Pregnant and Postpartum Women".
EPSDT Service Recipients (BH)	This is a header row
All BH Clients Receiving EPSDT Services	The unduplicated count of behavioral health members for which an EPSDT service was provided by the MCO or the MCO subcontractor during the reporting period. Refer to the Fee for Service Schedules to identify EPSDT services. This row is the sum of the following two rows which distinguish between adults and children/youth.
Adults (18+) – BH Clients Receiving EPSDT Services	The unduplicated count of behavioral health members that are age 18 or older for which an EPSDT service was provided by the MCO or the MCO subcontractor during the reporting period. Refer to the Fee for Service Schedules to identify EPSDT services. This row is a subset of the row "All BH Clients Receiving EPSDT Services".
Children/Youth (<18) – BH Clients Receiving EPSDT Services	The unduplicated count of behavioral health members that are less than 18 years of age for which an EPSDT service was provided by the MCO or the MCO subcontractor during the reporting period. Refer to the Fee for Service Schedules to identify EPSDT services. This row is a subset of the row "All BH Clients Receiving EPSDT Services".
PRTF I Clients	This is a header row
All BH Clients Receiving Services at a PRTF I Facility	The unduplicated count of members served at any PRTF I facility by the MCO or the MCO subcontractor during the reporting period. This row is the sum of the following four rows which distinguish between adults and children/youth and between in state and out of state facilities.
Adults (18+) – BH Clients Receiving Services at a PRTF I Facility In State	The unduplicated count of members that are age 18 and older served at any Kentucky PRTF I facility by the MCO or the MCO subcontractor during the reporting period. This row is a subset of the row "All BH Clients Receiving Services at a PRTF I Facility".
Adults (18+) – BH Clients Receiving Services at a PRTF I Facility Out of State	The unduplicated count of members that are age 18 and older served at any PRTF I facility outside of Kentucky by the MCO or the MCO subcontractor during the reporting period. This row is a subset of the row "All BH Clients Receiving Services at a PRTF I Facility".
Children/Youth (<18) – BH Clients Receiving Services at a PRTF I Facility In State	The unduplicated count of members that are less than age 18 served at any Kentucky PRTF I facility by the MCO or the MCO subcontractor during the reporting period. This row is a subset of the row "All BH Clients Receiving Services at a PRTF I Facility".
Children/Youth (<18) – BH Clients Receiving Services at a PRTF I Facility Out of State	The unduplicated count of members that are less than age 18 served at any PRTF I facility outside of Kentucky by the MCO or the MCO subcontractor during the reporting period. This

	row is a subset of the row "All BH Clients Receiving Services at a PRTF I Facility".
--	--

Column Label	Description
QE mm/dd/yyyy	Quarter Ending (QE) is the last day of the State Fiscal Year quarter displayed in the format mm/dd/yyyy. This column is to be populated in all reports in space provided; contents should apply to the last quarter ending and the quarter ending date should be correctly displayed in the space provided.

Report #:	119	Created:	01/19/12
Name:	Mental Health Statistics Improvement Project Adult Survey Report	Last Revised:	2/12/2015
Group:	Behavioral Health	Report Status:	Active
Frequency:	Annual	Exhibits:	
Period:	State Fiscal Year: 07/01 through 06/30		
Due Date:	180 days after State Fiscal Year End		
Submit To:	Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities		
	Kentucky Department for Medicaid Services		

Description:

The MCO shall annually implement the Mental Health Statistics Improvement Program (MHSIP) Adult Survey. The behavioral health member satisfaction survey requirement shall be satisfied by the Contractor by administering the 28-Item Mental Health Statistics Improvement Program (MHSIP) Adult Survey plus eight (8) additional items for the Social Connectedness and Functioning National Outcome Measures (for adult behavioral health members).

The MCO may contact the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to obtain a current version of the survey tools. The Contractor shall submit a plan for administration (sampling strategy, survey methodology, etc.) to DBHDID prior to survey administration. DBHDID shall review and approve any behavioral health member survey instruments and plan for administration and shall provide a written response to the Contractor within fifteen (15) days of receipt. The Contractor shall provide the Department a copy of all survey results in the format prescribed. Survey results shall include counts of Members surveyed by MCO Region and report percentages of Members who report positively about the following domains:

- Access
- Quality and Appropriateness
- Outcomes
- Treatment Planning
- General Satisfaction with Services

Sample Layout:

Provider Type	SFY Survey Completed	General Satisfaction	Access	Quality	Participation	Outcomes	Social Connectedness	Functioning

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy
Provider Type	All Billing Provider Types are to be considered. Billing Provider Type is designated with a state specific two (2) character field. Crosswalk of Provider Type and Provider Specialty to each Provider Description is provided in Exhibit A: Provider Type and Specialty Crosswalk.
SFY Survey Completed	The State Fiscal Year within which the survey was completed. Use format YYYY.
General Satisfaction	The Mean Score of the domain.
Access	The Mean Score of the domain.
Quality	The Mean Score of the domain.
Participation	The Mean Score of the domain.
Outcomes	The Mean Score of the domain.
Social Connectedness	The Mean Score of the domain.
Functioning	The Mean Score of the domain.

Report #:	120	Created:	01/19/12
Name:	Youth Services Satisfaction Caregiver Survey Report	Last Revised:	2/12/2015
Group:	Behavioral Health	Report Status:	Active
Frequency:	Annual	Exhibits:	
Period:	State Fiscal Year: 07/01 through 06/30		
Due Date:	180 days after the end of State Fiscal Year		
Submit To:	Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities		
	Kentucky Department for Medicaid Services		

Description:

The MCO shall annually implement the Youth Services Satisfaction Caregiver Survey (YSSF) . The YSSF requirement shall be satisfied by the Contractor by administering the 21-item Youth Services Survey Family Version (YSS-F) plus additional 4 items for the Social Connectedness National Outcome Measure (for parents /caregiver of child members). The Contractor may contact the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to obtain a current version of the survey tools. The MCO shall submit a plan for administration (sampling strategy, survey methodology, etc.) to DBHDID prior to survey administration. DBHDID shall review and approve any Behavioral Health member survey instruments and plan for administration and shall provide a written response to the Contractor within fifteen (15) days of receipt. The Contractor shall provide the Department a copy of all survey results in the format prescribed. Survey results shall include counts of Members surveyed by MCO Region and report percentages of Youth Members who report positively about the following domains:

Access
Outcomes
Treatment Planning
Family Members Reporting high Cultural Sensitivity of Staff
General Satisfaction with Services

Reporting Criteria:

General Specifications	Definition
Sort Order	The report is to be sorted in ascending order: <Specialty> by <Provider Medicaid ID> by <Month>

Row Label	Description
NA	

Column Label	Description
Specialty	The Provider specialty. Valid values are FQHC and RHC
Provider Medicaid ID	Medicaid ID assigned by the Department
Provider Name	Provider name associated with the Provider Medicaid ID as listed in MMIS
Month	The month that the payments were made to the Provider. Format to be reported is <YYYY/MM>.
# Unduplicated Claims Excluding Crossovers	Total number by Medicaid ID of unduplicated claims for the quarter. Do not include Crossover Claims
Total Amt Paid- Claims Excluding Crossovers	Total dollars paid for the total number of unduplicated claims excluding crossovers listed in the previous column.
TPL Amount Listed	Total amount of any Third Party payment listed for the number of unduplicated claims excluding crossovers listed in column three.
# Unduplicated Crossover Claims	Total number by Medicaid ID of unduplicated crossover claims for the quarter.
Total Amt Paid - Crossover Claims	Total dollars paid for the total number of unduplicated crossover claims listed in the previous column.



Report #:	127	Created:	08/28/2012
Name:	Statement on Standards for Attestation Engagements (SSAE) No. 16	Last Revised:	NA
Group:	Audit/Internal Control	Report Status:	Active
Frequency:	Annual or as Appropriate	Exhibits:	NA
	As required by APA		
Period:	30 days following the first calendar quarter (April 30)		
Due Date:			
Submit To:	Kentucky Department for Medicaid Services		

Description:

MCO should provide the Statement on Standards for Attestation Engagements (SSAE) No. 16 Type II audit that addresses the engagements conducted by services providers on service organization for reporting design control and operational effectiveness.



Report #:	173	Created:	07/12/2018
Name:	MCO-PBM Compliance Report for POS Transactions	Last Revised:	
Group:	Pharmacy	Report Status:	Active

Frequency:	Annual	Exhibits:	NA
Period:	State Fiscal Year July 1 – June 30.		
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Better copy of report 173 in contract

Description:

Monthly summary of Ownership & Related Entities with details for each MCO, PBM and the related entities; Monthly Financial Detail; Cumulative Financial Detail; Related Entity Financial Detail; Related Entity Financial Detail; Pharmacy Type Financial Detail. List Executive Staff Titles; Relationship Titles; MCO and the PBM shall each submit a legal structure chart.

Sample Layout:

Ownership and Related Entities of the PBM	
MCO Disclosure	

ENTER ON SHEET 2	MCO Name	Subsidiaries	Relationship to MCO
	Address 1		
	Address 2		
	City		
	State		
	Zip Code		
	Phone		
	email		

MCO Officers/Ownership	
Name	Title

PBM Disclosure

PBM Parent

Relationship to PBM

PBM Name
Address 1
Address 2
City
State
Zip Code
Phone
email

--	--

PBM Officers/Ownership

Name Title

--	--

Related Entities of the PBM

Relationship to PBM

Entity Name

--

Address 1

Address 2

Relationship End Date (if applicable)

City

--

State

Zip Code

Phone

email

Business Type

Entities of the PBM Officers/Ownership

Related

Name

Title

Detail for "Other"

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Monthly PBM Financial Detail

MCO

Name:

Report Run Date:

Reporting Period From:
Reporting Period To:

NOTE: See "Data Dictionary and Terminology" tab for detail on reporting items.

Jan 2017 Financial Information

Item #

Medicaid \$ paid to PBM

1 \$ -

Medicaid \$ paid to PBM, not paid to pharmacies

2 \$ -

Dispensing Fee

Other Fees

Ingredient Cost

median

mean
median

median
mean

mean
total claims

Average reimbursement by claim, PBM to pharmacies of common ownership
3

\$	-	\$	-
	\$	-	\$
	-	\$	-
	\$	-	0

Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply
4a

-	\$	-	\$
-	\$	-	\$
-	\$	-	\$
-	0	-	

Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply
4b

-	\$	-	\$
-	\$	-	\$
-	\$	-	\$
-	0	-	

Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply
5a

-	\$	-	\$
-	\$	-	\$
-	\$	-	\$
-	0	-	

Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply

5b		\$	-	\$
	-	\$	-	\$
	-	\$	-	\$
	-	0		

Total remuneration fees charged to pharmacies of common ownership, by fee type	DI Fees	Other Assessments /Charges		
6	\$	-	\$	-

Total remuneration fees charged to pharmacies with 11 or more locations, by fee type	\$	-	\$	-
7				

Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type	\$	-	\$	-
8				

2017 Cumulative Financial Detail

MCO
Name:

Report Run Date:
Reporting Period From:
Reporting Period To:

NOTE: See "Data Dictionary and Terminology" tab for detail on reporting items.

Item #

Medicaid \$ paid to PBM

1	\$	-
---	----	---

Medicaid \$ paid to PBM, not paid to pharmacies

\$	-
----	---

	Ingredient Cost	Dispensing Fee	Other Fees
	median	mean median	median mean mean total claims
Average reimbursement by claim, PBM to pharmacies of common ownership	\$	0 \$ -	\$ - \$ -
4a Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply			
4b Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply			
5a Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply			
Average reimbursement by claim, PBM to pharmacies			

5b

with 10 or fewer locations for fills greater than a 34 days supply	\$	0	\$	-
		\$	\$	\$
		\$	\$	\$
	\$	\$	\$	\$

		\$

	\$	-		\$	-	
		\$		-		
	DI Fees		Other Assessments /Charges			
Total remuneration fees charged to						
6	\$	-		\$	-	
pharmacies of common ownership, by fee type						

--	--	--	--

Total remuneration fees	\$	-	\$	-
charged to pharmacies	\$	-	\$	-

with 11 or

more locations

,

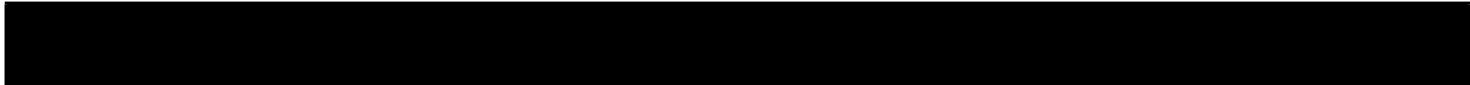
by fee type
Total remuneration fees charged to pharmacies

with 10 or

fewer locations, by fee type

Related Entity Financial Detail

	Jan 2017			
	Average reimbursement by claim from PBM to pharmacies of common ownership			Total assessments charged to pharmacies of common ownership



Entity Name	Ingredient Cost		Dispensing Fee		Other Fees		DI Fees	Other Assessments /Charges
	median	mean	median	mean	median	mean		

Pharmacy Type Financial Detail

Addendum 1

Kentucky Department for Medicaid Services

Executive Staff Titles

Behavioral Health Director

Board Member (Board of Directors) Chairman (Board of Directors)

Chief Accounting Officer

Chief Administrative Officer

Chief Business Development Officer

Chief Business Officer

Chief Commercial Officer

Chief Compliance Officer

Chief Data Officer

Chief Executive

Chief Executive Officer

Chief Financial Officer

Chief Information Officer

Chief Information Security Officer

Chief Investment Officer

Chief Marketing Officer

Chief Medical Director

Chief Medical Officer

Chief Networking Officer

Chief of Staff

Chief Operations Officer

Chief Pharmaceutical Officer

Chief Privacy Officer

Chief Procurement Officer

Chief Revenue Officer

Chief Security Officer

Chief Technical Officer

Deputy General Manager

Deputy President

Director

Executive Chairman

Executive Vice President

Finance Director

Financial Control Officer

General Manager

Operations Director

Other Executive Staff

Owner

Partner

President

Proprietor

Senior Executive Vice President
Senior Vice President
Vice Chairman (Board of Directors)
Vice President

Addendum 2

Kentucky Department for Medicaid Services

Relationship Titles

MCO Holding Company Other
Parent Co-Subsidiary

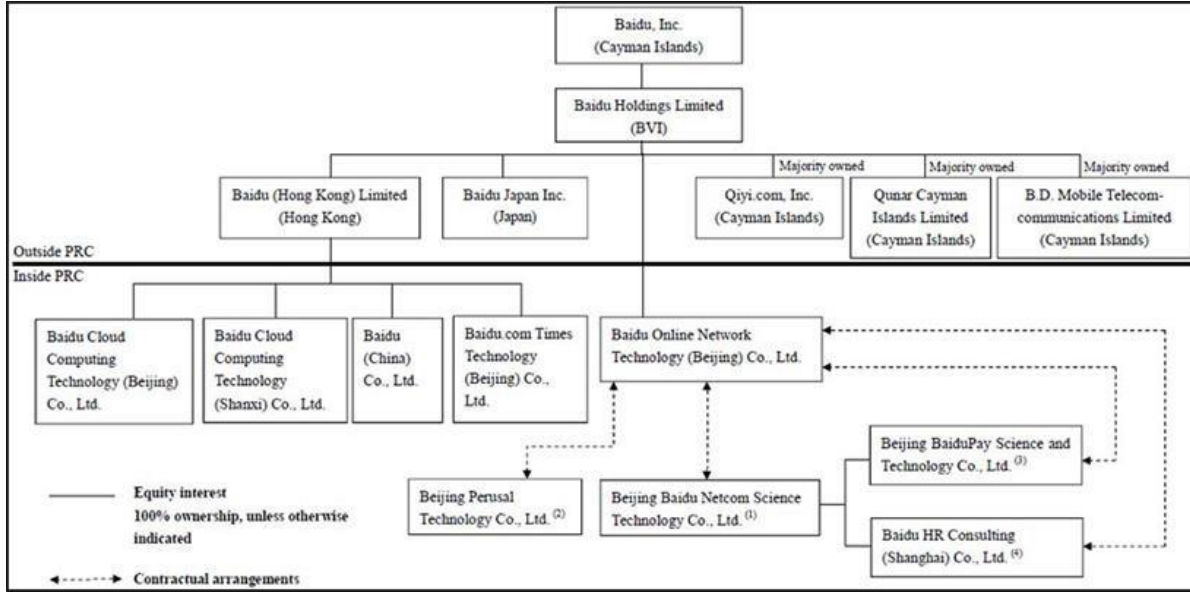
Parent Jointly Held Companies PBM Jointly Held Companies PBM Management Company PBM Parent Company
PBM Subsidiary Subcontractor/Vendor
Wholly-owned Subsidiary

Addendum 3

Kentucky Department for Medicaid Services

#173_MCO-PBM Compliance Report for POS Transactions

Example_Legal Structure Chart



Kentucky Department for Medicaid Services

#173_MCO-PBM Compliance Report for POS Transactions

All MCO Cumulative Financial Detail

Reporting Period From:

Reporting Period To:

Item #

Medicaid \$ paid to PBM

1 \$ -

Medicaid \$ paid to PBM, not paid to pharmacies

2 \$ -

	Dispensing Fee		Other Fees		Ingredient Cost	
	median	mean mean mean	mean mean mean	mean mean mean	median median total claims	median median total claims
Average reimbursement by claim, PBM to pharmacies of common ownership						
3	\$		-		\$	-
	\$		-		\$	-
	\$		-		\$	-
Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply	\$		-		\$	-
4a			\$		\$	-
			\$		\$	-
4b Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply	\$		-		\$	-
			\$		\$	-
			\$		\$	-
5a Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply	\$		-		\$	-
5b			\$		\$	-
			\$		\$	-
Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply			\$		\$	-
	-		\$		-	\$
	-		\$		-	\$
	-		\$		-	\$
Total remuneration fees charged to pharmacies of common ownership, by fee type	DI Fees		Other Assessments /Charges			
6	\$		-		\$	-
Total remuneration fees charged to pharmacies with 11 or more locations, by fee type	\$		-		\$	-
7						
Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type	\$		-		\$	-
8						

Instructions

Tab 1: Instructions: Read Only.

Tab 2: Report ID Information: Enter the identifying information for your organization.

Tab 3: Ownership & Related Entities: Enter the details for each MCO, PBM, and the related entities. Managed care health plans should replicate their information on the Annual Disclosure of Ownership form as submitted to the Kentucky Department for Medicaid Services' Provider Enrollment Department. To identify the officers/ownership for the entities of the PBM, include all national level and state level contacts. The "Toggle Utilities" button at the top right hand corner of the tab, should be utilized for additional "Related Entities" and "Officers/Ownership" information. Input information for all shaded cells. Use drop-down menus to complete "Relationship Type" and "Executive Titles".

Tab 4: Monthly Financial Detail: Enter the monthly financial details by month and entity.

Tab 5: Cumulative Financial Detail: This tab self populates; you do not need to enter information on this tab.

Tab 6: Related Entity Financial Detail: Enter the monthly financial details by month and entity for the Kentucky Medicaid dollars spent.

Tab 7: Pharmacy Type Financial Detail: Enter the monthly financial details by month and pharmacy type for the Kentucky Medicaid dollars spent.

Tab 8: Data Dictionary and Terminology.

Tab 9: Addendum 1_Executive Staff Titles.

Tab 10: Addendum 2_Relationship Titles.

Tab 11: Addendum 3_Example_Legal Structure Chart: The MCO and the PBM are shall each submit a legal structure chart.

- NOTES:
1. Reporting data should be at the date of service level.
 2. All dates must be entered in the following format: mm/dd/yyyy.
 3. When data is complete and accurate, save this workbook under the following: MCOName_PBM Compliance Report_Calendar Year (yyyy).
 4. Transmit completed workbook to the Kentucky Department for Medicaid Services via SharePoint.
 5. For each new report that is submitted, the previous reported months of data will need to be refreshed.
 6. The macro security will need to be set to "enable all macros" in order to use this template.

REPORT DUE DATE: This report will be due by the 15th of the calendar month following the report period calendar month/year.

DMS has decided to change Report 200- 834 Reconciliation Report from Daily to a Monthly Report. The report will be the same just due monthly not daily. Please start the monthly report with the May Reports which will have 04/01/2019 to 04/30/2019 data. Please see the Instructions below and the attachment of the excel template for the monthly Report 200-834 Reconciliation Report.

Start Monthly Report May 2019

Report #:	200	Created:	03/31/2012
Name:	834 Reconciliation Reports	Last Revised:	04/08/2019
Group:	HIPPA 834 Reconciliation Reports	Report Status:	Active
Frequency:	Monthly	Exhibits:	
Period:	First day of month through the last day of month		
Due Date:	By the 15th of the month following the report period		
Submit To:	Kentucky Department for Medicaid Services		

Description:

When the MCO identifies:

- a Member that the MCO believes is not eligible for MCO enrollment;
- conflicting Member data elements;
- a potential duplicate Member assignment;
- the MCO shall identify the Member on the 'Ineligible Assignment' report.

When the potential ineligible member is identified through receipt of a HIPAA 834 transaction (daily or monthly) the MCO shall use the data received on the HIPAA 834 to complete the report. The MCO Comments field shall start with the date of the HIPAA 834 transaction.

When the potential ineligible member, conflicting data elements, or potential duplicate Members assignments are identified through other means than the HIPAA 834 transaction, the MCO shall complete the report using the active data from the MCO Eligibility system.

The MCO may include in the MCO Comment field details as to why the MCO believes the Member is a duplicate if the MCO deems the information critical for DMS review.

Sample Layout:

THIS SECTION TO BE COMPLETED BY THE MCO									
#	Member Last Name	Member First Name	SSN	Medicaid ID#	Secondary ID	MCO Effective Date	MCO End Date	County	Program Code
1									
2									
3									

Program Code	Status Code	Data Element	Data Element	Data Element	Data Element	MCO Comments	Action	Action Date	DMS Comments (To Be completed by DMS)
--------------	-------------	--------------	--------------	--------------	--------------	--------------	--------	-------------	---------------------------------------

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy

Row Label	Description
NA	NA
Column Label	Description
#	Counter to easily identify record.
SSN	Social Security Number of the Medicaid Member. To be reported as a 9 character text string without any dashes.
Member Last Name	The Member's last name.
Member First Name	The Member's first name.
SSN	Social Security Number of the Medicaid Member. To be reported as a 9 character text string without any dashes.
Medicaid ID	The Members Medicaid ID. To be reported as a text string.
Secondary ID	The Members MCO assigned ID number (Optional)
MCO Effective Date	The Effective Date of the MCO assignment that the MCO believes to be invalid.
MCO End Date	The End Date of the MCO assignment that the MCO believes to be invalid.
County	The three digit county code of the Member to be reported as a 3 character text string.
Program Code	The Member's one or two character Program Code that corresponds to the assignment that the MCO believes to be invalid. To be reported as a text string.

Status Code	The Member's two character Status Code that corresponds to the assignment that the MCO believes to be invalid. To be reported as a text string.
Data Element #1	Member information that may conflict with other reported Member information. For example: If a Program Code does not match a Foster Care indicator then the Program Code value should be populated.
Data Element #2	Member information that may conflict with other reported Member information. To follow the example from Data Element #1: If a Program Code does not match a Foster Care indicator then the Foster Care Indicator should be populated.
Data Element #3	Member information that may conflict with other reported Member information.
Data Element #4	Member information that may conflict with other reported Member information.
MCO Comments	When the activity was identified through a HIPAA 834 transaction the HIPAA 834 transaction date is to be included as the first comment. Other comments may be included when the MCO believes it will assist the DMS in review of the report.
Action	The research results reported by DMS.
Action Date	The date the DMS reviewer reviewed and, if necessary, modified the Member's Information.
DMS Comments	Description of the reason why the "Action" was taken.

Report #:	220	Created:	03/31/2012
Name:	Newborn	Last Revised:	
Group:	HIPAA 834 Reconciliation Reports	Report Status:	Active
Frequency:	Monthly	Exhibits:	
Period:			
Due Date:	15th of the Month		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The MCO shall submit the 'Newborn' report (MCO Report # 220) monthly for all newborns that are thirty (30) days or older for which the MCO has not received a HIPAA 834 enrollment transaction.

Sample Layout:

#	THIS SECTION TO BE COMPLETED BY THE MCO									TO BE COMPLETED BY DMS			
	Newborn Last Name	Newborn First Name	Date of Birth	Gender	Newborn County	Mother's Member Number or SSN	Mother's Last Name	Mother's First Name	Days Old	Action Date	30 Day Action	30 Day Action Date	Comments
1													
2													
3													
4													

Reporting Criteria:

General Specifications	Definition
Date Format	All report dates are to be in the following format: mm/dd/yyyy unless otherwise stated.

Row Label	Description
NA	NA

Column Label	Description
#	Counter to easily identify record.
Newborn Last Name	The Newborn's last name.
Newborn First Name	The Newborn's first name.
Date of Birth	The Newborn's date of birth.
Gender	The Newborn's gender.
Newborn County	The three digit county code of the Newborn to be reported as a 3 character text string.
Mother's Member Number or SSN	Provide Newborn Mother's Medicaid ID or Social Security Number associated with the mother's enrollment information from the state system. Medicaid ID to be reported as a text string. SSN to be reported as a 9 character text string without any dashes.
Mother's Last Name	Provide Newborn's Mother last name if available at time of the report associated

	with the mother's enrollment information from the state system.
Mother's First Name	Provide Newborn's Mother first name if available at time of the report associated with the mother's enrollment information from the state system.
Days Old	Provide Newborn's age as number of days old. The Newborn on their date of birth is to be counted as one (1) day old.
Action	The research results reported by DMS. Valid values and their description are: NNE: The Newborn is not enrolled in Medicaid. Enrollment process has been initiated. NE not MCO: The Newborn is enrolled in Medicaid but is not eligible for enrollment in the MCO. NE MCO: The Newborn is enrolled in Medicaid and is enrolled with the MCO. NE add MCO The Newborn is enrolled in Medicaid and has now been assigned to the MCO.
Action Date	The date the DMS reviewer initially reviewed the Newborns Medicaid eligibility and, if necessary, assigned the Newborn to the MCO. It is not the date of enrollment. Rather it is the date that MCAPS and/or MMIS were updated with the assignment.
30 Day Action	For 'Action' values of NNE, DMS will update the status of the Newborn Medicaid enrollment. Valid values and their description of that action are: NE and MCO: The Newborn was enrolled in Medicaid and assigned to the MCO. NE not MCO: The Newborn was enrolled in Medicaid but was not assigned to the MCO. NNE: The Newborn was not enrolled in Medicaid.
30 Day Action Date	The date the DMS reviewer updated the Newborn Medicaid Enrollment and, if necessary, assigned the Newborn to the MCO. It is not the date of enrollment. Rather it is the date that MCAPS and/or MMIS were updated with the assignment.
Comments	Description of the reason why the 'Action' and/or '30 Day Action' was taken. The Newborn Medicaid Id will be provided For Newborns enrolled in Medicaid that are assigned to the MCO ('30 Day Action' value of NE and MCO).



Report #:	230	Created:	03/31/2012
Name:	Capitation Payment Request	Last Revised:	
Group:	HIPAA 820 Reconciliation Reports	Report Status:	Active
Frequency:	Monthly	Exhibits:	
Period:	Months prior to or equal to the MMIS Reconciliation Month		
Due Date:	45 Days after receipt of the HIPAA 820 containing the MMIS Reconciliation Month		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The MCO shall submit the 'Capitation Payment Request' report of all members that the MCO identifies for

which payment has not been received. Only those months equal to or prior to the MMIS Managed Care Reconciliation Month (MMIS Recon Month) are to be reported.

Sample Layout:

Instructions for submitting the report are in Appendix P – MCO CAPITATION RECONCILIATION
INBOUND/OUTBOUND FILE LAYOUTS

Report #:	250	Created:	03/31/2012
Name:	Capitation Adjustments Request	Last Revised:	
Group:	HIPAA 834 Reconciliation Reports	Report Status:	Active
Frequency:	Monthly	Exhibits:	
Period:	Months prior to or equal to the MMIS Reconciliation Month		
Due Date:	45 Days after receipt of the HIPAA 820 containing the MMIS Reconciliation Month		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The MCO shall submit the 'Capitation Adjustment Requests' report for Members that the MCO believes an inaccurate capitation payment was made. The capitation adjustment requests are limited to the capitation payments made for the MMIS Recon Month or capitation payments that were made as retroactive payments that will not be adjusted though the MMIS Recon processes because the capitation month is prior to the MMIS Recon Month.

Sample Layout:

Instructions for submitting the report are in Appendix P – MCO CAPITATION RECONCILIATION
INBOUND/OUTBOUND FILE LAYOUTS

251 Provider Credentialing Status Report Replaces Report 67 Provider Credentialing Activity

Report #:	251	Created:	04/10/2018
Name:	Provider Credentialing Status Report	Last Revised:	06/11/18
Group:	Provider Enrollment	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

This report documents the status of all providers by Medicaid Provider Type with the activity related to Provider Credentialing and Enrollments of Providers by the MCO Providers who have applied for credentialing/enrollment in multiple Provider Types are to be reported under each Provider Type.

Sample Layout:

MCO Provider Enrollment and Credentialing

NPI	Last/Entity Name	First Name	Provider Type	Provider Type Description	Date Credentialing Process Initiated by Provider	Current Status	Explanation

Criteria

General Specifications	Definition
Date format	All dates are to be in the following format : mm/dd/yyyy
Sorting	The report should be sorted by "Date" with the oldest entry first.

Column Label	Description
NPI	The Provider's NPI
Last/Entity Name	For an individual, report the last name of the Provider; for a Provider Group/Entity, report the Group/Entity Name
First Name	The Provider's first name
Provider Type	Provider Type Code based on Kentucky's recognized Provider Types
Provider Type Description	Description for Provider Type
Date Credentialing Process Initiated by Provider	The date credentialing process initiated by provider is the Receipt Date that the MCO receives the enrollment form from the Provider
Current Status	The status of the Provider's application. Entries may include, but are not limited to, Approved, Closed, Denied, In Process, Pending, Holding for Corrections, Returned to the Provider-Corrections, Returned to the Provider-Already Enrolled, Returned to the Provider-Provider Type Not Available, and Returned to the Provider-Application Withdrawn.
Explanation	Short description of the Status

Report #:	252	Created:	05/18/2018
Name:	IMD Report Institution for Mental Diseases 15 Days	Last Revised:	
Group:	Other Activities	Report Status:	Active
Frequency:	Monthly	Exhibits:	NA
Period:	First day of month through the last day of the month.		
Due Date:	By the 15th of the month following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

This report documents the status of all MCO recipients who have been admitted to IMD that Exceeds 15 Days and all recipients who have been admitted to IMD 15 Days or Under.

Sample Layout:

IMD Report Exceeds 15 Days

Name of Recipient	Medicaid ID	Facility 1	Admit Date	Discharge Date	Number of Days PER CALENDAR MONTH that are over 15	Comments

IMD Report 15 Days or Under

Name of Recipient	Medicaid ID	Facility 1	Admit Date	Discharge Date	Number of Days PER CALENDAR MONTH that are 15 Days or Under	Comments

Reporting Criteria:

General Specifications	Definition
Date format	All dates are to be in the following format : mm/dd/yyyy
Sorting	The report should be sorted by "Date" with the oldest entry first.

Column Label	Description
Member Name	The name of the Medicaid member. Concatenate the Member's <Last Name>, <First Name> <Middle Initial>
Medicaid Member ID	Member's Medicaid ID reported as a text string.
Facility 1	Facility Name

Reporting Criteria:

General Specifications	Definition
Date format	All dates are to be in the following format : mm/dd/yyyy
Sorting	The report should be sorted by "Date" with the oldest entry first.

Column Label	Description
Member Name	The name of the Medicaid member. Concatenate the Member's <Last Name>, <First Name> <Middle Initial>
Medicaid Member ID	Member's Medicaid ID reported as a text string.
Provider Number and Provider Name	Medicaid ID assigned by the Department and Provider name associated with the Provider Medicaid ID as listed in MMIS
Facility Name if different from Provider Name	Facility Name if different from Provider Name. Several Facilities can be listed under one Provider Number and Provider Name.
Provider Address or Facility Address if Different from Provider Address	The Physical address of the Provider or the Physical address of Facility if Different from Provider Address
Admit Date	Date the member was admitted to IMD
Discharge Status	Place member was discharged to
Discharge Date	Date the member was discharged from IMD
Number of Days PER CALENDAR MONTH that are over 30	Total Number of Days PER CALENDAR MONTH that member was in IMD that are over 30
Number of Days PER CALENDAR MONTH that are 30 Days or Under	Total Number of Days PER CALENDAR MONTH that member was in IMD that are 30 Days or Under
Comments	Additional Comments

Report #:	300	Created:	04/12/2019
Name:	Quarterly LRC Report	Last Revised:	
	Financial	Report Status:	Active
Group:		Exhibits:	D, E, F
Frequency:	Quarterly		
	First day of quarter through the last day of quarter.		
Period:			
Due Date:	30 calendar days following the report period.		
Submit To:	Kentucky Department for Medicaid Services		

Description:

The Quarterly Benefit Payments report provides MCO financial activity for the Medicaid and Kentucky Children’s Health Insurance Program (KCHIP) by MCO Quarterly Months and State Category of Service; Monthly Eligibles: Average Monthly Cost per Eligible Report only includes financial activity related to Benefits including claims, claim adjustments, mass adjustments, sub-capitation, and other financial payments/recoupment activity not processed as part of claims activity. Categories of Service are grouped by Medicaid Mandatory and Medicaid Optional Services. Criteria to properly identify and report EPSDT services and KCHIP services are to be applied as outlined below.

List Amount withheld to meet DOI Reserve Requirements and List Any Distribution of Moneys Received or Retained in Excess of these Reserve Requirements List 12-Month Averages Medicaid (non KCHIP) and list 12-Month Averages KCHIP on the last Quarter of the year. This report will start in July and end in June. Report 1st Quarter July, August, September, 2nd Quarter October, November, December, 3rd Quarter January, February, March, 4th Quarter April, May, June. The 4th quarter report ending in June- List the 12-Month Averages for Medicaid (non KCHIP) and list the 12-Month Averages KCHIP.

Sample Layout:

MCO Data for LRC Quarterly Report								
Medicaid (non KCHIP) - All Regions								
COS	COS Description	mm/yyyy	mm/yyyy	mm/yyyy	Qtr. Total	Monthly Eligibles Month Averages	Average Monthly Cost per Eligibles	12-
						mm/yyyy	mm/yyyy	

Medicaid Mandatory Services

02	Inpatient Hospital							\$0.00
12	Outpatient Hospital							\$0.00
	Subtotal: Mandatory Services							\$0.00

Medicaid Optional Services

03	Mental Hospital							\$0.00
04	Renal Dialysis Clinic							\$0.00
	Subtotal: Optional Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Total: Mandatory and	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
----------------------	--------	--------	--------	--------	--------	--	--	--

Reinsurance								\$0.00
Pharmacy Rebates								\$0.00

Amount withheld to meet DOI Reserve Requirements				\$0.00
Any Distribution of Moneys Received or Retained in Excess of these Reserve Requirements				\$0.00

Grand Total	\$0.00	\$0.00	\$0.00	\$0.00
--------------------	---------------	---------------	---------------	---------------

MCO Data for LRC Quarterly Report							
KCHIP - All Regions							
COS	COS Description	mm/yyyy	mm/yyyy	mm/yyyy	Qtr. Total	Monthly Eligibles 12-Month Averages	Average Monthly Cost per Eligible
						mm/yyyy	mm/yyyy

Medicaid Mandatory Services

02	Inpatient Hospital					\$0.00
12	Outpatient Hospital					\$0.00
	Subtotal: Mandatory Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Medicaid Optional Services

03	Mental Hospital					\$0.00
04	Renal Dialysis Clinic					\$0.00
	Subtotal: Optional Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total: Mandatory and Optional Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
---	---------------	---------------	---------------	---------------	---------------

Reinsurance					\$0.00
Pharmacy Rebates					\$0.00
Amount withheld to meet DOI Reserve Requirements withheld DO Reserve Requirements					\$0.00
Any Distribution of Moneys Received or Retained in Excess of these Reserve Requirements					\$0.00

Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
--------------------	---------------	---------------	---------------	---------------	---------------

Reporting Criteria:

General Specifications	Definition
Financial Activity	Payments reported are to be based on date of payment.
EPSDT Services	Multiple Provider Types may provide EPSDT services. Reference Exhibit E for EPSDT Category of Service crosswalk for additional information regarding the identification of EPSDT
Date Format	All report dates unless otherwise specified are to be in the following format: mm/dd/yyyy

Row Label	Description
Subtotal: Mandatory Services	Calculated Field: Total for all mandatory category of services listed in the report.
Subtotal: Optional Services	Calculated Field: Total for all optional category of services listed
Total: Mandatory and Optional Services	Calculated Field: Total of 'Subtotal: Mandatory Services' and 'Subtotal: Optional Services'.
Reinsurance	MCO premium payments for stop-loss insurance coverage.

Pharmacy Rebates	Drug Rebates collected by the MCO. 'Pharmacy Rebates' is to be reported as a negative value. Note: The state is responsible for collecting federal drug rebates.
Amount withheld to meet DOI Reserve Requirements	The amount of money withheld to meet DOI Reserve Requirements
Any Distribution of Moneys Received or Retained in Excess of these Reserve Requirements	The amount of money Received or Retained in Excess of these Reserve Requirements
Grand Total	Calculated Field: Total of 'Total: Mandatory and Optional Services', 'Reinsurance' and 'Pharmacy Rebates'.

Column Label	Description
COS	Category of Service: State specific identification of services primarily identified by use of Provider Type. Reference Exhibit D
COS Description	Description for 'COS'
Medicaid(non-KCHIP)	The Medicaid population services are to be reported separately from the KCHIP population services. Populations to be included are based on the Medicaid Eligibility Groups (MEGs): Dual Medicare and Medicaid SSI Adults, SSI Children and Foster Care Children 18 and Under Adults Over 18 Reference Exhibit F for the Medicaid Eligibility Group crosswalk.
KCHIP	The Kentucky Children's Health Insurance Program (KCHIP) population services are to be reported separately from the Medicaid population services. Populations to be included are based on the Medicaid Eligibility Groups (MEGs): 1. MCHIP SCHIP
Monthly Eligibles	Enter the number of Monthly Eligibles
Average Monthly Cost per Eligible	Enter the Average Monthly Cost per Eligible
12-Month Averages Medicaid (non KCHIP)	Enter 12-Month Averages Medicaid (non KCHIP) on the 4th Quarter Report ending in June.
12-Month Averages KCHIP	Enter 12-Month Averages KCHIP on the 4th Quarter Report ending in June.



Inactive Reports 08-16-18 for FY2019

Report #	Group	Report Name	Status	Sent to IPRO	FREQUENCY
5		Enrollment Changes by Quarter	Inactive		
6		Member Requested Change in PCP Assignment	Inactive		
6		Member Requested Change in PCP Assignment (Annual)	Inactive		
7		PCP Requested Change in Member Assignment	Inactive		
7		PCP Requested Change in Member Assignment (Annual)	Inactive		
8		MCO Initiated Change in PCP Assignment	Inactive		
8		MCO Initiated Change in PCP Assignment (Annual)	Inactive		
9		PCPs with Panel Changes Greater than 50 or 10%	Inactive		
9		PCPs with Panel Changes Greater than 50 or 10% (Annual)	Inactive		
10		Narrative for MCO Report #s 6-8	Inactive		
12	A	Provider Network File Layout	Inactive		
14		Denial of MCO Participation (Quarterly)	Inactive		
15		Subcontractor Monitoring	Inactive		
18		Monitoring Indicators, Benchmarks and Outcomes;	Inactive		

19		Performance Improvement Projects	Inactive		
20		Utilization of Subpopulations and Individuals with Special Healthcare Needs	Inactive		
23		Evidence Based Guidelines for Practitioners	Inactive		
24	U	Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death	Inactive		
25		Overview of Activities	Inactive		
26		Credentialing and Re-credentialing Activities During the Quarter	Inactive		
30	F,M	Quarterly Budget Issues	Inactive		
31	F,M	Potential or Anticipated Fiscal Problems	Inactive		
32		Enrollment Summary	Inactive		
33		Utilization of Ambulatory Care by Age Breakdown	Inactive		
34		Utilization of Emergency and Ambulatory Care Resulting in Hospital Admission	Inactive		
35		Emergency Care by ICD-9 Diagnosis	Inactive		
36		Home Health Utilization	Inactive		
37		Utilization of Ambulatory Care by Provider Type and Category of Aid	Inactive		
38	U	Behavioral Health Services In/Out State Facility Utilization	Inactive	Made Active January 2019	
40A		Top 50 Psych Drugs by Quantity Reimbursed	Inactive		
40B		Top 50 Psych Drugs by Reimbursement	Inactive		
41		Top 50 OTC Drugs by Reimbursement	Inactive		
42A		Top 50 Prescribers by Reimbursement	Inactive		
42B		Top 50 Prescribers of Controlled Drugs by Reimbursement	Inactive		
42C		Top 50 BH Prescribers by Reimbursement	Inactive		
43		Top 50 Controlled Drugs by Quantity Reimbursed	Inactive		
44		Top 50 Drugs by MCO Reimbursement	Inactive		
45a		Top 50 Drugs by Quantity	Inactive		
45B		Top 50 Non PDL Drugs by Reimbursement	Inactive		
46		Systems Development and Encounter Data	Inactive		
47		Claims Processing Timeliness/Encounter Data Processing	Inactive		
48		Organizational Changes	Inactive		
49		Administrative Changes	Inactive		
61		Denied Claims Activity	Inactive		
62		Suspended Claims Activity	Inactive		
63		Claims Inventory	Inactive		
67	PC	Provider Credentialing Activity-Inactive Ad Hoc Report when start Report 251	Inactive		
74A	PI	Medicaid Program Lock-In Reports/Admits Savings Summary Table	Inactive		
74B	PI	Medicaid Program Lock-In Reports/Rolling Annual Calendar Comparison	Inactive		
74C		Medicaid Program Lock-In Reports/Member Initial Lock-In Effective Dates	Inactive		
80	0	Provider Changes in Network	Inactive		
81	0	Par and Non-Par Provider Participation	Inactive		
82		Status of all Subcontractors	Inactive		
83	DC	Disease and Case Management Activity	Inactive		
87		DMS Copied on Report to Management of any Changes in Member Services Function to Improve the Quality of Care Provided or Method of Delivery	Inactive		
88		Absent Parent Canceled Court Order Information	Inactive		
89		List of Members Participating with the Quality Member Access Advisory Committee	Inactive		
98		Behavioral Health Pregnant and Postpartum	Inactive		
99		Behavioral Health Intravenous Drug Users	Inactive		
100		EPSDT for Behavioral Health Populations	Inactive		
101		Access to Behavioral Healthcare Providers	Inactive		
101A		Behavioral Health and Wellness	Inactive		
102		Behavioral Health and Chronic Physical Health	Inactive		
103		Behavioral Health Facilities Report	Inactive		
104		Behavioral Health Expenses PMPQ	Inactive		
105A		Behavioral Health Service Utilization – Primary BH	Inactive		
105B		Behavioral Health Service Utilization – Primary SUD	Inactive		

105C		Behavioral Health Service Utilization – primary BH paid claims only	Inactive		
105D		Behavioral Health Service Utilization – primary SUD paid claims only	Inactive		
106		Behavioral Health Pharmacy for all MCO Members – Adults and Children	Inactive		
107A		Behavioral Health Service Prior Authorization – BH	Inactive		
107B		Behavioral Health Service Prior Authorization – SUD	Inactive		
108		Unduplicated Number of Adults and Children/Youth Received PRTF – Level I and Level II	Inactive		
109		Unduplicated Number and Percentage of Adults and Children/Youth Readmitted to PRTF	Inactive		
110A		Original Behavioral Health Claims Processed (By license Type)	Inactive		
110B		Original Behavioral Health Claims Processed (by service type for non-licensed providers)	Inactive		
111		Unduplicated Number and Percentage of Adults with SMI	Inactive		
112		Unduplicated Number and Percentage of Adults with SMI and Children/Youth with SED Received with Co-occurring Mental Health Abuse Disorders	Inactive		
113		Unduplicated Number and Percentage of Children/Youth with SED Therapy or Family Functional Therapy	Inactive		
114		Unduplicated Number and Percentage of Children/Youth with SED who were assessed for Trauma History	Inactive		
115		Unduplicated Number of Adults and Children/Youth of their Caregivers Received Peer Support Service	Inactive		
116		Unduplicated Number and Percentage of Pregnant and Post-partum women with Substance use Disorders Received First Treatment within 48 hours	Inactive		
117		Unduplicated Number and Percentage of Children/Youth Discharged from PRTF	Inactive		
118		Behavioral Health Outcomes	Inactive		
121		Unduplicated Number of Adults and Children/Youth with Behavioral Health Diagnosis' with PCP	Inactive		
122		Unduplicated Number of Children/Youth with Behavioral Health Diagnoses Received Annual Wellness Check/Health Exam	Inactive		
123		Unduplicated Number of Adults and Children/Youth General Behavioral Health Diagnosis and Chronic Physical Health Diagnosis	Inactive		
124		Unduplicated Number of Adults and Children/Youth with Regular use of Tobacco Products	Inactive		
125		Unduplicated Number of Adults and Children/Youth Screened for Substance Use Disorder in Physical Care Setting	Inactive		
205		Assignment Inquiry	Inactive		
210		Duplicate Member	Inactive		
240		Capitation Duplicate Payment	Inactive		
260		MCO Claims Paid for Voided Members	Inactive		

Exhibit #	Exhibit Name		
Exhibit A	Billing Provider Type and Specialty Crosswalk		
Exhibit B	Billing Provider Type Category Crosswalk		
Exhibit C	Provider Enrollment Activity Reasons		
Exhibit D	Category of Service Crosswalk		
Exhibit E	EPSDT Category of Service Crosswalk		
Exhibit F	Medicaid Eligibility Group Crosswalk		
Exhibit G	Behavioral Health Population Definitions	Revised	12/15/15
Exhibit H	MH/SA Procedure Codes	Inactive	07/29/13
Exhibit I	Mental Health Evidence Based Practices Definitions	Revised	07/29/13
Exhibit J	BHDID Psychotropic Medication Class Codes	Revised	07/29/13
Exhibit K	Behavioral Health and Chronic Physical Health	Revised	07/29/13

Note: A report will not be required to be submitted to the Department during the period the report has a status of 'Inactive'.

APPENDIX L. MCO PROVIDER NETWORK FILE LAYOUT (EFFECTIVE 11-07-12)

Submit one delimited text file per network.

Submit one record for each provider to include the values indicated in the layout.

Field	Data Type	Length	Description	Valid Values
Provider Type	Character	2	Medicaid Provider Type	Utilize valid values from sheet titled Medicaid Provider Types
Provider Contracted	Character	1	Valid values are C or L. C=provider has a signed contract to be a participating provider in the network or L=provider has signed a letter of intent stating they will be a participating provider in the network.	Valid values are C or L. C=provider has a signed contract to be a participating provider in the network or L=provider has signed a letter of intent stating they will be a participating provider in the network.
Provider License	Character	10	Must be submitted for physicians and leave blank if physician is licensed in a state other than Kentucky.	Must be submitted for physicians and leave blank if physician is licensed in a state other than Kentucky.
National Provider Identifier (NPI)	Character	10	Must be submitted for providers required to have an NPI.	Must be submitted for providers required to have an NPI.
Medicaid Provider ID	Character	10	Provider ID assigned by Kentucky Medicaid. Must be submitted - if known.	Provider ID assigned by Kentucky Medicaid. Must be submitted - if known.
Primary Specialty Code	Character	3	Medicaid Provider Specialty	Utilize valid values from sheet titled

				Medicaid Provider Specialties.
Secondary Specialty Code	Character	3	Medicaid Provider Specialty	Utilize valid values from sheet titled Medicaid Provider Specialties
Name	Character	50	If a physician name, enter as last name, first name, MI	If a physician name, enter as last name, first name, MI.
Address Line 1	Character	50	Location street address line 1	DO NOT SUBMIT PO BOX OR MAILING ADDRESS. THIS MUST BE LOCATION ADDRESS!
Address Line 2	Character	50	Location street address line 2	DO NOT SUBMIT PO BOX OR MAILING ADDRESS. THIS MUST BE LOCATION ADDRESS!
City	Character	50	Location city	
State	Character	2	Location state	
Zip Code	Character	5	Location zip code	
County Code	Character	3	Location county	County Code of the Provider's location address. See the following list for Kentucky County Codes.
Phone Number	Character	15	Phone number excluding dashes	Do not include dashes, etc.
Latitude	Character	11	Latitude of the Provider's location address. Precision to the 6th digit. Must be in format 99.999999	Latitude of the Provider's location address. Precision to the 6th digit. Must be in format 99.999999
Longitude	Character	11	Longitude of the	Longitude of the

			Provider's location address. Precision to the 6th digit. Must be in format - 99.999999	Provider's location address. Precision to the 6th digit. Must be in format - 99.999999
PCP Specialist or Both	Character	1	Valid entries are P, S or B. P=PCP, S=Specialty, B=Both. Leave blank for all other providers.	Valid entries are P, S or B. P=PCP, S=Specialty, B=Both. Leave blank for all other providers.
PCP Open or Closed Panel	Character	1	Mandatory for PCP. Valid entries are O or C. O=Open, C=Closed. Leave blank for all other providers.	Mandatory for PCP. Valid entries are O or C. O=Open, C=Closed. Leave blank for all other providers.
PCP Panel Size	Character	9	PCP Provider's maximum panel size	PCP Provider's maximum panel size
PCP Panel Enrollment	Character	9	PCP Provider's current panel enrollment count	PCP Provider's current panel enrollment count
Spanish	Character	1	Y = yes	Y - yes
Language 1	Character	3	Language code	See the following codes
Language 2	Character	3	Language code	See the following codes
Language 3	Character	3	Language code	See the following codes
Language 4	Character	3	Language code	See the following codes
MCO Medicaid Provider ID	Character	10	Provider ID assigned to the MCO by Kentucky Medicaid	Provider ID assigned to the MCO by Kentucky Medicaid.
Effective Date	Character	8 (CCYYMMDD)	Effective date that the provider joined the MCO and can provide services	Effective date that the provider joined the MCO and can provide services.
End Date	Character	8	Last date the	Last date the

		(CCYYMMDD)	provider is contracted with the MCO. (If provider contract is open ended send 22991231.)	provider is contract with the MCO. (If provider contract is open ended send 22991231.)
Is Included in directory	Character	1	Y - yes, provider will be included in the state as well as MCO network directories. N - No, provider is still part of the network, but will not be included in the state as well as MCO network directories.	Y - yes, provider will be included in the state as well as MCO network directories. N - No, provider is still part of the network, but will not be included in the state as well as MCO network directories.
Reserved1		20	Reserved	Reserved
Reserved2		20	Reserved	Reserved
Reserved3		20	Reserved	Reserved
Reserved4		20	Reserved	Reserved
Reserved5		20	Reserved	Reserved

Provider Types:

Provider Type Code	Provider Type Description
01	General hospital
02	Mental Hospital
04	Psychiatric Residential Treatment Facility
10	ICF/MR Clinic
11	ICF/MR
12	Nursing Facility
13	Specialized Children Service Clinics
14	MFP Pre-Transition Services
15	Health Access Nurturing

	Development Svcs
17	Acquired Brain Injury
20	Preventive & Remedial Public Health
21	School Based Health Services
22	Commission for Handicapped Children
23	Title V/DSS
24	First Steps/Early Int.
25	Targeted Case Management
27	Adult Targeted Case Management
28	Children Targeted Case

	Management
29	Impact Plus
30	Community Mental Health
31	Primary Care
32	Family Planning Service
33	Support for Community Living (SCL)
34	Home Health
35	Rural Health Clinic
36	Ambulatory Surgical Centers
37	Independent Laboratory
38	Lab & X-Ray Technician
39	Dialysis Clinic
40	EPSDT Preventive Services
41	Model Waiver
42	Home and Community Based Waiver
43	Adult Day Care
44	Hospice
45	EPSDT Special Services
46	Home Care Waiver
47	Personal Care Waiver
50	Hearing Aid Dealer
52	Optician (528 - Optical clinic)
54	Pharmacy
55	Emergency Transportation
56	Non-Emergency Transportation

57	Net (Capitation)
58	Net Clinic (Capitation)
60	Dentist - Individual
61	Dental - Group
64	Physician Individual
65	Physician - Group
70	Audiologist
72	Nurse Midwife
73	Birthing Centers
74	Nurse Anesthetist
77	Optometrist - Individual
78	Certified Nurse practitioner
80	Podiatrist
82	Clinical Social Worker
85	Chiropractor
86	X-Ray / Misc. Supplier
87	Physical Therapist
88	Occupational Therapist
89	Psychologist
90	DME Supplier
91	CORF (Comprehensive Out-patient Rehab Facility)
92	Psychiatric Distinct Part Unit
93	Rehabilitation Distinct Part Unit
95	Physician Assistant
96	HMO/PHP
98	MCO (Managed Care Organization)
99	Not on File

Medicaid Provider Specialties:

Provider Specialty Code	Provider Specialty Description
010	Acute Care

012	Rehabilitation
014	Critical Access
015	Children's Specialty
016	Emergency

017	Ventilator Hospital
011	Psychiatric
013	Residential Treatment Center
038	ICF/MR Clinic
030	Nursing Facility
031	ICF/MR > 6 Beds
032	Pediatric Nursing Facility
033	Residential Care Facility
034	ICF/MR < 6 Beds
035	Skilled Nursing Facility
036	Respite Care - Facility Based
037	Assisted Living
179	Brain Injury
131	Specialized Children's Service Clinics
141	MFP \$15,000 Bucket
142	MFP \$2000 Visa Pro-card Expenditures
143	MFP \$2000 Check Expenditures
159	Health Access Nurturing Development Svcs Group
151	Health Access Nurturing Development Svcs
201	General Preventive Care
209	General Preventive Care Group
120	School Board
228	Commission For Handicapped Children Group
229	Commission For Handicapped Children
239	Title V/DSS
238	Title V/DSS Group
249	First Steps Early Int.
248	First Steps Early Int.

	Group
211	HIV Case Manager
214	High Risk Pregnant Women
215	TB Case Mgmt
216	OJA Targeted Case Management
221	MH Case Mgmt All Ages
222	MH Case Mgmt, Over 21, Public
223	MH Case Mgmt, Over 21, Contracted
224	MH Case Mgmt, Over 21, Private
226	MH Case Mgmt, Under 21, Contracted
227	MH Case Mgmt, Under 21, Private
225	MH Case Mgmt, Under 21, Public
291	Impact Plus DMH
292	Impact Plus DCBS
299	Impact Plus Other
110	Outpatient Mental Health Clinic
111	Community Mental Health Center (CMHC)
114	Health Service Provider in Psychology (HSPP)
118	Mental Health - DMHSAS
080	Federally Qualified Health Clinic (FQHC)
082	Medical Clinic
308	Family Planning Clinic Group
083	Family Planning Clinic
039	Supports for Community Living
050	Home Health Agency

051	Specialized Home Nursing Services
210	Care Coordinator for Pregnant Women
081	Rural Health Clinic (RHC)
020	Ambulatory Surgical Center (ASC)
280	Independent Lab
281	Mobile Lab
861	Other Laboratory And X-Ray
300	Free-standing Renal Dialysis Clinic
183	EPSDT Preventive Services
411	Model Waiver 1
412	Model Waiver 2
561	Home and Community Based Waiver
410	Adult Day Care
060	Hospice
150	Chiropractor
455	Prescribed Pediatric Extended Care Facility (PPEC)
550	EPSDT Services - OBSOLETE
551	General hospital
552	Psychiatric Hospital
553	Psychiatric Residential Treatment Facility
554	Commission for Handicapped Children
555	Children Targeted Case Management
556	Community Mental Health
557	Physician
558	Home Health
559	Rural Health Clinic

560	Independent Laboratory
563	Hearing Aid Dealer
564	Optician
565	Pharmacy
567	Dentist - Individual
568	Dental - Group
569	Physician Individual
570	Physician - Group
571	Audiologist
573	Optometrist
574	Certified Nurse practitioner
575	Podiatrist
579	DME Supplier
580	CORF
999	None on File
463	Provider of Case Management Services Only
464	Provider of Homemaker and Personal Care Services Only
465	Provider of Home Adaptations Only
466	Homemaker Personal Care & Home Adaptation Services
470	Provider of Case Management Services Only
471	Provider of Personal Care Coordination Services Only
472	Provider of Personal Care Assistance Services Only
473	Both Personal Care Coordinator and Care Assist Services
220	Hearing Aid Dealer
509	Hearing Aid Dealer Group

180	Optometrist
190	Optician
528	Multi-Specialty Group - Optician
240	Pharmacy
260	Ambulance
261	Air Ambulance
262	Bus
263	Taxi
264	Common Carrier (Ambulatory)
265	Common Carrier (Non- ambulatory)
266	Family Member / Private Auto
661	AMBULANCE Non- Emergency
073	NET (Non-Emergency Transportation)
671	Net Cap
672	NET - DOT
270	Endodontist
271	General Dentistry Practitioner
272	Oral Surgeon
273	Orthodontist
274	Pediatric Dentist
275	Periodontist
276	Oral Pathologist
277	Prosthesis
610	Multi-Specialty Group - Dental
543	Teleradiology
112	Psychologist
310	Allergist
311	Anesthesiologist
312	Cardiologist
313	Cardiovascular Surgeon
314	Dermatologist

315	Emergency Medicine Practitioner
316	Family Practitioner
317	Gastroenterologist
318	General Practitioner
319	General Surgeon
320	Geriatric Practitioner
321	Hand Surgeon
322	Internist
323	Neonatologist
324	Nephrologist
325	Neurological Surgeon
326	Neurologist
327	Nuclear Medicine Practitioner
328	Obstetrician/Gynecologist
329	Oncologist
330	Ophthalmologist
331	Orthopedic Surgeon
332	Otologist, Laryngologist, Rhinologist
333	Pathologist
334	Pediatric Surgeon
335	Maternal Fetal Medicine
336	Physical Medicine and Rehabilitation Practitioner
337	Plastic Surgeon
338	Proctologist
339	Psychiatrist
340	Pulmonary Disease Specialist
341	Radiologist
342	Thoracic Surgeon
343	Urologist
344	General Internist
345	General Pediatrician
346	Dispensing Physician
347	Radiation Therapist
348	Osteopathy

544	Immunology
545	Colon and Rectal Surgery
546	Medical Genetics
547	Preventive Medicine
293	Medicare Clinic
650	Multi-Specialty Group - Physician
200	Audiologist
709	Audiologist Group
095	Certified Nurse Midwife
729	Nurse Midwife Group
913	Birth Centers
094	Certified Registered Nurse Anesthetist (CRNA)
749	Multi-Specialty Group - Nurse Anesthetist
779	Multi-Specialty Group - Optometrist
090	Pediatric Nurse Practitioner
091	Obstetric Nurse Practitioner
092	Family Nurse Practitioner
093	Nurse Practitioner (Other)
789	Multi-Specialty Group - Nurse Practitioner
140	Podiatrist

809	Podiatrist Group
115	Certified Clinical Social Worker
116	Certified Social Worker
829	Clinic Social Worker Group
859	Chiropractor Group
251	Assistive Technology
542	Other Lab Toxicology
170	Physical Therapist
879	Physical Therapist Group
171	Occupational Therapist
889	Occupational Therapist Group
899	Psychologist Group
250	DME/Medical Supply Dealer
911	CORF
912	Other CORF Group
040	Rehabilitation Facility
100	Physician Assistant
101	Anesthesiology Assistant
959	Physician Assistant Group
071	Managed Care Organization (MCO)
072	IHS Case Manager

Kentucky County Codes:

County Code	County Description
001	Adair
002	Allen
003	Anderson
004	Ballard
005	Barren
006	Bath
007	Bell
008	Boone
009	Bourbon

010	Boyd
011	Boyle
012	Bracken
013	Breathitt
014	Breckinridge
015	Bullitt
016	Butler
017	Caldwell
018	Calloway
019	Campbell
020	Carlisle

021	Carroll
022	Carter
023	Casey
024	Christian
025	Clark
026	Clay
027	Clinton
028	Crittenden
029	Cumberland
030	Daviess
031	Edmonson
032	Elliott
033	Estill
034	Fayette
035	Fleming
036	Floyd
037	Franklin
038	Fulton
039	Gallatin
040	Garrard
041	Grant
042	Graves
043	Grayson
044	Green
045	Greenup
046	Hancock
047	Hardin
048	Harlan
049	Harrison
050	Hart
051	Henderson
052	Henry
053	Hickman
054	Hopkins
055	Jackson
056	Jefferson
057	Jessamine
058	Johnson
059	Kenton

060	Knott
061	Knox
062	Larue
063	Laurel
064	Lawrence
065	Lee
066	Leslie
067	Letcher
068	Lewis
069	Lincoln
070	Livingston
071	Logan
072	Lyon
073	McCracken
074	McCreary
075	McLean
076	Madison
077	Magoffin
078	Marion
079	Marshall
080	Martin
081	Mason
082	Meade
083	Menifee
084	Mercer
085	Metcalfe
086	Monroe
087	Montgomery
088	Morgan
089	Muhlenberg
090	Nelson
091	Nicholas
092	Ohio
093	Oldham
094	Owen
095	Owsley
096	Pendleton
097	Perry
098	Pike

099	Powell
100	Pulaski
101	Robertson
102	Rockcastle
103	Rowan
104	Russell
105	Scott
106	Shelby
107	Simpson
108	Spencer
109	Taylor
110	Todd
111	Trigg
112	Trimble
113	Union
114	Warren
115	Washington
116	Wayne
117	Webster
118	Whitley
119	Wolfe
120	Woodford
121	Guardianship
200	Out of State
220	Alabama
221	Alaska
222	Arizona
223	Arkansas
224	California
225	Colorado
226	Connecticut
227	Delaware
228	District Col
229	Florida
230	Georgia
231	Hawaii
232	Idaho
233	Illinois
234	Indiana

235	Iowa
236	Kansas
237	Louisiana
238	Maine
239	Maryland
240	Massachusetts
241	Michigan
242	Minnesota
243	Mississippi
244	Missouri
245	Montana
246	Nebraska
247	Nevada
248	New Hampshire
249	New Jersey
250	New Mexico
251	New York
252	North Carolina
253	North Dakota
254	Ohio
255	Oklahoma
256	Oregon
257	Pennsylvania
258	Puerto Rico
259	Rhode Island
260	South Carolina
261	South Dakota
262	Tennessee
263	Texas
264	Utah
265	Vermont
266	Virginia
267	Virgin Islands
268	Washington
269	West Virginia
270	Wisconsin
271	Wyoming
296	Canada

Language Codes:

Language Code	Language Description
001	Abkhazian
002	Afan (Oromo)
003	Afar
004	Afrikaans
005	Albanian
006	Amharic
007	Arabic
008	Armenian
009	Assamese
010	Zerbaijani
011	Bashkir
012	Basque
013	Bengali; Bangla
014	Bhutani
015	Bihari
016	Bislama
017	Breton
018	Bulgarian
019	Burmese
020	Byelorussian
021	Cambodian
022	Catalan
023	Chinese
024	Corsican
025	Croatian
026	Czech
027	Danish
028	Dutch
029	enclish
030	Esperanto
031	Estonian
032	Faroese
033	Fiji
034	Finnish
035	French

036	Frisian
037	Galician
038	Georgian
039	German
040	Greek
041	Greenlandic
042	Guarani
043	Gujarati
044	Hausa
045	Hebrew
046	Hindi
047	Hungarian
048	Icelandic
049	Indonesian
050	Interlingua
051	Ingerlingue
052	Inuktitut
053	Inupiak
054	Irish
055	Italian
056	Japanese
057	Javanese
058	Kannada
059	Kashmiri
060	Kazakh
061	Kinyarwanda
062	Kirghiz
063	Kurundi
064	Korean
065	Kurdish
066	Laothian
067	Latin
068	Latvian; Lettish
069	Lingala
070	Lithuanian
071	Macedonian
072	Malagasy

073	Malay
074	Malayalam
075	Maltese
076	Maori
077	Marathi
078	Moldavian
079	Mongolian
080	Nauru
081	Nepali
082	Norwegian
083	Occitan
084	Oriya
085	Pashto; Pushto
086	Persian (Farsi)
087	Polish
088	Portuguese
089	Punjabi
090	Quechua
091	Rhaeto-Romance
092	Romanian
093	Russian
094	Samoan
095	Sangho
096	Sanskrit

097	Scot Gaelic
098	Serbian
099	Serbo-Croatian
100	Seotho
101	Setswana
102	Shona
103	Sindhi
104	Singhalese
105	Siswati
106	Slovak
107	Slovenian
108	Somali
110	Sundanese
111	Swahili
112	Swedish
113	Tagalog
114	Tajik
115	Tamil
116	Tatar
117	Telugu
118	Thai
119	Tibetan
120	Tigrinya

PROVIDER MASTER EXTRACT FILE LAYOUT FOR MCOS**Description:**

Full extract of Medicaid providers active in the last 6 months

Destination(s):

Each MCO

Interface Id:

524

Frequency

Daily

Criteria:

All providers that have been active within the last six months

Header Record

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value 'HH' to denote header record
CREATE DATE	Char	3	12	10	Date file is created in MM/DD/CCYY format
FILE SENDER	Char	13	52	40	'KENTUCKY DEPARTMENT OF MEDICAID SERVICES'
FILE DESCRIPTION	Char	53	92	40	'INTERCHANGE PROVIDER FILE'
TIME PERIOD – MONTH	Char	93	94	2	Month this file is to be processed in MM format.
TIME PERIOD - YEAR	Char	95	98	4	Year this file is to be processed in CCYY format.
FILE DESTINATION	Char	99	138	40	'MCO NAME'
DESTINATION FILE NAME	Char	139	168	30	prd962xx.dat (where xx stands for 01 for Coventry Health and Life Insurance Company 02 for WellCare Of Kentucky Inc.

					03 for Kentucky Spirit Health Plan 04 for Humana Caresource 05 for Passport Health Plan
FILE ORIGIN	Char	169	208	40	'KYMMIS CORPORATION, FRANKFORT, KENTUCKY'
PROD OR TEST	Char	209	209	1	Indicates a production or test file - 'P' or 'T'
RECORD LENGTH	Number	210	214	5	Length of detail record (600 bytes)
CREATE PROGRAM	Char	215	222	8	'PRVP962D'
NEWLINE	Char	223	223	1	Newline character = 0x0a

Detail Record

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value 'DD' to denote detail record
PROVIDER TYPE	Char	3	4	2	Two character code designating the Provider type (not changing from Legacy)
PROVIDER NUMBER	Char	5	14	10	Legacy (converted) providers will continue to have an 8 byte ID with spaces padded on the end, newly enrolled providers will have a 10 byte id.
MEDICAID BEGIN DATE	Char	15	22	8	CCYYMMDD format
MEDICAID END DATE	Char	23	30	8	CCYYMMDD format
STATUS CODE (END REASN)	Char	31	31	1	Code describing the reason for termination.
NAME TYPE	Char	32	32	1	'P' for Personal, 'B' for Business. If 'B' the name will be strung together in the Last, First, and MI fields.
LAST NAME	Char	33	58	26	Last Name
FIRST NAME	Char	59	70	12	First Name
MIDDLE INITIAL	Char	71	71	1	Middle Initial
TAX ID TYPE	Char	72	72	1	'F' for FEIN, 'S' for SSN
TAX ID NUMBER	Char	73	81	9	IRS Tax ID Number
SSN	Char	82	90	9	Provider's Social Security Number
LICENSE NUMBER	Char	91	100	10	Provider's License Number.
LICENSE END DATE	Char	101	108	8	License's expiration date in CCYYMMDD format.
BOARD CERTIFIED SPECIALTY	Char	109	111	3	Do not currently have this data. Field is filled with spaces.
LANGUAGE 1	Char	112	114	3	HIPAA defined language code. If

					not on file, field will be filled with spaces. (English will be assumed and not sent)
LANGUAGE 2	Char	115	117	3	HIPAA defined language code. If not on file, field will be filled with spaces. (English will be assumed and not sent)
LANGUAGE 3	Char	118	120	3	HIPAA defined language code. If not on file, field will be filled with spaces. (English will be assumed and not sent)
HOSPITAL AFFILIATION 1	Char	121	130	10	Medicaid number of hospital. (Do not currently have this data). Field will be filled with spaces.
HOSPITAL AFFILIATION 2	Char	131	140	10	Medicaid number of hospital. (Do not currently have this data). Field will be filled with spaces.
HOSPITAL AFFILIATION 3	Char	141	150	10	Medicaid number of hospital. (Do not currently have this data). Field will be filled with spaces.
NPI	Char	151	160	10	National Provider Identifier
NPI EFFECTIVE DATE	Char	161	168	8	Date NPI becomes effective.
NPI END DATE	Char	169	176	8	Date NPI is terminated.
NP2 (if Any)	Char	177	186	10	National Provider Identifier 2
NPI2 EFFECTIVE DATE	Char	187	194	8	Date NPI2 becomes effective.
NPI2 END DATE	Char	195	202	8	Date NPI2 is terminated.
NP3 (if Any)	Char	203	212	10	National Provider Identifier 3
NPI3 EFFECTIVE DATE	Char	213	220	8	Date NPI3 becomes effective.
NPI3 END DATE	Char	221	228	8	Date NPI3 is terminated.
NUMBER OF BEDS	Char	229	234	6	Number of beds
PRACTICE TYPE	Char	235	235	1	Practice Type values 'A' thru 'H'.
PROVIDER SPECIALTY	Char	236	238	3	Provider primary specialty code.
TITLE	Char	239	253	15	Example 'MD', 'DDS', etc...
PRIMARY	Char	254	283	30	Primary (physical) address line 1.

ADDRESS 1					
PRIMARY ADDRESS 2	Char	284	313	30	Primary (physical) address line 2.
PRIMARY CITY	Char	314	343	30	Primary (physical) address city.
PRIMARY STATE	Char	344	345	2	Primary (physical) address state.
PRIMARY ZIP	Char	346	350	5	Primary (physical) address zip code.
PRIMARY ZIP+4	Char	351	354	4	Primary (physical) address zip code extension.
MAILING ADDRESS 1	Char	355	384	30	Mailing address line 1.
MAILING ADDRESS 2	Char	385	414	30	Mailing address line 2.
MAILING CITY	Char	415	444	30	Mailing address city.
MAILING STATE	Char	445	446	2	Mailing address state.
MAILING ZIP	Char	447	451	5	Mailing address zip code.
MAILING ZIP+4	Char	452	455	4	Mailing address zip code extension.
REMIT ADDRESS 1	Char	456	485	30	Remittance (pay-to) address line 1.
REMIT ADDRESS 2	Char	486	515	30	Remittance (pay-to) address line 2.
REMIT CITY	Char	516	545	30	Remittance (pay-to) address city.
REMIT STATE	Char	546	547	2	Remittance (pay-to) address state.
REMIT ZIP	Char	548	552	5	Remittance (pay-to) address zip code.
REMIT ZIP+4	Char	553	556	4	Remittance (pay-to) address zip code extension.
GROUP AFFILIATION	Char	557	566	10	Medicaid provider number of group this individual provider is associated with.
PHONE NUMBER	Char	567	576	10	Provider's telephone number. In '9999999999' format.
DEA NUMBER	Char	577	585	9	Provider's DEA number.
UPIN	Char	586	591	6	Provider's UPIN Number.
TAXONOMY	Char	592	601	10	Provider's primary taxonomy code.
PROVIDER	Char	602	602	1	Provider Attestation indicator –

ATTESTATION					'Y' or blank
PROVIDER ATTEST. EFF DATE	Char	603	610	8	Provider Attestation effective date
PROVIDER ATTEST. END DATE	Char	611	618	8	Provider Attestation end date
VACC FOR CHILDREN PROV	Char	619	619	1	Vaccine-for-Children Provider indicator – 'Y' or blank
VFC PROV CURRENT EFF DATE	Char	620	627	8	Vaccine for Children Provider current effective date
VFC PROV CURRENT END DATE	Char	628	635	8	Vaccine for Children Provider current end date
VFC PROV PREV. EFF DATE	Char	636	643	8	Vaccine for Children Provider previous effective date
VFC PROV PREV END DATE	Char	644	651	8	Vaccine for Children Provider previous end date
GROUP MEMBER INDICATOR	Char	652	652	1	Indicates whether the Provider is a member of a group – 'Y' = group 'N' = individual
NPI4	Char	653	662	10	National Provider Identifier 4
NPI4 EFFECTIVE DATE	Char	663	168	8	Date NPI4 becomes effective.
NPI4 END DATE	Char	671	176	8	Date NPI4 is terminated.
NPI5	Char	679	160	10	National Provider Identifier 5
NPI5 EFFECTIVE DATE	Char	689	170	8	Date NPI5 becomes effective.
NPI5 END DATE	Char	697	178	8	Date NPI5 is terminated.
NPI6	Char	705	714	10	National Provider Identifier 6
NPI6 EFFECTIVE DATE	Char	715	724	8	Date NPI6 becomes effective.
NPI6 END DATE	Char	723	730	8	Date NPI6 is terminated.
NPI7	Char	731	740	10	National Provider Identifier 7
NPI7 EFFECTIVE DATE	Char	741	748	8	Date NPI7 becomes effective.
NPI7 END DATE	Char	749	756	8	Date NPI7 is terminated.

NPI8	Char	757	766	10	National Provider Identifier 8
NPI8 EFFECTIVE DATE	Char	767	774	8	Date NPI8 becomes effective.
NPI8 END DATE	Char	775	782	8	Date NPI8 is terminated.
NPI9	Char	783	792	10	National Provider Identifier 9
NPI9 EFFECTIVE DATE	Char	793	800	8	Date NPI9 becomes effective.
NPI9 END DATE	Char	801	808	8	Date NPI9 is terminated.
NPI10	Char	809	818	10	National Provider Identifier 10
NPI10 EFFECTIVE DATE	Char	819	826	8	Date NPI10 becomes effective.
NPI10 END DATE	Char	827	834	8	Date NPI10 is terminated.
NPI11	Char	835	844	10	National Provider Identifier 11
NPI11 EFFECTIVE DATE	Char	845	852	8	Date NPI11 becomes effective.
NPI11 END DATE	Char	853	860	8	Date NPI11 is terminated.
NPI12	Char	861	870	10	National Provider Identifier 12
NPI12 EFFECTIVE DATE	Char	871	878	8	Date NPI12 becomes effective.
NPI12 END DATE	Char	879	886	8	Date NPI12 is terminated.
NPI13	Char	887	896	10	National Provider Identifier 13
NPI13 EFFECTIVE DATE	Char	897	904	8	Date NPI13 becomes effective.
NPI13 END DATE	Char	905	912	8	Date NPI13 is terminated.
NPI14	Char	913	922	10	National Provider Identifier 14
NPI14 EFFECTIVE DATE	Char	923	930	8	Date NPI14 becomes effective.
NPI14 END DATE	Char	931	938	8	Date NPI14 is terminated.
NPI15	Char	939	948	10	National Provider Identifier 15
NPI15 EFFECTIVE DATE	Char	949	956	8	Date NPI15 becomes effective.
NPI15 END DATE	Char	957	964	8	Date NPI15 is terminated.
NPI16	Char	965	974	10	National Provider Identifier 16

NPI16 EFFECTIVE DATE	Char	975	982	8	Date NPI16 becomes effective.
NPI16 END DATE	Char	983	990	8	Date NPI16 is terminated.
NPI17	Char	991	1000	10	National Provider Identifier 17
NPI17 EFFECTIVE DATE	Char	1001	1008	8	Date NPI17 becomes effective.
NPI17 END DATE	Char	1009	1016	8	Date NPI17 is terminated.
NPI18	Char	1017	1026	10	National Provider Identifier 18
NPI18 EFFECTIVE DATE	Char	1027	1034	8	Date NPI18 becomes effective.
NPI18 END DATE	Char	1035	1042	8	Date NPI18 is terminated.
NPI19	Char	1043	1052	10	National Provider Identifier 19
NPI19 EFFECTIVE DATE	Char	1053	1060	8	Date NPI19 becomes effective.
NPI19 END DATE	Char	1061	1068	8	Date NPI19 is terminated.
NPI20	Char	1069	1078	10	National Provider Identifier 20
NPI20 EFFECTIVE DATE	Char	1079	1086	8	Date NPI20 becomes effective.
NPI20 END DATE	Char	1087	1094	8	Date NPI20 is terminated.
NPI21	Char	1095	1104	10	National Provider Identifier 21
NPI21 EFFECTIVE DATE	Char	1105	1112	8	Date NPI21 becomes effective.
NPI21 END DATE	Char	1113	1120	8	Date NPI21 is terminated.
NPI22	Char	1121	1130	10	National Provider Identifier 22
NPI22 EFFECTIVE DATE	Char	1131	1138	8	Date NPI22 becomes effective.
NPI22 END DATE	Char	1139	1146	8	Date NPI22 is terminated.
NPI23	Char	1147	1156	10	National Provider Identifier 23
NPI23 EFFECTIVE DATE	Char	1157	1164	8	Date NPI23 becomes effective.
NPI23 END DATE	Char	1165	1172	8	Date NPI23 is terminated.

NPI24	Char	1173	1182	10	National Provider Identifier 24
NPI24 EFFECTIVE DATE	Char	1183	1190	8	Date NPI24 becomes effective.
NPI24 END DATE	Char	1191	1198	8	Date NPI24 is terminated.
NPI25	Char	1199	1208	10	National Provider Identifier 25
NPI25 EFFECTIVE DATE	Char	1209	1216	8	Date NPI25 becomes effective.
NPI25 END DATE	Char	1217	1224	8	Date NPI25 is terminated.
NPI26	Char	1225	1234	10	National Provider Identifier 26
NPI26 EFFECTIVE DATE	Char	1235	1242	8	Date NPI26 becomes effective.
NPI26 END DATE	Char	1243	1250	8	Date NPI26 is terminated.
NPI27	Char	1251	1260	10	National Provider Identifier 27
NPI27 EFFECTIVE DATE	Char	1261	1268	8	Date NPI27 becomes effective.
NPI27 END DATE	Char	1269	1276	8	Date NPI27 is terminated.
NPI28	Char	1277	1286	10	National Provider Identifier 28
NPI28 EFFECTIVE DATE	Char	1287	1294	8	Date NPI28 becomes effective.
NPI28 END DATE	Char	1295	1303	8	Date NPI28 is terminated.
NPI29	Char	1303	1312	10	National Provider Identifier 29
NPI29 EFFECTIVE DATE	Char	1313	1320	8	Date NPI29 becomes effective.
NPI29 END DATE	Char	1321	1328	8	Date NPI29 is terminated.
NPI30	Char	1329	1338	10	National Provider Identifier 30
NPI30 EFFECTIVE DATE	Char	1339	1346	8	Date NPI30 becomes effective.
NPI30 END DATE	Char	1347	1354	8	Date NPI30 is terminated.
FILLER	Char	1355	1454	100	For future expansion. Field filled with all spaces.
NEWLINE	Char	1455	1455	1	Newline character = 0x0a

Trailer Record

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value 'TT' to denote trailer record
DETAIL RECORDS	Number	3	11	9	Total number of detail records in the file.
TOTAL RECORDS	Number	12	20	9	Total number of records (including header and trailer) in the file.
NEWLINE	Char	21	21	1	Newline character = 0x0a

APPENDIX M. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT)

Periodicity Schedule

Infancy

- < 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months

Early Childhood

- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years

Middle Childhood

- 5 years
- 6 years
- 8 years
- 10 years

Adolescence

- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years

Required Components - Initial and Periodic Health Assessments

Health History:

Complete History

Initial Visit
Interval History

Each Visit

By History /Physical Exam:
Developmental Assessment

Each Visit
(Age appropriate physical and mental health milestones)
Nutritional Assessment

Each Visit
Lead Exposure Assessment

6 mo. through 6 yr. age visits

Physical Exam:
Complete/ Unclothed

Each Visit
Growth Chart

Each Visit
Vision Screen

Assessed each visit

*According to recommended
medical standards (AAP1)

Hearing Screen

Assessed Each Visit

*According to recommended
medical standards (AAP1)

Laboratory:

Hemoglobin/ Hematocrit

*According to recommended
medical standards (AAP1)

Urinalysis

*According to recommended
medical standards (AAP1)

Lead Blood Level (Low Risk History)

12 mo. and 2 year age visit
Lead Blood Level (High Risk History)

Immediately
Cholesterol Screening

*According to recommended
medical standards (AAP1)

Sickle Cell Screening

I

Documentation X 1
Hereditary/ Metabolic Screening

* According to Kentucky statute
(Newborn Screening)

Sexually Transmitted Disease Screening

Pelvic Exam (pap smear)

Immunizations:
DPT

*According to recommended
medical standards (AAP1)
* According to recommended
medical standards (AAP1)

Assessed Each Visit

DTaP

* According to recommended
OPV medical standards (AAP1,
ACIP2, Hepatitis BAAFP3)

Immunizations: Cont.

HiB
MMR
Varicella
Td
PPD

Health Education/ Anticipatory Guidance
(Age Appropriate)

Each Visit

Dental Referral

Age 1

1. AAP

American Academy of Pediatrics

Committee on Practice and Ambulatory Medicine)

2. ACIP

Advisory Committee on Immunization Practices

3. AAFP

American Academy of Family Physicians

Special Services

EPSDT provides any Medically Necessary diagnosis and treatment for Members under the age of 21 indicated as the result of an EPSDT health assessment or any other encounter with a licensed or certified health care professional, even if the service is not otherwise covered by the Kentucky Medicaid Program. These services which are not otherwise covered by the Kentucky Medicaid Program are called EPSDT Special Services.

The Contractor shall provide EPSDT Special Services as required by 42 USC Section 1396 and by 907 KAR 1:034, Section 7 and Section 8.

The Contractor shall provide the following medically necessary health care, diagnostic services, preventive services, rehabilitative services, treatment and other measures, described in 42 USC Section 1396d(a), to all members under the age of 21:

- (a) Inpatient Hospital Services;
- (b) Outpatient Services; Rural Health Clinics; Federally Qualified Health Center Services;
- (c) Other Laboratory and X-Ray Services;
- (d) Early and Periodic Screening, Diagnosis, and Treatment Services; Family

- (e) Planning Services and Supplies;
- (e) Physicians Services; Medical and Surgical Services furnished by a Dentist;
- (f) Medical Care by Other Licensed Practitioners;
- (g) Home Health Care Services;
- (h) Private Duty Nursing Services;
- (i) Clinic Services;
- (j) Dental Services;
- (k) Physical Therapy and Related Services;
- (l) Prescribed Drugs including Mental/Behavioral Health Drugs, Dentures, and Prosthetic Devices; and Eyeglasses;
- (m) Other Diagnostic, Screening, Preventive and Rehabilitative Services;
- (n) Nurse-Midwife Services;
- (o) Hospice Care;
- (p) Case Management Services;
- (q) Respiratory Care Services;
- (r) Services provided by a certified pediatric nurse practitioner or certified family Nurse practitioner (to the extent permitted under state law);
- (s) Other Medical and Remedial Care Specified by the Secretary; and
- (t) Other Medical or Remedial Care Recognized by the Secretary but which are not covered in the Plan Including Services of Christian Science Nurses, Care and Services Provided in Christian Science Sanitariums, and Personal Care Services in a Recipient's Home.

Those EPSDT diagnosis and treatment services and EPSDT Special Services which are not otherwise covered by the Kentucky Medicaid Program shall be covered subject to Prior Authorization by the Contractor, as specified in 907 KAR 1:034, Section 9. Approval of requests for EPSDT Special Services shall be based on the standard of Medical Necessity specified in 907 KAR 1:034, Section 9.

The Contractor shall be responsible for identifying Providers who can deliver the EPSDT special services needed by Members under the age of 21, and for enrolling these Providers into the Contractor's Network, consistent with requirements specified in this Contract.

APPENDIX N. PROGRAM INTEGRITY REQUIREMENTS

I. ORGANIZATION

The Contractor shall establish a Program Integrity Unit (PIU) to identify Fraud, Waste and Abuse and refer to the Department any suspected Fraud or Abuse of Members and Providers. The Program Integrity Unit (PIU) shall be organized so that:

- (a) Required Fraud, Waste and Abuse activities are conducted by staff with separate authority to direct PIU activities and functions specified in this Appendix on a continuous and on-going basis;
- (b) Written policies, procedures, and standards of conduct demonstrate the organization's commitment to comply with all applicable contract requirements and standards and federal and state laws, regulations and standards;
- (c) The unit establishes, controls, evaluates and revises Fraud, Waste and Abuse detection, deterrent and prevention procedures to ensure compliance with all applicable contract requirements and standards and Federal and State laws, regulations and requirements;
- (d) The staff consists of a compliance officer in addition to auditing and clinical staff;
- (e) The unit prioritizes work coming into the unit to ensure that cases with the greatest potential program impact are given the highest priority. Allegations or cases having the greatest program impact include cases involving:
 - (1) Multi-State fraud or problems of national scope, or Fraud or Abuse crossing partnership boundaries,
 - (2) High dollar amount of potential overpayment, or
 - (3) Likelihood for an increase in the amount of Fraud or Abuse or enlargement of a pattern;
- (f) Ongoing education is provided to Contractor staff on Fraud, Waste and Abuse trends including CMS initiatives;
- (g) Contractor attends any training given by the Commonwealth/Fiscal Agent, its designees, or other Contractor's organizations provided reasonable advance notice is given to Contractor of the scheduled training; and
- (h) There are a minimum of two (2) full-time investigators:
 - (1)

With a minimum of three (3) years of Medicaid fraud, waste and abuse investigatory experience

(2)

Located in Kentucky; and

(3)

Dedicated 100% to the Kentucky Medicaid Program.

II. FUNCTION

Contractor and/or Contractor's PIU, shall:

- (a) Prevent Fraud, Waste and Abuse by identifying vulnerabilities in the Contractor's program including identification of Member and Provider Fraud, Waste and Abuse and taking appropriate action including but not limited to the following:
 - (1) Recovery of overpayments,
 - (2) Changes to policy,
 - (3) Dispute resolution meetings, and
 - (4) Appeals;
- (b) Proactively detect incidents of Fraud, Waste and Abuse that exist within the Contractor's program through the use of algorithms, investigations and record reviews;
- (c) Determine the factual basis of allegations concerning Fraud or Abuse made by Members, Providers and other sources;
- (d) Initiate appropriate administrative actions to collect overpayments adhering to state requirements;
- (e) At the closure of an initial investigation:
 - (1) Upon finding a factual basis for potential Fraud, Waste, or Abuse, refer to the Department for possible civil and/or criminal prosecution, and administrative sanctions; or
 - (2) Upon finding no factual basis for the potential of Fraud, Waste or Abuse, request and receive the Department's written permission to administratively collect overpayments in excess of \$500; or
 - (3) Upon finding no factual basis for potential Fraud, Waste, or Abuse, or overpayment, request and receive the Department's written permission to close the investigation without further action of the Contractor and/or Contractor's PIU.
- (f) Initiate and maintain network and outreach activities to ensure effective interaction and exchange of information with all internal components of the Contractor as well as outside groups;
- (g) Make and receive recommendations to enhance the ability of the Parties to prevent, detect and deter Fraud, Waste or Abuse;
- (h) Provide for prompt response to detected offenses, and for development of corrective action initiatives relating to the Contractor's contract;
- (i) Provide for internal monitoring and auditing of Contractor and its subcontractors; and supply the Department with reports on a quarterly or as-requested basis on its activity or ad hoc as necessary;

- (j) Be subject to on-site reviews; and fully comply with requests from the Department to supply documentation and records;
- (k) Collect outstanding debt owed to the Department from members or providers; and provide monthly reports of activity and collections to the Department;
- (l) Allow the Department to collect and retain any overpayments if the Contractor has not taken appropriate action to collect the overpayment after one hundred and eighty (180) days;
- (m) The Contractor shall, as requested by the Department, remit the amount of provider overpayments not identified by the contractor within ninety (90) calendar days of notification by the Department unless otherwise notified in writing by the Department or its contracted entity;
- (n) Conduct continuous and on-going reviews of all MIS data including, Member and Provider Grievances and appeals, for the purpose of identifying potentially fraudulent acts;
- (o) Conduct regular post-payment audits of Provider billings, investigate payment errors, produce printouts and queries of data and report the results of their work to the Department;
- (p) Conduct on-site and desk audits of Providers and report the results including identified overpayments and recommendations to the Department;
- (q) Locally maintain cases under investigation for possible Fraud, Waste or Abuse activities and provide these lists and entire case files to the Department and OIG upon demand;
- (r) Designate a contact person to work with staff, investigators and attorneys from the Department, OIG and any other agent or contractor of the Department;
- (s) Ensure the integrity of PIU referrals to the Department and shall not subject referrals to the approval of the Contractor's management or officials;
- (t) Comply with the expectations of 42 CFR 455.20 by employing a method of verifying with a Member whether the services billed by Provider were received by randomly selecting a minimum sample of 500 claims on a monthly basis;
- (u) Run algorithms on billed claims data over a time span sufficient to identify potential fraudulent billing patterns and develop a process and report quarterly or as otherwise requested to the Department all algorithms, issues identified, actions taken to address those issues and the overpayments collected;
- (v) Collect administratively from Members for overpayments that were declined prosecution for Medicaid Program Violations (MPV);
- (w) Comply with the program integrity requirements set forth in the Patient Protection and Affordable Care Act, specifically 42 CFR 438.608, and all applicable requirements and standards under this contract and any federal and state laws and regulations, and provide policies and procedures to the Department for review and approval;
- (x) Report to the Department any Provider denied enrollment by Contractor for any

reason, including those contained in 42 CFR 455.106, within 5 days of the enrollment denial;

- (y) Recover overpayments from Providers;
- (z) Identify Providers for pre-payment review as a result of the Provider's activities in accordance with the contract;

- (aa) Conduct a minimum of three (3) on-site visits per quarter related to investigations of suspected fraud and abuse. The site visit shall be approved within a minimum of ten (10) calendar days by the Department;
- (bb) Notify the Department if there is an absence or vacancy in an investigator position that is longer than thirty (30) days, and include a contingency plan to remain compliant with the contract requirements in the interim; and
- (cc) Correct any weaknesses, deficiencies, or noncompliance items identified as a result of a review or audit conducted by the Department, CMS, or by any other State or Federal Agency or agents thereof that has oversight of the Medicaid program. Corrective action shall be completed the earlier of thirty (30) calendar days or the timeframes established by Federal and state laws and regulations.

III. PATIENT ABUSE/MEMBER SAFETY

Incidents or allegations concerning physical or mental abuse of Members shall be immediately reported to the Department for Community Based Services in accordance with state law with copy to the Department and OIG. Potential Member safety issues related to investigations shall be reported in accordance with state law with a copy to the Department's Program Integrity Division Director and Program Quality & Outcomes Division Director.

IV. COMPLAINT SYSTEM

The Contractor's PIU shall have an operational system to receive, investigate and track the status of Fraud, Waste and Abuse complaints from Members, Providers and all other sources which may be made against the Contractor, Providers or Members. The system shall contain the following:

- (a) Upon receipt of a complaint or other indication of potential Fraud or Abuse, the Contractor's PIU shall conduct an initial investigation to determine the validity of the complaint;
- (b) The PIU should review background information and MIS data; however, the initial investigation shall not include interviews with the subject concerning the alleged instance of Fraud or Abuse;
- (c) If the initial investigation results in a reasonable belief that the complaint does not constitute Fraud or Abuse, the PIU should not refer the case to the Department; however, the PIU shall take whatever remedial actions may be necessary, up to and including administrative recovery of identified

- overpayments of \$500 or less;
- (d) If the initial investigation results in a reasonable belief that Fraud or Abuse has occurred, the PIU shall refer the case and all supporting documentation to the Department;
 - (e) The Department will review the referral and attached documentation, make a determination and notify the PIU as to whether the OIG will investigate the case or return it to the PIU for appropriate administrative action;
 - (f) If, in the process of conducting an initial investigation, the PIU suspects a violation of either criminal Medicaid Fraud statutes or the Federal False Claims Act, the PIU shall immediately notify the Department of their findings and proceed only in accordance with instructions received from the Department;
 - (g) If the Department determines that it will refer a case referred by the PIU to the OIG, the OIG will conduct a preliminary investigation, review the PIU's report and evidence, gather additional evidence if needed, and forward information, if warranted, to the Attorney General's Medicaid Fraud Control Unit, for appropriate action;
 - (h) If the OIG opens an investigation based on a complaint received from a source other than the Contractor, the OIG will, upon completion of the preliminary investigation, provide a copy of the investigative report to the Department, the PIU, or if warranted, to MFCU, for appropriate actions;
 - (i) If the OIG investigation results in a referral to the MFCU and/or the U.S. Attorney, the OIG will notify the Department and the PIU of the referral. The Department and the PIU shall only take actions concerning these cases in coordination with the law enforcement agencies that received the OIG referral;
 - (j) Upon approval of the Department, Contractor shall suspend and escrow Provider payments in accordance with Section 6402 (h)(2) of the Affordable Care Act pending investigation of credible allegation of fraud; these efforts shall be coordinated through the Department;
 - (k) Upon completion of the PIU's initial investigation, the PIU shall provide the Department a copy of their investigative report, which shall contain the following elements:
 - (1) Name and address of subject;
 - (2) Medicaid identification number;
 - (3) Source of complaint;
 - (4) State the complaint/allegation;
 - (5) Date assigned to the investigator;
 - (6) Name of investigator;
 - (7) Date of completion;
 - (8) Detail as to what timeframe was reviewed;
 - (9) How many member records were reviewed for that timeframe and the total of number of claims;
 - (10) The issues identified;
 - (11) Methodology used during investigation;

- (12) Facts discovered by the investigation as well as the initial case report and supporting documentation;
- (13) Attach all exhibits or supporting documentation;
- (14) Include recommendations as considered necessary, for administrative action or policy revision;
- (15) Identify overpayment, if any, and include recommendation concerning collection;
- (16) Reason for closure of the report, if applicable;
- (17) Request to send as a referral for a preliminary investigation for a credible allegation of fraud, if applicable; and
- (13) Any other elements identified by CMS for fraud referral;
- (l) The Contractor's PIU shall provide the Department a quarterly Member and Provider status report of all cases including actions taken in adherence with state requirements, or case information shall be made available to the Department upon request;
- (m) The Contractor's PIU shall maintain access to a formal case tracking and case management system, which can report the status of a particular complaint or grievance process or the status of a specific identified overpayment or recoupment; and
- (n) The Contractor's PIU shall assure a Grievance and Appeal process for Members and Providers in accordance with 907 KAR 1:671.

V. CASE TRACKING AND CASE MANAGEMENT

- (a) The Contactor shall have a case tracking and case management system to track member and provider cases;
- (b) The Contractor shall have the ability to query for ad hoc reporting or case status through the case tracking system for any period of time and shall be able to report the following for provider cases:
 - (1) PIU Case number,
 - (2) Provider name,
 - (3) Provider number,
 - (4) NPI (if applicable),
 - (6) Source of Complaint,
 - (7) OIG Referral Number (if applicable),
 - (8) MAT Case Y/N (if applicable to report),
 - (9) Date complaint received by Contractor,
 - (10) Date opened,
 - (11) Name of PIU investigator assigned,
 - (12) Summary of Complaint,
 - (13) Justification that a referral for a preliminary investigation was not warranted based upon the evidence in the case file,
 - (14) PIU action(s) taken and date(s),
 - (15) Amount of overpayment if any (please note potential overpayments of \$500 or more should be referred for preliminary investigation),

- (16) Administrative actions (if any) or referral with description, and
 - (17) Closure Date* (if applicable) of initial investigation with approval from supervisor. Supervisor approval should demonstrate/attest verification of each component in the case file.
- (c) The Contractor shall have the ability to query for ad hoc reporting or case status through the case tracking system for any period of time and shall be able to report the following for member cases:
- (1) PIU Case number,
 - (2) Member name,
 - (3) Member number,
 - (4) Date of Birth (if known),
 - (5) Social Security Number (if known),
 - (6) Source of Complaint,
 - (7) OIG Referral Number (if applicable),
 - (8) Date complaint received by Contractor,
 - (9) Date opened,
 - (10) Name of PIU investigator assigned,
 - (11) Summary of Complaint,
 - (12) Justification that a preliminary investigation was not warranted based upon the evidence in the case file,
 - (13) PIU action(s) taken and date(s) within the ten (10) day review period,
 - (14) Amount of overpayment if any,
 - (15) Administrative actions (if any) or referral with description,
 - (16) Closure Date* (if applicable) of initial investigation with approval from supervisor. Supervisor approval should demonstrate/attest verification of each component in the case file.

VI. REPORTING

- (a) The Contractor's PIU shall report on a monthly basis provider internal referrals (tips) and the disposition of the prior month's internal referrals, and on a quarterly basis, as required by the Department, all activities and processes for each investigative case for that quarter to the Department. The Contractor shall have the ability to report all aspects of a member or provider file from opening to closure upon request, including overpayments identified, overpayment adjusted and recoupments of overpayments;
- (b) If any employee or subcontractor employee of the Contractor discovers or is made aware of an incident of possible Member or Provider Fraud, Waste or

- Abuse, the incident shall be immediately reported to the PIU Coordinator;
- (c) The Contractor's PIU shall immediately report all cases of suspected Fraud, Waste, Abuse or inappropriate practices by Subcontractors, Members, Providers or employees to the Department in adherence to state requirements;
 - (d) The Contractor shall adhere to all ad hoc reporting requests whether one time or recurring in accordance with Section 38.1 of this contract;
 - (e) The Contractor shall report all overpayments identified as prescribed by the Department;
 - (f) The Contractor shall report the collection of provider overpayments and prepayment cost avoidance in relation to the quarterly total of Monthly Benefit Payments;
 - (g) The Contractor shall report the escrow of provider payments in adherence to state requirements;
 - (h) The Contractor shall report site visits conducted in adherence to state requirements; and
 - (d) The Contractor is required to report the following data elements to the Department on a quarterly basis, in an excel format:
 - (1) PIU Case number;
 - (2) Provider /Member name;
 - (3) Provider Medicaid ID/Member Medicaid number;
 - (5) Date complaint received by Contractor;
 - (6) Provider NPI (if nonmember case);
 - (7) Source of complaint,
 - (8) OIG Case Number;
 - (9) Date complaint or referral received;
 - (10) Date case opened;
 - (11) MAT related (Y or N);
 - (12) Summary of Complaint with timeframe reviewed;
 - (13) Initial investigation (Y or N);
 - (14) Actions taken with date(s);
 - (15) Referred to DMS (with appropriate code);
 - (16) Date referred to DMS (if applicable);
 - (17) Provider on prepayment (Y or N);
 - (18) Overpayment identified, and
 - (19) Date case closed (if applicable).

VII.

AVAILABILITY AND ACCESS TO DATA

The Contractor shall:

- (a) Gather, produce, and maintain records including, but not limited to, ownership disclosure, for all Providers and subcontractors, submissions, applications,

- evaluations, qualifications, member information, enrollment lists, grievances, Encounter data, desk reviews, investigations, investigative supporting documentation, finding letters and subcontracts for a period of 5 years after contract end date;
- (b) Regularly report enrollment, Provider and Encounter data in a format that is useable by the Department, the OIG and any other agent or contractor of the Department;
 - (c) Backup, store and be able to recreate reported data upon demand for the Department, the OIG and any other agent or contractor of the Department;
 - (d) Permit reviews, investigations or audits of all books, records or other data, at the discretion of the Department, the OIG, any other agent or contractor of the Department or other authorized federal or state agency; and, shall provide access to Contractor records and other data on the same basis and at least to the same extent that the Department would have access to those same records;
 - (e) Produce records in electronic format for review and manipulation by the Department, the OIG and any other agent or contractor of the Department;
 - (f) Allow designated Department staff, the OIG, and any other agent or contractor of the Department read access to ALL data in the Contractor's MIS systems;
 - (g) Provide Contractor's PIU access to any and all records and other data of the Contractor for purposes of carrying out the functions and responsibilities specified in this Contract;
 - (h) Fully cooperate with the Department, the OIG, any other agent or contractor of the Department, the United States Attorney's Office and other law enforcement agencies in the investigation of Fraud or Abuse cases; and
 - (i) Provide identity and cover documents and information for law enforcement investigators under cover.

APPENDIX O. PAID CLAIMS LISTING REQUIREMENTS

Hospitals:

1. The Contractor shall supply a paid claims listing to each contracted Hospital and to the Department for Medicaid Services (the Department) for each contracted hospital within sixty (60) days of the last day of the Hospital's fiscal year end date and a second set of data fourteen (14) months after the Hospital's fiscal year end date. The paid claims listing shall be in a format as required by the Department. The paid claims listing shall include all claims with discharge dates within the Hospital's fiscal year that are paid from the first day of the Hospital's fiscal year to ninety (90) days after the

end of the Hospital's fiscal year. For all hospitals, the MCO shall provide separate reports for adjudicated claims associated with both inpatient services and outpatient services provided to eligible Members.

2. The Contractor shall supply a summary of payments outside claims payments. The summary should illustrate the amount of the payment, its purpose and its application to Inpatient or Outpatient services, reported for the hospital fiscal year end.

Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

Upon request the Contractor shall supply a paid claims listing to each contracted FQHC or RHC to the Department for Medicaid Services (the Department) within ninety (90) days of the last day of the state fiscal year. The paid claims listing shall include all claims with dates for service falling within the state fiscal year that are paid within the same fiscal year.

NOTE: The vendor shall provide paid claims listing reports for other program areas as needed.

APPENDIX P. MCO CAPITATION RECONCILIATION INBOUND/OUTBOUND FILE LAYOUTS

There are two (2) capitation reconciliation file types with an inbound and outbound file for each.

'Report 230': Contains all Members and capitation months that the MCO identifies for which a capitation payment has not been received.

'Report 250': Contains all Members and capitation months for which the MCO believes an inaccurate capitation payment was made. This file is to also include potential duplicate capitation payments.

Format: Inbound and outbound files to use semi-colon delimited text.

Naming Convention:

Where XX is the MCO two character designation

Inbound (MCO to CHFS):
 XX_Reports_YYMMDD_Report230

XX_Reports_YYMMDD_Report250

Outbound (CHFS to MCO):
 CHFS_XX_YYMMDD_Report230

CHFS_XX_YYMMDD_Report250

File Transmission: Move-IT

Frequency:

MCO to submit the Inbound files once per month.

CHFS to provide the Outbound files, under normal circumstances, on the Monday following the MCO Inbound submission.

Inbound File Layout for 'Report 230'

Field	Data Type	Format	Comments
MCO_ID	Char(10)		MCO Medicaid ID
MEDICAID_ID	Char(12)		Member Medicaid ID that the MCO is requesting payment for
CAP_MONTH	int (6)	YYYYMM	Month that the MCO is requesting

			payment for
AMT_EXPECTED	Decimal(8,2)		Cap payment amount the MCO is expecting

Inbound File Layout for 'Report 250'

Field	Data Type	Format	Comments
MCO_ID	Char(10)		MCO Medicaid ID
ADJUST_CDE	Char(2)		Type of adjustment for the record
CAP_MONTH	int (6)	YYYYMM	Month that the MCO received an incorrect payment
MEDICAID_ID	Char(12)		Member Medicaid ID that the MCO received a payment for
PD_AMT	Decimal (8,2)		Cap payment amount the MCO received
AMT_EXPECTED	Decimal (8,2)		Cap payment amount the MCO is expecting

Outbound File Layout for 'Report 230'

Field	Data Type	Format	Comments
MEDICAID_ID	Char(12)		Data from MCO Inbound file to be returned
CAP_MONTH	int (6)	YYYYMM	Data from MCO Inbound file to be returned
RECON_DTE	Int (8)	YYYYMMDD	Date MCO transaction was processed for reconciliation
SAK_CAPITATION_PD	Int (9)		Cap Payment Unique Identifier: provided when cap already paid
FIN_DTE_PD	Int (8)	YYYYMMDD	MMIS Financial Paid Date: provided when cap already paid
AMT_PD	Decimal(8,2)		Cap Amount Paid: provided when cap already paid
MEDICAID_ID_PD	Char(12)		Medicaid ID that the Cap Was Paid Under: provided when cap already paid
MESSAGE_CDE	Char(4)		Code value for the message being returned
MESSAGE	Varchar(255)		Findings based on current active MMIS data

Outbound File Layout for 'Report 250'

Field	Data Type	Format	Comments
CAP_MONTH	int (6)	YYYYMM	Data from MCO Inbound file to be

			returned
MEDICAID_ID	Char(12)		Data from MCO Inbound file to be returned
RECON_DTE	Int (8)	YYYYMMDD	Date MCO transaction was processed for reconciliation
MESSAGE_CDE	Char(4)		Code value for the message being returned
MESSAGE	Varchar(255)		Findings based on current active MMIS data

Valid values for the ADJUST_CDE in the Inbound 'Report 250'

ADJUST_CDE	COMMENT
OP	Overpayment: MCO believes the capitation payment received was too high because the member qualifies under a different Category of Aid and/or resides in a different region.
UP	Underpayment: MCO believes the capitation payment received was too low because the member qualifies under a different Category of Aid and/or resides in a different region.
PR	Prorate: MCO believes the capitation payment received was incorrectly prorated based on the Member's Effective date and/or Category of Aid

Valid Values for MESSAGE_CDE and MESSAGE in the Outbound 'Report 230' and Outbound 'Report 250'

MESSAGE_CDE	MESSAGE	Report
M_01	MEMBER NOT MEDICAID ELIGIBLE DURING CAP MONTH	All
M_02	MEMBER NOT ASSIGNED TO MCO DURING CAP MONTH	All
M_03	RECORD REPORTED TO DMS MEMBER SERVICES FOR ADDITIONAL RESEARCH	All
M_04	CAPITATION PAYMENT WAS PAID FOR CAP MONTH	230
M_05	CURRENT DATA SHOWS CAP PAYMENT FOR CAP MONTH WILL BE PAID DURING NEXT RECON	230
M_06	CURRENT DATA SHOWS PAID AMOUNT WAS CORRECT	250
M_07	CURRENT DATA SHOWS PAID AMOUNT WAS AN OVERPAYMENT	250
M_08	CURRENT DATA SHOWS PAID AMOUNT WAS AN UNDERPAYMENT	250
M_09	CURRENT DATA SHOWS PAID AMOUNT WAS NOT PRORATED CORRECTLY	250
M_10	MMIS DATA DOES NOT INDICATE THE PAYMENTS ARE DUPLICATE	250
M_11	MMIS DATA INDICATES THE PAYMENTS ARE DUPLICATE - RESEARCH ITEM OPENED	250

M_12	MEMBER MEDICAID ID IS INVALID	All
------	-------------------------------	-----

Monroe, Amy C (Finance)

From: Bechtel, Steve R (CHFS DMS)
Sent: Tuesday, May 14, 2019 8:04 AM
To: Bates, Stephanie M (CHFS DMS); Jackson, Lindsay (CHFS OATS DPSGO)
Cc: Richardson, Amy P (CHFS DMS DFM)
Subject: MCO Rates (Non-Waiver vs. Waiver)
Attachments: RE: Confidential Apr19-Jun20 Ratebook and Quarterly Rates; DRAFT Waiver Illustrative Ratebook and Narrative

Importance: High

****CAUTION** PDF attachments may contain links to malicious sites. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**

Here are the two emails that wakenly sent for 4/1/19-6/30/20, one for non-waiver (first email dated 4/10/19) and waiver (second email dated 4/12/19)

NOTICE OF CONFIDENTIALITY: This email, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply e-mail and destroy all copies of the original message.

Steve Bechtel,
Chief Financial Officer
Department for Medicaid Services
Division of Fiscal Management
(502) 564-4321, EXT. 2032

Monroe, Amy C (Finance)

From: Tom Garrity <tom.garrity@wakely.com>
Sent: Friday, April 12, 2019 6:54 PM
To: Bates, Stephanie M (CHFS DMS); Bechtel, Steve R (CHFS DMS); Detzel, Justine (CHFS DMS); Richardson, Amy P (CHFS DMS DFM)
Cc: Mary Hegemann; Maria Dominiak
Subject: DRAFT Waiver Illustrative Ratebook and Narrative
Attachments: Wakely - Rate Development Apr19-Jun20 - Illustrative Waiver - DRAFT.pdf; Wakely Appendix 1 - KY Medicaid Apr19-Jun20 - Illustrative Waiver Ratebook - DRAFT.xlsx

****CAUTION** PDF attachments may contain links to malicious sites. To verify the destination of the hyperlink in an attachment, hover your mouse over the link and verify the link address. If you are unfamiliar with the address or the address looks suspicious, do not click on the link and delete the email immediately. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**

Hello DMS Team,

Attached for review is the illustrative Waiver Ratebook and associated narrative.

Stephanie,

I saw your other email requesting the final Non-Waiver and Waiver Ratebooks. If you are comfortable with the attached materials, we will quickly remove the Draft references and send all of the final materials for inclusion with procurement.

Please let us know if you have any questions.

Thanks,

Tom Garrity, ASA, MAAA

Senior Consulting Actuary

o: 602.566.5238 m: 602.390.7922

w: www.wakely.com e: tom.garrity@wakely.com



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t 720-226-9800
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Commonwealth of Kentucky Department for Medicaid Services (DMS)

Capitation Rate Development for the Medicaid Managed Care Program – Kentucky HEALTH 1115 Waiver for the Period April 1, 2019 through June 30, 2020 - Supplemental Report

For Illustrative Purposes Only – subject to change pending final approval of Kentucky HEALTH 1115 Waiver

April 12, 2019

Prepared by:
Wakely Consulting Group

Mary Hegemann, FSA, MAAA
Principal and Senior Consulting Actuary

Maria Dominiak, FSA, MAAA
Senior Consulting Actuary



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Introduction

Wakely has been retained by the Commonwealth of Kentucky, Department for Medicaid Services (DMS) to provide actuarial and consulting services related to the development of capitation rates for its Medicaid Managed Care Program effective April 1, 2019 through June 30, 2020 (Apr19-Jun20). This report summarizes the key features of the Kentucky HEALTH 1115 Waiver impacting the capitation rates and serves as a supplement to the document “Wakely - KY Rate Certification Apr19-Jun20.pdf” which includes documentation and the actuarial certification for the development of the actuarially sound capitation rates as required under 42 CFR 438.4 and Actuarial Standard of Practice (ASOP) 49. That document describes the rate development for the rating period Apr19-Jun20 based on the current Medicaid managed care contract, prior to the effectuation of the Kentucky HEALTH 1115 Waiver proposed by the Commonwealth of Kentucky.

At the time of this report, the approval and implementation timeline for Kentucky HEALTH has not yet been finalized. Therefore, **all estimates presented in this document are intended for illustrative purposes only**. Wakely has developed illustrative capitation rates for the Apr19-Jun20 period under the scenario that Kentucky HEALTH had been effective April 1, 2019. The enclosed file “Wakely Appendix 1 - KY Medicaid Apr19-Jun20 - Illustrative Waiver Ratebook.xlsx” includes additional detail related to the illustrative rate development. This report provides policy information and documentation related to changes in the development of the actuarially sound capitation rates due to the Kentucky HEALTH 1115 Waiver. Due to the uncertainty around the timing of the Kentucky HEALTH program implementation, all capitation rates should be considered illustrative and are subject to change based on final Kentucky HEALTH approval, timing, possible changes to program details, and associated assumptions.

Limitations

The information contained in this report was prepared as documentation that supports the development of the illustrative actuarially sound capitation rate ranges for the Commonwealth of Kentucky’s Medicaid managed care program. The information may not be appropriate for any other purpose.

The information contained in this report, including the exhibits, has been prepared for the Kentucky Department for Medicaid Services (DMS) and their advisors. It is our understanding that the information contained in this report may be utilized in a public document. To the extent that the information contained in this report is provided to third parties, the report should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Wakely makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report



prepared for DMS by Wakely that would result in the creation of any duty or liability under any theory of law by Wakely or its employees to third parties.

The illustrative capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. Each MCO should evaluate the rates in the context of their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with DMS. Wakely provides no guarantee, either written or implied, that the data and information is 100% accurate or error free.

Wakely has relied on information provided by DMS and the participating Medicaid MCOs in the development of the illustrative capitation rates. We have relied upon DMS and the MCOs for the accuracy of the data provided. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. To the extent that the data provided is not accurate, the capitation rate development would need to be modified to reflect the revised information.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Illustrative Rate Summary

A summary of the illustrative Medicaid managed care capitation rates by category of aid for the Apr19-Jun20 rate period are shown in Table 1 below. Note, the rate cell structure applicable to Kentucky HEALTH differs from the current Medicaid managed care rate structure. The composite rates shown are based on statewide projected Apr19-Jun20 enrollment under the assumption that Kentucky HEALTH was effective April 2019. The rates displayed exclude supplemental payments and the Health Insurer Fee (HIF).



**Table 1: Illustrative Statewide Capitation Rates Apr19-Jun20
Excluding Supplemental Payments and HIF**

Category of Aid	Base Capitation PMPM
KYH Expansion Adults	\$550.95
KYH Families and Children	\$304.55
SSI without Medicare	\$1,307.44
Dual Eligibles	\$212.73
Foster Care Children	\$447.63
Composite	\$469.69

Kentucky HEALTH Program Description

Kentucky's Section 1115 Waiver program is referred to as **Kentucky HEALTH: Helping to Engage & Achieve Long Term Health**. The following key changes have been incorporated in the illustrative Waiver capitation rates and enrollment projections, assuming the Kentucky HEALTH program was implemented on April 1, 2019. To the extent that such program provisions change, it is possible that such changes will impact the projected rates and projected enrollment. In addition, any changes to the phase-in schedule will also impact these rates and enrollment. As of April 1, 2019, provisions impacting benefits and eligibility and enrollment criteria for applicable members under the Waiver are as follows:

- **Medically frail determination.** Beginning in early 2018, MCOs implemented identification procedures for Medically frail individuals. A person will be determined medically frail if the individual has a disabling mental disorder, chronic substance use disorder, serious and complex medical conditions or a physical, intellectual or developmental disability that significantly impairs their ability to perform activities of daily living. Persons who are chronically homeless are also considered medically frail. Medically frail members will be exempt or have optional participation in several aspects of the Kentucky HEALTH program.
- **Premium Plan.** Most Kentucky HEALTH adults will be initially enrolled in the premium plan and required to pay a monthly premium. Premiums will be based on income and duration of enrollment. Members in the premium plan will not be subject to copayments and will be eligible for My Rewards. Pregnant women, children, and presumptive eligible members are exempt from premiums, and medically frail members have the option to participate in the premium plan. Kentucky HEALTH adults above 100% federal poverty level (FPL) who are otherwise non-exempt from the premium plan will be disenrolled after 60 consecutive days of non-payment of premiums. These members have the ability to be re-enrolled by paying for missed



premium payments.

- Copayment Plan. Kentucky HEALTH adults below 100% FPL cannot be disenrolled for non-payment of premium but will move to a Copayment Plan for premium non-payment. Members in the Copayment Plan are subject to all copayments under the state plan.
- Community Engagement requirements. Kentucky HEALTH adults will be expected to meet community engagement requirements in order to retain Medicaid coverage. Several exemptions exist, including but not limited to: children, medically frail, pregnant women, members over age 64, former foster care youth, primary caregivers and full-time students. The community engagement requirements are assumed to be phased in by geographic area according to the schedule shown in Appendix 2. Members will have a 90-day grace period for non-compliance with community engagement requirements, after which eligibility will be suspended.
- My Rewards. Kentucky HEALTH members enrolled in the premium plan will have access to a benefit account referred to as My Rewards. Members can earn funds by completing qualifying activities such as health goals, obtaining preventive services, and exceeding Community Engagement requirements. My Rewards funds can be used to access certain dental and vision services, and for optional benefits such as gym memberships.
- Retroactive eligibility. Claims for retroactive time periods up to 3 months prior to a member's date of application for Medicaid eligibility will no longer be covered for Kentucky HEALTH adults, with the exception of pregnant women and former foster care youth.
- Waiver of copayments. Copayments will be waived for medically frail, former foster care youth and transitional medicaid assistance (TMA) population groups.
- Dental and vision benefits. Dental and vision benefits will be shifted to My Rewards for Kentucky HEALTH Expansion Adults age 21 and over.

The five-year Waiver demonstration period includes a randomized control trial (RCT), consisting of approximately 42,350 individuals randomly selected who would otherwise qualify for the Kentucky HEALTH program. These RCT members will be excluded from the Kentucky HEALTH requirements and will experience no changes from current Medicaid benefits. Additionally, survivors of domestic violence and refugees will have the same benefits and cost sharing requirements as the medically frail population. SSI Children and Adults, Dual Eligible, and Foster Care Children are excluded from Kentucky HEALTH.

Kentucky HEALTH Capitation Rate Structure

In order to increase credibility and stability of experience within each rate cell, and to align with Kentucky HEALTH, a revised rate cell structure is anticipated to be incorporated when the Waiver becomes effective. Appendix 3 includes a summary of eligibility group by type of assistance (TOA)



code.

A separate delivery payment will also be incorporated as part of the rate cell structure changes. MCOs will receive a single payment associated with a delivery event, excluding deliveries for Dual Eligible members. The delivery payment rate reflects estimated costs for professional and institutional claims for specified procedure codes and DRGs. The payment rate will account for multiple births and stillbirths in a single payment, but will not account for claims incurred by the newborn baby. The separation of a delivery payment is budget neutral to the overall capitation rate development and therefore has no impact on the estimated total program costs. The delivery payment will not be risk adjusted and will not include supplemental payments. Separate delivery payments were developed for regions A and B, but do not vary by eligibility group. Appendix 1, Exhibit 9 includes the Apr19-Jun20 delivery payment and estimated deliveries based on the criteria shown in Appendix 4.

Modifications to the recommended rate cell structure, including the criteria for delivery payment, are subject to change in the future.

Projected Benefit Costs

Please see "Wakely - KY Rate Certification Apr19-Jun20.pdf" for a detailed description of the development of rates effective April 1, 2019 through June 30, 2020. The data, assumptions, and methodologies described in that report serve as the basis for determining the illustrative Waiver rate estimates. Additional assumptions are then applied to develop the Waiver rate estimates. The following list describes the additional data, assumptions and methodologies used to determine adjustments for each program change associated specifically with the Waiver. For purposes of developing the illustrative rates, Wakely assumed the Waiver was effective April 1, 2019.

Removal of Retroactive Eligibility Requirements for Kentucky HEALTH Adults.

Medicaid eligible members currently can request retroactive coverage up to 3 months prior to the application date. With the implementation of Kentucky HEALTH, this policy for retroactive eligibility will be eliminated for most Kentucky HEALTH adults. Retroactive eligibility will still be available for pregnant women, children, and former foster care youth. The policy for Non Kentucky HEALTH members will be unchanged. Wakely was provided eligibility data on retroactive eligibility in the base period. We excluded both the member months and the associated claims for historical retroactivity. The estimated impact of this change was approximately -1.5% for the Kentucky HEALTH population.

My Rewards Dental and Vision Benefit Changes. Kentucky HEALTH seeks to provide its members with a commercial health insurance experience to better prepare members for a transition to the commercial health insurance market. In support of this goal, eligible



Kentucky HEALTH members will have access to an account referred to as “My Rewards”. The My Rewards account allows eligible members to access an array of enhanced health benefits that otherwise are not covered under a member’s eligible benefit plan. Certain dental and vision services that were previously covered by the managed care program, will no longer be covered and instead will be provided via the member’s My Rewards account. This change is applicable to Kentucky HEALTH Expansion Adults age 21 and older, excluding medically frail and pregnant women. Wakely excluded the dental and vision procedure codes that will no longer be the responsibility of the MCOs under the Kentucky HEALTH program. The impact of this adjustment was approximately -0.5% for the Kentucky HEALTH population.

Kentucky HEALTH Base Capitation Rates Gross of Premiums and Copays. The Kentucky HEALTH program includes three cost sharing options depending on member characteristics and eligibility: (1) Premium Plan, (2) Copay Plan, and (3) No Cost Share. The No Cost Share plan includes children, pregnant women, and medically frail or former foster care members choosing not to pay premiums. All other members initially default to the Premium Plan. For adult members above 100% of federal poverty level (FPL), non-payment of premium can result in disenrollment from Kentucky Medicaid, if corrective action is not taken within the penalty period. Members below 100% of FPL that do not pay premiums will be shifted to the Copay Plan and will not lose coverage.

Wakely developed base capitation rates gross of any premiums or copays for the Kentucky HEALTH adult population. This adjustment represents an increase of approximately 0.4% for the Kentucky HEALTH population.

Kentucky HEALTH members in the premium plan will have premium payments based on FPL and duration of enrollment. The premium calculation will be determined during eligibility determination, and MCOs will invoice members for this amount. DMS will reduce the capitation paid to MCOs for this calculated premium amount for each member in the Premium Plan. Similar to members in the premium option, DMS will reduce the capitation paid to MCOs for the estimated average copay for applicable Kentucky HEALTH adults in the Copay Plan.

The total projected benefit costs are provided by region and rate cell in Appendix 1 (Exhibits 6A – 6C). These exhibits show the estimated impact of the trend and program change adjustments used to determine the projected benefit costs.

Projected Non-Benefit Costs

The administration costs were increased to include additional costs associated with several new MCO contract requirements to support the Kentucky HEALTH 1115 Waiver program implementation. The additional administration costs include expenses for community engagement efforts, medically frail population identification, the My Rewards program, additional mailers,



member outreach and communication, new reporting and MMIS interface requirements, as well as other ancillary costs as a result of the Waiver. The total increase in administration costs is approximately \$33.7 million annually.

Administrative costs were allocated to the new delivery payment based on the estimated variable portion of the administration as a percentage of premium for the rate cells that include women of child bearing age. Based on a review of the MCO submitted financial reports, it was assumed that 30% of the administration is related to variable costs. This results in a delivery administration range of 3.4%-3.7%. The delivery administration amount was then converted to dollars based on the projected deliveries in the contract period, and removed from the projected Apr19-Jun20 administration dollars for the rate cells that included women of child bearing age. This re-allocation of administration dollars was budget neutral, meaning there were no additional administration dollars included in the Apr19-Jun20 illustrative capitation rates for the delivery payments.

Table 2 shows the administration costs as a percentage of revenue, prior to any state or federally mandated premium fees or assessments. The table includes both the lower and upper bounds of the rate range.

**Table 2: Summary of Administration Cost Percentage by Category of Aid
(excluding margin, assessments, and taxes)**

	KYH Expansion Adults	KYH Other Adults	KYH and KCHIP Children	SSI Adults and Children	Dual Eligible	Foster Care	Delivery
Lower Bound	9.9%	9.7%	8.8%	7.3%	7.4%	8.5%	3.4%
Upper Bound	10.5%	10.3%	9.4%	7.8%	7.9%	9.1%	3.7%

Other Rate Development Considerations

Data Smoothing. The data was examined for distortions resulting from rate cells with small population sizes or outlier claims. While most capitation rate cells were determined to be credible on their own, additional smoothing was performed on a budget neutral basis to improve the credibility of small rate cells. Costs were redistributed between the 0-2 month, 3-12 month and over age 1 rate cells for SSI Child and Foster Care Children based on statewide relativities on a budget neutral basis. In addition, the experience for the two infant rate cells were combined for Kentucky HEALTH children and KCHIP children in order to achieve greater credibility.

The rate cell relativities and the calculation of all combined rate cells are illustrated in Appendix 1, Exhibit 8.

Risk Adjustment. Capitation rates will be risk adjusted based on encounter data to account for differences in the morbidity of the populations between MCOs. Details around



risk adjustment timing and data sources are subject to change, pending the final effective date of the Waiver.

Retrospective Acuity Adjustment. The introduction of the Kentucky HEALTH 1115 Waiver includes a number of program changes which are expected to impact enrollment and potentially member behavior. Due to the significant uncertainty about the risk of the population as the Waiver provisions are implemented and phased-in, and consistent with guidance from the CMS 2018-2019 Medicaid Managed Care Rate Development Guide, a retrospective acuity adjustment is expected to be applied to the Kentucky HEALTH population in the first year of implementation.

The retrospective acuity adjustment relies on risk scores to capture the change in acuity for individuals pre and post waiver implementation. While the exact specifications are still to be determined, the retrospective acuity adjustment will include the following provisions:

- The adjustment will only be applicable to the three Kentucky Health adult rate cells, separately for each rate cell: KYH Other Expansion Adults, KYH Expansion Adults - Medically Frail/RCT, and KYH Other Adults.
- Average member-level risk scores will be calculated based on diagnosis codes for services incurred prior to the Waiver implementation date.
- The acuity adjustment will be based on the actual average risk score for the members enrolled throughout the rating period (numerator), compared to the average risk score for the population prior to the waiver implementation (denominator), adjusted for new entrants and population mix changes within a rate cell already incorporated in the base capitation rates.
- The average risk scores used in the calculation will be member-month weighted.
- The acuity adjustment factor will not vary by MCO and will be applied to the risk adjusted rate. The adjustment may differ by rate cell and region due to the phase-in of the community engagement requirements by region.
- Wakely anticipates using Kentucky-specific risk weights for the retrospective acuity adjustment calculations. However, using national weights, or a blend of weights, may also be considered.



Appendix 1: Commonwealth of Kentucky Medicaid Managed Care Illustrative Waiver Ratebook

Descriptions of the main exhibits in the enclosed Appendix 1 are included below. In addition to Appendix 1, also refer to the document “Wakely - KY Rate Certification Apr19-Jun20.pdf” for more details on the baseline rate development process, assumptions, notes and caveats.

Exhibits 1a – 1c. Includes base period experience and base adjustment factors by region, service category and rate cell. Costs associated with deliveries are excluded from these exhibits and are shown separately in Exhibit 9.

Exhibits 2a – 2b. Illustrates completion factors and other base period adjustment factors by region, service category, and rate cell.

Exhibit 3. Annual and total projected trend factors.

Exhibit 4. Projected factors applied from base period to projection period.

Exhibit 5. Projected non-benefit expenses.

Exhibits 6a and 6b. Rate development calculations incorporating information from preceding exhibits.

Exhibit 7. This claim rate development exhibit illustrates the crosswalk between rate cells analyzed in the base period with the final rate cells under Kentucky HEALTH. Note the following with regard to the two KYH Expansion Adult rate cells:

- The rate cell ‘KYH Expansion Adults - Medically Frail Age 19 or Older’ includes the combination of projected medically frail adults and RCT members.
- The rate cell ‘KYH Other Expansion Adults Age 19 or Older’ includes all other members from the current MAGI Adult population.
- The base data category described as ‘MF Possibles’ includes members who were identified as potential candidates for medically frail based on the evaluation of claims and diagnosis information. The conversion of these members to actual medically frail status will not be determined until Kentucky HEALTH is implemented. Exhibit 7 illustrates the assumed distribution of these members between the two KYH Expansion Adult rate cells.

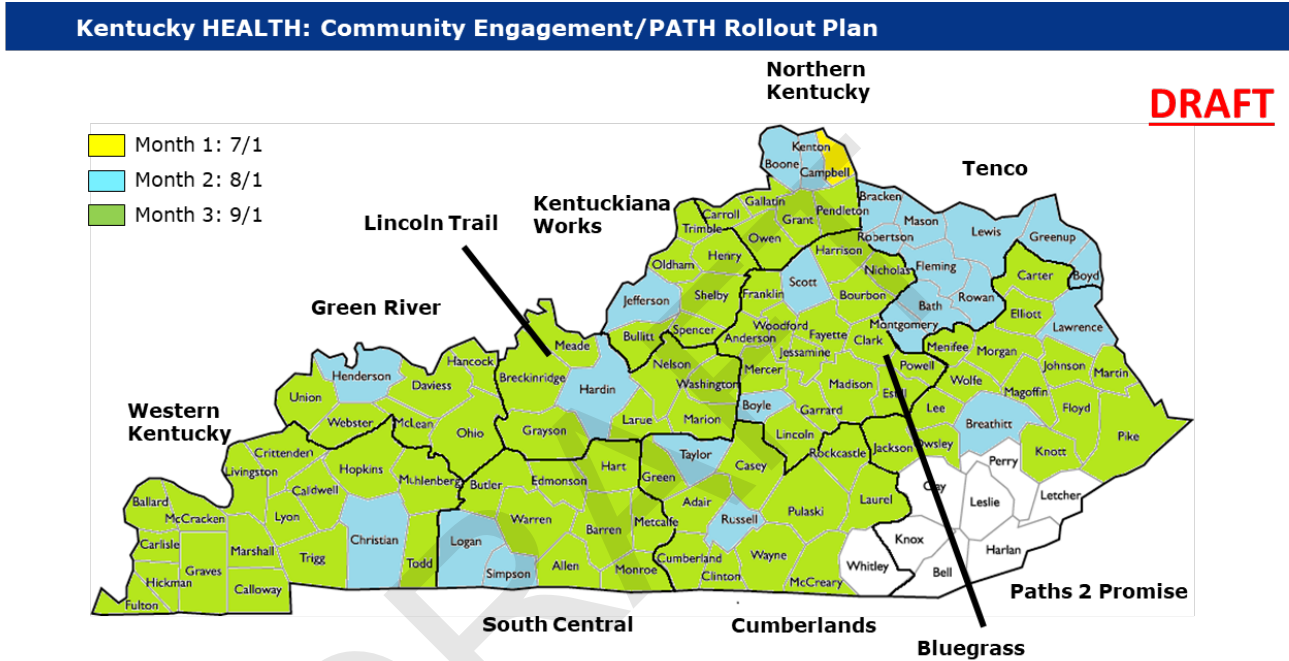
Exhibit 8. Summary of the development of capitation rates incorporating non-benefit expenses by rate cell excluding delivery payment.

Exhibit 9. Summary of delivery payment development.

Exhibit 10. Summary of capitation and delivery payment rate ranges.

Appendix 2: Community Engagement Assumption by Geographic Area

The following map illustrates the Kentucky HEALTH community engagement rollout assumed in the illustrative Apr19-Jun20 rates.



*The counties labeled white are Paths 2 Promise counties. These counties are exempt from the PATH requirement through 2019. Additional information on requirements for these counties will be provided at a later date.



Appendix 3: Waiver Rate Structure

Waiver	Age Group	Eligibility Group	Type of Assistance (TOA) Codes	Age Group 1	Age Group 2	Age Group 3
KY Health	Adults	Expansion Adults	ADLT, PEAD	19+		
KY Health	Adults	Medically Frail Expansion Adults	ADLT with MF indicator and/or RCT Indicator	19+		
KY Health	Adults	Other Adults including Parents and Caregivers, Transitional Medicaid support, Pregnant Women, Former Foster Care	PACA, PEPC, TMAE, TMAS, PREG, ADPR, PEPR, FFCC, PEFC, ADFF, FFOS (could include MF or RCT indicator)	19+		
KY Health	Children	Children	TP45, CHL1, CHL2, CHL4, PEC1, PEC2, PEC4, CHL3, CHEX	0-2 months	3-12 months	1-18
KY Health	Children	KCHIP	CHIP	0-2 months	3-12 months	1-18
All	All	Delivery Payment	Any except Duals	All		
Not KY Health	All	SSI without Medicare	SSIR, ABDM, EXPT, PTCC, PTDC, PTEW, SSPM	0-2 months	3-12 months	1+
Not KY Health	All	Dual Eligibles	Medicare entitlement codes	All		
Not KY Health	Children	Foster Care Children	FCMA, ASMA, DJJM, LTCM	0-2 months	3-12 months	1+



Appendix 4: Delivery Payment Development Criteria

Professional Claims

Procedure Code	Description
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59409	Vaginal delivery only (with or without episiotomy and/or forceps);
59515	Cesarean delivery; including postpartum care
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59514	Cesarean delivery only

Institutional DRGs*

DRG	Description
765	CESAREAN SECTION W CC/MCC
766	CESAREAN SECTION W/O CC/MCC
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES

* DRGs listed reflect the DRGs identified in the base period data to develop delivery payment. Actual trigger for future deliveries may differ and depend on timing of Kentucky HEALTH.



INTRODUCTION

Wakely has been retained by the Commonwealth of Kentucky, Department for Medicaid Services (DMS) to provide actuarial and consulting services related to the development of capitation rates for its Medicaid Managed Care Program. This information and analysis was prepared for, and is only to be relied on by, DMS management.

This file contains summaries of the data, adjustments, and projection assumptions used in the development of capitation rates. Using the information in this analysis for other purposes may not be appropriate. Wakely does not intend to create a reliance to third parties. If materials are released to third parties, the material should be provided in its entirety, including caveats regarding the possible variability of results and Wakely's reliance on data sources provided by DMS and the MCOs.

KY Health Adult capitation rates displayed are gross of premiums and copay adjustments. The net capitation rates paid by DMS for KY Health Adult populations will be reduced by the member specific premium or the average copay PMPM. Capitation rates listed as "KYH Expansion Adults - Medically Frail Age 19 or Older" include RCT members as well.

DATA

Wakely has relied on information provided by DMS and MCOs in the development of the capitation rates. We have relied upon DMS and MCOs for the accuracy of the data provided. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. In order to assign claims into categories of service as shown throughout this ratebook, Wakely relied on major categories of service (inpatient, outpatient, professional, and pharmacy) indicated in the data provided by DMS. Costs associated with Delivery Payment are not included in Exhibits 1 - 8. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. To the extent that the data provided is not accurate, the analysis would need to be modified to reflect the revised information.

DISCLOSURES AND LIMITATIONS

Responsible Actuaries Mary Hegemann and Maria Dominiak are the actuaries responsible for this communication. We are members of the American Academy of fellows of the Society of Actuaries. We both meet the Qualification Standards of the American Academy of Actuaries to issue this analysis.

Risks and Uncertainties The assumptions and resulting estimates included in this analysis are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee the projected values included in the analysis. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. Each MCO should evaluate the rates in the context of their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with DMS. Wakely provides no guarantee, either written or implied, that the data and information is 100% accurate or error free.

Conflict of Interest We are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent from the Commonwealth of Kentucky.

Deviations from ASOPS Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Expansion Adults Age 19 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,066,567									1,066,567
Home Health Care & Hospice	1,058,118	12,011	135	88	0.99	1.139	100%	(13,082)	(146)	1,191,135	13,523	152	88	1.12
IP - Maternity	430,972	2,111	24	204.16	0.40	1.117	100%	2,417	12	485,866	2,380	27	204.16	0.46
IP - Complex Newborn	8,262	1	0	8,261.69	0.01	1.117	100%	764	0	10,032	1	0	8,261.69	0.01
IP - Medical/Surgical	27,364,054	7,760	87	3,526.50	25.66	1.117	99%	126,292	36	30,505,159	8,651	97	3,526.26	28.60
IP - Normal Newborn	784	1	0	784.44	0.00	1.117	100%	(20)	(0)	860	1	0	784.44	0.00
IP - Mental Health	930,899	451	5	2,064.08	0.87	1.117	99%	7,560	4	1,034,758	501	6	2,064.29	0.97
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	947,099	238	3	3,979.41	0.89	1.117	100%	6,795	1	1,069,219	268	3	3,985.09	1.00
Subtotal - Inpatient	29,682,071	10,562	119	2,810.39	27.83		99%	143,808	53	33,105,894	11,803	133	2,804.99	31.04
OP - Emergency Room	28,124,354	56,787	639	495.26	26.37	1.087	99%	(265,024)	(537)	30,126,555	60,827	684	495.28	28.25
OP - Laboratory	1,796,362	14,554	164	123.43	1.68	1.087	99%	(18,691)	(153)	1,921,260	15,564	175	123.44	1.80
OP - Radiology	8,181,656	20,787	234	393.59	7.67	1.087	100%	(72,732)	(183)	8,801,637	22,364	252	393.57	8.25
OP - Surgery	20,472,610	9,315	105	2,197.87	19.19	1.087	100%	(177,129)	(80)	22,004,051	10,012	113	2,197.76	20.63
OP - Mental Health	42,492	31	0	1,370.71	0.04	1.087	100%	(294)	(0)	45,843	33	0	1,370.61	0.04
OP - Other	5,528,985	12,839	144	430.65	5.18	1.087	99%	(40,651)	(95)	5,935,003	13,781	155	430.67	5.56
Subtotal - Outpatient	64,146,460	114,312	1,286	561.15	60.14		100%	(574,521)	(1,049)	68,834,350	122,581	1,379	561.54	64.54
Prof - Evaluation & Management	22,757,018	515,119	5,796	44.18	21.34	1.139	98%	524,324	11,730	26,033,788	589,152	6,629	44.19	24.41
Prof - Maternity	996,760	11,174	126	89.20	0.93	1.139	100%	63,773	716	1,195,863	13,407	151	89.20	1.12
Prof - Surgery	9,533,213	67,672	761	140.87	8.94	1.139	100%	495,728	3,573	11,326,587	80,456	905	140.78	10.62
Prof - DME/Supplies & Prosthetics	3,593,739	41,315	465	86.98	3.37	1.139	98%	53,775	384	4,073,983	46,601	524	87.42	3.82
Prof - Lab	5,994,383	303,539	3,415	19.75	5.62	1.139	98%	320,512	16,065	6,978,887	353,227	3,974	19.76	6.54
Prof - Radiology	3,621,621	89,964	1,012	40.26	3.40	1.139	97%	182,814	4,526	4,187,188	103,998	1,170	40.26	3.93
Prof - Transportation	926,509	13,222	149	70.07	0.87	1.139	99%	47,733	691	1,091,736	15,589	175	70.03	1.02
Prof - Mental Health	2,967,789	36,613	412	81.06	2.78	1.139	99%	147,059	1,809	3,500,291	43,178	486	81.07	3.28
Prof - Target Case Management	393,714	1,176	13	334.79	0.37	1.139	100%	17,722	53	464,933	1,389	16	334.80	0.44
Prof - Other	13,514,708	187,509	2,109.67	72.07	12.67	1.139	100%	736,045	10,173	16,069,320	222,914	2,508	72.09	15.07
Subtotal - Professional	64,299,453	1,267,303	14,258	50.74	60.29		99%	2,589,485	49,719	74,922,575	1,469,910	16,538	50.97	70.25
Pharmacy - Non Hep C	62,925,704	1,345,657	15,140	46.76	59.00	1.000	99%	(4,916,748)	-	57,096,248	1,326,139	14,920	43.05	53.53
Pharmacy - Hep C	2,722,627	192	2	14,180.35	2.55	1.000	227%	(176,922)	-	5,996,792	435	5	13,773.98	5.62
Dental	8,029,255	167,780	1,888	47.86	7.53	1.001	96%	(26,784)	(526)	7,655,685	160,008	1,800	47.85	7.18
FQHC & RHC	2,994,968	94,548	1,064	31.68	2.81	1.139	94%	(35,323)	(1,116)	3,157,231	99,669	1,121	31.68	2.96
Subtotal - Other Services	76,672,554	1,608,177	18,094	47.68	71.89		103%	(5,155,777)	(1,642)	73,905,956	1,586,251	17,847	46.59	69.29
Total	\$ 235,858,656				\$ 221.14		100%	(3,010,087)	46,935	\$ 251,959,911				\$ 236.23

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Expansion Adults - RCT Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					97,814									97,814
Home Health Care & Hospice	93,676	1,207	148	78	0.96	1.139	100%	(1,002)	(14)	105,568	1,359	167	78	1.08
IP - Maternity	45,130	130	16	347.15	0.46	1.117	100%	723	2	51,348	148	18	347.83	0.52
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	3,333,459	965	118	3,454.36	34.08	1.117	99%	17,392	5	3,709,520	1,074	132	3,454.63	37.92
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	640,038	394	48	1,624.46	6.54	1.117	100%	2,468	2	715,199	440	54	1,624.20	7.31
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	98,869	27	3	3,661.80	1.01	1.117	100%	173	0	111,080	30	4	3,660.46	1.14
Subtotal - Inpatient	4,117,495	1,516	186	2,716.03	42.10		99%	20,756	8	4,587,147	1,692	208	2,710.93	46.90
OP - Emergency Room	2,591,232	5,203	638	498.00	26.49	1.087	99%	(26,299)	(53)	2,765,603	5,554	681	497.98	28.27
OP - Laboratory	273,236	1,729	212	158.06	2.79	1.087	98%	(2,056)	(13)	288,007	1,822	224	158.03	2.94
OP - Radiology	850,703	2,090	256	407.02	8.70	1.087	100%	(6,197)	(16)	917,804	2,254	277	407.11	9.38
OP - Surgery	2,139,490	978	120	2,188.51	21.87	1.087	100%	(19,818)	(9)	2,303,538	1,053	129	2,188.25	23.55
OP - Mental Health	31,361	24	3	1,280.02	0.32	1.087	100%	(199)	(0)	33,856	26	3	1,278.73	0.35
OP - Other	526,780	1,353	166	389.25	5.39	1.087	99%	(4,620)	(12)	564,909	1,451	178	389.29	5.78
Subtotal - Outpatient	6,412,801	11,378	1,396	563.64	65.56		99%	(59,190)	(102)	6,873,717	12,161	1,492	565.24	70.27
Prof - Evaluation & Management	2,201,864	50,334	6,175	43.75	22.51	1.139	98%	54,610	1,228	2,520,023	57,586	7,065	43.76	25.76
Prof - Maternity	54,307	622	76	87.31	0.56	1.139	100%	3,154	37	65,002	745	91	87.25	0.66
Prof - Surgery	987,169	6,725	825	146.79	10.09	1.139	100%	51,999	355	1,175,785	8,011	983	146.78	12.02
Prof - DME/Supplies & Prosthetics	375,231	4,350	534	86.26	3.84	1.139	98%	7,798	73	428,494	4,950	607	86.57	4.38
Prof - Lab	551,014	27,797	3,410	19.82	5.63	1.139	98%	29,126	1,461	641,605	32,359	3,970	19.83	6.56
Prof - Radiology	378,094	9,097	1,116	41.56	3.87	1.139	97%	20,207	484	438,941	10,559	1,295	41.57	4.49
Prof - Transportation	99,255	1,546	190	64.20	1.01	1.139	100%	5,500	86	118,077	1,839	226	64.20	1.21
Prof - Mental Health	720,260	6,030	740	119.45	7.36	1.139	98%	35,110	306	842,514	7,065	867	119.25	8.61
Prof - Target Case Management	43,954	131	16	335.53	0.45	1.139	98%	2,110	6	51,339	153	19	335.53	0.52
Prof - Other	1,485,182	20,489	2,513.63	72.49	15.18	1.139	100%	79,531	1,099	1,763,943	24,336	2,986	72.48	18.03
Subtotal - Professional	6,896,330	127,121	15,595	54.25	70.50		99%	289,147	5,134	8,045,724	147,604	18,108	54.51	82.26
Pharmacy - Non Hep C	6,528,508	135,982	16,683	48.01	66.74	1.000	99%	(526,219)	-	5,915,465	134,174	16,461	44.09	60.48
Pharmacy - Hep C	658,525	45	6	14,633.88	6.73	1.000	230%	(31,471)	-	1,483,148	104	13	14,329.82	15.16
Dental	682,270	14,410	1,768	47.35	6.98	1.001	95%	(2,414)	(43)	649,437	13,725	1,684	47.32	6.64
FQHC & RHC	280,736	9,025	1,107	31.11	2.87	1.139	93%	(4,959)	(167)	293,177	9,418	1,155	31.13	3.00
Subtotal - Other Services	8,150,039	159,462	19,563	51.11	83.32		109%	(565,063)	(210)	8,341,227	157,419	19,313	52.99	85.28
Total	\$ 25,670,341				\$ 262.44		102%	(315,353)	4,817	\$ 27,953,384				\$ 285.78

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Expansion Adults - Medically Frail Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					171,808									171,808
Home Health Care & Hospice	3,244,825	15,767	1,101	206	18.89	1.139	100%	(35,505)	(168)	3,653,684	17,759	1,240	206	21.27
IP - Maternity	416,113	607	42	685.52	2.42	1.117	99%	1,553	2	461,372	673	47	685.60	2.69
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	76,963,811	29,924	2,090	2,571.94	447.96	1.117	98%	287,728	112	84,852,817	32,992	2,304	2,571.90	493.88
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	15,207,382	8,566	598	1,775.36	88.51	1.117	99%	95,451	53	16,845,580	9,488	663	1,775.54	98.05
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	1,032,893	495	35	2,086.65	6.01	1.117	100%	5,687	3	1,164,351	558	39	2,086.93	6.78
Subtotal - Inpatient	93,620,200	39,592	2,765	2,364.61	544.91		98%	390,418	170	103,324,120	43,711	3,053	2,363.81	601.39
OP - Emergency Room	15,572,274	26,426	1,846	589.29	90.64	1.087	99%	(138,319)	(236)	16,536,252	28,061	1,960	589.30	96.25
OP - Laboratory	2,397,192	11,756	821	203.91	13.95	1.087	98%	(19,531)	(95)	2,539,103	12,453	870	203.89	14.78
OP - Radiology	10,968,705	11,165	780	982.39	63.84	1.087	100%	(88,464)	(91)	11,790,754	12,002	838	982.44	68.63
OP - Surgery	13,676,179	5,923	414	2,309.12	79.60	1.087	100%	(117,872)	(51)	14,699,595	6,366	445	2,309.10	85.56
OP - Mental Health	580,579	442	31	1,314.02	3.38	1.087	97%	(4,453)	(3)	610,802	465	32	1,314.12	3.56
OP - Other	10,673,722	12,450	870	857.34	62.13	1.087	99%	(85,802)	(100)	11,459,295	13,367	934	857.31	66.70
Subtotal - Outpatient	53,868,651	68,161	4,761	790.31	313.54		99%	(454,441)	(575)	57,635,802	72,713	5,079	792.65	335.47
Prof - Evaluation & Management	10,729,328	210,485	14,701	50.97	62.45	1.139	98%	403,291	7,892	12,402,339	243,286	16,992	50.98	72.19
Prof - Maternity	151,736	1,942	136	78.13	0.88	1.139	99%	9,432	121	180,541	2,311	161	78.13	1.05
Prof - Surgery	7,227,692	38,487	2,688	187.80	42.07	1.139	99%	381,082	2,040	8,556,299	45,572	3,183	187.75	49.80
Prof - DME/Supplies & Prosthetics	4,027,773	30,454	2,127	132.26	23.44	1.139	99%	183,600	1,406	4,713,399	35,656	2,490	132.19	27.43
Prof - Lab	2,423,377	122,661	8,567	19.76	14.11	1.139	97%	126,588	6,423	2,812,529	142,374	9,944	19.75	16.37
Prof - Radiology	2,825,112	63,501	4,435	44.49	16.44	1.139	97%	144,842	3,230	3,272,451	73,530	5,136	44.50	19.05
Prof - Transportation	1,318,105	20,504	1,432	64.29	7.67	1.139	98%	70,659	1,095	1,547,489	24,068	1,681	64.30	9.01
Prof - Mental Health	18,084,779	107,906	7,537	167.60	105.26	1.139	96%	843,061	5,095	20,639,808	123,216	8,606	167.51	120.13
Prof - Target Case Management	953,204	2,831	198	336.70	5.55	1.139	97%	42,440	126	1,092,038	3,243	227	336.70	6.36
Prof - Other	16,634,437	208,084	14,533.71	79.94	96.82	1.139	99%	893,596	11,101	19,622,193	245,381	17,139	79.97	114.21
Subtotal - Professional	64,375,543	806,855	56,355	79.79	374.69		98%	3,098,591	38,529	74,839,085	938,638	65,560	79.73	435.60
Pharmacy - Non Hep C	64,188,483	706,842	49,370	90.81	373.61	1.000	99%	(4,699,916)	-	58,902,016	700,383	48,919	84.10	342.84
Pharmacy - Hep C	6,345,457	400	28	15,863.64	36.93	1.000	230%	(377,694)	-	14,216,972	920	64	15,453.11	82.75
Dental	1,462,063	31,640	2,210	46.21	8.51	1.001	95%	(10,174)	(234)	1,379,214	29,834	2,084	46.23	8.03
FQHC & RHC	972,401	30,571	2,135	31.81	5.66	1.139	95%	(192)	(6)	1,056,770	33,223	2,321	31.81	6.15
Subtotal - Other Services	72,968,404	769,453	53,743	94.83	424.71		110%	(5,087,976)	(240)	75,554,972	764,360	53,387	98.85	439.76
Total	\$ 288,077,622				\$ 1,676.74		101%	(2,088,913)	37,717	\$ 315,007,663				\$ 1,833.49

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Expansion Adults - MF Possibles Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					63,087									63,087
Home Health Care & Hospice	385,491	1,966	374	196	6.11	1.139	100%	(5,636)	(25)	433,387	2,214	421	196	6.87
IP - Maternity	180,056	189	36	952.68	2.85	1.117	100%	807	1	202,787	213	40	953.74	3.21
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	4,444,599	1,426	271	3,116.83	70.45	1.117	98%	32,470	10	4,898,644	1,572	299	3,117.05	77.65
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	3,089,513	1,740	331	1,775.58	48.97	1.117	99%	19,380	11	3,439,119	1,937	368	1,775.43	54.51
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	205,032	24	5	8,543.00	3.25	1.117	100%	436	0	230,434	27	5	8,543.20	3.65
Subtotal - Inpatient	7,919,200	3,379	643	2,343.65	125.53		99%	53,093	22	8,770,984	3,748	713	2,340.04	139.03
OP - Emergency Room	3,514,647	6,838	1,301	513.98	55.71	1.087	98%	(35,101)	(68)	3,727,979	7,253	1,380	513.97	59.09
OP - Laboratory	1,075,221	4,168	793	257.99	17.04	1.087	94%	(7,268)	(28)	1,091,400	4,231	805	257.97	17.30
OP - Radiology	672,595	1,695	322	396.85	10.66	1.087	100%	(6,631)	(17)	722,624	1,821	346	396.85	11.45
OP - Surgery	1,933,517	885	168	2,183.85	30.65	1.087	99%	(19,962)	(9)	2,065,956	946	180	2,183.89	32.75
OP - Mental Health	42,730	34	6	1,269.20	0.68	1.087	100%	(460)	(0)	45,809	36	7	1,267.59	0.73
OP - Other	388,074	1,318	251	294.41	6.15	1.087	99%	(3,389)	(12)	412,362	1,401	266	294.41	6.54
Subtotal - Outpatient	7,626,784	14,938	2,841	510.57	120.89		98%	(72,810)	(134)	8,066,130	15,688	2,984	514.17	127.86
Prof - Evaluation & Management	2,396,886	50,403	9,587	47.55	37.99	1.139	98%	75,825	1,594	2,738,843	57,593	10,955	47.55	43.41
Prof - Maternity	52,545	723	138	72.68	0.83	1.139	100%	2,902	40	62,557	861	164	72.64	0.99
Prof - Surgery	1,021,068	6,425	1,222	158.92	16.19	1.139	99%	50,823	318	1,207,579	7,597	1,445	158.95	19.14
Prof - DME/Supplies & Prosthetics	364,585	3,071	584	118.72	5.78	1.139	98%	11,359	59	420,083	3,502	666	119.96	6.66
Prof - Lab	582,557	27,808	5,289	20.95	9.23	1.139	97%	29,758	1,416	671,753	32,061	6,098	20.95	10.65
Prof - Radiology	393,118	9,765	1,857	40.26	6.23	1.139	97%	18,327	451	452,307	11,231	2,136	40.27	7.17
Prof - Transportation	219,524	3,725	709	58.93	3.48	1.139	99%	9,795	166	256,677	4,355	828	58.94	4.07
Prof - Mental Health	3,382,806	29,302	5,574	115.45	53.62	1.139	97%	132,646	1,196	3,850,555	33,400	6,353	115.29	61.04
Prof - Target Case Management	335,748	1,001	190	335.41	5.32	1.139	98%	14,955	45	391,142	1,166	222	335.40	6.20
Prof - Other	3,749,413	41,946	7,978.70	89.39	59.43	1.139	99%	178,799	2,004	4,392,089	49,140	9,347	89.38	69.62
Subtotal - Professional	12,498,251	174,169	33,129	71.76	198.11		98%	525,189	7,289	14,443,585	200,907	38,215	71.89	228.95
Pharmacy - Non Hep C	7,709,216	157,163	29,895	49.05	122.20	1.000	98%	(600,081)	-	6,973,748	154,403	29,370	45.17	110.54
Pharmacy - Hep C	1,170,150	77	15	15,196.75	18.55	1.000	230%	(70,443)	-	2,620,923	177	34	14,798.99	41.54
Dental	592,799	12,450	2,368	47.61	9.40	1.001	96%	(3,087)	(53)	564,541	11,868	2,257	47.57	8.95
FQHC & RHC	334,240	10,017	1,905	33.37	5.30	1.139	94%	(3,205)	(100)	355,749	10,658	2,027	33.38	5.64
Subtotal - Other Services	9,806,405	179,707	34,183	54.57	155.44		114%	(676,816)	(153)	10,514,961	177,106	33,688	59.37	166.67
Total	\$ 38,236,131				\$ 606.09		102%	(176,981)	6,999	\$ 42,229,046				\$ 669.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Adults Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					324,152									324,152
Home Health Care & Hospice	439,847	4,778	177	92	1.36	1.177	100%	(4,900)	(53)	513,008	5,573	206	92	1.58
IP - Maternity	1,357,203	10,169	376	133.46	4.19	1.159	100%	8,220	61	1,588,474	11,902	441	133.47	4.90
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	5,817,610	1,586	59	3,668.91	17.95	1.159	100%	30,486	9	6,793,348	1,852	69	3,668.22	20.96
IP - Normal Newborn	1,882	3	0	627.38	0.01	1.159	100%	45	0	2,236	4	0	629.22	0.01
IP - Mental Health	204,407	137	5	1,492.02	0.63	1.159	100%	2,233	1	240,233	161	6	1,494.24	0.74
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	133,441	45	2	2,965.35	0.41	1.159	100%	967	0	156,338	53	2	2,972.52	0.48
Subtotal - Inpatient	7,514,543	11,940	442	629.38	23.18	100%		41,950	72	8,780,629	13,970	517	628.51	27.09
OP - Emergency Room	10,315,237	22,769	843	453.04	31.82	1.159	100%	(105,363)	(233)	11,829,181	26,110	967	453.05	36.49
OP - Laboratory	527,163	4,828	179	109.18	1.63	1.159	100%	(9,449)	(86)	600,733	5,502	204	109.18	1.85
OP - Radiology	1,906,398	5,326	197	357.97	5.88	1.159	100%	(13,830)	(41)	2,195,277	6,130	227	358.10	6.77
OP - Surgery	6,055,137	3,453	128	1,753.67	18.68	1.159	100%	(58,721)	(34)	6,955,801	3,966	147	1,754.05	21.46
OP - Mental Health	3,783	5	0	756.67	0.01	1.159	100%	(45)	(0)	4,339	6	0	752.36	0.01
OP - Other	1,767,629	4,955	183	356.76	5.45	1.159	100%	(17,359)	(49)	2,029,393	5,688	211	356.80	6.26
Subtotal - Outpatient	20,575,347	41,335	1,530	497.77	63.47	100%		(204,767)	(444)	23,614,724	47,401	1,755	498.19	72.85
Prof - Evaluation & Management	7,873,853	169,799	6,286	46.37	24.29	1.177	100%	178,889	3,846	9,408,392	202,879	7,511	46.37	29.02
Prof - Maternity	3,501,996	33,865	1,254	103.41	10.80	1.177	100%	170,355	1,641	4,288,322	41,463	1,535	103.43	13.23
Prof - Surgery	2,493,187	20,807	770	119.82	7.69	1.177	100%	122,522	1,023	3,053,419	25,482	943	119.82	9.42
Prof - DME/Supplies & Prosthetics	1,323,126	11,467	425	115.39	4.08	1.177	99%	35,818	344	1,579,494	13,722	508	115.11	4.87
Prof - Lab	2,932,211	149,739	5,543	19.58	9.05	1.177	99%	139,016	7,144	3,572,602	182,487	6,756	19.58	11.02
Prof - Radiology	1,029,993	25,395	940	40.56	3.18	1.177	99%	49,120	1,213	1,251,651	30,862	1,142	40.56	3.86
Prof - Transportation	316,862	5,042	187	62.84	0.98	1.177	100%	15,875	254	388,052	6,176	229	62.83	1.20
Prof - Mental Health	1,111,600	13,649	505	81.44	3.43	1.177	99%	57,532	701	1,352,517	16,602	615	81.47	4.17
Prof - Target Case Management	157,696	472	17	334.10	0.49	1.177	98%	8,411	25	190,258	569	21	334.10	0.59
Prof - Other	6,003,208	75,959	2,811.98	79.03	18.52	1.177	100%	312,749	3,982	7,373,315	93,320	3,455	79.01	22.75
Subtotal - Professional	26,743,733	506,194	18,739	52.83	82.50	100%		1,090,286	20,171	32,458,020	613,561	22,714	52.90	100.13
Pharmacy - Non Hep C	15,191,404	346,169	12,815	43.88	46.87	1.000	100%	(1,074,355)	-	14,057,070	344,802	12,764	40.77	43.37
Pharmacy - Hep C	457,416	31	1	14,755.35	1.41	1.000	230%	(25,757)	-	1,026,304	71	3	14,394.11	3.17
Dental	2,661,656	57,189	2,117	46.54	8.21	1.001	98%	(34,120)	(711)	2,579,417	55,444	2,053	46.52	7.96
FQHC & RHC	973,898	31,707	1,174	30.72	3.00	1.177	94%	(10,068)	(326)	1,065,074	34,677	1,284	30.71	3.29
Subtotal - Other Services	19,284,374	435,096	16,107	44.32	59.49	102%		(1,144,299)	(1,037)	18,727,865	434,995	16,103	43.05	57.77
Total	\$ 74,557,845				\$ 230.01	100%		(221,730)	18,708	\$ 84,094,246				\$ 259.43

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Region A

Exhibit 1A
 Confidential and Proprietary

Claims Data		Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims								
KYH Other Adults - RCT Age 19 or Older															
Service Category	July 1, 2017 - June 30, 2018														
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months	10,229										10,229				
Home Health Care & Hospice	4,521	133	156	34	0.44	1.177	100%	(50)	(1)	5,273	155	182	34	0.52	
IP - Maternity	14,113	60	70	235.22	1.38	1.159	100%	122	1	16,554	70	83	235.22	1.62	
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-	
IP - Medical/Surgical	133,157	60	70	2,219.28	13.02	1.159	100%	805	0	155,549	70	82	2,222.27	15.21	
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-	
IP - Mental Health	3,400	4	5	850.00	0.33	1.159	100%	(37)	(0)	3,921	5	5	850.00	0.38	
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-	
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-	
Subtotal - Inpatient	150,670	124	145	1,215.08	14.73		100%	889	1	176,025	145	170	1,214.07	17.21	
OP - Emergency Room	234,882	493	578	476.43	22.96	1.159	100%	(2,198)	(5)	269,381	565	663	476.52	26.34	
OP - Laboratory	44,022	164	193	268.02	4.30	1.159	100%	(378)	(1)	50,627	189	222	267.67	4.95	
OP - Radiology	74,778	203	238	368.37	7.31	1.159	100%	(729)	(2)	85,949	233	274	368.23	8.40	
OP - Surgery	192,138	108	126	1,783.19	18.78	1.159	100%	(1,884)	(1)	220,811	124	145	1,782.81	21.59	
OP - Mental Health	375	1	1	375.00	0.04	1.159	100%	(4)	(0)	431	1	1	375.00	0.04	
OP - Other	52,993	144	169	368.00	5.18	1.159	100%	(501)	(1)	60,856	165	194	367.81	5.95	
Subtotal - Outpatient	599,188	1,113	1,306	538.35	58.58		100%	(5,695)	(10)	688,054	1,278	1,500	538.25	67.27	
Prof - Evaluation & Management	244,286	5,464	6,410	44.71	23.88	1.177	100%	5,008	112	291,274	6,515	7,643	44.71	28.48	
Prof - Maternity	53,238	546	641	97.51	5.20	1.177	100%	2,113	22	64,799	665	780	97.48	6.33	
Prof - Surgery	90,874	760	892	119.57	8.88	1.177	100%	4,181	34	111,182	929	1,090	119.69	10.87	
Prof - DME/Supplies & Prosthetics	29,589	394	462	75.10	2.89	1.177	99%	686	10	35,111	468	549	74.98	3.43	
Prof - Lab	75,024	3,851	4,518	19.48	7.33	1.177	99%	3,669	190	91,032	4,674	5,484	19.47	8.90	
Prof - Radiology	37,548	830	974	45.24	3.67	1.177	99%	1,792	40	45,656	1,009	1,184	45.24	4.46	
Prof - Transportation	7,031	116	136	60.61	0.69	1.177	100%	287	5	8,565	141	166	60.61	0.84	
Prof - Mental Health	34,970	448	526	78.06	3.42	1.177	99%	1,346	17	42,296	542	636	78.07	4.13	
Prof - Target Case Management	3,674	11	13	334.00	0.36	1.177	99%	39	0	4,322	13	15	334.00	0.42	
Prof - Other	157,091	2,070	2,428.39	75.89	15.36	1.177	100%	8,071	107	192,261	2,534	2,972	75.88	18.80	
Subtotal - Professional	733,325	14,490	16,999	50.61	71.69		100%	27,192	535	886,498	17,490	20,518	50.69	86.67	
Pharmacy - Non Hep C	499,390	12,730	14,934	39.23	48.82	1.000	100%	(33,429)	-	463,818	12,675	14,870	36.59	45.34	
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-	
Dental	82,547	1,735	2,035	47.58	8.07	1.001	98%	161	9	81,124	1,711	2,007	47.42	7.93	
FQHC & RHC	23,023	710	833	32.43	2.25	1.177	93%	(141)	(2)	25,025	774	908	32.33	2.45	
Subtotal - Other Services	604,960	15,175	17,802	39.87	59.14		99%	(33,409)	7	569,966	15,160	17,785	37.60	55.72	
Total	\$ 2,092,664				\$ 204.58		100%	(11,073)	531	\$ 2,325,817				\$ 227.37	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Region A

Exhibit 1A
 Confidential and Proprietary

Claims Data				Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims						
Service Category	KYH Other Adults - Medically Frail Age 19 or Older													
	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					21,509									21,509
Home Health Care & Hospice	484,511	3,063	1,709	158	22.53	1.177	100%	(5,461)	(34)	565,038	3,573	1,993	158	26.27
IP - Maternity	499,964	1,690	943	295.84	23.24	1.159	100%	1,564	5	583,696	1,972	1,100	295.93	27.14
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	10,028,465	4,057	2,263	2,472.14	466.25	1.159	100%	37,339	14	11,607,889	4,694	2,619	2,472.84	539.68
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	1,927,724	1,129	630	1,706.89	89.62	1.159	100%	14,353	8	2,253,943	1,321	737	1,706.83	104.79
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	176,797	78	44	2,266.63	8.22	1.159	100%	1,590	0	207,443	91	51	2,272.45	9.64
Subtotal - Inpatient	12,632,950	6,954	3,880	1,816.65	587.33		100%	54,846	27	14,652,971	8,078	4,507	1,813.84	681.25
OP - Emergency Room	3,170,796	5,995	3,345	528.87	147.42	1.159	100%	(31,205)	(59)	3,632,778	6,869	3,832	528.86	168.90
OP - Laboratory	488,891	1,891	1,055	258.56	22.73	1.159	100%	(5,306)	(19)	558,731	2,162	1,206	258.41	25.98
OP - Radiology	1,291,792	1,876	1,047	688.61	60.06	1.159	100%	(9,397)	(13)	1,488,045	2,161	1,206	688.45	69.18
OP - Surgery	2,420,813	1,194	666	2,027.95	112.55	1.159	100%	(22,035)	(11)	2,778,673	1,370	764	2,028.49	129.19
OP - Mental Health	125,135	92	52	1,352.81	5.82	1.159	100%	(922)	(1)	144,112	107	59	1,352.56	6.70
OP - Other	1,544,667	2,290	1,278	674.48	71.81	1.159	100%	(16,859)	(24)	1,772,962	2,630	1,467	674.24	82.43
Subtotal - Outpatient	9,042,093	13,339	7,442	677.89	420.39		100%	(85,725)	(127)	10,375,300	15,299	8,535	678.18	482.37
Prof - Evaluation & Management	2,244,292	43,114	24,054	52.05	104.34	1.177	99%	85,643	1,642	2,711,145	52,080	29,055	52.06	126.05
Prof - Maternity	449,343	4,949	2,761	90.79	20.89	1.177	99%	23,031	252	549,289	6,048	3,374	90.82	25.54
Prof - Surgery	1,302,369	7,081	3,951	183.92	60.55	1.177	100%	65,782	359	1,595,363	8,675	4,840	183.90	74.17
Prof - DME/Supplies & Prosthetics	651,729	4,535	2,530	143.71	30.30	1.177	99%	27,763	190	788,544	5,484	3,059	143.80	36.66
Prof - Lab	660,993	32,402	18,077	20.40	30.73	1.177	99%	34,564	1,701	807,855	39,608	22,098	20.40	37.56
Prof - Radiology	479,964	11,057	6,169	43.41	22.31	1.177	99%	24,235	555	585,623	13,488	7,525	43.42	27.23
Prof - Transportation	221,340	3,379	1,885	65.50	10.29	1.177	99%	12,380	191	270,750	4,136	2,307	65.47	12.59
Prof - Mental Health	3,487,408	21,893	12,214	159.29	162.14	1.177	99%	171,188	1,083	4,222,383	26,516	14,793	159.24	196.31
Prof - Target Case Management	193,486	579	323	334.17	9.00	1.177	98%	8,783	26	231,399	692	386	334.17	10.76
Prof - Other	3,321,025	40,413	22,546.65	82.18	154.40	1.177	99%	179,021	2,182	4,069,267	49,522	27,628	82.17	189.19
Subtotal - Professional	13,011,949	169,402	94,510	76.81	604.95		99%	632,389	8,182	15,831,617	206,248	115,067	76.76	736.05
Pharmacy - Non Hep C	9,614,825	122,097	68,119	78.75	447.01	1.000	100%	(617,304)	-	8,954,849	121,555	67,816	73.67	416.33
Pharmacy - Hep C	649,984	46	26	14,130.08	30.22	1.000	230%	(25,286)	-	1,469,682	106	59	13,891.09	68.33
Dental	377,295	8,165	4,555	46.21	17.54	1.001	98%	(6,999)	(144)	363,960	7,884	4,398	46.17	16.92
FQHC & RHC	183,434	5,983	3,338	30.66	8.53	1.177	96%	(3,738)	(124)	202,651	6,608	3,687	30.67	9.42
Subtotal - Other Services	10,825,538	136,291	76,038	79.43	503.30		107%	(653,327)	(268)	10,991,142	136,153	75,960	80.73	511.00
Total	\$ 45,997,042				\$ 2,138.50		101%	(57,277)	7,781	\$ 52,416,068				\$ 2,436.94

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
KYH Other Adults - MF Possibles Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					20,313									20,313
Home Health Care & Hospice	82,539	991	585	83	4.06	1.177	100%	(1,082)	(13)	96,105	1,154	682	83	4.73
IP - Maternity	180,686	638	377	283.21	8.90	1.159	100%	1,327	4	211,708	746	441	283.64	10.42
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	901,885	352	208	2,562.17	44.40	1.159	100%	2,241	1	1,046,350	408	241	2,561.57	51.51
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	573,007	399	236	1,436.11	28.21	1.159	97%	5,844	4	648,479	451	267	1,437.41	31.92
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	65,657	8	5	8,207.18	3.23	1.159	100%	318	0	76,766	9	6	8,195.83	3.78
Subtotal - Inpatient	1,721,236	1,397	825	1,232.09	84.74		99%	9,731	8	1,983,304	1,615	954	1,227.75	97.64
OP - Emergency Room	1,148,002	2,392	1,413	479.92	56.52	1.159	99%	(12,145)	(25)	1,308,311	2,726	1,610	479.92	64.41
OP - Laboratory	95,974	611	361	157.08	4.72	1.159	95%	(462)	(3)	105,189	670	396	157.06	5.18
OP - Radiology	174,418	462	273	377.16	8.59	1.159	99%	(1,640)	(4)	198,916	527	312	377.13	9.79
OP - Surgery	664,410	345	204	1,925.83	32.71	1.159	100%	(7,056)	(4)	763,023	396	234	1,926.23	37.56
OP - Mental Health	21,325	12	7	1,777.10	1.05	1.159	77%	(237)	(0)	18,811	11	6	1,777.74	0.93
OP - Other	143,539	470	278	305.21	7.07	1.159	100%	(1,205)	(4)	164,659	540	319	305.05	8.11
Subtotal - Outpatient	2,247,668	4,293	2,536	523.59	110.65		99%	(22,745)	(40)	2,558,909	4,870	2,877	525.47	125.97
Prof - Evaluation & Management	943,133	18,723	11,061	50.37	46.43	1.177	99%	30,836	612	1,126,551	22,364	13,211	50.37	55.46
Prof - Maternity	187,763	1,953	1,154	96.14	9.24	1.177	100%	8,553	89	229,263	2,385	1,409	96.12	11.29
Prof - Surgery	308,132	2,128	1,257	144.80	15.17	1.177	100%	16,084	111	378,766	2,616	1,545	144.81	18.65
Prof - DME/Supplies & Prosthetics	99,612	905	535	110.07	4.90	1.177	99%	3,930	35	120,316	1,092	645	110.15	5.92
Prof - Lab	299,911	14,133	8,349	21.22	14.76	1.177	99%	14,319	679	364,353	17,174	10,146	21.22	17.94
Prof - Radiology	117,968	2,990	1,766	39.45	5.81	1.177	99%	5,612	143	143,041	3,627	2,142	39.44	7.04
Prof - Transportation	56,161	1,006	594	55.83	2.76	1.177	98%	2,735	48	67,357	1,206	712	55.86	3.32
Prof - Mental Health	905,639	10,023	5,921	90.36	44.58	1.177	96%	36,639	407	1,065,354	11,792	6,966	90.34	52.45
Prof - Target Case Management	115,596	346	204	334.09	5.69	1.177	97%	5,123	15	136,749	409	242	334.11	6.73
Prof - Other	1,658,599	17,262	10,197.61	96.08	81.65	1.177	99%	76,581	800	2,015,933	20,984	12,396	96.07	99.24
Subtotal - Professional	4,692,514	69,469	41,039	67.55	231.01		99%	200,413	2,940	5,647,684	83,649	49,416	67.52	278.03
Pharmacy - Non Hep C	2,404,011	53,694	31,720	44.77	118.35	1.000	99%	(187,632)	-	2,197,649	53,276	31,473	41.25	108.19
Pharmacy - Hep C	79,834	6	4	13,305.60	3.93	1.000	230%	(3,166)	-	180,452	14	8	13,076.15	8.88
Dental	203,259	4,545	2,685	44.72	10.01	1.001	98%	(2,948)	(64)	195,902	4,383	2,589	44.70	9.64
FQHC & RHC	95,324	2,802	1,655	34.02	4.69	1.177	95%	(1,041)	(31)	105,039	3,087	1,824	34.03	5.17
Subtotal - Other Services	2,782,428	61,047	36,064	45.58	136.98		103%	(194,788)	(95)	2,679,041	60,759	35,894	44.09	131.89
Total	\$ 11,526,385				\$ 567.44		100%	(8,472)	2,800	\$ 12,965,044				\$ 638.26

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Children Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					33,563									33,563
Home Health Care & Hospice	13,884	65	23	214	0.41	1.177	100%	(69)	(0)	16,279	76	27	214	0.49
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	39,606,283	15,902	5,685	2,490.71	1,180.06	1.159	100%	193,528	78	46,308,961	18,593	6,648	2,490.71	1,379.76
IP - Medical/Surgical	4,684,390	1,971	705	2,376.36	139.57	1.159	100%	(190)	(0)	5,454,063	2,295	821	2,376.36	162.50
IP - Normal Newborn	8,036,331	8,033	2,872	1,000.41	239.44	1.159	100%	40,818	41	9,396,686	9,393	3,358	1,000.41	279.97
IP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	44,901	22	8	2,040.94	1.34	1.159	100%	579	0	52,859	26	9	2,040.94	1.57
Subtotal - Inpatient	52,371,905	25,928	9,270	2,019.91	1,560.41		100%	234,736	119	61,212,569	30,306	10,836	2,019.79	1,823.81
OP - Emergency Room	836,511	2,842	1,016	294.37	24.92	1.159	100%	(7,867)	(27)	962,017	3,268	1,168	294.37	28.66
OP - Laboratory	46,313	1,476	528	31.38	1.38	1.159	100%	(475)	(15)	53,206	1,696	606	31.38	1.59
OP - Radiology	130,300	786	281	165.74	3.88	1.159	100%	(1,403)	(8)	149,671	903	323	165.74	4.46
OP - Surgery	52,592	159	57	330.77	1.57	1.159	100%	(538)	(2)	60,439	183	65	330.77	1.80
OP - Mental Health	(26)	1	0	(25.58)	(0.00)	1.159	100%	-	-	(30)	1	0	(25.58)	(0.00)
OP - Other	143,877	377	135	381.47	4.29	1.159	100%	(1,534)	(4)	165,282	433	155	381.47	4.92
Subtotal - Outpatient	1,209,567	5,641	2,017	214.42	36.04		100%	(11,817)	(56)	1,390,586	6,484	2,318	214.47	41.43
Prof - Evaluation & Management	2,568,349	55,209	19,739	46.52	76.52	1.177	100%	191,448	4,115	3,215,549	69,121	24,713	46.52	95.81
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	498,321	4,296	1,536	116.00	14.85	1.177	100%	39,681	342	626,321	5,399	1,931	116.00	18.66
Prof - DME/Supplies & Prosthetics	40,833	768	275	53.17	1.22	1.177	100%	3,507	66	51,587	970	347	53.17	1.54
Prof - Lab	59,008	4,248	1,519	13.89	1.76	1.177	100%	4,934	355	74,414	5,357	1,915	13.89	2.22
Prof - Radiology	128,849	5,891	2,106	21.87	3.84	1.177	100%	10,194	466	161,910	7,403	2,647	21.87	4.82
Prof - Transportation	117,670	1,145	409	102.77	3.51	1.177	100%	8,893	87	147,445	1,435	513	102.77	4.39
Prof - Mental Health	648	13	5	49.87	0.02	1.177	100%	52	1	815	16	6	49.87	0.02
Prof - Target Case Management	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Other	4,668,034	45,888	16,406.64	101.73	139.08	1.177	100%	367,536	3,613	5,864,018	57,645	20,610	101.73	174.72
Subtotal - Professional	8,081,712	117,458	41,996	68.81	240.79		100%	626,243	9,045	10,142,059	147,346	52,682	68.83	302.18
Pharmacy - Non Hep C	238,942	9,438	3,374	25.32	7.12	1.000	100%	(14,395)	-	224,548	9,438	3,374	23.79	6.69
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	10,694	95	34	112.57	0.32	1.001	100%	(2,051)	(18)	8,649	77	27	112.57	0.26
FQHC & RHC	219,663	5,937	2,123	37.00	6.54	1.177	99%	(2,089)	(56)	254,917	6,890	2,463	37.00	7.60
Subtotal - Other Services	469,299	15,470	5,531	30.34	13.98		100%	(18,535)	(75)	488,114	16,405	5,865	29.75	14.54
Total	\$ 62,146,369				\$ 1,851.63		100%	830,558	9,033	\$ 73,249,608				\$ 2,182.45

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Children Age 3 through 12 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					75,918									75,918
Home Health Care & Hospice	167,464	352	56	476	2.21	1.177	100%	(1,492)	(3)	195,692	411	65	476	2.58
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	3,224,524	1,376	218	2,342.89	42.47	1.159	100%	19,902	8	3,774,365	1,611	255	2,342.89	49.72
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	3,479	2	0	1,739.41	0.05	1.159	100%	50	0	4,101	2	0	1,739.41	0.05
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	9,631	5	1	1,926.25	0.13	1.159	100%	(103)	(0)	11,111	6	1	1,926.25	0.15
Subtotal - Inpatient	3,237,634	1,383	219	2,340.51	42.65	100%	19,849	8	3,789,577	1,619	256	2,340.53	49.92	
OP - Emergency Room	1,964,307	8,220	1,299	238.95	25.87	1.159	100%	(19,428)	(81)	2,258,065	9,450	1,494	238.95	29.74
OP - Laboratory	59,338	951	150	62.38	0.78	1.159	100%	(814)	(13)	67,984	1,090	172	62.38	0.90
OP - Radiology	140,056	749	118	187.11	1.84	1.159	100%	(1,420)	(8)	160,967	860	136	187.11	2.12
OP - Surgery	567,379	402	64	1,410.05	7.47	1.159	100%	(7,070)	(5)	650,771	462	73	1,410.05	8.57
OP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Other	214,087	625	99	342.31	2.82	1.159	100%	(2,663)	(8)	245,557	717	113	342.31	3.23
Subtotal - Outpatient	2,945,166	10,948	1,730	269.01	38.79	100%	(31,395)	(115)	3,383,345	12,579	1,988	268.97	44.57	
Prof - Evaluation & Management	3,696,071	88,906	14,053	41.57	48.69	1.177	100%	278,212	6,692	4,630,234	111,377	17,605	41.57	60.99
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	402,968	2,520	398	159.91	5.31	1.177	100%	34,880	218	509,364	3,185	503	159.91	6.71
Prof - DME/Supplies & Prosthetics	142,252	2,986	472	47.64	1.87	1.177	100%	11,349	238	178,847	3,754	593	47.64	2.36
Prof - Lab	228,030	14,746	2,331	15.46	3.00	1.177	100%	18,992	1,228	287,491	18,591	2,939	15.46	3.79
Prof - Radiology	82,304	3,368	532	24.44	1.08	1.177	100%	6,874	281	103,785	4,247	671	24.44	1.37
Prof - Transportation	63,656	915	145	69.57	0.84	1.177	100%	4,844	70	79,797	1,147	181	69.57	1.05
Prof - Mental Health	480	7	1	68.50	0.01	1.177	100%	47	1	611	9	1	68.50	0.01
Prof - Target Case Management	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Other	1,254,114	19,817	3,132.38	63.28	16.52	1.177	100%	108,658	1,717	1,585,343	25,051	3,960	63.28	20.88
Subtotal - Professional	5,869,875	133,265	21,065	44.05	77.32	100%	463,855	10,445	7,375,472	167,361	26,454	44.07	97.15	
Pharmacy - Non Hep C	1,247,224	42,147	6,662	29.59	16.43	1.000	100%	(76,412)	-	1,170,817	42,147	6,662	27.78	15.42
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	32,431	1,263	200	25.68	0.43	1.001	100%	1,067	42	33,517	1,305	206	25.68	0.44
FQHC & RHC	380,875	13,048	2,062	29.19	5.02	1.177	99%	(4,238)	(145)	441,684	15,131	2,392	29.19	5.82
Subtotal - Other Services	1,660,531	56,458	8,924	29.41	21.87	100%	(79,583)	29.41	(104)	1,646,018	58,584	9,260	28.10	21.68
Total	\$ 13,880,670				\$ 182.84	100%	371,234	10,232	\$ 16,390,104					\$ 215.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Children Age 1 through 18														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,417,180									1,417,180
Home Health Care & Hospice	4,824,274	35,171	298	137	3.40	1.177	100%	(61,793)	(449)	5,618,657	40,963	347	137	3.96
IP - Maternity	86,414	340	3	254.16	0.06	1.159	100%	927	4	101,542	400	3	254.16	0.07
IP - Complex Newborn	18,763	1	0	18,762.97	0.01	1.159	100%	812	0	22,658	1	0	18,762.97	0.02
IP - Medical/Surgical	13,672,520	4,686	40	2,917.96	9.65	1.159	100%	71,833	24	15,991,382	5,480	46	2,918.29	11.28
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	9,116,991	7,985	68	1,141.80	6.43	1.159	100%	81,741	72	10,697,077	9,369	79	1,141.80	7.55
IP - PRTF	993,227	2,059	17	482.38	0.70	1.159	100%	7,683	16	1,164,143	2,414	20	482.33	0.82
IP - Other	17,433	8	0	2,179.07	0.01	1.159	100%	168	0	20,466	9	0	2,186.70	0.01
Subtotal - Inpatient	23,905,347	15,078	128	1,585.40	16.87		100%	163,164	115	27,997,269	17,672	150	1,584.27	19.76
OP - Emergency Room	17,795,046	62,369	528	285.32	12.56	1.159	100%	(188,031)	(659)	20,443,531	71,652	607	285.32	14.43
OP - Laboratory	1,017,620	11,122	94	91.50	0.72	1.159	100%	(12,062)	(129)	1,167,255	12,760	108	91.48	0.82
OP - Radiology	2,794,482	8,709	74	320.88	1.97	1.159	100%	(32,048)	(101)	3,207,983	9,996	85	320.91	2.26
OP - Surgery	7,152,550	4,387	37	1,630.30	5.05	1.159	100%	(77,339)	(47)	8,215,604	5,040	43	1,630.17	5.80
OP - Mental Health	223,447	115	1	1,945.84	0.16	1.159	100%	(4,933)	(3)	254,140	131	1	1,945.69	0.18
OP - Other	3,184,796	6,218	53	512.18	2.25	1.159	100%	(32,446)	(64)	3,660,130	7,146	61	512.21	2.58
Subtotal - Outpatient	32,167,942	92,920	787	346.19	22.70		100%	(346,859)	(1,002)	36,948,644	106,724	904	346.21	26.07
Prof - Evaluation & Management	28,720,963	609,214	5,159	47.14	20.27	1.177	100%	1,711,043	36,214	35,527,940	753,521	6,380	47.15	25.07
Prof - Maternity	150,396	1,714	15	87.75	0.11	1.177	100%	19,251	219	196,338	2,238	19	87.75	0.14
Prof - Surgery	5,383,631	29,329	248	183.56	3.80	1.177	100%	701,451	3,812	7,040,151	38,344	325	183.60	4.97
Prof - DME/Supplies & Prosthetics	3,125,591	77,202	654	40.49	2.21	1.177	100%	(715,333)	(18,582)	2,964,795	72,317	612	41.00	2.09
Prof - Lab	3,441,584	224,820	1,904	15.31	2.43	1.177	100%	434,261	28,410	4,486,146	293,098	2,482	15.31	3.17
Prof - Radiology	1,166,344	46,690	395	24.98	0.82	1.177	100%	148,970	5,991	1,522,269	60,965	516	24.97	1.07
Prof - Transportation	545,905	7,297	62	74.81	0.39	1.177	100%	71,235	954	713,761	9,543	81	74.80	0.50
Prof - Mental Health	19,495,441	202,184	1,712	96.42	13.76	1.177	100%	2,391,422	24,842	25,340,460	262,842	2,226	96.41	17.88
Prof - Target Case Management	4,663,964	13,815	117	337.60	3.29	1.177	100%	567,241	1,680	6,058,930	17,947	152	337.60	4.28
Prof - Other	10,760,376	172,079	1,457.08	62.53	7.59	1.177	100%	1,412,617	22,479	14,081,447	225,078	1,906	62.56	9.94
Subtotal - Professional	77,454,194	1,384,344	11,722	55.95	54.65		100%	6,742,158	106,020	97,932,238	1,735,893	14,699	56.42	69.10
Pharmacy - Non Hep C	40,966,638	699,415	5,922	58.57	28.91	1.000	100%	(2,768,477)	-	38,196,135	699,380	5,922	54.61	26.95
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	24,760,984	549,260	4,651	45.08	17.47	1.001	100%	(494,401)	(10,878)	24,280,349	538,687	4,561	45.07	17.13
FQHC & RHC	2,955,382	90,814	769	32.54	2.09	1.177	97%	(30,247)	(930)	3,357,434	103,168	874	32.54	2.37
Subtotal - Other Services	68,683,003	1,339,489	11,342	51.28	48.46		100%	(3,293,124)	(11,808)	65,833,919	1,341,236	11,357	49.08	46.45
Total	\$ 207,034,761				\$ 146.09		100%	3,203,546	92,876	\$ 234,330,727				\$ 165.35

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KCHIP Children Age 0 through 2 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					71									71
Home Health Care & Hospice	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	77,119	71	12,000	1,086.18	1,086.18	1.159	100%	701	1	90,494	83	14,081	1,086.18	1,274.56
IP - Medical/Surgical	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Normal Newborn	2,943	6	1,014	490.51	41.45	1.159	100%	53	0	3,480	7	1,199	490.51	49.02
IP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	80,062	77	13,014	1,039.76	1,127.63	100%		755	1	93,974	90	15,280	1,039.43	1,323.58
OP - Emergency Room	1,084	3	507	361.17	15.26	1.159	100%	(6)	(0)	1,251	3	585	361.17	17.62
OP - Laboratory	70	4	676	17.61	0.99	1.159	89%	(0)	(0)	73	4	696	17.61	1.02
OP - Radiology	202	2	338	100.93	2.84	1.159	100%	(2)	(0)	232	2	388	100.93	3.26
OP - Surgery	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Outpatient	1,356	9	1,521	150.65	19.10	99%		(8)	(0)	1,555	10	1,669	157.45	21.90
Prof - Evaluation & Management	3,251	78	13,183	41.68	45.79	1.177	98%	272	7	4,039	97	16,380	41.68	56.89
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	302	4	676	75.60	4.26	1.177	100%	23	0	379	5	848	75.60	5.34
Prof - DME/Supplies & Prosthetics	158	3	507	52.75	2.23	1.177	98%	(2)	(0)	179	3	575	52.75	2.53
Prof - Lab	16	1	169	15.71	0.22	1.177	100%	(0)	(0)	18	1	197	15.71	0.26
Prof - Radiology	303	13	2,197	23.29	4.26	1.177	92%	18	1	348	15	2,523	23.29	4.90
Prof - Transportation	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Mental Health	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Other	13,663	91	15,380.28	150.15	192.44	1.177	100%	1,076	7	17,164	114	19,321	150.15	241.74
Subtotal - Professional	17,693	190	32,113	93.12	249.20	100%		1,386	15	22,127	236	39,842	93.87	311.65
Pharmacy - Non Hep C	139	14	2,366	9.95	1.96	1.000	90%	(15)	-	111	13	2,134	8.79	1.56
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.001	0%	-	-	-	-	-	-	-
FQHC & RHC	416	15	2,535	27.74	5.86	1.177	95%	(8)	(0)	457	16	2,787	27.74	6.44
Subtotal - Other Services	555	29	4,901	19.15	7.82	94%		(23)	(0)	568	29	4,920	19.52	8.00
Total	\$ 99,666				\$ 1,403.75	100%		2,109	15	\$ 118,225				\$ 1,665.14

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
KCHIP Children Age 3 through 12 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					285									285
Home Health Care & Hospice	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		0%	-	-	-	-	-	-	-
OP - Emergency Room	7,055	33	1,389	213.78	24.75	1.159	100%	(77)	(0)	8,103	38	1,596	213.78	28.43
OP - Laboratory	279	5	211	55.84	0.98	1.159	97%	(1)	(0)	312	6	235	55.84	1.09
OP - Radiology	300	2	84	150.00	1.05	1.159	100%	(7)	(0)	341	2	96	150.00	1.19
OP - Surgery	5,738	4	168	1,434.57	20.13	1.159	100%	(71)	(0)	6,559	5	193	1,434.57	23.01
OP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Other	449	2	84	224.59	1.58	1.159	98%	(7)	(0)	505	2	95	224.59	1.77
Subtotal - Outpatient	13,821	46	1,937	300.46	48.50		100%	(163)	(1)	15,820	53	2,214	300.85	55.51
Prof - Evaluation & Management	16,852	380	16,000	44.35	59.13	1.177	98%	1,070	24	20,585	464	19,544	44.35	72.23
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	2,295	19	800	120.80	8.05	1.177	100%	96	1	2,798	23	975	120.80	9.82
Prof - DME/Supplies & Prosthetics	258	5	211	51.58	0.90	1.177	94%	27	1	312	6	255	51.58	1.10
Prof - Lab	968	60	2,526	16.13	3.39	1.177	88%	78	5	1,083	67	2,828	16.13	3.80
Prof - Radiology	391	12	505	32.57	1.37	1.177	96%	26	1	465	14	601	32.57	1.63
Prof - Transportation	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Mental Health	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Other	2,848	70	2,947.37	40.68	9.99	1.177	100%	272	7	3,625	89	3,752	40.68	12.72
Subtotal - Professional	23,611	546	22,989	43.24	82.84		98%	1,569	38	28,869	664	27,956	43.48	101.29
Pharmacy - Non Hep C	2,324	123	5,179	18.90	8.15	1.000	95%	(110)	-	2,093	117	4,909	17.95	7.34
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	15	1	42	15.00	0.05	1.001	80%	12	1	24	2	67	15.00	0.08
FQHC & RHC	769	23	968	33.45	2.70	1.177	97%	(7)	(0)	868	26	1,092	33.45	3.04
Subtotal - Other Services	3,108	147	6,189	21.15	10.91		95%	(106)	1	2,984	144	6,069	20.71	10.47
Total	\$ 40,541				\$ 142.25		98%	1,300	38	\$ 47,673				\$ 167.27

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KCHIP Children Age 1 through 18														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					109,535									109,535
Home Health Care & Hospice	418,132	1,538	168	272	3.82	1.177	100%	(5,721)	(20)	486,618	1,791	196	272	4.44
IP - Maternity	3,462	47	5	73.66	0.03	1.159	100%	36	0	4,067	55	6	73.66	0.04
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	828,919	321	35	2,582.30	7.57	1.159	94%	3,097	1	909,725	352	39	2,583.07	8.31
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	777,750	585	64	1,329.49	7.10	1.159	100%	8,428	6	913,998	687	75	1,329.62	8.34
IP - PRTF	43,326	142	16	305.54	0.40	1.159	100%	1,001	3	51,447	168	18	305.87	0.47
IP - Other	4,828	4	0	1,207.06	0.04	1.159	100%	(22)	(0)	5,600	5	1	1,207.06	0.05
Subtotal - Inpatient	1,658,285	1,099	120	1,509.18	15.14		97%	12,540	11	1,884,838	1,268	139	1,486.87	17.21
OP - Emergency Room	1,157,447	3,834	420	301.85	10.57	1.159	100%	(12,391)	(41)	1,328,619	4,402	482	301.85	12.13
OP - Laboratory	84,959	990	108	85.82	0.78	1.159	99%	(931)	(11)	96,371	1,123	123	85.83	0.88
OP - Radiology	179,403	792	87	226.45	1.64	1.159	100%	(2,136)	(9)	205,449	907	99	226.42	1.88
OP - Surgery	595,130	354	39	1,681.95	5.43	1.159	100%	(5,551)	(3)	682,781	406	44	1,682.16	6.23
OP - Mental Health	18,413	12	1	1,578.27	0.17	1.159	100%	(280)	(0)	21,001	13	1	1,577.12	0.19
OP - Other	219,402	433	47	506.35	2.00	1.159	99%	(2,174)	(5)	250,016	493	54	506.70	2.28
Subtotal - Outpatient	2,254,755	6,415	703	351.45	20.58		100%	(23,464)	(70)	2,584,237	7,344	805	351.87	23.59
Prof - Evaluation & Management	2,543,911	54,824	6,006	46.40	23.22	1.177	97%	148,887	3,198	3,066,979	66,086	7,240	46.41	28.00
Prof - Maternity	9,567	115	13	83.19	0.09	1.177	100%	1,242	15	12,507	150	16	83.19	0.11
Prof - Surgery	418,116	2,372	260	176.27	3.82	1.177	100%	52,904	298	545,147	3,091	339	176.39	4.98
Prof - DME/Supplies & Prosthetics	290,049	6,346	695	45.71	2.65	1.177	98%	(54,339)	(1,235)	280,399	6,089	667	46.05	2.56
Prof - Lab	312,663	20,476	2,243	15.27	2.85	1.177	90%	37,020	2,435	369,411	24,203	2,651	15.26	3.37
Prof - Radiology	97,260	3,674	403	26.47	0.89	1.177	92%	11,758	449	116,981	4,423	485	26.45	1.07
Prof - Transportation	35,656	405	44	88.04	0.33	1.177	100%	4,514	52	46,498	529	58	87.94	0.42
Prof - Mental Health	1,166,471	12,333	1,351	94.58	10.65	1.177	100%	138,454	1,466	1,511,942	15,987	1,751	94.57	13.80
Prof - Target Case Management	218,439	647	71	337.62	1.99	1.177	100%	25,224	75	282,430	837	92	337.60	2.58
Prof - Other	768,929	12,634	1,384.11	60.86	7.02	1.177	100%	97,309	1,592	1,002,566	16,466	1,804	60.89	9.15
Subtotal - Professional	5,861,060	113,826	12,470	51.49	53.51		98%	462,972	8,343	7,234,859	137,860	15,103	52.48	66.05
Pharmacy - Non Hep C	3,825,593	54,424	5,962	70.29	34.93	1.000	98%	(249,091)	-	3,515,721	53,559	5,868	65.64	32.10
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	1,994,669	44,853	4,914	44.47	18.21	1.001	93%	(24,363)	(545)	1,840,190	41,382	4,534	44.47	16.80
FQHC & RHC	193,577	5,899	646	32.82	1.77	1.177	91%	(1,243)	(39)	206,474	6,291	689	32.82	1.89
Subtotal - Other Services	6,013,839	105,176	11,522	57.18	54.90		97%	(274,697)	(583)	5,562,384	101,233	11,090	54.95	50.78
Total	\$ 16,206,071				\$ 147.95		98%	171,630	7,681	\$ 17,752,936				\$ 162.08

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Age 0 through 2 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					405									405
Home Health Care & Hospice	14,263	72	2,133	198	35.22	1.044	100%	(173)	(1)	14,714	74	2,201	198	36.33
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Complex Newborn	4,201,319	1,272	37,693	3,302.54	10,373.63	1.052	100%	(5,489)	(2)	4,431,381	1,342	39,757	3,302.54	10,941.68
IP - Medical/Surgical	874,879	140	4,157	6,235.77	2,160.19	1.052	100%	11,300	2	935,230	150	4,444	6,235.77	2,309.21
IP - Normal Newborn	12,363	29	859	426.30	30.53	1.052	100%	361	1	13,417	31	933	426.30	33.13
IP - Mental Health	7,419	15	444	494.58	18.32	1.052	100%	(78)	(0)	7,757	16	465	494.58	19.15
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	5,095,979	1,456	43,154	3,498.91	12,582.67	100%	6,094	1	5,387,785	1,539	45,598	3,500.96	13,303.17	
OP - Emergency Room	5,741	10	296	574.06	14.17	1.090	100%	(74)	(0)	6,181	11	319	574.06	15.26
OP - Laboratory	793	12	356	66.07	1.96	1.090	100%	(7)	(0)	857	13	384	66.07	2.12
OP - Radiology	3,024	13	385	232.58	7.47	1.090	100%	(39)	(0)	3,256	14	415	232.58	8.04
OP - Surgery	871	-	-	-	2.15	1.090	100%	(8)	-	941	-	-	-	2.32
OP - Mental Health	-	-	-	-	-	1.090	0%	-	-	-	-	-	-	-
OP - Other	11,763	24	711	490.14	29.05	1.090	100%	(162)	(0)	12,655	26	765	490.14	31.25
Subtotal - Outpatient	22,192	59	1,748	376.13	54.79	100%	(289)	(1)	23,890	64	1,883	375.88	58.99	
Prof - Evaluation & Management	72,656	1,590	47,111	45.70	179.40	1.044	100%	745	16	76,579	1,676	49,655	45.70	189.08
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Surgery	128,733	344	10,193	374.23	317.86	1.044	100%	3,760	10	138,123	369	10,936	374.23	341.04
Prof - DME/Supplies & Prosthetics	17,938	60	1,778	298.97	44.29	1.044	100%	165	1	18,888	63	1,872	298.97	46.64
Prof - Lab	1,380	57	1,689	24.21	3.41	1.044	100%	79	3	1,520	63	1,860	24.21	3.75
Prof - Radiology	22,994	1,754	51,970	13.11	56.77	1.044	100%	396	30	24,395	1,861	55,138	13.11	60.23
Prof - Transportation	14,604	84	2,489	173.86	36.06	1.044	100%	(200)	(1)	15,042	87	2,564	173.86	37.14
Prof - Mental Health	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Other	1,492,272	7,375	218,518.52	202.34	3,684.62	1.044	100%	26,589	131	1,584,125	7,829	231,969	202.34	3,911.42
Subtotal - Professional	1,750,577	11,264	333,748	155.41	4,322.41	100%	31,534	191	1,858,671	11,947	353,993	155.57	4,589.31	
Pharmacy - Non Hep C	54,229	217	6,430	249.90	133.90	1.000	100%	(4,894)	-	49,336	217	6,430	227.35	121.82
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.001	0%	-	-	-	-	-	-	-
FQHC & RHC	842	11	326	76.59	2.08	1.044	74%	(9)	(0)	639	8	247	76.59	1.58
Subtotal - Other Services	55,071	228	6,756	241.54	135.98	100%	(4,903)	(0)	49,974	225	6,677	221.77	123.39	
Total	\$ 6,938,082				\$ 17,131.07	100%	32,264	190	\$ 7,335,034					\$ 18,111.19

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI Age 3 through 12 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,362									1,362
Home Health Care & Hospice	55,208	207	1,824	267	40.53	1.044	100%	(650)	(2)	56,973	214	1,882	267	41.83
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Complex Newborn	981,943	121	1,062	8,143.91	720.96	1.052	100%	(3,711)	(0)	1,033,286	127	1,118	8,143.91	758.65
IP - Medical/Surgical	3,164,338	520	4,581	6,085.85	2,323.30	1.052	100%	5,255	1	3,347,005	550	4,846	6,085.85	2,457.42
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	9,656	8	70	1,207.06	7.09	1.052	100%	(20)	(0)	10,177	8	74	1,207.06	7.47
Subtotal - Inpatient	4,155,938	649	5,714	6,408.30	3,051.35		100%	1,523	0	4,390,469	685	6,038	6,406.87	3,223.55
OP - Emergency Room	60,328	164	1,445	367.85	44.29	1.090	100%	(409)	(1)	65,321	178	1,565	367.85	47.96
OP - Laboratory	5,879	84	740	69.99	4.32	1.090	100%	(55)	(1)	6,351	91	799	69.99	4.66
OP - Radiology	19,776	53	467	373.14	14.52	1.090	100%	(122)	(0)	21,425	57	506	373.14	15.73
OP - Surgery	86,220	42	370	2,052.87	63.30	1.090	100%	(4)	(0)	93,937	46	403	2,052.87	68.97
OP - Mental Health	-	-	-	-	-	1.090	0%	-	-	-	-	-	-	-
OP - Other	60,051	121	1,066	496.29	44.09	1.090	100%	(731)	(1)	64,698	130	1,149	496.29	47.50
Subtotal - Outpatient	232,254	464	4,088	500.55	170.52		100%	(1,320)	(4)	251,732	502	4,422	501.60	184.83
Prof - Evaluation & Management	224,554	4,046	35,648	55.50	164.87	1.044	100%	3,809	69	238,184	4,292	37,811	55.50	174.88
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Surgery	140,402	544	4,793	258.09	103.08	1.044	100%	1,751	7	148,293	575	5,062	258.09	108.88
Prof - DME/Supplies & Prosthetics	91,294	715	6,300	127.68	67.03	1.044	100%	1,968	15	97,254	762	6,711	127.68	71.41
Prof - Lab	6,521	381	3,357	17.12	4.79	1.044	100%	187	11	6,994	409	3,600	17.12	5.13
Prof - Radiology	18,135	800	7,048	22.67	13.31	1.044	100%	251	11	19,179	846	7,454	22.67	14.08
Prof - Transportation	14,040	64	564	219.38	10.31	1.044	100%	894	4	15,548	71	624	219.38	11.42
Prof - Mental Health	902	12	106	75.14	0.66	1.044	100%	(53)	(1)	888	12	104	75.14	0.65
Prof - Target Case Management	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Other	947,312	5,274	46,466.96	179.62	695.53	1.044	100%	14,451	80	1,003,194	5,585	49,208	179.62	736.56
Subtotal - Professional	1,443,159	11,836	104,282	121.93	1,059.59		100%	23,259	197	1,529,534	12,550	110,576	121.87	1,123.01
Pharmacy - Non Hep C	930,266	2,242	19,753	414.93	683.01	1.000	100%	(66,719)	-	863,552	2,242	19,753	385.17	634.03
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	443	12	106	36.94	0.33	1.001	100%	27	1	470	13	112	36.94	0.35
FQHC & RHC	4,188	119	1,048	35.19	3.07	1.044	97%	(36)	(1)	4,190	119	1,049	35.19	3.08
Subtotal - Other Services	934,897	2,373	20,907	393.97	686.42		100%	(66,727)	(0)	868,212	2,374	20,915	365.75	637.45
Total	\$ 6,821,457				\$ 5,008.41		100%	(43,915)	191	\$ 7,096,920				\$ 5,210.66

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
SSI Age 1 or Older															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months	287,948										287,948				
Home Health Care & Hospice	6,653,475	37,146	1,548	179	23.11	1.044	100%	(76,808)	(425)	6,867,653	38,346	1,598	179	23.85	
IP - Maternity	167,550	465	19	360.32	0.58	1.052	100%	716	2	177,660	493	21	360.45	0.62	
IP - Complex Newborn	80,503	3	0	23,477.11	0.28	1.052	100%	3,416	0	88,432	4	0	23,477.11	0.31	
IP - Medical/Surgical	60,158,304	26,722	1,114	2,251.29	208.92	1.052	100%	396,339	169	63,835,809	28,348	1,181	2,251.88	221.69	
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Mental Health	15,529,928	8,674	361	1,790.37	53.93	1.052	100%	141,187	82	16,514,604	9,227	385	1,789.85	57.35	
IP - PRTF	1,466,435	2,654	111	552.56	5.09	1.052	100%	37,729	68	1,586,381	2,871	120	552.56	5.51	
IP - Other	712,716	442	18	1,612.48	2.48	1.052	100%	3,904	2	756,580	469	20	1,613.75	2.63	
Subtotal - Inpatient	78,115,437	38,960	1,624	2,005.01	271.28	100%	583,290	322	82,959,466	41,411	1,726	2,003.32	288.11		
OP - Emergency Room	13,856,006	27,517	1,147	503.54	48.12	1.090	100%	(143,454)	(284)	14,943,330	29,677	1,237	503.53	51.90	
OP - Laboratory	1,932,723	10,837	452	178.34	6.71	1.090	100%	(22,779)	(128)	2,084,506	11,688	487	178.34	7.24	
OP - Radiology	9,544,800	10,963	457	870.65	33.15	1.090	100%	(93,634)	(108)	10,304,109	11,835	493	870.65	35.78	
OP - Surgery	11,597,522	5,813	242	1,994.99	40.28	1.090	100%	(125,596)	(63)	12,502,553	6,267	261	1,994.92	43.42	
OP - Mental Health	173,729	117	5	1,486.98	0.60	1.090	99%	(3,028)	(2)	185,241	125	5	1,484.24	0.64	
OP - Other	12,234,966	13,286	554	920.92	42.49	1.090	100%	(112,368)	(125)	13,211,992	14,343	598	921.12	45.88	
Subtotal - Outpatient	49,339,746	68,533	2,856	719.94	171.35	100%	(500,859)	(710)	53,231,731	73,936	3,081	719.97	184.87		
Prof - Evaluation & Management	14,119,814	267,604	11,152	52.76	49.04	1.044	100%	335,925	6,249	15,058,035	285,268	11,888	52.79	52.29	
Prof - Maternity	174,660	1,864	78	93.70	0.61	1.044	100%	7,884	85	190,182	2,030	85	93.67	0.66	
Prof - Surgery	6,528,619	36,406	1,517	179.33	22.67	1.044	100%	291,432	1,621	7,103,298	39,607	1,651	179.35	24.67	
Prof - DME/Supplies & Prosthetics	7,483,054	53,372	2,224	140.21	25.99	1.044	100%	221,353	1,528	8,023,355	57,175	2,383	140.33	27.86	
Prof - Lab	2,300,472	124,858	5,203	18.42	7.99	1.044	100%	99,837	5,437	2,497,829	135,588	5,651	18.42	8.67	
Prof - Radiology	2,459,780	58,109	2,422	42.33	8.54	1.044	100%	104,767	2,492	2,667,879	63,043	2,627	42.32	9.27	
Prof - Transportation	1,350,467	22,122	922	61.05	4.69	1.044	100%	59,553	967	1,468,132	24,040	1,002	61.07	5.10	
Prof - Mental Health	13,272,677	109,796	4,576	120.88	46.09	1.044	100%	620,702	5,202	14,412,148	119,290	4,971	120.82	50.05	
Prof - Target Case Management	3,323,751	9,879	412	336.45	11.54	1.044	100%	144,035	428	3,604,250	10,713	446	336.45	12.52	
Prof - Other	20,232,141	221,953	9,249.71	91.16	70.26	1.044	100%	879,238	9,817	21,982,366	241,325	10,057	91.09	76.34	
Subtotal - Professional	71,245,436	905,963	37,755	78.64	247.42	100%	2,764,726	33,827	77,007,474	978,079	40,761	78.73	267.44		
Pharmacy - Non Hep C	90,729,130	1,030,736	42,955	88.02	315.09	1.000	100%	(5,957,901)	-	84,740,015	1,030,381	42,940	82.24	294.29	
Pharmacy - Hep C	4,762,318	295	12	16,143.45	16.54	1.000	230%	(286,448)	-	10,666,940	679	28	15,721.27	37.04	
Dental	2,782,593	60,829	2,535	45.74	9.66	1.001	99%	(36,766)	(820)	2,730,237	59,669	2,487	45.76	9.48	
FQHC & RHC	1,299,096	42,207	1,759	30.78	4.51	1.044	96%	(14,971)	(487)	1,292,955	42,007	1,751	30.78	4.49	
Subtotal - Other Services	99,573,137	1,134,067	47,261	87.80	345.80	106%	(6,296,087)	(1,307)	99,404,147	1,132,735	47,206	87.78	345.31		
Total	\$ 304,927,230				\$ 1,058.97		102%	(3,525,737)	31,709	\$ 319,496,472				\$ 1,109.56	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Dual Eligibles All Ages														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					159,265									159,265
Home Health Care & Hospice	426,087	3,969	299	107	2.68	1.031	100%	(4,235)	(40)	434,889	4,051	305	107	2.73
IP - Maternity	1,646	37	3	44.49	0.01	1.133	100%	95	2	1,968	44	3	44.49	0.01
IP - Complex Newborn	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	4,482,938	5,226	394	857.77	28.15	1.133	100%	318,648	375	5,394,801	6,293	474	857.24	33.87
IP - Normal Newborn	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Mental Health	920,342	1,516	114	607.18	5.78	1.133	100%	33,355	55	1,080,384	1,780	134	607.06	6.78
IP - PRTF	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Other	58,348	88	7	663.05	0.37	1.133	100%	4,174	7	70,554	107	8	659.78	0.44
Subtotal - Inpatient	5,463,274	6,867	517	795.58	34.30		100%	356,272	440	6,547,707	8,224	620	796.16	41.11
OP - Emergency Room	1,394,823	7,435	560	187.59	8.76	1.040	100%	(13,548)	(72)	1,437,131	7,661	577	187.58	9.02
OP - Laboratory	(92,511)	2,155	162	(42.92)	(0.58)	1.040	100%	1,488	(14)	(95,218)	2,239	169	(42.52)	(0.60)
OP - Radiology	930,743	4,454	336	208.97	5.84	1.040	100%	(8,433)	(40)	959,425	4,591	346	208.97	6.02
OP - Surgery	1,379,890	2,083	157	662.29	8.66	1.040	100%	(13,062)	(20)	1,421,559	2,146	162	662.30	8.93
OP - Mental Health	14,813	23	2	644.04	0.09	1.040	100%	(337)	(1)	15,057	23	2	644.37	0.09
OP - Other	3,032,077	4,393	331	690.21	19.04	1.040	100%	(30,526)	(44)	3,122,038	4,523	341	690.22	19.60
Subtotal - Outpatient	6,659,834	20,544	1,548	324.17	41.82		100%	(64,418)	(191)	6,859,994	21,185	1,596	323.82	43.07
Prof - Evaluation & Management	1,543,446	56,032	4,222	27.55	9.69	1.031	99%	(8,527)	(309)	1,572,990	57,105	4,303	27.55	9.88
Prof - Maternity	11,100	303	23	36.63	0.07	1.031	100%	614	17	12,054	329	25	36.63	0.08
Prof - Surgery	658,842	11,742	885	56.11	4.14	1.031	100%	35,056	624	714,056	12,725	959	56.11	4.48
Prof - DME/Supplies & Prosthetics	665,467	20,811	1,568	31.98	4.18	1.031	99%	25,030	794	706,255	22,098	1,665	31.96	4.43
Prof - Lab	142,710	13,100	987	10.89	0.90	1.031	98%	7,517	691	152,235	13,975	1,053	10.89	0.96
Prof - Radiology	243,461	20,955	1,579	11.62	1.53	1.031	99%	12,249	1,054	260,273	22,402	1,688	11.62	1.63
Prof - Transportation	96,832	1,740	131	55.65	0.61	1.031	100%	4,674	83	104,468	1,876	141	55.69	0.66
Prof - Mental Health	2,514,752	24,046	1,812	104.58	15.79	1.031	99%	119,759	1,159	2,679,439	25,635	1,931	104.52	16.82
Prof - Target Case Management	755,750	2,308	174	327.45	4.75	1.031	100%	32,741	100	810,725	2,476	187	327.46	5.09
Prof - Other	1,157,145	35,291	2,659.04	32.79	7.27	1.031	100%	56,384	1,719	1,248,801	38,086	2,870	32.79	7.84
Subtotal - Professional	7,789,505	186,328	14,039	41.81	48.91		99%	285,498	5,931	8,261,296	196,706	14,821	42.00	51.87
Pharmacy - Non Hep C	3,698,635	96,134	7,243	38.47	23.22	1.000	100%	(449,517)	-	3,240,641	95,914	7,227	33.79	20.35
Pharmacy - Hep C	215,672	8	1	26,958.96	1.35	1.000	230%	(3,656)	-	492,390	18	1	26,760.26	3.09
Dental	730,393	17,379	1,309	42.03	4.59	1.000	98%	(17,019)	(406)	696,810	16,579	1,249	42.03	4.38
FQHC & RHC	105,254	4,751	358	22.15	0.66	1.031	98%	(2,135)	(97)	104,329	4,709	355	22.16	0.66
Subtotal - Other Services	4,749,953	118,272	8,911	40.16	29.82		105%	(472,327)	(502)	4,534,170	117,220	8,832	38.68	28.47
Total	\$ 25,088,653				\$ 157.53		101%	100,790	5,638	\$ 26,638,055				\$ 167.26

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care Children Age 0 through 2 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					447									447
Home Health Care & Hospice	226	4	107	56	0.50	1.198	100%	(2)	(0)	269	5	128	56	0.60
IP - Maternity	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Complex Newborn	536,102	250	6,711	2,144.41	1,199.33	1.152	100%	969	0	621,428	290	7,780	2,144.41	1,390.22
IP - Medical/Surgical	53,883	7	188	7,697.50	120.54	1.152	100%	(285)	(0)	62,076	8	216	7,697.50	138.87
IP - Normal Newborn	74,991	34	913	2,205.61	167.76	1.152	100%	1,030	0	87,820	40	1,069	2,205.61	196.47
IP - Mental Health	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Other	4,828	2	54	2,414.11	10.80	1.152	100%	12	0	5,599	2	62	2,414.11	12.53
Subtotal - Inpatient	669,803	293	7,866	2,286.02	1,498.44	100%	1,726	1	776,924	340	9,127	2,285.13	1,738.08	
OP - Emergency Room	7,524	27	725	278.65	16.83	1.127	100%	(37)	(0)	8,445	30	814	278.65	18.89
OP - Laboratory	1,976	29	779	68.15	4.42	1.127	100%	(15)	(0)	2,213	32	872	68.15	4.95
OP - Radiology	2,360	20	537	118.00	5.28	1.127	100%	7	0	2,668	23	607	118.00	5.97
OP - Surgery	1,241	5	134	248.10	2.78	1.127	100%	(14)	(0)	1,384	6	150	248.10	3.10
OP - Mental Health	-	-	-	-	-	1.127	0%	-	-	-	-	-	-	-
OP - Other	1,003	3	81	334.26	2.24	1.127	100%	(8)	(0)	1,122	3	90	334.26	2.51
Subtotal - Outpatient	14,103	84	2,255	167.90	31.55	100%	(68)	(0)	15,833	94	2,532	167.85	35.42	
Prof - Evaluation & Management	44,905	1,004	26,953	44.73	100.46	1.198	100%	3,267	73	57,062	1,276	34,250	44.73	127.66
Prof - Maternity	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Surgery	9,607	55	1,477	174.67	21.49	1.198	100%	72	0	11,580	66	1,780	174.67	25.91
Prof - DME/Supplies & Prosthetics	972	21	564	46.29	2.17	1.198	100%	72	2	1,236	27	717	46.29	2.77
Prof - Lab	875	61	1,638	14.34	1.96	1.198	100%	85	6	1,133	79	2,120	14.34	2.53
Prof - Radiology	2,387	100	2,685	23.87	5.34	1.198	100%	129	5	2,988	125	3,361	23.87	6.69
Prof - Transportation	962	11	295	87.47	2.15	1.198	100%	9	0	1,162	13	357	87.47	2.60
Prof - Mental Health	117	1	27	116.80	0.26	1.198	100%	22	0	162	1	37	116.80	0.36
Prof - Target Case Management	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Other	112,799	1,092	29,315.44	103.30	252.35	1.198	100%	4,167	40	139,296	1,349	36,202	103.30	311.62
Subtotal - Professional	172,624	2,345	62,953	73.61	386.18	100%	7,822	127	214,619	2,936	78,823	73.10	480.13	
Pharmacy - Non Hep C	2,813	177	4,752	15.90	6.29	1.000	100%	(206)	-	2,608	177	4,752	14.73	5.83
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
FQHC & RHC	930	34	913	27.35	2.08	1.198	100%	(10)	(0)	1,104	40	1,084	27.35	2.47
Subtotal - Other Services	3,743	211	5,664	17.74	8.37	100%	(216)	(0)	3,712	217	5,835	17.08	8.30	
Total	\$ 860,500				\$ 1,925.06	100%	9,263	127	\$ 1,011,356					\$ 2,262.54

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care Children Age 3 through 12 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,363									1,363
Home Health Care & Hospice	13,855	37	326	374	10.17	1.198	100%	(99)	(0)	16,500	44	388	374	12.11
IP - Maternity	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	323,699	88	775	3,678.40	237.49	1.152	100%	(210)	(0)	374,423	102	896	3,678.40	274.71
IP - Normal Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	323,699	88	775	3,678.40	237.49		100%	(210)	(0)	374,423	102	896	3,678.40	274.71
OP - Emergency Room	32,544	110	968	295.86	23.88	1.127	100%	(157)	(1)	36,535	123	1,087	295.86	26.80
OP - Laboratory	4,554	50	440	91.08	3.34	1.127	100%	(52)	(1)	5,082	56	491	91.08	3.73
OP - Radiology	6,457	42	370	153.74	4.74	1.127	100%	52	0	7,332	48	420	153.74	5.38
OP - Surgery	49,576	19	167	2,609.26	36.37	1.127	100%	(619)	(0)	55,275	21	187	2,609.26	40.55
OP - Mental Health	-	-	-	-	-	1.127	0%	-	-	-	-	-	-	-
OP - Other	14,868	38	335	391.26	10.91	1.127	100%	(234)	(1)	16,529	42	372	391.26	12.13
Subtotal - Outpatient	108,000	259	2,280	416.99	79.24		100%	(1,011)	(2)	120,753	290	2,557	415.81	88.59
Prof - Evaluation & Management	131,832	2,840	25,004	46.42	96.72	1.198	100%	11,702	252	169,632	3,654	32,173	46.42	124.45
Prof - Maternity	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Surgery	14,740	122	1,074	120.82	10.81	1.198	100%	1,259	10	18,917	157	1,378	120.82	13.88
Prof - DME/Supplies & Prosthetics	6,899	115	1,012	59.99	5.06	1.198	100%	568	9	8,832	147	1,296	59.99	6.48
Prof - Lab	6,930	451	3,971	15.37	5.08	1.198	100%	753	49	9,055	589	5,188	15.37	6.64
Prof - Radiology	3,550	189	1,664	18.78	2.60	1.198	100%	310	17	4,563	243	2,139	18.78	3.35
Prof - Transportation	1,118	21	185	53.24	0.82	1.198	100%	51	1	1,390	26	230	53.24	1.02
Prof - Mental Health	1,038	7	62	148.30	0.76	1.198	100%	63	0	1,306	9	78	148.30	0.96
Prof - Target Case Management	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Other	68,480	626	5,511.37	109.39	50.24	1.198	100%	3,156	29	85,193	779	6,856	109.39	62.50
Subtotal - Professional	234,588	4,371	38,483	53.67	172.11		100%	17,862	368	298,889	5,604	49,339	53.33	219.29
Pharmacy - Non Hep C	81,969	1,174	10,336	69.82	60.14	1.000	100%	(4,938)	-	77,031	1,174	10,336	65.61	56.52
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	1,596	42	370	38.01	1.17	1.000	100%	(52)	(1)	1,545	41	358	38.01	1.13
FQHC & RHC	3,746	147	1,294	25.48	2.75	1.198	100%	(21)	(1)	4,467	175	1,543	25.48	3.28
Subtotal - Other Services	87,312	1,363	12,000	64.06	64.06		100%	(5,010)	(2)	83,044	1,390	12,237	59.75	60.93
Total	\$ 767,453				\$ 563.06		100%	11,532	364	\$ 893,608				\$ 655.62

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

**Exhibit 1A
Confidential and Proprietary**

**Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A**

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims								
Service Category	Foster Care Children Age 1 or Older														
	July 1, 2017 - June 30, 2018														
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					52,862									52,862	
Home Health Care & Hospice	492,066	4,994	1,134	99	9.31	1.198	100%	(6,600)	(66)	582,876	5,917	1,343	99	11.03	
IP - Maternity	-	40	9	-	-	1.152	0%	-	-	-	-	-	-	-	
IP - Complex Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-	
IP - Medical/Surgical	890,684	300	68	2,968.95	16.85	1.152	100%	13,652	4	1,044,487	351	80	2,973.23	19.76	
IP - Normal Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-	
IP - Mental Health	4,069,529	3,029	688	1,343.36	76.98	1.152	100%	102,925	77	4,812,801	3,584	813	1,343.04	91.04	
IP - PRTF	1,348,090	2,626	596	513.40	25.50	1.152	100%	35,738	70	1,595,953	3,109	706	513.39	30.19	
IP - Other	4,828	7	2	689.75	0.09	1.152	100%	57	0	5,645	8	2	689.75	0.11	
Subtotal - Inpatient	6,313,131	6,002	1,363	1,051.81	119.43	100%		152,371	151	7,458,886	7,052	1,601	1,057.75	141.10	
OP - Emergency Room	616,132	1,798	408	342.74	11.66	1.127	100%	(6,218)	(18)	687,573	2,007	456	342.65	13.01	
OP - Laboratory	69,847	787	179	88.73	1.32	1.127	100%	(676)	(7)	78,073	880	200	88.71	1.48	
OP - Radiology	118,108	402	91	293.80	2.23	1.127	100%	(537)	(2)	132,624	451	102	294.08	2.51	
OP - Surgery	360,855	262	60	1,376.58	6.83	1.127	100%	(3,601)	(3)	403,244	293	66	1,377.62	7.63	
OP - Mental Health	24,085	13	3	1,852.72	0.46	1.127	100%	(377)	(0)	26,778	14	3	1,851.77	0.51	
OP - Other	370,596	642	146	577.56	7.01	1.127	100%	(3,662)	(6)	414,165	717	163	577.26	7.83	
Subtotal - Outpatient	1,559,623	3,904	886	399.53	29.50	100%		(15,070)	(36)	1,742,457	4,362	990	399.43	32.96	
Prof - Evaluation & Management	2,079,663	43,422	9,857	47.89	39.34	1.198	100%	74,635	1,555	2,565,853	53,570	12,161	47.90	48.54	
Prof - Maternity	15,742	165	37	95.41	0.30	1.198	100%	1,623	17	20,448	214	49	95.41	0.39	
Prof - Surgery	273,465	1,700	386	160.86	5.17	1.198	100%	27,221	170	354,821	2,206	501	160.82	6.71	
Prof - DME/Supplies & Prosthetics	307,974	4,681	1,063	65.79	5.83	1.198	100%	(40,710)	(815)	328,195	4,792	1,088	68.49	6.21	
Prof - Lab	176,819	10,892	2,473	16.23	3.34	1.198	100%	17,111	1,061	228,881	14,106	3,202	16.23	4.33	
Prof - Radiology	70,558	2,469	560	28.58	1.33	1.198	100%	7,203	253	91,730	3,211	729	28.57	1.74	
Prof - Transportation	53,302	680	154	78.39	1.01	1.198	100%	6,447	79	70,301	893	203	78.69	1.33	
Prof - Mental Health	2,901,021	23,394	5,311	124.01	54.88	1.198	100%	264,288	2,196	3,738,898	30,216	6,859	123.74	70.73	
Prof - Target Case Management	397,691	1,183	269	336.17	7.52	1.198	100%	39,148	116	515,566	1,534	348	336.17	9.75	
Prof - Other	1,465,795	19,899	4,517.20	73.66	27.73	1.198	100%	145,308	1,995	1,900,851	25,827	5,863	73.60	35.96	
Subtotal - Professional	7,742,030	108,485	24,627	71.36	146.46	100%		542,275	6,626	9,815,544	136,569	31,002	71.87	185.68	
Pharmacy - Non Hep C	4,363,216	66,573	15,112	65.54	82.54	1.000	100%	(273,677)	-	4,089,337	66,570	15,112	61.43	77.36	
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-	
Dental	1,147,298	24,810	5,632	46.24	21.70	1.000	100%	(10,693)	(265)	1,137,035	24,554	5,574	46.31	21.51	
FQHC & RHC	116,612	3,554	807	32.81	2.21	1.198	98%	(687)	(21)	135,732	4,137	939	32.81	2.57	
Subtotal - Other Services	5,627,125	94,937	21,551	59.27	106.45	100%		(285,057)	(286)	5,362,104	95,261	21,625	56.29	101.44	
Total	\$ 21,733,975				\$ 411.15		100%	387,919	6,389	\$ 24,961,867				\$ 472.21	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data	Base Period Adjustments	Completed and Adjusted Claims Data + Non-System Claims
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Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Expansion Adults Age 19 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					3,072,769									3,072,769
Home Health Care & Hospice	1,663,657	24,589	96	68	0.54	1.039	100%	(543)	(5)	1,722,423	25,460	99	68	0.56
IP - Maternity	947,808	4,176	16	226.98	0.31	1.049	100%	13,363	60	1,007,898	4,441	17	226.95	0.33
IP - Complex Newborn	36,853	5	0	7,370.61	0.01	1.049	100%	1,241	0	40,058	5	0	7,365.40	0.01
IP - Medical/Surgical	62,703,597	13,484	53	4,650.17	20.41	1.049	99%	523,971	113	65,855,005	14,162	55	4,650.07	21.43
IP - Normal Newborn	12,665	9	0	1,407.20	0.00	1.049	100%	217	0	13,557	10	0	1,406.01	0.00
IP - Mental Health	2,874,463	1,244	5	2,311.55	0.94	1.049	99%	31,556	14	3,021,357	1,307	5	2,311.56	0.98
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	1,227,613	222	1	5,529.79	0.40	1.049	100%	15,162	3	1,308,195	236	1	5,531.86	0.43
Subtotal - Inpatient	67,802,999	19,139	75	3,542.59	22.07		99%	585,509	189	71,246,070	20,162	79	3,533.69	23.19
OP - Emergency Room	96,941,019	174,594	682	555.24	31.55	1.034	99%	214,252	398	99,969,949	180,062	703	555.20	32.53
OP - Laboratory	13,935,838	121,007	473	115.17	4.54	1.034	99%	82,086	717	14,373,463	124,811	487	115.16	4.68
OP - Radiology	30,821,892	89,376	349	344.86	10.03	1.034	100%	153,832	448	31,978,247	92,732	362	344.85	10.41
OP - Surgery	65,252,982	31,374	123	2,079.81	21.24	1.034	100%	334,273	162	67,634,100	32,521	127	2,079.71	22.01
OP - Mental Health	37,970	354	1	107.26	0.01	1.034	95%	567	5	38,048	355	1	107.27	0.01
OP - Other	24,720,862	110,892	433	222.93	8.05	1.034	99%	154,849	706	25,476,063	114,291	446	222.90	8.29
Subtotal - Outpatient	231,710,562	527,598	2,060	439.18	75.41		100%	939,860	2,437	239,469,870	544,771	2,127	439.58	77.93
Prof - Evaluation & Management	62,548,667	1,449,795	5,662	43.14	20.36	1.039	98%	(793,903)	(18,605)	62,884,171	1,457,368	5,691	43.15	20.46
Prof - Maternity	2,002,122	24,058	94	83.22	0.65	1.039	100%	78,541	942	2,153,752	25,878	101	83.23	0.70
Prof - Surgery	25,289,557	164,801	644	153.46	8.23	1.039	100%	663,732	4,404	26,869,741	175,177	684	153.39	8.74
Prof - DME/Supplies & Prosthetics	11,587,910	176,466	689	65.67	3.77	1.039	97%	(377,955)	(6,363)	11,297,357	171,434	669	65.90	3.68
Prof - Lab	12,303,652	673,535	2,630	18.27	4.00	1.039	97%	377,148	20,052	12,815,803	700,977	2,738	18.28	4.17
Prof - Radiology	10,558,296	288,559	1,127	36.59	3.44	1.039	97%	273,169	7,644	10,892,747	297,878	1,163	36.57	3.54
Prof - Transportation	3,290,370	31,391	123	104.82	1.07	1.039	99%	89,414	856	3,485,711	33,258	130	104.81	1.13
Prof - Mental Health	10,159,247	109,499	428	92.78	3.31	1.039	98%	290,102	3,168	10,675,994	115,110	450	92.75	3.47
Prof - Target Case Management	1,351,611	3,913	15	345.42	0.44	1.039	99%	36,053	104	1,425,697	4,127	16	345.42	0.46
Prof - Other	35,283,800	567,410	2,215.89	62.18	11.48	1.039	100%	1,066,543	17,323	37,574,358	604,417	2,360	62.17	12.23
Subtotal - Professional	174,375,233	3,489,427	13,627	49.97	56.75		98%	1,702,845	29,527	180,075,332	3,585,626	14,003	50.22	58.60
Pharmacy - Non Hep C	216,254,447	5,140,424	20,075	42.07	70.38	1.000	99%	(6,839,516)	-	206,358,705	5,067,777	19,791	40.72	67.16
Pharmacy - Hep C	5,908,124	414	2	14,270.83	1.92	1.000	228%	(194,756)	-	13,303,080	946	4	14,064.92	4.33
Dental	18,280,054	384,413	1,501	47.55	5.95	1.002	96%	1,260,227	26,597	18,889,532	397,325	1,552	47.54	6.15
FQHC & RHC	20,193,762	614,348	2,399	32.87	6.57	1.039	94%	47,430	1,417	19,759,970	601,125	2,348	32.87	6.43
Subtotal - Other Services	260,636,386	6,139,599	23,977	42.45	84.82		101%	(5,726,615)	28,014	258,311,287	6,067,173	23,694	42.58	84.06
Total	\$ 736,188,837				\$ 239.58		100%	(2,498,945)	60,161	\$ 750,824,981				\$ 244.35

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
KYH Expansion Adults - RCT Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					289,115									289,115
Home Health Care & Hospice	232,519	3,093	128	75	0.80	1.039	99%	837	12	239,611	3,188	132	75	0.83
IP - Maternity	40,458	244	10	165.81	0.14	1.049	100%	1,337	8	43,951	265	11	165.78	0.15
IP - Complex Newborn	5,863	1	0	5,863.28	0.02	1.049	100%	171	0	6,347	1	0	5,863.28	0.02
IP - Medical/Surgical	10,326,406	2,476	103	4,170.68	35.72	1.049	99%	122,584	29	10,835,866	2,598	108	4,171.46	37.48
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	832,299	327	14	2,542.30	2.88	1.049	98%	9,353	4	868,701	342	14	2,541.69	3.00
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	91,932	35	1	2,626.62	0.32	1.049	100%	649	0	97,479	37	2	2,621.51	0.34
Subtotal - Inpatient	11,296,957	3,083	128	3,663.88	39.07		99%	134,096	41	11,852,345	3,243	135	3,654.99	41.00
OP - Emergency Room	9,725,704	16,383	680	593.63	33.64	1.034	99%	23,638	42	10,015,035	16,873	700	593.55	34.64
OP - Laboratory	1,653,289	11,948	496	138.37	5.72	1.034	99%	11,954	85	1,701,530	12,295	510	138.39	5.89
OP - Radiology	3,649,392	8,990	373	405.92	12.62	1.034	100%	24,014	61	3,790,231	9,339	388	405.86	13.11
OP - Surgery	6,934,795	3,213	133	2,158.23	23.99	1.034	100%	33,627	16	7,179,349	3,326	138	2,158.26	24.83
OP - Mental Health	20,081	62	3	323.89	0.07	1.034	100%	220	0	20,904	64	3	325.40	0.07
OP - Other	2,735,730	11,520	478	237.48	9.46	1.034	99%	17,449	74	2,817,974	11,867	493	237.47	9.75
Subtotal - Outpatient	24,718,991	52,117	2,163	474.30	85.50		99%	110,902	277	25,525,024	53,764	2,232	474.76	88.29
Prof - Evaluation & Management	6,191,167	141,445	5,871	43.77	21.41	1.039	98%	(45,000)	(1,048)	6,244,867	142,652	5,921	43.78	21.60
Prof - Maternity	111,018	1,405	58	79.02	0.38	1.039	100%	4,838	61	119,985	1,518	63	79.04	0.42
Prof - Surgery	2,755,279	17,246	716	159.76	9.53	1.039	100%	67,933	438	2,919,199	18,285	759	159.65	10.10
Prof - DME/Supplies & Prosthetics	1,291,286	18,493	768	69.83	4.47	1.039	97%	(22,212)	(423)	1,282,522	18,263	758	70.22	4.44
Prof - Lab	1,129,586	63,515	2,636	17.78	3.91	1.039	97%	31,467	1,721	1,172,290	65,868	2,734	17.80	4.05
Prof - Radiology	1,096,617	29,586	1,228	37.07	3.79	1.039	97%	27,508	767	1,129,643	30,502	1,266	37.03	3.91
Prof - Transportation	508,711	4,167	173	122.08	1.76	1.039	99%	14,271	115	539,102	4,414	183	122.14	1.86
Prof - Mental Health	2,303,326	19,318	802	119.23	7.97	1.039	95%	47,122	417	2,324,209	19,515	810	119.10	8.04
Prof - Target Case Management	239,960	685	28	350.31	0.83	1.039	97%	4,967	14	245,565	701	29	350.25	0.85
Prof - Other	4,307,986	66,155	2,745.83	65.12	14.90	1.039	99%	112,713	1,753	4,557,045	70,002	2,906	65.10	15.76
Subtotal - Professional	19,934,938	362,015	15,026	55.07	68.95		98%	243,608	3,817	20,534,427	371,721	15,429	55.24	71.03
Pharmacy - Non Hep C	24,727,535	531,832	22,074	46.50	85.53	1.000	98%	(780,971)	-	23,563,473	523,593	21,732	45.00	81.50
Pharmacy - Hep C	1,061,069	82	3	12,939.86	3.67	1.000	230%	(35,351)	-	2,405,145	189	8	12,752.42	8.32
Dental	1,615,946	34,220	1,420	47.22	5.59	1.002	96%	110,881	2,349	1,660,567	35,166	1,460	47.22	5.74
FQHC & RHC	1,877,749	57,502	2,387	32.66	6.49	1.039	94%	5,683	174	1,845,892	56,527	2,346	32.66	6.38
Subtotal - Other Services	29,282,298	623,636	25,885	46.95	101.28		103%	(699,759)	2,523	29,475,078	615,474	25,546	47.89	101.95
Total	\$ 85,465,702				\$ 295.61		100%	(210,316)	6,670	\$ 87,626,485				\$ 303.09

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Expansion Adults - Medically Frail Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					480,806									480,806
Home Health Care & Hospice	7,111,765	55,186	1,377	129	14.79	1.039	100%	(3,318)	(20)	7,373,925	57,226	1,428	129	15.34
IP - Maternity	501,907	792	20	633.72	1.04	1.049	95%	4,249	6	501,993	792	20	634.14	1.04
IP - Complex Newborn	21,943	15	0	1,462.85	0.05	1.049	100%	155	(0)	23,267	16	0	1,487.82	0.05
IP - Medical/Surgical	183,358,843	46,583	1,163	3,936.15	381.36	1.049	99%	1,525,631	387	192,183,575	48,824	1,219	3,936.24	399.71
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	28,645,414	12,002	300	2,386.78	59.58	1.049	98%	294,019	123	29,668,092	12,430	310	2,386.72	61.70
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	1,923,491	489	12	3,930.21	4.00	1.049	100%	15,572	4	2,027,797	516	13	3,930.67	4.22
Subtotal - Inpatient	214,451,598	59,881	1,495	3,581.27	446.03		99%	1,839,625	520	224,404,724	62,578	1,562	3,586.01	466.73
OP - Emergency Room	53,639,984	71,476	1,784	750.46	111.56	1.034	99%	139,640	186	54,876,210	73,124	1,825	750.46	114.13
OP - Laboratory	14,137,100	77,668	1,938	182.02	29.40	1.034	99%	73,656	416	14,491,469	79,627	1,987	181.99	30.14
OP - Radiology	36,550,177	43,117	1,076	847.69	76.02	1.034	100%	198,807	232	37,936,099	44,749	1,117	847.74	78.90
OP - Surgery	41,045,284	18,384	459	2,232.70	85.37	1.034	100%	233,476	104	42,558,878	19,061	476	2,232.79	88.52
OP - Mental Health	363,675	641	16	567.65	0.76	1.034	98%	542	1	370,308	653	16	567.50	0.77
OP - Other	27,984,534	65,822	1,643	425.15	58.20	1.034	99%	155,818	365	28,940,506	68,069	1,699	425.16	60.19
Subtotal - Outpatient	173,720,755	277,108	6,916	626.91	361.31		99%	801,938	1,304	179,173,470	285,282	7,120	628.06	372.65
Prof - Evaluation & Management	30,911,598	611,855	15,271	50.52	64.29	1.039	98%	253,596	5,006	31,703,815	627,522	15,662	50.52	65.94
Prof - Maternity	231,234	2,846	71	81.25	0.48	1.039	99%	8,291	103	245,084	3,018	75	81.21	0.51
Prof - Surgery	17,427,777	97,263	2,427	179.18	36.25	1.039	100%	423,717	2,378	18,473,739	103,113	2,574	179.16	38.42
Prof - DME/Supplies & Prosthetics	12,076,838	121,059	3,021	99.76	25.12	1.039	98%	174,334	1,748	12,514,447	125,446	3,131	99.76	26.03
Prof - Lab	4,849,996	258,062	6,441	18.79	10.09	1.039	97%	125,518	6,634	5,012,141	266,645	6,655	18.80	10.42
Prof - Radiology	8,493,579	183,755	4,586	46.22	17.67	1.039	97%	193,921	4,236	8,789,917	190,207	4,747	46.21	18.28
Prof - Transportation	4,902,862	46,055	1,149	106.46	10.20	1.039	99%	115,737	1,099	5,140,570	48,299	1,205	106.43	10.69
Prof - Mental Health	41,864,116	279,884	6,985	149.58	87.07	1.039	94%	860,009	5,754	41,948,099	280,449	6,999	149.57	87.25
Prof - Target Case Management	3,397,436	9,825	245	345.79	7.07	1.039	97%	59,466	172	3,466,206	10,024	250	345.79	7.21
Prof - Other	43,336,405	558,533	13,939.92	77.59	90.13	1.039	99%	871,496	11,246	45,406,455	585,227	14,606	77.59	94.44
Subtotal - Professional	167,491,841	2,169,137	54,138	77.22	348.36		97%	3,086,085	38,376	172,700,472	2,239,951	55,905	77.10	359.19
Pharmacy - Non Hep C	193,434,772	2,570,966	64,166	75.24	402.31	1.000	99%	(6,260,787)	-	185,266,956	2,545,619	63,534	72.78	385.33
Pharmacy - Hep C	12,782,697	816	20	15,665.07	26.59	1.000	229%	(427,427)	-	28,883,198	1,871	47	15,436.63	60.07
Dental	3,455,792	74,246	1,853	46.55	7.19	1.002	96%	254,810	5,496	3,565,814	76,632	1,913	46.53	7.42
FQHC & RHC	6,815,041	203,769	5,086	33.44	14.17	1.039	94%	93,548	2,804	6,782,250	202,796	5,061	33.44	14.11
Subtotal - Other Services	216,488,302	2,849,797	71,125	75.97	450.26		107%	(6,339,857)	8,301	224,498,219	2,826,918	70,554	79.41	466.92
Total	\$ 779,264,260				\$ 1,620.75		101%	(615,526)	48,481	\$ 808,150,810				\$ 1,680.83

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Expansion Adults - MF Possibles Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months	310,134													
Home Health Care & Hospice	357,334	4,324	167	83	1.15	1.039	100%	(810)	(10)	369,041	4,466	173	83	1.19
IP - Maternity	224,409	598	23	375.44	0.72	1.049	98%	1,607	4	232,361	619	24	375.40	0.75
IP - Complex Newborn	14,320	1	0	14,320.29	0.05	1.049	100%	210	0	15,293	1	0	14,320.29	0.05
IP - Medical/Surgical	13,999,832	3,558	138	3,935.19	45.14	1.049	96%	79,899	20	14,243,248	3,620	140	3,935.07	45.93
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	7,215,042	3,086	119	2,337.78	23.26	1.049	98%	61,952	26	7,496,302	3,206	124	2,337.89	24.17
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	206,074	50	2	4,121.48	0.66	1.049	100%	2,281	0	219,336	53	2	4,126.17	0.71
Subtotal - Inpatient	21,659,677	7,293	282	2,970.09	69.84		97%	145,948	52	22,206,541	7,499	290	2,961.19	71.60
OP - Emergency Room	16,774,129	28,670	1,109	585.08	54.09	1.034	98%	(5,835)	(10)	17,015,376	29,082	1,125	585.09	54.86
OP - Laboratory	5,914,357	30,014	1,161	197.05	19.07	1.034	98%	4,011	23	6,007,182	30,488	1,180	197.03	19.37
OP - Radiology	3,113,039	9,138	354	340.66	10.04	1.034	99%	9,902	29	3,206,163	9,411	364	340.68	10.34
OP - Surgery	7,020,872	3,551	137	1,977.04	22.64	1.034	99%	21,578	11	7,184,507	3,634	141	1,976.94	23.17
OP - Mental Health	17,406	70	3	249.84	0.06	1.034	99%	113	1	18,017	72	3	249.33	0.06
OP - Other	2,646,111	12,936	501	204.56	8.53	1.034	98%	11,724	55	2,699,427	13,195	511	204.59	8.70
Subtotal - Outpatient	35,485,913	84,379	3,265	420.55	114.42		98%	41,494	109	36,130,673	85,882	3,323	420.70	116.50
Prof - Evaluation & Management	12,579,638	280,930	10,870	44.78	40.56	1.039	97%	(11,381)	(264)	12,629,411	282,031	10,913	44.78	40.72
Prof - Maternity	195,346	2,231	86	87.56	0.63	1.039	98%	4,588	52	203,262	2,321	90	87.56	0.66
Prof - Surgery	3,448,409	22,083	854	156.16	11.12	1.039	99%	74,402	480	3,615,369	23,155	896	156.14	11.66
Prof - DME/Supplies & Prosthetics	1,218,753	17,089	661	71.32	3.93	1.039	96%	(25,688)	(397)	1,193,380	16,697	646	71.47	3.85
Prof - Lab	2,171,699	121,254	4,692	17.91	7.00	1.039	96%	37,365	2,050	2,202,070	122,913	4,756	17.92	7.10
Prof - Radiology	1,399,482	40,395	1,563	34.64	4.51	1.039	96%	27,395	789	1,423,166	41,077	1,589	34.65	4.59
Prof - Transportation	921,724	10,938	423	84.27	2.97	1.039	97%	17,386	211	950,698	11,287	437	84.23	3.07
Prof - Mental Health	17,599,060	246,297	9,530	71.45	56.75	1.039	95%	264,942	3,541	17,698,043	247,516	9,577	71.50	57.07
Prof - Target Case Management	4,241,220	12,202	472	347.58	13.68	1.039	98%	48,784	141	4,385,090	12,616	488	347.57	14.14
Prof - Other	32,393,545	368,155	14,245.00	87.99	104.45	1.039	99%	168,811	1,975	33,344,509	379,019	14,665	87.98	107.52
Subtotal - Professional	76,168,878	1,121,574	43,397	67.91	245.60		97%	606,604	8,578	77,644,997	1,138,633	44,057	68.19	250.36
Pharmacy - Non Hep C	50,100,648	977,405	37,819	51.26	161.55	1.000	98%	(1,397,615)	-	47,850,046	960,764	37,175	49.80	154.29
Pharmacy - Hep C	4,320,362	303	12	14,258.62	13.93	1.000	229%	(132,353)	-	9,774,398	695	27	14,068.13	31.52
Dental	2,264,506	47,037	1,820	48.14	7.30	1.002	95%	212,857	4,420	2,376,747	49,367	1,910	48.14	7.66
FQHC & RHC	4,532,822	126,696	4,902	35.78	14.62	1.039	95%	47,475	1,319	4,501,833	125,821	4,868	35.78	14.52
Subtotal - Other Services	61,218,339	1,151,441	44,553	53.17	197.39		107%	(1,269,636)	5,739	64,503,025	1,136,648	43,980	56.75	207.98
Total	\$ 194,890,141				\$ 628.41		101%	(476,400)	14,467	\$ 200,854,276				\$ 647.64

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Adults Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					897,846									897,846
Home Health Care & Hospice	400,380	6,664	89	60	0.45	1.045	100%	1,440	25	419,631	6,985	93	60	0.47
IP - Maternity	2,863,495	18,336	245	156.17	3.19	1.046	100%	38,350	250	3,035,685	19,443	260	156.13	3.38
IP - Complex Newborn	157,574	24	0	6,565.60	0.18	1.046	100%	3,503	1	168,990	26	0	6,560.90	0.19
IP - Medical/Surgical	13,329,493	2,530	34	5,269.30	14.85	1.046	100%	155,369	30	14,127,383	2,682	36	5,268.36	15.73
IP - Normal Newborn	78,656	44	1	1,787.63	0.09	1.046	100%	1,872	1	84,478	47	1	1,787.57	0.09
IP - Mental Health	605,705	248	3	2,442.36	0.67	1.046	100%	9,681	4	645,804	264	4	2,443.28	0.72
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	187,718	49	1	3,830.98	0.21	1.046	100%	1,719	1	198,864	52	1	3,827.04	0.22
Subtotal - Inpatient	17,222,641	21,231	284	811.22	19.18		100%	210,494	286	18,261,204	22,514	301	811.10	20.34
OP - Emergency Room	34,727,734	67,522	902	514.31	38.68	1.037	100%	133,383	261	36,063,680	70,122	937	514.30	40.17
OP - Laboratory	4,944,152	49,713	664	99.45	5.51	1.037	100%	32,408	325	5,146,075	51,742	692	99.46	5.73
OP - Radiology	8,293,503	27,476	367	301.84	9.24	1.037	100%	57,200	189	8,649,392	28,655	383	301.85	9.63
OP - Surgery	20,026,505	13,247	177	1,511.79	22.31	1.037	100%	136,982	92	20,864,123	13,802	184	1,511.65	23.24
OP - Mental Health	9,162	136	2	67.37	0.01	1.037	99%	124	2	9,574	142	2	67.24	0.01
OP - Other	8,754,320	47,516	635	184.24	9.75	1.037	100%	73,349	392	9,129,823	49,548	662	184.26	10.17
Subtotal - Outpatient	76,755,375	205,610	2,748	373.31	85.49		100%	433,445	1,261	79,862,667	214,011	2,860	373.17	88.95
Prof - Evaluation & Management	19,238,703	447,170	5,977	43.02	21.43	1.045	99%	(251,280)	(5,838)	19,704,093	457,989	6,121	43.02	21.95
Prof - Maternity	6,668,695	69,749	932	95.61	7.43	1.045	100%	203,589	2,111	7,165,896	74,930	1,001	95.63	7.98
Prof - Surgery	6,263,789	42,514	568	147.33	6.98	1.045	100%	191,296	1,314	6,729,593	45,691	611	147.28	7.50
Prof - DME/Supplies & Prosthetics	3,331,577	45,396	607	73.39	3.71	1.045	98%	(130,171)	(1,820)	3,269,371	44,502	595	73.46	3.64
Prof - Lab	5,363,083	277,255	3,706	19.34	5.97	1.045	99%	168,917	8,730	5,740,013	296,738	3,966	19.34	6.39
Prof - Radiology	2,787,774	78,989	1,056	35.29	3.10	1.045	99%	82,176	2,341	2,966,498	84,066	1,124	35.29	3.30
Prof - Transportation	1,217,430	11,148	149	109.21	1.36	1.045	100%	38,533	342	1,307,714	11,964	160	109.30	1.46
Prof - Mental Health	3,250,163	37,663	503	86.30	3.62	1.045	99%	98,515	1,160	3,461,029	40,125	536	86.26	3.85
Prof - Target Case Management	602,638	1,755	23	343.38	0.67	1.045	99%	17,842	52	643,652	1,875	25	343.37	0.72
Prof - Other	13,441,307	199,208	2,662.48	67.47	14.97	1.045	100%	439,776	6,508	14,450,340	214,152	2,862	67.48	16.09
Subtotal - Professional	62,165,160	1,210,847	16,183	51.34	69.24		99%	859,193	14,899	65,438,199	1,272,034	17,001	51.44	72.88
Pharmacy - Non Hep C	48,159,616	1,236,362	16,524	38.95	53.64	1.000	99%	(1,688,860)	-	46,230,114	1,230,184	16,442	37.58	51.49
Pharmacy - Hep C	877,507	66	1	13,295.56	0.98	1.000	230%	(28,725)	-	1,989,558	152	2	13,106.33	2.22
Dental	5,949,454	127,622	1,706	46.62	6.63	1.001	99%	327,879	7,029	6,213,733	133,287	1,781	46.62	6.92
FQHC & RHC	9,429,996	258,907	3,460	36.42	10.50	1.045	94%	28,672	741	9,247,070	253,839	3,393	36.43	10.30
Subtotal - Other Services	64,416,573	1,622,957	21,691	39.69	71.75		100%	(1,361,034)	7,770	63,680,475	1,617,461	21,618	39.37	70.93
Total	\$ 220,960,130				\$ 246.10		100%	143,538	24,241	\$ 227,662,177				\$ 253.56

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Adults - RCT Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months	31,675													
Home Health Care & Hospice	9,881	150	57	66	0.31	1.045	100%	31	1	10,358	157	60	66	0.33
IP - Maternity	37,348	199	75	187.68	1.18	1.046	100%	630	3	39,853	212	80	187.90	1.26
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	539,119	88	33	6,126.35	17.02	1.046	100%	3,960	1	569,467	93	35	6,131.78	17.98
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	53,752	18	7	2,986.25	1.70	1.046	100%	280	0	56,732	19	7	2,974.36	1.79
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	7,458	2	1	3,729.10	0.24	1.046	100%	16	0	7,849	2	1	3,710.68	0.25
Subtotal - Inpatient	637,678	307	116	2,077.13	20.13	100%	4,886	4	673,901	326	124	2,066.17	21.28	
OP - Emergency Room	1,070,039	2,050	777	521.86	33.78	1.037	100%	3,296	7	1,113,042	2,133	808	521.78	35.14
OP - Laboratory	142,941	1,234	468	115.79	4.51	1.037	100%	1,140	10	149,128	1,288	488	115.81	4.71
OP - Radiology	253,355	804	305	314.99	8.00	1.037	100%	2,274	7	265,019	841	319	314.99	8.37
OP - Surgery	596,807	282	107	2,117.84	18.84	1.037	100%	4,893	2	623,797	295	112	2,117.34	19.69
OP - Mental Health	-	-	-	-	-	1.037	0%	-	-	-	-	-	-	-
OP - Other	242,353	1,093	414	221.73	7.65	1.037	100%	1,236	7	252,112	1,138	431	221.48	7.96
Subtotal - Outpatient	2,305,495	5,464	2,070	421.94	72.79	100%	12,839	33	2,403,099	5,695	2,158	421.96	75.87	
Prof - Evaluation & Management	596,967	13,813	5,233	43.22	18.85	1.045	99%	(10,536)	(249)	608,558	14,076	5,333	43.23	19.21
Prof - Maternity	73,184	702	266	104.25	2.31	1.045	100%	2,294	22	78,679	755	286	104.24	2.48
Prof - Surgery	198,410	1,269	481	156.35	6.26	1.045	100%	5,813	38	213,185	1,364	517	156.24	6.73
Prof - DME/Supplies & Prosthetics	105,682	1,544	585	68.45	3.34	1.045	98%	(4,258)	(72)	103,506	1,503	569	68.88	3.27
Prof - Lab	125,052	6,671	2,527	18.75	3.95	1.045	99%	3,978	209	133,721	7,130	2,701	18.75	4.22
Prof - Radiology	96,774	2,774	1,051	34.89	3.06	1.045	99%	2,823	82	103,082	2,956	1,120	34.87	3.25
Prof - Transportation	31,020	338	128	91.78	0.98	1.045	100%	967	10	33,388	363	138	91.94	1.05
Prof - Mental Health	133,838	1,684	638	79.48	4.23	1.045	99%	4,203	51	143,356	1,802	683	79.57	4.53
Prof - Target Case Management	38,879	115	44	338.08	1.23	1.045	99%	655	2	41,086	122	46	338.09	1.30
Prof - Other	432,080	6,640	2,515.55	65.07	13.64	1.045	100%	12,053	187	462,735	7,113	2,695	65.06	14.61
Subtotal - Professional	1,831,887	35,550	13,468	51.53	57.83	99%	17,990	280	1,921,297	37,183	14,087	51.67	60.66	
Pharmacy - Non Hep C	2,113,915	47,551	18,015	44.46	66.74	1.000	100%	(72,619)	-	2,033,519	47,376	17,948	42.92	64.20
Pharmacy - Hep C	64,045	4	2	16,011.30	2.02	1.000	230%	(2,738)	-	144,567	9	3	15,713.67	4.56
Dental	186,066	4,019	1,523	46.30	5.87	1.001	99%	10,362	225	194,238	4,197	1,590	46.28	6.13
FQHC & RHC	251,228	7,363	2,789	34.12	7.93	1.045	94%	1,482	44	249,284	7,306	2,768	34.12	7.87
Subtotal - Other Services	2,615,255	58,937	22,328	44.37	82.57	102%	(63,514)	269	2,621,608	58,889	22,310	44.52	82.77	
Total	\$ 7,400,195				\$ 233.63		101%	(27,768)	587	\$ 7,630,263				\$ 240.89

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B**

**Exhibit 1B
Confidential and Proprietary**

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Adults - Medically Frail Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					64,848									64,848
Home Health Care & Hospice	775,863	7,420	1,373	105	11.96	1.045	100%	610	7	811,518	7,763	1,436	105	12.51
IP - Maternity	1,244,517	1,930	357	644.83	19.19	1.046	100%	13,393	21	1,315,371	2,040	378	644.77	20.28
IP - Complex Newborn	64,713	4	1	16,178.37	1.00	1.046	100%	1,778	0	69,741	4	1	16,173.59	1.08
IP - Medical/Surgical	25,228,319	5,426	1,004	4,649.95	389.04	1.046	100%	255,427	54	26,666,932	5,734	1,061	4,650.67	411.22
IP - Normal Newborn	9,129	2	0	4,564.64	0.14	1.046	100%	387	0	9,975	2	0	4,622.70	0.15
IP - Mental Health	4,603,124	1,617	299	2,846.46	70.98	1.046	99%	62,104	22	4,839,703	1,700	315	2,846.12	74.63
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	341,771	89	16	3,840.12	5.27	1.046	100%	2,951	0	361,885	94	17	3,852.71	5.58
Subtotal - Inpatient	31,491,574	9,068	1,678	3,472.96	485.62	100%	336,039	98	33,263,606	9,575	1,772	3,474.03	512.95	
OP - Emergency Room	12,790,239	18,797	3,478	680.45	197.23	1.037	99%	51,300	75	13,244,982	19,465	3,602	680.45	204.25
OP - Laboratory	2,979,496	16,508	3,055	180.49	45.95	1.037	99%	18,574	106	3,085,601	17,099	3,164	180.45	47.58
OP - Radiology	5,552,878	7,818	1,447	710.29	85.63	1.037	100%	49,466	69	5,804,070	8,170	1,512	710.38	89.50
OP - Surgery	7,565,991	3,599	666	2,102.29	116.67	1.037	100%	54,639	26	7,892,800	3,754	695	2,102.42	121.71
OP - Mental Health	123,391	212	39	582.03	1.90	1.037	92%	1,101	2	119,456	206	38	581.18	1.84
OP - Other	5,586,997	12,848	2,378	434.85	86.16	1.037	100%	20,217	76	5,807,920	13,386	2,477	433.89	89.56
Subtotal - Outpatient	34,598,992	59,781	11,062	578.76	533.54	100%	195,297	354	35,954,830	62,080	11,488	579.17	554.45	
Prof - Evaluation & Management	6,098,748	126,898	23,482	48.06	94.05	1.045	99%	52,369	1,084	6,378,194	132,707	24,557	48.06	98.36
Prof - Maternity	585,371	6,485	1,200	90.27	9.03	1.045	99%	15,398	169	621,502	6,883	1,274	90.29	9.58
Prof - Surgery	2,761,374	16,145	2,988	171.04	42.58	1.045	100%	86,357	506	2,966,494	17,345	3,210	171.03	45.75
Prof - DME/Supplies & Prosthetics	1,747,463	17,934	3,319	97.44	26.95	1.045	99%	18,335	180	1,826,788	18,740	3,468	97.48	28.17
Prof - Lab	1,169,880	61,664	11,411	18.97	18.04	1.045	99%	34,408	1,813	1,246,073	65,680	12,154	18.97	19.22
Prof - Radiology	1,386,541	34,043	6,300	40.73	21.38	1.045	99%	39,937	980	1,477,924	36,286	6,715	40.73	22.79
Prof - Transportation	928,198	8,255	1,528	112.44	14.31	1.045	99%	26,619	238	987,990	8,788	1,626	112.42	15.24
Prof - Mental Health	8,589,331	70,654	13,074	121.57	132.45	1.045	97%	219,411	1,795	8,957,863	73,676	13,634	121.59	138.14
Prof - Target Case Management	890,506	2,575	476	345.83	13.73	1.045	99%	17,490	51	935,613	2,706	501	345.81	14.43
Prof - Other	9,411,132	117,941	21,824.76	79.80	145.13	1.045	99%	209,038	2,634	9,993,679	125,256	23,178	79.79	154.11
Subtotal - Professional	33,568,545	462,594	85,602	72.57	517.65	99%	719,362	9,449	35,392,121	488,066	90,316	72.52	545.77	
Pharmacy - Non Hep C	33,047,925	480,481	88,912	68.78	509.62	1.000	100%	(1,142,545)	-	31,790,540	478,811	88,603	66.39	490.23
Pharmacy - Hep C	1,881,957	125	23	15,055.65	29.02	1.000	228%	(55,478)	-	4,242,454	285	53	14,861.32	65.42
Dental	849,383	18,655	3,452	45.53	13.10	1.001	99%	59,520	1,312	899,429	19,759	3,656	45.52	13.87
FQHC & RHC	1,924,135	55,236	10,221	34.83	29.67	1.045	95%	16,304	478	1,933,380	55,511	10,272	34.83	29.81
Subtotal - Other Services	37,703,400	554,497	102,609	68.00	581.41	106%	(1,122,199)	1,790	38,865,804	554,367	102,585	70.11	599.34	
Total	\$ 138,138,374				\$ 2,130.19		101%	129,108	11,699	\$ 144,287,879				\$ 2,225.02

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Adults - MF Possibles Age 19 or Older														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					104,272									104,272
Home Health Care & Hospice	132,971	1,708	197	78	1.28	1.045	100%	120	1	139,098	1,786	206	78	1.33
IP - Maternity	591,639	1,754	202	337.31	5.67	1.046	100%	5,689	17	621,497	1,842	212	337.37	5.96
IP - Complex Newborn	20,461	3	0	6,820.47	0.20	1.046	100%	304	0	21,793	3	0	6,788.35	0.21
IP - Medical/Surgical	3,472,316	653	75	5,315.04	33.30	1.046	99%	40,295	7	3,631,174	683	79	5,316.65	34.82
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	1,228,494	463	53	2,651.16	11.78	1.046	100%	16,557	6	1,295,771	489	56	2,651.24	12.43
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	27,249	10	1	2,724.88	0.26	1.046	89%	271	0	25,726	9	1	2,716.20	0.25
Subtotal - Inpatient	5,340,159	2,884	332	1,851.86	51.21		99%	63,115	30	5,595,960	3,027	348	1,848.94	53.67
OP - Emergency Room	5,508,062	9,917	1,141	555.42	52.82	1.037	99%	5,632	11	5,647,887	10,169	1,170	555.40	54.16
OP - Laboratory	2,251,225	12,363	1,423	182.09	21.59	1.037	99%	5,497	30	2,316,119	12,720	1,464	182.09	22.21
OP - Radiology	946,991	3,196	368	296.28	9.08	1.037	99%	2,995	10	976,846	3,297	379	296.28	9.37
OP - Surgery	2,313,378	1,445	166	1,601.15	22.19	1.037	99%	10,327	7	2,394,028	1,496	172	1,600.78	22.96
OP - Mental Health	3,349	26	3	128.82	0.03	1.037	100%	(29)	(0)	3,438	27	3	128.46	0.03
OP - Other	1,303,373	6,581	757	198.04	12.50	1.037	99%	3,207	19	1,341,513	6,776	780	197.97	12.87
Subtotal - Outpatient	12,326,379	33,529	3,859	367.64	118.21		99%	27,629	76	12,679,831	34,484	3,969	367.70	121.60
Prof - Evaluation & Management	4,652,834	104,187	11,990	44.66	44.62	1.045	99%	(3,887)	(86)	4,791,224	107,287	12,347	44.66	45.95
Prof - Maternity	564,412	5,593	644	100.91	5.41	1.045	99%	12,675	125	596,747	5,913	681	100.92	5.72
Prof - Surgery	963,157	6,548	754	147.09	9.24	1.045	99%	24,923	170	1,025,739	6,974	803	147.09	9.84
Prof - DME/Supplies & Prosthetics	348,071	4,670	537	74.53	3.34	1.045	97%	(9,621)	(144)	344,523	4,607	530	74.78	3.30
Prof - Lab	927,475	52,916	6,090	17.53	8.89	1.045	98%	17,916	1,015	971,357	55,412	6,377	17.53	9.32
Prof - Radiology	428,564	12,319	1,418	34.79	4.11	1.045	98%	9,583	275	449,987	12,934	1,489	34.79	4.32
Prof - Transportation	300,848	2,858	329	105.27	2.89	1.045	97%	6,053	61	310,018	2,949	339	105.14	2.97
Prof - Mental Health	5,746,207	93,099	10,714	61.72	55.11	1.045	97%	91,301	1,457	5,922,473	95,933	11,040	61.74	56.80
Prof - Target Case Management	2,022,723	5,862	675	345.06	19.40	1.045	99%	25,570	74	2,116,174	6,133	706	345.06	20.29
Prof - Other	12,290,071	141,897	16,330.02	86.61	117.87	1.045	99%	66,148	779	12,831,065	148,158	17,051	86.60	123.05
Subtotal - Professional	28,244,363	429,949	49,480	65.69	270.87		99%	240,660	3,726	29,359,307	446,300	51,362	65.78	281.56
Pharmacy - Non Hep C	18,355,583	340,324	39,166	53.94	176.04	1.000	99%	(528,526)	-	17,689,841	337,780	38,873	52.37	169.65
Pharmacy - Hep C	838,252	63	7	13,305.58	8.04	1.000	230%	(25,864)	-	1,902,131	145	17	13,127.09	18.24
Dental	854,470	17,853	2,055	47.86	8.19	1.001	98%	69,386	1,442	910,377	19,014	2,188	47.88	8.73
FQHC & RHC	2,313,981	62,186	7,157	37.21	22.19	1.045	95%	21,685	585	2,323,496	62,444	7,186	37.21	22.28
Subtotal - Other Services	22,362,286	420,426	48,384	53.19	214.46		104%	(463,318)	2,027	22,825,844	419,383	48,264	54.43	218.91
Total	\$ 68,406,158				\$ 656.04		100%	(131,793)	5,860	\$ 70,600,040				\$ 677.08

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Children Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					92,162									92,162
Home Health Care & Hospice	64,978	923	120	70	0.71	1.045	100%	137	2	68,050	967	126	70	0.74
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	102,140,087	19,928	2,595	5,125.45	1,108.27	1.046	100%	1,122,300	219	108,391,594	21,148	2,754	5,125.45	1,176.10
IP - Medical/Surgical	19,761,381	2,280	297	8,666.89	214.42	1.046	100%	206,159	24	20,959,905	2,418	315	8,666.89	227.42
IP - Normal Newborn	21,812,121	16,806	2,188	1,297.91	236.67	1.046	100%	271,960	210	23,179,429	17,859	2,325	1,297.91	251.51
IP - Mental Health	13,952	5	1	2,790.43	0.15	1.046	100%	272	0	14,924	5	1	2,790.43	0.16
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	204,335	22	3	9,287.94	2.22	1.046	100%	1,695	0	216,291	23	3	9,287.94	2.35
Subtotal - Inpatient	143,931,875	39,041	5,083	3,686.72	1,561.73		100%	1,602,387	453	152,762,142	41,454	5,398	3,685.12	1,657.54
OP - Emergency Room	2,696,191	7,564	985	356.46	29.25	1.037	100%	9,195	26	2,806,008	7,872	1,025	356.46	30.45
OP - Laboratory	293,396	6,275	817	46.76	3.18	1.037	100%	1,695	36	306,040	6,546	852	46.76	3.32
OP - Radiology	350,007	1,993	259	175.65	3.80	1.037	100%	2,249	13	365,318	2,080	271	175.65	3.96
OP - Surgery	333,690	606	79	550.64	3.62	1.037	100%	1,460	3	347,603	631	82	550.64	3.77
OP - Mental Health	369	5	1	73.85	0.00	1.037	100%	11	0	394	5	1	73.85	0.00
OP - Other	1,156,384	7,175	934	161.17	12.55	1.037	100%	8,307	52	1,207,847	7,494	976	161.17	13.11
Subtotal - Outpatient	4,830,037	23,618	3,075	204.51	52.41		100%	22,917	129	5,033,211	24,628	3,207	204.37	54.61
Prof - Evaluation & Management	5,065,977	107,449	13,990	47.15	54.97	1.045	100%	87,280	1,851	5,382,083	114,154	14,863	47.15	58.40
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	1,076,421	9,259	1,206	116.26	11.68	1.045	100%	19,317	166	1,144,359	9,843	1,282	116.26	12.42
Prof - DME/Supplies & Prosthetics	179,222	3,018	393	59.38	1.94	1.045	100%	3,286	55	190,603	3,210	418	59.38	2.07
Prof - Lab	103,248	6,218	810	16.60	1.12	1.045	100%	1,838	111	109,749	6,610	861	16.60	1.19
Prof - Radiology	239,934	13,538	1,763	17.72	2.60	1.045	100%	4,334	245	255,106	14,394	1,874	17.72	2.77
Prof - Transportation	845,719	2,654	346	318.66	9.18	1.045	100%	15,403	48	899,322	2,822	367	318.66	9.76
Prof - Mental Health	1,283	11	1	116.67	0.01	1.045	100%	9	0	1,350	12	2	116.67	0.01
Prof - Target Case Management	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Other	11,132,986	108,670	14,149.43	102.45	120.80	1.045	100%	186,487	1,820	11,822,340	115,399	15,026	102.45	128.28
Subtotal - Professional	18,644,790	250,817	32,658	74.34	202.30		100%	317,955	4,297	19,804,912	266,443	34,692	74.33	214.89
Pharmacy - Non Hep C	604,583	26,141	3,404	23.13	6.56	1.000	100%	(21,710)	-	582,878	26,141	3,404	22.30	6.32
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	14,406	161	21	89.48	0.16	1.001	100%	597	7	15,020	168	22	89.48	0.16
FQHC & RHC	2,976,423	66,202	8,620	44.96	32.30	1.045	96%	15,347	341	2,994,157	66,596	8,671	44.96	32.49
Subtotal - Other Services	3,595,412	92,504	12,045	38.87	39.01		96%	(5,766)	348	3,592,055	92,906	12,097	38.66	38.98
Total	\$ 171,067,093				\$ 1,856.16		100%	1,937,630	5,228	\$ 181,260,370				\$ 1,966.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
KYH Children Age 3 through 12 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					208,606									208,606
Home Health Care & Hospice	332,136	2,217	128	150	1.59	1.045	100%	1,773	12	348,911	2,329	134	150	1.67
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	98,257	6	0	15,283.33	0.47	1.046	100%	1,930	0	105,121	7	0	15,283.33	0.50
IP - Medical/Surgical	7,671,944	1,170	67	6,559.74	36.78	1.046	100%	91,125	14	8,148,334	1,242	71	6,559.74	39.06
IP - Normal Newborn	945	1	0	945.26	0.00	1.046	100%	9	0	1,002	1	0	945.26	0.00
IP - Mental Health	16,188	4	0	4,047.09	0.08	1.046	100%	261	0	17,263	4	0	4,047.09	0.08
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	346,255	84	5	4,122.08	1.66	1.046	100%	4,584	1	368,227	89	5	4,122.08	1.77
Subtotal - Inpatient	8,133,590	1,265	73	6,429.82	38.99	100%	97,910	15	8,639,947	1,344	77	6,429.93	41.42	
OP - Emergency Room	6,131,733	20,739	1,193	295.67	29.39	1.037	100%	27,633	93	6,388,201	21,606	1,243	295.67	30.62
OP - Laboratory	466,335	3,691	212	126.33	2.24	1.037	100%	2,883	23	486,621	3,852	222	126.33	2.33
OP - Radiology	372,155	2,291	132	162.42	1.78	1.037	100%	1,489	9	387,533	2,386	137	162.42	1.86
OP - Surgery	2,100,270	1,130	65	1,858.23	10.07	1.037	100%	6,965	4	2,185,616	1,176	68	1,858.23	10.48
OP - Mental Health	-	-	-	-	-	1.037	0%	-	-	-	-	-	-	-
OP - Other	1,415,064	10,318	594	137.14	6.78	1.037	100%	9,808	72	1,477,682	10,775	620	137.14	7.08
Subtotal - Outpatient	10,485,556	38,170	2,196	274.71	50.26	100%	48,778	201	10,925,653	39,795	2,289	274.55	52.37	
Prof - Evaluation & Management	7,458,956	176,115	10,131	42.35	35.76	1.045	100%	120,698	2,850	7,916,567	186,920	10,753	42.35	37.95
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	930,013	5,865	337	158.57	4.46	1.045	100%	17,290	109	989,311	6,239	359	158.57	4.74
Prof - DME/Supplies & Prosthetics	506,376	9,286	534	54.53	2.43	1.045	100%	6,176	113	535,425	9,819	565	54.53	2.57
Prof - Lab	434,925	27,943	1,607	15.56	2.08	1.045	100%	7,357	473	461,927	29,678	1,707	15.56	2.21
Prof - Radiology	155,518	8,764	504	17.75	0.75	1.045	100%	2,770	156	165,313	9,316	536	17.75	0.79
Prof - Transportation	293,690	1,818	105	161.55	1.41	1.045	100%	4,992	31	311,948	1,931	111	161.55	1.50
Prof - Mental Health	1,601	15	1	106.74	0.01	1.045	100%	10	0	1,683	16	1	106.74	0.01
Prof - Target Case Management	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Other	2,830,371	43,804	2,519.81	64.61	13.57	1.045	100%	40,698	630	2,998,915	46,412	2,670	64.61	14.38
Subtotal - Professional	12,611,451	273,610	15,739	46.09	60.46	100%	199,991	4,362	13,381,089	290,330	16,701	46.09	64.15	
Pharmacy - Non Hep C	3,932,208	125,757	7,234	31.27	18.85	1.000	100%	(131,161)	-	3,801,078	125,758	7,234	30.23	18.22
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	37,927	1,213	70	31.27	0.18	1.001	100%	1,993	64	39,965	1,278	74	31.27	0.19
FQHC & RHC	4,107,955	116,425	6,697	35.28	19.69	1.045	97%	20,325	576	4,199,030	119,006	6,846	35.28	20.13
Subtotal - Other Services	8,078,090	243,395	14,001	33.19	38.72	99%	(108,843)	640	8,040,073	246,042	14,154	32.68	38.54	
Total	\$ 39,640,823				\$ 190.03	100%	239,608	5,229	\$ 41,335,673				\$ 198.15	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Children Age 1 through 18														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					3,980,874									3,980,874
Home Health Care & Hospice	6,771,389	73,876	223	92	1.70	1.045	100%	18,824	219	7,096,070	77,432	233	92	1.78
IP - Maternity	242,487	643	2	377.12	0.06	1.046	100%	6,626	18	261,290	693	2	377.12	0.07
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	31,752,551	4,809	14	6,603.28	7.98	1.046	100%	572,752	85	33,919,833	5,135	15	6,605.99	8.52
IP - Normal Newborn	5,484	4	0	1,371.03	0.00	1.046	100%	115	0	5,875	4	0	1,369.47	0.00
IP - Mental Health	16,979,094	11,854	36	1,432.35	4.27	1.046	100%	433,247	302	18,252,803	12,743	38	1,432.43	4.59
IP - PRTF	2,459,848	8,005	24	307.29	0.62	1.046	100%	81,176	274	2,664,551	8,681	26	306.94	0.67
IP - Other	401,343	30	0	13,378.09	0.10	1.046	100%	26,943	1	448,440	32	0	13,854.99	0.11
Subtotal - Inpatient	51,840,807	25,345	76	2,045.44	13.02		100%	1,120,858	679	55,552,791	27,288	82	2,035.81	13.95
OP - Emergency Room	62,150,237	180,226	543	344.85	15.61	1.037	100%	300,200	859	64,766,512	187,802	566	344.87	16.27
OP - Laboratory	5,211,996	64,745	195	80.50	1.31	1.037	100%	39,745	481	5,445,842	67,636	204	80.52	1.37
OP - Radiology	8,565,236	36,953	111	231.79	2.15	1.037	100%	71,817	298	8,956,706	38,629	116	231.86	2.25
OP - Surgery	33,562,938	17,305	52	1,939.46	8.43	1.037	100%	227,769	115	35,043,270	18,067	54	1,939.67	8.80
OP - Mental Health	90,767	428	1	211.99	0.02	1.037	100%	557	2	94,711	446	1	212.28	0.02
OP - Other	14,383,014	102,636	309	140.14	3.61	1.037	100%	116,755	818	15,036,540	107,285	323	140.16	3.78
Subtotal - Outpatient	123,964,189	402,293	1,213	308.14	31.14		100%	756,843	2,573	129,343,581	419,865	1,266	308.06	32.49
Prof - Evaluation & Management	72,686,258	1,573,249	4,742	46.20	18.26	1.045	100%	1,293,745	27,699	77,262,565	1,671,997	5,040	46.21	19.41
Prof - Maternity	349,735	4,399	13	79.50	0.09	1.045	100%	34,753	437	400,285	5,035	15	79.50	0.10
Prof - Surgery	11,520,654	83,336	251	138.24	2.89	1.045	100%	1,287,352	9,309	13,328,382	96,409	291	138.25	3.35
Prof - DME/Supplies & Prosthetics	8,472,831	220,826	666	38.37	2.13	1.045	100%	(1,876,439)	(52,373)	6,979,102	178,427	538	39.11	1.75
Prof - Lab	6,890,059	428,769	1,292	16.07	1.73	1.045	100%	720,899	44,927	7,922,176	493,063	1,486	16.07	1.99
Prof - Radiology	3,498,444	160,842	485	21.75	0.88	1.045	100%	381,012	17,751	4,037,461	185,857	560	21.72	1.01
Prof - Transportation	2,544,163	18,253	55	139.38	0.64	1.045	100%	278,400	1,980	2,937,291	21,057	63	139.50	0.74
Prof - Mental Health	51,946,513	577,861	1,742	89.89	13.05	1.045	100%	5,840,698	65,467	60,110,890	669,177	2,017	89.83	15.10
Prof - Target Case Management	14,774,618	43,280	130	341.37	3.71	1.045	100%	1,603,312	4,696	17,045,286	49,931	151	341.37	4.28
Prof - Other	22,676,485	516,032	1,555.53	43.94	5.70	1.045	100%	2,416,280	55,851	26,114,640	595,137	1,794	43.88	6.56
Subtotal - Professional	195,359,760	3,626,847	10,933	53.86	49.07		100%	11,980,011	175,743	216,138,079	3,966,089	11,955	54.50	54.29
Pharmacy - Non Hep C	118,200,918	2,401,578	7,239	49.22	29.69	1.000	100%	(4,438,072)	-	113,762,832	2,401,578	7,239	47.37	28.58
Pharmacy - Hep C	294,905	15	0	19,660.34	0.07	1.000	230%	(12,374)	-	665,913	35	0	19,301.68	0.17
Dental	62,793,230	1,359,686	4,099	46.18	15.77	1.001	100%	2,415,325	52,028	65,282,325	1,413,311	4,260	46.19	16.40
FQHC & RHC	41,132,810	1,233,877	3,719	33.34	10.33	1.045	99%	300,036	9,018	42,718,866	1,281,472	3,863	33.34	10.73
Subtotal - Other Services	222,421,862	4,995,156	15,057	44.53	55.87		100%	(1,735,085)	61,046	222,429,936	5,096,396	15,363	43.64	55.87
Total	\$ 600,358,008				\$ 150.81		100%	12,141,451	240,261	\$ 630,560,458				\$ 158.40

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KCHIP Children Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					141									141
Home Health Care & Hospice	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	69,303	16	1,362	4,331.46	491.51	1.046	100%	338	0	73,121	17	1,437	4,331.46	518.59
IP - Medical/Surgical	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Normal Newborn	3,271	5	426	654.15	23.20	1.046	100%	9	0	3,444	5	448	654.15	24.42
IP - Mental Health	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	72,574	21	1,787	3,455.91	514.71		100%	346	0	76,565	22	1,885	3,457.28	543.01
OP - Emergency Room	532	3	255	177.45	3.78	1.037	100%	-	-	552	3	265	177.45	3.92
OP - Laboratory	101	5	426	20.27	0.72	1.037	96%	(1)	(0)	101	5	422	20.27	0.71
OP - Radiology	354	2	170	177.06	2.51	1.037	99%	3	0	368	2	177	177.06	2.61
OP - Surgery	16	1	85	15.96	0.11	1.037	97%	1	0	17	1	88	15.96	0.12
OP - Mental Health	29	1	85	29.26	0.21	1.037	97%	-	-	29	1	86	29.26	0.21
OP - Other	617	4	340	154.20	4.37	1.037	98%	(2)	(0)	624	4	344	154.20	4.43
Subtotal - Outpatient	1,650	16	1,362	103.12	11.70		99%	1	(0)	1,690	16	1,382	104.08	11.99
Prof - Evaluation & Management	4,011	91	7,745	44.07	28.45	1.045	99%	(0)	(0)	4,129	94	7,974	44.07	29.29
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	826	14	1,191	58.97	5.86	1.045	100%	(2)	(0)	861	15	1,243	58.97	6.11
Prof - DME/Supplies & Prosthetics	154	2	170	76.98	1.09	1.045	97%	2	0	159	2	175	76.98	1.13
Prof - Lab	38	3	255	12.69	0.27	1.045	77%	(1)	(0)	30	2	202	12.69	0.21
Prof - Radiology	147	9	766	16.37	1.04	1.045	91%	(0)	(0)	139	8	723	16.37	0.99
Prof - Transportation	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Mental Health	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Other	2,383	34	2,893.62	70.10	16.90	1.045	100%	(8)	(0)	2,483	35	3,015	70.10	17.61
Subtotal - Professional	7,559	153	13,021	49.41	53.61		99%	(9)	(0)	7,802	157	13,331	49.80	55.33
Pharmacy - Non Hep C	271	18	1,532	15.03	1.92	1.000	93%	(10)	-	243	17	1,432	14.42	1.72
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	26	1	85	26.00	0.18	1.001	89%	-	-	23	1	76	26.00	0.16
FQHC & RHC	2,299	58	4,936	39.63	16.30	1.045	95%	3	0	2,289	58	4,916	39.63	16.23
Subtotal - Other Services	2,595	77	6,553	33.70	18.41		95%	(8)	0	2,555	75	6,423	33.85	18.12
Total	\$ 84,378				\$ 598.43		100%	330	(0)	\$ 88,612				\$ 628.45

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
KCHIP Children Age 3 through 12 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					529									529
Home Health Care & Hospice	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		0%	-	-	-	-	-	-	-
OP - Emergency Room	8,749	20	454	437.46	16.54	1.037	100%	(56)	(0)	9,019	21	468	437.46	17.05
OP - Laboratory	136	3	68	45.39	0.26	1.037	98%	(1)	(0)	137	3	69	45.39	0.26
OP - Radiology	460	4	91	114.88	0.87	1.037	99%	3	0	476	4	94	114.88	0.90
OP - Surgery	723	1	23	723.31	1.37	1.037	99%	(7)	(0)	740	1	23	723.31	1.40
OP - Mental Health	-	-	-	-	-	1.037	0%	-	-	-	-	-	-	-
OP - Other	552	9	204	61.33	1.04	1.037	94%	(0)	(0)	536	9	198	61.33	1.01
Subtotal - Outpatient	10,620	37	839	287.03	20.08		100%	(62)	(0)	10,908	38	852	290.56	20.62
Prof - Evaluation & Management	15,252	344	7,803	44.34	28.83	1.045	98%	68	2	15,766	356	8,067	44.34	29.80
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	581	6	136	96.77	1.10	1.045	100%	(2)	(0)	605	6	142	96.77	1.14
Prof - DME/Supplies & Prosthetics	685	13	295	52.69	1.29	1.045	98%	(20)	(0)	683	13	294	52.69	1.29
Prof - Lab	700	67	1,520	10.45	1.32	1.045	82%	3	0	606	58	1,316	10.45	1.15
Prof - Radiology	174	9	204	19.32	0.33	1.045	86%	4	0	161	8	189	19.32	0.30
Prof - Transportation	388	4	91	96.88	0.73	1.045	100%	5	0	410	4	96	96.88	0.77
Prof - Mental Health	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Other	2,316	46	1,043.48	50.34	4.38	1.045	100%	12	0	2,432	48	1,096	50.34	4.60
Subtotal - Professional	20,094	489	11,093	41.09	37.99		98%	69	2	20,663	494	11,200	41.85	39.06
Pharmacy - Non Hep C	4,060	166	3,766	24.46	7.67	1.000	95%	(106)	-	3,759	158	3,585	23.78	7.11
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.001	0%	-	-	-	-	-	-	-
FQHC & RHC	7,723	215	4,877	35.92	14.60	1.045	90%	(27)	(1)	7,218	201	4,558	35.92	13.64
Subtotal - Other Services	11,782	381	8,643	30.92	22.27		92%	(133)	(1)	10,977	359	8,143	30.58	20.75
Total	\$ 42,497				\$ 80.33		97%	(125)	1	\$ 42,548				\$ 80.43

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
 Confidential and Proprietary

Claims Data					Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims					
KCHIP Children Age 1 through 18															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
	Member Months					268,734									
Home Health Care & Hospice	279,982	3,042	136	92	1.04	1.045	100%	691	8	293,320	3,187	142	92	1.09	
IP - Maternity	22,429	35	2	640.83	0.08	1.046	100%	611	1	24,167	38	2	640.83	0.09	
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-	
IP - Medical/Surgical	1,948,289	340	15	5,725.21	7.25	1.046	97%	24,083	4	2,006,696	350	16	5,733.84	7.47	
IP - Normal Newborn	954	2	0	477.22	0.00	1.046	100%	71	0	1,073	2	0	477.22	0.00	
IP - Mental Health	749,138	580	26	1,292.60	2.79	1.046	100%	22,992	17	809,750	626	28	1,293.77	3.01	
IP - PRTF	73,055	258	12	282.89	0.27	1.046	100%	2,096	7	78,820	278	12	283.13	0.29	
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-	
Subtotal - Inpatient	2,793,866	1,215	54	2,299.27	10.40		98%	49,853	29	2,920,506	1,294	58	2,256.60	10.87	
OP - Emergency Room	3,180,655	8,626	385	368.74	11.84	1.037	100%	14,852	41	3,312,409	8,983	401	368.72	12.33	
OP - Laboratory	439,157	4,873	218	90.12	1.63	1.037	98%	1,947	21	450,315	4,997	223	90.13	1.68	
OP - Radiology	777,790	2,835	127	274.37	2.89	1.037	100%	4,965	16	810,174	2,951	132	274.57	3.01	
OP - Surgery	2,482,373	1,275	57	1,947.64	9.24	1.037	100%	14,348	7	2,583,509	1,326	59	1,948.52	9.61	
OP - Mental Health	1,811	19	1	95.33	0.01	1.037	97%	16	0	1,837	19	1	95.61	0.01	
OP - Other	1,280,662	7,175	320	178.49	4.77	1.037	98%	10,905	59	1,312,938	7,354	328	178.54	4.89	
Subtotal - Outpatient	8,162,448	24,802	1,108	329.10	30.37		99%	47,032	144	8,471,182	25,629	1,144	330.52	31.52	
Prof - Evaluation & Management	5,460,689	120,057	5,361	45.48	20.32	1.045	97%	119,876	2,587	5,670,614	124,624	5,565	45.50	21.10	
Prof - Maternity	21,792	303	14	71.92	0.08	1.045	100%	1,875	26	24,651	343	15	71.92	0.09	
Prof - Surgery	862,829	6,005	268	143.69	3.21	1.045	100%	92,903	647	994,706	6,924	309	143.67	3.70	
Prof - DME/Supplies & Prosthetics	836,045	14,919	666	56.04	3.11	1.045	98%	(83,892)	(1,758)	775,679	13,581	606	57.11	2.89	
Prof - Lab	532,828	32,820	1,466	16.23	1.98	1.045	91%	52,096	3,207	557,435	34,334	1,533	16.24	2.07	
Prof - Radiology	265,194	10,791	482	24.58	0.99	1.045	92%	26,603	1,092	280,465	11,422	510	24.55	1.04	
Prof - Transportation	124,520	860	38	144.79	0.46	1.045	99%	11,231	79	140,708	973	43	144.57	0.52	
Prof - Mental Health	2,014,182	23,742	1,060	84.84	7.50	1.045	100%	206,699	2,451	2,311,859	27,265	1,217	84.79	8.60	
Prof - Target Case Management	464,238	1,354	60	342.86	1.73	1.045	100%	45,775	133	530,982	1,549	69	342.87	1.98	
Prof - Other	1,366,856	30,258	1,351.14	45.17	5.09	1.045	100%	133,785	3,059	1,562,218	34,680	1,549	45.05	5.81	
Subtotal - Professional	11,949,173	241,109	10,766	49.56	44.46		98%	606,950	11,525	12,849,318	255,695	11,418	50.25	47.81	
Pharmacy - Non Hep C	8,418,726	153,255	6,843	54.93	31.33	1.000	98%	(307,516)	-	7,956,120	150,432	6,717	52.89	29.61	
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-	
Dental	4,601,620	95,818	4,279	48.02	17.12	1.001	94%	188,303	3,914	4,513,872	93,984	4,197	48.03	16.80	
FQHC & RHC	2,374,746	72,231	3,225	32.88	8.84	1.045	93%	19,509	595	2,337,912	71,112	3,175	32.88	8.70	
Subtotal - Other Services	15,395,092	321,304	14,347	47.91	57.29		96%	(99,704)	4,509	14,807,905	315,528	14,090	46.93	55.10	
Total	\$ 38,580,561				\$ 143.56		98%	604,822	16,214	\$ 39,342,229				\$ 146.40	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Age 0 through 2 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					695									695
Home Health Care & Hospice	38,299	458	7,908	84	55.11	1.015	100%	493	6	39,368	471	8,129	84	56.65
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	6,253,356	1,494	25,791	4,186.44	8,997.63	1.029	100%	4,885	1	6,467,757	1,545	26,675	4,186.44	9,306.13
IP - Medical/Surgical	2,899,055	401	6,924	7,229.56	4,171.30	1.029	100%	6,113	1	3,002,300	415	7,170	7,229.56	4,319.86
IP - Normal Newborn	40,295	4	69	10,073.74	57.98	1.029	100%	(39)	(0)	41,606	4	71	10,073.74	59.87
IP - Mental Health	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	13,120	1	17	13,119.94	18.88	1.029	100%	424	0	13,983	1	18	13,119.94	20.12
Subtotal - Inpatient	9,205,825	1,900	32,801	4,845.90	13,245.79		100%	11,383	2	9,525,646	1,965	33,935	4,846.66	13,705.97
OP - Emergency Room	41,881	67	1,157	625.10	60.26	1.018	100%	273	0	42,904	69	1,185	625.10	61.73
OP - Laboratory	1,761	33	570	53.35	2.53	1.018	100%	10	0	1,802	34	583	53.35	2.59
OP - Radiology	7,295	16	276	455.92	10.50	1.018	100%	62	0	7,487	16	284	455.92	10.77
OP - Surgery	12,192	7	121	1,741.77	17.54	1.018	100%	69	0	12,480	7	124	1,741.77	17.96
OP - Mental Health	-	-	-	-	-	1.018	0%	-	-	-	-	-	-	-
OP - Other	33,008	147	2,538	224.55	47.49	1.018	100%	(50)	(0)	33,549	149	2,580	224.55	48.27
Subtotal - Outpatient	96,137	270	4,662	356.06	138.33		100%	364	1	98,222	275	4,755	356.65	141.33
Prof - Evaluation & Management	122,758	2,616	45,168	46.93	176.63	1.015	100%	2,681	57	127,287	2,713	46,835	46.93	183.15
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	119,574	390	6,734	306.60	172.05	1.015	100%	2,782	9	124,155	405	6,992	306.60	178.64
Prof - DME/Supplies & Prosthetics	24,456	394	6,803	62.07	35.19	1.015	100%	540	9	25,364	409	7,056	62.07	36.50
Prof - Lab	3,404	102	1,761	33.37	4.90	1.015	100%	59	2	3,514	105	1,818	33.37	5.06
Prof - Radiology	25,320	1,876	32,391	13.50	36.43	1.015	100%	665	49	26,367	1,954	33,730	13.50	37.94
Prof - Transportation	38,582	86	1,485	448.63	55.51	1.015	100%	806	2	39,969	89	1,538	448.63	57.51
Prof - Mental Health	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Other	1,949,717	10,338	178,497.84	188.60	2,805.35	1.015	100%	29,311	155	2,008,370	10,649	183,868	188.60	2,889.74
Subtotal - Professional	2,283,811	15,802	272,840	144.53	3,286.06		100%	36,844	283	2,355,025	16,323	281,836	144.28	3,388.53
Pharmacy - Non Hep C	110,734	510	8,806	217.13	159.33	1.000	100%	(2,925)	-	107,810	510	8,806	211.39	155.12
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.001	0%	-	-	-	-	-	-	-
FQHC & RHC	10,378	244	4,213	42.53	14.93	1.015	95%	5	0	10,064	237	4,085	42.53	14.48
Subtotal - Other Services	121,112	754	13,019	160.63	174.26		100%	(2,920)	0	117,873	747	12,891	157.88	169.60
Total	\$ 11,745,185				\$ 16,899.55		100%	46,164	292	\$ 12,136,135				\$ 17,462.07

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI Age 3 through 12 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					2,751									2,751
Home Health Care & Hospice	183,015	3,112	13,575	59	66.53	1.015	100%	1,566	27	187,336	3,185	13,895	59	68.10
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	429,540	4	19	96,983.59	156.14	1.029	100%	686	0	444,618	5	20	96,983.59	161.62
IP - Medical/Surgical	7,142,523	511	2,230	13,972.07	2,596.34	1.029	100%	24,665	2	7,406,495	530	2,312	13,972.07	2,692.29
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	28,273	1	4	28,273.17	10.28	1.029	100%	190	0	29,411	1	5	28,273.17	10.69
Subtotal - Inpatient	7,600,336	517	2,254	14,711.40	2,762.75		100%	25,541	2	7,880,524	536	2,337	14,710.22	2,864.60
OP - Emergency Room	243,028	422	1,839	576.46	88.34	1.018	100%	400	1	247,777	430	1,875	576.46	90.07
OP - Laboratory	25,429	169	737	150.47	9.24	1.018	100%	70	0	25,954	172	752	150.47	9.43
OP - Radiology	25,290	98	427	258.06	9.19	1.018	100%	13	0	25,755	100	435	258.06	9.36
OP - Surgery	281,788	96	418	2,941.42	102.43	1.018	100%	1,526	1	288,358	98	428	2,941.42	104.82
OP - Mental Health	-	-	-	-	-	1.018	0%	-	-	-	-	-	-	-
OP - Other	364,817	1,086	4,739	335.80	132.61	1.018	100%	1,846	5	373,192	1,111	4,848	335.80	135.66
Subtotal - Outpatient	940,352	1,871	8,161	502.65	341.82		100%	3,854	7	961,037	1,912	8,338	502.76	349.34
Prof - Evaluation & Management	453,348	6,769	29,527	66.97	164.79	1.015	100%	17,809	266	477,981	7,137	31,131	66.97	173.75
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	189,058	803	3,503	235.44	68.72	1.015	100%	5,554	24	197,457	839	3,658	235.44	71.78
Prof - DME/Supplies & Prosthetics	237,471	3,473	15,149	68.38	86.32	1.015	100%	7,145	104	248,189	3,630	15,833	68.38	90.22
Prof - Lab	7,661	416	1,815	18.42	2.78	1.015	100%	155	8	7,932	431	1,879	18.42	2.88
Prof - Radiology	22,508	1,094	4,772	20.57	8.18	1.015	100%	657	32	23,504	1,142	4,983	20.57	8.54
Prof - Transportation	73,289	226	986	324.29	26.64	1.015	100%	1,779	5	76,171	235	1,025	324.29	27.69
Prof - Mental Health	42	1	4	42.18	0.02	1.015	100%	3	0	46	1	5	42.18	0.02
Prof - Target Case Management	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Other	1,094,554	7,315	31,908.40	149.63	397.88	1.015	100%	20,528	137	1,131,555	7,562	32,987	149.63	411.32
Subtotal - Professional	2,077,931	20,097	87,664	103.40	755.34		100%	53,630	577	2,162,833	20,977	91,501	103.11	786.20
Pharmacy - Non Hep C	2,204,195	4,537	19,791	485.83	801.23	1.000	100%	(68,732)	-	2,135,476	4,537	19,791	470.68	776.25
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	534	13	57	41.08	0.19	1.001	100%	19	0	554	13	59	41.08	0.20
FQHC & RHC	46,523	1,297	5,658	35.87	16.91	1.015	97%	103	3	46,109	1,285	5,607	35.87	16.76
Subtotal - Other Services	2,251,253	5,847	25,505	385.03	818.34		100%	(68,610)	3	2,182,139	5,836	25,457	373.91	793.22
Total	\$ 13,052,887				\$ 4,744.78		100%	15,982	616	\$ 13,373,869				\$ 4,861.46

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Service Category	SSI Age 1 or Older													
	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,026,237									1,026,237
Home Health Care & Hospice	16,763,697	162,386	1,899	103	16.34	1.015	100%	80,232	765	17,096,215	165,595	1,936	103	16.66
IP - Maternity	312,743	723	8	432.73	0.30	1.029	100%	4,700	12	327,921	758	9	432.33	0.32
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	188,661,609	34,120	399	5,529.36	183.84	1.029	100%	2,530,221	452	197,336,414	35,683	417	5,530.29	192.29
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	24,938,457	10,640	124	2,343.80	24.30	1.029	100%	426,582	199	26,166,914	11,181	131	2,340.21	25.50
IP - PRTF	2,665,387	6,430	75	414.53	2.60	1.029	100%	74,138	179	2,828,828	6,824	80	414.53	2.76
IP - Other	2,133,932	462	5	4,618.90	2.08	1.029	100%	35,197	8	2,240,625	485	6	4,620.01	2.18
Subtotal - Inpatient	218,712,128	52,375	612	4,175.90	213.12		100%	3,070,838	849	228,900,703	54,932	642	4,166.98	223.05
OP - Emergency Room	68,485,067	105,182	1,230	651.11	66.73	1.018	100%	389,400	571	70,036,364	107,537	1,257	651.28	68.25
OP - Laboratory	13,683,423	88,118	1,030	155.29	13.33	1.018	100%	163,229	1,063	14,086,140	90,723	1,061	155.26	13.73
OP - Radiology	36,253,570	54,225	634	668.58	35.33	1.018	100%	425,928	645	37,324,587	55,834	653	668.49	36.37
OP - Surgery	44,625,545	21,390	250	2,086.29	43.48	1.018	100%	455,379	223	45,875,729	21,994	257	2,085.83	44.70
OP - Mental Health	65,210	286	3	228.01	0.06	1.018	100%	442	2	66,806	293	3	228.20	0.07
OP - Other	40,724,785	103,752	1,213	392.52	39.68	1.018	100%	393,628	1,037	41,834,690	106,614	1,247	392.40	40.77
Subtotal - Outpatient	203,837,599	372,952	4,361	546.55	198.63		100%	1,828,005	3,541	209,224,315	382,995	4,478	546.28	203.88
Prof - Evaluation & Management	46,612,553	913,187	10,678	51.04	45.42	1.015	100%	431,524	7,530	47,623,553	932,069	10,899	51.09	46.41
Prof - Maternity	296,423	3,487	41	85.01	0.29	1.015	100%	11,490	134	312,200	3,672	43	85.02	0.30
Prof - Surgery	18,788,443	118,492	1,386	158.56	18.31	1.015	100%	543,224	3,446	19,612,290	123,708	1,447	158.54	19.11
Prof - DME/Supplies & Prosthetics	27,833,621	264,062	3,088	105.41	27.12	1.015	100%	455,249	4,026	28,620,107	271,231	3,172	105.52	27.89
Prof - Lab	6,065,980	356,866	4,173	17.00	5.91	1.015	100%	170,243	9,968	6,319,596	371,739	4,347	17.00	6.16
Prof - Radiology	8,794,489	218,839	2,559	40.19	8.57	1.015	100%	221,130	5,873	9,136,321	227,715	2,663	40.12	8.90
Prof - Transportation	6,721,623	72,277	845	93.00	6.55	1.015	100%	182,647	1,850	7,000,795	75,165	879	93.14	6.82
Prof - Mental Health	41,255,436	335,314	3,921	123.04	40.20	1.015	98%	1,426,859	13,179	42,608,123	347,890	4,068	122.48	41.52
Prof - Target Case Management	8,744,913	25,309	296	345.53	8.52	1.015	99%	345,104	1,008	9,118,685	26,400	309	345.41	8.89
Prof - Other	54,582,624	687,452	8,038.52	79.40	53.19	1.015	100%	1,300,000	16,952	56,683,180	714,487	8,355	79.33	55.23
Subtotal - Professional	219,696,105	2,995,285	35,024	73.35	214.08		100%	5,087,471	63,967	227,034,851	3,094,077	36,180	73.38	221.23
Pharmacy - Non Hep C	352,325,389	5,282,876	61,774	66.69	343.32	1.000	100%	(12,817,062)	-	339,341,547	5,280,375	61,745	64.26	330.67
Pharmacy - Hep C	9,592,380	604	7	15,881.42	9.35	1.000	230%	(319,639)	-	21,742,967	1,389	16	15,651.34	21.19
Dental	7,630,116	165,441	1,935	46.12	7.44	1.001	100%	336,202	7,321	7,957,438	172,570	2,018	46.11	7.75
FQHC & RHC	14,381,675	441,926	5,168	32.54	14.01	1.015	98%	116,380	3,594	14,380,148	441,897	5,167	32.54	14.01
Subtotal - Other Services	383,929,560	5,890,847	68,883	65.17	374.11		103%	(12,684,119)	10,915	383,422,101	5,896,231	68,946	65.03	373.62
Total	\$1,042,939,088				\$ 1,016.28		101%	(2,617,573)	80,038	\$1,065,678,185				\$ 1,038.43

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Dual Eligibles All Ages														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					608,546									608,546
Home Health Care & Hospice	2,561,767	26,660	526	96	4.21	1.032	100%	17,132	179	2,660,777	27,691	546	96	4.37
IP - Maternity	21,556	188	4	114.66	0.04	1.049	100%	362	3	23,078	201	4	114.66	0.04
IP - Complex Newborn	6,992	1	0	6,992.16	0.01	1.049	100%	(84)	(0)	7,284	1	0	6,992.16	0.01
IP - Medical/Surgical	24,862,294	20,911	412	1,188.98	40.86	1.049	100%	1,151,238	968	27,223,001	22,896	451	1,189.01	44.73
IP - Normal Newborn	1,706	2	0	852.79	0.00	1.049	100%	47	0	1,844	2	0	852.79	0.00
IP - Mental Health	2,260,437	5,289	104	427.41	3.71	1.049	100%	93,302	218	2,463,801	5,765	114	427.41	4.05
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	340,600	344	7	989.44	0.56	1.049	100%	13,722	13	372,652	375	7	992.70	0.61
Subtotal - Inpatient	27,493,586	26,735	527	1,028.39	45.18		100%	1,258,587	1,202	30,091,661	29,240	577	1,029.13	49.45
OP - Emergency Room	9,753,535	48,005	947	203.18	16.03	1.025	100%	31,569	155	10,022,392	49,328	973	203.18	16.47
OP - Laboratory	1,164,859	9,687	191	120.26	1.91	1.025	100%	6,412	53	1,197,914	9,961	196	120.26	1.97
OP - Radiology	3,998,220	30,604	603	130.64	6.57	1.025	100%	28,191	217	4,124,875	31,575	623	130.64	6.78
OP - Surgery	4,891,741	11,458	226	426.93	8.04	1.025	100%	15,121	35	5,026,134	11,772	232	426.94	8.26
OP - Mental Health	238,680	552	11	432.39	0.39	1.025	100%	2,391	5	246,906	571	11	432.52	0.41
OP - Other	6,649,686	47,318	933	140.53	10.93	1.025	100%	33,547	239	6,839,531	48,669	960	140.53	11.24
Subtotal - Outpatient	26,696,721	147,623	2,911	180.84	43.87		100%	117,231	705	27,457,751	151,876	2,995	180.79	45.12
Prof - Evaluation & Management	5,830,378	280,435	5,530	20.79	9.58	1.032	99%	(60,660)	(2,905)	5,894,108	283,513	5,591	20.79	9.69
Prof - Maternity	32,784	808	16	40.57	0.05	1.032	99%	642	16	34,161	842	17	40.57	0.06
Prof - Surgery	2,301,786	50,583	997	45.51	3.78	1.032	100%	65,032	1,432	2,440,375	53,631	1,058	45.50	4.01
Prof - DME/Supplies & Prosthetics	3,496,316	163,797	3,230	21.35	5.75	1.032	99%	23,168	1,095	3,578,065	167,636	3,306	21.34	5.88
Prof - Lab	290,519	26,990	532	10.76	0.48	1.032	98%	8,124	751	302,953	28,142	555	10.77	0.50
Prof - Radiology	1,137,039	112,973	2,228	10.06	1.87	1.032	99%	32,865	3,278	1,194,189	118,664	2,340	10.06	1.96
Prof - Transportation	1,201,390	19,065	376	63.02	1.97	1.032	100%	20,586	327	1,260,242	19,999	394	63.02	2.07
Prof - Mental Health	12,488,845	78,547	1,549	159.00	20.52	1.032	98%	288,456	1,846	12,916,867	81,271	1,603	158.94	21.23
Prof - Target Case Management	1,657,718	4,737	93	349.95	2.72	1.032	98%	26,355	75	1,697,808	4,851	96	349.96	2.79
Prof - Other	4,478,735	187,856	3,704.36	23.84	7.36	1.032	100%	117,325	4,917	4,736,694	198,672	3,918	23.84	7.78
Subtotal - Professional	32,915,510	925,791	18,256	35.55	54.09		99%	521,895	10,832	34,055,462	957,222	18,876	35.58	55.96
Pharmacy - Non Hep C	9,966,287	359,954	7,098	27.69	16.38	1.000	100%	(242,790)	-	9,692,977	358,852	7,076	27.01	15.93
Pharmacy - Hep C	191,743	10	0	19,174.34	0.32	1.000	230%	(2,688)	-	438,324	23	0	19,057.47	0.72
Dental	2,050,045	47,091	929	43.53	3.37	1.001	99%	82,219	1,889	2,121,883	48,741	961	43.53	3.49
FQHC & RHC	1,459,849	61,876	1,220	23.59	2.40	1.032	99%	7,091	300	1,491,328	63,210	1,246	23.59	2.45
Subtotal - Other Services	13,667,925	468,931	9,247	29.15	22.46		101%	(156,167)	2,189	13,744,512	470,825	9,284	29.19	22.59
Total	\$ 103,335,508				\$ 169.81		100%	1,758,678	15,106	\$ 108,010,163				\$ 177.49

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care Children Age 0 through 2 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,190									1,190
Home Health Care & Hospice	320	5	50	64	0.27	1.023	100%	(3)	(0)	325	5	51	64	0.27
IP - Maternity	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Complex Newborn	1,890,776	499	5,032	3,789.13	1,588.89	1.035	100%	2,874	1	1,967,649	519	5,237	3,789.13	1,653.49
IP - Medical/Surgical	91,394	36	363	2,538.72	76.80	1.035	100%	(35)	(0)	94,936	37	377	2,538.72	79.78
IP - Normal Newborn	209,617	145	1,462	1,445.63	176.15	1.035	100%	1,833	1	219,654	152	1,532	1,445.63	184.58
IP - Mental Health	8,085	5	50	1,616.98	6.79	1.035	100%	105	0	8,506	5	53	1,616.98	7.15
IP - PRTF	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	2,199,872	685	6,908	3,211.49	1,848.63		100%	4,777	2	2,290,745	714	7,199	3,208.84	1,925.00
OP - Emergency Room	35,136	78	787	450.47	29.53	1.032	100%	(104)	(0)	36,167	80	810	450.47	30.39
OP - Laboratory	4,173	51	514	81.83	3.51	1.032	100%	(22)	(0)	4,286	52	528	81.83	3.60
OP - Radiology	5,670	39	393	145.39	4.76	1.032	100%	(34)	(0)	5,820	40	404	145.39	4.89
OP - Surgery	7,851	11	111	713.75	6.60	1.032	100%	97	0	8,201	11	116	713.75	6.89
OP - Mental Health	-	-	-	-	-	1.032	0%	-	-	-	-	-	-	-
OP - Other	20,700	143	1,442	144.75	17.39	1.032	100%	45	0	21,414	148	1,492	144.75	17.99
Subtotal - Outpatient	73,531	322	3,247	228.36	61.79		100%	(18)	(0)	75,888	332	3,349	228.50	63.77
Prof - Evaluation & Management	83,507	1,740	17,546	47.99	70.17	1.023	100%	1,113	23	86,533	1,803	18,182	47.99	72.72
Prof - Maternity	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Surgery	12,862	116	1,170	110.88	10.81	1.023	100%	94	1	13,250	120	1,205	110.88	11.13
Prof - DME/Supplies & Prosthetics	4,152	65	655	63.88	3.49	1.023	100%	110	2	4,357	68	688	63.88	3.66
Prof - Lab	2,018	109	1,099	18.51	1.70	1.023	100%	31	2	2,095	113	1,141	18.51	1.76
Prof - Radiology	3,266	143	1,442	22.84	2.74	1.023	100%	20	1	3,361	147	1,484	22.84	2.82
Prof - Transportation	11,005	54	545	203.80	9.25	1.023	100%	(90)	(0)	11,168	55	553	203.80	9.38
Prof - Mental Health	409	4	40	102.24	0.34	1.023	100%	35	0	453	4	45	102.24	0.38
Prof - Target Case Management	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Other	183,639	1,914	19,300.84	95.94	154.32	1.023	100%	1,505	16	189,351	1,974	19,901	95.94	159.12
Subtotal - Professional	300,857	4,145	41,798	72.58	252.82		100%	2,818	44	310,569	4,284	43,199	72.50	260.98
Pharmacy - Non Hep C	7,166	415	4,185	17.27	6.02	1.000	100%	(240)	-	6,927	415	4,185	16.69	5.82
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	242	4	40	60.40	0.20	1.001	100%	-	-	242	4	40	60.40	0.20
FQHC & RHC	31,194	779	7,855	40.04	26.21	1.023	99%	(90)	(2)	31,383	784	7,903	40.04	26.37
Subtotal - Other Services	38,603	1,198	12,081	32.22	32.44		99%	(330)	(2)	38,551	1,203	12,128	32.05	32.40
Total	\$ 2,613,183				\$ 2,195.95		100%	7,244	43	\$ 2,716,077				\$ 2,282.42

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care Children Age 3 through 12 Months														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					3,948									3,948
Home Health Care & Hospice	30,257	424	1,289	71	7.66	1.023	100%	211	3	31,162	437	1,327	71	7.89
IP - Maternity	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	668,015	99	301	6,747.63	169.20	1.035	100%	629	0	694,788	103	313	6,747.63	175.98
IP - Normal Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Mental Health	4,500	1	3	4,500.00	1.14	1.035	100%	123	0	4,799	1	3	4,500.00	1.22
IP - PRTF	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Other	3,764	1	3	3,763.64	0.95	1.035	100%	119	0	4,029	1	3	3,763.64	1.02
Subtotal - Inpatient	676,279	101	307	6,695.83	171.30	100%		870	0	703,617	105	319	6,694.43	178.22
OP - Emergency Room	97,702	248	754	393.96	24.75	1.032	100%	143	0	101,000	256	779	393.96	25.58
OP - Laboratory	19,493	131	398	148.80	4.94	1.032	100%	81	1	20,204	136	413	148.80	5.12
OP - Radiology	18,447	77	234	239.57	4.67	1.032	100%	40	0	19,083	80	242	239.57	4.83
OP - Surgery	92,177	55	167	1,675.94	23.35	1.032	100%	(497)	(0)	94,657	56	172	1,675.94	23.98
OP - Mental Health	-	-	-	-	-	1.032	0%	-	-	-	-	-	-	-
OP - Other	74,075	514	1,562	144.12	18.76	1.032	100%	113	1	76,581	531	1,615	144.12	19.40
Subtotal - Outpatient	301,893	1,025	3,116	294.53	76.47	100%		(119)	2	311,525	1,060	3,221	293.98	78.91
Prof - Evaluation & Management	243,576	5,233	15,906	46.55	61.70	1.023	100%	6,096	131	255,252	5,484	16,668	46.55	64.65
Prof - Maternity	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Surgery	37,933	263	799	144.23	9.61	1.023	100%	729	5	39,531	274	833	144.23	10.01
Prof - DME/Supplies & Prosthetics	38,566	522	1,587	73.88	9.77	1.023	100%	1,418	19	40,868	553	1,681	73.88	10.35
Prof - Lab	11,374	698	2,122	16.30	2.88	1.023	100%	344	21	11,979	735	2,234	16.30	3.03
Prof - Radiology	5,246	249	757	21.07	1.33	1.023	100%	200	9	5,566	264	803	21.07	1.41
Prof - Transportation	10,375	34	103	305.15	2.63	1.023	100%	1,053	3	11,666	38	116	305.15	2.95
Prof - Mental Health	1,347	15	46	89.79	0.34	1.023	100%	88	1	1,466	16	50	89.79	0.37
Prof - Target Case Management	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Other	89,962	1,103	3,352.58	81.56	22.79	1.023	100%	1,409	17	93,432	1,146	3,482	81.56	23.67
Subtotal - Professional	438,379	8,117	24,672	54.01	111.04	100%		11,337	208	459,761	8,511	25,868	54.02	116.45
Pharmacy - Non Hep C	329,881	3,465	10,532	95.20	83.56	1.000	100%	(10,641)	-	319,241	3,465	10,532	92.13	80.86
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	1,288	39	119	33.02	0.33	1.001	100%	57	2	1,346	41	124	33.02	0.34
FQHC & RHC	89,966	2,468	7,502	36.45	22.79	1.023	97%	(167)	(5)	89,318	2,450	7,447	36.45	22.62
Subtotal - Other Services	421,134	5,972	18,152	70.52	106.67	99%		(10,751)	(3)	409,905	5,956	18,103	68.82	103.83
Total	\$ 1,867,943				\$ 473.14		100%	1,549	209	\$ 1,915,969				\$ 485.30

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care Children Age 1 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					157,558									157,558
Home Health Care & Hospice	1,164,621	13,384	1,019	87	7.39	1.023	100%	2,817	33	1,194,123	13,724	1,045	87	7.58
IP - Maternity	6,793	50	4	135.86	0.04	1.035	100%	(62)	(0)	6,998	52	4	135.86	0.04
IP - Complex Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	1,301,953	233	18	5,588.98	8.26	1.035	100%	45,760	8	1,398,668	250	19	5,593.48	8.88
IP - Normal Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Mental Health	7,088,288	4,601	350	1,540.54	44.99	1.035	100%	295,245	191	7,660,947	4,973	379	1,540.62	48.62
IP - PRTF	1,716,903	3,960	302	433.58	10.90	1.035	100%	112,057	255	1,896,154	4,370	333	433.91	12.03
IP - Other	8,540	2	0	4,269.87	0.05	1.035	100%	159	0	9,033	2	0	4,269.87	0.06
Subtotal - Inpatient	10,122,477	8,846	674	1,144.31	64.25		100%	453,160	454	10,971,799	9,646	735	1,137.42	69.64
OP - Emergency Room	2,114,795	5,403	411	391.43	13.42	1.032	100%	7,186	18	2,188,793	5,592	426	391.43	13.89
OP - Laboratory	308,504	3,343	255	92.29	1.96	1.032	100%	1,458	16	319,926	3,466	264	92.30	2.03
OP - Radiology	363,051	1,559	119	232.93	2.30	1.032	100%	2,975	12	377,752	1,621	123	233.06	2.40
OP - Surgery	1,715,032	851	65	2,015.31	10.89	1.032	100%	11,186	5	1,781,614	884	67	2,015.54	11.31
OP - Mental Health	3,787	59	4	64.18	0.02	1.032	100%	11	0	3,920	61	5	63.93	0.02
OP - Other	949,009	6,119	466	155.09	6.02	1.032	100%	5,602	37	985,264	6,353	484	155.08	6.25
Subtotal - Outpatient	5,454,177	17,333	1,320	314.67	34.62		100%	28,417	88	5,657,268	17,977	1,369	314.69	35.91
Prof - Evaluation & Management	4,687,181	94,393	7,189	49.66	29.75	1.023	100%	28,157	566	4,822,620	97,119	7,397	49.66	30.61
Prof - Maternity	32,190	276	21	116.63	0.20	1.023	100%	2,700	23	35,627	306	23	116.62	0.23
Prof - Surgery	544,179	4,215	321	129.11	3.45	1.023	100%	56,051	430	612,699	4,741	361	129.23	3.89
Prof - DME/Supplies & Prosthetics	639,077	14,280	1,088	44.75	4.06	1.023	100%	(117,524)	(3,028)	536,159	11,578	882	46.31	3.40
Prof - Lab	340,198	19,391	1,477	17.54	2.16	1.023	100%	33,545	1,926	381,538	21,762	1,657	17.53	2.42
Prof - Radiology	158,907	6,890	525	23.06	1.01	1.023	100%	15,009	658	177,462	7,701	587	23.04	1.13
Prof - Transportation	140,028	1,316	100	106.40	0.89	1.023	100%	11,184	109	154,321	1,454	111	106.10	0.98
Prof - Mental Health	6,935,798	63,066	4,803	109.98	44.02	1.023	100%	674,957	6,258	7,769,468	70,767	5,390	109.79	49.31
Prof - Target Case Management	1,470,884	4,316	329	340.80	9.34	1.023	100%	141,821	416	1,646,406	4,831	368	340.80	10.45
Prof - Other	1,619,987	37,580	2,862.18	43.11	10.28	1.023	100%	152,392	3,556	1,809,238	41,991	3,198	43.09	11.48
Subtotal - Professional	16,568,430	245,723	18,715	67.43	105.16		100%	998,291	10,914	17,945,538	262,251	19,974	68.43	113.90
Pharmacy - Non Hep C	10,742,914	192,905	14,692	55.69	68.18	1.000	100%	(412,836)	-	10,330,063	192,905	14,692	53.55	65.56
Pharmacy - Hep C	254,205	8	1	31,775.63	1.61	1.000	230%	(8,012)	-	576,662	18	1	31,340.19	3.66
Dental	3,452,901	72,114	5,492	47.88	21.92	1.001	100%	163,464	3,323	3,619,988	75,513	5,751	47.94	22.98
FQHC & RHC	1,809,118	53,431	4,069	33.86	11.48	1.023	98%	9,755	289	1,821,935	53,811	4,098	33.86	11.56
Subtotal - Other Services	16,259,138	318,458	24,255	51.06	103.19		102%	(247,629)	3,613	16,348,648	322,247	24,543	50.73	103.76
Total	\$ 49,568,843				\$ 314.61		101%	1,235,057	15,102	\$ 52,117,376				\$ 330.78

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data	Base Period Adjustments	Completed and Adjusted Claims Data + Non-System Claims
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Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Total For All Aid Categories - All Ages														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					15,519,119									15,519,119
Home Health Care & Hospice	57,747,293	513,092	397	113	3.72	1.058	100%	(102,119)	(196)	60,955,581	539,256	417	113	3.93
IP - Maternity	10,440,897	46,190	36	226.04	0.67	1.077	100%	109,361	496	11,329,107	50,492	39	224.37	0.73
IP - Complex Newborn	156,720,334	39,622	31	3,955.36	10.10	1.074	100%	1,331,280	299	170,409,306	43,738	34	3,896.10	10.98
IP - Medical/Surgical	821,065,053	227,193	176	3,613.95	52.91	1.059	100%	8,733,939	2,969	874,996,662	244,308	189	3,581.54	56.38
IP - Normal Newborn	30,304,137	25,130	19	1,205.92	1.95	1.076	100%	318,769	255	33,066,436	27,565	21	1,199.58	2.13
IP - Mental Health	151,118,240	86,610	67	1,744.81	9.74	1.066	99%	2,272,491	1,502	162,504,122	94,029	73	1,728.24	10.47
IP - PRTF	10,766,272	26,133	20	411.97	0.69	1.065	100%	351,618	873	11,866,277	28,715	22	413.24	0.76
IP - Other	11,020,426	3,395	3	3,246.41	0.71	1.064	100%	146,367	45	11,904,046	3,688	3	3,227.77	0.77
Subtotal - Inpatient	1,191,435,358	454,274	351	2,622.73	76.77		100%	13,263,823	6,438	1,276,075,956	492,535	381	2,590.83	82.23
OP - Emergency Room	488,522,123	1,007,258	779	485.00	31.48	1.049	99%	338,647	335	510,286,400	1,057,073	817	482.74	32.88
OP - Laboratory	77,407,063	569,783	441	135.85	4.99	1.041	99%	347,310	2,688	80,237,967	591,924	458	135.55	5.17
OP - Radiology	177,909,825	391,202	302	454.78	11.46	1.045	100%	696,849	1,611	186,368,487	409,697	317	454.89	12.01
OP - Surgery	310,266,811	165,012	128	1,880.27	19.99	1.048	100%	905,258	470	325,466,008	173,020	134	1,881.09	20.97
OP - Mental Health	2,277,927	3,772	3	603.85	0.15	1.076	98%	(9,503)	11	2,400,539	3,908	3	614.31	0.15
OP - Other	181,140,975	617,586	478	293.31	11.67	1.045	100%	661,450	3,459	189,229,856	642,366	497	294.58	12.19
Subtotal - Outpatient	1,237,524,724	2,754,613	2,130	449.26	79.74		100%	2,940,012	8,574	1,293,989,257	2,877,987	2,225	449.62	83.38
Prof - Evaluation & Management	396,699,695	8,706,361	6,732	45.56	25.56	1.065	99%	5,349,278	107,467	423,919,406	9,288,576	7,182	45.64	27.32
Prof - Maternity	16,973,461	182,277	141	93.12	1.09	1.085	100%	695,599	7,492	19,058,995	204,260	158	93.31	1.23
Prof - Surgery	132,916,658	886,754	686	149.89	8.56	1.062	100%	6,006,283	40,231	146,929,269	979,349	757	150.03	9.47
Prof - DME/Supplies & Prosthetics	96,614,676	1,360,884	1,052	70.99	6.23	1.050	99%	(2,179,634)	(74,504)	98,186,213	1,341,028	1,037	73.22	6.33
Prof - Lab	62,920,820	3,511,345	2,715	17.92	4.05	1.071	98%	3,109,819	178,389	69,431,825	3,878,224	2,999	17.90	4.47
Prof - Radiology	53,733,546	1,563,060	1,209	34.38	3.46	1.058	98%	2,091,876	67,952	57,892,001	1,691,601	1,308	34.22	3.73
Prof - Transportation	29,564,934	314,821	243	93.91	1.91	1.050	99%	1,162,855	12,197	32,011,449	342,315	265	93.51	2.06
Prof - Mental Health	274,339,542	2,534,331	1,960	108.25	17.68	1.060	98%	15,272,755	152,027	300,055,659	2,786,873	2,155	107.67	19.33
Prof - Target Case Management	51,454,012	150,307	116	342.33	3.32	1.056	99%	3,281,164	9,635	57,132,331	167,006	129	342.10	3.68
Prof - Other	342,374,512	4,794,162	3,707.04	71.41	22.06	1.059	100%	12,927,457	204,191	373,771,344	5,254,889	4,063	71.13	24.08
Subtotal - Professional	1,457,591,857	24,004,302	18,561	60.72	93.92		99%	47,717,451	705,078	1,578,388,494	25,934,122	20,053	60.86	101.71
Pharmacy - Non Hep C	1,408,244,432	24,760,070	19,145	56.88	90.74	1.000	99%	(59,687,274)	-	1,339,556,953	24,585,783	19,011	54.49	86.32
Pharmacy - Hep C	55,129,227	3,610	3	15,271.25	3.55	1.000	229%	(2,246,249)	-	124,221,998	8,281	6	15,001.62	8.00
Dental	159,590,266	3,446,104	2,665	46.31	10.28	1.001	99%	4,823,497	102,763	162,461,200	3,507,534	2,712	46.32	10.47
FQHC & RHC	126,908,750	3,788,958	2,930	33.49	8.18	1.048	96%	636,181	18,622	128,838,900	3,848,321	2,976	33.48	8.30
Subtotal - Other Services	1,749,872,675	31,998,742	24,743	54.69	112.76		103%	(56,473,845)	121,385	1,755,079,051	31,949,918	24,705	54.93	113.09
Total	\$ 5,694,171,907				\$ 366.91		101%	7,345,322	841,278	\$ 5,964,488,340				\$ 384.33

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

	Claims Data			Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims						
	KYH Other Expansion Adults Age 19 or Older														
	July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					4,139,336									4,139,336	
Home Health Care & Hospice	2,721,774	36,600	106	74	0.66	1.078	100%	(13,625)	(152)	2,913,558	38,983	113	75	0.70	
IP - Maternity	1,378,779	6,287	18	219.32	0.33	1.070	100%	15,780	71	1,493,764	6,821	20	219.00	0.36	
IP - Complex Newborn	45,115	6	0	7,519.12	0.01	1.061	100%	2,005	0	50,090	7	0	7,528.99	0.01	
IP - Medical/Surgical	90,067,652	21,244	62	4,239.73	21.76	1.070	99%	650,263	149	96,360,164	22,813	66	4,223.91	23.28	
IP - Normal Newborn	13,449	10	0	1,344.93	0.00	1.053	100%	197	0	14,417	11	0	1,342.53	0.00	
IP - Mental Health	3,805,363	1,695	5	2,245.69	0.92	1.066	99%	39,116	17	4,056,115	1,808	5	2,243.02	0.98	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	2,174,713	460	1	4,727.64	0.53	1.079	100%	21,957	4	2,377,414	505	1	4,709.72	0.57	
Subtotal - Inpatient	97,485,070	29,701	86	3,282.22	23.55		99%	729,318	242	104,351,964	31,964	93	3,264.63	25.21	
OP - Emergency Room	125,065,373	231,381	671	540.52	30.21	1.046	99%	(50,772)	(139)	130,096,505	240,889	698	540.07	31.43	
OP - Laboratory	15,732,200	135,560	393	116.05	3.80	1.040	99%	63,395	564	16,294,723	140,374	407	116.08	3.94	
OP - Radiology	39,003,548	110,163	319	354.05	9.42	1.045	100%	81,101	265	40,779,884	115,096	334	354.31	9.85	
OP - Surgery	85,725,592	40,689	118	2,106.84	20.71	1.047	100%	157,144	82	89,638,151	42,533	123	2,107.50	21.66	
OP - Mental Health	80,462	385	1	208.99	0.02	1.062	98%	272	5	83,891	388	1	216.13	0.02	
OP - Other	30,249,847	123,731	359	244.48	7.31	1.044	99%	114,198	611	31,411,067	128,072	371	245.26	7.59	
Subtotal - Outpatient	295,857,022	641,909	1,861	460.90	71.47		100%	365,338	1,388	308,304,220	667,353	1,935	461.98	74.48	
Prof - Evaluation & Management	85,305,686	1,964,914	5,696	43.41	20.61	1.065	98%	(269,580)	(6,875)	88,917,959	2,046,520	5,933	43.45	21.48	
Prof - Maternity	2,998,883	35,232	102	85.12	0.72	1.072	100%	142,313	1,657	3,349,615	39,285	114	85.27	0.81	
Prof - Surgery	34,822,771	232,473	674	149.79	8.41	1.066	100%	1,159,460	7,977	38,196,328	255,633	741	149.42	9.23	
Prof - DME/Supplies & Prosthetics	15,181,649	217,781	631	69.71	3.67	1.062	97%	(324,180)	(5,979)	15,371,340	218,036	632	70.50	3.71	
Prof - Lab	18,298,034	977,074	2,833	18.73	4.42	1.071	97%	697,661	36,117	19,794,690	1,054,204	3,056	18.78	4.78	
Prof - Radiology	14,179,916	378,523	1,097	37.46	3.43	1.064	97%	455,983	12,170	15,079,934	401,876	1,165	37.52	3.64	
Prof - Transportation	4,216,879	44,613	129	94.52	1.02	1.061	99%	137,147	1,547	4,577,448	48,847	142	93.71	1.11	
Prof - Mental Health	13,127,035	146,112	424	89.84	3.17	1.061	99%	437,161	4,978	14,176,285	158,288	459	89.56	3.42	
Prof - Target Case Management	1,745,326	5,089	15	342.96	0.42	1.061	99%	53,775	157	1,890,630	5,516	16	342.75	0.46	
Prof - Other	48,798,508	754,919	2,188.52	64.64	11.79	1.066	100%	1,802,588	27,496	53,643,678	827,331	2,398	64.84	12.96	
Subtotal - Professional	238,674,686	4,756,730	13,790	50.18	57.66		99%	4,292,329	79,245	254,997,907	5,055,536	14,656	50.44	61.60	
Pharmacy - Non Hep C	279,180,151	6,486,081	18,803	43.04	67.45	1.000	99%	(11,756,264)	-	263,454,954	6,393,916	18,536	41.20	63.65	
Pharmacy - Hep C	8,630,751	606	2	14,242.16	2.09	1.000	228%	(371,678)	-	19,299,872	1,381	4	13,973.21	4.66	
Dental	26,309,309	552,193	1,601	47.65	6.36	1.002	96%	1,233,443	26,071	26,545,216	557,333	1,616	47.63	6.41	
FQHC & RHC	23,188,730	708,896	2,055	32.71	5.60	1.052	94%	12,107	300	22,917,201	700,794	2,032	32.70	5.54	
Subtotal - Other Services	337,308,940	7,747,776	22,461	43.54	81.49		101%	(10,882,392)	26,371	332,217,243	7,653,424	22,187	43.41	80.26	
Total	\$ 972,047,493				\$ 234.83		100%	(5,509,032)	107,096	\$ 1,002,784,892				\$ 242.26	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Expansion Adults - RCT Age 19 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					386,929									386,929
Home Health Care & Hospice	326,195	4,300	133	76	0.84	1.067	99%	(165)	(2)	345,179	4,547	141	76	0.89
IP - Maternity	85,588	374	12	228.84	0.22	1.085	100%	2,060	10	95,299	413	13	230.89	0.25
IP - Complex Newborn	5,863	1	0	5,863.28	0.02	1.049	100%	171	0	6,347	1	0	5,863.28	0.02
IP - Medical/Surgical	13,659,865	3,441	107	3,969.79	35.30	1.066	99%	139,976	34	14,545,386	3,671	114	3,961.81	37.59
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	1,472,337	721	22	2,041.00	3.81	1.079	99%	11,822	5	1,583,900	782	24	2,025.14	4.09
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	190,800	62	2	3,077.42	0.49	1.084	100%	822	0	208,560	68	2	3,088.38	0.54
Subtotal - Inpatient	15,414,452	4,599	143	3,351.46	39.84		99%	154,852	50	16,439,493	4,935	153	3,331.29	42.49
OP - Emergency Room	12,316,936	21,587	669	570.58	31.83	1.046	99%	(2,661)	(11)	12,780,638	22,427	696	569.89	33.03
OP - Laboratory	1,926,525	13,677	424	140.86	4.98	1.042	99%	9,898	72	1,989,537	14,118	438	140.92	5.14
OP - Radiology	4,500,095	11,080	344	406.13	11.63	1.044	100%	17,817	45	4,708,035	11,593	360	406.10	12.17
OP - Surgery	9,074,285	4,191	130	2,165.30	23.45	1.047	100%	13,808	7	9,482,888	4,379	136	2,165.47	24.51
OP - Mental Health	51,442	86	3	594.70	0.13	1.067	100%	21	0	54,760	91	3	603.64	0.14
OP - Other	3,262,510	12,873	399	253.44	8.43	1.043	99%	12,829	62	3,382,883	13,318	413	254.01	8.74
Subtotal - Outpatient	31,131,792	63,494	1,969	490.31	80.46		99%	51,712	175	32,398,741	65,925	2,045	491.45	83.73
Prof - Evaluation & Management	8,393,031	191,779	5,948	43.76	21.69	1.065	98%	9,610	180	8,764,889	200,238	6,210	43.77	22.65
Prof - Maternity	165,325	2,027	63	81.56	0.43	1.072	100%	7,992	97	184,986	2,263	70	81.74	0.48
Prof - Surgery	3,742,448	23,971	743	156.12	9.67	1.065	100%	119,932	793	4,094,984	26,296	816	155.73	10.58
Prof - DME/Supplies & Prosthetics	1,666,518	22,843	708	72.96	4.31	1.061	98%	(14,414)	(350)	1,711,016	23,213	720	73.71	4.42
Prof - Lab	1,680,600	91,312	2,832	18.41	4.34	1.072	97%	60,593	3,182	1,813,896	98,227	3,046	18.47	4.69
Prof - Radiology	1,474,710	38,683	1,200	38.12	3.81	1.064	97%	47,715	1,252	1,568,585	41,061	1,273	38.20	4.05
Prof - Transportation	607,966	5,713	177	106.42	1.57	1.055	99%	19,772	201	657,179	6,253	194	105.10	1.70
Prof - Mental Health	3,023,586	25,348	786	119.28	7.81	1.063	96%	82,233	723	3,166,723	26,581	824	119.14	8.18
Prof - Target Case Management	283,915	816	25	347.93	0.73	1.054	97%	7,077	21	296,905	854	26	347.61	0.77
Prof - Other	5,793,168	86,644	2,687.13	66.86	14.97	1.064	99%	192,245	2,852	6,320,988	94,339	2,926	67.00	16.34
Subtotal - Professional	26,831,268	489,136	15,170	54.85	69.34		98%	532,755	8,951	28,580,151	519,325	16,106	55.03	73.86
Pharmacy - Non Hep C	31,256,043	667,814	20,711	46.80	80.78	1.000	98%	(1,307,190)	-	29,478,938	657,766	20,400	44.82	76.19
Pharmacy - Hep C	1,719,593	127	4	13,540.10	4.44	1.000	230%	(66,822)	-	3,888,293	292	9	13,311.34	10.05
Dental	2,298,216	48,630	1,508	47.26	5.94	1.002	96%	108,467	2,306	2,310,005	48,890	1,516	47.25	5.97
FQHC & RHC	2,158,485	66,527	2,063	32.45	5.58	1.052	94%	723	8	2,139,069	65,944	2,045	32.44	5.53
Subtotal - Other Services	37,432,336	783,098	24,287	47.80	96.74		104%	(1,264,822)	2,314	37,816,304	772,893	23,970	48.93	97.73
Total	\$ 111,136,044				\$ 287.23		101%	(525,669)	11,487	\$ 115,579,869				\$ 298.71

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
Service Category	KYH Expansion Adults - Medically Frail Age 19 or Older														
	July 1, 2017 - June 30, 2018														
Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM		
Member Months				652,614									652,614		
Home Health Care & Hospice	10,356,590	70,953	1,305	146	15.87	1.070	100%	(38,823)	(187)	11,027,609	74,985	1,379	147	16.90	
IP - Maternity	918,020	1,399	26	656.20	1.41	1.080	97%	5,801	8	963,365	1,465	27	657.78	1.48	
IP - Complex Newborn	21,943	15	0	1,462.85	0.03	1.049	100%	155	(0)	23,267	16	0	1,487.82	0.04	
IP - Medical/Surgical	260,322,654	76,508	1,407	3,402.57	398.89	1.069	99%	1,813,359	499	277,036,392	81,817	1,504	3,386.07	424.50	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	43,852,796	20,568	378	2,132.14	67.20	1.073	98%	389,470	176	46,513,672	21,918	403	2,122.16	71.27	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	2,956,384	984	18	3,003.20	4.53	1.073	100%	21,259	7	3,192,148	1,074	20	2,972.71	4.89	
Subtotal - Inpatient	308,071,797	99,474	1,829	3,097.02	472.06		99%	2,230,043	690	327,728,844	106,289	1,954	3,083.39	502.18	
OP - Emergency Room	69,212,258	97,902	1,800	706.96	106.05	1.046	99%	1,321	(49)	71,412,462	101,184	1,861	705.77	109.43	
OP - Laboratory	16,534,292	89,424	1,644	184.90	25.34	1.042	99%	54,126	321	17,030,572	92,080	1,693	184.95	26.10	
OP - Radiology	47,518,882	54,283	998	875.40	72.81	1.047	100%	110,343	141	49,726,853	56,751	1,044	876.23	76.20	
OP - Surgery	54,721,463	24,306	447	2,251.32	83.85	1.048	100%	115,604	53	57,258,474	25,427	468	2,251.90	87.74	
OP - Mental Health	944,254	1,082	20	872.29	1.45	1.067	98%	(3,911)	(2)	981,110	1,117	21	878.09	1.50	
OP - Other	38,658,256	78,272	1,439	493.90	59.24	1.049	99%	70,016	266	40,399,801	81,436	1,497	496.09	61.90	
Subtotal - Outpatient	227,589,405	345,269	6,349	659.16	348.74		99%	347,498	729	236,809,272	357,995	6,583	661.49	362.86	
Prof - Evaluation & Management	41,640,926	822,340	15,121	50.64	63.81	1.064	98%	656,887	12,898	44,106,154	870,808	16,012	50.65	67.58	
Prof - Maternity	382,970	4,788	88	79.99	0.59	1.078	99%	17,723	224	425,624	5,329	98	79.87	0.65	
Prof - Surgery	24,655,469	135,750	2,496	181.62	37.78	1.068	100%	804,799	4,417	27,030,038	148,686	2,734	181.79	41.42	
Prof - DME/Supplies & Prosthetics	16,104,610	151,513	2,786	106.29	24.68	1.064	98%	357,934	3,154	17,227,846	161,102	2,962	106.94	26.40	
Prof - Lab	7,273,373	380,723	7,001	19.10	11.14	1.072	97%	252,106	13,057	7,824,670	409,019	7,521	19.13	11.99	
Prof - Radiology	11,318,691	247,256	4,546	45.78	17.34	1.064	97%	338,763	7,466	12,062,368	263,737	4,849	45.74	18.48	
Prof - Transportation	6,220,967	66,559	1,224	93.47	9.53	1.060	99%	186,396	2,194	6,688,059	72,368	1,331	92.42	10.25	
Prof - Mental Health	59,948,895	387,790	7,131	154.59	91.86	1.069	95%	1,703,070	10,849	62,587,907	403,665	7,422	155.05	95.90	
Prof - Target Case Management	4,350,640	12,656	233	343.76	6.67	1.061	97%	101,906	298	4,558,244	13,267	244	343.57	6.98	
Prof - Other	59,970,842	766,617	14,096.24	78.23	91.89	1.066	99%	1,765,092	22,347	65,028,648	830,608	15,273	78.29	99.64	
Subtotal - Professional	231,867,383	2,975,992	54,721	77.91	355.29		98%	6,184,675	76,905	247,539,558	3,178,588	58,447	77.88	379.30	
Pharmacy - Non Hep C	257,623,254	3,277,808	60,271	78.60	394.76	1.000	99%	(10,960,702)	-	244,168,972	3,246,002	59,686	75.22	374.14	
Pharmacy - Hep C	19,128,154	1,216	22	15,730.39	29.31	1.000	230%	(805,122)	-	43,100,170	2,791	51	15,442.06	66.04	
Dental	4,917,855	105,886	1,947	46.44	7.54	1.002	95%	244,636	5,263	4,945,027	106,465	1,958	46.45	7.58	
FQHC & RHC	7,787,443	234,340	4,309	33.23	11.93	1.051	95%	93,356	2,798	7,839,021	236,019	4,340	33.21	12.01	
Subtotal - Other Services	289,456,706	3,619,250	66,549	79.98	443.53		107%	(11,427,832)	8,061	300,053,190	3,591,278	66,035	83.55	459.77	
Total	\$ 1,067,341,882				\$ 1,635.49		101%	(2,704,439)	86,198	\$ 1,123,158,473			\$ 1,721.01		

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
Service Category	KYH Expansion Adults - MF Possibles Age 19 or Older														
	July 1, 2017 - June 30, 2018														
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					373,221									373,221	
Home Health Care & Hospice	742,825	6,290	202	118	1.99	1.091	100%	(6,446)	(34)	802,429	6,680	215	120	2.15	
IP - Maternity	404,464	787	25	514.11	1.08	1.079	99%	2,414	5	435,148	832	27	523.28	1.17	
IP - Complex Newborn	14,320	1	0	14,320.29	0.04	1.049	100%	210	0	15,293	1	0	14,320.29	0.04	
IP - Medical/Surgical	18,444,431	4,984	160	3,701.03	49.42	1.065	97%	112,368	31	19,141,892	5,191	167	3,687.42	51.29	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	10,304,555	4,826	155	2,135.09	27.61	1.069	98%	81,332	37	10,935,421	5,144	165	2,126.07	29.30	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	411,106	74	2	5,555.49	1.10	1.083	100%	2,717	1	449,770	80	3	5,613.00	1.21	
Subtotal - Inpatient	29,578,877	10,672	343	2,771.74	79.25		97%	199,041	74	30,977,524	11,247	362	2,754.19	83.00	
OP - Emergency Room	20,288,776	35,508	1,142	571.39	54.36	1.044	98%	(40,936)	(78)	20,743,355	36,335	1,168	570.89	55.58	
OP - Laboratory	6,989,578	34,182	1,099	204.48	18.73	1.043	97%	(3,257)	(5)	7,098,583	34,719	1,116	204.46	19.02	
OP - Radiology	3,785,633	10,833	348	349.45	10.14	1.044	99%	3,271	12	3,928,786	11,232	361	349.79	10.53	
OP - Surgery	8,954,390	4,437	143	2,018.31	23.99	1.046	99%	1,616	2	9,250,464	4,580	147	2,019.68	24.79	
OP - Mental Health	60,135	103	3	581.96	0.16	1.072	100%	(346)	0	63,826	108	3	588.79	0.17	
OP - Other	3,034,185	14,254	458	212.86	8.13	1.041	98%	8,335	44	3,111,789	14,595	469	213.21	8.34	
Subtotal - Outpatient	43,112,697	99,317	3,193	434.09	115.52		98%	(31,316)	(25)	44,196,802	101,570	3,266	435.14	118.42	
Prof - Evaluation & Management	14,976,525	331,333	10,653	45.20	40.13	1.055	97%	64,444	1,330	15,368,254	339,625	10,920	45.25	41.18	
Prof - Maternity	247,892	2,954	95	83.92	0.66	1.060	98%	7,489	93	265,818	3,183	102	83.52	0.71	
Prof - Surgery	4,469,478	28,508	917	156.78	11.98	1.062	99%	125,224	798	4,822,948	30,752	989	156.83	12.92	
Prof - DME/Supplies & Prosthetics	1,583,338	20,160	648	78.54	4.24	1.062	97%	(14,328)	(338)	1,613,463	20,199	649	79.88	4.32	
Prof - Lab	2,754,256	149,062	4,793	18.48	7.38	1.060	96%	67,124	3,465	2,873,823	154,974	4,983	18.54	7.70	
Prof - Radiology	1,792,600	50,160	1,613	35.74	4.80	1.061	96%	45,722	1,240	1,875,473	52,308	1,682	35.85	5.03	
Prof - Transportation	1,141,248	14,663	471	77.83	3.06	1.058	98%	27,181	377	1,207,375	15,641	503	77.19	3.24	
Prof - Mental Health	20,981,866	275,599	8,861	76.13	56.22	1.055	96%	397,588	4,737	21,548,598	280,916	9,032	76.71	57.74	
Prof - Target Case Management	4,576,968	13,203	425	346.66	12.26	1.046	98%	63,739	185	4,776,232	13,782	443	346.54	12.80	
Prof - Other	36,142,959	410,101	13,185.79	88.13	96.84	1.049	99%	347,610	3,980	37,736,598	428,159	13,766	88.14	101.11	
Subtotal - Professional	88,667,129	1,295,743	41,661	68.43	237.57		97%	1,131,793	15,866	92,088,581	1,339,539	43,070	68.75	246.74	
Pharmacy - Non Hep C	57,809,864	1,134,568	36,479	50.95	154.89	1.000	98%	(1,997,696)	-	54,823,794	1,115,167	35,855	49.16	146.89	
Pharmacy - Hep C	5,490,512	380	12	14,448.72	14.71	1.000	229%	(202,796)	-	12,395,321	872	28	14,216.58	33.21	
Dental	2,857,305	59,487	1,913	48.03	7.66	1.002	95%	209,770	4,367	2,941,288	61,235	1,969	48.03	7.88	
FQHC & RHC	4,867,062	136,713	4,396	35.60	13.04	1.046	95%	44,270	1,219	4,857,583	136,480	4,388	35.59	13.02	
Subtotal - Other Services	71,024,743	1,331,148	42,800	53.36	190.30		108%	(1,946,453)	5,586	75,017,985	1,313,754	42,241	57.10	201.00	
Total	\$ 233,126,272				\$ 624.63		101%	(653,381)	21,466	\$ 243,083,322				\$ 651.31	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Claims Data					Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims				
KYH Other Adults Age 19 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,221,998									1,221,998
Home Health Care & Hospice	840,227	11,442	112	73	0.69	1.114	100%	(3,460)	(28)	932,640	12,558	123	74	0.76
IP - Maternity	4,220,698	28,505	280	148.07	3.45	1.082	100%	46,570	312	4,624,160	31,345	308	147.53	3.78
IP - Complex Newborn	157,574	24	0	6,565.60	0.13	1.046	100%	3,503	1	168,990	26	0	6,560.90	0.14
IP - Medical/Surgical	19,147,103	4,115	40	4,652.66	15.67	1.080	100%	185,855	39	20,920,730	4,533	45	4,614.70	17.12
IP - Normal Newborn	80,538	47	0	1,713.57	0.07	1.048	100%	1,917	1	86,714	51	0	1,706.55	0.07
IP - Mental Health	810,112	385	4	2,104.19	0.66	1.074	100%	11,914	5	886,036	425	4	2,084.35	0.73
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	321,159	94	1	3,416.59	0.26	1.093	100%	2,686	1	355,202	105	1	3,397.20	0.29
Subtotal - Inpatient	24,737,184	33,170	326	745.76	20.24	100%	252,444	358	27,041,833	36,485	358	741.19	22.13	
OP - Emergency Room	45,042,971	90,291	887	498.86	36.86	1.065	100%	28,020	28	47,892,860	96,231	945	497.68	39.19
OP - Laboratory	5,471,315	54,541	536	100.32	4.48	1.049	100%	22,959	238	5,746,808	57,244	562	100.39	4.70
OP - Radiology	10,199,901	32,802	322	310.95	8.35	1.060	100%	43,370	148	10,844,669	34,785	342	311.76	8.87
OP - Surgery	26,081,642	16,700	164	1,561.80	21.34	1.066	100%	78,261	58	27,819,924	17,768	174	1,565.75	22.77
OP - Mental Health	12,945	141	1	91.81	0.01	1.073	100%	79	2	13,913	148	1	93.91	0.01
OP - Other	10,521,949	52,471	515	200.53	8.61	1.058	100%	55,989	342	11,159,217	55,235	542	202.03	9.13
Subtotal - Outpatient	97,330,722	246,946	2,425	394.14	79.65	100%	228,678	816	103,477,391	261,412	2,567	395.84	84.68	
Prof - Evaluation & Management	27,112,556	616,969	6,059	43.94	22.19	1.084	99%	(72,391)	(1,993)	29,112,485	660,868	6,490	44.05	23.82
Prof - Maternity	10,170,691	103,614	1,017	98.16	8.32	1.091	100%	373,944	3,752	11,454,218	116,393	1,143	98.41	9.37
Prof - Surgery	8,756,977	63,321	622	138.29	7.17	1.083	100%	313,818	2,337	9,783,012	71,174	699	137.45	8.01
Prof - DME/Supplies & Prosthetics	4,654,704	56,863	558	81.86	3.81	1.083	98%	(94,354)	(1,476)	4,848,865	58,225	572	83.28	3.97
Prof - Lab	8,295,294	426,994	4,193	19.43	6.79	1.092	99%	307,933	15,874	9,312,615	479,225	4,706	19.43	7.62
Prof - Radiology	3,817,766	104,384	1,025	36.57	3.12	1.081	99%	131,296	3,554	4,218,148	114,928	1,129	36.70	3.45
Prof - Transportation	1,534,293	16,190	159	94.77	1.26	1.072	100%	54,408	596	1,695,766	18,140	178	93.48	1.39
Prof - Mental Health	4,361,764	51,312	504	85.00	3.57	1.079	99%	156,047	1,861	4,813,546	56,726	557	84.86	3.94
Prof - Target Case Management	760,334	2,227	22	341.42	0.62	1.073	99%	26,253	77	833,909	2,444	24	341.21	0.68
Prof - Other	19,444,515	275,167	2,702.14	70.66	15.91	1.086	100%	752,524	10,489	21,823,655	307,472	3,019	70.98	17.86
Subtotal - Professional	88,908,893	1,717,041	16,861	51.78	72.76	99%	1,949,480	35,071	97,896,219	1,885,595	18,517	51.92	80.11	
Pharmacy - Non Hep C	63,351,021	1,582,531	15,540	40.03	51.84	1.000	100%	(2,763,215)	-	60,287,184	1,574,986	15,466	38.28	49.33
Pharmacy - Hep C	1,334,923	97	1	13,762.09	1.09	1.000	230%	(54,481)	-	3,015,862	223	2	13,517.89	2.47
Dental	8,611,110	184,811	1,815	46.59	7.05	1.001	99%	293,759	6,318	8,793,150	188,730	1,853	46.59	7.20
FQHC & RHC	10,403,894	290,614	2,854	35.80	8.51	1.058	94%	18,604	415	10,312,144	288,516	2,833	35.74	8.44
Subtotal - Other Services	83,700,948	2,058,053	20,210	40.67	68.50	101%	(2,505,333)	6,733	82,408,340	2,052,456	20,155	40.15	67.44	
Total	\$ 295,517,975				\$ 241.83	100%	(78,191)	42,949	\$ 311,756,423					\$ 255.12

Kentucky Department for Medicaid Services

Exhibit 1C

Cabinet for Health and Family Services

Confidential and Proprietary

Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Service Category	KYH Other Adults - RCT Age 19 or Older													
	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					41,904								41,904	
Home Health Care & Hospice	14,401	283	81	51	0.34	1.087	100%	(19)	(1)	15,631	313	89	50	0.37
IP - Maternity	51,461	259	74	198.69	1.23	1.077	100%	751	4	56,407	282	81	199.69	1.35
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	672,276	148	42	4,542.41	16.04	1.068	100%	4,765	1	725,017	163	47	4,451.58	17.30
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	57,152	22	6	2,597.84	1.36	1.053	100%	243	0	60,653	24	7	2,560.60	1.45
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	7,458	2	1	3,729.10	0.18	1.046	100%	16	0	7,849	2	1	3,710.68	0.19
Subtotal - Inpatient	788,348	431	123	1,829.11	18.81	100%	5,775	5	849,926	471	135	1,803.95	20.28	
OP - Emergency Room	1,304,922	2,543	728	513.06	31.14	1.059	100%	1,098	2	1,382,423	2,698	773	512.30	32.99
OP - Laboratory	186,963	1,399	401	133.67	4.46	1.066	100%	761	8	199,756	1,477	423	135.26	4.77
OP - Radiology	328,133	1,007	288	325.74	7.83	1.065	100%	1,545	5	350,968	1,075	308	326.55	8.38
OP - Surgery	788,946	390	112	2,025.27	18.83	1.067	100%	3,009	1	844,608	418	120	2,018.33	20.16
OP - Mental Health	375	1	0	375.00	0.01	1.159	100%	(4)	(0)	431	1	0	375.00	0.01
OP - Other	295,345	1,237	354	238.76	7.05	1.059	100%	735	6	312,967	1,304	373	240.05	7.47
Subtotal - Outpatient	2,904,683	6,577	1,883	441.64	69.32	100%	7,144	23	3,091,153	6,973	1,997	443.28	73.77	
Prof - Evaluation & Management	841,253	19,277	5,520	43.64	20.08	1.084	99%	(5,528)	(137)	899,832	20,591	5,897	43.70	21.47
Prof - Maternity	126,422	1,248	357	101.30	3.02	1.101	100%	4,407	44	143,478	1,420	407	101.08	3.42
Prof - Surgery	289,284	2,029	581	142.57	6.90	1.087	100%	9,994	72	324,367	2,293	657	141.44	7.74
Prof - DME/Supplies & Prosthetics	135,271	1,938	555	69.80	3.23	1.074	98%	(3,572)	(62)	138,617	1,971	564	70.33	3.31
Prof - Lab	200,077	10,522	3,013	19.02	4.77	1.095	99%	7,647	399	224,753	11,805	3,380	19.04	5.36
Prof - Radiology	134,323	3,604	1,032	37.27	3.21	1.082	99%	4,615	121	148,737	3,965	1,135	37.51	3.55
Prof - Transportation	38,051	454	130	83.81	0.91	1.070	100%	1,253	15	41,953	504	144	83.16	1.00
Prof - Mental Health	168,808	2,132	611	79.18	4.03	1.073	99%	5,549	68	185,652	2,343	671	79.22	4.43
Prof - Target Case Management	42,553	126	36	337.73	1.02	1.057	99%	694	2	45,408	134	39	337.70	1.08
Prof - Other	589,170	8,710	2,494.27	67.64	14.06	1.080	100%	20,125	294	654,996	9,647	2,762	67.90	15.63
Subtotal - Professional	2,565,212	50,040	14,330	51.26	61.22	99%	45,183	816	2,807,795	54,673	15,657	51.36	67.01	
Pharmacy - Non Hep C	2,613,305	60,281	17,263	43.35	62.36	1.000	100%	(106,048)	-	2,497,337	60,051	17,197	41.59	59.60
Pharmacy - Hep C	64,045	4	1	16,011.30	1.53	1.000	230%	(2,738)	-	144,567	9	3	15,713.67	3.45
Dental	268,613	5,754	1,648	46.68	6.41	1.001	98%	10,523	234	275,362	5,908	1,692	46.61	6.57
FQHC & RHC	274,251	8,073	2,312	33.97	6.54	1.056	94%	1,341	42	274,309	8,080	2,314	33.95	6.55
Subtotal - Other Services	3,220,215	74,112	21,223	43.45	76.85	102%	(96,923)	276	3,191,575	74,049	21,205	43.10	76.16	
Total	\$ 9,492,859				\$ 226.54	100%	(38,841)	1,118	\$ 9,956,080				\$ 237.59	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
KYH Other Adults - Medically Frail Age 19 or Older															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	July 1, 2017 - June 30, 2018				Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
						Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units						
Member Months					86,357									86,357	
Home Health Care & Hospice	1,260,374	10,483	1,457	120	14.59	1.096	100%	(4,850)	(26)	1,376,556	11,336	1,575	121	15.94	
IP - Maternity	1,744,481	3,620	503	481.90	20.20	1.078	100%	14,957	26	1,899,067	4,012	558	473.29	21.99	
IP - Complex Newborn	64,713	4	1	16,178.37	0.75	1.046	100%	1,778	0	69,741	4	1	16,173.59	0.81	
IP - Medical/Surgical	35,256,784	9,482	1,318	3,718.25	408.27	1.078	100%	292,765	68	38,274,821	10,428	1,449	3,670.33	443.22	
IP - Normal Newborn	9,129	2	0	4,564.64	0.11	1.046	100%	387	0	9,975	2	0	4,622.70	0.12	
IP - Mental Health	6,530,847	2,747	382	2,377.86	75.63	1.079	100%	76,457	30	7,093,646	3,021	420	2,348.11	82.14	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	518,568	167	23	3,105.20	6.00	1.085	100%	4,540	1	569,327	185	26	3,073.86	6.59	
Subtotal - Inpatient	44,124,524	16,022	2,226	2,754.06	510.95		100%	390,885	125	47,916,576	17,653	2,453	2,714.31	554.87	
OP - Emergency Room	15,961,035	24,792	3,445	643.79	184.83	1.062	99%	20,095	16	16,877,760	26,334	3,659	640.91	195.44	
OP - Laboratory	3,468,387	18,399	2,557	188.51	40.16	1.055	99%	13,267	87	3,644,332	19,261	2,677	189.20	42.20	
OP - Radiology	6,844,669	9,694	1,347	706.09	79.26	1.060	100%	40,069	55	7,292,115	10,332	1,436	705.79	84.44	
OP - Surgery	9,986,804	4,793	666	2,083.77	115.65	1.067	100%	32,604	15	10,671,473	5,124	712	2,082.65	123.57	
OP - Mental Health	248,526	304	42	816.18	2.88	1.099	96%	179	2	263,568	312	43	844.53	3.05	
OP - Other	7,131,664	15,138	2,104	471.10	82.58	1.064	100%	3,358	52	7,580,882	16,015	2,225	473.35	87.79	
Subtotal - Outpatient	43,641,085	73,120	10,161	596.84	505.36		100%	109,572	227	46,330,130	77,379	10,752	598.74	536.50	
Prof - Evaluation & Management	8,343,041	170,012	23,625	49.07	96.61	1.081	99%	138,012	2,727	9,089,340	184,787	25,678	49.19	105.25	
Prof - Maternity	1,034,715	11,434	1,589	90.49	11.98	1.103	99%	38,430	421	1,170,791	12,932	1,797	90.54	13.56	
Prof - Surgery	4,063,743	23,226	3,227	174.97	47.06	1.088	100%	152,139	864	4,561,856	26,020	3,616	175.32	52.83	
Prof - DME/Supplies & Prosthetics	2,399,192	22,469	3,122	106.78	27.78	1.081	99%	46,098	369	2,615,332	24,223	3,366	107.97	30.29	
Prof - Lab	1,830,873	94,066	13,071	19.46	21.20	1.093	99%	68,972	3,514	2,053,929	105,288	14,631	19.51	23.78	
Prof - Radiology	1,866,504	45,100	6,267	41.39	21.61	1.079	99%	64,173	1,535	2,063,547	49,774	6,917	41.46	23.90	
Prof - Transportation	1,149,539	11,634	1,617	98.81	13.31	1.071	99%	38,999	429	1,258,740	12,924	1,796	97.40	14.58	
Prof - Mental Health	12,076,739	92,547	12,860	130.49	139.85	1.083	98%	390,598	2,878	13,180,246	100,191	13,922	131.55	152.63	
Prof - Target Case Management	1,083,992	3,154	438	343.69	12.55	1.069	98%	26,273	77	1,167,012	3,398	472	343.44	13.51	
Prof - Other	12,732,157	158,354	22,004.56	80.40	147.44	1.080	99%	388,059	4,816	14,062,946	174,777	24,287	80.46	162.85	
Subtotal - Professional	46,580,495	631,996	87,821	73.70	539.39		99%	1,351,751	17,632	51,223,738	694,314	96,481	73.78	593.16	
Pharmacy - Non Hep C	42,662,750	602,578	83,733	70.80	494.03	1.000	100%	(1,759,849)	-	40,745,389	600,366	83,426	67.87	471.82	
Pharmacy - Hep C	2,531,941	171	24	14,806.67	29.32	1.000	229%	(80,764)	-	5,712,136	391	54	14,598.96	66.15	
Dental	1,226,679	26,820	3,727	45.74	14.20	1.001	99%	52,521	1,168	1,263,390	27,643	3,841	45.70	14.63	
FQHC & RHC	2,107,570	61,219	8,507	34.43	24.41	1.057	95%	12,566	354	2,136,032	62,119	8,632	34.39	24.73	
Subtotal - Other Services	48,528,939	690,788	95,991	70.25	561.96		106%	(1,775,526)	1,522	49,856,946	690,520	95,953	72.20	577.34	
Total	\$ 184,135,416				\$ 2,132.26			101%	71,831	19,480	\$ 196,703,947			\$ 2,277.80	

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

**Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide**

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
0.83														
KYH Other Adults - MF Possibles Age 19 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid		Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid	
				Expenditures / Unit	Expenditures PMPM								Expenditures / Unit	Expenditures PMPM
Member Months					124,585									124,585
Home Health Care & Hospice	215,510	2,699	260	80	1.73	1.096	100%	(962)	(12)	235,203	2,940	283	80	1.89
IP - Maternity	772,325	2,392	230	322.88	6.20	1.072	100%	7,016	20	833,205	2,589	249	321.88	6.69
IP - Complex Newborn	20,461	3	0	6,820.47	0.16	1.046	100%	304	0	21,793	3	0	6,788.35	0.17
IP - Medical/Surgical	4,374,202	1,005	97	4,351.14	35.11	1.069	99%	42,536	8	4,677,525	1,091	105	4,285.56	37.54
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	1,801,501	862	83	2,088.99	14.46	1.082	99%	22,401	10	1,944,250	940	91	2,068.60	15.61
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	92,906	18	2	5,161.46	0.75	1.126	97%	589	0	102,492	19	2	5,440.78	0.82
Subtotal - Inpatient	7,061,395	4,281	412	1,649.60	56.68		99%	72,846	39	7,579,265	4,642	447	1,632.77	60.84
OP - Emergency Room	6,656,064	12,309	1,186	540.75	53.43	1.058	99%	(6,513)	(15)	6,956,197	12,895	1,242	539.44	55.83
OP - Laboratory	2,347,199	12,974	1,250	180.91	18.84	1.042	99%	5,035	27	2,421,308	13,389	1,290	180.84	19.43
OP - Radiology	1,121,409	3,659	352	306.50	9.00	1.056	99%	1,355	6	1,175,762	3,824	368	307.43	9.44
OP - Surgery	2,977,788	1,790	172	1,663.73	23.90	1.065	99%	3,271	3	3,157,051	1,892	182	1,668.93	25.34
OP - Mental Health	24,674	38	4	649.33	0.20	1.143	80%	(266)	(0)	22,249	37	4	595.76	0.18
OP - Other	1,446,911	7,052	679	205.18	11.61	1.049	99%	2,003	15	1,506,172	7,316	705	205.87	12.09
Subtotal - Outpatient	14,574,046	37,822	3,643	385.34	116.98		99%	4,884	36	15,238,740	39,354	3,791	387.22	122.32
Prof - Evaluation & Management	5,595,967	122,910	11,839	45.53	44.92	1.067	99%	26,950	526	5,917,775	129,651	12,488	45.64	47.50
Prof - Maternity	752,175	7,546	727	99.68	6.04	1.078	99%	21,228	215	826,010	8,298	799	99.54	6.63
Prof - Surgery	1,271,289	8,676	836	146.53	10.20	1.077	100%	41,007	281	1,404,506	9,589	924	146.46	11.27
Prof - DME/Supplies & Prosthetics	447,684	5,575	537	80.30	3.59	1.075	98%	(5,691)	(109)	464,839	5,700	549	81.56	3.73
Prof - Lab	1,227,386	67,049	6,458	18.31	9.85	1.077	99%	32,235	1,694	1,335,710	72,586	6,991	18.40	10.72
Prof - Radiology	546,533	15,309	1,475	35.70	4.39	1.074	98%	15,195	418	593,028	16,561	1,595	35.81	4.76
Prof - Transportation	357,009	3,864	372	92.39	2.87	1.066	97%	8,788	109	377,375	4,154	400	90.84	3.03
Prof - Mental Health	6,651,845	103,122	9,933	64.50	53.39	1.063	97%	127,940	1,865	6,987,827	107,725	10,376	64.87	56.09
Prof - Target Case Management	2,138,319	6,208	598	344.45	17.16	1.052	99%	30,693	89	2,252,923	6,542	630	344.38	18.08
Prof - Other	13,948,670	159,159	15,330.16	87.64	111.96	1.061	99%	142,729	1,579	14,846,999	169,142	16,292	87.78	119.17
Subtotal - Professional	32,936,877	499,418	48,104	65.95	264.37		99%	441,073	6,666	35,006,991	529,949	51,045	66.06	280.99
Pharmacy - Non Hep C	20,759,595	394,018	37,952	52.69	166.63	1.000	99%	(716,158)	-	19,887,490	391,056	37,666	50.86	159.63
Pharmacy - Hep C	918,085	69	7	13,305.58	7.37	1.000	230%	(29,030)	-	2,082,582	159	15	13,122.66	16.72
Dental	1,057,729	22,398	2,157	47.22	8.49	1.001	98%	66,438	1,379	1,106,279	23,396	2,254	47.28	8.88
FQHC & RHC	2,409,305	64,988	6,260	37.07	19.34	1.050	95%	20,644	554	2,428,535	65,531	6,312	37.06	19.49
Subtotal - Other Services	25,144,714	481,473	46,375	52.22	201.83		104%	(658,106)	1,932	25,504,886	480,141	46,247	53.12	204.72
Total	\$ 79,932,542				\$ 641.59		100%	(140,264)	8,661	\$ 83,565,084				\$ 670.75

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KYH Children Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					125,725									125,725
Home Health Care & Hospice	78,863	988	94	80	0.63	1.068	100%	68	2	84,330	1,043	100	81	0.67
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	141,746,370	35,830	3,420	3,956.13	1,127.43	1.078	100%	1,315,828	297	154,700,555	39,740	3,793	3,892.78	1,230.47
IP - Medical/Surgical	24,445,771	4,251	406	5,750.12	194.44	1.068	100%	205,969	24	26,413,968	4,714	450	5,603.87	210.09
IP - Normal Newborn	29,848,452	24,839	2,371	1,201.70	237.41	1.076	100%	312,779	250	32,576,115	27,252	2,601	1,195.37	259.11
IP - Mental Health	13,952	5	0	2,790.43	0.11	1.046	100%	272	0	14,924	5	1	2,790.43	0.12
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	249,235	44	4	5,664.44	1.98	1.066	100%	2,274	0	269,150	49	5	5,472.00	2.14
Subtotal - Inpatient	196,303,780	64,969	6,201	3,021.52	1,561.37	100%	1,837,122	571		213,974,712	71,760	6,849	2,981.80	1,701.93
OP - Emergency Room	3,532,703	10,406	993	339.50	28.10	1.066	100%	1,329	(1)	3,768,025	11,140	1,063	338.24	29.97
OP - Laboratory	339,708	7,751	740	43.83	2.70	1.054	100%	1,220	21	359,246	8,241	787	43.59	2.86
OP - Radiology	480,307	2,779	265	172.84	3.82	1.070	100%	846	4	514,990	2,983	285	172.65	4.10
OP - Surgery	386,282	765	73	504.94	3.07	1.054	100%	922	1	408,043	814	78	501.29	3.25
OP - Mental Health	344	6	1	57.28	0.00	1.028	100%	11	0	365	6	1	56.11	0.00
OP - Other	1,300,261	7,552	721	172.17	10.34	1.051	100%	6,772	48	1,373,129	7,928	757	173.21	10.92
Subtotal - Outpatient	6,039,605	29,259	2,793	206.42	48.04	100%	11,101	73		6,423,797	31,112	2,970	206.47	51.09
Prof - Evaluation & Management	7,634,327	162,658	15,525	46.93	60.72	1.090	100%	278,728	5,967	8,597,632	183,275	17,493	46.91	68.38
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,574,743	13,555	1,294	116.17	12.53	1.087	100%	58,998	508	1,770,680	15,243	1,455	116.16	14.08
Prof - DME/Supplies & Prosthetics	220,055	3,786	361	58.12	1.75	1.070	100%	6,793	121	242,190	4,180	399	57.94	1.93
Prof - Lab	162,256	10,466	999	15.50	1.29	1.093	100%	6,772	466	184,163	11,967	1,142	15.39	1.46
Prof - Radiology	368,783	19,429	1,854	18.98	2.93	1.091	100%	14,528	711	417,016	21,797	2,080	19.13	3.32
Prof - Transportation	963,388	3,799	363	253.59	7.66	1.061	100%	24,295	135	1,046,767	4,257	406	245.90	8.33
Prof - Mental Health	1,932	24	2	80.48	0.02	1.090	100%	61	1	2,165	28	3	77.56	0.02
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	15,801,020	154,558	14,752.01	102.23	125.68	1.084	100%	554,023	5,433	17,686,358	173,044	16,516	102.21	140.67
Subtotal - Professional	26,726,503	368,275	35,151	72.57	212.58	100%	944,198	13,342		29,946,971	413,789	39,495	72.37	238.19
Pharmacy - Non Hep C	843,525	35,579	3,396	23.71	6.71	1.000	100%	(36,105)	-	807,426	35,579	3,396	22.69	6.42
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	25,100	256	24	98.05	0.20	1.001	100%	(1,454)	(12)	23,669	245	23	96.73	0.19
FQHC & RHC	3,196,086	72,139	6,885	44.30	25.42	1.054	96%	13,258	285	3,249,073	73,486	7,014	44.21	25.84
Subtotal - Other Services	4,064,711	107,974	10,306	37.65	32.33	97%	(24,301)	273		4,080,169	109,310	10,433	37.33	32.45
Total	\$ 233,213,461				\$ 1,854.95	100%	2,768,187	14,261		\$ 254,509,978				\$ 2,024.34

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data					Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
KYH Children Age 3 through 12 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					284,524									284,524
Home Health Care & Hospice	499,600	2,569	108	194	1.76	1.090	100%	281	9	544,603	2,740	116	199	1.91
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	98,257	6	0	15,283.33	0.35	1.046	100%	1,930	0	105,121	7	0	15,283.33	0.37
IP - Medical/Surgical	10,896,468	2,546	107	4,280.09	38.30	1.079	100%	111,027	22	11,922,699	2,853	120	4,178.77	41.90
IP - Normal Newborn	945	1	0	945.26	0.00	1.046	100%	9	0	1,002	1	0	945.26	0.00
IP - Mental Health	19,667	6	0	3,277.86	0.07	1.066	100%	312	0	21,364	7	0	3,225.62	0.08
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	355,886	89	4	3,998.72	1.25	1.049	100%	4,481	1	379,338	95	4	3,988.89	1.33
Subtotal - Inpatient	11,371,224	2,648	112	4,293.82	39.97		100%	117,759	24	12,429,524	2,963	125	4,195.17	43.69
OP - Emergency Room	8,096,039	28,959	1,221	279.57	28.45	1.067	100%	8,205	12	8,646,266	31,056	1,310	278.41	30.39
OP - Laboratory	525,672	4,643	196	113.23	1.85	1.051	100%	2,069	10	554,606	4,942	208	112.23	1.95
OP - Radiology	512,212	3,040	128	168.50	1.80	1.071	100%	69	2	548,500	3,246	137	168.97	1.93
OP - Surgery	2,667,648	1,533	65	1,740.57	9.38	1.063	100%	(106)	(1)	2,836,387	1,638	69	1,731.93	9.97
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	1,629,150	10,944	462	148.87	5.73	1.053	100%	7,145	64	1,723,239	11,492	485	149.95	6.06
Subtotal - Outpatient	13,430,723	49,118	2,072	273.44	47.20		100%	17,383	86	14,308,998	52,374	2,209	273.21	50.29
Prof - Evaluation & Management	11,155,027	265,021	11,177	42.09	39.21	1.089	100%	398,909	9,542	12,546,802	298,296	12,581	42.06	44.10
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,332,981	8,385	354	158.97	4.68	1.085	100%	52,170	327	1,498,675	9,424	397	159.02	5.27
Prof - DME/Supplies & Prosthetics	648,628	12,272	518	52.85	2.28	1.074	100%	17,525	351	714,272	13,573	572	52.62	2.51
Prof - Lab	662,955	42,689	1,800	15.53	2.33	1.091	100%	26,349	1,701	749,419	48,269	2,036	15.53	2.63
Prof - Radiology	237,823	12,132	512	19.60	0.84	1.091	100%	9,644	437	269,098	13,563	572	19.84	0.95
Prof - Transportation	357,346	2,733	115	130.75	1.26	1.069	100%	9,836	101	391,744	3,078	130	127.27	1.38
Prof - Mental Health	2,081	22	1	94.57	0.01	1.076	100%	56	1	2,294	25	1	92.92	0.01
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	4,084,485	63,621	2,683.26	64.20	14.36	1.086	100%	149,356	2,347	4,584,258	71,463	3,014	64.15	16.11
Subtotal - Professional	18,481,326	406,875	17,160	45.42	64.96		100%	663,846	14,807	20,756,560	457,692	19,303	45.35	72.95
Pharmacy - Non Hep C	5,179,432	167,904	7,081	30.85	18.20	1.000	100%	(207,573)	-	4,971,895	167,905	7,082	29.61	17.47
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	70,359	2,476	104	28.42	0.25	1.001	100%	3,060	105	73,482	2,583	109	28.44	0.26
FQHC & RHC	4,488,831	129,473	5,461	34.67	15.78	1.056	98%	16,087	431	4,640,714	134,137	5,657	34.60	16.31
Subtotal - Other Services	9,738,621	299,853	12,647	32.48	34.23		99%	(188,426)	536	9,686,091	304,626	12,848	31.80	34.04
Total	\$ 53,521,493				\$ 188.11		100%	610,842	15,461	\$ 57,725,777				\$ 202.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
KYH Children Age 1 through 18															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					5,398,054									5,398,054	
Home Health Care & Hospice	11,595,663	109,047	242	106	2.15	1.100	100%	(42,969)	(230)	12,714,728	118,396	263	107	2.36	
IP - Maternity	328,901	983	2	334.59	0.06	1.076	100%	7,553	21	362,832	1,092	2	332.15	0.07	
IP - Complex Newborn	18,763	1	0	18,762.97	0.00	1.159	100%	812	0	22,658	1	0	18,762.97	0.00	
IP - Medical/Surgical	45,425,071	9,494	21	4,784.48	8.42	1.080	100%	644,585	109	49,911,215	10,614	24	4,702.21	9.25	
IP - Normal Newborn	5,484	4	0	1,371.03	0.00	1.046	100%	115	0	5,875	4	0	1,369.47	0.00	
IP - Mental Health	26,096,085	19,839	44	1,315.41	4.83	1.086	100%	514,988	373	28,949,880	22,111	49	1,309.29	5.36	
IP - PRTF	3,453,075	10,064	22	343.11	0.64	1.079	100%	88,858	290	3,828,694	11,095	25	345.09	0.71	
IP - Other	418,775	38	0	11,020.40	0.08	1.051	100%	27,111	1	468,906	42	0	11,237.78	0.09	
Subtotal - Inpatient	75,746,154	40,423	90	1,873.84	14.03	100%	1,284,022	795	83,550,060	44,960	100	1,858.33	15.48		
OP - Emergency Room	79,945,283	242,596	539	329.54	14.81	1.065	100%	112,169	200	85,210,042	259,454	577	328.42	15.79	
OP - Laboratory	6,229,616	75,867	169	82.11	1.15	1.057	100%	27,683	351	6,613,098	80,396	179	82.26	1.23	
OP - Radiology	11,359,719	45,661	102	248.78	2.10	1.067	100%	39,769	197	12,164,689	48,626	108	250.17	2.25	
OP - Surgery	40,715,489	21,693	48	1,876.93	7.54	1.059	100%	150,430	68	43,258,874	23,106	51	1,872.16	8.01	
OP - Mental Health	314,215	543	1	578.66	0.06	1.124	100%	(4,377)	(1)	348,852	577	1	604.82	0.06	
OP - Other	17,567,810	108,854	242	161.39	3.25	1.059	100%	84,309	755	18,696,671	114,431	254	163.39	3.46	
Subtotal - Outpatient	156,132,132	495,213	1,101	315.28	28.92	100%	409,984	1,571	166,292,226	526,590	1,171	315.79	30.81		
Prof - Evaluation & Management	101,407,221	2,182,463	4,852	46.46	18.79	1.083	100%	3,004,788	63,913	112,790,506	2,425,517	5,392	46.50	20.89	
Prof - Maternity	500,132	6,113	14	81.81	0.09	1.085	100%	54,003	657	596,623	7,272	16	82.04	0.11	
Prof - Surgery	16,904,285	112,665	250	150.04	3.13	1.087	100%	1,988,803	13,121	20,368,533	134,753	300	151.15	3.77	
Prof - DME/Supplies & Prosthetics	11,598,422	298,028	663	38.92	2.15	1.081	100%	(2,591,771)	(70,955)	9,943,897	250,745	557	39.66	1.84	
Prof - Lab	10,331,643	653,589	1,453	15.81	1.91	1.089	100%	1,155,160	73,337	12,408,322	786,161	1,748	15.78	2.30	
Prof - Radiology	4,664,787	207,532	461	22.48	0.86	1.078	100%	529,981	23,741	5,559,730	246,822	549	22.53	1.03	
Prof - Transportation	3,090,067	25,550	57	120.94	0.57	1.069	100%	349,635	2,935	3,651,053	30,599	68	119.32	0.68	
Prof - Mental Health	71,441,955	780,045	1,734	91.59	13.23	1.081	100%	8,232,120	90,309	85,451,350	932,019	2,072	91.68	15.83	
Prof - Target Case Management	19,438,582	57,095	127	340.46	3.60	1.077	100%	2,170,552	6,377	23,104,216	67,878	151	340.38	4.28	
Prof - Other	33,436,860	688,111	1,529.69	48.59	6.19	1.088	100%	3,828,897	78,330	40,196,087	820,215	1,823	49.01	7.45	
Subtotal - Professional	272,813,954	5,011,191	11,140	54.44	50.54	100%	18,722,169	281,764	314,070,317	5,701,982	12,676	55.08	58.18		
Pharmacy - Non Hep C	159,167,555	3,100,993	6,894	51.33	29.49	1.000	100%	(7,206,549)	-	151,958,968	3,100,958	6,894	49.00	28.15	
Pharmacy - Hep C	294,905	15	0	19,660.34	0.05	1.000	230%	(12,374)	-	665,913	35	0	19,301.68	0.12	
Dental	87,554,213	1,908,946	4,244	45.87	16.22	1.001	100%	1,920,925	41,150	89,562,674	1,951,999	4,339	45.88	16.59	
FQHC & RHC	44,088,192	1,324,691	2,945	33.28	8.17	1.054	99%	269,789	8,088	46,076,300	1,384,640	3,078	33.28	8.54	
Subtotal - Other Services	291,104,866	6,334,645	14,082	45.95	53.93	100%	(5,028,209)	49,238	288,263,855	6,437,631	14,311	44.78	53.40		
Total	\$ 807,392,769				\$ 149.57	100%	15,344,997	333,137	\$ 864,891,185				\$ 160.22		

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KCHIP Children Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					212									212
Home Health Care & Hospice	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	146,422	87	4,925	1,683.01	690.67	1.106	100%	1,039	1	163,615	100	5,671	1,632.96	771.77
IP - Medical/Surgical	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Normal Newborn	6,214	11	623	564.89	29.31	1.100	100%	62	0	6,924	12	700	560.21	32.66
IP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	152,636	98	5,547	1,557.51	719.98		100%	1,101	1	170,539	113	6,371	1,515.16	804.43
OP - Emergency Room	1,616	6	340	269.31	7.62	1.119	100%	(6)	(0)	1,803	7	372	274.22	8.50
OP - Laboratory	172	9	509	19.09	0.81	1.087	93%	(1)	(0)	173	9	514	19.06	0.82
OP - Radiology	556	4	226	138.99	2.62	1.082	99%	1	(0)	599	4	247	137.08	2.83
OP - Surgery	16	1	57	15.96	0.08	1.037	97%	1	0	17	1	59	15.96	0.08
OP - Mental Health	29	1	57	29.26	0.14	1.037	97%	-	-	29	1	57	29.26	0.14
OP - Other	617	4	226	154.20	2.91	1.037	98%	(2)	(0)	624	4	229	154.20	2.94
Subtotal - Outpatient	3,006	25	1,415	120.23	14.18		99%	(8)	(0)	3,245	26	1,478	124.26	15.31
Prof - Evaluation & Management	7,262	169	9,566	42.97	34.25	1.104	98%	271	7	8,168	191	10,789	42.86	38.53
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,128	18	1,019	62.67	5.32	1.081	100%	21	0	1,240	20	1,110	63.22	5.85
Prof - DME/Supplies & Prosthetics	312	5	283	62.44	1.47	1.112	97%	(0)	(0)	338	5	309	61.89	1.60
Prof - Lab	54	4	226	13.45	0.25	1.084	84%	(1)	(0)	48	4	200	13.68	0.23
Prof - Radiology	450	22	1,245	20.46	2.12	1.134	92%	18	1	487	23	1,325	20.78	2.30
Prof - Transportation	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	16,047	125	7,075.47	128.37	75.69	1.158	100%	1,068	7	19,647	150	8,476	131.21	92.68
Subtotal - Professional	25,252	343	19,415	73.62	119.11		99%	1,377	15	29,929	392	22,210	76.28	141.17
Pharmacy - Non Hep C	410	32	1,811	12.81	1.93	1.000	92%	(25)	-	354	29	1,667	12.00	1.67
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	26	1	57	26.00	0.12	1.001	89%	-	-	23	1	50	26.00	0.11
FQHC & RHC	2,715	73	4,132	37.19	12.81	1.065	95%	(6)	(0)	2,746	74	4,203	36.99	12.96
Subtotal - Other Services	3,151	106	6,000	29.72	14.86		95%	(31)	(0)	3,123	105	5,920	29.86	14.73
Total	\$ 184,044				\$ 868.13		100%	2,440	15	\$ 206,836				\$ 975.64

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
KCHIP Children Age 3 through 12 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					814									814
Home Health Care & Hospice	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		#DIV/0!	-	-	-	-	-	-	-
OP - Emergency Room	15,804	53	781	298.18	19.41	1.092	100%	(133)	(0)	17,122	59	863	292.58	21.03
OP - Laboratory	415	8	118	51.92	0.51	1.119	97%	(3)	(0)	449	9	127	52.17	0.55
OP - Radiology	760	6	88	126.59	0.93	1.086	100%	(5)	(0)	817	6	95	127.31	1.00
OP - Surgery	6,462	5	74	1,292.32	7.94	1.146	100%	(78)	(0)	7,299	6	82	1,304.56	8.97
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	1,001	11	162	91.01	1.23	1.092	96%	(7)	(0)	1,041	11	162	94.75	1.28
Subtotal - Outpatient	24,441	83	1,224	294.47	30.03		100%	(225)	(1)	26,728	90	1,329	296.56	32.84
Prof - Evaluation & Management	32,103	724	10,673	44.34	39.44	1.115	98%	1,137	26	36,350	820	12,085	44.34	44.66
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	2,876	25	369	115.03	3.53	1.151	100%	94	1	3,403	29	434	115.69	4.18
Prof - DME/Supplies & Prosthetics	943	18	265	52.38	1.16	1.081	97%	7	0	995	19	280	52.34	1.22
Prof - Lab	1,668	127	1,872	13.13	2.05	1.122	86%	81	5	1,689	125	1,845	13.50	2.08
Prof - Radiology	565	21	310	26.89	0.69	1.137	93%	30	1	627	23	334	27.69	0.77
Prof - Transportation	388	4	59	96.88	0.48	1.045	100%	5	0	410	4	62	96.88	0.50
Prof - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	5,163	116	1,710.07	44.51	6.34	1.118	100%	284	7	6,057	137	2,026	44.08	7.44
Subtotal - Professional	43,705	1,035	15,258	42.23	53.69		98%	1,637	40	49,532	1,158	17,066	42.79	60.85
Pharmacy - Non Hep C	6,384	289	4,260	22.09	7.84	1.000	95%	(216)	-	5,852	275	4,049	21.31	7.19
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	15	1	15	15.00	0.02	1.001	80%	12	1	24	2	24	15.00	0.03
FQHC & RHC	8,492	238	3,509	35.68	10.43	1.057	90%	(34)	(1)	8,085	227	3,345	35.64	9.93
Subtotal - Other Services	14,891	528	7,784	28.20	18.29		92%	(238)	(0)	13,961	503	7,417	27.75	17.15
Total	\$ 83,037				\$ 102.01		#DIV/0!	1,174	39	\$ 90,221				\$ 110.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
KCHIP Children Age 1 through 18															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					378,269									378,269	
Home Health Care & Hospice	698,114	4,580	145	152	1.85	1.124	100%	(5,030)	(12)	779,937	4,978	158	157	2.06	
IP - Maternity	25,891	82	3	315.75	0.07	1.061	100%	647	1	28,234	93	3	303.84	0.07	
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Medical/Surgical	2,777,208	661	21	4,199.62	7.34	1.080	96%	27,180	5	2,916,421	702	22	4,153.49	7.71	
IP - Normal Newborn	954	2	0	477.22	0.00	1.046	100%	71	0	1,073	2	0	477.22	0.00	
IP - Mental Health	1,526,888	1,165	37	1,311.13	4.04	1.104	100%	31,420	23	1,723,748	1,313	42	1,312.53	4.56	
IP - PRTF	116,381	400	13	290.92	0.31	1.088	100%	3,097	10	130,267	447	14	291.69	0.34	
IP - Other	4,828	4	0	1,207.06	0.01	1.159	100%	(22)	(0)	5,600	5	0	1,207.06	0.01	
Subtotal - Inpatient	4,452,151	2,314	73	1,924.08	11.77		98%	62,393	40	4,805,343	2,562	81	1,875.73	12.70	
OP - Emergency Room	4,338,102	12,460	395	348.16	11.47	1.070	100%	2,460	(0)	4,641,028	13,385	425	346.73	12.27	
OP - Laboratory	524,116	5,863	186	89.39	1.39	1.057	98%	1,016	10	546,685	6,119	194	89.34	1.45	
OP - Radiology	957,193	3,627	115	263.90	2.53	1.060	100%	2,829	7	1,015,624	3,858	122	263.25	2.68	
OP - Surgery	3,077,503	1,628	52	1,889.91	8.14	1.061	100%	8,797	3	3,266,291	1,732	55	1,886.09	8.63	
OP - Mental Health	20,224	31	1	659.49	0.05	1.149	99%	(264)	(0)	22,838	33	1	702.15	0.06	
OP - Other	1,500,064	7,608	241	197.16	3.97	1.055	98%	8,730	54	1,562,954	7,847	249	199.18	4.13	
Subtotal - Outpatient	10,417,203	31,218	990	333.70	27.54		100%	23,568	74	11,055,419	32,974	1,046	335.28	29.23	
Prof - Evaluation & Management	8,004,600	174,881	5,548	45.77	21.16	1.087	97%	268,763	5,785	8,737,593	190,710	6,050	45.82	23.10	
Prof - Maternity	31,359	418	13	75.02	0.08	1.086	100%	3,116	41	37,158	493	16	75.36	0.10	
Prof - Surgery	1,280,945	8,377	266	152.91	3.39	1.088	100%	145,807	945	1,539,853	10,014	318	153.77	4.07	
Prof - DME/Supplies & Prosthetics	1,126,094	21,265	675	52.96	2.98	1.079	98%	(138,231)	(2,993)	1,056,078	19,670	624	53.69	2.79	
Prof - Lab	845,490	53,296	1,691	15.86	2.24	1.094	91%	89,116	5,642	926,846	58,536	1,857	15.83	2.45	
Prof - Radiology	362,454	14,465	459	25.06	0.96	1.081	92%	38,361	1,541	397,446	15,846	503	25.08	1.05	
Prof - Transportation	160,176	1,265	40	126.62	0.42	1.075	100%	15,745	131	187,206	1,502	48	124.63	0.49	
Prof - Mental Health	3,180,653	36,075	1,144	88.17	8.41	1.094	100%	345,153	3,916	3,823,801	43,253	1,372	88.41	10.11	
Prof - Target Case Management	682,677	2,001	63	341.17	1.80	1.088	100%	70,999	208	813,412	2,385	76	341.02	2.15	
Prof - Other	2,135,785	42,892	1,360.68	49.79	5.65	1.093	100%	231,094	4,651	2,564,784	51,146	1,623	50.15	6.78	
Subtotal - Professional	17,810,233	354,935	11,260	50.18	47.08		98%	1,069,923	19,868	20,084,177	393,555	12,485	51.03	53.09	
Pharmacy - Non Hep C	12,244,319	207,679	6,588	58.96	32.37	1.000	98%	(556,607)	-	11,471,841	203,991	6,471	56.24	30.33	
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
Dental	6,596,288	140,671	4,463	46.89	17.44	1.001	94%	163,940	3,369	6,354,062	135,366	4,294	46.94	16.80	
FQHC & RHC	2,568,323	78,130	2,479	32.87	6.79	1.055	93%	18,265	556	2,544,386	77,403	2,456	32.87	6.73	
Subtotal - Other Services	21,408,931	426,480	13,529	50.20	56.60		96%	(374,402)	3,925	20,370,289	416,761	13,221	48.88	53.85	
Total	\$ 54,786,632				\$ 144.84		98%	776,452	23,895	\$ 57,095,165				\$ 150.94	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,100									1,100
Home Health Care & Hospice	52,562	530	5,782	99	47.78	1.023	100%	320	5	54,082	545	5,946	99	49.17
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	10,454,675	2,766	30,173	3,779.89	9,504.25	1.038	100%	(604)	(0)	10,899,138	2,887	31,492	3,775.59	9,908.31
IP - Medical/Surgical	3,773,933	541	5,905	6,971.98	3,430.85	1.034	100%	17,413	3	3,937,529	565	6,166	6,965.88	3,579.57
IP - Normal Newborn	52,658	33	360	1,595.69	47.87	1.034	100%	323	1	55,024	36	388	1,545.47	50.02
IP - Mental Health	7,419	15	164	494.58	6.74	1.052	100%	(78)	(0)	7,757	16	171	494.58	7.05
IP - PRTE	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	13,120	1	11	13,119.94	11.93	1.029	100%	424	0	13,983	1	12	13,119.94	12.71
Subtotal - Inpatient	14,301,805	3,356	36,613	4,261.35	13,001.64		100%	17,477	3	14,913,431	3,504	38,229	4,255.69	13,557.66
OP - Emergency Room	47,622	77	840	618.47	43.29	1.027	100%	199	0	49,085	79	866	618.18	44.62
OP - Laboratory	2,554	45	491	56.75	2.32	1.040	100%	3	0	2,659	47	510	56.88	2.42
OP - Radiology	10,318	29	316	355.80	9.38	1.039	100%	23	(0)	10,743	30	332	353.15	9.77
OP - Surgery	13,064	7	76	1,866.25	11.88	1.023	100%	61	0	13,421	7	78	1,873.12	12.20
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	44,772	171	1,865	261.82	40.70	1.037	100%	(212)	(1)	46,204	175	1,912	263.68	42.00
Subtotal - Outpatient	118,329	329	3,589	359.66	107.57		100%	74	(0)	122,112	339	3,698	360.25	111.01
Prof - Evaluation & Management	195,414	4,206	45,884	46.46	177.65	1.026	100%	3,426	73	203,865	4,388	47,873	46.46	185.33
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	248,307	734	8,007	338.29	225.73	1.030	100%	6,542	19	262,278	774	8,444	338.85	238.43
Prof - DME/Supplies & Prosthetics	42,395	454	4,953	93.38	38.54	1.027	100%	705	9	44,252	472	5,147	93.79	40.23
Prof - Lab	4,784	159	1,735	30.09	4.35	1.023	100%	138	5	5,033	168	1,833	29.95	4.58
Prof - Radiology	48,314	3,630	39,600	13.31	43.92	1.029	100%	1,061	79	50,762	3,814	41,612	13.31	46.15
Prof - Transportation	53,186	170	1,855	312.86	48.35	1.023	100%	606	1	55,011	176	1,916	313.25	50.01
Prof - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	3,441,989	17,713	193,232.73	194.32	3,129.08	1.027	100%	55,900	287	3,592,495	18,478	201,578	194.42	3,265.90
Subtotal - Professional	4,034,387	27,066	295,265	149.06	3,667.62		100%	68,378	474	4,213,696	28,270	308,403	149.05	3,830.63
Pharmacy - Non Hep C	164,963	727	7,931	226.91	149.97	1.000	100%	(7,819)	-	157,145	727	7,931	216.15	142.86
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
FQHC & RHC	11,221	255	2,782	44.00	10.20	1.017	94%	(4)	0	10,702	245	2,672	43.69	9.73
Subtotal - Other Services	176,184	982	10,713	179.41	160.17		100%	(7,822)	0	167,848	972	10,603	172.69	152.59
Total	\$ 18,683,267				\$ 16,984.79		100%	78,428	482	\$ 19,471,169				\$ 17,701.06

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Age 3 through 12 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					4,113									4,113
Home Health Care & Hospice	238,224	3,319	9,683	72	57.92	1.022	100%	916	24	244,309	3,399	9,917	72	59.40
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	1,411,484	125	365	11,291.60	343.18	1.045	100%	(3,025)	(0)	1,477,904	131	384	11,241.98	359.33
IP - Medical/Surgical	10,306,861	1,031	3,008	9,995.50	2,505.92	1.036	100%	29,920	3	10,753,500	1,080	3,151	9,956.41	2,614.52
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	37,930	9	26	4,214.40	9.22	1.035	100%	170	(0)	39,588	9	28	4,179.58	9.63
Subtotal - Inpatient	11,756,274	1,165	3,399	10,089.90	2,858.32		100%	27,065	2	12,270,992	1,221	3,562	10,050.01	2,983.47
OP - Emergency Room	303,355	586	1,708	518.04	73.76	1.032	100%	(9)	(0)	313,098	607	1,772	515.48	76.12
OP - Laboratory	31,309	253	738	123.75	7.61	1.031	100%	15	(0)	32,305	263	768	122.73	7.85
OP - Radiology	45,066	151	441	298.45	10.96	1.049	100%	(109)	(0)	47,181	157	459	300.09	11.47
OP - Surgery	368,009	138	402	2,670.60	89.47	1.035	100%	1,522	1	382,295	144	420	2,658.66	92.95
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	424,868	1,207	3,523	351.88	103.30	1.028	100%	1,115	4	437,890	1,242	3,623	352.65	106.46
Subtotal - Outpatient	1,172,606	2,335	6,812	502.23	285.10		100%	2,534	4	1,212,769	2,413	7,041	502.52	294.86
Prof - Evaluation & Management	677,903	10,815	31,554	62.68	164.82	1.025	100%	21,618	335	716,164	11,428	33,343	62.67	174.12
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	329,459	1,347	3,930	244.59	80.10	1.027	100%	7,305	30	345,750	1,413	4,123	244.65	84.06
Prof - DME/Supplies & Prosthetics	328,764	4,188	12,219	78.50	79.93	1.023	100%	9,113	120	345,444	4,391	12,812	78.66	83.99
Prof - Lab	14,182	797	2,325	17.79	3.45	1.028	100%	343	19	14,925	839	2,449	17.78	3.63
Prof - Radiology	40,643	1,894	5,526	21.46	9.88	1.028	100%	909	43	42,683	1,988	5,802	21.47	10.38
Prof - Transportation	87,329	290	846	301.14	21.23	1.020	100%	2,673	10	91,719	306	892	299.97	22.30
Prof - Mental Health	944	13	38	72.60	0.23	1.042	100%	(51)	(1)	933	13	38	72.38	0.23
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	2,041,867	12,589	36,729.39	162.19	496.44	1.028	100%	34,979	218	2,134,748	13,147	38,359	162.37	519.02
Subtotal - Professional	3,521,091	31,933	93,167	110.26	856.09		100%	76,889	774	3,692,367	33,527	97,817	110.13	897.73
Pharmacy - Non Hep C	3,134,461	6,779	19,778	462.38	762.09	1.000	100%	(135,451)	-	2,999,028	6,779	19,778	442.40	729.16
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	977	25	73	39.09	0.24	1.001	100%	46	1	1,024	26	76	39.07	0.25
FQHC & RHC	50,711	1,416	4,131	35.81	12.33	1.017	97%	68	2	50,299	1,405	4,098	35.81	12.23
Subtotal - Other Services	3,186,150	8,220	23,982	387.61	774.65		100%	(135,337)	3	3,050,351	8,210	23,953	371.55	741.64
Total	\$ 19,874,345				\$ 4,832.08		100%	(27,933)	807	\$ 20,470,789				\$ 4,977.09

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Age 1 or Older														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,314,185									1,314,185
Home Health Care & Hospice	23,417,171	199,532	1,822	117	17.82	1.023	100%	3,424	340	23,963,868	203,941	1,862	118	18.23
IP - Maternity	480,293	1,188	11	404.38	0.37	1.037	100%	5,415	13	505,581	1,251	11	404.02	0.38
IP - Complex Newborn	80,503	3	0	23,477.11	0.06	1.052	100%	3,416	0	88,432	4	0	23,477.11	0.07
IP - Medical/Surgical	248,819,913	60,842	556	4,089.63	189.33	1.035	100%	2,926,560	620	261,172,223	64,031	585	4,078.86	198.73
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	40,468,385	19,314	176	2,095.25	30.79	1.038	100%	567,769	281	42,681,519	20,408	186	2,091.38	32.48
IP - PRTF	4,131,822	9,084	83	454.86	3.14	1.037	100%	111,867	247	4,415,209	9,695	89	455.40	3.36
IP - Other	2,846,648	904	8	3,148.95	2.17	1.035	100%	39,101	10	2,997,205	954	9	3,142.33	2.28
Subtotal - Inpatient	296,827,565	91,335	834	3,249.88	225.86		100%	3,654,128	1,171	311,860,169	96,343	880	3,236.98	237.30
OP - Emergency Room	82,341,073	132,699	1,212	620.51	62.66	1.030	100%	245,945	287	84,979,693	137,214	1,253	619.32	64.66
OP - Laboratory	15,616,145	98,955	904	157.81	11.88	1.027	100%	140,451	935	16,170,645	102,412	935	157.90	12.30
OP - Radiology	45,798,370	65,188	595	702.56	34.85	1.033	100%	332,294	537	47,628,695	67,669	618	703.85	36.24
OP - Surgery	56,223,067	27,203	248	2,066.78	42.78	1.033	100%	329,783	160	58,378,282	28,261	258	2,065.67	44.42
OP - Mental Health	238,939	403	4	593.15	0.18	1.070	100%	(2,586)	(0)	252,047	418	4	603.62	0.19
OP - Other	52,959,751	117,037	1,069	452.50	40.30	1.034	100%	281,260	912	55,046,683	120,957	1,104	455.09	41.89
Subtotal - Outpatient	253,177,345	441,485	4,031	573.47	192.65		100%	1,327,146	2,831	262,456,047	456,931	4,172	574.39	199.71
Prof - Evaluation & Management	60,732,366	1,180,791	10,782	51.43	46.21	1.022	100%	767,449	13,779	62,681,587	1,217,338	11,116	51.49	47.70
Prof - Maternity	471,083	5,351	49	88.04	0.36	1.026	100%	19,374	219	502,382	5,702	52	88.10	0.38
Prof - Surgery	25,317,063	154,898	1,414	163.44	19.26	1.022	100%	834,656	5,067	26,715,588	163,315	1,491	163.58	20.33
Prof - DME/Supplies & Prosthetics	35,316,675	317,434	2,899	111.26	26.87	1.021	100%	676,602	5,555	36,643,462	328,406	2,999	111.58	27.88
Prof - Lab	8,366,451	481,724	4,399	17.37	6.37	1.023	100%	270,080	15,405	8,817,425	507,326	4,632	17.38	6.71
Prof - Radiology	11,254,269	276,948	2,529	40.64	8.56	1.021	100%	325,897	8,365	11,804,200	290,758	2,655	40.60	8.98
Prof - Transportation	8,072,090	94,399	862	85.51	6.14	1.020	100%	242,201	2,817	8,468,926	99,206	906	85.37	6.44
Prof - Mental Health	54,528,113	445,110	4,064	122.50	41.49	1.022	99%	2,047,561	18,382	57,020,271	467,180	4,266	122.05	43.39
Prof - Target Case Management	12,068,664	35,188	321	342.98	9.18	1.023	99%	489,138	1,436	12,722,935	37,112	339	342.82	9.68
Prof - Other	74,814,766	909,405	8,303.90	82.27	56.93	1.023	100%	2,179,238	26,770	78,665,546	955,813	8,728	82.30	59.86
Subtotal - Professional	290,941,541	3,901,248	35,623	74.58	221.39		100%	7,852,197	97,795	304,042,324	4,072,156	37,183	74.66	231.35
Pharmacy - Non Hep C	443,054,519	6,313,612	57,650	70.17	337.13	1.000	100%	(18,774,963)	-	424,081,562	6,310,757	57,624	67.20	322.70
Pharmacy - Hep C	14,354,698	899	8	15,967.41	10.92	1.000	230%	(606,087)	-	32,409,907	2,068	19	15,674.29	24.66
Dental	10,412,709	226,270	2,066	46.02	7.92	1.001	100%	299,436	6,502	10,687,675	232,238	2,121	46.02	8.13
FQHC & RHC	15,680,771	484,133	4,421	32.39	11.93	1.017	98%	101,409	3,107	15,673,103	483,904	4,419	32.39	11.93
Subtotal - Other Services	483,502,697	7,024,914	64,145	68.83	367.91		104%	(18,980,205)	9,609	482,852,248	7,028,967	64,182	68.69	367.42
Total	\$ 1,347,866,318				\$ 1,025.63		101%	(6,143,309)	111,746	\$ 1,385,174,657				\$ 1,054.02

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide**

**Exhibit 1C
Confidential and Proprietary**

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Service Category	Dual Eligibles All Ages July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					767,811									767,811
Home Health Care & Hospice	2,987,854	30,629	479	98	3.89	1.032	100%	12,897	139	3,095,666	31,741	496	98	4.03
IP - Maternity	23,202	225	4	103.12	0.03	1.055	100%	457	5	25,046	246	4	102.02	0.03
IP - Complex Newborn	6,992	1	0	6,992.16	0.01	1.049	100%	(84)	(0)	7,284	1	0	6,992.16	0.01
IP - Medical/Surgical	29,345,232	26,137	408	1,122.76	38.22	1.062	100%	1,469,886	1,343	32,617,802	29,189	456	1,117.48	42.48
IP - Normal Newborn	1,706	2	0	852.79	0.00	1.049	100%	47	0	1,844	2	0	852.79	0.00
IP - Mental Health	3,180,779	6,805	106	467.45	4.14	1.074	100%	126,658	274	3,544,185	7,544	118	469.79	4.62
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	398,949	432	7	922.99	0.52	1.062	100%	17,896	19	443,206	482	8	918.89	0.58
Subtotal - Inpatient	32,956,860	33,602	525	980.81	42.92		100%	1,614,859	1,642	36,639,368	37,464	586	977.99	47.72
OP - Emergency Room	11,148,357	55,440	866	201.09	14.52	1.027	100%	18,021	83	11,459,523	56,989	891	201.08	14.92
OP - Laboratory	1,072,348	11,842	185	90.56	1.40	1.024	100%	7,900	39	1,102,696	12,201	191	90.38	1.44
OP - Radiology	4,928,963	35,058	548	140.59	6.42	1.028	100%	19,758	177	5,084,300	36,166	565	140.58	6.62
OP - Surgery	6,271,631	13,541	212	463.15	8.17	1.028	100%	2,059	16	6,447,693	13,919	218	463.23	8.40
OP - Mental Health	253,493	575	9	440.86	0.33	1.026	100%	2,054	5	261,963	594	9	440.85	0.34
OP - Other	9,681,763	51,711	808	187.23	12.61	1.030	100%	3,021	194	9,961,569	53,192	831	187.28	12.97
Subtotal - Outpatient	33,356,554	168,167	2,628	198.35	43.44		100%	52,814	514	34,317,745	173,061	2,705	198.30	44.70
Prof - Evaluation & Management	7,373,825	336,467	5,259	21.92	9.60	1.032	99%	(69,187)	(3,214)	7,467,098	340,618	5,323	21.92	9.73
Prof - Maternity	43,883	1,111	17	39.50	0.06	1.032	99%	1,257	33	46,215	1,171	18	39.47	0.06
Prof - Surgery	2,960,628	62,325	974	47.50	3.86	1.032	100%	100,089	2,056	3,154,431	66,356	1,037	47.54	4.11
Prof - DME/Supplies & Prosthetics	4,161,783	184,608	2,885	22.54	5.42	1.032	99%	48,198	1,889	4,284,319	189,734	2,965	22.58	5.58
Prof - Lab	433,230	40,090	627	10.81	0.56	1.032	98%	15,642	1,442	455,188	42,117	658	10.81	0.59
Prof - Radiology	1,380,500	133,928	2,093	10.31	1.80	1.032	99%	45,114	4,332	1,454,462	141,065	2,205	10.31	1.89
Prof - Transportation	1,298,222	20,805	325	62.40	1.69	1.032	100%	25,260	409	1,364,711	21,875	342	62.39	1.78
Prof - Mental Health	15,003,597	102,593	1,603	146.24	19.54	1.032	98%	408,215	3,005	15,596,306	106,906	1,671	145.89	20.31
Prof - Target Case Management	2,413,468	7,045	110	342.58	3.14	1.032	98%	59,096	175	2,508,533	7,327	115	342.35	3.27
Prof - Other	5,635,879	223,147	3,487.53	25.26	7.34	1.032	100%	173,709	6,636	5,985,495	236,758	3,700	25.28	7.80
Subtotal - Professional	40,705,015	1,112,119	17,381	36.60	53.01		99%	807,392	16,763	42,316,758	1,153,927	18,035	36.67	55.11
Pharmacy - Non Hep C	13,664,922	456,088	7,128	29.96	17.80	1.000	100%	(692,306)	-	12,933,618	454,765	7,107	28.44	16.84
Pharmacy - Hep C	407,415	18	0	22,634.17	0.53	1.000	230%	(6,344)	-	930,714	41	1	22,480.93	1.21
Dental	2,780,438	64,470	1,008	43.13	3.62	1.001	99%	65,201	1,483	2,818,692	65,320	1,021	43.15	3.67
FQHC & RHC	1,565,103	66,627	1,041	23.49	2.04	1.032	98%	4,956	203	1,595,658	67,919	1,061	23.49	2.08
Subtotal - Other Services	18,417,878	587,203	9,177	31.37	23.99		102%	(628,494)	1,686	18,278,682	588,046	9,190	31.08	23.81
Total	\$ 128,424,161				\$ 167.26		100%	1,859,469	20,744	\$ 134,648,218				\$ 175.37

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care Children Age 0 through 2 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,637									1,637
Home Health Care & Hospice	546	9	66	61	0.33	1.095	100%	(5)	(0)	593	10	72	60	0.36
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	2,426,878	749	5,491	3,240.16	1,482.52	1.061	100%	3,843	1	2,589,077	809	5,931	3,200.04	1,581.60
IP - Medical/Surgical	145,276	43	315	3,378.52	88.75	1.078	100%	(320)	(0)	157,012	45	333	3,453.88	95.91
IP - Normal Newborn	284,608	179	1,312	1,589.99	173.86	1.066	100%	2,863	2	307,474	192	1,406	1,603.43	187.83
IP - Mental Health	8,085	5	37	1,616.98	4.94	1.035	100%	105	0	8,506	5	39	1,616.98	5.20
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	4,828	2	15	2,414.11	2.95	1.152	100%	12	0	5,599	2	17	2,414.11	3.42
Subtotal - Inpatient	2,869,675	978	7,169	2,934.23	1,753.01		100%	6,503	3	3,067,669	1,054	7,725	2,910.84	1,873.96
OP - Emergency Room	42,660	105	770	406.29	26.06	1.049	100%	(141)	(0)	44,612	111	811	403.38	27.25
OP - Laboratory	6,150	80	586	76.87	3.76	1.063	100%	(37)	(0)	6,499	85	622	76.60	3.97
OP - Radiology	8,030	59	432	136.10	4.91	1.060	100%	(27)	(0)	8,487	63	459	135.50	5.18
OP - Surgery	9,092	16	117	568.24	5.55	1.045	100%	82	0	9,586	17	125	561.56	5.86
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	21,702	146	1,070	148.65	13.26	1.037	100%	37	0	22,536	151	1,109	148.96	13.77
Subtotal - Outpatient	87,634	406	2,976	215.85	53.53		100%	(86)	(1)	91,720	426	3,126	215.08	56.03
Prof - Evaluation & Management	128,412	2,744	20,115	46.80	78.44	1.084	100%	4,381	96	143,596	3,079	22,570	46.64	87.72
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	22,468	171	1,254	131.39	13.73	1.098	100%	166	1	24,831	186	1,362	133.64	15.17
Prof - DME/Supplies & Prosthetics	5,124	86	630	59.59	3.13	1.056	100%	181	3	5,593	95	696	58.93	3.42
Prof - Lab	2,893	170	1,246	17.01	1.77	1.076	100%	116	8	3,228	192	1,409	16.80	1.97
Prof - Radiology	5,653	243	1,781	23.26	3.45	1.097	100%	149	6	6,349	272	1,996	23.31	3.88
Prof - Transportation	11,967	65	476	184.11	7.31	1.037	100%	(80)	(0)	12,329	68	499	181.10	7.53
Prof - Mental Health	526	5	37	105.15	0.32	1.062	100%	57	1	615	6	43	105.71	0.38
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	296,437	3,006	22,035.43	98.62	181.09	1.090	100%	5,672	56	328,647	3,322	24,352	98.93	200.76
Subtotal - Professional	473,481	6,490	47,575	72.96	289.24		100%	10,641	171	525,188	7,220	52,926	72.74	320.82
Pharmacy - Non Hep C	9,980	592	4,340	16.86	6.10	1.000	100%	(445)	-	9,534	592	4,340	16.11	5.82
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	242	4	29	60.40	0.15	1.001	100%	-	-	242	4	29	60.40	0.15
FQHC & RHC	32,125	813	5,960	39.51	19.62	1.028	99%	(100)	(3)	32,487	824	6,041	39.42	19.85
Subtotal - Other Services	42,346	1,409	10,329	30.05	25.87		99%	(546)	(3)	42,263	1,420	10,410	29.76	25.82
Total	\$ 3,473,682				\$ 2,121.98		100%	16,506	170	\$ 3,727,433				\$ 2,276.99

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care Children Age 3 through 12 Months														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					5,311									5,311
Home Health Care & Hospice	44,113	461	1,042	96	8.31	1.078	100%	112	3	47,661	481	1,086	99	8.97
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	991,714	187	423	5,303.28	186.73	1.073	100%	419	0	1,069,212	205	463	5,221.84	201.32
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	4,500	1	2	4,500.00	0.85	1.035	100%	123	0	4,799	1	2	4,500.00	0.90
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	3,764	1	2	3,763.64	0.71	1.035	100%	119	0	4,029	1	2	3,763.64	0.76
Subtotal - Inpatient	999,978	189	427	5,290.89	188.28		100%	660	0	1,078,040	207	467	5,210.57	202.98
OP - Emergency Room	130,246	358	809	363.82	24.52	1.056	100%	(15)	(0)	137,535	380	858	362.07	25.90
OP - Laboratory	24,047	181	409	132.86	4.53	1.050	100%	29	(0)	25,286	192	433	131.99	4.76
OP - Radiology	24,904	119	269	209.28	4.69	1.057	100%	92	1	26,415	127	288	207.43	4.97
OP - Surgery	141,753	74	167	1,915.58	26.69	1.066	100%	(1,116)	(1)	149,932	78	175	1,930.52	28.23
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	88,943	552	1,247	161.13	16.75	1.048	100%	(121)	0	93,110	574	1,296	162.32	17.53
Subtotal - Outpatient	409,893	1,284	2,901	319.23	77.18		100%	(1,130)	(0)	432,278	1,350	3,050	320.19	81.39
Prof - Evaluation & Management	375,408	8,073	18,241	46.50	70.68	1.084	100%	17,798	383	424,884	9,138	20,647	46.50	80.00
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	52,673	385	870	136.81	9.92	1.072	100%	1,988	15	58,448	431	973	135.72	11.01
Prof - DME/Supplies & Prosthetics	45,465	637	1,439	71.37	8.56	1.049	100%	1,986	29	49,700	700	1,582	70.96	9.36
Prof - Lab	18,305	1,149	2,596	15.93	3.45	1.089	100%	1,097	70	21,034	1,324	2,992	15.88	3.96
Prof - Radiology	8,796	438	990	20.08	1.66	1.094	100%	510	26	10,130	507	1,146	19.97	1.91
Prof - Transportation	11,493	55	124	208.97	2.16	1.040	100%	1,103	4	13,056	64	145	202.93	2.46
Prof - Mental Health	2,385	22	50	108.41	0.45	1.099	100%	151	1	2,772	25	57	110.29	0.52
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	158,442	1,729	3,906.61	91.64	29.83	1.099	100%	4,565	46	178,625	1,924	4,348	92.82	33.63
Subtotal - Professional	672,967	12,488	28,216	53.89	126.71		100%	29,199	575	758,650	14,115	31,891	53.75	142.84
Pharmacy - Non Hep C	411,850	4,639	10,482	88.78	77.55	1.000	100%	(15,579)	-	396,272	4,639	10,482	85.42	74.61
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	2,884	81	183	35.60	0.54	1.001	100%	6	0	2,891	81	184	35.51	0.54
FQHC & RHC	93,712	2,615	5,908	35.84	17.64	1.030	97%	(187)	(5)	93,785	2,626	5,932	35.72	17.66
Subtotal - Other Services	508,446	7,335	16,573	69.32	95.73		100%	(15,761)	(5)	492,948	7,346	16,598	67.10	92.82
Total	\$ 2,635,396				\$ 496.21		100%	13,080	573	\$ 2,809,577				\$ 529.01

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
Foster Care Children Age 1 or Older															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					210,420									210,420	
Home Health Care & Hospice	1,656,687	18,378	1,048	90	7.87	1.075	100%	(3,783)	(33)	1,776,999	19,640	1,120	90	8.45	
IP - Maternity	6,793	90	5	75.48	0.03	1.035	100%	(62)	(0)	6,998	52	3	135.86	0.03	
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Medical/Surgical	2,192,637	533	30	4,114.15	10.42	1.083	100%	59,412	12	2,443,155	601	34	4,062.78	11.61	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	11,157,817	7,631	435	1,462.26	53.03	1.078	100%	398,169	269	12,473,748	8,556	488	1,457.87	59.28	
IP - PRTF	3,064,993	6,586	376	465.40	14.57	1.087	100%	147,795	325	3,492,107	7,479	426	466.95	16.60	
IP - Other	13,368	9	1	1,485.33	0.06	1.077	100%	216	0	14,678	10	1	1,425.16	0.07	
Subtotal - Inpatient	16,435,608	14,848	847	1,106.92	78.11		100%	605,532	605	18,430,685	16,698	952	1,103.77	87.59	
OP - Emergency Room	2,730,928	7,200	411	379.27	12.98	1.054	100%	969	1	2,876,366	7,598	433	378.55	13.67	
OP - Laboratory	378,351	4,130	236	91.61	1.80	1.050	100%	782	8	397,999	4,346	248	91.57	1.89	
OP - Radiology	481,159	1,961	112	245.41	2.29	1.056	100%	2,438	10	510,376	2,072	118	246.34	2.43	
OP - Surgery	2,075,887	1,113	63	1,864.89	9.87	1.049	100%	7,586	3	2,184,858	1,177	67	1,856.85	10.38	
OP - Mental Health	27,872	72	4	387.11	0.13	1.115	100%	(366)	0	30,698	76	4	405.12	0.15	
OP - Other	1,319,604	6,761	386	195.19	6.27	1.059	100%	1,940	31	1,399,428	7,071	403	197.92	6.65	
Subtotal - Outpatient	7,013,800	21,237	1,211	330.27	33.33		100%	13,348	52	7,399,724	22,340	1,274	331.24	35.17	
Prof - Evaluation & Management	6,766,844	137,815	7,859	49.10	32.16	1.077	100%	102,791	2,121	7,388,473	150,690	8,594	49.03	35.11	
Prof - Maternity	47,932	441	25	108.69	0.23	1.080	100%	4,323	40	56,075	520	30	107.87	0.27	
Prof - Surgery	817,644	5,915	337	138.23	3.89	1.081	100%	83,271	599	967,520	6,948	396	139.26	4.60	
Prof - DME/Supplies & Prosthetics	947,051	18,961	1,081	49.95	4.50	1.080	100%	(158,234)	(3,844)	864,354	16,370	934	52.80	4.11	
Prof - Lab	517,017	30,283	1,727	17.07	2.46	1.083	100%	50,657	2,987	610,418	35,867	2,045	17.02	2.90	
Prof - Radiology	229,465	9,359	534	24.52	1.09	1.077	100%	22,213	910	269,192	10,912	622	24.67	1.28	
Prof - Transportation	193,330	1,996	114	96.86	0.92	1.071	100%	17,631	188	224,621	2,348	134	95.67	1.07	
Prof - Mental Health	9,836,820	86,460	4,931	113.77	46.75	1.075	100%	939,245	8,454	11,508,367	100,983	5,759	113.96	54.69	
Prof - Target Case Management	1,868,574	5,499	314	339.80	8.88	1.060	100%	180,968	533	2,161,972	6,365	363	339.68	10.27	
Prof - Other	3,085,783	57,479	3,277.96	53.69	14.66	1.106	100%	297,700	5,551	3,710,089	67,818	3,868	54.71	17.63	
Subtotal - Professional	24,310,459	354,208	20,200	68.63	115.53		100%	1,540,565	17,540	27,761,082	398,820	22,744	69.61	131.93	
Pharmacy - Non Hep C	15,106,130	259,478	14,798	58.22	71.79	1.000	100%	(686,513)	-	14,419,400	259,475	14,798	55.57	68.53	
Pharmacy - Hep C	254,205	8	0	31,775.63	1.21	1.000	230%	(8,012)	-	576,662	18	1	31,340.19	2.74	
Dental	4,600,199	96,924	5,527	47.46	21.86	1.001	100%	152,771	3,058	4,757,023	100,067	5,707	47.54	22.61	
FQHC & RHC	1,925,730	56,985	3,250	33.79	9.15	1.034	98%	9,069	269	1,957,668	57,948	3,305	33.78	9.30	
Subtotal - Other Services	21,886,263	413,395	23,575	52.94	104.01		101%	(532,686)	3,327	21,710,752	417,508	23,810	52.00	103.18	
Total	\$ 71,302,818				\$ 338.86		100%	1,622,976	21,491	\$ 77,079,243				\$ 366.31	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	KYH Expansion Adults					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	4.5%	5.5%	1.086	1.105	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Medical/Surgical	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Normal Newborn	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Mental Health	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - PRTF	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Other	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
OP - Emergency Room	2.4%	3.4%	1.046	1.065	0.0%	0.0%
OP - Laboratory	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Radiology	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Surgery	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Mental Health	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Other	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Evaluation & Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Maternity	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Surgery	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Lab	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Radiology	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Transportation	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Mental Health	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Target Case Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Other	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Pharmacy - Non Hep C	8.5%	9.5%	1.165	1.186	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-2.7%	-1.7%	0.950	0.969	0.0%	0.0%
FQHC & RHC	5.2%	6.2%	1.100	1.120	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

KYH Expansion Adults - Medically Frail						
All Regions	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
	Home Health Care & Hospice	4.5%	5.5%	1.086	1.105	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Medical/Surgical	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Normal Newborn	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Mental Health	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - PRTF	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Other	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
OP - Emergency Room	2.4%	3.4%	1.046	1.065	0.0%	0.0%
OP - Laboratory	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Radiology	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Surgery	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Mental Health	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Other	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Evaluation & Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Maternity	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Surgery	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Lab	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Radiology	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Transportation	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Mental Health	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Target Case Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Other	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Pharmacy - Non Hep C	8.5%	9.5%	1.165	1.186	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-2.7%	-1.7%	0.950	0.969	0.0%	0.0%
FQHC & RHC	5.2%	6.2%	1.100	1.120	0.0%	0.0%

KYH Other Adults						
All Regions	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
	Home Health Care & Hospice	2.9%	3.9%	1.056	1.075	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Medical/Surgical	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Normal Newborn	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Mental Health	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - PRTF	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 3

Confidential and Proprietary

Projected Trends

IP - Other	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
OP - Emergency Room	3.4%	4.4%	1.064	1.084	0.0%	0.0%
OP - Laboratory	0.8%	1.8%	1.016	1.035	0.0%	0.0%
OP - Radiology	0.8%	1.8%	1.016	1.035	0.0%	0.0%
OP - Surgery	0.8%	1.8%	1.016	1.035	0.0%	0.0%
OP - Mental Health	0.8%	1.8%	1.016	1.035	0.0%	0.0%
OP - Other	0.8%	1.8%	1.016	1.035	0.0%	0.0%
Prof - Evaluation & Management	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Maternity	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Surgery	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Lab	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Radiology	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Transportation	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Mental Health	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Target Case Management	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Prof - Other	4.3%	5.3%	1.083	1.102	0.0%	0.0%
Pharmacy - Non Hep C	5.7%	6.7%	1.111	1.130	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	0.1%	1.1%	1.003	1.022	0.0%	0.0%
FQHC & RHC	4.3%	5.3%	1.083	1.102	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	KYH Children					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	2.9%	3.9%	1.055	1.075	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Medical/Surgical	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Normal Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Mental Health	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - PRTF	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Other	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
OP - Emergency Room	3.4%	4.4%	1.065	1.084	0.0%	0.0%
OP - Laboratory	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Radiology	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Surgery	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Mental Health	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Other	0.9%	1.9%	1.017	1.036	0.0%	0.0%
Prof - Evaluation & Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Maternity	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Surgery	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Lab	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Radiology	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Transportation	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Mental Health	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Target Case Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Other	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Pharmacy - Non Hep C	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	0.2%	1.2%	1.005	1.023	0.0%	0.0%
FQHC & RHC	4.3%	5.3%	1.082	1.102	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	KCHIP Children					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	2.9%	3.9%	1.055	1.075	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Medical/Surgical	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Normal Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Mental Health	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - PRTF	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Other	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
OP - Emergency Room	3.4%	4.4%	1.065	1.084	0.0%	0.0%
OP - Laboratory	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Radiology	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Surgery	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Mental Health	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Other	0.9%	1.9%	1.017	1.036	0.0%	0.0%
Prof - Evaluation & Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Maternity	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Surgery	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Lab	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Radiology	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Transportation	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Mental Health	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Target Case Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Other	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Pharmacy - Non Hep C	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	0.2%	1.2%	1.005	1.023	0.0%	0.0%
FQHC & RHC	4.3%	5.3%	1.082	1.102	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	SSI without Medicare					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	0.7%	1.7%	1.013	1.032	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	1.0%	2.0%	1.019	1.038	0.0%	0.0%
IP - Medical/Surgical	1.0%	2.0%	1.019	1.038	0.0%	0.0%
IP - Normal Newborn	1.0%	2.0%	1.019	1.038	0.0%	0.0%
IP - Mental Health	1.0%	2.0%	1.019	1.038	0.0%	0.0%
IP - PRTF	1.0%	2.0%	1.019	1.038	0.0%	0.0%
IP - Other	1.0%	2.0%	1.019	1.038	0.0%	0.0%
OP - Emergency Room	6.7%	7.7%	1.129	1.149	0.0%	0.0%
OP - Laboratory	6.0%	7.0%	1.116	1.136	0.0%	0.0%
OP - Radiology	6.0%	7.0%	1.116	1.136	0.0%	0.0%
OP - Surgery	6.0%	7.0%	1.116	1.136	0.0%	0.0%
OP - Mental Health	6.0%	7.0%	1.116	1.136	0.0%	0.0%
OP - Other	6.0%	7.0%	1.116	1.136	0.0%	0.0%
Prof - Evaluation & Management	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Maternity	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Surgery	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Lab	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Radiology	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Transportation	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Mental Health	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Target Case Management	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Prof - Other	3.6%	4.6%	1.068	1.088	0.0%	0.0%
Pharmacy - Non Hep C	7.3%	8.3%	1.142	1.162	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-2.2%	-1.2%	0.959	0.978	0.0%	0.0%
FQHC & RHC	3.6%	4.6%	1.068	1.088	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	Dual Eligibles					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	1.3%	2.3%	1.024	1.043	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Medical/Surgical	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Normal Newborn	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Mental Health	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - PRTF	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Other	0.9%	1.9%	1.018	1.037	0.0%	0.0%
OP - Emergency Room	7.4%	8.4%	1.144	1.164	0.0%	0.0%
OP - Laboratory	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Radiology	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Surgery	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Mental Health	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Other	6.6%	7.6%	1.128	1.148	0.0%	0.0%
Prof - Evaluation & Management	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Maternity	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Surgery	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Lab	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Radiology	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Transportation	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Mental Health	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Target Case Management	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Other	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Pharmacy - Non Hep C	7.5%	8.5%	1.145	1.165	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-1.8%	-0.8%	0.966	0.985	0.0%	0.0%
FQHC & RHC	5.0%	6.0%	1.096	1.116	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	Foster Care Children					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	2.2%	3.2%	1.042	1.061	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Medical/Surgical	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Normal Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Mental Health	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - PRTF	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Other	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
OP - Emergency Room	0.2%	1.2%	1.004	1.023	0.0%	0.0%
OP - Laboratory	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Radiology	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Surgery	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Mental Health	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Other	4.0%	5.0%	1.077	1.097	0.0%	0.0%
Prof - Evaluation & Management	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Maternity	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Surgery	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Lab	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Radiology	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Transportation	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Mental Health	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Target Case Management	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Prof - Other	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
Pharmacy - Non Hep C	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-1.5%	-0.5%	0.971	0.990	0.0%	0.0%
FQHC & RHC	-0.5%	0.5%	0.991	1.010	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development
Projected Non-Benefit Expenses

Exhibit 5
Confidential and Proprietary

All Regions	Low End	High End
General Admin PMPM - Statewide	\$40.56	\$44.17
KYH Expansion Adults	\$33.09	\$35.79
KYH Expansion Adults - Medically Frail	\$126.67	\$138.02
KYH Other Adults	\$51.53	\$55.99
KYH Children	\$20.65	\$22.52
KCHIP Children	\$16.14	\$17.59
SSI without Medicare	\$93.93	\$102.84
Dual Eligibles	\$15.55	\$17.03
Foster Care Children	\$37.39	\$40.94
Delivery Payment	3.4%	3.7%
Care Coordination %	0.0%	0.0%
Risk/Profit Margin	1.0%	1.0%
Premium Assessment	1.0%	1.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6A
Confidential and Proprietary**

Region A

Service Category	KYH Other Expansion Adults Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,066,567								
Home Health Care & Hospice	152	88.08	1.12	1.086	1.020	0.0%	1.24	1.105	1.020	0.0%	1.26
IP - Maternity	27	204.16	0.46	1.000	1.028	0.0%	0.47	1.000	1.028	0.0%	0.47
IP - Complex Newborn	0	8,261.69	0.01	0.967	1.023	0.0%	0.01	0.986	1.023	0.0%	0.01
IP - Medical/Surgical	97	3,526.26	28.60	0.967	0.859	0.0%	23.76	0.986	0.859	0.0%	24.21
IP - Normal Newborn	0	784.44	0.00	0.967	0.034	0.0%	0.00	0.986	0.034	0.0%	0.00
IP - Mental Health	6	2,064.29	0.97	0.967	0.783	0.0%	0.73	0.986	0.783	0.0%	0.75
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	3	3,985.09	1.00	0.967	0.998	0.0%	0.97	0.986	0.998	0.0%	0.99
Subtotal - Inpatient	133	2,804.99	31.04				25.94				26.43
OP - Emergency Room	684	495.28	28.25	1.046	0.938	0.0%	27.69	1.065	0.938	0.0%	28.20
OP - Laboratory	175	123.44	1.80	0.991	0.897	0.0%	1.60	1.009	0.897	0.0%	1.63
OP - Radiology	252	393.57	8.25	0.991	1.022	0.0%	8.35	1.009	1.022	0.0%	8.51
OP - Surgery	113	2,197.76	20.63	0.991	1.006	0.0%	20.56	1.009	1.006	0.0%	20.95
OP - Mental Health	0	1,370.61	0.04	0.991	0.888	0.0%	0.04	1.009	0.888	0.0%	0.04
OP - Other	155	430.67	5.56	0.991	1.019	0.0%	5.62	1.009	1.019	0.0%	5.72
Subtotal - Outpatient	1,379	561.54	64.54				63.86				65.06
Prof - Evaluation & Management	6,629	44.19	24.41	1.100	1.008	0.0%	27.09	1.120	1.008	0.0%	27.57
Prof - Maternity	151	89.20	1.12	1.100	1.030	0.0%	1.27	1.120	1.030	0.0%	1.29
Prof - Surgery	905	140.78	10.62	1.100	0.999	0.0%	11.68	1.120	0.999	0.0%	11.88
Prof - DME/Supplies & Prosthetics	524	87.42	3.82	1.100	1.029	0.0%	4.33	1.120	1.029	0.0%	4.40
Prof - Lab	3,974	19.76	6.54	1.100	1.041	0.0%	7.50	1.120	1.041	0.0%	7.63
Prof - Radiology	1,170	40.26	3.93	1.100	1.024	0.0%	4.42	1.120	1.024	0.0%	4.50
Prof - Transportation	175	70.03	1.02	1.100	0.854	0.0%	0.96	1.120	0.854	0.0%	0.98
Prof - Mental Health	486	81.07	3.28	1.100	1.056	0.0%	3.81	1.120	1.056	0.0%	3.88
Prof - Target Case Management	16	334.80	0.44	1.100	1.024	0.0%	0.49	1.120	1.024	0.0%	0.50
Prof - Other	2,508	72.09	15.07	1.100	0.988	0.0%	16.38	1.120	0.988	0.0%	16.67
Subtotal - Professional	16,538	50.97	70.25				77.92				79.32
Pharmacy - Non Hep C	14,920	43.05	53.53	1.165	1.092	0.0%	68.14	1.186	1.091	0.0%	69.28
Pharmacy - Hep C	5	13,773.98	5.62	0.855	1.010	0.0%	4.86	0.855	1.010	0.0%	4.86
Dental	1,800	47.85	7.18	0.950	0.238	0.0%	1.62	0.969	0.238	0.0%	1.66
FQHC & RHC	1,121	31.68	2.96	1.100	0.914	0.0%	2.98	1.120	0.914	0.0%	3.03
Subtotal - Other Services	17,847	46.59	69.29				77.60				78.82
Total			\$ 236.23				\$ 246.56				\$ 250.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KYH Expansion Adults - RCT Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			97,814								
Home Health Care & Hospice	167	77.65	1.08	1.086	0.998	0.0%	1.17	1.105	0.998	0.0%	1.19
IP - Maternity	18	347.83	0.52	1.000	1.024	0.0%	0.54	1.000	1.024	0.0%	0.54
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	132	3,454.63	37.92	0.967	0.975	0.0%	35.77	0.986	0.975	0.0%	36.45
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	54	1,624.20	7.31	0.967	0.958	0.0%	6.77	0.986	0.958	0.0%	6.90
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	4	3,660.46	1.14	0.967	0.700	0.0%	0.77	0.986	0.700	0.0%	0.78
Subtotal - Inpatient	208	2,710.93	46.90				43.85				44.68
OP - Emergency Room	681	497.98	28.27	1.046	0.989	0.0%	29.24	1.065	0.989	0.0%	29.78
OP - Laboratory	224	158.03	2.94	0.991	0.933	0.0%	2.72	1.009	0.933	0.0%	2.77
OP - Radiology	277	407.11	9.38	0.991	1.038	0.0%	9.65	1.009	1.038	0.0%	9.83
OP - Surgery	129	2,188.25	23.55	0.991	1.032	0.0%	24.09	1.009	1.032	0.0%	24.54
OP - Mental Health	3	1,278.73	0.35	0.991	0.999	0.0%	0.34	1.009	0.999	0.0%	0.35
OP - Other	178	389.29	5.78	0.991	1.021	0.0%	5.84	1.009	1.021	0.0%	5.95
Subtotal - Outpatient	1,492	565.24	70.27				71.88				73.23
Prof - Evaluation & Management	7,065	43.76	25.76	1.100	1.044	0.0%	29.59	1.120	1.044	0.0%	30.12
Prof - Maternity	91	87.25	0.66	1.100	1.039	0.0%	0.76	1.120	1.039	0.0%	0.77
Prof - Surgery	983	146.78	12.02	1.100	1.005	0.0%	13.29	1.120	1.005	0.0%	13.53
Prof - DME/Supplies & Prosthetics	607	86.57	4.38	1.100	1.036	0.0%	5.00	1.120	1.036	0.0%	5.09
Prof - Lab	3,970	19.83	6.56	1.100	1.049	0.0%	7.57	1.120	1.049	0.0%	7.71
Prof - Radiology	1,295	41.57	4.49	1.100	1.041	0.0%	5.14	1.120	1.041	0.0%	5.23
Prof - Transportation	226	64.20	1.21	1.100	0.999	0.0%	1.33	1.120	0.999	0.0%	1.35
Prof - Mental Health	867	119.25	8.61	1.100	1.061	0.0%	10.05	1.120	1.061	0.0%	10.23
Prof - Target Case Management	19	335.53	0.52	1.100	1.004	0.0%	0.58	1.120	1.004	0.0%	0.59
Prof - Other	2,986	72.48	18.03	1.100	1.016	0.0%	20.16	1.120	1.016	0.0%	20.52
Subtotal - Professional	18,108	54.51	82.26				93.46				95.13
Pharmacy - Non Hep C	16,461	44.09	60.48	1.165	1.096	0.0%	77.22	1.186	1.095	0.0%	78.51
Pharmacy - Hep C	13	14,329.82	15.16	0.855	1.010	0.0%	13.10	0.855	1.010	0.0%	13.10
Dental	1,684	47.32	6.64	0.950	1.068	0.0%	6.74	0.969	1.068	0.0%	6.87
FQHC & RHC	1,155	31.13	3.00	1.100	1.047	0.0%	3.45	1.120	1.047	0.0%	3.51
Subtotal - Other Services	19,313	52.99	85.28				100.51				102.00
Total			\$ 285.78				\$ 310.87				\$ 316.23

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

KYH Expansion Adults - Medically Frail Age 19 or Older											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			171,808								
Home Health Care & Hospice	1,240	205.74	21.27	1.086	1.008	0.0%	23.27	1.105	1.008	0.0%	23.69
IP - Maternity	47	685.60	2.69	1.000	0.928	0.0%	2.49	1.000	0.928	0.0%	2.49
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	2,304	2,571.90	493.88	0.967	0.941	0.0%	449.60	0.986	0.941	0.0%	458.23
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	663	1,775.54	98.05	0.967	0.933	0.0%	88.49	0.986	0.933	0.0%	90.19
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	39	2,086.93	6.78	0.967	0.935	0.0%	6.13	0.986	0.935	0.0%	6.24
Subtotal - Inpatient	3,053	2,363.81	601.39				546.72				557.16
OP - Emergency Room	1,960	589.30	96.25	1.046	0.980	0.0%	98.57	1.065	0.980	0.0%	100.38
OP - Laboratory	870	203.89	14.78	0.991	0.925	0.0%	13.54	1.009	0.925	0.0%	13.79
OP - Radiology	838	982.44	68.63	0.991	1.018	0.0%	69.19	1.009	1.018	0.0%	70.51
OP - Surgery	445	2,309.10	85.56	0.991	1.021	0.0%	86.53	1.009	1.021	0.0%	88.17
OP - Mental Health	32	1,314.12	3.56	0.991	0.996	0.0%	3.51	1.009	0.996	0.0%	3.58
OP - Other	934	857.31	66.70	0.991	1.009	0.0%	66.70	1.009	1.009	0.0%	67.96
Subtotal - Outpatient	5,079	792.65	335.47				338.03				344.38
Prof - Evaluation & Management	16,992	50.98	72.19	1.100	1.021	0.0%	81.10	1.120	1.021	0.0%	82.55
Prof - Maternity	161	78.13	1.05	1.100	1.039	0.0%	1.20	1.120	1.039	0.0%	1.22
Prof - Surgery	3,183	187.75	49.80	1.100	0.983	0.0%	53.89	1.120	0.983	0.0%	54.86
Prof - DME/Supplies & Prosthetics	2,490	132.19	27.43	1.100	1.018	0.0%	30.73	1.120	1.018	0.0%	31.29
Prof - Lab	9,944	19.75	16.37	1.100	1.030	0.0%	18.55	1.120	1.030	0.0%	18.88
Prof - Radiology	5,136	44.50	19.05	1.100	1.009	0.0%	21.15	1.120	1.009	0.0%	21.53
Prof - Transportation	1,681	64.30	9.01	1.100	0.952	0.0%	9.44	1.120	0.952	0.0%	9.61
Prof - Mental Health	8,606	167.51	120.13	1.100	1.040	0.0%	137.48	1.120	1.040	0.0%	139.94
Prof - Target Case Management	227	336.70	6.36	1.100	1.024	0.0%	7.16	1.120	1.024	0.0%	7.29
Prof - Other	17,139	79.97	114.21	1.100	0.980	0.0%	123.17	1.120	0.980	0.0%	125.38
Subtotal - Professional	65,560	79.73	435.60				483.88				492.55
Pharmacy - Non Hep C	48,919	84.10	342.84	1.165	1.064	0.0%	424.94	1.186	1.063	0.0%	432.18
Pharmacy - Hep C	64	15,453.11	82.75	0.855	1.010	0.0%	71.51	0.855	1.010	0.0%	71.51
Dental	2,084	46.23	8.03	0.950	1.061	0.0%	8.10	0.969	1.061	0.0%	8.25
FQHC & RHC	2,321	31.81	6.15	1.100	1.029	0.0%	6.96	1.120	1.029	0.0%	7.09
Subtotal - Other Services	53,387	98.85	439.76				511.51				519.03
Total			\$ 1,833.49				\$ 1,903.42				\$ 1,936.82

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

KYH Expansion Adults - MF Possibles Age 19 or Older											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			63,087								
Home Health Care & Hospice	421	195.73	6.87	1.086	1.031	0.0%	7.69	1.105	1.031	0.0%	7.83
IP - Maternity	40	953.74	3.21	1.000	1.025	0.0%	3.29	1.000	1.025	0.0%	3.29
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	299	3,117.05	77.65	0.967	0.964	0.0%	72.38	0.986	0.964	0.0%	73.77
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	368	1,775.43	54.51	0.967	0.816	0.0%	43.03	0.986	0.816	0.0%	43.85
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	5	8,543.20	3.65	0.967	1.025	0.0%	3.62	0.986	1.025	0.0%	3.69
Subtotal - Inpatient	713	2,340.04	139.03				122.32				124.61
OP - Emergency Room	1,380	513.97	59.09	1.046	0.981	0.0%	60.61	1.065	0.981	0.0%	61.73
OP - Laboratory	805	257.97	17.30	0.991	0.906	0.0%	15.52	1.009	0.906	0.0%	15.81
OP - Radiology	346	396.85	11.45	0.991	1.037	0.0%	11.77	1.009	1.037	0.0%	11.99
OP - Surgery	180	2,183.89	32.75	0.991	1.018	0.0%	33.02	1.009	1.018	0.0%	33.65
OP - Mental Health	7	1,267.59	0.73	0.991	0.990	0.0%	0.71	1.009	0.990	0.0%	0.73
OP - Other	266	294.41	6.54	0.991	1.031	0.0%	6.67	1.009	1.031	0.0%	6.80
Subtotal - Outpatient	2,984	514.17	127.86				128.31				130.71
Prof - Evaluation & Management	10,955	47.55	43.41	1.100	1.024	0.0%	48.94	1.120	1.024	0.0%	49.82
Prof - Maternity	164	72.64	0.99	1.100	1.033	0.0%	1.13	1.120	1.033	0.0%	1.15
Prof - Surgery	1,445	158.95	19.14	1.100	1.021	0.0%	21.51	1.120	1.021	0.0%	21.90
Prof - DME/Supplies & Prosthetics	666	119.96	6.66	1.100	1.031	0.0%	7.56	1.120	1.031	0.0%	7.69
Prof - Lab	6,098	20.95	10.65	1.100	1.037	0.0%	12.16	1.120	1.037	0.0%	12.37
Prof - Radiology	2,136	40.27	7.17	1.100	1.039	0.0%	8.19	1.120	1.039	0.0%	8.34
Prof - Transportation	828	58.94	4.07	1.100	0.961	0.0%	4.30	1.120	0.961	0.0%	4.38
Prof - Mental Health	6,353	115.29	61.04	1.100	1.026	0.0%	68.90	1.120	1.026	0.0%	70.13
Prof - Target Case Management	222	335.40	6.20	1.100	1.021	0.0%	6.97	1.120	1.021	0.0%	7.09
Prof - Other	9,347	89.38	69.62	1.100	1.006	0.0%	77.11	1.120	1.006	0.0%	78.49
Subtotal - Professional	38,215	71.89	228.95				256.77				261.37
Pharmacy - Non Hep C	29,370	45.17	110.54	1.165	1.087	0.0%	140.06	1.186	1.086	0.0%	142.40
Pharmacy - Hep C	34	14,798.99	41.54	0.855	1.010	0.0%	35.90	0.855	1.010	0.0%	35.90
Dental	2,257	47.57	8.95	0.950	0.133	0.0%	1.13	0.969	0.133	0.0%	1.15
FQHC & RHC	2,027	33.38	5.64	1.100	0.901	0.0%	5.59	1.120	0.901	0.0%	5.69
Subtotal - Other Services	33,688	59.37	166.67				182.69				185.15
Total			\$ 669.38				\$ 697.78				\$ 709.66

KYH Expansion Adults - MF Possibles Age 19 or Older - MF Coverage											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			n/a								
Home Health Care & Hospice	421	195.73	6.87	1.086	1.031	0.0%	7.69	1.105	1.031	0.0%	7.83
IP - Maternity	40	953.74	3.21	1.000	1.025	0.0%	3.29	1.000	1.025	0.0%	3.29

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	299	3,117.05	77.65	0.967	0.964	0.0%	72.38	0.986	0.964	0.0%	73.77
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	368	1,775.43	54.51	0.967	0.816	0.0%	43.03	0.986	0.816	0.0%	43.85
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	5	8,543.20	3.65	0.967	1.025	0.0%	3.62	0.986	1.025	0.0%	3.69
Subtotal - Inpatient	713	2,340.04	139.03				122.32				124.61
OP - Emergency Room	1,380	513.97	59.09	1.046	0.981	0.0%	60.61	1.065	0.981	0.0%	61.73
OP - Laboratory	805	257.97	17.30	0.991	0.906	0.0%	15.52	1.009	0.906	0.0%	15.81
OP - Radiology	346	396.85	11.45	0.991	1.037	0.0%	11.77	1.009	1.037	0.0%	11.99
OP - Surgery	180	2,183.89	32.75	0.991	1.018	0.0%	33.02	1.009	1.018	0.0%	33.65
OP - Mental Health	7	1,267.59	0.73	0.991	0.990	0.0%	0.71	1.009	0.990	0.0%	0.73
OP - Other	266	294.41	6.54	0.991	1.031	0.0%	6.67	1.009	1.031	0.0%	6.80
Subtotal - Outpatient	2,984	514.17	127.86				128.31				130.71
Prof - Evaluation & Management	10,955	47.55	43.41	1.100	1.041	0.0%	49.73	1.120	1.041	0.0%	50.62
Prof - Maternity	164	72.64	0.99	1.100	1.033	0.0%	1.13	1.120	1.033	0.0%	1.15
Prof - Surgery	1,445	158.95	19.14	1.100	1.021	0.0%	21.51	1.120	1.021	0.0%	21.90
Prof - DME/Supplies & Prosthetics	666	119.96	6.66	1.100	1.031	0.0%	7.56	1.120	1.031	0.0%	7.69
Prof - Lab	6,098	20.95	10.65	1.100	1.037	0.0%	12.16	1.120	1.037	0.0%	12.37
Prof - Radiology	2,136	40.27	7.17	1.100	1.039	0.0%	8.19	1.120	1.039	0.0%	8.34
Prof - Transportation	828	58.94	4.07	1.100	0.961	0.0%	4.30	1.120	0.961	0.0%	4.38
Prof - Mental Health	6,353	115.29	61.04	1.100	1.026	0.0%	68.90	1.120	1.026	0.0%	70.13
Prof - Target Case Management	222	335.40	6.20	1.100	1.021	0.0%	6.97	1.120	1.021	0.0%	7.09
Prof - Other	9,347	89.38	69.62	1.100	1.006	0.0%	77.11	1.120	1.006	0.0%	78.49
Subtotal - Professional	38,215	71.89	228.95				257.56				262.17
Pharmacy - Non Hep C	29,370	45.17	110.54	1.165	1.087	0.0%	140.06	1.186	1.086	0.0%	142.40
Pharmacy - Hep C	34	14,798.99	41.54	0.855	1.010	0.0%	35.90	0.855	1.010	0.0%	35.90
Dental	2,257	47.57	8.95	0.950	1.059	0.0%	9.01	0.969	1.059	0.0%	9.18
FQHC & RHC	2,027	33.38	5.64	1.100	1.017	0.0%	6.31	1.120	1.017	0.0%	6.42
Subtotal - Other Services	33,688	59.37	166.67				191.28				193.91
Total		\$ 669.38					\$ 707.16				\$ 719.23

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KYH Other Adults Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			324,152								
Home Health Care & Hospice	206	92.05	1.58	1.056	0.999	0.0%	1.67	1.075	0.999	0.0%	1.70
IP - Maternity	441	133.47	4.90	1.000	1.019	0.0%	4.99	1.000	1.019	0.0%	4.99
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	69	3,668.22	20.96	0.957	0.974	0.0%	19.53	0.976	0.974	0.0%	19.91
IP - Normal Newborn	0	629.22	0.01	0.957	1.015	0.0%	0.01	0.976	1.015	0.0%	0.01
IP - Mental Health	6	1,494.24	0.74	0.957	1.057	0.0%	0.75	0.976	1.057	0.0%	0.76
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	2	2,972.52	0.48	0.957	1.015	0.0%	0.47	0.976	1.015	0.0%	0.48
Subtotal - Inpatient	517	628.51	27.09				25.75				26.15
OP - Emergency Room	967	453.05	36.49	1.064	0.983	0.0%	38.16	1.084	0.983	0.0%	38.86
OP - Laboratory	204	109.18	1.85	1.016	0.859	0.0%	1.62	1.035	0.859	0.0%	1.65
OP - Radiology	227	358.10	6.77	1.016	1.016	0.0%	6.99	1.035	1.016	0.0%	7.12
OP - Surgery	147	1,754.05	21.46	1.016	1.009	0.0%	22.00	1.035	1.009	0.0%	22.41
OP - Mental Health	0	752.36	0.01	1.016	0.081	0.0%	0.00	1.035	0.081	0.0%	0.00
OP - Other	211	356.80	6.26	1.016	1.004	0.0%	6.38	1.035	1.004	0.0%	6.50
Subtotal - Outpatient	1,755	498.19	72.85				75.16				76.55
Prof - Evaluation & Management	7,511	46.37	29.02	1.083	1.014	0.0%	31.88	1.102	1.014	0.0%	32.45
Prof - Maternity	1,535	103.43	13.23	1.083	1.013	0.0%	14.51	1.102	1.013	0.0%	14.77
Prof - Surgery	943	119.82	9.42	1.083	1.003	0.0%	10.23	1.102	1.003	0.0%	10.42
Prof - DME/Supplies & Prosthetics	508	115.11	4.87	1.083	1.019	0.0%	5.37	1.102	1.019	0.0%	5.47
Prof - Lab	6,756	19.58	11.02	1.083	1.011	0.0%	12.06	1.102	1.011	0.0%	12.28
Prof - Radiology	1,142	40.56	3.86	1.083	1.011	0.0%	4.23	1.102	1.011	0.0%	4.31
Prof - Transportation	229	62.83	1.20	1.083	0.996	0.0%	1.29	1.102	0.996	0.0%	1.31
Prof - Mental Health	615	81.47	4.17	1.083	1.035	0.0%	4.68	1.102	1.035	0.0%	4.76
Prof - Target Case Management	21	334.10	0.59	1.083	1.008	0.0%	0.64	1.102	1.008	0.0%	0.65
Prof - Other	3,455	79.01	22.75	1.083	1.008	0.0%	24.82	1.102	1.008	0.0%	25.27
Subtotal - Professional	22,714	52.90	100.13				109.72				111.70
Pharmacy - Non Hep C	12,764	40.77	43.37	1.111	1.066	0.0%	51.32	1.130	1.065	0.0%	52.20
Pharmacy - Hep C	3	14,394.11	3.17	0.855	1.000	0.0%	2.71	0.855	1.000	0.0%	2.71
Dental	2,053	46.52	7.96	1.003	1.017	0.0%	8.11	1.022	1.017	0.0%	8.26
FQHC & RHC	1,284	30.71	3.29	1.083	0.995	0.0%	3.54	1.102	0.995	0.0%	3.61
Subtotal - Other Services	16,103	43.05	57.77				65.68				66.78
Total		\$ 259.43					\$ 277.98				\$ 282.87

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KYH Other Adults - RCT Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			10,229								
Home Health Care & Hospice	182	33.98	0.52	1.056	0.971	0.0%	0.53	1.075	0.971	0.0%	0.54
IP - Maternity	83	235.22	1.62	1.000	1.015	0.0%	1.64	1.000	1.015	0.0%	1.64
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	82	2,222.27	15.21	0.957	0.955	0.0%	13.90	0.976	0.955	0.0%	14.17
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	5	850.00	0.38	0.957	1.015	0.0%	0.37	0.976	1.015	0.0%	0.38
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
Subtotal - Inpatient	170	1,214.07	17.21				15.92				16.19
OP - Emergency Room	663	476.52	26.34	1.064	0.956	0.0%	26.80	1.084	0.956	0.0%	27.28
OP - Laboratory	222	267.67	4.95	1.016	0.839	0.0%	4.22	1.035	0.839	0.0%	4.30
OP - Radiology	274	368.23	8.40	1.016	1.006	0.0%	8.59	1.035	1.006	0.0%	8.75
OP - Surgery	145	1,782.81	21.59	1.016	0.990	0.0%	21.71	1.035	0.990	0.0%	22.11
OP - Mental Health	1	375.00	0.04	1.016	1.000	0.0%	0.04	1.035	1.000	0.0%	0.04
OP - Other	194	367.81	5.95	1.016	1.012	0.0%	6.12	1.035	1.012	0.0%	6.23
Subtotal - Outpatient	1,500	538.25	67.27				67.47				68.72
Prof - Evaluation & Management	7,643	44.71	28.48	1.083	1.022	0.0%	31.51	1.102	1.022	0.0%	32.08
Prof - Maternity	780	97.48	6.33	1.083	1.000	0.0%	6.86	1.102	1.000	0.0%	6.98
Prof - Surgery	1,090	119.69	10.87	1.083	0.997	0.0%	11.74	1.102	0.997	0.0%	11.95
Prof - DME/Supplies & Prosthetics	549	74.98	3.43	1.083	1.005	0.0%	3.73	1.102	1.005	0.0%	3.80
Prof - Lab	5,484	19.47	8.90	1.083	1.012	0.0%	9.75	1.102	1.012	0.0%	9.92
Prof - Radiology	1,184	45.24	4.46	1.083	1.009	0.0%	4.88	1.102	1.009	0.0%	4.97
Prof - Transportation	166	60.61	0.84	1.083	0.972	0.0%	0.88	1.102	0.972	0.0%	0.90
Prof - Mental Health	636	78.07	4.13	1.083	1.036	0.0%	4.64	1.102	1.036	0.0%	4.72
Prof - Target Case Management	15	334.00	0.42	1.083	1.000	0.0%	0.46	1.102	1.000	0.0%	0.47
Prof - Other	2,972	75.88	18.80	1.083	1.008	0.0%	20.51	1.102	1.008	0.0%	20.88
Subtotal - Professional	20,518	50.69	86.67				94.95				96.67
Pharmacy - Non Hep C	14,870	36.59	45.34	1.111	1.071	0.0%	53.91	1.130	1.070	0.0%	54.83
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	2,007	47.42	7.93	1.003	1.024	0.0%	8.15	1.022	1.024	0.0%	8.30
FQHC & RHC	908	32.33	2.45	1.083	1.003	0.0%	2.66	1.102	1.003	0.0%	2.71
Subtotal - Other Services	17,785	37.60	55.72				64.72				65.83
Total		\$ 227.37					\$ 243.59				\$ 247.96

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

KYH Other Adults - Medically Frail Age 19 or Older											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			21,509								
Home Health Care & Hospice	1,993	158.14	26.27	1.056	1.004	0.0%	27.85	1.075	1.004	0.0%	28.36
IP - Maternity	1,100	295.93	27.14	1.000	1.015	0.0%	27.54	1.000	1.015	0.0%	27.54
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	2,619	2,472.84	539.68	0.957	0.993	0.0%	512.80	0.976	0.993	0.0%	522.69
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	737	1,706.83	104.79	0.957	1.038	0.0%	104.17	0.976	1.038	0.0%	106.18
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	51	2,272.45	9.64	0.957	1.015	0.0%	9.37	0.976	1.015	0.0%	9.55
Subtotal - Inpatient	4,507	1,813.84	681.25				653.88				665.96
OP - Emergency Room	3,832	528.86	168.90	1.064	0.995	0.0%	178.82	1.084	0.995	0.0%	182.08
OP - Laboratory	1,206	258.41	25.98	1.016	0.898	0.0%	23.70	1.035	0.898	0.0%	24.14
OP - Radiology	1,206	688.45	69.18	1.016	1.006	0.0%	70.67	1.035	1.006	0.0%	71.99
OP - Surgery	764	2,028.49	129.19	1.016	1.002	0.0%	131.50	1.035	1.002	0.0%	133.96
OP - Mental Health	59	1,352.56	6.70	1.016	1.008	0.0%	6.86	1.035	1.008	0.0%	6.99
OP - Other	1,467	674.24	82.43	1.016	1.012	0.0%	84.73	1.035	1.012	0.0%	86.31
Subtotal - Outpatient	8,535	678.18	482.37				496.28				505.48
Prof - Evaluation & Management	29,055	52.06	126.05	1.083	1.013	0.0%	138.23	1.102	1.013	0.0%	140.72
Prof - Maternity	3,374	90.82	25.54	1.083	1.016	0.0%	28.09	1.102	1.016	0.0%	28.60
Prof - Surgery	4,840	183.90	74.17	1.083	1.002	0.0%	80.44	1.102	1.002	0.0%	81.89
Prof - DME/Supplies & Prosthetics	3,059	143.80	36.66	1.083	1.017	0.0%	40.37	1.102	1.017	0.0%	41.10
Prof - Lab	22,098	20.40	37.56	1.083	1.014	0.0%	41.23	1.102	1.014	0.0%	41.98
Prof - Radiology	7,525	43.42	27.23	1.083	1.008	0.0%	29.73	1.102	1.008	0.0%	30.27
Prof - Transportation	2,307	65.47	12.59	1.083	1.005	0.0%	13.71	1.102	1.005	0.0%	13.95
Prof - Mental Health	14,793	159.24	196.31	1.083	1.030	0.0%	218.87	1.102	1.030	0.0%	222.83
Prof - Target Case Management	386	334.17	10.76	1.083	1.006	0.0%	11.72	1.102	1.006	0.0%	11.94
Prof - Other	27,628	82.17	189.19	1.083	1.009	0.0%	206.61	1.102	1.009	0.0%	210.34
Subtotal - Professional	115,067	76.76	736.05				809.00				823.62
Pharmacy - Non Hep C	67,816	73.67	416.33	1.111	1.046	0.0%	483.73	1.130	1.046	0.0%	492.15
Pharmacy - Hep C	59	13,891.09	68.33	0.855	1.000	0.0%	58.45	0.855	1.000	0.0%	58.45
Dental	4,398	46.17	16.92	1.003	1.017	0.0%	17.26	1.022	1.017	0.0%	17.58
FQHC & RHC	3,687	30.67	9.42	1.083	1.013	0.0%	10.33	1.102	1.013	0.0%	10.52
Subtotal - Other Services	75,960	80.73	511.00				569.77				578.70
Total			\$ 2,436.94				\$ 2,556.78				\$ 2,602.11

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KYH Other Adults - MF Possibles Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			20,313								
Home Health Care & Hospice	682	83.29	4.73	1.056	1.013	0.0%	5.06	1.075	1.013	0.0%	5.15
IP - Maternity	441	283.64	10.42	1.000	1.015	0.0%	10.58	1.000	1.015	0.0%	10.58
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	241	2,561.57	51.51	0.957	0.996	0.0%	49.13	0.976	0.996	0.0%	50.07
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	267	1,437.41	31.92	0.957	0.994	0.0%	30.39	0.976	0.994	0.0%	30.97
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	6	8,195.83	3.78	0.957	1.015	0.0%	3.67	0.976	1.015	0.0%	3.74
Subtotal - Inpatient	954	1,227.75	97.64				93.76				95.36
OP - Emergency Room	1,610	479.92	64.41	1.064	1.001	0.0%	68.60	1.084	1.001	0.0%	69.86
OP - Laboratory	396	157.06	5.18	1.016	0.850	0.0%	4.47	1.035	0.850	0.0%	4.55
OP - Radiology	312	377.13	9.79	1.016	1.001	0.0%	9.96	1.035	1.001	0.0%	10.15
OP - Surgery	234	1,926.23	37.56	1.016	1.014	0.0%	38.68	1.035	1.014	0.0%	39.40
OP - Mental Health	6	1,777.74	0.93	1.016	1.000	0.0%	0.94	1.035	1.000	0.0%	0.96
OP - Other	319	305.05	8.11	1.016	1.019	0.0%	8.40	1.035	1.019	0.0%	8.55
Subtotal - Outpatient	2,877	525.47	125.97				131.05				133.47
Prof - Evaluation & Management	13,211	50.37	55.46	1.083	1.016	0.0%	61.03	1.102	1.016	0.0%	62.14
Prof - Maternity	1,409	96.12	11.29	1.083	1.012	0.0%	12.37	1.102	1.012	0.0%	12.59
Prof - Surgery	1,545	144.81	18.65	1.083	1.010	0.0%	20.39	1.102	1.010	0.0%	20.76
Prof - DME/Supplies & Prosthetics	645	110.15	5.92	1.083	1.013	0.0%	6.50	1.102	1.013	0.0%	6.62
Prof - Lab	10,146	21.22	17.94	1.083	1.011	0.0%	19.63	1.102	1.011	0.0%	19.99
Prof - Radiology	2,142	39.44	7.04	1.083	1.019	0.0%	7.77	1.102	1.019	0.0%	7.91
Prof - Transportation	712	55.86	3.32	1.083	0.997	0.0%	3.58	1.102	0.997	0.0%	3.64
Prof - Mental Health	6,966	90.34	52.45	1.083	1.049	0.0%	59.59	1.102	1.049	0.0%	60.67
Prof - Target Case Management	242	334.11	6.73	1.083	1.003	0.0%	7.31	1.102	1.003	0.0%	7.45
Prof - Other	12,396	96.07	99.24	1.083	1.017	0.0%	109.28	1.102	1.017	0.0%	111.25
Subtotal - Professional	49,416	67.52	278.03				307.45				313.01
Pharmacy - Non Hep C	31,473	41.25	108.19	1.111	1.069	0.0%	128.41	1.130	1.068	0.0%	130.61
Pharmacy - Hep C	8	13,076.15	8.88	0.855	1.000	0.0%	7.60	0.855	1.000	0.0%	7.60
Dental	2,589	44.70	9.64	1.003	1.019	0.0%	9.85	1.022	1.019	0.0%	10.04
FQHC & RHC	1,824	34.03	5.17	1.083	1.012	0.0%	5.67	1.102	1.012	0.0%	5.77
Subtotal - Other Services	35,894	44.09	131.89				151.53				154.01
Total			\$ 638.26				\$ 688.85				\$ 701.00

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

KYH Children Age 0 through 2 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			33,563								
Home Health Care & Hospice	27	213.60	0.49	1.055	1.000	0.0%	0.51	1.075	1.000	0.0%	0.52
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	6,648	2,490.71	1,379.76	0.974	1.015	0.0%	1,364.44	0.993	1.015	0.0%	1,390.52
IP - Medical/Surgical	821	2,376.36	162.50	0.974	1.015	0.0%	160.71	0.993	1.015	0.0%	163.78
IP - Normal Newborn	3,358	1,000.41	279.97	0.974	1.015	0.0%	276.86	0.993	1.015	0.0%	282.15
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	9	2,040.94	1.57	0.974	1.015	0.0%	1.56	0.993	1.015	0.0%	1.59
Subtotal - Inpatient	10,836	2,019.79	1,823.81				1,803.57				1,838.04
OP - Emergency Room	1,168	294.37	28.66	1.065	1.000	0.0%	30.52	1.084	1.000	0.0%	31.08
OP - Laboratory	606	31.38	1.59	1.017	1.000	0.0%	1.61	1.036	1.000	0.0%	1.64
OP - Radiology	323	165.74	4.46	1.017	1.000	0.0%	4.53	1.036	1.000	0.0%	4.62
OP - Surgery	65	330.77	1.80	1.017	1.000	0.0%	1.83	1.036	1.000	0.0%	1.86
OP - Mental Health	0	(25.58)	(0.00)	1.017	1.000	0.0%	(0.00)	1.036	1.000	0.0%	(0.00)
OP - Other	155	381.47	4.92	1.017	1.000	0.0%	5.01	1.036	1.000	0.0%	5.10
Subtotal - Outpatient	2,318	214.47	41.43				43.50				44.30
Prof - Evaluation & Management	24,713	46.52	95.81	1.082	1.000	0.0%	103.67	1.102	1.000	0.0%	105.54
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	1,931	116.00	18.66	1.082	1.000	0.0%	20.19	1.102	1.000	0.0%	20.56
Prof - DME/Supplies & Prosthetics	347	53.17	1.54	1.082	1.000	0.0%	1.66	1.102	1.000	0.0%	1.69
Prof - Lab	1,915	13.89	2.22	1.082	1.000	0.0%	2.40	1.102	1.000	0.0%	2.44
Prof - Radiology	2,647	21.87	4.82	1.082	1.000	0.0%	5.22	1.102	1.000	0.0%	5.31
Prof - Transportation	513	102.77	4.39	1.082	1.000	0.0%	4.75	1.102	1.000	0.0%	4.84
Prof - Mental Health	6	49.87	0.02	1.082	1.000	0.0%	0.03	1.102	1.000	0.0%	0.03
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	20,610	101.73	174.72	1.082	1.001	0.0%	189.22	1.102	1.001	0.0%	192.64
Subtotal - Professional	52,682	68.83	302.18				327.14				333.05
Pharmacy - Non Hep C	3,374	23.79	6.69	0.991	1.103	0.0%	7.31	1.009	1.101	0.0%	7.44
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	27	112.57	0.26	1.005	1.000	0.0%	0.26	1.023	1.000	0.0%	0.26
FQHC & RHC	2,463	37.00	7.60	1.082	1.000	0.0%	8.22	1.102	1.000	0.0%	8.37
Subtotal - Other Services	5,865	29.75	14.54				15.79				16.07
Total			\$ 2,182.45				\$ 2,190.51				\$ 2,231.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KYH Children Age 3 through 12 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			75,918								
Home Health Care & Hospice	65	475.75	2.58	1.055	1.000	0.0%	2.72	1.075	1.000	0.0%	2.77
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	255	2,342.89	49.72	0.974	1.015	0.0%	49.16	0.993	1.015	0.0%	50.10
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	0	1,739.41	0.05	0.974	1.015	0.0%	0.05	0.993	1.015	0.0%	0.05
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	1	1,926.25	0.15	0.974	1.015	0.0%	0.14	0.993	1.015	0.0%	0.15
Subtotal - Inpatient	256	2,340.53	49.92				49.36				50.31
OP - Emergency Room	1,494	238.95	29.74	1.065	1.000	0.0%	31.67	1.084	1.000	0.0%	32.25
OP - Laboratory	172	62.38	0.90	1.017	1.000	0.0%	0.91	1.036	1.000	0.0%	0.93
OP - Radiology	136	187.11	2.12	1.017	1.000	0.0%	2.16	1.036	1.000	0.0%	2.20
OP - Surgery	73	1,410.05	8.57	1.017	1.000	0.0%	8.71	1.036	1.000	0.0%	8.88
OP - Mental Health	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Other	113	342.31	3.23	1.017	1.000	0.0%	3.29	1.036	1.000	0.0%	3.35
Subtotal - Outpatient	1,988	268.97	44.57				46.74				47.60
Prof - Evaluation & Management	17,605	41.57	60.99	1.082	1.000	0.0%	66.00	1.102	1.000	0.0%	67.19
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	503	159.91	6.71	1.082	1.000	0.0%	7.26	1.102	1.000	0.0%	7.39
Prof - DME/Supplies & Prosthetics	593	47.64	2.36	1.082	1.000	0.0%	2.55	1.102	1.000	0.0%	2.60
Prof - Lab	2,939	15.46	3.79	1.082	1.000	0.0%	4.10	1.102	1.000	0.0%	4.17
Prof - Radiology	671	24.44	1.37	1.082	1.000	0.0%	1.48	1.102	1.000	0.0%	1.51
Prof - Transportation	181	69.57	1.05	1.082	1.000	0.0%	1.14	1.102	1.000	0.0%	1.16
Prof - Mental Health	1	68.50	0.01	1.082	1.000	0.0%	0.01	1.102	1.000	0.0%	0.01
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	3,960	63.28	20.88	1.082	1.001	0.0%	22.62	1.102	1.001	0.0%	23.02
Subtotal - Professional	26,454	44.07	97.15				105.14				107.04
Pharmacy - Non Hep C	6,662	27.78	15.42	0.991	1.091	0.0%	16.66	1.009	1.089	0.0%	16.96
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	206	25.68	0.44	1.005	1.000	0.0%	0.44	1.023	1.000	0.0%	0.45
FQHC & RHC	2,392	29.19	5.82	1.082	1.000	0.0%	6.30	1.102	1.000	0.0%	6.41
Subtotal - Other Services	9,260	28.10	21.68				23.40				23.82
Total			\$ 215.89				\$ 227.37				\$ 231.54

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KYH Children Age 1 through 18										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,417,180								
Home Health Care & Hospice	347	137.16	3.96	1.055	1.000	0.0%	4.18	1.075	1.000	0.0%	4.26
IP - Maternity	3	254.16	0.07	1.000	1.015	0.0%	0.07	1.000	1.015	0.0%	0.07
IP - Complex Newborn	0	18,762.97	0.02	0.974	1.014	0.0%	0.02	0.993	1.014	0.0%	0.02
IP - Medical/Surgical	46	2,918.29	11.28	0.974	1.015	0.0%	11.16	0.993	1.015	0.0%	11.37
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	79	1,141.80	7.55	0.974	1.015	0.0%	7.46	0.993	1.015	0.0%	7.61
IP - PRTF	20	482.33	0.82	0.974	1.015	0.0%	0.81	0.993	1.015	0.0%	0.83
IP - Other	0	2,186.70	0.01	0.974	1.015	0.0%	0.01	0.993	1.015	0.0%	0.01
Subtotal - Inpatient	150	1,584.27	19.76				19.54				19.91
OP - Emergency Room	607	285.32	14.43	1.065	1.000	0.0%	15.36	1.084	1.000	0.0%	15.64
OP - Laboratory	108	91.48	0.82	1.017	0.998	0.0%	0.84	1.036	0.998	0.0%	0.85
OP - Radiology	85	320.91	2.26	1.017	1.000	0.0%	2.30	1.036	1.000	0.0%	2.34
OP - Surgery	43	1,630.17	5.80	1.017	1.000	0.0%	5.89	1.036	1.000	0.0%	6.00
OP - Mental Health	1	1,945.69	0.18	1.017	1.000	0.0%	0.18	1.036	1.000	0.0%	0.19
OP - Other	61	512.21	2.58	1.017	1.000	0.0%	2.63	1.036	1.000	0.0%	2.67
Subtotal - Outpatient	904	346.21	26.07				27.20				27.70
Prof - Evaluation & Management	6,380	47.15	25.07	1.082	1.000	0.0%	27.13	1.102	1.000	0.0%	27.62
Prof - Maternity	19	87.75	0.14	1.082	1.000	0.0%	0.15	1.102	1.000	0.0%	0.15
Prof - Surgery	325	183.60	4.97	1.082	1.000	0.0%	5.38	1.102	1.000	0.0%	5.47
Prof - DME/Supplies & Prosthetics	612	41.00	2.09	1.082	1.000	0.0%	2.26	1.102	1.000	0.0%	2.30
Prof - Lab	2,482	15.31	3.17	1.082	1.000	0.0%	3.43	1.102	1.000	0.0%	3.49
Prof - Radiology	516	24.97	1.07	1.082	1.000	0.0%	1.16	1.102	1.000	0.0%	1.18
Prof - Transportation	81	74.80	0.50	1.082	1.000	0.0%	0.54	1.102	1.000	0.0%	0.55
Prof - Mental Health	2,226	96.41	17.88	1.082	1.002	0.0%	19.38	1.102	1.002	0.0%	19.73
Prof - Target Case Management	152	337.60	4.28	1.082	1.000	0.0%	4.63	1.102	1.000	0.0%	4.71
Prof - Other	1,906	62.56	9.94	1.082	1.012	0.0%	10.88	1.102	1.012	0.0%	11.08
Subtotal - Professional	14,699	56.42	69.10				74.94				76.30
Pharmacy - Non Hep C	5,922	54.61	26.95	0.991	1.038	0.0%	27.71	1.009	1.037	0.0%	28.22
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,561	45.07	17.13	1.005	1.000	0.0%	17.21	1.023	1.000	0.0%	17.53
FQHC & RHC	874	32.54	2.37	1.082	1.000	0.0%	2.56	1.102	1.000	0.0%	2.61
Subtotal - Other Services	11,357	49.08	46.45				47.49				48.36
Total		\$ 165.35					\$ 173.35				\$ 176.53

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

KCHIP Children Age 0 through 2 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			71								
Home Health Care & Hospice	-	-	-	1.055	1.000	0.0%	-	1.075	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	14,081	1,086.18	1,274.56	0.974	1.015	0.0%	1,260.35	0.993	1.015	0.0%	1,284.43
IP - Medical/Surgical	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Normal Newborn	1,199	490.51	49.02	0.974	1.015	0.0%	48.46	0.993	1.015	0.0%	49.39
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	15,280	1,039.43	1,323.58				1,308.81				1,333.82
OP - Emergency Room	585	361.17	17.62	1.065	1.000	0.0%	18.76	1.084	1.000	0.0%	19.10
OP - Laboratory	696	17.61	1.02	1.017	1.121	0.0%	1.16	1.036	1.121	0.0%	1.19
OP - Radiology	388	100.93	3.26	1.017	1.000	0.0%	3.32	1.036	1.000	0.0%	3.38
OP - Surgery	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Mental Health	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Other	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
Subtotal - Outpatient	1,669	157.45	21.90				23.24				23.67
Prof - Evaluation & Management	16,380	41.68	56.89	1.082	1.015	0.0%	62.48	1.102	1.015	0.0%	63.60
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	848	75.60	5.34	1.082	1.000	0.0%	5.78	1.102	1.000	0.0%	5.88
Prof - DME/Supplies & Prosthetics	575	52.75	2.53	1.082	1.026	0.0%	2.81	1.102	1.026	0.0%	2.86
Prof - Lab	197	15.71	0.26	1.082	1.000	0.0%	0.28	1.102	1.000	0.0%	0.28
Prof - Radiology	2,523	23.29	4.90	1.082	1.078	0.0%	5.71	1.102	1.078	0.0%	5.82
Prof - Transportation	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Mental Health	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	19,321	150.15	241.74	1.082	1.001	0.0%	261.81	1.102	1.001	0.0%	266.54
Subtotal - Professional	39,842	93.87	311.65				338.86				344.98
Pharmacy - Non Hep C	2,134	8.79	1.56	0.991	1.399	0.0%	2.17	1.009	1.395	0.0%	2.20
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	1.005	1.000	0.0%	-	1.023	1.000	0.0%	-
FQHC & RHC	2,787	27.74	6.44	1.082	1.053	0.0%	7.34	1.102	1.053	0.0%	7.47
Subtotal - Other Services	4,920	19.52	8.00				9.51				9.67
Total			\$ 1,665.14				\$ 1,680.41				\$ 1,712.14

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

KCHIP Children Age 3 through 12 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			285								
Home Health Care & Hospice	-	-	-	1.055	1.000	0.0%	-	1.075	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	-	-	-				-				-
OP - Emergency Room	1,596	213.78	28.43	1.065	1.000	0.0%	30.28	1.084	1.000	0.0%	30.83
OP - Laboratory	235	55.84	1.09	1.017	1.033	0.0%	1.15	1.036	1.033	0.0%	1.17
OP - Radiology	96	150.00	1.19	1.017	1.000	0.0%	1.21	1.036	1.000	0.0%	1.24
OP - Surgery	193	1,434.57	23.01	1.017	1.003	0.0%	23.48	1.036	1.003	0.0%	23.92
OP - Mental Health	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Other	95	224.59	1.77	1.017	1.018	0.0%	1.83	1.036	1.018	0.0%	1.87
Subtotal - Outpatient	2,214	300.85	55.51				57.95				59.02
Prof - Evaluation & Management	19,544	44.35	72.23	1.082	1.016	0.0%	79.40	1.102	1.016	0.0%	80.83
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	975	120.80	9.82	1.082	1.000	0.0%	10.63	1.102	1.000	0.0%	10.82
Prof - DME/Supplies & Prosthetics	255	51.58	1.10	1.082	1.059	0.0%	1.26	1.102	1.059	0.0%	1.28
Prof - Lab	2,828	16.13	3.80	1.082	1.124	0.0%	4.62	1.102	1.124	0.0%	4.71
Prof - Radiology	601	32.57	1.63	1.082	1.044	0.0%	1.85	1.102	1.044	0.0%	1.88
Prof - Transportation	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Mental Health	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	3,752	40.68	12.72	1.082	1.001	0.0%	13.77	1.102	1.001	0.0%	14.02
Subtotal - Professional	27,956	43.48	101.29				111.52				113.54
Pharmacy - Non Hep C	4,909	17.95	7.34	0.991	1.195	0.0%	8.69	1.009	1.193	0.0%	8.84
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	67	15.00	0.08	1.005	1.122	0.0%	0.09	1.023	1.122	0.0%	0.10
FQHC & RHC	1,092	33.45	3.04	1.082	1.036	0.0%	3.41	1.102	1.036	0.0%	3.47
Subtotal - Other Services	6,069	20.71	10.47				12.20				12.41
Total			\$ 167.27				\$ 181.67				\$ 184.97

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	KCHIP Children Age 1 through 18										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			109,535								
Home Health Care & Hospice	196	271.77	4.44	1.055	1.000	0.0%	4.69	1.075	1.000	0.0%	4.77
IP - Maternity	6	73.66	0.04	1.000	1.015	0.0%	0.04	1.000	1.015	0.0%	0.04
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	39	2,583.07	8.31	0.974	1.079	0.0%	8.73	0.993	1.079	0.0%	8.90
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	75	1,329.62	8.34	0.974	1.015	0.0%	8.25	0.993	1.015	0.0%	8.41
IP - PRTF	18	305.87	0.47	0.974	1.015	0.0%	0.46	0.993	1.015	0.0%	0.47
IP - Other	1	1,207.06	0.05	0.974	1.015	0.0%	0.05	0.993	1.015	0.0%	0.05
Subtotal - Inpatient	139	1,486.87	17.21				17.54				17.87
OP - Emergency Room	482	301.85	12.13	1.065	1.000	0.0%	12.92	1.084	1.000	0.0%	13.15
OP - Laboratory	123	85.83	0.88	1.017	1.011	0.0%	0.90	1.036	1.011	0.0%	0.92
OP - Radiology	99	226.42	1.88	1.017	1.002	0.0%	1.91	1.036	1.002	0.0%	1.95
OP - Surgery	44	1,682.16	6.23	1.017	1.002	0.0%	6.35	1.036	1.002	0.0%	6.47
OP - Mental Health	1	1,577.12	0.19	1.017	1.003	0.0%	0.20	1.036	1.003	0.0%	0.20
OP - Other	54	506.70	2.28	1.017	1.009	0.0%	2.34	1.036	1.009	0.0%	2.38
Subtotal - Outpatient	805	351.87	23.59				24.62				25.07
Prof - Evaluation & Management	7,240	46.41	28.00	1.082	1.025	0.0%	31.06	1.102	1.025	0.0%	31.62
Prof - Maternity	16	83.19	0.11	1.082	1.000	0.0%	0.12	1.102	1.000	0.0%	0.13
Prof - Surgery	339	176.39	4.98	1.082	1.000	0.0%	5.39	1.102	1.000	0.0%	5.48
Prof - DME/Supplies & Prosthetics	667	46.05	2.56	1.082	1.024	0.0%	2.84	1.102	1.024	0.0%	2.89
Prof - Lab	2,651	15.26	3.37	1.082	1.097	0.0%	4.00	1.102	1.097	0.0%	4.07
Prof - Radiology	485	26.45	1.07	1.082	1.079	0.0%	1.25	1.102	1.079	0.0%	1.27
Prof - Transportation	58	87.94	0.42	1.082	1.000	0.0%	0.46	1.102	1.000	0.0%	0.47
Prof - Mental Health	1,751	94.57	13.80	1.082	1.002	0.0%	14.96	1.102	1.002	0.0%	15.23
Prof - Target Case Management	92	337.60	2.58	1.082	1.000	0.0%	2.79	1.102	1.000	0.0%	2.84
Prof - Other	1,804	60.89	9.15	1.082	1.013	0.0%	10.03	1.102	1.013	0.0%	10.21
Subtotal - Professional	15,103	52.48	66.05				72.90				74.22
Pharmacy - Non Hep C	5,868	65.64	32.10	0.991	1.049	0.0%	33.37	1.009	1.049	0.0%	33.98
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,534	44.47	16.80	1.005	1.071	0.0%	18.08	1.023	1.071	0.0%	18.42
FQHC & RHC	689	32.82	1.89	1.082	1.051	0.0%	2.14	1.102	1.051	0.0%	2.18
Subtotal - Other Services	11,090	54.95	50.78				53.59				54.58
Total		\$ 162.08					\$ 173.34				\$ 176.52

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI Age 0 through 2 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			405								
Home Health Care & Hospice	2,201	198.09	36.33	1.013	1.000	0.0%	36.82	1.032	1.000	0.0%	37.51
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	39,757	3,302.54	10,941.68	1.019	1.015	0.0%	11,316.51	1.038	1.015	0.0%	11,527.66
IP - Medical/Surgical	4,444	6,235.77	2,309.21	1.019	1.015	0.0%	2,387.85	1.038	1.015	0.0%	2,432.41
IP - Normal Newborn	933	426.30	33.13	1.019	1.014	0.0%	34.25	1.038	1.014	0.0%	34.89
IP - Mental Health	465	494.58	19.15	1.019	1.015	0.0%	19.81	1.038	1.015	0.0%	20.18
IP - PRTF	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Other	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
Subtotal - Inpatient	45,598	3,500.96	13,303.17				13,758.42				14,015.14
OP - Emergency Room	319	574.06	15.26	1.129	1.000	0.0%	17.24	1.149	1.000	0.0%	17.54
OP - Laboratory	384	66.07	2.12	1.116	1.000	0.0%	2.36	1.136	1.000	0.0%	2.40
OP - Radiology	415	232.58	8.04	1.116	1.000	0.0%	8.97	1.136	1.000	0.0%	9.13
OP - Surgery	-	-	2.32	1.116	1.000	0.0%	2.59	1.136	1.000	0.0%	2.64
OP - Mental Health	-	-	-	1.116	1.000	0.0%	-	1.136	1.000	0.0%	-
OP - Other	765	490.14	31.25	1.116	1.000	0.0%	34.86	1.136	1.000	0.0%	35.48
Subtotal - Outpatient	1,883	375.88	58.99				66.02				67.19
Prof - Evaluation & Management	49,655	45.70	189.08	1.068	1.000	0.0%	202.00	1.088	1.000	0.0%	205.68
Prof - Maternity	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Surgery	10,936	374.23	341.04	1.068	1.000	0.0%	364.35	1.088	1.000	0.0%	370.98
Prof - DME/Supplies & Prosthetics	1,872	298.97	46.64	1.068	1.000	0.0%	49.82	1.088	1.000	0.0%	50.73
Prof - Lab	1,860	24.21	3.75	1.068	1.000	0.0%	4.01	1.088	1.000	0.0%	4.08
Prof - Radiology	55,138	13.11	60.23	1.068	1.000	0.0%	64.35	1.088	1.000	0.0%	65.52
Prof - Transportation	2,564	173.86	37.14	1.068	1.000	0.0%	39.68	1.088	1.000	0.0%	40.40
Prof - Mental Health	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Other	231,969	202.34	3,911.42	1.068	1.001	0.0%	4,181.93	1.088	1.001	0.0%	4,258.02
Subtotal - Professional	353,993	155.57	4,589.31				4,906.14				4,995.41
Pharmacy - Non Hep C	6,430	227.35	121.82	1.142	1.008	0.0%	140.20	1.162	1.008	0.0%	142.64
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	0.959	1.000	0.0%	-	0.978	1.000	0.0%	-
FQHC & RHC	247	76.59	1.58	1.068	1.000	0.0%	1.68	1.088	1.000	0.0%	1.72
Subtotal - Other Services	6,677	221.77	123.39				141.88				144.36
Total			\$ 18,111.19				\$ 18,909.28				\$ 19,259.60

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI Age 3 through 12 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,362								
Home Health Care & Hospice	1,882	266.71	41.83	1.013	1.000	0.0%	42.39	1.032	1.000	0.0%	43.18
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1,118	8,143.91	758.65	1.019	1.015	0.0%	784.67	1.038	1.015	0.0%	799.31
IP - Medical/Surgical	4,846	6,085.85	2,457.42	1.019	1.015	0.0%	2,541.50	1.038	1.015	0.0%	2,588.92
IP - Normal Newborn	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Mental Health	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - PRTF	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Other	74	1,207.06	7.47	1.019	1.015	0.0%	7.73	1.038	1.015	0.0%	7.87
Subtotal - Inpatient	6,038	6,406.87	3,223.55				3,333.90				3,396.10
OP - Emergency Room	1,565	367.85	47.96	1.129	1.000	0.0%	54.16	1.149	1.000	0.0%	55.12
OP - Laboratory	799	69.99	4.66	1.116	1.000	0.0%	5.20	1.136	1.000	0.0%	5.29
OP - Radiology	506	373.14	15.73	1.116	1.000	0.0%	17.55	1.136	1.000	0.0%	17.86
OP - Surgery	403	2,052.87	68.97	1.116	1.000	0.0%	76.95	1.136	1.000	0.0%	78.32
OP - Mental Health	-	-	-	1.116	1.000	0.0%	-	1.136	1.000	0.0%	-
OP - Other	1,149	496.29	47.50	1.116	1.000	0.0%	53.00	1.136	1.000	0.0%	53.94
Subtotal - Outpatient	4,422	501.60	184.83				206.87				210.54
Prof - Evaluation & Management	37,811	55.50	174.88	1.068	1.000	0.0%	186.83	1.088	1.000	0.0%	190.23
Prof - Maternity	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Surgery	5,062	258.09	108.88	1.068	1.000	0.0%	116.32	1.088	1.000	0.0%	118.43
Prof - DME/Supplies & Prosthetics	6,711	127.68	71.41	1.068	1.000	0.0%	76.28	1.088	1.000	0.0%	77.67
Prof - Lab	3,600	17.12	5.13	1.068	1.000	0.0%	5.49	1.088	1.000	0.0%	5.59
Prof - Radiology	7,454	22.67	14.08	1.068	1.000	0.0%	15.04	1.088	1.000	0.0%	15.32
Prof - Transportation	624	219.38	11.42	1.068	1.000	0.0%	12.20	1.088	1.000	0.0%	12.42
Prof - Mental Health	104	75.14	0.65	1.068	1.000	0.0%	0.70	1.088	1.000	0.0%	0.71
Prof - Target Case Management	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Other	49,208	179.62	736.56	1.068	1.001	0.0%	787.50	1.088	1.001	0.0%	801.83
Subtotal - Professional	110,576	121.87	1,123.01				1,200.35				1,222.19
Pharmacy - Non Hep C	19,753	385.17	634.03	1.142	1.005	0.0%	727.42	1.162	1.005	0.0%	740.14
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	112	36.94	0.35	0.959	1.000	0.0%	0.33	0.978	1.000	0.0%	0.34
FQHC & RHC	1,049	35.19	3.08	1.068	1.000	0.0%	3.29	1.088	1.000	0.0%	3.35
Subtotal - Other Services	20,915	365.75	637.45				731.04				743.82
Total		\$ 5,210.66					\$ 5,514.55				\$ 5,615.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI Age 1 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			287,948								
Home Health Care & Hospice	1,598	179.10	23.85	1.013	1.000	0.0%	24.17	1.032	1.000	0.0%	24.62
IP - Maternity	21	360.45	0.62	1.000	1.015	0.0%	0.63	1.000	1.015	0.0%	0.63
IP - Complex Newborn	0	23,477.11	0.31	1.019	1.014	0.0%	0.32	1.038	1.014	0.0%	0.32
IP - Medical/Surgical	1,181	2,251.88	221.69	1.019	1.015	0.0%	229.26	1.038	1.015	0.0%	233.54
IP - Normal Newborn	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Mental Health	385	1,789.85	57.35	1.019	1.094	0.0%	63.94	1.038	1.094	0.0%	65.14
IP - PRTF	120	552.56	5.51	1.019	1.014	0.0%	5.70	1.038	1.014	0.0%	5.80
IP - Other	20	1,613.75	2.63	1.019	1.015	0.0%	2.72	1.038	1.015	0.0%	2.77
Subtotal - Inpatient	1,726	2,003.32	288.11				302.56				308.20
OP - Emergency Room	1,237	503.53	51.90	1.129	1.000	0.0%	58.61	1.149	1.000	0.0%	59.64
OP - Laboratory	487	178.34	7.24	1.116	0.899	0.0%	7.26	1.136	0.899	0.0%	7.39
OP - Radiology	493	870.65	35.78	1.116	1.000	0.0%	39.93	1.136	1.000	0.0%	40.64
OP - Surgery	261	1,994.92	43.42	1.116	1.000	0.0%	48.44	1.136	1.000	0.0%	49.31
OP - Mental Health	5	1,484.24	0.64	1.116	1.000	0.0%	0.72	1.136	1.000	0.0%	0.73
OP - Other	598	921.12	45.88	1.116	1.000	0.0%	51.19	1.136	1.000	0.0%	52.10
Subtotal - Outpatient	3,081	719.97	184.87				206.15				209.81
Prof - Evaluation & Management	11,888	52.79	52.29	1.068	1.000	0.0%	55.87	1.088	1.000	0.0%	56.88
Prof - Maternity	85	93.67	0.66	1.068	1.000	0.0%	0.71	1.088	1.000	0.0%	0.72
Prof - Surgery	1,651	179.35	24.67	1.068	1.000	0.0%	26.35	1.088	1.000	0.0%	26.83
Prof - DME/Supplies & Prosthetics	2,383	140.33	27.86	1.068	1.000	0.0%	29.77	1.088	1.000	0.0%	30.31
Prof - Lab	5,651	18.42	8.67	1.068	1.000	0.0%	9.27	1.088	1.000	0.0%	9.44
Prof - Radiology	2,627	42.32	9.27	1.068	1.000	0.0%	9.90	1.088	1.000	0.0%	10.08
Prof - Transportation	1,002	61.07	5.10	1.068	1.000	0.0%	5.45	1.088	1.000	0.0%	5.55
Prof - Mental Health	4,971	120.82	50.05	1.068	1.007	0.0%	53.84	1.088	1.007	0.0%	54.82
Prof - Target Case Management	446	336.45	12.52	1.068	1.000	0.0%	13.37	1.088	1.000	0.0%	13.62
Prof - Other	10,057	91.09	76.34	1.068	1.010	0.0%	82.35	1.088	1.010	0.0%	83.85
Subtotal - Professional	40,761	78.73	267.44				286.88				292.10
Pharmacy - Non Hep C	42,940	82.24	294.29	1.142	1.022	0.0%	343.26	1.162	1.021	0.0%	349.16
Pharmacy - Hep C	28	15,721.27	37.04	0.855	1.000	0.0%	31.69	0.855	1.000	0.0%	31.69
Dental	2,487	45.76	9.48	0.959	1.000	0.0%	9.10	0.978	1.000	0.0%	9.27
FQHC & RHC	1,751	30.78	4.49	1.068	1.000	0.0%	4.80	1.088	1.000	0.0%	4.88
Subtotal - Other Services	47,206	87.78	345.31				388.84				395.00
Total			\$ 1,109.56				\$ 1,208.60				\$ 1,229.72

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Dual Eligibles All Ages										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			159,265								
Home Health Care & Hospice	305	107.36	2.73	1.024	1.000	0.0%	2.80	1.043	1.000	0.0%	2.85
IP - Maternity	3	44.49	0.01	1.000	1.014	0.0%	0.01	1.000	1.014	0.0%	0.01
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	474	857.24	33.87	1.018	1.014	0.0%	34.96	1.037	1.014	0.0%	35.61
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	134	607.06	6.78	1.018	1.014	0.0%	7.00	1.037	1.014	0.0%	7.13
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	8	659.78	0.44	1.018	1.014	0.0%	0.46	1.037	1.014	0.0%	0.47
Subtotal - Inpatient	620	796.16	41.11				42.43				43.22
OP - Emergency Room	577	187.58	9.02	1.144	1.000	0.0%	10.33	1.164	1.000	0.0%	10.51
OP - Laboratory	169	(42.52)	(0.60)	1.128	1.120	0.0%	(0.76)	1.148	1.120	0.0%	(0.77)
OP - Radiology	346	208.97	6.02	1.128	1.000	0.0%	6.79	1.148	1.000	0.0%	6.91
OP - Surgery	162	662.30	8.93	1.128	1.000	0.0%	10.06	1.148	1.000	0.0%	10.24
OP - Mental Health	2	644.37	0.09	1.128	1.000	0.0%	0.11	1.148	1.000	0.0%	0.11
OP - Other	341	690.22	19.60	1.128	1.000	0.0%	22.10	1.148	1.000	0.0%	22.49
Subtotal - Outpatient	1,596	323.82	43.07				48.64				49.50
Prof - Evaluation & Management	4,303	27.55	9.88	1.096	1.000	0.0%	10.82	1.116	1.000	0.0%	11.02
Prof - Maternity	25	36.63	0.08	1.096	1.000	0.0%	0.08	1.116	1.000	0.0%	0.08
Prof - Surgery	959	56.11	4.48	1.096	1.000	0.0%	4.91	1.116	1.000	0.0%	5.00
Prof - DME/Supplies & Prosthetics	1,665	31.96	4.43	1.096	1.000	0.0%	4.86	1.116	1.000	0.0%	4.95
Prof - Lab	1,053	10.89	0.96	1.096	1.000	0.0%	1.05	1.116	1.000	0.0%	1.07
Prof - Radiology	1,688	11.62	1.63	1.096	1.000	0.0%	1.79	1.116	1.000	0.0%	1.82
Prof - Transportation	141	55.69	0.66	1.096	1.000	0.0%	0.72	1.116	1.000	0.0%	0.73
Prof - Mental Health	1,931	104.52	16.82	1.096	1.001	0.0%	18.46	1.116	1.001	0.0%	18.79
Prof - Target Case Management	187	327.46	5.09	1.096	1.000	0.0%	5.58	1.116	1.000	0.0%	5.68
Prof - Other	2,870	32.79	7.84	1.096	1.010	0.0%	8.68	1.116	1.010	0.0%	8.83
Subtotal - Professional	14,821	42.00	51.87				56.95				57.97
Pharmacy - Non Hep C	7,227	33.79	20.35	1.145	1.052	0.0%	24.53	1.165	1.052	0.0%	24.94
Pharmacy - Hep C	1	26,760.26	3.09	0.855	1.000	0.0%	2.64	0.855	1.000	0.0%	2.64
Dental	1,249	42.03	4.38	0.966	1.000	0.0%	4.23	0.985	1.000	0.0%	4.31
FQHC & RHC	355	22.16	0.66	1.096	1.000	0.0%	0.72	1.116	1.000	0.0%	0.73
Subtotal - Other Services	8,832	38.68	28.47				32.12				32.62
Total		\$ 167.26					\$ 182.93				\$ 186.16

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Foster Care Children Age 0 through 2 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			447								
Home Health Care & Hospice	128	56.42	0.60	1.042	1.000	0.0%	0.63	1.061	1.000	0.0%	0.64
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	7,780	2,144.41	1,390.22	0.974	1.015	0.0%	1,374.79	0.993	1.015	0.0%	1,401.06
IP - Medical/Surgical	216	7,697.50	138.87	0.974	1.015	0.0%	137.34	0.993	1.015	0.0%	139.97
IP - Normal Newborn	1,069	2,205.61	196.47	0.974	1.015	0.0%	194.26	0.993	1.015	0.0%	197.97
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	62	2,414.11	12.53	0.974	1.015	0.0%	12.39	0.993	1.015	0.0%	12.62
Subtotal - Inpatient	9,127	2,285.13	1,738.08				1,718.78				1,751.63
OP - Emergency Room	814	278.65	18.89	1.004	1.000	0.0%	18.96	1.023	1.000	0.0%	19.32
OP - Laboratory	872	68.15	4.95	1.077	1.000	0.0%	5.33	1.097	1.000	0.0%	5.43
OP - Radiology	607	118.00	5.97	1.077	1.000	0.0%	6.43	1.097	1.000	0.0%	6.54
OP - Surgery	150	248.10	3.10	1.077	1.000	0.0%	3.33	1.097	1.000	0.0%	3.40
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	90	334.26	2.51	1.077	1.000	0.0%	2.70	1.097	1.000	0.0%	2.75
Subtotal - Outpatient	2,532	167.85	35.42				36.76				37.44
Prof - Evaluation & Management	34,250	44.73	127.66	0.991	1.000	0.0%	126.55	1.010	1.000	0.0%	128.94
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Surgery	1,780	174.67	25.91	0.991	1.000	0.0%	25.68	1.010	1.000	0.0%	26.17
Prof - DME/Supplies & Prosthetics	717	46.29	2.77	0.991	1.000	0.0%	2.74	1.010	1.000	0.0%	2.79
Prof - Lab	2,120	14.34	2.53	0.991	1.000	0.0%	2.51	1.010	1.000	0.0%	2.56
Prof - Radiology	3,361	23.87	6.69	0.991	1.000	0.0%	6.63	1.010	1.000	0.0%	6.75
Prof - Transportation	357	87.47	2.60	0.991	1.000	0.0%	2.58	1.010	1.000	0.0%	2.63
Prof - Mental Health	37	116.80	0.36	0.991	1.000	0.0%	0.36	1.010	1.000	0.0%	0.37
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Other	36,202	103.30	311.62	0.991	1.004	0.0%	310.13	1.010	1.004	0.0%	316.00
Subtotal - Professional	78,823	73.10	480.13				477.18				486.21
Pharmacy - Non Hep C	4,752	14.73	5.83	0.991	1.145	0.0%	6.62	1.009	1.142	0.0%	6.73
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	0.971	1.000	0.0%	-	0.990	1.000	0.0%	-
FQHC & RHC	1,084	27.35	2.47	0.991	1.000	0.0%	2.45	1.010	1.000	0.0%	2.50
Subtotal - Other Services	5,835	17.08	8.30				9.06				9.22
Total			\$ 2,262.54				\$ 2,242.41				\$ 2,285.14

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care Children Age 3 through 12 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,363								
Home Health Care & Hospice	388	374.47	12.11	1.042	1.000	0.0%	12.62	1.061	1.000	0.0%	12.85
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	896	3,678.40	274.71	0.974	1.015	0.0%	271.66	0.993	1.015	0.0%	276.86
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	896	3,678.40	274.71				271.66				276.86
OP - Emergency Room	1,087	295.86	26.80	1.004	1.000	0.0%	26.90	1.023	1.000	0.0%	27.41
OP - Laboratory	491	91.08	3.73	1.077	1.000	0.0%	4.02	1.097	1.000	0.0%	4.09
OP - Radiology	420	153.74	5.38	1.077	1.000	0.0%	5.79	1.097	1.000	0.0%	5.90
OP - Surgery	187	2,609.26	40.55	1.077	1.000	0.0%	43.68	1.097	1.000	0.0%	44.47
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	372	391.26	12.13	1.077	1.000	0.0%	13.06	1.097	1.000	0.0%	13.30
Subtotal - Outpatient	2,557	415.81	88.59				93.45				95.16
Prof - Evaluation & Management	32,173	46.42	124.45	0.991	1.000	0.0%	123.37	1.010	1.000	0.0%	125.71
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Surgery	1,378	120.82	13.88	0.991	1.000	0.0%	13.76	1.010	1.000	0.0%	14.02
Prof - DME/Supplies & Prosthetics	1,296	59.99	6.48	0.991	1.000	0.0%	6.42	1.010	1.000	0.0%	6.55
Prof - Lab	5,188	15.37	6.64	0.991	1.000	0.0%	6.59	1.010	1.000	0.0%	6.71
Prof - Radiology	2,139	18.78	3.35	0.991	1.000	0.0%	3.32	1.010	1.000	0.0%	3.38
Prof - Transportation	230	53.24	1.02	0.991	1.000	0.0%	1.01	1.010	1.000	0.0%	1.03
Prof - Mental Health	78	148.30	0.96	0.991	1.000	0.0%	0.95	1.010	1.000	0.0%	0.97
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Other	6,856	109.39	62.50	0.991	1.004	0.0%	62.20	1.010	1.004	0.0%	63.38
Subtotal - Professional	49,339	53.33	219.29				217.63				221.75
Pharmacy - Non Hep C	10,336	65.61	56.52	0.991	1.038	0.0%	58.13	1.009	1.038	0.0%	59.20
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	358	38.01	1.13	0.971	1.000	0.0%	1.10	0.990	1.000	0.0%	1.12
FQHC & RHC	1,543	25.48	3.28	0.991	1.000	0.0%	3.25	1.010	1.000	0.0%	3.31
Subtotal - Other Services	12,237	59.75	60.93				62.48				63.63
Total			\$ 655.62				\$ 657.84				\$ 670.25

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care Children Age 1 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			52,862								
Home Health Care & Hospice	1,343	98.51	11.03	1.042	1.000	0.0%	11.49	1.061	1.000	0.0%	11.70
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	80	2,973.23	19.76	0.974	1.015	0.0%	19.54	0.993	1.015	0.0%	19.91
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	813	1,343.04	91.04	0.974	1.255	0.0%	111.37	0.993	1.255	0.0%	113.50
IP - PRTF	706	513.39	30.19	0.974	1.015	0.0%	29.85	0.993	1.015	0.0%	30.42
IP - Other	2	689.75	0.11	0.974	1.015	0.0%	0.11	0.993	1.015	0.0%	0.11
Subtotal - Inpatient	1,601	1,057.75	141.10				160.86				163.93
OP - Emergency Room	456	342.65	13.01	1.004	1.000	0.0%	13.06	1.023	1.000	0.0%	13.30
OP - Laboratory	200	88.71	1.48	1.077	0.988	0.0%	1.57	1.097	0.988	0.0%	1.60
OP - Radiology	102	294.08	2.51	1.077	1.000	0.0%	2.70	1.097	1.000	0.0%	2.75
OP - Surgery	66	1,377.62	7.63	1.077	1.000	0.0%	8.22	1.097	1.000	0.0%	8.36
OP - Mental Health	3	1,851.77	0.51	1.077	1.000	0.0%	0.55	1.097	1.000	0.0%	0.56
OP - Other	163	577.26	7.83	1.077	1.000	0.0%	8.44	1.097	1.000	0.0%	8.59
Subtotal - Outpatient	990	399.43	32.96				34.53				35.16
Prof - Evaluation & Management	12,161	47.90	48.54	0.991	1.000	0.0%	48.12	1.010	1.000	0.0%	49.03
Prof - Maternity	49	95.41	0.39	0.991	1.000	0.0%	0.38	1.010	1.000	0.0%	0.39
Prof - Surgery	501	160.82	6.71	0.991	1.000	0.0%	6.65	1.010	1.000	0.0%	6.78
Prof - DME/Supplies & Prosthetics	1,088	68.49	6.21	0.991	1.000	0.0%	6.15	1.010	1.000	0.0%	6.27
Prof - Lab	3,202	16.23	4.33	0.991	1.000	0.0%	4.29	1.010	1.000	0.0%	4.37
Prof - Radiology	729	28.57	1.74	0.991	1.000	0.0%	1.72	1.010	1.000	0.0%	1.75
Prof - Transportation	203	78.69	1.33	0.991	1.000	0.0%	1.32	1.010	1.000	0.0%	1.34
Prof - Mental Health	6,859	123.74	70.73	0.991	1.003	0.0%	70.34	1.010	1.003	0.0%	71.67
Prof - Target Case Management	348	336.17	9.75	0.991	1.000	0.0%	9.67	1.010	1.000	0.0%	9.85
Prof - Other	5,863	73.60	35.96	0.991	1.015	0.0%	36.17	1.010	1.015	0.0%	36.86
Subtotal - Professional	31,002	71.87	185.68				184.81				188.31
Pharmacy - Non Hep C	15,112	61.43	77.36	0.991	1.033	0.0%	79.18	1.009	1.033	0.0%	80.64
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	5,574	46.31	21.51	0.971	1.000	0.0%	20.89	0.990	1.000	0.0%	21.29
FQHC & RHC	939	32.81	2.57	0.991	1.000	0.0%	2.55	1.010	1.000	0.0%	2.59
Subtotal - Other Services	21,625	56.29	101.44				102.62				104.52
Total			\$ 472.21				\$ 494.31				\$ 503.63

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	KYH Other Expansion Adults Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			3,072,769								
Home Health Care & Hospice	99	67.65	0.56	1.086	1.013	0.0%	0.62	1.105	1.013	0.0%	0.63
IP - Maternity	17	226.95	0.33	1.000	1.038	0.0%	0.34	1.000	1.038	0.0%	0.34
IP - Complex Newborn	0	7,365.40	0.01	0.967	1.024	0.0%	0.01	0.986	1.024	0.0%	0.01
IP - Medical/Surgical	55	4,650.07	21.43	0.967	0.906	0.0%	18.78	0.986	0.906	0.0%	19.14
IP - Normal Newborn	0	1,406.01	0.00	0.967	1.024	0.0%	0.00	0.986	1.024	0.0%	0.00
IP - Mental Health	5	2,311.56	0.98	0.967	0.870	0.0%	0.83	0.986	0.870	0.0%	0.84
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	1	5,531.86	0.43	0.967	0.938	0.0%	0.39	0.986	0.938	0.0%	0.39
Subtotal - Inpatient	79	3,533.69	23.19				20.36				20.74
OP - Emergency Room	703	555.20	32.53	1.046	0.942	0.0%	32.05	1.065	0.942	0.0%	32.64
OP - Laboratory	487	115.16	4.68	0.991	0.964	0.0%	4.46	1.009	0.964	0.0%	4.55
OP - Radiology	362	344.85	10.41	0.991	1.018	0.0%	10.50	1.009	1.018	0.0%	10.69
OP - Surgery	127	2,079.71	22.01	0.991	1.007	0.0%	21.95	1.009	1.007	0.0%	22.36
OP - Mental Health	1	107.27	0.01	0.991	1.031	0.0%	0.01	1.009	1.031	0.0%	0.01
OP - Other	446	222.90	8.29	0.991	1.022	0.0%	8.40	1.009	1.022	0.0%	8.56
Subtotal - Outpatient	2,127	439.58	77.93				77.36				78.81
Prof - Evaluation & Management	5,691	43.15	20.46	1.100	0.993	0.0%	22.36	1.120	0.993	0.0%	22.76
Prof - Maternity	101	83.23	0.70	1.100	1.029	0.0%	0.79	1.120	1.029	0.0%	0.81
Prof - Surgery	684	153.39	8.74	1.100	1.001	0.0%	9.63	1.120	1.001	0.0%	9.80
Prof - DME/Supplies & Prosthetics	669	65.90	3.68	1.100	1.036	0.0%	4.19	1.120	1.036	0.0%	4.27
Prof - Lab	2,738	18.28	4.17	1.100	1.042	0.0%	4.78	1.120	1.042	0.0%	4.87
Prof - Radiology	1,163	36.57	3.54	1.100	1.020	0.0%	3.98	1.120	1.020	0.0%	4.05
Prof - Transportation	130	104.81	1.13	1.100	0.904	0.0%	1.13	1.120	0.904	0.0%	1.15
Prof - Mental Health	450	92.75	3.47	1.100	1.056	0.0%	4.04	1.120	1.056	0.0%	4.11
Prof - Target Case Management	16	345.42	0.46	1.100	1.024	0.0%	0.52	1.120	1.024	0.0%	0.53
Prof - Other	2,360	62.17	12.23	1.100	0.992	0.0%	13.35	1.120	0.992	0.0%	13.58
Subtotal - Professional	14,003	50.22	58.60				64.77				65.93
Pharmacy - Non Hep C	19,791	40.72	67.16	1.165	1.090	0.0%	85.34	1.186	1.090	0.0%	86.76
Pharmacy - Hep C	4	14,064.92	4.33	0.855	1.010	0.0%	3.74	0.855	1.010	0.0%	3.74
Dental	1,552	47.54	6.15	0.950	0.268	0.0%	1.57	0.969	0.268	0.0%	1.60
FQHC & RHC	2,348	32.87	6.43	1.100	0.986	0.0%	6.97	1.120	0.986	0.0%	7.10
Subtotal - Other Services	23,694	42.58	84.06				97.62				99.20
Total			\$ 244.35				\$ 260.73				\$ 265.31

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	KYH Expansion Adults - RCT Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			289,115								
Home Health Care & Hospice	132	75.17	0.83	1.086	0.999	0.0%	0.90	1.105	0.999	0.0%	0.92
IP - Maternity	11	165.78	0.15	1.000	1.024	0.0%	0.16	1.000	1.024	0.0%	0.16
IP - Complex Newborn	0	5,863.28	0.02	0.967	1.024	0.0%	0.02	0.986	1.024	0.0%	0.02
IP - Medical/Surgical	108	4,171.46	37.48	0.967	0.991	0.0%	35.91	0.986	0.991	0.0%	36.60
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	14	2,541.69	3.00	0.967	1.003	0.0%	2.91	0.986	1.003	0.0%	2.97
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	2	2,621.51	0.34	0.967	0.963	0.0%	0.31	0.986	0.963	0.0%	0.32
Subtotal - Inpatient	135	3,654.99	41.00				39.31				40.07
OP - Emergency Room	700	593.55	34.64	1.046	0.989	0.0%	35.82	1.065	0.989	0.0%	36.48
OP - Laboratory	510	138.39	5.89	0.991	0.966	0.0%	5.63	1.009	0.966	0.0%	5.74
OP - Radiology	388	405.86	13.11	0.991	1.014	0.0%	13.17	1.009	1.014	0.0%	13.42
OP - Surgery	138	2,158.26	24.83	0.991	1.015	0.0%	24.98	1.009	1.015	0.0%	25.45
OP - Mental Health	3	325.40	0.07	0.991	0.976	0.0%	0.07	1.009	0.976	0.0%	0.07
OP - Other	493	237.47	9.75	0.991	1.027	0.0%	9.92	1.009	1.027	0.0%	10.11
Subtotal - Outpatient	2,232	474.76	88.29				89.59				91.27
Prof - Evaluation & Management	5,921	43.78	21.60	1.100	1.046	0.0%	24.86	1.120	1.046	0.0%	25.31
Prof - Maternity	63	79.04	0.42	1.100	1.033	0.0%	0.47	1.120	1.033	0.0%	0.48
Prof - Surgery	759	159.65	10.10	1.100	1.020	0.0%	11.33	1.120	1.020	0.0%	11.53
Prof - DME/Supplies & Prosthetics	758	70.22	4.44	1.100	1.049	0.0%	5.12	1.120	1.049	0.0%	5.21
Prof - Lab	2,734	17.80	4.05	1.100	1.051	0.0%	4.69	1.120	1.051	0.0%	4.77
Prof - Radiology	1,266	37.03	3.91	1.100	1.045	0.0%	4.49	1.120	1.045	0.0%	4.57
Prof - Transportation	183	122.14	1.86	1.100	0.973	0.0%	2.00	1.120	0.973	0.0%	2.03
Prof - Mental Health	810	119.10	8.04	1.100	1.072	0.0%	9.49	1.120	1.072	0.0%	9.66
Prof - Target Case Management	29	350.25	0.85	1.100	1.020	0.0%	0.95	1.120	1.020	0.0%	0.97
Prof - Other	2,906	65.10	15.76	1.100	1.020	0.0%	17.70	1.120	1.020	0.0%	18.01
Subtotal - Professional	15,429	55.24	71.03				81.10				82.56
Pharmacy - Non Hep C	21,732	45.00	81.50	1.165	1.089	0.0%	103.47	1.186	1.089	0.0%	105.21
Pharmacy - Hep C	8	12,752.42	8.32	0.855	1.010	0.0%	7.19	0.855	1.010	0.0%	7.19
Dental	1,460	47.22	5.74	0.950	1.060	0.0%	5.78	0.969	1.060	0.0%	5.90
FQHC & RHC	2,346	32.66	6.38	1.100	1.049	0.0%	7.37	1.120	1.049	0.0%	7.50
Subtotal - Other Services	25,546	47.89	101.95				123.82				125.80
Total			\$ 303.09				\$ 334.72				\$ 340.60

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6B
Confidential and Proprietary**

Region B

Service Category	KYH Expansion Adults - Medically Frail Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			480,806								
Home Health Care & Hospice	1,428	128.86	15.34	1.086	1.009	0.0%	16.81	1.105	1.009	0.0%	17.11
IP - Maternity	20	634.14	1.04	1.000	0.990	0.0%	1.03	1.000	0.990	0.0%	1.03
IP - Complex Newborn	0	1,487.82	0.05	0.967	1.025	0.0%	0.05	0.986	1.025	0.0%	0.05
IP - Medical/Surgical	1,219	3,936.24	399.71	0.967	0.962	0.0%	371.75	0.986	0.962	0.0%	378.88
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	310	2,386.72	61.70	0.967	0.954	0.0%	56.92	0.986	0.954	0.0%	58.01
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	13	3,930.67	4.22	0.967	0.970	0.0%	3.96	0.986	0.970	0.0%	4.03
Subtotal - Inpatient	1,562	3,586.01	466.73				433.70				442.01
OP - Emergency Room	1,825	750.46	114.13	1.046	0.984	0.0%	117.37	1.065	0.984	0.0%	119.53
OP - Laboratory	1,987	181.99	30.14	0.991	0.954	0.0%	28.48	1.009	0.954	0.0%	29.02
OP - Radiology	1,117	847.74	78.90	0.991	1.016	0.0%	79.40	1.009	1.016	0.0%	80.90
OP - Surgery	476	2,232.79	88.52	0.991	1.017	0.0%	89.14	1.009	1.017	0.0%	90.83
OP - Mental Health	16	567.50	0.77	0.991	0.995	0.0%	0.76	1.009	0.995	0.0%	0.77
OP - Other	1,699	425.16	60.19	0.991	1.009	0.0%	60.17	1.009	1.009	0.0%	61.31
Subtotal - Outpatient	7,120	628.06	372.65				375.31				382.36
Prof - Evaluation & Management	15,662	50.52	65.94	1.100	1.029	0.0%	74.67	1.120	1.029	0.0%	76.01
Prof - Maternity	75	81.21	0.51	1.100	1.032	0.0%	0.58	1.120	1.032	0.0%	0.59
Prof - Surgery	2,574	179.16	38.42	1.100	0.993	0.0%	41.99	1.120	0.993	0.0%	42.74
Prof - DME/Supplies & Prosthetics	3,131	99.76	26.03	1.100	1.031	0.0%	29.53	1.120	1.031	0.0%	30.05
Prof - Lab	6,655	18.80	10.42	1.100	1.032	0.0%	11.84	1.120	1.032	0.0%	12.05
Prof - Radiology	4,747	46.21	18.28	1.100	1.016	0.0%	20.44	1.120	1.016	0.0%	20.81
Prof - Transportation	1,205	106.43	10.69	1.100	0.956	0.0%	11.24	1.120	0.956	0.0%	11.45
Prof - Mental Health	6,999	149.57	87.25	1.100	1.043	0.0%	100.18	1.120	1.043	0.0%	101.98
Prof - Target Case Management	250	345.79	7.21	1.100	1.030	0.0%	8.17	1.120	1.030	0.0%	8.32
Prof - Other	14,606	77.59	94.44	1.100	1.001	0.0%	104.03	1.120	1.001	0.0%	105.89
Subtotal - Professional	55,905	77.10	359.19				402.67				409.88
Pharmacy - Non Hep C	63,534	72.78	385.33	1.165	1.066	0.0%	478.57	1.186	1.065	0.0%	486.69
Pharmacy - Hep C	47	15,436.63	60.07	0.855	1.010	0.0%	51.91	0.855	1.010	0.0%	51.91
Dental	1,913	46.53	7.42	0.950	1.055	0.0%	7.44	0.969	1.055	0.0%	7.58
FQHC & RHC	5,061	33.44	14.11	1.100	1.042	0.0%	16.18	1.120	1.042	0.0%	16.47
Subtotal - Other Services	70,554	79.41	466.92				554.09				562.65
Total			\$ 1,680.83				\$ 1,782.59				\$ 1,814.01

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

KYH Expansion Adults - MF Possibles Age 19 or Older											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			310,134								
Home Health Care & Hospice	173	82.64	1.19	1.086	1.023	0.0%	1.32	1.105	1.023	0.0%	1.35
IP - Maternity	24	375.40	0.75	1.000	1.029	0.0%	0.77	1.000	1.029	0.0%	0.77
IP - Complex Newborn	0	14,320.29	0.05	0.967	1.024	0.0%	0.05	0.986	1.024	0.0%	0.05
IP - Medical/Surgical	140	3,935.07	45.93	0.967	0.956	0.0%	42.45	0.986	0.956	0.0%	43.26
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	124	2,337.89	24.17	0.967	0.891	0.0%	20.82	0.986	0.891	0.0%	21.22
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	2	4,126.17	0.71	0.967	0.958	0.0%	0.66	0.986	0.958	0.0%	0.67
Subtotal - Inpatient	290	2,961.19	71.60				64.74				65.97
OP - Emergency Room	1,125	585.09	54.86	1.046	0.989	0.0%	56.70	1.065	0.989	0.0%	57.75
OP - Laboratory	1,180	197.03	19.37	0.991	0.940	0.0%	18.04	1.009	0.940	0.0%	18.38
OP - Radiology	364	340.68	10.34	0.991	1.025	0.0%	10.50	1.009	1.025	0.0%	10.70
OP - Surgery	141	1,976.94	23.17	0.991	1.026	0.0%	23.55	1.009	1.026	0.0%	24.00
OP - Mental Health	3	249.33	0.06	0.991	1.003	0.0%	0.06	1.009	1.003	0.0%	0.06
OP - Other	511	204.59	8.70	0.991	1.035	0.0%	8.92	1.009	1.035	0.0%	9.09
Subtotal - Outpatient	3,323	420.70	116.50				117.78				119.98
Prof - Evaluation & Management	10,913	44.78	40.72	1.100	1.029	0.0%	46.13	1.120	1.029	0.0%	46.96
Prof - Maternity	90	87.56	0.66	1.100	1.037	0.0%	0.75	1.120	1.037	0.0%	0.76
Prof - Surgery	896	156.14	11.66	1.100	1.019	0.0%	13.07	1.120	1.019	0.0%	13.31
Prof - DME/Supplies & Prosthetics	646	71.47	3.85	1.100	1.045	0.0%	4.43	1.120	1.045	0.0%	4.51
Prof - Lab	4,756	17.92	7.10	1.100	1.043	0.0%	8.15	1.120	1.043	0.0%	8.30
Prof - Radiology	1,589	34.65	4.59	1.100	1.041	0.0%	5.26	1.120	1.041	0.0%	5.35
Prof - Transportation	437	84.23	3.07	1.100	0.973	0.0%	3.28	1.120	0.973	0.0%	3.34
Prof - Mental Health	9,577	71.50	57.07	1.100	1.042	0.0%	65.45	1.120	1.042	0.0%	66.62
Prof - Target Case Management	488	347.57	14.14	1.100	1.030	0.0%	16.03	1.120	1.030	0.0%	16.32
Prof - Other	14,665	87.98	107.52	1.100	1.026	0.0%	121.43	1.120	1.026	0.0%	123.60
Subtotal - Professional	44,057	68.19	250.36				283.97				289.06
Pharmacy - Non Hep C	37,175	49.80	154.29	1.165	1.082	0.0%	194.62	1.186	1.082	0.0%	197.89
Pharmacy - Hep C	27	14,068.13	31.52	0.855	1.010	0.0%	27.23	0.855	1.010	0.0%	27.23
Dental	1,910	48.14	7.66	0.950	0.182	0.0%	1.33	0.969	0.182	0.0%	1.35
FQHC & RHC	4,868	35.78	14.52	1.100	1.012	0.0%	16.16	1.120	1.012	0.0%	16.45
Subtotal - Other Services	43,980	56.75	207.98				239.34				242.93
Total			\$ 647.64				\$ 707.16				\$ 719.28

KYH Expansion Adults - MF Possibles Age 19 or Older - MF Coverage											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM -	Adj Factors - Max			Apr19-Jun20 Paid PMPM -
	Units / 1000	Paid	Paid	Trend To	Benefit	Managed		Trend To	Benefit	Managed	
Member Months			n/a								
Home Health Care & Hospice	173	82.64	1.19	1.086	1.023	0.0%	1.32	1.105	1.023	0.0%	1.35
IP - Maternity	24	375.40	0.75	1.000	1.029	0.0%	0.77	1.000	1.029	0.0%	0.77
IP - Complex Newborn	0	14,320.29	0.05	0.967	1.024	0.0%	0.05	0.986	1.024	0.0%	0.05
IP - Medical/Surgical	140	3,935.07	45.93	0.967	0.956	0.0%	42.45	0.986	0.956	0.0%	43.26
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	124	2,337.89	24.17	0.967	0.891	0.0%	20.82	0.986	0.891	0.0%	21.22

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	2	4,126.17	0.71	0.967	0.958	0.0%	0.66	0.986	0.958	0.0%	0.67
Subtotal - Inpatient	290	2,961.19	71.60				64.74				65.97
OP - Emergency Room	1,125	585.09	54.86	1.046	0.989	0.0%	56.70	1.065	0.989	0.0%	57.75
OP - Laboratory	1,180	197.03	19.37	0.991	0.940	0.0%	18.04	1.009	0.940	0.0%	18.38
OP - Radiology	364	340.68	10.34	0.991	1.025	0.0%	10.50	1.009	1.025	0.0%	10.70
OP - Surgery	141	1,976.94	23.17	0.991	1.031	0.0%	23.66	1.009	1.031	0.0%	24.11
OP - Mental Health	3	249.33	0.06	0.991	1.003	0.0%	0.06	1.009	1.003	0.0%	0.06
OP - Other	511	204.59	8.70	0.991	1.035	0.0%	8.92	1.009	1.035	0.0%	9.09
Subtotal - Outpatient	3,323	420.70	116.50				117.89				120.10
Prof - Evaluation & Management	10,913	44.78	40.72	1.100	1.050	0.0%	47.06	1.120	1.050	0.0%	47.91
Prof - Maternity	90	87.56	0.66	1.100	1.037	0.0%	0.75	1.120	1.037	0.0%	0.76
Prof - Surgery	896	156.14	11.66	1.100	1.019	0.0%	13.07	1.120	1.019	0.0%	13.31
Prof - DME/Supplies & Prosthetics	646	71.47	3.85	1.100	1.045	0.0%	4.43	1.120	1.045	0.0%	4.51
Prof - Lab	4,756	17.92	7.10	1.100	1.043	0.0%	8.15	1.120	1.043	0.0%	8.30
Prof - Radiology	1,589	34.65	4.59	1.100	1.041	0.0%	5.26	1.120	1.041	0.0%	5.35
Prof - Transportation	437	84.23	3.07	1.100	0.973	0.0%	3.28	1.120	0.973	0.0%	3.34
Prof - Mental Health	9,577	71.50	57.07	1.100	1.042	0.0%	65.45	1.120	1.042	0.0%	66.62
Prof - Target Case Management	488	347.57	14.14	1.100	1.030	0.0%	16.03	1.120	1.030	0.0%	16.32
Prof - Other	14,665	87.98	107.52	1.100	1.026	0.0%	121.43	1.120	1.026	0.0%	123.60
Subtotal - Professional	44,057	68.19	250.36				284.91				290.01
Pharmacy - Non Hep C	37,175	49.80	154.29	1.165	1.082	0.0%	194.62	1.186	1.082	0.0%	197.89
Pharmacy - Hep C	27	14,068.13	31.52	0.855	1.010	0.0%	27.23	0.855	1.010	0.0%	27.23
Dental	1,910	48.14	7.66	0.950	1.053	0.0%	7.67	0.969	1.053	0.0%	7.82
FQHC & RHC	4,868	35.78	14.52	1.100	1.049	0.0%	16.75	1.120	1.049	0.0%	17.05
Subtotal - Other Services	43,980	56.75	207.98				246.28				250.00
Total			\$ 647.64				\$ 715.14				\$ 727.42

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6B
Confidential and Proprietary**

Region B

Service Category	KYH Other Adults Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			897,846								
Home Health Care & Hospice	93	60.07	0.47	1.056	1.016	0.0%	0.50	1.075	1.016	0.0%	0.51
IP - Maternity	260	156.13	3.38	1.000	1.029	0.0%	3.48	1.000	1.029	0.0%	3.48
IP - Complex Newborn	0	6,560.90	0.19	0.957	1.015	0.0%	0.18	0.976	1.015	0.0%	0.19
IP - Medical/Surgical	36	5,268.36	15.73	0.957	0.983	0.0%	14.81	0.976	0.983	0.0%	15.10
IP - Normal Newborn	1	1,787.57	0.09	0.957	1.015	0.0%	0.09	0.976	1.015	0.0%	0.09
IP - Mental Health	4	2,443.28	0.72	0.957	0.945	0.0%	0.65	0.976	0.945	0.0%	0.66
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	1	3,827.04	0.22	0.957	0.966	0.0%	0.20	0.976	0.966	0.0%	0.21
Subtotal - Inpatient	301	811.10	20.34				19.42				19.73
OP - Emergency Room	937	514.30	40.17	1.064	0.985	0.0%	42.11	1.084	0.985	0.0%	42.88
OP - Laboratory	692	99.46	5.73	1.016	0.925	0.0%	5.38	1.035	0.925	0.0%	5.48
OP - Radiology	383	301.85	9.63	1.016	1.011	0.0%	9.89	1.035	1.011	0.0%	10.08
OP - Surgery	184	1,511.65	23.24	1.016	1.006	0.0%	23.75	1.035	1.006	0.0%	24.19
OP - Mental Health	2	67.24	0.01	1.016	0.874	0.0%	0.01	1.035	0.874	0.0%	0.01
OP - Other	662	184.26	10.17	1.016	1.011	0.0%	10.45	1.035	1.011	0.0%	10.64
Subtotal - Outpatient	2,860	373.17	88.95				91.59				93.29
Prof - Evaluation & Management	6,121	43.02	21.95	1.083	1.013	0.0%	24.07	1.102	1.013	0.0%	24.51
Prof - Maternity	1,001	95.63	7.98	1.083	1.013	0.0%	8.75	1.102	1.013	0.0%	8.91
Prof - Surgery	611	147.28	7.50	1.083	1.006	0.0%	8.16	1.102	1.006	0.0%	8.31
Prof - DME/Supplies & Prosthetics	595	73.46	3.64	1.083	1.018	0.0%	4.01	1.102	1.018	0.0%	4.08
Prof - Lab	3,966	19.34	6.39	1.083	1.006	0.0%	6.96	1.102	1.006	0.0%	7.09
Prof - Radiology	1,124	35.29	3.30	1.083	1.010	0.0%	3.61	1.102	1.010	0.0%	3.68
Prof - Transportation	160	109.30	1.46	1.083	0.976	0.0%	1.54	1.102	0.976	0.0%	1.57
Prof - Mental Health	536	86.26	3.85	1.083	1.040	0.0%	4.34	1.102	1.040	0.0%	4.42
Prof - Target Case Management	25	343.37	0.72	1.083	1.008	0.0%	0.78	1.102	1.008	0.0%	0.80
Prof - Other	2,862	67.48	16.09	1.083	1.003	0.0%	17.49	1.102	1.003	0.0%	17.80
Subtotal - Professional	17,001	51.44	72.88				79.73				81.17
Pharmacy - Non Hep C	16,442	37.58	51.49	1.111	1.067	0.0%	61.04	1.130	1.067	0.0%	62.08
Pharmacy - Hep C	2	13,106.33	2.22	0.855	1.000	0.0%	1.90	0.855	1.000	0.0%	1.90
Dental	1,781	46.62	6.92	1.003	1.019	0.0%	7.07	1.022	1.019	0.0%	7.20
FQHC & RHC	3,393	36.43	10.30	1.083	1.006	0.0%	11.22	1.102	1.006	0.0%	11.42
Subtotal - Other Services	21,618	39.37	70.93				81.22				82.60
Total			\$ 253.56				\$ 272.47				\$ 277.29

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	KYH Other Adults - RCT Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			31,675								
Home Health Care & Hospice	60	65.83	0.33	1.056	1.000	0.0%	0.35	1.075	1.000	0.0%	0.35
IP - Maternity	80	187.90	1.26	1.000	1.015	0.0%	1.28	1.000	1.015	0.0%	1.28
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	35	6,131.78	17.98	0.957	0.932	0.0%	16.05	0.976	0.932	0.0%	16.36
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	7	2,974.36	1.79	0.957	1.015	0.0%	1.74	0.976	1.015	0.0%	1.77
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	1	3,710.68	0.25	0.957	1.015	0.0%	0.24	0.976	1.015	0.0%	0.25
Subtotal - Inpatient	124	2,066.17	21.28				19.30				19.65
OP - Emergency Room	808	521.78	35.14	1.064	1.000	0.0%	37.41	1.084	1.000	0.0%	38.09
OP - Laboratory	488	115.81	4.71	1.016	0.929	0.0%	4.44	1.035	0.929	0.0%	4.53
OP - Radiology	319	314.99	8.37	1.016	1.021	0.0%	8.68	1.035	1.021	0.0%	8.84
OP - Surgery	112	2,117.34	19.69	1.016	1.000	0.0%	20.01	1.035	1.000	0.0%	20.39
OP - Mental Health	-	-	-	1.016	1.000	0.0%	-	1.035	1.000	0.0%	-
OP - Other	431	221.48	7.96	1.016	1.014	0.0%	8.20	1.035	1.014	0.0%	8.35
Subtotal - Outpatient	2,158	421.96	75.87				78.74				80.19
Prof - Evaluation & Management	5,333	43.23	19.21	1.083	1.019	0.0%	21.19	1.102	1.019	0.0%	21.58
Prof - Maternity	286	104.24	2.48	1.083	1.018	0.0%	2.74	1.102	1.018	0.0%	2.79
Prof - Surgery	517	156.24	6.73	1.083	1.020	0.0%	7.43	1.102	1.020	0.0%	7.57
Prof - DME/Supplies & Prosthetics	569	68.88	3.27	1.083	1.024	0.0%	3.62	1.102	1.024	0.0%	3.69
Prof - Lab	2,701	18.75	4.22	1.083	1.019	0.0%	4.66	1.102	1.019	0.0%	4.74
Prof - Radiology	1,120	34.87	3.25	1.083	1.018	0.0%	3.59	1.102	1.018	0.0%	3.65
Prof - Transportation	138	91.94	1.05	1.083	1.000	0.0%	1.14	1.102	1.000	0.0%	1.16
Prof - Mental Health	683	79.57	4.53	1.083	1.027	0.0%	5.04	1.102	1.027	0.0%	5.13
Prof - Target Case Management	46	338.09	1.30	1.083	1.000	0.0%	1.40	1.102	1.000	0.0%	1.43
Prof - Other	2,695	65.06	14.61	1.083	1.004	0.0%	15.88	1.102	1.004	0.0%	16.17
Subtotal - Professional	14,087	51.67	60.66				66.70				67.90
Pharmacy - Non Hep C	17,948	42.92	64.20	1.111	1.069	0.0%	76.24	1.130	1.069	0.0%	77.54
Pharmacy - Hep C	3	15,713.67	4.56	0.855	1.000	0.0%	3.90	0.855	1.000	0.0%	3.90
Dental	1,590	46.28	6.13	1.003	1.010	0.0%	6.21	1.022	1.010	0.0%	6.33
FQHC & RHC	2,768	34.12	7.87	1.083	1.019	0.0%	8.69	1.102	1.019	0.0%	8.84
Subtotal - Other Services	22,310	44.52	82.77				95.04				96.62
Total			\$ 240.89				\$ 260.12				\$ 264.71

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	KYH Other Adults - Medically Frail Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			64,848								
Home Health Care & Hospice	1,436	104.54	12.51	1.056	1.014	0.0%	13.39	1.075	1.014	0.0%	13.64
IP - Maternity	378	644.77	20.28	1.000	1.015	0.0%	20.58	1.000	1.015	0.0%	20.58
IP - Complex Newborn	1	16,173.59	1.08	0.957	1.014	0.0%	1.04	0.976	1.014	0.0%	1.06
IP - Medical/Surgical	1,061	4,650.67	411.22	0.957	0.977	0.0%	384.78	0.976	0.977	0.0%	392.20
IP - Normal Newborn	0	4,622.70	0.15	0.957	1.014	0.0%	0.15	0.976	1.014	0.0%	0.15
IP - Mental Health	315	2,846.12	74.63	0.957	0.985	0.0%	70.36	0.976	0.985	0.0%	71.72
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	17	3,852.71	5.58	0.957	1.014	0.0%	5.42	0.976	1.014	0.0%	5.52
Subtotal - Inpatient	1,772	3,474.03	512.95				482.33				491.24
OP - Emergency Room	3,602	680.45	204.25	1.064	0.999	0.0%	217.23	1.084	0.999	0.0%	221.19
OP - Laboratory	3,164	180.45	47.58	1.016	0.921	0.0%	44.51	1.035	0.921	0.0%	45.35
OP - Radiology	1,512	710.38	89.50	1.016	1.014	0.0%	92.16	1.035	1.014	0.0%	93.88
OP - Surgery	695	2,102.42	121.71	1.016	1.010	0.0%	124.91	1.035	1.010	0.0%	127.24
OP - Mental Health	38	581.18	1.84	1.016	0.997	0.0%	1.87	1.035	0.997	0.0%	1.90
OP - Other	2,477	433.89	89.56	1.016	1.012	0.0%	92.09	1.035	1.012	0.0%	93.81
Subtotal - Outpatient	11,488	579.17	554.45				572.77				583.37
Prof - Evaluation & Management	24,557	48.06	98.36	1.083	1.013	0.0%	107.90	1.102	1.013	0.0%	109.84
Prof - Maternity	1,274	90.29	9.58	1.083	1.011	0.0%	10.49	1.102	1.011	0.0%	10.68
Prof - Surgery	3,210	171.03	45.75	1.083	1.003	0.0%	49.70	1.102	1.003	0.0%	50.60
Prof - DME/Supplies & Prosthetics	3,468	97.48	28.17	1.083	1.010	0.0%	30.80	1.102	1.010	0.0%	31.36
Prof - Lab	12,154	18.97	19.22	1.083	1.012	0.0%	21.06	1.102	1.012	0.0%	21.44
Prof - Radiology	6,715	40.73	22.79	1.083	1.005	0.0%	24.79	1.102	1.005	0.0%	25.24
Prof - Transportation	1,626	112.42	15.24	1.083	0.989	0.0%	16.31	1.102	0.989	0.0%	16.60
Prof - Mental Health	13,634	121.59	138.14	1.083	1.041	0.0%	155.67	1.102	1.041	0.0%	158.48
Prof - Target Case Management	501	345.81	14.43	1.083	1.016	0.0%	15.87	1.102	1.016	0.0%	16.16
Prof - Other	23,178	79.79	154.11	1.083	1.009	0.0%	168.38	1.102	1.009	0.0%	171.42
Subtotal - Professional	90,316	72.52	545.77				600.97				611.82
Pharmacy - Non Hep C	88,603	66.39	490.23	1.111	1.047	0.0%	570.11	1.130	1.047	0.0%	580.01
Pharmacy - Hep C	53	14,861.32	65.42	0.855	1.000	0.0%	55.96	0.855	1.000	0.0%	55.96
Dental	3,656	45.52	13.87	1.003	1.013	0.0%	14.08	1.022	1.013	0.0%	14.35
FQHC & RHC	10,272	34.83	29.81	1.083	1.015	0.0%	32.78	1.102	1.015	0.0%	33.37
Subtotal - Other Services	102,585	70.11	599.34				672.93				683.69
Total			\$ 2,225.02				\$ 2,342.40				\$ 2,383.77

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6B
Confidential and Proprietary**

Region B

Service Category	KYH Other Adults - MF Possibles Age 19 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			104,272								
Home Health Care & Hospice	206	77.87	1.33	1.056	1.008	0.0%	1.42	1.075	1.008	0.0%	1.45
IP - Maternity	212	337.37	5.96	1.000	1.021	0.0%	6.09	1.000	1.021	0.0%	6.09
IP - Complex Newborn	0	6,788.35	0.21	0.957	1.015	0.0%	0.20	0.976	1.015	0.0%	0.21
IP - Medical/Surgical	79	5,316.65	34.82	0.957	1.002	0.0%	33.42	0.976	1.002	0.0%	34.06
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	56	2,651.24	12.43	0.957	0.988	0.0%	11.75	0.976	0.988	0.0%	11.98
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	1	2,716.20	0.25	0.957	1.015	0.0%	0.24	0.976	1.015	0.0%	0.24
Subtotal - Inpatient	348	1,848.94	53.67				51.70				52.58
OP - Emergency Room	1,170	555.40	54.16	1.064	1.000	0.0%	57.65	1.084	1.000	0.0%	58.70
OP - Laboratory	1,464	182.09	22.21	1.016	0.911	0.0%	20.56	1.035	0.911	0.0%	20.95
OP - Radiology	379	296.28	9.37	1.016	1.020	0.0%	9.71	1.035	1.020	0.0%	9.89
OP - Surgery	172	1,600.78	22.96	1.016	1.011	0.0%	23.59	1.035	1.011	0.0%	24.03
OP - Mental Health	3	128.46	0.03	1.016	1.002	0.0%	0.03	1.035	1.002	0.0%	0.03
OP - Other	780	197.97	12.87	1.016	1.018	0.0%	13.30	1.035	1.018	0.0%	13.55
Subtotal - Outpatient	3,969	367.70	121.60				124.84				127.15
Prof - Evaluation & Management	12,347	44.66	45.95	1.083	1.021	0.0%	50.80	1.102	1.021	0.0%	51.72
Prof - Maternity	681	100.92	5.72	1.083	1.013	0.0%	6.28	1.102	1.013	0.0%	6.39
Prof - Surgery	803	147.09	9.84	1.083	1.011	0.0%	10.77	1.102	1.011	0.0%	10.96
Prof - DME/Supplies & Prosthetics	530	74.78	3.30	1.083	1.022	0.0%	3.66	1.102	1.022	0.0%	3.72
Prof - Lab	6,377	17.53	9.32	1.083	1.020	0.0%	10.29	1.102	1.020	0.0%	10.48
Prof - Radiology	1,489	34.79	4.32	1.083	1.020	0.0%	4.77	1.102	1.020	0.0%	4.85
Prof - Transportation	339	105.14	2.97	1.083	0.996	0.0%	3.21	1.102	0.996	0.0%	3.27
Prof - Mental Health	11,040	61.74	56.80	1.083	1.041	0.0%	64.02	1.102	1.041	0.0%	65.18
Prof - Target Case Management	706	345.06	20.29	1.083	1.015	0.0%	22.31	1.102	1.015	0.0%	22.71
Prof - Other	17,051	86.60	123.05	1.083	1.019	0.0%	135.72	1.102	1.019	0.0%	138.17
Subtotal - Professional	51,362	65.78	281.56				311.81				317.45
Pharmacy - Non Hep C	38,873	52.37	169.65	1.111	1.057	0.0%	199.06	1.130	1.056	0.0%	202.49
Pharmacy - Hep C	17	13,127.09	18.24	0.855	1.000	0.0%	15.60	0.855	1.000	0.0%	15.60
Dental	2,188	47.88	8.73	1.003	1.024	0.0%	8.97	1.022	1.024	0.0%	9.14
FQHC & RHC	7,186	37.21	22.28	1.083	1.020	0.0%	24.61	1.102	1.020	0.0%	25.05
Subtotal - Other Services	48,264	54.43	218.91				248.23				252.28
Total			\$ 677.08				\$ 738.01				\$ 750.90

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6B
Confidential and Proprietary**

Region B

KYH Children Age 0 through 2 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			92,162								
Home Health Care & Hospice	126	70.40	0.74	1.055	1.000	0.0%	0.78	1.075	1.000	0.0%	0.79
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	2,754	5,125.45	1,176.10	0.974	1.015	0.0%	1,162.94	0.993	1.015	0.0%	1,185.16
IP - Medical/Surgical	315	8,666.89	227.42	0.974	1.015	0.0%	224.88	0.993	1.015	0.0%	229.18
IP - Normal Newborn	2,325	1,297.91	251.51	0.974	1.015	0.0%	248.69	0.993	1.015	0.0%	253.44
IP - Mental Health	1	2,790.43	0.16	0.974	1.015	0.0%	0.16	0.993	1.015	0.0%	0.16
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	3	9,287.94	2.35	0.974	1.015	0.0%	2.32	0.993	1.015	0.0%	2.37
Subtotal - Inpatient	5,398	3,685.12	1,657.54				1,638.98				1,670.31
OP - Emergency Room	1,025	356.46	30.45	1.065	1.000	0.0%	32.42	1.084	1.000	0.0%	33.01
OP - Laboratory	852	46.76	3.32	1.017	1.000	0.0%	3.38	1.036	1.000	0.0%	3.44
OP - Radiology	271	175.65	3.96	1.017	1.000	0.0%	4.03	1.036	1.000	0.0%	4.10
OP - Surgery	82	550.64	3.77	1.017	1.000	0.0%	3.83	1.036	1.000	0.0%	3.91
OP - Mental Health	1	73.85	0.00	1.017	1.000	0.0%	0.00	1.036	1.000	0.0%	0.00
OP - Other	976	161.17	13.11	1.017	1.000	0.0%	13.32	1.036	1.000	0.0%	13.57
Subtotal - Outpatient	3,207	204.37	54.61				56.99				58.04
Prof - Evaluation & Management	14,863	47.15	58.40	1.082	1.000	0.0%	63.19	1.102	1.000	0.0%	64.33
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	1,282	116.26	12.42	1.082	1.000	0.0%	13.44	1.102	1.000	0.0%	13.68
Prof - DME/Supplies & Prosthetics	418	59.38	2.07	1.082	1.000	0.0%	2.24	1.102	1.000	0.0%	2.28
Prof - Lab	861	16.60	1.19	1.082	1.000	0.0%	1.29	1.102	1.000	0.0%	1.31
Prof - Radiology	1,874	17.72	2.77	1.082	1.000	0.0%	3.00	1.102	1.000	0.0%	3.05
Prof - Transportation	367	318.66	9.76	1.082	1.000	0.0%	10.56	1.102	1.000	0.0%	10.75
Prof - Mental Health	2	116.67	0.01	1.082	1.000	0.0%	0.02	1.102	1.000	0.0%	0.02
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	15,026	102.45	128.28	1.082	1.002	0.0%	139.03	1.102	1.002	0.0%	141.54
Subtotal - Professional	34,692	74.33	214.89				232.75				236.96
Pharmacy - Non Hep C	3,404	22.30	6.32	0.991	1.104	0.0%	6.91	1.009	1.102	0.0%	7.03
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	22	89.48	0.16	1.005	1.000	0.0%	0.16	1.023	1.000	0.0%	0.17
FQHC & RHC	8,671	44.96	32.49	1.082	1.000	0.0%	35.15	1.102	1.000	0.0%	35.79
Subtotal - Other Services	12,097	38.66	38.98				42.23				42.99
Total			\$ 1,966.76				\$ 1,971.74				\$ 2,009.09

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	KYH Children Age 3 through 12 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			208,606								
Home Health Care & Hospice	134	149.81	1.67	1.055	1.000	0.0%	1.77	1.075	1.000	0.0%	1.80
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	15,283.33	0.50	0.974	1.015	0.0%	0.50	0.993	1.015	0.0%	0.51
IP - Medical/Surgical	71	6,559.74	39.06	0.974	1.015	0.0%	38.62	0.993	1.015	0.0%	39.36
IP - Normal Newborn	0	945.26	0.00	0.974	1.015	0.0%	0.00	0.993	1.015	0.0%	0.00
IP - Mental Health	0	4,047.09	0.08	0.974	1.015	0.0%	0.08	0.993	1.015	0.0%	0.08
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	5	4,122.08	1.77	0.974	1.015	0.0%	1.75	0.993	1.015	0.0%	1.78
Subtotal - Inpatient	77	6,429.93	41.42				40.95				41.74
OP - Emergency Room	1,243	295.67	30.62	1.065	1.000	0.0%	32.61	1.084	1.000	0.0%	33.20
OP - Laboratory	222	126.33	2.33	1.017	1.000	0.0%	2.37	1.036	1.000	0.0%	2.42
OP - Radiology	137	162.42	1.86	1.017	1.000	0.0%	1.89	1.036	1.000	0.0%	1.92
OP - Surgery	68	1,858.23	10.48	1.017	1.000	0.0%	10.65	1.036	1.000	0.0%	10.85
OP - Mental Health	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Other	620	137.14	7.08	1.017	1.000	0.0%	7.20	1.036	1.000	0.0%	7.34
Subtotal - Outpatient	2,289	274.55	52.37				54.72				55.73
Prof - Evaluation & Management	10,753	42.35	37.95	1.082	1.000	0.0%	41.06	1.102	1.000	0.0%	41.81
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	359	158.57	4.74	1.082	1.000	0.0%	5.13	1.102	1.000	0.0%	5.22
Prof - DME/Supplies & Prosthetics	565	54.53	2.57	1.082	1.000	0.0%	2.78	1.102	1.000	0.0%	2.83
Prof - Lab	1,707	15.56	2.21	1.082	1.000	0.0%	2.40	1.102	1.000	0.0%	2.44
Prof - Radiology	536	17.75	0.79	1.082	1.000	0.0%	0.86	1.102	1.000	0.0%	0.87
Prof - Transportation	111	161.55	1.50	1.082	1.000	0.0%	1.62	1.102	1.000	0.0%	1.65
Prof - Mental Health	1	106.74	0.01	1.082	1.000	0.0%	0.01	1.102	1.000	0.0%	0.01
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	2,670	64.61	14.38	1.082	1.002	0.0%	15.58	1.102	1.002	0.0%	15.86
Subtotal - Professional	16,701	46.09	64.15				69.44				70.69
Pharmacy - Non Hep C	7,234	30.23	18.22	0.991	1.080	0.0%	19.49	1.009	1.079	0.0%	19.84
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	74	31.27	0.19	1.005	1.000	0.0%	0.19	1.023	1.000	0.0%	0.20
FQHC & RHC	6,846	35.28	20.13	1.082	1.000	0.0%	21.78	1.102	1.000	0.0%	22.17
Subtotal - Other Services	14,154	32.68	38.54				41.47				42.21
Total			\$ 198.15				\$ 208.34				\$ 212.16

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6B
Confidential and Proprietary**

Region B

KYH Children Age 1 through 18											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			3,980,874								
Home Health Care & Hospice	233	91.64	1.78	1.055	1.000	0.0%	1.88	1.075	1.000	0.0%	1.92
IP - Maternity	2	377.12	0.07	1.000	1.014	0.0%	0.07	1.000	1.014	0.0%	0.07
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	15	6,605.99	8.52	0.974	1.015	0.0%	8.42	0.993	1.015	0.0%	8.59
IP - Normal Newborn	0	1,369.47	0.00	0.974	1.015	0.0%	0.00	0.993	1.015	0.0%	0.00
IP - Mental Health	38	1,432.43	4.59	0.974	1.014	0.0%	4.53	0.993	1.014	0.0%	4.62
IP - PRTF	26	306.94	0.67	0.974	1.014	0.0%	0.66	0.993	1.014	0.0%	0.67
IP - Other	0	13,854.99	0.11	0.974	1.014	0.0%	0.11	0.993	1.014	0.0%	0.11
Subtotal - Inpatient	82	2,035.81	13.95				13.80				14.06
OP - Emergency Room	566	344.87	16.27	1.065	1.000	0.0%	17.33	1.084	1.000	0.0%	17.64
OP - Laboratory	204	80.52	1.37	1.017	0.995	0.0%	1.38	1.036	0.995	0.0%	1.41
OP - Radiology	116	231.86	2.25	1.017	1.000	0.0%	2.29	1.036	1.000	0.0%	2.33
OP - Surgery	54	1,939.67	8.80	1.017	1.000	0.0%	8.95	1.036	1.000	0.0%	9.12
OP - Mental Health	1	212.28	0.02	1.017	1.000	0.0%	0.02	1.036	1.000	0.0%	0.02
OP - Other	323	140.16	3.78	1.017	1.000	0.0%	3.84	1.036	1.000	0.0%	3.91
Subtotal - Outpatient	1,266	308.06	32.49				33.81				34.43
Prof - Evaluation & Management	5,040	46.21	19.41	1.082	1.000	0.0%	21.00	1.102	1.000	0.0%	21.38
Prof - Maternity	15	79.50	0.10	1.082	1.000	0.0%	0.11	1.102	1.000	0.0%	0.11
Prof - Surgery	291	138.25	3.35	1.082	1.000	0.0%	3.62	1.102	1.000	0.0%	3.69
Prof - DME/Supplies & Prosthetics	538	39.11	1.75	1.082	1.000	0.0%	1.90	1.102	1.000	0.0%	1.93
Prof - Lab	1,486	16.07	1.99	1.082	1.000	0.0%	2.15	1.102	1.000	0.0%	2.19
Prof - Radiology	560	21.72	1.01	1.082	1.000	0.0%	1.10	1.102	1.000	0.0%	1.12
Prof - Transportation	63	139.50	0.74	1.082	1.000	0.0%	0.80	1.102	1.000	0.0%	0.81
Prof - Mental Health	2,017	89.83	15.10	1.082	1.002	0.0%	16.37	1.102	1.002	0.0%	16.67
Prof - Target Case Management	151	341.37	4.28	1.082	1.000	0.0%	4.63	1.102	1.000	0.0%	4.72
Prof - Other	1,794	43.88	6.56	1.082	1.024	0.0%	7.27	1.102	1.024	0.0%	7.40
Subtotal - Professional	11,955	54.50	54.29				58.95				60.01
Pharmacy - Non Hep C	7,239	47.37	28.58	0.991	1.043	0.0%	29.54	1.009	1.043	0.0%	30.08
Pharmacy - Hep C	0	19,301.68	0.17	0.855	1.000	0.0%	0.14	0.855	1.000	0.0%	0.14
Dental	4,260	46.19	16.40	1.005	1.000	0.0%	16.47	1.023	1.000	0.0%	16.78
FQHC & RHC	3,863	33.34	10.73	1.082	1.000	0.0%	11.61	1.102	1.000	0.0%	11.82
Subtotal - Other Services	15,363	43.64	55.87				57.77				58.82
Total			\$ 158.40				\$ 166.20				\$ 169.25

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

KCHIP Children Age 0 through 2 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			141								
Home Health Care & Hospice	-	-	-	1.055	1.000	0.0%	-	1.075	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1,437	4,331.46	518.59	0.974	1.015	0.0%	512.83	0.993	1.015	0.0%	522.63
IP - Medical/Surgical	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Normal Newborn	448	654.15	24.42	0.974	1.015	0.0%	24.15	0.993	1.015	0.0%	24.62
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	1,885	3,457.28	543.01				536.98				547.24
OP - Emergency Room	265	177.45	3.92	1.065	1.000	0.0%	4.17	1.084	1.000	0.0%	4.25
OP - Laboratory	422	20.27	0.71	1.017	1.037	0.0%	0.75	1.036	1.037	0.0%	0.77
OP - Radiology	177	177.06	2.61	1.017	1.008	0.0%	2.67	1.036	1.008	0.0%	2.72
OP - Surgery	88	15.96	0.12	1.017	1.033	0.0%	0.12	1.036	1.033	0.0%	0.13
OP - Mental Health	86	29.26	0.21	1.017	1.030	0.0%	0.22	1.036	1.030	0.0%	0.22
OP - Other	344	154.20	4.43	1.017	1.021	0.0%	4.60	1.036	1.021	0.0%	4.68
Subtotal - Outpatient	1,382	104.08	11.99				12.53				12.76
Prof - Evaluation & Management	7,974	44.07	29.29	1.082	1.015	0.0%	32.17	1.102	1.015	0.0%	32.75
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	1,243	58.97	6.11	1.082	1.000	0.0%	6.61	1.102	1.000	0.0%	6.73
Prof - DME/Supplies & Prosthetics	175	76.98	1.13	1.082	1.026	0.0%	1.25	1.102	1.026	0.0%	1.27
Prof - Lab	202	12.69	0.21	1.082	1.305	0.0%	0.30	1.102	1.305	0.0%	0.31
Prof - Radiology	723	16.37	0.99	1.082	1.105	0.0%	1.18	1.102	1.105	0.0%	1.20
Prof - Transportation	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Mental Health	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	3,015	70.10	17.61	1.082	1.002	0.0%	19.09	1.102	1.002	0.0%	19.43
Subtotal - Professional	13,331	49.80	55.33				60.59				61.69
Pharmacy - Non Hep C	1,432	14.42	1.72	0.991	1.236	0.0%	2.11	1.009	1.234	0.0%	2.14
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	76	26.00	0.16	1.005	1.127	0.0%	0.19	1.023	1.127	0.0%	0.19
FQHC & RHC	4,916	39.63	16.23	1.082	1.043	0.0%	18.33	1.102	1.043	0.0%	18.66
Subtotal - Other Services	6,423	33.85	18.12				20.62				20.99
Total			\$ 628.45				\$ 630.73				\$ 642.69

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	KCHIP Children Age 3 through 12 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			529								
Home Health Care & Hospice	-	-	-	1.055	1.000	0.0%	-	1.075	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	-	-	-				-				-
OP - Emergency Room	468	437.46	17.05	1.065	1.000	0.0%	18.16	1.084	1.000	0.0%	18.49
OP - Laboratory	69	45.39	0.26	1.017	1.022	0.0%	0.27	1.036	1.022	0.0%	0.27
OP - Radiology	94	114.88	0.90	1.017	1.006	0.0%	0.92	1.036	1.006	0.0%	0.94
OP - Surgery	23	723.31	1.40	1.017	1.005	0.0%	1.43	1.036	1.005	0.0%	1.46
OP - Mental Health	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Other	198	61.33	1.01	1.017	1.068	0.0%	1.10	1.036	1.068	0.0%	1.12
Subtotal - Outpatient	852	290.56	20.62				21.88				22.28
Prof - Evaluation & Management	8,067	44.34	29.80	1.082	1.015	0.0%	32.74	1.102	1.015	0.0%	33.34
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	142	96.77	1.14	1.082	1.000	0.0%	1.24	1.102	1.000	0.0%	1.26
Prof - DME/Supplies & Prosthetics	294	52.69	1.29	1.082	1.018	0.0%	1.42	1.102	1.018	0.0%	1.45
Prof - Lab	1,316	10.45	1.15	1.082	1.212	0.0%	1.50	1.102	1.212	0.0%	1.53
Prof - Radiology	189	19.32	0.30	1.082	1.152	0.0%	0.38	1.102	1.152	0.0%	0.39
Prof - Transportation	96	96.88	0.77	1.082	1.000	0.0%	0.84	1.102	1.000	0.0%	0.85
Prof - Mental Health	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	1,096	50.34	4.60	1.082	1.002	0.0%	4.98	1.102	1.002	0.0%	5.07
Subtotal - Professional	11,200	41.85	39.06				43.11				43.89
Pharmacy - Non Hep C	3,585	23.78	7.11	0.991	1.154	0.0%	8.13	1.009	1.153	0.0%	8.27
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	1.005	1.000	0.0%	-	1.023	1.000	0.0%	-
FQHC & RHC	4,558	35.92	13.64	1.082	1.046	0.0%	15.44	1.102	1.046	0.0%	15.72
Subtotal - Other Services	8,143	30.58	20.75				23.57				23.99
Total			\$ 80.43				\$ 88.55				\$ 90.15

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

KCHIP Children Age 1 through 18											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			268,734								
Home Health Care & Hospice	142	92.03	1.09	1.055	1.000	0.0%	1.15	1.075	1.000	0.0%	1.17
IP - Maternity	2	640.83	0.09	1.000	1.014	0.0%	0.09	1.000	1.014	0.0%	0.09
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	16	5,733.84	7.47	0.974	1.046	0.0%	7.61	0.993	1.046	0.0%	7.76
IP - Normal Newborn	0	477.22	0.00	0.974	1.014	0.0%	0.00	0.993	1.014	0.0%	0.00
IP - Mental Health	28	1,293.77	3.01	0.974	1.014	0.0%	2.98	0.993	1.014	0.0%	3.04
IP - PRTF	12	283.13	0.29	0.974	1.014	0.0%	0.29	0.993	1.014	0.0%	0.30
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	58	2,256.60	10.87				10.98				11.18
OP - Emergency Room	401	368.72	12.33	1.065	1.000	0.0%	13.13	1.084	1.000	0.0%	13.36
OP - Laboratory	223	90.13	1.68	1.017	1.010	0.0%	1.72	1.036	1.010	0.0%	1.75
OP - Radiology	132	274.57	3.01	1.017	1.002	0.0%	3.07	1.036	1.002	0.0%	3.13
OP - Surgery	59	1,948.52	9.61	1.017	1.002	0.0%	9.79	1.036	1.002	0.0%	9.98
OP - Mental Health	1	95.61	0.01	1.017	1.032	0.0%	0.01	1.036	1.032	0.0%	0.01
OP - Other	328	178.54	4.89	1.017	1.020	0.0%	5.07	1.036	1.020	0.0%	5.16
Subtotal - Outpatient	1,144	330.52	31.52				32.79				33.39
Prof - Evaluation & Management	5,565	45.50	21.10	1.082	1.028	0.0%	23.46	1.102	1.028	0.0%	23.89
Prof - Maternity	15	71.92	0.09	1.082	1.000	0.0%	0.10	1.102	1.000	0.0%	0.10
Prof - Surgery	309	143.67	3.70	1.082	1.000	0.0%	4.01	1.102	1.000	0.0%	4.08
Prof - DME/Supplies & Prosthetics	606	57.11	2.89	1.082	1.018	0.0%	3.18	1.102	1.018	0.0%	3.24
Prof - Lab	1,533	16.24	2.07	1.082	1.092	0.0%	2.45	1.102	1.092	0.0%	2.50
Prof - Radiology	510	24.55	1.04	1.082	1.083	0.0%	1.22	1.102	1.083	0.0%	1.24
Prof - Transportation	43	144.57	0.52	1.082	1.000	0.0%	0.57	1.102	1.000	0.0%	0.58
Prof - Mental Health	1,217	84.79	8.60	1.082	1.002	0.0%	9.33	1.102	1.002	0.0%	9.50
Prof - Target Case Management	69	342.87	1.98	1.082	1.000	0.0%	2.14	1.102	1.000	0.0%	2.18
Prof - Other	1,549	45.05	5.81	1.082	1.024	0.0%	6.44	1.102	1.024	0.0%	6.56
Subtotal - Professional	11,418	50.25	47.81				52.90				53.85
Pharmacy - Non Hep C	6,717	52.89	29.61	0.991	1.059	0.0%	31.06	1.009	1.058	0.0%	31.63
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,197	48.03	16.80	1.005	1.062	0.0%	17.92	1.023	1.062	0.0%	18.26
FQHC & RHC	3,175	32.88	8.70	1.082	1.056	0.0%	9.95	1.102	1.056	0.0%	10.12
Subtotal - Other Services	14,090	46.93	55.10				58.93				60.02
Total		\$ 146.40					\$ 156.74				\$ 159.62

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI Age 0 through 2 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			695								
Home Health Care & Hospice	8,129	83.62	56.65	1.013	1.000	0.0%	57.40	1.032	1.000	0.0%	58.48
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	26,675	4,186.44	9,306.13	1.019	1.015	0.0%	9,624.64	1.038	1.015	0.0%	9,804.23
IP - Medical/Surgical	7,170	7,229.56	4,319.86	1.019	1.015	0.0%	4,467.62	1.038	1.015	0.0%	4,550.99
IP - Normal Newborn	71	10,073.74	59.87	1.019	1.015	0.0%	61.92	1.038	1.015	0.0%	63.07
IP - Mental Health	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - PRTF	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Other	18	13,119.94	20.12	1.019	1.014	0.0%	20.80	1.038	1.014	0.0%	21.19
Subtotal - Inpatient	33,935	4,846.66	13,705.97				14,174.98				14,439.48
OP - Emergency Room	1,185	625.10	61.73	1.129	1.000	0.0%	69.72	1.149	1.000	0.0%	70.95
OP - Laboratory	583	53.35	2.59	1.116	1.000	0.0%	2.89	1.136	1.000	0.0%	2.94
OP - Radiology	284	455.92	10.77	1.116	1.000	0.0%	12.02	1.136	1.000	0.0%	12.23
OP - Surgery	124	1,741.77	17.96	1.116	1.000	0.0%	20.03	1.136	1.000	0.0%	20.39
OP - Mental Health	-	-	-	1.116	1.000	0.0%	-	1.136	1.000	0.0%	-
OP - Other	2,580	224.55	48.27	1.116	1.000	0.0%	53.86	1.136	1.000	0.0%	54.82
Subtotal - Outpatient	4,755	356.65	141.33				158.52				161.33
Prof - Evaluation & Management	46,835	46.93	183.15	1.068	1.000	0.0%	195.66	1.088	1.000	0.0%	199.22
Prof - Maternity	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Surgery	6,992	306.60	178.64	1.068	1.000	0.0%	190.85	1.088	1.000	0.0%	194.32
Prof - DME/Supplies & Prosthetics	7,056	62.07	36.50	1.068	1.000	0.0%	38.99	1.088	1.000	0.0%	39.70
Prof - Lab	1,818	33.37	5.06	1.068	1.000	0.0%	5.40	1.088	1.000	0.0%	5.50
Prof - Radiology	33,730	13.50	37.94	1.068	1.000	0.0%	40.53	1.088	1.000	0.0%	41.27
Prof - Transportation	1,538	448.63	57.51	1.068	1.000	0.0%	61.44	1.088	1.000	0.0%	62.56
Prof - Mental Health	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Other	183,868	188.60	2,889.74	1.068	1.002	0.0%	3,093.73	1.088	1.002	0.0%	3,150.02
Subtotal - Professional	281,836	144.28	3,388.53				3,626.60				3,692.58
Pharmacy - Non Hep C	8,806	211.39	155.12	1.142	1.008	0.0%	178.61	1.162	1.008	0.0%	181.72
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	0.959	1.000	0.0%	-	0.978	1.000	0.0%	-
FQHC & RHC	4,085	42.53	14.48	1.068	1.000	0.0%	15.47	1.088	1.000	0.0%	15.75
Subtotal - Other Services	12,891	157.88	169.60				194.08				197.48
Total			\$ 17,462.07				\$ 18,211.59				\$ 18,549.34

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI Age 3 through 12 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			2,751								
Home Health Care & Hospice	13,895	58.81	68.10	1.013	1.000	0.0%	69.01	1.032	1.000	0.0%	70.30
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	20	96,983.59	161.62	1.019	1.015	0.0%	167.15	1.038	1.015	0.0%	170.27
IP - Medical/Surgical	2,312	13,972.07	2,692.29	1.019	1.015	0.0%	2,784.33	1.038	1.015	0.0%	2,836.29
IP - Normal Newborn	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Mental Health	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - PRTF	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Other	5	28,273.17	10.69	1.019	1.015	0.0%	11.06	1.038	1.015	0.0%	11.26
Subtotal - Inpatient	2,337	14,710.22	2,864.60				2,962.54				3,017.82
OP - Emergency Room	1,875	576.46	90.07	1.129	1.000	0.0%	101.72	1.149	1.000	0.0%	103.52
OP - Laboratory	752	150.47	9.43	1.116	1.000	0.0%	10.53	1.136	1.000	0.0%	10.71
OP - Radiology	435	258.06	9.36	1.116	1.000	0.0%	10.45	1.136	1.000	0.0%	10.63
OP - Surgery	428	2,941.42	104.82	1.116	1.000	0.0%	116.95	1.136	1.000	0.0%	119.03
OP - Mental Health	-	-	-	1.116	1.000	0.0%	-	1.136	1.000	0.0%	-
OP - Other	4,848	335.80	135.66	1.116	1.000	0.0%	151.36	1.136	1.000	0.0%	154.05
Subtotal - Outpatient	8,338	502.76	349.34				391.00				397.94
Prof - Evaluation & Management	31,131	66.97	173.75	1.068	1.000	0.0%	185.62	1.088	1.000	0.0%	189.00
Prof - Maternity	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Surgery	3,658	235.44	71.78	1.068	1.000	0.0%	76.68	1.088	1.000	0.0%	78.08
Prof - DME/Supplies & Prosthetics	15,833	68.38	90.22	1.068	1.000	0.0%	96.38	1.088	1.000	0.0%	98.14
Prof - Lab	1,879	18.42	2.88	1.068	1.000	0.0%	3.08	1.088	1.000	0.0%	3.14
Prof - Radiology	4,983	20.57	8.54	1.068	1.000	0.0%	9.13	1.088	1.000	0.0%	9.29
Prof - Transportation	1,025	324.29	27.69	1.068	1.000	0.0%	29.58	1.088	1.000	0.0%	30.12
Prof - Mental Health	5	42.18	0.02	1.068	1.000	0.0%	0.02	1.088	1.000	0.0%	0.02
Prof - Target Case Management	-	-	-	1.068	1.000	0.0%	-	1.088	1.000	0.0%	-
Prof - Other	32,987	149.63	411.32	1.068	1.002	0.0%	440.36	1.088	1.002	0.0%	448.37
Subtotal - Professional	91,501	103.11	786.20				840.85				856.14
Pharmacy - Non Hep C	19,791	470.68	776.25	1.142	1.004	0.0%	889.77	1.162	1.004	0.0%	905.33
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	59	41.08	0.20	0.959	1.000	0.0%	0.19	0.978	1.000	0.0%	0.20
FQHC & RHC	5,607	35.87	16.76	1.068	1.000	0.0%	17.91	1.088	1.000	0.0%	18.23
Subtotal - Other Services	25,457	373.91	793.22				907.87				923.76
Total			\$ 4,861.46				\$ 5,171.26				\$ 5,265.96

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI Age 1 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,026,237								
Home Health Care & Hospice	1,936	103.24	16.66	1.013	1.000	0.0%	16.88	1.032	1.000	0.0%	17.20
IP - Maternity	9	432.33	0.32	1.000	1.015	0.0%	0.32	1.000	1.015	0.0%	0.32
IP - Complex Newborn	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Medical/Surgical	417	5,530.29	192.29	1.019	1.015	0.0%	198.84	1.038	1.015	0.0%	202.55
IP - Normal Newborn	-	-	-	1.019	1.000	0.0%	-	1.038	1.000	0.0%	-
IP - Mental Health	131	2,340.21	25.50	1.019	1.049	0.0%	27.27	1.038	1.049	0.0%	27.77
IP - PRTF	80	414.53	2.76	1.019	1.014	0.0%	2.85	1.038	1.014	0.0%	2.90
IP - Other	6	4,620.01	2.18	1.019	1.015	0.0%	2.26	1.038	1.015	0.0%	2.30
Subtotal - Inpatient	642	4,166.98	223.05				231.53				235.85
OP - Emergency Room	1,257	651.28	68.25	1.129	1.000	0.0%	77.07	1.149	1.000	0.0%	78.44
OP - Laboratory	1,061	155.26	13.73	1.116	0.951	0.0%	14.56	1.136	0.951	0.0%	14.82
OP - Radiology	653	668.49	36.37	1.116	1.000	0.0%	40.58	1.136	1.000	0.0%	41.30
OP - Surgery	257	2,085.83	44.70	1.116	1.000	0.0%	49.88	1.136	1.000	0.0%	50.76
OP - Mental Health	3	228.20	0.07	1.116	1.000	0.0%	0.07	1.136	1.000	0.0%	0.07
OP - Other	1,247	392.40	40.77	1.116	1.000	0.0%	45.48	1.136	1.000	0.0%	46.29
Subtotal - Outpatient	4,478	546.28	203.88				227.64				231.68
Prof - Evaluation & Management	10,899	51.09	46.41	1.068	1.000	0.0%	49.58	1.088	1.000	0.0%	50.48
Prof - Maternity	43	85.02	0.30	1.068	1.000	0.0%	0.33	1.088	1.000	0.0%	0.33
Prof - Surgery	1,447	158.54	19.11	1.068	1.000	0.0%	20.42	1.088	1.000	0.0%	20.79
Prof - DME/Supplies & Prosthetics	3,172	105.52	27.89	1.068	1.000	0.0%	29.79	1.088	1.000	0.0%	30.34
Prof - Lab	4,347	17.00	6.16	1.068	1.000	0.0%	6.58	1.088	1.000	0.0%	6.70
Prof - Radiology	2,663	40.12	8.90	1.068	1.000	0.0%	9.51	1.088	1.000	0.0%	9.68
Prof - Transportation	879	93.14	6.82	1.068	1.000	0.0%	7.29	1.088	1.000	0.0%	7.42
Prof - Mental Health	4,068	122.48	41.52	1.068	1.006	0.0%	44.62	1.088	1.006	0.0%	45.43
Prof - Target Case Management	309	345.41	8.89	1.068	1.000	0.0%	9.49	1.088	1.000	0.0%	9.67
Prof - Other	8,355	79.33	55.23	1.068	1.010	0.0%	59.63	1.088	1.010	0.0%	60.71
Subtotal - Professional	36,180	73.38	221.23				237.23				241.54
Pharmacy - Non Hep C	61,745	64.26	330.67	1.142	1.027	0.0%	387.91	1.162	1.027	0.0%	394.54
Pharmacy - Hep C	16	15,651.34	21.19	0.855	1.000	0.0%	18.12	0.855	1.000	0.0%	18.12
Dental	2,018	46.11	7.75	0.959	1.000	0.0%	7.44	0.978	1.000	0.0%	7.58
FQHC & RHC	5,167	32.54	14.01	1.068	1.000	0.0%	14.97	1.088	1.000	0.0%	15.24
Subtotal - Other Services	68,946	65.03	373.62				428.44				435.49
Total			\$ 1,038.43				\$ 1,141.73				\$ 1,161.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Dual Eligibles All Ages										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			608,546								
Home Health Care & Hospice	546	96.09	4.37	1.024	1.000	0.0%	4.48	1.043	1.000	0.0%	4.56
IP - Maternity	4	114.66	0.04	1.000	1.015	0.0%	0.04	1.000	1.015	0.0%	0.04
IP - Complex Newborn	0	6,992.16	0.01	1.018	1.015	0.0%	0.01	1.037	1.015	0.0%	0.01
IP - Medical/Surgical	451	1,189.01	44.73	1.018	1.014	0.0%	46.18	1.037	1.014	0.0%	47.04
IP - Normal Newborn	0	852.79	0.00	1.018	1.014	0.0%	0.00	1.037	1.014	0.0%	0.00
IP - Mental Health	114	427.41	4.05	1.018	1.014	0.0%	4.18	1.037	1.014	0.0%	4.26
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	7	992.70	0.61	1.018	1.014	0.0%	0.63	1.037	1.014	0.0%	0.64
Subtotal - Inpatient	577	1,029.13	49.45				51.04				52.00
OP - Emergency Room	973	203.18	16.47	1.144	1.000	0.0%	18.85	1.164	1.000	0.0%	19.18
OP - Laboratory	196	120.26	1.97	1.128	0.979	0.0%	2.17	1.148	0.979	0.0%	2.21
OP - Radiology	623	130.64	6.78	1.128	1.000	0.0%	7.64	1.148	1.000	0.0%	7.78
OP - Surgery	232	426.94	8.26	1.128	1.000	0.0%	9.31	1.148	1.000	0.0%	9.48
OP - Mental Health	11	432.52	0.41	1.128	1.000	0.0%	0.46	1.148	1.000	0.0%	0.47
OP - Other	960	140.53	11.24	1.128	1.000	0.0%	12.67	1.148	1.000	0.0%	12.90
Subtotal - Outpatient	2,995	180.79	45.12				51.11				52.01
Prof - Evaluation & Management	5,591	20.79	9.69	1.096	1.000	0.0%	10.61	1.116	1.000	0.0%	10.80
Prof - Maternity	17	40.57	0.06	1.096	1.000	0.0%	0.06	1.116	1.000	0.0%	0.06
Prof - Surgery	1,058	45.50	4.01	1.096	1.000	0.0%	4.39	1.116	1.000	0.0%	4.47
Prof - DME/Supplies & Prosthetics	3,306	21.34	5.88	1.096	1.000	0.0%	6.44	1.116	1.000	0.0%	6.56
Prof - Lab	555	10.77	0.50	1.096	1.000	0.0%	0.55	1.116	1.000	0.0%	0.56
Prof - Radiology	2,340	10.06	1.96	1.096	1.000	0.0%	2.15	1.116	1.000	0.0%	2.19
Prof - Transportation	394	63.02	2.07	1.096	1.000	0.0%	2.27	1.116	1.000	0.0%	2.31
Prof - Mental Health	1,603	158.94	21.23	1.096	1.003	0.0%	23.32	1.116	1.003	0.0%	23.74
Prof - Target Case Management	96	349.96	2.79	1.096	1.000	0.0%	3.06	1.116	1.000	0.0%	3.11
Prof - Other	3,918	23.84	7.78	1.096	1.009	0.0%	8.60	1.116	1.009	0.0%	8.76
Subtotal - Professional	18,876	35.58	55.96				61.47				62.57
Pharmacy - Non Hep C	7,076	27.01	15.93	1.145	1.065	0.0%	19.43	1.165	1.064	0.0%	19.75
Pharmacy - Hep C	0	19,057.47	0.72	0.855	1.000	0.0%	0.62	0.855	1.000	0.0%	0.62
Dental	961	43.53	3.49	0.966	1.000	0.0%	3.37	0.985	1.000	0.0%	3.43
FQHC & RHC	1,246	23.59	2.45	1.096	1.000	0.0%	2.69	1.116	1.000	0.0%	2.73
Subtotal - Other Services	9,284	29.19	22.59				26.11				26.54
Total			\$ 177.49				\$ 194.20				\$ 197.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Foster Care Children Age 0 through 2 Months										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,190								
Home Health Care & Hospice	51	64.04	0.27	1.042	1.000	0.0%	0.28	1.061	1.000	0.0%	0.29
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	5,237	3,789.13	1,653.49	0.974	1.015	0.0%	1,635.14	0.993	1.015	0.0%	1,666.39
IP - Medical/Surgical	377	2,538.72	79.78	0.974	1.015	0.0%	78.89	0.993	1.015	0.0%	80.40
IP - Normal Newborn	1,532	1,445.63	184.58	0.974	1.015	0.0%	182.52	0.993	1.015	0.0%	186.00
IP - Mental Health	53	1,616.98	7.15	0.974	1.015	0.0%	7.07	0.993	1.015	0.0%	7.20
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	7,199	3,208.84	1,925.00				1,903.62				1,940.00
OP - Emergency Room	810	450.47	30.39	1.004	1.000	0.0%	30.51	1.023	1.000	0.0%	31.08
OP - Laboratory	528	81.83	3.60	1.077	1.000	0.0%	3.88	1.097	1.000	0.0%	3.95
OP - Radiology	404	145.39	4.89	1.077	1.000	0.0%	5.27	1.097	1.000	0.0%	5.36
OP - Surgery	116	713.75	6.89	1.077	1.000	0.0%	7.42	1.097	1.000	0.0%	7.56
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	1,492	144.75	17.99	1.077	1.000	0.0%	19.38	1.097	1.000	0.0%	19.73
Subtotal - Outpatient	3,349	228.50	63.77				66.46				67.68
Prof - Evaluation & Management	18,182	47.99	72.72	0.991	1.000	0.0%	72.09	1.010	1.000	0.0%	73.45
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Surgery	1,205	110.88	11.13	0.991	1.000	0.0%	11.04	1.010	1.000	0.0%	11.25
Prof - DME/Supplies & Prosthetics	688	63.88	3.66	0.991	1.000	0.0%	3.63	1.010	1.000	0.0%	3.70
Prof - Lab	1,141	18.51	1.76	0.991	1.000	0.0%	1.75	1.010	1.000	0.0%	1.78
Prof - Radiology	1,484	22.84	2.82	0.991	1.000	0.0%	2.80	1.010	1.000	0.0%	2.85
Prof - Transportation	553	203.80	9.38	0.991	1.000	0.0%	9.30	1.010	1.000	0.0%	9.48
Prof - Mental Health	45	102.24	0.38	0.991	1.000	0.0%	0.38	1.010	1.000	0.0%	0.38
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Other	19,901	95.94	159.12	0.991	1.007	0.0%	158.78	1.010	1.007	0.0%	161.78
Subtotal - Professional	43,199	72.50	260.98				259.75				264.67
Pharmacy - Non Hep C	4,185	16.69	5.82	0.991	1.125	0.0%	6.49	1.009	1.122	0.0%	6.59
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	40	60.40	0.20	0.971	1.000	0.0%	0.20	0.990	1.000	0.0%	0.20
FQHC & RHC	7,903	40.04	26.37	0.991	1.000	0.0%	26.14	1.010	1.000	0.0%	26.64
Subtotal - Other Services	12,128	32.05	32.40				32.83				33.43
Total			\$ 2,282.42				\$ 2,262.94				\$ 2,306.08

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Foster Care Children Age 3 through 12 Months											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			3,948								
Home Health Care & Hospice	1,327	71.36	7.89	1.042	1.000	0.0%	8.23	1.061	1.000	0.0%	8.38
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	313	6,747.63	175.98	0.974	1.015	0.0%	174.03	0.993	1.015	0.0%	177.36
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	3	4,500.00	1.22	0.974	1.014	0.0%	1.20	0.993	1.014	0.0%	1.22
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	3	3,763.64	1.02	0.974	1.014	0.0%	1.01	0.993	1.014	0.0%	1.03
Subtotal - Inpatient	319	6,694.43	178.22				176.24				179.61
OP - Emergency Room	779	393.96	25.58	1.004	1.000	0.0%	25.68	1.023	1.000	0.0%	26.16
OP - Laboratory	413	148.80	5.12	1.077	1.000	0.0%	5.51	1.097	1.000	0.0%	5.61
OP - Radiology	242	239.57	4.83	1.077	1.000	0.0%	5.21	1.097	1.000	0.0%	5.30
OP - Surgery	172	1,675.94	23.98	1.077	1.000	0.0%	25.82	1.097	1.000	0.0%	26.29
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	1,615	144.12	19.40	1.077	1.000	0.0%	20.89	1.097	1.000	0.0%	21.27
Subtotal - Outpatient	3,221	293.98	78.91				83.11				84.63
Prof - Evaluation & Management	16,668	46.55	64.65	0.991	1.000	0.0%	64.09	1.010	1.000	0.0%	65.31
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Surgery	833	144.23	10.01	0.991	1.000	0.0%	9.93	1.010	1.000	0.0%	10.11
Prof - DME/Supplies & Prosthetics	1,681	73.88	10.35	0.991	1.000	0.0%	10.26	1.010	1.000	0.0%	10.46
Prof - Lab	2,234	16.30	3.03	0.991	1.000	0.0%	3.01	1.010	1.000	0.0%	3.06
Prof - Radiology	803	21.07	1.41	0.991	1.000	0.0%	1.40	1.010	1.000	0.0%	1.42
Prof - Transportation	116	305.15	2.95	0.991	1.000	0.0%	2.93	1.010	1.000	0.0%	2.98
Prof - Mental Health	50	89.79	0.37	0.991	1.000	0.0%	0.37	1.010	1.000	0.0%	0.38
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.010	1.000	0.0%	-
Prof - Other	3,482	81.56	23.67	0.991	1.007	0.0%	23.61	1.010	1.007	0.0%	24.06
Subtotal - Professional	25,868	54.02	116.45				115.60				117.79
Pharmacy - Non Hep C	10,532	92.13	80.86	0.991	1.026	0.0%	82.16	1.009	1.025	0.0%	83.68
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	124	33.02	0.34	0.971	1.000	0.0%	0.33	0.990	1.000	0.0%	0.34
FQHC & RHC	7,447	36.45	22.62	0.991	1.000	0.0%	22.43	1.010	1.000	0.0%	22.85
Subtotal - Other Services	18,103	68.82	103.83				104.92				106.87
Total		\$ 485.30					\$ 488.09				\$ 497.28

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Foster Care Children Age 1 or Older										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			157,558								
Home Health Care & Hospice	1,045	87.01	7.58	1.042	1.000	0.0%	7.90	1.061	1.000	0.0%	8.04
IP - Maternity	4	135.86	0.04	1.000	1.015	0.0%	0.05	1.000	1.015	0.0%	0.05
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	19	5,593.48	8.88	0.974	1.014	0.0%	8.77	0.993	1.014	0.0%	8.94
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	379	1,540.62	48.62	0.974	1.234	0.0%	58.48	0.993	1.234	0.0%	59.60
IP - PRTF	333	433.91	12.03	0.974	1.014	0.0%	11.89	0.993	1.014	0.0%	12.12
IP - Other	0	4,269.87	0.06	0.974	1.015	0.0%	0.06	0.993	1.015	0.0%	0.06
Subtotal - Inpatient	735	1,137.42	69.64				79.25				80.76
OP - Emergency Room	426	391.43	13.89	1.004	1.000	0.0%	13.94	1.023	1.000	0.0%	14.21
OP - Laboratory	264	92.30	2.03	1.077	0.984	0.0%	2.15	1.097	0.984	0.0%	2.19
OP - Radiology	123	233.06	2.40	1.077	1.000	0.0%	2.58	1.097	1.000	0.0%	2.63
OP - Surgery	67	2,015.54	11.31	1.077	1.000	0.0%	12.18	1.097	1.000	0.0%	12.40
OP - Mental Health	5	63.93	0.02	1.077	1.000	0.0%	0.03	1.097	1.000	0.0%	0.03
OP - Other	484	155.08	6.25	1.077	1.000	0.0%	6.73	1.097	1.000	0.0%	6.86
Subtotal - Outpatient	1,369	314.69	35.91				37.62				38.31
Prof - Evaluation & Management	7,397	49.66	30.61	0.991	1.000	0.0%	30.34	1.010	1.000	0.0%	30.92
Prof - Maternity	23	116.62	0.23	0.991	1.000	0.0%	0.22	1.010	1.000	0.0%	0.23
Prof - Surgery	361	129.23	3.89	0.991	1.000	0.0%	3.85	1.010	1.000	0.0%	3.93
Prof - DME/Supplies & Prosthetics	882	46.31	3.40	0.991	1.000	0.0%	3.37	1.010	1.000	0.0%	3.44
Prof - Lab	1,657	17.53	2.42	0.991	1.000	0.0%	2.40	1.010	1.000	0.0%	2.45
Prof - Radiology	587	23.04	1.13	0.991	1.000	0.0%	1.12	1.010	1.000	0.0%	1.14
Prof - Transportation	111	106.10	0.98	0.991	1.000	0.0%	0.97	1.010	1.000	0.0%	0.99
Prof - Mental Health	5,390	109.79	49.31	0.991	1.002	0.0%	49.00	1.010	1.002	0.0%	49.93
Prof - Target Case Management	368	340.80	10.45	0.991	1.000	0.0%	10.36	1.010	1.000	0.0%	10.55
Prof - Other	3,198	43.09	11.48	0.991	1.034	0.0%	11.77	1.010	1.034	0.0%	11.99
Subtotal - Professional	19,974	68.43	113.90				113.41				115.56
Pharmacy - Non Hep C	14,692	53.55	65.56	0.991	1.038	0.0%	67.43	1.009	1.037	0.0%	68.66
Pharmacy - Hep C	1	31,340.19	3.66	0.855	1.000	0.0%	3.13	0.855	1.000	0.0%	3.13
Dental	5,751	47.94	22.98	0.971	1.000	0.0%	22.31	0.990	1.000	0.0%	22.74
FQHC & RHC	4,098	33.86	11.56	0.991	1.000	0.0%	11.46	1.010	1.000	0.0%	11.68
Subtotal - Other Services	24,543	50.73	103.76				104.33				106.21
Total			\$ 330.78				\$ 342.52				\$ 348.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
KY Health Adult Capitation Rates Displayed are Gross of Premiums and Copay Adjustments
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 7
Confidential and Proprietary

Region A Claim Rate Development

Rate Cell	Apr19-Jun20 Projected MMs	Apr19-Jun20 Paid PMPM - Minimum	Apr19-Jun20 Paid PMPM - Maximum
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KYH Expansion Adults - Medically Frail Age 19 or Older

KYH Expansion Adults - Medically Frail 19+	180,517	\$ 1,903.42	\$ 1,936.82
KYH Expansion Adults - RCT 19+	111,661	\$ 310.87	\$ 316.23
KYH Expansion Adults - MF Possibles 19+	29,225	\$ 707.16	\$ 719.23
Blended Projected Claim Rate	321,403	\$ 1,241.36	\$ 1,263.08

KYH Other Expansion Adults Age 19 or Older

KYH Expansion Adults 19+	1,087,170	\$ 246.56	\$ 250.89
KYH Expansion Adults - MF Possibles 19+	51,365	\$ 697.78	\$ 709.66
Blended Projected Claim Rate	1,138,535	\$ 266.92	\$ 271.58

KYH Other Adults Age 19 or Older

KYH Other Adults 19+	365,808	\$ 277.98	\$ 282.87
KYH Other Adults - Medically Frail 19+	35,154	\$ 2,556.78	\$ 2,602.11
KYH Other Adults - RCT 19+	12,890	\$ 243.59	\$ 247.96
KYH Other Adults - MF Possibles 19+	22,326	\$ 688.85	\$ 701.00
Blended Projected Claim Rate	436,178	\$ 481.66	\$ 490.16

Newborn Combined Experience

KYH Children 0-2M	41,955	\$ 2,190.51	\$ 2,231.98
KCHIP Children 0-2M	45	\$ 1,680.41	\$ 1,712.14
Combined Claim Rate	42,000	\$ 2,189.97	\$ 2,231.43

KYH Children 3-12M	90,750	\$ 227.37	\$ 231.54
KCHIP Children 3-12M	225	\$ 181.67	\$ 184.97
Combined Claim Rate	90,975	\$ 227.26	\$ 231.42

Redistributed Based on Historical Statewide Claim Relationship

				Statewide Relativity to 1+	Redistributed Paid PMPM Minimum	Redistributed Paid PMPM Maximum
SSI without Medicare 0-2M	390	\$ 18,909.28	\$ 19,259.60	15.97	\$ 19,289.22	\$ 19,627.13
SSI without Medicare 3-12M	1,680	\$ 5,514.55	\$ 5,615.84	4.58	\$ 5,534.22	\$ 5,631.16
SSI without Medicare 1+	343,845	\$ 1,208.60	\$ 1,229.72	1.00	\$ 1,208.07	\$ 1,229.23
Foster Care Children 0-2M	630	\$ 2,242.41	\$ 2,285.14	5.96	\$ 2,909.70	\$ 2,964.59
Foster Care Children 3-12M	1,590	\$ 657.84	\$ 670.25	1.38	\$ 672.92	\$ 685.61
Foster Care Children 1+	69,480	\$ 494.31	\$ 503.63	1.00	\$ 487.92	\$ 497.12

All Other Cells - Direct Mapping From Base to Projection

KYH Children 1-18	1,740,180	\$ 173.35	\$ 176.53
KCHIP Children 1-18	147,390	\$ 173.34	\$ 176.52
Dual Eligibles	195,465	\$ 182.93	\$ 186.16

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 7

Confidential and Proprietary

KY Health Adult Capitation Rates Displayed are Gross of Premiums and Copay Adjustments

Region B Claim Rate Development

Rate Cell	Apr19-Jun20 Projected MMs	Apr19-Jun20 Paid PMPM - Minimum	Apr19-Jun20 Paid PMPM - Maximum
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KYH Expansion Adults - Medically Frail Age 19 or Older

KYH Expansion Adults - Medically Frail 19+	499,299	\$ 1,782.59	\$ 1,814.01
KYH Expansion Adults - RCT 19+	327,506	\$ 334.72	\$ 340.60
KYH Expansion Adults - MF Possibles 19+	127,522	\$ 715.14	\$ 727.42
Combined	954,327	\$ 1,143.07	\$ 1,163.17

KYH Other Expansion Adults Age 19 or Older

KYH Expansion Adults 19+	3,165,089	\$ 260.73	\$ 265.31
KYH Expansion Adults - MF Possibles 19+	259,892	\$ 707.16	\$ 719.28
Combined	3,424,981	\$ 294.60	\$ 299.76

KYH Other Adults Age 19 or Older

KYH Other Adults 19+	1,038,531	\$ 272.47	\$ 277.29
KYH Other Adults - Medically Frail 19+	99,066	\$ 2,342.40	\$ 2,383.77
KYH Other Adults - RCT 19+	38,109	\$ 260.12	\$ 264.71
KYH Other Adults - MF Possibles 19+	117,407	\$ 738.01	\$ 750.90
Combined	1,293,113	\$ 472.95	\$ 481.30

Newborn Combined Experience

KYH Children 0-2M	115,965	\$ 1,971.74	\$ 2,009.09
KCHIP Children 0-2M	240	\$ 630.73	\$ 642.69
Combined Claim Rate	116,205	\$ 1,968.97	\$ 2,006.27

KYH Children 3-12M	248,130	\$ 208.34	\$ 212.16
KCHIP Children 3-12M	570	\$ 88.55	\$ 90.15
Combined Claim Rate	248,700	\$ 208.07	\$ 211.88

Redistributed Based on Historical Statewide Claim Relationship

				Statewide Relativity to 1+	Redistributed Paid PMPM	
					Minimum	Maximum
SSI without Medicare 0-2M	690	\$ 18,211.59	\$ 18,549.34	15.97	\$ 18,227.62	\$ 18,547.71
SSI without Medicare 3-12M	2,895	\$ 5,171.26	\$ 5,265.96	4.58	\$ 5,229.63	\$ 5,321.47
SSI without Medicare 1+	1,227,900	\$ 1,141.73	\$ 1,161.76	1.00	\$ 1,141.58	\$ 1,161.63
Foster Care Children 0-2M	1,920	\$ 2,262.94	\$ 2,306.08	5.96	\$ 2,055.43	\$ 2,093.74
Foster Care Children 3-12M	6,330	\$ 488.09	\$ 497.28	1.38	\$ 475.36	\$ 484.22
Foster Care Children 1+	222,705	\$ 342.52	\$ 348.89	1.00	\$ 344.67	\$ 351.09

All Other Cells - Direct Mapping From Base to Projection

KYH Children 1-18	4,893,825	\$ 166.20	\$ 169.25
KCHIP Children 1-18	358,095	\$ 156.74	\$ 159.62
Dual Eligibles	748,260	\$ 194.20	\$ 197.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 KY Health Adult Capitation Rates Displayed are Gross of Premiums and Copay Adjustments
 April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 8
 Confidential and Proprietary

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region A Capitation Rate Range															
		Low End of Range							High End of Range								
		Apr19-Jun20 Paid PMPM	General Admin %	General Admin PMPM	Care Coordination	Risk/Profit Margin	Premium Assessment	Capitation Rate	Apr19-Jun20 Paid PMPM	General Admin %	General Admin PMPM	Care Coordination	Risk/Profit Margin	Premium Assessment	Capitation Rate		
KY Health Population																	
KYH Other Expansion Adults Age 19 or Older	1,138,535	\$ 266.92	10.2%	\$ 30.70	0.0%	1.0%	1.0%	\$ 303.65	\$ 271.58	10.8%	\$ 33.21	0.0%	1.0%	1.0%	\$ 310.98		
KYH Expansion Adults - Medically Frail Age 19 or Older	321,403	\$ 1,241.36	9.7%	\$ 134.65	0.0%	1.0%	1.0%	\$ 1,403.95	\$ 1,263.08	10.3%	\$ 146.70	0.0%	1.0%	1.0%	\$ 1,438.40		
KYH Other Adults Age 19 or Older	436,178	\$ 481.66	9.7%	\$ 52.24	0.0%	1.0%	1.0%	\$ 544.74	\$ 490.16	10.3%	\$ 56.76	0.0%	1.0%	1.0%	\$ 558.03		
KYH Children Age 0 through 2 Months	41,955	\$ 2,189.97	8.8%	\$ 213.90	0.0%	1.0%	1.0%	\$ 2,452.68	\$ 2,231.43	9.4%	\$ 233.36	0.0%	1.0%	1.0%	\$ 2,514.84		
KYH Children Age 3 through 12 Months	90,750	\$ 227.26	8.8%	\$ 22.20	0.0%	1.0%	1.0%	\$ 254.52	\$ 231.42	9.4%	\$ 24.20	0.0%	1.0%	1.0%	\$ 260.82		
KYH Children Age 1 through 18	1,740,180	\$ 173.35	8.8%	\$ 16.93	0.0%	1.0%	1.0%	\$ 194.15	\$ 176.53	9.4%	\$ 18.46	0.0%	1.0%	1.0%	\$ 198.95		
KCHIP Children Age 0 through 2 Months	45	\$ 2,189.97	9.0%	\$ 218.43	0.0%	1.0%	1.0%	\$ 2,457.30	\$ 2,231.43	9.5%	\$ 238.05	0.0%	1.0%	1.0%	\$ 2,519.62		
KCHIP Children Age 3 through 12 Months	225	\$ 227.26	9.0%	\$ 22.67	0.0%	1.0%	1.0%	\$ 255.00	\$ 231.42	9.5%	\$ 24.69	0.0%	1.0%	1.0%	\$ 261.31		
KCHIP Children Age 1 through 18	147,390	\$ 173.34	9.0%	\$ 17.29	0.0%	1.0%	1.0%	\$ 194.50	\$ 176.52	9.5%	\$ 18.83	0.0%	1.0%	1.0%	\$ 199.32		
Non-KY Health Population																	
SSI Age 0 through 2 Months	390	\$ 19,289.22	7.3%	\$ 1,535.17	0.0%	1.0%	1.0%	\$ 21,247.21	\$ 19,627.13	7.8%	\$ 1,680.79	0.0%	1.0%	1.0%	\$ 21,740.56		
SSI Age 3 through 12 Months	1,680	\$ 5,534.22	7.3%	\$ 440.45	0.0%	1.0%	1.0%	\$ 6,095.98	\$ 5,631.16	7.8%	\$ 482.23	0.0%	1.0%	1.0%	\$ 6,237.52		
SSI Age 1 or Older	343,845	\$ 1,208.07	7.3%	\$ 96.15	0.0%	1.0%	1.0%	\$ 1,330.70	\$ 1,229.23	7.8%	\$ 105.27	0.0%	1.0%	1.0%	\$ 1,361.59		
Dual Eligibles All Ages	195,465	\$ 182.93	7.4%	\$ 14.83	0.0%	1.0%	1.0%	\$ 201.78	\$ 186.16	7.9%	\$ 16.23	0.0%	1.0%	1.0%	\$ 206.50		
Foster Care Children Age 0 through 2 Months	630	\$ 2,909.70	8.5%	\$ 273.21	0.0%	1.0%	1.0%	\$ 3,247.54	\$ 2,964.59	9.1%	\$ 299.18	0.0%	1.0%	1.0%	\$ 3,330.04		
Foster Care Children Age 3 through 12 Months	1,590	\$ 672.92	8.5%	\$ 63.19	0.0%	1.0%	1.0%	\$ 751.05	\$ 685.61	9.1%	\$ 69.19	0.0%	1.0%	1.0%	\$ 770.13		
Foster Care Children Age 1 or Older	69,480	\$ 487.92	8.5%	\$ 45.81	0.0%	1.0%	1.0%	\$ 544.57	\$ 497.12	9.1%	\$ 50.17	0.0%	1.0%	1.0%	\$ 558.40		

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region B Capitation Rate Range														
		Low End of Range							High End of Range							
		Apr19-Jun20 Paid PMPM	General Admin %	General Admin PMPM	Care Coordination	Risk/Profit Margin	Premium Assessment	Capitation Rate	Apr19-Jun20 Paid PMPM	General Admin %	General Admin PMPM	Care Coordination	Risk/Profit Margin	Premium Assessment	Capitation Rate	
KY Health Population																
KYH Other Expansion Adults Age 19 or Older	3,424,981	\$ 294.60	10.2%	\$ 33.88	0.0%	1.0%	1.0%	\$ 335.15	\$ 299.76	10.8%	\$ 36.65	0.0%	1.0%	1.0%	\$ 343.24	
KYH Expansion Adults - Medically Frail Age 19 or Older	954,327	\$ 1,143.07	9.7%	\$ 123.99	0.0%	1.0%	1.0%	\$ 1,292.78	\$ 1,163.17	10.3%	\$ 135.09	0.0%	1.0%	1.0%	\$ 1,324.62	
KYH Other Adults Age 19 or Older	1,293,113	\$ 472.95	9.7%	\$ 51.30	0.0%	1.0%	1.0%	\$ 534.89	\$ 481.30	10.3%	\$ 55.73	0.0%	1.0%	1.0%	\$ 547.93	
KYH Children Age 0 through 2 Months	115,965	\$ 1,968.97	8.8%	\$ 192.32	0.0%	1.0%	1.0%	\$ 2,205.16	\$ 2,006.27	9.4%	\$ 209.82	0.0%	1.0%	1.0%	\$ 2,261.08	
KYH Children Age 3 through 12 Months	248,130	\$ 208.07	8.8%	\$ 20.32	0.0%	1.0%	1.0%	\$ 233.03	\$ 211.88	9.4%	\$ 22.16	0.0%	1.0%	1.0%	\$ 238.79	
KYH Children Age 1 through 18	4,893,825	\$ 166.20	8.8%	\$ 16.23	0.0%	1.0%	1.0%	\$ 186.14	\$ 169.25	9.4%	\$ 17.70	0.0%	1.0%	1.0%	\$ 190.74	
KCHIP Children Age 0 through 2 Months	240	\$ 1,968.97	9.0%	\$ 196.39	0.0%	1.0%	1.0%	\$ 2,209.32	\$ 2,006.27	9.5%	\$ 214.03	0.0%	1.0%	1.0%	\$ 2,265.38	
KCHIP Children Age 3 through 12 Months	570	\$ 208.07	9.0%	\$ 20.75	0.0%	1.0%	1.0%	\$ 233.46	\$ 211.88	9.5%	\$ 22.60	0.0%	1.0%	1.0%	\$ 239.25	
KCHIP Children Age 1 through 18	358,095	\$ 156.74	9.0%	\$ 15.63	0.0%	1.0%	1.0%	\$ 175.88	\$ 159.62	9.5%	\$ 17.03	0.0%	1.0%	1.0%	\$ 180.24	
Non-KY Health Population																
SSI Age 0 through 2 Months	690	\$ 18,227.62	7.3%	\$ 1,450.68	0.0%	1.0%	1.0%	\$ 20,077.85	\$ 18,547.71	7.8%	\$ 1,588.35	0.0%	1.0%	1.0%	\$ 20,544.91	
SSI Age 3 through 12 Months	2,895	\$ 5,229.63	7.3%	\$ 416.21	0.0%	1.0%	1.0%	\$ 5,760.48	\$ 5,321.47	7.8%	\$ 455.71	0.0%	1.0%	1.0%	\$ 5,894.48	
SSI Age 1 or Older	1,227,900	\$ 1,141.58	7.3%	\$ 90.85	0.0%	1.0%	1.0%	\$ 1,257.46	\$ 1,161.63	7.8%	\$ 99.48	0.0%	1.0%	1.0%	\$ 1,286.71	
Dual Eligibles All Ages	748,260	\$ 194.20	7.4%	\$ 15.74	0.0%	1.0%	1.0%	\$ 214.20	\$ 197.67	7.9%	\$ 17.24	0.0%	1.0%	1.0%	\$ 219.27	
Foster Care Children Age 0 through 2 Months	1,920	\$ 2,055.43	8.5%	\$ 193.00	0.0%	1.0%	1.0%	\$ 2,294.08	\$ 2,093.74	9.1%	\$ 211.30	0.0%	1.0%	1.0%	\$ 2,351.85	
Foster Care Children Age 3 through 12 Months	6,330	\$ 475.36	8.5%	\$ 44.63	0.0%	1.0%	1.0%	\$ 530.55	\$ 484.22	9.1%	\$ 48.87	0.0%	1.0%	1.0%	\$ 543.91	
Foster Care Children Age 1 or Older	222,705	\$ 344.67	8.5%	\$ 32.36	0.0%	1.0%	1.0%	\$ 384.69	\$ 351.09	9.1%	\$ 35.43	0.0%	1.0%	1.0%	\$ 394.37	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Delivery Payment
Effective April 1, 2019 - June 30, 2020

Exhibit 9
Confidential and Proprietary

Base Period Experience	Region A			Region B			Statewide		
	Inpatient	Professional	Total	Inpatient	Professional	Total	Inpatient	Professional	Total
Member Months			3,915,683			11,603,436			15,519,119
Deliveries			6,740			19,425			26,165
Estimated Complete Deliveries			7,764			20,308			28,072
Claims Data									
Paid Expenditures	\$ 25,742,115	\$ 5,488,887	\$ 31,231,002	\$ 76,025,810	\$ 15,066,684	\$ 91,092,494	\$ 101,767,924	\$ 20,555,571	\$ 122,323,495
Paid Expenditures Per Delivery	\$ 3,819.30	\$ 814.37	\$ 4,633.68	\$ 3,913.81	\$ 775.63	\$ 4,689.45	\$ 3,889.47	\$ 785.61	\$ 4,675.08
Base Period Adjustments									
Completion Factors	1.15	1.17	1.15	1.05	1.04	1.05	1.07	1.08	1.07
Other Base Adjustments	1.00	0.99	1.00	1.00	0.82	0.97	1.00	0.87	0.98
Est Non System Paid	\$ 170,504	\$ 285,871	\$ 456,375	\$ 1,040,721	\$ 488,460	\$ 1,529,182	\$ 1,211,225	\$ 774,331	\$ 1,985,557
Completed and Adjusted Claims Data									
Paid Expenditures	\$ 29,795,402	\$ 6,646,162	\$ 36,441,564	\$ 80,638,554	\$ 13,362,494	\$ 94,001,047	\$ 110,433,955	\$ 20,008,656	\$ 130,442,611
Paid Expenditures Per Delivery	\$ 3,837.46	\$ 855.98	\$ 4,693.44	\$ 3,970.81	\$ 658.00	\$ 4,628.80	\$ 3,933.93	\$ 712.76	\$ 4,646.68
Rate Development									
Projected MMs			4,529,741			13,499,946			18,029,687
Projected Deliveries			9,044			23,581			32,617
Lower Bound Estimates									
Trend To Apr19-Jun20	1.00	1.09	1.02	1.00	1.09	1.01	1.00	1.09	1.01
Benefit Adjustment	1.02	1.00	1.01	1.02	1.00	1.01	1.02	1.00	1.01
Trended Claims Per Delivery	\$ 3,900.19	\$ 930.35	\$ 4,830.54	\$ 4,036.19	\$ 715.50	\$ 4,751.70	\$ 3,998.49	\$ 775.06	\$ 4,773.55
Premium Rate Development									
Trended Claims Per Delivery			\$ 4,830.54			\$ 4,751.70			\$ 4,773.55
General Admin PMPM			3.4%			3.4%			3.4%
Care Coordination %			0.0%			0.0%			0.0%
Risk/Profit Margin			1.0%			1.0%			1.0%
Premium Assessment			1.0%			1.0%			1.0%
Lower Bound Premium Rate			<u>\$ 5,102.78</u>			<u>\$ 5,019.50</u>			<u>\$ 5,042.59</u>
Upper Bound Estimates									
Trend To Apr19-Jun20	1.00	1.10	1.02	1.00	1.11	1.01	1.00	1.10	1.02
Benefit Adjustment	<u>1.02</u>	<u>1.00</u>	<u>1.01</u>	<u>1.02</u>	<u>1.00</u>	<u>1.01</u>	<u>1.02</u>	<u>1.00</u>	<u>1.01</u>
Trended Claims Per Delivery	\$ 3,900	\$ 947	\$ 4,847.32	\$ 4,036	\$ 728	\$ 4,764.60	\$ 3,998.49	\$ 789.04	\$ 4,787.53
Premium Rate Development									
Trended Claims Per Delivery			\$ 4,847.32			\$ 4,764.60			\$ 4,787.53
General Admin PMPM			3.7%			3.7%			3.7%
Care Coordination %			0.0%			0.0%			0.0%
Risk/Profit Margin			1.0%			1.0%			1.0%
Premium Assessment			1.0%			1.0%			1.0%
Upper Bound Premium Rate			<u>\$ 5,137.06</u>			<u>\$ 5,049.40</u>			<u>\$ 5,073.70</u>

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 10

Confidential and Proprietary

Summary of Capitation Rates with Cost Redistribution for Small Rate Cells

KY Health Adult Capitation Rates Displayed are Gross of Premiums and Copay Adjustments

Effective April 1, 2019 - June 30, 2020

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region A Capitation Rate Range	
		Low End of Range	High End of Range
		PMPM	PMPM
KY Health Population			
KYH Other Expansion Adults Age 19 or Older	1,138,535	\$ 303.65	\$ 310.98
KYH Expansion Adults - Medically Frail Age 19 or Older	321,403	\$ 1,403.95	\$ 1,438.40
KYH Other Adults Age 19 or Older	436,178	\$ 544.74	\$ 558.03
KYH Children Age 0 through 2 Months	41,955	\$ 2,452.68	\$ 2,514.84
KYH Children Age 3 through 12 Months	90,750	\$ 254.52	\$ 260.82
KYH Children Age 1 through 18	1,740,180	\$ 194.15	\$ 198.95
KCHIP Children Age 0 through 2 Months	45	\$ 2,457.30	\$ 2,519.62
KCHIP Children Age 3 through 12 Months	225	\$ 255.00	\$ 261.31
KCHIP Children Age 1 through 18	147,390	\$ 194.50	\$ 199.32
KY Health Subtotal	3,916,661	\$ 389.93	\$ 399.50
Non-KY Health Population			
SSI Age 0 through 2 Months	390	\$ 21,247.21	\$ 21,740.56
SSI Age 3 through 12 Months	1,680	\$ 6,095.98	\$ 6,237.52
SSI Age 1 or Older	343,845	\$ 1,330.70	\$ 1,361.59
Dual Eligibles All Ages	195,465	\$ 201.78	\$ 206.50
Foster Care Children Age 0 through 2 Months	630	\$ 3,247.54	\$ 3,330.04
Foster Care Children Age 3 through 12 Months	1,590	\$ 751.05	\$ 770.13
Foster Care Children Age 1 or Older	69,480	\$ 544.57	\$ 558.40
Non-KY Health Subtotal	613,080	\$ 907.87	\$ 929.11
	Projected Deliveries	Payment Per Delivery	Payment Per Delivery
Delivery Payment	9,044	\$ 5,102.78	\$ 5,137.06
Grand Total Region A (Including Delivery)	4,529,741	\$ 470.22	\$ 481.44

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 10

Confidential and Proprietary

Summary of Capitation Rates with Cost Redistribution for Small Rate Cells

KY Health Adult Capitation Rates Displayed are Gross of Premiums and Copay Adjustments

Effective April 1, 2019 - June 30, 2020

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region B Capitation Rate Range	
		Low End of Range	High End of Range
		PMPM	PMPM
KY Health Population			
KYH Other Expansion Adults Age 19 or Older	3,424,981	\$ 335.15	\$ 343.24
KYH Expansion Adults - Medically Frail Age 19 or Older	954,327	\$ 1,292.78	\$ 1,324.62
KYH Other Adults Age 19 or Older	1,293,113	\$ 534.89	\$ 547.93
KYH Children Age 0 through 2 Months	115,965	\$ 2,205.16	\$ 2,261.08
KYH Children Age 3 through 12 Months	248,130	\$ 233.03	\$ 238.79
KYH Children Age 1 through 18	4,893,825	\$ 186.14	\$ 190.74
KCHIP Children Age 0 through 2 Months	240	\$ 2,209.32	\$ 2,265.38
KCHIP Children Age 3 through 12 Months	570	\$ 233.46	\$ 239.25
KCHIP Children Age 1 through 18	358,095	\$ 175.88	\$ 180.24
KY Health Subtotal	11,289,246	\$ 386.34	\$ 395.81
Non-KY Health Population			
SSI Age 0 through 2 Months	690	\$ 20,077.85	\$ 20,544.91
SSI Age 3 through 12 Months	2,895	\$ 5,760.48	\$ 5,894.48
SSI Age 1 or Older	1,227,900	\$ 1,257.46	\$ 1,286.71
Dual Eligibles All Ages	748,260	\$ 214.20	\$ 219.27
Foster Care Children Age 0 through 2 Months	1,920	\$ 2,294.08	\$ 2,351.85
Foster Care Children Age 3 through 12 Months	6,330	\$ 530.55	\$ 543.91
Foster Care Children Age 1 or Older	222,705	\$ 384.69	\$ 394.37
Non-KY Health Subtotal	2,210,700	\$ 827.01	\$ 846.36
	Projected Deliveries	Payment Per Delivery	Payment Per Delivery
Delivery Payment	23,581	\$ 5,019.50	\$ 5,049.40
Grand Total Region B (Including Delivery)	13,499,946	\$ 467.27	\$ 478.41

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 10

Confidential and Proprietary

Summary of Capitation Rates with Cost Redistribution for Small Rate Cells

KY Health Adult Capitation Rates Displayed are Gross of Premiums and Copay Adjustments

Effective April 1, 2019 - June 30, 2020

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Statewide Capitation Rate Range	
		Low End of Range	High End of Range
		PMPM	PMPM
KY Health Population			
KYH Other Expansion Adults Age 19 or Older	4,563,516	\$ 327.29	\$ 335.19
KYH Expansion Adults - Medically Frail Age 19 or Older	1,275,730	\$ 1,320.79	\$ 1,353.29
KYH Other Adults Age 19 or Older	1,729,291	\$ 537.37	\$ 550.48
KYH Children Age 0 through 2 Months	157,920	\$ 2,270.92	\$ 2,328.49
KYH Children Age 3 through 12 Months	338,880	\$ 238.78	\$ 244.69
KYH Children Age 1 through 18	6,634,005	\$ 188.24	\$ 192.90
KCHIP Children Age 0 through 2 Months	285	\$ 2,248.47	\$ 2,305.52
KCHIP Children Age 3 through 12 Months	795	\$ 239.56	\$ 245.49
KCHIP Children Age 1 through 18	505,485	\$ 181.31	\$ 185.80
KY Health Subtotal	15,205,907	\$ 387.26	\$ 396.76
Non-KY Health Population			
SSI Age 0 through 2 Months	1,080	\$ 20,500.12	\$ 20,976.67
SSI Age 3 through 12 Months	4,575	\$ 5,883.68	\$ 6,020.45
SSI Age 1 or Older	1,571,745	\$ 1,273.48	\$ 1,303.09
Dual Eligibles All Ages	943,725	\$ 211.63	\$ 216.63
Foster Care Children Age 0 through 2 Months	2,550	\$ 2,529.64	\$ 2,593.52
Foster Care Children Age 3 through 12 Months	7,920	\$ 574.82	\$ 589.32
Foster Care Children Age 1 or Older	292,185	\$ 422.71	\$ 433.38
Non-KY Health Subtotal	2,823,780	\$ 844.57	\$ 864.33
	Projected Deliveries	Payment Per Delivery	Payment Per Delivery
Delivery Payment	32,624	\$ 5,042.59	\$ 5,073.70
Grand Total Statewide (Including Delivery)	18,029,687	\$ 468.01	\$ 479.17

Monroe, Amy C (Finance)

From: Tom Garrity <tom.garrity@wakely.com>
Sent: Wednesday, April 10, 2019 10:33 AM
To: Bates, Stephanie M (CHFS DMS); Mary Hegemann; Bechtel, Steve R (CHFS DMS)
Cc: Richardson, Amy P (CHFS DMS DFM); Detzel, Justine (CHFS DMS); Maria Dominiak
Subject: RE: Confidential Apr19-Jun20 Ratebook and Quarterly Rates
Attachments: Wakely - KY Rate Certification Apr19-Jun20.pdf; Wakely Appendix 1 - KY Medicaid Apr19-Jun20 Capitation Rate Model.xlsx; Wakely Appendix 2 - KY Medicaid Apr19-Jun20 Contracted Rates.xlsx

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DMS,

Based on the correspondence below, we have modified the rate certification materials to reflect two rating periods: Apr19-Jun19 and Jul19-Jun20 (SFY20). The combined SFY20 rate period replaces the previous separate four quarters of rates. The changes only impacted the following:

- Rate certification: References to quarterly rates replaced as appropriate to reflect two rating periods. There were no changes to the key exhibits or figures because these still reflect the full 15M period.
- Appendix 1, Exhibit 10
- Appendix 2, Exhibit 2

To clarify, the Apr19-Jun19 rates are identical to what was previously provided and the risk adjusted rates provided on 4/8 are not impacted.

Please let us know if you have any questions or comments. If none, please submit the attached files to CMS.

Thanks,

Tom Garrity, ASA, MAAA

Senior Consulting Actuary

o: 602.566.5238 m: 602.390.7922

w: www.wakely.com e: tom.garrity@wakely.com



From: Bates, Stephanie M (CHFS DMS) <Stephanie.Bates@ky.gov>

Sent: Tuesday, April 9, 2019 9:58 AM

To: Mary Hegemann <mary.hegemann@wakely.com>; Steve Bechtel KY GOV <steve.bechtel@ky.gov>; Tom Garrity

<tom.garrity@wakely.com>

Cc: Amy Richardson KY GOV <amy.richardson@ky.gov>; Justine Detzel KY GOV <justine.detzel@ky.gov>; Maria Dominiak <mdominiak@airamactuary.com>

Subject: Confidential Apr19-Jun20 Ratebook and Quarterly Rates

Secretary told us, yesterday, that the 1115 would most likely not be live before 7-1-20.

Thanks.

From: Mary Hegemann <mary.hegemann@wakely.com>

Sent: Tuesday, April 9, 2019 12:56 PM

To: Bechtel, Steve R (CHFS DMS) <Steve.Becht@ky.gov>; Tom Garrity <tom.garrity@wakely.com>

Cc: Richardson, Amy P (CHFS DMS DFM) <amy.richardson@ky.gov>; Bates, Stephanie M (CHFS DMS) <Stephanie.Bates@ky.gov>; Detzel, Justine (CHFS DMS) <Justine.Detzel@ky.gov>; Maria Dominiak <mdominiak@airamactuary.com>

Subject: RE: Apr19-Jun20 Ratebook and Quarterly Rates

Steve,

The primary reason that we went with quarterly non-waiver rates was the possibility of the waiver moving forward at any point during SFY20. If the waiver going live prior to July 1, 2020 is no longer a possibility (or odds are near zero), then a 12-month rate effective July 1, 2019 – June 30, 2020 would make more sense. Please verify if that is DMS's intent; we will adjust the certification and ratebook accordingly once we receive confirmation from DMS.

As a reminder, with any rate cycle there may need to be mid-year rate modifications due to new program changes. However, if rates are within 1.5%, no revised certification would be required.

There are two other concepts to consider. I'm assuming neither of these would change prior to July 1, 2020 either:


- Rate structure: CMS has recommended that we change/condense the rate structure. While this change got coupled with the waiver due to operational challenges, this is likely to remain a concern of CMS's.
- Risk adjustment with Kentucky-specific weights: This also got coupled with the waiver (since the weights were based on the new structure, with a separate delivery payment). There is no requirement from CMS to make this change, but the MCOs did request this change more than two years ago.

Thank you.
Mary

Mary Hegemann, FSA, MAAA
Principal

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From: Bechtel, Steve R (CHFS DMS) <Steve.Becht@ky.gov>

Sent: Tuesday, April 9, 2019 8:06 AM

To: Tom Garrity <tom.garrity@wakely.com>; Mary Hegemann <mary.hegemann@wakely.com>

Cc: Amy Richardson KY GOV <amy.richardson@ky.gov>; Stephanie Bates KY GOV <stephanie.bates@ky.gov>; Justine Detzel KY GOV <justine.detzel@ky.gov>; Maria Dominiak <mdominiak@airamactuary.com>

Subject: RE: Apr19-Jun20 Ratebook and Quarterly Rates

Since we do not anticipate a go-live of the waiver before July 2020, would we still do the quarterly rates or a 12-mth rate? I discussed that with Commissioner Steckel yesterday and after she discussed with Secretary Meier, they believe the 12-mth rate would also be appropriate but I was unsure what that would mean for the process going forward or how it would impact the rate books for the RFP. Just a thought

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**Steve Bechtel,
Chief Financial Officer
Department for Medicaid Services
Division of Fiscal Management
(502) 564-4321, EXT. 2032**

From: Tom Garrity <tom.garrity@wakely.com>
Sent: Tuesday, April 9, 2019 1:58 AM
To: Bechtel, Steve R (CHFS DMS) <Steve.Bechtels@ky.gov>; Mary Hegemann <mary.hegemann@wakely.com>
Cc: Richardson, Amy P (CHFS DMS DFM) <amy.richardson@ky.gov>; Bates, Stephanie M (CHFS DMS) <Stephanie.Bates@ky.gov>; Detzel, Justine (CHFS DMS) <Justine.Detzel@ky.gov>; Maria Dominiak <mdominiak@airamactuary.com>
Subject: RE: Apr19-Jun20 Ratebook and Quarterly Rates

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Hi Steve and DMS team,

We have added a new Exhibit 10 to Appendix 1 which shows the rate ranges for each of the five quarterly rate periods. Steve, we think this addresses your valid comments and provides an extra step of transparency with the quarterly rates.

Please let us know if there are any additional questions or concerns with the attached final certification documents.

If no remaining questions, please submit these documents (one PDF, and two Excel files) to CMS and also feel free to share with MCOs.

Thanks,

Tom Garrity, ASA, MAAA

Senior Consulting Actuary

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Sent: Monday, April 8, 2019 7:02 AM
To: Tom Garrity <tom.garrity@wakely.com>; Mary Hegemann <mary.hegemann@wakely.com>
Cc: Amy Richardson KY GOV <amy.richardson@ky.gov>; Stephanie Bates KY GOV <stephanie.bates@ky.gov>; Justine Detzel KY GOV <justine.detzel@ky.gov>
Subject: RE: Apr19-Jun20 Ratebook and Quarterly Rates
Importance: High

Tom,

Can you give me a call to talk about this? I have questions as it appears the rates that if I compare the base rates listed in appendix 2, to the Rate Summary of appendix 1, that:

1. Rate Area A

- 29 of the 39 rate cells fall below the low end of the range
- 5 of the 39 rate cells fall above the high end of the range
- 5 of the 39 rate cells fall within the range but at various different percentiles
 - Families and Children: Infant - Age Under 1 of \$925.90 is 10.65% of range
 - SSI Child: Age 1 to 5 of \$1,331.61 is 92.40% of range
 - Foster Care: Age 6 to 12 of \$548.45 is 23.16% of range
 - Foster Care: Age 13 or Older Female of \$804.14 is 26.80% of range
 - Foster Care: Age 13 or Older Male of \$605.02 is 22.43% of range

	Projected	PMPM	Total	PMPM	Total
Families and Children					
Infant - Age Under 1	132,975	\$ 923.41	\$ 122,790,445	\$ 946.80	\$ 125,900,730
Child - Age 1 to 5	586,980	\$ 153.07	\$ 89,849,029	\$ 156.87	\$ 92,079,553
Child - Age 6 to 12	765,495	\$ 187.83	\$ 143,782,926	\$ 192.49	\$ 147,350,133
Child - Age 13 to 18 Female	274,470	\$ 278.98	\$ 76,571,641	\$ 285.79	\$ 78,440,781
Child - Age 13 to 18 Male	263,595	\$ 225.17	\$ 59,353,686	\$ 230.79	\$ 60,835,090
Adult - Age 19 to 24 Female	70,425	\$ 561.15	\$ 39,518,989	\$ 572.36	\$ 40,308,453
Adult - Age 19 to 24 Male	4,365	\$ 182.99	\$ 798,751	\$ 187.65	\$ 819,092
Adult - Age 25 to 39 Female	241,575	\$ 569.45	\$ 137,564,884	\$ 582.23	\$ 140,652,212
Adult - Age 25 to 39 Male	44,160	\$ 315.13	\$ 13,916,141	\$ 322.86	\$ 14,257,498
Adult - Age 40 or Older Female	69,210	\$ 651.53	\$ 45,092,391	\$ 667.77	\$ 46,216,362
Adult - Age 40 or Older Male	31,080	\$ 645.71	\$ 20,068,667	\$ 661.92	\$ 20,572,474
All Ages	2,484,330	\$ 301.61	\$ 749,307,549	\$ 308.91	\$ 767,432,377
SSI Adult without Medicare					
Age 19 to 24 Female	9,765	\$ 773.38	\$ 7,552,056	\$ 790.66	\$ 7,720,795
Age 19 to 24 Male	13,500	\$ 538.48	\$ 7,269,480	\$ 551.21	\$ 7,441,335
Age 25 to 44 Female	35,610	\$ 1,332.11	\$ 47,436,437	\$ 1,362.80	\$ 48,529,308
Age 25 to 44 Male	31,785	\$ 1,125.57	\$ 35,776,242	\$ 1,151.97	\$ 36,615,366
Age 45 or Older Female	79,440	\$ 1,821.94	\$ 144,734,914	\$ 1,863.78	\$ 148,058,683
Age 45 or Older Male	64,755	\$ 1,782.97	\$ 115,456,222	\$ 1,823.05	\$ 118,051,603
All Ages	234,855	\$ 1,525.30	\$ 358,225,351	\$ 1,560.18	\$ 366,417,090
Dual Eligible					
Female	117,510	\$ 204.83	\$ 24,069,573	\$ 209.64	\$ 24,634,796
Male	77,955	\$ 197.89	\$ 15,426,515	\$ 202.50	\$ 15,785,888
All Ages	195,465	\$ 202.06	\$ 39,496,088	\$ 206.79	\$ 40,420,684
SSI Child					
Age Under 1	2,070	\$ 9,290.94	\$ 19,232,246	\$ 9,516.67	\$ 19,699,507
Age 1 to 5	16,260	\$ 1,302.43	\$ 21,177,512	\$ 1,334.01	\$ 21,691,003
Age 6 to 18	92,730	\$ 846.86	\$ 78,529,328	\$ 867.24	\$ 80,419,165
All Ages	111,060	\$ 1,070.94	\$ 118,939,085	\$ 1,096.79	\$ 121,809,675
Foster Care					
Infant - Age Under 1	2,220	\$ 1,171.24	\$ 2,600,153	\$ 1,201.16	\$ 2,666,575
Age 1 to 5	15,675	\$ 315.83	\$ 4,950,635	\$ 323.84	\$ 5,076,192
Age 6 to 12	28,695	\$ 545.24	\$ 15,645,662	\$ 559.10	\$ 16,043,375
Age 13 or Older Female	12,720	\$ 798.73	\$ 10,159,846	\$ 818.92	\$ 10,416,662
Age 13 or Older Male	11,745	\$ 601.59	\$ 7,065,675	\$ 616.88	\$ 7,245,256
All Ages	71,055	\$ 568.88	\$ 40,421,970	\$ 583.32	\$ 41,448,060
Former Foster Care Child					
Age 18 through 20 Female	1,425	\$ 609.65	\$ 868,751	\$ 623.40	\$ 888,345
Age 18 through 20 Male	1,020	\$ 487.27	\$ 497,015	\$ 499.45	\$ 509,439
Age 21 through 25 Female	2,955	\$ 534.26	\$ 1,578,738	\$ 545.30	\$ 1,611,362
Age 21 through 25 Male	1,860	\$ 364.49	\$ 677,951	\$ 373.56	\$ 694,822
All Ages	7,260	\$ 498.96	\$ 3,622,456	\$ 510.19	\$ 3,703,967
MAGI Adult					
Age through 18 Female	0	\$ 213.15	\$ -	\$ 218.23	\$ -
Age through 18 Male	45	\$ 120.84	\$ 5,438	\$ 123.73	\$ 5,568
Age 19 through 24 Female	164,655	\$ 321.86	\$ 52,995,858	\$ 329.29	\$ 54,219,245
Age 19 through 24 Male	138,915	\$ 228.07	\$ 31,682,344	\$ 233.69	\$ 32,463,046
Age 25 through 39 Female	352,665	\$ 478.70	\$ 168,820,736	\$ 489.91	\$ 172,774,110
Age 25 through 39 Male	322,755	\$ 421.49	\$ 136,038,005	\$ 431.71	\$ 139,336,561
Age 40 or Older Female	372,780	\$ 776.01	\$ 289,281,008	\$ 794.73	\$ 296,259,449
Age 40 or Older Male	344,760	\$ 751.24	\$ 258,997,502	\$ 769.16	\$ 265,175,602
All Ages	1,696,575	\$ 552.77	\$ 937,820,891	\$ 565.98	\$ 960,233,581
Grand Total Region A	4,800,600	\$ 468.24	2,247,833,391	\$ 479.41	\$ 2,301,465,434

2. Rate Area B

- 31 of the 39 rate cells fall below the low end of the range
- 2 of the 39 rate cells fall above the high end of the range
- 6 of the 39 rate cells fall within the range but at various different percentiles
 - Families and Children: Infant - Age Under 1 of \$836.08 is 12.07% of range
 - SSI Child: Age Under 1 of \$8,603.65 is 71.63% of range
 - Foster Care: Age 1 to 5 of \$242.76 is 74.88% of range
 - Foster Care: Age 6 to 12 of \$351.31 is 21.84% of range

- Foster Care: Age 13 or Older Female of \$573.34 is 26.20% of range
- Foster Care: Age 13 or Older Male of \$445.15 is 22.69% of range

	Projected	PMPM	Total	PMPM	Total
Families and Children					
Infant - Age Under 1	364,905	\$ 833.53	\$ 304,159,265	\$ 854.65	\$ 311,866,058
Child - Age 1 to 5	1,615,635	\$ 151.46	\$ 244,704,077	\$ 155.22	\$ 250,778,865
Child - Age 6 to 12	2,114,310	\$ 178.04	\$ 376,431,752	\$ 182.45	\$ 385,755,860
Child - Age 13 to 18 Female	769,605	\$ 272.87	\$ 210,002,116	\$ 279.45	\$ 215,066,117
Child - Age 13 to 18 Male	763,230	\$ 201.92	\$ 154,111,402	\$ 206.94	\$ 157,942,816
Adult - Age 19 to 24 Female	221,250	\$ 538.59	\$ 119,163,038	\$ 549.32	\$ 121,537,050
Adult - Age 19 to 24 Male	22,665	\$ 246.44	\$ 5,585,563	\$ 252.67	\$ 5,726,766
Adult - Age 25 to 39 Female	647,970	\$ 572.16	\$ 370,742,515	\$ 585.21	\$ 379,198,524
Adult - Age 25 to 39 Male	158,730	\$ 369.01	\$ 58,572,957	\$ 378.18	\$ 60,028,511
Adult - Age 40 or Older Female	193,095	\$ 705.43	\$ 136,215,006	\$ 722.94	\$ 139,596,099
Adult - Age 40 or Older Male	104,010	\$ 590.68	\$ 61,436,627	\$ 605.38	\$ 62,965,574
All Ages	6,975,405	\$ 292.62	\$ 2,041,124,317	\$ 299.69	\$ 2,090,462,240
SSI Adult without Medicare					
Age 19 to 24 Female	25,650	\$ 936.28	\$ 24,015,582	\$ 957.44	\$ 24,558,336
Age 19 to 24 Male	40,320	\$ 546.29	\$ 22,026,413	\$ 559.05	\$ 22,540,896
Age 25 to 44 Female	145,875	\$ 1,238.28	\$ 180,634,095	\$ 1,266.81	\$ 184,795,909
Age 25 to 44 Male	130,680	\$ 982.29	\$ 128,365,657	\$ 1,004.98	\$ 131,330,786
Age 45 or Older Female	343,965	\$ 1,658.66	\$ 570,520,987	\$ 1,697.04	\$ 583,722,364
Age 45 or Older Male	269,190	\$ 1,491.00	\$ 401,362,290	\$ 1,525.14	\$ 410,552,437
All Ages	955,680	\$ 1,388.46	\$ 1,326,925,024	\$ 1,420.46	\$ 1,357,500,727
Dual Eligible					
Female	436,455	\$ 220.75	\$ 96,347,441	\$ 225.96	\$ 98,621,372
Male	311,805	\$ 205.84	\$ 64,181,941	\$ 210.71	\$ 65,700,432
All Ages	748,260	\$ 214.54	\$ 160,529,382	\$ 219.61	\$ 164,321,803
SSI Child					
Age Under 1	3,585	\$ 8,456.73	\$ 30,317,377	\$ 8,661.84	\$ 31,052,696
Age 1 to 5	43,995	\$ 1,293.70	\$ 56,916,332	\$ 1,324.99	\$ 58,292,935
Age 6 to 18	228,225	\$ 748.78	\$ 170,890,316	\$ 766.69	\$ 174,977,825
All Ages	275,805	\$ 935.89	\$ 258,124,024	\$ 958.37	\$ 264,323,457
Foster Care					
Infant - Age Under 1	8,250	\$ 1,003.83	\$ 8,281,598	\$ 1,029.47	\$ 8,493,128
Age 1 to 5	51,795	\$ 238.26	\$ 12,340,677	\$ 244.27	\$ 12,651,965
Age 6 to 12	87,645	\$ 349.39	\$ 30,622,287	\$ 358.18	\$ 31,392,686
Age 13 or Older Female	41,400	\$ 569.64	\$ 23,583,096	\$ 583.76	\$ 24,167,664
Age 13 or Older Male	40,260	\$ 442.60	\$ 17,819,076	\$ 453.84	\$ 18,271,598
All Ages	229,350	\$ 403.95	\$ 92,646,733	\$ 414.11	\$ 94,977,041
Former Foster Care Child					
Age 18 through 20 Female	4,890	\$ 485.25	\$ 2,372,873	\$ 495.68	\$ 2,423,875
Age 18 through 20 Male	3,120	\$ 363.55	\$ 1,134,276	\$ 372.60	\$ 1,162,512
Age 21 through 25 Female	9,795	\$ 543.85	\$ 5,327,011	\$ 556.10	\$ 5,447,000
Age 21 through 25 Male	5,325	\$ 248.50	\$ 1,323,263	\$ 254.67	\$ 1,356,118
All Ages	23,130	\$ 439.14	\$ 10,157,422	\$ 449.18	\$ 10,389,504
MAGI Adult					
Age through 18 Female	45	\$ 599.33	\$ 26,970	\$ 611.76	\$ 27,529
Age through 18 Male	60	\$ 854.08	\$ 51,245	\$ 875.11	\$ 52,507
Age 19 through 24 Female	488,100	\$ 323.90	\$ 158,095,590	\$ 331.38	\$ 161,746,578
Age 19 through 24 Male	443,535	\$ 200.64	\$ 88,990,862	\$ 205.56	\$ 91,173,055
Age 25 through 39 Female	1,008,000	\$ 474.08	\$ 477,872,640	\$ 485.26	\$ 489,142,080
Age 25 through 39 Male	959,055	\$ 401.68	\$ 385,233,212	\$ 411.31	\$ 394,468,912
Age 40 or Older Female	1,150,500	\$ 796.81	\$ 916,729,905	\$ 816.08	\$ 938,900,040
Age 40 or Older Male	1,005,135	\$ 732.19	\$ 735,949,796	\$ 749.70	\$ 753,549,710
Non-KY Health Subtotal	5,054,430	\$ 546.64	\$ 2,762,950,220	\$ 559.72	\$ 2,829,060,410
Grand Total Region B	14,262,060	\$ 466.44	\$ 6,652,457,122	\$ 477.56	\$ 6,811,035,182

My Concerns:

1. If Appendix 1 is what you are using in the rate certification but appendix 2 is what we use in the MCO contract, will CMS not ask why the rates in the contract fall outside the range?
2. Will the MCO's also ask why that rates are below the low end of what was previously provided to them?

3. I just want to ensure that we completely communicate the message to the MCOs and that the correct rates are used for contracting/rate certification purposes.
4. What am I missing?

Thank you

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Steve Bechtel,
Chief Financial Officer
Department for Medicaid Services
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From: Tom Garrity <tom.garrity@wakely.com>
Sent: Friday, April 5, 2019 9:22 AM
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Cc: Maria Dominiak (mdominiak@airamactuary.com) <mdominiak@airamactuary.com>; Ernest Jaramillo <ernest.jaramillo@saludactuary.com>
Subject: Apr19-Jun20 Ratebook and Quarterly Rates

Hello DMS,

Attached are the two appendices that accompany the Arp19-Jun20 rate certification we sent over yesterday. Appendix 1 is the Ratebook reflecting the full 15 month rating period, similar to what we've previously provided. Appendix 2 listed only the selected rates at the 15th percentile. The first tab applies only to the 3-month period Apr19-Jun19 and includes base capitation rates, supplemental rates, and HIF rates. The second tab includes the base rates for each of the five quarters between Apr19 and Jun20. As mentioned previously, supplemental and HIF rate for SFY20 will be determined at a later date as more information is available.

Note that these rates (and the rate certification provided yesterday) reflect the limited amount of pre-waiver admin implementation requirements that Mary described in the email below.

Please let us know if you have any questions on the certification or these workbooks. After you have a chance to review, we can remove Draft references and finalize the documents.

Thanks,

Tom Garrity, ASA, MAAA

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Subject: Administrative Expenses - pre-waiver implementation

Good evening.

As a follow-up to our discussion earlier today, we thought some more about the Commissioner's comment regarding the timing around the possible legal delays pertaining to the waiver through June 2020. **Our recommendation is to keep the admin assumptions currently in the (non-waiver) rate development**; this would be consistent with what has been shown to the MCOs and to DMS over the last 3 weeks. We also recommend shortening our explanation within the certification (page 37) to be as follows (this description no longer outlines the various tasks required by the MCOs):

The administration costs were also increased to include additional costs associated with several new MCO contract requirements to support the Kentucky HEALTH 1115 Waiver program implementation. The total additional funds for waiver implementation is approximately \$6 million on an annualized basis.

Background

In the development of the non-waiver rates, we assumed a portion (1/3) of the "waiver admin" spent by MCOs (as reported in MRTs) would exist in the coming rate period, as plans would need to maintain some level of activity in preparation of the waiver. This represents about \$1M per year per MCO. This includes preparing systems for identification of medically frail member communications, among other things. Since they already set up most of these systems, this amount is greatly reduced from what was included in the prior rates.

Recommendation

We believe it is appropriate to continue this assumption, unless DMS is telling plans immediately to cease preparation of the waiver and if plans no longer have contractual obligations around such activities. Our understanding is that they will continue to have some requirements over this 15 month period (e.g., Humana continues to work on identifying medically frail). If this is not the case, please let us know and we will incorporate that change into the rates tomorrow. Also, please let us know if you have any concerns about the certification wording stated above.

Thank you.
Mary

Mary Hegemann, FSA, MAAA
Principal

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Commonwealth of Kentucky Department for Medicaid Services (DMS)

Capitation Rate Development for the Medicaid Managed Care
Program for the period April 1, 2019 through June 30, 2020

April 10, 2019

Prepared by:
Wakely Consulting Group

Mary Hegemann, FSA, MAAA
Principal and Senior Consulting Actuary

Maria Dominiak, FSA, MAAA
Senior Consulting Actuary



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Introduction and Rate Summary

Introduction

Wakely has been retained by the Commonwealth of Kentucky, Department for Medicaid Services (DMS) to provide actuarial and consulting services related to the development of capitation rates for its Medicaid Managed Care Program effective April 1, 2019 through June 30, 2020 (Apr19-Jun20).

This report provides documentation and the actuarial certification for the development of the actuarially sound capitation rates as required under 42 CFR 438.4 and Actuarial Standard of Practice (ASOP) 49. These sources require that capitation rates be actuarially sound, meaning that the capitation rates and other revenue sources are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the managed care plans for the time period and the population covered under the terms of the contract, and that such capitation rates are developed in accordance with the relevant requirements of 42 CFR 438.4(b). For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes. The rates developed within this document are compliant with both 42 CFR 438.4 and all relevant actuarial standards of practice, including ASOP 49.

This report reflects the necessary requirements and supporting documentation for an actuarial certification under 42 CFR 438.4(a) and rate development standards under 42 CFR 438.5(b). A crosswalk between the certification and the 2018-2019 Rate Development Guide is also provided in Appendix 4.

Limitations

The information contained in this report was prepared as documentation that supports the development of the actuarially sound capitation rate ranges for the Commonwealth of Kentucky's Medicaid managed care program. The information may not be appropriate for any other purpose.

The information contained in this report, including the exhibits, has been prepared for the Kentucky Department for Medicaid Services (DMS) and their advisors. It is our understanding that the information contained in this report will be shared with CMS and may be utilized in a public document. To the extent that the information contained in this report is provided to third parties, the report should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data.



presented.

Wakely makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for DMS by Wakely that would result in the creation of any duty or liability under any theory of law by Wakely or its employees to third parties.

The capitation rates have been certified as actuarially sound. However, the capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. Each MCO should evaluate the rates in the context of their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with DMS. Wakely provides no guarantee, either written or implied, that the data and information is 100% accurate or error free.

Wakely has relied on information provided by DMS and the participating Medicaid MCOs in the development of the capitation rates. We have relied upon DMS and the MCOs for the accuracy of the data provided. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. To the extent that the data provided is not accurate, the capitation rate development would need to be modified to reflect the revised information.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Rate Summary

A summary of the changes in the Medicaid managed care capitation rates by category of aid from the prior rate setting period of July 2018 through March 2019 (Jul18-Mar19) are shown in Table 1 below. The composite rates illustrated for both Jul18-Mar19 and Apr19-Jun20 have been developed based on Apr19-Jun20 projected enrollment and exclude supplemental payments and the Health Insurer Fee (HIF).



Table 1: Capitation Rates Excluding Supplemental Payments and HIF, Changes from Jul18-Mar19 to Apr19-Jun20 (the Full 15-month Period)

Category of Aid	Jul18-Mar19 PMPM	Apr19-Jun20 PMPM	Overall Rate Change
Families and Children	\$284.91	\$296.05	3.9%
SSI Adult	\$1,321.91	\$1,420.34	7.4%
Dual Eligible	\$178.83	\$212.70	18.9%
SSI Child	\$957.73	\$978.18	2.1%
Foster Care	\$432.58	\$444.64	2.8%
Former Foster Care Child	\$439.20	\$454.98	3.6%
MAGI	\$528.70	\$550.15	4.1%
Composite	\$446.99	\$468.57	4.8%

The primary drivers of the overall rate change included the use of updated base period data, trends, program changes, and administrative cost changes.

A. Overview of Rate Setting Methodology

Below is a summary of the steps Wakely performed to develop the capitation rates. The steps follow the required rate development standards in accordance with 42 CFR 438.5(b). Additional detail is provided in the relevant sections below.

Step 1: Identify and develop the base utilization and price data for each rate cell

The capitation rates were primarily developed from historical claims and enrollment data from the managed care enrolled populations and included only services covered under the MCO contract. Encounter data and eligibility files for the incurred period July 1, 2017 through June 30, 2018 were the primary data sources used to determine the base data period.

The utilization and unit costs for each service category from the base period data were adjusted for a number of items, including but not limited to: incomplete data, removal of non-state plan services, copayments waived by the MCOs, removal of experience for incarcerated members, pharmacy rebates, graduate medical education (GME), removal of costs related to Institutions for Mental Diseases (IMD) exclusions, third party liability (TPL), cost settlements, provider incentive/risk sharing arrangements and other non-system claims attributable to the base data period. The unadjusted data along with the base data adjustments is summarized in Appendix 1 (Exhibits 1A – 1C) for each region and rate cell.

Step 2: Develop and apply trend factors to base data

Trend factors were used to project the adjusted base period data forward to the contract period. The trend factors were developed separately for each major category of service and category of aid. Trend factors were based primarily on a review of the Kentucky Medicaid managed care historical experience over the last three years. Assumed trend factors were applied to adjusted claim costs for each category of service, from the midpoint of the base experience period (December 30, 2017) to the midpoint of the fifteen month rating period (November 15, 2019), which is approximately 22.5 months.

Note that rates have been developed separately for the three month period Apr19-Jun19 and for the twelve month period Jul19-Jun20 (SFY20). To break out the full fifteen month rating period into these two rating periods, the following trend periods were applied:

- Approximately 16.5 months to rating period April 2019 – June 2019
- Approximately 24 months to rating period July 2019 – June 2020

Step 3: Make appropriate and reasonable adjustments for program and policy changes not otherwise reflected in trend

We adjusted the base period experience for known policy and program changes that have occurred or are expected to be implemented between the base period and the end of the rating period. These program changes included the following, which are described in more detail later in this document:

- changes in reimbursement rates for Federally Qualified Health Centers (FQHCs)
- change in Hepatitis C treatment threshold
- pharmacy dispensing fee increase
- vaccine coverage at point of sale pharmacies
- inpatient hospital DRG changes
- urine drug screen policy changes
- elimination of copayments for KCHIP3 population
- expanded physical, occupational, and speech therapy coverage
- shift of therapeutic service from DCBS to MCOs for certain foster care children
- SUD residential treatment expanded capacity and coverage

Adjustments were applied to reflect changes in the Medicaid program that occurred between the base period and the rating period. The resulting per member per month costs (PMPMs) established the adjusted benefit expense by rate cell and region for the contract period.

Step 4: Develop the non-benefit component of the rate



An administrative allowance was calculated from MCO financial reports and was added to the projected benefits costs. The administrative load varied by category of aid and included both general administrative costs as well as costs for care coordination and care management.

We also included explicit adjustments of 1% of revenue for the target profit margin and 1% for the Commonwealth's premium assessment. The health insurance provider fee (HIF) is estimated as a range in the certification and will be reconciled to actual fees when payments are due.

Step 5: Review resulting rates

The resulting per member per month costs were then reviewed for reasonableness. The data was examined for distortions resulting from rate cells with small population sizes or outlier claims. Additional smoothing was performed on a budget neutral basis to improve the credibility of small rate cells. Costs were redistributed between the infant and child age 1-5 rate cells for SSI Child and Foster Care Children on a budget neutral basis. In addition, we consolidated the experience for Former Foster Care rate cells 18-20 and 21-25 and MAGI Adult rate cells Under 19 and 19-24 to increase credibility.

We also compared the resulting capitation rate change with the MCOs' past Medical Loss Ratio (MLR) experience through SFY18-2H and found capitation rate changes for Jul18-Mar19 and Apr19-Jun20 to be reasonable.

Step 6: Apply risk adjustment

The rates presented in this rate certification are the base capitation rates before risk adjustment. Risk adjustment is applied to the capitation rates excluding supplemental and HIF payments on a cost neutral basis within each category of aid and region, such that the MCOs with higher than average member risk scores receive capitation payments above their contracted rates, and MCOs with lower than average member risk scores receive capitation payments below their contracted rates. For a given rate group (category of aid), the total capitation payments are equivalent to the amount that would have been paid to all the MCOs if risk adjustment were not applied.



Section I. Medicaid Managed Care Rates

1. General Information

A. Rating Period

The actuarial certification contained in this report is effective for capitation rates for the three month rating period from April 1, 2019 through June 30, 2019 (Apr19-Jun19) and for the twelve month rating period from July 1, 2019 through June 30, 2020 (SFY20). At this time, the only changes in rates between the rating periods is the duration of trend applied. In possible future amendments to this rate certification, program changes effective mid-year could also be incorporated specific to SFY20.

B. Required Documentation

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, the basis for the assumptions, and methods for analyzing data and developing assumptions and adjustments.

C. Index

Appendix 4 includes an index referencing the 2018-2019 CMS Medicaid Managed Care Rate Development Guide.

D. Required Elements

I. ACTUARIAL CERTIFICATION

The actuarial certification is provided in Appendix 3. Ms. Hegemann and Ms. Dominiak meet the requirements for an actuary in 42 CFR 438.2 including the qualification standards established by the American Academy of Actuaries and follow the practice standards established by the Actuarial Standards Board, and certify that the final rates meet the applicable standards in 42 CFR §438.

II. CERTIFIED RATES

The certified capitation rates for each rating period, region, and rate cell are shown in Appendix 2. There are two regions and 39 rate cells, for a total of 78 rate cells.

The rates were established for two regions to reflect regional differences in claim costs, access, and managed care in the Commonwealth of Kentucky. Table 2

provides a map of Kentucky, its counties, and the regions used for rate setting. The borders within Region B indicate the regions prior to July 2018.

Table 2: Summary of Regions and Counties



Region	Counties
Region A	Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington
Region B	Rest of State

III. CONTRACT RATES

The final contract rates selected by DMS are within the actuarially sound capitation rate ranges for all rate cells. The range has been developed such that any assumption selected within the range is actuarially sound and is reasonable, appropriate, and attainable. The range represents variation of two assumptions: annual trend rates and administrative expenses. The range between the high and the low rate for each rate cell, prior to risk adjustment, is between 2.0% and 2.5%. A point estimate of trend and a point estimate of administrative expenses were not chosen or developed in order to develop capitation rates. Rather, DMS negotiated the final contracted rates with the MCOs that were within the actuarially sound ranges.

The contract rates represent the rates prior to risk adjustment. The base rate, supplemental payment add-on, and HIF add-on are shown separately and added together to determine the total payment rate.



IV. PROGRAM DESCRIPTION

(a) Overview of Kentucky's Medicaid managed care program

Since 2013, the Commonwealth of Kentucky has operated a statewide, mandatory risk-based managed care program, referred to as Medicaid Managed Care, for most Medicaid beneficiaries covering acute, primary, and specialty services, including behavioral health and dental services.

As of the date of this certification, the Commonwealth contracts with five health plans to manage care for beneficiaries. All plans are statewide. Four plans, Aetna, Anthem Health Plan, Humana, and Wellcare of Kentucky are national, for-profit plans. Passport Health Plan is a local, non-profit plan. Anthem Health Plan is the newest MCO in the state and started enrolling members in 2014.

In January 2014, Kentucky expanded managed care through an Alternative Benefit Plan (ABP) for the newly eligible adult population, referred to as the "ACA" population. The ACA adult populations are mandatorily enrolled in existing MCOs. Kentucky required the MCOs to expand their provider networks, as needed, to ensure adequate access to the full range of services offered in the ABP. The ABP services provided outside of managed care (fee-for-service) for the expanded populations are intermediate care facilities for individuals with an intellectual disability, hospice services provided to an enrollee in an institution, school-based health services, health access nurturing development services, early intervention program services, and nursing facility services for enrollees.

(b) Rating period

This actuarial certification is effective for the rating period April 1, 2019 through June 30, 2020, reflecting two separate rating periods:

- April 1, 2019 through June 30, 2019
- July 1, 2019 through June 30, 2020

(c) Covered populations

To be enrolled in the Medicaid managed care program, the individual shall be eligible to receive Medicaid assistance under one of the aid categories defined below:

- Temporary Assistance to Needy Families (TANF);



- Children and family related;
- Aged, blind, and disabled Medicaid only;
- Pass through;
- Poverty level pregnant women and children, including presumptive eligibility;
- Aged, blind, and disabled receiving State Supplementation;
- Aged, blind, and disabled receiving Supplemental Security Income (SSI);
- Under the age of twenty-one (21) years and in an inpatient psychiatric facility;
- Children under the age of eighteen (18) who are receiving adoption assistance and have special needs;
- Dual eligible;
- Disabled Children;
- Foster Care Children;
- Adults age 19 to 64 with income under 138% of the Federal Poverty Level;
or
- Former Foster Care Children up to age 26.

(d) Eligibility or enrollment criteria

Medicaid beneficiaries are required to enroll in managed care on a mandatory basis. The MCO is also responsible for providing coverage to some individuals who are retroactively determined eligible for Medicaid and are eligible for retroactive Medicaid coverage, including children, pregnant women and former foster care. Retroactive Medicaid coverage is defined as a period of time up to three (3) months prior to the application month. The MCO is not responsible for retroactive coverage for SSI members.

Members excluded from Medicaid managed care include:

- Individuals who shall spend down to meet eligibility income criteria;
- Individuals currently Medicaid eligible and have been in a nursing facility for more than thirty (30) days;
- Individuals determined eligible for Medicaid due to a nursing facility

admission including those individuals eligible for institutionalized hospice;

- Individuals served under the Supports for Community Living, Michele P, home and community-based, or other 1915(c) Medicaid waivers;
- Qualified Medicare Beneficiaries (QMBs), specified low income Medicare beneficiaries (SLMBs) or Qualified Disabled Working Individuals (QDWIs);
- Timed limited coverage for illegal aliens for emergency medical conditions;
- Working Disabled Program;
- Individuals in an intermediate care facility for individuals with intellectual disabilities (ICF-IDD);
- Individuals who are eligible for the Breast or Cervical Cancer Treatment Program; and
- Individuals otherwise eligible while incarcerated in a correction facility.

(e) Covered services

In general, Medicaid managed care covers most physical health and behavioral health services, including inpatient hospital, outpatient hospital, home health, professional, pharmacy, dental and other ancillary services. Non-emergency medical transportation and long-term services and supports are excluded. The following list summarizes the benefits covered under the managed care plan contract and reflected in the managed care capitation rate:

- Ambulatory Surgical Center Services
- Behavioral Health Services – Mental Health and Substance Abuse Disorders
- Chiropractic Services
- Community Mental Health Center Services
- Dental Services, including Oral Surgery, Orthodontics and Prosthodontics
- Durable Medical Equipment, including Prosthetic and Orthotic Devices, and Disposable Medical Supplies
- Early and Periodic Screening, Diagnosis & Treatment (EPSDT) screening and special services
- Family Planning Services in accordance with federal and state law and judicial opinion



- Hearing Services, including Hearing Aids for Members Under age 21
- Home Health Services
- Hospice Services (non-institutional only)
- Independent Laboratory Services
- Inpatient Hospital Services
- Inpatient Mental Health Services
- Medical Services, including but not limited to, those provided by Physicians, Advanced Practice Registered Nurses, Physicians Assistants and FQHCs, Primary Care Centers and Rural Health Clinics
- Other Laboratory and X-ray Services
- Outpatient Hospital Services
- Outpatient Mental Health Services
- Pharmacy and Limited Over-the-Counter Drugs including Mental/Behavioral Health Drugs
- Podiatry Services
- Preventive Health Services, including those currently provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics
- Psychiatric Residential Treatment Facilities (Level I and Level II)
- Specialized Case Management Services for Members with Complex Chronic Illnesses (Includes adult and child targeted case management)
- Specialized Children's Services Clinics
- Targeted Case Management
- Therapeutic Evaluation and Treatment, including Physical Therapy, Speech Therapy, Occupational Therapy
- Transportation to Covered Services, including Emergency and Ambulance Stretcher Services
- Urgent and Emergency Care Services
- Vision Care, including Vision Examinations, Services of Opticians, Optometrists and Ophthalmologists, including eyeglasses for Members



Under age 21

Specific benefit changes implemented on or after July 1, 2017 along with all other program changes considered in the rate setting are described in further detail below.

2. Data

A. Capitation Rate Data

This section provides a description of the base data used to develop the capitation rates. The base period data described below is shown in Appendix 1 (Exhibits 1A – 1C).

I. DESCRIPTION OF THE DATA

(a) Types of data used

The following are the primary data sources relied upon in the development of the capitation rates:

- Encounter data submitted by the MCOs and processed by DMS
- Capitation payment files provided by DMS containing enrollment and eligibility information
- Fee-for-service (FFS) claims data and other supplemental data files processed by DMS
- MCO reconciliation templates (MRT) containing financial information completed and attested by each MCO
- Statutory financial statement data

Wakely primarily relied on encounter data for the base period in the capitation rate setting which will be discussed in detail later in the certification.

(b) Data time periods used

The capitation rates were developed primarily with data for claims incurred between July 1, 2017 and June 30, 2018.

The encounter data used for the base period reflects claims paid and processed through DMS's encounter system through December 31, 2018 for medical and pharmacy claims.

The Medicaid Rate Template (MRT) completed by each MCO contain summarized data incurred from January 1, 2013 to November 30, 2018 with paid runout through November 30, 2018.

The actuarial analyses used to develop base data adjustments and other adjustments were based primarily on detailed claims data incurred from January 1, 2016 through August 31, 2018 for medical claims and through November 30, 2018 for pharmacy claims. IBNR and trend analyses also included evaluation of medical claim costs incurred through August 31, 2018, available in the MRTs, and pharmacy encounter data incurred through November 30, 2018.

In addition, monthly DCBS payment reports for January 2018 through November 2018 were utilized to analyze the impact of a program change described later in this certification.

(c) Data sources

DMS provided the detailed enrollment, encounter, and FFS data to Wakely. Prior to Wakely receiving the data, it had been processed through DMS's Medicaid Management Information System (MMIS), which applied encounter edits based on FFS Medicaid claim requirements as well as other validation requirements. In addition, Wakely received MRTs from each MCO (via DMS).

(d) Sub-capitation

The MCOs provided information on their sub-capitation agreements in the MRTs as well as information regarding the sub-capitation records and paid claims captured in the encounter data. Wakely made an adjustment to the base encounter data to include the remaining sub-capitation payment amounts that are not included in the encounter data (less a portion of the sub-capitation that was allocated to administrative expenses). In addition, Wakely adjusted the units in each service category receiving a sub-capitation adjustment such that the cost per unit after applying the sub-capitation adjustment did not change from the average cost per unit for the original encounter claims within that service category. This adjustment increased base claims by approximately \$44.0 million (or 0.8%).

II. DATA QUALITY

(a) Data validation

The base data used to set the capitation rates relies primarily on the encounter data received from DMS. Wakely relied on detailed data provided by DMS and



the MCOs as well as other information to correctly interpret the data and issues impacting the data. Wakely reviewed the data for reasonability, but did not audit the data. Wakely used the data to calculate all adjustments unless otherwise stated within this certification.

(i) Completeness

In developing the capitation rates, Wakely first reviewed the encounter data processed through MMIS. Wakely summarized the encounter and eligibility data by various segments including high-level category of service, region, category of aid, and month for each MCO. Wakely reviewed these results for reasonability, including variability by month, to review the completeness of the data. In addition, Wakely compared the results to those reported in the MRTs completed by the MCOs with information contained at a similar level of detail.

Wakely found that the results aligned closely between the encounter data and the MCO reported data in the MRTs and determined the encounter data was sufficiently credible to use for rate setting for four out of five MCOs. For one MCO, we observed deficiencies in encounter claims incurred in SFY18. The concern with encounter data submission has been discussed with the MCO, and the MCO is taking steps to improve the encounter claims submission.

In accordance with the Actuarial Stand of Practice (ASOP) No. 23, Data Quality, it is Wakely's actuarial determination that an alternative source of information for this MCO must be utilized for the rate development. We believe that utilizing the MCO's November 2018 MRT is the best alternative to encounters available at this time. Rates were developed using the encounter data that was available, but with additional adjustments by service category and aid category based on comparison to MRT information. These adjustments are reflected in the completion factors within Appendix 1.

To reinforce the importance of encounter data, DMS began applying penalties for insufficient or untimely encounter data submissions beginning in October 2014. These penalties are continuing to improve encounter submissions over time.

Wakely separately reviewed the enrollment data using a similar process. The data aligned closely to the MRTs for all MCOs; Wakely relied solely on the capitation file provided by DMS for enrollment and eligibility information.

(ii) Accuracy

Eligibility and claim records submitted through DMS's encounter process are reviewed similarly to the validation checks under FFS Medicaid requirements, which include verification that the services for which the claims are submitted are covered services. In addition, DMS applies other validation requirements to the data to ensure its appropriateness and accuracy before it is accepted into the encounter system.

In addition, Wakely performed data validation checks of the monthly utilization, unit cost, and per member per month cost at the category of aid, region, and category of service level to review for reasonability. As mentioned above, Wakely also compared the detailed claims data to that reported by the MCOs in their financial statements. Wakely further applied a filter such that only claims associated with a valid enrollment record were included in the development of the capitation rate. The base data required some additional adjustments in order to be appropriate for use in rate setting. These adjustments will be discussed in more detail later in the certification.

(iii) Consistency

As discussed previously, Wakely reviewed the data at a monthly level to ensure the data was consistent over time on various levels (including by MCO and high-level service category). In addition, Wakely compared the base data to summarized rate books from previous certifications to ensure consistency over time. Wakely did see some variance in data metrics over time and corresponded with MCOs to better understand if there were changes in operational systems, contracting, claims processing, or data submissions that could have caused the observed variances.

(b) Actuary's assessment

In accordance with the Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that we have relied on DMS and the MCOs for the data used in the development of capitation rates. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly.

We found the combination of the encounter data and the MRTs to be of



appropriate quality for purposes of developing actuarially sound capitation rates. Wakely verified the encounter data against MCO-supplied financials and the prior certified rate book. However, the quality of the encounter data submissions vary by MCO. Wakely made appropriate adjustments to the base data as discussed within this certification.

DMS is continuing to work internally as well as with the MCOs to improve the quality of the encounter data, and Wakely anticipates continued reliance on the encounter data as the main source for rate setting in future time periods.

(c) Data concerns

There are significant issues with the encounter data for one MCO as discussed above. The concern has been addressed by applying base adjustments to encounter data based on supplemental MRT information. DMS has worked closely with this MCO, as well as all MCOs, to improve their encounter data submissions.

There were multiple versions of the MRTs submitted by plans. Wakely worked with the plans to validate the information supplied. As mentioned previously, one MCO had issues submitting encounters, which led to the decision by Wakely to place more reliance on their MRT. Due to these data quality concerns and increased reliance on the MRT report, DMS will be having an audit performed of this MCO's MRT report for claims incurred period of July 1, 2017 through June 30, 2018. Current rates may be revised depending on the results of this audit.

III. USE OF MANAGED CARE ENCOUNTER DATA

Managed care encounter data (supplemented with MRT data for one MCO) was the primary data source used in the development of the capitation rates.

IV. RELIANCE ON A DATA BOOK

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed claims data for all covered services and populations. Summary exhibits are shown in Appendix 1 (Exhibits 1A – 1C).

B. Base Data Adjustments

Capitation rates were developed primarily from encounter and MRT data with dates of service between July 1, 2017 and June 30, 2018. Adjustments were made to the base



experience for completion, removal of non-state plan services, copayments waived by the MCOs, removal of experience for incarcerated members, removal of costs related to Institutions for Mental Diseases (IMD) exclusions, sub-capitation true ups, pharmacy rebates, Commission for Children with Special Health Care Needs (CCSHCN), graduate medical education (GME), third party liability (TPL), cost settlements, provider incentives/risk sharing arrangements, other non-system claims, reimbursement changes, and other program adjustments.

I. DATA CREDIBILITY

The base data experience includes over 15.5 million member months and was determined to be fully credible. No credibility adjustments were made in developing overall rates. Budget neutral smoothing adjustments were made by combining the experience for several small rate cells at the region level.

II. COMPLETION FACTORS

The Apr19-Jun20 capitation rates are based on encounter claims incurred from July 1, 2017 through June 30, 2018, paid and processed through December 31, 2018. Completion factors were developed for each MCO and for five consolidated categories of service. All completion factors were developed consistently with the underlying data source used in rate development. MCO financial data through November 30, 2018 was also considered when setting IBNR. For the MCO with encounter data concerns, the completion factors reflect the additional adjustment based on comparison to MRT reports. The following table summarizes the completion factors applicable to the base data by region, service category, and aid category.

Table 3a: Summary of Completion Factors – Region A

Aid Category	Inpatient	Outpatient	Professional	Pharmacy	Dental
Families and Children	1.16	1.16	1.18	1.00	1.00
SSI without Medicare	1.05	1.09	1.04	1.00	1.00
Dual Eligibles	1.13	1.04	1.03	1.00	1.00
Foster Care Children	1.15	1.13	1.20	1.00	1.00
MAGI / Former Foster	1.12	1.09	1.14	1.00	1.00

Table 3b: Summary of Completion Factors – Region B

Aid Category	Inpatient	Outpatient	Professional	Pharmacy	Dental
Families and Children	1.05	1.04	1.05	1.00	1.00
SSI without Medicare	1.03	1.02	1.02	1.00	1.00
Dual Eligibles	1.05	1.02	1.03	1.00	1.00
Foster Care Children	1.03	1.03	1.02	1.00	1.00



Aid Category	Inpatient	Outpatient	Professional	Pharmacy	Dental
MAGI / Former Foster	1.05	1.03	1.04	1.00	1.00

For encounter data, the development patterns between incurred date and processed date is longer than typically experienced with MCO payments to providers. We observed longer average lags between service date and paid/processed date based on encounter claim lags compared to claim lags provided with MRT submissions.

III. ERRORS FOUND IN THE DATA

Beyond those already discussed, there were some additional data concerns, which Wakely mitigated through adjustments to the base data.

- Approximately \$7.5M of duplicate pharmacy claims across multiple aid categories were identified and removed from base data.
- One MCO had an error in coordination of benefits logic that resulted in overpayments for Dual enrollees. The MCO has proceeded with the recoupment process and this will ultimately be reflected in the encounter data. Since this recoupment was not reflected in the base claims used in rate development, a reduction of \$1.2M was made to the base period claims to correct the overpayment.

IV. PROGRAM CHANGES

There were two significant historical program changes that were implemented during the base data period that required an adjustment. The impact of these historical program changes is described in further detail below.

Hep-C Treatment Eligibility Requirements. DMS changed the policy for Hep-C treatment eligibility requirements which is expected to significantly increase access to Hep-C treatments for eligible members. DMS required that all MCOs will implement a change in fibrosis score from the prior F3/F4 requirements to F0 before Jul18-Mar19. Based on a review of data from other states that implemented a similar change in the fibrosis score, emerging MCO experience, along with discussions with DMS pharmacy staff, Wakely assumed a 130% increase in the number of members undergoing Hep-C treatment for the Apr19-Jun20 contract period.

Inpatient Hospital DRG Changes. The Commonwealth revised hospital reimbursement based on updated versions of the Medicare Severity Diagnosis Related Grouper, (MS-DRG). On October 1, 2017, version 35 became effective; and version 36 became effective October 1, 2018. The Commonwealth pays



most acute care hospitals at 95% of the Medicare reimbursement amount for inpatient FFS services. Wakely surveyed the MCOs and all MCOs indicated that the majority of their inpatient hospital contracts were tied to Medicaid fee-for-service rates.

To estimate the impact of this inpatient hospital reimbursement change, we calculated the change in DRG weights released by CMS, weighted by the prevalence of DRGs in Kentucky Medicaid managed care that were consistent between updated versions.

Wakely estimated the impact of the change to version 35 effective October 1, 2017 to be approximately 1.7%. This change was incorporated as a base adjustment with overall estimated impact of approximately 0.1%.

V. EXCLUDED PAYMENTS OR SERVICES FROM THE DATA

The following adjustments were made to the base experience data to reflect non-emergency transportation services (NEMT), incarcerated members, copayments, and value added services. Additional adjustments for non-system claims were made to reflect appropriate payments or recoupments reported by the MCOs that are not submitted through the encounter data system.

NEMT

NEMT services were included in the encounter data received from DMS. Wakely removed these services from the development of the capitation rates since MCOs are not responsible for providing these services under the contract. NEMT (approximately \$165.2M) was removed from the base period data prior to its summarization.

Incarcerated members

Medicaid eligible beneficiaries who are incarcerated are not eligible for managed care. Wakely received a supplemental data file from DMS containing enrollment records for incarcerated members. Wakely used the information to remove enrollment records and associated claim amounts from the base period for members who had an overlapping incarceration period. This adjustment lowered base claims by approximately \$18.2 million (or -0.3%) and member months by approximately 38,230 (or -0.2%).

Copayments



In many cases, the MCOs reduce or waive copayment amounts otherwise applicable under the state plan. Wakely completed a member-level analysis adjusting the claim amounts in the detailed encounter data to what the amounts would have been if all plans collected the copay covered under the state plan. The analysis was done separately for each MCO to reflect the variances in their copay structures. It also accounted for populations that are not subject to copayments. This adjustment lowered base claims by approximately \$19.0 million (or -0.3%).

Federally Qualified Health Center and Rural Health Clinic payments.

DMS policy requires that all FQHCs and RHCs be reimbursed at the lesser of Usual and Customary (U&C) costs or the Prospective Payment System (PPS) rates established by the Commonwealth. The policy is reflected as new language in the July 1, 2017 MCO contract allowing the MCOs to limit payments to FQHCs and RHCs to the PPS rate consistent with DMS policy.

For claims that exceeded the PPS rate, we capped the payment at no more than the appropriate PPS rate for that FQHC/RHC. The total payments in excess of the PPS rate during the base data period was estimated to be approximately \$6.1 million. The adjustment factors were calculated separately for each rate cell and were applied to the FQHC/RHC category of service line as a separate base adjustment factor. The overall impact to the capitation rates was a reduction of 0.1%.

Institutions for Mental Diseases (IMDs)

Effective January 1, 2018, IMDs were eligible for coverage through Medicaid managed care plan contracts. MCOs may cover services or settings in lieu of services or settings covered under the State Plan, including an inpatient stay in an IMD for psychiatric or substance use disorder (SUD), for enrollees aged 21 through 64 for a short term stay of up to 15 days per calendar month. Claims were removed from the base experience period when the IMD stays for enrollees aged 21 through 64 exceeded 15 days, if the stay was not for SUD treatment. This is in compliance with CMS requirements. The adjustment lowered base claims by approximately \$2.7 million (or 0.0%).

Value added services

Wakely excluded all services in the encounter data that do not reflect approved state plan services. These services included dental cleanings beyond the state plan limit, sports physicals, and meal programs for members discharged from inpatient stays in the hospital. The source of the adjustment was both the detailed encounter data



and program costs provided by the MCOs. This adjustment lowered base claims by approximately \$1.1 million (or 0.0%).

Non-system payment adjustments

Wakely adjusted the base data claims for non-system expenses reported by the MCOs in their submitted MRTs as incurred costs. The majority of these non-system benefit costs are paid or recouped as aggregate payments and, therefore, are not submitted through the detailed encounter data process.

- *Pharmacy rebates received by MCOs.* The amount of -\$61.9 million (or -1.1%) was allocated to pharmacy service categories for all regions and rate cells based on the distribution of pharmacy paid claim amounts; no adjustment was made for utilization.
- *Third party liability (TPL).* The majority of the claim amounts in the detailed claims were net of TPL payments. Only a small portion of TPL was paid outside of the detailed encounter systems. The amount -\$23.4 million (or -0.4%) was allocated to all service categories, regions, and rate cells according to the distribution of all paid claims; no adjustment was made for utilization.
- *Graduate Medical Education (GME).* The amount of \$15.5 million (or 0.3%) was allocated to inpatient service categories for all rate cells and regions based on the inpatient paid claim amounts; no adjustment was made for utilization.
- *Commission for Children with Special Health Care Needs (CCSHCN).* A portion of CCSHCN costs were contained in the encounter data. The amount of \$5.8 million (or 0.1%) was paid outside of the encounter data. The additional payments were allocated based on the claim distribution of the CCSHCN claims contained within the encounter data by region, rate cell, and category of service. A utilization adjustment was also incorporated so that the price per unit of service did not change from this adjustment.
- *Provider incentive/risk payments.* This adjustment accounts for risk sharing/incentive/bonus (pay for performance) payments made by MCOs to primary care and specialty physicians. The amount of \$6.7 million (or 0.1%) was allocated to professional service categories for all regions and rate cells based on professional claims distribution; no adjustment was made for utilization.
- *Other non-system claims.* These payments account for miscellaneous non-system payments made by the MCOs, including provider and other claim settlements and other small adjustments. We relied on detailed descriptions provided by the MCOs to assess the appropriateness of the non-system claims for inclusion in the base data. The amount of \$22.8 million (or 0.4%) was allocated

to all service categories, regions, and rate cells according to the distribution of all claims; no adjustment was made for utilization.

3. Projected Benefit Costs and Trends

A. State Plan Services

The final adjusted base data is based on state plan services only and does not include any value added or in lieu of services in accordance with 42 CFR 438.4(b)(6). To project the adjusted base data forward to the rating period, we developed additional adjustments for trends and program changes. This section describes the data, assumptions and methodologies used to develop the projected benefit costs.

B. Federal Financial Participation

Please note that any variations in the assumptions used to develop the projected benefit costs for covered populations are based on a consistent rate setting methodology and rate development standards. The same methodology and data sources were used to develop the trend and program change adjustments for the ACA population as was used for the non-ACA population and were not based on the rate of federal financial participation.

C. Changes in the Development of Projected Benefit Costs

A description of the data, assumptions and methodologies used to develop the projected benefit costs, including all significant and material items are described in further detail below.

D. Trend, Program Change Adjustments, and Managed Care Efficiency

I. TREND DEVELOPMENT

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends from the historical base period to the Apr19-Jun20 rating period. We evaluated prospective trend rates primarily using historical experience for the Kentucky Medicaid managed care program, as well as other data sources.

The primary data source used to develop benefit cost trends is historical monthly incurred claims data provided by the MCOs in the MRTs for the covered populations. Data used for trend development included three years of experience, from September 2015 through August 2018. For pharmacy, we reviewed updated

encounter data files with claims incurred from January 2016 through November 2018 and processed through December 2018.

Other data sources reviewed include:

- *Kentucky historical encounter data.* We reviewed historical medical encounter data for the period January 2015 through August 2018. However, given that the encounter data reporting quality varied during this time period, we did not believe that this data source was sufficiently reliable for non-pharmacy trend development.
- *Kentucky Medicaid MCO survey of prospective trends.* MCOs provided DMS their independent estimates of historical and projected trends by major category of aid and category of service. We reviewed the MCO projections to gauge the reasonableness of the final trend factors.
- CMS Office of the Actuary Reports on National Health Expenditure (NHE) projections and Medicaid cost projections. These national reports were reviewed to help qualitatively assess the direction of future Medicaid trends.
- *Industry Drug Trend Reports* including reports from Express Scripts, Magellan Rx Managements, CVS Caremark, Prime Therapeutics and Drug Channels Institute. These reports were reviewed to qualitatively assess the direction of future Medicaid pharmacy trends.
- *Health care economic indices* including the Consumer Price Index (local, regional and national). These indices were reviewed to qualitatively assess the direction of future price trends.
- *Other state Medicaid trend adjustments.* The trend adjustment factors in other southern and mid-western states were reviewed for the relevant categories of service and categories of aid to assess the reasonableness of the projected trend range for Kentucky.

The per member per month historical summary MCO claims data reported in the MRTs was stratified by month, category of aid, and major category of service. The data was adjusted for completion and normalized for demographic changes and historical one-time reimbursement changes. We developed trend rates to adjust the base experience data (midpoint of December 30, 2017) to the midpoint of the fifteen month rating period (November 15, 2019), which is approximately 22.5 months. To break out the full fifteen month rating period into two rating periods, the following trend periods were applied.

- Approximately 16.5 months to rating period April 2019 – June 2019

- Approximately 24 months to rating period July 2019 – June 2020

Trend rates were developed by category of aid (Families and Children, SSI without Medicare, Dual Eligible, Foster Care Children, and MAGI Adults), by age group (children and adults) and by major service category (Home Health, Inpatient, Outpatient Emergency Room (ER), Outpatient Non-ER, Professional, Non Hep-C Pharmacy, Hep-C Pharmacy and Dental). For Former Foster Care members, we used the same trends as the MAGI Adults. For Dual Eligible members, we used the same trends as the SSI Adults.

Trends were developed based primarily on the historical claims and encounter experience from the covered populations. Regression analyses were performed and analyzed by MCO and aggregated to assess resulting historical and emerging trends for each category of service and category of aid. We used actuarial judgment where necessary to moderate unusually high or low trend values that appeared to be outliers or where the observed trends were expected to be more moderate between the base period and the rating period. We also reviewed other data sources, including the MCO surveys, CMS national health expenditure projections, industry reports, and experience in other states, to qualitatively assess the reasonableness of the resulting historical trends overall and how the observed trends may change in the future. These qualitative analyses were also used to inform the range of trends included in the rate range development.

Inpatient hospital trends were evaluated by category of aid for all inpatient services combined consistent with the level of detail available in the source MRT data. The overall IP trends were allocated between IP maternity and IP non-maternity based on the historical claims. Inpatient trend factors do not reflect changes in hospital DRG changes, which were implemented separately as one-time program changes and are described in more detail in section I-3.D.iii below.

In Apr19-Jun20, the Hep-C costs were projected as a separate category of service to account for several changes in available drug therapies. After reviewing the MCO encounter data, as well as querying the MCOs about the current and expected Hep-C utilization, the Apr19-Jun20 capitation rates include a 9% decrease in scripts per person, and a 6% decrease in the cost of each script. These trend reductions are offset by an increase in the number of Hep-C users due to a change in Fibrosis score from F3/F4 to F0, as described in further detail in the program change section below.

The reduction in Hep-C costs is primarily driven by an assumed increase in the use of several new, less expensive Hep-C therapies, primarily the use of Mavyret. Mavyret requires a 2 month treatment course compared to other therapies which require 3 month treatment courses, reducing the scripts per person. Mavyret is also



significantly less expensive than other therapies with an assumed post-rebate per script cost of \$12,700. The introduction of the lower cost drug Mavyret decreases the average cost per script to \$14,100, compared to historical experience with other therapies of approximately \$24,000 per script. Together, these changes resulted in a Hep-C pharmacy trend of -8.0% annually.

II. TREND SUMMARY

Table 4 summarizes the lower bound per member per month trend by category of aid and category of service. Table 5 summarizes the upper bound per member per month trend by category of aid and category of service. We developed the trend range by varying the best estimate trends by +/- 0.5% for all categories of service except Hep-C pharmacy and inpatient maternity.

Table 4: Summary of Lower Bound Average Annual PMPM Trends by Category of Aid

Category of Service	Families and Children	SSI Adult / Dual	SSI Child	Foster Care	MAGI / Former Foster	Total
Inpatient	-1.3%	0.9%	1.2%	-1.4%	-1.7%	-0.8%
Outpatient ER	3.4%	7.4%	-0.5%	0.2%	2.4%	3.6%
Outpatient Non-ER	0.9%	6.6%	1.8%	4.0%	-0.5%	1.6%
Professional	4.3%	5.0%	-0.5%	-0.5%	5.2%	4.5%
Rx Non Hep-C	2.1%	7.5%	6.4%	-0.5%	8.5%	6.6%
Rx Hep-C	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%
Dental	0.2%	-1.8%	-2.6%	-1.6%	-2.7%	-0.7%
Home Health & Hospice	2.9%	1.3%	-0.5%	2.2%	4.5%	2.3%
Composite	1.8%	4.7%	1.9%	-0.5%	2.9%	2.9%

Table 5: Summary of Upper Bound Average Annual PMPM Trends by Category of Aid

Category of Service	Families and Children	SSI Adult / Dual	SSI Child	Foster Care	MAGI / Former Foster	Total
Inpatient	-0.4%	1.9%	2.2%	-0.4%	-0.7%	0.1%
Outpatient ER	4.4%	8.4%	0.5%	1.2%	3.4%	4.6%
Outpatient Non-ER	1.9%	7.6%	2.8%	5.0%	0.5%	2.6%
Professional	5.3%	6.0%	0.5%	0.5%	6.2%	5.5%
Rx Non Hep-C	3.1%	8.5%	7.4%	0.5%	9.5%	7.6%
Rx Hep-C	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%	-8.0%
Dental	1.2%	-0.8%	-1.6%	-0.6%	-1.7%	0.3%



Category of Service	Families and Children	SSI Adult / Dual	SSI Child	Foster Care	MAGI / Former Foster	Total
Home Health & Hospice	3.9%	2.3%	0.5%	3.2%	5.5%	3.3%
Composite	2.8%	5.7%	2.9%	0.5%	3.9%	3.8%

In addition, we observed a significant decline in enrollment for the Expansion Adults starting April, 2018. Since the majority of the enrollment decline occurred outside of the trend data period, we made an additional acuity adjustment to account for the expected change in the health risk of the population remaining in Medicaid. To determine the acuity adjustment, we evaluated the impact of enrollment changes by month in the Expansion Adult rate cell, considering changes to overall acuity due to members staying, leaving, and joining Medicaid. We used member risk scores to determine relative acuity for members that stayed, left and joined, and then calculated the overall enrollment impact due to the shift in the proportional enrollment of each of these groups. The acuity adjustment was a 1.0% increase to the Expansion Adult rate cell, or 0.4% overall.

Trend Variations

We developed trends by population category and major category of service to better reflect variation of trends in service mix by population. For example, for the pharmacy trend assumption development, we further reviewed experience for specialty, brand and generic drugs, with additional considerations for how new drugs that launched during the trend period or are anticipated to launch would impact trend. This different mix of specialty, brand, and generic drugs contributes to the variation in pharmacy trends by population group.

The total composite annualized prospective trend increased from Jul18-Mar19 to Apr19-Jun20 by approximately 0.6% to 0.7%. For Jul18-Mar19, trend factors also incorporated the estimated impact of hospital DRG changes. Hospital DRG changes were accounted for separately as a program change for Apr19-Jun20 and are not reflected in trend factors. Accounting for this different treatment of hospital DRG changes, the estimated impact of total composite annualized prospective trend is approximately a 0.8% to 0.9% increase compared to Jul18-Mar19.

This increase was primarily driven by increases in non Hep-C pharmacy trends observed in encounter data, particularly specialty pharmacy unit costs. These observations were consistent with PBM reports and industry trend studies reviewed in our trend development.

III. PROGRAM CHANGE ADJUSTMENTS

The following summarizes the significant prospective program changes implemented after the end of the base data period that required an adjustment. These changes and estimated impacts are described in detail below along with the data, assumptions and methodologies used.

Pharmacy Dispensing Fee Increase. Effective July 1, 2018 and pursuant to 18 RS HB 200, Medicaid Benefits, section (16), contracted MCOs shall ensure that any subcontractor engaged to reimburse for drug products through point of sale (POS)/retail claims pays an additional dispensing fee of \$2.00 per script. This additional dispensing fee amount shall be in addition to the dispensing fee remitted to pharmacies for POS/retail claims as calculated or determined by contractual provisions negotiated directly with the dispensing pharmacy or any entity who contracts on behalf of the dispensing pharmacy. To determine this change, we calculated the impact of a \$2.00 per script increase to historical pharmacy scripts as a proportion of total pharmacy costs by rate cell and region. This program change results in an approximate 0.7% (\$50M annualized) increase to the Apr19-Jun20 capitation payments.

Vaccine Coverage at Point of Sale Pharmacies. Beginning approximately September 2018, MCOs were required to cover certain vaccines administered by pharmacies at the point of sale. MCOs vary regarding which vaccines are available at point of sale pharmacies and their contracted rates. Wakely reviewed the emerging experience as well as MCO projected costs to estimate the impact of this program change. This change results in an approximate 0.0% (<\$1M annualized) increase to the Apr19-Jun20 capitation payments.

Inpatient Hospital DRG Changes. As described above, the Commonwealth revised hospital reimbursement based on updated versions of the Medicare Severity Diagnosis Related Group, (MS-DRG). Version 36 became effective October 1, 2018. To estimate the impact of this inpatient hospital reimbursement change, we calculated the change in DRG weights released by CMS, weighted by the prevalence of DRGs in Kentucky Medicaid managed care that were consistent between versions.

Wakely estimated the impact of the change to version 36 effective October 1, 2018 to be approximately 1.1%. This change was incorporated as a program adjustment with overall estimated impact of approximately 0.3%.

No rate adjustment has been made to account for the anticipated change to version 37 effective October 1, 2019. The impact of this DRG change on the

capitation rates will be analyzed, once final details are released by CMS.

Urine Drug Screen Policy Changes. MCOs implemented customized changes to their urine drug screening policies between July 2018 and March 2019. Changes include additional restrictions for presumptive urine drug testing, prior authorization requirements and annual limits. Wakely reviewed the policy changes for each MCO and developed a separate adjustment factor for each MCO. This program change results in an approximate 0.1% (-\$5.4M annualized) reduction to the Apr19-Jun20 capitation payments.

Copayments. Beginning January 1, 2019, all Managed Care Organizations (MCOs) and providers will be required to charge copays for specific non-preventative services given to some Kentucky Medicaid beneficiaries in accordance with the state plan. Wakely did not make an additional adjustment for this policy change since the base data was adjusted to be net of all state plan copayments in accordance with CMS rate setting guidelines.

KCHIP 3 Elimination of Copayments. Effective January 1, 2019 copayments and cost sharing for KCHIP Category 3 populations will be waived. Prior to January 1, 2019, only Category 3 populations were not exempt from copayments; therefore, this policy change will result in all KCHIP populations being exempt from copayments and cost sharing. This program change results in an approximate 0.0% (\$1.3M annualized) increase to the Apr19-Jun20 capitation payments.

Expanded Physical, Occupational, and Speech Therapy Coverage. Effective March 2019, therapy coverage will be expanded to an annual limit of twenty rehabilitative visits and an annual limit of twenty habilitative visits for each type of therapy: physical, occupational, and speech. The previous limit was twenty visits for rehabilitative and habilitative visits combined. To determine the impact of this change, Wakely reviewed the utilization for each type of therapy in CY 2017 and applied an adjustment to calculate the cost of the expanded visit limits. Wakely applied the adjustment only to members in the base data period who reached the prior 20-visit limit for rehabilitative and habilitative therapies combined. This program change results in an approximate 0.1% (\$3.5M annualized) increase to the Apr19-Jun20 capitation payments.

Shift of Therapeutic Services from DCBS to MCOs. Effective April 1, 2019, MCOs will be responsible for covering therapeutic services for children who are enrolled in the 5S program and receiving services from the Maryhurst facility. Previously, these claims were reimbursed fee-for-service by DCBS as part of a bundled payment rate. DCBS will continue to pay the room & board costs for these children. Wakely utilized prior 5S program membership staying in the

Maryhurst facility to estimate the impact of this program change. This change results in an approximate 0.1% (\$5.2M annualized) increase to the Apr19-Jun20 capitation payments.

SUD Residential Treatment Expanded Capacity and Coverage. Effective April 1, 2019, certified Medicaid providers will be able to provide residential services for Substance Use Disorders for up to 96 beds, an increase from the prior limit of 16 beds. We considered the number of facilities meeting certification requirements, current occupancy rates at residential treatment facilities, and the available amount of unused capacity at certified facilities. This change results in an approximate 0.1% (\$7M annualized) increase to the Apr19-Jun20 capitation payments.

(d) Non-Material Program Changes

Wakely examined the following program changes and did not find them to be material based on our review of the experience data and policy change. Therefore, no adjustment was made.

- **Early Elective Delivery Policy.** Effective November 2017, claims for non-medically necessary labor inductions and caesarean deliveries on or before 39 weeks of gestation will be denied. Based on a review of the data provided by the MCOs and discussions with DMS and other information, Wakely did not make an adjustment to the Apr19-Jun20 rates for this policy change.
- **Removal of Prior Authorization Requirements for Buprenorphine** Effective in February 2019, MCOs were required to waive prior authorization for a supply of buprenorphine 24 mg and below. Based on discussions with the DMS pharmacy director, denial rates prior to the DMS policy change were very low. Therefore, Wakely did not assume a utilization change.
- **Additional Immunizations for School Aged Children.** Effective July 2017, the Kentucky Administrative Regulation 902 KAR 2:060 was amended for the school year beginning on or after July 1, 2018 to require: (1) a 2-Dose Series of HepA for children age 12 months through 18 years and (2) Quadrivalent meningococcal vaccine (MenACWY) booster dose for children age 16 years. This program change was not determined to have a material effect on the Apr19-Jun20 rating period as most children were expected to have met this new requirement prior to the start of the 2018-19 school year.
- **Coverage of de-certified days for behavioral health inpatient stays.** Effective July 2018, MCOs are required to remain financially responsible for the continued inpatient care for individuals in an inpatient psychiatric facility who could otherwise be transferred from the facility to a step down



psychiatric residential treatment facility (PRTF) if capacity were made available. This policy clarification primarily affected foster care children under the guardianship of the Department for Community Based Services (DCBS). Based on information provided by DCBS, MCOs and discussions with DMS, Wakely did not make an adjustment to the Apr19-Jun20 rates for this policy change.

IV. MANAGED CARE EFFICIENCY

Wakely did not apply a separate explicit adjustment for managed care efficiencies outside of trend. Instead, we assumed that MCOs may be able to moderate the historical observed trends further through a continued focus on utilization and case management, value based purchasing models and other efficiencies to moderate future trends. This moderation is reflected in the lower bound of our trend range assumption.

E. Mental Health Parity

At the time of this certification, no additional services were deemed necessary by DMS to comply with the parity standards of the Mental Health Parity and Addiction Equity Act.

F. In Lieu of Services

The projected benefit costs do not include costs for any in lieu of services.

G. Institutions for Mental Diseases (IMDs)

IMDs are eligible for coverage through Medicaid managed care plan contracts starting January 1, 2018. These services were previously covered under Medicaid FFS. Wakely's analysis of the IMD services was based on a review of the SFY18 encounter data for adults ages 21 to 64 who received treatment in an IMD while enrolled in a managed care plan. Wakely's rate development includes utilization of services at the IMDs, priced at the same fee schedule as services at non-IMD providers. Because the same fee schedule applies to IMDs and non-IMDs in Kentucky's fee-for-service program, there was no adjustment to base period costs for this consideration.

Effective April 1, 2019, Kentucky expanded IMD services for individuals with a substance use disorder from 15 days to a statewide average of 30 days for certified Medicaid providers. This program change is authorized under the new 1115 waiver for SUD services as costs which are not otherwise matchable under section 1903 of the Act.



H. Retrospective Eligibility

The MCO is responsible for providing coverage to individuals who are retroactively determined eligible for Medicaid. Retroactive Medicaid coverage is defined as a period of time up to three (3) months prior to the application month. The MCO is not responsible for retroactive coverage for SSI Members.

The retroactive coverage period and corresponding eligibility segments are included in the base period data reported by the MCOs.

I. Summary of Projected Benefit Costs

The projected benefit costs are provided by region and rate cell in Appendix 1 (Exhibits 6A – 6C). These exhibits show the estimated impact of the trend and program change adjustments on the projected benefit costs.

4. Pass-Through Payments

This section provides information on the pass through payments reflected in the Apr19-Jun19 capitation rates. Pass through payments for the Jul19-Jun20 rating period will be included in a future amendment once final pass through payments have been determined for FY20.

A. Pass Through Payment Definition

For purposes of this report, a pass through payment is any amount required by the state to be added to the contracted payment rates between MCOs and hospitals, physicians or nursing facilities that is not for one of the following purposes:

- a specific service or benefit provided to a specific enrollee covered under the contract;
- a provider payment methodology permitted under 42 CFR 438.6(c)(1)(i) through (iii) for services and enrollees covered under the contract;
- a sub-capitated payment arrangement for a specific set of services and enrollees covered under the contract;
- graduate medical education (GME) payments;
- FQHC or RHC wrap around payments.



B. Pass-Through Supplemental Payments

The Commonwealth requires MCOs to make pass-through payments for hospitals and physicians.

I. DESCRIPTION OF THE PASS-THROUGH PAYMENTS

The Commonwealth of Kentucky includes enhanced reimbursement for specific provider groups in the capitation rates in order to preserve the ability of the provider entities to provide essential services to Commonwealth residents.

II. TOTAL AMOUNT OF THE PASS-THROUGH PAYMENTS

The total pass-through payments included in the capitation rates are:

- \$89,021,238 for the period of Apr19-Jun19, this amount, when combined with the amount for Jul18-Mar19 of \$269,613,610, equals a total SFY19 pass-through payment amount of \$ 358,634,848. The original certification for Jul18-Mar19 included pass-through payments of \$268,976,136; this number has been updated based on actual enrollment through January 2019 to be \$269,613,610.
- Supplemental payments for the period of Jul19-Jun20 are still to be determined. The supplemental payment amounts for Jul19-Jun20 will be updated in a subsequent certification, once these amounts are known.

The PMPM rates included in the MCO contract for the pass-through payments are shown in Appendix 2.

III. PROVIDERS RECEIVING THE PASS-THROUGH PAYMENTS

Table 6 lists the specific providers receiving the supplemental payments for Apr19-Jun19.

Table 6: Supplemental Payments for Apr19-Jun19

Provider Type	Provider	Paid Jul18-Mar19	Apr19-Jun19	Total SFY19
Facility	Appalachian Regional Hospital	\$4,519,233	\$1,480,767	\$6,000,000
Facility	University of Kentucky Hospital	\$73,305,186	\$24,077,585	\$97,382,771
Facility	University of Louisville Hospital	\$72,468,169	\$24,446,575	\$96,914,744
Facility	Norton Children's Hospital	\$11,385,523	\$3,614,477	\$15,000,000
Professional	University of Louisville Physicians	\$49,527,247	\$16,152,628	\$65,679,875



Professional	University of Kentucky Physicians	\$58,407,933	\$19,249,525	\$77,657,458
Facility Total		\$161,678,111	\$53,619,404	\$215,297,515
Professional Total		\$107,935,180	\$35,402,153	\$143,337,333
Total		\$269,613,291	\$89,021,557	\$358,634,848

IV. FINANCING MECHANISM FOR THE PASS-THROUGH PAYMENTS

The supplemental payments were incorporated as a separate PMPM add-on to the capitation rates and vary by rate cell and region based on the base period utilization and costs of the specific providers eligible for the supplemental payments. The total aggregate supplemental payment amounts were developed based on a comparison of the supplemental payments in the capitation rates as of July 5, 2016, as well as the allowable supplemental payments in the SFY19 Base Calculations.

Wakely compared the aggregate supplemental payment for hospitals to the base amounts for the pass through payments described in Section 4.B.vii below to ensure compliance with 42 CFR 438.6 of the amended Final Rule for pass-through payments released January 18, 2017.

The aggregate supplemental payments were then distributed to each region and rate cell, based on historical utilization, and converted to prospective PMPMs based on the projected enrollment in the capitation rates. The supplemental payment add-on includes a 1% non-benefit expense margin and a 1% adjustment for the Commonwealth's premium assessment. The supplemental payment is not risk adjusted and will be reconciled against actual pass-through payments paid by the MCOs to the eligible providers to ensure that total aggregate supplemental payments to each provider do not exceed DMS's aggregate target.

The supplemental payments will be provided to the MCOs through monthly capitation payments based on the supplemental payment PMPM in each rate cell. DMS will inform the MCOs of the amounts that must be paid to the eligible providers. The MCOs will then pass this amount through to the providers.

Since there is likely to be a difference between the supplemental payment included in the contracted rate and the total aggregate supplemental payment amount targeted to each provider, the payments will be reconciled after a six-month run-out



period following the end of SFY19 and SFY20. Final reconciliation payments will be made based on a comparison of the actual MCO supplemental payments to providers and the aggregate target amount shown in Table 6.

V. PRIOR PASS-THROUGH PAYMENT AMOUNTS

The amount of pass-through payments in the previous rating period (SFY18-1H & SFY18-2H) were \$349,687,595 (\$143,337,333 Professional and \$206,350,262 Institutional).

The amount of pass-through payments in SFY19 are (Jul18-Mar19 & Apr19-Jun19) were \$349,687,595 (\$143,337,333 Professional and \$206,350,262 Institutional).

VI. PASS-THROUGH PAYMENTS AS OF JULY 5, 2016

The total annualized pass-through payments in the approved capitation rates as of July 5, 2016 were \$358,634,849 (\$143,337,333 Professional and \$215,297,515 Institutional).

VII. BASE AMOUNT FOR HOSPITAL PASS-THROUGH PAYMENTS

To calculate the base amounts for the hospital pass-through payments, Wakely relied primarily on encounter data for a 12-month period two years prior to the rating period, September 2016 through August 2017. This is the same time period as was used for the base period data in the Jul18-Mar19 rate development. Although this time period is not exactly two years prior to the rating period, this experience period was chosen instead of SFY17 due to data issues observed with encounter claims for July and August 2016 and to be consistent with the base data time period.

To estimate the amount Medicare FFS would have paid for inpatient and outpatient services utilized by the eligible population under the MCO contract, base period inpatient and outpatient encounter data for all MCOs was repriced using the time period specific Medicare Inpatient and Outpatient Prospective Payment System (IPPS and OPSS) methodologies. Completion factors were then applied to the repriced inpatient and outpatient data, and these amounts were then reduced by 10% in SFY19 (Section I, Item 4.E.i.c.i.A). The actual MCO paid encounter data for the MCOs was used to estimate the MCO inpatient and outpatient payments and was similarly adjusted to estimate completion (Section I, Item 4.E.i.c.i.B).

The aggregate SFY19 Base Amount for Inpatient and Outpatient services is approximately \$277 million based on the difference between (1) the amount Medicare FFS would have paid for those inpatient and outpatient hospital services utilized by the eligible population under the MCO contract during the base period



and (2) the amount the MCOs paid (not including pass-through payments) for those inpatient and outpatient hospital services utilized by the eligible populations under the MCO contract during the base period. No amounts were paid for eligible populations under Medicaid FFS. Note, these amounts remain the same as the prior certification for SFY19.

Table 7: Calculation of Aggregate SFY19 Base Amount for Hospitals

No.	Guide Reference	Description	Amount
(1)	Section I, Item 4.E.i.c.i.A	100% of Medicare for IP/OP Services under the MCO Contract	\$2,944,577,418
(2)	Section I, Item 4.E.i.c.i.B	MCO payments for IP/OP Services under the MCO Contract	\$2,636,837,043
(3)	Section I, Item 4.E.i.c.ii.A	100% of Medicare for IP/OP Services under FFS	\$0
(4)	Section I, Item 4.E.i.c.ii.B	MCO payments for IP/OP Services under FFS	\$0
(5)	Section I, Item 4.E.i.c	Aggregate Base Amount for Hospitals $= (1)-(2)+(3)-(4)$	\$307,740,375
(6)		90% of (5)	\$276,966,337

5. Projected Non-Benefit Costs

A. Variations in Assumptions

All variations in assumptions used to develop the projected non-benefit costs for covered populations were based on valid rate development standards and were not based on the rate of Federal financial participation associated with the covered populations. The same methodology was used consistently for all categories of aid.

B. Development of Projected Non-Benefit Costs

I. DATA, ASSUMPTIONS, AND METHODOLOGY

The actuarially sound capitation rate ranges include provisions for administration, profit/risk and contingency, care coordination, and care management, as well as any state levied premium taxes and assessments. These items are collectively referred to as the non-benefit costs.

The process for the evaluation of the projected non-benefit costs focused first on administration costs. Administration costs include general administration costs together with care coordination and care management expenses.



The base data used to develop the costs for administration functions was developed primarily from the SFY18 MCO submitted financial information provided in the MRTs. The MRT information was not audited but was reviewed for reasonableness. Additional detail by category of aid was requested in the MRT submissions, which was used to stratify and normalize the administration costs between the MCOs. Two of the five MCOs reported administration costs by category of aid in the MRTs; the other three MCOs continued to report a constant administration cost PMPM across all categories of aid. To obtain appropriate administration cost relativities between the categories of aid, Wakely averaged the category of aid administration relativities based on the two MCOs that reported administration at the category of aid level. These relativities, as well as MCO specific risk scores, were used to normalize each MCO's administration costs for membership and acuity mix.

Prior to adding additional costs associated with implementing the KY Health waiver, the administration rate range was established by setting the lower bound equal to the lowest normalized administration PMPM among all the MCOs. The upper bound was set at the statewide average normalized administration PMPM across all MCOs.

The lower and upper bound PMPMs were trended forward to the contract period using the average of Medical Consumer Price Index (CPI) and Non-Medical Urban CPI rates to recognize that part of the administration costs is dependent on the volume of medical claims, such as claims processing expenses and care management, and part of the administration costs are for fixed business costs which are more likely to increase with Non-Medical CPI, such as staff salaries and building costs.

The administration costs were also increased to include additional costs associated with ongoing activities to support the Kentucky HEALTH 1115 Waiver program implementation. The total additional funds for waiver implementation is approximately \$6 million on an annualized basis based on historical observed costs associated with the waiver implementation.

The lower and upper bound administration composite PMPMs were multiplied by the category of aid administration relativities to determine the resulting category of aid level lower and upper bound administration PMPMs. The PMPM was converted to a percentage of revenue and allocated across all rate cells within the same category of aid.

Profit, risk, and contingency was assumed to be 1% across the rate range, as in previous contract periods. In evaluating the appropriateness of the 1% margin, Wakely reviewed historical changes in the MCO-specific and program-wide Risk



Based Capital (RBC) levels and concluded that the 1% margin was reasonable and appropriate for this program.

In addition, a 1% state assessment is included in the non-benefit costs for all MCOs.

II. MATERIAL CHANGES FROM THE PRIOR CERTIFICATION

There are no material changes to the methodologies used to develop the non benefit expenses when compared to the prior certification.

C. Non-Benefit Cost Components

Non-benefit costs include all components of non-benefit expenses. They are developed separately for administrative costs (including care coordination and care management), margin, and taxes/fees.

D. Summary of Non-Benefit Costs

Table 8 shows the administration costs as a percentage of revenue, prior to any state or federally mandated premium fees or assessments. The table includes both the lower and upper bounds of the rate range.

Table 8: Summary of Administration Cost Percentage by Category of Aid (excluding margin and assessments)

	TANF Adults	TANF Children	SSI Adults and Children	Dual Eligible	Foster Care	MAGI / Former Foster Care
Lower Bound	9.0%	8.4%	7.3%	7.4%	8.5%	8.3%
Upper Bound	9.6%	9.0%	7.8%	7.9%	9.1%	8.9%

E. Health Insurer Fee

Pursuant to section 9010 of the Affordable Care Act (ACA), the ACA imposes a fee on health insurers, including most Medicaid managed care plans. Not-for-profit insurers with more than 80% of their premium from Medicaid, Medicare, and Children's Health Insurance Program risk contracts are exempt from the fee. HIF as a percentage of capitation rates is remaining consistent for Apr19-Dec19 and will be updated with an amended certification for Jan20-Jun20 when more information is available about the Fee Year 2021 HIF. For Apr19-Dec19, the health insurance provider fee (HIF) is estimated to be 2.5% of total premium for the for profit entities, and 0% for the nonprofit entities, and will be reconciled to actual fees when payments are due.



6. Rate Range Development

Wakely developed rate ranges by varying the trend and administrative cost load assumptions. All other rate setting assumptions and adjustments were the same between the lower and upper bound of the rate range. Please see the relevant sections for trend and non-benefit expenses above for a description of how the lower bound and upper bound assumptions were developed. Appendix 1 includes summaries of the base capitation rate ranges for the fifteen month period Apr19-Jun20 (Exhibit 9), as well as for the three month rate period Apr19-Jun19 and the twelve month rate period Jul19-Jun20 (Exhibit 10).

The final certified rates were developed based on an evaluation of the rate ranges. DMS negotiates the final contracted rates with the MCOs based on selecting the same percentile of the actuarially sound rate ranges for each and every rate cell. The same rates are paid to each MCO prior to risk adjustment. The base rate and supplemental payment add-on are shown separately and are added together to determine the total payment rate. The final certified rates are included in Appendix 2.

7. Risk Mitigation, Incentives and Related Contractual Provisions

A. Risk Mitigation

Capitation rates for the contract period will be risk adjusted based on encounter data to account for differences in the morbidity of the populations between the MCOs. Wakely will support DMS in developing the risk adjustment factors for the April 1, 2019 rates. Additionally, the MCO contract includes provisions for a minimum medical loss ratio, which is described in further detail below. As noted in Sections I-4 above, the pass through payment component of the rate will be reconciled to actual payments made by the MCOs.

B. Rate Certification and Supporting Documentation

I. RISK ADJUSTMENT MODEL

Wakely uses the CDPS + Rx version 6.2 risk adjustment model developed by the University of California, San Diego to assign the risk markers to enrollees. The national concurrent weights included with the model are used to develop the risk scores for the population. Wakely may update CDPS versions and the risk weights within the rating period to reflect Kentucky-specific experience.

II. DATA AND ADJUSTMENTS



For risk-adjusted rates effective April 1, 2019, Wakely developed member-level risk scores using detailed medical and pharmacy encounter data and FFS claims data incurred from November 2017 to October 2018 (and paid through February 2019). Detailed capitation data as of March 2019 was used for enrollment and eligibility information, including MCO identification. The risk scores will apply to the rates effective April 1, 2019 such that the resulting risk adjusted rates are budget neutral to the Commonwealth.

The risk scores are based on the first 12 diagnosis codes for facility and physician encounters with the exception of lab and x-ray services. The capitation payments are adjusted using risk scores for all rate cells with the exception of the dual eligible population. In order to receive a risk score, a member must have at least three months of enrollment information within the base period, with the exception of newborns and pregnant women, who are required to have only one month of enrollment. The average risk scores are summarized by MCO, rate cell, and region. New members (who enrolled after the base period) and members who do not meet the enrollment threshold in the base period receive the average risk score for their rate cell, region, and MCO.

III. MATERIAL CHANGES FROM THE PRIOR CERTIFICATION

There are no material changes in the risk adjustment methodology.

IV. FREQUENCY

For the Apr19-Jun19 rate period, risk scores have been updated effective April 1, 2019. We anticipate that risk scores by MCO will be updated for a remix of enrollment for the July 1, 2019 effective rates, and periodically throughout the rating period.

V. HOW THE RISK SCORES WILL BE USED TO ADJUST CAPITATION RATES

There are two components within the base capitation rates that are not risk adjusted: HIF and pass-through payments. Pass-through payments are a portion of the contracted base rates that are passed through the MCOs to specific hospitals and other eligible providers. Prior to the application of the risk adjustment results, the pass-through payment and HIF amounts are removed from the base rates. The risk scores are then applied to the capitation rates at a MCO, region, and rate cell level.

The risk scores for each MCO, rate cell, and region are adjusted such that they are budget neutral on a region and rate group level. These risk factors are then applied to the base capitation rates, and the supplemental payments and HIF (if applicable) are then added back to develop the risk adjusted capitation rate.



VI. AN ATTESTATION THAT THE RISK ADJUSTMENT IS BUDGET NEUTRAL

Wakely attests that the risk adjustment process will be budget neutral within each time period that it is applied.

C. Risk Corridor

The Commonwealth does not have any risk sharing arrangements with the contracted MCOs.

D. Medical Loss Ratio

The MCO contracts include a minimum medical loss ratio (MLR) requirement for all population groups combined. The total annual capitation payment made to the contracted MCOs for the covered members and their associated health care costs will be evaluated against a 90% MLR requirement to determine whether a payment adjustment is warranted. If a MCO's MLR is between 86% and 90%, the MCO will refund the Commonwealth 75% of the difference between the dollar amount corresponding to a 90% MLR and the actual allowable medical expenses for the MCO. If a MCO's MLR is less than 86%, the MCO will refund the Commonwealth the sum of: (a) 75% of the difference between the dollar amount corresponding to a 90% MLR and the dollar amount corresponding to an 86% MLR; and (b) 100% of the difference between the dollar amount corresponding to an 86% MLR and the actual allowable medical expenses for the MCO. The MLR is calculated in accordance with the federal Medicaid calculation standards in 42 CFR 438.8 and is based on claims submitted and paid within 12 months after the end of each state fiscal year period. Appendix B of the MCO contract includes additional detail on the methodology used to calculate the MLR.

E. Reinsurance

The Commonwealth does not have any reinsurance requirements under the contract. The Commonwealth does not provide state-sponsored reinsurance to the contracted MCOs or require the MCOs to purchase commercial reinsurance.

F. Incentives

The Commonwealth historically operated an incentive program based on HEDIS measures. Effective January 1, 2018, this incentive program was discontinued.

8. Other Rate Development Considerations



A. Data Smoothing

The data was examined for distortions resulting from rate cells with small population sizes or outlier claims. While most capitation rate cells were determined to be credible on their own, additional smoothing was performed on a budget neutral basis to improve the credibility of small rate cells.

Costs were redistributed between the infant and child age 1-5 rate cells for SSI Child and Foster Care Children on a budget neutral basis. Given the lack of credibility, we analyzed the cost relativities in the base period between the infant and child age 1 to 5 populations for SSI Children and Foster Care Children, respectively, across all regions combined. The resulting cost relativities of 6.76 for SSI Children and 4.06 for Foster Care Children were applied to each region on a budget neutral basis.

In addition, we consolidated the experience for Former Foster Care rate cells 18-20 and 21-25 and MAGI Adult rate cells Under 19 and 19-24 to increase credibility.

The rate cell relativities and the calculation of all combined rate cells are illustrated in Appendix 1, Exhibit 8.

B. Enhanced FMAP

Family planning services are eligible for a 90% federal matching assistance percentage (FMAP). This FMAP is different from the regular state FMAP. The portion of the rate attributable to family planning services will be calculated using the same percentages by rate cell and region as those used in the prior certification.

The Kentucky Children's Health Insurance program (KCHIP) receives enhanced FMAP under Title XXI and covers children under age 19 in families with incomes less than 213 percent of the federal poverty level. The KCHIP Medicaid expansion up to 150 percent of the federal poverty level has the same benefits as traditional Medicaid. The KCHIP separate insurance program for those with income above 150 percent of the federal poverty level (KCHIP III) does not provide non-emergency transportation or Early Periodic Screening, Diagnosis and Treatment Special Services (EPSDT). Copayments were also required through December 31, 2018, but will no longer be applicable beginning January 1, 2019. These benefit differences are reflected in the base data or corresponding adjustments. The costs for the KCHIP population are included in the Families and Children rating category.

Additionally, the ACA population is eligible for enhanced FMAP and the corresponding capitation rates are shown as separate rate cells. The methodology used to develop the



rate ranges for the ACA population is based on the same data sources and is consistent with the methodology used to develop the rate ranges for the non-ACA population.

C. Effective Date of Changes

All changes to the Medicaid program are reflected consistently with the assumptions used to develop the capitation rates in accordance with the effective date of the change.

D. Generally Accepted Actuarial Practices and Principles

The rate ranges were developed using generally accepted actuarial practices and principles and,

1. in the actuary's judgment, reflect all reasonable, appropriate and attainable costs under the contract;
2. There are no adjustments to the rates performed outside the rate setting process;
3. DMS selects the final contracted rates based on a percentile of the actuarially sound rate ranges for each and every rate cell. The same base rates are paid to each MCO prior to risk adjustment. Therefore, the final contracted rate for each rate cell is actuarially sound.

9. Procedures for Rate Certifications for Rate and Contract Amendments

This certification is a new rate certification for the period April 1, 2019 through June 30, 2020. Future amendments to this rate certification are anticipated due to additional program changes effective mid-year, supplemental payments, and HIF.



Section II. Medicaid Managed Care Rates with Long-Term Services and Supports

Long-term services and supports are excluded from managed care.



Section III. New Adult Group Capitation Rates

The development of the rates for the ACA population was based on the same data sources and is consistent with the methodology used to develop the rates for the non-ACA population.



Appendix 1: Commonwealth of Kentucky Medicaid Managed Care Apr19-Jun20 Capitation Rate Model



Appendix 2: Commonwealth of Kentucky Medicaid Managed Care Apr19-Jun20 Contracted Rates



Appendix 3: Actuarial Certification

I, Mary Hegemann and I, Maria Dominiak are associated with the firm Wakely Consulting Group, LLC (Wakely). We are Members of the American Academy of Actuaries and Fellows of the Society of Actuaries. We meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. We have been retained by the Commonwealth of Kentucky Department for Medicaid Services and are generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered “actuarially sound” for purposes of 42 CFR 438.4, according to the following criteria:

- the capitation rates have been developed in accordance with generally accepted actuarial principles and practices;
- the capitation rates are appropriate for the Medicaid populations to be covered, and Medicaid services to be furnished under the contract; and,
- the capitation rates meet the applicable requirements of 42 CFR 438.

For the purposes of this certification, “actuarial soundness” is defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”

The assumptions used in the development of the “actuarially sound” capitation rates have been documented in this actuarial report for the Commonwealth of Kentucky. The “actuarially sound” capitation rates that are associated with this certification are effective for the rate period April 1, 2019 through June 30, 2020.

The capitation rates under the contract all fall within the actuarially sound rate range and are considered actuarially sound.

The “actuarially sound” capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.



In developing the “actuarially sound” capitation rates, we have relied upon data and information provided by the Commonwealth and the contracted MCOs. We did not audit the data. However, we did review the data for reasonableness and consistency.

The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the Commonwealth. The health plan may require rates above, equal to, or below the “actuarially sound” capitation rates that are associated with this certification.

A handwritten signature in black ink that reads "Mary K. Hegemann".

Mary K. Hegemann, FSA, MAAA
Member, American Academy of Actuaries

A handwritten signature in purple ink that reads "Maria C. Dominiak".

Maria C. Dominiak, FSA, MAAA
Member, American Academy of Actuaries



Appendix 4: Rate Development Index

2018-2019 Medicaid Managed Care Rate Development Guide	Rate Certification
Section / Description	Section
Section I. Medicaid Managed Care Rates	
1. General Information	
A. Rate Development Standards	
i. Rating Period	I.1.A
ii. Rate Certification Documentation	I.1.D, App 1-3
iii. Capitation Rate Variation	I.8.B
iv. No Cross-Subsidization	I.8.B
v. Effective Date Assumption Consistency	I.8.C
vi. Generally Accepted Actuarial Principles	I.8.D
vii. Certified Time Period	I.1.D.iv
viii. Rate Certification Procedure	Informational
B. Appropriate Documentation	
i. Rate Development Documentation	Section I
ii. Index	App 4
iii. Costs Subject to Enhanced FMAP	I.8.B
iv,v. Rate Ranges Documentation	I.1.Dii, I.8.D, App 1
2. Data	
A. Rate Development Standards	
i. Data Requirements	Informational
B. Appropriate Documentation	
i. Data Request/Provided Summary	I.2.A
ii. Description of Data	I.2.A
iii. Data Adjustments	I.2.B
3. Projected Benefit Cost and Trends	
A. Rate Development Standards	
i. Allowed Services	I.3.A
ii. Variations in Assumptions (if necessary)	I.3.B
iii. Trend Assumptions	I.3.D
iv. In-lieu-of Services	I.3.F



2018-2019 Medicaid Managed Care Rate Development Guide	Rate Certification
Section / Description	Section
v-vi IMD	I.3.G
B. Appropriate Documentation	
i. Benefit Costs by Level of Detail	I.3.I, App 1
ii. Benefit Costs Development	1.3.C
iii. Projected Benefit Cost Trends	1.3.D
iv. Parity Standards Requirements	I.3.E
v. In-lieu-of Services	I.3.F, I.3.G
vi. Retrospective Eligibility Periods	I.3.H
vii. Changes to Covered Benefits	I.1.D.iv.e, I.3.D.iv
viii. Estimated Impacts of Changes to Covered Benefits	I.3.D.iv
4. Special Contract Provisions Related to Payments	
A. Incentive Arrangements	I.7.E
B. Withhold Arrangements	Not Applicable
C. Risk-Sharing Mechanisms	I.7.C, I.7.D, I.7.E
D. Delivery System and Provider Payment Initiatives	Not Applicable
E. Pass-Through Payments	I.4
5. Projected Non-Benefit Costs	
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i. Expenses	I.5.B
ii. Development of Non-Benefit Costs	I.5.B
iii. Variations in Assumptions	I.5.A
iv. Health Insurance Providers Fee	I.5.E
B. Appropriate Documentation	
i. Development of Non-Benefit Costs	I.5.B
ii. Categories of Costs to be Considered	I.5.C
iii. Health Insurance Providers Fee	I.5.E
6. Risk Adjustment and Acuity Adjustments	
A. Rate Development Standards	
i. Risk Adjustment Definition	I.7.B
ii. Prospective and Retrospective	I.7.B
iii. Acuity Adjustment	1.3.D



2018-2019 Medicaid Managed Care Rate Development Guide Section / Description	Rate Certification Section
B. Appropriate Documentation	
i. Describe Prospective Risk Adjustment Methodologies	I.7.B
ii. Describe Retrospective Risk Adjustment Methodologies	Not Applicable
iii. Changes to Risk Adjustment Model	I.7.B.iii
iv. Acuity Adjustment	Not Applicable
Section II. Long-Term Services and Supports	Not Applicable
Section III. New Adult Group Capitation Rates	
1. Data	
A. Description of Data	I.2
B. Changes Since Last Rating Period	I.2
2. Projected Benefit Costs	
A. Issues Related to New Adult Group	I.3
B. Assumptions	I.3
C. Changes to Benefit Plan Offered	I.3
D. Any Other Material Changes to Projected Benefit Costs	I.3
3. Projected Non-Benefit Costs	I.5
A. Non-Benefit Costs for New Adult Group	I.5
B. Assumptions	I.5
4. Final Certified Rates or Rate Ranges	
A. New Adult Group Requirements	I.6
5. Risk Mitigation Strategies	I.7
A. Description of Risk Mitigation Strategy	I.7
B. New Adult Group Requirements	
i. Changes in Risk Mitigation Since Last Rating Period	I.7
ii. Rationale for Changes in Risk Mitigation	I.7
iii. Relevant Experience, Results, Risk Mitigation Information	I.7



INTRODUCTION

Wakely has been retained by the Commonwealth of Kentucky, Department for Medicaid Services (DMS) to provide actuarial and consulting services related to the development of capitation rates for its Medicaid Managed Care Program. This information and analysis was prepared for, and is only to be relied on by, DMS management.

This file contains summaries of the data, adjustments, and projection assumptions used in the development of capitation rates. Using the information in this analysis for other purposes may not be appropriate. Wakely does not intend to create a reliance to third parties. If materials are released to third parties, the material should be provided in its entirety, including caveats regarding the possible variability of results and Wakely's reliance on data sources provided by DMS and the MCOs.

DATA

Wakely has relied on information provided by DMS and MCOs in the development of the capitation rates. We have relied upon DMS and MCOs for the accuracy of the data provided. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. In order to assign claims into categories of service as shown throughout this ratebook, Wakely relied on major categories of service (inpatient, outpatient, professional, and pharmacy) indicated in the data provided by DMS. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. To the extent that the data provided is not accurate, the analysis would need to be modified to reflect the revised information.

DISCLOSURES AND LIMITATIONS

Responsible Actuaries Mary Hegemann and Maria Dominiak are the actuaries responsible for this communication. We are members of the American Academy of fellows of the Society of Actuaries. We both meet the Qualification Standards of the American Academy of Actuaries to issue this analysis.

Risks and Uncertainties The assumptions and resulting estimates included in this analysis are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee the projected values included in the analysis. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. Each MCO should evaluate the rates in the context of their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with DMS. Wakely provides no guarantee, either written or implied, that the data and information is 100% accurate or error free.

Conflict of Interest We are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent from the Commonwealth of Kentucky.

Deviations from ASOPS Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Infant (age under 1)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					109,837									109,837
Home Health Care & Hospice	181,349	417	46	435	1.65	1.177	100%	(1,561)	(3)	211,972	488	53	435	1.93
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	39,683,402	15,973	1,745	2,484.47	361.29	1.159	100%	194,229	78	46,399,455	18,676	2,040	2,484.45	422.44
IP - Medical/Surgical	7,908,914	3,348	366	2,362.60	72.01	1.159	100%	19,712	8	9,228,427	3,906	427	2,362.55	84.02
IP - Normal Newborn	8,039,274	8,039	878	1,000.03	73.19	1.159	100%	40,872	41	9,400,166	9,400	1,027	1,000.03	85.58
IP - Mental Health	3,479	2	0	1,739.41	0.03	1.159	100%	50	0	4,101	2	0	1,739.41	0.04
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	54,532	27	3	2,019.70	0.50	1.159	100%	476	0	63,971	32	3	2,020.05	0.58
Subtotal - Inpatient	55,689,601	27,388	2,992	2,033.35	507.02		100%	255,340	128	65,096,120	32,016	3,498	2,033.24	592.66
OP - Emergency Room	2,808,956	11,098	1,213	253.10	25.57	1.159	100%	(27,376)	(108)	3,229,436	12,759	1,394	253.11	29.40
OP - Laboratory	106,000	2,436	266	43.51	0.97	1.159	100%	(1,291)	(28)	121,575	2,796	305	43.49	1.11
OP - Radiology	270,858	1,539	168	176.03	2.47	1.159	100%	(2,833)	(16)	311,211	1,768	193	176.04	2.83
OP - Surgery	625,709	565	62	1,106.70	5.70	1.159	100%	(7,679)	(7)	717,769	649	71	1,106.28	6.53
OP - Mental Health	(26)	1	0	(25.58)	(0.00)	1.159	100%	-	-	(30)	1	0	(25.58)	(0.00)
OP - Other	358,413	1,005	110	356.78	3.26	1.159	100%	(4,204)	(12)	411,345	1,153	126	356.79	3.75
Subtotal - Outpatient	4,169,911	16,644	1,818	250.54	37.96		100%	(43,383)	(171)	4,791,306	19,126	2,090	250.52	43.62
Prof - Evaluation & Management	6,284,523	144,573	15,795	43.47	57.22	1.177	100%	471,001	10,838	7,870,407	181,059	19,781	43.47	71.66
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	903,887	6,839	747	132.17	8.23	1.177	100%	74,679	561	1,138,862	8,613	941	132.22	10.37
Prof - DME/Supplies & Prosthetics	183,501	3,762	411	48.78	1.67	1.177	100%	14,881	305	230,926	4,734	517	48.78	2.10
Prof - Lab	288,021	19,055	2,082	15.12	2.62	1.177	100%	24,004	1,588	363,006	24,016	2,624	15.12	3.30
Prof - Radiology	211,847	9,284	1,014	22.82	1.93	1.177	100%	17,112	749	266,508	11,678	1,276	22.82	2.43
Prof - Transportation	181,325	2,060	225	88.02	1.65	1.177	100%	13,736	156	227,242	2,582	282	88.02	2.07
Prof - Mental Health	1,128	20	2	56.39	0.01	1.177	100%	99	2	1,426	25	3	56.45	0.01
Prof - Target Case Management	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Other	5,938,659	65,866	7,196.05	90.16	54.07	1.177	100%	477,541	5,344	7,470,150	82,899	9,057	90.11	68.01
Subtotal - Professional	13,992,891	251,459	27,473	55.65	127.40		100%	1,093,053	19,543	17,568,527	315,606	34,481	55.67	159.95
Pharmacy - Non Hep C	1,488,630	51,722	5,651	28.78	13.55	1.000	100%	(90,932)	-	1,397,568	51,717	5,650	27.02	12.72
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	43,140	1,359	148	31.74	0.39	1.001	100%	(973)	24	42,190	1,384	151	30.49	0.38
FQHC & RHC	601,724	19,023	2,078	31.63	5.48	1.177	99%	(6,343)	(202)	697,926	22,063	2,410	31.63	6.35
Subtotal - Other Services	2,133,494	72,104	7,878	29.59	19.42		100%	(98,247)	(178)	2,137,685	75,164	8,212	28.44	19.46
Total	\$ 76,167,245				\$ 693.46		100%	1,205,201	19,318	\$ 89,805,609				\$ 817.63

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 1-5)														
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Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					481,346									481,346
Home Health Care & Hospice	951,939	4,867	121	196	1.98	1.177	100%	(9,923)	(44)	1,110,958	5,687	142	195	2.31
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	5,737,485	2,128	53	2,696.19	11.92	1.159	100%	6,390	2	6,677,776	2,477	62	2,696.11	13.87
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	256,602	222	6	1,155.87	0.53	1.159	100%	1,804	1	300,578	260	6	1,156.25	0.62
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	13,391	9	0	1,487.93	0.03	1.159	100%	(45)	(0)	15,547	10	0	1,488.12	0.03
Subtotal - Inpatient	6,007,479	2,359	59	2,546.62	12.48	100%	8,150	4	6,993,902	2,747	68	2,545.80	14.53	
OP - Emergency Room	6,936,380	28,484	710	243.52	14.41	1.159	100%	(73,212)	(301)	7,969,096	32,724	816	243.52	16.56
OP - Laboratory	215,423	3,859	96	55.82	0.45	1.159	100%	(2,488)	(45)	246,946	4,424	110	55.82	0.51
OP - Radiology	417,189	2,040	51	204.47	0.87	1.159	100%	(5,455)	(27)	478,171	2,339	58	204.46	0.99
OP - Surgery	2,852,234	2,173	54	1,312.85	5.93	1.159	100%	(28,428)	(22)	3,277,833	2,497	62	1,312.83	6.81
OP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Other	757,952	2,242	56	338.08	1.57	1.159	100%	(8,177)	(24)	870,061	2,574	64	338.08	1.81
Subtotal - Outpatient	11,179,178	38,797	967	288.14	23.22	100%	(117,760)	(418)	12,842,106	44,557	1,111	288.22	26.68	
Prof - Evaluation & Management	10,637,729	222,328	5,543	47.85	22.10	1.177	100%	793,901	16,592	13,297,837	277,924	6,929	47.85	27.63
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	2,712,221	12,270	306	221.04	5.63	1.177	100%	352,916	1,596	3,546,481	16,044	400	221.05	7.37
Prof - DME/Supplies & Prosthetics	733,406	14,287	356	51.33	1.52	1.177	100%	(28,196)	(551)	834,056	16,246	405	51.34	1.73
Prof - Lab	1,135,165	77,804	1,940	14.59	2.36	1.177	99%	145,515	9,974	1,470,089	100,760	2,512	14.59	3.05
Prof - Radiology	254,199	11,792	294	21.56	0.53	1.177	99%	33,126	1,537	330,422	15,328	382	21.56	0.69
Prof - Transportation	184,613	2,544	63	72.57	0.38	1.177	100%	24,971	344	242,348	3,340	83	72.57	0.50
Prof - Mental Health	1,509,467	16,158	403	93.42	3.14	1.177	100%	197,553	2,114	1,974,909	21,140	527	93.42	4.10
Prof - Target Case Management	339,342	1,009	25	336.31	0.70	1.177	100%	44,845	133	444,410	1,321	33	336.31	0.92
Prof - Other	4,787,259	60,961	1,519.76	78.53	9.95	1.177	100%	650,195	8,279	6,287,062	80,058	1,996	78.53	13.06
Subtotal - Professional	22,293,402	419,153	10,450	53.19	46.31	100%	2,214,826	40,018	28,427,616	532,161	13,267	53.42	59.06	
Pharmacy - Non Hep C	7,258,100	207,206	5,166	35.03	15.08	1.000	100%	(484,745)	-	6,759,338	206,806	5,156	32.68	14.04
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	5,383,151	153,658	3,831	35.03	11.18	1.001	99%	(103,104)	(2,941)	5,251,414	149,900	3,737	35.03	10.91
FQHC & RHC	967,919	31,153	777	31.07	2.01	1.177	99%	(10,631)	(342)	1,113,048	35,824	893	31.07	2.31
Subtotal - Other Services	13,609,170	392,017	9,773	34.72	28.27	100%	(598,481)	(3,283)	13,123,800	392,530	9,786	33.43	27.26	
Total	\$ 54,041,167				\$ 112.27	100%	1,496,812	36,278	\$ 62,498,382				\$ 129.84	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 6-12)														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					619,475									619,475
Home Health Care & Hospice	1,802,986	17,103	331	105	2.91	1.177	100%	(23,606)	(224)	2,099,361	19,914	386	105	3.39
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	18,763	1	0	18,762.97	0.03	1.159	100%	812	0	22,658	1	0	18,762.97	0.04
IP - Medical/Surgical	3,948,031	1,295	25	3,048.67	6.37	1.159	100%	30,490	10	4,602,988	1,510	29	3,048.46	7.43
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	3,634,752	2,954	57	1,230.40	5.87	1.159	100%	27,191	22	4,259,301	3,462	67	1,230.42	6.88
IP - PRTF	679,598	1,410	27	482.04	1.10	1.159	100%	4,406	9	795,693	1,651	32	482.08	1.28
IP - Other	3,506	1	0	3,505.61	0.01	1.159	100%	153	0	4,235	1	0	3,505.61	0.01
Subtotal - Inpatient	8,284,649	5,661	110	1,463.47	13.37	100%	63,052	41	9,684,876	6,625	128	1,461.96	15.63	
OP - Emergency Room	5,610,926	20,107	389	279.06	9.06	1.159	100%	(59,503)	(213)	6,446,018	23,099	447	279.06	10.41
OP - Laboratory	293,423	4,120	80	71.22	0.47	1.159	100%	(3,192)	(45)	336,639	4,727	92	71.22	0.54
OP - Radiology	1,015,296	3,422	66	296.74	1.64	1.159	100%	(11,750)	(40)	1,165,291	3,927	76	296.74	1.88
OP - Surgery	2,027,417	1,257	24	1,612.69	3.27	1.159	100%	(22,237)	(14)	2,327,980	1,443	28	1,612.74	3.76
OP - Mental Health	120,479	60	1	2,013.58	0.19	1.159	100%	(2,637)	(1)	137,014	68	1	2,012.41	0.22
OP - Other	1,302,460	2,175	42	598.70	2.10	1.159	100%	(12,882)	(22)	1,496,429	2,499	48	598.70	2.42
Subtotal - Outpatient	10,370,000	31,140	603	333.01	16.74	100%	(112,201)	(334)	11,909,372	35,764	693	333.00	19.22	
Prof - Evaluation & Management	12,064,829	260,397	5,044	46.33	19.48	1.177	100%	613,819	13,248	14,787,605	319,163	6,183	46.33	23.87
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	1,805,093	10,267	199	175.82	2.91	1.177	100%	241,351	1,373	2,366,798	13,462	261	175.81	3.82
Prof - DME/Supplies & Prosthetics	1,408,954	38,120	738	36.96	2.27	1.177	100%	(398,061)	(10,827)	1,258,026	33,980	658	37.02	2.03
Prof - Lab	1,185,200	84,374	1,634	14.05	1.91	1.177	99%	150,169	10,691	1,532,336	109,087	2,113	14.05	2.47
Prof - Radiology	399,610	17,552	340	22.77	0.65	1.177	99%	53,340	2,344	520,571	22,866	443	22.77	0.84
Prof - Transportation	138,141	1,797	35	76.87	0.22	1.177	100%	18,313	238	180,971	2,354	46	76.87	0.29
Prof - Mental Health	11,895,299	128,322	2,486	92.70	19.20	1.177	100%	1,471,924	15,879	15,478,313	166,974	3,234	92.70	24.99
Prof - Target Case Management	3,017,832	8,938	173	337.64	4.87	1.177	100%	373,354	1,106	3,926,769	11,630	225	337.64	6.34
Prof - Other	3,284,306	61,342	1,188.27	53.54	5.30	1.177	100%	431,611	8,065	4,298,791	80,293	1,555	53.54	6.94
Subtotal - Professional	35,199,264	611,109	11,838	57.60	56.82	100%	2,955,820	42,116	44,350,179	759,809	14,718	58.37	71.59	
Pharmacy - Non Hep C	19,997,393	302,999	5,869	66.00	32.28	1.000	100%	(1,330,909)	-	18,641,501	302,620	5,862	61.60	30.09
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	11,559,323	289,739	5,613	39.90	18.66	1.001	99%	(217,024)	(5,434)	11,285,671	282,885	5,480	39.89	18.22
FQHC & RHC	1,190,961	36,824	713	32.34	1.92	1.177	98%	(11,260)	(348)	1,364,691	42,196	817	32.34	2.20
Subtotal - Other Services	32,747,677	629,562	12,195	52.02	52.86	100%	(1,559,192)	(5,782)	31,291,863	627,702	12,159	49.85	50.51	
Total	\$ 88,404,576				\$ 142.71	100%	1,323,873	35,817	\$ 99,335,650				\$ 160.35	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Child (age 13-18)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months	219,239													
Home Health Care & Hospice	780,699	8,830	483	88	3.56	1.177	100%	(10,763)	(122)	908,488	10,275	562	88	4.14
IP - Maternity	1,279,442	1,570	86	814.93	5.84	1.159	100%	12,799	15	1,502,513	1,843	101	815.06	6.85
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	2,675,946	877	48	3,051.25	12.21	1.159	100%	18,438	6	3,114,853	1,021	56	3,051.20	14.21
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	3,727,324	3,500	192	1,064.91	17.00	1.159	100%	32,477	30	4,372,374	4,106	225	1,064.99	19.94
IP - PRTF	127,468	399	22	319.44	0.58	1.159	100%	1,984	6	150,400	471	26	319.33	0.69
IP - Other	5,364	2	0	2,681.92	0.02	1.159	100%	38	0	6,283	2	0	2,681.92	0.03
Subtotal - Inpatient	7,815,543	6,348	347	1,231.15	35.65	100%	65,736	58	9,146,423	7,443	407	1,228.83	41.72	
OP - Emergency Room	4,079,776	11,141	610	366.19	18.61	1.159	100%	(43,287)	(118)	4,685,988	12,796	700	366.19	21.37
OP - Laboratory	447,654	2,887	158	155.05	2.04	1.159	100%	(5,437)	(35)	513,302	3,311	181	155.04	2.34
OP - Radiology	802,257	2,437	133	329.23	3.66	1.159	100%	(8,212)	(25)	921,807	2,800	153	329.25	4.20
OP - Surgery	1,482,951	846	46	1,753.67	6.76	1.159	100%	(18,326)	(10)	1,700,748	970	53	1,753.66	7.76
OP - Mental Health	71,413	37	2	1,930.08	0.33	1.159	100%	(1,572)	(1)	81,203	42	2	1,930.24	0.37
OP - Other	804,858	1,451	79	554.64	3.67	1.159	100%	(8,416)	(15)	924,283	1,666	91	554.66	4.22
Subtotal - Outpatient	7,688,909	18,799	1,029	409.01	35.07	100%	(85,249)	(205)	8,827,330	21,585	1,181	408.95	40.26	
Prof - Evaluation & Management	5,195,989	107,591	5,889	48.29	23.70	1.177	100%	283,059	5,857	6,387,193	132,252	7,239	48.30	29.13
Prof - Maternity	542,172	3,433	188	157.93	2.47	1.177	100%	67,281	428	705,674	4,470	245	157.86	3.22
Prof - Surgery	662,775	5,216	285	127.07	3.02	1.177	100%	81,522	641	861,845	6,782	371	127.08	3.93
Prof - DME/Supplies & Prosthetics	746,589	18,721	1,025	39.88	3.41	1.177	100%	(213,151)	(5,419)	664,634	16,592	908	40.06	3.03
Prof - Lab	1,070,359	60,726	3,324	17.63	4.88	1.177	99%	130,552	7,406	1,383,565	78,494	4,296	17.63	6.31
Prof - Radiology	362,644	11,615	636	31.22	1.65	1.177	99%	44,512	1,426	469,156	15,027	822	31.22	2.14
Prof - Transportation	157,828	2,239	123	70.49	0.72	1.177	100%	20,409	290	205,986	2,922	160	70.49	0.94
Prof - Mental Health	3,974,197	41,384	2,265	96.03	18.13	1.177	100%	478,310	4,981	5,157,818	53,709	2,940	96.03	23.53
Prof - Target Case Management	862,735	2,549	140	338.46	3.94	1.177	100%	96,520	285	1,112,368	3,287	180	338.46	5.07
Prof - Other	2,242,984	39,173	2,144.13	57.26	10.23	1.177	100%	276,482	4,828	2,916,601	50,936	2,788	57.26	13.30
Subtotal - Professional	15,818,273	292,647	16,018	54.05	72.15	100%	1,265,496	20,722	19,864,840	364,472	19,949	54.50	90.61	
Pharmacy - Non Hep C	8,264,759	150,327	8,228	54.98	37.70	1.000	100%	(548,193)	-	7,702,931	150,079	8,215	51.33	35.13
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	5,376,629	82,794	4,532	64.94	24.52	1.001	100%	(109,706)	(1,686)	5,251,318	80,868	4,426	64.94	23.95
FQHC & RHC	661,235	19,120	1,047	34.58	3.02	1.177	92%	(6,268)	(179)	712,874	20,616	1,128	34.58	3.25
Subtotal - Other Services	14,302,623	252,241	13,806	56.70	65.24	99%	(664,166)	(1,865)	13,667,124	251,563	13,769	54.33	62.34	
Total	\$ 46,406,047				\$ 211.67	100%	571,054	18,589	\$ 52,414,205				\$ 239.07	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Child (age 13-18)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					209,044									209,044
Home Health Care & Hospice	1,709,071	5,929	340	288	8.18	1.177	100%	(23,250)	(81)	1,989,134	6,901	396	288	9.52
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	2,195,113	712	41	3,084.54	10.50	1.159	100%	20,460	7	2,570,535	833	48	3,084.98	12.30
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	2,290,661	1,923	110	1,191.49	10.96	1.159	100%	28,758	24	2,695,881	2,263	130	1,191.36	12.90
IP - PRTF	229,488	392	22	585.50	1.10	1.159	100%	2,293	4	269,497	460	26	585.50	1.29
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	4,715,262	3,026	174	1,558.19	22.56		100%	51,511	35	5,535,913	3,556	204	1,556.62	26.48
OP - Emergency Room	2,428,050	6,735	387	360.53	11.62	1.159	100%	(25,435)	(71)	2,789,037	7,736	444	360.53	13.34
OP - Laboratory	152,551	1,312	75	116.27	0.73	1.159	100%	(1,967)	(17)	174,152	1,498	86	116.28	0.83
OP - Radiology	747,428	1,643	94	454.82	3.58	1.159	100%	(8,882)	(19)	857,653	1,886	108	454.79	4.10
OP - Surgery	1,410,402	540	31	2,613.07	6.75	1.159	100%	(14,218)	(5)	1,620,867	620	36	2,612.92	7.75
OP - Mental Health	49,968	30	2	1,684.33	0.24	1.159	100%	(1,004)	(1)	56,925	34	2	1,684.76	0.27
OP - Other	585,345	922	53	635.15	2.80	1.159	100%	(5,679)	(9)	672,656	1,059	61	635.18	3.22
Subtotal - Outpatient	5,373,744	11,181	642	480.61	25.71		100%	(57,185)	(122)	6,171,290	12,833	737	480.91	29.52
Prof - Evaluation & Management	3,473,410	75,849	4,354	45.79	16.62	1.177	100%	180,603	3,944	4,259,826	93,022	5,340	45.79	20.38
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	627,324	4,098	235	153.08	3.00	1.177	100%	79,324	518	817,602	5,341	307	153.08	3.91
Prof - DME/Supplies & Prosthetics	542,835	12,603	723	43.07	2.60	1.177	100%	(130,134)	(3,022)	507,617	11,785	676	43.07	2.43
Prof - Lab	401,537	24,823	1,425	16.18	1.92	1.177	99%	49,744	3,075	519,028	32,086	1,842	16.18	2.48
Prof - Radiology	249,935	9,491	545	26.33	1.20	1.177	99%	30,119	1,144	322,748	12,256	704	26.33	1.54
Prof - Transportation	107,537	1,240	71	86.72	0.51	1.177	100%	12,914	149	139,535	1,609	92	86.72	0.67
Prof - Mental Health	3,329,725	29,022	1,666	114.73	15.93	1.177	100%	387,267	3,377	4,301,617	37,494	2,152	114.73	20.58
Prof - Target Case Management	674,902	2,003	115	336.95	3.23	1.177	100%	79,348	236	874,026	2,594	149	336.94	4.18
Prof - Other	1,308,603	24,400	1,400.66	53.63	6.26	1.177	100%	163,101	3,040	1,703,524	31,763	1,823	53.63	8.15
Subtotal - Professional	10,715,808	183,529	10,535	58.39	51.26		100%	852,285	12,460	13,445,522	227,950	13,085	58.98	64.32
Pharmacy - Non Hep C	9,320,053	95,040	5,456	98.06	44.58	1.000	100%	(656,797)	-	8,653,084	94,936	5,450	91.15	41.39
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	4,463,313	68,416	3,927	65.24	21.35	1.001	100%	(89,952)	(1,379)	4,357,893	66,800	3,835	65.24	20.85
FQHC & RHC	342,742	10,045	577	34.12	1.64	1.177	97%	(3,072)	(91)	388,022	11,372	653	34.12	1.86
Subtotal - Other Services	14,126,108	173,501	9,960	81.42	67.57		100%	(749,822)	(1,470)	13,399,000	173,107	9,937	77.40	64.10
Total	\$ 36,639,994				\$ 175.27		100%	73,540	10,822	\$ 40,540,859				\$ 193.93

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 19-24)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					59,363									59,363
Home Health Care & Hospice	140,849	659	133	214	2.37	1.177	100%	(1,653)	(6)	164,193	769	156	213	2.77
IP - Maternity	7,178,778	8,704	1,759	824.77	120.93	1.159	100%	51,635	54	8,387,354	10,161	2,054	825.48	141.29
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	941,320	269	54	3,495.43	15.86	1.159	100%	10,117	3	1,103,906	316	64	3,495.29	18.60
IP - Normal Newborn	899	1	0	898.82	0.02	1.159	100%	33	0	1,079	1	0	898.82	0.02
IP - Mental Health	222,252	146	30	1,522.27	3.74	1.159	100%	2,384	2	261,162	172	35	1,522.65	4.40
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	27,184	19	4	1,430.74	0.46	1.159	100%	(25)	(0)	31,626	22	4	1,430.78	0.53
Subtotal - Inpatient	8,370,433	9,139	1,847	915.87	141.00		100%	64,143	58	9,785,127	10,671	2,157	916.97	164.84
OP - Emergency Room	2,486,688	6,043	1,222	411.49	41.89	1.159	100%	(26,845)	(65)	2,847,522	6,920	1,399	411.50	47.97
OP - Laboratory	288,041	1,224	247	235.29	4.85	1.159	99%	(3,358)	(14)	328,521	1,397	282	235.23	5.53
OP - Radiology	233,745	774	157	301.83	3.94	1.159	99%	(2,508)	(8)	266,798	884	179	301.86	4.49
OP - Surgery	791,147	779	158	1,015.40	13.33	1.159	100%	(8,531)	(8)	908,537	895	181	1,015.41	15.30
OP - Mental Health	18,403	14	3	1,346.56	0.31	1.159	100%	(182)	(0)	21,150	16	3	1,343.66	0.36
OP - Other	599,860	1,470	297	408.15	10.10	1.159	100%	(8,102)	(19)	687,033	1,684	341	407.86	11.57
Subtotal - Outpatient	4,417,884	10,304	2,083	428.74	74.42		100%	(49,527)	(115)	5,059,562	11,795	2,384	428.95	85.23
Prof - Evaluation & Management	1,848,213	37,099	7,499	49.82	31.13	1.177	100%	39,829	795	2,207,876	44,314	8,958	49.82	37.19
Prof - Maternity	2,884,063	16,161	3,267	178.46	48.58	1.177	100%	131,044	746	3,523,069	19,754	3,993	178.35	59.35
Prof - Surgery	281,268	3,574	722	78.70	4.74	1.177	100%	13,568	171	344,753	4,379	885	78.73	5.81
Prof - DME/Supplies & Prosthetics	306,466	2,640	534	116.09	5.16	1.177	99%	(1,299)	(13)	357,586	3,079	622	116.14	6.02
Prof - Lab	818,777	42,666	8,625	19.19	13.79	1.177	99%	36,887	1,922	995,594	51,879	10,487	19.19	16.77
Prof - Radiology	150,434	4,048	818	37.16	2.53	1.177	99%	6,613	178	182,267	4,905	991	37.16	3.07
Prof - Transportation	98,044	1,682	340	58.29	1.65	1.177	100%	4,524	77	119,416	2,048	414	58.30	2.01
Prof - Mental Health	675,411	5,492	1,110	122.98	11.38	1.177	99%	31,594	257	815,021	6,628	1,340	122.97	13.73
Prof - Target Case Management	45,122	135	27	334.24	0.76	1.177	94%	1,946	6	51,719	155	31	334.24	0.87
Prof - Other	1,687,552	20,578	4,159.76	82.01	28.43	1.177	100%	78,501	958	2,063,041	25,157	5,085	82.01	34.75
Subtotal - Professional	8,795,349	134,075	27,103	65.60	148.16		100%	343,207	5,098	10,660,342	162,298	32,808	65.68	179.58
Pharmacy - Non Hep C	1,657,937	46,014	9,302	36.03	27.93	1.000	100%	(110,002)	-	1,542,413	45,861	9,271	33.63	25.98
Pharmacy - Hep C	79,517	6	1	13,252.80	1.34	1.000	230%	(3,312)	-	179,577	14	3	13,012.80	3.03
Dental	618,907	11,526	2,330	53.70	10.43	1.001	99%	(14,059)	(262)	597,347	11,124	2,249	53.70	10.06
FQHC & RHC	220,433	7,025	1,420	31.38	3.71	1.177	90%	(2,519)	(94)	231,835	7,375	1,491	31.44	3.91
Subtotal - Other Services	2,576,793	64,571	13,053	39.91	43.41		103%	(129,893)	(356)	2,551,172	64,373	13,013	39.63	42.98
Total	\$ 24,301,307				\$ 409.37		100%	226,277	4,678	\$ 28,220,395				\$ 475.39

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 19-24)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					3,689									3,689
Home Health Care & Hospice	385	17	55	23	0.10	1.177	100%	(5)	(0)	448	20	64	23	0.12
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	70,713	14	46	5,050.94	19.17	1.159	100%	437	0	82,558	16	53	5,064.85	22.38
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	27,555	22	72	1,252.48	7.47	1.159	100%	(61)	0	32,022	26	84	1,246.00	8.68
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	98,268	36	117	2,729.66	26.64		100%	376	0	114,580	42	137	2,728.10	31.06
OP - Emergency Room	122,667	257	836	477.30	33.25	1.159	99%	(1,431)	(3)	139,409	292	950	477.18	37.79
OP - Laboratory	1,556	19	62	81.91	0.42	1.159	100%	(28)	(0)	1,772	22	70	81.92	0.48
OP - Radiology	4,775	20	65	238.73	1.29	1.159	100%	(53)	(0)	5,480	23	75	238.69	1.49
OP - Surgery	20,945	8	26	2,618.10	5.68	1.159	100%	(495)	(0)	23,784	9	30	2,618.10	6.45
OP - Mental Health	3,845	3	10	1,281.64	1.04	1.159	100%	(38)	(0)	4,417	3	11	1,281.64	1.20
OP - Other	6,582	8	26	822.80	1.78	1.159	100%	(141)	(0)	7,487	9	30	818.68	2.03
Subtotal - Outpatient	160,370	315	1,025	509.11	43.47		99%	(2,187)	(4)	182,349	358	1,166	508.76	49.43
Prof - Evaluation & Management	27,300	683	2,222	39.97	7.40	1.177	99%	438	11	32,231	806	2,623	39.98	8.74
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	11,927	82	267	145.46	3.23	1.177	100%	492	3	14,536	100	325	145.44	3.94
Prof - DME/Supplies & Prosthetics	3,173	57	185	55.66	0.86	1.177	97%	(249)	(5)	3,361	60	196	55.86	0.91
Prof - Lab	7,053	316	1,028	22.32	1.91	1.177	98%	324	15	8,443	379	1,231	22.30	2.29
Prof - Radiology	7,043	231	751	30.49	1.91	1.177	98%	426	14	8,578	282	916	30.47	2.33
Prof - Transportation	7,830	66	215	118.64	2.12	1.177	98%	95	2	9,120	78	253	117.31	2.47
Prof - Mental Health	37,193	236	768	157.60	10.08	1.177	100%	1,827	14	45,620	292	949	156.41	12.37
Prof - Target Case Management	1,002	3	10	334.00	0.27	1.177	100%	63	0	1,243	4	12	334.00	0.34
Prof - Other	32,795	449	1,460.56	73.04	8.89	1.177	99%	1,782	25	39,876	546	1,777	72.99	10.81
Subtotal - Professional	135,316	2,123	6,906	63.74	36.68		99%	5,198	79	163,010	2,546	8,282	64.03	44.19
Pharmacy - Non Hep C	82,728	1,388	4,515	59.60	22.43	1.000	96%	(5,568)	-	73,642	1,329	4,323	55.41	19.96
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	31,684	582	1,893	54.44	8.59	1.001	99%	(1,280)	(23)	30,031	553	1,797	54.35	8.14
FQHC & RHC	3,786	115	374	32.92	1.03	1.177	96%	41	1	4,315	131	426	32.94	1.17
Subtotal - Other Services	118,198	2,085	6,782	56.69	32.04		97%	(6,807)	(21)	107,988	2,013	6,547	53.66	29.27
Total	\$ 512,536				\$ 138.94		99%	(3,425)	53	\$ 568,375				\$ 154.07

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 25-39)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					189,933									189,933
Home Health Care & Hospice	412,274	5,362	339	77	2.17	1.177	100%	(4,783)	(62)	480,658	6,251	395	77	2.53
IP - Maternity	12,066,348	13,387	846	901.35	63.53	1.159	100%	77,352	87	14,107,629	15,653	989	901.30	74.28
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	7,233,869	2,482	157	2,914.94	38.09	1.159	100%	37,463	12	8,406,415	2,883	182	2,915.51	44.26
IP - Normal Newborn	983	2	0	491.66	0.01	1.159	100%	12	0	1,157	2	0	491.66	0.01
IP - Mental Health	1,394,322	824	52	1,692.14	7.34	1.159	99%	9,407	6	1,615,592	955	60	1,691.97	8.51
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	116,527	29	2	4,018.17	0.61	1.159	100%	3,007	1	138,684	35	2	4,015.16	0.73
Subtotal - Inpatient	20,812,050	16,724	1,057	1,244.47	109.58		100%	127,241	105	24,269,478	19,528	1,234	1,242.82	127.78
OP - Emergency Room	7,850,805	16,710	1,056	469.84	41.33	1.159	100%	(80,666)	(172)	8,998,661	19,152	1,210	469.85	47.38
OP - Laboratory	507,282	3,659	231	138.63	2.67	1.159	99%	(8,557)	(68)	575,831	4,147	262	138.86	3.03
OP - Radiology	1,489,355	3,509	222	424.45	7.84	1.159	100%	(13,064)	(31)	1,712,945	4,035	255	424.47	9.02
OP - Surgery	4,992,535	2,623	166	1,903.14	26.29	1.159	100%	(47,949)	(25)	5,731,907	3,012	190	1,903.14	30.18
OP - Mental Health	84,739	62	4	1,359.45	0.45	1.159	94%	(655)	(0)	91,884	68	4	1,359.51	0.48
OP - Other	1,565,267	3,590	227	436.04	8.24	1.159	100%	(14,311)	(33)	1,797,897	4,123	260	436.07	9.47
Subtotal - Outpatient	16,489,984	30,153	1,905	546.88	86.82		100%	(165,201)	(330)	18,909,126	34,537	2,182	547.50	99.56
Prof - Evaluation & Management	5,821,131	122,234	7,723	47.62	30.65	1.177	99%	136,463	2,832	6,944,599	145,791	9,211	47.63	36.56
Prof - Maternity	4,451,284	25,569	1,615	174.09	23.44	1.177	100%	196,552	1,127	5,426,672	31,170	1,969	174.10	28.57
Prof - Surgery	2,085,557	15,650	989	133.26	10.98	1.177	100%	95,834	719	2,544,159	19,091	1,206	133.26	13.40
Prof - DME/Supplies & Prosthetics	947,780	7,351	464	128.93	4.99	1.177	99%	30,288	236	1,135,550	8,808	556	128.92	5.98
Prof - Lab	2,233,658	108,995	6,886	20.49	11.76	1.177	99%	101,120	4,931	2,714,604	132,460	8,369	20.49	14.29
Prof - Radiology	861,017	20,609	1,302	41.78	4.53	1.177	99%	38,666	926	1,044,110	24,992	1,579	41.78	5.50
Prof - Transportation	295,850	4,709	298	62.83	1.56	1.177	100%	14,607	232	361,726	5,757	364	62.84	1.90
Prof - Mental Health	3,136,879	26,529	1,676	118.24	16.52	1.177	98%	144,156	1,205	3,761,589	31,798	2,009	118.30	19.80
Prof - Target Case Management	241,596	723	46	334.16	1.27	1.177	97%	10,851	32	287,783	861	54	334.16	1.52
Prof - Other	5,928,736	70,894	4,479.10	83.63	31.21	1.177	100%	276,677	3,310	7,231,195	86,470	5,463	83.63	38.07
Subtotal - Professional	26,003,486	403,263	25,478	64.48	136.91		99%	1,045,214	15,549	31,451,987	487,198	30,781	64.56	165.60
Pharmacy - Non Hep C	13,565,634	265,197	16,755	51.15	71.42	1.000	99%	(935,258)	-	12,558,959	263,801	16,667	47.61	66.12
Pharmacy - Hep C	504,092	35	2	14,402.63	2.65	1.000	230%	(20,265)	-	1,139,151	81	5	14,150.89	6.00
Dental	1,729,364	38,658	2,442	44.73	9.11	1.001	98%	(20,342)	(455)	1,674,965	37,442	2,366	44.73	8.82
FQHC & RHC	715,862	22,712	1,435	31.52	3.77	1.177	92%	(8,109)	(281)	766,914	24,308	1,536	31.55	4.04
Subtotal - Other Services	16,514,951	326,602	20,635	50.57	86.95		103%	(983,973)	(735)	16,139,989	325,632	20,573	49.57	84.98
Total	\$ 80,232,745				\$ 422.43		100%	18,497	14,527	\$ 91,251,238				\$ 480.44

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 25-39)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					34,863									34,863
Home Health Care & Hospice	51,450	408	140	126	1.48	1.177	100%	(476)	(4)	60,105	476	164	126	1.72
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	1,339,696	647	223	2,070.63	38.43	1.159	100%	318	1	1,556,293	752	259	2,069.48	44.64
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	249,746	126	43	1,982.11	7.16	1.159	100%	3,894	2	294,684	149	51	1,982.06	8.45
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	19,302	6	2	3,217.04	0.55	1.159	100%	(608)	(0)	21,866	7	2	3,175.99	0.63
Subtotal - Inpatient	1,608,744	779	268	2,065.14	46.14		100%	3,604	2	1,872,843	908	312	2,063.55	53.72
OP - Emergency Room	1,075,793	2,121	730	507.25	30.86	1.159	100%	(9,794)	(19)	1,232,939	2,431	837	507.25	35.37
OP - Laboratory	63,448	387	133	163.95	1.82	1.159	99%	(792)	(4)	72,299	442	152	163.67	2.07
OP - Radiology	156,476	388	133	403.64	4.49	1.159	100%	(1,582)	(4)	179,824	446	153	403.57	5.16
OP - Surgery	455,025	196	67	2,321.55	13.05	1.159	100%	(5,212)	(2)	522,223	225	77	2,322.41	14.98
OP - Mental Health	17,967	11	4	1,562.31	0.52	1.159	100%	(197)	(0)	20,629	13	5	1,562.23	0.59
OP - Other	205,200	343	118	598.25	5.89	1.159	100%	(2,641)	(4)	235,061	393	135	597.52	6.74
Subtotal - Outpatient	1,973,909	3,446	1,186	572.81	56.62		100%	(20,218)	(34)	2,262,976	3,949	1,359	572.99	64.91
Prof - Evaluation & Management	517,013	11,700	4,027	44.19	14.83	1.177	99%	12,458	275	617,657	13,971	4,809	44.21	17.72
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	245,019	1,607	553	152.47	7.03	1.177	100%	12,645	83	300,984	1,974	679	152.48	8.63
Prof - DME/Supplies & Prosthetics	179,462	1,270	437	141.31	5.15	1.177	99%	8,135	51	218,176	1,537	529	141.94	6.26
Prof - Lab	104,279	5,652	1,945	18.45	2.99	1.177	99%	5,092	276	126,859	6,876	2,367	18.45	3.64
Prof - Radiology	104,096	2,923	1,006	35.61	2.99	1.177	99%	4,888	137	126,460	3,551	1,222	35.61	3.63
Prof - Transportation	36,177	558	192	64.83	1.04	1.177	99%	1,603	25	43,818	676	233	64.83	1.26
Prof - Mental Health	554,107	3,768	1,297	147.06	15.89	1.177	99%	22,531	155	670,812	4,564	1,571	146.99	19.24
Prof - Target Case Management	26,084	78	27	334.41	0.75	1.177	98%	1,229	4	31,464	94	32	334.41	0.90
Prof - Other	530,633	6,870	2,364.68	77.24	15.22	1.177	100%	26,507	344	648,903	8,402	2,892	77.23	18.61
Subtotal - Professional	2,296,870	34,426	11,850	66.72	65.88		99%	95,088	1,350	2,785,132	41,644	14,334	66.88	79.89
Pharmacy - Non Hep C	1,600,846	28,132	9,683	56.90	45.92	1.000	100%	(118,726)	-	1,476,542	28,034	9,649	52.67	42.35
Pharmacy - Hep C	244,566	17	6	14,386.22	7.02	1.000	230%	(6,982)	-	555,521	39	13	14,207.65	15.93
Dental	276,304	5,803	1,997	47.61	7.93	1.001	98%	(2,812)	(58)	269,069	5,652	1,945	47.61	7.72
FQHC & RHC	54,785	1,665	573	32.90	1.57	1.177	97%	(630)	(17)	62,259	1,894	652	32.87	1.79
Subtotal - Other Services	2,176,501	35,617	12,260	61.11	62.43		114%	(129,150)	(75)	2,363,391	35,619	12,260	66.35	67.79
Total	\$ 8,107,474				\$ 232.55		104%	(51,153)	1,239	\$ 9,344,447				\$ 268.03

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 40 +)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					52,704									52,704
Home Health Care & Hospice	180,369	1,570	357	115	3.42	1.177	100%	(1,985)	(17)	210,395	1,831	417	115	3.99
IP - Maternity	283,355	252	57	1,124.42	5.38	1.159	100%	761	(0)	330,684	293	67	1,127.50	6.27
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	4,224,822	1,543	351	2,737.97	80.16	1.159	100%	25,901	9	4,934,287	1,802	410	2,738.10	93.62
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	336,347	251	57	1,340.03	6.38	1.159	98%	1,847	1	382,259	285	65	1,341.01	7.25
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	174,295	59	13	2,954.15	3.31	1.159	100%	266	0	203,205	69	16	2,956.10	3.86
Subtotal - Inpatient	5,018,818	2,105	479	2,384.18	95.23		100%	28,775	10	5,850,435	2,449	558	2,388.74	111.01
OP - Emergency Room	1,878,418	3,513	800	534.65	35.64	1.159	100%	(19,125)	(36)	2,157,013	4,035	919	534.64	40.93
OP - Laboratory	195,426	1,406	320	139.00	3.71	1.159	99%	(1,730)	(12)	223,382	1,607	366	138.98	4.24
OP - Radiology	1,081,735	2,342	533	461.89	20.52	1.159	100%	(3,886)	(9)	1,249,957	2,706	616	461.95	23.72
OP - Surgery	2,106,748	935	213	2,253.57	39.97	1.159	100%	(17,652)	(8)	2,424,329	1,076	245	2,253.53	46.00
OP - Mental Health	10,112	9	2	1,123.55	0.19	1.159	100%	22	0	11,740	10	2	1,123.55	0.22
OP - Other	670,726	1,409	321	476.04	12.73	1.159	100%	(6,126)	(12)	770,634	1,619	369	475.87	14.62
Subtotal - Outpatient	5,943,165	9,614	2,189	618.17	112.76		100%	(48,497)	(77)	6,837,056	11,053	2,517	618.55	129.73
Prof - Evaluation & Management	1,892,365	40,090	9,128	47.20	35.91	1.177	100%	64,395	1,341	2,282,698	48,336	11,005	47.23	43.31
Prof - Maternity	113,913	731	166	155.83	2.16	1.177	100%	6,361	41	140,491	902	205	155.75	2.67
Prof - Surgery	1,090,060	6,469	1,473	168.51	20.68	1.177	100%	60,805	364	1,344,212	7,980	1,817	168.45	25.50
Prof - DME/Supplies & Prosthetics	371,335	3,255	741	114.08	7.05	1.177	99%	17,876	154	451,938	3,959	901	114.15	8.58
Prof - Lab	498,719	25,007	5,694	19.94	9.46	1.177	99%	28,721	1,441	612,620	30,719	6,994	19.94	11.62
Prof - Radiology	360,365	8,151	1,856	44.21	6.84	1.177	99%	20,692	468	442,276	10,003	2,278	44.21	8.39
Prof - Transportation	78,567	1,180	269	66.58	1.49	1.177	99%	4,790	72	96,780	1,454	331	66.58	1.84
Prof - Mental Health	546,283	5,353	1,219	102.05	10.37	1.177	99%	31,701	309	670,351	6,567	1,495	102.08	12.72
Prof - Target Case Management	84,149	252	57	333.93	1.60	1.177	99%	4,117	12	102,167	306	70	333.93	1.94
Prof - Other	1,806,863	23,196	5,281.42	77.90	34.28	1.177	100%	111,436	1,434	2,236,322	28,712	6,537	77.89	42.43
Subtotal - Professional	6,842,619	113,684	25,884	60.19	129.83		100%	350,896	5,636	8,379,855	138,939	31,635	60.31	159.00
Pharmacy - Non Hep C	7,105,436	135,951	30,954	52.26	134.82	1.000	100%	(494,209)	-	6,588,240	135,511	30,854	48.62	125.00
Pharmacy - Hep C	197,696	14	3	14,121.15	3.75	1.000	230%	(14,517)	-	440,185	32	7	13,670.31	8.35
Dental	375,773	8,928	2,033	42.09	7.13	1.001	97%	(3,936)	(93)	362,278	8,608	1,960	42.09	6.87
FQHC & RHC	199,058	6,357	1,447	31.31	3.78	1.177	96%	(2,354)	(74)	223,450	7,137	1,625	31.31	4.24
Subtotal - Other Services	7,877,963	151,250	34,438	52.09	149.48		103%	(515,017)	(167)	7,614,153	151,288	34,446	50.33	144.47
Total	\$ 25,862,935				\$ 490.72		101%	(185,828)	5,385	\$ 28,891,895				\$ 548.19

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 40 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					24,121									24,121
Home Health Care & Hospice	206,890	655	326	316	8.58	1.177	100%	(2,427)	(8)	241,180	763	380	316	10.00
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	2,768,961	1,032	514	2,682.45	114.79	1.159	100%	(4,984)	(2)	3,213,168	1,198	596	2,682.56	133.21
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	200,626	107	53	1,868.37	8.32	1.159	100%	2,062	1	235,660	126	63	1,869.02	9.77
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	24,236	14	7	1,731.13	1.00	1.159	100%	(46)	(0)	28,173	16	8	1,731.13	1.17
Subtotal - Inpatient	2,993,822	1,154	574	2,595.13	124.12		100%	(2,969)	(1)	3,477,000	1,340	667	2,594.46	144.15
OP - Emergency Room	782,291	1,355	674	577.44	32.43	1.159	100%	(6,918)	(12)	899,231	1,557	775	577.44	37.28
OP - Laboratory	62,977	501	249	125.70	2.61	1.159	99%	(724)	(6)	71,916	572	285	125.71	2.98
OP - Radiology	433,867	635	316	683.26	17.99	1.159	100%	(4,202)	(7)	498,489	729	363	683.65	20.67
OP - Surgery	782,996	337	168	2,323.43	32.46	1.159	100%	(7,319)	(3)	897,767	386	192	2,323.73	37.22
OP - Mental Health	9,427	7	3	1,346.77	0.39	1.159	100%	(92)	(0)	10,836	8	4	1,346.77	0.45
OP - Other	328,368	557	277	589.26	13.61	1.159	100%	(3,214)	(5)	377,147	640	318	589.25	15.64
Subtotal - Outpatient	2,399,926	3,392	1,687	707.53	99.50		100%	(22,470)	(33)	2,755,386	3,893	1,937	707.79	114.23
Prof - Evaluation & Management	708,481	15,240	7,582	46.49	29.37	1.177	99%	17,687	367	847,443	18,216	9,062	46.52	35.13
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	434,466	2,657	1,322	163.52	18.01	1.177	100%	22,225	135	533,411	3,261	1,622	163.56	22.11
Prof - DME/Supplies & Prosthetics	215,376	1,948	969	110.56	8.93	1.177	98%	9,328	82	258,617	2,337	1,162	110.68	10.72
Prof - Lab	124,543	7,052	3,508	17.66	5.16	1.177	99%	6,572	372	152,129	8,614	4,285	17.66	6.31
Prof - Radiology	153,651	3,424	1,703	44.87	6.37	1.177	99%	7,574	168	187,110	4,169	2,074	44.88	7.76
Prof - Transportation	43,780	607	302	72.12	1.82	1.177	100%	2,484	34	54,033	749	373	72.13	2.24
Prof - Mental Health	279,364	2,111	1,050	132.34	11.58	1.177	99%	15,829	114	343,027	2,587	1,287	132.61	14.22
Prof - Target Case Management	30,364	91	45	333.67	1.26	1.177	100%	1,456	4	37,110	111	55	333.68	1.54
Prof - Other	740,151	9,035	4,494.84	81.92	30.68	1.177	100%	40,537	497	911,107	11,124	5,534	81.91	37.77
Subtotal - Professional	2,730,176	42,165	20,977	64.75	113.19		100%	123,693	1,774	3,323,986	51,168	25,455	64.96	137.80
Pharmacy - Non Hep C	3,091,361	46,207	22,988	66.90	128.16	1.000	100%	(207,445)	-	2,875,031	46,074	22,922	62.40	119.19
Pharmacy - Hep C	148,057	10	5	14,805.72	6.14	1.000	230%	(8,634)	-	331,898	23	11	14,430.32	13.76
Dental	167,124	3,762	1,872	44.42	6.93	1.001	98%	(301)	(6)	163,815	3,688	1,835	44.42	6.79
FQHC & RHC	56,941	1,836	913	31.01	2.36	1.177	98%	(793)	(26)	64,671	2,085	1,037	31.02	2.68
Subtotal - Other Services	3,463,482	51,815	25,778	66.84	143.59		105%	(217,173)	(32)	3,435,415	51,870	25,805	66.23	142.42
Total	\$ 11,794,296				\$ 488.96		101%	(121,346)	1,700	\$ 13,232,968				\$ 548.61

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI w/o Medicare Adult (age 19-24)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					8,228									8,228
Home Health Care & Hospice	57,869	497	725	116	7.03	1.044	100%	(795)	(7)	59,606	512	747	116	7.24
IP - Maternity	342,938	320	467	1,071.68	41.68	1.052	100%	2,494	2	364,659	340	496	1,072.70	44.32
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	565,529	353	515	1,602.07	68.73	1.052	100%	3,466	2	600,277	375	546	1,602.07	72.96
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	229,325	82	120	2,783.75	27.87	1.052	100%	1,827	1	244,010	88	128	2,783.75	29.66
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	1,137,792	755	1,102	1,506.25	138.28		100%	7,788	5	1,208,946	802	1,170	1,506.87	146.93
OP - Emergency Room	391,143	966	1,409	404.88	47.54	1.090	100%	(4,161)	(10)	422,008	1,042	1,520	404.88	51.29
OP - Laboratory	45,899	196	286	234.06	5.58	1.090	100%	(796)	(3)	49,205	210	307	234.06	5.98
OP - Radiology	88,358	138	201	641.20	10.74	1.090	100%	(253)	(0)	96,014	150	218	641.20	11.67
OP - Surgery	198,800	159	232	1,250.32	24.16	1.090	100%	(1,348)	(1)	215,237	172	251	1,250.32	26.16
OP - Mental Health	12,044	6	9	2,007.32	1.46	1.090	100%	(269)	(0)	12,853	6	9	2,007.32	1.56
OP - Other	241,167	313	457	770.42	29.31	1.090	100%	(2,300)	(3)	260,424	338	493	770.42	31.65
Subtotal - Outpatient	977,411	1,778	2,593	549.73	118.79		100%	(9,128)	(18)	1,055,740	1,919	2,799	550.20	128.31
Prof - Evaluation & Management	264,980	4,941	7,206	53.63	32.20	1.044	100%	7,215	135	283,478	5,286	7,709	53.63	34.45
Prof - Maternity	113,010	817	1,192	138.32	13.73	1.044	100%	5,777	41	123,729	894	1,303	138.46	15.04
Prof - Surgery	51,067	416	607	122.76	6.21	1.044	100%	2,527	21	55,827	455	663	122.73	6.78
Prof - DME/Supplies & Prosthetics	84,577	730	1,065	115.86	10.28	1.044	100%	(36)	(0)	88,005	760	1,108	115.86	10.70
Prof - Lab	89,486	4,128	6,020	21.68	10.88	1.044	100%	4,790	221	98,093	4,525	6,599	21.68	11.92
Prof - Radiology	36,106	942	1,374	38.33	4.39	1.044	100%	2,110	55	39,743	1,037	1,512	38.33	4.83
Prof - Transportation	27,096	517	754	52.41	3.29	1.044	100%	1,596	30	29,877	570	831	52.41	3.63
Prof - Mental Health	227,146	1,952	2,847	116.37	27.61	1.044	100%	6,349	55	242,968	2,088	3,045	116.37	29.53
Prof - Target Case Management	48,180	144	210	334.58	5.86	1.044	100%	2,209	7	52,425	157	229	334.58	6.37
Prof - Other	297,438	3,927	5,727.27	75.74	36.15	1.044	100%	20,580	272	331,009	4,370	6,374	75.74	40.23
Subtotal - Professional	1,239,085	18,514	27,001	66.93	150.59		100%	53,116	835	1,345,155	20,141	29,374	66.79	163.49
Pharmacy - Non Hep C	1,549,030	12,848	18,738	120.57	188.26	1.000	100%	(103,969)	-	1,444,696	12,845	18,734	112.47	175.58
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	90,116	1,623	2,367	55.52	10.95	1.001	99%	(1,759)	(32)	87,664	1,579	2,303	55.52	10.65
FQHC & RHC	35,010	1,045	1,524	33.50	4.25	1.044	89%	(508)	(15)	32,170	960	1,400	33.50	3.91
Subtotal - Other Services	1,674,156	15,516	22,629	107.90	203.47		100%	(106,235)	(47)	1,564,529	15,384	22,437	101.70	190.15
Total	\$ 5,086,313				\$ 618.17		100%	(55,254)	768	\$ 5,233,976				\$ 636.12

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI w/o Medicare Adult (age 19-24)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					10,986									10,986
Home Health Care & Hospice	317,580	888	970	358	28.91	1.044	100%	(4,866)	(14)	326,603	913	998	358	29.73
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	640,208	403	440	1,588.80	58.27	1.052	100%	1,978	1	677,355	426	466	1,588.80	61.66
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	560,977	259	283	2,167.94	51.06	1.052	100%	5,029	2	597,458	276	301	2,167.94	54.38
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	1,201,185	662	723	1,815.27	109.34		100%	7,007	4	1,274,813	702	767	1,816.19	116.04
OP - Emergency Room	261,129	611	668	427.15	23.77	1.090	100%	(3,176)	(7)	281,337	659	719	427.15	25.61
OP - Laboratory	34,139	151	165	226.58	3.11	1.090	100%	(376)	(2)	36,813	162	177	226.58	3.35
OP - Radiology	47,647	97	106	491.21	4.34	1.090	100%	(466)	(1)	51,447	105	114	491.21	4.68
OP - Surgery	121,309	87	95	1,394.35	11.04	1.090	100%	(1,611)	(1)	130,552	94	102	1,394.35	11.88
OP - Mental Health	4,718	3	3	1,572.50	0.43	1.090	100%	(79)	(0)	5,061	3	4	1,572.50	0.46
OP - Other	143,470	132	145	1,082.80	13.06	1.090	100%	(1,576)	(1)	154,729	143	156	1,082.80	14.08
Subtotal - Outpatient	612,412	1,082	1,181	566.26	55.74		100%	(7,284)	(13)	659,940	1,166	1,273	566.18	60.07
Prof - Evaluation & Management	301,966	3,581	3,912	84.32	27.49	1.044	100%	19,214	228	334,237	3,964	4,330	84.32	30.42
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Surgery	52,129	338	369	154.23	4.75	1.044	100%	2,395	16	56,804	368	402	154.23	5.17
Prof - DME/Supplies & Prosthetics	98,881	763	833	129.60	9.00	1.044	100%	1,362	11	104,295	805	879	129.60	9.49
Prof - Lab	27,496	1,436	1,569	19.15	2.50	1.044	100%	1,314	69	29,976	1,566	1,710	19.15	2.73
Prof - Radiology	26,775	794	867	33.72	2.44	1.044	100%	1,456	43	29,361	871	951	33.72	2.67
Prof - Transportation	19,288	351	383	54.95	1.76	1.044	100%	1,142	21	21,273	387	423	54.95	1.94
Prof - Mental Health	260,970	2,139	2,336	122.01	23.75	1.044	100%	10,695	88	281,955	2,311	2,524	122.01	25.66
Prof - Target Case Management	32,365	96	105	337.13	2.95	1.044	100%	1,625	5	35,405	105	115	337.13	3.22
Prof - Other	237,553	2,774	3,030.04	85.64	21.62	1.044	100%	11,533	135	259,475	3,030	3,310	85.64	23.62
Subtotal - Professional	1,057,422	12,272	13,405	86.17	96.25		100%	50,735	614	1,152,782	13,406	14,644	85.99	104.93
Pharmacy - Non Hep C	1,478,003	11,787	12,875	125.39	134.54	1.000	100%	(93,962)	-	1,383,609	11,784	12,871	117.42	125.94
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	85,486	1,605	1,753	53.26	7.78	1.001	99%	(154)	(3)	84,666	1,590	1,736	53.26	7.71
FQHC & RHC	15,727	478	522	32.90	1.43	1.044	96%	(181)	(6)	15,593	474	518	32.90	1.42
Subtotal - Other Services	1,579,216	13,870	15,150	113.86	143.75		100%	(94,297)	(8)	1,483,869	13,847	15,125	107.16	135.07
Total	\$ 4,767,816				\$ 433.99		100%	(48,706)	582	\$ 4,898,007				\$ 445.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI w/o Medicare Adult (age 25-44)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					30,443									30,443
Home Health Care & Hospice	402,997	2,599	1,024	155	13.24	1.044	100%	(2,377)	(15)	418,245	2,697	1,063	155	13.74
IP - Maternity	604,673	516	203	1,171.85	19.86	1.052	100%	1,698	1	640,273	546	215	1,172.46	21.03
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	6,128,838	2,643	1,042	2,319.16	201.32	1.052	100%	85,088	37	6,537,401	2,819	1,111	2,319.16	214.74
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	1,381,236	687	271	2,009.42	45.37	1.052	99%	17,344	9	1,453,555	723	285	2,009.42	47.75
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	134,276	31	12	4,331.47	4.41	1.052	100%	995	0	142,799	33	13	4,331.47	4.69
Subtotal - Inpatient	8,249,023	3,877	1,528	2,127.64	270.97	100%	105,126	47	8,774,027	4,121	1,625	2,128.95	288.21	
OP - Emergency Room	2,453,018	4,929	1,943	497.64	80.58	1.090	100%	(27,471)	(55)	2,642,785	5,311	2,093	497.64	86.81
OP - Laboratory	287,247	1,129	445	254.36	9.44	1.090	100%	(3,042)	(12)	309,881	1,218	480	254.36	10.18
OP - Radiology	1,178,949	1,194	471	987.39	38.73	1.090	100%	(14,198)	(14)	1,270,303	1,287	507	987.39	41.73
OP - Surgery	1,476,183	670	264	2,202.01	48.49	1.090	100%	(16,947)	(8)	1,591,351	723	285	2,202.01	52.27
OP - Mental Health	32,215	22	9	1,464.33	1.06	1.090	100%	(256)	(0)	34,843	24	9	1,464.33	1.14
OP - Other	1,209,969	1,423	561	850.29	39.75	1.090	100%	(13,370)	(16)	1,304,814	1,535	605	850.29	42.86
Subtotal - Outpatient	6,637,582	9,368	3,693	708.54	218.03	100%	(75,284)	(105)	7,153,977	10,096	3,980	708.56	235.00	
Prof - Evaluation & Management	1,403,639	28,193	11,113	49.79	46.11	1.044	100%	29,789	598	1,492,428	29,976	11,816	49.79	49.02
Prof - Maternity	173,311	1,077	425	160.92	5.69	1.044	100%	7,124	45	188,014	1,169	461	160.82	6.18
Prof - Surgery	734,454	4,342	1,712	169.15	24.13	1.044	100%	30,902	183	796,735	4,710	1,857	169.15	26.17
Prof - DME/Supplies & Prosthetics	525,432	3,732	1,471	140.79	17.26	1.044	100%	24,319	173	571,359	4,058	1,600	140.79	18.77
Prof - Lab	380,814	18,442	7,269	20.65	12.51	1.044	100%	14,868	720	411,904	19,948	7,863	20.65	13.53
Prof - Radiology	303,227	7,507	2,959	40.39	9.96	1.044	100%	11,411	282	327,275	8,102	3,194	40.39	10.75
Prof - Transportation	166,563	3,003	1,184	55.47	5.47	1.044	100%	6,395	115	179,902	3,243	1,279	55.47	5.91
Prof - Mental Health	1,356,041	10,696	4,216	126.78	44.54	1.044	100%	51,412	406	1,459,818	11,515	4,539	126.78	47.95
Prof - Target Case Management	221,963	662	261	335.29	7.29	1.044	100%	7,739	23	238,418	711	280	335.29	7.83
Prof - Other	1,973,802	24,598	9,696.02	80.24	64.84	1.044	100%	76,221	950	2,134,338	26,599	10,485	80.24	70.11
Subtotal - Professional	7,239,244	102,252	40,306	70.80	237.80	100%	260,181	3,495	7,800,191	110,032	43,372	70.89	256.22	
Pharmacy - Non Hep C	9,128,857	108,851	42,907	83.87	299.87	1.000	100%	(654,567)	-	8,471,024	108,812	42,891	77.85	278.26
Pharmacy - Hep C	183,921	14	6	13,137.20	6.04	1.000	230%	(7,947)	-	415,074	32	13	12,890.42	13.63
Dental	253,734	6,035	2,379	42.04	8.33	1.001	99%	(5,239)	(125)	244,939	5,826	2,296	42.04	8.05
FQHC & RHC	171,627	5,398	2,128	31.79	5.64	1.044	94%	(2,090)	(68)	166,843	5,245	2,067	31.81	5.48
Subtotal - Other Services	9,738,139	120,298	47,419	80.95	319.88	102%	(669,842)	(193)	9,297,879	119,915	47,268	77.54	305.42	
Total	\$ 32,266,985				\$ 1,059.91		101%	(382,197)	3,228	\$ 33,444,319				\$ 1,098.59

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI w/o Medicare Adult (age 25-44)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					26,506									26,506
Home Health Care & Hospice	513,181	1,860	842	276	19.36	1.044	100%	(4,706)	(17)	530,918	1,924	871	276	20.03
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	5,302,381	1,841	834	2,879.69	200.04	1.052	100%	38,338	13	5,632,756	1,956	886	2,879.69	212.51
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	1,894,613	872	395	2,172.72	71.48	1.052	100%	15,129	7	2,015,965	928	420	2,172.72	76.06
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	15,919	6	3	2,653.12	0.60	1.052	100%	452	0	17,263	7	3	2,653.12	0.65
Subtotal - Inpatient	7,212,912	2,719	1,231	2,652.49	272.12		100%	53,919	20	7,665,984	2,890	1,309	2,652.24	289.22
OP - Emergency Room	1,564,723	3,208	1,452	487.79	59.03	1.090	100%	(15,489)	(32)	1,686,214	3,457	1,565	487.79	63.62
OP - Laboratory	130,940	801	363	163.50	4.94	1.090	101%	(1,257)	(8)	143,274	876	397	163.50	5.41
OP - Radiology	531,828	457	207	1,163.74	20.06	1.090	100%	1,402	1	580,304	499	226	1,163.74	21.89
OP - Surgery	775,809	299	135	2,597.57	29.27	1.090	100%	(6,423)	(2)	838,813	323	146	2,597.57	31.65
OP - Mental Health	7,799	12	5	668.53	0.29	1.090	88%	(35)	(0)	7,449	11	5	668.53	0.28
OP - Other	1,102,089	910	412	1,210.98	41.58	1.090	100%	(4,742)	(4)	1,193,975	986	446	1,210.98	45.05
Subtotal - Outpatient	4,113,188	5,686	2,574	723.39	155.18		100%	(26,544)	(45)	4,450,030	6,152	2,785	723.37	167.89
Prof - Evaluation & Management	796,549	14,685	6,648	54.24	30.05	1.044	100%	16,328	301	845,090	15,580	7,053	54.24	31.88
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Surgery	329,723	2,013	911	163.80	12.44	1.044	100%	11,798	72	355,681	2,171	983	163.80	13.42
Prof - DME/Supplies & Prosthetics	810,129	3,335	1,510	242.92	30.56	1.044	100%	32,023	132	875,587	3,604	1,632	242.92	33.03
Prof - Lab	125,411	6,945	3,144	18.06	4.73	1.044	100%	4,103	227	134,836	7,467	3,380	18.06	5.09
Prof - Radiology	151,693	4,238	1,919	35.79	5.72	1.044	100%	5,368	150	163,311	4,563	2,066	35.79	6.16
Prof - Transportation	136,837	2,394	1,084	57.16	5.16	1.044	100%	4,154	73	146,814	2,569	1,163	57.16	5.54
Prof - Mental Health	1,028,050	6,944	3,144	148.05	38.79	1.044	98%	32,423	219	1,085,029	7,329	3,318	148.05	40.94
Prof - Target Case Management	201,982	602	273	335.52	7.62	1.044	99%	4,296	13	212,603	634	287	335.52	8.02
Prof - Other	1,188,665	15,632	7,077.04	76.04	44.85	1.044	100%	43,577	573	1,280,570	16,841	7,624	76.04	48.31
Subtotal - Professional	4,769,040	56,788	25,709	83.98	179.92		99%	154,068	1,760	5,099,522	60,757	27,506	83.93	192.39
Pharmacy - Non Hep C	6,929,483	55,007	24,903	125.97	261.43	1.000	100%	(486,421)	-	6,440,185	54,984	24,893	117.13	242.97
Pharmacy - Hep C	134,412	9	4	14,934.63	5.07	1.000	230%	(7,148)	-	302,001	21	9	14,589.32	11.39
Dental	164,708	3,823	1,731	43.08	6.21	1.001	98%	1,065	25	163,031	3,784	1,713	43.08	6.15
FQHC & RHC	72,330	2,215	1,003	32.65	2.73	1.044	97%	(938)	(29)	71,917	2,202	997	32.65	2.71
Subtotal - Other Services	7,300,934	61,054	27,641	119.58	275.44		102%	(493,442)	(4)	6,977,134	60,991	27,612	114.40	263.23
Total	\$ 23,909,254				\$ 902.03		101%	(316,705)	1,714	\$ 24,723,588				\$ 932.75

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
SSI w/o Medicare Adult (age 45 +)-Female															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					66,862									66,862	
Home Health Care & Hospice	1,748,784	11,201	2,010	156	26.16	1.044	100%	(20,175)	(129)	1,805,091	11,562	2,075	156	27.00	
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Medical/Surgical	21,806,517	10,733	1,926	2,031.79	326.14	1.052	100%	84,140	41	23,099,446	11,369	2,040	2,031.79	345.48	
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Mental Health	1,718,639	934	168	1,840.56	25.70	1.052	100%	9,529	5	1,824,526	991	178	1,840.56	27.29	
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Other	304,433	255	46	1,193.86	4.55	1.052	100%	619	1	322,120	270	48	1,193.86	4.82	
Subtotal - Inpatient	23,829,589	11,921	2,140	1,998.89	356.40	100%		94,287	47	25,246,092	12,630	2,267	1,998.88	377.59	
OP - Emergency Room	3,965,706	6,589	1,183	601.88	59.31	1.090	100%	(42,337)	(70)	4,277,085	7,106	1,275	601.88	63.97	
OP - Laboratory	678,000	3,677	660	184.38	10.14	1.090	100%	(8,782)	(48)	729,782	3,958	710	184.38	10.91	
OP - Radiology	3,864,865	5,239	940	737.68	57.80	1.090	100%	(35,919)	(49)	4,174,952	5,660	1,016	737.68	62.44	
OP - Surgery	4,444,436	2,147	385	2,070.28	66.47	1.090	100%	(50,561)	(24)	4,791,526	2,314	415	2,070.28	71.66	
OP - Mental Health	17,419	15	3	1,123.82	0.26	1.090	100%	(239)	(0)	18,739	17	3	1,123.82	0.28	
OP - Other	4,299,154	4,809	863	894.04	64.30	1.090	100%	(44,522)	(50)	4,639,080	5,189	931	894.04	69.38	
Subtotal - Outpatient	17,269,580	22,476	4,034	768.35	258.29	100%		(182,359)	(241)	18,631,164	24,244	4,351	768.49	278.65	
Prof - Evaluation & Management	4,165,343	79,868	14,334	52.15	62.30	1.044	100%	112,572	2,158	4,454,979	85,422	15,331	52.15	66.63	
Prof - Maternity	132	3	1	44.13	0.00	1.044	100%	4	0	142	3	1	44.13	0.00	
Prof - Surgery	2,683,188	15,403	2,764	174.20	40.13	1.044	100%	126,806	728	2,927,049	16,803	3,016	174.20	43.78	
Prof - DME/Supplies & Prosthetics	2,152,805	18,545	3,328	116.09	32.20	1.044	100%	88,377	761	2,332,667	20,094	3,606	116.09	34.89	
Prof - Lab	873,594	47,686	8,558	18.32	13.07	1.044	100%	39,053	2,132	949,567	51,833	9,303	18.32	14.20	
Prof - Radiology	1,000,605	21,680	3,891	46.15	14.97	1.044	100%	43,845	950	1,086,895	23,550	4,227	46.15	16.26	
Prof - Transportation	427,821	7,211	1,294	59.33	6.40	1.044	100%	20,041	338	466,572	7,864	1,411	59.33	6.98	
Prof - Mental Health	1,774,812	14,329	2,572	123.86	26.54	1.044	99%	64,429	520	1,899,131	15,333	2,752	123.86	28.40	
Prof - Target Case Management	419,204	1,249	224	335.63	6.27	1.044	99%	16,472	49	451,143	1,344	241	335.63	6.75	
Prof - Other	5,660,729	68,403	12,276.57	82.76	84.66	1.044	100%	263,633	3,186	6,170,624	74,564	13,382	82.76	92.29	
Subtotal - Professional	19,158,232	274,377	49,244	69.82	286.53	100%		775,232	10,822	20,738,769	296,810	53,270	69.87	310.17	
Pharmacy - Non Hep C	31,783,908	453,409	81,375	70.10	475.37	1.000	100%	(2,116,095)	-	29,654,720	453,222	81,342	65.43	443.52	
Pharmacy - Hep C	1,684,721	101	18	16,680.40	25.20	1.000	230%	(108,342)	-	3,766,536	232	42	16,214.02	56.33	
Dental	377,455	9,079	1,629	41.57	5.65	1.001	98%	(9,917)	(239)	361,870	8,704	1,562	41.57	5.41	
FQHC & RHC	436,835	14,554	2,612	30.01	6.53	1.044	97%	(5,415)	(180)	436,623	14,547	2,611	30.01	6.53	
Subtotal - Other Services	34,282,919	477,143	85,635	71.85	512.74	106%		(2,239,769)	(419)	34,219,749	476,706	85,556	71.78	511.80	
Total	\$ 96,289,105				\$ 1,440.12			102%		(1,572,785)	10,080			\$ 100,640,865	\$ 1,505.20

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
(23.52)															
SSI w/o Medicare Adult (age 45 +)-Male															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					53,569									53,569	
Home Health Care & Hospice	1,324,162	6,435	1,442	206	24.72	1.044	100%	(16,452)	(80)	1,365,622	6,636	1,487	206	25.49	
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Medical/Surgical	18,865,176	8,048	1,803	2,344.02	352.17	1.052	100%	59,657	25	19,931,215	8,503	1,905	2,344.02	372.07	
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Mental Health	2,367,767	1,146	257	2,066.11	44.20	1.052	100%	8,276	4	2,504,049	1,212	271	2,066.11	46.74	
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-	
IP - Other	236,483	130	29	1,819.10	4.41	1.052	100%	1,576	1	251,317	138	31	1,819.10	4.69	
Subtotal - Inpatient	21,469,426	9,324	2,089	2,302.55	400.78	100%		69,509	30	22,686,581	9,853	2,207	2,302.48	423.50	
OP - Emergency Room	3,417,474	5,671	1,270	602.60	63.80	1.090	100%	(33,138)	(55)	3,687,332	6,119	1,371	602.60	68.83	
OP - Laboratory	432,049	2,477	555	174.42	8.07	1.090	100%	(4,524)	(26)	466,049	2,672	599	174.42	8.70	
OP - Radiology	2,807,287	2,549	571	1,101.29	52.41	1.090	100%	(31,426)	(29)	3,026,131	2,748	616	1,101.29	56.49	
OP - Surgery	2,863,344	1,416	317	2,022.39	53.45	1.090	100%	(31,973)	(16)	3,080,356	1,523	341	2,022.39	57.50	
OP - Mental Health	9,044	9	2	1,004.89	0.17	1.090	100%	(11)	(0)	9,843	10	2	1,004.89	0.18	
OP - Other	3,724,337	3,229	723	1,153.30	69.52	1.090	100%	(30,294)	(26)	4,024,110	3,489	782	1,153.30	75.12	
Subtotal - Outpatient	13,253,535	15,352	3,439	863.34	247.41	100%		(131,366)	(152)	14,293,821	16,561	3,710	863.10	266.83	
Prof - Evaluation & Management	2,624,420	51,349	11,503	51.11	48.99	1.044	100%	59,861	1,171	2,794,401	54,675	12,248	51.11	52.16	
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-	
Prof - Surgery	1,800,291	9,823	2,200	183.27	33.61	1.044	100%	70,921	387	1,948,963	10,634	2,382	183.27	36.38	
Prof - DME/Supplies & Prosthetics	1,559,630	10,582	2,370	147.39	29.11	1.044	100%	54,374	369	1,680,433	11,402	2,554	147.39	31.37	
Prof - Lab	500,965	27,639	6,191	18.13	9.35	1.044	100%	19,403	1,071	541,201	29,859	6,689	18.13	10.10	
Prof - Radiology	717,004	15,849	3,550	45.24	13.38	1.044	100%	28,872	638	775,405	17,140	3,840	45.24	14.47	
Prof - Transportation	418,932	6,661	1,492	62.89	7.82	1.044	100%	16,959	270	453,763	7,215	1,616	62.89	8.47	
Prof - Mental Health	1,517,550	11,497	2,575	132.00	28.33	1.044	99%	57,215	433	1,626,872	12,325	2,761	132.00	30.37	
Prof - Target Case Management	327,326	974	218	336.06	6.11	1.044	99%	10,934	33	350,116	1,042	233	336.06	6.54	
Prof - Other	4,262,175	51,612	11,561.61	82.58	79.56	1.044	100%	173,571	2,102	4,615,285	55,888	12,519	82.58	86.16	
Subtotal - Professional	13,728,291	185,986	41,663	73.81	256.27	100%		492,109	6,473	14,786,437	200,179	44,842	73.87	276.03	
Pharmacy - Non Hep C	21,535,880	247,930	55,539	86.86	402.02	1.000	100%	(1,304,774)	-	20,219,899	247,801	55,510	81.60	377.46	
Pharmacy - Hep C	2,759,265	171	38	16,136.05	51.51	1.000	230%	(163,012)	-	6,183,330	393	88	15,721.58	115.43	
Dental	273,072	5,876	1,316	46.47	5.10	1.001	99%	(1,636)	(35)	268,389	5,775	1,294	46.47	5.01	
FQHC & RHC	296,572	10,126	2,268	29.29	5.54	1.044	97%	(3,298)	(113)	296,876	10,136	2,271	29.29	5.54	
Subtotal - Other Services	24,864,789	264,103	59,162	94.15	464.16	114%		(1,472,720)	(148)	26,968,494	264,106	59,162	102.11	503.43	
Total	\$ 74,640,204				\$ 1,393.35			105%		(1,058,920)	6,124	\$ 80,100,955		\$ 1,495.29	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Dual Eligible - Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					95,887									95,887
Home Health Care & Hospice	254,415	2,887	361	88	2.65	1.031	100%	(2,567)	(29)	259,632	2,946	369	88	2.71
IP - Maternity	21,413	74	9	289.37	0.22	1.133	100%	3,242	8	27,603	92	12	299.34	0.29
IP - Complex Newborn	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	2,539,126	3,052	382	832.09	26.48	1.133	100%	227,565	273	3,103,866	3,730	467	832.09	32.37
IP - Normal Newborn	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Mental Health	491,008	767	96	639.85	5.12	1.133	100%	15,797	25	574,393	898	112	639.85	5.99
IP - PRTF	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Other	36,494	62	8	588.62	0.38	1.133	100%	3,645	6	45,163	77	10	588.62	0.47
Subtotal - Inpatient	3,088,042	3,955	495	780.82	32.21		100%	250,249	312	3,751,024	4,797	600	781.98	39.12
OP - Emergency Room	845,148	4,394	550	192.33	8.81	1.040	100%	(8,926)	(46)	870,196	4,525	566	192.33	9.08
OP - Laboratory	(96,557)	1,398	175	(69.05)	(1.01)	1.040	100%	1,450	(21)	(99,306)	1,438	180	(69.05)	(1.04)
OP - Radiology	658,700	3,135	392	210.12	6.87	1.040	100%	(6,256)	(30)	678,715	3,230	404	210.12	7.08
OP - Surgery	873,549	1,355	170	644.69	9.11	1.040	100%	(8,322)	(13)	899,900	1,396	175	644.69	9.39
OP - Mental Health	9,464	13	2	728.01	0.10	1.040	100%	(191)	(0)	9,642	13	2	728.01	0.10
OP - Other	1,827,731	2,760	345	662.11	19.06	1.040	100%	(18,877)	(29)	1,881,330	2,841	356	662.11	19.62
Subtotal - Outpatient	4,118,035	13,056	1,634	315.41	42.95		100%	(41,122)	(139)	4,240,477	13,443	1,682	315.43	44.22
Prof - Evaluation & Management	974,019	36,371	4,552	26.78	10.16	1.031	99%	(5,225)	(195)	993,356	37,093	4,642	26.78	10.36
Prof - Maternity	22,478	339	42	66.31	0.23	1.031	100%	1,339	19	24,505	368	46	66.51	0.26
Prof - Surgery	449,486	7,852	983	57.24	4.69	1.031	100%	24,667	431	487,905	8,523	1,067	57.24	5.09
Prof - DME/Supplies & Prosthetics	408,782	14,515	1,817	28.16	4.26	1.031	99%	16,415	583	434,760	15,437	1,932	28.16	4.53
Prof - Lab	96,245	8,920	1,116	10.79	1.00	1.031	99%	5,457	506	103,210	9,566	1,197	10.79	1.08
Prof - Radiology	162,436	13,875	1,736	11.71	1.69	1.031	99%	8,390	717	174,117	14,873	1,861	11.71	1.82
Prof - Transportation	44,767	985	123	45.45	0.47	1.031	100%	1,964	43	48,100	1,058	132	45.45	0.50
Prof - Mental Health	1,376,550	14,012	1,754	98.24	14.36	1.031	100%	75,683	770	1,491,398	15,181	1,900	98.24	15.55
Prof - Target Case Management	409,872	1,244	156	329.48	4.27	1.031	100%	20,019	61	442,029	1,342	168	329.48	4.61
Prof - Other	740,008	22,334	2,795.04	33.13	7.72	1.031	100%	36,995	1,117	799,583	24,132	3,020	33.13	8.34
Subtotal - Professional	4,684,642	120,447	15,074	38.89	48.86		100%	185,704	4,051	4,998,963	127,573	15,965	39.19	52.13
Pharmacy - Non Hep C	2,601,731	67,469	8,444	38.56	27.13	1.000	100%	(315,733)	-	2,280,481	67,326	8,426	33.87	23.78
Pharmacy - Hep C	75,358	3	0	25,119.36	0.79	1.000	230%	(794)	-	172,530	7	1	25,004.28	1.80
Dental	465,515	11,200	1,402	41.56	4.85	1.000	98%	(11,750)	(283)	443,853	10,679	1,336	41.56	4.63
FQHC & RHC	62,968	2,893	362	21.77	0.66	1.031	99%	(1,397)	(64)	62,552	2,874	360	21.77	0.65
Subtotal - Other Services	3,205,573	81,565	10,208	39.30	33.43		103%	(329,674)	(347)	2,959,415	80,885	10,123	36.59	30.86
Total	\$ 15,350,707				\$ 160.09		100%	62,589	3,848	\$ 16,209,511				\$ 169.05

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Dual Eligible - Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					63,378									63,378
Home Health Care & Hospice	171,672	1,082	205	159	2.71	1.031	100%	(1,667)	(11)	175,257	1,105	209	159	2.77
IP - Maternity	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	1,943,812	2,175	412	893.81	30.67	1.133	100%	91,083	102	2,290,935	2,563	485	893.81	36.15
IP - Normal Newborn	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Mental Health	429,334	748	142	573.68	6.77	1.133	100%	17,558	31	505,991	882	167	573.68	7.98
IP - PRTF	-	-	-	-	-	1.133	0%	-	-	-	-	-	-	-
IP - Other	21,854	26	5	840.54	0.34	1.133	100%	529	1	25,391	30	6	840.54	0.40
Subtotal - Inpatient	2,395,000	2,949	558	812.10	37.79	100%	109,170	133	2,822,317	3,475	658	812.10	44.53	
OP - Emergency Room	549,675	3,041	576	180.75	8.67	1.040	100%	(4,622)	(26)	566,936	3,137	594	180.75	8.95
OP - Laboratory	4,046	757	143	5.34	0.06	1.040	96%	38	7	4,088	765	145	5.34	0.06
OP - Radiology	272,043	1,319	250	206.25	4.29	1.040	100%	(2,177)	(11)	280,710	1,361	258	206.25	4.43
OP - Surgery	506,341	728	138	695.05	7.99	1.040	100%	(4,740)	(7)	521,659	751	142	695.05	8.23
OP - Mental Health	5,349	10	2	534.87	0.08	1.040	100%	(146)	(0)	5,415	10	2	534.87	0.09
OP - Other	1,204,346	1,633	309	737.71	19.00	1.040	100%	(11,649)	(16)	1,240,709	1,682	318	737.71	19.58
Subtotal - Outpatient	2,541,798	7,488	1,418	339.44	40.11	100%	(23,296)	(52)	2,619,517	7,705	1,459	339.97	41.33	
Prof - Evaluation & Management	569,428	19,661	3,723	28.96	8.98	1.031	99%	(3,303)	(114)	579,634	20,013	3,789	28.96	9.15
Prof - Maternity	-	-	-	-	-	1.031	0%	-	-	-	-	-	-	-
Prof - Surgery	209,397	3,891	737	53.82	3.30	1.031	100%	10,389	193	226,193	4,203	796	53.82	3.57
Prof - DME/Supplies & Prosthetics	256,685	6,296	1,192	40.77	4.05	1.031	99%	8,615	211	271,494	6,659	1,261	40.77	4.28
Prof - Lab	46,465	4,180	791	11.12	0.73	1.031	98%	2,061	185	49,025	4,410	835	11.12	0.77
Prof - Radiology	81,025	7,080	1,341	11.44	1.28	1.031	99%	3,859	337	86,156	7,528	1,425	11.44	1.36
Prof - Transportation	52,065	755	143	68.96	0.82	1.031	100%	2,710	39	56,368	817	155	68.96	0.89
Prof - Mental Health	1,138,202	10,034	1,900	113.43	17.96	1.031	98%	44,076	389	1,188,041	10,473	1,983	113.43	18.75
Prof - Target Case Management	345,878	1,064	201	325.07	5.46	1.031	100%	12,721	39	368,696	1,134	215	325.07	5.82
Prof - Other	417,161	12,958	2,453.47	32.19	6.58	1.031	100%	19,389	602	449,243	13,955	2,642	32.19	7.09
Subtotal - Professional	3,116,306	65,919	12,481	47.27	49.17	99%	100,517	1,882	3,274,850	69,194	13,101	47.33	51.67	
Pharmacy - Non Hep C	1,096,904	28,665	5,427	38.27	17.31	1.000	100%	(133,784)	-	960,160	28,588	5,413	33.59	15.15
Pharmacy - Hep C	140,314	5	1	28,062.72	2.21	1.000	230%	(2,862)	-	319,860	12	2	27,813.85	5.05
Dental	264,878	6,179	1,170	42.87	4.18	1.000	97%	(5,269)	(123)	252,957	5,901	1,117	42.87	3.99
FQHC & RHC	42,285	1,858	352	22.76	0.67	1.031	98%	(738)	(32)	41,778	1,836	348	22.76	0.66
Subtotal - Other Services	1,544,380	36,707	6,950	42.07	24.37	111%	(142,653)	(155)	1,574,755	36,336	6,880	43.34	24.85	
Total	\$ 9,769,157				\$ 154.14		101%	42,071	1,798	\$ 10,466,696				\$ 165.15

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Infant (age under 1)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,767									1,767
Home Health Care & Hospice	69,471	279	1,895	249	39.32	1.044	100%	(823)	(3)	71,687	288	1,955	249	40.57
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Complex Newborn	5,183,263	1,393	9,458	3,721.68	2,933.37	1.052	100%	(9,200)	(2)	5,464,667	1,469	9,974	3,720.78	3,092.62
IP - Medical/Surgical	4,039,217	660	4,484	6,117.71	2,285.92	1.052	100%	16,555	3	4,282,235	700	4,753	6,117.98	2,423.45
IP - Normal Newborn	12,363	29	197	426.30	7.00	1.052	100%	361	1	13,417	31	214	426.30	7.59
IP - Mental Health	7,419	15	102	494.58	4.20	1.052	100%	(78)	(0)	7,757	16	107	494.58	4.39
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	9,656	8	54	1,207.06	5.46	1.052	100%	(20)	(0)	10,177	8	57	1,207.06	5.76
Subtotal - Inpatient	9,251,918	2,105	14,295	4,395.27	5,235.95	100%		7,618	1	9,778,254	2,224	15,105	4,396.26	5,533.82
OP - Emergency Room	66,068	174	1,182	379.70	37.39	1.090	100%	(482)	(1)	71,502	188	1,279	379.64	40.47
OP - Laboratory	6,672	96	652	69.50	3.78	1.090	100%	(61)	(1)	7,208	104	704	69.50	4.08
OP - Radiology	22,800	66	448	345.45	12.90	1.090	100%	(160)	(0)	24,681	71	485	345.59	13.97
OP - Surgery	87,092	42	285	2,073.61	49.29	1.090	100%	(12)	(0)	94,878	46	311	2,073.43	53.69
OP - Mental Health	-	-	-	-	-	1.090	0%	-	-	-	-	-	-	-
OP - Other	71,814	145	985	495.27	40.64	1.090	100%	(892)	(2)	77,353	156	1,061	495.27	43.78
Subtotal - Outpatient	254,446	523	3,552	486.51	144.00	100%		(1,609)	(4)	275,622	565	3,840	487.47	155.98
Prof - Evaluation & Management	297,210	5,636	38,275	52.73	168.20	1.044	100%	4,554	85	314,762	5,967	40,526	52.75	178.13
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Surgery	269,135	888	6,031	303.08	152.31	1.044	100%	5,511	17	286,417	944	6,409	303.51	162.09
Prof - DME/Supplies & Prosthetics	109,232	775	5,263	140.94	61.82	1.044	100%	2,133	16	116,142	825	5,602	140.80	65.73
Prof - Lab	7,901	438	2,975	18.04	4.47	1.044	100%	267	14	8,513	471	3,201	18.06	4.82
Prof - Radiology	41,128	2,554	17,345	16.10	23.28	1.044	100%	647	41	43,574	2,707	18,383	16.10	24.66
Prof - Transportation	28,644	148	1,005	193.54	16.21	1.044	100%	694	3	30,591	157	1,069	194.35	17.31
Prof - Mental Health	902	12	81	75.14	0.51	1.044	100%	(53)	(1)	888	12	80	75.14	0.50
Prof - Target Case Management	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Other	2,439,584	12,649	85,901.53	192.87	1,380.64	1.044	100%	41,040	212	2,587,318	13,414	91,097	192.88	1,464.24
Subtotal - Professional	3,193,736	23,100	156,876	138.26	1,807.43	100%		54,793	387	3,388,205	24,498	166,367	138.31	1,917.49
Pharmacy - Non Hep C	984,495	2,459	16,699	400.36	557.16	1.000	100%	(71,612)	-	912,888	2,459	16,700	371.24	516.63
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	443	12	81	36.94	0.25	1.001	100%	27	1	470	13	86	36.94	0.27
FQHC & RHC	5,031	130	883	38.70	2.85	1.044	93%	(45)	(1)	4,829	125	848	38.69	2.73
Subtotal - Other Services	989,969	2,601	17,664	380.61	560.25	100%		(71,630)	(0)	918,187	2,597	17,634	353.62	519.63
Total	\$ 13,759,540				\$ 7,786.95	100%		(11,652)	380	\$ 14,431,954				\$ 8,167.49

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Child (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					13,570									13,570
Home Health Care & Hospice	437,944	2,830	2,503	155	32.27	1.044	100%	(4,016)	(26)	453,081	2,928	2,589	155	33.39
IP - Maternity	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Complex Newborn	80,503	3	3	23,477.11	5.93	1.052	100%	3,416	0	88,432	4	3	23,477.11	6.52
IP - Medical/Surgical	2,519,401	919	813	2,740.56	185.66	1.052	100%	54,474	20	2,715,128	991	876	2,740.56	200.08
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	101,893	43	38	2,369.60	7.51	1.052	100%	(332)	(0)	107,273	45	40	2,369.60	7.91
IP - PRTF	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Other	17,663	10	9	1,766.33	1.30	1.052	100%	202	0	18,856	11	9	1,766.33	1.39
Subtotal - Inpatient	2,719,460	976	863	2,787.11	200.40		100%	57,760	20	2,929,689	1,050	929	2,789.04	215.89
OP - Emergency Room	319,372	1,166	1,031	273.80	23.54	1.090	100%	(2,934)	(11)	345,037	1,260	1,114	273.80	25.43
OP - Laboratory	70,279	520	460	135.22	5.18	1.090	100%	(898)	(7)	75,675	560	495	135.22	5.58
OP - Radiology	362,374	304	269	1,192.02	26.70	1.090	100%	(4,834)	(4)	389,990	327	289	1,192.02	28.74
OP - Surgery	586,509	365	322	1,608.34	43.22	1.090	100%	(5,405)	(3)	633,624	394	348	1,608.34	46.69
OP - Mental Health	2,563	1	1	2,563.14	0.19	1.090	100%	(79)	(0)	2,713	1	1	2,563.14	0.20
OP - Other	328,559	778	688	422.10	24.21	1.090	100%	(3,084)	(7)	354,896	841	744	422.10	26.15
Subtotal - Outpatient	1,669,656	3,134	2,772	532.71	123.04		100%	(17,235)	(32)	1,801,935	3,383	2,991	532.67	132.79
Prof - Evaluation & Management	1,425,097	24,566	21,724	58.01	105.02	1.044	100%	46,197	796	1,533,620	26,437	23,378	58.01	113.02
Prof - Maternity	-	-	-	-	-	1.044	0%	-	-	-	-	-	-	-
Prof - Surgery	298,686	1,279	1,131	233.53	22.01	1.044	100%	12,318	53	324,067	1,388	1,227	233.53	23.88
Prof - DME/Supplies & Prosthetics	829,150	4,479	3,961	185.12	61.10	1.044	100%	32,989	178	898,402	4,853	4,292	185.12	66.21
Prof - Lab	52,172	3,455	3,055	15.10	3.84	1.044	100%	2,233	148	56,687	3,754	3,320	15.10	4.18
Prof - Radiology	59,508	1,674	1,480	35.55	4.39	1.044	100%	2,424	68	64,534	1,815	1,605	35.55	4.76
Prof - Transportation	25,749	316	279	81.48	1.90	1.044	100%	1,027	13	27,902	342	303	81.48	2.06
Prof - Mental Health	403,213	3,948	3,491	102.13	29.71	1.044	100%	18,517	181	439,364	4,302	3,804	102.13	32.38
Prof - Target Case Management	103,249	307	271	336.32	7.61	1.044	100%	3,984	12	111,749	332	294	336.32	8.23
Prof - Other	3,874,761	18,794	16,619.60	206.17	285.54	1.044	100%	147,745	717	4,191,967	20,333	17,980	206.17	308.91
Subtotal - Professional	7,071,584	58,818	52,013	120.23	521.12		100%	267,435	2,166	7,648,291	63,556	56,203	120.34	563.62
Pharmacy - Non Hep C	2,718,892	17,986	15,905	151.17	200.36	1.000	100%	(167,156)	-	2,551,750	17,986	15,905	141.87	188.04
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	152,465	4,271	3,777	35.70	11.24	1.001	100%	(2,392)	(67)	150,151	4,206	3,720	35.70	11.06
FQHC & RHC	26,609	815	721	32.65	1.96	1.044	99%	(229)	(7)	27,296	836	739	32.65	2.01
Subtotal - Other Services	2,897,966	23,072	20,403	125.61	213.56		100%	(169,777)	(74)	2,729,197	23,028	20,364	118.51	201.12
Total	\$ 14,796,610				\$ 1,090.39		100%	134,167	2,054	\$ 15,562,193				\$ 1,146.81

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Child (age 6-18)														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					77,784									77,784
Home Health Care & Hospice	1,850,957	10,836	1,672	171	23.80	1.044	100%	(23,419)	(137)	1,908,488	11,173	1,724	171	24.54
IP - Maternity	70,074	94	15	745.47	0.90	1.052	100%	1,031	1	75,033	101	16	745.38	0.96
IP - Complex Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	4,330,254	1,782	275	2,430.47	55.67	1.052	100%	69,197	28	4,642,231	1,910	295	2,430.47	59.68
IP - Normal Newborn	-	-	-	-	-	1.052	0%	-	-	-	-	-	-	-
IP - Mental Health	7,275,478	4,651	718	1,564.33	93.53	1.052	100%	84,384	54	7,767,769	4,966	766	1,564.33	99.86
IP - PRTF	1,466,435	2,654	409	552.56	18.85	1.052	100%	37,729	68	1,586,381	2,871	443	552.56	20.39
IP - Other	3,943	10	2	394.29	0.05	1.052	100%	61	0	4,225	11	2	394.29	0.05
Subtotal - Inpatient	13,146,184	9,190	1,418	1,430.43	169.01		100%	192,401	152	14,075,640	9,858	1,521	1,427.86	180.96
OP - Emergency Room	1,483,440	4,376	675	338.98	19.07	1.090	100%	(14,749)	(44)	1,601,531	4,725	729	338.98	20.59
OP - Laboratory	254,171	1,886	291	134.73	3.27	1.090	100%	(3,104)	(23)	273,827	2,032	314	134.73	3.52
OP - Radiology	663,493	985	152	673.77	8.53	1.090	100%	(7,939)	(12)	714,967	1,061	164	673.77	9.19
OP - Surgery	1,131,132	671	104	1,685.74	14.54	1.090	100%	(11,329)	(7)	1,221,094	724	112	1,685.74	15.70
OP - Mental Health	87,927	49	8	1,806.71	1.13	1.090	100%	(2,060)	(1)	93,740	52	8	1,806.71	1.21
OP - Other	1,186,220	1,691	261	701.63	15.25	1.090	100%	(12,479)	(18)	1,279,965	1,824	281	701.63	16.46
Subtotal - Outpatient	4,806,383	9,658	1,490	497.67	61.79		100%	(51,659)	(104)	5,185,124	10,419	1,607	497.68	66.66
Prof - Evaluation & Management	3,137,821	60,421	9,321	51.93	40.34	1.044	100%	44,749	862	3,319,801	63,925	9,862	51.93	42.68
Prof - Maternity	29,184	197	30	148.14	0.38	1.044	100%	1,395	9	31,856	215	33	148.12	0.41
Prof - Surgery	579,347	2,795	431	207.28	7.45	1.044	100%	33,785	163	638,469	3,080	475	207.28	8.21
Prof - DME/Supplies & Prosthetics	1,422,481	11,207	1,729	126.93	18.29	1.044	100%	(12,056)	(95)	1,472,637	11,602	1,790	126.93	18.93
Prof - Lab	250,535	15,127	2,334	16.56	3.22	1.044	100%	14,074	850	275,566	16,638	2,567	16.56	3.54
Prof - Radiology	164,863	5,425	837	30.39	2.12	1.044	100%	9,282	305	181,354	5,968	921	30.39	2.33
Prof - Transportation	128,181	1,669	257	76.80	1.65	1.044	100%	8,240	107	142,027	1,849	285	76.80	1.83
Prof - Mental Health	6,704,897	58,291	8,993	115.02	86.20	1.044	100%	379,663	3,301	7,377,013	64,134	9,894	115.02	94.84
Prof - Target Case Management	1,969,483	5,845	902	336.95	25.32	1.044	100%	96,775	287	2,152,392	6,388	985	336.95	27.67
Prof - Other	2,739,013	36,244	5,591.48	75.57	35.21	1.044	100%	142,468	1,885	3,001,270	39,714	6,127	75.57	38.58
Subtotal - Professional	17,125,804	197,221	30,426	86.84	220.17		100%	718,375	7,675	18,592,385	213,514	32,940	87.08	239.03
Pharmacy - Non Hep C	15,605,076	122,918	18,963	126.96	200.62	1.000	100%	(1,030,957)	-	14,574,132	122,918	18,963	118.57	187.37
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	1,385,557	28,517	4,399	48.59	17.81	1.001	100%	(16,735)	(344)	1,369,528	28,187	4,349	48.59	17.61
FQHC & RHC	245,286	7,577	1,169	32.37	3.15	1.044	97%	(2,234)	(69)	246,043	7,600	1,173	32.37	3.16
Subtotal - Other Services	17,235,919	159,012	24,531	108.39	221.59		100%	(1,049,925)	(413)	16,189,703	158,706	24,484	102.01	208.14
Total	\$ 54,165,246				\$ 696.35		100%	(214,227)	7,172	\$ 55,951,339				\$ 719.32

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care Infant (age under 1)														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,810									1,810
Home Health Care & Hospice	14,081	41	272	343	7.78	1.198	100%	(100)	(0)	16,768	49	324	343	9.26
IP - Maternity	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Complex Newborn	536,102	250	1,657	2,144.41	296.19	1.152	100%	969	0	621,428	290	1,921	2,144.41	343.33
IP - Medical/Surgical	377,581	95	630	3,974.54	208.61	1.152	100%	(495)	(0)	436,500	110	728	3,973.44	241.16
IP - Normal Newborn	74,991	34	225	2,205.61	41.43	1.152	100%	1,030	0	87,820	40	264	2,205.61	48.52
IP - Mental Health	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Other	4,828	2	13	2,414.11	2.67	1.152	100%	12	0	5,599	2	15	2,414.11	3.09
Subtotal - Inpatient	993,502	381	2,526	2,607.62	548.90	100%		1,516	1	1,151,347	442	2,929	2,606.15	636.10
OP - Emergency Room	40,068	137	908	292.47	22.14	1.127	100%	(194)	(1)	44,980	154	1,020	292.47	24.85
OP - Laboratory	6,530	79	524	82.66	3.61	1.127	100%	(67)	(1)	7,295	88	585	82.65	4.03
OP - Radiology	8,817	62	411	142.21	4.87	1.127	100%	59	0	9,999	70	466	142.25	5.52
OP - Surgery	50,817	24	159	2,117.36	28.08	1.127	100%	(634)	(0)	56,659	27	177	2,117.07	31.30
OP - Mental Health	-	-	-	-	-	1.127	0%	-	-	-	-	-	-	-
OP - Other	15,871	41	272	387.09	8.77	1.127	100%	(242)	(1)	17,651	46	302	387.06	9.75
Subtotal - Outpatient	122,103	343	2,274	355.98	67.46	100%		(1,079)	(2)	136,585	385	2,551	355.02	75.46
Prof - Evaluation & Management	176,738	3,844	25,485	45.98	97.65	1.198	100%	14,969	325	226,694	4,930	32,686	45.98	125.25
Prof - Maternity	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Surgery	24,347	177	1,173	137.55	13.45	1.198	100%	1,330	11	30,497	223	1,478	136.84	16.85
Prof - DME/Supplies & Prosthetics	7,871	136	902	57.87	4.35	1.198	100%	640	11	10,069	174	1,153	57.89	5.56
Prof - Lab	7,805	512	3,394	15.24	4.31	1.198	100%	838	55	10,188	668	4,430	15.25	5.63
Prof - Radiology	5,937	289	1,916	20.54	3.28	1.198	100%	439	22	7,552	368	2,441	20.51	4.17
Prof - Transportation	2,080	32	212	65.01	1.15	1.198	100%	60	1	2,552	39	261	64.78	1.41
Prof - Mental Health	1,155	8	53	144.36	0.64	1.198	100%	85	1	1,468	10	68	144.02	0.81
Prof - Target Case Management	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Other	181,279	1,718	11,390.06	105.52	100.15	1.198	100%	7,324	69	224,489	2,127	14,104	105.53	124.03
Subtotal - Professional	407,212	6,716	44,526	60.63	224.98	100%		25,684	495	513,508	8,540	56,620	60.13	283.71
Pharmacy - Non Hep C	84,783	1,351	8,957	62.76	46.84	1.000	100%	(5,144)	-	79,639	1,351	8,957	58.95	44.00
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	1,596	42	278	38.01	0.88	1.000	100%	(52)	(1)	1,545	41	270	38.01	0.85
FQHC & RHC	4,676	181	1,200	25.84	2.58	1.198	100%	(31)	(1)	5,571	216	1,430	25.83	3.08
Subtotal - Other Services	91,055	1,574	10,435	57.85	50.31	100%		(5,226)	(3)	86,756	1,607	10,656	53.98	47.93
Total	\$ 1,627,953				\$ 899.42	100%		20,794	491	\$ 1,904,965				\$ 1,052.47

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					11,513									11,513
Home Health Care & Hospice	61,724	606	632	102	5.36	1.198	100%	(824)	(8)	73,118	718	748	102	6.35
IP - Maternity	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	156,722	75	78	2,089.63	13.61	1.152	100%	588	0	181,971	87	91	2,089.63	15.81
IP - Normal Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Mental Health	88,347	65	68	1,359.18	7.67	1.152	100%	653	0	102,901	76	79	1,359.18	8.94
IP - PRTF	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Other	4,828	7	7	689.75	0.42	1.152	100%	57	0	5,645	8	9	689.75	0.49
Subtotal - Inpatient	249,897	147	153	1,699.98	21.71		100%	1,298	1	290,517	171	178	1,699.18	25.23
OP - Emergency Room	107,577	429	447	250.76	9.34	1.127	100%	(861)	(3)	120,426	480	501	250.76	10.46
OP - Laboratory	10,000	161	168	62.03	0.87	1.127	100%	(95)	(2)	11,179	180	188	62.03	0.97
OP - Radiology	30,007	84	88	357.23	2.61	1.127	100%	423	1	34,255	96	100	357.23	2.98
OP - Surgery	133,891	107	111	1,253.66	11.63	1.127	100%	(1,523)	(1)	149,432	119	124	1,253.66	12.98
OP - Mental Health	-	-	-	-	-	1.127	0%	-	-	-	-	-	-	-
OP - Other	64,059	169	176	379.61	5.56	1.127	100%	(418)	(1)	71,806	189	197	379.61	6.24
Subtotal - Outpatient	345,534	950	990	363.82	30.01		100%	(2,474)	(6)	387,097	1,065	1,110	363.58	33.62
Prof - Evaluation & Management	531,584	10,916	11,378	48.70	46.17	1.198	100%	26,958	554	663,775	13,631	14,207	48.70	57.65
Prof - Maternity	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Surgery	100,292	524	546	191.40	8.71	1.198	100%	9,436	49	129,583	677	706	191.40	11.26
Prof - DME/Supplies & Prosthetics	87,746	648	675	135.41	7.62	1.198	100%	2,733	20	107,850	796	830	135.41	9.37
Prof - Lab	35,417	2,347	2,446	15.09	3.08	1.198	100%	3,566	236	45,994	3,048	3,177	15.09	3.99
Prof - Radiology	9,113	333	347	27.37	0.79	1.198	100%	1,045	38	11,962	437	456	27.37	1.04
Prof - Transportation	10,387	48	50	216.40	0.90	1.198	100%	1,604	7	14,048	65	68	216.40	1.22
Prof - Mental Health	243,389	2,645	2,757	92.02	21.14	1.198	100%	23,479	255	315,050	3,424	3,569	92.02	27.36
Prof - Target Case Management	23,430	70	73	334.72	2.04	1.198	100%	2,383	7	30,452	91	95	334.72	2.64
Prof - Other	490,770	2,935	3,059.15	167.21	42.63	1.198	100%	46,256	277	634,180	3,793	3,953	167.21	55.08
Subtotal - Professional	1,532,128	20,466	21,332	74.86	133.08		100%	117,461	1,444	1,952,893	25,961	27,060	75.22	169.63
Pharmacy - Non Hep C	401,600	8,026	8,365	50.04	34.88	1.000	100%	(24,728)	-	376,872	8,026	8,366	46.96	32.73
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	140,423	4,518	4,709	31.08	12.20	1.000	100%	(1,671)	(54)	138,805	4,466	4,655	31.08	12.06
FQHC & RHC	12,578	423	441	29.74	1.09	1.198	100%	(117)	(4)	14,902	501	522	29.74	1.29
Subtotal - Other Services	554,601	12,967	13,516	42.77	48.17		100%	(26,516)	(58)	530,578	12,993	13,543	40.84	46.09
Total	\$ 2,743,884				\$ 238.33		100%	88,945	1,373	\$ 3,234,204				\$ 280.92

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care (age 6-12)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					20,197									20,197
Home Health Care & Hospice	213,932	1,598	949	134	10.59	1.198	100%	(3,060)	(23)	253,222	1,891	1,124	134	12.54
IP - Maternity	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	283,164	111	66	2,551.03	14.02	1.152	100%	4,408	2	332,129	130	77	2,551.03	16.44
IP - Normal Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Mental Health	1,786,203	1,370	814	1,303.42	88.44	1.152	100%	35,560	27	2,102,826	1,613	959	1,303.42	104.12
IP - PRTF	563,284	1,096	651	513.88	27.89	1.152	100%	19,582	38	671,500	1,307	776	513.88	33.25
IP - Other	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	2,632,652	2,578	1,531	1,021.38	130.35		100%	59,549	67	3,106,454	3,050	1,812	1,018.43	153.81
OP - Emergency Room	120,376	433	258	277.68	5.96	1.127	100%	(1,088)	(4)	134,630	485	288	277.68	6.67
OP - Laboratory	30,535	275	163	111.04	1.51	1.127	100%	(340)	(3)	34,088	307	182	111.04	1.69
OP - Radiology	32,509	122	72	266.47	1.61	1.127	100%	(343)	(1)	36,309	136	81	266.47	1.80
OP - Surgery	75,334	67	40	1,124.38	3.73	1.127	100%	(1,147)	(1)	83,788	75	44	1,124.38	4.15
OP - Mental Health	16,944	8	5	2,118.05	0.84	1.127	100%	(280)	(0)	18,824	9	5	2,118.05	0.93
OP - Other	185,364	237	141	780.48	9.18	1.127	100%	(2,077)	(3)	206,911	265	158	780.48	10.24
Subtotal - Outpatient	461,063	1,143	679	403.38	22.83		100%	(5,275)	(12)	514,550	1,277	758	403.06	25.48
Prof - Evaluation & Management	805,726	17,391	10,333	46.33	39.89	1.198	100%	27,935	603	993,164	21,437	12,737	46.33	49.17
Prof - Maternity	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Surgery	76,443	472	280	161.96	3.78	1.198	100%	7,842	48	99,418	614	365	161.96	4.92
Prof - DME/Supplies & Prosthetics	107,200	1,886	1,121	56.84	5.31	1.198	100%	(18,025)	(317)	110,397	1,942	1,154	56.84	5.47
Prof - Lab	45,489	3,097	1,840	14.69	2.25	1.198	100%	4,802	327	59,296	4,037	2,399	14.69	2.94
Prof - Radiology	17,639	623	370	28.31	0.87	1.198	100%	1,941	69	23,072	815	484	28.31	1.14
Prof - Transportation	13,450	148	88	90.88	0.67	1.198	100%	1,432	16	17,545	193	115	90.88	0.87
Prof - Mental Health	1,095,868	11,318	6,725	96.83	54.26	1.198	100%	105,551	1,090	1,418,360	14,649	8,703	96.83	70.23
Prof - Target Case Management	250,771	745	443	336.61	12.42	1.198	100%	25,448	76	325,862	968	575	336.61	16.13
Prof - Other	452,988	7,333	4,356.88	61.77	22.43	1.198	100%	48,233	781	590,895	9,565	5,683	61.77	29.26
Subtotal - Professional	2,865,575	43,013	25,556	66.62	141.88		100%	205,158	2,692	3,638,009	54,220	32,215	67.10	180.13
Pharmacy - Non Hep C	1,859,870	26,299	15,625	70.72	92.09	1.000	100%	(112,596)	-	1,747,275	26,299	15,626	66.44	86.51
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	447,403	10,972	6,519	40.78	22.15	1.000	100%	(7,919)	(194)	439,651	10,782	6,406	40.78	21.77
FQHC & RHC	46,095	1,568	932	29.40	2.28	1.198	99%	(191)	(7)	54,239	1,845	1,096	29.40	2.69
Subtotal - Other Services	2,353,368	38,839	23,076	60.59	116.52		100%	(120,707)	(201)	2,241,165	38,926	23,128	57.58	110.97
Total	\$ 8,526,590				\$ 422.17		100%	135,666	2,523	\$ 9,753,400				\$ 482.91

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care (age 13 +)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					10,613									10,613
Home Health Care & Hospice	99,336	1,268	1,434	78	9.36	1.198	100%	(1,341)	(17)	117,660	1,502	1,698	78	11.09
IP - Maternity	66,255	80	90	828.19	6.24	1.152	100%	1,122	1	77,803	93	105	834.21	7.33
IP - Complex Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	212,719	63	71	3,376.49	20.04	1.152	100%	2,308	1	248,499	74	83	3,376.49	23.41
IP - Normal Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Mental Health	1,525,264	1,036	1,172	1,471.84	143.72	1.152	100%	34,779	24	1,800,046	1,223	1,383	1,471.84	169.61
IP - PRTF	391,545	745	842	525.68	36.89	1.152	100%	7,524	14	460,679	876	991	525.68	43.41
IP - Other	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	2,195,783	1,924	2,176	1,141.18	206.90		100%	45,732	39	2,587,026	2,266	2,562	1,141.57	243.76
OP - Emergency Room	223,792	567	641	394.75	21.09	1.127	100%	(2,383)	(6)	249,256	631	714	394.75	23.49
OP - Laboratory	18,811	207	234	90.87	1.77	1.127	100%	(184)	(2)	21,024	231	262	90.87	1.98
OP - Radiology	34,188	108	122	316.55	3.22	1.127	100%	(396)	(1)	38,149	121	136	316.55	3.59
OP - Surgery	64,794	43	48	1,520.09	6.11	1.127	100%	(858)	(1)	72,194	47	54	1,520.09	6.80
OP - Mental Health	5,848	3	3	1,949.30	0.55	1.127	100%	(83)	(0)	6,510	3	4	1,949.30	0.61
OP - Other	68,537	151	171	454.26	6.46	1.127	100%	(559)	(1)	76,712	169	191	454.26	7.23
Subtotal - Outpatient	415,969	1,078	1,219	385.72	39.19		100%	(4,463)	(11)	463,845	1,203	1,360	385.57	43.71
Prof - Evaluation & Management	437,604	8,598	9,722	50.90	41.23	1.198	100%	13,163	259	537,258	10,556	11,936	50.90	50.62
Prof - Maternity	29,280	185	209	158.27	2.76	1.198	100%	3,061	19	38,104	241	272	158.40	3.59
Prof - Surgery	55,697	396	448	140.65	5.25	1.198	100%	5,551	39	72,275	514	581	140.65	6.81
Prof - DME/Supplies & Prosthetics	50,993	1,217	1,376	41.90	4.80	1.198	100%	(15,316)	(366)	45,771	1,092	1,235	41.90	4.31
Prof - Lab	73,091	4,081	4,614	17.91	6.89	1.198	100%	6,270	350	93,777	5,236	5,920	17.91	8.84
Prof - Radiology	23,439	736	832	31.85	2.21	1.198	100%	2,205	69	30,284	951	1,075	31.85	2.85
Prof - Transportation	18,488	307	347	60.22	1.74	1.198	100%	1,740	29	23,887	397	448	60.22	2.25
Prof - Mental Health	722,471	5,858	6,624	123.33	68.07	1.198	100%	71,466	579	936,255	7,591	8,584	123.33	88.22
Prof - Target Case Management	64,983	194	219	334.96	6.12	1.198	100%	5,934	18	83,781	250	283	334.96	7.89
Prof - Other	298,800	5,521	6,242.53	54.12	28.15	1.198	100%	27,174	502	384,790	7,110	8,039	54.12	36.26
Subtotal - Professional	1,774,845	27,093	30,634	65.51	167.23		100%	121,248	1,499	2,246,181	33,938	38,373	66.19	211.64
Pharmacy - Non Hep C	863,376	17,935	20,279	48.14	81.35	1.000	100%	(55,821)	-	807,350	17,931	20,274	45.03	76.07
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	303,289	5,122	5,791	59.21	28.58	1.000	100%	1,299	22	304,701	5,146	5,818	59.21	28.71
FQHC & RHC	32,769	842	952	38.92	3.09	1.198	94%	(321)	(8)	36,694	943	1,066	38.92	3.46
Subtotal - Other Services	1,199,434	23,899	27,022	50.19	113.02		100%	(54,843)	14	1,148,745	24,019	27,159	47.83	108.24
Total	\$ 5,685,368				\$ 535.70		100%	106,333	1,524	\$ 6,563,458				\$ 618.44

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care (age 13 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					10,029									10,029
Home Health Care & Hospice	116,982	1,520	1,819	77	11.66	1.198	100%	(1,374)	(18)	138,766	1,803	2,157	77	13.84
IP - Maternity	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	199,652	49	59	4,074.54	19.91	1.152	100%	5,526	1	236,594	58	69	4,074.54	23.59
IP - Normal Newborn	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
IP - Mental Health	660,515	535	640	1,235.39	65.86	1.152	100%	31,874	26	796,322	645	771	1,235.39	79.40
IP - PRTF	393,261	785	939	501.08	39.21	1.152	100%	8,633	17	463,774	926	1,107	501.08	46.24
IP - Other	-	-	-	-	-	1.152	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	1,253,428	1,368	1,637	915.92	124.98	100%	46,032	44	1,496,690	1,628	1,948	919.22	149.24	
OP - Emergency Room	157,684	354	424	445.44	15.72	1.127	100%	(1,823)	(4)	175,766	395	472	445.44	17.53
OP - Laboratory	10,257	142	170	72.23	1.02	1.127	100%	(57)	(1)	11,508	159	191	72.23	1.15
OP - Radiology	21,235	86	103	246.92	2.12	1.127	100%	(220)	(1)	23,721	96	115	246.92	2.37
OP - Surgery	86,836	46	55	1,899.54	8.66	1.127	100%	(72)	(0)	97,831	52	62	1,899.54	9.75
OP - Mental Health	1,293	2	2	646.53	0.13	1.127	100%	(14)	(0)	1,444	2	3	646.53	0.14
OP - Other	48,554	82	98	593.68	4.84	1.127	100%	(570)	(1)	54,172	91	109	593.68	5.40
Subtotal - Outpatient	325,860	711	851	457.99	32.49	100%	(2,757)	(7)	364,441	795	951	458.44	36.34	
Prof - Evaluation & Management	299,776	6,428	7,691	46.64	29.89	1.198	100%	6,341	136	365,462	7,836	9,377	46.64	36.44
Prof - Maternity	-	-	-	-	-	1.198	0%	-	-	-	-	-	-	-
Prof - Surgery	40,210	303	363	132.71	4.01	1.198	100%	4,212	32	52,382	395	472	132.71	5.22
Prof - DME/Supplies & Prosthetics	61,715	919	1,100	67.15	6.15	1.198	100%	(9,972)	(148)	63,924	952	1,139	67.15	6.37
Prof - Lab	21,636	1,313	1,571	16.48	2.16	1.198	100%	2,311	140	28,230	1,713	2,050	16.48	2.81
Prof - Radiology	19,879	757	906	26.26	1.98	1.198	100%	1,960	75	25,775	982	1,174	26.26	2.57
Prof - Transportation	10,610	169	202	62.78	1.06	1.198	100%	1,649	26	14,360	229	274	62.78	1.43
Prof - Mental Health	831,245	3,532	4,226	235.35	82.88	1.198	100%	63,400	269	1,059,200	4,501	5,385	235.35	105.61
Prof - Target Case Management	58,507	174	208	336.25	5.83	1.198	100%	5,383	16	75,472	224	269	336.25	7.53
Prof - Other	219,297	4,024	4,814.84	54.50	21.87	1.198	100%	23,366	429	285,987	5,248	6,279	54.50	28.52
Subtotal - Professional	1,562,876	17,619	21,082	88.70	155.84	100%	98,650	975	1,970,791	22,079	26,419	89.26	196.51	
Pharmacy - Non Hep C	1,234,193	14,155	16,937	87.19	123.06	1.000	100%	(80,332)	-	1,153,861	14,155	16,937	81.52	115.05
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	249,747	4,092	4,896	61.03	24.90	1.000	100%	(2,571)	(42)	247,270	4,051	4,848	61.03	24.66
FQHC & RHC	24,505	704	842	34.81	2.44	1.198	99%	(99)	(3)	29,061	835	999	34.81	2.90
Subtotal - Other Services	1,508,445	18,951	22,675	79.60	150.41	100%	(83,003)	(45)	1,430,193	19,041	22,784	75.11	142.61	
Total	\$ 4,767,591				\$ 475.38	100%	57,549	949	\$ 5,400,881					\$ 538.53

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 18 through 20 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,370									1,370
Home Health Care & Hospice	7,889	121	1,060	65	5.76	1.177	100%	(66)	(1)	9,224	141	1,239	65	6.73
IP - Maternity	82,053	43	377	1,908.21	59.89	1.159	100%	969	0	96,508	51	443	1,909.01	70.44
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	9,326	4	35	2,331.56	6.81	1.159	100%	31	0	10,890	5	41	2,331.56	7.95
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	81,943	48	420	1,707.14	59.81	1.159	100%	708	0	96,117	56	493	1,707.13	70.16
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	173,322	95	832	1,824.44	126.51		100%	1,708	1	203,515	112	977	1,824.79	148.55
OP - Emergency Room	88,297	214	1,874	412.60	64.45	1.159	100%	(818)	(2)	101,557	246	2,156	412.55	74.13
OP - Laboratory	2,321	41	359	56.60	1.69	1.159	100%	(126)	(2)	2,564	45	395	56.90	1.87
OP - Radiology	7,419	19	166	390.49	5.42	1.159	100%	22	0	8,624	22	194	389.78	6.30
OP - Surgery	15,701	14	123	1,121.47	11.46	1.159	100%	(256)	(0)	17,948	16	140	1,120.20	13.10
OP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Other	5,471	25	219	218.86	3.99	1.159	100%	(42)	0	6,302	29	255	216.70	4.60
Subtotal - Outpatient	119,209	313	2,742	380.86	87.01		100%	(1,221)	(4)	136,995	358	3,140	382.18	100.00
Prof - Evaluation & Management	37,548	848	7,428	44.28	27.41	1.177	100%	1,231	28	45,443	1,026	8,991	44.27	33.17
Prof - Maternity	36,689	168	1,472	218.39	26.78	1.177	100%	1,618	8	44,818	206	1,804	217.66	32.71
Prof - Surgery	3,708	64	561	57.94	2.71	1.177	100%	194	3	4,560	78	687	58.14	3.33
Prof - DME/Supplies & Prosthetics	7,039	125	1,095	56.31	5.14	1.177	100%	(704)	(16)	7,584	132	1,152	57.67	5.54
Prof - Lab	18,265	918	8,041	19.90	13.33	1.177	100%	1,015	51	22,521	1,132	9,912	19.90	16.44
Prof - Radiology	3,847	133	1,165	28.93	2.81	1.177	100%	204	7	4,735	164	1,433	28.94	3.46
Prof - Transportation	5,501	92	806	59.79	4.02	1.177	98%	346	6	6,675	112	978	59.80	4.87
Prof - Mental Health	14,558	145	1,270	100.40	10.63	1.177	100%	818	8	17,960	179	1,564	100.57	13.11
Prof - Target Case Management	3,674	11	96	334.00	2.68	1.177	100%	232	1	4,558	14	120	334.00	3.33
Prof - Other	37,546	515	4,510.95	72.90	27.41	1.177	100%	1,865	25	45,967	630	5,521	72.93	33.55
Subtotal - Professional	168,375	3,019	26,444	55.77	122.90		100%	6,820	121	204,821	3,672	32,160	55.78	149.50
Pharmacy - Non Hep C	32,139	1,149	10,064	27.97	23.46	1.000	100%	(2,165)	-	29,974	1,149	10,064	26.09	21.88
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	26,682	431	3,775	61.91	19.48	1.001	100%	(916)	(14)	25,782	417	3,652	61.84	18.82
FQHC & RHC	7,478	190	1,664	39.36	5.46	1.177	79%	(93)	(3)	6,823	173	1,511	39.55	4.98
Subtotal - Other Services	66,299	1,770	15,504	37.46	48.39		98%	(3,174)	(18)	62,579	1,738	15,227	36.00	45.68
Total	\$ 535,094				\$ 390.58		100%	4,068	99	\$ 617,133				\$ 450.46

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 18 through 20 Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					719									719
Home Health Care & Hospice	285	8	134	36	0.40	1.177	100%	(2)	(0)	334	9	156	36	0.46
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	77,954	25	417	3,118.15	108.42	1.159	49%	674	0	45,005	14	240	3,127.79	62.59
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	57,973	58	968	999.54	80.63	1.159	100%	1,030	1	68,531	69	1,144	999.54	95.31
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	135,927	83	1,385	1,637.68	189.05		71%	1,703	1	113,536	83	1,384	1,368.71	157.91
OP - Emergency Room	62,289	115	1,916	542.59	86.63	1.159	94%	(542)	(1)	67,580	125	2,078	542.72	93.99
OP - Laboratory	559	7	117	79.81	0.78	1.159	100%	(7)	(0)	641	8	134	79.83	0.89
OP - Radiology	1,226	4	67	306.57	1.71	1.159	100%	47	0	1,469	5	78	312.68	2.04
OP - Surgery	4,442	1	17	4,442.09	6.18	1.159	100%	(73)	(0)	5,078	1	19	4,442.09	7.06
OP - Mental Health	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
OP - Other	617	4	67	154.16	0.86	1.159	100%	(15)	(0)	700	5	76	153.85	0.97
Subtotal - Outpatient	69,133	131	2,183	528.54	96.15		95%	(590)	(1)	75,467	143	2,386	527.97	104.96
Prof - Evaluation & Management	7,154	160	2,670	44.71	9.95	1.177	96%	2,164	48	10,211	228	3,802	44.83	14.20
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	1,707	14	234	121.92	2.37	1.177	60%	19	0	1,228	10	167	122.48	1.71
Prof - DME/Supplies & Prosthetics	1,582	50	834	31.63	2.20	1.177	97%	2,235	69	4,041	126	2,101	32.09	5.62
Prof - Lab	513	29	484	17.68	0.71	1.177	93%	84	4	643	36	600	17.90	0.89
Prof - Radiology	2,188	94	1,569	23.27	3.04	1.177	74%	264	13	2,173	95	1,580	22.94	3.02
Prof - Transportation	3,100	63	1,051	49.20	4.31	1.177	71%	50	1	2,657	54	901	49.22	3.70
Prof - Mental Health	23,345	137	2,287	170.40	32.47	1.177	100%	941	6	28,429	167	2,786	170.33	39.54
Prof - Target Case Management	668	2	33	334.00	0.93	1.177	100%	44	0	830	2	41	334.00	1.15
Prof - Other	22,239	297	4,956.88	74.88	30.93	1.177	83%	13,132	181	34,831	471	7,865	73.92	48.44
Subtotal - Professional	62,494	846	14,120	73.87	86.92		90%	18,931	322	85,043	1,189	19,843	71.53	118.28
Pharmacy - Non Hep C	23,064	492	8,211	46.88	32.08	1.000	92%	(2,190)	-	19,040	453	7,558	42.04	26.48
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	6,078	87	1,452	69.86	8.45	1.001	100%	47	1	6,129	88	1,464	69.89	8.52
FQHC & RHC	1,791	71	1,185	25.22	2.49	1.177	100%	(45)	(2)	2,064	82	1,365	25.22	2.87
Subtotal - Other Services	30,933	650	10,848	47.59	43.02		94%	(2,187)	(1)	27,233	622	10,387	43.76	37.88
Total	\$ 298,772				\$ 415.54		83%	17,856	321	\$ 301,612				\$ 419.49

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 21 through 25 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					2,718									2,718
Home Health Care & Hospice	7,342	134	592	55	2.70	1.177	100%	(45)	(1)	8,601	157	693	55	3.16
IP - Maternity	241,610	212	936	1,139.67	88.89	1.159	100%	49	1	281,366	248	1,093	1,136.34	103.52
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	38,143	13	57	2,934.05	14.03	1.159	100%	142	0	44,553	15	67	2,931.81	16.39
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	58,759	30	132	1,958.65	21.62	1.159	100%	486	0	68,902	35	155	1,964.46	25.35
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	338,512	255	1,126	1,327.50	124.54		100%	677	1	394,822	298	1,315	1,325.44	145.26
OP - Emergency Room	167,709	436	1,924	384.80	61.70	1.159	100%	(1,270)	(3)	193,178	502	2,216	384.84	71.07
OP - Laboratory	8,099	62	274	130.63	2.98	1.159	88%	(84)	(1)	8,145	62	275	130.71	3.00
OP - Radiology	11,265	36	161	308.63	4.14	1.159	100%	(164)	(1)	12,897	42	184	308.82	4.75
OP - Surgery	38,912	27	119	1,441.19	14.32	1.159	100%	(543)	(0)	44,573	31	137	1,440.87	16.40
OP - Mental Health	255	1	4	255.00	0.09	1.159	100%	(4)	(0)	292	1	5	255.00	0.11
OP - Other	13,485	54	238	249.73	4.96	1.159	100%	(168)	(1)	15,468	62	273	249.72	5.69
Subtotal - Outpatient	239,726	616	2,721	388.95	88.20		100%	(2,233)	(6)	274,553	700	3,091	392.18	101.01
Prof - Evaluation & Management	67,793	1,448	6,393	46.82	24.94	1.177	100%	1,080	23	80,776	1,726	7,618	46.81	29.72
Prof - Maternity	55,557	294	1,298	188.97	20.44	1.177	100%	2,716	15	68,132	361	1,593	188.82	25.07
Prof - Surgery	16,814	124	547	135.60	6.19	1.177	100%	959	7	20,757	153	676	135.58	7.64
Prof - DME/Supplies & Prosthetics	7,623	84	371	90.75	2.80	1.177	99%	108	1	8,988	99	438	90.62	3.31
Prof - Lab	30,115	1,451	6,406	20.75	11.08	1.177	100%	1,455	70	36,894	1,778	7,848	20.76	13.57
Prof - Radiology	11,003	324	1,430	33.96	4.05	1.177	100%	544	16	13,499	398	1,756	33.94	4.97
Prof - Transportation	9,634	183	808	52.64	3.54	1.177	100%	842	16	12,185	232	1,022	52.62	4.48
Prof - Mental Health	52,430	469	2,071	111.79	19.29	1.177	98%	1,662	16	62,433	559	2,469	111.65	22.97
Prof - Target Case Management	9,352	28	124	334.00	3.44	1.177	96%	251	1	10,870	33	144	334.00	4.00
Prof - Other	81,290	1,005	4,437.09	80.89	29.91	1.177	99%	4,003	50	99,083	1,225	5,409	80.87	36.45
Subtotal - Professional	341,611	5,410	23,885	63.14	125.68		99%	13,619	215	413,616	6,562	28,973	63.03	152.18
Pharmacy - Non Hep C	108,876	2,406	10,623	45.25	40.06	1.000	100%	(6,941)	-	101,933	2,406	10,622	42.37	37.50
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	25,904	514	2,269	50.40	9.53	1.001	99%	1,054	21	26,626	528	2,333	50.39	9.80
FQHC & RHC	10,921	308	1,360	35.46	4.02	1.177	86%	(160)	(6)	10,845	305	1,345	35.61	3.99
Subtotal - Other Services	145,701	3,228	14,252	45.14	53.61		99%	(6,046)	15	139,404	3,239	14,300	43.04	51.29
Total	\$ 1,072,891				\$ 394.74		100%	5,972	224	\$ 1,230,995				\$ 452.90

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 21 through 25 Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,592									1,592
Home Health Care & Hospice	1,002	3	23	334	0.63	1.177	100%	(10)	(0)	1,170	4	26	334	0.73
IP - Maternity	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	99,765	6	45	16,627.42	62.67	1.159	100%	83	0	116,243	7	53	16,627.50	73.02
IP - Normal Newborn	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Mental Health	49,589	30	226	1,652.98	31.15	1.159	99%	444	0	57,194	34	260	1,659.07	35.93
IP - PRTF	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.159	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	149,354	36	271	4,148.72	93.82		100%	527	0	173,437	41	313	4,182.80	108.94
OP - Emergency Room	71,585	167	1,259	428.65	44.97	1.159	95%	(803)	(2)	78,290	183	1,377	428.59	49.18
OP - Laboratory	3,729	23	173	162.13	2.34	1.159	97%	27	(0)	4,207	26	194	163.17	2.64
OP - Radiology	2,377	14	106	169.78	1.49	1.159	100%	12	0	2,768	16	123	169.87	1.74
OP - Surgery	7,265	5	38	1,453.07	4.56	1.159	100%	(162)	(0)	8,262	6	43	1,451.67	5.19
OP - Mental Health	3,773	2	15	1,886.62	2.37	1.159	100%	(37)	(0)	4,337	2	17	1,886.62	2.72
OP - Other	3,963	12	90	330.22	2.49	1.159	100%	(35)	(0)	4,560	14	104	329.83	2.86
Subtotal - Outpatient	92,692	223	1,681	415.66	58.22		96%	(999)	(2)	102,424	247	1,859	415.41	64.34
Prof - Evaluation & Management	16,500	361	2,721	45.71	10.36	1.177	93%	406	9	18,513	406	3,057	45.65	11.63
Prof - Maternity	-	-	-	-	-	1.177	0%	-	-	-	-	-	-	-
Prof - Surgery	6,205	58	437	106.99	3.90	1.177	100%	317	3	7,624	71	538	106.88	4.79
Prof - DME/Supplies & Prosthetics	4,239	30	226	141.30	2.66	1.177	97%	101	1	4,948	35	265	140.82	3.11
Prof - Lab	4,767	169	1,274	28.21	2.99	1.177	97%	235	8	5,699	202	1,520	28.26	3.58
Prof - Radiology	2,989	125	942	23.91	1.88	1.177	98%	123	5	3,589	150	1,132	23.90	2.25
Prof - Transportation	4,759	94	709	50.63	2.99	1.177	89%	125	2	5,127	101	763	50.65	3.22
Prof - Mental Health	30,492	287	2,163	106.24	19.15	1.177	91%	1,585	14	34,394	323	2,434	106.51	21.60
Prof - Target Case Management	5,344	16	121	334.00	3.36	1.177	100%	14	0	6,306	19	142	334.00	3.96
Prof - Other	19,567	306	2,306.53	63.94	12.29	1.177	93%	983	15	22,426	351	2,644	63.94	14.09
Subtotal - Professional	94,861	1,446	10,899	65.60	59.59		94%	3,890	58	108,625	1,658	12,494	65.53	68.23
Pharmacy - Non Hep C	115,880	620	4,673	186.90	72.79	1.000	97%	(12,767)	-	99,363	600	4,522	165.62	62.41
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	7,398	153	1,153	48.36	4.65	1.001	99%	(202)	(4)	7,162	149	1,121	48.15	4.50
FQHC & RHC	1,838	51	384	36.05	1.15	1.177	98%	13	0	2,127	59	445	36.04	1.34
Subtotal - Other Services	125,117	824	6,211	151.84	78.59		97%	(12,957)	(3)	108,651	808	6,088	134.52	68.25
Total	\$ 463,027				\$ 290.85		97%	(9,549)	53	\$ 494,307				\$ 310.49

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
MAGI Adult Age through 18 Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					12									12
Home Health Care & Hospice	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		0%	-	-	-	-	-	-	-
OP - Emergency Room	327	1	1,000	326.77	27.23	1.087	100%	(4)	(0)	351	1	1,076	326.77	29.29
OP - Laboratory	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Radiology	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Surgery	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
Subtotal - Outpatient	327	1	1,000	326.77	27.23		100%	(4)	(0)	351	1	1,076	326.77	29.29
Prof - Evaluation & Management	186	7	7,000	26.57	15.50	1.139	95%	16	1	217	8	8,181	26.57	18.12
Prof - Maternity	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Surgery	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - DME/Supplies & Prosthetics	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Lab	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Radiology	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Transportation	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Mental Health	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Target Case Management	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Other	47	1	1,000.00	47.40	3.95	1.139	100%	-	-	54	1	1,139	47.40	4.50
Subtotal - Professional	233	8	8,000	29.18	19.45		95%	16	1	271	9	9,320	29.12	22.61
Pharmacy - Non Hep C	1,466	19	19,000	77.16	122.17	1.000	99%	(111)	-	1,346	19	18,883	71.28	112.16
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.001	0%	-	-	-	-	-	-	-
FQHC & RHC	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Subtotal - Other Services	1,466	19	19,000	77.16	122.17		99%	(111)	-	1,346	19	18,883	71.28	112.16
Total	\$ 2,026				\$ 168.85		99%	(99)	1	\$ 1,969				\$ 164.06

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
MAGI Adult Age through 18 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					27									27
Home Health Care & Hospice	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		0%	-	-	-	-	-	-	-
OP - Emergency Room	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Laboratory	24	1	444	23.68	0.88	1.087	94%	-	-	24	1	454	23.68	0.90
OP - Radiology	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Surgery	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.087	0%	-	-	-	-	-	-	-
Subtotal - Outpatient	24	1	444	23.68	0.88		94%	-	-	24	1	454	23.68	0.90
Prof - Evaluation & Management	1,240	35	15,556	35.42	45.91	1.139	99%	170	5	1,570	44	19,696	35.42	58.13
Prof - Maternity	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Surgery	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - DME/Supplies & Prosthetics	109	4	1,778	27.32	4.05	1.139	100%	(1)	(0)	124	5	2,011	27.32	4.58
Prof - Lab	201	14	6,222	14.38	7.46	1.139	98%	19	1	243	17	7,518	14.38	9.01
Prof - Radiology	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Transportation	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Mental Health	154	2	889	76.77	5.69	1.139	100%	19	0	194	3	1,124	76.77	7.19
Prof - Target Case Management	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Other	89	5	2,222.22	17.81	3.30	1.139	100%	13	1	115	6	2,858	17.81	4.24
Subtotal - Professional	1,793	60	26,667	29.88	66.40		99%	220	7	2,245	75	33,207	30.05	83.16
Pharmacy - Non Hep C	257	40	17,778	6.42	9.51	1.000	93%	(8)	-	230	37	16,484	6.19	8.50
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	83	3	1,333	27.67	3.07	1.001	95%	(15)	(1)	64	2	1,025	27.67	2.36
FQHC & RHC	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Subtotal - Other Services	340	43	19,111	7.90	12.58		93%	(23)	(1)	293	39	17,508	7.45	10.86
Total	\$ 2,156				\$ 79.86		98%	197	7	\$ 2,563				\$ 94.92

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
MAGI Adult Age 19 through 24 Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					135,866									135,866
Home Health Care & Hospice	205,431	1,936	171	106	1.51	1.139	100%	(2,074)	(22)	231,885	2,182	193	106	1.71
IP - Maternity	2,538,588	3,009	266	843.67	18.68	1.117	100%	15,847	19	2,863,549	3,394	300	843.71	21.08
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	2,628,762	881	78	2,985.03	19.35	1.117	98%	17,072	6	2,908,054	974	86	2,985.40	21.40
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	877,033	735	65	1,193.01	6.46	1.117	99%	5,594	5	976,367	818	72	1,193.20	7.19
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	18,270	6	1	3,044.97	0.13	1.117	100%	306	0	20,801	7	1	3,046.11	0.15
Subtotal - Inpatient	6,062,653	4,631	409	1,309.20	44.62		99%	38,820	29	6,768,772	5,193	459	1,303.39	49.82
OP - Emergency Room	4,682,179	10,950	967	427.58	34.46	1.087	100%	(46,024)	(108)	5,031,452	11,767	1,039	427.58	37.03
OP - Laboratory	330,214	2,250	199	146.78	2.43	1.087	96%	(3,931)	(27)	340,909	2,322	205	146.79	2.51
OP - Radiology	793,413	1,657	146	478.69	5.84	1.087	100%	(8,539)	(18)	852,910	1,782	157	478.68	6.28
OP - Surgery	1,572,278	919	81	1,711.44	11.57	1.087	100%	(15,326)	(9)	1,690,700	988	87	1,711.96	12.44
OP - Mental Health	36,434	33	3	1,093.03	0.27	1.087	99%	(366)	(0)	38,987	36	3	1,093.04	0.29
OP - Other	493,354	1,452	128	339.88	3.63	1.087	99%	(4,903)	(14)	527,057	1,551	137	339.88	3.88
Subtotal - Outpatient	7,907,872	17,261	1,525	458.13	58.20		100%	(79,088)	(176)	8,482,016	18,445	1,629	459.84	62.43
Prof - Evaluation & Management	3,154,103	65,884	5,819	47.87	23.21	1.139	99%	108,818	2,255	3,648,805	76,199	6,730	47.89	26.86
Prof - Maternity	1,068,101	7,556	667	141.36	7.86	1.139	100%	80,318	570	1,295,902	9,170	810	141.32	9.54
Prof - Surgery	602,136	5,802	512	103.78	4.43	1.139	100%	46,946	453	732,180	7,056	623	103.77	5.39
Prof - DME/Supplies & Prosthetics	392,477	5,515	487	71.17	2.89	1.139	98%	(32,487)	(551)	407,419	5,630	497	72.36	3.00
Prof - Lab	1,304,914	61,000	5,388	21.39	9.60	1.139	98%	95,717	4,475	1,546,965	72,315	6,387	21.39	11.39
Prof - Radiology	383,068	9,919	876	38.62	2.82	1.139	97%	28,961	750	453,376	11,739	1,037	38.62	3.34
Prof - Transportation	137,906	2,321	205	59.42	1.02	1.139	99%	10,431	178	166,196	2,799	247	59.37	1.22
Prof - Mental Health	1,432,624	12,147	1,073	117.94	10.54	1.139	97%	97,497	826	1,678,506	14,231	1,257	117.95	12.35
Prof - Target Case Management	121,697	365	32	333.42	0.90	1.139	99%	9,339	28	146,825	440	39	333.42	1.08
Prof - Other	2,435,074	30,972	2,735.52	78.62	17.92	1.139	99%	185,965	2,367	2,928,582	37,251	3,290	78.62	21.55
Subtotal - Professional	11,032,101	201,481	17,795	54.76	81.20		98%	631,506	11,350	13,004,756	236,831	20,917	54.91	95.72
Pharmacy - Non Hep C	5,668,329	115,717	10,220	48.98	41.72	1.000	98%	(367,859)	-	5,209,762	113,865	10,057	45.75	38.34
Pharmacy - Hep C	187,464	12	1	15,622.02	1.38	1.000	230%	(14,255)	-	416,916	28	2	15,105.52	3.07
Dental	1,821,381	30,755	2,716	59.22	13.41	1.001	97%	(17,066)	(287)	1,746,672	29,495	2,605	59.22	12.86
FQHC & RHC	464,848	13,416	1,185	34.65	3.42	1.139	90%	(5,609)	(166)	469,559	13,547	1,197	34.66	3.46
Subtotal - Other Services	8,142,023	159,900	14,123	50.92	59.93		101%	(404,790)	(453)	7,842,909	156,935	13,861	49.98	57.73
Total	\$ 33,350,079				\$ 245.46		99%	184,374	10,727	\$ 36,330,338				\$ 267.40

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 19 through 24 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					113,973									113,973
Home Health Care & Hospice	156,564	1,075	113	146	1.37	1.139	100%	(1,580)	(13)	176,726	1,212	128	146	1.55
IP - Maternity	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	4,086,750	1,111	117	3,678.77	35.86	1.117	99%	(4,743)	(1)	4,517,311	1,228	129	3,678.03	39.63
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	1,312,962	862	91	1,522.91	11.52	1.117	99%	6,388	4	1,452,453	953	100	1,523.40	12.74
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	41,752	21	2	1,988.19	0.37	1.117	100%	(255)	(0)	46,580	23	2	1,988.72	0.41
Subtotal - Inpatient	5,441,464	1,994	210	2,728.86	47.74		99%	1,389	3	6,016,344	2,205	232	2,728.45	52.79
OP - Emergency Room	2,731,544	6,260	659	436.37	23.97	1.087	99%	(27,398)	(63)	2,919,719	6,691	704	436.37	25.62
OP - Laboratory	199,467	785	83	254.02	1.75	1.087	99%	(1,838)	(6)	213,497	841	89	253.78	1.87
OP - Radiology	358,609	718	76	499.77	3.15	1.087	100%	(4,232)	(8)	385,317	771	81	499.51	3.38
OP - Surgery	1,061,402	387	41	2,743.65	9.31	1.087	100%	(13,372)	(5)	1,139,038	415	44	2,743.74	9.99
OP - Mental Health	38,890	29	3	1,341.02	0.34	1.087	100%	(228)	(0)	42,002	31	3	1,340.85	0.37
OP - Other	425,097	562	59	756.94	3.73	1.087	100%	(3,437)	(3)	457,337	606	64	755.22	4.01
Subtotal - Outpatient	4,815,009	8,740	920	550.92	42.25		99%	(50,504)	(85)	5,156,909	9,356	985	551.21	45.25
Prof - Evaluation & Management	1,164,081	27,585	2,904	42.20	10.21	1.139	98%	18,057	403	1,317,766	31,202	3,285	42.23	11.56
Prof - Maternity	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Surgery	404,501	2,765	291	146.29	3.55	1.139	100%	24,883	170	485,135	3,316	349	146.29	4.26
Prof - DME/Supplies & Prosthetics	246,980	2,851	300	86.63	2.17	1.139	99%	(11,573)	(208)	265,727	2,993	315	88.77	2.33
Prof - Lab	243,100	11,309	1,191	21.50	2.13	1.139	97%	15,273	713	285,049	13,263	1,396	21.49	2.50
Prof - Radiology	216,913	6,955	732	31.19	1.90	1.139	97%	13,402	430	252,363	8,092	852	31.19	2.21
Prof - Transportation	136,916	1,957	206	69.96	1.20	1.139	98%	8,516	122	161,718	2,311	243	69.96	1.42
Prof - Mental Health	1,443,676	10,340	1,089	139.62	12.67	1.139	97%	91,135	652	1,691,771	12,117	1,276	139.62	14.84
Prof - Target Case Management	81,472	243	26	335.27	0.71	1.139	99%	4,695	14	96,303	287	30	335.27	0.84
Prof - Other	1,091,283	15,618	1,644.39	69.87	9.57	1.139	99%	70,351	1,008	1,301,505	18,628	1,961	69.87	11.42
Subtotal - Professional	5,028,921	79,623	8,383	63.16	44.12		98%	234,741	3,304	5,857,338	92,209	9,708	63.52	51.39
Pharmacy - Non Hep C	3,580,944	40,800	4,296	87.77	31.42	1.000	99%	(328,091)	-	3,225,231	40,485	4,263	79.66	28.30
Pharmacy - Hep C	123,617	10	1	12,361.74	1.08	1.000	230%	(4,494)	-	279,829	23	2	12,166.36	2.46
Dental	1,064,401	17,752	1,869	59.96	9.34	1.001	97%	(2,641)	(40)	1,027,998	17,149	1,806	59.95	9.02
FQHC & RHC	126,916	3,635	383	34.91	1.11	1.139	95%	(1,262)	(36)	136,305	3,904	411	34.91	1.20
Subtotal - Other Services	4,895,878	62,197	6,549	78.72	42.96		102%	(336,488)	(76)	4,669,363	61,561	6,482	75.85	40.97
Total	\$ 20,337,835				\$ 178.44		100%	(152,442)	3,132	\$ 21,876,680				\$ 191.95

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 25 through 39 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					296,687									296,687
Home Health Care & Hospice	647,032	5,118	207	126	2.18	1.139	100%	(8,225)	(65)	728,346	5,761	233	126	2.45
IP - Maternity	4,185,180	4,706	190	889.33	14.11	1.117	100%	20,473	19	4,680,034	5,259	213	889.94	15.77
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	14,892,306	5,442	220	2,736.40	50.20	1.117	98%	61,433	22	16,319,559	5,964	241	2,736.54	55.01
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	3,637,560	2,009	81	1,810.63	12.26	1.117	98%	23,172	13	4,010,156	2,215	90	1,810.65	13.52
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	237,712	100	4	2,377.12	0.80	1.117	100%	(418)	(0)	266,239	112	5	2,375.37	0.90
Subtotal - Inpatient	22,952,758	12,257	496	1,872.58	77.36		98%	104,660	54	25,275,987	13,549	548	1,865.50	85.19
OP - Emergency Room	11,369,623	23,250	940	489.01	38.32	1.087	99%	(108,351)	(222)	12,138,299	24,822	1,004	489.01	40.91
OP - Laboratory	1,135,148	6,846	277	165.81	3.83	1.087	96%	(8,783)	(58)	1,174,197	7,077	286	165.92	3.96
OP - Radiology	2,725,972	5,562	225	490.14	9.19	1.087	100%	(26,349)	(53)	2,928,130	5,975	242	490.08	9.87
OP - Surgery	6,724,564	3,102	125	2,167.53	22.67	1.087	100%	(60,533)	(28)	7,220,581	3,331	135	2,167.57	24.34
OP - Mental Health	181,322	126	5	1,437.16	0.61	1.087	96%	(1,745)	(1)	186,856	130	5	1,437.07	0.63
OP - Other	2,468,650	4,250	172	580.92	8.32	1.087	99%	(20,717)	(36)	2,633,018	4,533	183	580.91	8.87
Subtotal - Outpatient	24,605,279	43,136	1,745	570.41	82.93		99%	(226,476)	(398)	26,281,081	45,867	1,855	572.98	88.58
Prof - Evaluation & Management	8,336,269	182,260	7,372	45.74	28.10	1.139	98%	233,337	5,045	9,559,534	208,949	8,451	45.75	32.22
Prof - Maternity	1,581,729	11,107	449	142.41	5.33	1.139	99%	84,763	595	1,876,205	13,174	533	142.42	6.32
Prof - Surgery	3,064,501	21,827	883	140.40	10.33	1.139	100%	165,313	1,174	3,642,455	25,940	1,049	140.42	12.28
Prof - DME/Supplies & Prosthetics	1,099,573	10,350	419	106.24	3.71	1.139	98%	33,179	306	1,262,483	11,877	480	106.30	4.26
Prof - Lab	2,804,546	133,004	5,380	21.09	9.45	1.139	98%	147,479	6,996	3,263,238	154,759	6,259	21.09	11.00
Prof - Radiology	1,324,349	31,809	1,287	41.63	4.46	1.139	97%	70,148	1,685	1,532,602	36,811	1,489	41.63	5.17
Prof - Transportation	414,394	6,851	277	60.49	1.40	1.139	98%	22,348	370	484,161	8,005	324	60.48	1.63
Prof - Mental Health	6,280,854	47,371	1,916	132.59	21.17	1.139	96%	312,105	2,323	7,205,930	54,317	2,197	132.66	24.29
Prof - Target Case Management	429,228	1,281	52	335.07	1.45	1.139	97%	21,959	66	497,701	1,485	60	335.07	1.68
Prof - Other	7,360,541	93,321	3,774.52	78.87	24.81	1.139	99%	396,840	5,044	8,699,613	110,311	4,462	78.86	29.32
Subtotal - Professional	32,695,983	539,181	21,808	60.64	110.20		98%	1,487,471	23,603	38,023,921	625,628	25,305	60.78	128.16
Pharmacy - Non Hep C	22,366,686	410,333	16,597	54.51	75.39	1.000	99%	(1,681,322)	-	20,381,338	404,755	16,371	50.35	68.70
Pharmacy - Hep C	1,837,186	123	5	14,936.47	6.19	1.000	230%	(94,700)	-	4,130,860	283	11	14,601.72	13.92
Dental	2,660,131	59,378	2,402	44.80	8.97	1.001	95%	(17,908)	(400)	2,512,341	56,079	2,268	44.80	8.47
FQHC & RHC	1,066,584	32,801	1,327	32.52	3.59	1.139	92%	(11,042)	(348)	1,102,291	33,891	1,371	32.52	3.72
Subtotal - Other Services	27,930,587	502,635	20,330	55.57	94.14		107%	(1,804,972)	(748)	28,126,830	495,008	20,021	56.82	94.80
Total	\$ 108,831,638				\$ 366.82		101%	(447,542)	22,447	\$ 118,436,165				\$ 399.20

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 25 through 39 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					267,758									267,758
Home Health Care & Hospice	486,165	2,942	132	165	1.82	1.139	100%	(6,860)	(39)	546,063	3,307	148	165	2.04
IP - Maternity	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Complex Newborn	8,262	1	0	8,261.69	0.03	1.117	100%	764	0	10,032	1	0	8,261.69	0.04
IP - Medical/Surgical	18,866,372	6,714	301	2,810.17	70.46	1.117	98%	99,602	35	20,683,792	7,360	330	2,810.33	77.25
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	6,199,293	3,298	148	1,879.50	23.15	1.117	99%	44,763	24	6,866,394	3,653	164	1,879.49	25.64
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	188,982	72	3	2,624.75	0.71	1.117	100%	58	0	212,052	81	4	2,624.41	0.79
Subtotal - Inpatient	25,262,909	10,085	452	2,505.00	94.35		98%	145,188	59	27,772,270	11,095	497	2,503.08	103.72
OP - Emergency Room	9,453,265	18,711	839	505.23	35.31	1.087	98%	(88,287)	(175)	10,002,181	19,797	887	505.23	37.36
OP - Laboratory	847,636	3,970	178	213.52	3.17	1.087	97%	(8,730)	(50)	885,282	4,137	185	213.99	3.31
OP - Radiology	1,381,183	2,605	117	530.14	5.16	1.087	100%	(14,057)	(25)	1,482,437	2,797	125	529.95	5.54
OP - Surgery	3,841,202	1,466	66	2,620.77	14.35	1.087	99%	(37,989)	(14)	4,103,159	1,566	70	2,620.75	15.32
OP - Mental Health	222,449	178	8	1,246.21	0.83	1.087	98%	(1,683)	(1)	234,579	188	8	1,246.30	0.88
OP - Other	1,482,618	2,807	126	528.14	5.54	1.087	99%	(7,186)	(13)	1,588,196	3,007	135	528.11	5.93
Subtotal - Outpatient	17,228,353	29,737	1,333	579.35	64.34		99%	(157,933)	(280)	18,295,834	31,493	1,411	580.96	68.33
Prof - Evaluation & Management	3,986,052	92,192	4,132	43.24	14.89	1.139	98%	34,835	762	4,470,968	103,364	4,632	43.25	16.70
Prof - Maternity	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Surgery	1,919,875	11,858	531	161.91	7.17	1.139	99%	70,235	433	2,227,939	13,760	617	161.92	8.32
Prof - DME/Supplies & Prosthetics	973,292	7,571	339	128.56	3.63	1.139	99%	22,324	144	1,115,176	8,645	387	128.99	4.16
Prof - Lab	847,759	42,150	1,889	20.11	3.17	1.139	97%	26,715	1,325	961,262	47,790	2,142	20.11	3.59
Prof - Radiology	853,069	24,586	1,102	34.70	3.19	1.139	96%	28,914	833	961,837	27,720	1,242	34.70	3.59
Prof - Transportation	521,778	8,372	375	62.32	1.95	1.139	98%	20,597	328	601,609	9,651	433	62.34	2.25
Prof - Mental Health	8,779,978	54,262	2,432	161.81	32.79	1.139	96%	289,772	1,765	9,884,309	61,061	2,737	161.88	36.92
Prof - Target Case Management	339,417	1,016	46	334.07	1.27	1.139	97%	9,030	27	383,026	1,147	51	334.07	1.43
Prof - Other	5,476,843	71,232	3,192.38	76.89	20.45	1.139	98%	188,655	2,455	6,308,314	82,047	3,677	76.89	23.56
Subtotal - Professional	23,698,062	313,239	14,038	75.65	88.51		97%	691,077	8,072	26,914,441	355,185	15,918	75.78	100.52
Pharmacy - Non Hep C	17,113,205	199,344	8,934	85.85	63.91	1.000	98%	(1,282,539)	-	15,567,911	196,283	8,797	79.31	58.14
Pharmacy - Hep C	1,544,779	111	5	13,916.92	5.77	1.000	224%	(81,032)	-	3,383,608	249	11	13,591.43	12.64
Dental	1,806,085	38,733	1,736	46.63	6.75	1.001	95%	6,238	134	1,732,615	37,157	1,665	46.63	6.47
FQHC & RHC	491,028	14,625	655	33.57	1.83	1.139	94%	(1,700)	(59)	525,578	15,646	701	33.59	1.96
Subtotal - Other Services	20,955,096	252,813	11,330	82.89	78.26		107%	(1,359,033)	75	21,209,711	249,335	11,174	85.07	79.21
Total	\$ 87,630,585				\$ 327.28		100%	(687,560)	7,887	\$ 94,738,319				\$ 353.82

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 40 or Older Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					306,764									306,764
Home Health Care & Hospice	1,615,261	12,102	473	133	5.27	1.139	100%	(16,195)	(122)	1,822,911	13,657	534	133	5.94
IP - Maternity	164,717	205	8	803.50	0.54	1.117	100%	(463)	(0)	184,311	230	9	802.74	0.60
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	30,811,048	11,253	440	2,738.11	100.44	1.117	99%	127,329	45	34,323,660	12,534	490	2,738.37	111.89
IP - Normal Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Mental Health	2,678,014	1,566	61	1,710.10	8.73	1.117	100%	15,197	9	2,995,234	1,751	69	1,710.39	9.76
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	982,718	282	11	3,484.82	3.20	1.117	100%	7,648	2	1,110,029	319	12	3,483.69	3.62
Subtotal - Inpatient	34,636,497	13,306	520	2,603.14	112.91		99%	149,710	56	38,613,233	14,834	580	2,603.06	125.87
OP - Emergency Room	11,014,539	18,843	737	584.55	35.91	1.087	100%	(100,117)	(172)	11,823,965	20,227	791	584.57	38.54
OP - Laboratory	1,695,471	11,032	432	153.68	5.53	1.087	98%	(13,213)	(87)	1,797,776	11,697	458	153.69	5.86
OP - Radiology	9,375,585	17,932	701	522.84	30.56	1.087	100%	(72,787)	(142)	10,105,978	19,326	756	522.91	32.94
OP - Surgery	14,859,393	6,687	262	2,222.29	48.44	1.087	100%	(124,449)	(56)	15,998,889	7,199	282	2,222.34	52.15
OP - Mental Health	73,078	64	3	1,141.84	0.24	1.087	100%	(509)	(0)	78,846	69	3	1,140.62	0.26
OP - Other	6,911,764	11,073	433	624.22	22.53	1.087	100%	(57,665)	(89)	7,428,699	11,904	466	624.05	24.22
Subtotal - Outpatient	43,929,829	65,630	2,567	669.35	143.20		100%	(368,739)	(546)	47,234,153	70,423	2,755	670.72	153.98
Prof - Evaluation & Management	13,138,624	281,121	10,997	46.74	42.83	1.139	98%	457,909	9,680	15,194,946	325,001	12,713	46.75	49.53
Prof - Maternity	59,770	475	19	125.83	0.19	1.139	99%	4,096	32	71,784	570	22	126.00	0.23
Prof - Surgery	7,421,045	46,172	1,806	160.73	24.19	1.139	100%	421,616	2,619	8,867,506	55,167	2,158	160.74	28.91
Prof - DME/Supplies & Prosthetics	3,109,950	29,673	1,161	104.81	10.14	1.139	99%	144,236	1,345	3,636,275	34,664	1,356	104.90	11.85
Prof - Lab	2,851,187	151,907	5,942	18.77	9.29	1.139	98%	155,785	8,298	3,323,702	177,080	6,927	18.77	10.83
Prof - Radiology	2,558,183	56,091	2,194	45.61	8.34	1.139	98%	140,747	3,079	2,983,586	65,411	2,559	45.61	9.73
Prof - Transportation	589,305	8,738	342	67.44	1.92	1.139	99%	36,220	538	702,914	10,424	408	67.43	2.29
Prof - Mental Health	3,108,145	28,066	1,098	110.74	10.13	1.139	97%	178,554	1,595	3,610,727	32,587	1,275	110.80	11.77
Prof - Target Case Management	460,147	1,361	53	338.09	1.50	1.139	98%	22,186	66	538,168	1,592	62	338.09	1.75
Prof - Other	10,757,032	136,752	5,349.47	78.66	35.07	1.139	100%	652,502	8,254	12,876,524	163,656	6,402	78.68	41.98
Subtotal - Professional	44,053,389	740,356	28,961	59.50	143.61		99%	2,213,853	35,505	51,806,132	866,151	33,882	59.81	168.88
Pharmacy - Non Hep C	53,397,468	995,605	38,946	53.63	174.07	1.000	99%	(4,032,252)	-	48,757,203	984,268	38,503	49.54	158.94
Pharmacy - Hep C	2,529,108	171	7	14,790.11	8.24	1.000	230%	(156,659)	-	5,660,336	393	15	14,391.79	18.45
Dental	1,936,313	46,577	1,822	41.57	6.31	1.001	94%	(11,106)	(264)	1,819,352	43,766	1,712	41.57	5.93
FQHC & RHC	1,478,912	47,698	1,866	31.01	4.82	1.139	95%	(12,433)	(403)	1,595,276	51,449	2,013	31.01	5.20
Subtotal - Other Services	59,341,802	1,090,051	42,641	54.44	193.44		104%	(4,212,450)	(667)	57,832,168	1,079,877	42,243	53.55	188.52
Total	\$ 183,576,778				\$ 598.43		101%	(2,233,821)	34,226	\$ 197,308,596				\$ 643.19

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region A

Exhibit 1A
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 40 or Older Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months	281,441													
Home Health Care & Hospice	1,672,142	7,788	332	215	5.94	1.139	100%	(20,306)	(92)	1,878,382	8,751	373	215	6.67
IP - Maternity	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	40,880,525	14,691	626	2,782.71	145.25	1.117	99%	163,851	57	45,281,553	16,271	694	2,783.01	160.89
IP - Normal Newborn	784	1	0	784.44	0.00	1.117	100%	(20)	(0)	860	1	0	784.44	0.00
IP - Mental Health	5,186,997	2,701	115	1,920.30	18.43	1.117	99%	29,936	16	5,761,195	3,000	128	1,920.28	20.47
IP - PRTF	-	-	-	-	-	1.117	0%	-	-	-	-	-	-	-
IP - Other	828,811	307	13	2,699.71	2.94	1.117	100%	6,033	2	935,764	346	15	2,702.09	3.32
Subtotal - Inpatient	46,897,118	17,700	755	2,649.55	166.63	99%	199,800	75	51,979,372	19,618	836	2,649.54	184.69	
OP - Emergency Room	10,740,377	17,713	755	606.36	38.16	1.087	99%	(96,335)	(159)	11,444,081	18,873	805	606.37	40.66
OP - Laboratory	1,350,436	7,423	316	181.93	4.80	1.087	99%	(11,177)	(61)	1,445,771	7,947	339	181.92	5.14
OP - Radiology	6,055,927	7,350	313	823.98	21.52	1.087	99%	(48,163)	(60)	6,496,456	7,882	336	824.18	23.08
OP - Surgery	10,254,418	4,640	198	2,209.88	36.44	1.087	100%	(84,298)	(38)	11,019,014	4,986	213	2,209.80	39.15
OP - Mental Health	147,085	101	4	1,456.29	0.52	1.087	99%	(900)	(1)	157,295	108	5	1,456.73	0.56
OP - Other	5,403,029	8,069	344	669.61	19.20	1.087	100%	(41,188)	(65)	5,809,410	8,673	370	669.86	20.64
Subtotal - Outpatient	33,951,272	45,296	1,931	749.55	120.63	99%	(282,062)	(384)	36,372,027	48,470	2,067	750.41	129.23	
Prof - Evaluation & Management	8,564,498	182,456	7,780	46.94	30.43	1.139	98%	217,917	4,551	9,809,635	208,891	8,907	46.96	34.86
Prof - Maternity	-	-	-	-	-	1.139	0%	-	-	-	-	-	-	-
Prof - Surgery	5,381,901	31,297	1,334	171.96	19.12	1.139	99%	252,102	1,461	6,340,760	36,868	1,572	171.98	22.53
Prof - DME/Supplies & Prosthetics	2,583,104	23,545	1,004	109.71	9.18	1.139	99%	102,971	900	3,000,847	27,314	1,165	109.86	10.66
Prof - Lab	1,590,246	87,914	3,748	18.09	5.65	1.139	97%	70,523	3,890	1,832,761	101,312	4,320	18.09	6.51
Prof - Radiology	1,888,908	43,111	1,838	43.81	6.71	1.139	97%	84,463	1,925	2,175,025	49,639	2,116	43.82	7.73
Prof - Transportation	775,056	10,957	467	70.74	2.75	1.139	99%	36,552	518	911,980	12,893	550	70.73	3.24
Prof - Mental Health	4,261,029	28,821	1,229	147.84	15.14	1.139	98%	198,071	1,314	4,938,579	33,378	1,423	147.96	17.55
Prof - Target Case Management	305,348	905	39	337.40	1.08	1.139	97%	10,568	31	349,504	1,036	44	337.41	1.24
Prof - Other	8,510,189	112,973	4,816.91	75.33	30.24	1.139	99%	407,967	5,418	10,028,441	133,130	5,676	75.33	35.63
Subtotal - Professional	33,860,278	521,979	22,256	64.87	120.31	99%	1,381,133	20,008	39,387,532	604,461	25,773	65.16	139.95	
Pharmacy - Non Hep C	39,505,390	589,345	25,128	67.03	140.37	1.000	99%	(3,065,353)	-	36,011,687	582,955	24,856	61.77	127.95
Pharmacy - Hep C	4,687,910	288	12	16,277.46	16.66	1.000	230%	(305,888)	-	10,476,389	662	28	15,815.68	37.22
Dental	1,517,204	33,884	1,445	44.78	5.39	1.001	95%	72	5	1,447,910	32,339	1,379	44.77	5.14
FQHC & RHC	981,213	32,500	1,386	30.19	3.49	1.139	95%	(11,065)	(365)	1,053,894	34,909	1,488	30.19	3.74
Subtotal - Other Services	46,691,717	656,017	27,971	71.17	165.90	112%	(3,382,235)	(361)	48,989,880	650,865	27,751	75.27	174.07	
Total	\$ 163,072,527				\$ 579.42		103%	(2,103,669)	19,246	\$ 178,607,193				\$ 634.62

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Infant (age under 1)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					301,438									301,438
Home Health Care & Hospice	397,114	3,140	125	126	1.32	1.045	100%	1,910	14	416,961	3,296	131	127	1.38
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	102,307,646	19,950	794	5,128.09	339.40	1.046	100%	1,124,568	219	108,569,836	21,171	843	5,128.12	360.17
IP - Medical/Surgical	27,433,325	3,450	137	7,952.50	91.01	1.046	100%	297,284	38	29,108,239	3,661	146	7,951.85	96.56
IP - Normal Newborn	21,816,337	16,812	669	1,297.70	72.37	1.046	100%	271,979	210	23,183,875	17,865	711	1,297.70	76.91
IP - Mental Health	30,141	9	0	3,348.94	0.10	1.046	100%	533	0	32,187	10	0	3,347.98	0.11
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	550,590	106	4	5,194.24	1.83	1.046	100%	6,279	1	584,518	113	4	5,190.29	1.94
Subtotal - Inpatient	152,138,039	40,327	1,605	3,772.64	504.71		100%	1,700,643	468	161,478,654	42,820	1,705	3,771.14	535.69
OP - Emergency Room	8,837,206	28,326	1,128	311.99	29.32	1.037	100%	36,772	119	9,203,780	29,502	1,174	311.97	30.53
OP - Laboratory	759,968	9,975	397	76.19	2.52	1.037	100%	4,576	59	792,899	10,406	414	76.20	2.63
OP - Radiology	722,976	4,290	171	168.53	2.40	1.037	100%	3,744	22	753,695	4,472	178	168.54	2.50
OP - Surgery	2,434,699	1,738	69	1,400.66	8.08	1.037	100%	8,419	6	2,533,975	1,810	72	1,400.34	8.41
OP - Mental Health	399	6	0	66.42	0.00	1.037	100%	11	0	424	6	0	66.59	0.00
OP - Other	2,572,617	17,506	697	146.96	8.53	1.037	100%	18,112	123	2,686,689	18,282	728	146.96	8.91
Subtotal - Outpatient	15,327,864	61,840	2,462	247.86	50.85		100%	71,634	330	15,971,462	64,478	2,567	247.71	52.98
Prof - Evaluation & Management	12,544,195	283,999	11,306	44.17	41.61	1.045	100%	208,045	4,703	13,318,546	301,523	12,003	44.17	44.18
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	2,007,840	15,144	603	132.58	6.66	1.045	100%	36,603	275	2,135,136	16,103	641	132.59	7.08
Prof - DME/Supplies & Prosthetics	686,437	12,319	490	55.72	2.28	1.045	100%	9,444	168	726,870	13,043	519	55.73	2.41
Prof - Lab	538,912	34,231	1,363	15.74	1.79	1.045	100%	9,198	584	572,313	36,352	1,447	15.74	1.90
Prof - Radiology	395,774	22,320	889	17.73	1.31	1.045	100%	7,108	401	420,719	23,727	945	17.73	1.40
Prof - Transportation	1,139,796	4,476	178	254.65	3.78	1.045	100%	20,400	79	1,211,679	4,757	189	254.69	4.02
Prof - Mental Health	2,884	26	1	110.94	0.01	1.045	100%	19	0	3,033	27	1	110.94	0.01
Prof - Target Case Management	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Other	13,968,056	152,554	6,073.05	91.56	46.34	1.045	100%	227,190	2,450	14,826,170	161,895	6,445	91.58	49.18
Subtotal - Professional	31,283,894	525,069	20,903	59.58	103.78		100%	518,005	8,660	33,214,465	557,428	22,191	59.59	110.19
Pharmacy - Non Hep C	4,541,121	152,082	6,054	29.86	15.06	1.000	100%	(152,987)	-	4,387,958	152,076	6,054	28.85	14.56
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	52,359	1,375	55	38.08	0.17	1.001	100%	2,590	70	55,008	1,447	58	38.02	0.18
FQHC & RHC	7,094,399	182,900	7,281	38.79	23.54	1.045	97%	35,648	917	7,202,694	185,690	7,392	38.79	23.89
Subtotal - Other Services	11,687,879	336,357	13,390	34.75	38.77		98%	(114,749)	987	11,645,659	339,213	13,504	34.33	38.63
Total	\$ 210,834,790				\$ 699.43		100%	2,177,443	10,459	\$ 222,727,203				\$ 738.88

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 1-5)														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,323,736									1,323,736
Home Health Care & Hospice	2,841,137	33,361	302	85	2.15	1.045	100%	17,536	207	2,987,004	35,074	318	85	2.26
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	13,456,791	2,421	22	5,557.79	10.17	1.046	100%	175,065	31	14,299,126	2,572	23	5,558.91	10.80
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	267,738	142	1	1,880.45	0.20	1.046	100%	4,074	2	285,257	152	1	1,879.97	0.22
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	42,601	12	0	3,550.07	0.03	1.046	100%	429	0	45,169	13	0	3,550.07	0.03
Subtotal - Inpatient	13,767,130	2,576	23	5,345.15	10.40	100%	179,567	33	14,629,552	2,737	25	5,345.60	11.05	
OP - Emergency Room	21,878,145	75,436	684	290.02	16.53	1.037	100%	94,823	327	22,789,456	78,578	712	290.02	17.22
OP - Laboratory	1,503,730	20,006	181	75.16	1.14	1.037	100%	7,015	94	1,564,926	20,821	189	75.16	1.18
OP - Radiology	1,238,315	7,658	69	161.70	0.94	1.037	100%	5,668	37	1,289,856	7,979	72	161.66	0.97
OP - Surgery	14,908,913	8,497	77	1,754.70	11.26	1.037	100%	76,717	44	15,539,681	8,856	80	1,754.73	11.74
OP - Mental Health	813	15	0	54.23	0.00	1.037	100%	6	0	850	16	0	54.23	0.00
OP - Other	5,583,271	40,364	366	138.32	4.22	1.037	100%	30,037	218	5,812,734	42,024	381	138.32	4.39
Subtotal - Outpatient	45,113,188	151,976	1,378	296.84	34.08	100%	214,267	719	46,997,503	158,273	1,435	296.94	35.50	
Prof - Evaluation & Management	24,679,266	524,684	4,756	47.04	18.64	1.045	100%	846,199	17,991	26,596,923	565,454	5,126	47.04	20.09
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	5,096,272	32,385	294	157.37	3.85	1.045	100%	569,783	3,622	5,896,249	37,470	340	157.36	4.45
Prof - DME/Supplies & Prosthetics	2,037,566	37,902	344	53.76	1.54	1.045	100%	(119,199)	(2,361)	2,007,661	37,202	337	53.97	1.52
Prof - Lab	2,191,984	144,525	1,310	15.17	1.66	1.045	99%	214,965	14,175	2,488,714	164,091	1,488	15.17	1.88
Prof - Radiology	587,674	35,328	320	16.63	0.44	1.045	99%	65,061	3,916	674,931	40,579	368	16.63	0.51
Prof - Transportation	981,820	6,083	55	161.40	0.74	1.045	100%	111,633	691	1,137,800	7,049	64	161.41	0.86
Prof - Mental Health	3,399,997	41,781	379	81.38	2.57	1.045	100%	399,005	4,903	3,952,577	48,571	440	81.38	2.99
Prof - Target Case Management	1,160,402	3,406	31	340.69	0.88	1.045	100%	134,158	394	1,346,974	3,954	36	340.69	1.02
Prof - Other	8,721,311	155,498	1,409.63	56.09	6.59	1.045	100%	847,802	15,135	9,963,047	177,656	1,610	56.08	7.53
Subtotal - Professional	48,856,292	981,592	8,898	49.77	36.91	100%	3,069,407	58,465	54,064,875	1,082,025	9,809	49.97	40.84	
Pharmacy - Non Hep C	24,760,932	653,802	5,927	37.87	18.71	1.000	100%	(887,801)	-	23,836,753	652,841	5,918	36.51	18.01
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	14,538,109	364,637	3,306	39.87	10.98	1.001	100%	599,649	15,049	15,092,041	378,540	3,432	39.87	11.40
FQHC & RHC	12,570,882	376,299	3,411	33.41	9.50	1.045	99%	77,159	2,310	13,026,866	389,949	3,535	33.41	9.84
Subtotal - Other Services	51,869,923	1,394,738	12,644	37.19	39.18	99%	(210,994)	17,359	51,955,659	1,421,330	12,885	36.55	39.25	
Total	\$ 162,447,670				\$ 122.72	100%	3,269,783	76,783	\$ 170,634,594				\$ 128.90	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 6-12)														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,709,263									1,709,263
Home Health Care & Hospice	2,686,100	27,476	193	98	1.57	1.045	100%	2,392	25	2,809,821	28,742	202	98	1.64
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	9,579,178	1,225	9	7,821.97	5.60	1.046	100%	200,028	26	10,247,158	1,310	9	7,820.82	6.00
IP - Normal Newborn	477	2	0	238.52	0.00	1.046	100%	11	0	512	2	0	238.52	0.00
IP - Mental Health	5,404,771	3,686	26	1,466.44	3.16	1.046	100%	127,711	87	5,803,896	3,958	28	1,466.37	3.40
IP - PRTF	782,653	1,998	14	391.74	0.46	1.046	100%	21,375	54	843,330	2,152	15	391.81	0.49
IP - Other	14,838	7	0	2,119.65	0.01	1.046	100%	424	0	16,006	8	0	2,119.65	0.01
Subtotal - Inpatient	15,781,917	6,917	49	2,281.55	9.23	100%	349,549	167	16,910,903	7,430	52	2,275.92	9.89	
OP - Emergency Room	18,772,079	56,758	398	330.74	10.98	1.037	100%	92,676	280	19,565,325	59,156	415	330.74	11.45
OP - Laboratory	1,594,761	22,595	159	70.58	0.93	1.037	100%	11,349	161	1,663,273	23,566	165	70.58	0.97
OP - Radiology	2,766,685	13,826	97	200.11	1.62	1.037	100%	21,000	106	2,890,520	14,445	101	200.10	1.69
OP - Surgery	10,475,989	5,291	37	1,980.15	6.13	1.037	100%	73,061	37	10,938,395	5,524	39	1,980.15	6.40
OP - Mental Health	19,575	193	1	101.69	0.01	1.037	100%	22	0	20,306	200	1	101.69	0.01
OP - Other	4,583,102	36,537	257	125.44	2.68	1.037	100%	39,070	311	4,784,528	38,142	268	125.44	2.80
Subtotal - Outpatient	38,212,190	135,199	949	282.64	22.36	100%	237,177	895	39,862,347	141,034	990	282.64	23.32	
Prof - Evaluation & Management	30,287,194	650,418	4,566	46.57	17.72	1.045	100%	439,170	9,432	32,037,634	688,010	4,830	46.57	18.74
Prof - Maternity	329	4	0	82.27	0.00	1.045	100%	50	1	394	5	0	82.27	0.00
Prof - Surgery	3,800,096	29,708	209	127.91	2.22	1.045	100%	461,036	3,605	4,432,779	34,654	243	127.91	2.59
Prof - DME/Supplies & Prosthetics	3,565,571	107,176	752	33.27	2.09	1.045	100%	(1,051,335)	(31,939)	2,669,775	79,912	561	33.41	1.56
Prof - Lab	2,323,769	151,074	1,061	15.38	1.36	1.045	99%	266,748	17,343	2,676,856	174,030	1,222	15.38	1.57
Prof - Radiology	1,134,957	59,890	420	18.95	0.66	1.045	99%	137,975	7,284	1,316,172	69,456	488	18.95	0.77
Prof - Transportation	657,935	4,357	31	151.01	0.38	1.045	100%	76,141	506	763,795	5,060	36	150.95	0.45
Prof - Mental Health	28,246,859	336,337	2,361	83.98	16.53	1.045	100%	3,392,371	40,389	32,915,114	391,918	2,751	83.98	19.26
Prof - Target Case Management	8,746,878	25,593	180	341.77	5.12	1.045	100%	999,974	2,926	10,141,940	29,675	208	341.77	5.93
Prof - Other	6,859,361	193,501	1,358.49	35.45	4.01	1.045	100%	838,369	23,650	8,007,561	225,892	1,586	35.45	4.68
Subtotal - Professional	85,622,950	1,558,058	10,938	54.95	50.09	100%	5,560,499	73,197	94,962,020	1,698,612	11,925	55.91	55.56	
Pharmacy - Non Hep C	56,965,855	1,009,425	7,087	56.43	33.33	1.000	100%	(2,165,337)	-	54,744,066	1,008,425	7,080	54.29	32.03
Pharmacy - Hep C	85,130	6	0	14,188.28	0.05	1.000	230%	(3,731)	-	192,069	14	0	13,917.95	0.11
Dental	29,642,940	711,414	4,995	41.67	17.34	1.001	100%	1,064,852	25,555	30,607,291	734,557	5,157	41.67	17.91
FQHC & RHC	18,833,780	576,260	4,046	32.68	11.02	1.045	99%	153,383	4,692	19,633,307	600,722	4,217	32.68	11.49
Subtotal - Other Services	105,527,704	2,297,105	16,127	45.94	61.74	100%	(950,833)	30,247	105,176,732	2,343,718	16,454	44.88	61.53	
Total	\$ 247,830,860				\$ 144.99	100%	5,198,784	104,531	\$ 259,721,822				\$ 151.95	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 13-18)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months	617,966													
Home Health Care & Hospice	816,504	8,641	168	94	1.32	1.045	100%	47	1	853,432	9,032	175	94	1.38
IP - Maternity	5,201,947	3,535	69	1,471.55	8.42	1.046	100%	140,029	92	5,603,203	3,804	74	1,472.92	9.07
IP - Complex Newborn	5,381	1	0	5,380.74	0.01	1.046	100%	338	0	5,989	1	0	5,380.74	0.01
IP - Medical/Surgical	5,518,578	845	16	6,530.86	8.93	1.046	100%	127,843	20	5,906,759	904	18	6,531.31	9.56
IP - Normal Newborn	20,777	11	0	1,888.84	0.03	1.046	100%	546	0	22,366	12	0	1,876.82	0.04
IP - Mental Health	7,678,924	5,147	100	1,491.81	12.43	1.046	100%	223,418	149	8,287,957	5,555	108	1,491.90	13.41
IP - PRTF	987,126	4,157	81	237.49	1.60	1.046	100%	38,466	162	1,075,163	4,527	88	237.48	1.74
IP - Other	19,942	5	0	3,988.35	0.03	1.046	100%	243	0	21,186	5	0	3,988.35	0.03
Subtotal - Inpatient	19,432,675	13,701	266	1,418.34	31.45	100%	530,882	423	20,922,624	14,810	288	1,412.77	33.86	
OP - Emergency Room	15,461,728	35,333	686	437.61	25.02	1.037	100%	81,056	185	16,117,452	36,831	715	437.60	26.08
OP - Laboratory	1,925,948	20,370	396	94.55	3.12	1.037	100%	16,982	179	2,012,981	21,290	413	94.55	3.26
OP - Radiology	3,403,129	11,362	221	299.53	5.51	1.037	100%	34,453	114	3,564,032	11,898	231	299.54	5.77
OP - Surgery	6,028,723	3,289	64	1,833.12	9.76	1.037	100%	55,200	30	6,307,903	3,441	67	1,833.18	10.21
OP - Mental Health	52,746	174	3	303.14	0.09	1.037	100%	477	2	55,167	182	4	303.18	0.09
OP - Other	3,530,480	21,144	411	166.97	5.71	1.037	100%	38,697	233	3,696,058	22,137	430	166.96	5.98
Subtotal - Outpatient	30,402,753	91,672	1,780	331.65	49.20	100%	226,865	743	31,753,593	95,780	1,860	331.53	51.38	
Prof - Evaluation & Management	13,884,324	308,867	5,998	44.95	22.47	1.045	100%	118,877	2,660	14,597,290	324,743	6,306	44.95	23.62
Prof - Maternity	1,487,169	9,361	182	158.87	2.41	1.045	100%	144,904	905	1,699,247	10,689	208	158.97	2.75
Prof - Surgery	1,827,409	14,199	276	128.70	2.96	1.045	100%	188,178	1,463	2,098,130	16,304	317	128.69	3.40
Prof - DME/Supplies & Prosthetics	2,094,393	54,099	1,051	38.71	3.39	1.045	100%	(500,385)	(13,308)	1,685,492	43,154	838	39.06	2.73
Prof - Lab	2,219,864	123,688	2,402	17.95	3.59	1.045	100%	225,828	12,584	2,535,689	141,286	2,744	17.95	4.10
Prof - Radiology	1,171,232	40,480	786	28.93	1.90	1.045	99%	120,201	4,158	1,338,137	46,252	898	28.93	2.17
Prof - Transportation	582,243	5,530	107	105.29	0.94	1.045	100%	58,827	560	666,702	6,333	123	105.27	1.08
Prof - Mental Health	11,595,901	125,490	2,437	92.40	18.76	1.045	100%	1,195,995	12,939	13,313,206	144,070	2,798	92.41	21.54
Prof - Target Case Management	2,842,221	8,342	162	340.71	4.60	1.045	100%	286,418	841	3,257,019	9,559	186	340.71	5.27
Prof - Other	5,434,521	122,938	2,387.28	44.21	8.79	1.045	100%	570,737	12,924	6,250,223	141,404	2,746	44.20	10.11
Subtotal - Professional	43,139,278	812,994	15,787	53.06	69.81	100%	2,409,579	35,727	47,441,133	883,796	17,162	53.68	76.77	
Pharmacy - Non Hep C	22,217,211	554,979	10,777	40.03	35.95	1.000	100%	(846,230)	-	21,333,875	554,052	10,759	38.51	34.52
Pharmacy - Hep C	152,939	6	0	25,489.77	0.25	1.000	230%	(6,342)	-	345,419	14	0	25,030.19	0.56
Dental	13,021,453	208,066	4,040	62.58	21.07	1.001	100%	538,935	8,614	13,531,662	216,221	4,199	62.58	21.90
FQHC & RHC	8,018,218	223,303	4,336	35.91	12.98	1.045	94%	66,607	1,589	7,977,588	221,906	4,309	35.95	12.91
Subtotal - Other Services	43,409,820	986,354	19,154	44.01	70.25	99%	(247,030)	10,203	43,188,544	992,192	19,267	43.53	69.89	
Total	\$ 137,201,031				\$ 222.02	100%		2,920,343	47,097	\$ 144,159,327				\$ 233.28

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 13-18)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					607,814									607,814
Home Health Care & Hospice	709,897	7,480	148	95	1.17	1.045	100%	(450)	(5)	741,512	7,813	154	95	1.22
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	5,216,386	676	13	7,716.55	8.58	1.046	100%	95,212	12	5,548,412	719	14	7,716.33	9.13
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	4,398,121	3,486	69	1,261.59	7.24	1.046	100%	101,551	81	4,708,351	3,732	74	1,261.51	7.75
IP - PRTF	765,128	2,116	42	361.63	1.26	1.046	100%	23,442	65	826,993	2,287	45	361.59	1.36
IP - Other	323,963	6	0	53,993.76	0.53	1.046	100%	25,848	0	366,079	7	0	53,993.76	0.60
Subtotal - Inpatient	10,703,598	6,284	124	1,703.32	17.61	100%	246,053	159	11,449,835	6,745	133	1,697.47	18.84	
OP - Emergency Room	9,723,535	22,508	444	432.01	16.00	1.037	100%	49,648	115	10,133,001	23,456	463	432.01	16.67
OP - Laboratory	733,939	7,883	156	93.11	1.21	1.037	100%	6,753	72	766,607	8,234	163	93.11	1.26
OP - Radiology	2,030,509	7,397	146	274.50	3.34	1.037	100%	16,314	59	2,122,306	7,732	153	274.49	3.49
OP - Surgery	4,796,993	1,921	38	2,497.60	7.89	1.037	100%	38,598	15	5,013,736	2,007	40	2,497.62	8.25
OP - Mental Health	19,445	66	1	296.11	0.03	1.037	100%	67	0	20,225	68	1	296.04	0.03
OP - Other	2,272,101	13,479	266	168.56	3.74	1.037	100%	22,301	130	2,375,275	14,089	278	168.59	3.91
Subtotal - Outpatient	19,576,522	53,253	1,051	367.61	32.21	100%	133,681	393	20,431,150	55,586	1,097	367.56	33.61	
Prof - Evaluation & Management	9,619,674	216,740	4,279	44.38	15.83	1.045	100%	27,978	631	10,057,942	226,615	4,474	44.38	16.55
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	1,686,273	13,352	264	126.29	2.77	1.045	100%	163,762	1,297	1,926,203	15,252	301	126.30	3.17
Prof - DME/Supplies & Prosthetics	1,672,822	37,295	736	44.85	2.75	1.045	100%	(290,336)	(6,548)	1,455,143	32,367	639	44.96	2.39
Prof - Lab	801,039	48,287	953	16.59	1.32	1.045	99%	76,605	4,618	908,410	54,760	1,081	16.59	1.49
Prof - Radiology	884,877	36,419	719	24.30	1.46	1.045	99%	85,667	3,528	1,005,712	41,394	817	24.30	1.65
Prof - Transportation	508,995	3,487	69	145.97	0.84	1.045	100%	48,733	338	580,530	3,981	79	145.81	0.96
Prof - Mental Health	10,912,194	98,878	1,952	110.36	17.95	1.045	100%	1,079,533	9,776	12,464,391	112,937	2,230	110.37	20.51
Prof - Target Case Management	2,515,314	7,370	146	341.29	4.14	1.045	100%	231,123	677	2,860,051	8,380	165	341.29	4.71
Prof - Other	3,283,470	78,166	1,543.22	42.01	5.40	1.045	100%	318,256	7,576	3,747,830	89,220	1,761	42.01	6.17
Subtotal - Professional	31,884,657	539,994	10,661	59.05	52.46	100%	1,741,321	21,892	35,006,211	584,905	11,548	59.85	57.59	
Pharmacy - Non Hep C	22,927,000	344,936	6,810	66.47	37.72	1.000	100%	(855,505)	-	22,046,272	344,557	6,803	63.98	36.27
Pharmacy - Hep C	56,837	3	0	18,945.60	0.09	1.000	230%	(2,301)	-	128,425	7	0	18,612.15	0.21
Dental	10,266,740	172,806	3,412	59.41	16.89	1.001	100%	405,047	6,815	10,644,392	179,160	3,537	59.41	17.51
FQHC & RHC	4,593,460	137,157	2,708	33.49	7.56	1.045	98%	41,686	1,247	4,757,570	142,059	2,805	33.49	7.83
Subtotal - Other Services	37,844,037	654,902	12,930	57.79	62.26	100%	(411,073)	8,061	37,576,659	665,782	13,144	56.44	61.82	
Total	\$ 100,718,711				\$ 165.71	100%	1,709,533	30,500	\$ 105,205,367					\$ 173.09

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 19-24)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					182,013									182,013
Home Health Care & Hospice	70,097	1,069	70	66	0.39	1.045	100%	385	6	73,648	1,124	74	66	0.40
IP - Maternity	23,686,281	17,242	1,137	1,373.75	130.14	1.046	100%	310,362	228	25,162,657	18,318	1,208	1,373.64	138.25
IP - Complex Newborn	55,266	11	1	5,024.15	0.30	1.046	100%	1,370	0	59,411	12	1	5,021.68	0.33
IP - Medical/Surgical	2,504,516	588	39	4,259.38	13.76	1.046	100%	35,462	8	2,655,023	623	41	4,262.45	14.59
IP - Normal Newborn	29,140	11	1	2,649.12	0.16	1.046	100%	685	0	31,289	12	1	2,651.01	0.17
IP - Mental Health	489,334	218	14	2,244.65	2.69	1.046	100%	8,833	4	520,342	232	15	2,245.46	2.86
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	53,209	14	1	3,800.63	0.29	1.046	100%	415	0	56,296	15	1	3,801.92	0.31
Subtotal - Inpatient	26,817,747	18,084	1,192	1,482.95	147.34	100%	357,128	240	28,485,019	19,211	1,267	1,482.72	156.50	
OP - Emergency Room	9,426,788	19,886	1,311	474.04	51.79	1.037	100%	35,627	75	9,794,451	20,662	1,362	474.03	53.81
OP - Laboratory	1,613,877	15,268	1,007	105.70	8.87	1.037	100%	5,851	66	1,674,350	15,851	1,045	105.63	9.20
OP - Radiology	1,335,150	5,556	366	240.33	7.34	1.037	100%	7,354	31	1,390,573	5,786	381	240.33	7.64
OP - Surgery	3,759,409	3,791	250	991.61	20.65	1.037	100%	22,792	24	3,918,237	3,952	261	991.48	21.53
OP - Mental Health	10,530	43	3	244.89	0.06	1.037	100%	12	0	10,923	45	3	242.99	0.06
OP - Other	3,592,418	14,883	981	241.38	19.74	1.037	100%	950	68	3,721,507	15,482	1,021	240.38	20.45
Subtotal - Outpatient	19,738,172	59,427	3,918	332.14	108.44	100%	72,586	264	20,510,040	61,778	4,073	331.99	112.68	
Prof - Evaluation & Management	4,429,180	101,598	6,698	43.60	24.33	1.045	99%	(61,822)	(1,433)	4,539,339	104,109	6,864	43.60	24.94
Prof - Maternity	6,362,744	34,900	2,301	182.31	34.96	1.045	100%	190,237	1,031	6,832,981	37,466	2,470	182.38	37.54
Prof - Surgery	873,109	7,018	463	124.41	4.80	1.045	100%	29,794	240	941,209	7,566	499	124.40	5.17
Prof - DME/Supplies & Prosthetics	697,779	9,097	600	76.70	3.83	1.045	98%	(54,769)	(729)	658,601	8,571	565	76.84	3.62
Prof - Lab	1,702,119	85,172	5,615	19.98	9.35	1.045	99%	56,155	2,809	1,825,494	91,344	6,022	19.98	10.03
Prof - Radiology	470,993	13,835	912	34.04	2.59	1.045	99%	15,394	452	503,073	14,777	974	34.04	2.76
Prof - Transportation	383,665	3,781	249	101.47	2.11	1.045	100%	12,382	122	412,769	4,068	268	101.46	2.27
Prof - Mental Health	1,853,896	19,260	1,270	96.26	10.19	1.045	98%	54,140	547	1,960,458	20,351	1,342	96.33	10.77
Prof - Target Case Management	309,785	907	60	341.55	1.70	1.045	100%	7,610	22	330,101	966	64	341.57	1.81
Prof - Other	4,257,188	58,986	3,888.91	72.17	23.39	1.045	100%	128,921	1,815	4,568,878	63,333	4,176	72.14	25.10
Subtotal - Professional	21,340,458	334,554	22,057	63.79	117.25	100%	378,041	4,875	22,572,904	352,553	23,244	64.03	124.02	
Pharmacy - Non Hep C	6,461,665	173,055	11,409	37.34	35.50	1.000	100%	(228,140)	-	6,211,086	172,454	11,370	36.02	34.12
Pharmacy - Hep C	131,931	10	1	13,193.14	0.72	1.000	230%	(4,797)	-	298,648	23	2	12,984.58	1.64
Dental	1,630,859	31,548	2,080	51.69	8.96	1.001	99%	83,680	1,618	1,702,418	32,932	2,171	51.70	9.35
FQHC & RHC	4,191,552	82,216	5,420	50.98	23.03	1.045	75%	24,863	210	3,306,397	64,576	4,257	51.20	18.17
Subtotal - Other Services	12,416,008	286,829	18,910	43.29	68.21	93%	(124,393)	1,828	11,518,548	269,985	17,800	42.66	63.28	
Total	\$ 80,382,480				\$ 441.63		99%	683,748	7,213	\$ 83,160,159				\$ 456.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 19-24)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					19,169									19,169
Home Health Care & Hospice	4,943	84	53	59	0.26	1.045	100%	59	1	5,224	89	55	59	0.27
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	539,918	117	73	4,614.68	28.17	1.046	100%	(843)	0	565,811	123	77	4,607.29	29.52
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	72,469	36	23	1,992.01	3.78	1.046	100%	994	0	77,102	39	24	1,994.22	4.02
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	612,387	153	96	3,992.61	31.95		100%	151	0	642,913	161	101	3,981.61	33.54
OP - Emergency Room	669,635	1,422	891	470.75	34.93	1.037	99%	2,992	6	693,231	1,472	922	470.83	36.16
OP - Laboratory	41,312	324	203	127.50	2.16	1.037	98%	264	2	42,266	332	208	127.37	2.20
OP - Radiology	87,910	200	125	439.55	4.59	1.037	99%	(164)	0	90,494	207	129	437.76	4.72
OP - Surgery	142,232	60	38	2,370.54	7.42	1.037	100%	1,199	1	148,706	63	39	2,365.64	7.76
OP - Mental Health	6,045	6	4	1,007.49	0.32	1.037	78%	38	0	4,936	5	3	1,006.01	0.26
OP - Other	82,359	323	202	254.96	4.30	1.037	99%	1,157	2	85,425	333	208	256.57	4.46
Subtotal - Outpatient	1,029,492	2,336	1,462	440.80	53.71		99%	5,487	12	1,065,058	2,412	1,510	441.64	55.56
Prof - Evaluation & Management	178,169	3,874	2,425	45.99	9.29	1.045	99%	(3,744)	(83)	180,338	3,920	2,454	46.00	9.41
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	69,085	430	269	160.66	3.60	1.045	100%	3,294	20	75,447	469	294	160.72	3.94
Prof - DME/Supplies & Prosthetics	30,517	470	294	64.93	1.59	1.045	97%	(2,893)	(53)	27,934	421	264	66.29	1.46
Prof - Lab	23,522	1,292	809	18.21	1.23	1.045	99%	1,140	63	25,497	1,400	877	18.21	1.33
Prof - Radiology	42,396	1,415	886	29.96	2.21	1.045	99%	1,889	66	45,622	1,525	955	29.91	2.38
Prof - Transportation	41,299	294	184	140.47	2.15	1.045	100%	2,043	14	45,207	322	201	140.50	2.36
Prof - Mental Health	192,261	1,737	1,087	110.69	10.03	1.045	97%	8,543	78	202,747	1,832	1,147	110.65	10.58
Prof - Target Case Management	16,717	50	31	334.33	0.87	1.045	100%	729	2	18,200	54	34	334.33	0.95
Prof - Other	251,044	3,644	2,281.18	68.89	13.10	1.045	99%	8,494	135	269,422	3,922	2,455	68.69	14.06
Subtotal - Professional	845,010	13,206	8,267	63.99	44.08		99%	19,494	242	890,416	13,867	8,681	64.21	46.45
Pharmacy - Non Hep C	1,131,334	9,317	5,833	121.43	59.02	1.000	100%	(32,462)	-	1,096,411	9,297	5,820	117.94	57.20
Pharmacy - Hep C	12,902	1	1	12,901.68	0.67	1.000	230%	(117)	-	29,558	2	1	12,851.00	1.54
Dental	145,763	2,739	1,715	53.22	7.60	1.001	99%	9,647	182	154,112	2,896	1,813	53.21	8.04
FQHC & RHC	68,995	2,145	1,343	32.17	3.60	1.045	98%	818	25	71,295	2,216	1,387	32.17	3.72
Subtotal - Other Services	1,358,994	14,202	8,891	95.69	70.90		101%	(22,113)	207	1,351,376	14,411	9,022	93.77	70.50
Total	\$ 3,850,827				\$ 200.89		100%	3,077	462	\$ 3,954,988				\$ 206.32

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 25-39)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					507,409									507,409
Home Health Care & Hospice	544,542	7,432	176	73	1.07	1.045	100%	1,127	18	569,993	7,782	184	73	1.12
IP - Maternity	29,530,654	20,882	494	1,414.17	58.20	1.046	100%	330,446	228	31,202,075	22,058	522	1,414.54	61.49
IP - Complex Newborn	176,540	18	0	9,807.80	0.35	1.046	100%	3,713	0	189,119	19	0	9,821.28	0.37
IP - Medical/Surgical	17,765,588	3,596	85	4,940.58	35.01	1.046	100%	221,430	45	18,806,425	3,806	90	4,940.83	37.06
IP - Normal Newborn	29,459	22	1	1,339.05	0.06	1.046	100%	582	0	31,521	24	1	1,339.05	0.06
IP - Mental Health	3,232,542	1,114	26	2,901.74	6.37	1.046	100%	43,479	15	3,421,729	1,179	28	2,901.59	6.74
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	221,541	62	1	3,573.24	0.44	1.046	99%	4,500	1	234,004	65	2	3,573.16	0.46
Subtotal - Inpatient	50,956,325	25,694	608	1,983.21	100.42		100%	604,150	290	53,884,874	27,152	642	1,984.57	106.20
OP - Emergency Room	25,878,332	47,114	1,114	549.27	51.00	1.037	99%	91,464	166	26,797,433	48,786	1,154	549.28	52.81
OP - Laboratory	4,958,077	39,874	943	124.34	9.77	1.037	99%	25,476	221	5,135,152	41,315	977	124.29	10.12
OP - Radiology	6,443,253	18,153	429	354.95	12.70	1.037	100%	45,464	124	6,715,660	18,916	447	355.03	13.24
OP - Surgery	15,205,062	8,668	205	1,754.15	29.97	1.037	100%	102,799	58	15,844,211	9,032	214	1,754.29	31.23
OP - Mental Health	72,078	186	4	387.52	0.14	1.037	91%	658	2	68,699	178	4	386.63	0.14
OP - Other	6,276,589	30,359	718	206.75	12.37	1.037	100%	49,283	243	6,537,259	31,625	748	206.71	12.88
Subtotal - Outpatient	58,833,390	144,354	3,414	407.56	115.95		100%	315,145	814	61,098,414	149,851	3,544	407.73	120.41
Prof - Evaluation & Management	14,677,009	333,324	7,883	44.03	28.93	1.045	99%	(137,706)	(3,230)	15,060,293	341,926	8,086	44.05	29.68
Prof - Maternity	7,829,403	45,382	1,073	172.52	15.43	1.045	100%	178,313	1,012	8,325,452	48,235	1,141	172.60	16.41
Prof - Surgery	4,670,080	30,783	728	151.71	9.20	1.045	100%	136,188	897	5,007,566	33,006	781	151.72	9.87
Prof - DME/Supplies & Prosthetics	2,227,889	26,915	637	82.77	4.39	1.045	98%	(60,199)	(803)	2,215,097	26,684	631	83.01	4.37
Prof - Lab	3,870,601	199,674	4,722	19.38	7.63	1.045	99%	101,504	5,205	4,110,867	212,037	5,015	19.39	8.10
Prof - Radiology	2,170,884	59,766	1,413	36.32	4.28	1.045	99%	60,174	1,655	2,304,494	63,442	1,500	36.32	4.54
Prof - Transportation	1,095,117	9,984	236	109.69	2.16	1.045	99%	27,489	250	1,157,427	10,551	250	109.69	2.28
Prof - Mental Health	9,927,418	115,090	2,722	86.26	19.56	1.045	98%	219,239	2,399	10,393,128	120,346	2,846	86.36	20.48
Prof - Target Case Management	2,111,663	6,121	145	344.99	4.16	1.045	99%	31,708	92	2,217,379	6,428	152	344.98	4.37
Prof - Other	17,973,401	234,615	5,548.54	76.61	35.42	1.045	100%	310,842	4,319	19,002,394	248,309	5,872	76.53	37.45
Subtotal - Professional	66,553,466	1,061,654	25,108	62.69	131.16		99%	867,552	11,795	69,794,097	1,110,967	26,274	62.82	137.55
Pharmacy - Non Hep C	45,621,381	970,413	22,950	47.01	89.91	1.000	99%	(1,541,574)	-	43,817,246	964,828	22,818	45.41	86.35
Pharmacy - Hep C	1,789,297	133	3	13,453.36	3.53	1.000	228%	(54,437)	-	4,030,375	304	7	13,274.07	7.94
Dental	3,723,844	82,896	1,960	44.92	7.34	1.001	99%	233,132	5,177	3,908,088	86,985	2,057	44.93	7.70
FQHC & RHC	8,081,116	190,472	4,505	42.43	15.93	1.045	83%	44,342	612	7,087,953	166,630	3,941	42.54	13.97
Subtotal - Other Services	59,215,638	1,243,914	29,418	47.60	116.70		101%	(1,318,538)	5,789	58,843,663	1,218,746	28,823	48.28	115.97
Total	\$ 236,103,362				\$ 465.31		100%	469,437	18,705	\$ 244,191,041				\$ 481.25

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Families and Children Adult (age 25-39)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					127,437									127,437
Home Health Care & Hospice	91,394	1,269	119	72	0.72	1.045	100%	155	2	95,678	1,328	125	72	0.75
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	5,012,564	1,078	102	4,649.87	39.33	1.046	100%	37,727	8	5,264,261	1,132	107	4,651.54	41.31
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	738,941	267	25	2,770.06	5.80	1.046	98%	10,167	4	769,682	278	26	2,769.18	6.04
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	43,256	7	1	6,179.45	0.34	1.046	100%	472	0	45,900	7	1	6,169.86	0.36
Subtotal - Inpatient	5,794,760	1,352	127	4,286.83	45.47		100%	48,365	12	6,079,843	1,417	133	4,290.31	47.71
OP - Emergency Room	5,093,691	8,894	838	572.69	39.97	1.037	99%	12,501	23	5,256,407	9,180	864	572.59	41.25
OP - Laboratory	785,175	4,673	440	168.03	6.16	1.037	99%	6,062	41	809,923	4,825	454	167.85	6.36
OP - Radiology	961,872	2,197	207	437.89	7.55	1.037	100%	8,422	18	1,003,408	2,290	216	438.20	7.87
OP - Surgery	1,976,533	865	81	2,285.10	15.51	1.037	100%	11,854	5	2,053,379	899	85	2,285.20	16.11
OP - Mental Health	16,414	36	3	455.95	0.13	1.037	91%	108	0	15,568	34	3	453.47	0.12
OP - Other	819,376	3,651	344	224.40	6.43	1.037	100%	6,597	26	853,732	3,802	358	224.57	6.70
Subtotal - Outpatient	9,653,062	20,316	1,913	475.14	75.75		99%	45,543	114	9,992,417	21,030	1,980	475.16	78.41
Prof - Evaluation & Management	2,302,419	53,256	5,015	43.23	18.07	1.045	99%	(22,028)	(539)	2,355,954	54,465	5,129	43.26	18.49
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	839,579	5,478	516	153.26	6.59	1.045	100%	20,198	132	893,784	5,832	549	153.26	7.01
Prof - DME/Supplies & Prosthetics	514,345	6,263	590	82.12	4.04	1.045	98%	(2,130)	(43)	526,375	6,392	602	82.34	4.13
Prof - Lab	302,988	18,155	1,710	16.69	2.38	1.045	99%	6,303	380	319,063	19,120	1,800	16.69	2.50
Prof - Radiology	434,542	12,853	1,210	33.81	3.41	1.045	99%	10,082	298	458,042	13,547	1,276	33.81	3.59
Prof - Transportation	274,578	2,020	190	135.93	2.15	1.045	98%	5,745	43	287,077	2,113	199	135.87	2.25
Prof - Mental Health	1,978,420	23,892	2,250	82.81	15.52	1.045	97%	35,703	391	2,031,360	24,491	2,306	82.94	15.94
Prof - Target Case Management	362,479	1,045	98	346.87	2.84	1.045	99%	4,777	14	379,549	1,094	103	346.85	2.98
Prof - Other	4,257,795	48,534	4,570.16	87.73	33.41	1.045	99%	57,006	676	4,476,424	51,052	4,807	87.68	35.13
Subtotal - Professional	11,267,146	171,496	16,149	65.70	88.41		99%	115,655	1,351	11,727,627	178,107	16,771	65.85	92.03
Pharmacy - Non Hep C	9,121,434	166,651	15,693	54.73	71.58	1.000	99%	(286,790)	-	8,771,864	165,504	15,585	53.00	68.83
Pharmacy - Hep C	546,805	39	4	14,020.65	4.29	1.000	230%	(14,934)	-	1,242,728	90	8	13,854.16	9.75
Dental	804,289	16,764	1,579	47.98	6.31	1.001	99%	57,129	1,188	852,667	17,770	1,673	47.98	6.69
FQHC & RHC	760,864	22,759	2,143	33.43	5.97	1.045	97%	5,286	139	779,461	23,296	2,194	33.46	6.12
Subtotal - Other Services	11,233,391	206,213	19,418	54.47	88.15		106%	(239,309)	1,327	11,646,720	206,659	19,460	56.36	91.39
Total	\$ 38,039,753				\$ 298.50		101%	(29,590)	2,806	\$ 39,542,285				\$ 310.29

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 40 +)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					144,547									144,547
Home Health Care & Hospice	417,880	4,029	334	104	2.89	1.045	100%	(301)	(1)	436,454	4,210	349	104	3.02
IP - Maternity	736,013	520	43	1,415.41	5.09	1.046	100%	7,363	4	780,337	550	46	1,418.21	5.40
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	10,069,814	1,985	165	5,072.19	69.66	1.046	100%	111,036	22	10,672,201	2,104	175	5,072.28	73.83
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	988,607	366	30	2,698.31	6.84	1.046	98%	11,410	4	1,022,991	379	31	2,697.96	7.08
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	119,485	44	4	2,715.57	0.83	1.046	100%	(1,087)	(1)	124,398	46	4	2,721.97	0.86
Subtotal - Inpatient	11,913,919	2,916	242	4,086.15	82.42	100%	128,722	30	12,599,928	3,079	256	4,092.05	87.17	
OP - Emergency Room	7,228,945	10,936	908	661.03	50.01	1.037	100%	27,702	41	7,506,233	11,354	943	661.09	51.93
OP - Laboratory	1,637,778	11,486	954	142.59	11.33	1.037	99%	15,388	107	1,705,373	11,959	993	142.60	11.80
OP - Radiology	4,167,508	8,837	734	471.58	28.83	1.037	100%	42,253	82	4,363,704	9,246	768	471.95	30.19
OP - Surgery	5,976,114	2,782	231	2,147.85	41.34	1.037	100%	51,967	24	6,231,894	2,901	241	2,147.99	43.11
OP - Mental Health	23,515	65	5	361.76	0.16	1.037	100%	342	1	24,717	68	6	361.92	0.17
OP - Other	2,908,248	9,855	818	295.10	20.12	1.037	100%	27,060	90	3,036,432	10,288	854	295.15	21.01
Subtotal - Outpatient	21,942,107	43,961	3,650	499.12	151.80	100%	164,712	346	22,868,353	45,817	3,804	499.12	158.21	
Prof - Evaluation & Management	5,460,466	122,012	10,129	44.75	37.78	1.045	99%	(4,916)	(174)	5,657,609	126,353	10,490	44.78	39.14
Prof - Maternity	206,056	1,431	119	143.99	1.43	1.045	100%	5,146	34	220,509	1,529	127	144.20	1.53
Prof - Surgery	2,426,878	14,671	1,218	165.42	16.79	1.045	100%	79,443	480	2,612,499	15,792	1,311	165.43	18.07
Prof - DME/Supplies & Prosthetics	1,080,488	15,121	1,255	71.46	7.47	1.045	98%	(4,380)	(107)	1,102,859	15,388	1,277	71.67	7.63
Prof - Lab	992,070	55,229	4,585	17.96	6.86	1.045	99%	30,092	1,667	1,058,257	58,906	4,890	17.97	7.32
Prof - Radiology	1,008,427	25,456	2,113	39.61	6.98	1.045	99%	30,191	759	1,075,286	27,141	2,253	39.62	7.44
Prof - Transportation	307,460	3,256	270	94.43	2.13	1.045	100%	8,745	91	329,429	3,487	289	94.48	2.28
Prof - Mental Health	2,009,720	24,224	2,011	82.96	13.90	1.045	98%	47,638	552	2,113,388	25,451	2,113	83.04	14.62
Prof - Target Case Management	462,556	1,342	111	344.68	3.20	1.045	100%	9,718	28	491,407	1,426	118	344.68	3.40
Prof - Other	5,122,357	71,010	5,895.11	72.14	35.44	1.045	100%	122,537	1,772	5,458,765	75,747	6,288	72.07	37.76
Subtotal - Professional	19,076,479	333,752	27,707	57.16	131.97	99%	324,213	5,101	20,120,007	351,220	29,158	57.29	139.19	
Pharmacy - Non Hep C	26,044,047	531,676	44,139	48.98	180.18	1.000	100%	(906,937)	-	25,030,035	529,490	43,957	47.27	173.16
Pharmacy - Hep C	652,268	43	4	15,169.02	4.51	1.000	230%	(23,857)	-	1,476,371	99	8	14,927.80	10.21
Dental	854,890	19,954	1,657	42.84	5.91	1.001	98%	43,959	1,027	886,304	20,688	1,717	42.84	6.13
FQHC & RHC	1,662,567	49,429	4,103	33.64	11.50	1.045	95%	11,669	335	1,664,472	49,474	4,107	33.64	11.52
Subtotal - Other Services	29,213,772	601,102	49,902	48.60	202.11	102%	(875,166)	1,362	29,057,182	599,751	49,790	48.45	201.02	
Total	\$ 82,564,157				\$ 571.19		101%	(257,820)	6,837	\$ 85,081,923				\$ 588.61

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 40 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					79,956									79,956
Home Health Care & Hospice	164,088	1,754	263	94	2.05	1.045	100%	830	9	172,329	1,842	276	94	2.16
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	5,858,539	1,109	166	5,284.39	73.27	1.046	100%	41,381	8	6,168,332	1,167	175	5,284.34	77.15
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	543,562	152	23	3,576.07	6.80	1.046	100%	6,053	2	576,912	161	24	3,576.88	7.22
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	117,596	22	3	5,345.28	1.47	1.046	100%	577	0	124,079	23	3	5,334.84	1.55
Subtotal - Inpatient	6,519,697	1,283	193	5,082.99	81.54	100%		48,011	10	6,869,322	1,352	203	5,081.49	85.91
OP - Emergency Room	3,421,706	4,860	729	704.10	42.79	1.037	100%	11,164	15	3,552,539	5,045	757	704.18	44.43
OP - Laboratory	897,065	4,134	620	217.00	11.22	1.037	100%	2,444	10	931,432	4,291	644	217.07	11.65
OP - Radiology	1,665,688	2,762	414	603.12	20.83	1.037	100%	6,647	12	1,730,462	2,870	431	603.00	21.64
OP - Surgery	2,619,978	1,164	175	2,250.77	32.77	1.037	100%	8,987	4	2,719,572	1,208	181	2,250.46	34.01
OP - Mental Health	2,931	11	2	266.44	0.04	1.037	100%	6	(0)	3,041	11	2	267.31	0.04
OP - Other	1,368,058	4,205	631	325.38	17.11	1.037	100%	6,780	25	1,421,762	4,373	656	325.09	17.78
Subtotal - Outpatient	9,975,426	17,135	2,572	582.17	124.76	100%		36,028	66	10,358,808	17,799	2,671	581.99	129.56
Prof - Evaluation & Management	2,340,515	50,365	7,559	46.47	29.27	1.045	99%	(4,237)	(120)	2,421,900	52,087	7,817	46.50	30.29
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	1,108,775	6,512	977	170.27	13.87	1.045	100%	30,182	177	1,187,448	6,974	1,047	170.26	14.85
Prof - DME/Supplies & Prosthetics	732,221	9,074	1,362	80.69	9.16	1.045	99%	3,644	28	759,775	9,399	1,411	80.84	9.50
Prof - Lab	295,270	18,394	2,761	16.05	3.69	1.045	99%	7,533	470	313,545	19,533	2,932	16.05	3.92
Prof - Radiology	469,196	11,730	1,760	40.00	5.87	1.045	99%	11,892	297	498,301	12,458	1,870	40.00	6.23
Prof - Transportation	191,635	1,579	237	121.36	2.40	1.045	100%	5,132	42	204,778	1,687	253	121.39	2.56
Prof - Mental Health	791,401	10,614	1,593	74.56	9.90	1.045	98%	15,536	193	823,257	11,026	1,655	74.66	10.30
Prof - Target Case Management	173,403	502	75	345.42	2.17	1.045	99%	2,409	7	182,658	529	79	345.43	2.28
Prof - Other	2,544,934	33,153	4,975.69	76.76	31.83	1.045	100%	44,675	622	2,694,763	35,145	5,275	76.68	33.70
Subtotal - Professional	8,647,350	141,923	21,300	60.93	108.15	99%		116,765	1,717	9,086,425	148,837	22,338	61.05	113.64
Pharmacy - Non Hep C	11,473,250	211,063	31,677	54.36	143.49	1.000	100%	(370,249)	-	11,063,075	210,329	31,567	52.60	138.36
Pharmacy - Hep C	501,868	30	5	16,728.92	6.28	1.000	230%	(13,591)	-	1,140,714	69	10	16,531.96	14.27
Dental	365,868	8,259	1,240	44.30	4.58	1.001	99%	18,541	421	380,462	8,591	1,289	44.29	4.76
FQHC & RHC	613,619	19,267	2,892	31.85	7.67	1.045	97%	3,928	120	627,952	19,714	2,959	31.85	7.85
Subtotal - Other Services	12,954,605	238,619	35,813	54.29	162.02	105%		(361,371)	541	13,212,204	238,702	35,825	55.35	165.24
Total	\$ 38,261,165				\$ 478.53			101%		(159,737)	2,342	\$ 39,699,088		\$ 496.51

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 19-24)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					22,258									22,258
Home Health Care & Hospice	121,266	1,412	761	86	5.45	1.015	100%	809	9	123,900	1,443	778	86	5.57
IP - Maternity	841,420	529	285	1,589.22	37.80	1.029	100%	17,997	9	887,608	556	300	1,595.15	39.88
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	2,696,264	312	168	8,643.26	121.14	1.029	100%	40,618	5	2,823,726	327	176	8,643.26	126.86
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	697,182	257	138	2,717.85	31.32	1.029	96%	12,310	5	701,779	258	139	2,717.85	31.53
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	5,755	1	1	5,755.00	0.26	1.029	100%	(78)	(0)	5,870	1	1	5,755.00	0.26
Subtotal - Inpatient	4,240,621	1,099	592	3,858.88	190.52		100%	70,847	18	4,418,983	1,142	616	3,868.25	198.53
OP - Emergency Room	1,383,501	2,955	1,593	468.18	62.16	1.018	100%	5,940	13	1,410,175	3,012	1,624	468.18	63.36
OP - Laboratory	189,741	1,765	952	107.50	8.52	1.018	100%	948	9	193,615	1,801	971	107.50	8.70
OP - Radiology	283,679	701	378	404.60	12.75	1.018	100%	443	1	288,728	714	385	404.60	12.97
OP - Surgery	732,378	386	208	1,897.24	32.90	1.018	100%	4,672	2	750,120	395	213	1,897.24	33.70
OP - Mental Health	94	2	1	47.19	0.00	1.018	100%	1	0	97	2	1	47.19	0.00
OP - Other	626,138	1,672	901	374.59	28.13	1.018	100%	1,973	5	638,859	1,705	919	374.59	28.70
Subtotal - Outpatient	3,215,532	7,481	4,033	429.85	144.47		100%	13,977	30	3,281,595	7,630	4,113	430.12	147.43
Prof - Evaluation & Management	691,564	14,191	7,651	48.73	31.07	1.015	100%	8,103	166	707,627	14,521	7,829	48.73	31.79
Prof - Maternity	206,763	1,391	750	148.64	9.29	1.015	100%	11,322	75	221,124	1,487	802	148.72	9.93
Prof - Surgery	156,033	1,170	631	133.36	7.01	1.015	100%	8,231	62	166,558	1,249	673	133.36	7.48
Prof - DME/Supplies & Prosthetics	508,785	2,914	1,571	174.60	22.86	1.015	100%	4,832	28	519,589	2,976	1,604	174.60	23.34
Prof - Lab	151,736	7,702	4,152	19.70	6.82	1.015	100%	8,339	423	162,178	8,232	4,438	19.70	7.29
Prof - Radiology	95,636	2,792	1,505	34.25	4.30	1.015	100%	4,744	139	101,516	2,964	1,598	34.25	4.56
Prof - Transportation	97,243	1,247	672	77.98	4.37	1.015	99%	4,915	63	102,719	1,317	710	77.98	4.61
Prof - Mental Health	798,574	6,187	3,336	129.07	35.88	1.015	99%	38,621	299	839,336	6,503	3,506	129.07	37.71
Prof - Target Case Management	145,118	423	228	343.07	6.52	1.015	99%	5,290	15	151,665	442	238	343.07	6.81
Prof - Other	658,309	10,098	5,444.15	65.19	29.58	1.015	100%	32,699	502	698,947	10,721	5,780	65.19	31.40
Subtotal - Professional	3,509,761	48,115	25,940	72.95	157.69		99%	127,097	1,772	3,671,259	50,411	27,178	72.83	164.94
Pharmacy - Non Hep C	5,255,265	48,832	26,327	107.62	236.11	1.000	100%	(195,260)	-	5,057,829	48,812	26,316	103.62	227.24
Pharmacy - Hep C	25,803	2	1	12,901.68	1.16	1.000	230%	(960)	-	58,388	5	2	12,692.88	2.62
Dental	219,225	4,170	2,248	52.57	9.85	1.001	100%	10,696	203	229,337	4,362	2,352	52.57	10.30
FQHC & RHC	354,701	8,586	4,629	41.31	15.94	1.015	86%	3,385	59	311,430	7,515	4,052	41.44	13.99
Subtotal - Other Services	5,854,995	61,590	33,205	95.06	263.05		100%	(182,139)	262	5,656,983	60,694	32,722	93.21	254.16
Total	\$ 16,942,175				\$ 761.17		100%	30,590	2,092	\$ 17,152,720				\$ 770.63

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
SSI w/o Medicare Adult (age 19-24)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					34,595									34,595
Home Health Care & Hospice	122,277	1,627	564	75	3.53	1.015	100%	403	5	124,521	1,657	575	75	3.60
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	3,143,168	316	110	9,946.73	90.86	1.029	100%	36,521	4	3,284,024	330	115	9,946.73	94.93
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	630,432	212	74	2,968.41	18.22	1.029	100%	11,278	4	662,832	223	77	2,968.41	19.16
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	16,096	3	1	5,365.40	0.47	1.029	100%	84	0	16,719	3	1	5,365.40	0.48
Subtotal - Inpatient	3,789,696	531	184	7,131.80	109.54	100%	47,882	7	3,963,576	557	193	7,121.40	114.57	
OP - Emergency Room	1,068,721	2,245	779	476.03	30.89	1.018	100%	4,238	9	1,091,307	2,293	795	476.03	31.55
OP - Laboratory	149,684	917	318	163.22	4.33	1.018	100%	1,316	8	153,632	941	327	163.22	4.44
OP - Radiology	295,440	403	140	733.04	8.54	1.018	100%	3,707	5	304,430	415	144	733.04	8.80
OP - Surgery	474,298	219	76	2,162.92	13.71	1.018	100%	4,389	2	487,156	225	78	2,162.92	14.08
OP - Mental Health	2,604	9	3	289.34	0.08	1.018	100%	82	0	2,732	9	3	289.34	0.08
OP - Other	409,709	1,237	429	331.08	11.84	1.018	100%	5,773	17	422,684	1,277	443	331.08	12.22
Subtotal - Outpatient	2,400,457	5,031	1,745	477.13	69.39	100%	19,505	42	2,461,941	5,160	1,790	477.08	71.16	
Prof - Evaluation & Management	562,915	11,545	4,005	48.76	16.27	1.015	100%	4,847	99	574,328	11,779	4,086	48.76	16.60
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	171,286	1,118	388	153.21	4.95	1.015	100%	9,670	63	183,533	1,198	416	153.21	5.31
Prof - DME/Supplies & Prosthetics	483,386	2,922	1,014	165.43	13.97	1.015	100%	11,018	67	500,392	3,025	1,049	165.43	14.46
Prof - Lab	59,145	3,408	1,182	17.35	1.71	1.015	100%	3,654	211	63,608	3,665	1,271	17.35	1.84
Prof - Radiology	79,179	2,580	895	30.69	2.29	1.015	100%	4,518	147	84,746	2,761	958	30.69	2.45
Prof - Transportation	92,697	983	341	94.30	2.68	1.015	100%	5,117	54	99,108	1,051	365	94.30	2.86
Prof - Mental Health	1,017,878	7,102	2,463	143.32	29.42	1.015	100%	54,896	383	1,083,827	7,562	2,623	143.32	31.33
Prof - Target Case Management	113,302	335	116	338.21	3.28	1.015	100%	6,717	20	121,227	358	124	338.21	3.50
Prof - Other	544,807	8,511	2,952.22	64.01	15.75	1.015	100%	34,802	544	587,219	9,174	3,182	64.01	16.97
Subtotal - Professional	3,124,595	38,504	13,356	81.15	90.32	100%	135,240	1,588	3,297,988	40,574	14,074	81.28	95.33	
Pharmacy - Non Hep C	5,277,072	47,019	16,310	112.23	152.54	1.000	100%	(187,475)	-	5,088,264	47,007	16,305	108.24	147.08
Pharmacy - Hep C	87,170	5	2	17,434.08	2.52	1.000	230%	(1,848)	-	198,645	12	4	17,273.40	5.74
Dental	257,002	5,092	1,766	50.47	7.43	1.001	100%	9,653	191	265,900	5,268	1,827	50.47	7.69
FQHC & RHC	165,617	5,081	1,762	32.60	4.79	1.015	98%	1,433	44	166,221	5,100	1,769	32.60	4.80
Subtotal - Other Services	5,786,861	57,197	19,840	101.17	167.27	102%	(178,237)	235	5,719,030	57,386	19,906	99.66	165.31	
Total	\$ 15,223,885				\$ 440.06		101%	24,794	1,878	\$ 15,567,056				\$ 449.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 25-44)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					125,237									125,237
Home Health Care & Hospice	1,004,867	11,147	1,068	90	8.02	1.015	100%	1,810	20	1,021,799	11,335	1,086	90	8.16
IP - Maternity	1,277,157	766	73	1,667.31	10.20	1.029	100%	14,888	10	1,334,836	802	77	1,664.95	10.66
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	18,812,204	3,854	369	4,881.47	150.21	1.029	100%	283,215	58	19,719,550	4,040	387	4,881.47	157.46
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	3,512,925	1,230	118	2,855.39	28.05	1.029	100%	41,654	15	3,672,279	1,286	123	2,855.39	29.32
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	273,721	40	4	6,843.03	2.19	1.029	100%	6,747	1	289,640	42	4	6,843.03	2.31
Subtotal - Inpatient	23,876,008	5,890	564	4,053.60	190.65	100%	346,505	84	25,016,305	6,170	591	4,054.63	199.75	
OP - Emergency Room	11,976,175	20,038	1,920	597.68	95.63	1.018	100%	61,582	103	12,235,963	20,473	1,962	597.68	97.70
OP - Laboratory	1,898,682	12,384	1,187	153.32	15.16	1.018	100%	22,828	149	1,953,701	12,743	1,221	153.32	15.60
OP - Radiology	4,194,103	6,769	649	619.62	33.49	1.018	100%	52,606	85	4,321,260	6,974	668	619.62	34.50
OP - Surgery	6,348,811	2,880	276	2,204.22	50.69	1.018	100%	66,847	30	6,528,163	2,962	284	2,204.17	52.13
OP - Mental Health	8,898	49	5	181.59	0.07	1.018	100%	19	0	9,073	50	5	181.59	0.07
OP - Other	4,371,064	11,662	1,117	374.81	34.90	1.018	100%	48,667	130	4,495,548	11,994	1,149	374.81	35.90
Subtotal - Outpatient	28,797,734	53,782	5,153	535.46	229.95	100%	252,549	497	29,543,708	55,195	5,289	535.26	235.90	
Prof - Evaluation & Management	5,534,688	114,262	10,948	48.44	44.19	1.015	100%	(7,138)	(147)	5,590,806	115,421	11,059	48.44	44.64
Prof - Maternity	308,201	2,074	199	148.60	2.46	1.015	100%	6,579	45	319,317	2,149	206	148.56	2.55
Prof - Surgery	2,159,110	14,286	1,369	151.13	17.24	1.015	100%	56,574	374	2,248,084	14,875	1,425	151.13	17.95
Prof - DME/Supplies & Prosthetics	2,451,085	22,743	2,179	107.77	19.57	1.015	99%	20,920	194	2,495,522	23,155	2,219	107.77	19.93
Prof - Lab	1,035,496	55,529	5,321	18.65	8.27	1.015	100%	22,898	1,228	1,072,249	57,500	5,510	18.65	8.56
Prof - Radiology	1,097,091	29,357	2,813	37.37	8.76	1.015	100%	26,123	699	1,138,163	30,456	2,918	37.37	9.09
Prof - Transportation	836,718	9,674	927	86.49	6.68	1.015	100%	19,119	221	867,650	10,032	961	86.49	6.93
Prof - Mental Health	5,929,542	47,526	4,554	124.76	47.35	1.015	98%	79,388	636	5,983,685	47,960	4,595	124.76	47.78
Prof - Target Case Management	1,054,239	3,013	289	349.90	8.42	1.015	98%	11,211	32	1,065,047	3,044	292	349.90	8.50
Prof - Other	7,227,263	95,993	9,197.89	75.29	57.71	1.015	100%	133,110	1,768	7,464,447	99,143	9,500	75.29	59.60
Subtotal - Professional	27,633,433	394,457	37,796	70.05	220.65	99%	368,785	5,050	28,244,971	403,735	38,685	69.96	225.53	
Pharmacy - Non Hep C	39,721,228	590,160	56,548	67.31	317.17	1.000	100%	(1,449,939)	-	38,249,157	589,831	56,517	64.85	305.41
Pharmacy - Hep C	816,085	57	5	14,317.28	6.52	1.000	230%	(25,174)	-	1,851,833	131	13	14,125.26	14.79
Dental	892,680	19,689	1,887	45.34	7.13	1.001	99%	40,757	899	927,910	20,466	1,961	45.34	7.41
FQHC & RHC	1,991,289	56,068	5,372	35.52	15.90	1.015	93%	13,796	374	1,900,281	53,491	5,125	35.53	15.17
Subtotal - Other Services	43,421,282	665,974	63,813	65.20	346.71	102%	(1,420,560)	1,273	42,929,182	663,919	63,616	64.66	342.78	
Total	\$ 124,733,323				\$ 995.98		101%	(450,911)	6,924	\$ 126,755,965				\$ 1,012.13

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 25-44)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					109,551									109,551
Home Health Care & Hospice	814,956	8,227	901	99	7.44	1.015	100%	782	8	828,002	8,359	916	99	7.56
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	14,905,047	3,091	339	4,821.38	136.06	1.029	100%	115,081	24	15,473,892	3,209	352	4,821.38	141.25
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	2,878,396	944	103	3,049.92	26.27	1.029	100%	39,260	13	3,011,488	987	108	3,049.92	27.49
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	112,264	27	3	4,157.92	1.02	1.029	100%	2,405	1	118,431	28	3	4,157.92	1.08
Subtotal - Inpatient	17,895,707	4,062	445	4,405.41	163.36		100%	156,746	37	18,603,811	4,225	463	4,402.94	169.82
OP - Emergency Room	6,713,917	11,432	1,252	587.31	61.29	1.018	100%	22,930	39	6,845,903	11,656	1,277	587.31	62.49
OP - Laboratory	1,057,092	6,604	723	160.07	9.65	1.018	100%	7,634	48	1,083,088	6,766	741	160.07	9.89
OP - Radiology	2,128,257	2,700	296	788.37	19.43	1.018	100%	13,593	17	2,179,906	2,765	303	788.37	19.90
OP - Surgery	2,874,425	1,270	139	2,264.13	26.24	1.018	100%	21,435	9	2,947,152	1,302	143	2,264.13	26.90
OP - Mental Health	8,697	23	3	378.15	0.08	1.018	100%	74	0	8,926	24	3	378.15	0.08
OP - Other	4,393,612	6,945	761	632.65	40.11	1.018	100%	10,892	17	4,481,858	7,084	776	632.65	40.91
Subtotal - Outpatient	17,176,000	28,973	3,174	592.84	156.79		100%	76,558	131	17,546,834	29,597	3,242	592.85	160.17
Prof - Evaluation & Management	2,954,772	61,591	6,747	47.97	26.97	1.015	100%	(11,784)	(246)	2,973,727	61,986	6,790	47.97	27.14
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	1,136,155	7,408	811	153.37	10.37	1.015	100%	23,512	153	1,176,116	7,669	840	153.37	10.74
Prof - DME/Supplies & Prosthetics	1,996,290	14,701	1,610	135.79	18.22	1.015	100%	26,365	194	2,045,540	15,064	1,650	135.79	18.67
Prof - Lab	395,087	23,209	2,542	17.02	3.61	1.015	100%	7,655	450	407,480	23,937	2,622	17.02	3.72
Prof - Radiology	588,385	16,828	1,843	34.96	5.37	1.015	100%	10,015	286	605,758	17,325	1,898	34.96	5.53
Prof - Transportation	665,929	7,086	776	93.98	6.08	1.015	100%	11,997	128	687,670	7,317	802	93.98	6.28
Prof - Mental Health	4,715,261	32,569	3,568	144.78	43.04	1.015	98%	48,358	334	4,719,198	32,596	3,571	144.78	43.08
Prof - Target Case Management	604,864	1,743	191	347.02	5.52	1.015	98%	4,994	14	603,716	1,740	191	347.02	5.51
Prof - Other	4,469,715	59,660	6,535.04	74.92	40.80	1.015	100%	53,138	709	4,586,535	61,219	6,706	74.92	41.87
Subtotal - Professional	17,526,458	224,795	24,624	77.97	159.98		99%	174,251	2,023	17,805,740	228,853	25,068	77.80	162.53
Pharmacy - Non Hep C	30,740,615	321,069	35,169	95.74	280.61	1.000	100%	(1,047,054)	-	29,669,521	320,818	35,142	92.48	270.83
Pharmacy - Hep C	1,038,906	64	7	16,232.90	9.48	1.000	230%	(33,699)	-	2,355,799	147	16	16,003.97	21.50
Dental	606,530	13,574	1,487	44.68	5.54	1.001	100%	28,590	640	633,972	14,188	1,554	44.68	5.79
FQHC & RHC	930,706	27,882	3,054	33.38	8.50	1.015	99%	5,894	177	937,822	28,095	3,077	33.38	8.56
Subtotal - Other Services	33,316,757	362,589	39,717	91.89	304.12		104%	(1,046,268)	816	33,597,114	363,248	39,790	92.49	306.68
Total	\$ 86,729,878				\$ 791.68		101%	(637,932)	3,016	\$ 88,381,503				\$ 806.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 45 +)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					283,765									283,765
Home Health Care & Hospice	5,460,344	49,677	2,101	110	19.24	1.015	100%	32,153	293	5,574,673	50,717	2,145	110	19.65
IP - Maternity	4,334	1	0	4,334.00	0.02	1.029	100%	48	0	4,527	1	0	4,334.00	0.02
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	69,368,417	13,149	556	5,275.67	244.46	1.029	100%	973,677	185	72,645,124	13,770	582	5,275.67	256.00
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	4,453,192	1,509	64	2,950.54	15.69	1.029	100%	54,488	18	4,656,883	1,578	67	2,950.54	16.41
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	1,004,758	219	9	4,587.93	3.54	1.029	100%	16,642	4	1,055,063	230	10	4,587.93	3.72
Subtotal - Inpatient	74,830,701	14,878	629	5,029.61	263.71		100%	1,044,855	207	78,361,598	15,579	659	5,029.89	276.15
OP - Emergency Room	24,871,476	32,581	1,378	763.37	87.65	1.018	100%	176,471	231	25,490,848	33,392	1,412	763.37	89.83
OP - Laboratory	5,319,594	36,469	1,542	145.87	18.75	1.018	100%	77,301	530	5,490,670	37,641	1,592	145.87	19.35
OP - Radiology	16,303,702	27,428	1,160	594.43	57.45	1.018	100%	225,201	379	16,820,256	28,296	1,197	594.43	59.28
OP - Surgery	16,194,069	8,449	357	1,916.68	57.07	1.018	100%	204,031	106	16,686,989	8,706	368	1,916.68	58.81
OP - Mental Health	25,826	98	4	263.53	0.09	1.018	100%	268	1	26,550	101	4	263.53	0.09
OP - Other	13,781,981	38,080	1,610	361.92	48.57	1.018	100%	199,922	552	14,224,807	39,303	1,662	361.92	50.13
Subtotal - Outpatient	76,496,649	143,104	6,052	534.55	269.58		100%	883,194	1,800	78,740,118	147,441	6,235	534.05	277.48
Prof - Evaluation & Management	16,296,377	331,247	14,008	49.20	57.43	1.015	100%	66,033	1,342	16,560,334	336,612	14,235	49.20	58.36
Prof - Maternity	256	8	0	32.00	0.00	1.015	100%	4	0	264	8	0	32.00	0.00
Prof - Surgery	8,136,292	51,293	2,169	158.62	28.67	1.015	100%	207,173	1,306	8,465,911	53,371	2,257	158.62	29.83
Prof - DME/Supplies & Prosthetics	10,366,785	115,093	4,867	90.07	36.53	1.015	100%	161,512	1,793	10,643,309	118,163	4,997	90.07	37.51
Prof - Lab	2,509,704	151,411	6,403	16.58	8.84	1.015	100%	60,756	3,665	2,605,280	157,177	6,647	16.58	9.18
Prof - Radiology	3,804,238	90,735	3,837	41.93	13.41	1.015	100%	91,309	2,178	3,948,555	94,177	3,983	41.93	13.91
Prof - Transportation	2,421,020	27,904	1,180	86.76	8.53	1.015	100%	55,714	642	2,513,170	28,966	1,225	86.76	8.86
Prof - Mental Health	8,991,577	64,506	2,728	139.39	31.69	1.015	97%	126,098	905	9,021,088	64,718	2,737	139.39	31.79
Prof - Target Case Management	1,654,428	4,739	200	349.11	5.83	1.015	98%	15,302	44	1,658,249	4,750	201	349.11	5.84
Prof - Other	20,410,841	256,688	10,854.95	79.52	71.93	1.015	100%	470,150	5,913	21,186,417	266,442	11,267	79.52	74.66
Subtotal - Professional	74,591,518	1,093,624	46,248	68.21	262.86		100%	1,254,050	17,788	76,602,575	1,124,384	47,549	68.13	269.95
Pharmacy - Non Hep C	136,746,839	2,465,023	104,242	55.47	481.90	1.000	100%	(5,056,073)	-	131,628,892	2,463,908	104,195	53.42	463.87
Pharmacy - Hep C	2,759,472	175	7	15,768.41	9.72	1.000	230%	(108,156)	-	6,238,669	403	17	15,499.71	21.99
Dental	1,263,268	29,331	1,240	43.07	4.45	1.001	100%	47,439	1,101	1,308,172	30,374	1,284	43.07	4.61
FQHC & RHC	4,966,884	157,868	6,676	31.46	17.50	1.015	98%	47,444	1,508	4,967,633	157,892	6,677	31.46	17.51
Subtotal - Other Services	145,736,463	2,652,397	112,166	54.95	513.58		102%	(5,069,347)	2,609	144,143,366	2,652,576	112,173	54.34	507.97
Total	\$ 377,115,674				\$ 1,328.97		101%	(1,855,094)	22,696	\$ 383,422,331				\$ 1,351.20

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 45 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					220,885									220,885
Home Health Care & Hospice	4,337,859	35,987	1,955	121	19.64	1.015	100%	22,716	188	4,425,857	36,717	1,995	121	20.04
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	58,741,755	11,115	604	5,284.84	265.94	1.029	100%	760,590	144	61,371,401	11,613	631	5,284.84	277.84
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	4,106,701	1,503	82	2,732.95	18.59	1.029	100%	44,560	16	4,288,854	1,569	85	2,732.95	19.42
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	647,880	166	9	3,902.89	2.93	1.029	100%	8,686	2	678,273	174	9	3,902.89	3.07
Subtotal - Inpatient	63,496,335	12,784	695	4,966.93	287.46		100%	813,836	162	66,338,528	13,356	726	4,967.01	300.33
OP - Emergency Room	16,823,642	21,279	1,156	790.63	76.16	1.018	100%	98,360	124	17,193,907	21,747	1,181	790.63	77.84
OP - Laboratory	3,623,604	22,202	1,206	163.21	16.40	1.018	100%	43,113	264	3,730,453	22,857	1,242	163.21	16.89
OP - Radiology	11,347,273	12,592	684	901.13	51.37	1.018	100%	118,189	131	11,666,254	12,946	703	901.13	52.82
OP - Surgery	11,303,064	5,557	302	2,033.95	51.17	1.018	100%	118,904	58	11,622,658	5,714	310	2,033.95	52.62
OP - Mental Health	3,411	32	2	106.60	0.02	1.018	100%	26	0	3,497	33	2	106.60	0.02
OP - Other	10,965,164	23,280	1,265	471.01	49.64	1.018	100%	91,781	195	11,248,637	23,882	1,297	471.01	50.93
Subtotal - Outpatient	54,066,158	84,942	4,615	636.50	244.77		100%	470,373	773	55,465,406	87,179	4,736	636.22	251.11
Prof - Evaluation & Management	10,541,977	204,741	11,123	51.49	47.73	1.015	100%	31,197	606	10,695,367	207,720	11,285	51.49	48.42
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	5,457,513	33,206	1,804	164.35	24.71	1.015	100%	121,324	738	5,659,633	34,436	1,871	164.35	25.62
Prof - DME/Supplies & Prosthetics	7,076,260	63,161	3,431	112.04	32.04	1.015	100%	94,941	847	7,254,552	64,752	3,518	112.04	32.84
Prof - Lab	1,426,401	87,016	4,727	16.39	6.46	1.015	100%	29,770	1,816	1,475,869	90,034	4,891	16.39	6.68
Prof - Radiology	2,677,032	59,289	3,221	45.15	12.12	1.015	100%	49,820	1,103	2,763,239	61,198	3,325	45.15	12.51
Prof - Transportation	2,073,674	21,666	1,177	95.71	9.39	1.015	100%	44,802	468	2,147,271	22,435	1,219	95.71	9.72
Prof - Mental Health	6,546,407	44,095	2,396	148.46	29.64	1.015	97%	71,984	485	6,498,230	43,770	2,378	148.46	29.42
Prof - Target Case Management	961,122	2,728	148	352.32	4.35	1.015	97%	7,196	20	949,162	2,694	146	352.32	4.30
Prof - Other	13,199,741	171,877	9,337.55	76.80	59.76	1.015	100%	236,371	3,078	13,626,458	177,433	9,639	76.80	61.69
Subtotal - Professional	49,960,126	687,779	37,365	72.64	226.18		99%	687,406	9,162	51,069,783	704,473	38,272	72.49	231.21
Pharmacy - Non Hep C	82,711,808	1,412,457	76,734	58.56	374.46	1.000	100%	(2,938,526)	-	79,718,096	1,411,515	76,683	58.56	360.90
Pharmacy - Hep C	4,756,177	297	16	16,014.06	21.53	1.000	230%	(145,527)	-	10,793,746	683	37	15,801.03	48.87
Dental	785,369	17,164	932	45.76	3.56	1.001	100%	36,937	807	819,788	17,916	973	45.76	3.71
FQHC & RHC	2,872,947	89,886	4,883	31.96	13.01	1.015	98%	23,972	750	2,879,698	90,097	4,895	31.96	13.04
Subtotal - Other Services	91,126,301	1,519,804	82,566	59.96	412.55		107%	(3,023,144)	1,557	94,211,328	1,520,211	82,588	61.97	426.52
Total	\$ 262,986,780				\$ 1,190.60		102%	(1,028,815)	11,844	\$ 271,510,902				\$ 1,229.20

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Dual Eligible - Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					356,295									356,295
Home Health Care & Hospice	1,685,637	17,888	602	94	4.73	1.032	100%	11,785	125	1,751,298	18,585	626	94	4.92
IP - Maternity	175,873	376	13	467.75	0.49	1.049	99%	6,172	10	188,231	399	13	471.21	0.53
IP - Complex Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	15,271,622	13,650	460	1,118.84	42.86	1.049	100%	703,938	629	16,743,473	14,965	504	1,118.84	46.99
IP - Normal Newborn	1,706	2	0	852.79	0.00	1.049	100%	47	0	1,844	2	0	852.79	0.01
IP - Mental Health	993,890	2,322	78	428.00	2.79	1.049	100%	39,792	93	1,087,169	2,540	86	428.00	3.05
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	145,188	201	7	720.85	0.41	1.049	100%	3,963	5	156,965	218	7	720.85	0.44
Subtotal - Inpatient	16,588,278	16,551	557	1,002.25	46.56	100%	753,912	738	18,177,681	18,125	610	1,002.93	51.02	
OP - Emergency Room	5,907,557	29,121	981	202.86	16.58	1.025	100%	19,076	94	6,070,300	29,923	1,008	202.86	17.04
OP - Laboratory	743,965	6,196	209	120.07	2.09	1.025	100%	4,334	36	765,282	6,374	215	120.07	2.15
OP - Radiology	2,577,797	20,881	703	123.45	7.24	1.025	100%	19,226	156	2,660,488	21,551	726	123.45	7.47
OP - Surgery	3,234,384	7,468	252	433.08	9.08	1.025	100%	11,760	27	3,325,293	7,678	259	433.08	9.33
OP - Mental Health	188,005	426	14	441.33	0.53	1.025	100%	2,671	6	195,291	443	15	441.33	0.55
OP - Other	4,303,795	30,935	1,042	139.12	12.08	1.025	100%	21,179	152	4,427,104	31,821	1,072	139.12	12.43
Subtotal - Outpatient	16,955,502	95,028	3,201	178.43	47.59	100%	78,246	471	17,443,758	97,790	3,294	178.38	48.96	
Prof - Evaluation & Management	3,704,320	180,951	6,094	20.47	10.40	1.032	99%	(32,162)	(1,571)	3,756,416	183,496	6,180	20.47	10.54
Prof - Maternity	50,807	875	29	58.06	0.14	1.032	98%	1,092	17	52,434	902	30	58.15	0.15
Prof - Surgery	1,500,578	33,343	1,123	45.00	4.21	1.032	100%	45,948	1,021	1,594,476	35,429	1,193	45.00	4.48
Prof - DME/Supplies & Prosthetics	2,337,474	110,379	3,718	21.18	6.56	1.032	99%	23,600	1,114	2,400,311	113,346	3,817	21.18	6.74
Prof - Lab	200,486	18,224	614	11.00	0.56	1.032	99%	6,139	558	210,210	19,108	644	11.00	0.59
Prof - Radiology	713,396	72,853	2,454	9.79	2.00	1.032	99%	22,314	2,279	751,581	76,752	2,585	9.79	2.11
Prof - Transportation	680,967	10,980	370	62.02	1.91	1.032	100%	11,677	188	714,409	11,519	388	62.02	2.01
Prof - Mental Health	5,972,400	41,560	1,400	143.71	16.76	1.032	99%	162,988	1,134	6,234,352	43,383	1,461	143.71	17.50
Prof - Target Case Management	962,153	2,736	92	351.66	2.70	1.032	99%	17,323	49	996,423	2,833	95	351.66	2.80
Prof - Other	2,883,855	120,475	4,057.59	23.94	8.09	1.032	100%	83,256	3,478	3,057,821	127,743	4,302	23.94	8.58
Subtotal - Professional	19,006,435	592,376	19,951	32.09	53.34	99%	342,176	8,268	19,768,430	614,512	20,697	32.17	55.48	
Pharmacy - Non Hep C	5,705,963	233,674	7,870	24.42	16.01	1.000	100%	(137,264)	-	5,550,940	232,947	7,846	23.83	15.58
Pharmacy - Hep C	69,682	4	0	17,420.40	0.20	1.000	230%	(297)	-	159,971	9	0	17,388.10	0.45
Dental	1,281,669	29,491	993	43.46	3.60	1.001	99%	51,898	1,194	1,327,857	30,554	1,029	43.46	3.73
FQHC & RHC	915,750	38,855	1,309	23.57	2.57	1.032	98%	4,118	154	933,004	39,566	1,333	23.58	2.62
Subtotal - Other Services	7,973,064	302,024	10,172	26.40	22.38	101%	(81,546)	1,348	7,971,773	303,076	10,208	26.30	22.37	
Total	\$ 62,208,917				\$ 174.60	100%		1,104,573	10,951	\$ 65,112,940				\$ 182.75

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Dual Eligible - Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					252,251									252,251
Home Health Care & Hospice	876,130	8,772	417	100	3.47	1.032	100%	5,346	54	909,478	9,106	433	100	3.61
IP - Maternity	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Complex Newborn	6,992	1	0	6,992.16	0.03	1.049	100%	(84)	(0)	7,284	1	0	6,992.16	0.03
IP - Medical/Surgical	9,590,672	7,261	345	1,320.84	38.02	1.049	100%	447,300	339	10,479,529	7,934	377	1,320.84	41.54
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	1,266,548	2,967	141	426.94	5.02	1.049	100%	53,511	125	1,376,632	3,224	153	426.94	5.46
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	195,413	143	7	1,368.21	0.77	1.049	100%	9,759	7	215,688	158	7	1,368.21	0.86
Subtotal - Inpatient	11,059,624	10,371	493	1,066.35	43.84	100%		510,485	471	12,079,133	11,317	538	1,067.34	47.89
OP - Emergency Room	3,845,978	18,884	898	203.66	15.25	1.025	100%	12,493	61	3,952,092	19,405	923	203.66	15.67
OP - Laboratory	420,894	3,490	166	120.59	1.67	1.025	100%	2,078	17	432,632	3,588	171	120.59	1.72
OP - Radiology	1,420,423	9,723	463	146.09	5.63	1.025	100%	8,965	61	1,464,387	10,024	477	146.09	5.81
OP - Surgery	1,657,357	3,989	190	415.43	6.57	1.025	100%	3,361	8	1,700,841	4,094	195	415.43	6.74
OP - Mental Health	50,675	126	6	402.18	0.20	1.025	100%	(280)	(1)	51,614	128	6	402.18	0.20
OP - Other	2,345,892	16,383	779	143.19	9.30	1.025	100%	12,368	86	2,412,427	16,848	801	143.19	9.56
Subtotal - Outpatient	9,741,219	52,595	2,502	185.21	38.62	100%		38,985	234	10,013,993	54,086	2,573	185.15	39.70
Prof - Evaluation & Management	2,126,058	99,484	4,733	21.37	8.43	1.032	99%	(28,498)	(1,333)	2,137,692	100,028	4,759	21.37	8.47
Prof - Maternity	-	-	-	-	-	1.032	0%	-	-	-	-	-	-	-
Prof - Surgery	801,208	17,240	820	46.47	3.18	1.032	100%	19,085	411	845,899	18,202	866	46.47	3.35
Prof - DME/Supplies & Prosthetics	1,158,842	53,418	2,541	21.69	4.59	1.032	99%	(432)	(20)	1,177,754	54,290	2,583	21.69	4.67
Prof - Lab	90,033	8,766	417	10.27	0.36	1.032	98%	1,985	193	92,743	9,030	430	10.27	0.37
Prof - Radiology	423,644	40,120	1,909	10.56	1.68	1.032	99%	10,551	999	442,609	41,916	1,994	10.56	1.75
Prof - Transportation	520,423	8,085	385	64.37	2.06	1.032	100%	8,909	138	545,833	8,480	403	64.37	2.16
Prof - Mental Health	6,516,446	36,987	1,760	176.18	25.83	1.032	98%	125,468	712	6,682,516	37,930	1,804	176.18	26.49
Prof - Target Case Management	695,565	2,001	95	347.61	2.76	1.032	96%	9,032	26	701,385	2,018	96	347.61	2.78
Prof - Other	1,594,891	67,382	3,205.47	23.67	6.32	1.032	100%	34,069	1,439	1,678,885	70,931	3,374	23.67	6.66
Subtotal - Professional	13,927,109	333,483	15,864	41.76	55.21	98%		180,169	2,566	14,305,316	342,823	16,309	41.73	56.71
Pharmacy - Non Hep C	4,260,324	126,280	6,007	33.74	16.89	1.000	100%	(105,525)	-	4,142,037	125,902	5,989	32.90	16.42
Pharmacy - Hep C	122,062	6	0	20,343.63	0.48	1.000	230%	(2,391)	-	278,352	14	1	20,170.39	1.10
Dental	768,376	17,600	837	43.66	3.05	1.001	99%	30,322	695	794,025	18,188	865	43.66	3.15
FQHC & RHC	550,533	23,046	1,096	23.89	2.18	1.032	98%	3,534	148	562,467	23,546	1,120	23.89	2.23
Subtotal - Other Services	5,701,294	166,932	7,941	34.15	22.60	102%		(74,060)	842	5,776,881	167,649	7,975	34.46	22.90
Total	\$ 41,305,376				\$ 163.75	100%		660,926	4,166	\$ 43,084,802				\$ 170.80

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Infant (age under 1)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					3,446									3,446
Home Health Care & Hospice	221,315	3,570	12,432	62	64.22	1.015	100%	2,059	33	226,704	3,656	12,732	62	65.79
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	6,682,896	1,498	5,217	4,460.78	1,939.32	1.029	100%	5,571	1	6,912,375	1,550	5,396	4,461.00	2,005.91
IP - Medical/Surgical	10,041,577	912	3,177	11,008.09	2,913.98	1.029	100%	30,778	3	10,408,795	945	3,292	11,010.24	3,020.54
IP - Normal Newborn	40,295	4	14	10,073.74	11.69	1.029	100%	(39)	(0)	41,606	4	14	10,073.74	12.07
IP - Mental Health	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	41,393	2	7	20,696.56	12.01	1.029	100%	614	0	43,394	2	7	20,604.65	12.59
Subtotal - Inpatient	16,806,161	2,416	8,414	6,955.20	4,877.01	100%	36,924	4	17,406,170	2,501	8,710	6,959.34	5,051.12	
OP - Emergency Room	284,909	489	1,701	583.13	82.68	1.018	100%	673	1	290,681	498	1,736	583.16	84.35
OP - Laboratory	27,190	202	703	134.60	7.89	1.018	100%	79	1	27,756	206	718	134.57	8.05
OP - Radiology	32,584	114	397	285.83	9.46	1.018	100%	75	0	33,242	116	405	286.01	9.65
OP - Surgery	293,981	103	358	2,859.74	85.31	1.018	100%	1,595	1	300,838	105	366	2,859.72	87.30
OP - Mental Health	-	-	-	-	-	1.018	0%	-	-	-	-	-	-	-
OP - Other	397,825	1,233	4,295	322.54	115.45	1.018	100%	1,796	5	406,741	1,261	4,390	322.61	118.03
Subtotal - Outpatient	1,036,489	2,141	7,455	484.16	300.78	100%	4,218	8	1,059,259	2,187	7,615	484.36	307.39	
Prof - Evaluation & Management	576,107	9,385	32,681	61.39	167.18	1.015	100%	20,490	323	605,267	9,849	34,298	61.45	175.64
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	308,631	1,193	4,154	258.70	89.56	1.015	100%	8,336	33	321,612	1,244	4,331	258.61	93.33
Prof - DME/Supplies & Prosthetics	261,927	3,867	13,466	67.73	76.01	1.015	100%	7,685	113	273,554	4,038	14,063	67.74	79.38
Prof - Lab	11,065	518	1,804	21.36	3.21	1.015	100%	214	10	11,445	536	1,866	21.35	3.32
Prof - Radiology	47,828	2,970	10,342	16.10	13.88	1.015	100%	1,323	81	49,871	3,096	10,781	16.11	14.47
Prof - Transportation	111,871	312	1,086	358.56	32.46	1.015	100%	2,585	7	116,140	324	1,128	358.48	33.70
Prof - Mental Health	42	1	3	42.18	0.01	1.015	100%	3	0	46	1	4	42.18	0.01
Prof - Target Case Management	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Other	3,044,271	17,653	61,473.01	172.45	883.42	1.015	100%	49,839	293	3,139,925	18,211	63,417	172.42	911.18
Subtotal - Professional	4,361,742	35,899	125,011	121.50	1,265.74	100%	90,474	860	4,517,859	37,300	129,888	121.12	1,311.04	
Pharmacy - Non Hep C	2,314,929	5,047	17,575	458.67	671.77	1.000	100%	(71,657)	-	2,243,286	5,047	17,575	444.48	650.98
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	534	13	45	41.08	0.15	1.001	100%	19	0	554	13	47	41.08	0.16
FQHC & RHC	56,902	1,541	5,366	36.93	16.51	1.015	97%	108	3	56,173	1,521	5,298	36.92	16.30
Subtotal - Other Services	2,372,365	6,601	22,987	359.39	688.44	100%	(71,530)	3	2,300,012	6,582	22,920	349.45	667.44	
Total	\$ 24,798,072				\$ 7,196.19	100%	62,146	908	\$ 25,510,005					\$ 7,402.79

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Child (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					37,229									37,229
Home Health Care & Hospice	2,175,783	25,216	8,128	86	58.44	1.015	100%	12,659	147	2,221,187	25,742	8,297	86	59.66
IP - Maternity	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	10,605,195	1,238	399	8,566.74	284.86	1.029	100%	40,020	5	11,000,538	1,284	414	8,566.74	295.48
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	80,484	39	13	2,063.69	2.16	1.029	100%	203	0	83,384	40	13	2,063.69	2.24
IP - PRTF	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Other	22,246	3	1	7,415.47	0.60	1.029	100%	554	0	23,546	3	1	7,415.47	0.63
Subtotal - Inpatient	10,707,926	1,280	413	8,365.89	287.62	100%		40,777	5	11,107,468	1,328	428	8,366.08	298.36
OP - Emergency Room	1,171,672	3,116	1,005	375.97	31.47	1.018	100%	3,752	10	1,196,395	3,182	1,026	375.97	32.14
OP - Laboratory	422,965	1,741	561	242.94	11.36	1.018	100%	2,204	9	432,739	1,781	574	242.94	11.62
OP - Radiology	433,337	763	246	567.94	11.64	1.018	100%	2,318	4	443,411	781	252	567.94	11.91
OP - Surgery	2,701,180	1,025	330	2,634.98	72.56	1.018	100%	10,455	4	2,759,981	1,047	338	2,634.98	74.14
OP - Mental Health	2,554	10	3	255.39	0.07	1.018	100%	44	0	2,644	10	3	255.39	0.07
OP - Other	2,799,560	8,410	2,711	332.90	75.20	1.018	100%	11,173	34	2,860,841	8,594	2,770	332.90	76.84
Subtotal - Outpatient	7,531,267	15,065	4,856	499.91	202.30	100%		29,946	61	7,696,011	15,396	4,962	499.88	206.72
Prof - Evaluation & Management	3,184,627	47,415	15,283	67.16	85.54	1.015	100%	172,751	2,572	3,405,306	50,701	16,342	67.16	91.47
Prof - Maternity	-	-	-	-	-	1.015	0%	-	-	-	-	-	-	-
Prof - Surgery	604,447	3,391	1,093	178.25	16.24	1.015	100%	40,155	225	653,698	3,667	1,182	178.25	17.56
Prof - DME/Supplies & Prosthetics	2,205,619	14,541	4,687	151.68	59.24	1.015	100%	133,184	878	2,371,997	15,638	5,041	151.68	63.71
Prof - Lab	94,571	5,685	1,832	16.64	2.54	1.015	100%	6,718	404	102,713	6,174	1,990	16.64	2.76
Prof - Radiology	98,880	3,493	1,126	28.31	2.66	1.015	100%	6,958	246	107,326	3,791	1,222	28.31	2.88
Prof - Transportation	195,170	722	233	270.32	5.24	1.015	100%	17,088	63	215,195	796	257	270.32	5.78
Prof - Mental Health	746,719	7,775	2,506	96.04	20.06	1.015	100%	66,879	696	824,835	8,588	2,768	96.04	22.16
Prof - Target Case Management	249,234	735	237	339.09	6.69	1.015	100%	21,566	64	274,551	810	261	339.09	7.37
Prof - Other	4,471,085	27,133	8,745.76	164.78	120.10	1.015	100%	99,526	604	4,637,899	28,145	9,072	164.78	124.58
Subtotal - Professional	11,850,351	110,890	35,743	106.87	318.31	100%		564,825	5,752	12,593,519	118,311	38,135	106.44	338.27
Pharmacy - Non Hep C	7,740,145	49,938	16,096	155.00	207.91	1.000	100%	(281,333)	-	7,458,858	49,938	16,097	149.36	200.35
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	465,867	11,057	3,564	42.13	12.51	1.001	100%	35,787	849	502,196	11,919	3,842	42.13	13.49
FQHC & RHC	454,544	13,471	4,342	33.74	12.21	1.015	99%	2,188	65	457,998	13,573	4,375	33.74	12.30
Subtotal - Other Services	8,660,556	74,466	24,003	116.30	232.63	100%		(243,358)	914	8,419,052	75,431	24,314	111.61	226.14
Total	\$ 40,925,883				\$ 1,099.30	100%		404,848	6,879	\$ 42,037,236				\$ 1,129.15

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Service Category	SSI Child (age 6-18)													
	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					192,717									192,717
Home Health Care & Hospice	2,726,345	29,093	1,812	94	14.15	1.015	100%	8,901	95	2,776,276	29,626	1,845	94	14.41
IP - Maternity	224,198	148	9	1,514.85	1.16	1.029	100%	5,901	4	237,610	157	10	1,509.42	1.23
IP - Complex Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	10,389,559	1,045	65	9,943.11	53.91	1.029	100%	280,500	28	11,018,157	1,108	69	9,943.11	57.17
IP - Normal Newborn	-	-	-	-	-	1.029	0%	-	-	-	-	-	-	-
IP - Mental Health	8,579,145	4,946	308	1,734.46	44.52	1.029	100%	222,829	128	9,089,415	5,240	326	1,734.46	47.16
IP - PRTF	2,665,387	6,430	400	414.53	13.83	1.029	100%	74,138	179	2,828,828	6,824	425	414.53	14.68
IP - Other	51,212	3	0	17,070.53	0.27	1.029	100%	156	0	53,084	3	0	17,070.53	0.28
Subtotal - Inpatient	21,909,501	12,572	783	1,742.70	113.69		100%	583,524	340	23,227,094	13,333	830	1,742.03	120.52
OP - Emergency Room	4,477,456	11,537	718	388.11	23.23	1.018	100%	16,151	42	4,573,410	11,784	734	388.11	23.73
OP - Laboratory	1,022,062	6,036	376	169.32	5.30	1.018	100%	7,886	47	1,048,241	6,191	385	169.32	5.44
OP - Radiology	1,267,779	2,869	179	441.82	6.58	1.018	100%	9,872	22	1,300,342	2,943	183	441.82	6.75
OP - Surgery	4,005,414	1,604	100	2,496.43	20.78	1.018	100%	24,545	10	4,101,650	1,643	102	2,496.43	21.28
OP - Mental Health	13,125	63	4	208.33	0.07	1.018	100%	(72)	(0)	13,288	64	4	208.33	0.07
OP - Other	3,377,557	12,466	776	270.93	17.53	1.018	100%	23,447	87	3,461,457	12,776	796	270.93	17.96
Subtotal - Outpatient	14,163,392	34,576	2,153	409.63	73.49		100%	81,829	207	14,498,387	35,401	2,204	409.55	75.23
Prof - Evaluation & Management	6,845,708	128,196	7,982	53.40	35.52	1.015	100%	167,515	3,137	7,116,133	133,260	8,298	53.40	36.93
Prof - Maternity	60,160	369	23	163.04	0.31	1.015	100%	4,606	28	65,672	402	25	163.21	0.34
Prof - Surgery	967,608	6,620	412	146.16	5.02	1.015	100%	76,587	524	1,058,757	7,244	451	146.16	5.49
Prof - DME/Supplies & Prosthetics	2,745,413	27,987	1,743	98.10	14.25	1.015	100%	2,476	25	2,789,206	28,433	1,770	98.10	14.47
Prof - Lab	393,839	22,906	1,426	17.19	2.04	1.015	100%	30,452	1,771	430,218	25,022	1,558	17.19	2.23
Prof - Radiology	354,048	13,765	857	25.72	1.84	1.015	100%	27,643	1,075	387,019	15,047	937	25.72	2.01
Prof - Transportation	339,172	2,995	186	113.25	1.76	1.015	100%	23,896	211	368,012	3,250	202	113.25	1.91
Prof - Mental Health	12,509,478	125,554	7,818	99.63	64.91	1.015	100%	940,633	9,441	13,637,924	136,880	8,523	99.63	70.77
Prof - Target Case Management	3,962,606	11,593	722	341.81	20.56	1.015	100%	272,827	798	4,295,068	12,566	782	341.81	22.29
Prof - Other	3,601,970	57,518	3,581.50	62.62	18.69	1.015	100%	240,234	3,836	3,896,413	62,220	3,874	62.62	20.22
Subtotal - Professional	31,780,003	397,503	24,752	79.95	164.91		100%	1,786,870	20,846	34,044,423	424,323	26,422	80.23	176.66
Pharmacy - Non Hep C	44,132,417	348,378	21,693	126.68	229.00	1.000	100%	(1,661,402)	-	42,470,930	348,377	21,693	121.91	220.38
Pharmacy - Hep C	108,766	4	0	27,191.48	0.56	1.000	230%	(4,275)	-	245,888	9	1	26,726.77	1.28
Dental	3,140,175	65,364	4,070	48.04	16.29	1.001	100%	126,343	2,630	3,270,164	68,070	4,239	48.04	16.97
FQHC & RHC	2,770,391	83,239	5,183	33.28	14.38	1.015	98%	21,189	622	2,789,103	83,786	5,217	33.29	14.47
Subtotal - Other Services	50,151,749	496,985	30,946	100.91	260.24		100%	(1,518,145)	3,251	48,776,084	500,243	31,149	97.50	253.10
Total	\$ 120,730,989				\$ 626.47		100%	942,978	24,739	\$ 123,322,265				\$ 639.91

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care Infant (age under 1)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					5,138									5,138
Home Health Care & Hospice	30,577	429	1,002	71	5.95	1.023	100%	208	3	31,486	442	1,032	71	6.13
IP - Maternity	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Complex Newborn	1,890,776	499	1,165	3,789.13	368.00	1.035	100%	2,874	1	1,967,649	519	1,213	3,789.13	382.96
IP - Medical/Surgical	759,409	135	315	5,625.25	147.80	1.035	100%	594	0	789,724	140	328	5,626.30	153.70
IP - Normal Newborn	209,617	145	339	1,445.63	40.80	1.035	100%	1,833	1	219,654	152	355	1,445.63	42.75
IP - Mental Health	12,585	6	14	2,097.48	2.45	1.035	100%	228	0	13,305	6	15	2,102.94	2.59
IP - PRTF	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Other	3,764	1	2	3,763.64	0.73	1.035	100%	119	0	4,029	1	3	3,763.64	0.78
Subtotal - Inpatient	2,876,151	786	1,836	3,659.23	559.78		100%	5,647	2	2,994,362	819	1,913	3,656.16	582.79
OP - Emergency Room	132,838	326	761	407.48	25.85	1.032	100%	38	0	137,167	337	786	407.44	26.70
OP - Laboratory	23,666	182	425	130.03	4.61	1.032	100%	59	0	24,490	188	439	130.16	4.77
OP - Radiology	24,117	116	271	207.90	4.69	1.032	100%	7	(0)	24,903	120	280	208.07	4.85
OP - Surgery	100,028	66	154	1,515.58	19.47	1.032	100%	(400)	(0)	102,859	68	159	1,513.28	20.02
OP - Mental Health	-	-	-	-	-	1.032	0%	-	-	-	-	-	-	-
OP - Other	94,775	657	1,534	144.25	18.45	1.032	100%	159	1	97,995	679	1,587	144.25	19.07
Subtotal - Outpatient	375,424	1,347	3,146	278.71	73.07		100%	(138)	1	387,413	1,392	3,251	278.36	75.40
Prof - Evaluation & Management	327,082	6,973	16,286	46.91	63.66	1.023	100%	7,209	154	341,786	7,287	17,019	46.90	66.52
Prof - Maternity	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Surgery	50,794	379	885	134.02	9.89	1.023	100%	823	6	52,781	394	919	134.10	10.27
Prof - DME/Supplies & Prosthetics	42,719	587	1,371	72.77	8.31	1.023	100%	1,528	21	45,225	621	1,451	72.78	8.80
Prof - Lab	13,392	807	1,885	16.59	2.61	1.023	100%	375	23	14,074	848	1,981	16.59	2.74
Prof - Radiology	8,512	392	916	21.71	1.66	1.023	100%	220	10	8,927	411	961	21.70	1.74
Prof - Transportation	21,380	88	206	242.96	4.16	1.023	100%	963	3	22,833	93	217	245.45	4.44
Prof - Mental Health	1,756	19	44	92.41	0.34	1.023	100%	123	1	1,919	21	48	92.45	0.37
Prof - Target Case Management	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Other	273,601	3,017	7,046.32	90.69	53.25	1.023	100%	2,913	33	282,783	3,119	7,285	90.66	55.04
Subtotal - Professional	739,236	12,262	28,638	60.29	143.88		100%	14,155	251	770,329	12,794	29,882	60.21	149.93
Pharmacy - Non Hep C	337,047	3,880	9,062	86.87	65.60	1.000	100%	(10,881)	-	326,167	3,880	9,062	84.06	63.48
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	1,529	43	100	35.56	0.30	1.001	100%	57	2	1,588	45	105	35.46	0.31
FQHC & RHC	121,160	3,247	7,583	37.31	23.58	1.023	98%	(257)	(7)	120,700	3,235	7,555	37.31	23.49
Subtotal - Other Services	459,737	7,170	16,746	64.12	89.48		99%	(11,081)	(5)	448,456	7,160	16,721	62.64	87.28
Total	\$ 4,481,126				\$ 872.15		100%	8,792	253	\$ 4,632,046				\$ 901.53

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					34,654									34,654
Home Health Care & Hospice	445,563	5,258	1,821	85	12.86	1.023	100%	2,050	24	457,822	5,403	1,871	85	13.21
IP - Maternity	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	357,614	71	25	5,036.81	10.32	1.035	100%	1,698	0	373,308	74	26	5,036.81	10.77
IP - Normal Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Mental Health	193,241	94	33	2,055.75	5.58	1.035	100%	4,302	2	205,106	100	35	2,055.75	5.92
IP - PRTF	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Other	8,540	2	1	4,269.87	0.25	1.035	100%	159	0	9,033	2	1	4,269.87	0.26
Subtotal - Inpatient	559,394	167	58	3,349.67	16.14		100%	6,160	2	587,447	176	61	3,337.71	16.95
OP - Emergency Room	372,979	1,248	432	298.90	10.76	1.032	100%	549	2	385,575	1,290	447	298.90	11.13
OP - Laboratory	68,640	709	245	96.86	1.98	1.032	100%	25	0	70,882	732	253	96.86	2.05
OP - Radiology	40,272	246	85	163.71	1.16	1.032	100%	73	0	41,645	254	88	163.71	1.20
OP - Surgery	684,880	366	127	1,871.26	19.76	1.032	100%	3,094	2	710,096	379	131	1,871.26	20.49
OP - Mental Health	400	12	4	33.30	0.01	1.032	100%	3	0	416	12	4	33.30	0.01
OP - Other	359,488	2,151	745	167.09	10.37	1.032	100%	983	6	372,082	2,227	771	167.09	10.74
Subtotal - Outpatient	1,526,659	4,732	1,639	322.62	44.05		100%	4,727	10	1,580,696	4,895	1,695	322.92	45.61
Prof - Evaluation & Management	1,162,714	23,434	8,115	49.62	33.55	1.023	100%	49,282	993	1,238,637	24,964	8,645	49.62	35.74
Prof - Maternity	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Surgery	209,133	1,349	467	155.03	6.03	1.023	100%	22,919	148	236,844	1,528	529	155.03	6.83
Prof - DME/Supplies & Prosthetics	169,258	2,118	733	79.91	4.88	1.023	100%	(1,962)	(25)	171,175	2,142	742	79.91	4.94
Prof - Lab	68,424	4,391	1,521	15.58	1.97	1.023	100%	7,693	494	77,685	4,985	1,726	15.58	2.24
Prof - Radiology	18,208	962	333	18.93	0.53	1.023	100%	1,977	104	20,603	1,089	377	18.93	0.59
Prof - Transportation	12,259	122	42	100.48	0.35	1.023	100%	808	8	13,348	133	46	100.48	0.39
Prof - Mental Health	516,163	6,637	2,298	77.77	14.89	1.023	100%	66,756	858	594,745	7,647	2,648	77.77	17.16
Prof - Target Case Management	152,887	450	156	339.75	4.41	1.023	100%	20,439	60	176,829	520	180	339.75	5.10
Prof - Other	334,930	5,381	1,863.33	62.24	9.66	1.023	100%	30,791	495	373,395	5,999	2,077	62.24	10.77
Subtotal - Professional	2,643,977	44,844	15,529	58.96	76.30		100%	198,703	3,136	2,903,261	49,007	16,970	59.24	83.78
Pharmacy - Non Hep C	902,598	25,268	8,750	35.72	26.05	1.000	100%	(32,380)	-	870,221	25,268	8,750	34.44	25.11
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	454,180	12,452	4,312	36.47	13.11	1.001	100%	22,426	615	477,102	13,080	4,529	36.47	13.77
FQHC & RHC	375,110	11,195	3,877	33.51	10.82	1.023	99%	1,560	47	379,887	11,338	3,926	33.51	10.96
Subtotal - Other Services	1,731,888	48,915	16,938	35.41	49.98		100%	(8,394)	661	1,727,210	49,686	17,205	34.76	49.84
Total	\$ 6,907,481				\$ 199.33		100%	203,246	3,834	\$ 7,256,436				\$ 209.40

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 6-12)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					62,024									62,024
Home Health Care & Hospice	448,875	5,132	993	87	7.24	1.023	100%	1,226	14	460,386	5,264	1,018	87	7.42
IP - Maternity	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	370,063	46	9	8,044.85	5.97	1.035	100%	17,530	2	402,076	50	10	8,044.85	6.48
IP - Normal Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Mental Health	2,310,523	1,557	301	1,484.40	37.25	1.035	100%	110,206	74	2,511,156	1,692	327	1,484.40	40.49
IP - PRTF	758,153	1,545	299	490.59	12.22	1.035	100%	51,503	105	839,327	1,711	331	490.59	13.53
IP - Other	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	3,438,740	3,148	609	1,092.38	55.44		100%	179,239	181	3,752,560	3,453	668	1,086.90	60.50
OP - Emergency Room	483,170	1,292	250	374.02	7.79	1.032	100%	3,293	9	502,069	1,342	260	374.02	8.09
OP - Laboratory	85,511	1,000	193	85.54	1.38	1.032	100%	361	4	88,634	1,036	200	85.54	1.43
OP - Radiology	90,013	403	78	223.36	1.45	1.032	100%	716	3	93,637	419	81	223.36	1.51
OP - Surgery	496,041	225	44	2,204.63	8.00	1.032	100%	4,317	2	516,381	234	45	2,204.63	8.33
OP - Mental Health	1,078	32	6	33.68	0.02	1.032	100%	13	0	1,125	33	6	33.68	0.02
OP - Other	277,686	2,041	395	136.02	4.48	1.032	100%	2,020	15	288,675	2,122	411	136.02	4.65
Subtotal - Outpatient	1,433,499	4,993	966	287.10	23.11		100%	10,720	33	1,490,521	5,188	1,004	287.32	24.03
Prof - Evaluation & Management	1,730,552	35,529	6,874	48.71	27.90	1.023	100%	(1,917)	(39)	1,768,286	36,304	7,024	48.71	28.51
Prof - Maternity	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Surgery	165,422	1,312	254	126.08	2.67	1.023	100%	17,723	141	186,935	1,483	287	126.08	3.01
Prof - DME/Supplies & Prosthetics	205,045	5,596	1,083	36.64	3.31	1.023	100%	(52,029)	(1,420)	157,715	4,304	833	36.64	2.54
Prof - Lab	76,670	4,918	952	15.59	1.24	1.023	100%	7,911	507	86,337	5,538	1,071	15.59	1.39
Prof - Radiology	39,766	1,907	369	20.85	0.64	1.023	100%	4,185	201	44,861	2,151	416	20.85	0.72
Prof - Transportation	22,393	237	46	94.48	0.36	1.023	100%	1,950	21	24,855	263	51	94.48	0.40
Prof - Mental Health	2,881,129	30,961	5,990	93.06	46.45	1.023	100%	288,359	3,099	3,235,503	34,769	6,727	93.06	52.17
Prof - Target Case Management	788,435	2,306	446	341.91	12.71	1.023	100%	73,607	215	880,107	2,574	498	341.91	14.19
Prof - Other	426,281	12,056	2,332.52	35.36	6.87	1.023	100%	44,320	1,253	480,368	13,586	2,628	35.36	7.74
Subtotal - Professional	6,335,692	94,822	18,346	66.82	102.15		100%	384,107	3,977	6,864,967	100,972	19,535	67.99	110.68
Pharmacy - Non Hep C	4,568,430	77,742	15,041	58.76	73.66	1.000	100%	(175,307)	-	4,393,141	77,742	15,041	56.51	70.83
Pharmacy - Hep C	95,256	3	1	31,752.00	1.54	1.000	230%	(3,099)	-	215,990	7	1	31,302.81	3.48
Dental	1,297,720	31,009	5,999	41.85	20.92	1.001	100%	47,932	1,145	1,347,069	32,188	6,228	41.85	21.72
FQHC & RHC	721,459	22,315	4,317	32.33	11.63	1.023	99%	4,714	146	737,424	22,809	4,413	32.33	11.89
Subtotal - Other Services	6,682,865	131,069	25,358	50.99	107.75		102%	(125,760)	1,291	6,693,625	132,746	25,683	50.42	107.92
Total	\$ 18,339,670				\$ 295.69		101%	449,532	5,497	\$ 19,262,058				\$ 310.56

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 13 +)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					30,032									30,032
Home Health Care & Hospice	161,153	1,640	655	98	5.37	1.023	100%	(148)	(2)	164,697	1,676	670	98	5.48
IP - Maternity	168,526	100	40	1,685.26	5.61	1.035	100%	10,940	3	186,061	107	43	1,741.14	6.20
IP - Complex Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	362,131	36	14	10,157.95	12.06	1.035	100%	16,327	2	392,631	39	15	10,157.95	13.07
IP - Normal Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Mental Health	2,616,375	1,612	644	1,623.02	87.12	1.035	100%	124,113	76	2,842,885	1,752	700	1,623.02	94.66
IP - PRTF	349,339	850	339	411.17	11.63	1.035	100%	38,758	94	401,768	977	390	411.17	13.38
IP - Other	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	3,496,371	2,597	1,038	1,346.15	116.42		100%	190,138	175	3,823,346	2,874	1,148	1,330.20	127.31
OP - Emergency Room	786,550	1,713	684	459.25	26.19	1.032	100%	1,643	4	812,706	1,770	707	459.25	27.06
OP - Laboratory	111,841	1,132	452	98.77	3.72	1.032	100%	851	9	116,305	1,178	471	98.77	3.87
OP - Radiology	156,317	565	226	276.67	5.21	1.032	100%	1,782	6	163,148	590	236	276.67	5.43
OP - Surgery	318,837	158	63	2,017.95	10.62	1.032	100%	2,294	1	331,429	164	66	2,017.95	11.04
OP - Mental Health	1,575	4	2	393.71	0.05	1.032	100%	(0)	(0)	1,625	4	2	393.71	0.05
OP - Other	184,913	1,125	450	164.37	6.16	1.032	100%	2,266	14	193,152	1,175	470	164.37	6.43
Subtotal - Outpatient	1,560,033	4,697	1,877	332.13	51.95		100%	8,836	34	1,618,366	4,880	1,950	331.61	53.89
Prof - Evaluation & Management	1,017,879	19,554	7,813	52.05	33.89	1.023	100%	(3,854)	(74)	1,037,348	19,928	7,963	52.05	34.54
Prof - Maternity	56,292	298	119	188.90	1.87	1.023	100%	4,900	25	62,481	330	132	189.35	2.08
Prof - Surgery	95,229	883	353	107.85	3.17	1.023	100%	8,729	81	106,141	984	393	107.86	3.53
Prof - DME/Supplies & Prosthetics	143,104	3,658	1,462	39.12	4.77	1.023	100%	(37,503)	(959)	108,880	2,783	1,112	39.12	3.63
Prof - Lab	151,249	7,561	3,021	20.00	5.04	1.023	100%	14,089	704	168,803	8,439	3,372	20.00	5.62
Prof - Radiology	59,591	2,163	864	27.55	1.98	1.023	100%	5,190	188	66,100	2,399	959	27.55	2.20
Prof - Transportation	52,668	601	240	87.63	1.75	1.023	100%	4,418	50	58,192	664	265	87.63	1.94
Prof - Mental Health	1,487,042	13,314	5,320	111.69	49.52	1.023	100%	136,295	1,220	1,657,409	14,839	5,929	111.69	55.19
Prof - Target Case Management	243,828	716	286	340.54	8.12	1.023	100%	22,564	66	271,979	799	319	340.54	9.06
Prof - Other	519,235	11,597	4,633.86	44.77	17.29	1.023	100%	48,218	1,077	579,279	12,938	5,170	44.77	19.29
Subtotal - Professional	3,826,116	60,345	24,112	63.40	127.40		100%	203,046	2,380	4,116,612	64,103	25,614	64.22	137.07
Pharmacy - Non Hep C	2,379,609	50,376	20,129	47.24	79.24	1.000	100%	(89,812)	-	2,289,806	50,376	20,129	45.45	76.25
Pharmacy - Hep C	158,949	5	2	31,789.80	5.29	1.000	230%	(4,913)	-	360,672	12	5	31,362.62	12.01
Dental	932,033	15,077	6,024	61.82	31.03	1.001	100%	53,866	871	986,916	15,965	6,379	61.82	32.86
FQHC & RHC	439,101	11,794	4,713	37.23	14.62	1.023	93%	3,419	78	422,256	11,328	4,526	37.28	14.06
Subtotal - Other Services	3,909,692	77,252	30,868	50.61	130.18		105%	(37,441)	949	4,059,649	77,680	31,039	52.26	135.18
Total	\$ 12,953,364				\$ 431.32		101%	364,432	3,537	\$ 13,782,670				\$ 458.93

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Foster Care (age 13 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					29,654									29,654
Home Health Care & Hospice	108,937	1,353	548	81	3.67	1.023	100%	(310)	(4)	111,123	1,380	559	81	3.75
IP - Maternity	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	212,146	80	32	2,641.91	7.15	1.035	100%	10,205	4	230,653	87	35	2,641.91	7.78
IP - Normal Newborn	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
IP - Mental Health	1,962,064	1,319	534	1,488.01	66.17	1.035	100%	56,482	38	2,095,335	1,408	570	1,488.01	70.66
IP - PRTF	607,407	1,558	630	389.94	20.48	1.035	100%	21,787	56	652,965	1,675	678	389.94	22.02
IP - Other	-	-	-	-	-	1.035	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	2,781,616	2,957	1,196	940.82	93.80		100%	88,474	98	2,978,954	3,170	1,283	939.73	100.46
OP - Emergency Room	445,003	1,084	439	410.37	15.01	1.032	100%	1,627	4	460,663	1,123	454	410.37	15.53
OP - Laboratory	41,779	483	195	86.50	1.41	1.032	100%	225	3	43,353	501	203	86.50	1.46
OP - Radiology	74,583	336	136	222.24	2.52	1.032	100%	366	2	77,357	348	141	222.24	2.61
OP - Surgery	215,275	102	41	2,110.54	7.26	1.032	100%	1,480	1	223,708	106	43	2,110.54	7.54
OP - Mental Health	734	11	4	66.77	0.02	1.032	100%	(6)	(0)	753	11	5	66.77	0.03
OP - Other	126,856	799	323	158.77	4.28	1.032	100%	335	2	131,288	827	335	158.77	4.43
Subtotal - Outpatient	904,229	2,815	1,139	321.22	30.49		100%	4,026	11	937,122	2,916	1,180	321.37	31.60
Prof - Evaluation & Management	763,934	15,625	6,323	48.89	25.76	1.023	100%	(15,206)	(311)	766,232	15,672	6,342	48.89	25.84
Prof - Maternity	-	-	-	-	-	1.023	0%	-	-	-	-	-	-	-
Prof - Surgery	72,457	655	265	110.62	2.44	1.023	100%	6,506	59	80,623	729	295	110.62	2.72
Prof - DME/Supplies & Prosthetics	120,152	2,848	1,152	42.19	4.05	1.023	100%	(25,523)	(605)	97,381	2,308	934	42.19	3.28
Prof - Lab	41,988	2,430	983	17.28	1.42	1.023	100%	3,689	213	46,639	2,699	1,092	17.28	1.57
Prof - Radiology	39,325	1,791	725	21.96	1.33	1.023	100%	3,464	158	43,689	1,990	805	21.96	1.47
Prof - Transportation	44,342	335	136	132.36	1.50	1.023	100%	3,903	29	49,261	372	151	132.36	1.66
Prof - Mental Health	1,913,212	11,953	4,837	160.06	64.52	1.023	100%	169,678	1,060	2,126,522	13,286	5,376	160.06	71.71
Prof - Target Case Management	281,671	832	337	338.55	9.50	1.023	100%	24,817	73	312,942	924	374	338.55	10.55
Prof - Other	328,528	8,294	3,356.31	39.61	11.08	1.023	100%	27,957	706	363,973	9,189	3,718	39.61	12.27
Subtotal - Professional	3,605,608	44,763	18,114	80.55	121.59		100%	199,284	1,383	3,887,263	47,169	19,088	82.41	131.09
Pharmacy - Non Hep C	2,868,008	38,834	15,715	73.85	96.72	1.000	100%	(114,401)	-	2,753,619	38,834	15,715	70.91	92.86
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	754,952	13,330	5,394	56.64	25.46	1.001	100%	37,993	671	793,769	14,015	5,672	56.64	26.77
FQHC & RHC	274,707	7,969	3,225	34.47	9.26	1.023	99%	1,369	40	279,719	8,114	3,284	34.47	9.43
Subtotal - Other Services	3,897,667	60,133	24,334	64.82	131.44		100%	(75,038)	711	3,827,107	60,964	24,670	62.78	129.06
Total	\$ 11,298,057				\$ 381.00		100%	216,436	2,198	\$ 11,741,568				\$ 395.95

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 18 through 20 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					4,407									4,407
Home Health Care & Hospice	2,526	36	98	70	0.57	1.045	100%	(2)	(0)	2,638	38	102	70	0.60
IP - Maternity	311,093	205	558	1,517.53	70.59	1.046	100%	4,440	4	331,156	219	597	1,510.84	75.14
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	66,945	15	41	4,462.99	15.19	1.046	93%	711	0	65,659	15	40	4,456.30	14.90
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	80,885	27	74	2,995.75	18.35	1.046	100%	1,709	1	86,656	29	79	2,993.95	19.66
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	9,109	1	3	9,108.94	2.07	1.046	100%	79	0	9,645	1	3	9,108.94	2.19
Subtotal - Inpatient	468,032	248	675	1,887.23	106.20		99%	6,940	5	493,117	264	719	1,868.41	111.89
OP - Emergency Room	329,894	766	2,086	430.67	74.86	1.037	100%	856	2	342,165	794	2,163	430.69	77.64
OP - Laboratory	30,635	276	752	110.86	6.95	1.037	100%	161	1	31,940	288	783	111.04	7.25
OP - Radiology	27,959	120	326	233.82	6.34	1.037	100%	(7)	(0)	28,995	124	338	233.80	6.58
OP - Surgery	73,255	75	203	981.09	16.62	1.037	100%	673	1	76,662	78	213	980.96	17.40
OP - Mental Health	671	14	38	47.94	0.15	1.037	100%	17	0	713	15	41	47.81	0.16
OP - Other	36,751	284	774	129.21	8.34	1.037	100%	116	1	38,239	296	806	129.22	8.68
Subtotal - Outpatient	499,165	1,535	4,180	325.19	113.27		100%	1,817	5	518,714	1,595	4,343	325.19	117.70
Prof - Evaluation & Management	111,035	2,729	7,431	40.69	25.20	1.045	100%	(159)	(4)	115,629	2,842	7,737	40.69	26.24
Prof - Maternity	99,688	594	1,617	167.83	22.62	1.045	100%	3,798	22	107,989	642	1,749	168.11	24.50
Prof - Surgery	14,344	148	403	96.92	3.25	1.045	100%	631	7	15,623	161	439	96.84	3.55
Prof - DME/Supplies & Prosthetics	15,269	361	983	42.30	3.46	1.045	100%	(3,544)	(90)	12,352	286	779	43.17	2.80
Prof - Lab	42,344	2,014	5,484	21.02	9.61	1.045	100%	1,824	87	46,074	2,191	5,967	21.02	10.45
Prof - Radiology	15,666	523	1,424	29.95	3.55	1.045	100%	886	29	17,228	575	1,566	29.96	3.91
Prof - Transportation	17,846	243	662	73.44	4.05	1.045	100%	690	10	19,342	264	718	73.33	4.39
Prof - Mental Health	85,146	882	2,402	96.54	19.32	1.045	100%	4,385	46	93,378	968	2,635	96.48	21.19
Prof - Target Case Management	12,349	31	84	398.36	2.80	1.045	100%	615	2	13,522	34	92	398.14	3.07
Prof - Other	107,391	1,761	4,795.10	60.98	24.37	1.045	99%	5,231	86	116,880	1,917	5,219	60.98	26.52
Subtotal - Professional	521,078	9,286	25,285	56.11	118.24		100%	14,357	194	558,017	9,880	26,903	56.48	126.62
Pharmacy - Non Hep C	122,117	4,379	11,924	27.89	27.71	1.000	100%	(4,588)	-	117,484	4,377	11,919	26.84	26.66
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	54,195	846	2,304	64.06	12.30	1.001	100%	3,395	51	57,654	898	2,444	64.24	13.08
FQHC & RHC	75,010	1,785	4,860	42.02	17.02	1.045	85%	384	8	67,354	1,601	4,360	42.06	15.28
Subtotal - Other Services	251,322	7,010	19,088	35.85	57.03		96%	(809)	58	242,492	6,876	18,723	35.27	55.02
Total	\$ 1,742,123				\$ 395.31		99%	22,302	261	\$ 1,814,977				\$ 411.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 18 through 20 Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					2,498									2,498
Home Health Care & Hospice	1,686	37	178	46	0.68	1.045	100%	(11)	(0)	1,752	38	185	46	0.70
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	178,356	88	423	2,026.77	71.40	1.046	100%	1,527	1	188,840	93	447	2,027.51	75.60
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	71,975	46	221	1,564.67	28.81	1.046	100%	1,777	1	77,367	49	237	1,567.74	30.97
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	250,331	134	644	1,868.14	100.21		100%	3,305	2	266,207	142	684	1,868.27	106.57
OP - Emergency Room	124,198	281	1,350	441.99	49.72	1.037	99%	380	1	128,440	291	1,396	442.03	51.42
OP - Laboratory	4,906	29	141	167.27	1.96	1.037	100%	61	0	5,151	31	148	167.39	2.06
OP - Radiology	4,667	12	58	388.92	1.87	1.037	100%	(1)	(0)	4,840	12	60	388.83	1.94
OP - Surgery	17,474	11	53	1,588.54	7.00	1.037	100%	102	0	18,228	11	55	1,589.49	7.30
OP - Mental Health	-	-	-	-	-	1.037	0%	-	-	-	-	-	-	-
OP - Other	2,388	39	186	61.75	0.96	1.037	99%	22	0	2,471	40	192	61.98	0.99
Subtotal - Outpatient	153,633	372	1,787	412.99	61.50		99%	564	1	159,130	385	1,850	413.19	63.70
Prof - Evaluation & Management	25,081	524	2,517	47.86	10.04	1.045	100%	(1,715)	(37)	24,457	510	2,448	47.99	9.79
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	11,414	97	466	117.67	4.57	1.045	100%	545	5	12,474	106	511	117.26	4.99
Prof - DME/Supplies & Prosthetics	6,179	169	812	36.56	2.47	1.045	100%	(1,554)	(44)	4,905	133	638	36.94	1.96
Prof - Lab	2,821	156	749	18.08	1.13	1.045	100%	221	11	3,169	174	838	18.17	1.27
Prof - Radiology	6,976	231	1,110	30.20	2.79	1.045	100%	534	18	7,825	259	1,245	30.19	3.13
Prof - Transportation	10,192	167	802	61.03	4.08	1.045	100%	759	11	11,411	186	893	61.37	4.57
Prof - Mental Health	86,228	650	3,122	132.66	34.52	1.045	92%	4,612	34	87,859	662	3,179	132.74	35.17
Prof - Target Case Management	2,017	6	29	336.23	0.81	1.045	100%	136	0	2,245	7	32	336.13	0.90
Prof - Other	43,447	715	3,434.75	60.77	17.39	1.045	99%	2,568	44	47,479	783	3,761	60.64	19.01
Subtotal - Professional	194,356	2,715	13,042	71.59	77.80		96%	6,107	43	201,824	2,820	13,546	71.57	80.79
Pharmacy - Non Hep C	117,072	1,548	7,436	75.63	46.87	1.000	100%	(4,907)	-	112,151	1,548	7,435	72.46	44.90
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	20,682	333	1,600	62.11	8.28	1.001	98%	2,640	48	22,862	373	1,793	61.27	9.15
FQHC & RHC	8,514	220	1,057	38.70	3.41	1.045	99%	73	2	8,889	230	1,105	38.65	3.56
Subtotal - Other Services	146,269	2,101	10,093	69.62	58.55		100%	(2,194)	50	143,902	2,151	10,333	66.90	57.61
Total	\$ 746,275				\$ 298.75		99%	7,771	96	\$ 772,815				\$ 309.37

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 21 through 25 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					8,242									8,242
Home Health Care & Hospice	12,074	82	119	147	1.46	1.045	100%	(59)	(1)	12,561	85	124	148	1.52
IP - Maternity	444,877	310	451	1,435.09	53.98	1.046	99%	4,965	2	467,537	325	473	1,439.65	56.73
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	281,283	38	55	7,402.19	34.13	1.046	100%	3,724	1	299,132	40	59	7,401.90	36.29
IP - Normal Newborn	941	1	1	941.03	0.11	1.046	100%	32	0	1,020	1	2	941.03	0.12
IP - Mental Health	144,472	67	98	2,156.29	17.53	1.046	97%	1,641	1	147,938	69	100	2,157.50	17.95
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	871,573	416	606	2,095.13	105.75		99%	10,362	4	915,628	435	633	2,105.74	111.09
OP - Emergency Room	659,575	1,303	1,898	506.07	80.03	1.037	100%	2,872	6	685,026	1,354	1,971	506.07	83.11
OP - Laboratory	62,863	604	879	104.09	7.63	1.037	98%	113	1	63,941	615	895	104.04	7.76
OP - Radiology	62,957	221	322	284.88	7.64	1.037	100%	116	1	65,293	229	334	284.57	7.92
OP - Surgery	149,814	111	161	1,352.72	18.18	1.037	99%	533	0	153,646	114	165	1,352.61	18.64
OP - Mental Health	2,732	11	16	248.40	0.33	1.037	100%	24	(0)	2,858	11	16	252.56	0.35
OP - Other	103,987	456	664	228.04	12.62	1.037	100%	(13)	2	107,629	474	690	227.11	13.06
Subtotal - Outpatient	1,041,930	2,706	3,940	385.04	126.42		99%	3,645	10	1,078,393	2,796	4,072	385.63	130.84
Prof - Evaluation & Management	202,223	4,489	6,536	45.05	24.54	1.045	99%	(3,282)	(73)	206,481	4,584	6,673	45.05	25.05
Prof - Maternity	132,100	778	1,133	169.79	16.03	1.045	99%	3,475	21	140,126	826	1,202	169.69	17.00
Prof - Surgery	63,553	394	574	161.30	7.71	1.045	99%	2,116	13	68,084	422	615	161.28	8.26
Prof - DME/Supplies & Prosthetics	34,100	383	558	89.03	4.14	1.045	97%	(1,141)	(14)	33,511	376	547	89.20	4.07
Prof - Lab	78,005	3,643	5,304	21.41	9.46	1.045	100%	1,854	86	83,172	3,884	5,655	21.41	10.09
Prof - Radiology	34,052	972	1,415	35.03	4.13	1.045	100%	1,039	30	36,571	1,044	1,520	35.03	4.44
Prof - Transportation	31,813	352	512	90.38	3.86	1.045	100%	1,026	11	34,276	378	551	90.58	4.16
Prof - Mental Health	239,845	1,885	2,744	127.24	29.10	1.045	97%	3,546	33	247,758	1,952	2,842	126.91	30.06
Prof - Target Case Management	21,440	64	93	335.00	2.60	1.045	96%	433	1	21,928	65	95	335.01	2.66
Prof - Other	264,396	3,633	5,289.49	72.78	32.08	1.045	98%	5,608	79	276,866	3,807	5,542	72.73	33.59
Subtotal - Professional	1,101,527	16,593	24,159	66.39	133.65		99%	14,674	188	1,148,772	17,338	25,243	66.26	139.38
Pharmacy - Non Hep C	469,092	9,204	13,401	50.97	56.91	1.000	100%	(17,979)	-	450,714	9,196	13,389	49.01	54.69
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	78,935	1,553	2,261	50.83	9.58	1.001	99%	5,885	116	84,425	1,661	2,418	50.83	10.24
FQHC & RHC	110,089	2,541	3,700	43.33	13.36	1.045	84%	670	10	97,695	2,250	3,275	43.43	11.85
Subtotal - Other Services	658,116	13,298	19,361	49.49	79.85		97%	(11,424)	126	632,834	13,107	19,083	48.28	76.78
Total	\$ 3,685,220				\$ 447.13		99%	17,198	327	\$ 3,788,188				\$ 459.62

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
Former Foster Care Child Age 21 through 25 Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					4,565									4,565
Home Health Care & Hospice	282	8	21	35	0.06	1.045	100%	2	0	297	8	22	35	0.07
IP - Maternity	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	131,179	21	55	6,246.63	28.74	1.046	100%	727	0	138,494	22	58	6,236.13	30.34
IP - Normal Newborn	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Mental Health	66,497	32	84	2,078.02	14.57	1.046	100%	1,043	1	70,879	34	90	2,077.69	15.53
IP - PRTF	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.046	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	197,676	53	139	3,729.73	43.30		100%	1,771	1	209,374	56	148	3,717.38	45.86
OP - Emergency Room	228,348	474	1,247	481.24	50.02	1.037	99%	1,321	3	236,002	491	1,289	481.14	51.70
OP - Laboratory	10,049	64	169	156.53	2.20	1.037	95%	127	1	10,035	64	168	156.63	2.20
OP - Radiology	32,615	39	104	825.68	7.14	1.037	100%	260	1	34,092	42	110	818.05	7.47
OP - Surgery	40,506	16	42	2,563.69	8.87	1.037	100%	344	0	42,362	17	43	2,563.99	9.28
OP - Mental Health	-	-	-	-	-	1.037	0%	-	-	-	-	-	-	-
OP - Other	13,362	59	155	226.47	2.93	1.037	100%	103	0	13,963	62	162	226.63	3.06
Subtotal - Outpatient	324,880	653	1,717	497.52	71.17		99%	2,155	5	336,455	674	1,773	498.91	73.70
Prof - Evaluation & Management	40,918	958	2,518	42.71	8.96	1.045	99%	(521)	(13)	41,848	979	2,574	42.74	9.17
Prof - Maternity	-	-	-	-	-	1.045	0%	-	-	-	-	-	-	-
Prof - Surgery	14,391	120	315	119.92	3.15	1.045	100%	429	4	15,470	129	339	119.98	3.39
Prof - DME/Supplies & Prosthetics	9,132	134	352	68.15	2.00	1.045	96%	(634)	(11)	8,520	123	324	69.11	1.87
Prof - Lab	6,547	344	904	19.03	1.43	1.045	100%	237	14	7,080	373	981	18.97	1.55
Prof - Radiology	11,277	369	970	30.56	2.47	1.045	100%	312	11	12,084	396	1,041	30.50	2.65
Prof - Transportation	25,462	202	531	126.05	5.58	1.045	100%	765	6	27,258	216	568	126.14	5.97
Prof - Mental Health	76,311	667	1,753	114.41	16.72	1.045	98%	2,479	23	80,689	707	1,858	114.18	17.68
Prof - Target Case Management	6,078	15	39	405.23	1.33	1.045	100%	236	1	6,589	16	43	405.45	1.44
Prof - Other	66,921	991	2,605.04	67.53	14.66	1.045	99%	1,792	27	71,238	1,056	2,775	67.48	15.61
Subtotal - Professional	257,035	3,800	9,989	67.64	56.31		99%	5,095	61	270,776	3,995	10,503	67.77	59.32
Pharmacy - Non Hep C	109,360	2,069	5,439	52.86	23.96	1.000	99%	(4,379)	-	104,332	2,057	5,407	50.73	22.85
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	27,649	514	1,351	53.79	6.06	1.001	100%	2,135	38	29,816	552	1,452	53.98	6.53
FQHC & RHC	13,032	381	1,002	34.21	2.85	1.045	100%	111	3	13,714	401	1,053	34.22	3.00
Subtotal - Other Services	150,041	2,964	7,791	50.62	32.87		100%	(2,134)	41	147,862	3,010	7,912	49.13	32.39
Total	\$ 929,914				\$ 203.71		99%	6,890	108	\$ 964,764				\$ 211.34

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Region B

Exhibit 1B
 Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
MAGI Adult Age through 18 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					31									31
Home Health Care & Hospice	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
IP - Maternity	3,313	1	387	3,312.73	106.86	1.049	100%	(30)	(0)	3,459	1	404	3,312.73	111.58
IP - Complex Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	3,313	1	387	3,312.73	106.86		100%	(30)	(0)	3,459	1	404	3,312.73	111.58
OP - Emergency Room	5,702	10	3,871	570.21	183.94	1.034	100%	(31)	(0)	5,868	10	3,996	568.44	189.28
OP - Laboratory	332	3	1,161	110.67	10.71	1.034	100%	(3)	(0)	339	3	1,186	110.67	10.94
OP - Radiology	305	2	774	152.27	9.82	1.034	100%	(0)	(0)	314	2	799	152.27	10.14
OP - Surgery	-	-	-	-	-	1.034	0%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.034	0%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.034	0%	-	-	-	-	-	-	-
Subtotal - Outpatient	6,339	15	5,806	422.58	204.47		100%	(34)	(0)	6,521	15	5,981	422.06	210.35
Prof - Evaluation & Management	1,560	19	7,355	82.11	50.33	1.039	99%	(9)	(0)	1,591	19	7,502	82.08	51.32
Prof - Maternity	1,263	3	1,161	420.94	40.74	1.039	100%	(11)	(0)	1,301	3	1,196	420.79	41.95
Prof - Surgery	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - DME/Supplies & Prosthetics	87	1	387	86.88	2.80	1.039	98%	(1)	(0)	87	1	389	86.88	2.81
Prof - Lab	9	3	1,161	3.07	0.30	1.039	66%	0	0	6	2	810	3.07	0.21
Prof - Radiology	386	7	2,710	55.08	12.44	1.039	98%	4	0	395	7	2,768	55.21	12.74
Prof - Transportation	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - Mental Health	271	1	387	271.30	8.75	1.039	100%	9	0	291	1	415	271.30	9.38
Prof - Target Case Management	334	1	387	334.00	10.77	1.039	100%	7	0	354	1	411	334.00	11.43
Prof - Other	718	10	3,870.97	71.78	23.15	1.039	100%	0	0	746	10	4,029	71.68	24.06
Subtotal - Professional	4,628	45	17,419	102.84	149.28		99%	(0)	0	4,771	45	17,520	105.42	153.90
Pharmacy - Non Hep C	713	27	10,452	26.41	23.01	1.000	99%	(24)	-	678	27	10,296	25.50	21.88
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.002	0%	-	-	-	-	-	-	-
FQHC & RHC	116	5	1,935	23.26	3.75	1.039	99%	-	-	119	5	1,984	23.26	3.85
Subtotal - Other Services	829	32	12,387	25.92	26.76		99%	(24)	-	798	32	12,280	25.14	25.73
Total	\$ 15,109				\$ 487.37		100%	(89)	(0)	\$ 15,548				\$ 501.56

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age through 18 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					33									33
Home Health Care & Hospice	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		0%	-	-	-	-	-	-	-
OP - Emergency Room	9,539	7	2,545	1,362.69	289.06	1.034	100%	(73)	(0)	9,795	7	2,616	1,361.32	296.81
OP - Laboratory	871	4	1,455	217.81	26.40	1.034	99%	(11)	(0)	884	4	1,476	217.81	26.80
OP - Radiology	103	1	364	102.55	3.11	1.034	100%	(0)	(0)	106	1	375	102.55	3.21
OP - Surgery	-	-	-	-	-	1.034	0%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.034	0%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.034	0%	-	-	-	-	-	-	-
Subtotal - Outpatient	10,513	12	4,364	876.05	318.56		100%	(83)	(0)	10,785	12	4,468	877.71	326.82
Prof - Evaluation & Management	69	1	364	68.75	2.08	1.039	100%	0	0	71	1	378	68.75	2.16
Prof - Maternity	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - Surgery	395	1	364	395.19	11.98	1.039	100%	(1)	(0)	410	1	377	395.19	12.42
Prof - DME/Supplies & Prosthetics	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - Lab	8	1	364	8.30	0.25	1.039	100%	(0)	(0)	9	1	377	8.30	0.26
Prof - Radiology	67	2	727	33.30	2.02	1.039	97%	(0)	(0)	67	2	731	33.30	2.03
Prof - Transportation	360	4	1,455	90.00	10.91	1.039	100%	(5)	(0)	369	4	1,492	90.00	11.19
Prof - Mental Health	8,932	32	11,636	279.13	270.67	1.039	100%	(110)	(0)	9,168	33	11,943	279.13	277.81
Prof - Target Case Management	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - Other	507	8	2,909.09	63.40	15.37	1.039	100%	(4)	(0)	523	8	3,002	63.38	15.85
Subtotal - Professional	10,338	49	17,818	210.98	313.28		100%	(119)	(1)	10,617	50	18,300	210.97	321.73
Pharmacy - Non Hep C	589	18	6,545	32.70	17.84	1.000	98%	(4)	-	572	18	6,408	32.49	17.35
Pharmacy - Hep C	-	-	-	-	-	1.000	0%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.002	0%	-	-	-	-	-	-	-
FQHC & RHC	65	3	1,091	21.66	1.97	1.039	95%	-	-	64	3	1,076	21.66	1.94
Subtotal - Other Services	654	21	7,636	31.12	19.81		98%	(4)	-	637	21	7,484	30.93	19.29
Total	\$ 21,504				\$ 651.65		100%	(206)	(1)	\$ 22,039				\$ 667.83

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B**

**Exhibit 1B
Confidential and Proprietary**

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 19 through 24 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months	407,384													
Home Health Care & Hospice	136,032	2,607	77	52	0.33	1.039	100%	11	0	141,304	2,708	80	52	0.35
IP - Maternity	8,841,272	6,217	183	1,422.11	21.70	1.049	100%	136,349	110	9,416,807	6,636	195	1,419.12	23.12
IP - Complex Newborn	58,193	7	0	8,313.31	0.14	1.049	100%	1,599	0	62,893	8	0	8,301.38	0.15
IP - Medical/Surgical	6,958,312	1,692	50	4,112.72	17.08	1.049	99%	85,387	21	7,321,891	1,780	52	4,112.54	17.97
IP - Normal Newborn	22,055	8	0	2,756.85	0.05	1.049	100%	717	0	23,947	9	0	2,760.90	0.06
IP - Mental Health	2,577,501	1,098	32	2,346.85	6.33	1.049	100%	33,294	14	2,728,509	1,163	34	2,346.81	6.70
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	37,988	8	0	4,748.49	0.09	1.049	100%	121	0	40,133	8	0	4,750.23	0.10
Subtotal - Inpatient	18,495,321	9,030	266	2,048.17	45.40	100%	257,467	145	19,594,181	9,603	283	2,040.34	48.10	
OP - Emergency Room	16,944,455	35,088	1,034	482.91	41.59	1.034	100%	59,309	123	17,533,887	36,309	1,070	482.91	43.04
OP - Laboratory	2,582,778	21,696	639	119.04	6.34	1.034	99%	14,158	130	2,657,678	22,337	658	118.98	6.52
OP - Radiology	2,754,530	8,771	258	314.06	6.76	1.034	100%	14,390	47	2,856,796	9,097	268	314.04	7.01
OP - Surgery	6,300,348	3,797	112	1,659.18	15.47	1.034	100%	42,323	26	6,540,163	3,943	116	1,658.84	16.05
OP - Mental Health	32,200	105	3	306.67	0.08	1.034	100%	291	1	33,445	109	3	305.73	0.08
OP - Other	3,219,648	16,495	486	195.18	7.90	1.034	99%	22,252	119	3,316,690	16,997	501	195.13	8.14
Subtotal - Outpatient	31,833,958	85,953	2,532	370.37	78.14	100%	152,724	446	32,938,659	88,792	2,615	370.96	80.85	
Prof - Evaluation & Management	8,668,891	200,167	5,896	43.31	21.28	1.039	98%	(56,915)	(1,372)	8,767,505	202,386	5,962	43.32	21.52
Prof - Maternity	2,639,449	17,741	523	148.78	6.48	1.039	100%	142,863	930	2,880,396	19,330	569	149.01	7.07
Prof - Surgery	1,901,591	14,329	422	132.71	4.67	1.039	100%	107,100	807	2,079,030	15,666	461	132.71	5.10
Prof - DME/Supplies & Prosthetics	1,162,472	20,814	613	55.85	2.85	1.039	97%	(142,470)	(2,850)	1,026,881	18,087	533	56.77	2.52
Prof - Lab	2,780,980	135,634	3,995	20.50	6.83	1.039	97%	151,312	7,381	2,962,731	144,499	4,256	20.50	7.27
Prof - Radiology	1,144,321	33,097	975	34.57	2.81	1.039	97%	61,726	1,785	1,210,562	35,013	1,031	34.58	2.97
Prof - Transportation	527,235	5,726	169	92.08	1.29	1.039	99%	28,802	309	573,543	6,225	183	92.14	1.41
Prof - Mental Health	4,747,199	41,680	1,228	113.90	11.65	1.039	96%	228,284	2,031	4,959,797	43,573	1,283	113.83	12.17
Prof - Target Case Management	445,013	1,288	38	345.51	1.09	1.039	98%	20,201	58	475,420	1,376	41	345.51	1.17
Prof - Other	6,319,845	97,806	2,881.00	64.62	15.51	1.039	100%	335,408	5,247	6,871,208	106,395	3,134	64.58	16.87
Subtotal - Professional	30,336,994	568,282	16,739	53.38	74.47	98%	876,310	14,325	31,807,071	592,550	17,454	53.68	78.08	
Pharmacy - Non Hep C	17,511,950	421,640	12,420	41.53	42.99	1.000	99%	(623,928)	-	16,637,424	415,606	12,242	40.03	40.84
Pharmacy - Hep C	92,411	7	0	13,201.51	0.23	1.000	230%	(3,775)	-	208,772	16	0	12,967.02	0.51
Dental	4,003,384	72,594	2,138	55.15	9.83	1.002	97%	240,201	4,356	4,130,872	74,906	2,206	55.15	10.14
FQHC & RHC	4,478,100	116,105	3,420	38.57	10.99	1.039	87%	32,453	598	4,082,678	105,609	3,111	38.66	10.02
Subtotal - Other Services	26,085,844	610,346	17,978	42.74	64.03	97%	(355,049)	4,954	25,059,746	596,138	17,560	42.04	61.51	
Total	\$ 106,888,149				\$ 262.38		99%	931,463	19,870	\$ 109,540,961				\$ 268.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data			Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims							
MAGI Adult Age 19 through 24 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					369,978									369,978
Home Health Care & Hospice	169,036	1,921	62	88	0.46	1.039	100%	208	3	175,577	1,996	65	88	0.47
IP - Maternity	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	7,545,502	1,607	52	4,694.67	20.39	1.049	99%	77,431	17	7,936,833	1,691	55	4,694.03	21.45
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	2,696,868	1,162	38	2,320.80	7.29	1.049	98%	34,301	15	2,801,661	1,207	39	2,320.67	7.57
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	35,010	16	1	2,188.12	0.09	1.049	100%	395	0	37,271	17	1	2,189.26	0.10
Subtotal - Inpatient	10,277,379	2,785	90	3,689.88	27.78		99%	112,128	32	10,775,765	2,915	95	3,696.50	29.13
OP - Emergency Room	10,356,899	20,823	675	497.37	27.99	1.034	99%	29,025	59	10,656,715	21,426	695	497.37	28.80
OP - Laboratory	812,411	5,580	181	145.61	2.20	1.034	98%	3,374	28	829,091	5,699	185	145.48	2.24
OP - Radiology	1,177,368	3,159	102	372.69	3.18	1.034	100%	7,764	19	1,221,196	3,275	106	372.89	3.30
OP - Surgery	2,945,454	1,267	41	2,324.66	7.96	1.034	100%	21,047	9	3,060,360	1,316	43	2,324.67	8.27
OP - Mental Health	24,824	72	2	344.78	0.07	1.034	100%	34	0	25,596	74	2	344.30	0.07
OP - Other	1,570,864	5,620	182	279.51	4.25	1.034	99%	9,321	27	1,621,522	5,795	188	279.79	4.38
Subtotal - Outpatient	16,887,820	36,521	1,185	462.41	45.65		99%	70,564	142	17,414,480	37,586	1,219	463.32	47.07
Prof - Evaluation & Management	3,486,813	82,270	2,668	42.38	9.42	1.039	98%	(60,614)	(1,496)	3,477,762	81,990	2,659	42.42	9.40
Prof - Maternity	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - Surgery	1,154,431	8,265	268	139.68	3.12	1.039	100%	61,995	443	1,258,245	9,008	292	139.69	3.40
Prof - DME/Supplies & Prosthetics	768,515	11,124	361	69.09	2.08	1.039	97%	(43,205)	(728)	734,971	10,536	342	69.76	1.99
Prof - Lab	499,090	27,023	876	18.47	1.35	1.039	97%	27,176	1,474	529,979	28,698	931	18.47	1.43
Prof - Radiology	656,707	22,154	719	29.64	1.77	1.039	96%	35,286	1,193	691,804	23,340	757	29.64	1.87
Prof - Transportation	563,502	4,780	155	117.89	1.52	1.039	99%	28,275	236	610,013	5,171	168	117.97	1.65
Prof - Mental Health	4,252,270	33,380	1,083	127.39	11.49	1.039	95%	185,087	1,458	4,390,469	34,470	1,118	127.37	11.87
Prof - Target Case Management	294,854	863	28	341.66	0.80	1.039	98%	12,799	37	312,747	915	30	341.67	0.85
Prof - Other	3,789,699	56,849	1,843.86	66.66	10.24	1.039	98%	171,102	2,727	4,046,404	60,860	1,974	66.49	10.94
Subtotal - Professional	15,465,882	246,708	8,002	62.69	41.80		97%	417,901	5,345	16,052,393	254,989	8,270	62.95	43.39
Pharmacy - Non Hep C	13,452,684	164,787	5,345	81.64	36.36	1.000	99%	(463,059)	-	12,868,782	163,307	5,297	78.80	34.78
Pharmacy - Hep C	274,678	21	1	13,079.89	0.74	1.000	230%	(9,613)	-	622,155	48	2	12,880.86	1.68
Dental	2,431,093	44,412	1,440	54.74	6.57	1.002	97%	146,342	2,674	2,508,054	45,819	1,486	54.74	6.78
FQHC & RHC	1,127,252	34,153	1,108	33.01	3.05	1.039	95%	11,378	335	1,125,238	34,082	1,105	33.02	3.04
Subtotal - Other Services	17,285,707	243,373	7,894	71.03	46.72		101%	(314,952)	3,009	17,124,229	243,256	7,890	70.40	46.28
Total	\$ 60,085,824				\$ 162.40		99%	285,849	8,531	\$ 61,542,444				\$ 166.34

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
MAGI Adult Age 25 through 39 Female															
Service Category	July 1, 2017 - June 30, 2018														
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					838,280										838,280
Home Health Care & Hospice	871,239	11,156	160	78	1.04	1.039	99%	(637)	(4)	899,571	11,523	165	78	1.07	
IP - Maternity	11,397,035	8,415	120	1,354.39	13.60	1.049	100%	138,379	102	12,033,638	8,884	127	1,354.46	14.36	
IP - Complex Newborn	22,072	2	0	11,035.97	0.03	1.049	100%	393	0	23,641	2	0	10,942.85	0.03	
IP - Medical/Surgical	32,968,020	8,207	117	4,016.84	39.33	1.049	98%	300,606	72	34,336,313	8,545	122	4,018.11	40.96	
IP - Normal Newborn	4,039	6	0	673.14	0.00	1.049	100%	88	0	4,342	6	0	673.58	0.01	
IP - Mental Health	7,774,952	3,193	46	2,435.18	9.27	1.049	97%	83,256	34	7,978,168	3,276	47	2,435.23	9.52	
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-	
IP - Other	513,882	115	2	4,468.54	0.61	1.049	100%	4,943	1	546,209	122	2	4,465.04	0.65	
Subtotal - Inpatient	52,680,000	19,938	285	2,642.18	62.84		98%	527,665	209	54,922,312	20,837	298	2,635.82	65.52	
OP - Emergency Room	38,491,421	69,057	989	557.38	45.92	1.034	99%	90,796	163	39,527,945	70,917	1,015	557.38	47.15	
OP - Laboratory	7,460,737	55,619	796	134.14	8.90	1.034	99%	30,293	251	7,636,098	56,952	815	134.08	9.11	
OP - Radiology	9,789,218	25,733	368	380.42	11.68	1.034	100%	41,269	113	10,129,962	26,633	381	380.35	12.08	
OP - Surgery	23,419,484	10,892	156	2,150.22	27.94	1.034	100%	130,437	61	24,251,625	11,279	161	2,150.10	28.93	
OP - Mental Health	120,995	254	4	476.98	0.14	1.034	99%	499	2	124,242	261	4	475.96	0.15	
OP - Other	8,137,431	36,977	529	220.07	9.71	1.034	99%	51,572	238	8,368,581	38,031	544	220.05	9.98	
Subtotal - Outpatient	87,419,286	198,531	2,842	440.33	104.28		99%	344,866	830	90,038,452	204,074	2,921	441.21	107.41	
Prof - Evaluation & Management	22,645,601	528,879	7,571	42.82	27.01	1.039	98%	(193,677)	(4,736)	22,768,115	531,528	7,609	42.84	27.16	
Prof - Maternity	3,158,934	21,518	308	146.80	3.77	1.039	99%	88,336	584	3,347,426	22,784	326	146.92	3.99	
Prof - Surgery	7,812,841	50,292	720	155.35	9.32	1.039	100%	228,824	1,473	8,318,439	53,547	767	155.35	9.92	
Prof - DME/Supplies & Prosthetics	2,837,333	39,969	572	70.99	3.38	1.039	96%	(97,899)	(1,571)	2,735,769	38,346	549	71.34	3.26	
Prof - Lab	5,582,212	283,315	4,056	19.70	6.66	1.039	97%	154,715	7,836	5,781,372	293,407	4,200	19.70	6.90	
Prof - Radiology	3,601,387	97,144	1,391	37.07	4.30	1.039	97%	99,949	2,694	3,712,383	100,136	1,433	37.07	4.43	
Prof - Transportation	1,467,812	15,256	218	96.21	1.75	1.039	98%	41,468	430	1,541,003	16,016	229	96.22	1.84	
Prof - Mental Health	18,333,741	176,880	2,532	103.65	21.87	1.039	96%	395,826	3,652	18,633,923	179,609	2,571	103.75	22.23	
Prof - Target Case Management	2,456,039	7,113	102	345.29	2.93	1.039	98%	42,425	123	2,547,537	7,378	106	345.29	3.04	
Prof - Other	23,623,997	324,292	4,642.25	72.85	28.18	1.039	99%	460,124	6,782	24,715,319	339,739	4,863	72.75	29.48	
Subtotal - Professional	91,519,897	1,544,658	22,112	59.25	109.18		98%	1,220,092	17,268	94,101,286	1,582,490	22,653	59.46	112.26	
Pharmacy - Non Hep C	70,180,916	1,518,713	21,740	46.21	83.72	1.000	98%	(2,255,340)	-	66,814,920	1,494,678	21,396	44.70	79.70	
Pharmacy - Hep C	3,514,563	252	4	13,946.68	4.19	1.000	227%	(114,819)	-	7,877,176	573	8	13,746.31	9.40	
Dental	5,824,953	130,579	1,869	44.61	6.95	1.002	96%	422,786	9,459	6,013,820	134,795	1,930	44.61	7.17	
FQHC & RHC	8,949,197	245,708	3,517	36.42	10.68	1.039	89%	54,086	1,178	8,364,233	229,340	3,283	36.47	9.98	
Subtotal - Other Services	88,469,629	1,895,252	27,131	46.68	105.54		102%	(1,893,287)	10,637	89,070,149	1,859,386	26,617	47.90	106.25	
Total	\$ 320,960,052				\$ 382.88		100%	198,700	28,940	\$ 329,031,770				\$ 392.51	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 25 through 39 Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					796,267									796,267
Home Health Care & Hospice	885,633	8,653	130	102	1.11	1.039	99%	(345)	(3)	913,553	8,926	135	102	1.15
IP - Maternity	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	39,176,511	10,192	154	3,843.85	49.20	1.049	97%	308,320	80	40,327,754	10,491	158	3,843.94	50.65
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	11,222,837	4,808	72	2,334.32	14.09	1.049	98%	110,528	47	11,614,716	4,976	75	2,334.29	14.59
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	367,076	112	2	3,277.47	0.46	1.049	98%	3,200	1	382,220	117	2	3,276.94	0.48
Subtotal - Inpatient	50,766,424	15,112	228	3,359.40	63.76	97%	422,049	128	52,324,690	15,584	235	3,357.68	65.71	
OP - Emergency Room	32,087,744	55,989	844	573.11	40.30	1.034	98%	40,688	71	32,730,789	57,110	861	573.11	41.11
OP - Laboratory	5,362,968	28,690	432	186.93	6.74	1.034	98%	9,528	62	5,428,752	29,053	438	186.86	6.82
OP - Radiology	5,065,846	11,840	178	427.86	6.36	1.034	99%	17,204	41	5,214,655	12,188	184	427.84	6.55
OP - Surgery	11,544,687	5,045	76	2,288.24	14.50	1.034	99%	39,961	18	11,881,450	5,192	78	2,288.21	14.92
OP - Mental Health	113,036	194	3	581.16	0.14	1.034	99%	(41)	0	115,348	199	3	579.80	0.14
OP - Other	5,125,814	19,746	298	259.59	6.44	1.034	99%	24,736	97	5,272,001	20,310	306	259.57	6.62
Subtotal - Outpatient	59,300,095	121,504	1,831	488.05	74.47	99%	132,076	288	60,642,995	124,053	1,870	488.85	76.16	
Prof - Evaluation & Management	13,190,409	307,946	4,641	42.83	16.57	1.039	97%	(151,512)	(3,694)	13,137,893	306,563	4,620	42.86	16.50
Prof - Maternity	350	1	0	350.00	0.00	1.039	100%	0	0	364	1	0	350.00	0.00
Prof - Surgery	4,900,231	31,743	478	154.37	6.15	1.039	99%	92,396	595	5,125,512	33,199	500	154.39	6.44
Prof - DME/Supplies & Prosthetics	2,856,930	33,806	509	84.51	3.59	1.039	97%	(29,603)	(506)	2,859,910	33,686	508	84.90	3.59
Prof - Lab	1,912,930	105,763	1,594	18.09	2.40	1.039	96%	30,711	1,700	1,944,886	107,532	1,621	18.09	2.44
Prof - Radiology	2,464,693	73,953	1,114	33.33	3.10	1.039	96%	44,606	1,335	2,499,598	74,997	1,130	33.33	3.14
Prof - Transportation	1,934,861	17,680	266	109.44	2.43	1.039	98%	35,781	322	2,013,208	18,391	277	109.47	2.53
Prof - Mental Health	21,722,588	181,208	2,731	119.88	27.28	1.039	94%	271,789	2,104	21,455,348	178,816	2,695	119.99	26.94
Prof - Target Case Management	2,328,508	6,696	101	347.75	2.92	1.039	97%	22,413	65	2,358,317	6,782	102	347.73	2.96
Prof - Other	22,926,176	290,883	4,383.70	78.82	28.79	1.039	98%	183,564	2,703	23,549,362	299,164	4,509	78.72	29.57
Subtotal - Professional	74,237,676	1,049,679	15,819	70.72	93.23	97%	500,143	4,625	74,944,398	1,059,131	15,961	70.76	94.12	
Pharmacy - Non Hep C	59,199,328	867,360	13,071	68.25	74.35	1.000	99%	(1,696,100)	-	56,725,005	855,958	12,900	66.27	71.24
Pharmacy - Hep C	5,126,937	350	5	14,648.39	6.44	1.000	229%	(161,338)	-	11,601,128	803	12	14,447.47	14.57
Dental	4,746,125	97,349	1,467	48.75	5.96	1.002	96%	420,895	8,635	4,974,983	102,045	1,538	48.75	6.25
FQHC & RHC	3,881,673	115,376	1,739	33.64	4.87	1.039	95%	23,798	634	3,867,988	114,896	1,732	33.67	4.86
Subtotal - Other Services	72,954,063	1,080,435	16,283	67.52	91.62	108%	(1,412,746)	9,269	77,169,104	1,073,702	16,181	71.87	96.91	
Total	\$ 258,143,891				\$ 324.19		100%	(358,822)	14,307	\$ 265,994,741				\$ 334.05

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 40 or Older Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					936,675									936,675
Home Health Care & Hospice	3,696,829	35,252	452	105	3.95	1.039	100%	1,890	17	3,837,051	36,588	469	105	4.10
IP - Maternity	239,405	160	2	1,496.28	0.26	1.049	100%	3,329	3	255,491	171	2	1,490.73	0.27
IP - Complex Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Medical/Surgical	84,986,053	19,995	256	4,250.35	90.73	1.049	100%	712,802	168	89,540,887	21,067	270	4,250.27	95.59
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	6,052,760	2,439	31	2,481.51	6.46	1.049	100%	56,556	23	6,390,161	2,575	33	2,481.52	6.82
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	1,357,774	317	4	4,277.64	1.45	1.049	100%	16,201	3	1,446,331	338	4	4,282.60	1.54
Subtotal - Inpatient	92,635,992	22,912	294	4,043.19	98.90	100%		788,887	197	97,632,871	24,151	309	4,042.55	104.23
OP - Emergency Room	42,435,280	60,278	772	703.99	45.30	1.034	100%	94,988	129	43,794,371	62,202	797	704.06	46.76
OP - Laboratory	10,789,080	79,414	1,017	135.86	11.52	1.034	99%	68,752	506	11,145,351	82,037	1,051	135.86	11.90
OP - Radiology	33,482,682	70,346	901	475.97	35.75	1.034	100%	196,711	401	34,795,800	73,092	936	476.05	37.15
OP - Surgery	45,238,409	21,659	277	2,088.67	48.30	1.034	100%	260,297	124	46,964,884	22,485	288	2,088.72	50.14
OP - Mental Health	87,880	336	4	261.16	0.09	1.034	95%	471	3	86,419	332	4	260.27	0.09
OP - Other	23,298,606	74,795	958	311.50	24.87	1.034	99%	150,990	491	24,087,999	77,335	991	311.48	25.72
Subtotal - Outpatient	155,331,938	306,828	3,931	506.25	165.83	100%		772,208	1,654	160,874,824	317,484	4,067	506.72	171.75
Prof - Evaluation & Management	38,911,915	833,866	10,683	46.66	41.54	1.039	98%	(53,014)	(1,596)	39,641,790	849,047	10,877	46.69	42.32
Prof - Maternity	71,429	644	8	110.91	0.08	1.039	100%	1,708	16	75,899	684	9	110.89	0.08
Prof - Surgery	19,300,832	116,129	1,488	166.20	20.61	1.039	100%	474,442	2,848	20,498,101	123,326	1,580	166.21	21.88
Prof - DME/Supplies & Prosthetics	10,074,578	131,115	1,680	76.84	10.76	1.039	98%	25,636	25	10,267,893	133,322	1,708	77.02	10.96
Prof - Lab	6,415,178	368,645	4,723	17.40	6.85	1.039	97%	153,497	8,797	6,644,606	381,805	4,891	17.40	7.09
Prof - Radiology	7,944,043	182,850	2,343	43.45	8.48	1.039	98%	178,599	4,079	8,223,869	189,259	2,425	43.45	8.78
Prof - Transportation	2,274,614	23,008	295	98.86	2.43	1.039	100%	52,698	530	2,403,828	24,312	311	98.87	2.57
Prof - Mental Health	11,021,627	117,554	1,506	93.76	11.77	1.039	98%	213,590	2,235	11,402,727	121,576	1,558	93.79	12.17
Prof - Target Case Management	2,143,935	6,161	79	347.98	2.29	1.039	99%	32,453	93	2,238,446	6,433	82	347.98	2.39
Prof - Other	32,854,196	448,991	5,752.15	73.17	35.08	1.039	100%	680,489	9,537	34,706,460	474,541	6,079	73.14	37.05
Subtotal - Professional	131,012,346	2,228,963	28,556	58.78	139.87	99%		1,760,098	26,563	136,103,618	2,304,306	29,521	59.06	145.31
Pharmacy - Non Hep C	196,133,552	3,945,346	50,545	49.71	209.39	1.000	99%	(6,419,048)	-	187,369,641	3,898,178	49,941	48.07	200.04
Pharmacy - Hep C	4,810,696	325	4	14,802.14	5.14	1.000	230%	(156,300)	-	10,908,476	748	10	14,593.05	11.65
Dental	4,953,957	114,843	1,471	43.14	5.29	1.002	96%	339,531	7,857	5,095,124	118,102	1,513	43.14	5.44
FQHC & RHC	10,310,352	317,843	4,072	32.44	11.01	1.039	94%	66,279	2,019	10,186,274	313,993	4,023	32.44	10.87
Subtotal - Other Services	216,208,557	4,378,357	56,092	49.38	230.83	101%		(6,169,539)	9,876	213,559,515	4,331,020	55,486	49.31	228.00
Total	\$ 598,885,661				\$ 639.37	100%		(2,846,456)	38,307	\$ 612,007,878				\$ 653.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Region B

Exhibit 1B
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 40 or Older Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					814,597									814,597
Home Health Care & Hospice	3,613,913	27,706	408	130	4.44	1.039	100%	(4,957)	(35)	3,745,645	28,719	423	130	4.60
IP - Maternity	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Complex Newborn	4,277	14	0	305.49	0.01	1.049	100%	(53)	(0)	4,452	15	0	305.49	0.01
IP - Medical/Surgical	98,844,734	24,451	360	4,042.57	121.34	1.049	99%	768,394	191	103,750,144	25,666	378	4,042.38	127.36
IP - Normal Newborn	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Mental Health	9,288,852	3,972	59	2,338.64	11.40	1.049	98%	80,085	34	9,591,412	4,101	60	2,338.68	11.77
IP - PRTF	-	-	-	-	-	1.049	0%	-	-	-	-	-	-	-
IP - Other	1,137,379	228	3	4,988.51	1.40	1.049	100%	8,804	2	1,200,644	240	4	4,992.34	1.47
Subtotal - Inpatient	109,275,242	28,665	422	3,812.17	134.15		99%	857,231	227	114,546,652	30,022	442	3,815.44	140.62
OP - Emergency Room	37,314,976	51,110	753	730.09	45.81	1.034	99%	60,660	80	38,202,865	52,323	771	730.13	46.90
OP - Laboratory	8,801,002	51,500	759	170.89	10.80	1.034	99%	46,876	278	9,051,464	52,969	780	170.88	11.11
OP - Radiology	22,027,850	31,523	464	698.78	27.04	1.034	100%	110,192	153	22,861,386	32,712	482	698.88	28.06
OP - Surgery	31,194,376	14,478	213	2,154.55	38.29	1.034	100%	132,952	61	32,264,351	14,974	221	2,154.66	39.61
OP - Mental Health	61,181	167	2	367.09	0.08	1.034	100%	179	1	63,238	173	3	366.17	0.08
OP - Other	17,113,168	49,749	733	343.99	21.01	1.034	99%	84,476	249	17,659,998	51,342	756	343.96	21.68
Subtotal - Outpatient	116,512,554	198,528	2,925	586.88	143.03		99%	435,335	821	120,103,302	204,493	3,012	587.32	147.44
Prof - Evaluation & Management	25,834,953	542,668	7,994	47.61	31.72	1.039	98%	(72,897)	(1,832)	26,198,594	550,005	8,102	47.63	32.16
Prof - Maternity	-	-	-	-	-	1.039	0%	-	-	-	-	-	-	-
Prof - Surgery	13,938,488	81,259	1,197	171.53	17.11	1.039	100%	268,647	1,560	14,693,112	85,652	1,262	171.54	18.04
Prof - DME/Supplies & Prosthetics	8,599,853	97,169	1,431	88.50	10.56	1.039	98%	38,322	210	8,793,465	99,134	1,460	88.70	10.79
Prof - Lab	3,421,827	204,521	3,013	16.73	4.20	1.039	97%	61,458	3,666	3,508,703	209,706	3,089	16.73	4.31
Prof - Radiology	5,758,625	133,647	1,969	43.09	7.07	1.039	97%	102,850	2,378	5,920,937	137,405	2,024	43.09	7.27
Prof - Transportation	2,899,771	26,495	390	109.45	3.56	1.039	99%	51,585	469	3,021,989	27,610	407	109.45	3.71
Prof - Mental Health	12,262,010	107,780	1,588	113.77	15.05	1.039	94%	179,670	1,499	12,178,823	106,969	1,576	113.85	14.95
Prof - Target Case Management	1,615,907	4,662	69	346.61	1.98	1.039	96%	19,968	58	1,637,316	4,724	70	346.61	2.01
Prof - Other	26,297,658	347,610	5,120.72	75.65	32.28	1.039	99%	405,764	5,518	27,517,543	363,890	5,361	75.62	33.78
Subtotal - Professional	100,629,092	1,545,811	22,772	65.10	123.53		98%	1,055,366	13,527	103,470,480	1,585,095	23,350	65.28	127.02
Pharmacy - Non Hep C	128,816,869	2,320,455	34,183	55.51	158.14	1.000	99%	(3,847,583)	-	123,373,042	2,291,701	33,760	53.83	151.45
Pharmacy - Hep C	10,279,658	662	10	15,528.18	12.62	1.000	229%	(345,114)	-	23,208,431	1,517	22	15,300.66	28.49
Dental	3,728,811	81,709	1,204	45.64	4.58	1.002	96%	272,415	5,956	3,844,782	84,237	1,241	45.64	4.72
FQHC & RHC	5,856,656	183,014	2,696	32.00	7.19	1.039	95%	38,931	1,186	5,839,890	182,459	2,688	32.01	7.17
Subtotal - Other Services	148,681,994	2,585,840	38,093	57.50	182.52		108%	(3,881,350)	7,142	156,266,145	2,559,914	37,711	61.04	191.83
Total	\$ 478,712,795				\$ 587.67		102%	(1,538,375)	21,682	\$ 498,132,225				\$ 611.51

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Total For All Aid Categories - All Ages														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					15,519,119									15,519,119
Home Health Care & Hospice	57,747,293	513,092	397	113	3.72	1.058	100%	(102,119)	(196)	60,955,515	539,272	417	113	3.93
IP - Maternity	112,208,822	92,579	72	1,212.03	7.23	1.072	100%	1,320,586	1,017	121,714,553	101,293	78	1,201.61	7.84
IP - Complex Newborn	156,720,334	39,622	31	3,955.36	10.10	1.074	100%	1,331,280	299	170,409,323	43,738	34	3,896.10	10.98
IP - Medical/Surgical	821,065,053	227,193	176	3,613.95	52.91	1.059	100%	8,733,939	2,969	874,994,661	244,335	189	3,581.12	56.38
IP - Normal Newborn	30,304,137	25,130	19	1,205.92	1.95	1.076	100%	318,769	255	33,066,477	27,565	21	1,199.58	2.13
IP - Mental Health	151,118,240	86,610	67	1,744.81	9.74	1.066	99%	2,272,491	1,502	162,503,374	94,030	73	1,728.21	10.47
IP - PRTF	10,766,272	26,133	20	411.97	0.69	1.065	100%	351,618	873	11,866,300	28,715	22	413.24	0.76
IP - Other	11,020,426	3,395	3	3,246.41	0.71	1.064	100%	146,367	45	11,903,435	3,688	3	3,227.56	0.77
Subtotal - Inpatient	1,293,203,282	500,663	387	2,582.98	83.33		100%	14,475,049	6,959	1,386,458,122	543,365	420	2,551.62	89.34
OP - Emergency Room	488,534,241	1,007,268	779	485.01	31.48	1.049	99%	338,657	335	510,284,364	1,056,894	817	482.81	32.88
OP - Laboratory	77,407,073	569,783	441	135.85	4.99	1.041	99%	347,311	2,688	80,236,318	591,530	457	135.64	5.17
OP - Radiology	177,909,825	391,202	302	454.78	11.46	1.045	100%	696,849	1,611	186,366,802	409,683	317	454.90	12.01
OP - Surgery	310,286,734	165,016	128	1,880.35	19.99	1.048	100%	905,090	470	325,478,615	173,027	134	1,881.09	20.97
OP - Mental Health	2,277,927	3,772	3	603.85	0.15	1.076	98%	(9,503)	11	2,400,384	3,904	3	614.80	0.15
OP - Other	181,140,975	617,586	478	293.31	11.67	1.045	100%	661,450	3,459	189,224,061	642,423	497	294.55	12.19
Subtotal - Outpatient	1,237,556,774	2,754,627	2,130	449.26	79.74		100%	2,939,853	8,574	1,293,990,544	2,877,462	2,225	449.70	83.38
Prof - Evaluation & Management	396,700,082	8,706,366	6,732	45.56	25.56	1.065	99%	5,349,281	107,468	423,906,692	9,287,813	7,182	45.64	27.32
Prof - Maternity	33,832,063	205,484	159	164.65	2.18	1.083	100%	1,380,771	8,440	37,912,470	230,141	178	164.74	2.44
Prof - Surgery	132,945,687	886,925	686	149.90	8.57	1.062	100%	6,007,213	40,237	146,960,601	979,490	757	150.04	9.47
Prof - DME/Supplies & Prosthetics	96,614,768	1,360,886	1,052	70.99	6.23	1.050	99%	(2,179,634)	(74,504)	98,183,835	1,341,299	1,037	73.20	6.33
Prof - Lab	62,920,820	3,511,345	2,715	17.92	4.05	1.071	98%	3,109,819	178,389	69,427,338	3,877,849	2,999	17.90	4.47
Prof - Radiology	53,733,642	1,563,061	1,209	34.38	3.46	1.058	98%	2,091,871	67,951	57,891,733	1,691,236	1,308	34.23	3.73
Prof - Transportation	29,564,934	314,821	243	93.91	1.91	1.050	99%	1,162,855	12,197	32,010,878	342,340	265	93.51	2.06
Prof - Mental Health	274,339,542	2,534,331	1,960	108.25	17.68	1.060	98%	15,272,755	152,027	300,050,564	2,786,687	2,155	107.67	19.33
Prof - Target Case Management	51,454,012	150,307	116	342.33	3.32	1.056	99%	3,281,164	9,635	57,131,740	167,008	129	342.09	3.68
Prof - Other	342,512,016	4,796,698	3,709.00	71.41	22.07	1.059	100%	12,933,618	204,299	373,919,316	5,256,709	4,065	71.13	24.09
Subtotal - Professional	1,474,617,564	24,030,224	18,581	61.37	95.02		99%	48,409,712	706,139	1,597,395,169	25,960,572	20,074	61.53	102.93
Pharmacy - Non Hep C	1,408,244,432	24,760,070	19,145	56.88	90.74	1.000	99%	(59,687,274)	-	1,339,556,961	24,591,236	19,015	54.47	86.32
Pharmacy - Hep C	55,129,227	3,610	3	15,271.25	3.55	1.000	229%	(2,246,249)	-	124,221,999	8,280	6	15,002.53	8.00
Dental	159,590,266	3,446,104	2,665	46.31	10.28	1.001	99%	4,823,497	102,763	162,461,286	3,506,586	2,711	46.33	10.47
FQHC & RHC	130,439,187	3,793,361	2,933	34.39	8.41	1.048	94%	718,250	18,725	129,769,261	3,792,245	2,932	34.22	8.36
Subtotal - Other Services	1,753,403,113	32,003,145	24,746	54.79	112.98		103%	(56,391,776)	121,488	1,756,009,507	31,898,348	24,665	55.05	113.15
Total	\$ 5,816,528,027				\$ 374.80		101%	9,330,719	842,963	\$ 6,094,808,856				\$ 392.73

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Infant (age under 1)														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					411,275									411,275
Home Health Care & Hospice	578,463	3,557	104	163	1.41	1.087	100%	349	10	628,933	3,783	110	166	1.53
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	141,991,048	35,923	1,048	3,952.65	345.25	1.078	100%	1,318,797	298	154,969,291	39,847	1,163	3,889.07	376.80
IP - Medical/Surgical	35,342,239	6,797	198	5,199.53	85.93	1.071	100%	316,996	46	38,336,666	7,567	221	5,066.51	93.21
IP - Normal Newborn	29,855,611	24,851	725	1,201.41	72.59	1.076	100%	312,850	250	32,584,041	27,265	796	1,195.08	79.23
IP - Mental Health	33,619	11	0	3,056.30	0.08	1.058	100%	583	0	36,288	12	0	3,031.19	0.09
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	605,122	133	4	4,549.79	1.47	1.056	100%	6,755	2	648,488	144	4	4,494.48	1.58
Subtotal - Inpatient	207,827,639	67,715	1,976	3,069.16	505.33		100%	1,955,982	596	226,574,774	74,836	2,184	3,027.63	550.91
OP - Emergency Room	11,646,162	39,424	1,150	295.41	28.32	1.067	100%	9,395	11	12,433,216	42,261	1,233	294.20	30.23
OP - Laboratory	865,968	12,411	362	69.78	2.11	1.052	100%	3,286	31	914,474	13,201	385	69.27	2.22
OP - Radiology	993,834	5,829	170	170.51	2.42	1.071	100%	912	6	1,064,906	6,240	182	170.66	2.59
OP - Surgery	3,060,408	2,304	67	1,328.51	7.44	1.062	100%	739	(0)	3,251,745	2,458	72	1,322.73	7.91
OP - Mental Health	373	7	0	53.27	0.00	1.029	100%	11	0	394	8	0	52.39	0.00
OP - Other	2,931,030	18,511	540	158.34	7.13	1.052	100%	13,908	111	3,098,033	19,435	567	159.40	7.53
Subtotal - Outpatient	19,497,774	78,484	2,290	248.43	47.41		100%	28,251	158	20,762,769	83,603	2,439	248.35	50.48
Prof - Evaluation & Management	18,828,718	428,572	12,505	43.93	45.78	1.089	100%	679,046	15,541	21,188,952	482,581	14,081	43.91	51.52
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	2,911,728	21,983	641	132.45	7.08	1.086	100%	111,282	836	3,273,997	24,716	721	132.46	7.96
Prof - DME/Supplies & Prosthetics	869,938	16,081	469	54.10	2.12	1.073	100%	24,325	473	957,796	17,777	519	53.88	2.33
Prof - Lab	826,933	53,286	1,555	15.52	2.01	1.091	100%	33,201	2,172	935,319	60,368	1,761	15.49	2.27
Prof - Radiology	607,620	31,604	922	19.23	1.48	1.091	100%	24,220	1,150	687,227	35,405	1,033	19.41	1.67
Prof - Transportation	1,321,121	6,536	191	202.13	3.21	1.063	100%	34,136	235	1,438,921	7,339	214	196.06	3.50
Prof - Mental Health	4,012	46	1	87.22	0.01	1.082	100%	117	2	4,460	53	2	84.77	0.01
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	19,906,715	218,420	6,372.96	91.14	48.40	1.085	100%	704,731	7,794	22,296,320	244,794	7,142	91.08	54.21
Subtotal - Professional	45,276,786	776,528	22,657	58.31	110.09		100%	1,611,058	28,203	50,782,992	873,034	25,473	58.17	123.48
Pharmacy - Non Hep C	6,029,751	203,804	5,947	29.59	14.66	1.000	100%	(243,919)	-	5,785,526	203,794	5,946	28.39	14.07
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	95,500	2,734	80	34.93	0.23	1.001	100%	1,617	95	97,198	2,831	83	34.34	0.24
FQHC & RHC	7,696,123	201,923	5,892	38.11	18.71	1.056	97%	29,306	715	7,900,619	207,752	6,062	38.03	19.21
Subtotal - Other Services	13,821,374	408,461	11,918	33.84	33.61		98%	(212,996)	809	13,783,344	414,377	12,090	33.26	33.51
Total	\$ 287,002,035				\$ 697.83		100%	3,382,644	29,777	\$ 312,532,812				\$ 759.91

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,805,082									1,805,082
Home Health Care & Hospice	3,793,076	38,228	254	99	2.10	1.078	100%	7,612	163	4,097,963	40,761	271	101	2.27
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	19,194,276	4,549	30	4,219.22	10.63	1.080	100%	181,455	33	20,976,902	5,049	34	4,154.57	11.62
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	524,341	364	2	1,438.99	0.29	1.101	100%	5,878	4	585,835	412	3	1,422.99	0.32
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	55,992	21	0	2,666.29	0.03	1.073	100%	384	0	60,716	23	0	2,620.34	0.03
Subtotal - Inpatient	19,774,609	4,935	33	4,007.31	10.95		100%	187,717	37	21,623,454	5,484	36	3,943.02	11.98
OP - Emergency Room	28,814,525	103,919	691	277.28	15.96	1.067	100%	21,611	26	30,758,552	111,302	740	276.35	17.04
OP - Laboratory	1,719,153	23,865	159	72.04	0.95	1.053	100%	4,527	49	1,811,873	25,244	168	71.77	1.00
OP - Radiology	1,655,504	9,699	64	170.69	0.92	1.068	100%	213	10	1,768,027	10,318	69	171.36	0.98
OP - Surgery	17,761,147	10,669	71	1,664.73	9.84	1.057	100%	48,289	22	18,817,513	11,353	75	1,657.54	10.42
OP - Mental Health	813	15	0	54.23	0.00	1.037	100%	6	0	850	16	0	54.23	0.00
OP - Other	6,341,223	42,606	283	148.83	3.51	1.052	100%	21,861	194	6,682,794	44,597	296	149.85	3.70
Subtotal - Outpatient	56,292,366	190,773	1,268	295.08	31.19		100%	96,507	302	59,839,610	202,830	1,348	295.02	33.15
Prof - Evaluation & Management	35,316,995	747,012	4,966	47.28	19.57	1.085	100%	1,640,100	34,583	39,894,760	843,378	5,607	47.30	22.10
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	7,808,492	44,655	297	174.86	4.33	1.091	100%	922,699	5,218	9,442,730	53,514	356	176.45	5.23
Prof - DME/Supplies & Prosthetics	2,770,972	52,189	347	53.09	1.54	1.080	100%	(147,395)	(2,913)	2,841,717	53,447	355	53.17	1.57
Prof - Lab	3,327,149	222,329	1,478	14.96	1.84	1.090	99%	360,480	24,148	3,958,803	264,850	1,761	14.95	2.19
Prof - Radiology	841,873	47,120	313	17.87	0.47	1.085	99%	98,187	5,453	1,005,353	55,906	372	17.98	0.56
Prof - Transportation	1,166,433	8,627	57	135.21	0.65	1.066	100%	136,604	1,036	1,380,149	10,389	69	132.85	0.76
Prof - Mental Health	4,909,464	57,939	385	84.74	2.72	1.086	100%	596,559	7,017	5,927,486	69,711	463	85.03	3.28
Prof - Target Case Management	1,499,744	4,415	29	339.69	0.83	1.075	100%	179,003	527	1,791,384	5,275	35	339.60	0.99
Prof - Other	13,508,571	216,459	1,439.00	62.41	7.48	1.092	100%	1,497,997	23,413	16,250,109	257,715	1,713	63.05	9.00
Subtotal - Professional	71,149,693	1,400,745	9,312	50.79	39.42		100%	5,284,233	98,483	82,492,490	1,614,186	10,731	51.10	45.70
Pharmacy - Non Hep C	32,019,033	861,008	5,724	37.19	17.74	1.000	100%	(1,372,547)	-	30,596,091	859,647	5,715	35.59	16.95
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	19,921,260	518,295	3,446	38.44	11.04	1.001	100%	496,545	12,109	20,343,454	528,440	3,513	38.50	11.27
FQHC & RHC	13,538,800	407,452	2,709	33.23	7.50	1.055	99%	66,528	1,967	14,139,913	425,772	2,830	33.21	7.83
Subtotal - Other Services	65,479,093	1,786,755	11,878	36.65	36.27		99%	(809,474)	14,076	65,079,459	1,813,859	12,058	35.88	36.05
Total	\$ 216,488,837				\$ 119.93		100%	4,766,595	113,061	\$ 233,132,975				\$ 129.15

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 6-12)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					2,328,738									2,328,738
Home Health Care & Hospice	4,489,086	44,579	230	101	1.93	1.098	100%	(21,213)	(199)	4,909,182	48,656	251	101	2.11
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	18,763	1	0	18,762.97	0.01	1.159	100%	812	0	22,658	1	0	18,762.97	0.01
IP - Medical/Surgical	13,527,209	2,520	13	5,368.69	5.81	1.079	100%	230,517	36	14,850,146	2,820	15	5,265.67	6.38
IP - Normal Newborn	477	2	0	238.52	0.00	1.046	100%	11	0	512	2	0	238.52	0.00
IP - Mental Health	9,039,523	6,640	34	1,361.42	3.88	1.092	100%	154,902	109	10,063,197	7,420	38	1,356.28	4.32
IP - PRTF	1,462,251	3,408	18	429.10	0.63	1.099	100%	25,781	63	1,639,023	3,803	20	430.99	0.70
IP - Other	18,343	8	0	2,292.89	0.01	1.068	100%	577	0	20,241	9	0	2,310.80	0.01
Subtotal - Inpatient	24,066,566	12,578	65	1,913.37	10.33	100%	412,600	209	26,595,779	14,055	72	1,892.28	11.42	
OP - Emergency Room	24,383,005	76,865	396	317.22	10.47	1.065	100%	33,173	67	26,011,343	82,256	424	316.23	11.17
OP - Laboratory	1,888,184	26,715	138	70.68	0.81	1.056	100%	8,156	116	1,999,912	28,292	146	70.69	0.86
OP - Radiology	3,781,981	17,247	89	219.28	1.62	1.070	100%	9,250	66	4,055,811	18,372	95	220.76	1.74
OP - Surgery	12,503,405	6,548	34	1,909.60	5.37	1.057	100%	50,824	23	13,266,374	6,968	36	1,904.03	5.70
OP - Mental Health	140,054	252	1	555.04	0.06	1.142	100%	(2,614)	(1)	157,320	268	1	587.50	0.07
OP - Other	5,885,562	38,713	199	152.03	2.53	1.064	100%	26,188	289	6,280,957	40,642	209	154.54	2.70
Subtotal - Outpatient	48,582,190	166,340	857	292.07	20.86	100%	124,976	560	51,771,718	176,797	911	292.83	22.23	
Prof - Evaluation & Management	42,352,023	910,815	4,693	46.50	18.19	1.083	100%	1,052,989	22,680	46,825,239	1,007,173	5,190	46.49	20.11
Prof - Maternity	329	4	0	82.27	0.00	1.045	100%	50	1	394	5	0	82.27	0.00
Prof - Surgery	5,605,190	39,975	206	140.22	2.41	1.088	100%	702,387	4,978	6,799,577	48,117	248	141.31	2.92
Prof - DME/Supplies & Prosthetics	4,974,525	145,296	749	34.24	2.14	1.083	100%	(1,449,396)	(42,766)	3,927,801	113,892	587	34.49	1.69
Prof - Lab	3,508,969	235,448	1,213	14.90	1.51	1.090	99%	416,917	28,034	4,209,192	283,117	1,459	14.87	1.81
Prof - Radiology	1,534,567	77,442	399	19.82	0.66	1.080	99%	191,315	9,628	1,836,743	92,322	476	19.90	0.79
Prof - Transportation	796,077	6,154	32	129.36	0.34	1.068	100%	94,455	745	944,766	7,414	38	127.43	0.41
Prof - Mental Health	40,142,158	464,659	2,394	86.39	17.24	1.084	100%	4,864,295	56,268	48,393,426	558,892	2,880	86.59	20.78
Prof - Target Case Management	11,764,710	34,531	178	340.70	5.05	1.079	100%	1,373,328	4,032	14,068,709	41,305	213	340.61	6.04
Prof - Other	10,143,667	254,843	1,313.21	39.80	4.36	1.088	100%	1,269,980	31,715	12,306,352	306,185	1,578	40.19	5.28
Subtotal - Professional	120,822,214	2,169,167	11,178	55.70	51.88	100%	8,516,319	115,313	139,312,199	2,458,421	12,668	56.67	59.82	
Pharmacy - Non Hep C	76,963,248	1,312,424	6,763	58.64	33.05	1.000	100%	(3,496,246)	-	73,385,566	1,311,045	6,756	55.97	31.51
Pharmacy - Hep C	85,130	6	0	14,188.28	0.04	1.000	230%	(3,731)	-	192,069	14	0	13,917.95	0.08
Dental	41,202,263	1,001,153	5,159	41.15	17.69	1.001	100%	847,828	20,121	41,892,961	1,017,443	5,243	41.17	17.99
FQHC & RHC	20,024,740	613,084	3,159	32.66	8.60	1.053	99%	142,123	4,344	20,997,998	642,918	3,313	32.66	9.02
Subtotal - Other Services	138,275,380	2,926,667	15,081	47.25	59.38	100%	(2,510,025)	24,465	136,468,595	2,971,420	15,312	45.93	58.60	
Total	\$ 336,235,436				\$ 144.39	100%	6,522,657	140,348	\$ 359,057,472				\$ 154.19	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Child (age 13-18)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					837,205									837,205
Home Health Care & Hospice	1,597,203	17,471	250	91	1.91	1.110	100%	(10,716)	(121)	1,761,921	19,308	277	91	2.10
IP - Maternity	6,481,389	5,105	73	1,269.62	7.74	1.068	100%	152,827	107	7,105,716	5,648	81	1,258.18	8.49
IP - Complex Newborn	5,381	1	0	5,380.74	0.01	1.046	100%	338	0	5,989	1	0	5,380.74	0.01
IP - Medical/Surgical	8,194,524	1,722	25	4,758.72	9.79	1.083	100%	146,282	26	9,021,612	1,925	28	4,685.97	10.78
IP - Normal Newborn	20,777	11	0	1,888.84	0.02	1.046	100%	546	0	22,366	12	0	1,876.82	0.03
IP - Mental Health	11,406,248	8,648	124	1,319.02	13.62	1.083	100%	255,895	180	12,660,331	9,661	138	1,310.48	15.12
IP - PRTF	1,114,594	4,556	65	244.66	1.33	1.059	100%	40,450	169	1,225,563	4,998	72	245.19	1.46
IP - Other	25,306	7	0	3,615.09	0.03	1.070	100%	280	0	27,469	8	0	3,588.52	0.03
Subtotal - Inpatient	27,248,218	20,049	287	1,359.07	32.55		100%	596,618	481	30,069,047	22,253	319	1,351.25	35.92
OP - Emergency Room	19,541,504	46,474	666	420.49	23.34	1.063	100%	37,769	67	20,803,440	49,628	711	419.19	24.85
OP - Laboratory	2,373,602	23,258	333	102.06	2.84	1.060	100%	11,545	144	2,526,283	24,601	353	102.69	3.02
OP - Radiology	4,205,386	13,798	198	304.77	5.02	1.061	100%	26,241	89	4,485,839	14,698	211	305.20	5.36
OP - Surgery	7,511,674	4,134	59	1,816.87	8.97	1.061	100%	36,874	20	8,008,651	4,411	63	1,815.69	9.57
OP - Mental Health	124,159	211	3	588.43	0.15	1.108	100%	(1,095)	1	136,370	224	3	608.71	0.16
OP - Other	4,335,337	22,595	324	191.87	5.18	1.060	100%	30,281	217	4,620,340	23,803	341	194.11	5.52
Subtotal - Outpatient	38,091,662	110,471	1,583	344.81	45.50		100%	141,616	538	40,580,924	117,365	1,682	345.77	48.47
Prof - Evaluation & Management	19,080,313	416,458	5,969	45.82	22.79	1.081	100%	401,936	8,517	20,984,483	456,995	6,550	45.92	25.06
Prof - Maternity	2,029,341	12,794	183	158.62	2.42	1.081	100%	212,185	1,333	2,404,921	15,159	217	158.64	2.87
Prof - Surgery	2,490,184	19,415	278	128.26	2.97	1.080	100%	269,701	2,104	2,959,975	23,086	331	128.22	3.54
Prof - DME/Supplies & Prosthetics	2,840,982	72,820	1,044	39.01	3.39	1.080	100%	(713,536)	(18,727)	2,350,126	59,746	856	39.34	2.81
Prof - Lab	3,290,223	184,414	2,643	17.84	3.93	1.088	100%	356,380	19,990	3,919,255	219,781	3,150	17.83	4.68
Prof - Radiology	1,533,876	52,095	747	29.44	1.83	1.076	99%	164,712	5,584	1,807,293	61,279	878	29.49	2.16
Prof - Transportation	740,071	7,769	111	95.26	0.88	1.073	100%	79,236	850	872,688	9,256	133	94.29	1.04
Prof - Mental Health	15,570,099	166,874	2,392	93.30	18.60	1.079	100%	1,674,305	17,920	18,471,024	197,780	2,835	93.39	22.06
Prof - Target Case Management	3,704,956	10,891	156	340.19	4.43	1.076	100%	382,938	1,126	4,369,386	12,846	184	340.14	5.22
Prof - Other	7,677,505	162,111	2,323.60	47.36	9.17	1.084	100%	847,219	17,752	9,166,823	192,340	2,757	47.66	10.95
Subtotal - Professional	58,957,550	1,105,641	15,848	53.32	70.42		100%	3,675,075	56,448	67,305,973	1,248,268	17,892	53.92	80.39
Pharmacy - Non Hep C	30,481,969	705,306	10,109	43.22	36.41	1.000	100%	(1,394,423)	-	29,036,806	704,131	10,093	41.24	34.68
Pharmacy - Hep C	152,939	6	0	25,489.77	0.18	1.000	230%	(6,342)	-	345,419	14	0	25,030.19	0.41
Dental	18,398,082	290,860	4,169	63.25	21.98	1.001	100%	429,230	6,928	18,782,980	297,089	4,258	63.22	22.44
FQHC & RHC	8,679,453	242,423	3,475	35.80	10.37	1.055	94%	60,339	1,410	8,690,462	242,521	3,476	35.83	10.38
Subtotal - Other Services	57,712,443	1,238,595	17,753	46.60	68.93		99%	(911,196)	8,338	56,855,668	1,243,755	17,827	45.71	67.91
Total	\$ 183,607,077				\$ 219.31		100%	3,491,397	65,686	\$ 196,573,532				\$ 234.80

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
Families and Children Child (age 13-18)-Male															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					816,858									816,858	
Home Health Care & Hospice	2,418,968	13,409	197	180	2.96	1.139	100%	(23,700)	(85)	2,730,647	14,714	216	186	3.34	
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Medical/Surgical	7,411,499	1,388	20	5,341.04	9.07	1.079	100%	115,673	19	8,118,947	1,552	23	5,230.30	9.94	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	6,688,782	5,409	79	1,236.68	8.19	1.085	100%	130,309	105	7,404,232	5,995	88	1,235.04	9.06	
IP - PRTF	994,616	2,508	37	396.62	1.22	1.072	100%	25,735	69	1,096,490	2,747	40	399.10	1.34	
IP - Other	323,963	6	0	53,993.76	0.40	1.046	100%	25,848	0	366,079	7	0	53,993.76	0.45	
Subtotal - Inpatient	15,418,860	9,310	137	1,656.15	18.88	100%	297,565	193	16,985,748	10,302	151	1,648.84	20.79		
OP - Emergency Room	12,151,586	29,242	430	415.55	14.88	1.062	100%	24,214	44	12,922,038	31,192	458	414.28	15.82	
OP - Laboratory	886,489	9,195	135	96.41	1.09	1.058	100%	4,786	55	940,760	9,731	143	96.67	1.15	
OP - Radiology	2,777,937	9,041	133	307.28	3.40	1.070	100%	7,432	40	2,979,959	9,617	141	309.85	3.65	
OP - Surgery	6,207,395	2,460	36	2,522.93	7.60	1.065	100%	24,380	10	6,634,603	2,628	39	2,524.84	8.12	
OP - Mental Health	69,413	95	1	728.11	0.08	1.125	100%	(937)	(0)	77,149	102	1	755.59	0.09	
OP - Other	2,857,446	14,401	212	198.42	3.50	1.062	100%	16,621	121	3,047,931	15,148	223	201.20	3.73	
Subtotal - Outpatient	24,950,266	64,434	947	387.22	30.54	100%	76,496	271	26,602,440	68,419	1,005	388.82	32.57		
Prof - Evaluation & Management	13,093,084	292,589	4,298	44.75	16.03	1.080	100%	208,581	4,575	14,317,768	319,637	4,696	44.79	17.53	
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
Prof - Surgery	2,313,597	17,450	256	132.58	2.83	1.081	100%	243,086	1,815	2,743,805	20,593	303	133.24	3.36	
Prof - DME/Supplies & Prosthetics	2,215,657	49,898	733	44.40	2.71	1.078	100%	(420,471)	(9,570)	1,962,760	44,152	649	44.45	2.40	
Prof - Lab	1,202,576	73,110	1,074	16.45	1.47	1.089	99%	126,348	7,693	1,427,438	86,845	1,276	16.44	1.75	
Prof - Radiology	1,134,812	45,910	674	24.72	1.39	1.074	99%	115,786	4,672	1,328,459	53,650	788	24.76	1.63	
Prof - Transportation	616,531	4,727	69	130.43	0.75	1.068	100%	61,647	487	720,065	5,591	82	128.80	0.88	
Prof - Mental Health	14,241,919	127,900	1,879	111.35	17.43	1.076	100%	1,466,800	13,152	16,766,008	150,431	2,210	111.45	20.52	
Prof - Target Case Management	3,190,215	9,373	138	340.36	3.91	1.073	100%	310,470	913	3,734,077	10,974	161	340.26	4.57	
Prof - Other	4,592,073	102,566	1,506.74	44.77	5.62	1.083	100%	481,357	10,616	5,451,355	120,982	1,777	45.06	6.67	
Subtotal - Professional	42,600,465	723,523	10,629	58.88	52.15	100%	2,593,606	34,352	48,451,733	812,855	11,941	59.61	59.31		
Pharmacy - Non Hep C	32,247,053	439,976	6,463	73.29	39.48	1.000	100%	(1,512,302)	-	30,699,356	439,493	6,456	69.85	37.58	
Pharmacy - Hep C	56,837	3	0	18,945.60	0.07	1.000	230%	(2,301)	-	128,425	7	0	18,612.15	0.16	
Dental	14,730,053	241,222	3,544	61.06	18.03	1.001	100%	315,094	5,435	15,002,286	245,959	3,613	61.00	18.37	
FQHC & RHC	4,936,203	147,202	2,162	33.53	6.04	1.054	98%	38,614	1,156	5,145,592	153,431	2,254	33.54	6.30	
Subtotal - Other Services	51,970,145	828,403	12,170	62.74	63.62	100%	(1,160,895)	6,591	50,975,658	838,889	12,324	60.77	62.40		
Total	\$ 137,358,705				\$ 168.15	100%	1,783,072	41,322	\$ 145,746,226					\$ 178.42	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data					Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 19-24)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					241,376									241,376
Home Health Care & Hospice	210,945	1,728	86	122	0.87	1.134	100%	(1,267)	(0)	237,841	1,893	94	126	0.99
IP - Maternity	30,865,059	25,946	1,290	1,189.59	127.87	1.072	100%	361,997	281	33,550,011	28,479	1,416	1,178.07	138.99
IP - Complex Newborn	55,266	11	1	5,024.15	0.23	1.046	100%	1,370	0	59,411	12	1	5,021.68	0.25
IP - Medical/Surgical	3,445,837	857	43	4,019.41	14.28	1.077	100%	45,579	11	3,758,929	939	47	4,004.34	15.57
IP - Normal Newborn	30,039	12	1	2,503.26	0.12	1.049	100%	718	0	32,368	13	1	2,489.22	0.13
IP - Mental Health	711,586	364	18	1,954.91	2.95	1.081	100%	11,217	5	781,504	403	20	1,938.02	3.24
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	80,393	33	2	2,436.15	0.33	1.084	100%	390	0	87,922	37	2	2,381.97	0.36
Subtotal - Inpatient	35,188,179	27,223	1,353	1,292.58	145.78		100%	421,272	298	38,270,146	29,883	1,486	1,280.68	158.55
OP - Emergency Room	11,913,476	25,929	1,289	459.46	49.36	1.063	100%	8,782	10	12,641,973	27,582	1,371	458.34	52.37
OP - Laboratory	1,901,918	16,493	820	115.32	7.88	1.056	100%	2,492	52	2,002,870	17,248	857	116.12	8.30
OP - Radiology	1,568,895	6,330	315	247.85	6.50	1.056	100%	4,846	22	1,657,371	6,670	332	248.48	6.87
OP - Surgery	4,550,556	4,570	227	995.67	18.85	1.059	100%	14,261	15	4,826,774	4,847	241	995.90	20.00
OP - Mental Health	28,933	57	3	510.59	0.12	1.115	100%	(170)	0	32,073	61	3	528.46	0.13
OP - Other	4,192,278	16,352	813	256.37	17.37	1.055	100%	(7,152)	50	4,408,540	17,167	853	256.81	18.26
Subtotal - Outpatient	24,156,056	69,731	3,467	346.42	100.08		100%	23,059	150	25,569,602	73,574	3,658	347.54	105.93
Prof - Evaluation & Management	6,277,393	138,697	6,895	45.26	26.01	1.084	99%	(21,993)	(639)	6,747,216	148,423	7,379	45.46	27.95
Prof - Maternity	9,246,806	51,061	2,538	181.09	38.31	1.086	100%	321,281	1,777	10,356,050	57,220	2,845	180.99	42.90
Prof - Surgery	1,154,377	10,592	527	108.99	4.78	1.077	100%	43,362	411	1,285,962	11,945	594	107.66	5.33
Prof - DME/Supplies & Prosthetics	1,004,245	11,737	584	85.56	4.16	1.086	98%	(56,068)	(742)	1,016,187	11,650	579	87.23	4.21
Prof - Lab	2,520,896	127,838	6,355	19.72	10.44	1.088	99%	93,042	4,730	2,821,089	143,224	7,120	19.70	11.69
Prof - Radiology	621,427	17,883	889	34.75	2.57	1.077	99%	22,007	630	685,340	19,682	978	34.82	2.84
Prof - Transportation	481,708	5,463	272	88.18	2.00	1.072	100%	16,906	200	532,184	6,117	304	87.01	2.20
Prof - Mental Health	2,529,307	24,752	1,231	102.19	10.48	1.080	98%	85,734	804	2,775,479	26,979	1,341	102.88	11.50
Prof - Target Case Management	354,907	1,042	52	340.60	1.47	1.062	99%	9,555	28	381,820	1,121	56	340.56	1.58
Prof - Other	5,944,740	79,564	3,955.52	74.72	24.63	1.083	100%	207,421	2,773	6,631,919	88,491	4,399	74.94	27.48
Subtotal - Professional	30,135,806	468,629	23,298	64.31	124.85		100%	721,248	9,972	33,233,246	514,851	25,596	64.55	137.68
Pharmacy - Non Hep C	8,119,602	219,069	10,891	37.06	33.64	1.000	100%	(338,142)	-	7,753,499	218,315	10,854	35.52	32.12
Pharmacy - Hep C	211,448	16	1	13,215.51	0.88	1.000	230%	(8,109)	-	478,225	37	2	12,995.16	1.98
Dental	2,249,765	43,074	2,141	52.23	9.32	1.001	99%	69,621	1,356	2,299,764	44,056	2,190	52.20	9.53
FQHC & RHC	4,411,985	89,241	4,437	49.44	18.28	1.052	76%	22,344	116	3,538,232	71,951	3,577	49.18	14.66
Subtotal - Other Services	14,992,801	351,400	17,470	42.67	62.11		94%	(254,286)	1,472	14,069,720	334,358	16,623	42.08	58.29
Total	\$ 104,683,787				\$ 433.70		99%	910,025	11,892	\$ 111,380,554				\$ 461.44

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 19-24)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					22,858									22,858
Home Health Care & Hospice	5,328	101	53	53	0.23	1.055	100%	53	1	5,673	108	57	52	0.25
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	610,631	131	69	4,661.31	26.71	1.059	100%	(406)	0	648,369	139	73	4,660.91	28.37
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	100,024	58	31	1,713.32	4.38	1.077	100%	933	1	109,124	64	34	1,695.46	4.77
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	710,655	189	99	3,752.53	31.09		100%	527	1	757,493	203	107	3,722.86	33.14
OP - Emergency Room	792,302	1,679	882	471.75	34.66	1.056	99%	1,560	3	832,641	1,765	926	471.88	36.43
OP - Laboratory	42,868	343	180	124.98	1.88	1.042	98%	236	2	44,039	353	186	124.59	1.93
OP - Radiology	92,685	220	115	421.29	4.05	1.044	99%	(217)	0	95,973	230	121	417.86	4.20
OP - Surgery	163,177	68	36	2,399.66	7.14	1.053	100%	704	0	172,490	72	38	2,397.52	7.55
OP - Mental Health	9,890	9	5	1,098.87	0.43	1.085	87%	(0)	0	9,353	8	4	1,119.74	0.41
OP - Other	88,941	331	174	268.68	3.89	1.046	99%	1,017	2	92,912	342	180	271.60	4.06
Subtotal - Outpatient	1,189,862	2,651	1,391	448.92	52.05		99%	3,300	8	1,247,408	2,770	1,454	450.32	54.57
Prof - Evaluation & Management	205,469	4,557	2,392	45.09	8.99	1.063	99%	(3,306)	(72)	212,570	4,726	2,481	44.98	9.30
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	81,012	512	269	158.23	3.54	1.065	100%	3,787	24	89,984	569	299	158.04	3.94
Prof - DME/Supplies & Prosthetics	33,690	527	277	63.93	1.47	1.058	97%	(3,142)	(58)	31,295	482	253	64.98	1.37
Prof - Lab	30,575	1,608	844	19.01	1.34	1.076	99%	1,464	77	33,940	1,779	934	19.08	1.48
Prof - Radiology	49,439	1,646	864	30.04	2.16	1.064	99%	2,315	80	54,200	1,807	949	30.00	2.37
Prof - Transportation	49,129	360	189	136.47	2.15	1.066	100%	2,138	16	54,328	399	210	135.99	2.38
Prof - Mental Health	229,454	1,973	1,036	116.30	10.04	1.067	97%	10,369	92	248,368	2,124	1,115	116.94	10.87
Prof - Target Case Management	17,719	53	28	334.32	0.78	1.053	100%	792	2	19,443	58	31	334.31	0.85
Prof - Other	283,839	4,093	2,148.74	69.35	12.42	1.060	99%	10,275	159	309,299	4,469	2,346	69.22	13.53
Subtotal - Professional	980,327	15,329	8,047	63.95	42.89		99%	24,692	321	1,053,427	16,413	8,617	64.18	46.09
Pharmacy - Non Hep C	1,214,062	10,705	5,620	113.41	53.11	1.000	100%	(38,030)	-	1,170,053	10,626	5,578	110.12	51.19
Pharmacy - Hep C	12,902	1	1	12,901.68	0.56	1.000	230%	(117)	-	29,558	2	1	12,851.00	1.29
Dental	177,447	3,321	1,743	53.43	7.76	1.001	99%	8,368	159	184,144	3,449	1,811	53.39	8.06
FQHC & RHC	72,781	2,260	1,186	32.20	3.18	1.052	98%	859	26	75,610	2,347	1,232	32.21	3.31
Subtotal - Other Services	1,477,192	16,287	8,550	90.70	64.62		100%	(28,920)	185	1,459,363	16,424	8,622	88.86	63.84
Total	\$ 4,363,363				\$ 190.89		100%	(348)	515	\$ 4,523,363				\$ 197.89

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
(0.02)														
Families and Children Adult (age 25-39)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					697,342									697,342
Home Health Care & Hospice	956,817	12,794	220	75	1.37	1.102	100%	(3,656)	(45)	1,050,651	14,033	241	75	1.51
IP - Maternity	41,597,002	34,269	590	1,213.84	59.65	1.079	100%	407,798	315	45,309,704	37,711	649	1,201.51	64.97
IP - Complex Newborn	176,540	18	0	9,807.80	0.25	1.046	100%	3,713	0	189,119	19	0	9,821.28	0.27
IP - Medical/Surgical	24,999,457	6,078	105	4,113.44	35.85	1.079	100%	258,892	57	27,212,840	6,690	115	4,067.89	39.02
IP - Normal Newborn	30,443	24	0	1,268.44	0.04	1.049	100%	594	0	32,678	26	0	1,262.04	0.05
IP - Mental Health	4,626,865	1,938	33	2,387.44	6.64	1.080	100%	52,886	21	5,037,322	2,134	37	2,360.37	7.22
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	338,068	91	2	3,715.03	0.48	1.085	100%	7,507	2	372,689	100	2	3,725.79	0.53
Subtotal - Inpatient	71,768,375	42,418	730	1,691.95	102.92		100%	731,391	395	78,154,352	46,680	803	1,674.27	112.07
OP - Emergency Room	33,729,136	63,823	1,098	528.48	48.37	1.066	100%	10,799	(6)	35,796,094	67,939	1,169	526.89	51.33
OP - Laboratory	5,465,359	43,534	749	125.54	7.84	1.049	99%	16,919	153	5,710,983	45,462	782	125.62	8.19
OP - Radiology	7,932,608	21,662	373	366.21	11.38	1.060	100%	32,401	93	8,428,606	22,951	395	367.24	12.09
OP - Surgery	20,197,597	11,291	194	1,788.76	28.96	1.068	100%	54,850	33	21,576,118	12,044	207	1,791.51	30.94
OP - Mental Health	156,817	248	4	631.48	0.22	1.103	93%	4	2	160,583	245	4	654.71	0.23
OP - Other	7,841,856	33,948	584	230.99	11.25	1.062	100%	34,971	210	8,335,156	35,748	615	233.17	11.95
Subtotal - Outpatient	75,323,374	174,507	3,003	431.64	108.01		100%	149,944	484	80,007,540	184,388	3,173	433.91	114.73
Prof - Evaluation & Management	20,498,140	455,558	7,839	45.00	29.39	1.083	99%	(1,243)	(398)	22,004,893	487,717	8,393	45.12	31.56
Prof - Maternity	12,280,687	70,951	1,221	173.09	17.61	1.093	100%	374,865	2,139	13,752,124	79,405	1,366	173.19	19.72
Prof - Surgery	6,755,637	46,433	799	145.49	9.69	1.086	100%	232,022	1,616	7,551,724	52,098	897	144.95	10.83
Prof - DME/Supplies & Prosthetics	3,175,669	34,266	590	92.68	4.55	1.085	98%	(29,911)	(568)	3,350,647	35,492	611	94.40	4.80
Prof - Lab	6,104,258	308,669	5,312	19.78	8.75	1.094	99%	202,624	10,136	6,825,471	344,498	5,928	19.81	9.79
Prof - Radiology	3,031,900	80,375	1,383	37.72	4.35	1.083	99%	98,839	2,580	3,348,604	88,434	1,522	37.87	4.80
Prof - Transportation	1,390,967	14,693	253	94.67	1.99	1.073	99%	42,096	482	1,519,153	16,308	281	93.15	2.18
Prof - Mental Health	13,064,298	141,619	2,437	92.25	18.73	1.077	98%	363,395	3,604	14,154,717	152,145	2,618	93.03	20.30
Prof - Target Case Management	2,353,259	6,844	118	343.84	3.37	1.059	99%	42,559	125	2,505,162	7,289	125	343.70	3.59
Prof - Other	23,902,137	305,509	5,257.26	78.24	34.28	1.078	100%	587,519	7,629	26,233,589	334,778	5,761	78.36	37.62
Subtotal - Professional	92,556,952	1,464,917	25,209	63.18	132.73		99%	1,912,765	27,344	101,246,084	1,598,164	27,502	63.35	145.19
Pharmacy - Non Hep C	59,187,015	1,235,610	21,263	47.90	84.88	1.000	99%	(2,476,832)	-	56,376,205	1,228,629	21,142	45.89	80.84
Pharmacy - Hep C	2,293,389	168	3	13,651.12	3.29	1.000	229%	(74,702)	-	5,169,526	384	7	13,457.82	7.41
Dental	5,453,208	121,554	2,092	44.86	7.82	1.001	98%	212,790	4,722	5,583,054	124,427	2,141	44.87	8.01
FQHC & RHC	8,796,978	213,184	3,669	41.26	12.62	1.056	84%	36,233	331	7,854,867	190,938	3,286	41.14	11.26
Subtotal - Other Services	75,730,590	1,570,516	27,026	48.22	108.60		101%	(2,302,511)	5,053	74,983,652	1,544,378	26,576	48.55	107.53
Total	\$ 316,336,107				\$ 453.63		100%	487,934	33,232	\$ 335,442,279				\$ 481.03

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data					Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 25-39)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					162,300									162,300
Home Health Care & Hospice	142,844	1,677	124	85	0.88	1.093	100%	(321)	(2)	155,783	1,805	133	86	0.96
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	6,352,260	1,725	128	3,682.47	39.14	1.070	100%	38,045	8	6,820,554	1,884	139	3,620.74	42.02
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	988,686	393	29	2,517.28	6.09	1.075	99%	14,061	6	1,064,366	427	32	2,494.87	6.56
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	62,558	13	1	4,812.18	0.39	1.081	100%	(137)	(0)	67,766	14	1	4,730.88	0.42
Subtotal - Inpatient	7,403,504	2,131	158	3,474.58	45.62		100%	51,969	14	7,952,686	2,325	172	3,420.96	49.00
OP - Emergency Room	6,169,484	11,015	814	560.09	38.01	1.059	99%	2,706	4	6,489,347	11,611	858	558.91	39.98
OP - Laboratory	848,623	5,060	374	167.72	5.23	1.046	99%	5,271	37	882,222	5,267	389	167.50	5.44
OP - Radiology	1,118,348	2,584	191	432.75	6.89	1.054	100%	6,840	14	1,183,232	2,735	202	432.56	7.29
OP - Surgery	2,431,558	1,061	78	2,291.83	14.98	1.060	100%	6,642	3	2,575,602	1,123	83	2,292.65	15.87
OP - Mental Health	34,381	47	4	723.81	0.21	1.101	96%	(90)	0	36,197	48	4	761.47	0.22
OP - Other	1,024,576	3,994	295	256.50	6.31	1.062	100%	3,956	23	1,088,793	4,195	310	259.55	6.71
Subtotal - Outpatient	11,626,970	23,762	1,757	489.31	71.64		99%	25,325	81	12,255,393	24,979	1,847	490.63	75.51
Prof - Evaluation & Management	2,819,432	64,956	4,803	43.41	17.37	1.069	99%	(9,571)	(263)	2,973,611	68,436	5,060	43.45	18.32
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,084,598	7,085	524	153.08	6.68	1.075	100%	32,843	215	1,194,768	7,806	577	153.06	7.36
Prof - DME/Supplies & Prosthetics	693,807	7,533	557	92.10	4.27	1.079	99%	6,005	8	744,551	7,929	586	93.90	4.59
Prof - Lab	407,267	23,807	1,760	17.11	2.51	1.079	99%	11,394	655	445,921	25,996	1,922	17.15	2.75
Prof - Radiology	538,639	15,776	1,166	34.14	3.32	1.071	99%	14,970	435	584,502	17,098	1,264	34.18	3.60
Prof - Transportation	310,755	2,578	191	120.54	1.91	1.061	98%	7,349	68	330,895	2,789	206	118.65	2.04
Prof - Mental Health	2,532,527	27,660	2,045	91.56	15.60	1.074	97%	58,235	546	2,702,171	29,055	2,148	93.00	16.65
Prof - Target Case Management	388,563	1,123	83	346.00	2.39	1.054	99%	6,006	18	411,013	1,188	88	345.87	2.53
Prof - Other	4,788,428	55,404	4,096.41	86.43	29.50	1.060	99%	83,513	1,020	5,125,327	59,455	4,396	86.21	31.58
Subtotal - Professional	13,564,016	205,922	15,225	65.87	83.57		99%	210,743	2,701	14,512,760	219,752	16,248	66.04	89.42
Pharmacy - Non Hep C	10,722,280	194,783	14,402	55.05	66.06	1.000	99%	(405,516)	-	10,248,406	193,538	14,310	52.95	63.14
Pharmacy - Hep C	791,371	56	4	14,131.62	4.88	1.000	230%	(21,916)	-	1,798,249	129	10	13,961.47	11.08
Dental	1,080,592	22,567	1,669	47.88	6.66	1.001	99%	54,317	1,130	1,121,736	23,422	1,732	47.89	6.91
FQHC & RHC	815,649	24,424	1,806	33.40	5.03	1.054	97%	4,657	122	841,720	25,190	1,862	33.41	5.19
Subtotal - Other Services	13,409,892	241,830	17,880	55.45	82.62		107%	(368,459)	1,252	14,010,111	242,279	17,913	57.83	86.32
Total	\$ 46,147,227				\$ 284.33		101%	(80,743)	4,046	\$ 48,886,733				\$ 301.21

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Families and Children Adult (age 40+)-Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					197,251									197,251
Home Health Care & Hospice	598,249	5,599	341	107	3.03	1.085	100%	(2,285)	(19)	646,849	6,041	368	107	3.28
IP - Maternity	1,019,368	772	47	1,320.42	5.17	1.077	100%	8,125	4	1,111,021	844	51	1,317.13	5.63
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	14,294,635	3,528	215	4,051.37	72.47	1.079	100%	136,937	31	15,606,488	3,906	238	3,995.40	79.12
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	1,324,954	617	38	2,146.09	6.72	1.075	98%	13,257	5	1,405,250	664	40	2,115.62	7.12
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	293,780	103	6	2,852.23	1.49	1.113	100%	(821)	(0)	327,604	114	7	2,862.60	1.66
Subtotal - Inpatient	16,932,737	5,021	305	3,372.56	85.84		100%	157,497	40	18,450,363	5,528	336	3,337.44	93.54
OP - Emergency Room	9,107,362	14,449	879	630.30	46.17	1.063	100%	8,577	5	9,663,246	15,389	936	627.94	48.99
OP - Laboratory	1,833,204	12,892	784	142.20	9.29	1.050	99%	13,658	95	1,928,755	13,566	825	142.17	9.78
OP - Radiology	5,249,243	11,179	680	469.55	26.61	1.062	100%	38,367	74	5,613,661	11,952	727	469.68	28.46
OP - Surgery	8,082,862	3,717	226	2,174.44	40.98	1.069	100%	34,315	16	8,656,223	3,977	242	2,176.54	43.88
OP - Mental Health	33,627	74	5	454.41	0.17	1.074	100%	364	1	36,457	79	5	462.98	0.18
OP - Other	3,578,975	11,264	685	317.73	18.14	1.060	100%	20,935	78	3,807,066	11,907	724	319.73	19.30
Subtotal - Outpatient	27,885,272	53,575	3,259	520.49	141.37		100%	116,215	269	29,705,409	56,870	3,460	522.34	150.60
Prof - Evaluation & Management	7,352,831	162,102	9,862	45.36	37.28	1.079	99%	59,479	1,168	7,940,307	174,690	10,627	45.45	40.25
Prof - Maternity	319,969	2,162	132	148.00	1.62	1.092	100%	11,507	75	360,999	2,431	148	148.48	1.83
Prof - Surgery	3,516,938	21,140	1,286	166.36	17.83	1.086	100%	140,248	843	3,956,711	23,772	1,446	166.44	20.06
Prof - DME/Supplies & Prosthetics	1,451,823	18,376	1,118	79.01	7.36	1.079	98%	13,496	47	1,554,796	19,347	1,177	80.36	7.88
Prof - Lab	1,490,788	80,236	4,881	18.58	7.56	1.089	99%	58,813	3,108	1,670,877	89,624	5,452	18.64	8.47
Prof - Radiology	1,368,793	33,607	2,045	40.73	6.94	1.080	99%	50,883	1,227	1,517,562	37,144	2,260	40.86	7.69
Prof - Transportation	386,028	4,436	270	87.02	1.96	1.072	100%	13,536	163	426,209	4,940	301	86.27	2.16
Prof - Mental Health	2,556,003	29,577	1,799	86.42	12.96	1.073	99%	79,338	861	2,783,739	32,018	1,948	86.94	14.11
Prof - Target Case Management	546,705	1,594	97	342.98	2.77	1.066	100%	13,834	41	593,575	1,732	105	342.78	3.01
Prof - Other	6,929,220	94,206	5,731.13	73.55	35.13	1.080	100%	233,973	3,206	7,695,086	104,460	6,355	73.67	39.01
Subtotal - Professional	25,919,098	447,436	27,220	57.93	131.40		99%	675,108	10,737	28,499,862	490,159	29,819	58.14	144.49
Pharmacy - Non Hep C	33,149,483	667,627	40,616	49.65	168.06	1.000	100%	(1,401,146)	-	31,618,275	665,001	40,456	47.55	160.29
Pharmacy - Hep C	849,964	57	3	14,911.65	4.31	1.000	230%	(38,374)	-	1,916,556	131	8	14,618.94	9.72
Dental	1,230,663	28,882	1,757	42.61	6.24	1.001	98%	40,023	934	1,248,582	29,296	1,782	42.62	6.33
FQHC & RHC	1,861,625	55,786	3,394	33.37	9.44	1.059	95%	9,314	261	1,887,922	56,610	3,444	33.35	9.57
Subtotal - Other Services	37,091,735	752,352	45,770	49.30	188.04		102%	(1,390,183)	1,194	36,671,335	751,039	45,690	48.83	185.91
Total	\$ 108,427,091				\$ 549.69		101%	(443,648)	12,222	\$ 113,973,818				\$ 577.81

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data					Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
Families and Children Adult (age 40 +)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					104,077								104,077	
Home Health Care & Hospice	370,977	2,409	278	154	3.56	1.119	100%	(1,597)	1	413,509	2,605	300	159	3.97
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	8,627,499	2,141	247	4,029.85	82.90	1.082	100%	36,396	6	9,381,499	2,365	273	3,966.66	90.14
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	744,188	259	30	2,869.10	7.15	1.076	100%	8,115	3	812,572	287	33	2,827.55	7.81
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	141,832	36	4	3,939.78	1.36	1.065	100%	531	0	152,252	40	5	3,851.31	1.46
Subtotal - Inpatient	9,513,519	2,436	281	3,904.94	91.41		100%	45,043	9	10,346,322	2,692	310	3,843.37	99.41
OP - Emergency Room	4,203,997	6,214	717	676.49	40.39	1.060	100%	4,246	3	4,451,770	6,602	761	674.29	42.77
OP - Laboratory	960,042	4,635	534	207.13	9.22	1.045	100%	1,719	4	1,003,348	4,863	561	206.32	9.64
OP - Radiology	2,099,555	3,397	392	618.10	20.17	1.063	100%	2,445	5	2,228,951	3,599	415	619.34	21.42
OP - Surgery	3,402,974	1,501	173	2,267.09	32.70	1.065	100%	1,668	1	3,617,339	1,595	184	2,268.21	34.76
OP - Mental Health	12,358	18	2	686.57	0.12	1.130	100%	(85)	(0)	13,877	19	2	714.48	0.13
OP - Other	1,696,425	4,762	549	356.26	16.30	1.061	100%	3,566	19	1,798,909	5,013	578	358.81	17.28
Subtotal - Outpatient	12,375,352	20,527	2,367	602.88	118.91		100%	13,558	33	13,114,194	21,692	2,501	604.57	126.00
Prof - Evaluation & Management	3,048,996	65,605	7,564	46.48	29.30	1.076	99%	13,450	247	3,269,343	70,303	8,106	46.50	31.41
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,543,241	9,169	1,057	168.31	14.83	1.082	100%	52,407	313	1,720,859	10,236	1,180	168.13	16.53
Prof - DME/Supplies & Prosthetics	947,596	11,022	1,271	85.97	9.10	1.075	99%	12,973	110	1,018,392	11,735	1,353	86.78	9.78
Prof - Lab	419,813	25,446	2,934	16.50	4.03	1.084	99%	14,105	841	465,673	28,146	3,245	16.54	4.47
Prof - Radiology	622,847	15,154	1,747	41.10	5.98	1.078	99%	19,466	465	685,411	16,627	1,917	41.22	6.59
Prof - Transportation	235,415	2,186	252	107.69	2.26	1.070	100%	7,616	76	258,811	2,436	281	106.24	2.49
Prof - Mental Health	1,070,765	12,725	1,467	84.15	10.29	1.080	98%	31,365	308	1,166,284	13,613	1,570	85.67	11.21
Prof - Target Case Management	203,767	593	68	343.62	1.96	1.065	99%	3,865	11	219,768	640	74	343.39	2.11
Prof - Other	3,285,085	42,188	4,864.24	77.87	31.56	1.075	100%	85,212	1,119	3,605,870	46,269	5,335	77.93	34.65
Subtotal - Professional	11,377,525	184,088	21,225	61.80	109.32		99%	240,458	3,491	12,410,411	200,005	23,060	62.05	119.24
Pharmacy - Non Hep C	14,564,611	257,270	29,663	56.61	139.94	1.000	100%	(577,694)	-	13,938,107	256,403	29,563	54.36	133.92
Pharmacy - Hep C	649,925	40	5	16,248.12	6.24	1.000	230%	(22,225)	-	1,472,613	92	11	16,006.55	14.15
Dental	532,992	12,021	1,386	44.34	5.12	1.001	99%	18,240	414	544,277	12,279	1,416	44.33	5.23
FQHC & RHC	670,559	21,103	2,433	31.78	6.44	1.056	97%	3,134	94	692,623	21,799	2,513	31.77	6.65
Subtotal - Other Services	16,418,087	290,434	33,487	56.53	157.75		105%	(578,544)	509	16,647,620	290,572	33,503	57.29	159.95
Total	\$ 50,055,461				\$ 480.95		101%	(281,083)	4,042	\$ 52,932,056				\$ 508.59

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data					Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
SSI w/o Medicare Adult (age 19-24)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					30,486									30,486
Home Health Care & Hospice	179,135	1,909	751	94	5.88	1.024	100%	14	3	183,505	1,955	769	94	6.02
IP - Maternity	1,184,358	849	334	1,394.26	38.85	1.036	100%	20,491	11	1,252,268	896	353	1,397.02	41.08
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	3,261,793	665	262	4,905.32	106.99	1.033	100%	44,084	7	3,424,003	701	276	4,881.76	112.31
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	926,507	339	133	2,733.87	30.39	1.035	97%	14,137	5	945,789	346	136	2,734.55	31.02
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	5,755	1	0	5,755.00	0.19	1.029	100%	(78)	(0)	5,870	1	0	5,755.00	0.19
Subtotal - Inpatient	5,378,414	1,854	730	2,900.50	176.42		100%	78,634	23	5,627,929	1,945	765	2,894.04	184.61
OP - Emergency Room	1,774,644	3,921	1,543	452.59	58.21	1.034	100%	1,779	2	1,832,183	4,054	1,596	451.91	60.10
OP - Laboratory	235,640	1,961	772	120.16	7.73	1.032	100%	151	5	242,820	2,011	792	120.73	7.96
OP - Radiology	372,037	839	330	443.46	12.20	1.035	100%	189	1	384,742	863	340	445.63	12.62
OP - Surgery	931,179	545	215	1,708.51	30.54	1.033	100%	3,324	1	965,358	568	223	1,701.01	31.67
OP - Mental Health	12,138	8	3	1,517.29	0.40	1.089	100%	(268)	(0)	12,950	8	3	1,531.62	0.42
OP - Other	867,306	1,985	781	437.03	28.45	1.038	100%	(327)	2	899,283	2,044	804	440.07	29.50
Subtotal - Outpatient	4,192,943	9,259	3,644	452.87	137.54		100%	4,848	12	4,337,335	9,548	3,758	454.25	142.27
Prof - Evaluation & Management	956,543	19,132	7,531	50.00	31.38	1.023	100%	15,318	301	991,106	19,807	7,796	50.04	32.51
Prof - Maternity	319,772	2,208	869	144.82	10.49	1.025	100%	17,099	116	344,853	2,380	937	144.87	11.31
Prof - Surgery	207,100	1,586	624	130.58	6.79	1.022	100%	10,757	82	222,385	1,704	671	130.52	7.29
Prof - DME/Supplies & Prosthetics	593,361	3,644	1,434	162.83	19.46	1.019	100%	4,796	27	607,594	3,735	1,470	162.66	19.93
Prof - Lab	241,222	11,830	4,657	20.39	7.91	1.026	100%	13,129	644	260,272	12,757	5,021	20.40	8.54
Prof - Radiology	131,742	3,734	1,470	35.28	4.32	1.023	100%	6,854	194	141,260	4,001	1,575	35.31	4.63
Prof - Transportation	124,340	1,764	694	70.49	4.08	1.021	99%	6,511	93	132,596	1,887	743	70.26	4.35
Prof - Mental Health	1,025,719	8,139	3,204	126.03	33.65	1.021	99%	44,971	354	1,082,303	8,591	3,382	125.98	35.50
Prof - Target Case Management	193,298	567	223	340.91	6.34	1.022	99%	7,500	22	204,089	599	236	340.85	6.69
Prof - Other	955,747	14,025	5,520.57	68.15	31.35	1.024	100%	53,279	773	1,029,957	15,092	5,940	68.25	33.78
Subtotal - Professional	4,748,845	66,629	26,227	71.27	155.77		100%	180,213	2,607	5,016,414	70,552	27,771	71.10	164.55
Pharmacy - Non Hep C	6,804,295	61,680	24,279	110.32	223.19	1.000	100%	(299,229)	-	6,502,525	61,657	24,270	105.46	213.30
Pharmacy - Hep C	25,803	2	1	12,901.68	0.85	1.000	230%	(960)	-	58,388	5	2	12,692.88	1.92
Dental	309,342	5,793	2,280	53.40	10.15	1.001	99%	8,937	172	317,000	5,941	2,339	53.36	10.40
FQHC & RHC	389,710	9,631	3,791	40.46	12.78	1.018	86%	2,878	44	343,599	8,475	3,336	40.54	11.27
Subtotal - Other Services	7,529,151	77,106	30,351	97.65	246.97		100%	(288,375)	215	7,221,512	76,078	29,946	94.92	236.88
Total	\$ 22,028,488				\$ 722.58		100%	(24,665)	2,860	\$ 22,386,695				\$ 734.33

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 19-24)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					45,581									45,581
Home Health Care & Hospice	439,857	2,515	662	175	9.65	1.036	100%	(4,463)	(8)	451,124	2,570	677	176	9.90
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	3,783,376	719	189	5,262.36	83.00	1.033	100%	38,498	5	3,961,379	756	199	5,236.51	86.91
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	1,191,409	471	124	2,528.78	26.14	1.040	100%	16,307	6	1,260,290	499	131	2,526.23	27.65
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	16,096	3	1	5,365.40	0.35	1.029	100%	84	0	16,719	3	1	5,365.40	0.37
Subtotal - Inpatient	4,990,881	1,193	314	4,183.16	109.49		100%	54,890	11	5,238,389	1,258	331	4,162.44	114.92
OP - Emergency Room	1,329,851	2,856	752	465.57	29.18	1.032	100%	1,063	1	1,372,644	2,951	777	465.12	30.11
OP - Laboratory	183,823	1,068	281	172.16	4.03	1.031	100%	940	6	190,445	1,104	291	172.54	4.18
OP - Radiology	343,087	500	132	686.13	7.53	1.028	100%	3,241	4	355,877	520	137	684.33	7.81
OP - Surgery	595,607	306	81	1,944.61	13.07	1.032	100%	2,779	1	617,708	319	84	1,937.24	13.55
OP - Mental Health	7,322	12	3	610.13	0.16	1.064	100%	3	0	7,793	13	3	615.52	0.17
OP - Other	553,179	1,370	361	403.78	12.14	1.036	100%	4,197	16	577,413	1,420	374	406.75	12.67
Subtotal - Outpatient	3,012,868	6,112	1,609	492.90	66.10		100%	12,222	29	3,121,881	6,326	1,665	493.49	68.49
Prof - Evaluation & Management	864,881	15,126	3,982	57.18	18.97	1.025	100%	24,061	327	908,566	15,743	4,145	57.71	19.93
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	223,415	1,456	383	153.44	4.90	1.022	100%	12,065	79	240,337	1,566	412	153.45	5.27
Prof - DME/Supplies & Prosthetics	582,267	3,685	970	158.01	12.77	1.020	100%	12,380	77	604,687	3,830	1,008	157.90	13.27
Prof - Lab	86,641	4,844	1,275	17.89	1.90	1.024	100%	4,968	279	93,584	5,231	1,377	17.89	2.05
Prof - Radiology	105,954	3,374	888	31.40	2.32	1.022	100%	5,974	190	114,107	3,632	956	31.42	2.50
Prof - Transportation	111,985	1,334	351	83.95	2.46	1.020	100%	6,259	75	120,381	1,438	379	83.71	2.64
Prof - Mental Health	1,278,848	9,241	2,433	138.39	28.06	1.021	100%	65,591	471	1,365,782	9,873	2,599	138.33	29.96
Prof - Target Case Management	145,666	431	113	337.97	3.20	1.021	100%	8,342	25	156,632	463	122	337.97	3.44
Prof - Other	782,360	11,285	2,970.97	69.33	17.16	1.024	100%	46,335	678	846,694	12,204	3,213	69.38	18.58
Subtotal - Professional	4,182,017	50,776	13,368	82.36	91.75		100%	185,974	2,201	4,450,770	53,980	14,211	82.45	97.65
Pharmacy - Non Hep C	6,755,075	58,806	15,482	114.87	148.20	1.000	100%	(281,437)	-	6,471,873	58,791	15,478	110.08	141.99
Pharmacy - Hep C	87,170	5	1	17,434.08	1.91	1.000	230%	(1,848)	-	198,645	12	3	17,273.40	4.36
Dental	342,488	6,697	1,763	51.14	7.51	1.001	99%	9,499	188	350,566	6,858	1,805	51.12	7.69
FQHC & RHC	181,343	5,559	1,464	32.62	3.98	1.018	98%	1,251	38	181,814	5,573	1,467	32.62	3.99
Subtotal - Other Services	7,366,077	71,067	18,710	103.65	161.60		101%	(272,534)	227	7,202,899	71,234	18,753	101.12	158.02
Total	\$ 19,991,701				\$ 438.60		101%	(23,912)	2,460	\$ 20,465,063				\$ 448.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 25-44)-Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					155,680									155,680
Home Health Care & Hospice	1,407,864	13,746	1,060	102	9.04	1.023	100%	(568)	5	1,440,044	14,032	1,082	103	9.25
IP - Maternity	1,881,830	1,282	99	1,467.89	12.09	1.036	100%	16,586	11	1,975,109	1,348	104	1,465.41	12.69
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	24,941,042	6,497	501	3,839.15	160.21	1.035	100%	368,304	95	26,256,951	6,859	529	3,828.36	168.66
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	4,894,161	1,918	148	2,552.15	31.44	1.036	100%	58,999	23	5,125,834	2,009	155	2,550.85	32.93
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	407,997	71	5	5,746.43	2.62	1.037	100%	7,742	1	432,438	75	6	5,743.33	2.78
Subtotal - Inpatient	32,125,030	9,767	753	3,289.09	206.35		100%	451,631	130	33,790,332	10,291	793	3,283.45	217.05
OP - Emergency Room	14,429,193	24,967	1,925	577.93	92.68	1.030	100%	34,111	48	14,878,748	25,783	1,987	577.07	95.57
OP - Laboratory	2,185,929	13,513	1,042	161.77	14.04	1.027	100%	19,787	137	2,263,582	13,961	1,076	162.14	14.54
OP - Radiology	5,373,053	7,963	614	674.76	34.51	1.034	100%	38,407	71	5,591,563	8,261	637	676.90	35.92
OP - Surgery	7,824,994	3,551	274	2,203.80	50.26	1.031	100%	49,901	23	8,119,514	3,684	284	2,203.75	52.16
OP - Mental Health	41,113	71	5	579.06	0.26	1.074	100%	(237)	(0)	43,916	74	6	595.41	0.28
OP - Other	5,581,034	13,085	1,009	426.52	35.85	1.033	100%	35,296	114	5,800,362	13,529	1,043	428.75	37.26
Subtotal - Outpatient	35,435,316	63,150	4,868	561.13	227.62		100%	177,265	392	36,697,685	65,291	5,033	562.06	235.73
Prof - Evaluation & Management	6,938,327	142,455	10,981	48.71	44.57	1.021	100%	22,651	451	7,083,235	145,397	11,207	48.72	45.50
Prof - Maternity	481,512	3,151	243	152.81	3.09	1.025	100%	13,703	90	507,331	3,319	256	152.88	3.26
Prof - Surgery	2,893,564	18,628	1,436	155.33	18.59	1.022	100%	87,476	557	3,044,819	19,585	1,510	155.47	19.56
Prof - DME/Supplies & Prosthetics	2,976,516	26,475	2,041	112.43	19.12	1.020	100%	45,240	367	3,066,881	27,214	2,098	112.70	19.70
Prof - Lab	1,416,310	73,971	5,702	19.15	9.10	1.023	100%	37,766	1,948	1,484,153	77,448	5,970	19.16	9.53
Prof - Radiology	1,400,318	36,864	2,842	37.99	8.99	1.021	100%	37,534	982	1,465,438	38,558	2,972	38.01	9.41
Prof - Transportation	1,003,281	12,677	977	79.14	6.44	1.020	100%	25,515	336	1,047,552	13,275	1,023	78.91	6.73
Prof - Mental Health	7,285,582	58,222	4,488	125.13	46.80	1.020	98%	130,801	1,042	7,443,503	59,475	4,584	125.15	47.81
Prof - Target Case Management	1,276,202	3,675	283	347.27	8.20	1.020	99%	18,950	55	1,303,465	3,755	289	347.13	8.37
Prof - Other	9,201,065	120,591	9,295.30	76.30	59.10	1.021	100%	209,332	2,718	9,598,784	125,742	9,692	76.34	61.66
Subtotal - Professional	34,872,677	496,709	38,287	70.21	224.00		99%	628,967	8,545	36,045,162	513,766	39,602	70.16	231.53
Pharmacy - Non Hep C	48,850,085	699,011	53,881	69.88	313.79	1.000	100%	(2,104,506)	-	46,720,181	698,643	53,852	66.87	300.10
Pharmacy - Hep C	1,000,006	71	5	14,084.59	6.42	1.000	230%	(33,121)	-	2,266,906	163	13	13,881.77	14.56
Dental	1,146,413	25,724	1,983	44.57	7.36	1.001	99%	35,518	774	1,172,849	26,292	2,027	44.61	7.53
FQHC & RHC	2,162,916	61,466	4,738	35.19	13.89	1.017	93%	11,706	306	2,067,124	58,736	4,527	35.19	13.28
Subtotal - Other Services	53,159,420	786,272	60,607	67.61	341.47		102%	(2,090,403)	1,080	52,227,061	783,834	60,419	66.63	335.48
Total	\$ 157,000,308				\$ 1,008.48		101%	(833,108)	10,152	\$ 160,200,284				\$ 1,029.04

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 25-44)-Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					136,057									136,057
Home Health Care & Hospice	1,328,137	10,087	890	132	9.76	1.026	100%	(3,924)	(9)	1,358,921	10,283	907	132	9.99
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	20,207,428	4,933	435	4,096.58	148.52	1.035	100%	153,419	37	21,106,649	5,165	456	4,086.11	155.13
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	4,773,008	1,816	160	2,628.66	35.08	1.038	100%	54,389	20	5,027,453	1,915	169	2,624.96	36.95
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	128,183	33	3	3,884.32	0.94	1.032	100%	2,857	1	135,694	35	3	3,878.09	1.00
Subtotal - Inpatient	25,108,619	6,782	598	3,702.51	184.54	100%	210,665	58	26,269,795	7,116	628	3,691.81	193.08	
OP - Emergency Room	8,278,639	14,639	1,291	565.50	60.85	1.031	100%	7,441	7	8,532,117	15,113	1,333	564.55	62.71
OP - Laboratory	1,188,032	7,405	653	160.44	8.73	1.026	100%	6,377	40	1,226,362	7,643	674	160.46	9.01
OP - Radiology	2,660,084	3,157	278	842.71	19.55	1.032	100%	14,995	18	2,760,211	3,264	288	845.72	20.29
OP - Surgery	3,650,234	1,568	138	2,327.64	26.83	1.033	100%	15,012	7	3,785,965	1,625	143	2,330.41	27.83
OP - Mental Health	16,497	35	3	475.87	0.12	1.052	94%	39	0	16,375	35	3	471.26	0.12
OP - Other	5,495,701	7,855	693	699.65	40.39	1.032	100%	6,150	13	5,675,833	8,070	712	703.30	41.72
Subtotal - Outpatient	21,289,187	34,659	3,057	614.26	156.47	100%	50,014	86	21,996,864	35,749	3,153	615.31	161.67	
Prof - Evaluation & Management	3,751,321	76,276	6,727	49.18	27.57	1.021	100%	4,544	55	3,818,817	77,566	6,841	49.23	28.07
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,465,878	9,421	831	155.60	10.77	1.022	100%	35,310	225	1,531,797	9,840	868	155.67	11.26
Prof - DME/Supplies & Prosthetics	2,806,419	18,036	1,591	155.60	20.63	1.023	100%	58,388	326	2,921,127	18,668	1,646	156.48	21.47
Prof - Lab	520,498	30,154	2,660	17.26	3.83	1.022	100%	11,758	677	542,317	31,404	2,770	17.27	3.99
Prof - Radiology	740,078	21,066	1,858	35.13	5.44	1.021	100%	15,383	436	769,069	21,887	1,930	35.14	5.65
Prof - Transportation	802,766	9,480	836	84.68	5.90	1.020	100%	16,151	200	834,484	9,886	872	84.41	6.13
Prof - Mental Health	5,743,311	39,513	3,485	145.35	42.21	1.020	98%	80,781	553	5,804,227	39,925	3,521	145.38	42.66
Prof - Target Case Management	806,846	2,345	207	344.07	5.93	1.022	98%	9,291	27	816,319	2,373	209	343.95	6.00
Prof - Other	5,658,381	75,292	6,640.63	75.15	41.59	1.021	100%	96,715	1,282	5,867,105	78,060	6,885	75.16	43.12
Subtotal - Professional	22,295,498	281,583	24,835	79.18	163.87	99%	328,319	3,783	22,905,262	289,610	25,543	79.09	168.35	
Pharmacy - Non Hep C	37,670,098	376,076	33,169	100.17	276.87	1.000	100%	(1,533,475)	-	36,109,706	375,802	33,145	96.09	265.40
Pharmacy - Hep C	1,173,317	73	6	16,072.84	8.62	1.000	230%	(40,847)	-	2,657,799	168	15	15,829.56	19.53
Dental	771,239	17,397	1,534	44.33	5.67	1.001	99%	29,656	665	797,003	17,972	1,585	44.35	5.86
FQHC & RHC	1,003,037	30,097	2,655	33.33	7.37	1.017	98%	4,956	148	1,009,740	30,298	2,672	33.33	7.42
Subtotal - Other Services	40,617,691	423,643	37,365	95.88	298.53	104%	(1,539,710)	812	40,574,248	424,240	37,417	95.64	298.22	
Total	\$ 110,639,132				\$ 813.18		101%	(954,636)	4,730	\$ 113,105,091				\$ 831.31

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI w/o Medicare Adult (age 45+) -Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					350,627									350,627
Home Health Care & Hospice	7,209,128	60,878	2,084	118	20.56	1.022	100%	11,978	163	7,379,764	62,279	2,131	118	21.05
IP - Maternity	4,334	1	0	4,334.00	0.01	1.029	100%	48	0	4,527	1	0	4,334.00	0.01
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	91,174,934	23,881	817	3,817.82	260.03	1.035	100%	1,057,817	226	95,744,570	25,139	860	3,808.63	273.07
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	6,171,832	2,443	84	2,526.29	17.60	1.035	100%	64,017	24	6,481,409	2,570	88	2,522.34	18.49
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	1,309,191	474	16	2,762.01	3.73	1.034	100%	17,260	4	1,377,183	500	17	2,755.58	3.93
Subtotal - Inpatient	98,660,290	26,799	917	3,681.43	281.38		100%	1,139,143	254	103,607,690	28,209	965	3,672.82	295.49
OP - Emergency Room	28,837,182	39,170	1,341	736.21	82.24	1.028	100%	134,135	161	29,767,933	40,499	1,386	735.03	84.90
OP - Laboratory	5,997,594	40,146	1,374	149.40	17.11	1.026	100%	68,519	482	6,220,451	41,599	1,424	149.53	17.74
OP - Radiology	20,168,567	32,667	1,118	617.40	57.52	1.032	100%	189,282	330	20,995,208	33,956	1,162	618.31	59.88
OP - Surgery	20,638,506	10,596	363	1,947.80	58.86	1.033	100%	153,471	82	21,478,514	11,021	377	1,948.94	61.26
OP - Mental Health	43,245	114	4	381.01	0.12	1.047	100%	29	1	45,289	117	4	385.70	0.13
OP - Other	18,081,135	42,889	1,468	421.58	51.57	1.035	100%	155,400	503	18,863,886	44,492	1,523	423.98	53.80
Subtotal - Outpatient	93,766,229	165,580	5,667	566.29	267.42		100%	700,835	1,559	97,371,283	171,684	5,876	567.15	277.71
Prof - Evaluation & Management	20,461,720	411,115	14,070	49.77	58.36	1.021	100%	178,604	3,501	21,015,313	422,034	14,444	49.80	59.94
Prof - Maternity	388	11	0	35.31	0.00	1.025	100%	8	0	406	11	0	35.41	0.00
Prof - Surgery	10,819,480	66,696	2,283	162.22	30.86	1.022	100%	333,979	2,034	11,392,960	70,174	2,402	162.35	32.49
Prof - DME/Supplies & Prosthetics	12,519,589	133,638	4,574	93.68	35.71	1.020	100%	249,889	2,554	12,975,976	138,257	4,732	93.85	37.01
Prof - Lab	3,383,298	199,097	6,814	16.99	9.65	1.022	100%	99,809	5,797	3,554,846	209,010	7,153	17.01	10.14
Prof - Radiology	4,804,842	112,415	3,847	42.74	13.70	1.021	100%	135,154	3,128	5,035,450	117,727	4,029	42.77	14.36
Prof - Transportation	2,848,841	35,115	1,202	81.13	8.12	1.019	100%	75,755	980	2,979,742	36,830	1,260	80.90	8.50
Prof - Mental Health	10,766,389	78,835	2,698	136.57	30.71	1.020	98%	190,527	1,425	10,920,218	80,050	2,740	136.42	31.14
Prof - Target Case Management	2,073,632	5,988	205	346.30	5.91	1.021	98%	31,773	93	2,109,392	6,094	209	346.14	6.02
Prof - Other	26,071,570	325,091	11,126.05	80.20	74.36	1.021	100%	733,784	9,098	27,357,042	341,006	11,671	80.22	78.02
Subtotal - Professional	93,749,750	1,368,001	46,819	68.53	267.38		100%	2,029,282	28,610	97,341,345	1,421,194	48,640	68.49	277.62
Pharmacy - Non Hep C	168,530,747	2,918,432	99,882	57.75	480.66	1.000	100%	(7,172,168)	-	161,283,612	2,917,130	99,837	55.29	459.99
Pharmacy - Hep C	4,444,193	276	9	16,102.15	12.67	1.000	230%	(216,497)	-	10,005,205	635	22	15,761.10	28.54
Dental	1,640,722	38,410	1,315	42.72	4.68	1.001	99%	37,522	863	1,670,042	39,078	1,337	42.74	4.76
FQHC & RHC	5,403,719	172,422	5,901	31.34	15.41	1.017	98%	42,028	1,328	5,404,256	172,439	5,902	31.34	15.41
Subtotal - Other Services	180,019,382	3,129,540	107,107	57.52	513.42		103%	(7,309,116)	2,190	178,363,115	3,129,281	107,098	57.00	508.70
Total	\$ 473,404,778				\$ 1,350.17		101%	(3,427,878)	32,777	\$ 484,063,195				\$ 1,380.56

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide**

**Exhibit 1C
Confidential and Proprietary**

Claims Data			Base Period Adjustments					Completed and Adjusted Claims Data + Non-System Claims						
SSI w/o Medicare Adult (age 45 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					274,454									274,454
Home Health Care & Hospice	5,662,021	42,422	1,855	133	20.63	1.022	100%	6,263	108	5,791,479	43,354	1,896	134	21.10
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	77,606,931	19,163	838	4,049.76	282.77	1.035	100%	820,247	169	81,302,616	20,116	880	4,041.74	296.23
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	6,474,468	2,649	116	2,444.43	23.59	1.037	100%	52,836	20	6,792,903	2,781	122	2,442.37	24.75
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	884,362	296	13	2,987.71	3.22	1.035	100%	10,262	3	929,590	312	14	2,980.01	3.39
Subtotal - Inpatient	84,965,761	22,108	967	3,843.21	309.58		100%	883,345	193	89,025,110	23,209	1,015	3,835.81	324.37
OP - Emergency Room	20,241,116	26,950	1,178	751.06	73.75	1.030	100%	65,221	69	20,881,239	27,866	1,218	749.34	76.08
OP - Laboratory	4,055,652	24,679	1,079	164.33	14.78	1.026	100%	38,589	238	4,196,503	25,529	1,116	164.38	15.29
OP - Radiology	14,154,560	15,141	662	934.83	51.57	1.032	100%	86,763	103	14,692,385	15,694	686	936.18	53.53
OP - Surgery	14,166,409	6,973	305	2,031.61	51.62	1.032	100%	86,931	43	14,703,014	7,237	316	2,031.52	53.57
OP - Mental Health	12,455	41	2	303.79	0.05	1.070	100%	16	0	13,340	43	2	313.16	0.05
OP - Other	14,689,501	26,509	1,159	554.13	53.52	1.036	100%	61,487	169	15,272,746	27,371	1,197	557.99	55.65
Subtotal - Outpatient	67,319,693	100,294	4,385	671.22	245.29		100%	339,006	622	69,759,227	103,740	4,536	672.44	254.17
Prof - Evaluation & Management	13,166,397	256,090	11,197	51.41	47.97	1.021	100%	91,058	1,777	13,489,768	262,395	11,473	51.41	49.15
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	7,257,803	43,029	1,881	168.67	26.44	1.022	100%	192,244	1,125	7,608,596	45,070	1,971	168.82	27.72
Prof - DME/Supplies & Prosthetics	8,635,890	73,743	3,224	117.11	31.47	1.020	100%	149,315	1,216	8,934,985	76,154	3,330	117.33	32.56
Prof - Lab	1,927,366	114,655	5,013	16.81	7.02	1.023	100%	49,173	2,887	2,017,070	119,893	5,242	16.82	7.35
Prof - Radiology	3,394,036	75,138	3,285	45.17	12.37	1.021	100%	78,692	1,742	3,538,644	78,338	3,425	45.17	12.89
Prof - Transportation	2,492,606	28,327	1,239	87.99	9.08	1.020	100%	61,761	738	2,601,034	29,650	1,296	87.73	9.48
Prof - Mental Health	8,063,957	55,592	2,431	145.06	29.38	1.020	97%	129,199	918	8,125,102	56,096	2,453	144.84	29.60
Prof - Target Case Management	1,288,448	3,702	162	348.04	4.69	1.022	97%	18,131	53	1,299,278	3,736	163	347.78	4.73
Prof - Other	17,461,916	223,489	9,771.65	78.13	63.62	1.022	100%	409,942	5,180	18,241,743	233,321	10,202	78.18	66.47
Subtotal - Professional	63,688,418	873,765	38,204	72.89	232.05		99%	1,179,515	15,635	65,856,220	904,652	39,554	72.80	239.95
Pharmacy - Non Hep C	104,247,688	1,660,387	72,597	62.79	379.84	1.000	100%	(4,243,300)	-	99,937,995	1,659,316	72,551	60.23	364.13
Pharmacy - Hep C	7,515,442	468	20	16,058.64	27.38	1.000	230%	(308,539)	-	16,977,075	1,076	47	15,772.00	61.86
Dental	1,058,441	23,040	1,007	45.94	3.86	1.001	99%	35,301	772	1,088,177	23,691	1,036	45.93	3.96
FQHC & RHC	3,169,519	100,012	4,373	31.69	11.55	1.018	98%	20,674	637	3,176,574	100,234	4,383	31.69	11.57
Subtotal - Other Services	115,991,090	1,783,907	77,998	65.02	422.62		108%	(4,495,864)	1,409	121,179,822	1,784,317	78,016	67.91	441.53
Total	\$ 337,626,983				\$ 1,230.18		103%	(2,087,735)	17,968	\$ 351,611,858				\$ 1,281.13

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Service Category	Dual Eligible - Female													
	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					452,182									452,182
Home Health Care & Hospice	1,940,053	20,775	551	93	4.29	1.032	100%	9,218	96	2,010,930	21,531	571	93	4.45
IP - Maternity	197,287	450	12	438.41	0.44	1.058	99%	9,414	18	215,834	492	13	438.98	0.48
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	17,810,748	16,701	443	1,066.45	39.39	1.061	100%	931,503	903	19,847,338	18,695	496	1,061.63	43.89
IP - Normal Newborn	1,706	2	0	852.79	0.00	1.049	100%	47	0	1,844	2	0	852.79	0.00
IP - Mental Health	1,484,898	3,090	82	480.62	3.28	1.077	100%	55,589	118	1,661,562	3,438	91	483.32	3.67
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	181,682	263	7	689.73	0.40	1.066	100%	7,608	12	202,127	294	8	686.40	0.45
Subtotal - Inpatient	19,676,320	20,506	544	959.54	43.51		100%	1,004,161	1,050	21,928,705	22,921	608	956.69	48.50
OP - Emergency Room	6,752,705	33,515	889	201.48	14.93	1.027	100%	10,150	48	6,940,495	34,447	914	201.48	15.35
OP - Laboratory	647,408	7,595	202	85.25	1.43	1.023	100%	5,784	15	665,977	7,812	207	85.25	1.47
OP - Radiology	3,236,497	24,016	637	134.76	7.16	1.028	100%	12,970	126	3,339,203	24,781	658	134.75	7.38
OP - Surgery	4,107,933	8,823	234	465.57	9.08	1.028	100%	3,439	14	4,225,193	9,074	241	465.63	9.34
OP - Mental Health	197,469	439	12	449.82	0.44	1.026	100%	2,479	6	204,933	456	12	449.66	0.45
OP - Other	6,131,526	33,695	894	181.97	13.56	1.030	100%	2,302	124	6,308,433	34,663	920	181.99	13.95
Subtotal - Outpatient	21,073,537	108,084	2,868	194.97	46.60		100%	37,124	332	21,684,235	111,233	2,952	194.94	47.95
Prof - Evaluation & Management	4,678,339	217,322	5,767	21.53	10.35	1.032	99%	(37,387)	(1,766)	4,749,772	220,589	5,854	21.53	10.50
Prof - Maternity	73,285	1,214	32	60.37	0.16	1.032	99%	2,431	37	76,938	1,270	34	60.57	0.17
Prof - Surgery	1,950,064	41,195	1,093	47.34	4.31	1.032	100%	70,614	1,452	2,082,381	43,953	1,166	47.38	4.61
Prof - DME/Supplies & Prosthetics	2,746,256	124,894	3,314	21.99	6.07	1.032	99%	40,015	1,697	2,835,071	128,784	3,418	22.01	6.27
Prof - Lab	296,731	27,144	720	10.93	0.66	1.032	99%	11,596	1,064	313,420	28,673	761	10.93	0.69
Prof - Radiology	875,832	86,728	2,302	10.10	1.94	1.032	99%	30,704	2,995	925,697	91,625	2,432	10.10	2.05
Prof - Transportation	725,734	11,965	318	60.65	1.60	1.032	100%	13,641	231	762,509	12,578	334	60.62	1.69
Prof - Mental Health	7,348,949	55,572	1,475	132.24	16.25	1.032	99%	238,671	1,905	7,725,749	58,564	1,554	131.92	17.09
Prof - Target Case Management	1,372,025	3,980	106	344.73	3.03	1.032	99%	37,343	110	1,438,452	4,175	111	344.54	3.18
Prof - Other	3,623,862	142,809	3,789.86	25.38	8.01	1.032	100%	120,251	4,595	3,857,403	151,875	4,030	25.40	8.53
Subtotal - Professional	23,691,077	712,823	18,917	33.24	52.39		99%	527,880	12,319	24,767,393	742,085	19,693	33.38	54.77
Pharmacy - Non Hep C	8,307,694	301,143	7,992	27.59	18.37	1.000	100%	(452,997)	-	7,831,421	300,273	7,969	26.08	17.32
Pharmacy - Hep C	145,040	7	0	20,719.95	0.32	1.000	230%	(1,091)	-	332,501	16	0	20,652.18	0.74
Dental	1,747,185	40,691	1,080	42.94	3.86	1.001	99%	40,148	911	1,771,710	41,233	1,094	42.97	3.92
FQHC & RHC	978,718	41,748	1,108	23.44	2.16	1.032	98%	2,720	90	995,556	42,440	1,126	23.46	2.20
Subtotal - Other Services	11,178,637	383,589	10,180	29.14	24.72		101%	(411,220)	1,001	10,931,188	383,962	10,190	28.47	24.17
Total	\$ 77,559,624				\$ 171.52		100%	1,167,162	14,799	\$ 81,322,451				\$ 179.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Dual Eligible - Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					315,629									315,629
Home Health Care & Hospice	1,047,802	9,854	375	106	3.32	1.032	100%	3,679	43	1,084,736	10,210	388	106	3.44
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	6,992	1	0	6,992.16	0.02	1.049	100%	(84)	(0)	7,284	1	0	6,992.16	0.02
IP - Medical/Surgical	11,534,483	9,436	359	1,222.42	36.54	1.063	100%	538,383	441	12,770,464	10,497	399	1,216.57	40.46
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	1,695,882	3,715	141	456.50	5.37	1.071	100%	71,069	156	1,882,623	4,106	156	458.46	5.96
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	217,267	169	6	1,286.94	0.69	1.058	100%	10,288	8	241,079	188	7	1,283.35	0.76
Subtotal - Inpatient	13,454,624	13,321	506	1,010.06	42.63		100%	619,655	604	14,901,450	14,792	562	1,007.37	47.21
OP - Emergency Room	4,395,653	21,925	834	200.48	13.93	1.027	100%	7,871	36	4,519,028	22,542	857	200.47	14.32
OP - Laboratory	424,940	4,247	161	100.05	1.35	1.025	100%	2,116	24	436,720	4,353	165	100.34	1.38
OP - Radiology	1,692,466	11,042	420	153.28	5.36	1.027	100%	6,788	51	1,745,097	11,385	433	153.28	5.53
OP - Surgery	2,163,698	4,718	179	458.61	6.86	1.029	100%	(1,379)	1	2,222,501	4,845	184	458.75	7.04
OP - Mental Health	56,024	136	5	411.94	0.18	1.026	100%	(425)	(1)	57,030	138	5	411.88	0.18
OP - Other	3,550,237	18,015	685	197.07	11.25	1.030	100%	719	71	3,653,136	18,529	704	197.15	11.57
Subtotal - Outpatient	12,283,017	60,084	2,284	204.43	38.92		100%	15,690	182	12,633,510	61,792	2,349	204.45	40.03
Prof - Evaluation & Management	2,695,486	119,145	4,530	22.62	8.54	1.032	99%	(31,801)	(1,448)	2,717,326	120,042	4,564	22.64	8.61
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,010,605	21,131	803	47.83	3.20	1.032	100%	29,474	604	1,072,092	22,405	852	47.85	3.40
Prof - DME/Supplies & Prosthetics	1,415,527	59,714	2,270	23.71	4.48	1.032	99%	8,183	191	1,449,249	60,949	2,317	23.78	4.59
Prof - Lab	136,499	12,946	492	10.54	0.43	1.031	98%	4,046	379	141,768	13,440	511	10.55	0.45
Prof - Radiology	504,668	47,200	1,795	10.69	1.60	1.032	99%	14,410	1,336	528,765	49,444	1,880	10.69	1.68
Prof - Transportation	572,488	8,840	336	64.76	1.81	1.032	100%	11,619	178	602,201	9,297	353	64.77	1.91
Prof - Mental Health	7,654,648	47,021	1,788	162.79	24.25	1.032	98%	169,544	1,101	7,870,556	48,403	1,840	162.60	24.94
Prof - Target Case Management	1,041,443	3,065	117	339.79	3.30	1.032	98%	21,753	65	1,070,081	3,152	120	339.50	3.39
Prof - Other	2,012,053	80,340	3,054.47	25.04	6.37	1.032	100%	53,458	2,042	2,128,128	84,885	3,227	25.07	6.74
Subtotal - Professional	17,043,416	399,402	15,185	42.67	54.00		98%	280,686	4,448	17,580,166	412,017	15,665	42.67	55.70
Pharmacy - Non Hep C	5,357,227	154,945	5,891	34.58	16.97	1.000	100%	(239,309)	-	5,102,197	154,489	5,874	33.03	16.17
Pharmacy - Hep C	262,375	11	0	23,852.31	0.83	1.000	230%	(5,253)	-	598,213	25	1	23,644.69	1.90
Dental	1,033,253	23,779	904	43.45	3.27	1.001	99%	25,053	572	1,046,982	24,088	916	43.46	3.32
FQHC & RHC	592,818	24,904	947	23.80	1.88	1.032	98%	2,796	116	604,245	25,381	965	23.81	1.91
Subtotal - Other Services	7,245,674	203,639	7,742	35.58	22.96		104%	(216,713)	687	7,351,636	203,984	7,755	36.04	23.29
Total	\$ 51,074,533				\$ 161.82		100%	702,997	5,964	\$ 53,551,499				\$ 169.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data					Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
Service Category	SSI Infant (age under 1)													
	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					5,213									5,213
Home Health Care & Hospice	290,786	3,849	8,860	76	55.78	1.022	100%	1,237	29	298,391	3,944	9,079	76	57.24
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	11,866,159	2,891	6,655	4,104.71	2,276.26	1.039	100%	(3,630)	(1)	12,377,042	3,018	6,948	4,100.80	2,374.26
IP - Medical/Surgical	14,080,795	1,572	3,620	8,954.69	2,701.09	1.036	100%	47,333	5	14,691,030	1,645	3,787	8,929.00	2,818.15
IP - Normal Newborn	52,658	33	76	1,595.69	10.10	1.034	100%	323	1	55,024	36	82	1,545.47	10.56
IP - Mental Health	7,419	15	35	494.58	1.42	1.052	100%	(78)	(0)	7,757	16	36	494.58	1.49
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	51,050	10	23	5,104.96	9.79	1.033	100%	594	0	53,571	11	24	5,083.82	10.28
Subtotal - Inpatient	26,058,079	4,521	10,408	5,763.38	4,998.67		100%	44,542	5	27,184,423	4,725	10,877	5,752.90	5,214.74
OP - Emergency Room	350,977	663	1,525	529.71	67.33	1.031	100%	190	(0)	362,183	687	1,581	527.35	69.48
OP - Laboratory	33,862	298	686	113.63	6.50	1.032	100%	18	(0)	34,964	310	714	112.80	6.71
OP - Radiology	55,384	180	414	307.69	10.62	1.047	100%	(86)	(0)	57,923	188	432	308.69	11.11
OP - Surgery	381,073	145	333	2,631.72	73.10	1.034	100%	1,583	1	395,716	151	347	2,621.37	75.91
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	469,639	1,378	3,173	340.71	90.09	1.029	100%	903	3	484,094	1,417	3,262	341.65	92.86
Subtotal - Outpatient	1,290,935	2,664	6,132	484.62	247.64		100%	2,609	3	1,334,881	2,752	6,336	485.00	256.07
Prof - Evaluation & Management	873,316	15,021	34,577	58.14	167.53	1.025	100%	25,045	408	920,029	15,817	36,409	58.17	176.49
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	577,766	2,081	4,790	277.64	110.83	1.028	100%	13,847	49	608,028	2,187	5,035	277.98	116.64
Prof - DME/Supplies & Prosthetics	371,159	4,642	10,686	79.96	71.20	1.023	100%	9,818	129	389,696	4,863	11,195	80.13	74.75
Prof - Lab	18,966	956	2,201	19.84	3.64	1.027	100%	481	24	19,958	1,007	2,319	19.81	3.83
Prof - Radiology	88,956	5,524	12,716	16.10	17.06	1.028	100%	1,970	123	93,445	5,803	13,358	16.10	17.93
Prof - Transportation	140,515	460	1,059	305.47	26.95	1.021	100%	3,279	10	146,731	481	1,108	304.81	28.15
Prof - Mental Health	944	13	30	72.60	0.18	1.042	100%	(51)	(1)	933	13	30	72.38	0.18
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	5,483,855	30,302	69,753.31	180.97	1,051.96	1.028	100%	90,879	504	5,727,243	31,625	72,800	181.10	1,098.65
Subtotal - Professional	7,555,478	58,999	135,812	128.06	1,449.35		100%	145,267	1,248	7,906,064	61,797	142,253	127.94	1,516.61
Pharmacy - Non Hep C	3,299,424	7,506	17,278	439.57	632.92	1.000	100%	(143,269)	-	3,156,174	7,506	17,278	420.48	605.44
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	977	25	58	39.09	0.19	1.001	100%	46	1	1,024	26	60	39.07	0.20
FQHC & RHC	61,932	1,671	3,847	37.06	11.88	1.017	97%	64	2	61,001	1,646	3,789	37.06	11.70
Subtotal - Other Services	3,362,334	9,202	21,182	365.39	644.99		100%	(143,160)	3	3,218,199	9,178	21,128	350.63	617.34
Total	\$ 38,557,612				\$ 7,396.43		100%	50,494	1,288	\$ 39,941,958				\$ 7,661.99

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
SSI Child (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					50,799									50,799
Home Health Care & Hospice	2,613,727	28,046	6,625	93	51.45	1.020	100%	8,643	121	2,674,268	28,670	6,773	93	52.64
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	80,503	3	1	23,477.11	1.58	1.052	100%	3,416	0	88,432	4	1	23,477.11	1.74
IP - Medical/Surgical	13,124,597	2,157	510	6,083.95	258.36	1.033	100%	94,494	25	13,715,666	2,275	537	6,029.35	270.00
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	182,377	82	19	2,224.10	3.59	1.042	100%	(129)	(0)	190,657	86	20	2,225.33	3.75
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	39,910	13	3	3,069.97	0.79	1.039	100%	756	0	42,401	14	3	3,061.41	0.83
Subtotal - Inpatient	13,427,386	2,256	533	5,952.70	264.32		100%	98,537	25	14,037,157	2,378	562	5,902.65	276.33
OP - Emergency Room	1,491,044	4,283	1,012	348.14	29.35	1.033	100%	818	(1)	1,541,432	4,442	1,049	346.99	30.34
OP - Laboratory	493,244	2,261	534	218.18	9.71	1.028	100%	1,307	2	508,414	2,341	553	217.19	10.01
OP - Radiology	795,711	1,067	252	745.75	15.66	1.051	100%	(2,516)	0	833,400	1,108	262	752.23	16.41
OP - Surgery	3,287,688	1,390	328	2,365.60	64.72	1.031	100%	5,050	1	3,393,606	1,441	340	2,354.38	66.80
OP - Mental Health	5,117	11	3	465.18	0.10	1.054	100%	(35)	0	5,357	11	3	469.48	0.11
OP - Other	3,128,118	9,188	2,170	340.45	61.58	1.025	100%	8,089	26	3,215,737	9,435	2,229	340.85	63.30
Subtotal - Outpatient	9,200,923	18,199	4,299	505.56	181.12		100%	12,711	29	9,497,946	18,778	4,436	505.79	186.97
Prof - Evaluation & Management	4,609,724	71,981	17,004	64.04	90.74	1.024	100%	218,949	3,368	4,938,925	77,137	18,222	64.03	97.22
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	903,133	4,670	1,103	193.39	17.78	1.025	100%	52,473	278	977,766	5,055	1,194	193.43	19.25
Prof - DME/Supplies & Prosthetics	3,034,769	19,020	4,493	159.56	59.74	1.023	100%	166,173	1,056	3,270,399	20,491	4,840	159.60	64.38
Prof - Lab	146,743	9,140	2,159	16.06	2.89	1.025	100%	8,952	552	159,400	9,928	2,345	16.05	3.14
Prof - Radiology	158,387	5,167	1,221	30.65	3.12	1.026	100%	9,381	314	171,859	5,607	1,324	30.65	3.38
Prof - Transportation	220,919	1,038	245	212.83	4.35	1.018	100%	18,115	76	243,097	1,139	269	213.52	4.79
Prof - Mental Health	1,149,931	11,723	2,769	98.09	22.64	1.025	100%	85,396	878	1,264,199	12,890	3,045	98.07	24.89
Prof - Target Case Management	352,483	1,042	246	338.28	6.94	1.023	100%	25,550	75	386,300	1,142	270	338.29	7.60
Prof - Other	8,345,846	45,927	10,849.11	181.72	164.29	1.028	100%	247,271	1,321	8,829,866	48,478	11,452	182.14	173.82
Subtotal - Professional	18,921,935	169,708	40,089	111.50	372.49		100%	832,260	7,918	20,241,809	181,867	42,962	111.30	398.47
Pharmacy - Non Hep C	10,459,037	67,924	16,045	153.98	205.89	1.000	100%	(448,489)	-	10,010,608	67,924	16,045	147.38	197.06
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	618,332	15,328	3,621	40.34	12.17	1.001	100%	33,395	782	652,346	16,125	3,809	40.45	12.84
FQHC & RHC	481,153	14,286	3,375	33.68	9.47	1.017	99%	1,959	58	485,294	14,409	3,404	33.68	9.55
Subtotal - Other Services	11,558,522	97,538	23,041	118.50	227.53		100%	(413,135)	840	11,148,249	98,459	23,259	113.23	219.46
Total	\$ 55,722,493				\$ 1,096.92		100%	539,015	8,932	\$ 57,599,429				\$ 1,133.87

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
SSI Child (age 6-18)															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					270,501									270,501	
Home Health Care & Hospice	4,577,302	39,929	1,771	115	16.92	1.027	100%	(14,519)	(42)	4,684,764	40,799	1,810	115	17.32	
IP - Maternity	294,271	242	11	1,216.00	1.09	1.035	100%	6,931	6	312,643	258	11	1,211.41	1.16	
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Medical/Surgical	14,719,814	2,827	125	5,207.70	54.42	1.036	100%	349,696	57	15,660,388	3,018	134	5,188.77	57.89	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	15,854,623	9,597	426	1,652.01	58.61	1.039	100%	307,213	182	16,857,184	10,206	453	1,651.68	62.32	
IP - PRTF	4,131,822	9,084	403	454.86	15.27	1.037	100%	111,867	247	4,415,209	9,695	430	455.40	16.32	
IP - Other	55,154	13	1	4,242.65	0.20	1.031	100%	217	0	57,308	14	1	4,145.35	0.21	
Subtotal - Inpatient	35,055,685	21,763	965	1,610.83	129.60		100%	775,925	492	37,302,734	23,191	1,029	1,608.48	137.90	
OP - Emergency Room	5,960,896	15,913	706	374.59	22.04	1.036	100%	1,403	(2)	6,174,941	16,509	732	374.05	22.83	
OP - Laboratory	1,276,232	7,923	351	161.08	4.72	1.032	100%	4,782	24	1,322,068	8,223	365	160.77	4.89	
OP - Radiology	1,931,271	3,854	171	501.09	7.14	1.043	100%	1,932	11	2,015,309	4,004	178	503.29	7.45	
OP - Surgery	5,136,546	2,275	101	2,257.37	18.99	1.034	100%	13,216	3	5,322,744	2,367	105	2,248.37	19.68	
OP - Mental Health	101,051	112	5	904.94	0.37	1.080	100%	(2,132)	(1)	107,028	116	5	925.31	0.40	
OP - Other	4,563,778	14,157	628	322.37	16.87	1.037	100%	10,968	69	4,741,422	14,600	648	324.75	17.53	
Subtotal - Outpatient	18,969,774	44,234	1,962	428.85	70.13		100%	30,170	103	19,683,511	45,820	2,033	429.59	72.77	
Prof - Evaluation & Management	9,983,529	188,617	8,367	52.93	36.91	1.024	100%	212,265	3,999	10,435,934	197,185	8,748	52.92	38.58	
Prof - Maternity	89,344	566	25	157.85	0.33	1.024	100%	6,002	37	97,528	617	27	157.95	0.36	
Prof - Surgery	1,546,955	9,415	418	164.31	5.72	1.026	100%	110,372	687	1,697,226	10,324	458	164.40	6.27	
Prof - DME/Supplies & Prosthetics	4,167,894	39,194	1,739	106.34	15.41	1.025	100%	(9,580)	(70)	4,261,843	40,036	1,776	106.45	15.76	
Prof - Lab	644,374	38,033	1,687	16.94	2.38	1.026	100%	44,526	2,621	705,784	41,660	1,848	16.94	2.61	
Prof - Radiology	518,911	19,190	851	27.04	1.92	1.024	100%	36,925	1,380	568,373	21,015	932	27.05	2.10	
Prof - Transportation	467,353	4,664	207	100.20	1.73	1.023	100%	32,136	318	510,039	5,099	226	100.03	1.89	
Prof - Mental Health	19,214,375	183,845	8,156	104.51	71.03	1.025	100%	1,320,296	12,742	21,014,937	201,014	8,917	104.54	77.69	
Prof - Target Case Management	5,932,089	17,438	774	340.18	21.93	1.025	100%	369,602	1,085	6,447,460	18,953	841	340.17	23.84	
Prof - Other	6,340,983	93,762	4,159.48	67.63	23.44	1.027	100%	382,703	5,721	6,897,683	101,934	4,522	67.67	25.50	
Subtotal - Professional	48,905,807	594,724	26,383	82.23	180.80		100%	2,505,245	28,521	52,636,808	637,838	28,296	82.52	194.59	
Pharmacy - Non Hep C	59,737,493	471,296	20,908	126.75	220.84	1.000	100%	(2,692,358)	-	57,045,061	471,295	20,908	121.04	210.89	
Pharmacy - Hep C	108,766	4	0	27,191.48	0.40	1.000	230%	(4,275)	-	245,888	9	0	26,726.77	0.91	
Dental	4,525,732	93,881	4,165	48.21	16.73	1.001	100%	109,608	2,285	4,639,692	96,257	4,270	48.20	17.15	
FQHC & RHC	3,015,676	90,816	4,029	33.21	11.15	1.017	98%	18,955	553	3,035,146	91,387	4,054	33.21	11.22	
Subtotal - Other Services	67,387,667	655,997	29,101	102.73	249.12		100%	(2,568,070)	2,838	64,965,788	658,948	29,232	98.59	240.17	
Total	\$ 174,896,234				\$ 646.56		100%	728,750	31,912	\$ 179,273,604				\$ 662.75	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care Infant (age under 1)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					6,948									6,948
Home Health Care & Hospice	44,659	470	812	95	6.43	1.078	100%	108	3	48,255	491	847	98	6.95
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	2,426,878	749	1,294	3,240.16	349.29	1.061	100%	3,843	1	2,589,077	809	1,397	3,200.04	372.64
IP - Medical/Surgical	1,136,991	230	397	4,943.44	163.64	1.074	100%	99	(0)	1,226,224	250	432	4,900.64	176.49
IP - Normal Newborn	284,608	179	309	1,589.99	40.96	1.066	100%	2,863	2	307,474	192	331	1,603.43	44.25
IP - Mental Health	12,585	6	10	2,097.48	1.81	1.035	100%	228	0	13,305	6	11	2,102.94	1.91
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	8,592	3	5	2,863.95	1.24	1.101	100%	130	0	9,629	3	6	2,840.30	1.39
Subtotal - Inpatient	3,869,653	1,167	2,016	3,315.90	556.94		100%	7,163	3	4,145,709	1,261	2,177	3,288.23	596.68
OP - Emergency Room	172,906	463	800	373.45	24.89	1.054	100%	(156)	(1)	182,147	490	847	371.38	26.22
OP - Laboratory	30,197	261	451	115.70	4.35	1.053	100%	(8)	(1)	31,785	276	477	114.99	4.57
OP - Radiology	32,934	178	307	185.02	4.74	1.058	100%	65	0	34,902	190	328	183.71	5.02
OP - Surgery	150,845	90	155	1,676.05	21.71	1.064	100%	(1,034)	(0)	159,518	95	164	1,683.86	22.96
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	110,646	698	1,206	158.52	15.92	1.046	100%	(84)	0	115,646	725	1,252	159.53	16.64
Subtotal - Outpatient	497,527	1,690	2,919	294.39	71.61		100%	(1,217)	(1)	523,998	1,777	3,068	294.96	75.42
Prof - Evaluation & Management	503,820	10,817	18,682	46.58	72.51	1.084	100%	22,178	479	568,480	12,217	21,100	46.53	81.82
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	75,141	556	960	135.15	10.81	1.080	100%	2,153	17	83,278	616	1,065	135.09	11.99
Prof - DME/Supplies & Prosthetics	50,589	723	1,249	69.97	7.28	1.050	100%	2,167	32	55,294	795	1,374	69.53	7.96
Prof - Lab	21,197	1,319	2,278	16.07	3.05	1.087	100%	1,213	78	24,262	1,517	2,619	16.00	3.49
Prof - Radiology	14,449	681	1,176	21.22	2.08	1.095	100%	659	32	16,479	779	1,346	21.14	2.37
Prof - Transportation	23,460	120	207	195.50	3.38	1.038	100%	1,023	4	25,385	132	229	191.71	3.65
Prof - Mental Health	2,911	27	47	107.80	0.42	1.092	100%	208	2	3,387	31	53	109.43	0.49
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	454,879	4,735	8,177.89	96.07	65.47	1.093	100%	10,237	102	507,272	5,246	9,061	96.69	73.01
Subtotal - Professional	1,146,448	18,978	32,777	60.41	165.00		100%	39,840	746	1,283,838	21,335	36,847	60.18	184.78
Pharmacy - Non Hep C	421,830	5,231	9,035	80.64	60.71	1.000	100%	(16,025)	-	405,807	5,231	9,035	77.58	58.41
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	3,126	85	147	36.77	0.45	1.001	100%	6	0	3,133	85	148	36.67	0.45
FQHC & RHC	125,837	3,428	5,921	36.71	18.11	1.029	98%	(288)	(8)	126,272	3,450	5,959	36.60	18.17
Subtotal - Other Services	550,792	8,744	15,102	62.99	79.27		99%	(16,307)	(8)	535,212	8,767	15,141	61.05	77.03
Total	\$ 6,109,078				\$ 879.26		100%	29,587	743	\$ 6,537,011				\$ 940.85

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 1-5)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					46,167									46,167
Home Health Care & Hospice	507,286	5,864	1,524	87	10.99	1.044	100%	1,226	16	530,940	6,121	1,591	87	11.50
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	514,336	146	38	3,522.85	11.14	1.071	100%	2,286	1	555,279	161	42	3,444.68	12.03
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	281,588	159	41	1,770.99	6.10	1.072	100%	4,955	3	308,007	175	46	1,755.23	6.67
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	13,368	9	2	1,485.33	0.29	1.077	100%	216	0	14,678	10	3	1,425.16	0.32
Subtotal - Inpatient	809,291	314	82	2,577.36	17.53		100%	7,458	3	877,964	347	90	2,530.32	19.02
OP - Emergency Room	480,556	1,677	436	286.59	10.41	1.054	100%	(312)	(2)	506,001	1,770	460	285.84	10.96
OP - Laboratory	78,640	870	226	90.40	1.70	1.044	100%	(70)	(1)	82,061	912	237	89.98	1.78
OP - Radiology	70,279	330	86	212.97	1.52	1.073	100%	496	2	75,900	350	91	216.68	1.64
OP - Surgery	818,771	473	123	1,731.75	17.73	1.048	100%	1,571	0	859,528	499	130	1,723.63	18.62
OP - Mental Health	400	12	3	33.30	0.01	1.032	100%	3	0	416	12	3	33.30	0.01
OP - Other	423,548	2,320	603	182.54	9.17	1.047	100%	565	5	443,888	2,416	628	183.73	9.61
Subtotal - Outpatient	1,872,193	5,682	1,477	329.51	40.55		100%	2,252	4	1,967,794	5,960	1,549	330.18	42.62
Prof - Evaluation & Management	1,694,298	34,350	8,928	49.32	36.70	1.078	100%	76,240	1,547	1,902,412	38,595	10,032	49.29	41.21
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	309,425	1,873	487	165.20	6.70	1.080	100%	32,355	197	366,426	2,205	573	166.20	7.94
Prof - DME/Supplies & Prosthetics	257,004	2,766	719	92.92	5.57	1.083	100%	772	(4)	279,024	2,938	764	94.96	6.04
Prof - Lab	103,841	6,738	1,751	15.41	2.25	1.083	100%	11,259	730	123,679	8,033	2,088	15.40	2.68
Prof - Radiology	27,321	1,295	337	21.10	0.59	1.081	100%	3,022	143	32,565	1,526	397	21.35	0.71
Prof - Transportation	22,646	170	44	133.21	0.49	1.103	100%	2,412	15	27,396	198	51	138.53	0.59
Prof - Mental Health	759,552	9,282	2,413	81.83	16.45	1.079	100%	90,235	1,114	909,796	11,071	2,878	82.18	19.71
Prof - Target Case Management	176,317	520	135	339.07	3.82	1.046	100%	22,822	67	207,281	611	159	339.00	4.49
Prof - Other	825,700	8,316	2,161.54	99.29	17.89	1.127	100%	77,047	771	1,007,575	9,792	2,545	102.90	21.82
Subtotal - Professional	4,176,105	65,310	16,976	63.94	90.46		100%	316,165	4,580	4,856,154	74,969	19,486	64.78	105.19
Pharmacy - Non Hep C	1,304,197	33,294	8,654	39.17	28.25	1.000	100%	(57,108)	-	1,247,093	33,294	8,654	37.46	27.01
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	594,603	16,970	4,411	35.04	12.88	1.001	100%	20,755	561	615,906	17,546	4,561	35.10	13.34
FQHC & RHC	387,689	11,618	3,020	33.37	8.40	1.029	99%	1,444	43	394,789	11,839	3,077	33.35	8.55
Subtotal - Other Services	2,286,489	61,882	16,085	36.95	49.53		100%	(34,910)	604	2,257,788	62,679	16,292	36.02	48.90
Total	\$ 9,651,365				\$ 209.05		100%	292,191	5,207	\$ 10,490,640				\$ 227.23

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 6-12)														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					82,221									82,221
Home Health Care & Hospice	662,807	6,730	982	98	8.06	1.079	100%	(1,834)	(9)	713,608	7,155	1,044	100	8.68
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	653,227	157	23	4,160.68	7.94	1.086	100%	21,938	4	734,205	180	26	4,074.99	8.93
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	4,096,727	2,927	427	1,399.66	49.83	1.086	100%	145,766	102	4,613,982	3,305	482	1,396.05	56.12
IP - PRTF	1,321,437	2,642	386	500.25	16.07	1.085	100%	71,084	143	1,510,827	3,018	440	500.67	18.38
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	6,071,391	5,725	836	1,060.41	73.84		100%	238,788	249	6,859,014	6,503	949	1,054.78	83.42
OP - Emergency Room	603,546	1,725	252	349.81	7.34	1.051	100%	2,205	5	636,699	1,827	267	348.46	7.74
OP - Laboratory	116,046	1,275	186	91.04	1.41	1.057	100%	21	1	122,721	1,343	196	91.37	1.49
OP - Radiology	122,522	525	77	233.38	1.49	1.058	100%	373	2	129,946	555	81	233.93	1.58
OP - Surgery	571,375	292	43	1,956.76	6.95	1.045	100%	3,171	1	600,168	309	45	1,943.90	7.30
OP - Mental Health	18,022	40	6	450.55	0.22	1.122	100%	(267)	0	19,950	42	6	471.54	0.24
OP - Other	463,050	2,279	333	203.18	5.63	1.070	100%	(58)	12	495,586	2,387	348	207.58	6.03
Subtotal - Outpatient	1,894,562	6,136	896	308.76	23.04		100%	5,445	21	2,005,071	6,464	943	310.18	24.39
Prof - Evaluation & Management	2,536,278	52,920	7,724	47.93	30.85	1.079	100%	26,018	564	2,761,451	57,740	8,427	47.83	33.59
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	241,865	1,784	260	135.57	2.94	1.078	100%	25,564	189	286,353	2,096	306	136.59	3.48
Prof - DME/Supplies & Prosthetics	312,245	7,482	1,092	41.73	3.80	1.083	100%	(70,054)	(1,737)	268,111	6,247	912	42.92	3.26
Prof - Lab	122,159	8,015	1,170	15.24	1.49	1.088	100%	12,712	834	145,633	9,575	1,397	15.21	1.77
Prof - Radiology	57,405	2,530	369	22.69	0.70	1.077	100%	6,126	269	67,934	2,966	433	22.90	0.83
Prof - Transportation	35,842	385	56	93.10	0.44	1.089	100%	3,382	36	42,400	456	67	92.96	0.52
Prof - Mental Health	3,976,998	42,279	6,171	94.07	48.37	1.071	100%	393,910	4,189	4,653,863	49,418	7,212	94.17	56.60
Prof - Target Case Management	1,039,206	3,051	445	340.61	12.64	1.065	100%	99,055	291	1,205,970	3,542	517	340.46	14.67
Prof - Other	879,269	19,389	2,829.79	45.35	10.69	1.113	100%	92,552	2,034	1,071,263	23,151	3,379	46.27	13.03
Subtotal - Professional	9,201,267	137,835	20,117	66.76	111.91		100%	589,266	6,669	10,502,976	155,192	22,650	67.68	127.74
Pharmacy - Non Hep C	6,428,300	104,041	15,185	61.79	78.18	1.000	100%	(287,903)	-	6,140,416	104,041	15,185	59.02	74.68
Pharmacy - Hep C	95,256	3	0	31,752.00	1.16	1.000	230%	(3,099)	-	215,990	7	1	31,302.81	2.63
Dental	1,745,123	41,981	6,127	41.57	21.22	1.001	100%	40,013	951	1,786,720	42,970	6,271	41.58	21.73
FQHC & RHC	767,555	23,883	3,486	32.14	9.34	1.033	99%	4,523	139	791,664	24,654	3,598	32.11	9.63
Subtotal - Other Services	9,036,233	169,908	24,798	53.18	109.90		101%	(246,467)	1,090	8,934,790	171,672	25,055	52.05	108.67
Total	\$ 26,866,260				\$ 326.76		101%	585,198	8,021	\$ 29,015,459				\$ 352.90

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
7															
Foster Care (age 13+) - Female															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					40,645									40,645	
Home Health Care & Hospice	260,489	2,908	859	90	6.41	1.090	100%	(1,489)	(19)	282,357	3,178	938	89	6.95	
IP - Maternity	234,781	180	53	1,304.34	5.78	1.068	100%	12,062	4	263,864	200	59	1,318.48	6.49	
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Medical/Surgical	574,850	99	29	5,827.17	14.14	1.078	100%	18,635	2	641,130	112	33	5,711.66	15.77	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	4,141,640	2,648	782	1,563.86	101.90	1.078	100%	158,891	100	4,642,931	2,975	878	1,560.86	114.23	
IP - PRTF	740,884	1,594	471	464.66	18.23	1.097	100%	46,281	109	862,447	1,853	547	465.31	21.22	
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
Subtotal - Inpatient	5,692,154	4,521	1,335	1,258.92	140.05		100%	235,870	215	6,410,372	5,140	1,518	1,247.04	157.72	
OP - Emergency Room	1,010,342	2,280	673	443.21	24.86	1.053	100%	(740)	(2)	1,061,963	2,401	709	442.29	26.13	
OP - Laboratory	130,652	1,339	395	97.55	3.21	1.046	100%	668	7	137,329	1,409	416	97.47	3.38	
OP - Radiology	190,505	673	199	283.07	4.69	1.049	100%	1,387	5	201,297	710	210	283.44	4.95	
OP - Surgery	383,630	201	59	1,912.18	9.44	1.048	100%	1,437	1	403,623	212	63	1,906.28	9.93	
OP - Mental Health	7,423	7	2	1,060.39	0.18	1.107	100%	(84)	(0)	8,135	7	2	1,089.33	0.20	
OP - Other	253,450	1,276	377	198.65	6.24	1.058	100%	1,706	13	269,864	1,344	397	200.79	6.64	
Subtotal - Outpatient	1,976,002	5,775	1,705	342.14	48.62		100%	4,374	22	2,082,211	6,083	1,796	342.28	51.23	
Prof - Evaluation & Management	1,455,483	28,152	8,312	51.70	35.81	1.076	100%	9,310	185	1,574,606	30,484	9,000	51.65	38.74	
Prof - Maternity	85,572	483	143	177.17	2.11	1.083	100%	7,961	44	100,585	571	168	176.30	2.47	
Prof - Surgery	150,927	1,279	378	118.00	3.71	1.088	100%	14,280	120	178,415	1,498	442	119.11	4.39	
Prof - DME/Supplies & Prosthetics	194,096	4,875	1,439	39.81	4.78	1.069	100%	(52,819)	(1,324)	154,651	3,876	1,144	39.90	3.80	
Prof - Lab	224,340	11,642	3,437	19.27	5.52	1.080	100%	20,359	1,054	262,581	13,675	4,037	19.20	6.46	
Prof - Radiology	83,029	2,899	856	28.64	2.04	1.072	100%	7,395	258	96,384	3,350	989	28.77	2.37	
Prof - Transportation	71,155	908	268	78.36	1.75	1.068	100%	6,157	79	82,079	1,061	313	77.38	2.02	
Prof - Mental Health	2,209,512	19,172	5,660	115.25	54.36	1.080	100%	207,761	1,800	2,593,664	22,431	6,622	115.63	63.81	
Prof - Target Case Management	308,810	910	269	339.35	7.60	1.060	100%	28,499	84	355,760	1,049	310	339.21	8.75	
Prof - Other	818,035	17,118	5,053.91	47.79	20.13	1.087	100%	75,392	1,579	964,069	20,048	5,919	48.09	23.72	
Subtotal - Professional	5,600,960	87,438	25,815	64.06	137.80		100%	324,294	3,879	6,362,793	98,041	28,946	64.90	156.55	
Pharmacy - Non Hep C	3,242,985	68,311	20,168	47.47	79.79	1.000	100%	(145,633)	-	3,097,156	68,307	20,167	45.34	76.20	
Pharmacy - Hep C	158,949	5	1	31,789.80	3.91	1.000	230%	(4,913)	-	360,672	12	3	31,362.62	8.87	
Dental	1,235,321	20,199	5,964	61.16	30.39	1.001	100%	55,164	893	1,291,617	21,111	6,233	61.18	31.78	
FQHC & RHC	471,870	12,636	3,731	37.34	11.61	1.035	93%	3,098	70	458,949	12,271	3,623	37.40	11.29	
Subtotal - Other Services	5,109,126	101,151	29,864	50.51	125.70		103%	(92,284)	963	5,208,395	101,700	30,026	51.21	128.14	
Total	\$ 18,638,732				\$ 458.57		101%	470,765	5,061	\$ 20,346,129				\$ 500.58	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
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Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Foster Care (age 13 +)-Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					39,683									39,683
Home Health Care & Hospice	225,919	2,873	869	79	5.69	1.114	100%	(1,684)	(22)	249,889	3,183	963	79	6.30
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	411,798	129	39	3,184.83	10.38	1.092	100%	15,730	5	467,247	145	44	3,214.15	11.77
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	2,622,579	1,853	560	1,415.13	66.09	1.064	100%	88,356	64	2,891,657	2,053	621	1,408.69	72.87
IP - PRTF	1,000,668	2,343	708	427.17	25.22	1.081	100%	30,419	73	1,116,739	2,600	786	429.50	28.14
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	4,035,044	4,325	1,308	932.94	101.68		100%	134,506	142	4,475,643	4,798	1,451	932.77	112.78
OP - Emergency Room	602,687	1,438	435	419.00	15.19	1.057	100%	(197)	(0)	636,428	1,517	459	419.49	16.04
OP - Laboratory	52,036	625	189	83.26	1.31	1.051	100%	168	2	54,861	661	200	83.06	1.38
OP - Radiology	95,817	422	127	227.27	2.41	1.053	100%	145	1	101,078	444	134	227.57	2.55
OP - Surgery	302,111	148	45	2,045.24	7.61	1.060	100%	1,407	1	321,538	157	48	2,041.54	8.10
OP - Mental Health	2,028	13	4	155.97	0.05	1.093	100%	(19)	(0)	2,197	14	4	162.66	0.06
OP - Other	175,411	881	266	199.15	4.42	1.059	100%	(235)	1	185,461	918	278	201.99	4.67
Subtotal - Outpatient	1,230,089	3,526	1,066	348.81	31.00		100%	1,270	4	1,301,563	3,711	1,122	350.73	32.80
Prof - Evaluation & Management	1,063,710	22,053	6,669	48.23	26.81	1.072	100%	(8,864)	(175)	1,131,694	23,508	7,109	48.14	28.52
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	112,667	958	290	117.61	2.84	1.085	100%	10,718	91	133,005	1,124	340	118.38	3.35
Prof - DME/Supplies & Prosthetics	181,867	3,767	1,139	48.28	4.58	1.082	100%	(35,496)	(753)	161,305	3,260	986	49.48	4.06
Prof - Lab	63,624	3,743	1,132	17.00	1.60	1.082	100%	6,000	354	74,869	4,412	1,334	16.97	1.89
Prof - Radiology	59,204	2,548	771	23.24	1.49	1.082	100%	5,424	232	69,464	2,971	899	23.38	1.75
Prof - Transportation	54,952	504	152	109.03	1.38	1.057	100%	5,552	56	63,620	601	182	105.88	1.60
Prof - Mental Health	2,744,458	15,485	4,683	177.23	69.16	1.076	100%	233,077	1,329	3,185,722	17,786	5,379	179.11	80.28
Prof - Target Case Management	340,178	1,006	304	338.15	8.57	1.053	100%	30,199	89	388,413	1,149	347	338.10	9.79
Prof - Other	547,824	12,318	3,724.92	44.47	13.81	1.093	100%	51,323	1,135	649,960	14,437	4,366	45.02	16.38
Subtotal - Professional	5,168,483	62,382	18,864	82.85	130.24		100%	297,934	2,357	5,858,054	69,248	20,940	84.59	147.62
Pharmacy - Non Hep C	4,102,201	52,989	16,024	77.42	103.37	1.000	100%	(194,733)	-	3,907,481	52,989	16,024	73.74	98.47
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	1,004,699	17,422	5,268	57.67	25.32	1.001	100%	35,422	629	1,041,039	18,067	5,463	57.62	26.23
FQHC & RHC	299,212	8,673	2,623	34.50	7.54	1.037	99%	1,270	37	308,780	8,949	2,706	34.50	7.78
Subtotal - Other Services	5,406,112	79,084	23,915	68.36	136.23		100%	(158,041)	666	5,257,300	80,005	24,193	65.71	132.48
Total	\$ 16,065,648				\$ 404.85		100%	273,985	3,147	\$ 17,142,449				\$ 431.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Former Foster Care Child Age 18 through 20 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					5,777									5,777
Home Health Care & Hospice	10,415	157	326	66	1.80	1.145	100%	(68)	(1)	11,861	179	372	66	2.05
IP - Maternity	393,146	248	515	1,585.27	68.05	1.070	100%	5,409	4	427,663	270	560	1,585.46	74.03
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	76,271	19	39	4,014.27	13.20	1.060	94%	742	0	76,550	19	40	3,944.87	13.25
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	162,828	75	156	2,171.04	28.19	1.103	100%	2,417	1	182,773	85	177	2,144.04	31.64
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	9,109	1	2	9,108.94	1.58	1.046	100%	79	0	9,645	1	2	9,108.94	1.67
Subtotal - Inpatient	641,354	343	712	1,869.84	111.02		100%	8,648	6	696,632	375	780	1,855.45	120.59
OP - Emergency Room	418,190	980	2,036	426.72	72.39	1.063	100%	38	0	443,722	1,041	2,162	426.40	76.81
OP - Laboratory	32,956	317	659	103.85	5.70	1.046	100%	35	(1)	34,504	333	691	103.71	5.97
OP - Radiology	35,378	139	288	255.31	6.12	1.063	100%	15	0	37,620	146	304	257.41	6.51
OP - Surgery	88,956	89	184	1,003.26	15.40	1.059	100%	417	0	94,610	94	196	1,004.65	16.38
OP - Mental Health	671	14	29	47.94	0.12	1.037	100%	17	0	713	15	31	47.81	0.12
OP - Other	42,222	309	643	136.45	7.31	1.053	100%	74	1	44,541	325	675	137.05	7.71
Subtotal - Outpatient	618,373	1,848	3,839	334.62	107.04		100%	596	0	655,709	1,954	4,058	335.65	113.50
Prof - Evaluation & Management	148,583	3,577	7,430	41.54	25.72	1.079	100%	1,072	24	161,072	3,868	8,035	41.64	27.88
Prof - Maternity	136,377	762	1,583	178.97	23.61	1.081	100%	5,416	30	152,807	848	1,762	180.14	26.45
Prof - Surgery	18,053	212	440	85.15	3.12	1.072	100%	824	10	20,183	240	498	84.18	3.49
Prof - DME/Supplies & Prosthetics	22,308	486	1,010	45.90	3.86	1.087	100%	(4,248)	(105)	19,936	418	868	47.73	3.45
Prof - Lab	60,609	2,932	6,090	20.67	10.49	1.085	100%	2,840	138	68,595	3,323	6,903	20.64	11.87
Prof - Radiology	19,513	656	1,363	29.75	3.38	1.071	100%	1,090	36	21,963	739	1,534	29.74	3.80
Prof - Transportation	23,347	335	696	69.69	4.04	1.076	99%	1,036	16	26,017	375	780	69.30	4.50
Prof - Mental Health	99,705	1,027	2,133	97.08	17.26	1.064	100%	5,203	54	111,337	1,146	2,381	97.12	19.27
Prof - Target Case Management	16,023	42	87	381.51	2.77	1.076	100%	847	2	18,080	48	99	379.75	3.13
Prof - Other	144,937	2,276	4,727.71	63.68	25.09	1.079	100%	7,096	111	162,847	2,547	5,290	63.94	28.19
Subtotal - Professional	689,454	12,305	25,560	56.03	119.34		100%	21,177	314	762,837	13,552	28,149	56.29	132.05
Pharmacy - Non Hep C	154,256	5,528	11,483	27.90	26.70	1.000	100%	(6,753)	-	147,458	5,526	11,479	26.68	25.52
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	80,877	1,277	2,653	63.33	14.00	1.001	100%	2,479	36	83,436	1,314	2,730	63.48	14.44
FQHC & RHC	82,488	1,975	4,102	41.77	14.28	1.057	85%	291	4	74,178	1,774	3,685	41.82	12.84
Subtotal - Other Services	317,621	8,780	18,238	36.18	54.98		96%	(3,982)	41	305,071	8,615	17,894	35.41	52.81
Total	\$ 2,277,217				\$ 394.19		99%	26,370	360	\$ 2,432,111				\$ 421.00

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Former Foster Care Child Age 18 through 20 Male														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					3,217									3,217
Home Health Care & Hospice	1,971	45	168	44	0.61	1.064	100%	(13)	(0)	2,085	48	178	44	0.65
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	256,310	113	422	2,268.23	79.67	1.080	85%	2,201	1	233,845	108	401	2,174.75	72.69
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	129,948	104	388	1,249.50	40.39	1.097	100%	2,807	2	145,898	118	440	1,237.35	45.35
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	386,258	217	809	1,779.99	120.07		90%	5,008	3	379,743	225	841	1,684.46	118.04
OP - Emergency Room	186,487	396	1,476	471.16	57.97	1.078	98%	(163)	(0)	196,020	415	1,548	472.24	60.93
OP - Laboratory	5,465	36	136	150.42	1.70	1.050	100%	54	0	5,792	39	145	149.28	1.80
OP - Radiology	5,893	16	60	368.33	1.83	1.063	100%	46	0	6,309	17	64	367.97	1.96
OP - Surgery	21,916	12	45	1,826.33	6.81	1.062	100%	29	0	23,306	13	47	1,848.05	7.24
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	3,004	43	159	70.41	0.93	1.062	99%	7	0	3,171	44	166	71.39	0.99
Subtotal - Outpatient	222,766	503	1,876	443.05	69.25		98%	(26)	0	234,597	528	1,970	444.26	72.92
Prof - Evaluation & Management	32,235	684	2,551	47.13	10.02	1.075	99%	449	11	34,668	737	2,751	47.01	10.78
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	13,121	111	414	118.21	4.08	1.062	95%	564	5	13,703	116	434	117.71	4.26
Prof - DME/Supplies & Prosthetics	7,761	219	817	35.44	2.41	1.072	99%	681	25	8,945	259	965	34.58	2.78
Prof - Lab	3,334	185	690	18.02	1.04	1.066	99%	304	16	3,812	210	785	18.12	1.19
Prof - Radiology	9,164	325	1,212	28.20	2.85	1.077	94%	798	30	9,998	354	1,320	28.25	3.11
Prof - Transportation	13,291	230	858	57.79	4.13	1.076	93%	809	12	14,068	240	895	58.64	4.37
Prof - Mental Health	109,573	787	2,936	139.23	34.06	1.073	94%	5,553	40	116,287	829	3,091	140.31	36.15
Prof - Target Case Management	2,685	8	30	335.67	0.83	1.078	100%	180	1	3,075	9	34	335.55	0.96
Prof - Other	65,686	1,012	3,774.95	64.91	20.42	1.090	93%	15,699	225	82,310	1,254	4,678	65.63	25.59
Subtotal - Professional	256,851	3,561	13,283	72.13	79.84		95%	25,038	365	286,867	4,009	14,954	71.56	89.17
Pharmacy - Non Hep C	140,136	2,040	7,610	68.69	43.56	1.000	99%	(7,096)	-	131,191	2,001	7,463	65.57	40.78
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	26,760	420	1,567	63.72	8.32	1.001	98%	2,688	48	28,991	461	1,719	62.91	9.01
FQHC & RHC	10,305	291	1,085	35.41	3.20	1.068	99%	28	0	10,953	312	1,163	35.13	3.40
Subtotal - Other Services	177,202	2,751	10,262	64.41	55.08		99%	(4,381)	49	171,135	2,773	10,345	61.71	53.20
Total	\$ 1,045,048				\$ 324.85		94%	25,626	417	\$ 1,074,427				\$ 333.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Former Foster Care Child Age 21 through 25 Female														
Service Category	July 1, 2017 - June 30, 2018													
	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					10,960									10,960
Home Health Care & Hospice	19,417	216	236	90	1.77	1.095	100%	(104)	(2)	21,161	242	265	87	1.93
IP - Maternity	686,487	522	572	1,315.11	62.64	1.086	100%	5,014	3	748,904	572	627	1,308.43	68.33
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	319,426	51	56	6,263.25	29.14	1.059	100%	3,866	1	343,686	56	61	6,180.35	31.36
IP - Normal Newborn	941	1	1	941.03	0.09	1.046	100%	32	0	1,020	1	1	941.03	0.09
IP - Mental Health	203,231	97	106	2,095.17	18.54	1.079	98%	2,127	1	216,840	104	113	2,092.17	19.78
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	1,210,085	671	735	1,803.40	110.41		100%	11,039	5	1,310,450	733	802	1,788.51	119.57
OP - Emergency Room	827,284	1,739	1,904	475.68	75.48	1.062	100%	1,602	2	878,204	1,856	2,032	473.27	80.13
OP - Laboratory	70,962	666	729	106.56	6.47	1.051	97%	29	1	72,086	677	741	106.49	6.58
OP - Radiology	74,222	257	282	288.24	6.77	1.056	100%	(48)	0	78,190	271	297	288.31	7.13
OP - Surgery	188,726	138	151	1,370.06	17.22	1.062	99%	(10)	0	198,219	145	158	1,371.50	18.09
OP - Mental Health	2,987	12	13	248.95	0.27	1.048	100%	20	(0)	3,150	12	14	252.79	0.29
OP - Other	117,472	510	558	230.34	10.72	1.051	100%	(181)	1	123,097	536	587	229.73	11.23
Subtotal - Outpatient	1,281,655	3,322	3,638	385.77	116.94		99%	1,412	4	1,352,946	3,497	3,828	386.94	123.44
Prof - Evaluation & Management	270,016	5,937	6,500	45.48	24.64	1.078	99%	(2,201)	(50)	287,256	6,309	6,908	45.53	26.21
Prof - Maternity	187,657	1,072	1,174	175.05	17.12	1.084	99%	6,191	36	208,258	1,187	1,299	175.51	19.00
Prof - Surgery	80,367	518	567	155.15	7.33	1.073	99%	3,074	20	88,841	575	630	154.44	8.11
Prof - DME/Supplies & Prosthetics	41,723	467	511	89.34	3.81	1.069	98%	(1,033)	(12)	42,499	475	520	89.50	3.88
Prof - Lab	108,121	5,094	5,577	21.23	9.87	1.082	100%	3,309	157	120,066	5,662	6,199	21.21	10.95
Prof - Radiology	45,054	1,296	1,419	34.76	4.11	1.077	100%	1,582	46	50,070	1,442	1,578	34.73	4.57
Prof - Transportation	41,447	535	586	77.47	3.78	1.076	100%	1,868	27	46,461	610	668	76.17	4.24
Prof - Mental Health	292,274	2,354	2,577	124.16	26.67	1.069	98%	5,208	49	310,191	2,511	2,750	123.51	28.30
Prof - Target Case Management	30,792	92	101	334.70	2.81	1.085	96%	684	2	32,797	98	107	334.67	2.99
Prof - Other	345,686	4,638	5,078.10	74.53	31.54	1.076	98%	9,611	129	375,949	5,032	5,509	74.71	34.30
Subtotal - Professional	1,443,137	22,003	24,091	65.59	131.67		99%	28,293	403	1,562,388	23,900	26,168	65.37	142.55
Pharmacy - Non Hep C	577,968	11,610	12,712	49.78	52.73	1.000	100%	(24,920)	-	552,647	11,602	12,703	47.63	50.42
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	104,839	2,067	2,263	50.72	9.57	1.001	99%	6,939	137	111,050	2,189	2,397	50.73	10.13
FQHC & RHC	121,010	2,849	3,119	42.47	11.04	1.057	84%	510	4	108,540	2,554	2,797	42.50	9.90
Subtotal - Other Services	803,817	16,526	18,094	48.64	73.34		98%	(17,470)	141	772,238	16,346	17,897	47.24	70.46
Total	\$ 4,758,111				\$ 434.13		99%	23,170	551	\$ 5,019,183				\$ 457.95

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
Former Foster Care Child Age 21 through 25 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					6,157									6,157
Home Health Care & Hospice	1,284	11	21	117	0.21	1.148	100%	(8)	(0)	1,467	12	23	123	0.24
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	230,944	27	53	8,553.48	37.51	1.095	100%	810	0	254,737	29	57	8,724.07	41.37
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	116,086	62	121	1,872.36	18.85	1.094	100%	1,487	1	128,073	69	134	1,867.29	20.80
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	347,030	89	173	3,899.21	56.36		100%	2,297	1	382,810	98	191	3,914.73	62.17
OP - Emergency Room	299,933	641	1,250	467.55	48.71	1.066	98%	517	1	314,292	673	1,312	466.88	51.05
OP - Laboratory	13,778	87	170	158.01	2.24	1.070	95%	154	1	14,242	90	175	158.50	2.31
OP - Radiology	34,991	53	104	654.05	5.68	1.046	100%	272	1	36,860	58	113	635.87	5.99
OP - Surgery	47,772	21	41	2,296.71	7.76	1.056	100%	182	0	50,624	22	43	2,279.00	8.22
OP - Mental Health	3,773	2	4	1,886.62	0.61	1.159	100%	(37)	(0)	4,337	2	4	1,886.62	0.70
OP - Other	17,325	71	138	244.01	2.81	1.065	100%	68	0	18,523	75	147	245.55	3.01
Subtotal - Outpatient	417,572	876	1,707	476.68	67.82		99%	1,156	3	438,879	921	1,795	476.55	71.28
Prof - Evaluation & Management	57,417	1,319	2,571	43.53	9.33	1.083	97%	(114)	(4)	60,360	1,385	2,699	43.59	9.80
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	20,596	178	347	115.71	3.35	1.085	100%	746	7	23,094	200	390	115.31	3.75
Prof - DME/Supplies & Prosthetics	13,370	164	320	81.53	2.17	1.087	96%	(533)	(10)	13,468	158	309	85.01	2.19
Prof - Lab	11,314	513	1,000	22.05	1.84	1.101	99%	472	22	12,778	575	1,121	22.22	2.08
Prof - Radiology	14,265	494	963	28.88	2.32	1.073	100%	436	16	15,673	546	1,065	28.69	2.55
Prof - Transportation	30,221	296	577	102.10	4.91	1.066	98%	890	8	32,385	317	618	102.06	5.26
Prof - Mental Health	106,802	954	1,859	111.95	17.35	1.083	96%	4,065	37	115,082	1,030	2,007	111.77	18.69
Prof - Target Case Management	11,422	31	60	368.46	1.86	1.107	100%	250	1	12,895	35	68	367.05	2.09
Prof - Other	86,487	1,297	2,527.85	66.68	14.05	1.075	98%	2,775	43	93,665	1,406	2,741	66.60	15.21
Subtotal - Professional	351,897	5,246	10,224	67.08	57.15		98%	8,985	120	379,401	5,653	11,018	67.11	61.62
Pharmacy - Non Hep C	225,240	2,689	5,241	83.76	36.58	1.000	98%	(17,147)	-	203,695	2,657	5,178	76.67	33.08
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	35,047	667	1,300	52.54	5.69	1.001	100%	1,933	34	36,978	701	1,367	52.74	6.01
FQHC & RHC	14,871	432	842	34.42	2.42	1.062	100%	123	3	15,841	460	896	34.45	2.57
Subtotal - Other Services	275,158	3,788	7,383	72.64	44.69		98%	(15,090)	38	256,514	3,818	7,440	67.19	41.66
Total	\$ 1,392,941				\$ 226.24		99%	(2,660)	161	\$ 1,459,071				\$ 236.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age through 18 Female														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					43									43
Home Health Care & Hospice	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Maternity	3,313	1	279	3,312.73	77.04	1.049	100%	(30)	(0)	3,459	1	291	3,312.73	80.44
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	3,313	1	279	3,312.73	77.04		100%	(30)	(0)	3,459	1	291	3,312.73	80.44
OP - Emergency Room	6,029	11	3,070	548.08	140.21	1.037	100%	(35)	(0)	6,219	11	3,181	545.63	144.63
OP - Laboratory	332	3	837	110.67	7.72	1.034	100%	(3)	(0)	339	3	855	110.67	7.88
OP - Radiology	305	2	558	152.27	7.08	1.034	100%	(0)	(0)	314	2	576	152.27	7.31
OP - Surgery	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Outpatient	6,665	16	4,465	416.59	155.01		100%	(38)	(0)	6,872	17	4,612	415.85	159.82
Prof - Evaluation & Management	1,746	26	7,256	67.16	40.61	1.049	98%	7	0	1,808	28	7,692	65.61	42.05
Prof - Maternity	1,263	3	837	420.94	29.37	1.039	100%	(11)	(0)	1,301	3	863	420.79	30.25
Prof - Surgery	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - DME/Supplies & Prosthetics	87	1	279	86.88	2.02	1.039	98%	(1)	(0)	87	1	280	86.88	2.03
Prof - Lab	9	3	837	3.07	0.21	1.039	50%	0	0	6	2	584	3.07	0.15
Prof - Radiology	386	7	1,953	55.08	8.97	1.039	98%	4	0	395	7	1,996	55.21	9.18
Prof - Transportation	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Mental Health	271	1	279	271.30	6.31	1.039	100%	9	0	291	1	299	271.30	6.76
Prof - Target Case Management	334	1	279	334.00	7.77	1.039	100%	7	0	354	1	296	334.00	8.24
Prof - Other	765	11	3,069.77	69.56	17.80	1.045	100%	0	0	800	12	3,222	69.28	18.60
Subtotal - Professional	4,861	53	14,791	91.72	113.05		99%	16	1	5,042	55	15,231	92.39	117.26
Pharmacy - Non Hep C	2,179	46	12,837	47.37	50.68	1.000	99%	(135)	-	2,024	45	12,692	44.51	47.07
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
FQHC & RHC	116	5	1,395	23.26	2.70	1.039	99%	-	-	119	5	1,430	23.26	2.77
Subtotal - Other Services	2,295	51	14,233	45.01	53.38		99%	(135)	-	2,143	51	14,123	42.35	49.85
Total	\$ 17,135				\$ 398.48		100%	(188)	1	\$ 17,517				\$ 407.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age through 18 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					60									60
Home Health Care & Hospice	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Inpatient	-	-	-	-	-		#DIV/0!	-	-	-	-	-	-	-
OP - Emergency Room	9,539	7	1,400	1,362.69	158.98	1.034	100%	(73)	(0)	9,795	7	1,439	1,361.32	163.25
OP - Laboratory	895	5	1,000	178.98	14.92	1.036	99%	(11)	(0)	909	5	1,016	178.79	15.14
OP - Radiology	103	1	200	102.55	1.71	1.034	100%	(0)	(0)	106	1	206	102.55	1.76
OP - Surgery	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Mental Health	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
OP - Other	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Subtotal - Outpatient	10,536	13	2,600	810.48	175.60		100%	(83)	(0)	10,809	13	2,662	812.16	180.15
Prof - Evaluation & Management	1,308	36	7,200	36.34	21.81	1.134	99%	170	5	1,641	45	9,071	36.18	27.35
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	395	1	200	395.19	6.59	1.039	100%	(1)	(0)	410	1	207	395.19	6.83
Prof - DME/Supplies & Prosthetics	109	4	800	27.32	1.82	1.139	100%	(1)	(0)	124	5	905	27.32	2.06
Prof - Lab	210	15	3,000	13.98	3.49	1.135	98%	19	1	252	18	3,591	14.03	4.20
Prof - Radiology	67	2	400	33.30	1.11	1.039	97%	(0)	(0)	67	2	402	33.30	1.12
Prof - Transportation	360	4	800	90.00	6.00	1.039	100%	(5)	(0)	369	4	821	90.00	6.16
Prof - Mental Health	9,086	34	6,800	267.23	151.43	1.040	100%	(91)	(0)	9,362	35	7,075	264.66	156.03
Prof - Target Case Management	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Other	596	13	2,600.00	45.86	9.94	1.054	100%	9	1	638	15	2,937	43.42	10.63
Subtotal - Professional	12,131	109	21,800	111.29	202.18		100%	101	7	12,862	125	25,008	102.86	214.37
Pharmacy - Non Hep C	845	58	11,600	14.57	14.09	1.000	96%	(12)	-	802	55	10,942	14.66	13.37
Pharmacy - Hep C	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Dental	83	3	600	27.67	1.38	1.001	95%	(15)	(1)	64	2	461	27.67	1.06
FQHC & RHC	65	3	600	21.66	1.08	1.039	95%	-	-	64	3	592	21.66	1.07
Subtotal - Other Services	993	64	12,800	15.52	16.55		96%	(27)	(1)	930	60	11,995	15.50	15.50
Total	\$ 23,661				\$ 394.34		#DIV/0!	(9)	6	\$ 24,601				\$ 410.02

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
 Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
 Statewide

Exhibit 1C
 Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
MAGI Adult Age 19 through 24 Female															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					543,250									543,250	
Home Health Care & Hospice	341,463	4,543	100	75	0.63	1.099	100%	(2,062)	(22)	373,190	4,891	108	76	0.69	
IP - Maternity	11,379,860	9,226	204	1,233.46	20.95	1.064	100%	152,196	128	12,280,357	10,030	222	1,224.40	22.61	
IP - Complex Newborn	58,193	7	0	8,313.31	0.11	1.049	100%	1,599	0	62,893	8	0	8,301.38	0.12	
IP - Medical/Surgical	9,587,075	2,573	57	3,726.68	17.65	1.068	99%	102,459	26	10,229,945	2,754	61	3,713.94	18.83	
IP - Normal Newborn	22,055	8	0	2,756.85	0.04	1.049	100%	717	0	23,947	9	0	2,760.90	0.04	
IP - Mental Health	3,454,534	1,833	40	1,884.20	6.36	1.066	100%	38,888	19	3,704,876	1,981	44	1,870.28	6.82	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	56,258	14	0	4,018.41	0.10	1.071	100%	427	0	60,934	15	0	3,988.52	0.11	
Subtotal - Inpatient	24,557,975	13,661	302	1,797.67	45.21		100%	296,287	174	26,362,953	14,797	327	1,781.69	48.53	
OP - Emergency Room	21,626,633	46,039	1,017	469.75	39.81	1.046	100%	13,285	15	22,565,340	48,076	1,062	469.37	41.54	
OP - Laboratory	2,912,992	23,946	529	121.65	5.36	1.040	99%	10,228	103	2,998,587	24,659	545	121.60	5.52	
OP - Radiology	3,547,943	10,428	230	340.23	6.53	1.046	100%	5,851	29	3,709,706	10,879	240	341.00	6.83	
OP - Surgery	7,872,625	4,716	104	1,669.36	14.49	1.045	100%	26,997	17	8,230,863	4,930	109	1,669.48	15.15	
OP - Mental Health	68,635	138	3	496.15	0.13	1.062	99%	(75)	1	72,432	145	3	499.32	0.13	
OP - Other	3,713,002	17,947	396	206.89	6.83	1.041	99%	17,349	104	3,843,747	18,548	410	207.23	7.08	
Subtotal - Outpatient	39,741,830	103,214	2,280	385.04	73.16		100%	73,636	270	41,420,675	107,237	2,369	386.25	76.25	
Prof - Evaluation & Management	11,822,994	266,051	5,877	44.44	21.76	1.065	98%	51,903	883	12,416,310	278,585	6,154	44.57	22.86	
Prof - Maternity	3,707,550	25,297	559	146.56	6.82	1.068	100%	223,181	1,500	4,176,298	28,500	630	146.54	7.69	
Prof - Surgery	2,503,727	20,131	445	124.37	4.61	1.063	100%	154,046	1,260	2,811,210	22,722	502	123.72	5.17	
Prof - DME/Supplies & Prosthetics	1,554,949	26,329	582	59.06	2.86	1.064	97%	(174,957)	(3,401)	1,434,300	23,718	524	60.47	2.64	
Prof - Lab	4,085,893	196,634	4,344	20.78	7.52	1.071	97%	247,029	11,855	4,509,696	216,815	4,789	20.80	8.30	
Prof - Radiology	1,527,389	43,016	950	35.51	2.81	1.064	97%	90,687	2,534	1,663,938	46,752	1,033	35.59	3.06	
Prof - Transportation	665,141	8,047	178	82.66	1.22	1.059	99%	39,233	487	739,739	9,024	199	81.97	1.36	
Prof - Mental Health	6,179,823	53,827	1,189	114.81	11.38	1.062	96%	325,781	2,857	6,638,303	57,804	1,277	114.84	12.22	
Prof - Target Case Management	566,710	1,653	37	342.84	1.04	1.060	99%	29,540	86	622,245	1,816	40	342.58	1.15	
Prof - Other	8,754,919	128,778	2,844.61	67.98	16.12	1.067	99%	521,373	7,614	9,799,789	143,646	3,173	68.22	18.04	
Subtotal - Professional	41,369,094	769,763	17,004	53.74	76.15		98%	1,507,816	25,675	44,811,828	829,381	18,320	54.03	82.49	
Pharmacy - Non Hep C	23,180,279	537,357	11,870	43.14	42.67	1.000	99%	(991,787)	-	21,847,186	529,472	11,696	41.26	40.22	
Pharmacy - Hep C	279,875	19	0	14,730.25	0.52	1.000	230%	(18,031)	-	625,688	44	1	14,317.65	1.15	
Dental	5,824,765	103,349	2,283	56.36	10.72	1.002	97%	223,135	4,069	5,877,544	104,401	2,306	56.30	10.82	
FQHC & RHC	4,942,948	129,521	2,861	38.16	9.10	1.048	87%	26,844	432	4,552,237	119,157	2,632	38.20	8.38	
Subtotal - Other Services	34,227,867	770,246	17,014	44.44	63.01		98%	(759,839)	4,500	32,902,655	753,073	16,635	43.69	60.57	
Total	\$ 140,238,228				\$ 258.15		99%	1,115,837	30,598	\$ 145,871,299				\$ 268.52	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims				
MAGI Adult Age 19 through 24 Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					483,951									483,951
Home Health Care & Hospice	325,600	2,996	74	109	0.67	1.087	100%	(1,372)	(10)	352,303	3,207	80	110	0.73
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Medical/Surgical	11,632,252	2,718	67	4,279.47	24.04	1.073	99%	72,688	16	12,454,144	2,919	72	4,266.55	25.73
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Mental Health	4,009,829	2,024	50	1,980.96	8.29	1.071	98%	40,689	19	4,254,114	2,161	54	1,968.86	8.79
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	76,762	37	1	2,074.64	0.16	1.086	100%	140	0	83,851	40	1	2,073.13	0.17
Subtotal - Inpatient	15,718,843	4,779	119	3,288.92	32.48		99%	113,517	34	16,792,109	5,120	127	3,279.61	34.70
OP - Emergency Room	13,088,442	27,083	672	483.27	27.04	1.045	99%	1,628	(4)	13,576,433	28,117	697	482.85	28.05
OP - Laboratory	1,011,878	6,365	158	158.98	2.09	1.045	98%	1,536	22	1,042,588	6,540	162	159.41	2.15
OP - Radiology	1,535,977	3,877	96	396.21	3.17	1.047	100%	3,532	11	1,606,513	4,046	100	397.03	3.32
OP - Surgery	4,006,857	1,654	41	2,422.66	8.28	1.048	100%	7,675	4	4,199,398	1,732	43	2,425.14	8.68
OP - Mental Health	63,713	101	3	630.83	0.13	1.067	100%	(194)	0	67,598	106	3	639.73	0.14
OP - Other	1,995,961	6,182	153	322.88	4.12	1.046	99%	5,884	24	2,078,858	6,401	159	324.77	4.30
Subtotal - Outpatient	21,702,828	45,261	1,122	479.50	44.85		99%	20,061	57	22,571,389	46,942	1,164	480.83	46.64
Prof - Evaluation & Management	4,650,894	109,855	2,724	42.34	9.61	1.064	98%	(42,557)	(1,093)	4,795,528	113,193	2,807	42.37	9.91
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	1,558,932	11,030	273	141.34	3.22	1.065	100%	86,879	613	1,743,380	12,324	306	141.46	3.60
Prof - DME/Supplies & Prosthetics	1,015,495	13,975	347	72.67	2.10	1.063	98%	(54,778)	(935)	1,000,698	13,529	335	73.96	2.07
Prof - Lab	742,190	38,332	950	19.36	1.53	1.071	97%	42,449	2,187	815,028	41,961	1,040	19.42	1.68
Prof - Radiology	873,620	29,109	722	30.01	1.81	1.064	96%	48,689	1,622	944,167	31,432	779	30.04	1.95
Prof - Transportation	700,418	6,737	167	103.97	1.45	1.058	99%	36,791	358	771,731	7,482	186	103.14	1.59
Prof - Mental Health	5,695,946	43,720	1,084	130.28	11.77	1.064	96%	276,222	2,111	6,082,240	46,587	1,155	130.56	12.57
Prof - Target Case Management	376,326	1,106	27	340.26	0.78	1.060	98%	17,494	51	409,050	1,203	30	340.14	0.85
Prof - Other	4,880,982	72,467	1,796.88	67.35	10.09	1.061	99%	241,454	3,735	5,347,908	79,488	1,971	67.28	11.05
Subtotal - Professional	20,494,802	326,331	8,092	62.80	42.35		98%	652,642	8,649	21,909,731	347,198	8,609	63.10	45.27
Pharmacy - Non Hep C	17,033,628	205,587	5,098	82.85	35.20	1.000	99%	(791,150)	-	16,094,014	203,792	5,053	78.97	33.26
Pharmacy - Hep C	398,295	31	1	12,848.23	0.82	1.000	230%	(14,107)	-	901,984	71	2	12,650.38	1.86
Dental	3,495,495	62,164	1,541	56.23	7.22	1.002	97%	143,701	2,634	3,536,052	62,968	1,561	56.16	7.31
FQHC & RHC	1,254,168	37,788	937	33.19	2.59	1.049	95%	10,115	299	1,261,543	37,986	942	33.21	2.61
Subtotal - Other Services	22,181,585	305,570	7,577	72.59	45.83		101%	(651,440)	2,933	21,793,592	304,817	7,558	71.50	45.03
Total	\$ 80,423,659				\$ 166.18		99%	133,407	11,663	\$ 83,419,124				\$ 172.37

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
MAGI Adult Age 25 through 39 Female															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					1,134,967									1,134,967	
Home Health Care & Hospice	1,518,271	16,274	172	93	1.34	1.081	100%	(8,862)	(69)	1,627,916	17,284	183	94	1.43	
IP - Maternity	15,582,215	13,121	139	1,187.59	13.73	1.067	100%	158,852	121	16,713,672	14,143	150	1,181.74	14.73	
IP - Complex Newborn	22,072	2	0	11,035.97	0.02	1.049	100%	393	0	23,641	2	0	10,942.85	0.02	
IP - Medical/Surgical	47,860,326	13,650	144	3,506.32	42.17	1.070	98%	362,039	94	50,655,872	14,509	153	3,491.35	44.63	
IP - Normal Newborn	4,039	6	0	673.14	0.00	1.049	100%	88	0	4,342	6	0	673.58	0.00	
IP - Mental Health	11,412,513	5,202	55	2,193.97	10.06	1.071	97%	106,429	47	11,988,324	5,491	58	2,183.30	10.56	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	751,594	215	2	3,495.78	0.66	1.070	100%	4,525	1	812,449	234	2	3,465.87	0.72	
Subtotal - Inpatient	75,632,758	32,195	340	2,349.18	66.64		98%	632,325	264	80,198,299	34,386	364	2,332.29	70.66	
OP - Emergency Room	49,861,044	92,308	976	540.16	43.93	1.046	99%	(17,555)	(58)	51,666,244	95,740	1,012	539.65	45.52	
OP - Laboratory	8,595,885	62,465	660	137.61	7.57	1.041	98%	21,510	193	8,810,295	64,028	677	137.60	7.76	
OP - Radiology	12,515,190	31,294	331	399.92	11.03	1.046	100%	14,921	60	13,058,092	32,608	345	400.45	11.51	
OP - Surgery	30,144,048	13,994	148	2,154.05	26.56	1.046	100%	69,904	33	31,472,206	14,611	154	2,154.08	27.73	
OP - Mental Health	302,317	380	4	795.92	0.27	1.066	97%	(1,245)	0	311,098	391	4	795.53	0.27	
OP - Other	10,606,082	41,226	436	257.27	9.34	1.047	99%	30,855	203	11,001,599	42,564	450	258.47	9.69	
Subtotal - Outpatient	112,024,565	241,667	2,555	463.55	98.70		99%	118,390	432	116,319,534	249,941	2,643	465.39	102.49	
Prof - Evaluation & Management	30,981,870	711,139	7,519	43.57	27.30	1.066	98%	39,660	310	32,327,649	740,477	7,829	43.66	28.48	
Prof - Maternity	4,740,663	32,625	345	145.31	4.18	1.072	99%	173,099	1,178	5,223,631	35,958	380	145.27	4.60	
Prof - Surgery	10,877,343	72,119	763	150.82	9.58	1.067	100%	394,137	2,647	11,960,894	79,487	840	150.48	10.54	
Prof - DME/Supplies & Prosthetics	3,936,906	50,319	532	78.24	3.47	1.067	97%	(64,720)	(1,265)	3,998,251	50,223	531	79.61	3.52	
Prof - Lab	8,386,758	416,319	4,402	20.15	7.39	1.072	97%	302,194	14,832	9,044,611	448,166	4,738	20.18	7.97	
Prof - Radiology	4,925,737	128,953	1,363	38.20	4.34	1.066	97%	170,097	4,380	5,244,985	136,948	1,448	38.30	4.62	
Prof - Transportation	1,882,206	22,107	234	85.14	1.66	1.061	98%	63,816	800	2,025,164	24,021	254	84.31	1.78	
Prof - Mental Health	24,614,595	224,251	2,371	109.76	21.69	1.064	96%	707,931	5,974	25,839,853	233,926	2,473	110.46	22.77	
Prof - Target Case Management	2,885,267	8,394	89	343.73	2.54	1.054	98%	64,384	188	3,045,238	8,863	94	343.57	2.68	
Prof - Other	30,984,537	417,613	4,415.42	74.19	27.30	1.062	99%	856,964	11,826	33,414,933	450,050	4,758	74.25	29.44	
Subtotal - Professional	124,215,880	2,083,839	22,032	59.61	109.44		98%	2,707,563	40,871	132,125,208	2,208,118	23,346	59.84	116.41	
Pharmacy - Non Hep C	92,547,602	1,929,046	20,396	47.98	81.54	1.000	98%	(3,936,662)	-	87,196,258	1,899,434	20,083	45.91	76.83	
Pharmacy - Hep C	5,351,748	375	4	14,271.33	4.72	1.000	228%	(209,519)	-	12,008,036	856	9	14,029.04	10.58	
Dental	8,485,084	189,957	2,008	44.67	7.48	1.002	96%	404,877	9,060	8,526,161	190,874	2,018	44.67	7.51	
FQHC & RHC	10,015,781	278,509	2,945	35.96	8.82	1.049	90%	43,045	830	9,466,524	263,231	2,783	35.96	8.34	
Subtotal - Other Services	116,400,216	2,397,887	25,353	48.54	102.56		103%	(3,698,259)	9,890	117,196,979	2,354,394	24,893	49.78	103.26	
Total	\$ 429,791,690				\$ 378.68		100%	(248,842)	51,386	\$ 447,467,935				\$ 394.26	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
MAGI Adult Age 25 through 39 Male															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					1,064,025									1,064,025	
Home Health Care & Hospice	1,371,798	11,595	131	118	1.29	1.074	100%	(7,204)	(42)	1,459,616	12,233	138	119	1.37	
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Complex Newborn	8,262	1	0	8,261.69	0.01	1.117	100%	764	0	10,032	1	0	8,261.69	0.01	
IP - Medical/Surgical	58,042,883	16,906	191	3,433.35	54.55	1.071	97%	407,923	115	61,011,547	17,851	201	3,417.79	57.34	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	17,422,130	8,106	91	2,149.25	16.37	1.073	98%	155,291	71	18,481,110	8,629	97	2,141.74	17.37	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	556,058	184	2	3,022.06	0.52	1.072	99%	3,259	1	594,272	197	2	3,009.90	0.56	
Subtotal - Inpatient	76,029,333	25,197	284	3,017.43	71.45		98%	567,237	187	80,096,960	26,679	301	3,002.26	75.28	
OP - Emergency Room	41,541,009	74,699	842	556.11	39.04	1.046	98%	(47,599)	(104)	42,732,970	76,908	867	555.64	40.16	
OP - Laboratory	6,210,603	32,660	368	190.16	5.84	1.042	98%	797	12	6,314,034	33,190	374	190.24	5.93	
OP - Radiology	6,447,029	14,445	163	446.31	6.06	1.046	99%	3,147	15	6,697,093	14,986	169	446.90	6.29	
OP - Surgery	15,385,889	6,511	73	2,363.10	14.46	1.048	99%	1,972	3	15,984,609	6,758	76	2,365.25	15.02	
OP - Mental Health	335,486	373	4	899.43	0.32	1.069	98%	(1,725)	(1)	349,927	387	4	903.82	0.33	
OP - Other	6,608,432	22,553	254	293.02	6.21	1.046	99%	17,550	84	6,860,196	23,318	263	294.21	6.45	
Subtotal - Outpatient	76,528,448	151,241	1,706	506.00	71.92		99%	(25,857)	9	78,938,829	155,546	1,754	507.50	74.19	
Prof - Evaluation & Management	17,176,461	400,138	4,513	42.93	16.14	1.062	97%	(116,678)	(2,932)	17,608,861	409,927	4,623	42.96	16.55	
Prof - Maternity	350	1	0	350.00	0.00	1.039	100%	0	0	364	1	0	350.00	0.00	
Prof - Surgery	6,820,106	43,601	492	156.42	6.41	1.067	99%	162,631	1,028	7,353,451	46,959	530	156.59	6.91	
Prof - DME/Supplies & Prosthetics	3,830,222	41,377	467	92.57	3.60	1.064	98%	(7,278)	(362)	3,975,086	42,331	477	93.90	3.74	
Prof - Lab	2,760,688	147,913	1,668	18.66	2.59	1.069	96%	57,426	3,025	2,906,148	155,322	1,752	18.71	2.73	
Prof - Radiology	3,317,761	98,539	1,111	33.67	3.12	1.064	96%	73,520	2,168	3,461,435	102,717	1,158	33.70	3.25	
Prof - Transportation	2,456,639	26,052	294	94.30	2.31	1.060	98%	56,378	651	2,614,817	28,042	316	93.25	2.46	
Prof - Mental Health	30,502,566	235,470	2,656	129.54	28.67	1.068	94%	561,561	3,870	31,339,657	239,877	2,705	130.65	29.45	
Prof - Target Case Management	2,667,926	7,712	87	345.94	2.51	1.051	97%	31,443	92	2,741,343	7,928	89	345.76	2.58	
Prof - Other	28,403,019	362,115	4,083.91	78.44	26.69	1.058	98%	372,218	5,158	29,857,676	381,212	4,299	78.32	28.06	
Subtotal - Professional	97,935,738	1,362,918	15,371	71.86	92.04		97%	1,191,221	12,697	101,858,839	1,414,316	15,951	72.02	95.73	
Pharmacy - Non Hep C	76,312,533	1,066,704	12,030	71.54	71.72	1.000	99%	(2,978,639)	-	72,292,916	1,052,241	11,867	68.70	67.94	
Pharmacy - Hep C	6,671,715	461	5	14,472.27	6.27	1.000	228%	(242,371)	-	14,984,737	1,052	12	14,244.88	14.08	
Dental	6,552,210	136,082	1,535	48.15	6.16	1.002	96%	427,133	8,769	6,707,598	139,202	1,570	48.19	6.30	
FQHC & RHC	4,372,701	130,001	1,466	33.64	4.11	1.050	95%	22,098	575	4,393,565	130,541	1,472	33.66	4.13	
Subtotal - Other Services	93,909,159	1,333,248	15,036	70.44	88.26		107%	(2,771,779)	9,343	98,378,815	1,323,037	14,921	74.36	92.46	
Total	\$ 345,774,476				\$ 324.97		100%	(1,046,382)	22,195	\$ 360,733,060				\$ 339.03	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data						Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
MAGI Adult Age 40 or Older Female															
July 1, 2017 - June 30, 2018															
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	
Member Months					1,243,439									1,243,439	
Home Health Care & Hospice	5,312,090	47,354	457	112	4.27	1.069	100%	(14,306)	(105)	5,659,961	50,245	485	113	4.55	
IP - Maternity	404,122	365	4	1,107.18	0.33	1.077	100%	2,865	2	439,802	401	4	1,096.80	0.35	
IP - Complex Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Medical/Surgical	115,797,100	31,248	302	3,705.78	93.13	1.067	100%	840,131	213	123,864,547	33,601	324	3,686.29	99.61	
IP - Normal Newborn	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Mental Health	8,730,775	4,005	39	2,179.89	7.02	1.070	100%	71,752	31	9,385,395	4,326	42	2,169.38	7.55	
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-	
IP - Other	2,340,492	599	6	3,904.65	1.88	1.078	100%	23,849	6	2,556,360	656	6	3,894.76	2.06	
Subtotal - Inpatient	127,272,489	36,217	350	3,514.14	102.36		100%	938,597	253	136,246,104	38,985	376	3,494.83	109.57	
OP - Emergency Room	53,449,819	79,121	764	675.55	42.99	1.045	100%	(5,129)	(43)	55,618,336	82,429	795	674.74	44.73	
OP - Laboratory	12,484,551	90,447	873	138.03	10.04	1.042	99%	55,540	420	12,943,126	93,734	905	138.08	10.41	
OP - Radiology	42,858,267	88,278	852	485.49	34.47	1.046	100%	123,924	259	44,901,778	92,418	892	485.85	36.11	
OP - Surgery	60,097,802	28,345	274	2,120.19	48.33	1.047	100%	135,847	68	62,963,773	29,684	286	2,121.12	50.64	
OP - Mental Health	160,958	400	4	401.89	0.13	1.058	97%	(38)	3	165,265	401	4	411.97	0.13	
OP - Other	30,210,370	85,867	829	351.83	24.30	1.046	99%	93,325	402	31,516,699	89,239	861	353.17	25.35	
Subtotal - Outpatient	199,261,767	372,458	3,594	534.99	160.25		100%	403,469	1,108	208,108,977	387,906	3,744	536.49	167.37	
Prof - Evaluation & Management	52,050,539	1,114,987	10,760	46.68	41.86	1.064	98%	404,896	8,084	54,836,735	1,174,048	11,330	46.71	44.10	
Prof - Maternity	131,198	1,119	11	117.25	0.11	1.084	100%	5,804	47	147,683	1,254	12	117.76	0.12	
Prof - Surgery	26,721,877	162,301	1,566	164.64	21.49	1.067	100%	896,058	5,467	29,365,607	178,493	1,723	164.52	23.62	
Prof - DME/Supplies & Prosthetics	13,184,528	160,788	1,552	82.00	10.60	1.062	98%	169,872	1,370	13,904,168	167,986	1,621	82.77	11.18	
Prof - Lab	9,266,366	520,552	5,024	17.80	7.45	1.070	97%	309,282	17,095	9,968,307	558,885	5,394	17.84	8.02	
Prof - Radiology	10,502,226	238,941	2,306	43.95	8.45	1.063	98%	319,346	7,157	11,207,456	254,669	2,458	44.01	9.01	
Prof - Transportation	2,863,920	31,746	306	90.21	2.30	1.059	99%	88,918	1,068	3,106,742	34,735	335	89.44	2.50	
Prof - Mental Health	14,129,771	145,620	1,405	97.03	11.36	1.061	98%	392,145	3,830	15,013,454	154,162	1,488	97.39	12.07	
Prof - Target Case Management	2,604,082	7,522	73	346.20	2.09	1.056	99%	54,639	159	2,776,614	8,024	77	346.02	2.23	
Prof - Other	43,611,228	585,743	5,652.80	74.45	35.07	1.063	100%	1,332,991	17,791	47,582,984	638,197	6,159	74.56	38.27	
Subtotal - Professional	175,065,734	2,969,319	28,656	58.96	140.79		99%	3,973,951	62,068	187,909,750	3,170,456	30,597	59.27	151.12	
Pharmacy - Non Hep C	249,531,021	4,940,951	47,683	50.50	200.68	1.000	99%	(10,451,300)	-	236,126,843	4,882,446	47,119	48.36	189.90	
Pharmacy - Hep C	7,339,804	496	5	14,797.99	5.90	1.000	230%	(312,959)	-	16,568,812	1,141	11	14,523.66	13.32	
Dental	6,890,270	161,420	1,558	42.69	5.54	1.002	95%	328,424	7,593	6,914,476	161,868	1,562	42.72	5.56	
FQHC & RHC	11,789,265	365,541	3,528	32.25	9.48	1.051	95%	53,846	1,616	11,781,551	365,443	3,527	32.24	9.47	
Subtotal - Other Services	275,550,359	5,468,408	52,774	50.39	221.60		102%	(10,381,989)	9,209	271,391,682	5,410,898	52,219	50.16	218.26	
Total	\$ 782,462,440				\$ 629.27		100%	(5,080,277)	72,533	\$ 809,316,474				\$ 650.87	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Experience for April 1, 2019 - June 30, 2020 Capitation Rate Development
Statewide

Exhibit 1C
Confidential and Proprietary

Claims Data					Base Period Adjustments				Completed and Adjusted Claims Data + Non-System Claims					
MAGI Adult Age 40 or Older Male														
July 1, 2017 - June 30, 2018														
Service Category	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Completion Factors	Other Base Adjustments	Est Non System Paid	Est Non System Units	Paid Expenditures	Units	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM
Member Months					1,096,038									1,096,038
Home Health Care & Hospice	5,286,056	35,494	389	149	4.82	1.070	100%	(25,263)	(127)	5,624,027	37,470	410	150	5.13
IP - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Complex Newborn	4,277	14	0	305.49	0.00	1.049	100%	(53)	(0)	4,452	15	0	305.49	0.00
IP - Medical/Surgical	139,725,258	39,142	429	3,569.72	127.48	1.069	99%	932,246	248	149,031,697	41,936	459	3,553.76	135.97
IP - Normal Newborn	784	1	0	784.44	0.00	1.117	100%	(20)	(0)	860	1	0	784.44	0.00
IP - Mental Health	14,475,850	6,673	73	2,169.30	13.21	1.073	98%	110,021	50	15,352,606	7,101	78	2,161.92	14.01
IP - PRTF	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
IP - Other	1,966,190	535	6	3,675.12	1.79	1.078	100%	14,837	4	2,136,408	587	6	3,640.73	1.95
Subtotal - Inpatient	156,172,360	46,365	508	3,368.33	142.49		99%	1,057,031	302	166,526,024	49,640	543	3,354.66	151.93
OP - Emergency Room	48,055,353	68,823	754	698.24	43.84	1.046	99%	(35,675)	(80)	49,646,946	71,196	779	697.33	45.30
OP - Laboratory	10,151,439	58,923	645	172.28	9.26	1.041	99%	35,699	217	10,497,235	60,916	667	172.32	9.58
OP - Radiology	28,083,778	38,873	426	722.45	25.62	1.046	100%	62,029	93	29,357,842	40,594	444	723.21	26.79
OP - Surgery	41,448,794	19,119	209	2,167.98	37.82	1.047	100%	48,654	23	43,283,365	19,961	219	2,168.44	39.49
OP - Mental Health	208,266	268	3	778.08	0.19	1.072	99%	(721)	0	220,533	281	3	785.71	0.20
OP - Other	22,516,197	57,818	633	389.43	20.54	1.047	99%	43,288	184	23,469,407	60,015	657	391.06	21.41
Subtotal - Outpatient	150,463,826	243,824	2,670	617.10	137.28		99%	153,273	437	156,475,329	252,962	2,770	618.57	142.76
Prof - Evaluation & Management	34,399,450	725,124	7,939	47.44	31.39	1.064	98%	145,020	2,719	36,008,229	758,896	8,309	47.45	32.85
Prof - Maternity	-	-	-	-	-	1.000	100%	-	-	-	-	-	-	-
Prof - Surgery	19,320,388	112,556	1,232	171.65	17.63	1.067	100%	520,749	3,021	21,033,872	122,521	1,341	171.68	19.19
Prof - DME/Supplies & Prosthetics	11,182,957	120,714	1,322	92.64	10.20	1.062	98%	141,294	1,110	11,794,312	126,448	1,384	93.27	10.76
Prof - Lab	5,012,073	292,435	3,202	17.14	4.57	1.070	97%	131,980	7,556	5,341,464	311,019	3,405	17.17	4.87
Prof - Radiology	7,647,533	176,758	1,935	43.27	6.98	1.063	97%	187,313	4,304	8,095,961	187,044	2,048	43.28	7.39
Prof - Transportation	3,674,827	37,452	410	98.12	3.35	1.060	99%	88,136	987	3,933,968	40,503	443	97.13	3.59
Prof - Mental Health	16,523,039	136,601	1,496	120.96	15.08	1.065	95%	377,740	2,813	17,117,402	140,347	1,537	121.97	15.62
Prof - Target Case Management	1,921,255	5,567	61	345.11	1.75	1.055	97%	30,536	89	1,986,820	5,760	63	344.96	1.81
Prof - Other	34,807,848	460,583	5,042.70	75.57	31.76	1.063	99%	813,731	10,936	37,545,984	497,019	5,442	75.54	34.26
Subtotal - Professional	134,489,370	2,067,790	22,639	65.04	122.71		98%	2,436,499	33,535	142,858,012	2,189,556	23,972	65.25	130.34
Pharmacy - Non Hep C	168,322,259	2,909,800	31,858	57.85	153.57	1.000	99%	(6,912,936)	-	159,384,729	2,874,656	31,473	55.44	145.42
Pharmacy - Hep C	14,967,568	950	10	15,755.33	13.66	1.000	229%	(651,002)	-	33,684,820	2,179	24	15,457.21	30.73
Dental	5,246,015	115,593	1,266	45.38	4.79	1.002	96%	272,488	5,961	5,292,691	116,576	1,276	45.40	4.83
FOHC & RHC	6,837,868	215,514	2,360	31.73	6.24	1.053	95%	27,866	820	6,893,784	217,368	2,380	31.71	6.29
Subtotal - Other Services	195,373,711	3,241,857	35,494	60.27	178.25		109%	(7,263,585)	6,781	205,256,025	3,210,779	35,153	63.93	187.27
Total	\$ 641,785,323				\$ 585.55		102%	(3,642,044)	40,928	\$ 676,739,418				\$ 617.44

Kentucky Department for I
Cabinet for Health and Fan
Base Period Adjustments

Exhibit 2a
Confidential and Proprietary

Region A	Foster Care						Former Foster Care Child				MAGI Adult							
	Age 6 to 18	Infant - Age Under 1	Age 1 to 5	Age 6 to 12	Age 13 or Older Female	Age 13 or Older Male	Age 18 through 20 Female	Age 18 through 20 Male	Age 21 through 25 Female	Age 21 through 25 Male	Age through 18 Female	Age through 18 Male	Age 19 through 24 Female	Age 19 through 24 Male	Age 25 through 39 Female	Age 25 through 39 Male	Age 40 or Older Female	Age 40 or Older Male
Home Health Care & Hospice	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
IP - Maternity	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
IP - Complex Newborn	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
IP - Medical/Surgical	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
IP - Normal Newborn	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
IP - Mental Health	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
IP - PRTF	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
IP - Other	1.052	1.152	1.152	1.152	1.152	1.152	1.159	1.159	1.159	1.159	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
OP - Emergency Room	1.090	1.127	1.127	1.127	1.127	1.127	1.159	1.159	1.159	1.159	1.087	1.087	1.087	1.087	1.087	1.087	1.087	1.087
OP - Laboratory	1.090	1.127	1.127	1.127	1.127	1.127	1.159	1.159	1.159	1.159	1.087	1.087	1.087	1.087	1.087	1.087	1.087	1.087
OP - Radiology	1.090	1.127	1.127	1.127	1.127	1.127	1.159	1.159	1.159	1.159	1.087	1.087	1.087	1.087	1.087	1.087	1.087	1.087
OP - Surgery	1.090	1.127	1.127	1.127	1.127	1.127	1.159	1.159	1.159	1.159	1.087	1.087	1.087	1.087	1.087	1.087	1.087	1.087
OP - Mental Health	1.090	1.127	1.127	1.127	1.127	1.127	1.159	1.159	1.159	1.159	1.087	1.087	1.087	1.087	1.087	1.087	1.087	1.087
OP - Other	1.090	1.127	1.127	1.127	1.127	1.127	1.159	1.159	1.159	1.159	1.087	1.087	1.087	1.087	1.087	1.087	1.087	1.087
Prof - Evaluation & Management	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Maternity	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Surgery	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - DME/Supplies & Prosthetics	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Lab	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Radiology	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Transportation	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Mental Health	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Target Case Management	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Prof - Other	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139
Pharmacy - Non Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Pharmacy - Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Dental	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001
FQHC & RHC	1.044	1.198	1.198	1.198	1.198	1.198	1.177	1.177	1.177	1.177	1.139	1.139	1.139	1.139	1.139	1.139	1.139	1.139

Region B	Foster Care						Former Foster Care Child				MAGI Adult							
	Age 6 to 18	Infant - Age Under 1	Age 1 to 5	Age 6 to 12	Age 13 or Older Female	Age 13 or Older Male	Age 18 through 20 Female	Age 18 through 20 Male	Age 21 through 25 Female	Age 21 through 25 Male	Age through 18 Female	Age through 18 Male	Age 19 through 24 Female	Age 19 through 24 Male	Age 25 through 39 Female	Age 25 through 39 Male	Age 40 or Older Female	Age 40 or Older Male
Home Health Care & Hospice	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
IP - Maternity	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
IP - Complex Newborn	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
IP - Medical/Surgical	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
IP - Normal Newborn	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
IP - Mental Health	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
IP - PRTF	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
IP - Other	1.029	1.035	1.035	1.035	1.035	1.035	1.046	1.046	1.046	1.046	1.049	1.049	1.049	1.049	1.049	1.049	1.049	1.049
OP - Emergency Room	1.018	1.032	1.032	1.032	1.032	1.032	1.037	1.037	1.037	1.037	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034
OP - Laboratory	1.018	1.032	1.032	1.032	1.032	1.032	1.037	1.037	1.037	1.037	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034
OP - Radiology	1.018	1.032	1.032	1.032	1.032	1.032	1.037	1.037	1.037	1.037	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034
OP - Surgery	1.018	1.032	1.032	1.032	1.032	1.032	1.037	1.037	1.037	1.037	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034
OP - Mental Health	1.018	1.032	1.032	1.032	1.032	1.032	1.037	1.037	1.037	1.037	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034
OP - Other	1.018	1.032	1.032	1.032	1.032	1.032	1.037	1.037	1.037	1.037	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034
Prof - Evaluation & Management	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Maternity	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Surgery	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - DME/Supplies & Prosthetics	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Lab	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Radiology	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Transportation	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Mental Health	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Target Case Management	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Prof - Other	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039
Pharmacy - Non Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Pharmacy - Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Dental	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.001	1.002	1.002	1.002	1.002	1.002	1.002	1.002	1.002
FQHC & RHC	1.015	1.023	1.023	1.023	1.023	1.023	1.045	1.045	1.045	1.045	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Period Adjustments

Region A	Families and Children											SSI Adult without Medicare						Other Base Period Ac	
	Infant - Age Under 1	Child - Age 1 to 5	Child - Age 6 to 12	Child - Age 13 to 18 Female	Child - Age 13 to 18 Male	Adult - Age 19 to 24 Female	Adult - Age 19 to 24 Male	Adult - Age 25 to 39 Female	Adult - Age 25 to 39 Male	Adult - Age 40 or Older Female	Adult - Age 40 or Older Male	Age 19 to 24 Female	Age 19 to 24 Male	Age 25 to 44 Female	Age 25 to 44 Male	Age 45 or Older Female	Age 45 or Older Male	Female	Male
	Home Health Care & Hospice	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Maternity	1.000	1.000	1.000	1.004	1.000	1.001	1.000	1.003	1.000	1.004	1.000	1.004	1.000	1.004	1.000	1.000	1.000	1.004	1.000
IP - Complex Newborn	1.004	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Medical/Surgical	1.004	1.003	0.999	0.998	1.002	1.002	1.002	0.998	1.002	1.002	1.002	1.003	1.003	1.001	1.003	1.004	1.002	1.000	0.999
IP - Normal Newborn	1.004	1.000	1.000	1.000	1.004	1.004	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Mental Health	1.004	1.004	1.004	1.004	1.004	1.004	1.004	0.994	1.004	0.975	1.004	1.004	1.004	0.989	1.004	1.004	1.002	1.004	1.004
IP - PRTF	1.000	1.000	1.004	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Other	1.004	1.004	1.004	1.004	1.000	1.004	1.000	1.004	1.004	1.004	1.004	1.000	1.000	1.004	1.004	1.004	1.004	1.004	1.004
OP - Emergency Room	1.000	1.000	1.000	1.000	1.000	0.997	0.990	0.997	0.996	0.999	0.999	1.000	1.000	0.999	1.000	0.998	1.000	0.999	1.000
OP - Laboratory	1.000	0.999	0.999	0.999	0.996	0.994	0.998	0.994	0.994	0.994	0.995	1.000	1.000	1.000	1.013	1.000	1.000	1.003	0.962
OP - Radiology	1.000	1.000	1.000	1.000	1.000	0.994	0.999	1.000	1.000	1.000	0.999	1.000	1.000	1.000	0.999	1.000	1.000	1.000	1.000
OP - Surgery	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	1.000	1.000	0.997	1.000	1.000	1.000	1.000	1.000	0.998	1.000	0.999
OP - Mental Health	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.942	1.000	0.999	1.000	1.000	1.000	1.000	0.881	1.000	1.000	0.999	1.000
OP - Other	1.000	0.999	0.999	0.999	1.000	0.999	0.999	0.999	0.999	0.999	0.999	1.000	1.000	1.000	1.000	0.999	1.000	0.999	1.000
Prof - Evaluation & Management	1.000	0.998	0.998	0.998	0.997	0.996	0.989	0.993	0.994	0.996	0.995	0.999	1.000	0.998	0.997	0.999	0.998	0.995	0.993
Prof - Maternity	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.998	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Prof - Surgery	1.000	1.000	1.000	1.000	0.999	1.000	1.000	0.997	0.999	1.000	0.999	1.000	1.000	0.999	0.999	1.000	0.999	1.000	1.000
Prof - DME/Supplies & Prosthetics	1.000	0.998	0.998	0.999	0.998	0.995	0.966	0.990	0.994	0.993	0.983	0.997	0.997	0.997	0.997	0.999	0.983	0.999	0.994
Prof - Lab	1.000	0.991	0.990	0.994	0.993	0.994	0.978	0.994	0.992	0.994	0.993	0.999	0.999	0.999	0.999	0.999	0.998	0.986	0.981
Prof - Radiology	1.000	0.993	0.993	0.994	0.994	0.992	0.983	0.992	0.992	0.994	0.992	0.999	0.999	0.999	0.998	0.999	0.998	0.990	0.986
Prof - Transportation	1.000	1.000	1.000	0.999	1.000	0.995	0.979	0.996	0.991	0.994	1.000	1.000	1.000	0.998	0.999	1.000	0.999	1.000	1.000
Prof - Mental Health	1.000	1.000	1.000	1.000	0.998	0.985	1.000	0.979	0.994	0.993	0.995	0.998	0.996	0.995	0.981	0.990	0.991	0.998	0.975
Prof - Target Case Management	1.000	1.000	1.000	1.000	1.000	0.937	1.000	0.973	0.984	0.990	0.997	0.999	1.000	0.996	0.988	0.993	0.993	0.999	0.999
Prof - Other	1.000	1.000	1.000	1.000	1.000	0.999	0.987	0.996	0.996	0.999	0.999	1.000	1.000	0.999	0.997	1.000	0.998	1.000	1.000
Pharmacy - Non Hep C	1.000	0.998	0.999	0.998	0.999	0.997	0.957	0.995	0.997	0.997	0.997	1.000	1.000	1.000	1.000	1.000	0.999	0.998	0.997
Pharmacy - Hep C	1.000	1.000	1.000	1.000	1.000	2.300	1.000	2.300	2.300	2.300	2.300	1.000	1.000	2.300	2.300	2.300	2.300	2.300	2.300
Dental	1.000	0.994	0.995	0.997	0.996	0.987	0.988	0.980	0.983	0.974	0.981	0.992	0.992	0.985	0.983	0.984	0.988	0.978	0.974
FQHC & RHC	0.994	0.986	0.981	0.924	0.969	0.903	0.959	0.919	0.975	0.963	0.976	0.894	0.961	0.943	0.965	0.970	0.970	0.985	0.976

Region B	Families and Children											SSI Adult without Medicare						Other Base Period Ac	
	Infant - Age Under 1	Child - Age 1 to 5	Child - Age 6 to 12	Child - Age 13 to 18 Female	Child - Age 13 to 18 Male	Adult - Age 19 to 24 Female	Adult - Age 19 to 24 Male	Adult - Age 25 to 39 Female	Adult - Age 25 to 39 Male	Adult - Age 40 or Older Female	Adult - Age 40 or Older Male	Age 19 to 24 Female	Age 19 to 24 Male	Age 25 to 44 Female	Age 25 to 44 Male	Age 45 or Older Female	Age 45 or Older Male	Female	Male
	Home Health Care & Hospice	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Maternity	1.000	1.000	1.000	1.004	1.000	1.003	1.000	1.000	1.000	1.004	1.000	1.004	1.000	1.004	1.000	1.004	1.000	1.004	1.000
IP - Complex Newborn	1.004	1.000	1.000	1.004	1.000	1.004	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.004
IP - Medical/Surgical	1.004	1.004	1.003	1.001	1.000	1.000	1.004	1.000	0.997	1.003	1.000	1.003	1.004	1.004	1.001	1.004	1.003	1.001	0.997
IP - Normal Newborn	1.004	1.000	1.004	1.004	1.000	1.004	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.004	1.000
IP - Mental Health	1.004	1.004	1.004	1.004	1.002	1.000	1.004	0.999	0.983	0.978	1.004	0.961	1.004	1.004	1.003	1.004	1.004	1.004	0.995
IP - PRTF	1.000	1.000	1.004	1.004	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Other	1.004	1.004	1.004	1.004	1.004	1.004	1.000	0.991	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004
OP - Emergency Room	1.000	1.000	1.000	1.000	1.000	0.998	0.994	0.995	0.992	0.997	0.998	0.997	0.999	0.999	0.999	0.998	1.000	0.999	0.999
OP - Laboratory	1.000	0.999	0.999	0.999	0.998	0.997	0.980	0.993	0.987	0.995	0.998	0.998	1.000	0.999	0.999	1.000	1.000	0.998	0.988
OP - Radiology	1.000	1.000	1.000	1.000	1.000	0.999	0.994	0.998	0.997	1.000	0.998	0.998	1.000	1.000	1.000	1.000	1.000	1.000	1.000
OP - Surgery	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.998	0.996	0.997	0.997	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.999
OP - Mental Health	0.998	1.000	0.999	1.000	0.999	0.999	0.781	0.910	0.908	0.999	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000	0.999
OP - Other	1.000	0.998	0.998	0.998	0.998	0.998	0.986	0.996	0.997	0.998	0.997	0.999	1.000	0.999	1.000	1.000	1.000	0.999	0.998
Prof - Evaluation & Management	1.000	0.998	0.998	0.998	0.998	0.994	0.989	0.991	0.988	0.992	0.992	0.997	0.997	0.996	0.995	0.997	0.997	0.991	0.987
Prof - Maternity	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.996	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.979	1.000
Prof - Surgery	1.000	1.000	1.000	1.000	1.000	0.999	0.999	0.998	0.996	0.999	0.999	1.000	1.000	1.000	0.999	1.000	1.000	1.000	1.000
Prof - DME/Supplies & Prosthetics	1.000	0.999	0.999	0.999	0.998	0.978	0.967	0.977	0.983	0.980	0.988	0.997	0.997	0.995	0.996	0.996	0.997	0.985	0.985
Prof - Lab	1.000	0.992	0.992	0.996	0.994	0.995	0.991	0.991	0.988	0.992	0.992	0.999	0.999	0.999	0.999	0.999	0.999	0.986	0.977
Prof - Radiology	1.000	0.993	0.993	0.995	0.995	0.991	0.987	0.989	0.986	0.992	0.992	0.997	0.998	0.999	0.997	0.999	0.999	0.991	0.988
Prof - Transportation	1.000	1.000	1.000	0.999	1.000	0.998	1.000	0.987	0.980	0.998	0.997	0.991	0.999	0.999	1.000	0.999	1.000	0.999	1.000
Prof - Mental Health	1.000	1.000	1.000	1.000	0.998	0.984	0.966	0.981	0.965	0.983	0.977	0.988	0.996	0.981	0.976	0.975	0.967	0.985	0.975
Prof - Target Case Management	1.000	1.000	1.000	1.000	1.000	0.996	1.000	0.990	0.989	0.996	0.995	0.994	0.996	0.985	0.975	0.978	0.966	0.986	0.965
Prof - Other	1.000	1.000	1.000	1.000	1.000	0.999	0.998	0.995	0.993	0.997	0.996	0.997	0.999	0.999	1.000	0.999	1.000	0.999	0.999
Pharmacy - Non Hep C	1.000	0.999	0.999	0.998	0.999	0.997	0.998	0.994	0.993	0.996	0.997	1.000	1.000	0.999	0.999	1.000	0.999	0.997	0.999
Pharmacy - Hep C	1.000	1.000	2.300	2.300	2.300	2.300	2.300	2.283	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300
Dental	1.000	0.996	0.995	0.997	0.996	0.991	0.990	0.986	0.988	0.984	0.988	0.996	0.996	0.993	0.997	0.996	0.994	0.994	0.993
FQHC & RHC	0.967	0.986	0.990	0.944	0.982	0.749	0.977	0.834	0.974	0.951	0.973	0.856	0.980	0.933					

Kentucky Department for Me
Cabinet for Health and Family
Base Period Adjustments

Exhibit 2b
Confidential and Proprietary

Region A	Adjustments																			
	SSI Child			Foster Care				Former Foster Care Child				MAGI Adult								
	Age Under 1	Age 1 to 5	Age 6 to 18	Infant - Age Under 1	Age 1 to 5	Age 6 to 12	Age 13 or Older Female	Age 13 or Older Male	Age 18 through 20 Female	Age 18 through 20 Male	Age 21 through 25 Female	Age 21 through 25 Male	Age through 18 Female	Age through 18 Male	Age 19 through 24 Female	Age 19 through 24 Male	Age 25 through 39 Female	Age 25 through 39 Male	Age 40 or Older Female	Age 40 or Older Male
Home Health Care & Hospice	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999
IP - Maternity	1.000	1.000	1.004	1.000	1.000	1.000	1.004	1.000	1.004	1.000	1.004	1.000	1.000	1.004	1.000	1.004	1.000	0.997	1.000	1.004
IP - Complex Newborn	1.004	1.004	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.004	1.000	1.000
IP - Medical/Surgical	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	0.490	1.004	1.004	1.000	1.000	0.985	0.991	0.977	0.977	0.994	1.008
IP - Normal Newborn	1.004	1.000	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.004
IP - Mental Health	1.004	1.004	1.004	1.000	1.004	1.004	1.004	1.004	1.004	1.004	1.004	0.987	1.000	1.000	0.991	0.986	0.981	0.985	0.996	0.989
IP - PRTF	1.000	1.000	1.004	1.000	1.004	1.004	1.004	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Other	1.004	1.004	1.004	1.004	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.004	1.004	1.004	1.004	1.004	1.004
OP - Emergency Room	1.000	1.000	1.000	1.000	1.000	1.000	0.997	0.999	1.000	0.943	1.000	0.953	1.000	1.000	0.998	0.992	0.991	0.982	0.996	0.988
OP - Laboratory	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.876	0.967	1.000	0.940	0.961	0.993	0.959	0.970	0.983	0.992	
OP - Radiology	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.999	0.997	0.997	0.999	0.994	
OP - Surgery	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	0.999	0.996	0.992	0.998	0.996	
OP - Mental Health	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.994	0.999	0.957	0.977	0.999	0.989	
OP - Other	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.992	0.997	0.989	0.990	0.996	0.996	
Prof - Evaluation & Management	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.955	0.998	0.932	0.951	0.991	0.985	0.980	0.982	0.977	0.985	0.983
Prof - Maternity	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.994	1.000	0.994	1.000	1.000
Prof - Surgery	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.602	1.000	1.000	1.000	0.999	0.999	0.996	0.987	0.999	0.993	0.993
Prof - DME/Supplies & Prosthetics	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.970	0.989	0.971	1.000	1.000	0.984	0.986	0.982	0.986	0.986	0.985
Prof - Lab	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	1.000	0.927	0.999	0.973	1.000	0.979	0.977	0.974	0.976	0.968	0.976	0.973
Prof - Radiology	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.741	1.000	0.985	1.000	1.000	0.973	0.967	0.970	0.960	0.976	0.972
Prof - Transportation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.977	0.714	1.000	0.893	1.000	1.000	0.992	0.983	0.979	0.978	0.993	0.992	
Prof - Mental Health	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	1.000	0.984	0.914	1.000	1.000	0.969	0.974	0.964	0.960	0.970	0.977	
Prof - Target Case Management	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.964	1.000	1.000	1.000	0.992	0.987	0.973	0.968	0.985	0.975	
Prof - Other	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.998	0.829	0.993	0.931	1.000	0.989	0.991	0.990	0.981	0.998	0.993	
Pharmacy - Non Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.920	1.000	0.968	0.994	0.927	0.984	0.992	0.986	0.985	0.989	0.989
Pharmacy - Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	2.300	2.300	2.300	2.243	2.300	2.300	2.300
Dental	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.987	0.995	1.000	0.948	0.967	0.967	0.950	0.955	0.944	0.953	0.953
FQHC & RHC	0.928	0.991	0.970	1.000	0.997	0.986	0.943	0.993	0.785	1.000	0.856	0.977	1.000	1.000	0.898	0.952	0.917	0.943	0.955	0.953

Region B	Adjustments																			
	SSI Child			Foster Care				Former Foster Care Child				MAGI Adult								
	Age Under 1	Age 1 to 5	Age 6 to 18	Infant - Age Under 1	Age 1 to 5	Age 6 to 12	Age 13 or Older Female	Age 13 or Older Male	Age 18 through 20 Female	Age 18 through 20 Male	Age 21 through 25 Female	Age 21 through 25 Male	Age through 18 Female	Age through 18 Male	Age 19 through 24 Female	Age 19 through 24 Male	Age 25 through 39 Female	Age 25 through 39 Male	Age 40 or Older Female	Age 40 or Older Male
Home Health Care & Hospice	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.995	0.993	0.999	0.999
IP - Maternity	1.000	1.000	1.004	1.000	1.000	1.000	1.004	1.000	1.004	1.000	0.994	1.000	1.004	1.000	1.001	1.000	0.995	1.000	1.004	1.000
IP - Complex Newborn	1.004	1.000	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.004	1.000	1.004	1.000	1.000	1.004
IP - Medical/Surgical	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	0.928	1.004	1.004	1.004	1.000	1.000	0.992	0.993	0.984	0.974	0.997	0.993
IP - Normal Newborn	1.004	1.000	1.000	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.004	1.000	1.000	1.000	1.004	1.000	1.004	1.000	1.000	1.000
IP - Mental Health	1.000	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	1.004	0.968	1.004	1.000	1.000	0.997	0.978	0.968	0.977	0.998	0.976
IP - PRTF	1.000	1.000	1.004	1.000	1.000	1.004	1.004	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
IP - Other	1.004	1.004	1.004	1.004	1.004	1.000	1.000	1.000	1.004	1.000	1.000	1.000	1.000	1.004	1.004	1.004	1.004	0.984	1.004	0.999
OP - Emergency Room	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.999	0.997	0.994	0.997	0.991	1.000	1.000	0.997	0.992	0.990	0.985	0.995	0.988
OP - Laboratory	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.979	0.999	0.950	0.995	0.993	0.989	0.983	0.985	0.977	0.992	0.989
OP - Radiology	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	1.000	0.999	1.000	0.998	0.996	0.996	0.992	0.999	0.998	0.998
OP - Surgery	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.985	1.000	1.000	1.000	0.997	0.998	0.996	0.992	0.998	0.996	0.996
OP - Mental Health	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.995	0.995	0.989	0.987	0.945	0.996	0.996
OP - Other	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.989	0.998	1.000	1.000	1.000	0.989	0.992	0.988	0.990	0.993	0.993
Prof - Evaluation & Management	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	0.998	0.992	0.991	0.987	1.000	0.980	0.977	0.976	0.970	0.982	0.979	0.979
Prof - Maternity	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.990	1.000	1.000	0.999	1.000	0.993	1.000	1.000	1.000	1.000
Prof - Surgery	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.993	1.000	1.000	1.000	0.998	0.998	0.997	0.989	0.999	0.996	0.996
Prof - DME/Supplies & Prosthetics	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.996	1.000	0.972	0.959	0.976	1.000	0.968	0.975	0.962	0.974	0.979	0.980	0.980
Prof - Lab	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.997	1.000	0.660	1.000	0.973	0.970	0.970	0.970	0.963	0.974	0.970	0.970
Prof - Radiology	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.998	1.000	0.998	0.999	0.977	0.969	0.967	0.966	0.959	0.975	0.973	0.973
Prof - Transportation	1.000	1.000	1.000	1.000	1.000	1.000	0.998	1.000	1.000	1.000	0.996	1.000	1.000	0.995	0.994	0.984	0.984	0.995	0.986	0.986
Prof - Mental Health	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.924	0.974	0.981	1.000	1.000	0.960	0.952	0.958	0.939	0.977	0.942	0.942
Prof - Target Case Management	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.959	1.000	0.959	1.000	1.000	0.985	0.979	0.982	0.966	0.991	0.964
Prof - Other	1.000	1.000	1.000	1.000	1.000	1.000	0.995	0.989	0.982	0.993	0.993	1.000	1.000	0.996	0.985	0.988	0.981	0.997	0.993	0.993
Pharmacy - Non Hep C	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.994	0.985	0.979	0.986	0.991	0.984	0.987	0.988	0.988	0.988
Pharmacy - Hep C	1.000	1.000	2.300	1.000	1.000	2.300	2.300	1.000	1.000</											

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	TANF Child					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	2.9%	3.9%	1.055	1.075	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Medical/Surgical	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Normal Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Mental Health	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - PRTF	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Other	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
OP - Emergency Room	3.4%	4.4%	1.065	1.084	0.0%	0.0%
OP - Laboratory	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Radiology	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Surgery	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Mental Health	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Other	0.9%	1.9%	1.017	1.036	0.0%	0.0%
Prof - Evaluation & Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Maternity	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Surgery	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Lab	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Radiology	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Transportation	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Mental Health	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Target Case Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Other	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Pharmacy - Non Hep C	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	0.2%	1.2%	1.005	1.023	0.0%	0.0%
FQHC & RHC	4.3%	5.3%	1.082	1.102	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	TANF Adult					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	2.9%	3.9%	1.055	1.075	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Medical/Surgical	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Normal Newborn	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Mental Health	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - PRTF	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
IP - Other	-2.3%	-1.3%	0.957	0.976	0.0%	0.0%
OP - Emergency Room	3.4%	4.4%	1.065	1.084	0.0%	0.0%
OP - Laboratory	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Radiology	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Surgery	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Mental Health	0.9%	1.9%	1.017	1.036	0.0%	0.0%
OP - Other	0.9%	1.9%	1.017	1.036	0.0%	0.0%
Prof - Evaluation & Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Maternity	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Surgery	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Lab	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Radiology	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Transportation	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Mental Health	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Target Case Management	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Prof - Other	4.3%	5.3%	1.082	1.102	0.0%	0.0%
Pharmacy - Non Hep C	5.7%	6.7%	1.110	1.129	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	0.2%	1.2%	1.005	1.023	0.0%	0.0%
FQHC & RHC	4.3%	5.3%	1.082	1.102	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	SSI Adult without Medicare					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	1.3%	2.3%	1.024	1.043	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	1.0%	2.0%	1.018	1.037	0.0%	0.0%
IP - Medical/Surgical	1.0%	2.0%	1.018	1.037	0.0%	0.0%
IP - Normal Newborn	1.0%	2.0%	1.018	1.037	0.0%	0.0%
IP - Mental Health	1.0%	2.0%	1.018	1.037	0.0%	0.0%
IP - PRTF	1.0%	2.0%	1.018	1.037	0.0%	0.0%
IP - Other	1.0%	2.0%	1.018	1.037	0.0%	0.0%
OP - Emergency Room	7.4%	8.4%	1.144	1.164	0.0%	0.0%
OP - Laboratory	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Radiology	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Surgery	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Mental Health	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Other	6.6%	7.6%	1.128	1.148	0.0%	0.0%
Prof - Evaluation & Management	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Maternity	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Surgery	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Lab	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Radiology	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Transportation	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Mental Health	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Target Case Management	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Other	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Pharmacy - Non Hep C	7.5%	8.5%	1.145	1.165	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-1.8%	-0.8%	0.966	0.985	0.0%	0.0%
FQHC & RHC	5.0%	6.0%	1.096	1.116	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	Dual Eligible					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	1.3%	2.3%	1.024	1.043	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Medical/Surgical	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Normal Newborn	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Mental Health	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - PRTF	0.9%	1.9%	1.018	1.037	0.0%	0.0%
IP - Other	0.9%	1.9%	1.018	1.037	0.0%	0.0%
OP - Emergency Room	7.4%	8.4%	1.144	1.164	0.0%	0.0%
OP - Laboratory	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Radiology	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Surgery	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Mental Health	6.6%	7.6%	1.128	1.148	0.0%	0.0%
OP - Other	6.6%	7.6%	1.128	1.148	0.0%	0.0%
Prof - Evaluation & Management	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Maternity	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Surgery	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Lab	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Radiology	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Transportation	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Mental Health	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Target Case Management	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Prof - Other	5.0%	6.0%	1.096	1.116	0.0%	0.0%
Pharmacy - Non Hep C	7.5%	8.5%	1.145	1.165	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-1.8%	-0.8%	0.966	0.985	0.0%	0.0%
FQHC & RHC	5.0%	6.0%	1.096	1.116	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	SSI Child					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	1.2%	2.2%	1.023	1.042	0.0%	0.0%
IP - Medical/Surgical	1.2%	2.2%	1.023	1.042	0.0%	0.0%
IP - Normal Newborn	1.2%	2.2%	1.023	1.042	0.0%	0.0%
IP - Mental Health	1.2%	2.2%	1.023	1.042	0.0%	0.0%
IP - PRTF	1.2%	2.2%	1.023	1.042	0.0%	0.0%
IP - Other	1.2%	2.2%	1.023	1.042	0.0%	0.0%
OP - Emergency Room	-0.5%	0.5%	0.991	1.010	0.0%	0.0%
OP - Laboratory	1.8%	2.8%	1.035	1.054	0.0%	0.0%
OP - Radiology	1.8%	2.8%	1.035	1.054	0.0%	0.0%
OP - Surgery	1.8%	2.8%	1.035	1.054	0.0%	0.0%
OP - Mental Health	1.8%	2.8%	1.035	1.054	0.0%	0.0%
OP - Other	1.8%	2.8%	1.035	1.054	0.0%	0.0%
Prof - Evaluation & Management	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Maternity	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Surgery	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Lab	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Radiology	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Transportation	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Mental Health	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Target Case Management	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Other	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Non Hep C	6.4%	7.4%	1.123	1.143	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-2.6%	-1.6%	0.952	0.971	0.0%	0.0%
FQHC & RHC	-0.5%	0.5%	0.991	1.009	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	Foster Care					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	2.2%	3.2%	1.042	1.061	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Medical/Surgical	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Normal Newborn	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Mental Health	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - PRTF	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
IP - Other	-1.4%	-0.4%	0.974	0.993	0.0%	0.0%
OP - Emergency Room	0.2%	1.2%	1.003	1.022	0.0%	0.0%
OP - Laboratory	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Radiology	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Surgery	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Mental Health	4.0%	5.0%	1.077	1.097	0.0%	0.0%
OP - Other	4.0%	5.0%	1.077	1.097	0.0%	0.0%
Prof - Evaluation & Management	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Maternity	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Surgery	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Lab	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Radiology	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Transportation	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Mental Health	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Target Case Management	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Other	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Non Hep C	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-1.6%	-0.6%	0.971	0.990	0.0%	0.0%
FQHC & RHC	-0.5%	0.5%	0.991	1.009	0.0%	0.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends**

**Exhibit 3
Confidential and Proprietary**

All Regions	Former Foster Care Child					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	4.5%	5.5%	1.086	1.105	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-2.6%	-1.6%	0.952	0.970	0.0%	0.0%
IP - Medical/Surgical	-2.6%	-1.6%	0.952	0.970	0.0%	0.0%
IP - Normal Newborn	-2.6%	-1.6%	0.952	0.970	0.0%	0.0%
IP - Mental Health	-2.6%	-1.6%	0.952	0.970	0.0%	0.0%
IP - PRTF	-2.6%	-1.6%	0.952	0.970	0.0%	0.0%
IP - Other	-2.6%	-1.6%	0.952	0.970	0.0%	0.0%
OP - Emergency Room	2.4%	3.4%	1.046	1.065	0.0%	0.0%
OP - Laboratory	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Radiology	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Surgery	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Mental Health	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Other	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Evaluation & Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Maternity	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Surgery	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Lab	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Radiology	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Transportation	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Mental Health	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Target Case Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Other	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Pharmacy - Non Hep C	8.5%	9.5%	1.165	1.186	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-2.7%	-1.7%	0.950	0.969	0.0%	0.0%
FQHC & RHC	5.2%	6.2%	1.100	1.120	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Projected Trends

Exhibit 3
Confidential and Proprietary

All Regions	MAGI Adult					
	Annual PMPM Trend		Total PMPM Trend Factor		Managed Care and Other Adjustment	
	min	max	min	max	Min	Max
Home Health Care & Hospice	4.5%	5.5%	1.086	1.105	0.0%	0.0%
IP - Maternity	0.0%	0.0%	1.000	1.000	0.0%	0.0%
IP - Complex Newborn	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Medical/Surgical	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Normal Newborn	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Mental Health	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - PRTF	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
IP - Other	-1.8%	-0.8%	0.967	0.986	0.0%	0.0%
OP - Emergency Room	2.4%	3.4%	1.046	1.065	0.0%	0.0%
OP - Laboratory	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Radiology	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Surgery	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Mental Health	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
OP - Other	-0.5%	0.5%	0.991	1.009	0.0%	0.0%
Prof - Evaluation & Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Maternity	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Surgery	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - DME/Supplies & Prosthetics	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Lab	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Radiology	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Transportation	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Mental Health	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Target Case Management	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Prof - Other	5.2%	6.2%	1.100	1.120	0.0%	0.0%
Pharmacy - Non Hep C	8.5%	9.5%	1.165	1.186	0.0%	0.0%
Pharmacy - Hep C	-8.0%	-8.0%	0.855	0.855	0.0%	0.0%
Dental	-2.7%	-1.7%	0.950	0.969	0.0%	0.0%
FQHC & RHC	5.2%	6.2%	1.100	1.120	0.0%	0.0%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base to Projection Period Benefit Adjustments

Exhibit 4
Confidential and Proprietary

Table with 20 columns for Region A and 19 sub-columns for benefit adjustment categories: SSI Child, Foster Care, Former Foster Care Child, and MAGI Adult. Rows include Home Health Care & Hospice, IP - Maternity, IP - Complex Newborn, etc.

Table with 20 columns for Region B and 19 sub-columns for benefit adjustment categories: SSI Child, Foster Care, Former Foster Care Child, and MAGI Adult. Rows include Home Health Care & Hospice, IP - Maternity, IP - Complex Newborn, etc.

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development
Projected Non-Benefit Expenses

Exhibit 5
Confidential and Proprietary

All Regions	Low End	High End
General Admin PMPM - Statewide	\$37.68	\$41.26
TANF Adults	\$49.44	\$54.13
TANF Children	\$19.41	\$21.25
SSI Adult without Medicare	\$101.71	\$111.36
Dual Eligible	\$15.59	\$17.07
SSI Child	\$70.76	\$77.47
Foster Care	\$37.43	\$40.98
ACA Expansion	\$45.12	\$49.40
Care Coordination %	0.00%	0.00%
Risk/Profit Margin	1.00%	1.00%
Premium Assessment	1.00%	1.00%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Infant (age under 1)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			109,837				132,975				132,975
Home Health Care & Hospice	53	434.77	1.93	1.055	1.000	0.0%	2.04	1.075	1.000	0.0%	2.07
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	2,040	2,484.45	422.44	0.974	1.015	0.0%	417.75	0.993	1.015	0.0%	425.73
IP - Medical/Surgical	427	2,362.55	84.02	0.974	1.015	0.0%	83.09	0.993	1.015	0.0%	84.68
IP - Normal Newborn	1,027	1,000.03	85.58	0.974	1.015	0.0%	84.63	0.993	1.015	0.0%	86.25
IP - Mental Health	0	1,739.41	0.04	0.974	1.015	0.0%	0.04	0.993	1.015	0.0%	0.04
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	3	2,020.05	0.58	0.974	1.015	0.0%	0.58	0.993	1.015	0.0%	0.59
Subtotal - Inpatient	3,498	2,033.24	592.66				586.08				597.28
OP - Emergency Room	1,394	253.11	29.40	1.065	1.000	0.0%	31.31	1.084	1.000	0.0%	31.88
OP - Laboratory	305	43.49	1.11	1.017	1.000	0.0%	1.13	1.036	1.000	0.0%	1.15
OP - Radiology	193	176.04	2.83	1.017	1.000	0.0%	2.88	1.036	1.000	0.0%	2.93
OP - Surgery	71	1,106.28	6.53	1.017	1.000	0.0%	6.64	1.036	1.000	0.0%	6.77
OP - Mental Health	0	(25.58)	(0.00)	1.017	1.000	0.0%	(0.00)	1.036	1.000	0.0%	(0.00)
OP - Other	126	356.79	3.75	1.017	1.000	0.0%	3.81	1.036	1.000	0.0%	3.88
Subtotal - Outpatient	2,090	250.52	43.62				45.77				46.61
Prof - Evaluation & Management	19,781	43.47	71.66	1.082	1.000	0.0%	77.54	1.102	1.000	0.0%	78.94
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	941	132.22	10.37	1.082	1.000	0.0%	11.22	1.102	1.000	0.0%	11.42
Prof - DME/Supplies & Prosthetics	517	48.78	2.10	1.082	1.000	0.0%	2.28	1.102	1.000	0.0%	2.32
Prof - Lab	2,624	15.12	3.30	1.082	1.000	0.0%	3.58	1.102	1.000	0.0%	3.64
Prof - Radiology	1,276	22.82	2.43	1.082	1.000	0.0%	2.63	1.102	1.000	0.0%	2.67
Prof - Transportation	282	88.02	2.07	1.082	1.000	0.0%	2.24	1.102	1.000	0.0%	2.28
Prof - Mental Health	3	56.45	0.01	1.082	1.000	0.0%	0.01	1.102	1.000	0.0%	0.01
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	9,057	90.11	68.01	1.082	1.001	0.0%	73.66	1.102	1.001	0.0%	74.99
Subtotal - Professional	34,481	55.67	159.95				173.15				176.28
Pharmacy - Non Hep C	5,650	27.02	12.72	0.991	1.093	0.0%	13.78	1.009	1.091	0.0%	14.02
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	151	30.49	0.38	1.005	1.000	0.0%	0.39	1.023	1.000	0.0%	0.39
FQHC & RHC	2,410	31.63	6.35	1.082	1.000	0.0%	6.88	1.102	1.000	0.0%	7.00
Subtotal - Other Services	8,212	28.44	19.46				21.04				21.41
Total			\$ 817.63				\$ 828.07				\$ 843.65
General Admin PMPM						8.4%	\$76.97			9.0%	\$84.31
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 923.41				\$ 946.80

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Child (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			481,346				586,980				586,980
Home Health Care & Hospice	142	195.35	2.31	1.055	1.000	0.0%	2.44	1.075	1.000	0.0%	2.48
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	62	2,696.11	13.87	0.974	1.016	0.0%	13.74	0.993	1.016	0.0%	14.00
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	6	1,156.25	0.62	0.974	1.015	0.0%	0.62	0.993	1.015	0.0%	0.63
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	0	1,488.12	0.03	0.974	1.015	0.0%	0.03	0.993	1.015	0.0%	0.03
Subtotal - Inpatient	68	2,545.80	14.53				14.39				14.66
OP - Emergency Room	816	243.52	16.56	1.065	1.000	0.0%	17.63	1.084	1.000	0.0%	17.95
OP - Laboratory	110	55.82	0.51	1.017	1.001	0.0%	0.52	1.036	1.001	0.0%	0.53
OP - Radiology	58	204.46	0.99	1.017	1.000	0.0%	1.01	1.036	1.000	0.0%	1.03
OP - Surgery	62	1,312.83	6.81	1.017	1.000	0.0%	6.92	1.036	1.000	0.0%	7.05
OP - Mental Health	-	-	-	1.017	1.000	0.0%	-	1.036	1.000	0.0%	-
OP - Other	64	338.08	1.81	1.017	1.001	0.0%	1.84	1.036	1.001	0.0%	1.87
Subtotal - Outpatient	1,111	288.22	26.68				27.92				28.44
Prof - Evaluation & Management	6,929	47.85	27.63	1.082	1.002	0.0%	29.94	1.102	1.002	0.0%	30.48
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	400	221.05	7.37	1.082	1.000	0.0%	7.97	1.102	1.000	0.0%	8.12
Prof - DME/Supplies & Prosthetics	405	51.34	1.73	1.082	1.002	0.0%	1.88	1.102	1.002	0.0%	1.91
Prof - Lab	2,512	14.59	3.05	1.082	1.008	0.0%	3.33	1.102	1.008	0.0%	3.39
Prof - Radiology	382	21.56	0.69	1.082	1.006	0.0%	0.75	1.102	1.006	0.0%	0.76
Prof - Transportation	83	72.57	0.50	1.082	1.000	0.0%	0.54	1.102	1.000	0.0%	0.55
Prof - Mental Health	527	93.42	4.10	1.082	1.000	0.0%	4.44	1.102	1.000	0.0%	4.52
Prof - Target Case Management	33	336.31	0.92	1.082	1.000	0.0%	1.00	1.102	1.000	0.0%	1.02
Prof - Other	1,996	78.53	13.06	1.082	1.011	0.0%	14.29	1.102	1.011	0.0%	14.55
Subtotal - Professional	13,267	53.42	59.06				64.14				65.30
Pharmacy - Non Hep C	5,156	32.68	14.04	0.991	1.067	0.0%	14.84	1.009	1.066	0.0%	15.11
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	3,737	35.03	10.91	1.005	1.006	0.0%	11.03	1.023	1.006	0.0%	11.23
FQHC & RHC	893	31.07	2.31	1.082	1.002	0.0%	2.51	1.102	1.002	0.0%	2.55
Subtotal - Other Services	9,786	33.43	27.26				28.37				28.89
Total			\$ 129.84				\$ 137.27				\$ 139.78
General Admin PMPM						8.4%	\$12.76			9.0%	\$13.97
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 153.07				\$ 156.87

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Child (age 6-12)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			619,475				765,495				765,495
Home Health Care & Hospice	386	105.42	3.39	1.055	1.000	0.0%	3.58	1.075	1.000	0.0%	3.64
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	18,762.97	0.04	0.974	1.014	0.0%	0.04	0.993	1.014	0.0%	0.04
IP - Medical/Surgical	29	3,048.46	7.43	0.974	1.020	0.0%	7.39	0.993	1.020	0.0%	7.53
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	67	1,230.42	6.88	0.974	1.015	0.0%	6.80	0.993	1.015	0.0%	6.93
IP - PRTF	32	482.08	1.28	0.974	1.015	0.0%	1.27	0.993	1.015	0.0%	1.29
IP - Other	0	3,505.61	0.01	0.974	1.014	0.0%	0.01	0.993	1.014	0.0%	0.01
Subtotal - Inpatient	128	1,461.96	15.63				15.50				15.79
OP - Emergency Room	447	279.06	10.41	1.065	1.000	0.0%	11.08	1.084	1.000	0.0%	11.28
OP - Laboratory	92	71.22	0.54	1.017	0.999	0.0%	0.55	1.036	0.999	0.0%	0.56
OP - Radiology	76	296.74	1.88	1.017	1.000	0.0%	1.91	1.036	1.000	0.0%	1.95
OP - Surgery	28	1,612.74	3.76	1.017	1.000	0.0%	3.82	1.036	1.000	0.0%	3.89
OP - Mental Health	1	2,012.41	0.22	1.017	1.000	0.0%	0.22	1.036	1.000	0.0%	0.23
OP - Other	48	598.70	2.42	1.017	1.001	0.0%	2.46	1.036	1.001	0.0%	2.50
Subtotal - Outpatient	693	333.00	19.22				20.05				20.42
Prof - Evaluation & Management	6,183	46.33	23.87	1.082	1.002	0.0%	25.89	1.102	1.002	0.0%	26.35
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	261	175.81	3.82	1.082	1.000	0.0%	4.13	1.102	1.000	0.0%	4.21
Prof - DME/Supplies & Prosthetics	658	37.02	2.03	1.082	1.002	0.0%	2.20	1.102	1.002	0.0%	2.24
Prof - Lab	2,113	14.05	2.47	1.082	1.009	0.0%	2.70	1.102	1.009	0.0%	2.75
Prof - Radiology	443	22.77	0.84	1.082	1.006	0.0%	0.92	1.102	1.006	0.0%	0.93
Prof - Transportation	46	76.87	0.29	1.082	1.000	0.0%	0.32	1.102	1.000	0.0%	0.32
Prof - Mental Health	3,234	92.70	24.99	1.082	1.000	0.0%	27.04	1.102	1.000	0.0%	27.53
Prof - Target Case Management	225	337.64	6.34	1.082	1.000	0.0%	6.86	1.102	1.000	0.0%	6.98
Prof - Other	1,555	53.54	6.94	1.082	1.014	0.0%	7.61	1.102	1.014	0.0%	7.75
Subtotal - Professional	14,718	58.37	71.59				77.66				79.07
Pharmacy - Non Hep C	5,862	61.60	30.09	0.991	1.035	0.0%	30.85	1.009	1.034	0.0%	31.42
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	5,480	39.89	18.22	1.005	1.006	0.0%	18.40	1.023	1.006	0.0%	18.75
FQHC & RHC	817	32.34	2.20	1.082	1.004	0.0%	2.39	1.102	1.004	0.0%	2.44
Subtotal - Other Services	12,159	49.85	50.51				51.64				52.60
Total		\$ 160.35					\$ 168.43				\$ 171.52
General Admin PMPM						8.4%	\$15.66			9.0%	\$17.14
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 187.83				\$ 192.49

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Child (age 13-18)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			219,239				274,470				274,470
Home Health Care & Hospice	562	88.41	4.14	1.055	1.000	0.0%	4.37	1.075	1.000	0.0%	4.45
IP - Maternity	101	815.06	6.85	1.000	1.015	0.0%	6.95	1.000	1.015	0.0%	6.95
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	56	3,051.20	14.21	0.974	1.021	0.0%	14.13	0.993	1.021	0.0%	14.41
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	225	1,064.99	19.94	0.974	1.015	0.0%	19.72	0.993	1.015	0.0%	20.10
IP - PRTF	26	319.33	0.69	0.974	1.015	0.0%	0.68	0.993	1.015	0.0%	0.69
IP - Other	0	2,681.92	0.03	0.974	1.015	0.0%	0.03	0.993	1.015	0.0%	0.03
Subtotal - Inpatient	407	1,228.83	41.72				41.52				42.18
OP - Emergency Room	700	366.19	21.37	1.065	1.000	0.0%	22.76	1.084	1.000	0.0%	23.18
OP - Laboratory	181	155.04	2.34	1.017	0.999	0.0%	2.38	1.036	0.999	0.0%	2.42
OP - Radiology	153	329.25	4.20	1.017	1.000	0.0%	4.27	1.036	1.000	0.0%	4.35
OP - Surgery	53	1,753.66	7.76	1.017	1.000	0.0%	7.89	1.036	1.000	0.0%	8.03
OP - Mental Health	2	1,930.24	0.37	1.017	1.000	0.0%	0.38	1.036	1.000	0.0%	0.38
OP - Other	91	554.66	4.22	1.017	1.001	0.0%	4.29	1.036	1.001	0.0%	4.37
Subtotal - Outpatient	1,181	408.95	40.26				41.97				42.74
Prof - Evaluation & Management	7,239	48.30	29.13	1.082	1.002	0.0%	31.59	1.102	1.002	0.0%	32.16
Prof - Maternity	245	157.86	3.22	1.082	1.000	0.0%	3.48	1.102	1.000	0.0%	3.55
Prof - Surgery	371	127.08	3.93	1.082	1.000	0.0%	4.25	1.102	1.000	0.0%	4.33
Prof - DME/Supplies & Prosthetics	908	40.06	3.03	1.082	1.002	0.0%	3.29	1.102	1.002	0.0%	3.35
Prof - Lab	4,296	17.63	6.31	1.082	1.005	0.0%	6.86	1.102	1.005	0.0%	6.99
Prof - Radiology	822	31.22	2.14	1.082	1.005	0.0%	2.33	1.102	1.005	0.0%	2.37
Prof - Transportation	160	70.49	0.94	1.082	1.000	0.0%	1.02	1.102	1.000	0.0%	1.04
Prof - Mental Health	2,940	96.03	23.53	1.082	1.002	0.0%	25.52	1.102	1.002	0.0%	25.98
Prof - Target Case Management	180	338.46	5.07	1.082	1.000	0.0%	5.49	1.102	1.000	0.0%	5.59
Prof - Other	2,788	57.26	13.30	1.082	1.011	0.0%	14.56	1.102	1.011	0.0%	14.82
Subtotal - Professional	19,949	54.50	90.61				98.39				100.17
Pharmacy - Non Hep C	8,215	51.33	35.13	0.991	1.042	0.0%	36.26	1.009	1.041	0.0%	36.92
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,426	64.94	23.95	1.005	1.004	0.0%	24.15	1.023	1.004	0.0%	24.60
FQHC & RHC	1,128	34.58	3.25	1.082	1.003	0.0%	3.53	1.102	1.003	0.0%	3.59
Subtotal - Other Services	13,769	54.33	62.34				63.93				65.11
Total		\$ 239.07					\$ 250.18				\$ 254.65
General Admin PMPM						8.4%	\$23.25			9.0%	\$25.45
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 278.98				\$ 285.79

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Child (age 13-18)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			209,044				263,595				263,595
Home Health Care & Hospice	396	288.26	9.52	1.055	1.000	0.0%	10.04	1.075	1.000	0.0%	10.23
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	48	3,084.98	12.30	0.974	1.017	0.0%	12.19	0.993	1.017	0.0%	12.42
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	130	1,191.36	12.90	0.974	1.015	0.0%	12.75	0.993	1.015	0.0%	13.00
IP - PRTF	26	585.50	1.29	0.974	1.015	0.0%	1.27	0.993	1.015	0.0%	1.30
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	204	1,556.62	26.48				26.21				26.71
OP - Emergency Room	444	360.53	13.34	1.065	1.000	0.0%	14.21	1.084	1.000	0.0%	14.47
OP - Laboratory	86	116.28	0.83	1.017	0.998	0.0%	0.84	1.036	0.998	0.0%	0.86
OP - Radiology	108	454.79	4.10	1.017	1.000	0.0%	4.17	1.036	1.000	0.0%	4.25
OP - Surgery	36	2,612.92	7.75	1.017	1.000	0.0%	7.88	1.036	1.000	0.0%	8.03
OP - Mental Health	2	1,684.76	0.27	1.017	1.000	0.0%	0.28	1.036	1.000	0.0%	0.28
OP - Other	61	635.18	3.22	1.017	1.000	0.0%	3.27	1.036	1.000	0.0%	3.33
Subtotal - Outpatient	737	480.91	29.52				30.66				31.22
Prof - Evaluation & Management	5,340	45.79	20.38	1.082	1.002	0.0%	22.10	1.102	1.002	0.0%	22.50
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	307	153.08	3.91	1.082	1.000	0.0%	4.23	1.102	1.000	0.0%	4.31
Prof - DME/Supplies & Prosthetics	676	43.07	2.43	1.082	1.002	0.0%	2.63	1.102	1.002	0.0%	2.68
Prof - Lab	1,842	16.18	2.48	1.082	1.007	0.0%	2.70	1.102	1.007	0.0%	2.75
Prof - Radiology	704	26.33	1.54	1.082	1.005	0.0%	1.68	1.102	1.005	0.0%	1.71
Prof - Transportation	92	86.72	0.67	1.082	1.000	0.0%	0.72	1.102	1.000	0.0%	0.74
Prof - Mental Health	2,152	114.73	20.58	1.082	1.008	0.0%	22.44	1.102	1.008	0.0%	22.85
Prof - Target Case Management	149	336.94	4.18	1.082	1.000	0.0%	4.52	1.102	1.000	0.0%	4.61
Prof - Other	1,823	53.63	8.15	1.082	1.015	0.0%	8.95	1.102	1.015	0.0%	9.11
Subtotal - Professional	13,085	58.98	64.32				69.99				71.25
Pharmacy - Non Hep C	5,450	91.15	41.39	0.991	1.024	0.0%	41.98	1.009	1.023	0.0%	42.75
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	3,835	65.24	20.85	1.005	1.004	0.0%	21.02	1.023	1.004	0.0%	21.42
FQHC & RHC	653	34.12	1.86	1.082	1.004	0.0%	2.02	1.102	1.004	0.0%	2.05
Subtotal - Other Services	9,937	77.40	64.10				65.02				66.23
Total		\$ 193.93					\$ 201.92				\$ 205.64
General Admin PMPM						8.4%	\$18.77			9.0%	\$20.55
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 225.17				\$ 230.79

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Adult (age 19-24)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			59,363				70,425				70,425
Home Health Care & Hospice	156	213.38	2.77	1.055	1.000	0.0%	2.92	1.075	1.000	0.0%	2.97
IP - Maternity	2,054	825.48	141.29	1.000	1.015	0.0%	143.37	1.000	1.015	0.0%	143.37
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	64	3,495.29	18.60	0.957	1.015	0.0%	18.07	0.976	1.015	0.0%	18.41
IP - Normal Newborn	0	898.82	0.02	0.957	1.014	0.0%	0.02	0.976	1.014	0.0%	0.02
IP - Mental Health	35	1,522.65	4.40	0.957	1.015	0.0%	4.27	0.976	1.015	0.0%	4.36
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	4	1,430.78	0.53	0.957	1.015	0.0%	0.52	0.976	1.015	0.0%	0.53
Subtotal - Inpatient	2,157	916.97	164.84				166.25				166.69
OP - Emergency Room	1,399	411.50	47.97	1.065	1.000	0.0%	51.08	1.084	1.000	0.0%	52.01
OP - Laboratory	282	235.23	5.53	1.017	0.963	0.0%	5.42	1.036	0.963	0.0%	5.52
OP - Radiology	179	301.86	4.49	1.017	1.000	0.0%	4.57	1.036	1.000	0.0%	4.65
OP - Surgery	181	1,015.41	15.30	1.017	1.000	0.0%	15.56	1.036	1.000	0.0%	15.85
OP - Mental Health	3	1,343.66	0.36	1.017	1.000	0.0%	0.36	1.036	1.000	0.0%	0.37
OP - Other	341	407.86	11.57	1.017	1.000	0.0%	11.76	1.036	1.000	0.0%	11.98
Subtotal - Outpatient	2,384	428.95	85.23				88.75				90.39
Prof - Evaluation & Management	8,958	49.82	37.19	1.082	1.000	0.0%	40.25	1.102	1.000	0.0%	40.97
Prof - Maternity	3,993	178.35	59.35	1.082	1.000	0.0%	64.22	1.102	1.000	0.0%	65.38
Prof - Surgery	885	78.73	5.81	1.082	1.000	0.0%	6.28	1.102	1.000	0.0%	6.40
Prof - DME/Supplies & Prosthetics	622	116.14	6.02	1.082	1.000	0.0%	6.52	1.102	1.000	0.0%	6.64
Prof - Lab	10,487	19.19	16.77	1.082	1.000	0.0%	18.15	1.102	1.000	0.0%	18.48
Prof - Radiology	991	37.16	3.07	1.082	1.000	0.0%	3.32	1.102	1.000	0.0%	3.38
Prof - Transportation	414	58.30	2.01	1.082	1.000	0.0%	2.18	1.102	1.000	0.0%	2.22
Prof - Mental Health	1,340	122.97	13.73	1.082	1.032	0.0%	15.33	1.102	1.032	0.0%	15.61
Prof - Target Case Management	31	334.24	0.87	1.082	1.000	0.0%	0.94	1.102	1.000	0.0%	0.96
Prof - Other	5,085	82.01	34.75	1.082	1.003	0.0%	37.72	1.102	1.003	0.0%	38.40
Subtotal - Professional	32,808	65.68	179.58				194.91				198.43
Pharmacy - Non Hep C	9,271	33.63	25.98	1.110	1.057	0.0%	30.49	1.129	1.057	0.0%	31.00
Pharmacy - Hep C	3	13,012.80	3.03	0.855	1.000	0.0%	2.59	0.855	1.000	0.0%	2.59
Dental	2,249	53.70	10.06	1.005	1.000	0.0%	10.11	1.023	1.000	0.0%	10.30
FQHC & RHC	1,491	31.44	3.91	1.082	1.000	0.0%	4.23	1.102	1.000	0.0%	4.30
Subtotal - Other Services	13,013	39.63	42.98				47.41				48.19
Total			\$ 475.39				\$ 500.23				\$ 506.67
General Admin PMPM						9.0%	\$49.75			9.6%	\$54.31
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 561.15				\$ 572.36

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Adult (age 19-24)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			3,689				4,365				4,365
Home Health Care & Hospice	64	22.64	0.12	1.055	1.000	0.0%	0.13	1.075	1.000	0.0%	0.13
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	53	5,064.85	22.38	0.957	1.015	0.0%	21.74	0.976	1.015	0.0%	22.16
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	84	1,246.00	8.68	0.957	1.015	0.0%	8.43	0.976	1.015	0.0%	8.60
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
Subtotal - Inpatient	137	2,728.10	31.06				30.18				30.76
OP - Emergency Room	950	477.18	37.79	1.065	1.000	0.0%	40.24	1.084	1.000	0.0%	40.98
OP - Laboratory	70	81.92	0.48	1.017	0.686	0.0%	0.34	1.036	0.686	0.0%	0.34
OP - Radiology	75	238.69	1.49	1.017	1.000	0.0%	1.51	1.036	1.000	0.0%	1.54
OP - Surgery	30	2,618.10	6.45	1.017	1.000	0.0%	6.55	1.036	1.000	0.0%	6.68
OP - Mental Health	11	1,281.64	1.20	1.017	1.000	0.0%	1.22	1.036	1.000	0.0%	1.24
OP - Other	30	818.68	2.03	1.017	1.000	0.0%	2.06	1.036	1.000	0.0%	2.10
Subtotal - Outpatient	1,166	508.76	49.43				51.92				52.87
Prof - Evaluation & Management	2,623	39.98	8.74	1.082	1.000	0.0%	9.45	1.102	1.000	0.0%	9.63
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	325	145.44	3.94	1.082	1.000	0.0%	4.26	1.102	1.000	0.0%	4.34
Prof - DME/Supplies & Prosthetics	196	55.86	0.91	1.082	1.000	0.0%	0.99	1.102	1.000	0.0%	1.00
Prof - Lab	1,231	22.30	2.29	1.082	1.000	0.0%	2.48	1.102	1.000	0.0%	2.52
Prof - Radiology	916	30.47	2.33	1.082	1.000	0.0%	2.52	1.102	1.000	0.0%	2.56
Prof - Transportation	253	117.31	2.47	1.082	1.000	0.0%	2.68	1.102	1.000	0.0%	2.72
Prof - Mental Health	949	156.41	12.37	1.082	1.048	0.0%	14.02	1.102	1.048	0.0%	14.28
Prof - Target Case Management	12	334.00	0.34	1.082	1.000	0.0%	0.36	1.102	1.000	0.0%	0.37
Prof - Other	1,777	72.99	10.81	1.082	1.006	0.0%	11.77	1.102	1.006	0.0%	11.98
Subtotal - Professional	8,282	64.03	44.19				48.53				49.41
Pharmacy - Non Hep C	4,323	55.41	19.96	1.110	1.035	0.0%	22.92	1.129	1.034	0.0%	23.32
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,797	54.35	8.14	1.005	1.000	0.0%	8.18	1.023	1.000	0.0%	8.33
FQHC & RHC	426	32.94	1.17	1.082	1.000	0.0%	1.27	1.102	1.000	0.0%	1.29
Subtotal - Other Services	6,547	53.66	29.27				32.36				32.94
Total		\$ 154.07					\$ 163.12				\$ 166.11
General Admin PMPM						9.0%	\$16.22			9.6%	\$17.80
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 182.99				\$ 187.65

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Adult (age 25-39)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			189,933				241,575				241,575
Home Health Care & Hospice	395	76.89	2.53	1.055	1.000	0.0%	2.67	1.075	1.000	0.0%	2.72
IP - Maternity	989	901.30	74.28	1.000	1.015	0.0%	75.37	1.000	1.015	0.0%	75.37
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	182	2,915.51	44.26	0.957	1.015	0.0%	43.00	0.976	1.015	0.0%	43.83
IP - Normal Newborn	0	491.66	0.01	0.957	1.015	0.0%	0.01	0.976	1.015	0.0%	0.01
IP - Mental Health	60	1,691.97	8.51	0.957	1.015	0.0%	8.26	0.976	1.015	0.0%	8.42
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	2	4,015.16	0.73	0.957	1.015	0.0%	0.71	0.976	1.015	0.0%	0.72
Subtotal - Inpatient	1,234	1,242.82	127.78				127.35				128.36
OP - Emergency Room	1,210	469.85	47.38	1.065	1.000	0.0%	50.45	1.084	1.000	0.0%	51.37
OP - Laboratory	262	138.86	3.03	1.017	0.812	0.0%	2.50	1.036	0.812	0.0%	2.55
OP - Radiology	255	424.47	9.02	1.017	1.000	0.0%	9.17	1.036	1.000	0.0%	9.34
OP - Surgery	190	1,903.14	30.18	1.017	1.000	0.0%	30.68	1.036	1.000	0.0%	31.25
OP - Mental Health	4	1,359.51	0.48	1.017	1.000	0.0%	0.49	1.036	1.000	0.0%	0.50
OP - Other	260	436.07	9.47	1.017	1.000	0.0%	9.62	1.036	1.000	0.0%	9.80
Subtotal - Outpatient	2,182	547.50	99.56				102.91				104.81
Prof - Evaluation & Management	9,211	47.63	36.56	1.082	1.000	0.0%	39.56	1.102	1.000	0.0%	40.28
Prof - Maternity	1,969	174.10	28.57	1.082	1.000	0.0%	30.92	1.102	1.000	0.0%	31.48
Prof - Surgery	1,206	133.26	13.40	1.082	1.000	0.0%	14.49	1.102	1.000	0.0%	14.76
Prof - DME/Supplies & Prosthetics	556	128.92	5.98	1.082	1.000	0.0%	6.47	1.102	1.000	0.0%	6.59
Prof - Lab	8,369	20.49	14.29	1.082	1.000	0.0%	15.47	1.102	1.000	0.0%	15.75
Prof - Radiology	1,579	41.78	5.50	1.082	1.000	0.0%	5.95	1.102	1.000	0.0%	6.06
Prof - Transportation	364	62.84	1.90	1.082	1.000	0.0%	2.06	1.102	1.000	0.0%	2.10
Prof - Mental Health	2,009	118.30	19.80	1.082	1.034	0.0%	22.17	1.102	1.034	0.0%	22.57
Prof - Target Case Management	54	334.16	1.52	1.082	1.000	0.0%	1.64	1.102	1.000	0.0%	1.67
Prof - Other	5,463	83.63	38.07	1.082	1.004	0.0%	41.38	1.102	1.004	0.0%	42.13
Subtotal - Professional	30,781	64.56	165.60				180.11				183.36
Pharmacy - Non Hep C	16,667	47.61	66.12	1.110	1.039	0.0%	76.24	1.129	1.038	0.0%	77.55
Pharmacy - Hep C	5	14,150.89	6.00	0.855	1.000	0.0%	5.13	0.855	1.000	0.0%	5.13
Dental	2,366	44.73	8.82	1.005	1.000	0.0%	8.86	1.023	1.000	0.0%	9.03
FQHC & RHC	1,536	31.55	4.04	1.082	1.000	0.0%	4.37	1.102	1.000	0.0%	4.45
Subtotal - Other Services	20,573	49.57	84.98				94.60				96.15
Total		\$ 480.44					\$ 507.64				\$ 515.40
General Admin PMPM						9.0%	\$50.48			9.6%	\$55.24
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 569.45				\$ 582.23

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Adult (age 25-39)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			34,863				44,160				44,160
Home Health Care & Hospice	164	126.16	1.72	1.055	1.000	0.0%	1.82	1.075	1.000	0.0%	1.85
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	259	2,069.48	44.64	0.957	1.015	0.0%	43.37	0.976	1.015	0.0%	44.21
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	51	1,982.06	8.45	0.957	1.015	0.0%	8.21	0.976	1.015	0.0%	8.37
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	2	3,175.99	0.63	0.957	1.015	0.0%	0.61	0.976	1.015	0.0%	0.62
Subtotal - Inpatient	312	2,063.55	53.72				52.19				53.20
OP - Emergency Room	837	507.25	35.37	1.065	1.000	0.0%	37.66	1.084	1.000	0.0%	38.35
OP - Laboratory	152	163.67	2.07	1.017	0.831	0.0%	1.75	1.036	0.831	0.0%	1.78
OP - Radiology	153	403.57	5.16	1.017	1.000	0.0%	5.24	1.036	1.000	0.0%	5.34
OP - Surgery	77	2,322.41	14.98	1.017	1.000	0.0%	15.23	1.036	1.000	0.0%	15.51
OP - Mental Health	5	1,562.23	0.59	1.017	1.000	0.0%	0.60	1.036	1.000	0.0%	0.61
OP - Other	135	597.52	6.74	1.017	1.000	0.0%	6.85	1.036	1.000	0.0%	6.98
Subtotal - Outpatient	1,359	572.99	64.91				67.34				68.58
Prof - Evaluation & Management	4,809	44.21	17.72	1.082	1.000	0.0%	19.17	1.102	1.000	0.0%	19.52
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	679	152.48	8.63	1.082	1.000	0.0%	9.34	1.102	1.000	0.0%	9.51
Prof - DME/Supplies & Prosthetics	529	141.94	6.26	1.082	1.000	0.0%	6.77	1.102	1.000	0.0%	6.89
Prof - Lab	2,367	18.45	3.64	1.082	1.000	0.0%	3.94	1.102	1.000	0.0%	4.01
Prof - Radiology	1,222	35.61	3.63	1.082	1.000	0.0%	3.93	1.102	1.000	0.0%	4.00
Prof - Transportation	233	64.83	1.26	1.082	1.000	0.0%	1.36	1.102	1.000	0.0%	1.38
Prof - Mental Health	1,571	146.99	19.24	1.082	1.048	0.0%	21.82	1.102	1.048	0.0%	22.22
Prof - Target Case Management	32	334.41	0.90	1.082	1.000	0.0%	0.98	1.102	1.000	0.0%	0.99
Prof - Other	2,892	77.23	18.61	1.082	1.008	0.0%	20.31	1.102	1.008	0.0%	20.67
Subtotal - Professional	14,334	66.88	79.89				87.61				89.20
Pharmacy - Non Hep C	9,649	52.67	42.35	1.110	1.035	0.0%	48.64	1.129	1.034	0.0%	49.48
Pharmacy - Hep C	13	14,207.65	15.93	0.855	1.000	0.0%	13.63	0.855	1.000	0.0%	13.63
Dental	1,945	47.61	7.72	1.005	1.000	0.0%	7.75	1.023	1.000	0.0%	7.90
FQHC & RHC	652	32.87	1.79	1.082	1.000	0.0%	1.93	1.102	1.000	0.0%	1.97
Subtotal - Other Services	12,260	66.35	67.79				71.96				72.97
Total		\$ 268.03					\$ 280.92				\$ 285.80
General Admin PMPM						9.0%	\$27.94			9.6%	\$30.63
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 315.13				\$ 322.86

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Adult (age 40 +)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			52,704				69,210				69,210
Home Health Care & Hospice	417	114.89	3.99	1.055	1.000	0.0%	4.21	1.075	1.000	0.0%	4.29
IP - Maternity	67	1,127.50	6.27	1.000	1.015	0.0%	6.37	1.000	1.015	0.0%	6.37
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	410	2,738.10	93.62	0.957	1.015	0.0%	90.96	0.976	1.015	0.0%	92.71
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	65	1,341.01	7.25	0.957	1.015	0.0%	7.05	0.976	1.015	0.0%	7.18
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	16	2,956.10	3.86	0.957	1.015	0.0%	3.75	0.976	1.015	0.0%	3.82
Subtotal - Inpatient	558	2,388.74	111.01				108.12				110.08
OP - Emergency Room	919	534.64	40.93	1.065	1.000	0.0%	43.58	1.084	1.000	0.0%	44.38
OP - Laboratory	366	138.98	4.24	1.017	0.847	0.0%	3.65	1.036	0.847	0.0%	3.72
OP - Radiology	616	461.95	23.72	1.017	1.000	0.0%	24.11	1.036	1.000	0.0%	24.56
OP - Surgery	245	2,253.53	46.00	1.017	1.000	0.0%	46.76	1.036	1.000	0.0%	47.63
OP - Mental Health	2	1,123.55	0.22	1.017	1.000	0.0%	0.23	1.036	1.000	0.0%	0.23
OP - Other	369	475.87	14.62	1.017	1.000	0.0%	14.86	1.036	1.000	0.0%	15.14
Subtotal - Outpatient	2,517	618.55	129.73				133.19				135.66
Prof - Evaluation & Management	11,005	47.23	43.31	1.082	1.000	0.0%	46.87	1.102	1.000	0.0%	47.71
Prof - Maternity	205	155.75	2.67	1.082	1.000	0.0%	2.88	1.102	1.000	0.0%	2.94
Prof - Surgery	1,817	168.45	25.50	1.082	1.000	0.0%	27.60	1.102	1.000	0.0%	28.10
Prof - DME/Supplies & Prosthetics	901	114.15	8.58	1.082	1.000	0.0%	9.28	1.102	1.000	0.0%	9.45
Prof - Lab	6,994	19.94	11.62	1.082	1.000	0.0%	12.58	1.102	1.000	0.0%	12.81
Prof - Radiology	2,278	44.21	8.39	1.082	1.000	0.0%	9.08	1.102	1.000	0.0%	9.24
Prof - Transportation	331	66.58	1.84	1.082	1.000	0.0%	1.99	1.102	1.000	0.0%	2.02
Prof - Mental Health	1,495	102.08	12.72	1.082	1.022	0.0%	14.07	1.102	1.022	0.0%	14.32
Prof - Target Case Management	70	333.93	1.94	1.082	1.000	0.0%	2.10	1.102	1.000	0.0%	2.14
Prof - Other	6,537	77.89	42.43	1.082	1.008	0.0%	46.27	1.102	1.008	0.0%	47.10
Subtotal - Professional	31,635	60.31	159.00				172.70				175.83
Pharmacy - Non Hep C	30,854	48.62	125.00	1.110	1.038	0.0%	143.94	1.129	1.037	0.0%	146.41
Pharmacy - Hep C	7	13,670.31	8.35	0.855	1.000	0.0%	7.14	0.855	1.000	0.0%	7.14
Dental	1,960	42.09	6.87	1.005	1.000	0.0%	6.90	1.023	1.000	0.0%	7.03
FQHC & RHC	1,625	31.31	4.24	1.082	1.000	0.0%	4.59	1.102	1.000	0.0%	4.67
Subtotal - Other Services	34,446	50.33	144.47				162.58				165.26
Total			\$ 548.19				\$ 580.81				\$ 591.12
General Admin PMPM						9.0%	\$57.76			9.6%	\$63.36
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 651.53				\$ 667.77

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Families and Children Adult (age 40 +)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			24,121				31,080				31,080
Home Health Care & Hospice	380	315.97	10.00	1.055	1.000	0.0%	10.55	1.075	1.000	0.0%	10.75
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	596	2,682.56	133.21	0.957	1.015	0.0%	129.43	0.976	1.015	0.0%	131.93
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	63	1,869.02	9.77	0.957	1.015	0.0%	9.49	0.976	1.015	0.0%	9.67
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	8	1,731.13	1.17	0.957	1.015	0.0%	1.13	0.976	1.015	0.0%	1.16
Subtotal - Inpatient	667	2,594.46	144.15				140.06				142.76
OP - Emergency Room	775	577.44	37.28	1.065	1.000	0.0%	39.70	1.084	1.000	0.0%	40.42
OP - Laboratory	285	125.71	2.98	1.017	0.805	0.0%	2.44	1.036	0.805	0.0%	2.49
OP - Radiology	363	683.65	20.67	1.017	1.000	0.0%	21.01	1.036	1.000	0.0%	21.40
OP - Surgery	192	2,323.73	37.22	1.017	1.000	0.0%	37.84	1.036	1.000	0.0%	38.54
OP - Mental Health	4	1,346.77	0.45	1.017	1.000	0.0%	0.46	1.036	1.000	0.0%	0.47
OP - Other	318	589.25	15.64	1.017	1.000	0.0%	15.89	1.036	1.000	0.0%	16.19
Subtotal - Outpatient	1,937	707.79	114.23				117.33				119.51
Prof - Evaluation & Management	9,062	46.52	35.13	1.082	1.000	0.0%	38.02	1.102	1.000	0.0%	38.70
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	1,622	163.56	22.11	1.082	1.000	0.0%	23.93	1.102	1.000	0.0%	24.36
Prof - DME/Supplies & Prosthetics	1,162	110.68	10.72	1.082	1.000	0.0%	11.60	1.102	1.000	0.0%	11.81
Prof - Lab	4,285	17.66	6.31	1.082	1.000	0.0%	6.82	1.102	1.000	0.0%	6.95
Prof - Radiology	2,074	44.88	7.76	1.082	1.000	0.0%	8.39	1.102	1.000	0.0%	8.55
Prof - Transportation	373	72.13	2.24	1.082	1.000	0.0%	2.42	1.102	1.000	0.0%	2.47
Prof - Mental Health	1,287	132.61	14.22	1.082	1.042	0.0%	16.04	1.102	1.042	0.0%	16.33
Prof - Target Case Management	55	333.68	1.54	1.082	1.000	0.0%	1.66	1.102	1.000	0.0%	1.69
Prof - Other	5,534	81.91	37.77	1.082	1.007	0.0%	41.15	1.102	1.007	0.0%	41.89
Subtotal - Professional	25,455	64.96	137.80				150.04				152.75
Pharmacy - Non Hep C	22,922	62.40	119.19	1.110	1.029	0.0%	136.14	1.129	1.029	0.0%	138.50
Pharmacy - Hep C	11	14,430.32	13.76	0.855	1.000	0.0%	11.77	0.855	1.000	0.0%	11.77
Dental	1,835	44.42	6.79	1.005	1.000	0.0%	6.82	1.023	1.000	0.0%	6.95
FQHC & RHC	1,037	31.02	2.68	1.082	1.000	0.0%	2.90	1.102	1.000	0.0%	2.95
Subtotal - Other Services	25,805	66.23	142.42				157.64				160.18
Total		\$ 548.61					\$ 575.62				\$ 585.94
General Admin PMPM						9.0%	\$57.24			9.6%	\$62.80
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 645.71				\$ 661.92

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI w/o Medicare Adult (age 19-24)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			8,228				9,765				9,765
Home Health Care & Hospice	747	116.44	7.24	1.024	1.000	0.0%	7.42	1.043	1.000	0.0%	7.56
IP - Maternity	496	1,072.70	44.32	1.000	1.015	0.0%	44.97	1.000	1.015	0.0%	44.97
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	546	1,602.07	72.96	1.018	1.015	0.0%	75.36	1.037	1.015	0.0%	76.77
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	128	2,783.75	29.66	1.018	1.015	0.0%	30.63	1.037	1.015	0.0%	31.21
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
Subtotal - Inpatient	1,170	1,506.87	146.93				150.97				152.95
OP - Emergency Room	1,520	404.88	51.29	1.144	1.000	0.0%	58.69	1.164	1.000	0.0%	59.72
OP - Laboratory	307	234.06	5.98	1.128	0.957	0.0%	6.45	1.148	0.957	0.0%	6.56
OP - Radiology	218	641.20	11.67	1.128	1.000	0.0%	13.16	1.148	1.000	0.0%	13.39
OP - Surgery	251	1,250.32	26.16	1.128	1.000	0.0%	29.50	1.148	1.000	0.0%	30.02
OP - Mental Health	9	2,007.32	1.56	1.128	1.000	0.0%	1.76	1.148	1.000	0.0%	1.79
OP - Other	493	770.42	31.65	1.128	1.000	0.0%	35.69	1.148	1.000	0.0%	36.32
Subtotal - Outpatient	2,799	550.20	128.31				145.25				147.81
Prof - Evaluation & Management	7,709	53.63	34.45	1.096	1.000	0.0%	37.76	1.116	1.000	0.0%	38.43
Prof - Maternity	1,303	138.46	15.04	1.096	1.000	0.0%	16.48	1.116	1.000	0.0%	16.77
Prof - Surgery	663	122.73	6.78	1.096	1.000	0.0%	7.44	1.116	1.000	0.0%	7.57
Prof - DME/Supplies & Prosthetics	1,108	115.86	10.70	1.096	1.000	0.0%	11.72	1.116	1.000	0.0%	11.93
Prof - Lab	6,599	21.68	11.92	1.096	1.000	0.0%	13.06	1.116	1.000	0.0%	13.30
Prof - Radiology	1,512	38.33	4.83	1.096	1.000	0.0%	5.29	1.116	1.000	0.0%	5.39
Prof - Transportation	831	52.41	3.63	1.096	1.000	0.0%	3.98	1.116	1.000	0.0%	4.05
Prof - Mental Health	3,045	116.37	29.53	1.096	1.008	0.0%	32.62	1.116	1.008	0.0%	33.21
Prof - Target Case Management	229	334.58	6.37	1.096	1.000	0.0%	6.98	1.116	1.000	0.0%	7.11
Prof - Other	6,374	75.74	40.23	1.096	1.010	0.0%	44.55	1.116	1.010	0.0%	45.34
Subtotal - Professional	29,374	66.79	163.49				179.88				183.11
Pharmacy - Non Hep C	18,734	112.47	175.58	1.145	1.016	0.0%	204.33	1.165	1.016	0.0%	207.85
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	2,303	55.52	10.65	0.966	1.000	0.0%	10.29	0.985	1.000	0.0%	10.49
FQHC & RHC	1,400	33.50	3.91	1.096	1.000	0.0%	4.28	1.116	1.000	0.0%	4.36
Subtotal - Other Services	22,437	101.70	190.15				218.90				222.71
Total		\$ 636.12					\$ 702.41				\$ 714.12
General Admin PMPM						7.3%	\$55.57			7.8%	\$60.81
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 773.38				\$ 790.66

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI w/o Medicare Adult (age 19-24)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			10,986				13,500				13,500
Home Health Care & Hospice	998	357.64	29.73	1.024	1.000	0.0%	30.44	1.043	1.000	0.0%	31.01
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	466	1,588.80	61.66	1.018	1.015	0.0%	63.69	1.037	1.015	0.0%	64.88
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	301	2,167.94	54.38	1.018	1.015	0.0%	56.18	1.037	1.015	0.0%	57.22
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
Subtotal - Inpatient	767	1,816.19	116.04				119.87				122.11
OP - Emergency Room	719	427.15	25.61	1.144	1.000	0.0%	29.30	1.164	1.000	0.0%	29.82
OP - Laboratory	177	226.58	3.35	1.128	0.946	0.0%	3.57	1.148	0.946	0.0%	3.64
OP - Radiology	114	491.21	4.68	1.128	1.000	0.0%	5.28	1.148	1.000	0.0%	5.37
OP - Surgery	102	1,394.35	11.88	1.128	1.000	0.0%	13.40	1.148	1.000	0.0%	13.64
OP - Mental Health	4	1,572.50	0.46	1.128	1.000	0.0%	0.52	1.148	1.000	0.0%	0.53
OP - Other	156	1,082.80	14.08	1.128	1.000	0.0%	15.88	1.148	1.000	0.0%	16.16
Subtotal - Outpatient	1,273	566.18	60.07				67.96				69.16
Prof - Evaluation & Management	4,330	84.32	30.42	1.096	1.000	0.0%	33.34	1.116	1.000	0.0%	33.94
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	402	154.23	5.17	1.096	1.000	0.0%	5.67	1.116	1.000	0.0%	5.77
Prof - DME/Supplies & Prosthetics	879	129.60	9.49	1.096	1.000	0.0%	10.40	1.116	1.000	0.0%	10.59
Prof - Lab	1,710	19.15	2.73	1.096	1.000	0.0%	2.99	1.116	1.000	0.0%	3.04
Prof - Radiology	951	33.72	2.67	1.096	1.000	0.0%	2.93	1.116	1.000	0.0%	2.98
Prof - Transportation	423	54.95	1.94	1.096	1.000	0.0%	2.12	1.116	1.000	0.0%	2.16
Prof - Mental Health	2,524	122.01	25.66	1.096	1.005	0.0%	28.26	1.116	1.005	0.0%	28.76
Prof - Target Case Management	115	337.13	3.22	1.096	1.000	0.0%	3.53	1.116	1.000	0.0%	3.60
Prof - Other	3,310	85.64	23.62	1.096	1.009	0.0%	26.11	1.116	1.009	0.0%	26.58
Subtotal - Professional	14,644	85.99	104.93				115.35				117.42
Pharmacy - Non Hep C	12,871	117.42	125.94	1.145	1.015	0.0%	146.46	1.165	1.015	0.0%	148.99
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,736	53.26	7.71	0.966	1.000	0.0%	7.45	0.985	1.000	0.0%	7.59
FQHC & RHC	518	32.90	1.42	1.096	1.000	0.0%	1.56	1.116	1.000	0.0%	1.58
Subtotal - Other Services	15,125	107.16	135.07				155.46				158.16
Total		\$ 445.84					\$ 489.07				\$ 497.85
General Admin PMPM						7.3%	\$38.69			7.8%	\$42.39
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 538.48				\$ 551.21

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI w/o Medicare Adult (age 25-44)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			30,443				35,610				35,610
Home Health Care & Hospice	1,063	155.06	13.74	1.024	1.000	0.0%	14.07	1.043	1.000	0.0%	14.33
IP - Maternity	215	1,172.46	21.03	1.000	1.015	0.0%	21.34	1.000	1.015	0.0%	21.34
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	1,111	2,319.16	214.74	1.018	1.015	0.0%	221.80	1.037	1.015	0.0%	225.94
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	285	2,009.42	47.75	1.018	1.015	0.0%	49.32	1.037	1.015	0.0%	50.24
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	13	4,331.47	4.69	1.018	1.015	0.0%	4.85	1.037	1.015	0.0%	4.94
Subtotal - Inpatient	1,625	2,128.95	288.21				297.31				302.46
OP - Emergency Room	2,093	497.64	86.81	1.144	1.000	0.0%	99.34	1.164	1.000	0.0%	101.08
OP - Laboratory	480	254.36	10.18	1.128	0.892	0.0%	10.24	1.148	0.892	0.0%	10.42
OP - Radiology	507	987.39	41.73	1.128	1.000	0.0%	47.05	1.148	1.000	0.0%	47.88
OP - Surgery	285	2,202.01	52.27	1.128	1.000	0.0%	58.94	1.148	1.000	0.0%	59.99
OP - Mental Health	9	1,464.33	1.14	1.128	1.000	0.0%	1.29	1.148	1.000	0.0%	1.31
OP - Other	605	850.29	42.86	1.128	1.000	0.0%	48.33	1.148	1.000	0.0%	49.18
Subtotal - Outpatient	3,980	708.56	235.00				265.19				269.86
Prof - Evaluation & Management	11,816	49.79	49.02	1.096	1.000	0.0%	53.72	1.116	1.000	0.0%	54.69
Prof - Maternity	461	160.82	6.18	1.096	1.000	0.0%	6.77	1.116	1.000	0.0%	6.89
Prof - Surgery	1,857	169.15	26.17	1.096	1.000	0.0%	28.68	1.116	1.000	0.0%	29.19
Prof - DME/Supplies & Prosthetics	1,600	140.79	18.77	1.096	1.000	0.0%	20.57	1.116	1.000	0.0%	20.94
Prof - Lab	7,863	20.65	13.53	1.096	1.000	0.0%	14.83	1.116	1.000	0.0%	15.09
Prof - Radiology	3,194	40.39	10.75	1.096	1.000	0.0%	11.78	1.116	1.000	0.0%	11.99
Prof - Transportation	1,279	55.47	5.91	1.096	1.000	0.0%	6.48	1.116	1.000	0.0%	6.59
Prof - Mental Health	4,539	126.78	47.95	1.096	1.013	0.0%	53.22	1.116	1.013	0.0%	54.18
Prof - Target Case Management	280	335.29	7.83	1.096	1.000	0.0%	8.58	1.116	1.000	0.0%	8.74
Prof - Other	10,485	80.24	70.11	1.096	1.006	0.0%	77.29	1.116	1.006	0.0%	78.68
Subtotal - Professional	43,372	70.89	256.22				281.91				286.97
Pharmacy - Non Hep C	42,891	77.85	278.26	1.145	1.023	0.0%	325.96	1.165	1.022	0.0%	331.54
Pharmacy - Hep C	13	12,890.42	13.63	0.855	1.000	0.0%	11.66	0.855	1.000	0.0%	11.66
Dental	2,296	42.04	8.05	0.966	1.000	0.0%	7.77	0.985	1.000	0.0%	7.92
FQHC & RHC	2,067	31.81	5.48	1.096	1.000	0.0%	6.01	1.116	1.000	0.0%	6.11
Subtotal - Other Services	47,268	77.54	305.42				351.40				357.24
Total			\$ 1,098.59				\$ 1,209.88				\$ 1,230.87
General Admin PMPM						7.3%	\$95.72			7.8%	\$104.81
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,332.11				\$ 1,362.80

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI w/o Medicare Adult (age 25-44)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			26,506				31,785				31,785
Home Health Care & Hospice	871	275.90	20.03	1.024	1.000	0.0%	20.51	1.043	1.000	0.0%	20.89
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	886	2,879.69	212.51	1.018	1.015	0.0%	219.51	1.037	1.015	0.0%	223.61
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	420	2,172.72	76.06	1.018	1.015	0.0%	78.56	1.037	1.015	0.0%	80.03
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	3	2,653.12	0.65	1.018	1.014	0.0%	0.67	1.037	1.014	0.0%	0.69
Subtotal - Inpatient	1,309	2,652.24	289.22				298.75				304.33
OP - Emergency Room	1,565	487.79	63.62	1.144	1.000	0.0%	72.80	1.164	1.000	0.0%	74.07
OP - Laboratory	397	163.50	5.41	1.128	0.878	0.0%	5.35	1.148	0.878	0.0%	5.45
OP - Radiology	226	1,163.74	21.89	1.128	1.000	0.0%	24.69	1.148	1.000	0.0%	25.12
OP - Surgery	146	2,597.57	31.65	1.128	1.000	0.0%	35.68	1.148	1.000	0.0%	36.31
OP - Mental Health	5	668.53	0.28	1.128	1.000	0.0%	0.32	1.148	1.000	0.0%	0.32
OP - Other	446	1,210.98	45.05	1.128	1.000	0.0%	50.79	1.148	1.000	0.0%	51.69
Subtotal - Outpatient	2,785	723.37	167.89				189.63				192.97
Prof - Evaluation & Management	7,053	54.24	31.88	1.096	1.000	0.0%	34.94	1.116	1.000	0.0%	35.57
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	983	163.80	13.42	1.096	1.000	0.0%	14.71	1.116	1.000	0.0%	14.97
Prof - DME/Supplies & Prosthetics	1,632	242.92	33.03	1.096	1.000	0.0%	36.20	1.116	1.000	0.0%	36.85
Prof - Lab	3,380	18.06	5.09	1.096	1.000	0.0%	5.57	1.116	1.000	0.0%	5.67
Prof - Radiology	2,066	35.79	6.16	1.096	1.000	0.0%	6.75	1.116	1.000	0.0%	6.87
Prof - Transportation	1,163	57.16	5.54	1.096	1.000	0.0%	6.07	1.116	1.000	0.0%	6.18
Prof - Mental Health	3,318	148.05	40.94	1.096	1.023	0.0%	45.87	1.116	1.023	0.0%	46.69
Prof - Target Case Management	287	335.52	8.02	1.096	1.000	0.0%	8.79	1.116	1.000	0.0%	8.95
Prof - Other	7,624	76.04	48.31	1.096	1.008	0.0%	53.34	1.116	1.008	0.0%	54.30
Subtotal - Professional	27,506	83.93	192.39				212.24				216.05
Pharmacy - Non Hep C	24,893	117.13	242.97	1.145	1.015	0.0%	282.50	1.165	1.015	0.0%	287.38
Pharmacy - Hep C	9	14,589.32	11.39	0.855	1.000	0.0%	9.75	0.855	1.000	0.0%	9.75
Dental	1,713	43.08	6.15	0.966	1.000	0.0%	5.94	0.985	1.000	0.0%	6.06
FQHC & RHC	997	32.65	2.71	1.096	1.000	0.0%	2.97	1.116	1.000	0.0%	3.03
Subtotal - Other Services	27,612	114.40	263.23				301.16				306.21
Total			\$ 932.75				\$ 1,022.29				\$ 1,040.45
General Admin PMPM						7.3%	\$80.88			7.8%	\$88.60
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,125.57				\$ 1,151.97

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI w/o Medicare Adult (age 45 +)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			66,862				79,440				79,440
Home Health Care & Hospice	2,075	156.13	27.00	1.024	1.000	0.0%	27.64	1.043	1.000	0.0%	28.16
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	2,040	2,031.79	345.48	1.018	1.015	0.0%	356.89	1.037	1.015	0.0%	363.55
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	178	1,840.56	27.29	1.018	1.015	0.0%	28.19	1.037	1.015	0.0%	28.71
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	48	1,193.86	4.82	1.018	1.015	0.0%	4.98	1.037	1.015	0.0%	5.07
Subtotal - Inpatient	2,267	1,998.88	377.59				390.05				397.33
OP - Emergency Room	1,275	601.88	63.97	1.144	1.000	0.0%	73.20	1.164	1.000	0.0%	74.48
OP - Laboratory	710	184.38	10.91	1.128	0.875	0.0%	10.78	1.148	0.875	0.0%	10.97
OP - Radiology	1,016	737.68	62.44	1.128	1.000	0.0%	70.41	1.148	1.000	0.0%	71.65
OP - Surgery	415	2,070.28	71.66	1.128	1.000	0.0%	80.81	1.148	1.000	0.0%	82.24
OP - Mental Health	3	1,123.82	0.28	1.128	1.000	0.0%	0.32	1.148	1.000	0.0%	0.32
OP - Other	931	894.04	69.38	1.128	1.000	0.0%	78.24	1.148	1.000	0.0%	79.62
Subtotal - Outpatient	4,351	768.49	278.65				313.74				319.28
Prof - Evaluation & Management	15,331	52.15	66.63	1.096	1.000	0.0%	73.02	1.116	1.000	0.0%	74.33
Prof - Maternity	1	44.13	0.00	1.096	1.000	0.0%	0.00	1.116	1.000	0.0%	0.00
Prof - Surgery	3,016	174.20	43.78	1.096	1.000	0.0%	47.97	1.116	1.000	0.0%	48.83
Prof - DME/Supplies & Prosthetics	3,606	116.09	34.89	1.096	1.000	0.0%	38.23	1.116	1.000	0.0%	38.92
Prof - Lab	9,303	18.32	14.20	1.096	1.000	0.0%	15.56	1.116	1.000	0.0%	15.84
Prof - Radiology	4,227	46.15	16.26	1.096	1.000	0.0%	17.81	1.116	1.000	0.0%	18.13
Prof - Transportation	1,411	59.33	6.98	1.096	1.000	0.0%	7.65	1.116	1.000	0.0%	7.78
Prof - Mental Health	2,752	123.86	28.40	1.096	1.008	0.0%	31.37	1.116	1.008	0.0%	31.94
Prof - Target Case Management	241	335.63	6.75	1.096	1.000	0.0%	7.39	1.116	1.000	0.0%	7.53
Prof - Other	13,382	82.76	92.29	1.096	1.009	0.0%	102.02	1.116	1.009	0.0%	103.85
Subtotal - Professional	53,270	69.87	310.17				341.03				347.16
Pharmacy - Non Hep C	81,342	65.43	443.52	1.145	1.027	0.0%	521.72	1.165	1.027	0.0%	530.62
Pharmacy - Hep C	42	16,214.02	56.33	0.855	1.000	0.0%	48.19	0.855	1.000	0.0%	48.19
Dental	1,562	41.57	5.41	0.966	1.000	0.0%	5.23	0.985	1.000	0.0%	5.33
FQHC & RHC	2,611	30.01	6.53	1.096	1.000	0.0%	7.16	1.116	1.000	0.0%	7.28
Subtotal - Other Services	85,556	71.78	511.80				582.29				591.43
Total			\$ 1,505.20				\$ 1,654.76				\$ 1,683.35
General Admin PMPM						7.3%	\$130.92			7.8%	\$143.34
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,821.94				\$ 1,863.78

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI w/o Medicare Adult (age 45 +)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			53,569				64,755				64,755
Home Health Care & Hospice	1,487	205.78	25.49	1.024	1.000	0.0%	26.10	1.043	1.000	0.0%	26.59
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	1,905	2,344.02	372.07	1.018	1.015	0.0%	384.35	1.037	1.015	0.0%	391.53
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	271	2,066.11	46.74	1.018	1.015	0.0%	48.29	1.037	1.015	0.0%	49.19
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	31	1,819.10	4.69	1.018	1.015	0.0%	4.85	1.037	1.015	0.0%	4.94
Subtotal - Inpatient	2,207	2,302.48	423.50				437.49				445.66
OP - Emergency Room	1,371	602.60	68.83	1.144	1.000	0.0%	78.77	1.164	1.000	0.0%	80.15
OP - Laboratory	599	174.42	8.70	1.128	0.862	0.0%	8.45	1.148	0.862	0.0%	8.60
OP - Radiology	616	1,101.29	56.49	1.128	1.000	0.0%	63.70	1.148	1.000	0.0%	64.82
OP - Surgery	341	2,022.39	57.50	1.128	1.000	0.0%	64.84	1.148	1.000	0.0%	65.99
OP - Mental Health	2	1,004.89	0.18	1.128	1.000	0.0%	0.21	1.148	1.000	0.0%	0.21
OP - Other	782	1,153.30	75.12	1.128	1.000	0.0%	84.71	1.148	1.000	0.0%	86.20
Subtotal - Outpatient	3,710	863.10	266.83				300.67				305.98
Prof - Evaluation & Management	12,248	51.11	52.16	1.096	1.000	0.0%	57.16	1.116	1.000	0.0%	58.19
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	2,382	183.27	36.38	1.096	1.000	0.0%	39.87	1.116	1.000	0.0%	40.59
Prof - DME/Supplies & Prosthetics	2,554	147.39	31.37	1.096	1.000	0.0%	34.38	1.116	1.000	0.0%	34.99
Prof - Lab	6,689	18.13	10.10	1.096	1.000	0.0%	11.07	1.116	1.000	0.0%	11.27
Prof - Radiology	3,840	45.24	14.47	1.096	1.000	0.0%	15.86	1.116	1.000	0.0%	16.15
Prof - Transportation	1,616	62.89	8.47	1.096	1.000	0.0%	9.28	1.116	1.000	0.0%	9.45
Prof - Mental Health	2,761	132.00	30.37	1.096	1.020	0.0%	33.93	1.116	1.020	0.0%	34.54
Prof - Target Case Management	233	336.06	6.54	1.096	1.000	0.0%	7.16	1.116	1.000	0.0%	7.29
Prof - Other	12,519	82.58	86.16	1.096	1.006	0.0%	95.02	1.116	1.006	0.0%	96.72
Subtotal - Professional	44,842	73.87	276.03				303.74				309.19
Pharmacy - Non Hep C	55,510	81.60	377.46	1.145	1.022	0.0%	441.72	1.165	1.021	0.0%	449.30
Pharmacy - Hep C	88	15,721.58	115.43	0.855	1.000	0.0%	98.74	0.855	1.000	0.0%	98.74
Dental	1,294	46.47	5.01	0.966	1.000	0.0%	4.84	0.985	1.000	0.0%	4.93
FQHC & RHC	2,271	29.29	5.54	1.096	1.000	0.0%	6.07	1.116	1.000	0.0%	6.18
Subtotal - Other Services	59,162	102.11	503.43				551.37				559.15
Total			\$ 1,495.29				\$ 1,619.37				\$ 1,646.56
General Admin PMPM						7.3%	\$128.12			7.8%	\$140.21
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,782.97				\$ 1,823.05

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Dual Eligible - Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			95,887				117,510				117,510
Home Health Care & Hospice	369	88.12	2.71	1.024	1.000	0.0%	2.77	1.043	1.000	0.0%	2.82
IP - Maternity	12	299.34	0.29	1.000	1.013	0.0%	0.29	1.000	1.013	0.0%	0.29
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	467	832.09	32.37	1.018	1.014	0.0%	33.40	1.037	1.014	0.0%	34.02
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	112	639.85	5.99	1.018	1.014	0.0%	6.18	1.037	1.014	0.0%	6.30
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	10	588.62	0.47	1.018	1.014	0.0%	0.49	1.037	1.014	0.0%	0.49
Subtotal - Inpatient	600	781.98	39.12				40.36				41.11
OP - Emergency Room	566	192.33	9.08	1.144	1.000	0.0%	10.38	1.164	1.000	0.0%	10.57
OP - Laboratory	180	(69.05)	(1.04)	1.128	1.072	0.0%	(1.25)	1.148	1.072	0.0%	(1.27)
OP - Radiology	404	210.12	7.08	1.128	1.000	0.0%	7.98	1.148	1.000	0.0%	8.12
OP - Surgery	175	644.69	9.39	1.128	1.000	0.0%	10.58	1.148	1.000	0.0%	10.77
OP - Mental Health	2	728.01	0.10	1.128	1.000	0.0%	0.11	1.148	1.000	0.0%	0.12
OP - Other	356	662.11	19.62	1.128	1.000	0.0%	22.12	1.148	1.000	0.0%	22.51
Subtotal - Outpatient	1,682	315.43	44.22				49.93				50.81
Prof - Evaluation & Management	4,642	26.78	10.36	1.096	1.000	0.0%	11.35	1.116	1.000	0.0%	11.56
Prof - Maternity	46	66.51	0.26	1.096	1.000	0.0%	0.28	1.116	1.000	0.0%	0.29
Prof - Surgery	1,067	57.24	5.09	1.096	1.000	0.0%	5.58	1.116	1.000	0.0%	5.68
Prof - DME/Supplies & Prosthetics	1,932	28.16	4.53	1.096	1.000	0.0%	4.97	1.116	1.000	0.0%	5.06
Prof - Lab	1,197	10.79	1.08	1.096	1.000	0.0%	1.18	1.116	1.000	0.0%	1.20
Prof - Radiology	1,861	11.71	1.82	1.096	1.000	0.0%	1.99	1.116	1.000	0.0%	2.03
Prof - Transportation	132	45.45	0.50	1.096	1.000	0.0%	0.55	1.116	1.000	0.0%	0.56
Prof - Mental Health	1,900	98.24	15.55	1.096	1.000	0.0%	17.05	1.116	1.000	0.0%	17.35
Prof - Target Case Management	168	329.48	4.61	1.096	1.000	0.0%	5.05	1.116	1.000	0.0%	5.14
Prof - Other	3,020	33.13	8.34	1.096	1.011	0.0%	9.23	1.116	1.011	0.0%	9.40
Subtotal - Professional	15,965	39.19	52.13				57.23				58.26
Pharmacy - Non Hep C	8,426	33.87	23.78	1.145	1.052	0.0%	28.66	1.165	1.051	0.0%	29.14
Pharmacy - Hep C	1	25,004.28	1.80	0.855	1.000	0.0%	1.54	0.855	1.000	0.0%	1.54
Dental	1,336	41.56	4.63	0.966	1.000	0.0%	4.47	0.985	1.000	0.0%	4.56
FQHC & RHC	360	21.77	0.65	1.096	1.000	0.0%	0.71	1.116	1.000	0.0%	0.73
Subtotal - Other Services	10,123	36.59	30.86				35.39				35.97
Total		\$ 169.05					\$ 185.69				\$ 188.97
General Admin PMPM						7.4%	\$15.07			7.9%	\$16.50
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 204.83				\$ 209.64

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Dual Eligible - Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			63,378				77,955				77,955
Home Health Care & Hospice	209	158.66	2.77	1.024	1.000	0.0%	2.83	1.043	1.000	0.0%	2.88
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	485	893.81	36.15	1.018	1.014	0.0%	37.31	1.037	1.014	0.0%	38.01
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	167	573.68	7.98	1.018	1.014	0.0%	8.24	1.037	1.014	0.0%	8.40
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	6	840.54	0.40	1.018	1.015	0.0%	0.41	1.037	1.015	0.0%	0.42
Subtotal - Inpatient	658	812.10	44.53				45.97				46.83
OP - Emergency Room	594	180.75	8.95	1.144	1.000	0.0%	10.24	1.164	1.000	0.0%	10.42
OP - Laboratory	145	5.34	0.06	1.128	(0.037)	0.0%	(0.00)	1.148	(0.037)	0.0%	(0.00)
OP - Radiology	258	206.25	4.43	1.128	1.000	0.0%	4.99	1.148	1.000	0.0%	5.08
OP - Surgery	142	695.05	8.23	1.128	1.000	0.0%	9.28	1.148	1.000	0.0%	9.45
OP - Mental Health	2	534.87	0.09	1.128	1.000	0.0%	0.10	1.148	1.000	0.0%	0.10
OP - Other	318	737.71	19.58	1.128	1.000	0.0%	22.07	1.148	1.000	0.0%	22.46
Subtotal - Outpatient	1,459	339.97	41.33				46.68				47.50
Prof - Evaluation & Management	3,789	28.96	9.15	1.096	1.000	0.0%	10.02	1.116	1.000	0.0%	10.20
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	796	53.82	3.57	1.096	1.000	0.0%	3.91	1.116	1.000	0.0%	3.98
Prof - DME/Supplies & Prosthetics	1,261	40.77	4.28	1.096	1.000	0.0%	4.69	1.116	1.000	0.0%	4.78
Prof - Lab	835	11.12	0.77	1.096	1.000	0.0%	0.85	1.116	1.000	0.0%	0.86
Prof - Radiology	1,425	11.44	1.36	1.096	1.000	0.0%	1.49	1.116	1.000	0.0%	1.52
Prof - Transportation	155	68.96	0.89	1.096	1.000	0.0%	0.97	1.116	1.000	0.0%	0.99
Prof - Mental Health	1,983	113.43	18.75	1.096	1.002	0.0%	20.59	1.116	1.002	0.0%	20.96
Prof - Target Case Management	215	325.07	5.82	1.096	1.000	0.0%	6.37	1.116	1.000	0.0%	6.49
Prof - Other	2,642	32.19	7.09	1.096	1.009	0.0%	7.84	1.116	1.009	0.0%	7.98
Subtotal - Professional	13,101	47.33	51.67				56.74				57.76
Pharmacy - Non Hep C	5,413	33.59	15.15	1.145	1.053	0.0%	18.27	1.165	1.052	0.0%	18.57
Pharmacy - Hep C	2	27,813.85	5.05	0.855	1.000	0.0%	4.32	0.855	1.000	0.0%	4.32
Dental	1,117	42.87	3.99	0.966	1.000	0.0%	3.86	0.985	1.000	0.0%	3.93
FQHC & RHC	348	22.76	0.66	1.096	1.000	0.0%	0.72	1.116	1.000	0.0%	0.74
Subtotal - Other Services	6,880	43.34	24.85				27.16				27.56
Total		\$ 165.15					\$ 179.39				\$ 182.53
General Admin PMPM						7.4%	\$14.56			7.9%	\$15.94
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 197.89				\$ 202.50

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI Infant (age under 1)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,767				2,070				2,070
Home Health Care & Hospice	1,955	249.00	40.57	0.991	1.000	0.0%	40.19	1.009	1.000	0.0%	40.95
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	9,974	3,720.78	3,092.62	1.023	1.015	0.0%	3,210.61	1.042	1.015	0.0%	3,270.40
IP - Medical/Surgical	4,753	6,117.98	2,423.45	1.023	1.015	0.0%	2,515.70	1.042	1.015	0.0%	2,562.55
IP - Normal Newborn	214	426.30	7.59	1.023	1.014	0.0%	7.88	1.042	1.014	0.0%	8.03
IP - Mental Health	107	494.58	4.39	1.023	1.015	0.0%	4.56	1.042	1.015	0.0%	4.64
IP - PRTF	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Other	57	1,207.06	5.76	1.023	1.015	0.0%	5.98	1.042	1.015	0.0%	6.09
Subtotal - Inpatient	15,105	4,396.26	5,533.82				5,744.73				5,851.71
OP - Emergency Room	1,279	379.64	40.47	0.991	1.000	0.0%	40.11	1.010	1.000	0.0%	40.87
OP - Laboratory	704	69.50	4.08	1.035	1.000	0.0%	4.22	1.054	1.000	0.0%	4.30
OP - Radiology	485	345.59	13.97	1.035	1.000	0.0%	14.45	1.054	1.000	0.0%	14.72
OP - Surgery	311	2,073.43	53.69	1.035	1.000	0.0%	55.56	1.054	1.000	0.0%	56.59
OP - Mental Health	-	-	-	1.035	1.000	0.0%	-	1.054	1.000	0.0%	-
OP - Other	1,061	495.27	43.78	1.035	1.000	0.0%	45.30	1.054	1.000	0.0%	46.14
Subtotal - Outpatient	3,840	487.47	155.98				159.65				162.62
Prof - Evaluation & Management	40,526	52.75	178.13	0.991	1.000	0.0%	176.47	1.009	1.000	0.0%	179.81
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	6,409	303.51	162.09	0.991	1.000	0.0%	160.57	1.009	1.000	0.0%	163.62
Prof - DME/Supplies & Prosthetics	5,602	140.80	65.73	0.991	1.000	0.0%	65.11	1.009	1.000	0.0%	66.35
Prof - Lab	3,201	18.06	4.82	0.991	1.000	0.0%	4.77	1.009	1.000	0.0%	4.86
Prof - Radiology	18,383	16.10	24.66	0.991	1.000	0.0%	24.43	1.009	1.000	0.0%	24.89
Prof - Transportation	1,069	194.35	17.31	0.991	1.000	0.0%	17.15	1.009	1.000	0.0%	17.48
Prof - Mental Health	80	75.14	0.50	0.991	1.000	0.0%	0.50	1.009	1.000	0.0%	0.51
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Other	91,097	192.88	1,464.24	0.991	1.001	0.0%	1,451.67	1.009	1.001	0.0%	1,479.17
Subtotal - Professional	166,367	138.31	1,917.49				1,900.67				1,936.68
Pharmacy - Non Hep C	16,700	371.24	516.63	1.123	1.005	0.0%	583.38	1.143	1.005	0.0%	593.66
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	86	36.94	0.27	0.952	1.000	0.0%	0.25	0.971	1.000	0.0%	0.26
FQHC & RHC	848	38.69	2.73	0.991	1.000	0.0%	2.71	1.009	1.000	0.0%	2.76
Subtotal - Other Services	17,634	353.62	519.63				586.34				596.68
Total			\$ 8,167.49				\$ 8,431.58				\$ 8,588.64
General Admin PMPM						7.3%	\$674.47			7.8%	\$738.65
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 9,290.94				\$ 9,516.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI Child (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			13,570				16,260				16,260
Home Health Care & Hospice	2,589	154.75	33.39	0.991	1.000	0.0%	33.08	1.009	1.000	0.0%	33.70
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	3	23,477.11	6.52	1.023	1.014	0.0%	6.76	1.042	1.014	0.0%	6.89
IP - Medical/Surgical	876	2,740.56	200.08	1.023	1.015	0.0%	207.65	1.042	1.015	0.0%	211.52
IP - Normal Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Mental Health	40	2,369.60	7.91	1.023	1.015	0.0%	8.21	1.042	1.015	0.0%	8.36
IP - PRTF	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Other	9	1,766.33	1.39	1.023	1.015	0.0%	1.44	1.042	1.015	0.0%	1.47
Subtotal - Inpatient	929	2,789.04	215.89				224.06				228.23
OP - Emergency Room	1,114	273.80	25.43	0.991	1.000	0.0%	25.20	1.010	1.000	0.0%	25.68
OP - Laboratory	495	135.22	5.58	1.035	1.000	0.0%	5.77	1.054	1.000	0.0%	5.88
OP - Radiology	289	1,192.02	28.74	1.035	1.000	0.0%	29.74	1.054	1.000	0.0%	30.29
OP - Surgery	348	1,608.34	46.69	1.035	1.000	0.0%	48.32	1.054	1.000	0.0%	49.21
OP - Mental Health	1	2,563.14	0.20	1.035	1.000	0.0%	0.21	1.054	1.000	0.0%	0.21
OP - Other	744	422.10	26.15	1.035	1.000	0.0%	27.06	1.054	1.000	0.0%	27.56
Subtotal - Outpatient	2,991	532.67	132.79				136.30				138.83
Prof - Evaluation & Management	23,378	58.01	113.02	0.991	1.000	0.0%	111.96	1.009	1.000	0.0%	114.08
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	1,227	233.53	23.88	0.991	1.000	0.0%	23.66	1.009	1.000	0.0%	24.11
Prof - DME/Supplies & Prosthetics	4,292	185.12	66.21	0.991	1.000	0.0%	65.59	1.009	1.000	0.0%	66.83
Prof - Lab	3,320	15.10	4.18	0.991	1.000	0.0%	4.14	1.009	1.000	0.0%	4.22
Prof - Radiology	1,605	35.55	4.76	0.991	1.000	0.0%	4.71	1.009	1.000	0.0%	4.80
Prof - Transportation	303	81.48	2.06	0.991	1.000	0.0%	2.04	1.009	1.000	0.0%	2.08
Prof - Mental Health	3,804	102.13	32.38	0.991	1.000	0.0%	32.07	1.009	1.000	0.0%	32.68
Prof - Target Case Management	294	336.32	8.23	0.991	1.000	0.0%	8.16	1.009	1.000	0.0%	8.31
Prof - Other	17,980	206.17	308.91	0.991	1.012	0.0%	309.72	1.009	1.012	0.0%	315.59
Subtotal - Professional	56,203	120.34	563.62				562.04				572.69
Pharmacy - Non Hep C	15,905	141.87	188.04	1.123	1.013	0.0%	213.95	1.143	1.013	0.0%	217.70
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	3,720	35.70	11.06	0.952	1.000	0.0%	10.54	0.971	1.000	0.0%	10.74
FQHC & RHC	739	32.65	2.01	0.991	1.000	0.0%	1.99	1.009	1.000	0.0%	2.03
Subtotal - Other Services	20,364	118.51	201.12				226.49				230.47
Total		\$ 1,146.81					\$ 1,181.96				\$ 1,203.93
General Admin PMPM						7.3%	\$94.55			7.8%	\$103.54
Care Coordination %							0.0%				0.0%
Risk/Profit Margin			18.8%				1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,302.43				\$ 1,334.01

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	SSI Child (age 6-18)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			77,784				92,730				92,730
Home Health Care & Hospice	1,724	170.82	24.54	0.991	1.000	0.0%	24.31	1.009	1.000	0.0%	24.77
IP - Maternity	16	745.38	0.96	1.000	1.015	0.0%	0.98	1.000	1.015	0.0%	0.98
IP - Complex Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Medical/Surgical	295	2,430.47	59.68	1.023	1.015	0.0%	61.94	1.042	1.015	0.0%	63.10
IP - Normal Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Mental Health	766	1,564.33	99.86	1.023	1.183	0.0%	120.88	1.042	1.183	0.0%	123.13
IP - PRTF	443	552.56	20.39	1.023	1.014	0.0%	21.16	1.042	1.014	0.0%	21.56
IP - Other	2	394.29	0.05	1.023	1.015	0.0%	0.06	1.042	1.015	0.0%	0.06
Subtotal - Inpatient	1,521	1,427.86	180.96				205.02				208.82
OP - Emergency Room	729	338.98	20.59	0.991	1.000	0.0%	20.41	1.010	1.000	0.0%	20.79
OP - Laboratory	314	134.73	3.52	1.035	0.997	0.0%	3.63	1.054	0.997	0.0%	3.70
OP - Radiology	164	673.77	9.19	1.035	1.000	0.0%	9.51	1.054	1.000	0.0%	9.69
OP - Surgery	112	1,685.74	15.70	1.035	1.000	0.0%	16.24	1.054	1.000	0.0%	16.55
OP - Mental Health	8	1,806.71	1.21	1.035	1.000	0.0%	1.25	1.054	1.000	0.0%	1.27
OP - Other	281	701.63	16.46	1.035	1.000	0.0%	17.03	1.054	1.000	0.0%	17.34
Subtotal - Outpatient	1,607	497.68	66.66				68.07				69.34
Prof - Evaluation & Management	9,862	51.93	42.68	0.991	1.000	0.0%	42.28	1.009	1.000	0.0%	43.08
Prof - Maternity	33	148.12	0.41	0.991	1.000	0.0%	0.41	1.009	1.000	0.0%	0.41
Prof - Surgery	475	207.28	8.21	0.991	1.000	0.0%	8.13	1.009	1.000	0.0%	8.29
Prof - DME/Supplies & Prosthetics	1,790	126.93	18.93	0.991	1.000	0.0%	18.76	1.009	1.000	0.0%	19.11
Prof - Lab	2,567	16.56	3.54	0.991	1.000	0.0%	3.51	1.009	1.000	0.0%	3.58
Prof - Radiology	921	30.39	2.33	0.991	1.000	0.0%	2.31	1.009	1.000	0.0%	2.35
Prof - Transportation	285	76.80	1.83	0.991	1.000	0.0%	1.81	1.009	1.000	0.0%	1.84
Prof - Mental Health	9,894	115.02	94.84	0.991	1.001	0.0%	94.04	1.009	1.001	0.0%	95.83
Prof - Target Case Management	985	336.95	27.67	0.991	1.000	0.0%	27.41	1.009	1.000	0.0%	27.93
Prof - Other	6,127	75.57	38.58	0.991	1.017	0.0%	38.88	1.009	1.017	0.0%	39.62
Subtotal - Professional	32,940	87.08	239.03				237.54				242.04
Pharmacy - Non Hep C	18,963	118.57	187.37	1.123	1.015	0.0%	213.68	1.143	1.015	0.0%	217.41
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,349	48.59	17.61	0.952	1.000	0.0%	16.77	0.971	1.000	0.0%	17.09
FQHC & RHC	1,173	32.37	3.16	0.991	1.000	0.0%	3.13	1.009	1.000	0.0%	3.19
Subtotal - Other Services	24,484	102.01	208.14				233.59				237.70
Total			\$ 719.32				\$ 768.53				\$ 782.67
General Admin PMPM						7.3%	\$61.48			7.8%	\$67.31
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 846.86				\$ 867.24

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care Infant (age under 1)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,810				2,220				2,220
Home Health Care & Hospice	324	343.44	9.26	1.042	1.000	0.0%	9.66	1.061	1.000	0.0%	9.83
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1,921	2,144.41	343.33	0.974	1.015	0.0%	339.52	0.993	1.015	0.0%	346.01
IP - Medical/Surgical	728	3,973.44	241.16	0.974	1.015	0.0%	238.49	0.993	1.015	0.0%	243.05
IP - Normal Newborn	264	2,205.61	48.52	0.974	1.015	0.0%	47.97	0.993	1.015	0.0%	48.89
IP - Mental Health	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	15	2,414.11	3.09	0.974	1.015	0.0%	3.06	0.993	1.015	0.0%	3.12
Subtotal - Inpatient	2,929	2,606.15	636.10				629.05				641.07
OP - Emergency Room	1,020	292.47	24.85	1.003	1.000	0.0%	24.93	1.022	1.000	0.0%	25.40
OP - Laboratory	585	82.65	4.03	1.077	1.000	0.0%	4.34	1.097	1.000	0.0%	4.42
OP - Radiology	466	142.25	5.52	1.077	1.000	0.0%	5.95	1.097	1.000	0.0%	6.06
OP - Surgery	177	2,117.07	31.30	1.077	1.000	0.0%	33.72	1.097	1.000	0.0%	34.33
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	302	387.06	9.75	1.077	1.000	0.0%	10.50	1.097	1.000	0.0%	10.69
Subtotal - Outpatient	2,551	355.02	75.46				79.44				80.90
Prof - Evaluation & Management	32,686	45.98	125.25	0.991	1.000	0.0%	124.07	1.009	1.000	0.0%	126.42
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	1,478	136.84	16.85	0.991	1.000	0.0%	16.69	1.009	1.000	0.0%	17.01
Prof - DME/Supplies & Prosthetics	1,153	57.89	5.56	0.991	1.000	0.0%	5.51	1.009	1.000	0.0%	5.62
Prof - Lab	4,430	15.25	5.63	0.991	1.000	0.0%	5.58	1.009	1.000	0.0%	5.68
Prof - Radiology	2,441	20.51	4.17	0.991	1.000	0.0%	4.13	1.009	1.000	0.0%	4.21
Prof - Transportation	261	64.78	1.41	0.991	1.000	0.0%	1.40	1.009	1.000	0.0%	1.42
Prof - Mental Health	68	144.02	0.81	0.991	1.000	0.0%	0.80	1.009	1.000	0.0%	0.82
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Other	14,104	105.53	124.03	0.991	1.004	0.0%	123.35	1.009	1.004	0.0%	125.68
Subtotal - Professional	56,620	60.13	283.71				281.53				286.86
Pharmacy - Non Hep C	8,957	58.95	44.00	0.991	1.042	0.0%	45.41	1.009	1.041	0.0%	46.24
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	270	38.01	0.85	0.971	1.000	0.0%	0.83	0.990	1.000	0.0%	0.84
FQHC & RHC	1,430	25.83	3.08	0.991	1.000	0.0%	3.05	1.009	1.000	0.0%	3.11
Subtotal - Other Services	10,656	53.98	47.93				49.29				50.19
Total		\$ 1,052.47					\$ 1,048.96				\$ 1,068.85
General Admin PMPM						8.5%	\$98.97			9.1%	\$108.40
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,171.24				\$ 1,201.16

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			11,513				15,675				15,675
Home Health Care & Hospice	748	101.85	6.35	1.042	1.000	0.0%	6.62	1.061	1.000	0.0%	6.74
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	91	2,089.63	15.81	0.974	1.015	0.0%	15.63	0.993	1.015	0.0%	15.93
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	79	1,359.18	8.94	0.974	1.015	0.0%	8.84	0.993	1.015	0.0%	9.01
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	9	689.75	0.49	0.974	1.015	0.0%	0.48	0.993	1.015	0.0%	0.49
Subtotal - Inpatient	178	1,699.18	25.23				24.95				25.43
OP - Emergency Room	501	250.76	10.46	1.003	1.000	0.0%	10.49	1.022	1.000	0.0%	10.69
OP - Laboratory	188	62.03	0.97	1.077	1.000	0.0%	1.05	1.097	1.000	0.0%	1.06
OP - Radiology	100	357.23	2.98	1.077	1.000	0.0%	3.20	1.097	1.000	0.0%	3.26
OP - Surgery	124	1,253.66	12.98	1.077	1.000	0.0%	13.98	1.097	1.000	0.0%	14.23
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	197	379.61	6.24	1.077	1.000	0.0%	6.72	1.097	1.000	0.0%	6.84
Subtotal - Outpatient	1,110	363.58	33.62				35.44				36.09
Prof - Evaluation & Management	14,207	48.70	57.65	0.991	1.000	0.0%	57.11	1.009	1.000	0.0%	58.20
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	706	191.40	11.26	0.991	1.000	0.0%	11.15	1.009	1.000	0.0%	11.36
Prof - DME/Supplies & Prosthetics	830	135.41	9.37	0.991	1.000	0.0%	9.28	1.009	1.000	0.0%	9.46
Prof - Lab	3,177	15.09	3.99	0.991	1.000	0.0%	3.96	1.009	1.000	0.0%	4.03
Prof - Radiology	456	27.37	1.04	0.991	1.000	0.0%	1.03	1.009	1.000	0.0%	1.05
Prof - Transportation	68	216.40	1.22	0.991	1.000	0.0%	1.21	1.009	1.000	0.0%	1.23
Prof - Mental Health	3,569	92.02	27.36	0.991	1.000	0.0%	27.11	1.009	1.000	0.0%	27.62
Prof - Target Case Management	95	334.72	2.64	0.991	1.000	0.0%	2.62	1.009	1.000	0.0%	2.67
Prof - Other	3,953	167.21	55.08	0.991	1.017	0.0%	55.51	1.009	1.017	0.0%	56.57
Subtotal - Professional	27,060	75.22	169.63				168.98				172.18
Pharmacy - Non Hep C	8,366	46.96	32.73	0.991	1.045	0.0%	33.87	1.009	1.044	0.0%	34.49
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,655	31.08	12.06	0.971	1.000	0.0%	11.71	0.990	1.000	0.0%	11.93
FQHC & RHC	522	29.74	1.29	0.991	1.000	0.0%	1.28	1.009	1.000	0.0%	1.31
Subtotal - Other Services	13,543	40.84	46.09				46.86				47.73
Total			\$ 280.92				\$ 282.86				\$ 288.17
General Admin PMPM						8.5%	\$26.69			9.1%	\$29.23
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 315.83				\$ 323.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care (age 6-12)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			20,197				28,695				28,695
Home Health Care & Hospice	1,124	133.87	12.54	1.042	1.000	0.0%	13.07	1.061	1.000	0.0%	13.31
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	77	2,551.03	16.44	0.974	1.015	0.0%	16.26	0.993	1.015	0.0%	16.57
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	959	1,303.42	104.12	0.974	1.065	0.0%	108.02	0.993	1.065	0.0%	110.08
IP - PRTF	776	513.88	33.25	0.974	1.014	0.0%	32.87	0.993	1.014	0.0%	33.49
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	1,812	1,018.43	153.81				157.14				160.15
OP - Emergency Room	288	277.68	6.67	1.003	1.000	0.0%	6.69	1.022	1.000	0.0%	6.81
OP - Laboratory	182	111.04	1.69	1.077	0.998	0.0%	1.81	1.097	0.998	0.0%	1.85
OP - Radiology	81	266.47	1.80	1.077	1.000	0.0%	1.94	1.097	1.000	0.0%	1.97
OP - Surgery	44	1,124.38	4.15	1.077	1.000	0.0%	4.47	1.097	1.000	0.0%	4.55
OP - Mental Health	5	2,118.05	0.93	1.077	1.000	0.0%	1.00	1.097	1.000	0.0%	1.02
OP - Other	158	780.48	10.24	1.077	1.000	0.0%	11.03	1.097	1.000	0.0%	11.23
Subtotal - Outpatient	758	403.06	25.48				26.94				27.44
Prof - Evaluation & Management	12,737	46.33	49.17	0.991	1.000	0.0%	48.71	1.009	1.000	0.0%	49.64
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	365	161.96	4.92	0.991	1.000	0.0%	4.88	1.009	1.000	0.0%	4.97
Prof - DME/Supplies & Prosthetics	1,154	56.84	5.47	0.991	1.000	0.0%	5.41	1.009	1.000	0.0%	5.52
Prof - Lab	2,399	14.69	2.94	0.991	1.000	0.0%	2.91	1.009	1.000	0.0%	2.96
Prof - Radiology	484	28.31	1.14	0.991	1.000	0.0%	1.13	1.009	1.000	0.0%	1.15
Prof - Transportation	115	90.88	0.87	0.991	1.000	0.0%	0.86	1.009	1.000	0.0%	0.88
Prof - Mental Health	8,703	96.83	70.23	0.991	1.000	0.0%	69.57	1.009	1.000	0.0%	70.89
Prof - Target Case Management	575	336.61	16.13	0.991	1.000	0.0%	15.98	1.009	1.000	0.0%	16.29
Prof - Other	5,683	61.77	29.26	0.991	1.020	0.0%	29.57	1.009	1.020	0.0%	30.13
Subtotal - Professional	32,215	67.10	180.13				179.03				182.42
Pharmacy - Non Hep C	15,626	66.44	86.51	0.991	1.031	0.0%	88.33	1.009	1.030	0.0%	89.95
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	6,406	40.78	21.77	0.971	1.000	0.0%	21.14	0.990	1.000	0.0%	21.54
FQHC & RHC	1,096	29.40	2.69	0.991	1.000	0.0%	2.66	1.009	1.000	0.0%	2.71
Subtotal - Other Services	23,128	57.58	110.97				112.13				114.21
Total		\$ 482.91					\$ 488.31				\$ 497.52
General Admin PMPM						8.5%	\$46.07			9.1%	\$50.46
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 545.24				\$ 559.10

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care (age 13 +)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			10,613				12,720				12,720
Home Health Care & Hospice	1,698	78.34	11.09	1.042	1.000	0.0%	11.56	1.061	1.000	0.0%	11.77
IP - Maternity	105	834.21	7.33	1.000	1.015	0.0%	7.44	1.000	1.015	0.0%	7.44
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	83	3,376.49	23.41	0.974	1.015	0.0%	23.15	0.993	1.015	0.0%	23.59
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	1,383	1,471.84	169.61	0.974	1.600	0.0%	264.41	0.993	1.600	0.0%	269.47
IP - PRTF	991	525.68	43.41	0.974	1.015	0.0%	42.92	0.993	1.015	0.0%	43.74
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	2,562	1,141.57	243.76				337.92				344.23
OP - Emergency Room	714	394.75	23.49	1.003	1.000	0.0%	23.56	1.022	1.000	0.0%	24.00
OP - Laboratory	262	90.87	1.98	1.077	0.969	0.0%	2.07	1.097	0.969	0.0%	2.10
OP - Radiology	136	316.55	3.59	1.077	1.000	0.0%	3.87	1.097	1.000	0.0%	3.94
OP - Surgery	54	1,520.09	6.80	1.077	1.000	0.0%	7.33	1.097	1.000	0.0%	7.46
OP - Mental Health	4	1,949.30	0.61	1.077	1.000	0.0%	0.66	1.097	1.000	0.0%	0.67
OP - Other	191	454.26	7.23	1.077	1.000	0.0%	7.79	1.097	1.000	0.0%	7.93
Subtotal - Outpatient	1,360	385.57	43.71				45.27				46.11
Prof - Evaluation & Management	11,936	50.90	50.62	0.991	1.000	0.0%	50.15	1.009	1.000	0.0%	51.10
Prof - Maternity	272	158.40	3.59	0.991	1.000	0.0%	3.56	1.009	1.000	0.0%	3.62
Prof - Surgery	581	140.65	6.81	0.991	1.000	0.0%	6.75	1.009	1.000	0.0%	6.87
Prof - DME/Supplies & Prosthetics	1,235	41.90	4.31	0.991	1.000	0.0%	4.27	1.009	1.000	0.0%	4.35
Prof - Lab	5,920	17.91	8.84	0.991	1.000	0.0%	8.75	1.009	1.000	0.0%	8.92
Prof - Radiology	1,075	31.85	2.85	0.991	1.000	0.0%	2.83	1.009	1.000	0.0%	2.88
Prof - Transportation	448	60.22	2.25	0.991	1.000	0.0%	2.23	1.009	1.000	0.0%	2.27
Prof - Mental Health	8,584	123.33	88.22	0.991	1.007	0.0%	88.00	1.009	1.007	0.0%	89.66
Prof - Target Case Management	283	334.96	7.89	0.991	1.000	0.0%	7.82	1.009	1.000	0.0%	7.97
Prof - Other	8,039	54.12	36.26	0.991	1.007	0.0%	36.18	1.009	1.007	0.0%	36.87
Subtotal - Professional	38,373	66.19	211.64				210.53				214.52
Pharmacy - Non Hep C	20,274	45.03	76.07	0.991	1.045	0.0%	78.76	1.009	1.044	0.0%	80.19
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	5,818	59.21	28.71	0.971	1.000	0.0%	27.88	0.990	1.000	0.0%	28.41
FQHC & RHC	1,066	38.92	3.46	0.991	1.000	0.0%	3.43	1.009	1.000	0.0%	3.49
Subtotal - Other Services	27,159	47.83	108.24				110.07				112.10
Total		\$ 618.44					\$ 715.34				\$ 728.72
General Admin PMPM						8.5%	\$67.50			9.1%	\$73.90
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 798.73				\$ 818.92

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Foster Care (age 13 +)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			10,029				11,745				11,745
Home Health Care & Hospice	2,157	76.96	13.84	1.042	1.000	0.0%	14.42	1.061	1.000	0.0%	14.69
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	69	4,074.54	23.59	0.974	1.014	0.0%	23.32	0.993	1.014	0.0%	23.77
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	771	1,235.39	79.40	0.974	1.014	0.0%	78.48	0.993	1.014	0.0%	79.98
IP - PRTF	1,107	501.08	46.24	0.974	1.015	0.0%	45.72	0.993	1.015	0.0%	46.59
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	1,948	919.22	149.24				147.52				150.34
OP - Emergency Room	472	445.44	17.53	1.003	1.000	0.0%	17.58	1.022	1.000	0.0%	17.91
OP - Laboratory	191	72.23	1.15	1.077	0.982	0.0%	1.21	1.097	0.982	0.0%	1.24
OP - Radiology	115	246.92	2.37	1.077	1.000	0.0%	2.55	1.097	1.000	0.0%	2.59
OP - Surgery	62	1,899.54	9.75	1.077	1.000	0.0%	10.51	1.097	1.000	0.0%	10.70
OP - Mental Health	3	646.53	0.14	1.077	1.000	0.0%	0.16	1.097	1.000	0.0%	0.16
OP - Other	109	593.68	5.40	1.077	1.000	0.0%	5.82	1.097	1.000	0.0%	5.92
Subtotal - Outpatient	951	458.44	36.34				37.82				38.52
Prof - Evaluation & Management	9,377	46.64	36.44	0.991	1.000	0.0%	36.10	1.009	1.000	0.0%	36.78
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	472	132.71	5.22	0.991	1.000	0.0%	5.17	1.009	1.000	0.0%	5.27
Prof - DME/Supplies & Prosthetics	1,139	67.15	6.37	0.991	1.000	0.0%	6.31	1.009	1.000	0.0%	6.43
Prof - Lab	2,050	16.48	2.81	0.991	1.000	0.0%	2.79	1.009	1.000	0.0%	2.84
Prof - Radiology	1,174	26.26	2.57	0.991	1.000	0.0%	2.55	1.009	1.000	0.0%	2.59
Prof - Transportation	274	62.78	1.43	0.991	1.000	0.0%	1.42	1.009	1.000	0.0%	1.45
Prof - Mental Health	5,385	235.35	105.61	0.991	1.005	0.0%	105.14	1.009	1.005	0.0%	107.13
Prof - Target Case Management	269	336.25	7.53	0.991	1.000	0.0%	7.45	1.009	1.000	0.0%	7.60
Prof - Other	6,279	54.50	28.52	0.991	1.007	0.0%	28.45	1.009	1.007	0.0%	28.99
Subtotal - Professional	26,419	89.26	196.51				195.38				199.09
Pharmacy - Non Hep C	16,937	81.52	115.05	0.991	1.025	0.0%	116.82	1.009	1.025	0.0%	118.98
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,848	61.03	24.66	0.971	1.000	0.0%	23.94	0.990	1.000	0.0%	24.40
FQHC & RHC	999	34.81	2.90	0.991	1.000	0.0%	2.87	1.009	1.000	0.0%	2.92
Subtotal - Other Services	22,784	75.11	142.61				143.64				146.31
Total		\$ 538.53					\$ 538.78				\$ 548.94
General Admin PMPM						8.5%	\$50.84			9.1%	\$55.67
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 601.59				\$ 616.88

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Former Foster Care Child Age 18 through 20 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,370				1,425				1,425
Home Health Care & Hospice	1,239	65.20	6.73	1.086	1.000	0.0%	7.31	1.105	1.000	0.0%	7.44
IP - Maternity	443	1,909.01	70.44	1.000	1.015	0.0%	71.48	1.000	1.015	0.0%	71.48
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	41	2,331.56	7.95	0.952	1.015	0.0%	7.68	0.970	1.015	0.0%	7.83
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	493	1,707.13	70.16	0.952	2.130	0.0%	142.29	0.970	2.130	0.0%	145.04
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	977	1,824.79	148.55				221.45				224.35
OP - Emergency Room	2,156	412.55	74.13	1.046	1.000	0.0%	77.50	1.065	1.000	0.0%	78.93
OP - Laboratory	395	56.90	1.87	0.991	0.888	0.0%	1.65	1.009	0.888	0.0%	1.68
OP - Radiology	194	389.78	6.30	0.991	1.000	0.0%	6.24	1.009	1.000	0.0%	6.35
OP - Surgery	140	1,120.20	13.10	0.991	1.000	0.0%	12.98	1.009	1.000	0.0%	13.22
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	255	216.70	4.60	0.991	1.000	0.0%	4.56	1.009	1.000	0.0%	4.64
Subtotal - Outpatient	3,140	382.18	100.00				102.92				104.83
Prof - Evaluation & Management	8,991	44.27	33.17	1.100	1.000	0.0%	36.50	1.120	1.000	0.0%	37.16
Prof - Maternity	1,804	217.66	32.71	1.100	1.000	0.0%	36.00	1.120	1.000	0.0%	36.64
Prof - Surgery	687	58.14	3.33	1.100	1.000	0.0%	3.66	1.120	1.000	0.0%	3.73
Prof - DME/Supplies & Prosthetics	1,152	57.67	5.54	1.100	1.000	0.0%	6.09	1.120	1.000	0.0%	6.20
Prof - Lab	9,912	19.90	16.44	1.100	1.000	0.0%	18.09	1.120	1.000	0.0%	18.41
Prof - Radiology	1,433	28.94	3.46	1.100	1.000	0.0%	3.80	1.120	1.000	0.0%	3.87
Prof - Transportation	978	59.80	4.87	1.100	1.000	0.0%	5.36	1.120	1.000	0.0%	5.46
Prof - Mental Health	1,564	100.57	13.11	1.100	1.025	0.0%	14.78	1.120	1.025	0.0%	15.05
Prof - Target Case Management	120	334.00	3.33	1.100	1.000	0.0%	3.66	1.120	1.000	0.0%	3.73
Prof - Other	5,521	72.93	33.55	1.100	1.003	0.0%	37.03	1.120	1.003	0.0%	37.70
Subtotal - Professional	32,160	55.78	149.50				164.99				167.94
Pharmacy - Non Hep C	10,064	26.09	21.88	1.165	1.069	0.0%	27.26	1.186	1.068	0.0%	27.71
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	3,652	61.84	18.82	0.950	1.000	0.0%	17.89	0.969	1.000	0.0%	18.23
FQHC & RHC	1,511	39.55	4.98	1.100	1.000	0.0%	5.48	1.120	1.000	0.0%	5.58
Subtotal - Other Services	15,227	36.00	45.68				50.63				51.52
Total		\$ 450.46					\$ 547.30				\$ 556.08
General Admin PMPM						8.3%	\$50.22			8.9%	\$54.91
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 609.65				\$ 623.40

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Former Foster Care Child Age 18 through 20 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			719				1,020				1,020
Home Health Care & Hospice	156	35.60	0.46	1.086	1.000	0.0%	0.50	1.105	1.000	0.0%	0.51
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	240	3,127.79	62.59	0.952	1.015	0.0%	60.46	0.970	1.015	0.0%	61.63
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	1,144	999.54	95.31	0.952	1.015	0.0%	92.07	0.970	1.015	0.0%	93.85
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	1,384	1,368.71	157.91				152.53				155.48
OP - Emergency Room	2,078	542.72	93.99	1.046	1.000	0.0%	98.27	1.065	1.000	0.0%	100.08
OP - Laboratory	134	79.83	0.89	0.991	0.629	0.0%	0.56	1.009	0.629	0.0%	0.57
OP - Radiology	78	312.68	2.04	0.991	1.000	0.0%	2.02	1.009	1.000	0.0%	2.06
OP - Surgery	19	4,442.09	7.06	0.991	1.000	0.0%	7.00	1.009	1.000	0.0%	7.13
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	76	153.85	0.97	0.991	1.000	0.0%	0.96	1.009	1.000	0.0%	0.98
Subtotal - Outpatient	2,386	527.97	104.96				108.81				110.82
Prof - Evaluation & Management	3,802	44.83	14.20	1.100	1.000	0.0%	15.63	1.120	1.000	0.0%	15.91
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	167	122.48	1.71	1.100	1.000	0.0%	1.88	1.120	1.000	0.0%	1.91
Prof - DME/Supplies & Prosthetics	2,101	32.09	5.62	1.100	1.000	0.0%	6.18	1.120	1.000	0.0%	6.29
Prof - Lab	600	17.90	0.89	1.100	1.000	0.0%	0.98	1.120	1.000	0.0%	1.00
Prof - Radiology	1,580	22.94	3.02	1.100	1.000	0.0%	3.33	1.120	1.000	0.0%	3.38
Prof - Transportation	901	49.22	3.70	1.100	1.000	0.0%	4.07	1.120	1.000	0.0%	4.14
Prof - Mental Health	2,786	170.33	39.54	1.100	1.043	0.0%	45.37	1.120	1.043	0.0%	46.18
Prof - Target Case Management	41	334.00	1.15	1.100	1.000	0.0%	1.27	1.120	1.000	0.0%	1.29
Prof - Other	7,865	73.92	48.44	1.100	1.001	0.0%	53.37	1.120	1.001	0.0%	54.33
Subtotal - Professional	19,843	71.53	118.28				132.08				134.45
Pharmacy - Non Hep C	7,558	42.04	26.48	1.165	1.045	0.0%	32.25	1.186	1.044	0.0%	32.79
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,464	69.89	8.52	0.950	1.000	0.0%	8.10	0.969	1.000	0.0%	8.26
FQHC & RHC	1,365	25.22	2.87	1.100	1.000	0.0%	3.16	1.120	1.000	0.0%	3.22
Subtotal - Other Services	10,387	43.76	37.88				43.51				44.26
Total		\$ 419.49					\$ 437.43				\$ 445.52
General Admin PMPM						8.3%	\$40.14			8.9%	\$44.00
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 487.27				\$ 499.45

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Former Foster Care Child Age 21 through 25 Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			2,718				2,955				2,955
Home Health Care & Hospice	693	54.83	3.16	1.086	1.000	0.0%	3.44	1.105	1.000	0.0%	3.50
IP - Maternity	1,093	1,136.34	103.52	1.000	1.015	0.0%	105.06	1.000	1.015	0.0%	105.06
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	67	2,931.81	16.39	0.952	1.015	0.0%	15.84	0.970	1.015	0.0%	16.14
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	155	1,964.46	25.35	0.952	1.015	0.0%	24.49	0.970	1.015	0.0%	24.96
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	1,315	1,325.44	145.26				145.38				146.16
OP - Emergency Room	2,216	384.84	71.07	1.046	1.000	0.0%	74.31	1.065	1.000	0.0%	75.68
OP - Laboratory	275	130.71	3.00	0.991	0.866	0.0%	2.57	1.009	0.866	0.0%	2.62
OP - Radiology	184	308.82	4.75	0.991	1.000	0.0%	4.70	1.009	1.000	0.0%	4.79
OP - Surgery	137	1,440.87	16.40	0.991	1.000	0.0%	16.25	1.009	1.000	0.0%	16.55
OP - Mental Health	5	255.00	0.11	0.991	1.000	0.0%	0.11	1.009	1.000	0.0%	0.11
OP - Other	273	249.72	5.69	0.991	1.000	0.0%	5.64	1.009	1.000	0.0%	5.74
Subtotal - Outpatient	3,091	392.18	101.01				103.57				105.49
Prof - Evaluation & Management	7,618	46.81	29.72	1.100	1.000	0.0%	32.70	1.120	1.000	0.0%	33.29
Prof - Maternity	1,593	188.82	25.07	1.100	1.000	0.0%	27.59	1.120	1.000	0.0%	28.08
Prof - Surgery	676	135.58	7.64	1.100	1.000	0.0%	8.40	1.120	1.000	0.0%	8.55
Prof - DME/Supplies & Prosthetics	438	90.62	3.31	1.100	1.000	0.0%	3.64	1.120	1.000	0.0%	3.70
Prof - Lab	7,848	20.76	13.57	1.100	1.000	0.0%	14.94	1.120	1.000	0.0%	15.21
Prof - Radiology	1,756	33.94	4.97	1.100	1.000	0.0%	5.47	1.120	1.000	0.0%	5.56
Prof - Transportation	1,022	52.62	4.48	1.100	1.000	0.0%	4.93	1.120	1.000	0.0%	5.02
Prof - Mental Health	2,469	111.65	22.97	1.100	1.010	0.0%	25.54	1.120	1.010	0.0%	26.00
Prof - Target Case Management	144	334.00	4.00	1.100	1.000	0.0%	4.40	1.120	1.000	0.0%	4.48
Prof - Other	5,409	80.87	36.45	1.100	1.006	0.0%	40.37	1.120	1.006	0.0%	41.09
Subtotal - Professional	28,973	63.03	152.18				167.98				170.98
Pharmacy - Non Hep C	10,622	42.37	37.50	1.165	1.042	0.0%	45.56	1.186	1.042	0.0%	46.32
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	2,333	50.39	9.80	0.950	1.000	0.0%	9.31	0.969	1.000	0.0%	9.49
FQHC & RHC	1,345	35.61	3.99	1.100	1.000	0.0%	4.39	1.120	1.000	0.0%	4.47
Subtotal - Other Services	14,300	43.04	51.29				59.26				60.28
Total		\$ 452.90					\$ 479.62				\$ 486.41
General Admin PMPM						8.3%	\$44.01			8.9%	\$48.03
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 534.26				\$ 545.30

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	Former Foster Care Child Age 21 through 25 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,592				1,860				1,860
Home Health Care & Hospice	26	334.00	0.73	1.086	1.000	0.0%	0.80	1.105	1.000	0.0%	0.81
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	53	16,627.50	73.02	0.952	1.015	0.0%	70.54	0.970	1.015	0.0%	71.91
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	260	1,659.07	35.93	0.952	1.015	0.0%	34.71	0.970	1.015	0.0%	35.38
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	313	4,182.80	108.94				105.25				107.29
OP - Emergency Room	1,377	428.59	49.18	1.046	1.000	0.0%	51.41	1.065	1.000	0.0%	52.36
OP - Laboratory	194	163.17	2.64	0.991	0.932	0.0%	2.44	1.009	0.932	0.0%	2.49
OP - Radiology	123	169.87	1.74	0.991	1.000	0.0%	1.72	1.009	1.000	0.0%	1.75
OP - Surgery	43	1,451.67	5.19	0.991	1.000	0.0%	5.14	1.009	1.000	0.0%	5.24
OP - Mental Health	17	1,886.62	2.72	0.991	1.000	0.0%	2.70	1.009	1.000	0.0%	2.75
OP - Other	104	329.83	2.86	0.991	1.000	0.0%	2.84	1.009	1.000	0.0%	2.89
Subtotal - Outpatient	1,859	415.41	64.34				66.25				67.48
Prof - Evaluation & Management	3,057	45.65	11.63	1.100	1.000	0.0%	12.80	1.120	1.000	0.0%	13.03
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	538	106.88	4.79	1.100	1.000	0.0%	5.27	1.120	1.000	0.0%	5.36
Prof - DME/Supplies & Prosthetics	265	140.82	3.11	1.100	1.000	0.0%	3.42	1.120	1.000	0.0%	3.48
Prof - Lab	1,520	28.26	3.58	1.100	1.000	0.0%	3.94	1.120	1.000	0.0%	4.01
Prof - Radiology	1,132	23.90	2.25	1.100	1.000	0.0%	2.48	1.120	1.000	0.0%	2.53
Prof - Transportation	763	50.65	3.22	1.100	1.000	0.0%	3.54	1.120	1.000	0.0%	3.61
Prof - Mental Health	2,434	106.51	21.60	1.100	1.015	0.0%	24.13	1.120	1.015	0.0%	24.56
Prof - Target Case Management	142	334.00	3.96	1.100	1.000	0.0%	4.36	1.120	1.000	0.0%	4.44
Prof - Other	2,644	63.94	14.09	1.100	1.007	0.0%	15.61	1.120	1.007	0.0%	15.89
Subtotal - Professional	12,494	65.53	68.23				75.55				76.91
Pharmacy - Non Hep C	4,522	165.62	62.41	1.165	1.012	0.0%	73.61	1.186	1.012	0.0%	74.88
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,121	48.15	4.50	0.950	1.000	0.0%	4.28	0.969	1.000	0.0%	4.36
FQHC & RHC	445	36.04	1.34	1.100	1.000	0.0%	1.47	1.120	1.000	0.0%	1.50
Subtotal - Other Services	6,088	134.52	68.25				79.36				80.73
Total		\$ 310.49					\$ 327.21				\$ 333.22
General Admin PMPM						8.3%	\$30.03			8.9%	\$32.91
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 364.49				\$ 373.56

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age through 18 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			12				-				-
Home Health Care & Hospice	-	-	-	1.086	1.000	0.0%	-	1.105	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
Subtotal - Inpatient	-	-	-				-				-
OP - Emergency Room	1,076	326.77	29.29	1.046	1.010	0.0%	30.93	1.065	1.010	0.0%	31.50
OP - Laboratory	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Radiology	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Surgery	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Subtotal - Outpatient	1,076	326.77	29.29				30.93				31.50
Prof - Evaluation & Management	8,181	26.57	18.12	1.100	1.009	0.0%	20.12	1.120	1.009	0.0%	20.48
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - DME/Supplies & Prosthetics	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Lab	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Radiology	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Transportation	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Mental Health	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Target Case Management	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Other	1,139	47.40	4.50	1.100	1.010	0.0%	5.00	1.120	1.010	0.0%	5.09
Subtotal - Professional	9,320	29.12	22.61				25.12				25.57
Pharmacy - Non Hep C	18,883	71.28	112.16	1.165	1.035	0.0%	135.30	1.186	1.035	0.0%	137.59
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	0.950	1.000	0.0%	-	0.969	1.000	0.0%	-
FQHC & RHC	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Subtotal - Other Services	18,883	71.28	112.16				135.30				137.59
Total			\$ 164.06				\$ 191.35				\$ 194.66
General Admin PMPM						8.3%	\$17.56			8.9%	\$19.22
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 213.15				\$ 218.23

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age through 18 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			27				45				45
Home Health Care & Hospice	-	-	-	1.086	1.000	0.0%	-	1.105	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
Subtotal - Inpatient	-	-	-				-				-
OP - Emergency Room	-	-	-	1.046	1.000	0.0%	-	1.065	1.000	0.0%	-
OP - Laboratory	454	23.68	0.90	0.991	1.009	0.0%	0.90	1.009	1.009	0.0%	0.91
OP - Radiology	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Surgery	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Subtotal - Outpatient	454	23.68	0.90				0.90				0.91
Prof - Evaluation & Management	19,696	35.42	58.13	1.100	1.009	0.0%	64.54	1.120	1.009	0.0%	65.70
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - DME/Supplies & Prosthetics	2,011	27.32	4.58	1.100	1.010	0.0%	5.09	1.120	1.010	0.0%	5.18
Prof - Lab	7,518	14.38	9.01	1.100	1.009	0.0%	10.01	1.120	1.009	0.0%	10.19
Prof - Radiology	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Transportation	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Mental Health	1,124	76.77	7.19	1.100	1.009	0.0%	7.99	1.120	1.009	0.0%	8.13
Prof - Target Case Management	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Other	2,858	17.81	4.24	1.100	1.009	0.0%	4.71	1.120	1.009	0.0%	4.79
Subtotal - Professional	33,207	30.05	83.16				92.34				93.99
Pharmacy - Non Hep C	16,484	6.19	8.50	1.165	1.309	0.0%	12.97	1.186	1.304	0.0%	13.15
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,025	27.67	2.36	0.950	1.012	0.0%	2.27	0.969	1.012	0.0%	2.32
FQHC & RHC	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Subtotal - Other Services	17,508	7.45	10.86				15.25				15.46
Total			\$ 94.92				\$ 108.48				\$ 110.37
General Admin PMPM						8.3%	\$9.95			8.9%	\$10.90
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 120.84				\$ 123.73

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

MAGI Adult Age 19 through 24 Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			135,866				164,655				164,655
Home Health Care & Hospice	193	106.25	1.71	1.086	1.010	0.0%	1.87	1.105	1.010	0.0%	1.91
IP - Maternity	300	843.71	21.08	1.000	1.022	0.0%	21.55	1.000	1.022	0.0%	21.55
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	86	2,985.40	21.40	0.967	1.025	0.0%	21.21	0.986	1.025	0.0%	21.61
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	72	1,193.20	7.19	0.967	1.025	0.0%	7.12	0.986	1.025	0.0%	7.26
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	1	3,046.11	0.15	0.967	1.024	0.0%	0.15	0.986	1.024	0.0%	0.15
Subtotal - Inpatient	459	1,303.39	49.82				50.03				50.58
OP - Emergency Room	1,039	427.58	37.03	1.046	1.010	0.0%	39.10	1.065	1.010	0.0%	39.82
OP - Laboratory	205	146.79	2.51	0.991	0.948	0.0%	2.36	1.009	0.948	0.0%	2.40
OP - Radiology	157	478.68	6.28	0.991	1.010	0.0%	6.28	1.009	1.010	0.0%	6.40
OP - Surgery	87	1,711.96	12.44	0.991	1.010	0.0%	12.45	1.009	1.010	0.0%	12.69
OP - Mental Health	3	1,093.04	0.29	0.991	1.010	0.0%	0.29	1.009	1.010	0.0%	0.29
OP - Other	137	339.88	3.88	0.991	1.010	0.0%	3.88	1.009	1.010	0.0%	3.95
Subtotal - Outpatient	1,629	459.84	62.43				64.36				65.55
Prof - Evaluation & Management	6,730	47.89	26.86	1.100	1.009	0.0%	29.83	1.120	1.009	0.0%	30.37
Prof - Maternity	810	141.32	9.54	1.100	1.007	0.0%	10.58	1.120	1.007	0.0%	10.76
Prof - Surgery	623	103.77	5.39	1.100	1.009	0.0%	5.99	1.120	1.009	0.0%	6.09
Prof - DME/Supplies & Prosthetics	497	72.36	3.00	1.100	1.010	0.0%	3.33	1.120	1.010	0.0%	3.39
Prof - Lab	6,387	21.39	11.39	1.100	1.009	0.0%	12.64	1.120	1.009	0.0%	12.87
Prof - Radiology	1,037	38.62	3.34	1.100	1.009	0.0%	3.71	1.120	1.009	0.0%	3.77
Prof - Transportation	247	59.37	1.22	1.100	1.009	0.0%	1.36	1.120	1.009	0.0%	1.38
Prof - Mental Health	1,257	117.95	12.35	1.100	1.044	0.0%	14.20	1.120	1.044	0.0%	14.45
Prof - Target Case Management	39	333.42	1.08	1.100	1.009	0.0%	1.20	1.120	1.009	0.0%	1.22
Prof - Other	3,290	78.62	21.55	1.100	1.015	0.0%	24.07	1.120	1.015	0.0%	24.50
Subtotal - Professional	20,917	54.91	95.72				106.90				108.82
Pharmacy - Non Hep C	10,057	45.75	38.34	1.165	1.051	0.0%	46.95	1.186	1.050	0.0%	47.74
Pharmacy - Hep C	2	15,105.52	3.07	0.855	1.010	0.0%	2.65	0.855	1.010	0.0%	2.65
Dental	2,605	59.22	12.86	0.950	1.010	0.0%	12.34	0.969	1.010	0.0%	12.58
FQHC & RHC	1,197	34.66	3.46	1.100	1.010	0.0%	3.84	1.120	1.010	0.0%	3.91
Subtotal - Other Services	13,861	49.98	57.73				65.78				66.88
Total			\$ 267.40				\$ 288.94				\$ 293.73
General Admin PMPM						8.3%	\$26.51			8.9%	\$29.01
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 321.86				\$ 329.29

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age 19 through 24 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			113,973				138,915				138,915
Home Health Care & Hospice	128	145.84	1.55	1.086	1.010	0.0%	1.70	1.105	1.010	0.0%	1.73
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	129	3,678.03	39.63	0.967	1.025	0.0%	39.28	0.986	1.025	0.0%	40.03
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	100	1,523.40	12.74	0.967	1.025	0.0%	12.63	0.986	1.025	0.0%	12.87
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	2	1,988.72	0.41	0.967	1.025	0.0%	0.41	0.986	1.025	0.0%	0.41
Subtotal - Inpatient	232	2,728.45	52.79				52.31				53.32
OP - Emergency Room	704	436.37	25.62	1.046	1.010	0.0%	27.05	1.065	1.010	0.0%	27.55
OP - Laboratory	89	253.78	1.87	0.991	0.937	0.0%	1.74	1.009	0.937	0.0%	1.77
OP - Radiology	81	499.51	3.38	0.991	1.010	0.0%	3.38	1.009	1.010	0.0%	3.45
OP - Surgery	44	2,743.74	9.99	0.991	1.010	0.0%	10.00	1.009	1.010	0.0%	10.19
OP - Mental Health	3	1,340.85	0.37	0.991	1.010	0.0%	0.37	1.009	1.010	0.0%	0.38
OP - Other	64	755.22	4.01	0.991	1.010	0.0%	4.02	1.009	1.010	0.0%	4.09
Subtotal - Outpatient	985	551.21	45.25				46.56				47.43
Prof - Evaluation & Management	3,285	42.23	11.56	1.100	1.010	0.0%	12.85	1.120	1.010	0.0%	13.08
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	349	146.29	4.26	1.100	1.009	0.0%	4.73	1.120	1.009	0.0%	4.81
Prof - DME/Supplies & Prosthetics	315	88.77	2.33	1.100	1.010	0.0%	2.59	1.120	1.010	0.0%	2.64
Prof - Lab	1,396	21.49	2.50	1.100	1.009	0.0%	2.78	1.120	1.009	0.0%	2.83
Prof - Radiology	852	31.19	2.21	1.100	1.009	0.0%	2.46	1.120	1.009	0.0%	2.50
Prof - Transportation	243	69.96	1.42	1.100	1.009	0.0%	1.58	1.120	1.009	0.0%	1.60
Prof - Mental Health	1,276	139.62	14.84	1.100	1.056	0.0%	17.25	1.120	1.056	0.0%	17.56
Prof - Target Case Management	30	335.27	0.84	1.100	1.010	0.0%	0.94	1.120	1.010	0.0%	0.96
Prof - Other	1,961	69.87	11.42	1.100	1.017	0.0%	12.79	1.120	1.017	0.0%	13.01
Subtotal - Professional	9,708	63.52	51.39				57.96				59.00
Pharmacy - Non Hep C	4,263	79.66	28.30	1.165	1.034	0.0%	34.10	1.186	1.034	0.0%	34.68
Pharmacy - Hep C	2	12,166.36	2.46	0.855	1.010	0.0%	2.12	0.855	1.010	0.0%	2.12
Dental	1,806	59.95	9.02	0.950	1.010	0.0%	8.66	0.969	1.010	0.0%	8.83
FQHC & RHC	411	34.91	1.20	1.100	1.010	0.0%	1.33	1.120	1.010	0.0%	1.35
Subtotal - Other Services	6,482	75.85	40.97				46.21				46.98
Total		\$ 191.95					\$ 204.74				\$ 208.46
General Admin PMPM						8.3%	\$18.79			8.9%	\$20.59
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 228.07				\$ 233.69

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age 25 through 39 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			296,687				352,665				352,665
Home Health Care & Hospice	233	126.42	2.45	1.086	1.010	0.0%	2.69	1.105	1.010	0.0%	2.74
IP - Maternity	213	889.94	15.77	1.000	1.023	0.0%	16.13	1.000	1.023	0.0%	16.13
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	241	2,736.54	55.01	0.967	1.025	0.0%	54.50	0.986	1.025	0.0%	55.55
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	90	1,810.65	13.52	0.967	1.025	0.0%	13.39	0.986	1.025	0.0%	13.65
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	5	2,375.37	0.90	0.967	1.024	0.0%	0.89	0.986	1.024	0.0%	0.91
Subtotal - Inpatient	548	1,865.50	85.19				84.92				86.24
OP - Emergency Room	1,004	489.01	40.91	1.046	1.010	0.0%	43.20	1.065	1.010	0.0%	44.00
OP - Laboratory	286	165.92	3.96	0.991	0.891	0.0%	3.49	1.009	0.891	0.0%	3.56
OP - Radiology	242	490.08	9.87	0.991	1.010	0.0%	9.88	1.009	1.010	0.0%	10.06
OP - Surgery	135	2,167.57	24.34	0.991	1.010	0.0%	24.35	1.009	1.010	0.0%	24.81
OP - Mental Health	5	1,437.07	0.63	0.991	1.010	0.0%	0.63	1.009	1.010	0.0%	0.64
OP - Other	183	580.91	8.87	0.991	1.010	0.0%	8.88	1.009	1.010	0.0%	9.05
Subtotal - Outpatient	1,855	572.98	88.58				90.43				92.12
Prof - Evaluation & Management	8,451	45.75	32.22	1.100	1.010	0.0%	35.80	1.120	1.010	0.0%	36.44
Prof - Maternity	533	142.42	6.32	1.100	1.008	0.0%	7.01	1.120	1.008	0.0%	7.14
Prof - Surgery	1,049	140.42	12.28	1.100	1.009	0.0%	13.64	1.120	1.009	0.0%	13.88
Prof - DME/Supplies & Prosthetics	480	106.30	4.26	1.100	1.010	0.0%	4.73	1.120	1.010	0.0%	4.81
Prof - Lab	6,259	21.09	11.00	1.100	1.009	0.0%	12.22	1.120	1.009	0.0%	12.44
Prof - Radiology	1,489	41.63	5.17	1.100	1.010	0.0%	5.74	1.120	1.010	0.0%	5.84
Prof - Transportation	324	60.48	1.63	1.100	1.009	0.0%	1.81	1.120	1.009	0.0%	1.85
Prof - Mental Health	2,197	132.66	24.29	1.100	1.050	0.0%	28.08	1.120	1.050	0.0%	28.58
Prof - Target Case Management	60	335.07	1.68	1.100	1.009	0.0%	1.86	1.120	1.009	0.0%	1.90
Prof - Other	4,462	78.86	29.32	1.100	1.016	0.0%	32.78	1.120	1.016	0.0%	33.36
Subtotal - Professional	25,305	60.78	128.16				143.66				146.23
Pharmacy - Non Hep C	16,371	50.35	68.70	1.165	1.046	0.0%	83.75	1.186	1.046	0.0%	85.16
Pharmacy - Hep C	11	14,601.72	13.92	0.855	1.010	0.0%	12.03	0.855	1.010	0.0%	12.03
Dental	2,268	44.80	8.47	0.950	1.010	0.0%	8.13	0.969	1.010	0.0%	8.29
FQHC & RHC	1,371	32.52	3.72	1.100	1.010	0.0%	4.13	1.120	1.010	0.0%	4.20
Subtotal - Other Services	20,021	56.82	94.80				108.04				109.68
Total			\$ 399.20				\$ 429.74				\$ 437.01
General Admin PMPM						8.3%	\$39.43			8.9%	\$43.16
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 478.70				\$ 489.91

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age 25 through 39 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			267,758				322,755				322,755
Home Health Care & Hospice	148	165.12	2.04	1.086	1.010	0.0%	2.24	1.105	1.010	0.0%	2.28
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	8,261.69	0.04	0.967	1.023	0.0%	0.04	0.986	1.023	0.0%	0.04
IP - Medical/Surgical	330	2,810.33	77.25	0.967	1.025	0.0%	76.54	0.986	1.025	0.0%	78.01
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	164	1,879.49	25.64	0.967	1.025	0.0%	25.41	0.986	1.025	0.0%	25.90
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	4	2,624.41	0.79	0.967	1.025	0.0%	0.78	0.986	1.025	0.0%	0.80
Subtotal - Inpatient	497	2,503.08	103.72				102.77				104.75
OP - Emergency Room	887	505.23	37.36	1.046	1.010	0.0%	39.45	1.065	1.010	0.0%	40.18
OP - Laboratory	185	213.99	3.31	0.991	0.865	0.0%	2.83	1.009	0.865	0.0%	2.89
OP - Radiology	125	529.95	5.54	0.991	1.010	0.0%	5.54	1.009	1.010	0.0%	5.64
OP - Surgery	70	2,620.75	15.32	0.991	1.010	0.0%	15.33	1.009	1.010	0.0%	15.62
OP - Mental Health	8	1,246.30	0.88	0.991	1.010	0.0%	0.88	1.009	1.010	0.0%	0.89
OP - Other	135	528.11	5.93	0.991	1.010	0.0%	5.93	1.009	1.010	0.0%	6.05
Subtotal - Outpatient	1,411	580.96	68.33				69.97				71.27
Prof - Evaluation & Management	4,632	43.25	16.70	1.100	1.010	0.0%	18.56	1.120	1.010	0.0%	18.89
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	617	161.92	8.32	1.100	1.010	0.0%	9.25	1.120	1.010	0.0%	9.41
Prof - DME/Supplies & Prosthetics	387	128.99	4.16	1.100	1.010	0.0%	4.63	1.120	1.010	0.0%	4.71
Prof - Lab	2,142	20.11	3.59	1.100	1.010	0.0%	3.99	1.120	1.010	0.0%	4.06
Prof - Radiology	1,242	34.70	3.59	1.100	1.010	0.0%	3.99	1.120	1.010	0.0%	4.06
Prof - Transportation	433	62.34	2.25	1.100	1.010	0.0%	2.50	1.120	1.010	0.0%	2.54
Prof - Mental Health	2,737	161.88	36.92	1.100	1.064	0.0%	43.22	1.120	1.064	0.0%	43.99
Prof - Target Case Management	51	334.07	1.43	1.100	1.010	0.0%	1.59	1.120	1.010	0.0%	1.62
Prof - Other	3,677	76.89	23.56	1.100	1.016	0.0%	26.35	1.120	1.016	0.0%	26.82
Subtotal - Professional	15,918	75.78	100.52				114.07				116.11
Pharmacy - Non Hep C	8,797	79.31	58.14	1.165	1.033	0.0%	70.02	1.186	1.033	0.0%	71.21
Pharmacy - Hep C	11	13,591.43	12.64	0.855	1.010	0.0%	10.92	0.855	1.010	0.0%	10.92
Dental	1,665	46.63	6.47	0.950	1.010	0.0%	6.21	0.969	1.010	0.0%	6.33
FQHC & RHC	701	33.59	1.96	1.100	1.010	0.0%	2.18	1.120	1.010	0.0%	2.22
Subtotal - Other Services	11,174	85.07	79.21				89.33				90.68
Total		\$ 353.82					\$ 378.38				\$ 385.09
General Admin PMPM						8.3%	\$34.72			8.9%	\$38.03
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 421.49				\$ 431.71

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age 40 or Older Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			306,764				372,780				372,780
Home Health Care & Hospice	534	133.48	5.94	1.086	1.010	0.0%	6.52	1.105	1.010	0.0%	6.64
IP - Maternity	9	802.74	0.60	1.000	1.023	0.0%	0.61	1.000	1.023	0.0%	0.61
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	490	2,738.37	111.89	0.967	1.025	0.0%	110.87	0.986	1.025	0.0%	113.00
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	69	1,710.39	9.76	0.967	1.025	0.0%	9.67	0.986	1.025	0.0%	9.86
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	12	3,483.69	3.62	0.967	1.025	0.0%	3.59	0.986	1.025	0.0%	3.65
Subtotal - Inpatient	580	2,603.06	125.87				124.75				127.13
OP - Emergency Room	791	584.57	38.54	1.046	1.010	0.0%	40.70	1.065	1.010	0.0%	41.45
OP - Laboratory	458	153.69	5.86	0.991	0.917	0.0%	5.32	1.009	0.917	0.0%	5.43
OP - Radiology	756	522.91	32.94	0.991	1.010	0.0%	32.96	1.009	1.010	0.0%	33.59
OP - Surgery	282	2,222.34	52.15	0.991	1.010	0.0%	52.19	1.009	1.010	0.0%	53.17
OP - Mental Health	3	1,140.62	0.26	0.991	1.010	0.0%	0.26	1.009	1.010	0.0%	0.26
OP - Other	466	624.05	24.22	0.991	1.010	0.0%	24.23	1.009	1.010	0.0%	24.69
Subtotal - Outpatient	2,755	670.72	153.98				155.67				158.59
Prof - Evaluation & Management	12,713	46.75	49.53	1.100	1.010	0.0%	55.04	1.120	1.010	0.0%	56.02
Prof - Maternity	22	126.00	0.23	1.100	1.007	0.0%	0.26	1.120	1.007	0.0%	0.26
Prof - Surgery	2,158	160.74	28.91	1.100	1.010	0.0%	32.11	1.120	1.010	0.0%	32.69
Prof - DME/Supplies & Prosthetics	1,356	104.90	11.85	1.100	1.010	0.0%	13.17	1.120	1.010	0.0%	13.41
Prof - Lab	6,927	18.77	10.83	1.100	1.010	0.0%	12.04	1.120	1.010	0.0%	12.25
Prof - Radiology	2,559	45.61	9.73	1.100	1.010	0.0%	10.81	1.120	1.010	0.0%	11.00
Prof - Transportation	408	67.43	2.29	1.100	1.009	0.0%	2.55	1.120	1.009	0.0%	2.59
Prof - Mental Health	1,275	110.80	11.77	1.100	1.037	0.0%	13.44	1.120	1.037	0.0%	13.68
Prof - Target Case Management	62	338.09	1.75	1.100	1.010	0.0%	1.95	1.120	1.010	0.0%	1.98
Prof - Other	6,402	78.68	41.98	1.100	1.020	0.0%	47.10	1.120	1.020	0.0%	47.94
Subtotal - Professional	33,882	59.81	168.88				188.46				191.83
Pharmacy - Non Hep C	38,503	49.54	158.94	1.165	1.046	0.0%	193.84	1.186	1.046	0.0%	197.09
Pharmacy - Hep C	15	14,391.79	18.45	0.855	1.010	0.0%	15.95	0.855	1.010	0.0%	15.95
Dental	1,712	41.57	5.93	0.950	1.010	0.0%	5.69	0.969	1.010	0.0%	5.80
FQHC & RHC	2,013	31.01	5.20	1.100	1.010	0.0%	5.78	1.120	1.010	0.0%	5.88
Subtotal - Other Services	42,243	53.55	188.52				221.26				224.72
Total			\$ 643.19				\$ 696.64				\$ 708.91
General Admin PMPM						8.3%	\$63.93			8.9%	\$70.01
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 776.01				\$ 794.73

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6A
Confidential and Proprietary

Region A

Service Category	MAGI Adult Age 40 or Older Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			281,441				344,760				344,760
Home Health Care & Hospice	373	214.64	6.67	1.086	1.010	0.0%	7.32	1.105	1.010	0.0%	7.45
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	694	2,783.01	160.89	0.967	1.025	0.0%	159.43	0.986	1.025	0.0%	162.49
IP - Normal Newborn	0	784.44	0.00	0.967	1.025	0.0%	0.00	0.986	1.025	0.0%	0.00
IP - Mental Health	128	1,920.28	20.47	0.967	1.025	0.0%	20.28	0.986	1.025	0.0%	20.67
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	15	2,702.09	3.32	0.967	1.025	0.0%	3.29	0.986	1.025	0.0%	3.36
Subtotal - Inpatient	836	2,649.54	184.69				183.01				186.52
OP - Emergency Room	805	606.37	40.66	1.046	1.010	0.0%	42.94	1.065	1.010	0.0%	43.73
OP - Laboratory	339	181.92	5.14	0.991	0.921	0.0%	4.69	1.009	0.921	0.0%	4.78
OP - Radiology	336	824.18	23.08	0.991	1.010	0.0%	23.10	1.009	1.010	0.0%	23.53
OP - Surgery	213	2,209.80	39.15	0.991	1.010	0.0%	39.18	1.009	1.010	0.0%	39.92
OP - Mental Health	5	1,456.73	0.56	0.991	1.010	0.0%	0.56	1.009	1.010	0.0%	0.57
OP - Other	370	669.86	20.64	0.991	1.010	0.0%	20.65	1.009	1.010	0.0%	21.05
Subtotal - Outpatient	2,067	750.41	129.23				131.12				133.58
Prof - Evaluation & Management	8,907	46.96	34.86	1.100	1.010	0.0%	38.73	1.120	1.010	0.0%	39.43
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	1,572	171.98	22.53	1.100	1.010	0.0%	25.03	1.120	1.010	0.0%	25.48
Prof - DME/Supplies & Prosthetics	1,165	109.86	10.66	1.100	1.010	0.0%	11.85	1.120	1.010	0.0%	12.06
Prof - Lab	4,320	18.09	6.51	1.100	1.010	0.0%	7.24	1.120	1.010	0.0%	7.36
Prof - Radiology	2,116	43.82	7.73	1.100	1.010	0.0%	8.59	1.120	1.010	0.0%	8.74
Prof - Transportation	550	70.73	3.24	1.100	1.010	0.0%	3.60	1.120	1.010	0.0%	3.66
Prof - Mental Health	1,423	147.96	17.55	1.100	1.054	0.0%	20.35	1.120	1.054	0.0%	20.72
Prof - Target Case Management	44	337.41	1.24	1.100	1.010	0.0%	1.38	1.120	1.010	0.0%	1.40
Prof - Other	5,676	75.33	35.63	1.100	1.018	0.0%	39.92	1.120	1.018	0.0%	40.63
Subtotal - Professional	25,773	65.16	139.95				156.68				159.49
Pharmacy - Non Hep C	24,856	61.77	127.95	1.165	1.039	0.0%	155.01	1.186	1.039	0.0%	157.63
Pharmacy - Hep C	28	15,815.68	37.22	0.855	1.010	0.0%	32.17	0.855	1.010	0.0%	32.17
Dental	1,379	44.77	5.14	0.950	1.010	0.0%	4.94	0.969	1.010	0.0%	5.03
FQHC & RHC	1,488	30.19	3.74	1.100	1.010	0.0%	4.16	1.120	1.010	0.0%	4.24
Subtotal - Other Services	27,751	75.27	174.07				196.28				199.07
Total			\$ 634.62				\$ 674.40				\$ 686.10
General Admin PMPM						8.3%	\$61.89			8.9%	\$67.75
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 751.24				\$ 769.16

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Families and Children Infant (age under 1)											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			301,438				364,905				364,905
Home Health Care & Hospice	131	126.52	1.38	1.055	1.000	0.0%	1.46	1.075	1.000	0.0%	1.49
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	843	5,128.12	360.17	0.974	1.015	0.0%	356.14	0.993	1.015	0.0%	362.95
IP - Medical/Surgical	146	7,951.85	96.56	0.974	1.015	0.0%	95.48	0.993	1.015	0.0%	97.31
IP - Normal Newborn	711	1,297.70	76.91	0.974	1.015	0.0%	76.05	0.993	1.015	0.0%	77.50
IP - Mental Health	0	3,347.98	0.11	0.974	1.015	0.0%	0.11	0.993	1.015	0.0%	0.11
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	4	5,190.29	1.94	0.974	1.015	0.0%	1.92	0.993	1.015	0.0%	1.95
Subtotal - Inpatient	1,705	3,771.14	535.69				529.70				539.82
OP - Emergency Room	1,174	311.97	30.53	1.065	1.000	0.0%	32.51	1.084	1.000	0.0%	33.11
OP - Laboratory	414	76.20	2.63	1.017	1.000	0.0%	2.67	1.036	1.000	0.0%	2.72
OP - Radiology	178	168.54	2.50	1.017	1.000	0.0%	2.54	1.036	1.000	0.0%	2.59
OP - Surgery	72	1,400.34	8.41	1.017	1.000	0.0%	8.55	1.036	1.000	0.0%	8.71
OP - Mental Health	0	66.59	0.00	1.017	1.002	0.0%	0.00	1.036	1.002	0.0%	0.00
OP - Other	728	146.96	8.91	1.017	1.000	0.0%	9.06	1.036	1.000	0.0%	9.23
Subtotal - Outpatient	2,567	247.71	52.98				55.34				56.36
Prof - Evaluation & Management	12,003	44.17	44.18	1.082	1.000	0.0%	47.81	1.102	1.000	0.0%	48.68
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	641	132.59	7.08	1.082	1.000	0.0%	7.66	1.102	1.000	0.0%	7.80
Prof - DME/Supplies & Prosthetics	519	55.73	2.41	1.082	1.000	0.0%	2.61	1.102	1.000	0.0%	2.66
Prof - Lab	1,447	15.74	1.90	1.082	1.000	0.0%	2.05	1.102	1.000	0.0%	2.09
Prof - Radiology	945	17.73	1.40	1.082	1.000	0.0%	1.51	1.102	1.000	0.0%	1.54
Prof - Transportation	189	254.69	4.02	1.082	1.000	0.0%	4.35	1.102	1.000	0.0%	4.43
Prof - Mental Health	1	110.94	0.01	1.082	1.000	0.0%	0.01	1.102	1.000	0.0%	0.01
Prof - Target Case Management	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Other	6,445	91.58	49.18	1.082	1.002	0.0%	53.31	1.102	1.002	0.0%	54.27
Subtotal - Professional	22,191	59.59	110.19				119.32				121.47
Pharmacy - Non Hep C	6,054	28.85	14.56	0.991	1.083	0.0%	15.62	1.009	1.082	0.0%	15.90
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	58	38.02	0.18	1.005	1.000	0.0%	0.18	1.023	1.000	0.0%	0.19
FQHC & RHC	7,392	38.79	23.89	1.082	1.000	0.0%	25.86	1.102	1.000	0.0%	26.32
Subtotal - Other Services	13,504	34.33	38.63				41.66				42.41
Total			\$ 738.88				\$ 747.47				\$ 761.54
General Admin PMPM						8.4%	\$69.47			9.0%	\$76.10
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 833.53				\$ 854.65

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Child (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,323,736				1,615,635				1,615,635
Home Health Care & Hospice	318	85.16	2.26	1.055	1.000	0.0%	2.38	1.075	1.000	0.0%	2.43
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	23	5,558.91	10.80	0.974	1.015	0.0%	10.69	0.993	1.015	0.0%	10.89
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	1	1,879.97	0.22	0.974	1.015	0.0%	0.21	0.993	1.015	0.0%	0.22
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	0	3,550.07	0.03	0.974	1.015	0.0%	0.03	0.993	1.015	0.0%	0.03
Subtotal - Inpatient	25	5,345.60	11.05				10.93				11.14
OP - Emergency Room	712	290.02	17.22	1.065	1.000	0.0%	18.33	1.084	1.000	0.0%	18.67
OP - Laboratory	189	75.16	1.18	1.017	1.001	0.0%	1.20	1.036	1.001	0.0%	1.22
OP - Radiology	72	161.66	0.97	1.017	1.000	0.0%	0.99	1.036	1.000	0.0%	1.01
OP - Surgery	80	1,754.73	11.74	1.017	1.000	0.0%	11.94	1.036	1.000	0.0%	12.16
OP - Mental Health	0	54.23	0.00	1.017	1.000	0.0%	0.00	1.036	1.000	0.0%	0.00
OP - Other	381	138.32	4.39	1.017	1.002	0.0%	4.47	1.036	1.002	0.0%	4.55
Subtotal - Outpatient	1,435	296.94	35.50				36.93				37.61
Prof - Evaluation & Management	5,126	47.04	20.09	1.082	1.002	0.0%	21.78	1.102	1.002	0.0%	22.17
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	340	157.36	4.45	1.082	1.000	0.0%	4.82	1.102	1.000	0.0%	4.91
Prof - DME/Supplies & Prosthetics	337	53.97	1.52	1.082	1.001	0.0%	1.64	1.102	1.001	0.0%	1.67
Prof - Lab	1,488	15.17	1.88	1.082	1.007	0.0%	2.05	1.102	1.007	0.0%	2.09
Prof - Radiology	368	16.63	0.51	1.082	1.006	0.0%	0.56	1.102	1.006	0.0%	0.57
Prof - Transportation	64	161.41	0.86	1.082	1.000	0.0%	0.93	1.102	1.000	0.0%	0.95
Prof - Mental Health	440	81.38	2.99	1.082	1.000	0.0%	3.23	1.102	1.000	0.0%	3.29
Prof - Target Case Management	36	340.69	1.02	1.082	1.000	0.0%	1.10	1.102	1.000	0.0%	1.12
Prof - Other	1,610	56.08	7.53	1.082	1.032	0.0%	8.40	1.102	1.032	0.0%	8.55
Subtotal - Professional	9,809	49.97	40.84				44.51				45.31
Pharmacy - Non Hep C	5,918	36.51	18.01	0.991	1.059	0.0%	18.89	1.009	1.058	0.0%	19.23
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	3,432	39.87	11.40	1.005	1.004	0.0%	11.50	1.023	1.004	0.0%	11.72
FQHC & RHC	3,535	33.41	9.84	1.082	1.003	0.0%	10.68	1.102	1.003	0.0%	10.87
Subtotal - Other Services	12,885	36.55	39.25				41.07				41.82
Total			\$ 128.90				\$ 135.82				\$ 138.31
General Admin PMPM						8.4%	\$12.62			9.0%	\$13.82
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 151.46				\$ 155.22

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Child (age 6-12)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,709,263				2,114,310				2,114,310
Home Health Care & Hospice	202	97.76	1.64	1.055	1.000	0.0%	1.74	1.075	1.000	0.0%	1.77
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	9	7,820.82	6.00	0.974	1.016	0.0%	5.93	0.993	1.016	0.0%	6.05
IP - Normal Newborn	0	238.52	0.00	0.974	1.015	0.0%	0.00	0.993	1.015	0.0%	0.00
IP - Mental Health	28	1,466.37	3.40	0.974	1.015	0.0%	3.36	0.993	1.015	0.0%	3.42
IP - PRTF	15	391.81	0.49	0.974	1.014	0.0%	0.49	0.993	1.014	0.0%	0.50
IP - Other	0	2,119.65	0.01	0.974	1.014	0.0%	0.01	0.993	1.014	0.0%	0.01
Subtotal - Inpatient	52	2,275.92	9.89				9.79				9.98
OP - Emergency Room	415	330.74	11.45	1.065	1.000	0.0%	12.19	1.084	1.000	0.0%	12.41
OP - Laboratory	165	70.58	0.97	1.017	0.996	0.0%	0.99	1.036	0.996	0.0%	1.00
OP - Radiology	101	200.10	1.69	1.017	1.000	0.0%	1.72	1.036	1.000	0.0%	1.75
OP - Surgery	39	1,980.15	6.40	1.017	1.000	0.0%	6.51	1.036	1.000	0.0%	6.63
OP - Mental Health	1	101.69	0.01	1.017	1.001	0.0%	0.01	1.036	1.001	0.0%	0.01
OP - Other	268	125.44	2.80	1.017	1.002	0.0%	2.85	1.036	1.002	0.0%	2.90
Subtotal - Outpatient	990	282.64	23.32				24.26				24.71
Prof - Evaluation & Management	4,830	46.57	18.74	1.082	1.002	0.0%	20.32	1.102	1.002	0.0%	20.69
Prof - Maternity	0	82.27	0.00	1.082	1.000	0.0%	0.00	1.102	1.000	0.0%	0.00
Prof - Surgery	243	127.91	2.59	1.082	1.000	0.0%	2.81	1.102	1.000	0.0%	2.86
Prof - DME/Supplies & Prosthetics	561	33.41	1.56	1.082	1.002	0.0%	1.69	1.102	1.002	0.0%	1.72
Prof - Lab	1,222	15.38	1.57	1.082	1.007	0.0%	1.71	1.102	1.007	0.0%	1.74
Prof - Radiology	488	18.95	0.77	1.082	1.006	0.0%	0.84	1.102	1.006	0.0%	0.85
Prof - Transportation	36	150.95	0.45	1.082	1.000	0.0%	0.48	1.102	1.000	0.0%	0.49
Prof - Mental Health	2,751	83.98	19.26	1.082	1.000	0.0%	20.84	1.102	1.000	0.0%	21.21
Prof - Target Case Management	208	341.77	5.93	1.082	1.000	0.0%	6.42	1.102	1.000	0.0%	6.54
Prof - Other	1,586	35.45	4.68	1.082	1.020	0.0%	5.17	1.102	1.020	0.0%	5.27
Subtotal - Professional	11,925	55.91	55.56				60.28				61.37
Pharmacy - Non Hep C	7,080	54.29	32.03	0.991	1.039	0.0%	32.96	1.009	1.038	0.0%	33.56
Pharmacy - Hep C	0	13,917.95	0.11	0.855	1.000	0.0%	0.10	0.855	1.000	0.0%	0.10
Dental	5,157	41.67	17.91	1.005	1.004	0.0%	18.07	1.023	1.004	0.0%	18.41
FQHC & RHC	4,217	32.68	11.49	1.082	1.003	0.0%	12.47	1.102	1.003	0.0%	12.69
Subtotal - Other Services	16,454	44.88	61.53				63.59				64.76
Total			\$ 151.95				\$ 159.65				\$ 162.58
General Admin PMPM						8.4%	\$14.84			9.0%	\$16.25
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 178.04				\$ 182.45

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Families and Children Child (age 13-18)-Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			617,966				769,605				769,605
Home Health Care & Hospice	175	94.49	1.38	1.055	1.000	0.0%	1.46	1.075	1.000	0.0%	1.48
IP - Maternity	74	1,472.92	9.07	1.000	1.014	0.0%	9.20	1.000	1.014	0.0%	9.20
IP - Complex Newborn	0	5,380.74	0.01	0.974	1.014	0.0%	0.01	0.993	1.014	0.0%	0.01
IP - Medical/Surgical	18	6,531.31	9.56	0.974	1.017	0.0%	9.48	0.993	1.017	0.0%	9.66
IP - Normal Newborn	0	1,876.82	0.04	0.974	1.014	0.0%	0.04	0.993	1.014	0.0%	0.04
IP - Mental Health	108	1,491.90	13.41	0.974	1.014	0.0%	13.26	0.993	1.014	0.0%	13.51
IP - PRTF	88	237.48	1.74	0.974	1.014	0.0%	1.72	0.993	1.014	0.0%	1.75
IP - Other	0	3,988.35	0.03	0.974	1.015	0.0%	0.03	0.993	1.015	0.0%	0.03
Subtotal - Inpatient	288	1,412.77	33.86				33.73				34.20
OP - Emergency Room	715	437.60	26.08	1.065	1.000	0.0%	27.77	1.084	1.000	0.0%	28.28
OP - Laboratory	413	94.55	3.26	1.017	0.994	0.0%	3.29	1.036	0.994	0.0%	3.35
OP - Radiology	231	299.54	5.77	1.017	1.000	0.0%	5.86	1.036	1.000	0.0%	5.97
OP - Surgery	67	1,833.18	10.21	1.017	1.000	0.0%	10.38	1.036	1.000	0.0%	10.57
OP - Mental Health	4	303.18	0.09	1.017	1.000	0.0%	0.09	1.036	1.000	0.0%	0.09
OP - Other	430	166.96	5.98	1.017	1.001	0.0%	6.09	1.036	1.001	0.0%	6.20
Subtotal - Outpatient	1,860	331.53	51.38				53.49				54.47
Prof - Evaluation & Management	6,306	44.95	23.62	1.082	1.002	0.0%	25.62	1.102	1.002	0.0%	26.08
Prof - Maternity	208	158.97	2.75	1.082	1.000	0.0%	2.98	1.102	1.000	0.0%	3.03
Prof - Surgery	317	128.69	3.40	1.082	1.000	0.0%	3.67	1.102	1.000	0.0%	3.74
Prof - DME/Supplies & Prosthetics	838	39.06	2.73	1.082	1.002	0.0%	2.96	1.102	1.002	0.0%	3.01
Prof - Lab	2,744	17.95	4.10	1.082	1.004	0.0%	4.46	1.102	1.004	0.0%	4.54
Prof - Radiology	898	28.93	2.17	1.082	1.005	0.0%	2.35	1.102	1.005	0.0%	2.40
Prof - Transportation	123	105.27	1.08	1.082	1.000	0.0%	1.17	1.102	1.000	0.0%	1.19
Prof - Mental Health	2,798	92.41	21.54	1.082	1.002	0.0%	23.37	1.102	1.002	0.0%	23.79
Prof - Target Case Management	186	340.71	5.27	1.082	1.000	0.0%	5.70	1.102	1.000	0.0%	5.81
Prof - Other	2,746	44.20	10.11	1.082	1.016	0.0%	11.12	1.102	1.016	0.0%	11.32
Subtotal - Professional	17,162	53.68	76.77				83.39				84.90
Pharmacy - Non Hep C	10,759	38.51	34.52	0.991	1.055	0.0%	36.07	1.009	1.054	0.0%	36.72
Pharmacy - Hep C	0	25,030.19	0.56	0.855	1.000	0.0%	0.48	0.855	1.000	0.0%	0.48
Dental	4,199	62.58	21.90	1.005	1.003	0.0%	22.07	1.023	1.003	0.0%	22.48
FQHC & RHC	4,309	35.95	12.91	1.082	1.003	0.0%	14.01	1.102	1.003	0.0%	14.26
Subtotal - Other Services	19,267	43.53	69.89				72.63				73.94
Total			\$ 233.28				\$ 244.70				\$ 249.00
General Admin PMPM						8.4%	\$22.74			9.0%	\$24.88
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 272.87				\$ 279.45

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Child (age 13-18)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			607,814				763,230				763,230
Home Health Care & Hospice	154	94.91	1.22	1.055	1.000	0.0%	1.29	1.075	1.000	0.0%	1.31
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	14	7,716.33	9.13	0.974	1.019	0.0%	9.07	0.993	1.019	0.0%	9.24
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	74	1,261.51	7.75	0.974	1.015	0.0%	7.66	0.993	1.015	0.0%	7.80
IP - PRTF	45	361.59	1.36	0.974	1.014	0.0%	1.35	0.993	1.014	0.0%	1.37
IP - Other	0	53,993.76	0.60	0.974	1.014	0.0%	0.60	0.993	1.014	0.0%	0.61
Subtotal - Inpatient	133	1,697.47	18.84				18.66				19.02
OP - Emergency Room	463	432.01	16.67	1.065	1.000	0.0%	17.75	1.084	1.000	0.0%	18.08
OP - Laboratory	163	93.11	1.26	1.017	0.989	0.0%	1.27	1.036	0.989	0.0%	1.29
OP - Radiology	153	274.49	3.49	1.017	1.000	0.0%	3.55	1.036	1.000	0.0%	3.62
OP - Surgery	40	2,497.62	8.25	1.017	1.000	0.0%	8.39	1.036	1.000	0.0%	8.54
OP - Mental Health	1	296.04	0.03	1.017	1.001	0.0%	0.03	1.036	1.001	0.0%	0.03
OP - Other	278	168.59	3.91	1.017	1.002	0.0%	3.98	1.036	1.002	0.0%	4.05
Subtotal - Outpatient	1,097	367.56	33.61				34.97				35.62
Prof - Evaluation & Management	4,474	44.38	16.55	1.082	1.002	0.0%	17.95	1.102	1.002	0.0%	18.27
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	301	126.30	3.17	1.082	1.000	0.0%	3.43	1.102	1.000	0.0%	3.49
Prof - DME/Supplies & Prosthetics	639	44.96	2.39	1.082	1.002	0.0%	2.60	1.102	1.002	0.0%	2.64
Prof - Lab	1,081	16.59	1.49	1.082	1.006	0.0%	1.63	1.102	1.006	0.0%	1.66
Prof - Radiology	817	24.30	1.65	1.082	1.005	0.0%	1.80	1.102	1.005	0.0%	1.83
Prof - Transportation	79	145.81	0.96	1.082	1.000	0.0%	1.03	1.102	1.000	0.0%	1.05
Prof - Mental Health	2,230	110.37	20.51	1.082	1.007	0.0%	22.35	1.102	1.007	0.0%	22.76
Prof - Target Case Management	165	341.29	4.71	1.082	1.000	0.0%	5.09	1.102	1.000	0.0%	5.18
Prof - Other	1,761	42.01	6.17	1.082	1.021	0.0%	6.81	1.102	1.021	0.0%	6.93
Subtotal - Professional	11,548	59.85	57.59				62.69				63.82
Pharmacy - Non Hep C	6,803	63.98	36.27	0.991	1.033	0.0%	37.12	1.009	1.033	0.0%	37.80
Pharmacy - Hep C	0	18,612.15	0.21	0.855	1.000	0.0%	0.18	0.855	1.000	0.0%	0.18
Dental	3,537	59.41	17.51	1.005	1.004	0.0%	17.66	1.023	1.004	0.0%	17.99
FQHC & RHC	2,805	33.49	7.83	1.082	1.003	0.0%	8.50	1.102	1.003	0.0%	8.65
Subtotal - Other Services	13,144	56.44	61.82				63.46				64.62
Total			\$ 173.09				\$ 181.07				\$ 184.39
General Admin PMPM						8.4%	\$16.83			9.0%	\$18.43
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 201.92				\$ 206.94

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Adult (age 19-24)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			182,013				221,250				221,250
Home Health Care & Hospice	74	65.55	0.40	1.055	1.000	0.0%	0.43	1.075	1.000	0.0%	0.43
IP - Maternity	1,208	1,373.64	138.25	1.000	1.015	0.0%	140.27	1.000	1.015	0.0%	140.27
IP - Complex Newborn	1	5,021.68	0.33	0.957	1.014	0.0%	0.32	0.976	1.014	0.0%	0.32
IP - Medical/Surgical	41	4,262.45	14.59	0.957	1.015	0.0%	14.17	0.976	1.015	0.0%	14.44
IP - Normal Newborn	1	2,651.01	0.17	0.957	1.015	0.0%	0.17	0.976	1.015	0.0%	0.17
IP - Mental Health	15	2,245.46	2.86	0.957	1.015	0.0%	2.78	0.976	1.015	0.0%	2.83
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	1	3,801.92	0.31	0.957	1.015	0.0%	0.30	0.976	1.015	0.0%	0.31
Subtotal - Inpatient	1,267	1,482.72	156.50				158.00				158.35
OP - Emergency Room	1,362	474.03	53.81	1.065	1.000	0.0%	57.30	1.084	1.000	0.0%	58.35
OP - Laboratory	1,045	105.63	9.20	1.017	0.955	0.0%	8.93	1.036	0.955	0.0%	9.10
OP - Radiology	381	240.33	7.64	1.017	1.000	0.0%	7.77	1.036	1.000	0.0%	7.91
OP - Surgery	261	991.48	21.53	1.017	1.000	0.0%	21.88	1.036	1.000	0.0%	22.29
OP - Mental Health	3	242.99	0.06	1.017	1.000	0.0%	0.06	1.036	1.000	0.0%	0.06
OP - Other	1,021	240.38	20.45	1.017	1.000	0.0%	20.78	1.036	1.000	0.0%	21.17
Subtotal - Outpatient	4,073	331.99	112.68				116.73				118.88
Prof - Evaluation & Management	6,864	43.60	24.94	1.082	1.000	0.0%	26.99	1.102	1.000	0.0%	27.47
Prof - Maternity	2,470	182.38	37.54	1.082	1.000	0.0%	40.62	1.102	1.000	0.0%	41.36
Prof - Surgery	499	124.40	5.17	1.082	1.000	0.0%	5.60	1.102	1.000	0.0%	5.70
Prof - DME/Supplies & Prosthetics	565	76.84	3.62	1.082	1.000	0.0%	3.92	1.102	1.000	0.0%	3.99
Prof - Lab	6,022	19.98	10.03	1.082	1.000	0.0%	10.85	1.102	1.000	0.0%	11.05
Prof - Radiology	974	34.04	2.76	1.082	1.000	0.0%	2.99	1.102	1.000	0.0%	3.04
Prof - Transportation	268	101.46	2.27	1.082	1.000	0.0%	2.45	1.102	1.000	0.0%	2.50
Prof - Mental Health	1,342	96.33	10.77	1.082	1.036	0.0%	12.07	1.102	1.036	0.0%	12.29
Prof - Target Case Management	64	341.57	1.81	1.082	1.000	0.0%	1.96	1.102	1.000	0.0%	2.00
Prof - Other	4,176	72.14	25.10	1.082	1.003	0.0%	27.25	1.102	1.003	0.0%	27.74
Subtotal - Professional	23,244	64.03	124.02				134.70				137.14
Pharmacy - Non Hep C	11,370	36.02	34.12	1.110	1.051	0.0%	39.80	1.129	1.050	0.0%	40.48
Pharmacy - Hep C	2	12,984.58	1.64	0.855	1.000	0.0%	1.40	0.855	1.000	0.0%	1.40
Dental	2,171	51.70	9.35	1.005	1.000	0.0%	9.40	1.023	1.000	0.0%	9.57
FQHC & RHC	4,257	51.20	18.17	1.082	1.000	0.0%	19.66	1.102	1.000	0.0%	20.01
Subtotal - Other Services	17,800	42.66	63.28				70.26				71.47
Total			\$ 456.89				\$ 480.12				\$ 486.27
General Admin PMPM						9.0%	\$47.75			9.6%	\$52.12
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 538.59				\$ 549.32

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Adult (age 19-24)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			19,169				22,665				22,665
Home Health Care & Hospice	55	58.96	0.27	1.055	1.000	0.0%	0.29	1.075	1.000	0.0%	0.29
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	77	4,607.29	29.52	0.957	1.015	0.0%	28.68	0.976	1.015	0.0%	29.23
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	24	1,994.22	4.02	0.957	1.015	0.0%	3.91	0.976	1.015	0.0%	3.98
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
Subtotal - Inpatient	101	3,981.61	33.54				32.59				33.22
OP - Emergency Room	922	470.83	36.16	1.065	1.000	0.0%	38.51	1.084	1.000	0.0%	39.21
OP - Laboratory	208	127.37	2.20	1.017	0.859	0.0%	1.93	1.036	0.859	0.0%	1.96
OP - Radiology	129	437.76	4.72	1.017	1.000	0.0%	4.80	1.036	1.000	0.0%	4.89
OP - Surgery	39	2,365.64	7.76	1.017	1.000	0.0%	7.89	1.036	1.000	0.0%	8.03
OP - Mental Health	3	1,006.01	0.26	1.017	1.000	0.0%	0.26	1.036	1.000	0.0%	0.27
OP - Other	208	256.57	4.46	1.017	1.000	0.0%	4.53	1.036	1.000	0.0%	4.61
Subtotal - Outpatient	1,510	441.64	55.56				57.91				58.98
Prof - Evaluation & Management	2,454	46.00	9.41	1.082	1.000	0.0%	10.18	1.102	1.000	0.0%	10.36
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	294	160.72	3.94	1.082	1.000	0.0%	4.26	1.102	1.000	0.0%	4.34
Prof - DME/Supplies & Prosthetics	264	66.29	1.46	1.082	1.000	0.0%	1.58	1.102	1.000	0.0%	1.61
Prof - Lab	877	18.21	1.33	1.082	1.000	0.0%	1.44	1.102	1.000	0.0%	1.47
Prof - Radiology	955	29.91	2.38	1.082	1.000	0.0%	2.58	1.102	1.000	0.0%	2.62
Prof - Transportation	201	140.50	2.36	1.082	1.000	0.0%	2.55	1.102	1.000	0.0%	2.60
Prof - Mental Health	1,147	110.65	10.58	1.082	1.062	0.0%	12.15	1.102	1.062	0.0%	12.37
Prof - Target Case Management	34	334.33	0.95	1.082	1.000	0.0%	1.03	1.102	1.000	0.0%	1.05
Prof - Other	2,455	68.69	14.06	1.082	1.003	0.0%	15.26	1.102	1.003	0.0%	15.54
Subtotal - Professional	8,681	64.21	46.45				51.02				51.94
Pharmacy - Non Hep C	5,820	117.94	57.20	1.110	1.016	0.0%	64.46	1.129	1.015	0.0%	65.59
Pharmacy - Hep C	1	12,851.00	1.54	0.855	1.000	0.0%	1.32	0.855	1.000	0.0%	1.32
Dental	1,813	53.21	8.04	1.005	1.000	0.0%	8.08	1.023	1.000	0.0%	8.23
FQHC & RHC	1,387	32.17	3.72	1.082	1.000	0.0%	4.02	1.102	1.000	0.0%	4.10
Subtotal - Other Services	9,022	93.77	70.50				77.88				79.24
Total			\$ 206.32				\$ 219.69				\$ 223.67
General Admin PMPM						9.0%	\$21.85			9.6%	\$23.97
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 246.44				\$ 252.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Adult (age 25-39)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			507,409				647,970				647,970
Home Health Care & Hospice	184	73.25	1.12	1.055	1.000	0.0%	1.19	1.075	1.000	0.0%	1.21
IP - Maternity	522	1,414.54	61.49	1.000	1.015	0.0%	62.40	1.000	1.015	0.0%	62.40
IP - Complex Newborn	0	9,821.28	0.37	0.957	1.015	0.0%	0.36	0.976	1.015	0.0%	0.37
IP - Medical/Surgical	90	4,940.83	37.06	0.957	1.015	0.0%	36.01	0.976	1.015	0.0%	36.70
IP - Normal Newborn	1	1,339.05	0.06	0.957	1.015	0.0%	0.06	0.976	1.015	0.0%	0.06
IP - Mental Health	28	2,901.59	6.74	0.957	1.015	0.0%	6.55	0.976	1.015	0.0%	6.68
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	2	3,573.16	0.46	0.957	1.015	0.0%	0.45	0.976	1.015	0.0%	0.46
Subtotal - Inpatient	642	1,984.57	106.20				105.82				106.66
OP - Emergency Room	1,154	549.28	52.81	1.065	1.000	0.0%	56.24	1.084	1.000	0.0%	57.26
OP - Laboratory	977	124.29	10.12	1.017	0.896	0.0%	9.22	1.036	0.896	0.0%	9.39
OP - Radiology	447	355.03	13.24	1.017	1.000	0.0%	13.45	1.036	1.000	0.0%	13.71
OP - Surgery	214	1,754.29	31.23	1.017	1.000	0.0%	31.74	1.036	1.000	0.0%	32.34
OP - Mental Health	4	386.63	0.14	1.017	1.000	0.0%	0.14	1.036	1.000	0.0%	0.14
OP - Other	748	206.71	12.88	1.017	1.000	0.0%	13.10	1.036	1.000	0.0%	13.34
Subtotal - Outpatient	3,544	407.73	120.41				123.89				126.18
Prof - Evaluation & Management	8,086	44.05	29.68	1.082	1.000	0.0%	32.12	1.102	1.000	0.0%	32.70
Prof - Maternity	1,141	172.60	16.41	1.082	1.000	0.0%	17.75	1.102	1.000	0.0%	18.08
Prof - Surgery	781	151.72	9.87	1.082	1.000	0.0%	10.68	1.102	1.000	0.0%	10.87
Prof - DME/Supplies & Prosthetics	631	83.01	4.37	1.082	1.000	0.0%	4.72	1.102	1.000	0.0%	4.81
Prof - Lab	5,015	19.39	8.10	1.082	1.000	0.0%	8.77	1.102	1.000	0.0%	8.93
Prof - Radiology	1,500	36.32	4.54	1.082	1.000	0.0%	4.91	1.102	1.000	0.0%	5.00
Prof - Transportation	250	109.69	2.28	1.082	1.000	0.0%	2.47	1.102	1.000	0.0%	2.51
Prof - Mental Health	2,846	86.36	20.48	1.082	1.037	0.0%	22.99	1.102	1.037	0.0%	23.41
Prof - Target Case Management	152	344.98	4.37	1.082	1.000	0.0%	4.73	1.102	1.000	0.0%	4.81
Prof - Other	5,872	76.53	37.45	1.082	1.004	0.0%	40.68	1.102	1.004	0.0%	41.42
Subtotal - Professional	26,274	62.82	137.55				149.82				152.53
Pharmacy - Non Hep C	22,818	45.41	86.35	1.110	1.040	0.0%	99.69	1.129	1.040	0.0%	101.40
Pharmacy - Hep C	7	13,274.07	7.94	0.855	1.000	0.0%	6.79	0.855	1.000	0.0%	6.79
Dental	2,057	44.93	7.70	1.005	1.000	0.0%	7.74	1.023	1.000	0.0%	7.88
FQHC & RHC	3,941	42.54	13.97	1.082	1.000	0.0%	15.12	1.102	1.000	0.0%	15.39
Subtotal - Other Services	28,823	48.28	115.97				129.33				131.46
Total			\$ 481.25				\$ 510.06				\$ 518.04
General Admin PMPM						9.0%	\$50.72			9.6%	\$55.52
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 572.16				\$ 585.21

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Adult (age 25-39)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			127,437				158,730				158,730
Home Health Care & Hospice	125	72.02	0.75	1.055	1.000	0.0%	0.79	1.075	1.000	0.0%	0.81
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	107	4,651.54	41.31	0.957	1.015	0.0%	40.13	0.976	1.015	0.0%	40.91
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	26	2,769.18	6.04	0.957	1.015	0.0%	5.87	0.976	1.015	0.0%	5.98
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	1	6,169.86	0.36	0.957	1.015	0.0%	0.35	0.976	1.015	0.0%	0.36
Subtotal - Inpatient	133	4,290.31	47.71				46.35				47.24
OP - Emergency Room	864	572.59	41.25	1.065	1.000	0.0%	43.92	1.084	1.000	0.0%	44.72
OP - Laboratory	454	167.85	6.36	1.017	0.828	0.0%	5.35	1.036	0.828	0.0%	5.45
OP - Radiology	216	438.20	7.87	1.017	1.000	0.0%	8.00	1.036	1.000	0.0%	8.15
OP - Surgery	85	2,285.20	16.11	1.017	1.000	0.0%	16.38	1.036	1.000	0.0%	16.69
OP - Mental Health	3	453.47	0.12	1.017	1.000	0.0%	0.12	1.036	1.000	0.0%	0.13
OP - Other	358	224.57	6.70	1.017	1.000	0.0%	6.81	1.036	1.000	0.0%	6.94
Subtotal - Outpatient	1,980	475.16	78.41				80.59				82.08
Prof - Evaluation & Management	5,129	43.26	18.49	1.082	1.000	0.0%	20.00	1.102	1.000	0.0%	20.37
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	549	153.26	7.01	1.082	1.000	0.0%	7.59	1.102	1.000	0.0%	7.73
Prof - DME/Supplies & Prosthetics	602	82.34	4.13	1.082	1.000	0.0%	4.47	1.102	1.000	0.0%	4.55
Prof - Lab	1,800	16.69	2.50	1.082	1.000	0.0%	2.71	1.102	1.000	0.0%	2.76
Prof - Radiology	1,276	33.81	3.59	1.082	1.000	0.0%	3.89	1.102	1.000	0.0%	3.96
Prof - Transportation	199	135.87	2.25	1.082	1.000	0.0%	2.44	1.102	1.000	0.0%	2.48
Prof - Mental Health	2,306	82.94	15.94	1.082	1.046	0.0%	18.04	1.102	1.046	0.0%	18.37
Prof - Target Case Management	103	346.85	2.98	1.082	1.000	0.0%	3.22	1.102	1.000	0.0%	3.28
Prof - Other	4,807	87.68	35.13	1.082	1.004	0.0%	38.15	1.102	1.004	0.0%	38.84
Subtotal - Professional	16,771	65.85	92.03				100.51				102.33
Pharmacy - Non Hep C	15,585	53.00	68.83	1.110	1.035	0.0%	79.02	1.129	1.034	0.0%	80.38
Pharmacy - Hep C	8	13,854.16	9.75	0.855	1.000	0.0%	8.34	0.855	1.000	0.0%	8.34
Dental	1,673	47.98	6.69	1.005	1.000	0.0%	6.72	1.023	1.000	0.0%	6.85
FQHC & RHC	2,194	33.46	6.12	1.082	1.000	0.0%	6.62	1.102	1.000	0.0%	6.74
Subtotal - Other Services	19,460	56.36	91.39				100.70				102.31
Total			\$ 310.29				\$ 328.95				\$ 334.77
General Admin PMPM						9.0%	\$32.71			9.6%	\$35.88
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 369.01				\$ 378.18

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Adult (age 40 +)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			144,547				193,095				193,095
Home Health Care & Hospice	349	103.68	3.02	1.055	1.000	0.0%	3.19	1.075	1.000	0.0%	3.25
IP - Maternity	46	1,418.21	5.40	1.000	1.015	0.0%	5.48	1.000	1.015	0.0%	5.48
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	175	5,072.28	73.83	0.957	1.015	0.0%	71.72	0.976	1.015	0.0%	73.11
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	31	2,697.96	7.08	0.957	1.015	0.0%	6.88	0.976	1.015	0.0%	7.01
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	4	2,721.97	0.86	0.957	1.015	0.0%	0.84	0.976	1.015	0.0%	0.85
Subtotal - Inpatient	256	4,092.05	87.17				84.91				86.45
OP - Emergency Room	943	661.09	51.93	1.065	1.000	0.0%	55.30	1.084	1.000	0.0%	56.31
OP - Laboratory	993	142.60	11.80	1.017	0.932	0.0%	11.18	1.036	0.932	0.0%	11.39
OP - Radiology	768	471.95	30.19	1.017	1.000	0.0%	30.69	1.036	1.000	0.0%	31.26
OP - Surgery	241	2,147.99	43.11	1.017	1.000	0.0%	43.83	1.036	1.000	0.0%	44.65
OP - Mental Health	6	361.92	0.17	1.017	1.000	0.0%	0.17	1.036	1.000	0.0%	0.18
OP - Other	854	295.15	21.01	1.017	1.000	0.0%	21.35	1.036	1.000	0.0%	21.75
Subtotal - Outpatient	3,804	499.12	158.21				162.52				165.53
Prof - Evaluation & Management	10,490	44.78	39.14	1.082	1.000	0.0%	42.35	1.102	1.000	0.0%	43.12
Prof - Maternity	127	144.20	1.53	1.082	1.000	0.0%	1.65	1.102	1.000	0.0%	1.68
Prof - Surgery	1,311	165.43	18.07	1.082	1.000	0.0%	19.56	1.102	1.000	0.0%	19.91
Prof - DME/Supplies & Prosthetics	1,277	71.67	7.63	1.082	1.000	0.0%	8.26	1.102	1.000	0.0%	8.41
Prof - Lab	4,890	17.97	7.32	1.082	1.000	0.0%	7.92	1.102	1.000	0.0%	8.07
Prof - Radiology	2,253	39.62	7.44	1.082	1.000	0.0%	8.05	1.102	1.000	0.0%	8.20
Prof - Transportation	289	94.48	2.28	1.082	1.000	0.0%	2.47	1.102	1.000	0.0%	2.51
Prof - Mental Health	2,113	83.04	14.62	1.082	1.025	0.0%	16.21	1.102	1.025	0.0%	16.50
Prof - Target Case Management	118	344.68	3.40	1.082	1.000	0.0%	3.68	1.102	1.000	0.0%	3.75
Prof - Other	6,288	72.07	37.76	1.082	1.008	0.0%	41.17	1.102	1.008	0.0%	41.92
Subtotal - Professional	29,158	57.29	139.19				151.32				154.05
Pharmacy - Non Hep C	43,957	47.27	173.16	1.110	1.039	0.0%	199.56	1.129	1.038	0.0%	202.98
Pharmacy - Hep C	8	14,927.80	10.21	0.855	1.000	0.0%	8.74	0.855	1.000	0.0%	8.74
Dental	1,717	42.84	6.13	1.005	1.000	0.0%	6.16	1.023	1.000	0.0%	6.28
FQHC & RHC	4,107	33.64	11.52	1.082	1.000	0.0%	12.46	1.102	1.000	0.0%	12.69
Subtotal - Other Services	49,790	48.45	201.02				226.91				230.68
Total			\$ 588.61				\$ 628.86				\$ 639.96
General Admin PMPM						9.0%	\$62.54			9.6%	\$68.59
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 705.43				\$ 722.94

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Families and Children Adult (age 40+)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			79,956				104,010				104,010
Home Health Care & Hospice	276	93.55	2.16	1.055	1.000	0.0%	2.27	1.075	1.000	0.0%	2.32
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Medical/Surgical	175	5,284.34	77.15	0.957	1.015	0.0%	74.95	0.976	1.015	0.0%	76.39
IP - Normal Newborn	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Mental Health	24	3,576.88	7.22	0.957	1.015	0.0%	7.01	0.976	1.015	0.0%	7.14
IP - PRTF	-	-	-	0.957	1.000	0.0%	-	0.976	1.000	0.0%	-
IP - Other	3	5,334.84	1.55	0.957	1.015	0.0%	1.51	0.976	1.015	0.0%	1.54
Subtotal - Inpatient	203	5,081.49	85.91				83.47				85.08
OP - Emergency Room	757	704.18	44.43	1.065	1.000	0.0%	47.31	1.084	1.000	0.0%	48.18
OP - Laboratory	644	217.07	11.65	1.017	0.928	0.0%	10.99	1.036	0.928	0.0%	11.19
OP - Radiology	431	603.00	21.64	1.017	1.000	0.0%	22.00	1.036	1.000	0.0%	22.41
OP - Surgery	181	2,250.46	34.01	1.017	1.000	0.0%	34.58	1.036	1.000	0.0%	35.22
OP - Mental Health	2	267.31	0.04	1.017	1.000	0.0%	0.04	1.036	1.000	0.0%	0.04
OP - Other	656	325.09	17.78	1.017	1.000	0.0%	18.08	1.036	1.000	0.0%	18.41
Subtotal - Outpatient	2,671	581.99	129.56				132.99				135.45
Prof - Evaluation & Management	7,817	46.50	30.29	1.082	1.000	0.0%	32.78	1.102	1.000	0.0%	33.37
Prof - Maternity	-	-	-	1.082	1.000	0.0%	-	1.102	1.000	0.0%	-
Prof - Surgery	1,047	170.26	14.85	1.082	1.000	0.0%	16.07	1.102	1.000	0.0%	16.36
Prof - DME/Supplies & Prosthetics	1,411	80.84	9.50	1.082	1.000	0.0%	10.28	1.102	1.000	0.0%	10.47
Prof - Lab	2,932	16.05	3.92	1.082	1.000	0.0%	4.24	1.102	1.000	0.0%	4.32
Prof - Radiology	1,870	40.00	6.23	1.082	1.000	0.0%	6.74	1.102	1.000	0.0%	6.87
Prof - Transportation	253	121.39	2.56	1.082	1.000	0.0%	2.77	1.102	1.000	0.0%	2.82
Prof - Mental Health	1,655	74.66	10.30	1.082	1.026	0.0%	11.43	1.102	1.026	0.0%	11.63
Prof - Target Case Management	79	345.43	2.28	1.082	1.000	0.0%	2.47	1.102	1.000	0.0%	2.52
Prof - Other	5,275	76.68	33.70	1.082	1.007	0.0%	36.71	1.102	1.007	0.0%	37.37
Subtotal - Professional	22,338	61.05	113.64				123.49				125.73
Pharmacy - Non Hep C	31,567	52.60	138.36	1.110	1.035	0.0%	158.85	1.129	1.034	0.0%	161.59
Pharmacy - Hep C	10	16,531.96	14.27	0.855	1.000	0.0%	12.20	0.855	1.000	0.0%	12.20
Dental	1,289	44.29	4.76	1.005	1.000	0.0%	4.78	1.023	1.000	0.0%	4.87
FQHC & RHC	2,959	31.85	7.85	1.082	1.000	0.0%	8.50	1.102	1.000	0.0%	8.65
Subtotal - Other Services	35,825	55.35	165.24				184.34				187.32
Total			\$ 496.51				\$ 526.56				\$ 535.89
General Admin PMPM						9.0%	\$52.36			9.6%	\$57.44
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 590.68				\$ 605.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

SSI w/o Medicare Adult (age 19-24)-Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			22,258				25,650				25,650
Home Health Care & Hospice	778	85.88	5.57	1.024	1.000	0.0%	5.70	1.043	1.000	0.0%	5.81
IP - Maternity	300	1,595.15	39.88	1.000	1.015	0.0%	40.46	1.000	1.015	0.0%	40.46
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	176	8,643.26	126.86	1.018	1.015	0.0%	131.03	1.037	1.015	0.0%	133.48
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	139	2,717.85	31.53	1.018	1.015	0.0%	32.56	1.037	1.015	0.0%	33.17
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	1	5,755.00	0.26	1.018	1.015	0.0%	0.27	1.037	1.015	0.0%	0.28
Subtotal - Inpatient	616	3,868.25	198.53				204.33				207.38
OP - Emergency Room	1,624	468.18	63.36	1.144	1.000	0.0%	72.50	1.164	1.000	0.0%	73.77
OP - Laboratory	971	107.50	8.70	1.128	0.960	0.0%	9.42	1.148	0.960	0.0%	9.58
OP - Radiology	385	404.60	12.97	1.128	1.000	0.0%	14.63	1.148	1.000	0.0%	14.89
OP - Surgery	213	1,897.24	33.70	1.128	1.000	0.0%	38.00	1.148	1.000	0.0%	38.67
OP - Mental Health	1	47.19	0.00	1.128	1.000	0.0%	0.00	1.148	1.000	0.0%	0.00
OP - Other	919	374.59	28.70	1.128	1.000	0.0%	32.36	1.148	1.000	0.0%	32.94
Subtotal - Outpatient	4,113	430.12	147.43				166.91				169.85
Prof - Evaluation & Management	7,829	48.73	31.79	1.096	1.000	0.0%	34.84	1.116	1.000	0.0%	35.46
Prof - Maternity	802	148.72	9.93	1.096	1.000	0.0%	10.89	1.116	1.000	0.0%	11.08
Prof - Surgery	673	133.36	7.48	1.096	1.000	0.0%	8.20	1.116	1.000	0.0%	8.35
Prof - DME/Supplies & Prosthetics	1,604	174.60	23.34	1.096	1.000	0.0%	25.58	1.116	1.000	0.0%	26.04
Prof - Lab	4,438	19.70	7.29	1.096	1.000	0.0%	7.98	1.116	1.000	0.0%	8.13
Prof - Radiology	1,598	34.25	4.56	1.096	1.000	0.0%	5.00	1.116	1.000	0.0%	5.09
Prof - Transportation	710	77.98	4.61	1.096	1.000	0.0%	5.06	1.116	1.000	0.0%	5.15
Prof - Mental Health	3,506	129.07	37.71	1.096	1.006	0.0%	41.57	1.116	1.006	0.0%	42.32
Prof - Target Case Management	238	343.07	6.81	1.096	1.000	0.0%	7.47	1.116	1.000	0.0%	7.60
Prof - Other	5,780	65.19	31.40	1.096	1.005	0.0%	34.59	1.116	1.005	0.0%	35.21
Subtotal - Professional	27,178	72.83	164.94				181.18				184.43
Pharmacy - Non Hep C	26,316	103.62	227.24	1.145	1.017	0.0%	264.71	1.165	1.017	0.0%	269.28
Pharmacy - Hep C	2	12,692.88	2.62	0.855	1.000	0.0%	2.24	0.855	1.000	0.0%	2.24
Dental	2,352	52.57	10.30	0.966	1.000	0.0%	9.95	0.985	1.000	0.0%	10.15
FQHC & RHC	4,052	41.44	13.99	1.096	1.000	0.0%	15.33	1.116	1.000	0.0%	15.61
Subtotal - Other Services	32,722	93.21	254.16				292.25				297.28
Total			\$ 770.63				\$ 850.37				\$ 864.75
General Admin PMPM						7.3%	\$67.28			7.8%	\$73.64
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 936.28				\$ 957.44

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI w/o Medicare Adult (age 19-24)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			34,595				40,320				40,320
Home Health Care & Hospice	575	75.16	3.60	1.024	1.000	0.0%	3.69	1.043	1.000	0.0%	3.75
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	115	9,946.73	94.93	1.018	1.015	0.0%	98.05	1.037	1.015	0.0%	99.88
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	77	2,968.41	19.16	1.018	1.015	0.0%	19.79	1.037	1.015	0.0%	20.16
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	1	5,365.40	0.48	1.018	1.015	0.0%	0.50	1.037	1.015	0.0%	0.51
Subtotal - Inpatient	193	7,121.40	114.57				118.34				120.55
OP - Emergency Room	795	476.03	31.55	1.144	1.000	0.0%	36.10	1.164	1.000	0.0%	36.73
OP - Laboratory	327	163.22	4.44	1.128	0.956	0.0%	4.79	1.148	0.956	0.0%	4.87
OP - Radiology	144	733.04	8.80	1.128	1.000	0.0%	9.92	1.148	1.000	0.0%	10.10
OP - Surgery	78	2,162.92	14.08	1.128	1.000	0.0%	15.88	1.148	1.000	0.0%	16.16
OP - Mental Health	3	289.34	0.08	1.128	1.000	0.0%	0.09	1.148	1.000	0.0%	0.09
OP - Other	443	331.08	12.22	1.128	1.000	0.0%	13.78	1.148	1.000	0.0%	14.02
Subtotal - Outpatient	1,790	477.08	71.16				80.55				81.97
Prof - Evaluation & Management	4,086	48.76	16.60	1.096	1.000	0.0%	18.19	1.116	1.000	0.0%	18.52
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	416	153.21	5.31	1.096	1.000	0.0%	5.81	1.116	1.000	0.0%	5.92
Prof - DME/Supplies & Prosthetics	1,049	165.43	14.46	1.096	1.000	0.0%	15.85	1.116	1.000	0.0%	16.14
Prof - Lab	1,271	17.35	1.84	1.096	1.000	0.0%	2.01	1.116	1.000	0.0%	2.05
Prof - Radiology	958	30.69	2.45	1.096	1.000	0.0%	2.68	1.116	1.000	0.0%	2.73
Prof - Transportation	365	94.30	2.86	1.096	1.000	0.0%	3.14	1.116	1.000	0.0%	3.20
Prof - Mental Health	2,623	143.32	31.33	1.096	1.003	0.0%	34.45	1.116	1.003	0.0%	35.07
Prof - Target Case Management	124	338.21	3.50	1.096	1.000	0.0%	3.84	1.116	1.000	0.0%	3.91
Prof - Other	3,182	64.01	16.97	1.096	1.010	0.0%	18.78	1.116	1.010	0.0%	19.12
Subtotal - Professional	14,074	81.28	95.33				104.77				106.65
Pharmacy - Non Hep C	16,305	108.24	147.08	1.145	1.016	0.0%	171.22	1.165	1.016	0.0%	174.17
Pharmacy - Hep C	4	17,273.40	5.74	0.855	1.000	0.0%	4.91	0.855	1.000	0.0%	4.91
Dental	1,827	50.47	7.69	0.966	1.000	0.0%	7.43	0.985	1.000	0.0%	7.57
FQHC & RHC	1,769	32.60	4.80	1.096	1.000	0.0%	5.27	1.116	1.000	0.0%	5.36
Subtotal - Other Services	19,906	99.66	165.31				188.82				192.01
Total			\$ 449.98				\$ 496.17				\$ 504.93
General Admin PMPM						7.3%	\$39.26			7.8%	\$43.00
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 546.29				\$ 559.05

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

SSI w/o Medicare Adult (age 25-44)-Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			125,237				145,875				145,875
Home Health Care & Hospice	1,086	90.15	8.16	1.024	1.000	0.0%	8.35	1.043	1.000	0.0%	8.51
IP - Maternity	77	1,664.95	10.66	1.000	1.015	0.0%	10.81	1.000	1.015	0.0%	10.81
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	387	4,881.47	157.46	1.018	1.015	0.0%	162.63	1.037	1.015	0.0%	165.67
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	123	2,855.39	29.32	1.018	1.015	0.0%	30.29	1.037	1.015	0.0%	30.85
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	4	6,843.03	2.31	1.018	1.014	0.0%	2.39	1.037	1.014	0.0%	2.43
Subtotal - Inpatient	591	4,054.63	199.75				206.12				209.77
OP - Emergency Room	1,962	597.68	97.70	1.144	1.000	0.0%	111.80	1.164	1.000	0.0%	113.76
OP - Laboratory	1,221	153.32	15.60	1.128	0.928	0.0%	16.33	1.148	0.928	0.0%	16.61
OP - Radiology	668	619.62	34.50	1.128	1.000	0.0%	38.91	1.148	1.000	0.0%	39.60
OP - Surgery	284	2,204.17	52.13	1.128	1.000	0.0%	58.78	1.148	1.000	0.0%	59.82
OP - Mental Health	5	181.59	0.07	1.128	1.000	0.0%	0.08	1.148	1.000	0.0%	0.08
OP - Other	1,149	374.81	35.90	1.128	1.000	0.0%	40.48	1.148	1.000	0.0%	41.19
Subtotal - Outpatient	5,289	535.26	235.90				266.37				271.06
Prof - Evaluation & Management	11,059	48.44	44.64	1.096	1.000	0.0%	48.92	1.116	1.000	0.0%	49.80
Prof - Maternity	206	148.56	2.55	1.096	1.000	0.0%	2.79	1.116	1.000	0.0%	2.84
Prof - Surgery	1,425	151.13	17.95	1.096	1.000	0.0%	19.67	1.116	1.000	0.0%	20.02
Prof - DME/Supplies & Prosthetics	2,219	107.77	19.93	1.096	1.000	0.0%	21.84	1.116	1.000	0.0%	22.23
Prof - Lab	5,510	18.65	8.56	1.096	1.000	0.0%	9.38	1.116	1.000	0.0%	9.55
Prof - Radiology	2,918	37.37	9.09	1.096	1.000	0.0%	9.96	1.116	1.000	0.0%	10.14
Prof - Transportation	961	86.49	6.93	1.096	1.000	0.0%	7.59	1.116	1.000	0.0%	7.73
Prof - Mental Health	4,595	124.76	47.78	1.096	1.011	0.0%	52.95	1.116	1.011	0.0%	53.90
Prof - Target Case Management	292	349.90	8.50	1.096	1.000	0.0%	9.32	1.116	1.000	0.0%	9.49
Prof - Other	9,500	75.29	59.60	1.096	1.005	0.0%	65.65	1.116	1.005	0.0%	66.83
Subtotal - Professional	38,685	69.96	225.53				248.08				252.53
Pharmacy - Non Hep C	56,517	64.85	305.41	1.145	1.027	0.0%	359.30	1.165	1.027	0.0%	365.43
Pharmacy - Hep C	13	14,125.26	14.79	0.855	1.000	0.0%	12.65	0.855	1.000	0.0%	12.65
Dental	1,961	45.34	7.41	0.966	1.000	0.0%	7.16	0.985	1.000	0.0%	7.30
FQHC & RHC	5,125	35.53	15.17	1.096	1.000	0.0%	16.63	1.116	1.000	0.0%	16.93
Subtotal - Other Services	63,616	64.66	342.78				395.73				402.30
Total			\$ 1,012.13				\$ 1,124.65				\$ 1,144.17
General Admin PMPM						7.3%	\$88.98			7.8%	\$97.43
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,238.28				\$ 1,266.81

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI w/o Medicare Adult (age 25-44)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			109,551				130,680				130,680
Home Health Care & Hospice	916	99.06	7.56	1.024	1.000	0.0%	7.74	1.043	1.000	0.0%	7.88
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	352	4,821.38	141.25	1.018	1.015	0.0%	145.90	1.037	1.015	0.0%	148.63
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	108	3,049.92	27.49	1.018	1.015	0.0%	28.39	1.037	1.015	0.0%	28.92
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	3	4,157.92	1.08	1.018	1.015	0.0%	1.12	1.037	1.015	0.0%	1.14
Subtotal - Inpatient	463	4,402.94	169.82				175.41				178.69
OP - Emergency Room	1,277	587.31	62.49	1.144	1.000	0.0%	71.51	1.164	1.000	0.0%	72.76
OP - Laboratory	741	160.07	9.89	1.128	0.903	0.0%	10.07	1.148	0.903	0.0%	10.25
OP - Radiology	303	788.37	19.90	1.128	1.000	0.0%	22.44	1.148	1.000	0.0%	22.83
OP - Surgery	143	2,264.13	26.90	1.128	1.000	0.0%	30.33	1.148	1.000	0.0%	30.87
OP - Mental Health	3	378.15	0.08	1.128	1.000	0.0%	0.09	1.148	1.000	0.0%	0.09
OP - Other	776	632.65	40.91	1.128	1.000	0.0%	46.13	1.148	1.000	0.0%	46.95
Subtotal - Outpatient	3,242	592.85	160.17				180.58				183.76
Prof - Evaluation & Management	6,790	47.97	27.14	1.096	1.000	0.0%	29.75	1.116	1.000	0.0%	30.28
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	840	153.37	10.74	1.096	1.000	0.0%	11.76	1.116	1.000	0.0%	11.98
Prof - DME/Supplies & Prosthetics	1,650	135.79	18.67	1.096	1.000	0.0%	20.46	1.116	1.000	0.0%	20.83
Prof - Lab	2,622	17.02	3.72	1.096	1.000	0.0%	4.08	1.116	1.000	0.0%	4.15
Prof - Radiology	1,898	34.96	5.53	1.096	1.000	0.0%	6.06	1.116	1.000	0.0%	6.17
Prof - Transportation	802	93.98	6.28	1.096	1.000	0.0%	6.88	1.116	1.000	0.0%	7.00
Prof - Mental Health	3,571	144.78	43.08	1.096	1.012	0.0%	47.79	1.116	1.012	0.0%	48.64
Prof - Target Case Management	191	347.02	5.51	1.096	1.000	0.0%	6.04	1.116	1.000	0.0%	6.15
Prof - Other	6,706	74.92	41.87	1.096	1.006	0.0%	46.15	1.116	1.006	0.0%	46.97
Subtotal - Professional	25,068	77.80	162.53				178.96				182.17
Pharmacy - Non Hep C	35,142	92.48	270.83	1.145	1.019	0.0%	316.11	1.165	1.019	0.0%	321.55
Pharmacy - Hep C	16	16,003.97	21.50	0.855	1.000	0.0%	18.39	0.855	1.000	0.0%	18.39
Dental	1,554	44.68	5.79	0.966	1.000	0.0%	5.59	0.985	1.000	0.0%	5.70
FQHC & RHC	3,077	33.38	8.56	1.096	1.000	0.0%	9.38	1.116	1.000	0.0%	9.55
Subtotal - Other Services	39,790	92.49	306.68				349.47				355.19
Total			\$ 806.76				\$ 892.16				\$ 907.69
General Admin PMPM						7.3%	\$70.59			7.8%	\$77.29
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 982.29				\$ 1,004.98

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI w/o Medicare Adult (age 45+)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			283,765				343,965				343,965
Home Health Care & Hospice	2,145	109.92	19.65	1.024	1.000	0.0%	20.12	1.043	1.000	0.0%	20.49
IP - Maternity	0	4,334.00	0.02	1.000	1.015	0.0%	0.02	1.000	1.015	0.0%	0.02
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	582	5,275.67	256.00	1.018	1.015	0.0%	264.42	1.037	1.015	0.0%	269.36
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	67	2,950.54	16.41	1.018	1.015	0.0%	16.95	1.037	1.015	0.0%	17.27
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	10	4,587.93	3.72	1.018	1.015	0.0%	3.84	1.037	1.015	0.0%	3.91
Subtotal - Inpatient	659	5,029.89	276.15				285.23				290.55
OP - Emergency Room	1,412	763.37	89.83	1.144	1.000	0.0%	102.79	1.164	1.000	0.0%	104.60
OP - Laboratory	1,592	145.87	19.35	1.128	0.955	0.0%	20.83	1.148	0.955	0.0%	21.20
OP - Radiology	1,197	594.43	59.28	1.128	1.000	0.0%	66.84	1.148	1.000	0.0%	68.02
OP - Surgery	368	1,916.68	58.81	1.128	1.000	0.0%	66.31	1.148	1.000	0.0%	67.48
OP - Mental Health	4	263.53	0.09	1.128	1.000	0.0%	0.11	1.148	1.000	0.0%	0.11
OP - Other	1,662	361.92	50.13	1.128	1.000	0.0%	56.53	1.148	1.000	0.0%	57.52
Subtotal - Outpatient	6,235	534.05	277.48				313.40				318.93
Prof - Evaluation & Management	14,235	49.20	58.36	1.096	1.000	0.0%	63.95	1.116	1.000	0.0%	65.10
Prof - Maternity	0	32.00	0.00	1.096	1.000	0.0%	0.00	1.116	1.000	0.0%	0.00
Prof - Surgery	2,257	158.62	29.83	1.096	1.000	0.0%	32.69	1.116	1.000	0.0%	33.28
Prof - DME/Supplies & Prosthetics	4,997	90.07	37.51	1.096	1.000	0.0%	41.10	1.116	1.000	0.0%	41.84
Prof - Lab	6,647	16.58	9.18	1.096	1.000	0.0%	10.06	1.116	1.000	0.0%	10.24
Prof - Radiology	3,983	41.93	13.91	1.096	1.000	0.0%	15.25	1.116	1.000	0.0%	15.52
Prof - Transportation	1,225	86.76	8.86	1.096	1.000	0.0%	9.71	1.116	1.000	0.0%	9.88
Prof - Mental Health	2,737	139.39	31.79	1.096	1.005	0.0%	35.01	1.116	1.005	0.0%	35.63
Prof - Target Case Management	201	349.11	5.84	1.096	1.000	0.0%	6.40	1.116	1.000	0.0%	6.52
Prof - Other	11,267	79.52	74.66	1.096	1.006	0.0%	82.31	1.116	1.006	0.0%	83.79
Subtotal - Professional	47,549	68.13	269.95				296.49				301.81
Pharmacy - Non Hep C	104,195	53.42	463.87	1.145	1.033	0.0%	548.79	1.165	1.032	0.0%	558.10
Pharmacy - Hep C	17	15,499.71	21.99	0.855	1.000	0.0%	18.81	0.855	1.000	0.0%	18.81
Dental	1,284	43.07	4.61	0.966	1.000	0.0%	4.45	0.985	1.000	0.0%	4.54
FQHC & RHC	6,677	31.46	17.51	1.096	1.000	0.0%	19.18	1.116	1.000	0.0%	19.53
Subtotal - Other Services	112,173	54.34	507.97				591.23				600.98
Total			\$ 1,351.20				\$ 1,506.47				\$ 1,532.76
General Admin PMPM						7.3%	\$119.19			7.8%	\$130.52
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,658.66				\$ 1,697.04

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI w/o Medicare Adult (age 45+)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			220,885				269,190				269,190
Home Health Care & Hospice	1,995	120.54	20.04	1.024	1.000	0.0%	20.52	1.043	1.000	0.0%	20.90
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	631	5,284.84	277.84	1.018	1.015	0.0%	286.98	1.037	1.015	0.0%	292.34
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	85	2,732.95	19.42	1.018	1.015	0.0%	20.06	1.037	1.015	0.0%	20.43
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	9	3,902.89	3.07	1.018	1.015	0.0%	3.17	1.037	1.015	0.0%	3.23
Subtotal - Inpatient	726	4,967.01	300.33				310.21				316.00
OP - Emergency Room	1,181	790.63	77.84	1.144	1.000	0.0%	89.07	1.164	1.000	0.0%	90.64
OP - Laboratory	1,242	163.21	16.89	1.128	0.951	0.0%	18.12	1.148	0.951	0.0%	18.44
OP - Radiology	703	901.13	52.82	1.128	1.000	0.0%	59.56	1.148	1.000	0.0%	60.61
OP - Surgery	310	2,033.95	52.62	1.128	1.000	0.0%	59.33	1.148	1.000	0.0%	60.38
OP - Mental Health	2	106.60	0.02	1.128	1.000	0.0%	0.02	1.148	1.000	0.0%	0.02
OP - Other	1,297	471.01	50.93	1.128	1.000	0.0%	57.42	1.148	1.000	0.0%	58.44
Subtotal - Outpatient	4,736	636.22	251.11				283.52				288.52
Prof - Evaluation & Management	11,285	51.49	48.42	1.096	1.000	0.0%	53.06	1.116	1.000	0.0%	54.01
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	1,871	164.35	25.62	1.096	1.000	0.0%	28.08	1.116	1.000	0.0%	28.58
Prof - DME/Supplies & Prosthetics	3,518	112.04	32.84	1.096	1.000	0.0%	35.99	1.116	1.000	0.0%	36.64
Prof - Lab	4,891	16.39	6.68	1.096	1.000	0.0%	7.32	1.116	1.000	0.0%	7.45
Prof - Radiology	3,325	45.15	12.51	1.096	1.000	0.0%	13.71	1.116	1.000	0.0%	13.95
Prof - Transportation	1,219	95.71	9.72	1.096	1.000	0.0%	10.65	1.116	1.000	0.0%	10.84
Prof - Mental Health	2,378	148.46	29.42	1.096	1.009	0.0%	32.53	1.116	1.009	0.0%	33.11
Prof - Target Case Management	146	352.32	4.30	1.096	1.000	0.0%	4.71	1.116	1.000	0.0%	4.79
Prof - Other	9,639	76.80	61.69	1.096	1.005	0.0%	67.96	1.116	1.005	0.0%	69.18
Subtotal - Professional	38,272	72.49	231.21				254.01				258.57
Pharmacy - Non Hep C	76,683	56.48	360.90	1.145	1.031	0.0%	426.26	1.165	1.031	0.0%	433.50
Pharmacy - Hep C	37	15,801.03	48.87	0.855	1.000	0.0%	41.80	0.855	1.000	0.0%	41.80
Dental	973	45.76	3.71	0.966	1.000	0.0%	3.59	0.985	1.000	0.0%	3.65
FQHC & RHC	4,895	31.96	13.04	1.096	1.000	0.0%	14.29	1.116	1.000	0.0%	14.54
Subtotal - Other Services	82,588	61.97	426.52				485.93				493.50
Total			\$ 1,229.20				\$ 1,354.19				\$ 1,377.49
General Admin PMPM						7.3%	\$107.14			7.8%	\$117.30
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,491.00				\$ 1,525.14

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Dual Eligible - Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			356,295				436,455				436,455
Home Health Care & Hospice	626	94.23	4.92	1.024	1.000	0.0%	5.03	1.043	1.000	0.0%	5.13
IP - Maternity	13	471.21	0.53	1.000	1.014	0.0%	0.54	1.000	1.014	0.0%	0.54
IP - Complex Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Medical/Surgical	504	1,118.84	46.99	1.018	1.014	0.0%	48.51	1.037	1.014	0.0%	49.42
IP - Normal Newborn	0	852.79	0.01	1.018	1.014	0.0%	0.01	1.037	1.014	0.0%	0.01
IP - Mental Health	86	428.00	3.05	1.018	1.014	0.0%	3.15	1.037	1.014	0.0%	3.21
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	7	720.85	0.44	1.018	1.014	0.0%	0.45	1.037	1.014	0.0%	0.46
Subtotal - Inpatient	610	1,002.93	51.02				52.66				53.63
OP - Emergency Room	1,008	202.86	17.04	1.144	1.000	0.0%	19.50	1.164	1.000	0.0%	19.84
OP - Laboratory	215	120.07	2.15	1.128	0.979	0.0%	2.37	1.148	0.979	0.0%	2.41
OP - Radiology	726	123.45	7.47	1.128	1.000	0.0%	8.42	1.148	1.000	0.0%	8.57
OP - Surgery	259	433.08	9.33	1.128	1.000	0.0%	10.52	1.148	1.000	0.0%	10.71
OP - Mental Health	15	441.33	0.55	1.128	1.000	0.0%	0.62	1.148	1.000	0.0%	0.63
OP - Other	1,072	139.12	12.43	1.128	1.000	0.0%	14.01	1.148	1.000	0.0%	14.26
Subtotal - Outpatient	3,294	178.38	48.96				55.44				56.42
Prof - Evaluation & Management	6,180	20.47	10.54	1.096	1.000	0.0%	11.55	1.116	1.000	0.0%	11.76
Prof - Maternity	30	58.15	0.15	1.096	1.000	0.0%	0.16	1.116	1.000	0.0%	0.16
Prof - Surgery	1,193	45.00	4.48	1.096	1.000	0.0%	4.90	1.116	1.000	0.0%	4.99
Prof - DME/Supplies & Prosthetics	3,817	21.18	6.74	1.096	1.000	0.0%	7.38	1.116	1.000	0.0%	7.52
Prof - Lab	644	11.00	0.59	1.096	1.000	0.0%	0.65	1.116	1.000	0.0%	0.66
Prof - Radiology	2,585	9.79	2.11	1.096	1.000	0.0%	2.31	1.116	1.000	0.0%	2.35
Prof - Transportation	388	62.02	2.01	1.096	1.000	0.0%	2.20	1.116	1.000	0.0%	2.24
Prof - Mental Health	1,461	143.71	17.50	1.096	1.004	0.0%	19.25	1.116	1.004	0.0%	19.60
Prof - Target Case Management	95	351.66	2.80	1.096	1.000	0.0%	3.06	1.116	1.000	0.0%	3.12
Prof - Other	4,302	23.94	8.58	1.096	1.009	0.0%	9.49	1.116	1.009	0.0%	9.66
Subtotal - Professional	20,697	32.17	55.48				60.96				62.06
Pharmacy - Non Hep C	7,846	23.83	15.58	1.145	1.074	0.0%	19.16	1.165	1.073	0.0%	19.48
Pharmacy - Hep C	0	17,388.10	0.45	0.855	1.000	0.0%	0.38	0.855	1.000	0.0%	0.38
Dental	1,029	43.46	3.73	0.966	1.000	0.0%	3.60	0.985	1.000	0.0%	3.67
FQHC & RHC	1,333	23.58	2.62	1.096	1.000	0.0%	2.87	1.116	1.000	0.0%	2.92
Subtotal - Other Services	10,208	26.30	22.37				26.02				26.45
Total			\$ 182.75				\$ 200.11				\$ 203.69
General Admin PMPM						7.4%	\$16.24			7.9%	\$17.78
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 220.75				\$ 225.96

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Dual Eligible - Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			252,251				311,805				311,805
Home Health Care & Hospice	433	99.88	3.61	1.024	1.000	0.0%	3.69	1.043	1.000	0.0%	3.76
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	6,992.16	0.03	1.018	1.015	0.0%	0.03	1.037	1.015	0.0%	0.03
IP - Medical/Surgical	377	1,320.84	41.54	1.018	1.014	0.0%	42.88	1.037	1.014	0.0%	43.68
IP - Normal Newborn	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Mental Health	153	426.94	5.46	1.018	1.014	0.0%	5.63	1.037	1.014	0.0%	5.74
IP - PRTF	-	-	-	1.018	1.000	0.0%	-	1.037	1.000	0.0%	-
IP - Other	7	1,368.21	0.86	1.018	1.014	0.0%	0.88	1.037	1.014	0.0%	0.90
Subtotal - Inpatient	538	1,067.34	47.89				49.43				50.35
OP - Emergency Room	923	203.66	15.67	1.144	1.000	0.0%	17.93	1.164	1.000	0.0%	18.24
OP - Laboratory	171	120.59	1.72	1.128	0.978	0.0%	1.89	1.148	0.978	0.0%	1.92
OP - Radiology	477	146.09	5.81	1.128	1.000	0.0%	6.55	1.148	1.000	0.0%	6.66
OP - Surgery	195	415.43	6.74	1.128	1.000	0.0%	7.60	1.148	1.000	0.0%	7.74
OP - Mental Health	6	402.18	0.20	1.128	1.000	0.0%	0.23	1.148	1.000	0.0%	0.23
OP - Other	801	143.19	9.56	1.128	1.000	0.0%	10.78	1.148	1.000	0.0%	10.97
Subtotal - Outpatient	2,573	185.15	39.70				44.98				45.78
Prof - Evaluation & Management	4,759	21.37	8.47	1.096	1.000	0.0%	9.29	1.116	1.000	0.0%	9.45
Prof - Maternity	-	-	-	1.096	1.000	0.0%	-	1.116	1.000	0.0%	-
Prof - Surgery	866	46.47	3.35	1.096	1.000	0.0%	3.67	1.116	1.000	0.0%	3.74
Prof - DME/Supplies & Prosthetics	2,583	21.69	4.67	1.096	1.000	0.0%	5.12	1.116	1.000	0.0%	5.21
Prof - Lab	430	10.27	0.37	1.096	1.000	0.0%	0.40	1.116	1.000	0.0%	0.41
Prof - Radiology	1,994	10.56	1.75	1.096	1.000	0.0%	1.92	1.116	1.000	0.0%	1.96
Prof - Transportation	403	64.37	2.16	1.096	1.000	0.0%	2.37	1.116	1.000	0.0%	2.41
Prof - Mental Health	1,804	176.18	26.49	1.096	1.002	0.0%	29.08	1.116	1.002	0.0%	29.60
Prof - Target Case Management	96	347.61	2.78	1.096	1.000	0.0%	3.05	1.116	1.000	0.0%	3.10
Prof - Other	3,374	23.67	6.66	1.096	1.008	0.0%	7.35	1.116	1.008	0.0%	7.48
Subtotal - Professional	16,309	41.73	56.71				62.25				63.37
Pharmacy - Non Hep C	5,989	32.90	16.42	1.145	1.054	0.0%	19.82	1.165	1.053	0.0%	20.15
Pharmacy - Hep C	1	20,170.39	1.10	0.855	1.000	0.0%	0.94	0.855	1.000	0.0%	0.94
Dental	865	43.66	3.15	0.966	1.000	0.0%	3.04	0.985	1.000	0.0%	3.10
FQHC & RHC	1,120	23.89	2.23	1.096	1.000	0.0%	2.44	1.116	1.000	0.0%	2.49
Subtotal - Other Services	7,975	34.46	22.90				26.24				26.68
Total			\$ 170.80				\$ 186.60				\$ 189.94
General Admin PMPM						7.4%	\$15.14			7.9%	\$16.58
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 205.84				\$ 210.71

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6B
Confidential and Proprietary**

Region B

SSI Infant (age under 1)											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			3,446				3,585				3,585
Home Health Care & Hospice	12,732	62.00	65.79	0.991	1.000	0.0%	65.17	1.009	1.000	0.0%	66.41
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	5,396	4,461.00	2,005.91	1.023	1.015	0.0%	2,082.36	1.042	1.015	0.0%	2,121.14
IP - Medical/Surgical	3,292	11,010.24	3,020.54	1.023	1.015	0.0%	3,135.57	1.042	1.015	0.0%	3,193.96
IP - Normal Newborn	14	10,073.74	12.07	1.023	1.015	0.0%	12.53	1.042	1.015	0.0%	12.77
IP - Mental Health	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - PRTF	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Other	7	20,604.65	12.59	1.023	1.015	0.0%	13.07	1.042	1.015	0.0%	13.31
Subtotal - Inpatient	8,710	6,959.34	5,051.12				5,243.54				5,341.18
OP - Emergency Room	1,736	583.16	84.35	0.991	1.000	0.0%	83.61	1.010	1.000	0.0%	85.19
OP - Laboratory	718	134.57	8.05	1.035	1.000	0.0%	8.33	1.054	1.000	0.0%	8.49
OP - Radiology	405	286.01	9.65	1.035	1.000	0.0%	9.98	1.054	1.000	0.0%	10.17
OP - Surgery	366	2,859.72	87.30	1.035	1.000	0.0%	90.34	1.054	1.000	0.0%	92.01
OP - Mental Health	-	-	-	1.035	1.000	0.0%	-	1.054	1.000	0.0%	-
OP - Other	4,390	322.61	118.03	1.035	1.000	0.0%	122.14	1.054	1.000	0.0%	124.40
Subtotal - Outpatient	7,615	484.36	307.39				314.41				320.26
Prof - Evaluation & Management	34,298	61.45	175.64	0.991	1.000	0.0%	174.00	1.009	1.000	0.0%	177.30
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	4,331	258.61	93.33	0.991	1.000	0.0%	92.46	1.009	1.000	0.0%	94.21
Prof - DME/Supplies & Prosthetics	14,063	67.74	79.38	0.991	1.000	0.0%	78.64	1.009	1.000	0.0%	80.13
Prof - Lab	1,866	21.35	3.32	0.991	1.000	0.0%	3.29	1.009	1.000	0.0%	3.35
Prof - Radiology	10,781	16.11	14.47	0.991	1.000	0.0%	14.34	1.009	1.000	0.0%	14.61
Prof - Transportation	1,128	358.48	33.70	0.991	1.000	0.0%	33.39	1.009	1.000	0.0%	34.02
Prof - Mental Health	4	42.18	0.01	0.991	1.000	0.0%	0.01	1.009	1.000	0.0%	0.01
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Other	63,417	172.42	911.18	0.991	1.002	0.0%	904.56	1.009	1.002	0.0%	921.70
Subtotal - Professional	129,888	121.12	1,311.04				1,300.68				1,325.32
Pharmacy - Non Hep C	17,575	444.48	650.98	1.123	1.004	0.0%	734.44	1.143	1.004	0.0%	747.39
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	47	41.08	0.16	0.952	1.000	0.0%	0.15	0.971	1.000	0.0%	0.16
FQHC & RHC	5,298	36.92	16.30	0.991	1.000	0.0%	16.15	1.009	1.000	0.0%	16.45
Subtotal - Other Services	22,920	349.45	667.44				750.74				764.00
Total			\$ 7,402.79				\$ 7,674.53				\$ 7,817.17
General Admin PMPM						7.3%	\$613.91			7.8%	\$672.30
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 8,456.73				\$ 8,661.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI Child (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			37,229				43,995				43,995
Home Health Care & Hospice	8,297	86.29	59.66	0.991	1.000	0.0%	59.10	1.009	1.000	0.0%	60.22
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Medical/Surgical	414	8,566.74	295.48	1.023	1.015	0.0%	306.73	1.042	1.015	0.0%	312.44
IP - Normal Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Mental Health	13	2,063.69	2.24	1.023	1.015	0.0%	2.33	1.042	1.015	0.0%	2.37
IP - PRTF	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Other	1	7,415.47	0.63	1.023	1.014	0.0%	0.66	1.042	1.014	0.0%	0.67
Subtotal - Inpatient	428	8,366.08	298.36				309.71				315.48
OP - Emergency Room	1,026	375.97	32.14	0.991	1.000	0.0%	31.85	1.010	1.000	0.0%	32.46
OP - Laboratory	574	242.94	11.62	1.035	1.000	0.0%	12.03	1.054	1.000	0.0%	12.25
OP - Radiology	252	567.94	11.91	1.035	1.000	0.0%	12.32	1.054	1.000	0.0%	12.55
OP - Surgery	338	2,634.98	74.14	1.035	1.000	0.0%	76.72	1.054	1.000	0.0%	78.14
OP - Mental Health	3	255.39	0.07	1.035	1.000	0.0%	0.07	1.054	1.000	0.0%	0.07
OP - Other	2,770	332.90	76.84	1.035	1.000	0.0%	79.52	1.054	1.000	0.0%	80.99
Subtotal - Outpatient	4,962	499.88	206.72				212.51				216.46
Prof - Evaluation & Management	16,342	67.16	91.47	0.991	1.000	0.0%	90.61	1.009	1.000	0.0%	92.33
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	1,182	178.25	17.56	0.991	1.000	0.0%	17.39	1.009	1.000	0.0%	17.72
Prof - DME/Supplies & Prosthetics	5,041	151.68	63.71	0.991	1.000	0.0%	63.12	1.009	1.000	0.0%	64.31
Prof - Lab	1,990	16.64	2.76	0.991	1.000	0.0%	2.73	1.009	1.000	0.0%	2.78
Prof - Radiology	1,222	28.31	2.88	0.991	1.000	0.0%	2.86	1.009	1.000	0.0%	2.91
Prof - Transportation	257	270.32	5.78	0.991	1.000	0.0%	5.73	1.009	1.000	0.0%	5.83
Prof - Mental Health	2,768	96.04	22.16	0.991	1.000	0.0%	21.95	1.009	1.000	0.0%	22.36
Prof - Target Case Management	261	339.09	7.37	0.991	1.000	0.0%	7.31	1.009	1.000	0.0%	7.44
Prof - Other	9,072	164.78	124.58	0.991	1.039	0.0%	128.18	1.009	1.039	0.0%	130.61
Subtotal - Professional	38,135	106.44	338.27				339.87				346.31
Pharmacy - Non Hep C	16,097	149.36	200.35	1.123	1.012	0.0%	227.80	1.143	1.012	0.0%	231.79
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	3,842	42.13	13.49	0.952	1.000	0.0%	12.85	0.971	1.000	0.0%	13.10
FQHC & RHC	4,375	33.74	12.30	0.991	1.000	0.0%	12.19	1.009	1.000	0.0%	12.42
Subtotal - Other Services	24,314	111.61	226.14				252.84				257.31
Total			\$ 1,129.15				\$ 1,174.04				\$ 1,195.78
General Admin PMPM						7.3%	\$93.92			7.8%	\$102.84
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,293.70				\$ 1,324.99

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	SSI Child (age 6-18)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			192,717				228,225				228,225
Home Health Care & Hospice	1,845	93.71	14.41	0.991	1.000	0.0%	14.27	1.009	1.000	0.0%	14.54
IP - Maternity	10	1,509.42	1.23	1.000	1.014	0.0%	1.25	1.000	1.014	0.0%	1.25
IP - Complex Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Medical/Surgical	69	9,943.11	57.17	1.023	1.014	0.0%	59.33	1.042	1.014	0.0%	60.44
IP - Normal Newborn	-	-	-	1.023	1.000	0.0%	-	1.042	1.000	0.0%	-
IP - Mental Health	326	1,734.46	47.16	1.023	1.114	0.0%	53.76	1.042	1.114	0.0%	54.76
IP - PRTF	425	414.53	14.68	1.023	1.014	0.0%	15.23	1.042	1.014	0.0%	15.52
IP - Other	0	17,070.53	0.28	1.023	1.015	0.0%	0.29	1.042	1.015	0.0%	0.29
Subtotal - Inpatient	830	1,742.03	120.52				129.86				132.25
OP - Emergency Room	734	388.11	23.73	0.991	1.000	0.0%	23.52	1.010	1.000	0.0%	23.97
OP - Laboratory	385	169.32	5.44	1.035	0.994	0.0%	5.60	1.054	0.994	0.0%	5.70
OP - Radiology	183	441.82	6.75	1.035	1.000	0.0%	6.98	1.054	1.000	0.0%	7.11
OP - Surgery	102	2,496.43	21.28	1.035	1.000	0.0%	22.02	1.054	1.000	0.0%	22.43
OP - Mental Health	4	208.33	0.07	1.035	1.000	0.0%	0.07	1.054	1.000	0.0%	0.07
OP - Other	796	270.93	17.96	1.035	1.000	0.0%	18.59	1.054	1.000	0.0%	18.93
Subtotal - Outpatient	2,204	409.55	75.23				76.78				78.21
Prof - Evaluation & Management	8,298	53.40	36.93	0.991	1.000	0.0%	36.58	1.009	1.000	0.0%	37.27
Prof - Maternity	25	163.21	0.34	0.991	1.000	0.0%	0.34	1.009	1.000	0.0%	0.34
Prof - Surgery	451	146.16	5.49	0.991	1.000	0.0%	5.44	1.009	1.000	0.0%	5.55
Prof - DME/Supplies & Prosthetics	1,770	98.10	14.47	0.991	1.000	0.0%	14.34	1.009	1.000	0.0%	14.61
Prof - Lab	1,558	17.19	2.23	0.991	1.000	0.0%	2.21	1.009	1.000	0.0%	2.25
Prof - Radiology	937	25.72	2.01	0.991	1.000	0.0%	1.99	1.009	1.000	0.0%	2.03
Prof - Transportation	202	113.25	1.91	0.991	1.000	0.0%	1.89	1.009	1.000	0.0%	1.93
Prof - Mental Health	8,523	99.63	70.77	0.991	1.001	0.0%	70.18	1.009	1.001	0.0%	71.51
Prof - Target Case Management	782	341.81	22.29	0.991	1.000	0.0%	22.08	1.009	1.000	0.0%	22.50
Prof - Other	3,874	62.62	20.22	0.991	1.036	0.0%	20.75	1.009	1.036	0.0%	21.15
Subtotal - Professional	26,422	80.23	176.66				175.80				179.13
Pharmacy - Non Hep C	21,693	121.91	220.38	1.123	1.015	0.0%	251.23	1.143	1.014	0.0%	255.61
Pharmacy - Hep C	1	26,726.77	1.28	0.855	1.000	0.0%	1.09	0.855	1.000	0.0%	1.09
Dental	4,239	48.04	16.97	0.952	1.000	0.0%	16.16	0.971	1.000	0.0%	16.47
FQHC & RHC	5,217	33.29	14.47	0.991	1.000	0.0%	14.34	1.009	1.000	0.0%	14.61
Subtotal - Other Services	31,149	97.50	253.10				282.82				287.79
Total			\$ 639.91				\$ 679.53				\$ 691.92
General Admin PMPM						7.3%	\$54.36			7.8%	\$59.51
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 748.78				\$ 766.69

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Foster Care Infant (age under 1)											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			5,138				8,250				8,250
Home Health Care & Hospice	1,032	71.28	6.13	1.042	1.000	0.0%	6.39	1.061	1.000	0.0%	6.50
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1,213	3,789.13	382.96	0.974	1.015	0.0%	378.71	0.993	1.015	0.0%	385.95
IP - Medical/Surgical	328	5,626.30	153.70	0.974	1.015	0.0%	152.00	0.993	1.015	0.0%	154.90
IP - Normal Newborn	355	1,445.63	42.75	0.974	1.015	0.0%	42.27	0.993	1.015	0.0%	43.08
IP - Mental Health	15	2,102.94	2.59	0.974	1.015	0.0%	2.56	0.993	1.015	0.0%	2.61
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	3	3,763.64	0.78	0.974	1.014	0.0%	0.78	0.993	1.014	0.0%	0.79
Subtotal - Inpatient	1,913	3,656.16	582.79				576.32				587.33
OP - Emergency Room	786	407.44	26.70	1.003	1.000	0.0%	26.78	1.022	1.000	0.0%	27.28
OP - Laboratory	439	130.16	4.77	1.077	1.000	0.0%	5.13	1.097	1.000	0.0%	5.23
OP - Radiology	280	208.07	4.85	1.077	1.000	0.0%	5.22	1.097	1.000	0.0%	5.32
OP - Surgery	159	1,513.28	20.02	1.077	1.000	0.0%	21.56	1.097	1.000	0.0%	21.95
OP - Mental Health	-	-	-	1.077	1.000	0.0%	-	1.097	1.000	0.0%	-
OP - Other	1,587	144.25	19.07	1.077	1.000	0.0%	20.54	1.097	1.000	0.0%	20.92
Subtotal - Outpatient	3,251	278.36	75.40				79.24				80.69
Prof - Evaluation & Management	17,019	46.90	66.52	0.991	1.000	0.0%	65.90	1.009	1.000	0.0%	67.15
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	919	134.10	10.27	0.991	1.000	0.0%	10.18	1.009	1.000	0.0%	10.37
Prof - DME/Supplies & Prosthetics	1,451	72.78	8.80	0.991	1.000	0.0%	8.72	1.009	1.000	0.0%	8.88
Prof - Lab	1,981	16.59	2.74	0.991	1.000	0.0%	2.71	1.009	1.000	0.0%	2.76
Prof - Radiology	961	21.70	1.74	0.991	1.000	0.0%	1.72	1.009	1.000	0.0%	1.75
Prof - Transportation	217	245.45	4.44	0.991	1.000	0.0%	4.40	1.009	1.000	0.0%	4.49
Prof - Mental Health	48	92.45	0.37	0.991	1.000	0.0%	0.37	1.009	1.000	0.0%	0.38
Prof - Target Case Management	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Other	7,285	90.66	55.04	0.991	1.007	0.0%	54.88	1.009	1.007	0.0%	55.92
Subtotal - Professional	29,882	60.21	149.93				148.88				151.70
Pharmacy - Non Hep C	9,062	84.06	63.48	0.991	1.028	0.0%	64.63	1.009	1.027	0.0%	65.83
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	105	35.46	0.31	0.971	1.000	0.0%	0.30	0.990	1.000	0.0%	0.31
FQHC & RHC	7,555	37.31	23.49	0.991	1.000	0.0%	23.27	1.009	1.000	0.0%	23.71
Subtotal - Other Services	16,721	62.64	87.28				88.20				89.85
Total			\$ 901.53				\$ 899.03				\$ 916.08
General Admin PMPM						8.5%	\$84.83			9.1%	\$92.91
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,003.83				\$ 1,029.47

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Foster Care (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			34,654				51,795				51,795
Home Health Care & Hospice	1,871	84.74	13.21	1.042	1.000	0.0%	13.77	1.061	1.000	0.0%	14.02
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	26	5,036.81	10.77	0.974	1.015	0.0%	10.65	0.993	1.015	0.0%	10.86
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	35	2,055.75	5.92	0.974	1.015	0.0%	5.85	0.993	1.015	0.0%	5.96
IP - PRTF	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Other	1	4,269.87	0.26	0.974	1.015	0.0%	0.26	0.993	1.015	0.0%	0.26
Subtotal - Inpatient	61	3,337.71	16.95				16.76				17.08
OP - Emergency Room	447	298.90	11.13	1.003	1.000	0.0%	11.16	1.022	1.000	0.0%	11.37
OP - Laboratory	253	96.86	2.05	1.077	0.999	0.0%	2.20	1.097	0.999	0.0%	2.24
OP - Radiology	88	163.71	1.20	1.077	1.000	0.0%	1.29	1.097	1.000	0.0%	1.32
OP - Surgery	131	1,871.26	20.49	1.077	1.000	0.0%	22.07	1.097	1.000	0.0%	22.47
OP - Mental Health	4	33.30	0.01	1.077	1.000	0.0%	0.01	1.097	1.000	0.0%	0.01
OP - Other	771	167.09	10.74	1.077	1.000	0.0%	11.57	1.097	1.000	0.0%	11.77
Subtotal - Outpatient	1,695	322.92	45.61				48.30				49.19
Prof - Evaluation & Management	8,645	49.62	35.74	0.991	1.000	0.0%	35.41	1.009	1.000	0.0%	36.08
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	529	155.03	6.83	0.991	1.000	0.0%	6.77	1.009	1.000	0.0%	6.90
Prof - DME/Supplies & Prosthetics	742	79.91	4.94	0.991	1.000	0.0%	4.89	1.009	1.000	0.0%	4.99
Prof - Lab	1,726	15.58	2.24	0.991	1.000	0.0%	2.22	1.009	1.000	0.0%	2.26
Prof - Radiology	377	18.93	0.59	0.991	1.000	0.0%	0.59	1.009	1.000	0.0%	0.60
Prof - Transportation	46	100.48	0.39	0.991	1.000	0.0%	0.38	1.009	1.000	0.0%	0.39
Prof - Mental Health	2,648	77.77	17.16	0.991	1.000	0.0%	17.00	1.009	1.000	0.0%	17.32
Prof - Target Case Management	180	339.75	5.10	0.991	1.000	0.0%	5.05	1.009	1.000	0.0%	5.15
Prof - Other	2,077	62.24	10.77	0.991	1.088	0.0%	11.62	1.009	1.088	0.0%	11.84
Subtotal - Professional	16,970	59.24	83.78				83.94				85.53
Pharmacy - Non Hep C	8,750	34.44	25.11	0.991	1.061	0.0%	26.38	1.009	1.059	0.0%	26.85
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	4,529	36.47	13.77	0.971	1.000	0.0%	13.37	0.990	1.000	0.0%	13.63
FQHC & RHC	3,926	33.51	10.96	0.991	1.000	0.0%	10.86	1.009	1.000	0.0%	11.07
Subtotal - Other Services	17,205	34.76	49.84				50.61				51.55
Total			\$ 209.40				\$ 213.38				\$ 217.36
General Admin PMPM						8.5%	\$20.13			9.1%	\$22.04
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 238.26				\$ 244.27

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Foster Care (age 6-12)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			62,024				87,645				87,645
Home Health Care & Hospice	1,018	87.47	7.42	1.042	1.000	0.0%	7.74	1.061	1.000	0.0%	7.88
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	10	8,044.85	6.48	0.974	1.014	0.0%	6.41	0.993	1.014	0.0%	6.53
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	327	1,484.40	40.49	0.974	1.056	0.0%	41.67	0.993	1.056	0.0%	42.46
IP - PRTF	331	490.59	13.53	0.974	1.014	0.0%	13.37	0.993	1.014	0.0%	13.63
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	668	1,086.90	60.50				61.44				62.62
OP - Emergency Room	260	374.02	8.09	1.003	1.000	0.0%	8.12	1.022	1.000	0.0%	8.27
OP - Laboratory	200	85.54	1.43	1.077	0.987	0.0%	1.52	1.097	0.987	0.0%	1.55
OP - Radiology	81	223.36	1.51	1.077	1.000	0.0%	1.63	1.097	1.000	0.0%	1.66
OP - Surgery	45	2,204.63	8.33	1.077	1.000	0.0%	8.97	1.097	1.000	0.0%	9.13
OP - Mental Health	6	33.68	0.02	1.077	1.000	0.0%	0.02	1.097	1.000	0.0%	0.02
OP - Other	411	136.02	4.65	1.077	1.000	0.0%	5.01	1.097	1.000	0.0%	5.10
Subtotal - Outpatient	1,004	287.32	24.03				25.27				25.73
Prof - Evaluation & Management	7,024	48.71	28.51	0.991	1.000	0.0%	28.24	1.009	1.000	0.0%	28.78
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	287	126.08	3.01	0.991	1.000	0.0%	2.99	1.009	1.000	0.0%	3.04
Prof - DME/Supplies & Prosthetics	833	36.64	2.54	0.991	1.000	0.0%	2.52	1.009	1.000	0.0%	2.57
Prof - Lab	1,071	15.59	1.39	0.991	1.000	0.0%	1.38	1.009	1.000	0.0%	1.41
Prof - Radiology	416	20.85	0.72	0.991	1.000	0.0%	0.72	1.009	1.000	0.0%	0.73
Prof - Transportation	51	94.48	0.40	0.991	1.000	0.0%	0.40	1.009	1.000	0.0%	0.40
Prof - Mental Health	6,727	93.06	52.17	0.991	1.000	0.0%	51.68	1.009	1.000	0.0%	52.66
Prof - Target Case Management	498	341.91	14.19	0.991	1.000	0.0%	14.06	1.009	1.000	0.0%	14.32
Prof - Other	2,628	35.36	7.74	0.991	1.036	0.0%	7.95	1.009	1.036	0.0%	8.10
Subtotal - Professional	19,535	67.99	110.68				109.92				112.00
Pharmacy - Non Hep C	15,041	56.51	70.83	0.991	1.036	0.0%	72.70	1.009	1.035	0.0%	74.03
Pharmacy - Hep C	1	31,302.81	3.48	0.855	1.000	0.0%	2.98	0.855	1.000	0.0%	2.98
Dental	6,228	41.85	21.72	0.971	1.000	0.0%	21.09	0.990	1.000	0.0%	21.49
FQHC & RHC	4,413	32.33	11.89	0.991	1.000	0.0%	11.78	1.009	1.000	0.0%	12.00
Subtotal - Other Services	25,683	50.42	107.92				108.54				110.50
Total			\$ 310.56				\$ 312.91				\$ 318.73
General Admin PMPM						8.5%	\$29.52			9.1%	\$32.32
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 349.39				\$ 358.18

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Foster Care (age 13+) - Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			30,032				41,400				41,400
Home Health Care & Hospice	670	98.26	5.48	1.042	1.000	0.0%	5.72	1.061	1.000	0.0%	5.82
IP - Maternity	43	1,741.14	6.20	1.000	1.014	0.0%	6.28	1.000	1.014	0.0%	6.28
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	15	10,157.95	13.07	0.974	1.014	0.0%	12.92	0.993	1.014	0.0%	13.17
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	700	1,623.02	94.66	0.974	1.570	0.0%	144.83	0.993	1.570	0.0%	147.60
IP - PRTF	390	411.17	13.38	0.974	1.013	0.0%	13.21	0.993	1.013	0.0%	13.46
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	1,148	1,330.20	127.31				177.24				180.51
OP - Emergency Room	707	459.25	27.06	1.003	1.000	0.0%	27.14	1.022	1.000	0.0%	27.65
OP - Laboratory	471	98.77	3.87	1.077	0.981	0.0%	4.09	1.097	0.981	0.0%	4.16
OP - Radiology	236	276.67	5.43	1.077	1.000	0.0%	5.85	1.097	1.000	0.0%	5.96
OP - Surgery	66	2,017.95	11.04	1.077	1.000	0.0%	11.89	1.097	1.000	0.0%	12.10
OP - Mental Health	2	393.71	0.05	1.077	1.000	0.0%	0.06	1.097	1.000	0.0%	0.06
OP - Other	470	164.37	6.43	1.077	1.000	0.0%	6.93	1.097	1.000	0.0%	7.05
Subtotal - Outpatient	1,950	331.61	53.89				55.96				56.99
Prof - Evaluation & Management	7,963	52.05	34.54	0.991	1.000	0.0%	34.22	1.009	1.000	0.0%	34.87
Prof - Maternity	132	189.35	2.08	0.991	1.000	0.0%	2.06	1.009	1.000	0.0%	2.10
Prof - Surgery	393	107.86	3.53	0.991	1.000	0.0%	3.50	1.009	1.000	0.0%	3.57
Prof - DME/Supplies & Prosthetics	1,112	39.12	3.63	0.991	1.000	0.0%	3.59	1.009	1.000	0.0%	3.66
Prof - Lab	3,372	20.00	5.62	0.991	1.000	0.0%	5.57	1.009	1.000	0.0%	5.67
Prof - Radiology	959	27.55	2.20	0.991	1.000	0.0%	2.18	1.009	1.000	0.0%	2.22
Prof - Transportation	265	87.63	1.94	0.991	1.000	0.0%	1.92	1.009	1.000	0.0%	1.96
Prof - Mental Health	5,929	111.69	55.19	0.991	1.004	0.0%	54.89	1.009	1.004	0.0%	55.93
Prof - Target Case Management	319	340.54	9.06	0.991	1.000	0.0%	8.97	1.009	1.000	0.0%	9.14
Prof - Other	5,170	44.77	19.29	0.991	1.011	0.0%	19.33	1.009	1.011	0.0%	19.69
Subtotal - Professional	25,614	64.22	137.07				136.22				138.81
Pharmacy - Non Hep C	20,129	45.45	76.25	0.991	1.045	0.0%	78.91	1.009	1.044	0.0%	80.34
Pharmacy - Hep C	5	31,362.62	12.01	0.855	1.000	0.0%	10.27	0.855	1.000	0.0%	10.27
Dental	6,379	61.82	32.86	0.971	1.000	0.0%	31.91	0.990	1.000	0.0%	32.52
FQHC & RHC	4,526	37.28	14.06	0.991	1.000	0.0%	13.93	1.009	1.000	0.0%	14.19
Subtotal - Other Services	31,039	52.26	135.18				135.02				137.33
Total			\$ 458.93				\$ 510.16				\$ 519.46
General Admin PMPM						8.5%	\$48.14			9.1%	\$52.68
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 569.64				\$ 583.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	Foster Care (age 13 +)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			29,654				40,260				40,260
Home Health Care & Hospice	559	80.52	3.75	1.042	1.000	0.0%	3.91	1.061	1.000	0.0%	3.98
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Medical/Surgical	35	2,641.91	7.78	0.974	1.014	0.0%	7.69	0.993	1.014	0.0%	7.83
IP - Normal Newborn	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
IP - Mental Health	570	1,488.01	70.66	0.974	1.014	0.0%	69.85	0.993	1.014	0.0%	71.18
IP - PRTF	678	389.94	22.02	0.974	1.014	0.0%	21.76	0.993	1.014	0.0%	22.18
IP - Other	-	-	-	0.974	1.000	0.0%	-	0.993	1.000	0.0%	-
Subtotal - Inpatient	1,283	939.73	100.46				99.30				101.20
OP - Emergency Room	454	410.37	15.53	1.003	1.000	0.0%	15.58	1.022	1.000	0.0%	15.87
OP - Laboratory	203	86.50	1.46	1.077	0.963	0.0%	1.52	1.097	0.963	0.0%	1.54
OP - Radiology	141	222.24	2.61	1.077	1.000	0.0%	2.81	1.097	1.000	0.0%	2.86
OP - Surgery	43	2,110.54	7.54	1.077	1.000	0.0%	8.13	1.097	1.000	0.0%	8.27
OP - Mental Health	5	66.77	0.03	1.077	1.000	0.0%	0.03	1.097	1.000	0.0%	0.03
OP - Other	335	158.77	4.43	1.077	1.000	0.0%	4.77	1.097	1.000	0.0%	4.86
Subtotal - Outpatient	1,180	321.37	31.60				32.83				33.44
Prof - Evaluation & Management	6,342	48.89	25.84	0.991	1.000	0.0%	25.60	1.009	1.000	0.0%	26.08
Prof - Maternity	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Prof - Surgery	295	110.62	2.72	0.991	1.000	0.0%	2.69	1.009	1.000	0.0%	2.74
Prof - DME/Supplies & Prosthetics	934	42.19	3.28	0.991	1.000	0.0%	3.25	1.009	1.000	0.0%	3.31
Prof - Lab	1,092	17.28	1.57	0.991	1.000	0.0%	1.56	1.009	1.000	0.0%	1.59
Prof - Radiology	805	21.96	1.47	0.991	1.000	0.0%	1.46	1.009	1.000	0.0%	1.49
Prof - Transportation	151	132.36	1.66	0.991	1.000	0.0%	1.65	1.009	1.000	0.0%	1.68
Prof - Mental Health	5,376	160.06	71.71	0.991	1.005	0.0%	71.42	1.009	1.005	0.0%	72.78
Prof - Target Case Management	374	338.55	10.55	0.991	1.000	0.0%	10.45	1.009	1.000	0.0%	10.65
Prof - Other	3,718	39.61	12.27	0.991	1.011	0.0%	12.30	1.009	1.011	0.0%	12.53
Subtotal - Professional	19,088	82.41	131.09				130.38				132.85
Pharmacy - Non Hep C	15,715	70.91	92.86	0.991	1.029	0.0%	94.63	1.009	1.028	0.0%	96.37
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	5,672	56.64	26.77	0.971	1.000	0.0%	25.99	0.990	1.000	0.0%	26.49
FQHC & RHC	3,284	34.47	9.43	0.991	1.000	0.0%	9.34	1.009	1.000	0.0%	9.52
Subtotal - Other Services	24,670	62.78	129.06				129.97				132.39
Total			\$ 395.95				\$ 396.39				\$ 403.85
General Admin PMPM						8.5%	\$37.40			9.1%	\$40.96
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 442.60				\$ 453.84

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Former Foster Care Child Age 18 through 20 Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			4,407				4,890				4,890
Home Health Care & Hospice	102	70.11	0.60	1.086	1.000	0.0%	0.65	1.105	1.000	0.0%	0.66
IP - Maternity	597	1,510.84	75.14	1.000	1.015	0.0%	76.24	1.000	1.015	0.0%	76.24
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	40	4,456.30	14.90	0.952	1.015	0.0%	14.39	0.970	1.015	0.0%	14.67
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	79	2,993.95	19.66	0.952	1.015	0.0%	18.99	0.970	1.015	0.0%	19.36
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	3	9,108.94	2.19	0.952	1.015	0.0%	2.11	0.970	1.015	0.0%	2.16
Subtotal - Inpatient	719	1,868.41	111.89				111.74				112.43
OP - Emergency Room	2,163	430.69	77.64	1.046	1.000	0.0%	81.17	1.065	1.000	0.0%	82.67
OP - Laboratory	783	111.04	7.25	0.991	0.957	0.0%	6.87	1.009	0.957	0.0%	7.00
OP - Radiology	338	233.80	6.58	0.991	1.000	0.0%	6.52	1.009	1.000	0.0%	6.64
OP - Surgery	213	980.96	17.40	0.991	1.000	0.0%	17.23	1.009	1.000	0.0%	17.56
OP - Mental Health	41	47.81	0.16	0.991	1.000	0.0%	0.16	1.009	1.000	0.0%	0.16
OP - Other	806	129.22	8.68	0.991	1.000	0.0%	8.60	1.009	1.000	0.0%	8.76
Subtotal - Outpatient	4,343	325.19	117.70				120.55				122.79
Prof - Evaluation & Management	7,737	40.69	26.24	1.100	1.000	0.0%	28.87	1.120	1.000	0.0%	29.39
Prof - Maternity	1,749	168.11	24.50	1.100	1.000	0.0%	26.97	1.120	1.000	0.0%	27.45
Prof - Surgery	439	96.84	3.55	1.100	1.000	0.0%	3.90	1.120	1.000	0.0%	3.97
Prof - DME/Supplies & Prosthetics	779	43.17	2.80	1.100	1.000	0.0%	3.08	1.120	1.000	0.0%	3.14
Prof - Lab	5,967	21.02	10.45	1.100	1.000	0.0%	11.50	1.120	1.000	0.0%	11.71
Prof - Radiology	1,566	29.96	3.91	1.100	1.000	0.0%	4.30	1.120	1.000	0.0%	4.38
Prof - Transportation	718	73.33	4.39	1.100	1.000	0.0%	4.83	1.120	1.000	0.0%	4.92
Prof - Mental Health	2,635	96.48	21.19	1.100	1.036	0.0%	24.16	1.120	1.036	0.0%	24.59
Prof - Target Case Management	92	398.14	3.07	1.100	1.000	0.0%	3.38	1.120	1.000	0.0%	3.44
Prof - Other	5,219	60.98	26.52	1.100	1.004	0.0%	29.31	1.120	1.004	0.0%	29.84
Subtotal - Professional	26,903	56.48	126.62				140.31				142.82
Pharmacy - Non Hep C	11,919	26.84	26.66	1.165	1.066	0.0%	33.11	1.186	1.065	0.0%	33.65
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	2,444	64.24	13.08	0.950	1.000	0.0%	12.43	0.969	1.000	0.0%	12.67
FQHC & RHC	4,360	42.06	15.28	1.100	1.000	0.0%	16.82	1.120	1.000	0.0%	17.12
Subtotal - Other Services	18,723	35.27	55.02				62.36				63.44
Total			\$ 411.84				\$ 435.62				\$ 442.15
General Admin PMPM						8.3%	\$39.97			8.9%	\$43.66
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 485.25				\$ 495.68

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Former Foster Care Child Age 18 through 20 Male											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			2,498				3,120				3,120
Home Health Care & Hospice	185	45.54	0.70	1.086	1.000	0.0%	0.76	1.105	1.000	0.0%	0.78
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	447	2,027.51	75.60	0.952	1.015	0.0%	73.03	0.970	1.015	0.0%	74.44
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	237	1,567.74	30.97	0.952	1.014	0.0%	29.91	0.970	1.014	0.0%	30.49
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	684	1,868.27	106.57				102.94				104.93
OP - Emergency Room	1,396	442.03	51.42	1.046	1.000	0.0%	53.76	1.065	1.000	0.0%	54.75
OP - Laboratory	148	167.39	2.06	0.991	0.917	0.0%	1.87	1.009	0.917	0.0%	1.91
OP - Radiology	60	388.83	1.94	0.991	1.000	0.0%	1.92	1.009	1.000	0.0%	1.96
OP - Surgery	55	1,589.49	7.30	0.991	1.000	0.0%	7.23	1.009	1.000	0.0%	7.37
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	192	61.98	0.99	0.991	1.000	0.0%	0.98	1.009	1.000	0.0%	1.00
Subtotal - Outpatient	1,850	413.19	63.70				65.76				66.97
Prof - Evaluation & Management	2,448	47.99	9.79	1.100	1.000	0.0%	10.77	1.120	1.000	0.0%	10.97
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	511	117.26	4.99	1.100	1.000	0.0%	5.50	1.120	1.000	0.0%	5.59
Prof - DME/Supplies & Prosthetics	638	36.94	1.96	1.100	1.000	0.0%	2.16	1.120	1.000	0.0%	2.20
Prof - Lab	838	18.17	1.27	1.100	1.000	0.0%	1.40	1.120	1.000	0.0%	1.42
Prof - Radiology	1,245	30.19	3.13	1.100	1.000	0.0%	3.45	1.120	1.000	0.0%	3.51
Prof - Transportation	893	61.37	4.57	1.100	1.000	0.0%	5.03	1.120	1.000	0.0%	5.12
Prof - Mental Health	3,179	132.74	35.17	1.100	1.046	0.0%	40.47	1.120	1.046	0.0%	41.20
Prof - Target Case Management	32	336.13	0.90	1.100	1.000	0.0%	0.99	1.120	1.000	0.0%	1.01
Prof - Other	3,761	60.64	19.01	1.100	1.001	0.0%	20.93	1.120	1.001	0.0%	21.31
Subtotal - Professional	13,546	71.57	80.79				90.70				92.32
Pharmacy - Non Hep C	7,435	72.46	44.90	1.165	1.024	0.0%	53.60	1.186	1.024	0.0%	54.51
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,793	61.27	9.15	0.950	1.000	0.0%	8.70	0.969	1.000	0.0%	8.87
FQHC & RHC	1,105	38.65	3.56	1.100	1.000	0.0%	3.92	1.120	1.000	0.0%	3.99
Subtotal - Other Services	10,333	66.90	57.61				66.21				67.36
Total			\$ 309.37				\$ 326.37				\$ 332.36
General Admin PMPM						8.3%	\$29.95			8.9%	\$32.82
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 363.55				\$ 372.60

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Former Foster Care Child Age 21 through 25 Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			8,242				9,795				9,795
Home Health Care & Hospice	124	147.64	1.52	1.086	1.000	0.0%	1.65	1.105	1.000	0.0%	1.68
IP - Maternity	473	1,439.65	56.73	1.000	1.015	0.0%	57.56	1.000	1.015	0.0%	57.56
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	59	7,401.90	36.29	0.952	1.015	0.0%	35.06	0.970	1.015	0.0%	35.74
IP - Normal Newborn	2	941.03	0.12	0.952	1.014	0.0%	0.12	0.970	1.014	0.0%	0.12
IP - Mental Health	100	2,157.50	17.95	0.952	1.015	0.0%	17.34	0.970	1.015	0.0%	17.67
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	633	2,105.74	111.09				110.08				111.09
OP - Emergency Room	1,971	506.07	83.11	1.046	1.000	0.0%	86.90	1.065	1.000	0.0%	88.50
OP - Laboratory	895	104.04	7.76	0.991	0.916	0.0%	7.04	1.009	0.916	0.0%	7.17
OP - Radiology	334	284.57	7.92	0.991	1.000	0.0%	7.85	1.009	1.000	0.0%	8.00
OP - Surgery	165	1,352.61	18.64	0.991	1.000	0.0%	18.47	1.009	1.000	0.0%	18.82
OP - Mental Health	16	252.56	0.35	0.991	1.000	0.0%	0.34	1.009	1.000	0.0%	0.35
OP - Other	690	227.11	13.06	0.991	1.000	0.0%	12.94	1.009	1.000	0.0%	13.18
Subtotal - Outpatient	4,072	385.63	130.84				133.53				136.01
Prof - Evaluation & Management	6,673	45.05	25.05	1.100	1.000	0.0%	27.57	1.120	1.000	0.0%	28.06
Prof - Maternity	1,202	169.69	17.00	1.100	1.000	0.0%	18.71	1.120	1.000	0.0%	19.04
Prof - Surgery	615	161.28	8.26	1.100	1.000	0.0%	9.09	1.120	1.000	0.0%	9.25
Prof - DME/Supplies & Prosthetics	547	89.20	4.07	1.100	1.000	0.0%	4.47	1.120	1.000	0.0%	4.55
Prof - Lab	5,655	21.41	10.09	1.100	1.000	0.0%	11.11	1.120	1.000	0.0%	11.30
Prof - Radiology	1,520	35.03	4.44	1.100	1.000	0.0%	4.88	1.120	1.000	0.0%	4.97
Prof - Transportation	551	90.58	4.16	1.100	1.000	0.0%	4.58	1.120	1.000	0.0%	4.66
Prof - Mental Health	2,842	126.91	30.06	1.100	1.020	0.0%	33.73	1.120	1.020	0.0%	34.34
Prof - Target Case Management	95	335.01	2.66	1.100	1.000	0.0%	2.93	1.120	1.000	0.0%	2.98
Prof - Other	5,542	72.73	33.59	1.100	1.004	0.0%	37.10	1.120	1.004	0.0%	37.77
Subtotal - Professional	25,243	66.26	139.38				154.17				156.93
Pharmacy - Non Hep C	13,389	49.01	54.69	1.165	1.036	0.0%	66.01	1.186	1.035	0.0%	67.12
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	2,418	50.83	10.24	0.950	1.000	0.0%	9.73	0.969	1.000	0.0%	9.92
FQHC & RHC	3,275	43.43	11.85	1.100	1.000	0.0%	13.04	1.120	1.000	0.0%	13.28
Subtotal - Other Services	19,083	48.28	76.78				88.79				90.32
Total			\$ 459.62				\$ 488.22				\$ 496.04
General Admin PMPM						8.3%	\$44.80			8.9%	\$48.99
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 543.85				\$ 556.10

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Former Foster Care Child Age 21 through 25 Male											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			4,565				5,325				5,325
Home Health Care & Hospice	22	35.43	0.07	1.086	1.000	0.0%	0.07	1.105	1.000	0.0%	0.07
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Medical/Surgical	58	6,236.13	30.34	0.952	1.015	0.0%	29.31	0.970	1.015	0.0%	29.88
IP - Normal Newborn	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Mental Health	90	2,077.69	15.53	0.952	1.015	0.0%	15.00	0.970	1.015	0.0%	15.29
IP - PRTF	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
IP - Other	-	-	-	0.952	1.000	0.0%	-	0.970	1.000	0.0%	-
Subtotal - Inpatient	148	3,717.38	45.86				44.31				45.16
OP - Emergency Room	1,289	481.14	51.70	1.046	1.000	0.0%	54.05	1.065	1.000	0.0%	55.05
OP - Laboratory	168	156.63	2.20	0.991	0.898	0.0%	1.95	1.009	0.898	0.0%	1.99
OP - Radiology	110	818.05	7.47	0.991	1.000	0.0%	7.40	1.009	1.000	0.0%	7.54
OP - Surgery	43	2,563.99	9.28	0.991	1.000	0.0%	9.19	1.009	1.000	0.0%	9.37
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	162	226.63	3.06	0.991	1.000	0.0%	3.03	1.009	1.000	0.0%	3.09
Subtotal - Outpatient	1,773	498.91	73.70				75.63				77.03
Prof - Evaluation & Management	2,574	42.74	9.17	1.100	1.000	0.0%	10.09	1.120	1.000	0.0%	10.27
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	339	119.98	3.39	1.100	1.000	0.0%	3.73	1.120	1.000	0.0%	3.80
Prof - DME/Supplies & Prosthetics	324	69.11	1.87	1.100	1.000	0.0%	2.05	1.120	1.000	0.0%	2.09
Prof - Lab	981	18.97	1.55	1.100	1.000	0.0%	1.71	1.120	1.000	0.0%	1.74
Prof - Radiology	1,041	30.50	2.65	1.100	1.000	0.0%	2.91	1.120	1.000	0.0%	2.97
Prof - Transportation	568	126.14	5.97	1.100	1.000	0.0%	6.57	1.120	1.000	0.0%	6.69
Prof - Mental Health	1,858	114.18	17.68	1.100	1.033	0.0%	20.09	1.120	1.033	0.0%	20.45
Prof - Target Case Management	43	405.45	1.44	1.100	1.000	0.0%	1.59	1.120	1.000	0.0%	1.62
Prof - Other	2,775	67.48	15.61	1.100	1.005	0.0%	17.25	1.120	1.005	0.0%	17.56
Subtotal - Professional	10,503	67.77	59.32				65.99				67.18
Pharmacy - Non Hep C	5,407	50.73	22.85	1.165	1.035	0.0%	27.57	1.186	1.034	0.0%	28.03
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	1,452	53.98	6.53	0.950	1.000	0.0%	6.21	0.969	1.000	0.0%	6.33
FQHC & RHC	1,053	34.22	3.00	1.100	1.000	0.0%	3.31	1.120	1.000	0.0%	3.37
Subtotal - Other Services	7,912	49.13	32.39				37.08				37.72
Total			\$ 211.34				\$ 223.08				\$ 227.17
General Admin PMPM						8.3%	\$20.47			8.9%	\$22.43
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 248.50				\$ 254.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

Service Category	MAGI Adult Age through 18 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			31				45				45
Home Health Care & Hospice	-	-	-	1.086	1.000	0.0%	-	1.105	1.000	0.0%	-
IP - Maternity	404	3,312.73	111.58	1.000	1.025	0.0%	114.37	1.000	1.025	0.0%	114.37
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
Subtotal - Inpatient	404	3,312.73	111.58				114.37				114.37
OP - Emergency Room	3,996	568.44	189.28	1.046	1.010	0.0%	199.88	1.065	1.010	0.0%	203.56
OP - Laboratory	1,186	110.67	10.94	0.991	1.010	0.0%	10.94	1.009	1.010	0.0%	11.15
OP - Radiology	799	152.27	10.14	0.991	1.010	0.0%	10.15	1.009	1.010	0.0%	10.34
OP - Surgery	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Subtotal - Outpatient	5,981	422.06	210.35				220.97				225.05
Prof - Evaluation & Management	7,502	82.08	51.32	1.100	1.010	0.0%	57.03	1.120	1.010	0.0%	58.05
Prof - Maternity	1,196	420.79	41.95	1.100	1.010	0.0%	46.63	1.120	1.010	0.0%	47.47
Prof - Surgery	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - DME/Supplies & Prosthetics	389	86.88	2.81	1.100	1.010	0.0%	3.13	1.120	1.010	0.0%	3.18
Prof - Lab	810	3.07	0.21	1.100	1.010	0.0%	0.23	1.120	1.010	0.0%	0.23
Prof - Radiology	2,768	55.21	12.74	1.100	1.010	0.0%	14.15	1.120	1.010	0.0%	14.41
Prof - Transportation	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Mental Health	415	271.30	9.38	1.100	1.010	0.0%	10.42	1.120	1.010	0.0%	10.61
Prof - Target Case Management	411	334.00	11.43	1.100	1.000	0.0%	12.58	1.120	1.000	0.0%	12.81
Prof - Other	4,029	71.68	24.06	1.100	1.010	0.0%	26.75	1.120	1.010	0.0%	27.22
Subtotal - Professional	17,520	105.42	153.90				170.92				173.98
Pharmacy - Non Hep C	10,296	25.50	21.88	1.165	1.078	0.0%	27.50	1.186	1.077	0.0%	27.95
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	0.950	1.000	0.0%	-	0.969	1.000	0.0%	-
FQHC & RHC	1,984	23.26	3.85	1.100	1.008	0.0%	4.27	1.120	1.008	0.0%	4.34
Subtotal - Other Services	12,280	25.14	25.73				31.76				32.29
Total			\$ 501.56				\$ 538.03				\$ 545.69
General Admin PMPM						8.3%	\$49.37			8.9%	\$53.89
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 599.33				\$ 611.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age through 18 Male											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			33				60				60
Home Health Care & Hospice	-	-	-	1.086	1.000	0.0%	-	1.105	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
Subtotal - Inpatient	-	-	-				-				-
OP - Emergency Room	2,616	1,361.32	296.81	1.046	1.010	0.0%	313.44	1.065	1.010	0.0%	319.21
OP - Laboratory	1,476	217.81	26.80	0.991	1.010	0.0%	26.82	1.009	1.010	0.0%	27.32
OP - Radiology	375	102.55	3.21	0.991	1.010	0.0%	3.21	1.009	1.010	0.0%	3.27
OP - Surgery	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Mental Health	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
OP - Other	-	-	-	0.991	1.000	0.0%	-	1.009	1.000	0.0%	-
Subtotal - Outpatient	4,468	877.71	326.82				343.47				349.81
Prof - Evaluation & Management	378	68.75	2.16	1.100	1.010	0.0%	2.41	1.120	1.010	0.0%	2.45
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	377	395.19	12.42	1.100	1.010	0.0%	13.81	1.120	1.010	0.0%	14.05
Prof - DME/Supplies & Prosthetics	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Lab	377	8.30	0.26	1.100	1.010	0.0%	0.29	1.120	1.010	0.0%	0.30
Prof - Radiology	731	33.30	2.03	1.100	1.010	0.0%	2.26	1.120	1.010	0.0%	2.30
Prof - Transportation	1,492	90.00	11.19	1.100	1.010	0.0%	12.44	1.120	1.010	0.0%	12.66
Prof - Mental Health	11,943	279.13	277.81	1.100	1.147	0.0%	350.75	1.120	1.147	0.0%	357.04
Prof - Target Case Management	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Other	3,002	63.38	15.85	1.100	1.010	0.0%	17.62	1.120	1.010	0.0%	17.94
Subtotal - Professional	18,300	210.97	321.73				399.57				406.73
Pharmacy - Non Hep C	6,408	32.49	17.35	1.165	1.064	0.0%	21.52	1.186	1.064	0.0%	21.87
Pharmacy - Hep C	-	-	-	0.855	1.000	0.0%	-	0.855	1.000	0.0%	-
Dental	-	-	-	0.950	1.000	0.0%	-	0.969	1.000	0.0%	-
FQHC & RHC	1,076	21.66	1.94	1.100	1.010	0.0%	2.16	1.120	1.010	0.0%	2.20
Subtotal - Other Services	7,484	30.93	19.29				23.68				24.07
Total			\$ 667.83				\$ 766.72				\$ 780.61
General Admin PMPM						8.3%	\$70.36			8.9%	\$77.09
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 854.08				\$ 875.11

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age 19 through 24 Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			407,384				488,100				488,100
Home Health Care & Hospice	80	52.18	0.35	1.086	1.010	0.0%	0.38	1.105	1.010	0.0%	0.39
IP - Maternity	195	1,419.12	23.12	1.000	1.022	0.0%	23.63	1.000	1.022	0.0%	23.63
IP - Complex Newborn	0	8,301.38	0.15	0.967	1.023	0.0%	0.15	0.986	1.023	0.0%	0.16
IP - Medical/Surgical	52	4,112.54	17.97	0.967	1.025	0.0%	17.81	0.986	1.025	0.0%	18.15
IP - Normal Newborn	0	2,760.90	0.06	0.967	1.019	0.0%	0.06	0.986	1.019	0.0%	0.06
IP - Mental Health	34	2,346.81	6.70	0.967	1.024	0.0%	6.63	0.986	1.024	0.0%	6.76
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	0	4,750.23	0.10	0.967	1.025	0.0%	0.10	0.986	1.025	0.0%	0.10
Subtotal - Inpatient	283	2,040.34	48.10				48.38				48.85
OP - Emergency Room	1,070	482.91	43.04	1.046	1.010	0.0%	45.44	1.065	1.010	0.0%	46.28
OP - Laboratory	658	118.98	6.52	0.991	0.980	0.0%	6.33	1.009	0.980	0.0%	6.45
OP - Radiology	268	314.04	7.01	0.991	1.010	0.0%	7.01	1.009	1.010	0.0%	7.15
OP - Surgery	116	1,658.84	16.05	0.991	1.010	0.0%	16.06	1.009	1.010	0.0%	16.36
OP - Mental Health	3	305.73	0.08	0.991	1.010	0.0%	0.08	1.009	1.010	0.0%	0.08
OP - Other	501	195.13	8.14	0.991	1.009	0.0%	8.14	1.009	1.009	0.0%	8.30
Subtotal - Outpatient	2,615	370.96	80.85				83.07				84.62
Prof - Evaluation & Management	5,962	43.32	21.52	1.100	1.010	0.0%	23.92	1.120	1.010	0.0%	24.34
Prof - Maternity	569	149.01	7.07	1.100	1.008	0.0%	7.84	1.120	1.008	0.0%	7.98
Prof - Surgery	461	132.71	5.10	1.100	1.009	0.0%	5.67	1.120	1.009	0.0%	5.77
Prof - DME/Supplies & Prosthetics	533	56.77	2.52	1.100	1.011	0.0%	2.80	1.120	1.011	0.0%	2.85
Prof - Lab	4,256	20.50	7.27	1.100	1.009	0.0%	8.08	1.120	1.009	0.0%	8.22
Prof - Radiology	1,031	34.58	2.97	1.100	1.009	0.0%	3.30	1.120	1.009	0.0%	3.36
Prof - Transportation	183	92.14	1.41	1.100	1.009	0.0%	1.56	1.120	1.009	0.0%	1.59
Prof - Mental Health	1,283	113.83	12.17	1.100	1.055	0.0%	14.14	1.120	1.055	0.0%	14.39
Prof - Target Case Management	41	345.51	1.17	1.100	1.009	0.0%	1.30	1.120	1.009	0.0%	1.32
Prof - Other	3,134	64.58	16.87	1.100	1.015	0.0%	18.84	1.120	1.015	0.0%	19.18
Subtotal - Professional	17,454	53.68	78.08				87.45				89.01
Pharmacy - Non Hep C	12,242	40.03	40.84	1.165	1.055	0.0%	50.20	1.186	1.054	0.0%	51.04
Pharmacy - Hep C	0	12,967.02	0.51	0.855	1.010	0.0%	0.44	0.855	1.010	0.0%	0.44
Dental	2,206	55.15	10.14	0.950	1.009	0.0%	9.73	0.969	1.009	0.0%	9.92
FQHC & RHC	3,111	38.66	10.02	1.100	1.009	0.0%	11.13	1.120	1.009	0.0%	11.33
Subtotal - Other Services	17,560	42.04	61.51				71.50				72.73
Total			\$ 268.89				\$ 290.78				\$ 295.60
General Admin PMPM						8.3%	\$26.68			8.9%	\$29.19
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 323.90				\$ 331.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age 19 through 24 Male											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			369,978				443,535				443,535
Home Health Care & Hospice	65	87.98	0.47	1.086	1.010	0.0%	0.52	1.105	1.010	0.0%	0.53
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	55	4,694.03	21.45	0.967	1.025	0.0%	21.25	0.986	1.025	0.0%	21.66
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	39	2,320.67	7.57	0.967	1.025	0.0%	7.50	0.986	1.025	0.0%	7.65
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	1	2,189.26	0.10	0.967	1.025	0.0%	0.10	0.986	1.025	0.0%	0.10
Subtotal - Inpatient	95	3,696.50	29.13				28.86				29.41
OP - Emergency Room	695	497.37	28.80	1.046	1.010	0.0%	30.41	1.065	1.010	0.0%	30.97
OP - Laboratory	185	145.48	2.24	0.991	0.910	0.0%	2.02	1.009	0.910	0.0%	2.06
OP - Radiology	106	372.89	3.30	0.991	1.010	0.0%	3.30	1.009	1.010	0.0%	3.36
OP - Surgery	43	2,324.67	8.27	0.991	1.010	0.0%	8.28	1.009	1.010	0.0%	8.43
OP - Mental Health	2	344.30	0.07	0.991	1.010	0.0%	0.07	1.009	1.010	0.0%	0.07
OP - Other	188	279.79	4.38	0.991	1.010	0.0%	4.38	1.009	1.010	0.0%	4.47
Subtotal - Outpatient	1,219	463.32	47.07				48.47				49.37
Prof - Evaluation & Management	2,659	42.42	9.40	1.100	1.010	0.0%	10.45	1.120	1.010	0.0%	10.64
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	292	139.69	3.40	1.100	1.010	0.0%	3.78	1.120	1.010	0.0%	3.85
Prof - DME/Supplies & Prosthetics	342	69.76	1.99	1.100	1.011	0.0%	2.21	1.120	1.011	0.0%	2.25
Prof - Lab	931	18.47	1.43	1.100	1.009	0.0%	1.59	1.120	1.009	0.0%	1.62
Prof - Radiology	757	29.64	1.87	1.100	1.009	0.0%	2.08	1.120	1.009	0.0%	2.11
Prof - Transportation	168	117.97	1.65	1.100	1.010	0.0%	1.83	1.120	1.010	0.0%	1.86
Prof - Mental Health	1,118	127.37	11.87	1.100	1.069	0.0%	13.96	1.120	1.069	0.0%	14.21
Prof - Target Case Management	30	341.67	0.85	1.100	1.010	0.0%	0.94	1.120	1.010	0.0%	0.96
Prof - Other	1,974	66.49	10.94	1.100	1.016	0.0%	12.23	1.120	1.016	0.0%	12.45
Subtotal - Professional	8,270	62.95	43.39				49.07				49.94
Pharmacy - Non Hep C	5,297	78.80	34.78	1.165	1.033	0.0%	41.88	1.186	1.033	0.0%	42.59
Pharmacy - Hep C	2	12,880.86	1.68	0.855	1.010	0.0%	1.45	0.855	1.010	0.0%	1.45
Dental	1,486	54.74	6.78	0.950	1.009	0.0%	6.50	0.969	1.009	0.0%	6.63
FQHC & RHC	1,105	33.02	3.04	1.100	1.010	0.0%	3.38	1.120	1.010	0.0%	3.44
Subtotal - Other Services	7,890	70.40	46.28				53.21				54.11
Total			\$ 166.34				\$ 180.12				\$ 183.36
General Admin PMPM						8.3%	\$16.53			8.9%	\$18.11
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 200.64				\$ 205.56

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age 25 through 39 Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			838,280				1,008,000				1,008,000
Home Health Care & Hospice	165	78.07	1.07	1.086	1.010	0.0%	1.18	1.105	1.010	0.0%	1.20
IP - Maternity	127	1,354.46	14.36	1.000	1.022	0.0%	14.67	1.000	1.022	0.0%	14.67
IP - Complex Newborn	0	10,942.85	0.03	0.967	1.024	0.0%	0.03	0.986	1.024	0.0%	0.03
IP - Medical/Surgical	122	4,018.11	40.96	0.967	1.025	0.0%	40.58	0.986	1.025	0.0%	41.36
IP - Normal Newborn	0	673.58	0.01	0.967	1.022	0.0%	0.01	0.986	1.022	0.0%	0.01
IP - Mental Health	47	2,435.23	9.52	0.967	1.025	0.0%	9.43	0.986	1.025	0.0%	9.61
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	2	4,465.04	0.65	0.967	1.025	0.0%	0.65	0.986	1.025	0.0%	0.66
Subtotal - Inpatient	298	2,635.82	65.52				65.36				66.34
OP - Emergency Room	1,015	557.38	47.15	1.046	1.010	0.0%	49.79	1.065	1.010	0.0%	50.70
OP - Laboratory	815	134.08	9.11	0.991	0.929	0.0%	8.38	1.009	0.929	0.0%	8.54
OP - Radiology	381	380.35	12.08	0.991	1.010	0.0%	12.09	1.009	1.010	0.0%	12.32
OP - Surgery	161	2,150.10	28.93	0.991	1.010	0.0%	28.94	1.009	1.010	0.0%	29.49
OP - Mental Health	4	475.96	0.15	0.991	1.010	0.0%	0.15	1.009	1.010	0.0%	0.15
OP - Other	544	220.05	9.98	0.991	1.010	0.0%	9.99	1.009	1.010	0.0%	10.17
Subtotal - Outpatient	2,921	441.21	107.41				109.33				111.38
Prof - Evaluation & Management	7,609	42.84	27.16	1.100	1.010	0.0%	30.19	1.120	1.010	0.0%	30.73
Prof - Maternity	326	146.92	3.99	1.100	1.008	0.0%	4.43	1.120	1.008	0.0%	4.51
Prof - Surgery	767	155.35	9.92	1.100	1.010	0.0%	11.03	1.120	1.010	0.0%	11.22
Prof - DME/Supplies & Prosthetics	549	71.34	3.26	1.100	1.010	0.0%	3.63	1.120	1.010	0.0%	3.69
Prof - Lab	4,200	19.70	6.90	1.100	1.010	0.0%	7.66	1.120	1.010	0.0%	7.80
Prof - Radiology	1,433	37.07	4.43	1.100	1.010	0.0%	4.92	1.120	1.010	0.0%	5.01
Prof - Transportation	229	96.22	1.84	1.100	1.010	0.0%	2.04	1.120	1.010	0.0%	2.08
Prof - Mental Health	2,571	103.75	22.23	1.100	1.060	0.0%	25.93	1.120	1.060	0.0%	26.40
Prof - Target Case Management	106	345.29	3.04	1.100	1.010	0.0%	3.38	1.120	1.010	0.0%	3.44
Prof - Other	4,863	72.75	29.48	1.100	1.015	0.0%	32.93	1.120	1.015	0.0%	33.52
Subtotal - Professional	22,653	59.46	112.26				126.13				128.39
Pharmacy - Non Hep C	21,396	44.70	79.70	1.165	1.050	0.0%	97.51	1.186	1.049	0.0%	99.14
Pharmacy - Hep C	8	13,746.31	9.40	0.855	1.010	0.0%	8.12	0.855	1.010	0.0%	8.12
Dental	1,930	44.61	7.17	0.950	1.009	0.0%	6.88	0.969	1.009	0.0%	7.01
FQHC & RHC	3,283	36.47	9.98	1.100	1.010	0.0%	11.09	1.120	1.010	0.0%	11.29
Subtotal - Other Services	26,617	47.90	106.25				123.60				125.56
Total			\$ 392.51				\$ 425.60				\$ 432.86
General Admin PMPM						8.3%	\$39.05			8.9%	\$42.75
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 474.08				\$ 485.26

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age 25 through 39 Male											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			796,267				959,055				959,055
Home Health Care & Hospice	135	102.35	1.15	1.086	1.010	0.0%	1.26	1.105	1.010	0.0%	1.28
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	158	3,843.94	50.65	0.967	1.025	0.0%	50.18	0.986	1.025	0.0%	51.14
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	75	2,334.29	14.59	0.967	1.025	0.0%	14.45	0.986	1.025	0.0%	14.73
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	2	3,276.94	0.48	0.967	1.025	0.0%	0.48	0.986	1.025	0.0%	0.48
Subtotal - Inpatient	235	3,357.68	65.71				65.11				66.36
OP - Emergency Room	861	573.11	41.11	1.046	1.010	0.0%	43.40	1.065	1.010	0.0%	44.20
OP - Laboratory	438	186.86	6.82	0.991	0.871	0.0%	5.89	1.009	0.871	0.0%	6.00
OP - Radiology	184	427.84	6.55	0.991	1.010	0.0%	6.55	1.009	1.010	0.0%	6.68
OP - Surgery	78	2,288.21	14.92	0.991	1.010	0.0%	14.93	1.009	1.010	0.0%	15.21
OP - Mental Health	3	579.80	0.14	0.991	1.010	0.0%	0.14	1.009	1.010	0.0%	0.15
OP - Other	306	259.57	6.62	0.991	1.010	0.0%	6.62	1.009	1.010	0.0%	6.75
Subtotal - Outpatient	1,870	488.85	76.16				77.54				78.99
Prof - Evaluation & Management	4,620	42.86	16.50	1.100	1.010	0.0%	18.34	1.120	1.010	0.0%	18.67
Prof - Maternity	0	350.00	0.00	1.100	1.010	0.0%	0.00	1.120	1.010	0.0%	0.00
Prof - Surgery	500	154.39	6.44	1.100	1.010	0.0%	7.15	1.120	1.010	0.0%	7.28
Prof - DME/Supplies & Prosthetics	508	84.90	3.59	1.100	1.010	0.0%	3.99	1.120	1.010	0.0%	4.06
Prof - Lab	1,621	18.09	2.44	1.100	1.010	0.0%	2.71	1.120	1.010	0.0%	2.76
Prof - Radiology	1,130	33.33	3.14	1.100	1.010	0.0%	3.49	1.120	1.010	0.0%	3.55
Prof - Transportation	277	109.47	2.53	1.100	1.010	0.0%	2.81	1.120	1.010	0.0%	2.86
Prof - Mental Health	2,695	119.99	26.94	1.100	1.073	0.0%	31.83	1.120	1.073	0.0%	32.40
Prof - Target Case Management	102	347.73	2.96	1.100	1.010	0.0%	3.29	1.120	1.010	0.0%	3.35
Prof - Other	4,509	78.72	29.57	1.100	1.014	0.0%	32.99	1.120	1.014	0.0%	33.58
Subtotal - Professional	15,961	70.76	94.12				106.61				108.52
Pharmacy - Non Hep C	12,900	66.27	71.24	1.165	1.037	0.0%	86.09	1.186	1.036	0.0%	87.55
Pharmacy - Hep C	12	14,447.47	14.57	0.855	1.010	0.0%	12.59	0.855	1.010	0.0%	12.59
Dental	1,538	48.75	6.25	0.950	1.009	0.0%	5.99	0.969	1.009	0.0%	6.11
FQHC & RHC	1,732	33.67	4.86	1.100	1.010	0.0%	5.40	1.120	1.010	0.0%	5.50
Subtotal - Other Services	16,181	71.87	96.91				110.07				111.74
Total			\$ 334.05				\$ 360.59				\$ 366.89
General Admin PMPM						8.3%	\$33.09			8.9%	\$36.23
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 401.68				\$ 411.31

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age 40 or Older Female											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			936,675				1,150,500				1,150,500
Home Health Care & Hospice	469	104.87	4.10	1.086	1.010	0.0%	4.49	1.105	1.010	0.0%	4.57
IP - Maternity	2	1,490.73	0.27	1.000	1.023	0.0%	0.28	1.000	1.023	0.0%	0.28
IP - Complex Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Medical/Surgical	270	4,250.27	95.59	0.967	1.025	0.0%	94.71	0.986	1.025	0.0%	96.53
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	33	2,481.52	6.82	0.967	1.025	0.0%	6.76	0.986	1.025	0.0%	6.89
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	4	4,282.60	1.54	0.967	1.025	0.0%	1.53	0.986	1.025	0.0%	1.56
Subtotal - Inpatient	309	4,042.55	104.23				103.28				105.26
OP - Emergency Room	797	704.06	46.76	1.046	1.010	0.0%	49.37	1.065	1.010	0.0%	50.28
OP - Laboratory	1,051	135.86	11.90	0.991	0.964	0.0%	11.37	1.009	0.964	0.0%	11.58
OP - Radiology	936	476.05	37.15	0.991	1.010	0.0%	37.17	1.009	1.010	0.0%	37.87
OP - Surgery	288	2,088.72	50.14	0.991	1.010	0.0%	50.16	1.009	1.010	0.0%	51.11
OP - Mental Health	4	260.27	0.09	0.991	1.010	0.0%	0.09	1.009	1.010	0.0%	0.09
OP - Other	991	311.48	25.72	0.991	1.010	0.0%	25.73	1.009	1.010	0.0%	26.22
Subtotal - Outpatient	4,067	506.72	171.75				173.89				177.16
Prof - Evaluation & Management	10,877	46.69	42.32	1.100	1.010	0.0%	47.04	1.120	1.010	0.0%	47.88
Prof - Maternity	9	110.89	0.08	1.100	1.008	0.0%	0.09	1.120	1.008	0.0%	0.09
Prof - Surgery	1,580	166.21	21.88	1.100	1.010	0.0%	24.32	1.120	1.010	0.0%	24.75
Prof - DME/Supplies & Prosthetics	1,708	77.02	10.96	1.100	1.010	0.0%	12.18	1.120	1.010	0.0%	12.40
Prof - Lab	4,891	17.40	7.09	1.100	1.010	0.0%	7.88	1.120	1.010	0.0%	8.02
Prof - Radiology	2,425	43.45	8.78	1.100	1.010	0.0%	9.76	1.120	1.010	0.0%	9.93
Prof - Transportation	311	98.87	2.57	1.100	1.010	0.0%	2.85	1.120	1.010	0.0%	2.90
Prof - Mental Health	1,558	93.79	12.17	1.100	1.036	0.0%	13.88	1.120	1.036	0.0%	14.13
Prof - Target Case Management	82	347.98	2.39	1.100	1.010	0.0%	2.66	1.120	1.010	0.0%	2.70
Prof - Other	6,079	73.14	37.05	1.100	1.020	0.0%	41.58	1.120	1.020	0.0%	42.33
Subtotal - Professional	29,521	59.06	145.31				162.24				165.14
Pharmacy - Non Hep C	49,941	48.07	200.04	1.165	1.047	0.0%	244.05	1.186	1.046	0.0%	248.14
Pharmacy - Hep C	10	14,593.05	11.65	0.855	1.010	0.0%	10.06	0.855	1.010	0.0%	10.06
Dental	1,513	43.14	5.44	0.950	1.009	0.0%	5.22	0.969	1.009	0.0%	5.32
FQHC & RHC	4,023	32.44	10.87	1.100	1.010	0.0%	12.09	1.120	1.010	0.0%	12.30
Subtotal - Other Services	55,486	49.31	228.00				271.42				275.83
Total			\$ 653.38				\$ 715.32				\$ 727.96
General Admin PMPM						8.3%	\$65.64			8.9%	\$71.89
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 796.81				\$ 816.08

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6B
Confidential and Proprietary

Region B

MAGI Adult Age 40 or Older Male											
Service Category	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			814,597				1,005,135				1,005,135
Home Health Care & Hospice	423	130.42	4.60	1.086	1.010	0.0%	5.04	1.105	1.010	0.0%	5.13
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	305.49	0.01	0.967	1.025	0.0%	0.01	0.986	1.025	0.0%	0.01
IP - Medical/Surgical	378	4,042.38	127.36	0.967	1.025	0.0%	126.19	0.986	1.025	0.0%	128.61
IP - Normal Newborn	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Mental Health	60	2,338.68	11.77	0.967	1.025	0.0%	11.67	0.986	1.025	0.0%	11.89
IP - PRTF	-	-	-	0.967	1.000	0.0%	-	0.986	1.000	0.0%	-
IP - Other	4	4,992.34	1.47	0.967	1.025	0.0%	1.46	0.986	1.025	0.0%	1.49
Subtotal - Inpatient	442	3,815.44	140.62				139.32				142.00
OP - Emergency Room	771	730.13	46.90	1.046	1.010	0.0%	49.52	1.065	1.010	0.0%	50.43
OP - Laboratory	780	170.88	11.11	0.991	0.957	0.0%	10.53	1.009	0.957	0.0%	10.73
OP - Radiology	482	698.88	28.06	0.991	1.010	0.0%	28.08	1.009	1.010	0.0%	28.61
OP - Surgery	221	2,154.66	39.61	0.991	1.010	0.0%	39.63	1.009	1.010	0.0%	40.38
OP - Mental Health	3	366.17	0.08	0.991	1.010	0.0%	0.08	1.009	1.010	0.0%	0.08
OP - Other	756	343.96	21.68	0.991	1.010	0.0%	21.69	1.009	1.010	0.0%	22.10
Subtotal - Outpatient	3,012	587.32	147.44				149.53				152.33
Prof - Evaluation & Management	8,102	47.63	32.16	1.100	1.010	0.0%	35.75	1.120	1.010	0.0%	36.39
Prof - Maternity	-	-	-	1.100	1.000	0.0%	-	1.120	1.000	0.0%	-
Prof - Surgery	1,262	171.54	18.04	1.100	1.010	0.0%	20.04	1.120	1.010	0.0%	20.40
Prof - DME/Supplies & Prosthetics	1,460	88.70	10.79	1.100	1.010	0.0%	12.00	1.120	1.010	0.0%	12.21
Prof - Lab	3,089	16.73	4.31	1.100	1.010	0.0%	4.79	1.120	1.010	0.0%	4.87
Prof - Radiology	2,024	43.09	7.27	1.100	1.010	0.0%	8.08	1.120	1.010	0.0%	8.22
Prof - Transportation	407	109.45	3.71	1.100	1.010	0.0%	4.12	1.120	1.010	0.0%	4.20
Prof - Mental Health	1,576	113.85	14.95	1.100	1.055	0.0%	17.36	1.120	1.055	0.0%	17.67
Prof - Target Case Management	70	346.61	2.01	1.100	1.010	0.0%	2.23	1.120	1.010	0.0%	2.27
Prof - Other	5,361	75.62	33.78	1.100	1.018	0.0%	37.83	1.120	1.018	0.0%	38.51
Subtotal - Professional	23,350	65.28	127.02				142.20				144.74
Pharmacy - Non Hep C	33,760	53.83	151.45	1.165	1.043	0.0%	184.09	1.186	1.042	0.0%	187.19
Pharmacy - Hep C	22	15,300.66	28.49	0.855	1.010	0.0%	24.62	0.855	1.010	0.0%	24.62
Dental	1,241	45.64	4.72	0.950	1.009	0.0%	4.53	0.969	1.009	0.0%	4.61
FQHC & RHC	2,688	32.01	7.17	1.100	1.010	0.0%	7.97	1.120	1.010	0.0%	8.11
Subtotal - Other Services	37,711	61.04	191.83				221.21				224.54
Total			\$ 611.51				\$ 657.30				\$ 668.74
General Admin PMPM						8.3%	\$60.32			8.9%	\$66.04
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 732.19				\$ 749.70

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Total For All Aid Categories - All Ages										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			15,519,119				19,062,660				19,062,660
Home Health Care & Hospice	417	113.03	3.93	1.041	1.002	0.0%	4.10	1.060	1.002	0.0%	4.17
IP - Maternity	78	1,201.61	7.84	1.004	1.017	0.0%	8.00	1.004	1.017	0.0%	8.00
IP - Complex Newborn	34	3,896.10	10.98	0.961	1.015	0.0%	10.71	0.979	1.015	0.0%	10.91
IP - Medical/Surgical	189	3,581.12	56.38	0.977	1.019	0.0%	56.13	0.995	1.019	0.0%	57.20
IP - Normal Newborn	21	1,199.58	2.13	0.962	1.015	0.0%	2.08	0.981	1.015	0.0%	2.12
IP - Mental Health	73	1,728.21	10.47	0.984	1.050	0.0%	10.82	1.002	1.050	0.0%	11.02
IP - PRTF	22	413.24	0.76	1.010	1.014	0.0%	0.78	1.029	1.014	0.0%	0.80
IP - Other	3	3,227.56	0.77	0.976	1.020	0.0%	0.76	0.995	1.020	0.0%	0.78
Subtotal - Inpatient	420	2,551.62	89.34				89.29				90.83
OP - Emergency Room	817	482.81	32.88	1.064	1.005	0.0%	35.14	1.083	1.005	0.0%	35.78
OP - Laboratory	457	135.64	5.17	1.022	0.940	0.0%	4.97	1.041	0.940	0.0%	5.06
OP - Radiology	317	454.90	12.01	1.030	1.005	0.0%	12.43	1.049	1.005	0.0%	12.66
OP - Surgery	134	1,881.09	20.97	1.021	1.005	0.0%	21.52	1.040	1.005	0.0%	21.93
OP - Mental Health	3	614.80	0.15	1.020	1.005	0.0%	0.16	1.039	1.005	0.0%	0.16
OP - Other	497	294.55	12.19	1.035	1.004	0.0%	12.67	1.054	1.004	0.0%	12.91
Subtotal - Outpatient	2,225	449.70	83.38				86.89				88.49
Prof - Evaluation & Management	7,182	45.64	27.32	1.085	1.004	0.0%	29.76	1.104	1.004	0.0%	30.29
Prof - Maternity	178	164.74	2.44	1.090	1.002	0.0%	2.67	1.109	1.002	0.0%	2.72
Prof - Surgery	757	150.04	9.47	1.089	1.005	0.0%	10.36	1.108	1.005	0.0%	10.55
Prof - DME/Supplies & Prosthetics	1,037	73.20	6.33	1.078	1.004	0.0%	6.85	1.098	1.004	0.0%	6.97
Prof - Lab	2,999	17.90	4.47	1.088	1.006	0.0%	4.90	1.108	1.006	0.0%	4.98
Prof - Radiology	1,308	34.23	3.73	1.090	1.006	0.0%	4.09	1.110	1.006	0.0%	4.16
Prof - Transportation	265	93.51	2.06	1.084	1.004	0.0%	2.24	1.103	1.004	0.0%	2.28
Prof - Mental Health	2,155	107.67	19.33	1.080	1.025	0.0%	21.39	1.099	1.025	0.0%	21.78
Prof - Target Case Management	129	342.09	3.68	1.076	1.002	0.0%	3.97	1.096	1.002	0.0%	4.04
Prof - Other	4,065	71.13	24.09	1.080	1.013	0.0%	26.37	1.100	1.013	0.0%	26.84
Subtotal - Professional	20,074	61.53	102.93				112.59				114.62
Pharmacy - Non Hep C	19,015	54.47	86.32	1.123	1.038	0.0%	100.64	1.143	1.038	0.0%	102.36
Pharmacy - Hep C	6	15,002.53	8.00	0.851	1.007	0.0%	6.86	0.851	1.007	0.0%	6.86
Dental	2,711	46.33	10.47	0.993	1.005	0.0%	10.44	1.011	1.005	0.0%	10.64
FQHC & RHC	2,932	34.22	8.36	1.086	1.004	0.0%	9.12	1.106	1.004	0.0%	9.28
Subtotal - Other Services	24,665	55.05	113.15				127.05				129.13
Total			\$ 392.73				\$ 419.92				\$ 427.26
General Admin PMPM						8.2%	\$37.68			8.7%	\$41.26
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 466.90				\$ 478.03

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Families and Children Infant (age under 1)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			411,275				497,880				497,880
Home Health Care & Hospice	110	166.25	1.53	1.055	1.000	0.0%	1.61	1.075	1.000	0.0%	1.64
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1,163	3,889.07	376.80	0.975	1.015	0.0%	372.60	0.993	1.015	0.0%	379.72
IP - Medical/Surgical	221	5,066.51	93.21	0.974	1.015	0.0%	92.17	0.993	1.015	0.0%	93.94
IP - Normal Newborn	796	1,195.08	79.23	0.975	1.015	0.0%	78.34	0.993	1.015	0.0%	79.84
IP - Mental Health	0	3,031.19	0.09	0.974	1.015	0.0%	0.09	0.993	1.015	0.0%	0.09
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	4	4,494.48	1.58	0.974	1.015	0.0%	1.56	0.993	1.015	0.0%	1.59
Subtotal - Inpatient	2,184	3,027.63	550.91				544.76				555.17
OP - Emergency Room	1,233	294.20	30.23	1.065	1.000	0.0%	32.19	1.084	1.000	0.0%	32.78
OP - Laboratory	385	69.27	2.22	1.017	1.000	0.0%	2.26	1.036	1.000	0.0%	2.30
OP - Radiology	182	170.66	2.59	1.017	1.000	0.0%	2.63	1.036	1.000	0.0%	2.68
OP - Surgery	72	1,322.73	7.91	1.017	1.000	0.0%	8.04	1.036	1.000	0.0%	8.19
OP - Mental Health	0	52.39	0.00	1.017	1.002	0.0%	0.00	1.036	1.002	0.0%	0.00
OP - Other	567	159.40	7.53	1.017	1.000	0.0%	7.66	1.036	1.000	0.0%	7.80
Subtotal - Outpatient	2,439	248.35	50.48				52.78				53.75
Prof - Evaluation & Management	14,081	43.91	51.52	1.082	1.000	0.0%	55.75	1.102	1.000	0.0%	56.76
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	721	132.46	7.96	1.082	1.000	0.0%	8.61	1.102	1.000	0.0%	8.77
Prof - DME/Supplies & Prosthetics	519	53.88	2.33	1.082	1.000	0.0%	2.52	1.102	1.000	0.0%	2.57
Prof - Lab	1,761	15.49	2.27	1.082	1.000	0.0%	2.46	1.102	1.000	0.0%	2.51
Prof - Radiology	1,033	19.41	1.67	1.082	1.000	0.0%	1.81	1.102	1.000	0.0%	1.84
Prof - Transportation	214	196.06	3.50	1.082	1.000	0.0%	3.79	1.102	1.000	0.0%	3.85
Prof - Mental Health	2	84.77	0.01	1.082	1.000	0.0%	0.01	1.102	1.000	0.0%	0.01
Prof - Target Case Management	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Other	7,142	91.08	54.21	1.082	1.001	0.0%	58.74	1.102	1.001	0.0%	59.80
Subtotal - Professional	25,473	58.17	123.48				133.69				136.11
Pharmacy - Non Hep C	5,946	28.39	14.07	0.991	1.085	0.0%	15.13	1.009	1.084	0.0%	15.39
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	83	34.34	0.24	1.005	1.000	0.0%	0.24	1.023	1.000	0.0%	0.24
FQHC & RHC	6,062	38.03	19.21	1.082	1.000	0.0%	20.79	1.102	1.000	0.0%	21.16
Subtotal - Other Services	12,090	33.26	33.51				36.15				36.80
Total			\$ 759.91				\$ 769.00				\$ 783.47
General Admin PMPM						8.4%	\$71.48			9.0%	\$78.30
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 857.54				\$ 879.27

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Families and Children Child (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,805,082				2,202,615				2,202,615
Home Health Care & Hospice	271	100.54	2.27	1.055	1.000	0.0%	2.40	1.075	1.000	0.0%	2.44
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	34	4,154.57	11.62	0.974	1.016	0.0%	11.50	0.993	1.016	0.0%	11.72
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	3	1,422.99	0.32	0.974	1.015	0.0%	0.32	0.993	1.015	0.0%	0.33
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	0	2,620.34	0.03	0.975	1.015	0.0%	0.03	0.993	1.015	0.0%	0.03
Subtotal - Inpatient	36	3,943.02	11.98				11.85				12.08
OP - Emergency Room	740	276.35	17.04	1.065	1.000	0.0%	18.15	1.084	1.000	0.0%	18.48
OP - Laboratory	168	71.77	1.00	1.017	1.001	0.0%	1.02	1.036	1.001	0.0%	1.04
OP - Radiology	69	171.36	0.98	1.017	1.000	0.0%	1.00	1.036	1.000	0.0%	1.01
OP - Surgery	75	1,657.54	10.42	1.017	1.000	0.0%	10.60	1.036	1.000	0.0%	10.80
OP - Mental Health	0	54.23	0.00	1.017	1.000	0.0%	0.00	1.036	1.000	0.0%	0.00
OP - Other	296	149.85	3.70	1.017	1.001	0.0%	3.77	1.036	1.001	0.0%	3.84
Subtotal - Outpatient	1,348	295.02	33.15				34.53				35.17
Prof - Evaluation & Management	5,607	47.30	22.10	1.082	1.002	0.0%	23.95	1.102	1.002	0.0%	24.39
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	356	176.45	5.23	1.082	1.000	0.0%	5.66	1.102	1.000	0.0%	5.76
Prof - DME/Supplies & Prosthetics	355	53.17	1.57	1.082	1.001	0.0%	1.71	1.102	1.001	0.0%	1.74
Prof - Lab	1,761	14.95	2.19	1.082	1.007	0.0%	2.39	1.102	1.007	0.0%	2.43
Prof - Radiology	372	17.98	0.56	1.082	1.006	0.0%	0.61	1.102	1.006	0.0%	0.62
Prof - Transportation	69	132.85	0.76	1.082	1.000	0.0%	0.83	1.102	1.000	0.0%	0.84
Prof - Mental Health	463	85.03	3.28	1.082	1.000	0.0%	3.55	1.102	1.000	0.0%	3.62
Prof - Target Case Management	35	339.60	0.99	1.082	1.000	0.0%	1.07	1.102	1.000	0.0%	1.09
Prof - Other	1,713	63.05	9.00	1.082	1.024	0.0%	9.97	1.102	1.024	0.0%	10.15
Subtotal - Professional	10,731	51.10	45.70				49.74				50.64
Pharmacy - Non Hep C	5,715	35.59	16.95	0.991	1.061	0.0%	17.81	1.009	1.060	0.0%	18.13
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	3,513	38.50	11.27	1.005	1.005	0.0%	11.37	1.023	1.005	0.0%	11.59
FQHC & RHC	2,830	33.21	7.83	1.082	1.002	0.0%	8.50	1.102	1.002	0.0%	8.65
Subtotal - Other Services	12,058	35.88	36.05				37.68				38.37
Total			\$ 129.15				\$ 136.21				\$ 138.70
General Admin PMPM						8.4%	\$12.66			9.0%	\$13.86
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 151.89				\$ 155.66

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Families and Children Child (age 6-12)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			2,328,738				2,879,805				2,879,805
Home Health Care & Hospice	251	100.90	2.11	1.055	1.000	0.0%	2.22	1.075	1.000	0.0%	2.27
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	18,762.97	0.01	0.974	1.014	0.0%	0.01	0.992	1.014	0.0%	0.01
IP - Medical/Surgical	15	5,265.67	6.38	0.974	1.017	0.0%	6.32	0.993	1.017	0.0%	6.44
IP - Normal Newborn	0	238.52	0.00	0.975	1.015	0.0%	0.00	0.993	1.015	0.0%	0.00
IP - Mental Health	38	1,356.28	4.32	0.974	1.015	0.0%	4.27	0.993	1.015	0.0%	4.35
IP - PRTF	20	430.99	0.70	0.974	1.015	0.0%	0.70	0.993	1.015	0.0%	0.71
IP - Other	0	2,310.80	0.01	0.975	1.014	0.0%	0.01	0.993	1.014	0.0%	0.01
Subtotal - Inpatient	72	1,892.28	11.42				11.31				11.52
OP - Emergency Room	424	316.23	11.17	1.065	1.000	0.0%	11.89	1.084	1.000	0.0%	12.11
OP - Laboratory	146	70.69	0.86	1.017	0.996	0.0%	0.87	1.036	0.996	0.0%	0.89
OP - Radiology	95	220.76	1.74	1.017	1.000	0.0%	1.77	1.036	1.000	0.0%	1.80
OP - Surgery	36	1,904.03	5.70	1.017	1.000	0.0%	5.79	1.036	1.000	0.0%	5.90
OP - Mental Health	1	587.50	0.07	1.016	1.000	0.0%	0.07	1.035	1.000	0.0%	0.07
OP - Other	209	154.54	2.70	1.017	1.002	0.0%	2.75	1.036	1.002	0.0%	2.80
Subtotal - Outpatient	911	292.83	22.23				23.14				23.57
Prof - Evaluation & Management	5,190	46.49	20.11	1.082	1.002	0.0%	21.80	1.102	1.002	0.0%	22.19
Prof - Maternity	0	82.27	0.00	1.082	1.000	0.0%	0.00	1.102	1.000	0.0%	0.00
Prof - Surgery	248	141.31	2.92	1.082	1.000	0.0%	3.16	1.102	1.000	0.0%	3.22
Prof - DME/Supplies & Prosthetics	587	34.49	1.69	1.082	1.002	0.0%	1.83	1.102	1.002	0.0%	1.86
Prof - Lab	1,459	14.87	1.81	1.082	1.008	0.0%	1.97	1.102	1.008	0.0%	2.01
Prof - Radiology	476	19.90	0.79	1.082	1.006	0.0%	0.86	1.102	1.006	0.0%	0.87
Prof - Transportation	38	127.43	0.41	1.082	1.000	0.0%	0.44	1.102	1.000	0.0%	0.45
Prof - Mental Health	2,880	86.59	20.78	1.082	1.000	0.0%	22.49	1.102	1.000	0.0%	22.89
Prof - Target Case Management	213	340.61	6.04	1.082	1.000	0.0%	6.54	1.102	1.000	0.0%	6.66
Prof - Other	1,578	40.19	5.28	1.082	1.018	0.0%	5.82	1.102	1.018	0.0%	5.93
Subtotal - Professional	12,668	56.67	59.82				64.90				66.07
Pharmacy - Non Hep C	6,756	55.97	31.51	0.991	1.038	0.0%	32.40	1.009	1.037	0.0%	32.99
Pharmacy - Hep C	0	13,917.95	0.08	0.856	1.000	0.0%	0.07	0.856	1.000	0.0%	0.07
Dental	5,243	41.17	17.99	1.005	1.005	0.0%	18.16	1.023	1.005	0.0%	18.50
FQHC & RHC	3,313	32.66	9.02	1.082	1.003	0.0%	9.79	1.102	1.003	0.0%	9.97
Subtotal - Other Services	15,312	45.93	58.60				60.42				61.53
Total			\$ 154.19				\$ 161.99				\$ 164.95
General Admin PMPM						8.4%	\$15.06			9.0%	\$16.48
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 180.64				\$ 185.12

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Families and Children Child (age 13-18)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			837,205				1,044,075				1,044,075
Home Health Care & Hospice	277	91.25	2.10	1.057	1.000	0.0%	2.22	1.076	1.000	0.0%	2.26
IP - Maternity	81	1,258.18	8.49	1.000	1.015	0.0%	8.61	1.000	1.015	0.0%	8.61
IP - Complex Newborn	0	5,380.74	0.01	0.973	1.014	0.0%	0.01	0.992	1.014	0.0%	0.01
IP - Medical/Surgical	28	4,685.97	10.78	0.975	1.019	0.0%	10.70	0.994	1.019	0.0%	10.91
IP - Normal Newborn	0	1,876.82	0.03	0.973	1.014	0.0%	0.03	0.992	1.014	0.0%	0.03
IP - Mental Health	138	1,310.48	15.12	0.975	1.015	0.0%	14.96	0.994	1.015	0.0%	15.24
IP - PRTF	72	245.19	1.46	0.974	1.014	0.0%	1.45	0.992	1.014	0.0%	1.47
IP - Other	0	3,588.52	0.03	0.974	1.015	0.0%	0.03	0.993	1.015	0.0%	0.03
Subtotal - Inpatient	319	1,351.25	35.92				35.78				36.30
OP - Emergency Room	711	419.19	24.85	1.065	1.000	0.0%	26.46	1.084	1.000	0.0%	26.94
OP - Laboratory	353	102.69	3.02	1.016	0.995	0.0%	3.05	1.035	0.995	0.0%	3.11
OP - Radiology	211	305.20	5.36	1.016	1.000	0.0%	5.45	1.035	1.000	0.0%	5.55
OP - Surgery	63	1,815.69	9.57	1.016	1.000	0.0%	9.72	1.035	1.000	0.0%	9.91
OP - Mental Health	3	608.71	0.16	1.018	1.000	0.0%	0.17	1.037	1.000	0.0%	0.17
OP - Other	341	194.11	5.52	1.016	1.001	0.0%	5.61	1.035	1.001	0.0%	5.72
Subtotal - Outpatient	1,682	345.77	48.47				50.46				51.39
Prof - Evaluation & Management	6,550	45.92	25.06	1.082	1.002	0.0%	27.19	1.102	1.002	0.0%	27.68
Prof - Maternity	217	158.64	2.87	1.082	1.000	0.0%	3.11	1.102	1.000	0.0%	3.17
Prof - Surgery	331	128.22	3.54	1.082	1.000	0.0%	3.83	1.102	1.000	0.0%	3.90
Prof - DME/Supplies & Prosthetics	856	39.34	2.81	1.082	1.002	0.0%	3.04	1.102	1.002	0.0%	3.10
Prof - Lab	3,150	17.83	4.68	1.083	1.004	0.0%	5.09	1.102	1.004	0.0%	5.18
Prof - Radiology	878	29.49	2.16	1.082	1.005	0.0%	2.35	1.102	1.005	0.0%	2.39
Prof - Transportation	133	94.29	1.04	1.082	1.000	0.0%	1.13	1.101	1.000	0.0%	1.15
Prof - Mental Health	2,835	93.39	22.06	1.082	1.002	0.0%	23.93	1.102	1.002	0.0%	24.37
Prof - Target Case Management	184	340.14	5.22	1.082	1.000	0.0%	5.65	1.102	1.000	0.0%	5.75
Prof - Other	2,757	47.66	10.95	1.082	1.015	0.0%	12.02	1.102	1.015	0.0%	12.24
Subtotal - Professional	17,892	53.92	80.39				87.34				88.91
Pharmacy - Non Hep C	10,093	41.24	34.68	0.991	1.051	0.0%	36.12	1.009	1.050	0.0%	36.77
Pharmacy - Hep C	0	25,030.19	0.41	0.854	1.000	0.0%	0.35	0.854	1.000	0.0%	0.35
Dental	4,258	63.22	22.44	1.005	1.003	0.0%	22.61	1.023	1.003	0.0%	23.04
FQHC & RHC	3,476	35.83	10.38	1.081	1.003	0.0%	11.25	1.101	1.003	0.0%	11.46
Subtotal - Other Services	17,827	45.71	67.91				70.34				71.62
Total			\$ 234.80				\$ 246.14				\$ 250.49
General Admin PMPM						8.4%	\$22.88			9.0%	\$25.03
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 274.48				\$ 281.11

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Families and Children Child (age 13-18)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			816,858				1,026,825				1,026,825
Home Health Care & Hospice	216	185.59	3.34	1.058	1.000	0.0%	3.54	1.077	1.000	0.0%	3.60
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	23	5,230.30	9.94	0.975	1.018	0.0%	9.87	0.993	1.018	0.0%	10.06
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	88	1,235.04	9.06	0.975	1.015	0.0%	8.97	0.994	1.015	0.0%	9.14
IP - PRTF	40	399.10	1.34	0.974	1.014	0.0%	1.33	0.993	1.014	0.0%	1.35
IP - Other	0	53,993.76	0.45	0.973	1.014	0.0%	0.44	0.992	1.014	0.0%	0.45
Subtotal - Inpatient	151	1,648.84	20.79				20.60				21.00
OP - Emergency Room	458	414.28	15.82	1.065	1.000	0.0%	16.84	1.084	1.000	0.0%	17.15
OP - Laboratory	143	96.67	1.15	1.016	0.991	0.0%	1.16	1.035	0.991	0.0%	1.18
OP - Radiology	141	309.85	3.65	1.017	1.000	0.0%	3.71	1.036	1.000	0.0%	3.78
OP - Surgery	39	2,524.84	8.12	1.016	1.000	0.0%	8.26	1.035	1.000	0.0%	8.41
OP - Mental Health	1	755.59	0.09	1.019	1.000	0.0%	0.10	1.038	1.000	0.0%	0.10
OP - Other	223	201.20	3.73	1.016	1.001	0.0%	3.80	1.035	1.001	0.0%	3.87
Subtotal - Outpatient	1,005	388.82	32.57				33.86				34.49
Prof - Evaluation & Management	4,696	44.79	17.53	1.082	1.002	0.0%	19.01	1.102	1.002	0.0%	19.36
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	303	133.24	3.36	1.082	1.000	0.0%	3.64	1.102	1.000	0.0%	3.70
Prof - DME/Supplies & Prosthetics	649	44.45	2.40	1.082	1.002	0.0%	2.61	1.102	1.002	0.0%	2.65
Prof - Lab	1,276	16.44	1.75	1.083	1.006	0.0%	1.90	1.102	1.006	0.0%	1.94
Prof - Radiology	788	24.76	1.63	1.082	1.005	0.0%	1.77	1.102	1.005	0.0%	1.80
Prof - Transportation	82	128.80	0.88	1.082	1.000	0.0%	0.95	1.101	1.000	0.0%	0.97
Prof - Mental Health	2,210	111.45	20.52	1.082	1.007	0.0%	22.38	1.102	1.007	0.0%	22.78
Prof - Target Case Management	161	340.26	4.57	1.082	1.000	0.0%	4.95	1.102	1.000	0.0%	5.04
Prof - Other	1,777	45.06	6.67	1.082	1.019	0.0%	7.36	1.102	1.019	0.0%	7.49
Subtotal - Professional	11,941	59.61	59.31				64.56				65.73
Pharmacy - Non Hep C	6,456	69.85	37.58	0.991	1.030	0.0%	38.37	1.010	1.030	0.0%	39.08
Pharmacy - Hep C	0	18,612.15	0.16	0.854	1.000	0.0%	0.13	0.854	1.000	0.0%	0.13
Dental	3,613	61.00	18.37	1.005	1.004	0.0%	18.52	1.024	1.004	0.0%	18.87
FQHC & RHC	2,254	33.54	6.30	1.081	1.003	0.0%	6.83	1.101	1.003	0.0%	6.96
Subtotal - Other Services	12,324	60.77	62.40				63.86				65.04
Total			\$ 178.42				\$ 186.42				\$ 189.85
General Admin PMPM						8.4%	\$17.33			9.0%	\$18.97
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 207.89				\$ 213.06

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Families and Children Adult (age 19-24)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			241,376				291,675				291,675
Home Health Care & Hospice	94	125.64	0.99	1.044	1.000	0.0%	1.03	1.063	1.000	0.0%	1.05
IP - Maternity	1,416	1,178.07	138.99	1.000	1.015	0.0%	141.02	1.000	1.015	0.0%	141.02
IP - Complex Newborn	1	5,021.68	0.25	0.963	1.014	0.0%	0.24	0.982	1.014	0.0%	0.25
IP - Medical/Surgical	47	4,004.34	15.57	0.956	1.015	0.0%	15.11	0.975	1.015	0.0%	15.40
IP - Normal Newborn	1	2,489.22	0.13	0.962	1.015	0.0%	0.13	0.981	1.015	0.0%	0.13
IP - Mental Health	20	1,938.02	3.24	0.955	1.015	0.0%	3.14	0.974	1.015	0.0%	3.20
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	2	2,381.97	0.36	0.955	1.015	0.0%	0.35	0.973	1.015	0.0%	0.36
Subtotal - Inpatient	1,486	1,280.68	158.55				159.99				160.36
OP - Emergency Room	1,371	458.34	52.37	1.065	1.000	0.0%	55.80	1.085	1.000	0.0%	56.82
OP - Laboratory	857	116.12	8.30	1.019	0.956	0.0%	8.08	1.038	0.956	0.0%	8.23
OP - Radiology	332	248.48	6.87	1.019	1.000	0.0%	6.99	1.038	1.000	0.0%	7.13
OP - Surgery	241	995.90	20.00	1.018	1.000	0.0%	20.36	1.037	1.000	0.0%	20.74
OP - Mental Health	3	528.46	0.13	1.006	1.000	0.0%	0.13	1.025	1.000	0.0%	0.14
OP - Other	853	256.81	18.26	1.019	1.000	0.0%	18.61	1.038	1.000	0.0%	18.95
Subtotal - Outpatient	3,658	347.54	105.93				109.97				112.00
Prof - Evaluation & Management	7,379	45.46	27.95	1.080	1.000	0.0%	30.19	1.099	1.000	0.0%	30.73
Prof - Maternity	2,845	180.99	42.90	1.080	1.000	0.0%	46.32	1.099	1.000	0.0%	47.16
Prof - Surgery	594	107.66	5.33	1.082	1.000	0.0%	5.76	1.101	1.000	0.0%	5.87
Prof - DME/Supplies & Prosthetics	579	87.23	4.21	1.079	1.000	0.0%	4.54	1.099	1.000	0.0%	4.63
Prof - Lab	7,120	19.70	11.69	1.079	1.000	0.0%	12.61	1.099	1.000	0.0%	12.84
Prof - Radiology	978	34.82	2.84	1.082	1.000	0.0%	3.07	1.101	1.000	0.0%	3.13
Prof - Transportation	304	87.01	2.20	1.083	1.000	0.0%	2.39	1.102	1.000	0.0%	2.43
Prof - Mental Health	1,341	102.88	11.50	1.081	1.035	0.0%	12.86	1.100	1.035	0.0%	13.09
Prof - Target Case Management	56	340.56	1.58	1.085	1.000	0.0%	1.72	1.105	1.000	0.0%	1.75
Prof - Other	4,399	74.94	27.48	1.080	1.003	0.0%	29.78	1.100	1.003	0.0%	30.31
Subtotal - Professional	25,596	64.55	137.68				149.24				151.94
Pharmacy - Non Hep C	10,854	35.52	32.12	1.111	1.052	0.0%	37.56	1.131	1.052	0.0%	38.19
Pharmacy - Hep C	2	12,995.16	1.98	0.853	1.000	0.0%	1.69	0.853	1.000	0.0%	1.69
Dental	2,190	52.20	9.53	1.004	1.000	0.0%	9.57	1.023	1.000	0.0%	9.75
FQHC & RHC	3,577	49.18	14.66	1.087	1.000	0.0%	15.93	1.106	1.000	0.0%	16.22
Subtotal - Other Services	16,623	42.08	58.29				64.74				65.85
Total			\$ 461.44				\$ 484.98				\$ 491.19
General Admin PMPM						9.0%	\$48.23			9.6%	\$52.65
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 544.03				\$ 554.88

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Families and Children Adult (age 19-24)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			22,858				27,030				27,030
Home Health Care & Hospice	57	52.33	0.25	1.055	1.000	0.0%	0.26	1.075	1.000	0.0%	0.27
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	73	4,660.91	28.37	0.957	1.015	0.0%	27.56	0.976	1.015	0.0%	28.09
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	34	1,695.46	4.77	0.957	1.015	0.0%	4.64	0.976	1.015	0.0%	4.73
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	107	3,722.86	33.14				32.20				32.82
OP - Emergency Room	926	471.88	36.43	1.065	1.000	0.0%	38.79	1.084	1.000	0.0%	39.50
OP - Laboratory	186	124.59	1.93	1.016	0.852	0.0%	1.67	1.035	0.852	0.0%	1.70
OP - Radiology	121	417.86	4.20	1.016	1.000	0.0%	4.27	1.035	1.000	0.0%	4.35
OP - Surgery	38	2,397.52	7.55	1.017	1.000	0.0%	7.67	1.036	1.000	0.0%	7.81
OP - Mental Health	4	1,119.74	0.41	1.017	1.000	0.0%	0.42	1.036	1.000	0.0%	0.42
OP - Other	180	271.60	4.06	1.016	1.000	0.0%	4.13	1.035	1.000	0.0%	4.21
Subtotal - Outpatient	1,454	450.32	54.57				56.95				57.99
Prof - Evaluation & Management	2,481	44.98	9.30	1.082	1.000	0.0%	10.06	1.102	1.000	0.0%	10.24
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	299	158.04	3.94	1.082	1.000	0.0%	4.26	1.102	1.000	0.0%	4.34
Prof - DME/Supplies & Prosthetics	253	64.98	1.37	1.082	1.000	0.0%	1.48	1.102	1.000	0.0%	1.51
Prof - Lab	934	19.08	1.48	1.082	1.000	0.0%	1.61	1.102	1.000	0.0%	1.64
Prof - Radiology	949	30.00	2.37	1.082	1.000	0.0%	2.57	1.102	1.000	0.0%	2.61
Prof - Transportation	210	135.99	2.38	1.082	1.000	0.0%	2.57	1.102	1.000	0.0%	2.62
Prof - Mental Health	1,115	116.94	10.87	1.082	1.059	0.0%	12.45	1.102	1.059	0.0%	12.68
Prof - Target Case Management	31	334.31	0.85	1.082	1.000	0.0%	0.92	1.102	1.000	0.0%	0.94
Prof - Other	2,346	69.22	13.53	1.082	1.004	0.0%	14.70	1.102	1.004	0.0%	14.96
Subtotal - Professional	8,617	64.18	46.09				50.62				51.53
Pharmacy - Non Hep C	5,578	110.12	51.19	1.110	1.017	0.0%	57.75	1.129	1.017	0.0%	58.77
Pharmacy - Hep C	1	12,851.00	1.29	0.855	1.000	0.0%	1.11	0.855	1.000	0.0%	1.11
Dental	1,811	53.39	8.06	1.005	1.000	0.0%	8.09	1.023	1.000	0.0%	8.24
FQHC & RHC	1,232	32.21	3.31	1.082	1.000	0.0%	3.58	1.102	1.000	0.0%	3.64
Subtotal - Other Services	8,622	88.86	63.84				70.53				71.76
Total			\$ 197.89				\$ 210.55				\$ 214.37
General Admin PMPM						9.0%	\$20.94			9.6%	\$22.98
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 236.19				\$ 242.17

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Families and Children Adult (age 25-39)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			697,342				889,545				889,545
Home Health Care & Hospice	241	74.87	1.51	1.055	1.000	0.0%	1.59	1.074	1.000	0.0%	1.62
IP - Maternity	649	1,201.51	64.97	1.000	1.015	0.0%	65.92	1.000	1.015	0.0%	65.92
IP - Complex Newborn	0	9,821.28	0.27	0.958	1.015	0.0%	0.26	0.977	1.015	0.0%	0.27
IP - Medical/Surgical	115	4,067.89	39.02	0.957	1.015	0.0%	37.90	0.976	1.015	0.0%	38.64
IP - Normal Newborn	0	1,262.04	0.05	0.958	1.015	0.0%	0.05	0.977	1.015	0.0%	0.05
IP - Mental Health	37	2,360.37	7.22	0.957	1.015	0.0%	7.02	0.976	1.015	0.0%	7.15
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	2	3,725.79	0.53	0.957	1.015	0.0%	0.52	0.975	1.015	0.0%	0.53
Subtotal - Inpatient	803	1,674.27	112.07				111.67				112.55
OP - Emergency Room	1,169	526.89	51.33	1.065	1.000	0.0%	54.67	1.084	1.000	0.0%	55.66
OP - Laboratory	782	125.62	8.19	1.017	0.888	0.0%	7.40	1.036	0.888	0.0%	7.53
OP - Radiology	395	367.24	12.09	1.017	1.000	0.0%	12.29	1.036	1.000	0.0%	12.52
OP - Surgery	207	1,791.51	30.94	1.017	1.000	0.0%	31.45	1.036	1.000	0.0%	32.04
OP - Mental Health	4	654.71	0.23	1.015	1.000	0.0%	0.23	1.034	1.000	0.0%	0.24
OP - Other	615	233.17	11.95	1.017	1.000	0.0%	12.15	1.036	1.000	0.0%	12.38
Subtotal - Outpatient	3,173	433.91	114.73				118.19				120.38
Prof - Evaluation & Management	8,393	45.12	31.56	1.082	1.000	0.0%	34.14	1.101	1.000	0.0%	34.76
Prof - Maternity	1,366	173.19	19.72	1.082	1.000	0.0%	21.33	1.101	1.000	0.0%	21.71
Prof - Surgery	897	144.95	10.83	1.082	1.000	0.0%	11.72	1.101	1.000	0.0%	11.93
Prof - DME/Supplies & Prosthetics	611	94.40	4.80	1.082	1.000	0.0%	5.20	1.101	1.000	0.0%	5.29
Prof - Lab	5,928	19.81	9.79	1.082	1.000	0.0%	10.59	1.101	1.000	0.0%	10.78
Prof - Radiology	1,522	37.87	4.80	1.082	1.000	0.0%	5.20	1.101	1.000	0.0%	5.29
Prof - Transportation	281	93.15	2.18	1.082	1.000	0.0%	2.36	1.102	1.000	0.0%	2.40
Prof - Mental Health	2,618	93.03	20.30	1.082	1.037	0.0%	22.77	1.102	1.037	0.0%	23.18
Prof - Target Case Management	125	343.70	3.59	1.083	1.000	0.0%	3.89	1.102	1.000	0.0%	3.96
Prof - Other	5,761	78.36	37.62	1.082	1.004	0.0%	40.87	1.102	1.004	0.0%	41.61
Subtotal - Professional	27,502	63.35	145.19				158.05				160.90
Pharmacy - Non Hep C	21,142	45.89	80.84	1.110	1.040	0.0%	93.32	1.130	1.039	0.0%	94.92
Pharmacy - Hep C	7	13,457.82	7.41	0.856	1.000	0.0%	6.34	0.856	1.000	0.0%	6.34
Dental	2,141	44.87	8.01	1.004	1.000	0.0%	8.04	1.023	1.000	0.0%	8.19
FQHC & RHC	3,286	41.14	11.26	1.083	1.000	0.0%	12.20	1.102	1.000	0.0%	12.42
Subtotal - Other Services	26,576	48.55	107.53				119.90				121.87
Total			\$ 481.03				\$ 509.40				\$ 517.32
General Admin PMPM						9.0%	\$50.66			9.6%	\$55.45
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 571.43				\$ 584.40

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Families and Children Adult (age 25-39)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			162,300				202,890				202,890
Home Health Care & Hospice	133	86.31	0.96	1.059	1.000	0.0%	1.02	1.078	1.000	0.0%	1.03
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	139	3,620.74	42.02	0.958	1.015	0.0%	40.84	0.976	1.015	0.0%	41.63
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	32	2,494.87	6.56	0.958	1.015	0.0%	6.38	0.977	1.015	0.0%	6.50
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	1	4,730.88	0.42	0.959	1.015	0.0%	0.41	0.978	1.015	0.0%	0.41
Subtotal - Inpatient	172	3,420.96	49.00				47.62				48.54
OP - Emergency Room	858	558.91	39.98	1.064	1.000	0.0%	42.56	1.084	1.000	0.0%	43.34
OP - Laboratory	389	167.50	5.44	1.014	0.829	0.0%	4.57	1.033	0.829	0.0%	4.65
OP - Radiology	202	432.56	7.29	1.015	1.000	0.0%	7.40	1.034	1.000	0.0%	7.54
OP - Surgery	83	2,292.65	15.87	1.016	1.000	0.0%	16.13	1.035	1.000	0.0%	16.43
OP - Mental Health	4	761.47	0.22	1.023	1.000	0.0%	0.23	1.042	1.000	0.0%	0.23
OP - Other	310	259.55	6.71	1.017	1.000	0.0%	6.82	1.036	1.000	0.0%	6.95
Subtotal - Outpatient	1,847	490.63	75.51				77.71				79.14
Prof - Evaluation & Management	5,060	43.45	18.32	1.082	1.000	0.0%	19.82	1.102	1.000	0.0%	20.18
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	577	153.06	7.36	1.083	1.000	0.0%	7.97	1.102	1.000	0.0%	8.11
Prof - DME/Supplies & Prosthetics	586	93.90	4.59	1.084	1.000	0.0%	4.97	1.103	1.000	0.0%	5.06
Prof - Lab	1,922	17.15	2.75	1.083	1.000	0.0%	2.98	1.103	1.000	0.0%	3.03
Prof - Radiology	1,264	34.18	3.60	1.082	1.000	0.0%	3.90	1.102	1.000	0.0%	3.97
Prof - Transportation	206	118.65	2.04	1.081	1.000	0.0%	2.20	1.100	1.000	0.0%	2.24
Prof - Mental Health	2,148	93.00	16.65	1.083	1.047	0.0%	18.87	1.102	1.047	0.0%	19.21
Prof - Target Case Management	88	345.87	2.53	1.080	1.000	0.0%	2.73	1.099	1.000	0.0%	2.78
Prof - Other	4,396	86.21	31.58	1.080	1.004	0.0%	34.26	1.100	1.004	0.0%	34.88
Subtotal - Professional	16,248	66.04	89.42				97.71				99.47
Pharmacy - Non Hep C	14,310	52.95	63.14	1.108	1.035	0.0%	72.41	1.128	1.034	0.0%	73.66
Pharmacy - Hep C	10	13,961.47	11.08	0.857	1.000	0.0%	9.49	0.857	1.000	0.0%	9.49
Dental	1,732	47.89	6.91	1.005	1.000	0.0%	6.95	1.024	1.000	0.0%	7.08
FQHC & RHC	1,862	33.41	5.19	1.080	1.000	0.0%	5.60	1.099	1.000	0.0%	5.70
Subtotal - Other Services	17,913	57.83	86.32				94.45				95.93
Total		\$ 301.21					\$ 318.50				\$ 324.11
General Admin PMPM						9.0%	\$31.67			9.6%	\$34.74
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 357.28				\$ 366.14

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Families and Children Adult (age 40 +)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			197,251				262,305				262,305
Home Health Care & Hospice	368	107.08	3.28	1.054	1.000	0.0%	3.46	1.074	1.000	0.0%	3.52
IP - Maternity	51	1,317.13	5.63	0.999	1.015	0.0%	5.71	0.999	1.015	0.0%	5.71
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	238	3,995.40	79.12	0.957	1.015	0.0%	76.80	0.975	1.015	0.0%	78.28
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	40	2,115.62	7.12	0.957	1.015	0.0%	6.92	0.976	1.015	0.0%	7.05
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	7	2,862.60	1.66	0.952	1.015	0.0%	1.60	0.970	1.015	0.0%	1.63
Subtotal - Inpatient	336	3,337.44	93.54				91.04				92.68
OP - Emergency Room	936	627.94	48.99	1.066	1.000	0.0%	52.21	1.085	1.000	0.0%	53.16
OP - Laboratory	825	142.17	9.78	1.019	0.922	0.0%	9.19	1.038	0.922	0.0%	9.37
OP - Radiology	727	469.68	28.46	1.017	1.000	0.0%	28.95	1.036	1.000	0.0%	29.49
OP - Surgery	242	2,176.54	43.88	1.016	1.000	0.0%	44.60	1.035	1.000	0.0%	45.43
OP - Mental Health	5	462.98	0.18	1.016	1.000	0.0%	0.19	1.035	1.000	0.0%	0.19
OP - Other	724	319.73	19.30	1.018	1.000	0.0%	19.64	1.037	1.000	0.0%	20.01
Subtotal - Outpatient	3,460	522.34	150.60				154.78				157.65
Prof - Evaluation & Management	10,627	45.45	40.25	1.082	1.000	0.0%	43.54	1.101	1.000	0.0%	44.33
Prof - Maternity	148	148.48	1.83	1.080	1.000	0.0%	1.98	1.099	1.000	0.0%	2.01
Prof - Surgery	1,446	166.44	20.06	1.081	1.000	0.0%	21.68	1.100	1.000	0.0%	22.07
Prof - DME/Supplies & Prosthetics	1,177	80.36	7.88	1.082	1.000	0.0%	8.53	1.101	1.000	0.0%	8.68
Prof - Lab	5,452	18.64	8.47	1.080	1.000	0.0%	9.15	1.100	1.000	0.0%	9.32
Prof - Radiology	2,260	40.86	7.69	1.082	1.000	0.0%	8.32	1.101	1.000	0.0%	8.47
Prof - Transportation	301	86.27	2.16	1.083	1.000	0.0%	2.34	1.102	1.000	0.0%	2.38
Prof - Mental Health	1,948	86.94	14.11	1.083	1.024	0.0%	15.64	1.102	1.024	0.0%	15.93
Prof - Target Case Management	105	342.78	3.01	1.084	1.000	0.0%	3.26	1.103	1.000	0.0%	3.32
Prof - Other	6,355	73.67	39.01	1.082	1.008	0.0%	42.52	1.101	1.008	0.0%	43.29
Subtotal - Professional	29,819	58.14	144.49				156.96				159.80
Pharmacy - Non Hep C	40,456	47.55	160.29	1.111	1.038	0.0%	184.88	1.131	1.038	0.0%	188.06
Pharmacy - Hep C	8	14,618.94	9.72	0.856	1.000	0.0%	8.32	0.856	1.000	0.0%	8.32
Dental	1,782	42.62	6.33	1.004	1.000	0.0%	6.36	1.023	1.000	0.0%	6.48
FQHC & RHC	3,444	33.35	9.57	1.085	1.000	0.0%	10.38	1.104	1.000	0.0%	10.57
Subtotal - Other Services	45,690	48.83	185.91				209.94				213.42
Total			\$ 577.81				\$ 616.18				\$ 627.07
General Admin PMPM						9.0%	\$61.28			9.6%	\$67.21
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 691.21				\$ 708.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Families and Children Adult (age 40+) - Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			104,077				135,090				135,090
Home Health Care & Hospice	300	158.71	3.97	1.052	1.000	0.0%	4.18	1.071	1.000	0.0%	4.26
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	273	3,966.66	90.14	0.956	1.015	0.0%	87.48	0.975	1.015	0.0%	89.17
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	33	2,827.55	7.81	0.957	1.015	0.0%	7.58	0.975	1.015	0.0%	7.73
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	5	3,851.31	1.46	0.958	1.015	0.0%	1.42	0.976	1.015	0.0%	1.45
Subtotal - Inpatient	310	3,843.37	99.41				96.49				98.35
OP - Emergency Room	761	674.29	42.77	1.065	1.000	0.0%	45.56	1.085	1.000	0.0%	46.39
OP - Laboratory	561	206.32	9.64	1.018	0.919	0.0%	9.02	1.037	0.919	0.0%	9.19
OP - Radiology	415	619.34	21.42	1.017	1.000	0.0%	21.77	1.036	1.000	0.0%	22.18
OP - Surgery	184	2,268.21	34.76	1.016	1.000	0.0%	35.33	1.035	1.000	0.0%	35.99
OP - Mental Health	2	714.48	0.13	1.011	1.000	0.0%	0.13	1.030	1.000	0.0%	0.14
OP - Other	578	358.81	17.28	1.017	1.000	0.0%	17.57	1.036	1.000	0.0%	17.90
Subtotal - Outpatient	2,501	604.57	126.00				129.39				131.79
Prof - Evaluation & Management	8,106	46.50	31.41	1.082	1.000	0.0%	33.98	1.101	1.000	0.0%	34.60
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	1,180	168.13	16.53	1.081	1.000	0.0%	17.88	1.101	1.000	0.0%	18.20
Prof - DME/Supplies & Prosthetics	1,353	86.78	9.78	1.082	1.000	0.0%	10.59	1.101	1.000	0.0%	10.78
Prof - Lab	3,245	16.54	4.47	1.081	1.000	0.0%	4.84	1.101	1.000	0.0%	4.92
Prof - Radiology	1,917	41.22	6.59	1.082	1.000	0.0%	7.12	1.101	1.000	0.0%	7.25
Prof - Transportation	281	106.24	2.49	1.082	1.000	0.0%	2.69	1.102	1.000	0.0%	2.74
Prof - Mental Health	1,570	85.67	11.21	1.081	1.030	0.0%	12.49	1.101	1.030	0.0%	12.71
Prof - Target Case Management	74	343.39	2.11	1.083	1.000	0.0%	2.29	1.102	1.000	0.0%	2.33
Prof - Other	5,335	77.93	34.65	1.082	1.007	0.0%	37.73	1.101	1.007	0.0%	38.41
Subtotal - Professional	23,060	62.05	119.24				129.60				131.94
Pharmacy - Non Hep C	29,563	54.36	133.92	1.110	1.034	0.0%	153.63	1.130	1.033	0.0%	156.28
Pharmacy - Hep C	11	16,006.55	14.15	0.855	1.000	0.0%	12.10	0.855	1.000	0.0%	12.10
Dental	1,416	44.33	5.23	1.004	1.000	0.0%	5.25	1.023	1.000	0.0%	5.35
FQHC & RHC	2,513	31.77	6.65	1.084	1.000	0.0%	7.21	1.103	1.000	0.0%	7.34
Subtotal - Other Services	33,503	57.29	159.95				178.19				181.07
Total		\$ 508.59					\$ 537.85				\$ 547.41
General Admin PMPM						9.0%	\$53.49			9.6%	\$58.67
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 603.34				\$ 618.38

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	SSI w/o Medicare Adult (age 19-24)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			30,486				35,415				35,415
Home Health Care & Hospice	769	93.88	6.02	1.026	1.000	0.0%	6.17	1.045	1.000	0.0%	6.29
IP - Maternity	353	1,397.02	41.08	1.001	1.015	0.0%	41.70	1.001	1.015	0.0%	41.70
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	276	4,881.76	112.31	1.015	1.015	0.0%	115.68	1.034	1.015	0.0%	117.84
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	136	2,734.55	31.02	1.018	1.015	0.0%	32.03	1.037	1.015	0.0%	32.63
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	0	5,755.00	0.19	1.010	1.015	0.0%	0.20	1.029	1.015	0.0%	0.20
Subtotal - Inpatient	765	2,894.04	184.61				189.61				192.37
OP - Emergency Room	1,596	451.91	60.10	1.143	1.000	0.0%	68.69	1.163	1.000	0.0%	69.90
OP - Laboratory	792	120.73	7.96	1.125	0.959	0.0%	8.60	1.145	0.959	0.0%	8.75
OP - Radiology	340	445.63	12.62	1.127	1.000	0.0%	14.22	1.147	1.000	0.0%	14.47
OP - Surgery	223	1,701.01	31.67	1.126	1.000	0.0%	35.66	1.146	1.000	0.0%	36.29
OP - Mental Health	3	1,531.62	0.42	1.152	1.000	0.0%	0.49	1.172	1.000	0.0%	0.50
OP - Other	804	440.07	29.50	1.128	1.000	0.0%	33.28	1.148	1.000	0.0%	33.87
Subtotal - Outpatient	3,758	454.25	142.27				160.94				163.77
Prof - Evaluation & Management	7,796	50.04	32.51	1.096	1.000	0.0%	35.64	1.116	1.000	0.0%	36.28
Prof - Maternity	937	144.87	11.31	1.099	1.000	0.0%	12.43	1.118	1.000	0.0%	12.65
Prof - Surgery	671	130.52	7.29	1.095	1.000	0.0%	7.99	1.115	1.000	0.0%	8.13
Prof - DME/Supplies & Prosthetics	1,470	162.66	19.93	1.092	1.000	0.0%	21.76	1.111	1.000	0.0%	22.15
Prof - Lab	5,021	20.40	8.54	1.099	1.000	0.0%	9.39	1.119	1.000	0.0%	9.55
Prof - Radiology	1,575	35.31	4.63	1.096	1.000	0.0%	5.08	1.116	1.000	0.0%	5.17
Prof - Transportation	743	70.26	4.35	1.094	1.000	0.0%	4.76	1.114	1.000	0.0%	4.85
Prof - Mental Health	3,382	125.98	35.50	1.094	1.006	0.0%	39.10	1.114	1.006	0.0%	39.81
Prof - Target Case Management	236	340.85	6.69	1.095	1.000	0.0%	7.33	1.115	1.000	0.0%	7.46
Prof - Other	5,940	68.25	33.78	1.098	1.007	0.0%	37.34	1.117	1.007	0.0%	38.01
Subtotal - Professional	27,771	71.10	164.55				180.82				184.07
Pharmacy - Non Hep C	24,270	105.46	213.30	1.144	1.017	0.0%	248.06	1.164	1.017	0.0%	252.34
Pharmacy - Hep C	2	12,692.88	1.92	0.849	1.000	0.0%	1.63	0.849	1.000	0.0%	1.63
Dental	2,339	53.36	10.40	0.966	1.000	0.0%	10.05	0.985	1.000	0.0%	10.24
FQHC & RHC	3,336	40.54	11.27	1.090	1.000	0.0%	12.29	1.110	1.000	0.0%	12.51
Subtotal - Other Services	29,946	94.92	236.88				272.02				276.71
Total			\$ 734.33				\$ 809.57				\$ 823.22
General Admin PMPM						7.3%	\$64.05			7.8%	\$70.10
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 891.36				\$ 911.46

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	SSI w/o Medicare Adult (age 19-24)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			45,581				53,820				53,820
Home Health Care & Hospice	677	175.53	9.90	1.051	1.000	0.0%	10.40	1.070	1.000	0.0%	10.59
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	199	5,236.51	86.91	1.014	1.015	0.0%	89.43	1.033	1.015	0.0%	91.10
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	131	2,526.23	27.65	1.031	1.015	0.0%	28.92	1.050	1.015	0.0%	29.46
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	1	5,365.40	0.37	1.005	1.015	0.0%	0.37	1.024	1.015	0.0%	0.38
Subtotal - Inpatient	331	4,162.44	114.92				118.72				120.94
OP - Emergency Room	777	465.12	30.11	1.142	1.000	0.0%	34.39	1.162	1.000	0.0%	35.00
OP - Laboratory	291	172.54	4.18	1.125	0.954	0.0%	4.48	1.144	0.954	0.0%	4.56
OP - Radiology	137	684.33	7.81	1.122	1.000	0.0%	8.76	1.142	1.000	0.0%	8.91
OP - Surgery	84	1,937.24	13.55	1.126	1.000	0.0%	15.26	1.146	1.000	0.0%	15.53
OP - Mental Health	3	615.52	0.17	1.152	1.000	0.0%	0.20	1.173	1.000	0.0%	0.20
OP - Other	374	406.75	12.67	1.129	1.000	0.0%	14.30	1.149	1.000	0.0%	14.56
Subtotal - Outpatient	1,665	493.49	68.49				77.39				78.76
Prof - Evaluation & Management	4,145	57.71	19.93	1.103	1.000	0.0%	21.99	1.123	1.000	0.0%	22.39
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	412	153.45	5.27	1.096	1.000	0.0%	5.78	1.115	1.000	0.0%	5.88
Prof - DME/Supplies & Prosthetics	1,008	157.90	13.27	1.092	1.000	0.0%	14.48	1.111	1.000	0.0%	14.74
Prof - Lab	1,377	17.89	2.05	1.101	1.000	0.0%	2.26	1.120	1.000	0.0%	2.30
Prof - Radiology	956	31.42	2.50	1.097	1.000	0.0%	2.75	1.116	1.000	0.0%	2.80
Prof - Transportation	379	83.71	2.64	1.092	1.000	0.0%	2.88	1.112	1.000	0.0%	2.94
Prof - Mental Health	2,599	138.33	29.96	1.094	1.004	0.0%	32.90	1.113	1.004	0.0%	33.49
Prof - Target Case Management	122	337.97	3.44	1.095	1.000	0.0%	3.76	1.115	1.000	0.0%	3.83
Prof - Other	3,213	69.38	18.58	1.100	1.009	0.0%	20.62	1.119	1.009	0.0%	20.99
Subtotal - Professional	14,211	82.45	97.65				107.42				109.35
Pharmacy - Non Hep C	15,478	110.08	141.99	1.144	1.016	0.0%	165.01	1.164	1.016	0.0%	167.85
Pharmacy - Hep C	3	17,273.40	4.36	0.844	1.000	0.0%	3.68	0.844	1.000	0.0%	3.68
Dental	1,805	51.12	7.69	0.966	1.000	0.0%	7.43	0.985	1.000	0.0%	7.57
FQHC & RHC	1,467	32.62	3.99	1.087	1.000	0.0%	4.33	1.106	1.000	0.0%	4.41
Subtotal - Other Services	18,753	101.12	158.02				180.45				183.52
Total			\$ 448.98				\$ 494.39				\$ 503.16
General Admin PMPM						7.3%	\$39.11			7.8%	\$42.84
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 544.33				\$ 557.09

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	SSI w/o Medicare Adult (age 25-44)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			155,680				181,485				181,485
Home Health Care & Hospice	1,082	102.62	9.25	1.024	1.000	0.0%	9.48	1.043	1.000	0.0%	9.65
IP - Maternity	104	1,465.41	12.69	1.001	1.015	0.0%	12.88	1.001	1.015	0.0%	12.88
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	529	3,828.36	168.66	1.018	1.015	0.0%	174.24	1.037	1.015	0.0%	177.49
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	155	2,550.85	32.93	1.018	1.015	0.0%	34.02	1.037	1.015	0.0%	34.66
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	6	5,743.33	2.78	1.019	1.015	0.0%	2.87	1.038	1.015	0.0%	2.92
Subtotal - Inpatient	793	3,283.45	217.05				224.01				227.96
OP - Emergency Room	1,987	577.07	95.57	1.144	1.000	0.0%	109.36	1.164	1.000	0.0%	111.27
OP - Laboratory	1,076	162.14	14.54	1.127	0.923	0.0%	15.13	1.147	0.923	0.0%	15.40
OP - Radiology	637	676.90	35.92	1.128	1.000	0.0%	40.51	1.148	1.000	0.0%	41.22
OP - Surgery	284	2,203.75	52.16	1.128	1.000	0.0%	58.81	1.148	1.000	0.0%	59.85
OP - Mental Health	6	595.41	0.28	1.130	1.000	0.0%	0.32	1.150	1.000	0.0%	0.32
OP - Other	1,043	428.75	37.26	1.128	1.000	0.0%	42.02	1.148	1.000	0.0%	42.76
Subtotal - Outpatient	5,033	562.06	235.73				266.14				270.83
Prof - Evaluation & Management	11,207	48.72	45.50	1.096	1.000	0.0%	49.86	1.116	1.000	0.0%	50.76
Prof - Maternity	256	152.88	3.26	1.097	1.000	0.0%	3.57	1.116	1.000	0.0%	3.64
Prof - Surgery	1,510	155.47	19.56	1.096	1.000	0.0%	21.44	1.116	1.000	0.0%	21.82
Prof - DME/Supplies & Prosthetics	2,098	112.70	19.70	1.096	1.000	0.0%	21.59	1.115	1.000	0.0%	21.97
Prof - Lab	5,970	19.16	9.53	1.096	1.000	0.0%	10.45	1.116	1.000	0.0%	10.64
Prof - Radiology	2,972	38.01	9.41	1.096	1.000	0.0%	10.32	1.116	1.000	0.0%	10.50
Prof - Transportation	1,023	78.91	6.73	1.096	1.000	0.0%	7.37	1.115	1.000	0.0%	7.51
Prof - Mental Health	4,584	125.15	47.81	1.096	1.012	0.0%	53.00	1.116	1.012	0.0%	53.95
Prof - Target Case Management	289	347.13	8.37	1.096	1.000	0.0%	9.17	1.115	1.000	0.0%	9.34
Prof - Other	9,692	76.34	61.66	1.096	1.005	0.0%	67.93	1.116	1.005	0.0%	69.15
Subtotal - Professional	39,602	70.16	231.53				254.71				259.29
Pharmacy - Non Hep C	53,852	66.87	300.10	1.145	1.026	0.0%	352.76	1.165	1.026	0.0%	358.78
Pharmacy - Hep C	13	13,881.77	14.56	0.855	1.000	0.0%	12.46	0.855	1.000	0.0%	12.46
Dental	2,027	44.61	7.53	0.966	1.000	0.0%	7.28	0.985	1.000	0.0%	7.42
FQHC & RHC	4,527	35.19	13.28	1.095	1.000	0.0%	14.54	1.115	1.000	0.0%	14.80
Subtotal - Other Services	60,419	66.63	335.48				387.03				393.46
Total			\$ 1,029.04				\$ 1,141.38				\$ 1,161.18
General Admin PMPM						7.3%	\$90.30			7.8%	\$98.88
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,256.69				\$ 1,285.64

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	SSI w/o Medicare Adult (age 25-44)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			136,057				162,465				162,465
Home Health Care & Hospice	907	132.15	9.99	1.025	1.000	0.0%	10.24	1.044	1.000	0.0%	10.43
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	456	4,086.11	155.13	1.018	1.015	0.0%	160.31	1.037	1.015	0.0%	163.30
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	169	2,624.96	36.95	1.019	1.015	0.0%	38.21	1.038	1.015	0.0%	38.92
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	3	3,878.09	1.00	1.018	1.015	0.0%	1.03	1.037	1.015	0.0%	1.05
Subtotal - Inpatient	628	3,691.81	193.08				199.54				203.27
OP - Emergency Room	1,333	564.55	62.71	1.144	1.000	0.0%	71.76	1.164	1.000	0.0%	73.02
OP - Laboratory	674	160.46	9.01	1.127	0.900	0.0%	9.15	1.147	0.900	0.0%	9.31
OP - Radiology	288	845.72	20.29	1.128	1.000	0.0%	22.88	1.148	1.000	0.0%	23.28
OP - Surgery	143	2,330.41	27.83	1.128	1.000	0.0%	31.38	1.148	1.000	0.0%	31.94
OP - Mental Health	3	471.26	0.12	1.129	1.000	0.0%	0.14	1.149	1.000	0.0%	0.14
OP - Other	712	703.30	41.72	1.128	1.000	0.0%	47.04	1.148	1.000	0.0%	47.87
Subtotal - Outpatient	3,153	615.31	161.67				182.35				185.56
Prof - Evaluation & Management	6,841	49.23	28.07	1.096	1.000	0.0%	30.76	1.116	1.000	0.0%	31.31
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	868	155.67	11.26	1.096	1.000	0.0%	12.34	1.116	1.000	0.0%	12.56
Prof - DME/Supplies & Prosthetics	1,646	156.48	21.47	1.096	1.000	0.0%	23.54	1.116	1.000	0.0%	23.96
Prof - Lab	2,770	17.27	3.99	1.096	1.000	0.0%	4.37	1.116	1.000	0.0%	4.45
Prof - Radiology	1,930	35.14	5.65	1.096	1.000	0.0%	6.19	1.116	1.000	0.0%	6.31
Prof - Transportation	872	84.41	6.13	1.096	1.000	0.0%	6.72	1.115	1.000	0.0%	6.84
Prof - Mental Health	3,521	145.38	42.66	1.096	1.014	0.0%	47.41	1.115	1.014	0.0%	48.26
Prof - Target Case Management	209	343.95	6.00	1.096	1.000	0.0%	6.58	1.116	1.000	0.0%	6.70
Prof - Other	6,885	75.16	43.12	1.096	1.006	0.0%	47.55	1.116	1.006	0.0%	48.41
Subtotal - Professional	25,543	79.09	168.35				185.47				188.80
Pharmacy - Non Hep C	33,145	96.09	265.40	1.145	1.018	0.0%	309.53	1.165	1.018	0.0%	314.86
Pharmacy - Hep C	15	15,829.56	19.53	0.855	1.000	0.0%	16.70	0.855	1.000	0.0%	16.70
Dental	1,585	44.35	5.86	0.966	1.000	0.0%	5.66	0.985	1.000	0.0%	5.77
FQHC & RHC	2,672	33.33	7.42	1.095	1.000	0.0%	8.13	1.115	1.000	0.0%	8.27
Subtotal - Other Services	37,417	95.64	298.22				340.02				345.61
Total			\$ 831.31				\$ 917.62				\$ 933.66
General Admin PMPM						7.3%	\$72.60			7.8%	\$79.50
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,010.33				\$ 1,033.74

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	SSI w/o Medicare Adult (age 45+)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			350,627				423,405				423,405
Home Health Care & Hospice	2,131	118.50	21.05	1.023	1.000	0.0%	21.53	1.042	1.000	0.0%	21.93
IP - Maternity	0	4,334.00	0.01	1.004	1.015	0.0%	0.01	1.004	1.015	0.0%	0.01
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	860	3,808.63	273.07	1.017	1.015	0.0%	281.77	1.036	1.015	0.0%	287.03
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	88	2,522.34	18.49	1.016	1.015	0.0%	19.06	1.035	1.015	0.0%	19.42
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	17	2,755.58	3.93	1.017	1.015	0.0%	4.05	1.036	1.015	0.0%	4.13
Subtotal - Inpatient	965	3,672.82	295.49				304.89				310.59
OP - Emergency Room	1,386	735.03	84.90	1.145	1.000	0.0%	97.24	1.165	1.000	0.0%	98.95
OP - Laboratory	1,424	149.53	17.74	1.129	0.945	0.0%	18.94	1.149	0.945	0.0%	19.28
OP - Radiology	1,162	618.31	59.88	1.127	1.000	0.0%	67.51	1.147	1.000	0.0%	68.70
OP - Surgery	377	1,948.94	61.26	1.127	1.000	0.0%	69.03	1.147	1.000	0.0%	70.25
OP - Mental Health	4	385.70	0.13	1.123	1.000	0.0%	0.15	1.142	1.000	0.0%	0.15
OP - Other	1,523	423.98	53.80	1.126	1.000	0.0%	60.60	1.146	1.000	0.0%	61.67
Subtotal - Outpatient	5,876	567.15	277.71				313.47				318.99
Prof - Evaluation & Management	14,444	49.80	59.94	1.095	1.000	0.0%	65.65	1.115	1.000	0.0%	66.83
Prof - Maternity	0	35.41	0.00	1.092	1.000	0.0%	0.00	1.112	1.000	0.0%	0.00
Prof - Surgery	2,402	162.35	32.49	1.094	1.000	0.0%	35.56	1.114	1.000	0.0%	36.20
Prof - DME/Supplies & Prosthetics	4,732	93.85	37.01	1.096	1.000	0.0%	40.56	1.116	1.000	0.0%	41.29
Prof - Lab	7,153	17.01	10.14	1.094	1.000	0.0%	11.09	1.114	1.000	0.0%	11.29
Prof - Radiology	4,029	42.77	14.36	1.095	1.000	0.0%	15.73	1.115	1.000	0.0%	16.01
Prof - Transportation	1,260	80.90	8.50	1.097	1.000	0.0%	9.32	1.116	1.000	0.0%	9.49
Prof - Mental Health	2,740	136.42	31.14	1.096	1.005	0.0%	34.32	1.116	1.005	0.0%	34.94
Prof - Target Case Management	209	346.14	6.02	1.095	1.000	0.0%	6.59	1.115	1.000	0.0%	6.71
Prof - Other	11,671	80.22	78.02	1.095	1.007	0.0%	86.01	1.115	1.007	0.0%	87.55
Subtotal - Professional	48,640	68.49	277.62				304.84				310.32
Pharmacy - Non Hep C	99,837	55.29	459.99	1.146	1.032	0.0%	543.71	1.166	1.031	0.0%	552.95
Pharmacy - Hep C	22	15,761.10	28.54	0.852	1.000	0.0%	24.32	0.852	1.000	0.0%	24.32
Dental	1,337	42.74	4.76	0.966	1.000	0.0%	4.60	0.984	1.000	0.0%	4.69
FQHC & RHC	5,902	31.34	15.41	1.098	1.000	0.0%	16.93	1.118	1.000	0.0%	17.23
Subtotal - Other Services	107,098	57.00	508.70				589.55				599.19
Total			\$ 1,380.56				\$ 1,534.29				\$ 1,561.01
General Admin PMPM						7.3%	\$121.39			7.8%	\$132.92
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,689.30				\$ 1,728.33

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	SSI w/o Medicare Adult (age 45 +)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			274,454				333,945				333,945
Home Health Care & Hospice	1,896	133.59	21.10	1.024	1.000	0.0%	21.60	1.043	1.000	0.0%	22.00
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	880	4,041.74	296.23	1.018	1.015	0.0%	305.86	1.037	1.015	0.0%	311.57
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	122	2,442.37	24.75	1.017	1.015	0.0%	25.53	1.036	1.015	0.0%	26.01
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	14	2,980.01	3.39	1.017	1.015	0.0%	3.50	1.036	1.015	0.0%	3.56
Subtotal - Inpatient	1,015	3,835.81	324.37				334.89				341.14
OP - Emergency Room	1,218	749.34	76.08	1.144	1.000	0.0%	87.07	1.165	1.000	0.0%	88.60
OP - Laboratory	1,116	164.38	15.29	1.128	0.942	0.0%	16.25	1.148	0.942	0.0%	16.53
OP - Radiology	686	936.18	53.53	1.128	1.000	0.0%	60.36	1.147	1.000	0.0%	61.43
OP - Surgery	316	2,031.52	53.57	1.127	1.000	0.0%	60.40	1.147	1.000	0.0%	61.47
OP - Mental Health	2	313.16	0.05	1.123	1.000	0.0%	0.05	1.142	1.000	0.0%	0.06
OP - Other	1,197	557.99	55.65	1.127	1.000	0.0%	62.71	1.147	1.000	0.0%	63.82
Subtotal - Outpatient	4,536	672.44	254.17				286.85				291.91
Prof - Evaluation & Management	11,473	51.41	49.15	1.096	1.000	0.0%	53.86	1.115	1.000	0.0%	54.82
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	1,971	168.82	27.72	1.095	1.000	0.0%	30.36	1.115	1.000	0.0%	30.91
Prof - DME/Supplies & Prosthetics	3,330	117.33	32.56	1.096	1.000	0.0%	35.68	1.116	1.000	0.0%	36.32
Prof - Lab	5,242	16.82	7.35	1.095	1.000	0.0%	8.05	1.115	1.000	0.0%	8.19
Prof - Radiology	3,425	45.17	12.89	1.096	1.000	0.0%	14.13	1.115	1.000	0.0%	14.38
Prof - Transportation	1,296	87.73	9.48	1.096	1.000	0.0%	10.39	1.116	1.000	0.0%	10.57
Prof - Mental Health	2,453	144.84	29.60	1.096	1.011	0.0%	32.80	1.115	1.011	0.0%	33.39
Prof - Target Case Management	163	347.78	4.73	1.095	1.000	0.0%	5.18	1.115	1.000	0.0%	5.28
Prof - Other	10,202	78.18	66.47	1.095	1.006	0.0%	73.21	1.115	1.006	0.0%	74.52
Subtotal - Professional	39,554	72.80	239.95				263.65				268.39
Pharmacy - Non Hep C	72,551	60.23	364.13	1.145	1.029	0.0%	429.25	1.165	1.029	0.0%	436.57
Pharmacy - Hep C	47	15,772.00	61.86	0.854	1.000	0.0%	52.84	0.854	1.000	0.0%	52.84
Dental	1,036	45.93	3.96	0.966	1.000	0.0%	3.83	0.984	1.000	0.0%	3.90
FQHC & RHC	4,383	31.69	11.57	1.097	1.000	0.0%	12.69	1.116	1.000	0.0%	12.92
Subtotal - Other Services	78,016	67.91	441.53				498.62				506.23
Total			\$ 1,281.13				\$ 1,405.61				\$ 1,429.67
General Admin PMPM						7.3%	\$111.21			7.8%	\$121.74
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,547.62				\$ 1,582.91

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Dual Eligible - Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			452,182				553,965				553,965
Home Health Care & Hospice	571	93.40	4.45	1.024	1.000	0.0%	4.55	1.043	1.000	0.0%	4.64
IP - Maternity	13	438.98	0.48	1.000	1.014	0.0%	0.48	1.000	1.014	0.0%	0.48
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	496	1,061.63	43.89	1.018	1.014	0.0%	45.30	1.037	1.014	0.0%	46.15
IP - Normal Newborn	0	852.79	0.00	1.018	1.014	0.0%	0.00	1.037	1.014	0.0%	0.00
IP - Mental Health	91	483.32	3.67	1.018	1.014	0.0%	3.79	1.037	1.014	0.0%	3.86
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	8	686.40	0.45	1.018	1.014	0.0%	0.46	1.037	1.014	0.0%	0.47
Subtotal - Inpatient	608	956.69	48.50				50.05				50.97
OP - Emergency Room	914	201.48	15.35	1.144	1.000	0.0%	17.56	1.164	1.000	0.0%	17.87
OP - Laboratory	207	85.25	1.47	1.127	0.965	0.0%	1.60	1.147	0.965	0.0%	1.63
OP - Radiology	658	134.75	7.38	1.128	1.000	0.0%	8.33	1.148	1.000	0.0%	8.47
OP - Surgery	241	465.63	9.34	1.128	1.000	0.0%	10.54	1.148	1.000	0.0%	10.72
OP - Mental Health	12	449.66	0.45	1.128	1.000	0.0%	0.51	1.147	1.000	0.0%	0.52
OP - Other	920	181.99	13.95	1.128	1.000	0.0%	15.73	1.148	1.000	0.0%	16.01
Subtotal - Outpatient	2,952	194.94	47.95				54.27				55.23
Prof - Evaluation & Management	5,854	21.53	10.50	1.096	1.000	0.0%	11.51	1.116	1.000	0.0%	11.72
Prof - Maternity	34	60.57	0.17	1.096	1.000	0.0%	0.19	1.116	1.000	0.0%	0.19
Prof - Surgery	1,166	47.38	4.61	1.096	1.000	0.0%	5.05	1.116	1.000	0.0%	5.14
Prof - DME/Supplies & Prosthetics	3,418	22.01	6.27	1.096	1.000	0.0%	6.87	1.115	1.000	0.0%	6.99
Prof - Lab	761	10.93	0.69	1.096	1.000	0.0%	0.76	1.116	1.000	0.0%	0.77
Prof - Radiology	2,432	10.10	2.05	1.096	1.000	0.0%	2.24	1.116	1.000	0.0%	2.28
Prof - Transportation	334	60.62	1.69	1.096	1.000	0.0%	1.85	1.115	1.000	0.0%	1.88
Prof - Mental Health	1,554	131.92	17.09	1.096	1.003	0.0%	18.78	1.116	1.003	0.0%	19.12
Prof - Target Case Management	111	344.54	3.18	1.096	1.000	0.0%	3.49	1.116	1.000	0.0%	3.55
Prof - Other	4,030	25.40	8.53	1.096	1.010	0.0%	9.44	1.116	1.010	0.0%	9.61
Subtotal - Professional	19,693	33.38	54.77				60.17				61.25
Pharmacy - Non Hep C	7,969	26.08	17.32	1.145	1.068	0.0%	21.18	1.165	1.067	0.0%	21.53
Pharmacy - Hep C	0	20,652.18	0.74	0.855	1.000	0.0%	0.63	0.855	1.000	0.0%	0.63
Dental	1,094	42.97	3.92	0.966	1.000	0.0%	3.79	0.985	1.000	0.0%	3.86
FQHC & RHC	1,126	23.46	2.20	1.096	1.000	0.0%	2.41	1.115	1.000	0.0%	2.46
Subtotal - Other Services	10,190	28.47	24.17				28.01				28.47
Total			\$ 179.84				\$ 197.05				\$ 200.56
General Admin PMPM						7.4%	\$15.99			7.9%	\$17.51
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 217.37				\$ 222.50

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Dual Eligible - Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			315,629				389,760				389,760
Home Health Care & Hospice	388	106.24	3.44	1.024	1.000	0.0%	3.52	1.043	1.000	0.0%	3.59
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	6,992.16	0.02	1.019	1.015	0.0%	0.02	1.038	1.015	0.0%	0.02
IP - Medical/Surgical	399	1,216.57	40.46	1.018	1.014	0.0%	41.77	1.037	1.014	0.0%	42.55
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	156	458.46	5.96	1.017	1.014	0.0%	6.16	1.036	1.014	0.0%	6.27
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	7	1,283.35	0.76	1.018	1.014	0.0%	0.79	1.037	1.014	0.0%	0.80
Subtotal - Inpatient	562	1,007.37	47.21				48.74				49.65
OP - Emergency Room	857	200.47	14.32	1.145	1.000	0.0%	16.39	1.165	1.000	0.0%	16.68
OP - Laboratory	165	100.34	1.38	1.129	0.968	0.0%	1.51	1.149	0.968	0.0%	1.54
OP - Radiology	433	153.28	5.53	1.128	1.000	0.0%	6.24	1.148	1.000	0.0%	6.35
OP - Surgery	184	458.75	7.04	1.127	1.000	0.0%	7.94	1.147	1.000	0.0%	8.08
OP - Mental Health	5	411.88	0.18	1.128	1.000	0.0%	0.20	1.148	1.000	0.0%	0.21
OP - Other	704	197.15	11.57	1.127	1.000	0.0%	13.04	1.147	1.000	0.0%	13.27
Subtotal - Outpatient	2,349	204.45	40.03				45.32				46.12
Prof - Evaluation & Management	4,564	22.64	8.61	1.096	1.000	0.0%	9.43	1.115	1.000	0.0%	9.60
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	852	47.85	3.40	1.096	1.000	0.0%	3.72	1.115	1.000	0.0%	3.79
Prof - DME/Supplies & Prosthetics	2,317	23.78	4.59	1.096	1.000	0.0%	5.03	1.116	1.000	0.0%	5.12
Prof - Lab	511	10.55	0.45	1.095	1.000	0.0%	0.49	1.115	1.000	0.0%	0.50
Prof - Radiology	1,880	10.69	1.68	1.096	1.000	0.0%	1.84	1.116	1.000	0.0%	1.87
Prof - Transportation	353	64.77	1.91	1.096	1.000	0.0%	2.09	1.116	1.000	0.0%	2.13
Prof - Mental Health	1,840	162.60	24.94	1.096	1.002	0.0%	27.38	1.116	1.002	0.0%	27.87
Prof - Target Case Management	120	339.50	3.39	1.095	1.000	0.0%	3.71	1.115	1.000	0.0%	3.78
Prof - Other	3,227	25.07	6.74	1.096	1.008	0.0%	7.45	1.115	1.008	0.0%	7.58
Subtotal - Professional	15,665	42.67	55.70				61.15				62.25
Pharmacy - Non Hep C	5,874	33.03	16.17	1.145	1.054	0.0%	19.51	1.166	1.053	0.0%	19.83
Pharmacy - Hep C	1	23,644.69	1.90	0.854	1.000	0.0%	1.62	0.854	1.000	0.0%	1.62
Dental	916	43.46	3.32	0.966	1.000	0.0%	3.20	0.984	1.000	0.0%	3.27
FQHC & RHC	965	23.81	1.91	1.097	1.000	0.0%	2.10	1.116	1.000	0.0%	2.14
Subtotal - Other Services	7,755	36.04	23.29				26.43				26.85
Total			\$ 169.67				\$ 185.16				\$ 188.46
General Admin PMPM						7.4%	\$15.03			7.9%	\$16.45
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 204.25				\$ 209.07

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	SSI Infant (age under 1)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			5,213				5,655				5,655
Home Health Care & Hospice	9,079	75.65	57.24	0.979	1.000	0.0%	56.03	0.997	1.000	0.0%	57.09
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	6,948	4,100.80	2,374.26	1.036	1.015	0.0%	2,495.36	1.055	1.015	0.0%	2,541.83
IP - Medical/Surgical	3,787	8,929.00	2,818.15	1.017	1.015	0.0%	2,908.67	1.036	1.015	0.0%	2,962.83
IP - Normal Newborn	82	1,545.47	10.56	1.011	1.015	0.0%	10.83	1.030	1.015	0.0%	11.03
IP - Mental Health	36	494.58	1.49	1.105	1.015	0.0%	1.67	1.125	1.015	0.0%	1.70
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	24	5,083.82	10.28	1.005	1.015	0.0%	10.47	1.023	1.015	0.0%	10.67
Subtotal - Inpatient	10,877	5,752.90	5,214.74				5,427.00				5,528.06
OP - Emergency Room	1,581	527.35	69.48	0.974	1.000	0.0%	67.69	0.993	1.000	0.0%	68.97
OP - Laboratory	714	112.80	6.71	1.018	1.000	0.0%	6.83	1.037	1.000	0.0%	6.96
OP - Radiology	432	308.69	11.11	1.046	1.000	0.0%	11.62	1.065	1.000	0.0%	11.83
OP - Surgery	347	2,621.37	75.91	1.022	1.000	0.0%	77.61	1.041	1.000	0.0%	79.05
OP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Other	3,262	341.65	92.86	1.012	1.000	0.0%	94.01	1.031	1.000	0.0%	95.75
Subtotal - Outpatient	6,336	485.00	256.07				257.76				262.56
Prof - Evaluation & Management	36,409	58.17	176.49	0.991	1.000	0.0%	174.90	1.010	1.000	0.0%	178.22
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	5,035	277.98	116.64	1.006	1.000	0.0%	117.39	1.026	1.000	0.0%	119.61
Prof - DME/Supplies & Prosthetics	11,195	80.13	74.75	0.986	1.000	0.0%	73.69	1.004	1.000	0.0%	75.08
Prof - Lab	2,319	19.81	3.83	1.001	1.000	0.0%	3.83	1.020	1.000	0.0%	3.91
Prof - Radiology	13,358	16.10	17.93	1.006	1.000	0.0%	18.03	1.025	1.000	0.0%	18.37
Prof - Transportation	1,108	304.81	28.15	0.975	1.000	0.0%	27.44	0.993	1.000	0.0%	27.96
Prof - Mental Health	30	72.38	0.18	1.064	1.000	0.0%	0.19	1.084	1.000	0.0%	0.19
Prof - Target Case Management	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Other	72,800	181.10	1,098.65	1.004	1.002	0.0%	1,104.83	1.023	1.002	0.0%	1,125.76
Subtotal - Professional	142,253	127.94	1,516.61				1,520.31				1,549.11
Pharmacy - Non Hep C	17,278	420.48	605.44	1.117	1.004	0.0%	679.14	1.137	1.004	0.0%	691.12
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	60	39.07	0.20	0.966	1.000	0.0%	0.19	0.985	1.000	0.0%	0.19
FQHC & RHC	3,789	37.06	11.70	0.960	1.000	0.0%	11.23	0.978	1.000	0.0%	11.44
Subtotal - Other Services	21,128	350.63	617.34				690.56				702.75
Total			\$ 7,661.99				\$ 7,951.65				\$ 8,099.56
General Admin PMPM						7.3%	\$636.08			7.8%	\$696.59
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 8,762.09				\$ 8,974.75

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	SSI Child (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			50,799				60,255				60,255
Home Health Care & Hospice	6,773	93.28	52.64	0.989	1.000	0.0%	52.08	1.008	1.000	0.0%	53.07
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1	23,477.11	1.74	1.033	1.014	0.0%	1.82	1.053	1.014	0.0%	1.86
IP - Medical/Surgical	537	6,029.35	270.00	1.022	1.015	0.0%	279.99	1.041	1.015	0.0%	285.21
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	20	2,225.33	3.75	1.027	1.015	0.0%	3.91	1.046	1.015	0.0%	3.99
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	3	3,061.41	0.83	1.025	1.015	0.0%	0.87	1.045	1.015	0.0%	0.88
Subtotal - Inpatient	562	5,902.65	276.33				286.60				291.94
OP - Emergency Room	1,049	346.99	30.34	0.991	1.000	0.0%	30.06	1.009	1.000	0.0%	30.63
OP - Laboratory	553	217.19	10.01	1.033	1.000	0.0%	10.34	1.052	1.000	0.0%	10.53
OP - Radiology	262	752.23	16.41	1.038	1.000	0.0%	17.02	1.057	1.000	0.0%	17.34
OP - Surgery	340	2,354.38	66.80	1.034	1.000	0.0%	69.05	1.053	1.000	0.0%	70.33
OP - Mental Health	3	469.48	0.11	1.038	1.000	0.0%	0.11	1.057	1.000	0.0%	0.11
OP - Other	2,229	340.85	63.30	1.033	1.000	0.0%	65.36	1.052	1.000	0.0%	66.57
Subtotal - Outpatient	4,436	505.79	186.97				191.94				195.51
Prof - Evaluation & Management	18,222	64.03	97.22	0.991	1.000	0.0%	96.37	1.010	1.000	0.0%	98.20
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	1,194	193.43	19.25	0.992	1.000	0.0%	19.08	1.010	1.000	0.0%	19.45
Prof - DME/Supplies & Prosthetics	4,840	159.60	64.38	0.991	1.000	0.0%	63.78	1.010	1.000	0.0%	64.99
Prof - Lab	2,345	16.05	3.14	0.992	1.000	0.0%	3.11	1.011	1.000	0.0%	3.17
Prof - Radiology	1,324	30.65	3.38	0.992	1.000	0.0%	3.36	1.011	1.000	0.0%	3.42
Prof - Transportation	269	213.52	4.79	0.989	1.000	0.0%	4.73	1.007	1.000	0.0%	4.82
Prof - Mental Health	3,045	98.07	24.89	0.992	1.000	0.0%	24.68	1.011	1.000	0.0%	25.15
Prof - Target Case Management	270	338.29	7.60	0.991	1.000	0.0%	7.54	1.010	1.000	0.0%	7.68
Prof - Other	11,452	182.14	173.82	0.993	1.026	0.0%	177.17	1.012	1.026	0.0%	180.53
Subtotal - Professional	42,962	111.30	398.47				399.83				407.40
Pharmacy - Non Hep C	16,045	147.38	197.06	1.123	1.012	0.0%	224.07	1.143	1.012	0.0%	227.99
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	3,809	40.45	12.84	0.952	1.000	0.0%	12.22	0.970	1.000	0.0%	12.46
FQHC & RHC	3,404	33.68	9.55	0.988	1.000	0.0%	9.44	1.006	1.000	0.0%	9.61
Subtotal - Other Services	23,259	113.23	219.46				245.73				250.06
Total			\$ 1,133.87				\$ 1,176.18				\$ 1,197.98
General Admin PMPM						7.3%	\$94.09			7.8%	\$103.03
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,296.06				\$ 1,327.42

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	SSI Child (age 6-18)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			270,501				320,955				320,955
Home Health Care & Hospice	1,810	114.83	17.32	0.991	1.000	0.0%	17.17	1.010	1.000	0.0%	17.50
IP - Maternity	11	1,211.41	1.16	1.000	1.015	0.0%	1.17	1.000	1.015	0.0%	1.17
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	134	5,188.77	57.89	1.023	1.015	0.0%	60.09	1.042	1.015	0.0%	61.20
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	453	1,651.68	62.32	1.024	1.146	0.0%	73.15	1.043	1.146	0.0%	74.51
IP - PRTF	430	455.40	16.32	1.023	1.014	0.0%	16.95	1.042	1.014	0.0%	17.26
IP - Other	1	4,145.35	0.21	1.021	1.015	0.0%	0.22	1.041	1.015	0.0%	0.22
Subtotal - Inpatient	1,029	1,608.48	137.90				151.57				154.38
OP - Emergency Room	732	374.05	22.83	0.991	1.000	0.0%	22.62	1.010	1.000	0.0%	23.05
OP - Laboratory	365	160.77	4.89	1.034	0.995	0.0%	5.03	1.053	0.995	0.0%	5.12
OP - Radiology	178	503.29	7.45	1.035	1.000	0.0%	7.71	1.054	1.000	0.0%	7.86
OP - Surgery	105	2,248.37	19.68	1.034	1.000	0.0%	20.35	1.054	1.000	0.0%	20.73
OP - Mental Health	5	925.31	0.40	1.039	1.000	0.0%	0.41	1.058	1.000	0.0%	0.42
OP - Other	648	324.75	17.53	1.035	1.000	0.0%	18.14	1.054	1.000	0.0%	18.47
Subtotal - Outpatient	2,033	429.59	72.77				74.26				75.65
Prof - Evaluation & Management	8,748	52.92	38.58	0.991	1.000	0.0%	38.23	1.010	1.000	0.0%	38.95
Prof - Maternity	27	157.95	0.36	0.991	1.000	0.0%	0.36	1.010	1.000	0.0%	0.36
Prof - Surgery	458	164.40	6.27	0.991	1.000	0.0%	6.22	1.010	1.000	0.0%	6.34
Prof - DME/Supplies & Prosthetics	1,776	106.45	15.76	0.991	1.000	0.0%	15.61	1.010	1.000	0.0%	15.91
Prof - Lab	1,848	16.94	2.61	0.991	1.000	0.0%	2.59	1.010	1.000	0.0%	2.64
Prof - Radiology	932	27.05	2.10	0.991	1.000	0.0%	2.08	1.010	1.000	0.0%	2.12
Prof - Transportation	226	100.03	1.89	0.991	1.000	0.0%	1.87	1.009	1.000	0.0%	1.90
Prof - Mental Health	8,917	104.54	77.69	0.991	1.001	0.0%	77.07	1.010	1.001	0.0%	78.53
Prof - Target Case Management	841	340.17	23.84	0.991	1.000	0.0%	23.62	1.010	1.000	0.0%	24.07
Prof - Other	4,522	67.67	25.50	0.992	1.028	0.0%	25.99	1.010	1.028	0.0%	26.48
Subtotal - Professional	28,296	82.52	194.59				193.64				197.31
Pharmacy - Non Hep C	20,908	121.04	210.89	1.123	1.015	0.0%	240.38	1.143	1.015	0.0%	244.58
Pharmacy - Hep C	0	26,726.77	0.91	0.854	1.000	0.0%	0.78	0.854	1.000	0.0%	0.78
Dental	4,270	48.20	17.15	0.952	1.000	0.0%	16.34	0.971	1.000	0.0%	16.65
FQHC & RHC	4,054	33.21	11.22	0.989	1.000	0.0%	11.10	1.008	1.000	0.0%	11.31
Subtotal - Other Services	29,232	98.59	240.17				268.59				273.32
Total			\$ 662.75				\$ 705.24				\$ 718.14
General Admin PMPM						7.3%	\$56.41			7.8%	\$61.76
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 777.12				\$ 795.74

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Foster Care Infant (age under 1)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			6,948				10,470				10,470
Home Health Care & Hospice	847	98.37	6.95	1.019	1.000	0.0%	7.08	1.038	1.000	0.0%	7.21
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	1,397	3,200.04	372.64	0.979	1.015	0.0%	370.40	0.998	1.015	0.0%	377.48
IP - Medical/Surgical	432	4,900.64	176.49	0.951	1.015	0.0%	170.34	0.969	1.015	0.0%	173.59
IP - Normal Newborn	331	1,603.43	44.25	0.968	1.015	0.0%	43.48	0.987	1.015	0.0%	44.31
IP - Mental Health	11	2,102.94	1.91	1.038	1.015	0.0%	2.02	1.058	1.015	0.0%	2.06
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	6	2,840.30	1.39	0.896	1.015	0.0%	1.26	0.913	1.015	0.0%	1.28
Subtotal - Inpatient	2,177	3,288.23	596.68				587.50				598.73
OP - Emergency Room	847	371.38	26.22	1.006	1.000	0.0%	26.38	1.025	1.000	0.0%	26.88
OP - Laboratory	477	114.99	4.57	1.086	1.000	0.0%	4.97	1.105	1.000	0.0%	5.06
OP - Radiology	328	183.71	5.02	1.070	1.000	0.0%	5.38	1.089	1.000	0.0%	5.47
OP - Surgery	164	1,683.86	22.96	1.051	1.000	0.0%	24.14	1.071	1.000	0.0%	24.58
OP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Other	1,252	159.53	16.64	1.106	1.000	0.0%	18.41	1.126	1.000	0.0%	18.75
Subtotal - Outpatient	3,068	294.96	75.42				79.28				80.74
Prof - Evaluation & Management	21,100	46.53	81.82	0.956	1.000	0.0%	78.23	0.974	1.000	0.0%	79.72
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	1,065	135.09	11.99	0.964	1.000	0.0%	11.56	0.983	1.000	0.0%	11.78
Prof - DME/Supplies & Prosthetics	1,374	69.53	7.96	1.010	1.000	0.0%	8.04	1.029	1.000	0.0%	8.19
Prof - Lab	2,619	16.00	3.49	0.951	1.000	0.0%	3.32	0.969	1.000	0.0%	3.38
Prof - Radiology	1,346	21.14	2.37	0.941	1.000	0.0%	2.23	0.959	1.000	0.0%	2.27
Prof - Transportation	229	191.71	3.65	1.031	1.000	0.0%	3.77	1.050	1.000	0.0%	3.84
Prof - Mental Health	53	109.43	0.49	0.948	1.000	0.0%	0.46	0.965	1.000	0.0%	0.47
Prof - Target Case Management	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Other	9,061	96.69	73.01	0.945	1.005	0.0%	69.40	0.963	1.005	0.0%	70.71
Subtotal - Professional	36,847	60.18	184.78				177.01				180.36
Pharmacy - Non Hep C	9,035	77.58	58.41	1.006	1.030	0.0%	60.56	1.025	1.030	0.0%	61.67
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	148	36.67	0.45	0.914	1.000	0.0%	0.41	0.932	1.000	0.0%	0.42
FQHC & RHC	5,959	36.60	18.17	1.045	1.000	0.0%	18.98	1.064	1.000	0.0%	19.34
Subtotal - Other Services	15,141	61.05	77.03				79.95				81.44
Total			\$ 940.85				\$ 930.82				\$ 948.47
General Admin PMPM						8.5%	\$87.83			9.1%	\$96.19
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 1,039.33				\$ 1,065.87

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Foster Care (age 1-5)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			46,167				67,470				67,470
Home Health Care & Hospice	1,591	86.75	11.50	1.053	1.000	0.0%	12.11	1.072	1.000	0.0%	12.33
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	42	3,444.68	12.03	0.968	1.015	0.0%	11.81	0.986	1.015	0.0%	12.03
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	46	1,755.23	6.67	0.967	1.015	0.0%	6.55	0.985	1.015	0.0%	6.67
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	3	1,425.16	0.32	0.962	1.015	0.0%	0.31	0.981	1.015	0.0%	0.32
Subtotal - Inpatient	90	2,530.32	19.02				18.66				19.02
OP - Emergency Room	460	285.84	10.96	1.004	1.000	0.0%	11.00	1.023	1.000	0.0%	11.21
OP - Laboratory	237	89.98	1.78	1.088	0.999	0.0%	1.93	1.108	0.999	0.0%	1.97
OP - Radiology	91	216.68	1.64	1.057	1.000	0.0%	1.74	1.076	1.000	0.0%	1.77
OP - Surgery	130	1,723.63	18.62	1.085	1.000	0.0%	20.19	1.104	1.000	0.0%	20.56
OP - Mental Health	3	33.30	0.01	1.102	1.000	0.0%	0.01	1.122	1.000	0.0%	0.01
OP - Other	628	183.73	9.61	1.086	1.000	0.0%	10.44	1.105	1.000	0.0%	10.63
Subtotal - Outpatient	1,549	330.18	42.62				45.32				46.14
Prof - Evaluation & Management	10,032	49.29	41.21	0.982	1.000	0.0%	40.45	1.000	1.000	0.0%	41.22
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	573	166.20	7.94	0.981	1.000	0.0%	7.79	1.000	1.000	0.0%	7.94
Prof - DME/Supplies & Prosthetics	764	94.96	6.04	0.978	1.000	0.0%	5.91	0.997	1.000	0.0%	6.02
Prof - Lab	2,088	15.40	2.68	0.980	1.000	0.0%	2.62	0.998	1.000	0.0%	2.67
Prof - Radiology	397	21.35	0.71	0.980	1.000	0.0%	0.69	0.999	1.000	0.0%	0.70
Prof - Transportation	51	138.53	0.59	0.967	1.000	0.0%	0.57	0.985	1.000	0.0%	0.58
Prof - Mental Health	2,878	82.18	19.71	0.982	1.000	0.0%	19.35	1.000	1.000	0.0%	19.72
Prof - Target Case Management	159	339.00	4.49	1.000	1.000	0.0%	4.49	1.019	1.000	0.0%	4.57
Prof - Other	2,545	102.90	21.82	0.958	1.044	0.0%	21.81	0.976	1.044	0.0%	22.23
Subtotal - Professional	19,486	64.78	105.19				103.69				105.66
Pharmacy - Non Hep C	8,654	37.46	27.01	0.986	1.056	0.0%	28.12	1.005	1.055	0.0%	28.63
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	4,561	35.10	13.34	0.973	1.000	0.0%	12.98	0.992	1.000	0.0%	13.23
FQHC & RHC	3,077	33.35	8.55	1.010	1.000	0.0%	8.63	1.029	1.000	0.0%	8.80
Subtotal - Other Services	16,292	36.02	48.90				49.74				50.66
Total			\$ 227.23				\$ 229.52				\$ 233.81
General Admin PMPM						8.5%	\$21.66			9.1%	\$23.71
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 256.28				\$ 262.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Foster Care (age 6-12)										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			82,221				116,340				116,340
Home Health Care & Hospice	1,044	99.73	8.68	1.043	1.000	0.0%	9.05	1.062	1.000	0.0%	9.22
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	26	4,074.99	8.93	0.976	1.014	0.0%	8.84	0.994	1.014	0.0%	9.01
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	482	1,396.05	56.12	0.976	1.060	0.0%	58.03	0.994	1.060	0.0%	59.14
IP - PRTF	440	500.67	18.38	0.976	1.014	0.0%	18.18	0.994	1.014	0.0%	18.53
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	949	1,054.78	83.42				85.05				86.67
OP - Emergency Room	267	348.46	7.74	1.003	1.000	0.0%	7.77	1.022	1.000	0.0%	7.91
OP - Laboratory	196	91.37	1.49	1.077	0.990	0.0%	1.59	1.097	0.990	0.0%	1.62
OP - Radiology	81	233.93	1.58	1.077	1.000	0.0%	1.70	1.097	1.000	0.0%	1.73
OP - Surgery	45	1,943.90	7.30	1.077	1.000	0.0%	7.86	1.096	1.000	0.0%	8.00
OP - Mental Health	6	471.54	0.24	1.081	1.000	0.0%	0.26	1.101	1.000	0.0%	0.27
OP - Other	348	207.58	6.03	1.078	1.000	0.0%	6.50	1.098	1.000	0.0%	6.62
Subtotal - Outpatient	943	310.18	24.39				25.68				26.15
Prof - Evaluation & Management	8,427	47.83	33.59	0.991	1.000	0.0%	33.29	1.010	1.000	0.0%	33.92
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	306	136.59	3.48	0.991	1.000	0.0%	3.45	1.010	1.000	0.0%	3.52
Prof - DME/Supplies & Prosthetics	912	42.92	3.26	0.992	1.000	0.0%	3.23	1.010	1.000	0.0%	3.29
Prof - Lab	1,397	15.21	1.77	0.992	1.000	0.0%	1.76	1.010	1.000	0.0%	1.79
Prof - Radiology	433	22.90	0.83	0.991	1.000	0.0%	0.82	1.010	1.000	0.0%	0.83
Prof - Transportation	67	92.96	0.52	0.992	1.000	0.0%	0.51	1.010	1.000	0.0%	0.52
Prof - Mental Health	7,212	94.17	56.60	0.991	1.000	0.0%	56.09	1.010	1.000	0.0%	57.15
Prof - Target Case Management	517	340.46	14.67	0.991	1.000	0.0%	14.53	1.010	1.000	0.0%	14.81
Prof - Other	3,379	46.27	13.03	0.992	1.027	0.0%	13.28	1.011	1.027	0.0%	13.53
Subtotal - Professional	22,650	67.68	127.74				126.97				129.37
Pharmacy - Non Hep C	15,185	59.02	74.68	0.991	1.035	0.0%	76.55	1.010	1.034	0.0%	77.95
Pharmacy - Hep C	1	31,302.81	2.63	0.854	1.000	0.0%	2.24	0.854	1.000	0.0%	2.24
Dental	6,271	41.58	21.73	0.971	1.000	0.0%	21.10	0.990	1.000	0.0%	21.51
FQHC & RHC	3,598	32.11	9.63	0.990	1.000	0.0%	9.53	1.008	1.000	0.0%	9.71
Subtotal - Other Services	25,055	52.05	108.67				109.43				111.41
Total		\$ 352.90					\$ 356.17				\$ 362.83
General Admin PMPM						8.5%	\$33.61			9.1%	\$36.80
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 397.69				\$ 407.74

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Foster Care (age 13 +)-Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			40,645				54,120				54,120
Home Health Care & Hospice	938	88.85	6.95	1.020	1.000	0.0%	7.09	1.039	1.000	0.0%	7.22
IP - Maternity	59	1,318.48	6.49	0.995	1.014	0.0%	6.55	0.995	1.014	0.0%	6.55
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	33	5,711.66	15.77	0.958	1.014	0.0%	15.33	0.976	1.014	0.0%	15.62
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	878	1,560.86	114.23	0.957	1.582	0.0%	172.93	0.975	1.582	0.0%	176.24
IP - PRTF	547	465.31	21.22	0.938	1.014	0.0%	20.19	0.956	1.014	0.0%	20.58
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	1,518	1,247.04	157.72				215.01				218.99
OP - Emergency Room	709	442.29	26.13	1.007	1.000	0.0%	26.30	1.026	1.000	0.0%	26.80
OP - Laboratory	416	97.47	3.38	1.093	0.979	0.0%	3.62	1.113	0.979	0.0%	3.68
OP - Radiology	210	283.44	4.95	1.088	1.000	0.0%	5.39	1.107	1.000	0.0%	5.48
OP - Surgery	63	1,906.28	9.93	1.089	1.000	0.0%	10.82	1.109	1.000	0.0%	11.01
OP - Mental Health	2	1,089.33	0.20	0.999	1.000	0.0%	0.20	1.017	1.000	0.0%	0.20
OP - Other	397	200.79	6.64	1.074	1.000	0.0%	7.13	1.093	1.000	0.0%	7.26
Subtotal - Outpatient	1,796	342.28	51.23				53.45				54.43
Prof - Evaluation & Management	9,000	51.65	38.74	0.980	1.000	0.0%	37.96	0.998	1.000	0.0%	38.68
Prof - Maternity	168	176.30	2.47	0.975	1.000	0.0%	2.41	0.993	1.000	0.0%	2.46
Prof - Surgery	442	119.11	4.39	0.971	1.000	0.0%	4.26	0.990	1.000	0.0%	4.34
Prof - DME/Supplies & Prosthetics	1,144	39.90	3.80	0.986	1.000	0.0%	3.75	1.005	1.000	0.0%	3.82
Prof - Lab	4,037	19.20	6.46	0.978	1.000	0.0%	6.32	0.996	1.000	0.0%	6.44
Prof - Radiology	989	28.77	2.37	0.984	1.000	0.0%	2.33	1.002	1.000	0.0%	2.38
Prof - Transportation	313	77.38	2.02	0.987	1.000	0.0%	1.99	1.005	1.000	0.0%	2.03
Prof - Mental Health	6,622	115.63	63.81	0.977	1.005	0.0%	62.67	0.996	1.005	0.0%	63.86
Prof - Target Case Management	310	339.21	8.75	0.994	1.000	0.0%	8.70	1.013	1.000	0.0%	8.87
Prof - Other	5,919	48.09	23.72	0.972	1.010	0.0%	23.29	0.991	1.010	0.0%	23.73
Subtotal - Professional	28,946	64.90	156.55				153.69				156.60
Pharmacy - Non Hep C	20,167	45.34	76.20	0.991	1.045	0.0%	78.88	1.009	1.044	0.0%	80.31
Pharmacy - Hep C	3	31,362.62	8.87	0.886	1.000	0.0%	7.86	0.886	1.000	0.0%	7.86
Dental	6,233	61.18	31.78	0.974	1.000	0.0%	30.96	0.993	1.000	0.0%	31.56
FQHC & RHC	3,623	37.40	11.29	1.015	1.000	0.0%	11.46	1.034	1.000	0.0%	11.68
Subtotal - Other Services	30,026	51.21	128.14				129.16				131.40
Total			\$ 500.58				\$ 558.39				\$ 568.64
General Admin PMPM						8.5%	\$52.69			9.1%	\$57.67
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 623.48				\$ 639.03

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Foster Care (age 13 +)-Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			39,683				52,005				52,005
Home Health Care & Hospice	963	78.50	6.30	0.997	1.000	0.0%	6.28	1.016	1.000	0.0%	6.40
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	44	3,214.15	11.77	0.939	1.014	0.0%	11.22	0.957	1.014	0.0%	11.43
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	621	1,408.69	72.87	0.971	1.014	0.0%	71.80	0.990	1.014	0.0%	73.17
IP - PRTF	786	429.50	28.14	0.952	1.014	0.0%	27.17	0.970	1.014	0.0%	27.69
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	1,451	932.77	112.78				110.19				112.30
OP - Emergency Room	459	419.49	16.04	1.000	1.000	0.0%	16.03	1.018	1.000	0.0%	16.33
OP - Laboratory	200	83.06	1.38	1.083	0.967	0.0%	1.45	1.103	0.967	0.0%	1.47
OP - Radiology	134	227.57	2.55	1.080	1.000	0.0%	2.75	1.099	1.000	0.0%	2.80
OP - Surgery	48	2,041.54	8.10	1.069	1.000	0.0%	8.66	1.089	1.000	0.0%	8.82
OP - Mental Health	4	162.66	0.06	1.015	1.000	0.0%	0.06	1.033	1.000	0.0%	0.06
OP - Other	278	201.99	4.67	1.071	1.000	0.0%	5.01	1.090	1.000	0.0%	5.10
Subtotal - Outpatient	1,122	350.73	32.80				33.96				34.58
Prof - Evaluation & Management	7,109	48.14	28.52	0.981	1.000	0.0%	27.97	0.999	1.000	0.0%	28.50
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	340	118.38	3.35	0.971	1.000	0.0%	3.25	0.989	1.000	0.0%	3.32
Prof - DME/Supplies & Prosthetics	986	49.48	4.06	0.970	1.000	0.0%	3.94	0.989	1.000	0.0%	4.02
Prof - Lab	1,334	16.97	1.89	0.973	1.000	0.0%	1.84	0.992	1.000	0.0%	1.87
Prof - Radiology	899	23.38	1.75	0.974	1.000	0.0%	1.70	0.992	1.000	0.0%	1.74
Prof - Transportation	182	105.88	1.60	0.994	1.000	0.0%	1.59	1.013	1.000	0.0%	1.62
Prof - Mental Health	5,379	179.11	80.28	0.979	1.005	0.0%	79.04	0.998	1.005	0.0%	80.53
Prof - Target Case Management	347	338.10	9.79	0.999	1.000	0.0%	9.78	1.018	1.000	0.0%	9.96
Prof - Other	4,366	45.02	16.38	0.964	1.010	0.0%	15.95	0.983	1.010	0.0%	16.25
Subtotal - Professional	20,940	84.59	147.62				145.06				147.81
Pharmacy - Non Hep C	16,024	73.74	98.47	0.985	1.028	0.0%	99.64	1.003	1.027	0.0%	101.48
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	5,463	57.62	26.23	0.973	1.000	0.0%	25.53	0.992	1.000	0.0%	26.02
FQHC & RHC	2,706	34.50	7.78	1.013	1.000	0.0%	7.88	1.032	1.000	0.0%	8.03
Subtotal - Other Services	24,193	65.71	132.48				133.05				135.53
Total		\$ 431.98					\$ 428.55				\$ 436.62
General Admin PMPM						8.5%	\$40.44			9.1%	\$44.28
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 478.50				\$ 490.66

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Former Foster Care Child Age 18 through 20 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			5,777				6,315				6,315
Home Health Care & Hospice	372	66.23	2.05	1.049	1.000	0.0%	2.15	1.068	1.000	0.0%	2.19
IP - Maternity	560	1,585.46	74.03	1.001	1.015	0.0%	75.17	1.001	1.015	0.0%	75.17
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	40	3,944.87	13.25	0.958	1.015	0.0%	12.88	0.976	1.015	0.0%	13.13
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	177	2,144.04	31.64	0.924	1.601	0.0%	46.81	0.942	1.601	0.0%	47.72
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	2	9,108.94	1.67	0.966	1.015	0.0%	1.64	0.985	1.015	0.0%	1.67
Subtotal - Inpatient	780	1,855.45	120.59				136.50				137.68
OP - Emergency Room	2,162	426.40	76.81	1.046	1.000	0.0%	80.35	1.065	1.000	0.0%	81.82
OP - Laboratory	691	103.71	5.97	1.001	0.952	0.0%	5.69	1.020	0.952	0.0%	5.80
OP - Radiology	304	257.41	6.51	0.991	1.000	0.0%	6.45	1.010	1.000	0.0%	6.58
OP - Surgery	196	1,004.65	16.38	0.994	1.000	0.0%	16.27	1.012	1.000	0.0%	16.58
OP - Mental Health	31	47.81	0.12	1.006	1.000	0.0%	0.12	1.025	1.000	0.0%	0.13
OP - Other	675	137.05	7.71	0.997	1.000	0.0%	7.68	1.016	1.000	0.0%	7.83
Subtotal - Outpatient	4,058	335.65	113.50				116.57				118.74
Prof - Evaluation & Management	8,035	41.64	27.88	1.097	1.000	0.0%	30.60	1.117	1.000	0.0%	31.14
Prof - Maternity	1,762	180.14	26.45	1.097	1.000	0.0%	29.00	1.116	1.000	0.0%	29.52
Prof - Surgery	498	84.18	3.49	1.101	1.000	0.0%	3.85	1.121	1.000	0.0%	3.92
Prof - DME/Supplies & Prosthetics	868	47.73	3.45	1.090	1.000	0.0%	3.76	1.110	1.000	0.0%	3.83
Prof - Lab	6,903	20.64	11.87	1.094	1.000	0.0%	12.99	1.114	1.000	0.0%	13.22
Prof - Radiology	1,534	29.74	3.80	1.102	1.000	0.0%	4.19	1.122	1.000	0.0%	4.26
Prof - Transportation	780	69.30	4.50	1.099	1.000	0.0%	4.95	1.119	1.000	0.0%	5.04
Prof - Mental Health	2,381	97.12	19.27	1.106	1.034	0.0%	22.04	1.126	1.034	0.0%	22.44
Prof - Target Case Management	99	379.75	3.13	1.099	1.000	0.0%	3.44	1.119	1.000	0.0%	3.50
Prof - Other	5,290	63.94	28.19	1.097	1.004	0.0%	31.06	1.117	1.004	0.0%	31.61
Subtotal - Professional	28,149	56.29	132.05				145.88				148.49
Pharmacy - Non Hep C	11,479	26.68	25.52	1.168	1.066	0.0%	31.79	1.188	1.065	0.0%	32.31
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	2,730	63.48	14.44	0.946	1.000	0.0%	13.66	0.964	1.000	0.0%	13.93
FQHC & RHC	3,685	41.82	12.84	1.111	1.000	0.0%	14.26	1.130	1.000	0.0%	14.52
Subtotal - Other Services	17,894	35.41	52.81				59.71				60.75
Total			\$ 421.00				\$ 460.82				\$ 467.86
General Admin PMPM						8.3%	\$42.29			8.9%	\$46.20
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 513.32				\$ 524.50

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Former Foster Care Child Age 18 through 20 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			3,217				4,140				4,140
Home Health Care & Hospice	178	43.59	0.65	1.077	1.000	0.0%	0.70	1.096	1.000	0.0%	0.71
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	401	2,174.75	72.69	0.948	1.015	0.0%	69.93	0.966	1.015	0.0%	71.29
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	440	1,237.35	45.35	0.983	1.015	0.0%	45.23	1.002	1.015	0.0%	46.10
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	841	1,684.46	118.04				115.16				117.39
OP - Emergency Room	1,548	472.24	60.93	1.062	1.000	0.0%	64.72	1.082	1.000	0.0%	65.91
OP - Laboratory	145	149.28	1.80	0.972	0.885	0.0%	1.55	0.990	0.885	0.0%	1.58
OP - Radiology	64	367.97	1.96	0.992	1.000	0.0%	1.95	1.011	1.000	0.0%	1.98
OP - Surgery	47	1,848.05	7.24	0.990	1.000	0.0%	7.17	1.009	1.000	0.0%	7.31
OP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Other	166	71.39	0.99	0.990	1.000	0.0%	0.98	1.009	1.000	0.0%	0.99
Subtotal - Outpatient	1,970	444.26	72.92				76.36				77.78
Prof - Evaluation & Management	2,751	47.01	10.78	1.111	1.000	0.0%	11.97	1.131	1.000	0.0%	12.18
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	434	117.71	4.26	1.081	1.000	0.0%	4.60	1.100	1.000	0.0%	4.69
Prof - DME/Supplies & Prosthetics	965	34.58	2.78	1.134	1.000	0.0%	3.15	1.154	1.000	0.0%	3.21
Prof - Lab	785	18.12	1.19	1.093	1.000	0.0%	1.29	1.112	1.000	0.0%	1.32
Prof - Radiology	1,320	28.25	3.11	1.100	1.000	0.0%	3.42	1.119	1.000	0.0%	3.48
Prof - Transportation	895	58.64	4.37	1.095	1.000	0.0%	4.79	1.115	1.000	0.0%	4.88
Prof - Mental Health	3,091	140.31	36.15	1.103	1.045	0.0%	41.68	1.123	1.045	0.0%	42.42
Prof - Target Case Management	34	335.55	0.96	1.107	1.000	0.0%	1.06	1.127	1.000	0.0%	1.08
Prof - Other	4,678	65.63	25.59	1.129	1.001	0.0%	28.93	1.150	1.001	0.0%	29.44
Subtotal - Professional	14,954	71.56	89.17				100.89				102.70
Pharmacy - Non Hep C	7,463	65.57	40.78	1.154	1.027	0.0%	48.34	1.174	1.027	0.0%	49.15
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	1,719	62.91	9.01	0.949	1.000	0.0%	8.55	0.967	1.000	0.0%	8.72
FQHC & RHC	1,163	35.13	3.40	1.095	1.000	0.0%	3.73	1.115	1.000	0.0%	3.80
Subtotal - Other Services	10,345	61.71	53.20				60.62				61.67
Total			\$ 333.98				\$ 353.73				\$ 360.24
General Admin PMPM						8.3%	\$32.46			8.9%	\$35.57
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 394.03				\$ 403.85

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	Former Foster Care Child Age 21 through 25 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			10,960				12,750				12,750
Home Health Care & Hospice	265	87.46	1.93	1.071	1.000	0.0%	2.07	1.090	1.000	0.0%	2.10
IP - Maternity	627	1,308.43	68.33	0.989	1.015	0.0%	68.57	0.989	1.015	0.0%	68.57
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	61	6,180.35	31.36	0.962	1.015	0.0%	30.60	0.980	1.015	0.0%	31.20
IP - Normal Newborn	1	941.03	0.09	0.973	1.014	0.0%	0.09	0.991	1.014	0.0%	0.09
IP - Mental Health	113	2,092.17	19.78	0.946	1.015	0.0%	19.00	0.965	1.015	0.0%	19.36
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	802	1,788.51	119.57				118.26				119.22
OP - Emergency Room	2,032	473.27	80.13	1.048	1.000	0.0%	83.98	1.067	1.000	0.0%	85.52
OP - Laboratory	741	106.49	6.58	1.003	0.910	0.0%	6.00	1.022	0.910	0.0%	6.11
OP - Radiology	297	288.31	7.13	0.998	1.000	0.0%	7.12	1.017	1.000	0.0%	7.25
OP - Surgery	158	1,371.50	18.09	0.993	1.000	0.0%	17.95	1.011	1.000	0.0%	18.29
OP - Mental Health	14	252.79	0.29	1.004	1.000	0.0%	0.29	1.023	1.000	0.0%	0.29
OP - Other	587	229.73	11.23	1.001	1.000	0.0%	11.24	1.020	1.000	0.0%	11.46
Subtotal - Outpatient	3,828	386.94	123.44				126.58				128.94
Prof - Evaluation & Management	6,908	45.53	26.21	1.097	1.000	0.0%	28.76	1.117	1.000	0.0%	29.27
Prof - Maternity	1,299	175.51	19.00	1.093	1.000	0.0%	20.77	1.112	1.000	0.0%	21.14
Prof - Surgery	630	154.44	8.11	1.102	1.000	0.0%	8.93	1.122	1.000	0.0%	9.09
Prof - DME/Supplies & Prosthetics	520	89.50	3.88	1.104	1.000	0.0%	4.28	1.124	1.000	0.0%	4.36
Prof - Lab	6,199	21.21	10.95	1.095	1.000	0.0%	11.99	1.114	1.000	0.0%	12.21
Prof - Radiology	1,578	34.73	4.57	1.098	1.000	0.0%	5.02	1.118	1.000	0.0%	5.11
Prof - Transportation	668	76.17	4.24	1.099	1.000	0.0%	4.66	1.119	1.000	0.0%	4.74
Prof - Mental Health	2,750	123.51	28.30	1.105	1.018	0.0%	31.84	1.125	1.018	0.0%	32.41
Prof - Target Case Management	107	334.67	2.99	1.092	1.000	0.0%	3.27	1.112	1.000	0.0%	3.33
Prof - Other	5,509	74.71	34.30	1.099	1.004	0.0%	37.86	1.119	1.004	0.0%	38.54
Subtotal - Professional	26,168	65.37	142.55				157.37				160.19
Pharmacy - Non Hep C	12,703	47.63	50.42	1.172	1.037	0.0%	61.27	1.192	1.036	0.0%	62.30
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	2,397	50.73	10.13	0.951	1.000	0.0%	9.64	0.969	1.000	0.0%	9.82
FQHC & RHC	2,797	42.50	9.90	1.115	1.000	0.0%	11.04	1.135	1.000	0.0%	11.24
Subtotal - Other Services	17,897	47.24	70.46				81.95				83.36
Total		\$ 457.95					\$ 486.23				\$ 493.81
General Admin PMPM						8.3%	\$44.62			8.9%	\$48.77
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 541.63				\$ 553.59

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	Former Foster Care Child Age 21 through 25 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			6,157				7,185				7,185
Home Health Care & Hospice	23	123.47	0.24	1.087	1.000	0.0%	0.26	1.106	1.000	0.0%	0.26
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	57	8,724.07	41.37	0.952	1.015	0.0%	39.98	0.971	1.015	0.0%	40.76
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	134	1,867.29	20.80	0.952	1.015	0.0%	20.10	0.971	1.015	0.0%	20.49
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	191	3,914.73	62.17				60.08				61.25
OP - Emergency Room	1,312	466.88	51.05	1.045	1.000	0.0%	53.37	1.065	1.000	0.0%	54.35
OP - Laboratory	175	158.50	2.31	0.991	0.908	0.0%	2.08	1.009	0.908	0.0%	2.12
OP - Radiology	113	635.87	5.99	0.990	1.000	0.0%	5.93	1.009	1.000	0.0%	6.04
OP - Surgery	43	2,279.00	8.22	0.990	1.000	0.0%	8.14	1.009	1.000	0.0%	8.30
OP - Mental Health	4	1,886.62	0.70	0.992	1.000	0.0%	0.70	1.011	1.000	0.0%	0.71
OP - Other	147	245.55	3.01	0.991	1.000	0.0%	2.98	1.009	1.000	0.0%	3.04
Subtotal - Outpatient	1,795	476.55	71.28				73.20				74.56
Prof - Evaluation & Management	2,699	43.59	9.80	1.101	1.000	0.0%	10.79	1.120	1.000	0.0%	10.98
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	390	115.31	3.75	1.101	1.000	0.0%	4.13	1.120	1.000	0.0%	4.20
Prof - DME/Supplies & Prosthetics	309	85.01	2.19	1.101	1.000	0.0%	2.41	1.120	1.000	0.0%	2.45
Prof - Lab	1,121	22.22	2.08	1.101	1.000	0.0%	2.28	1.121	1.000	0.0%	2.33
Prof - Radiology	1,065	28.69	2.55	1.100	1.000	0.0%	2.80	1.120	1.000	0.0%	2.85
Prof - Transportation	618	102.06	5.26	1.100	1.000	0.0%	5.79	1.120	1.000	0.0%	5.89
Prof - Mental Health	2,007	111.77	18.69	1.101	1.028	0.0%	21.14	1.120	1.028	0.0%	21.52
Prof - Target Case Management	68	367.05	2.09	1.101	1.000	0.0%	2.31	1.121	1.000	0.0%	2.35
Prof - Other	2,741	66.60	15.21	1.100	1.005	0.0%	16.83	1.120	1.005	0.0%	17.13
Subtotal - Professional	11,018	67.11	61.62				68.47				69.70
Pharmacy - Non Hep C	5,178	76.67	33.08	1.166	1.024	0.0%	39.49	1.186	1.023	0.0%	40.16
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	1,367	52.74	6.01	0.950	1.000	0.0%	5.71	0.969	1.000	0.0%	5.82
FQHC & RHC	896	34.45	2.57	1.100	1.000	0.0%	2.83	1.120	1.000	0.0%	2.88
Subtotal - Other Services	7,440	67.19	41.66				48.02				48.86
Total			\$ 236.98				\$ 250.04				\$ 254.62
General Admin PMPM						8.3%	\$22.94			8.9%	\$25.14
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 278.52				\$ 285.45

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age through 18 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			43				45				45
Home Health Care & Hospice	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Maternity	291	3,312.73	80.44	1.387	1.025	0.0%	114.37	1.387	1.025	0.0%	114.37
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	291	3,312.73	80.44				114.37				114.37
OP - Emergency Room	3,181	545.63	144.63	1.368	1.010	0.0%	199.88	1.393	1.010	0.0%	203.56
OP - Laboratory	855	110.67	7.88	1.374	1.010	0.0%	10.94	1.400	1.010	0.0%	11.15
OP - Radiology	576	152.27	7.31	1.374	1.010	0.0%	10.15	1.400	1.010	0.0%	10.34
OP - Surgery	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Outpatient	4,612	415.85	159.82				220.97				225.05
Prof - Evaluation & Management	7,692	65.61	42.05	1.343	1.010	0.0%	57.03	1.367	1.010	0.0%	58.05
Prof - Maternity	863	420.79	30.25	1.526	1.010	0.0%	46.63	1.554	1.010	0.0%	47.47
Prof - Surgery	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - DME/Supplies & Prosthetics	280	86.88	2.03	1.526	1.010	0.0%	3.13	1.554	1.010	0.0%	3.18
Prof - Lab	584	3.07	0.15	1.526	1.010	0.0%	0.23	1.554	1.010	0.0%	0.23
Prof - Radiology	1,996	55.21	9.18	1.526	1.010	0.0%	14.15	1.554	1.010	0.0%	14.41
Prof - Transportation	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Mental Health	299	271.30	6.76	1.526	1.010	0.0%	10.42	1.554	1.010	0.0%	10.61
Prof - Target Case Management	296	334.00	8.24	1.526	1.000	0.0%	12.58	1.554	1.000	0.0%	12.81
Prof - Other	3,222	69.28	18.60	1.423	1.010	0.0%	26.75	1.449	1.010	0.0%	27.22
Subtotal - Professional	15,231	92.39	117.26				170.92				173.98
Pharmacy - Non Hep C	12,692	44.51	47.07	0.557	1.050	0.0%	27.50	0.566	1.049	0.0%	27.95
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
FQHC & RHC	1,430	23.26	2.77	1.526	1.008	0.0%	4.27	1.554	1.008	0.0%	4.34
Subtotal - Other Services	14,123	42.35	49.85				31.76				32.29
Total			\$ 407.38				\$ 538.03				\$ 545.69
General Admin PMPM						8.3%	\$49.37			8.9%	\$53.89
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 599.33				\$ 611.76

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development

Exhibit 6C
Confidential and Proprietary

Statewide

Service Category	MAGI Adult Age through 18 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			60				105				105
Home Health Care & Hospice	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Inpatient	-	-	-				-				-
OP - Emergency Room	1,439	1,361.32	163.25	1.086	1.010	0.0%	179.11	1.106	1.010	0.0%	182.41
OP - Laboratory	1,016	178.79	15.14	1.027	1.010	0.0%	15.71	1.046	1.010	0.0%	16.00
OP - Radiology	206	102.55	1.76	1.029	1.010	0.0%	1.83	1.049	1.010	0.0%	1.87
OP - Surgery	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Mental Health	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
OP - Other	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Subtotal - Outpatient	2,662	812.16	180.15				196.65				200.28
Prof - Evaluation & Management	9,071	36.18	27.35	1.052	1.009	0.0%	29.04	1.071	1.009	0.0%	29.56
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	207	395.19	6.83	1.143	1.010	0.0%	7.89	1.164	1.010	0.0%	8.03
Prof - DME/Supplies & Prosthetics	905	27.32	2.06	1.048	1.010	0.0%	2.18	1.067	1.010	0.0%	2.22
Prof - Lab	3,591	14.03	4.20	1.051	1.009	0.0%	4.45	1.070	1.009	0.0%	4.53
Prof - Radiology	402	33.30	1.12	1.143	1.010	0.0%	1.29	1.164	1.010	0.0%	1.31
Prof - Transportation	821	90.00	6.16	1.143	1.010	0.0%	7.11	1.164	1.010	0.0%	7.24
Prof - Mental Health	7,075	264.66	156.03	1.142	1.144	0.0%	203.85	1.162	1.144	0.0%	207.50
Prof - Target Case Management	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Other	2,937	43.42	10.63	1.126	1.010	0.0%	12.09	1.146	1.010	0.0%	12.30
Subtotal - Professional	25,008	102.86	214.37				267.90				272.70
Pharmacy - Non Hep C	10,942	14.66	13.37	1.178	1.135	0.0%	17.86	1.198	1.132	0.0%	18.13
Pharmacy - Hep C	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Dental	461	27.67	1.06	0.905	1.012	0.0%	0.97	0.923	1.012	0.0%	0.99
FQHC & RHC	592	21.66	1.07	1.143	1.010	0.0%	1.23	1.164	1.010	0.0%	1.26
Subtotal - Other Services	11,995	15.50	15.50				20.07				20.38
Total		\$ 410.02					\$ 484.62				\$ 493.36
General Admin PMPM						8.3%	\$44.47			8.9%	\$48.72
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 539.83				\$ 553.09

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age 19 through 24 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			543,250				652,755				652,755
Home Health Care & Hospice	108	76.31	0.69	1.090	1.010	0.0%	0.76	1.110	1.010	0.0%	0.77
IP - Maternity	222	1,224.40	22.61	1.000	1.022	0.0%	23.10	1.000	1.022	0.0%	23.10
IP - Complex Newborn	0	8,301.38	0.12	0.964	1.023	0.0%	0.11	0.983	1.023	0.0%	0.12
IP - Medical/Surgical	61	3,713.94	18.83	0.967	1.025	0.0%	18.66	0.986	1.025	0.0%	19.02
IP - Normal Newborn	0	2,760.90	0.04	0.964	1.019	0.0%	0.04	0.983	1.019	0.0%	0.04
IP - Mental Health	44	1,870.28	6.82	0.967	1.024	0.0%	6.76	0.986	1.024	0.0%	6.89
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	0	3,988.52	0.11	0.968	1.025	0.0%	0.11	0.987	1.025	0.0%	0.11
Subtotal - Inpatient	327	1,781.69	48.53				48.79				49.29
OP - Emergency Room	1,062	469.37	41.54	1.045	1.010	0.0%	43.84	1.064	1.010	0.0%	44.65
OP - Laboratory	545	121.60	5.52	0.989	0.976	0.0%	5.33	1.008	0.976	0.0%	5.43
OP - Radiology	240	341.00	6.83	0.990	1.010	0.0%	6.83	1.009	1.010	0.0%	6.96
OP - Surgery	109	1,669.48	15.15	0.990	1.010	0.0%	15.15	1.009	1.010	0.0%	15.44
OP - Mental Health	3	499.32	0.13	0.994	1.010	0.0%	0.13	1.013	1.010	0.0%	0.14
OP - Other	410	207.23	7.08	0.989	1.009	0.0%	7.07	1.008	1.009	0.0%	7.20
Subtotal - Outpatient	2,369	386.25	76.25				78.35				79.81
Prof - Evaluation & Management	6,154	44.57	22.86	1.101	1.010	0.0%	25.41	1.121	1.010	0.0%	25.86
Prof - Maternity	630	146.54	7.69	1.101	1.008	0.0%	8.53	1.121	1.008	0.0%	8.68
Prof - Surgery	502	123.72	5.17	1.101	1.009	0.0%	5.75	1.120	1.009	0.0%	5.85
Prof - DME/Supplies & Prosthetics	524	60.47	2.64	1.101	1.011	0.0%	2.94	1.121	1.011	0.0%	2.99
Prof - Lab	4,789	20.80	8.30	1.102	1.009	0.0%	9.23	1.121	1.009	0.0%	9.39
Prof - Radiology	1,033	35.59	3.06	1.101	1.009	0.0%	3.40	1.120	1.009	0.0%	3.46
Prof - Transportation	199	81.97	1.36	1.100	1.009	0.0%	1.51	1.120	1.009	0.0%	1.54
Prof - Mental Health	1,277	114.84	12.22	1.100	1.052	0.0%	14.15	1.120	1.052	0.0%	14.41
Prof - Target Case Management	40	342.58	1.15	1.100	1.009	0.0%	1.27	1.120	1.009	0.0%	1.29
Prof - Other	3,173	68.22	18.04	1.101	1.015	0.0%	20.16	1.121	1.015	0.0%	20.52
Subtotal - Professional	18,320	54.03	82.49				92.35				94.01
Pharmacy - Non Hep C	11,696	41.26	40.22	1.165	1.054	0.0%	49.38	1.186	1.053	0.0%	50.20
Pharmacy - Hep C	1	14,317.65	1.15	0.859	1.010	0.0%	1.00	0.859	1.010	0.0%	1.00
Dental	2,306	56.30	10.82	0.951	1.010	0.0%	10.39	0.969	1.010	0.0%	10.59
FQHC & RHC	2,632	38.20	8.38	1.099	1.010	0.0%	9.29	1.118	1.010	0.0%	9.46
Subtotal - Other Services	16,635	43.69	60.57				70.06				71.25
Total			\$ 268.52				\$ 290.31				\$ 295.12
General Admin PMPM						8.3%	\$26.64			8.9%	\$29.14
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 323.39				\$ 330.85

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age 19 through 24 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			483,951				582,450				582,450
Home Health Care & Hospice	80	109.84	0.73	1.091	1.010	0.0%	0.80	1.110	1.010	0.0%	0.82
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	72	4,266.55	25.73	0.969	1.025	0.0%	25.55	0.988	1.025	0.0%	26.04
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	54	1,968.86	8.79	0.969	1.025	0.0%	8.72	0.987	1.025	0.0%	8.89
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	1	2,073.13	0.17	0.972	1.025	0.0%	0.17	0.991	1.025	0.0%	0.18
Subtotal - Inpatient	127	3,279.61	34.70				34.45				35.11
OP - Emergency Room	697	482.85	28.05	1.045	1.010	0.0%	29.61	1.064	1.010	0.0%	30.16
OP - Laboratory	162	159.41	2.15	0.990	0.915	0.0%	1.95	1.009	0.915	0.0%	1.99
OP - Radiology	100	397.03	3.32	0.991	1.010	0.0%	3.32	1.009	1.010	0.0%	3.38
OP - Surgery	43	2,425.14	8.68	0.991	1.010	0.0%	8.69	1.010	1.010	0.0%	8.85
OP - Mental Health	3	639.73	0.14	0.997	1.010	0.0%	0.14	1.016	1.010	0.0%	0.14
OP - Other	159	324.77	4.30	0.990	1.010	0.0%	4.30	1.009	1.010	0.0%	4.38
Subtotal - Outpatient	1,164	480.83	46.64				48.01				48.91
Prof - Evaluation & Management	2,807	42.37	9.91	1.101	1.010	0.0%	11.02	1.121	1.010	0.0%	11.22
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	306	141.46	3.60	1.101	1.010	0.0%	4.00	1.121	1.010	0.0%	4.08
Prof - DME/Supplies & Prosthetics	335	73.96	2.07	1.101	1.011	0.0%	2.30	1.121	1.011	0.0%	2.34
Prof - Lab	1,040	19.42	1.68	1.103	1.009	0.0%	1.87	1.122	1.009	0.0%	1.91
Prof - Radiology	779	30.04	1.95	1.101	1.009	0.0%	2.17	1.121	1.009	0.0%	2.21
Prof - Transportation	186	103.14	1.59	1.100	1.010	0.0%	1.77	1.120	1.010	0.0%	1.80
Prof - Mental Health	1,155	130.56	12.57	1.101	1.065	0.0%	14.75	1.121	1.065	0.0%	15.01
Prof - Target Case Management	30	340.14	0.85	1.100	1.010	0.0%	0.94	1.120	1.010	0.0%	0.96
Prof - Other	1,971	67.28	11.05	1.101	1.016	0.0%	12.36	1.120	1.016	0.0%	12.58
Subtotal - Professional	8,609	63.10	45.27				51.19				52.10
Pharmacy - Non Hep C	5,053	78.97	33.26	1.165	1.033	0.0%	40.02	1.185	1.033	0.0%	40.70
Pharmacy - Hep C	2	12,650.38	1.86	0.856	1.010	0.0%	1.61	0.856	1.010	0.0%	1.61
Dental	1,561	56.16	7.31	0.951	1.010	0.0%	7.02	0.970	1.010	0.0%	7.15
FQHC & RHC	942	33.21	2.61	1.098	1.010	0.0%	2.89	1.118	1.010	0.0%	2.94
Subtotal - Other Services	7,558	71.50	45.03				51.54				52.41
Total			\$ 172.37				\$ 185.99				\$ 189.35
General Admin PMPM						8.3%	\$17.07			8.9%	\$18.70
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 207.18				\$ 212.27

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age 25 through 39 Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,134,967				1,360,665				1,360,665
Home Health Care & Hospice	183	94.19	1.43	1.084	1.010	0.0%	1.57	1.103	1.010	0.0%	1.60
IP - Maternity	150	1,181.74	14.73	1.000	1.022	0.0%	15.05	1.000	1.022	0.0%	15.05
IP - Complex Newborn	0	10,942.85	0.02	0.970	1.024	0.0%	0.02	0.988	1.024	0.0%	0.02
IP - Medical/Surgical	153	3,491.35	44.63	0.966	1.025	0.0%	44.19	0.985	1.025	0.0%	45.04
IP - Normal Newborn	0	673.58	0.00	0.970	1.022	0.0%	0.00	0.988	1.022	0.0%	0.00
IP - Mental Health	58	2,183.30	10.56	0.966	1.025	0.0%	10.46	0.985	1.025	0.0%	10.66
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	2	3,465.87	0.72	0.966	1.024	0.0%	0.71	0.985	1.024	0.0%	0.72
Subtotal - Inpatient	364	2,332.29	70.66				70.43				71.49
OP - Emergency Room	1,012	539.65	45.52	1.046	1.010	0.0%	48.08	1.065	1.010	0.0%	48.97
OP - Laboratory	677	137.60	7.76	0.992	0.924	0.0%	7.11	1.011	0.924	0.0%	7.25
OP - Radiology	345	400.45	11.51	0.991	1.010	0.0%	11.52	1.010	1.010	0.0%	11.73
OP - Surgery	154	2,154.08	27.73	0.991	1.010	0.0%	27.75	1.010	1.010	0.0%	28.28
OP - Mental Health	4	795.53	0.27	0.987	1.010	0.0%	0.27	1.005	1.010	0.0%	0.28
OP - Other	450	258.47	9.69	0.991	1.010	0.0%	9.70	1.010	1.010	0.0%	9.88
Subtotal - Outpatient	2,643	465.39	102.49				104.43				106.39
Prof - Evaluation & Management	7,829	43.66	28.48	1.100	1.010	0.0%	31.64	1.120	1.010	0.0%	32.21
Prof - Maternity	380	145.27	4.60	1.099	1.008	0.0%	5.10	1.119	1.008	0.0%	5.19
Prof - Surgery	840	150.48	10.54	1.100	1.010	0.0%	11.70	1.120	1.010	0.0%	11.91
Prof - DME/Supplies & Prosthetics	531	79.61	3.52	1.100	1.010	0.0%	3.91	1.119	1.010	0.0%	3.98
Prof - Lab	4,738	20.18	7.97	1.099	1.010	0.0%	8.84	1.119	1.010	0.0%	9.00
Prof - Radiology	1,448	38.30	4.62	1.100	1.010	0.0%	5.13	1.120	1.010	0.0%	5.22
Prof - Transportation	254	84.31	1.78	1.101	1.010	0.0%	1.98	1.120	1.010	0.0%	2.02
Prof - Mental Health	2,473	110.46	22.77	1.100	1.057	0.0%	26.49	1.120	1.057	0.0%	26.96
Prof - Target Case Management	94	343.57	2.68	1.102	1.010	0.0%	2.98	1.121	1.010	0.0%	3.04
Prof - Other	4,758	74.25	29.44	1.100	1.015	0.0%	32.89	1.120	1.015	0.0%	33.48
Subtotal - Professional	23,346	59.84	116.41				130.67				133.01
Pharmacy - Non Hep C	20,083	45.91	76.83	1.166	1.049	0.0%	93.94	1.186	1.048	0.0%	95.52
Pharmacy - Hep C	9	14,029.04	10.58	0.855	1.010	0.0%	9.13	0.855	1.010	0.0%	9.13
Dental	2,018	44.67	7.51	0.950	1.009	0.0%	7.20	0.968	1.009	0.0%	7.34
FQHC & RHC	2,783	35.96	8.34	1.102	1.010	0.0%	9.28	1.122	1.010	0.0%	9.45
Subtotal - Other Services	24,893	49.78	103.26				119.56				121.44
Total			\$ 394.26				\$ 426.67				\$ 433.93
General Admin PMPM						8.3%	\$39.15			8.9%	\$42.85
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 475.28				\$ 486.46

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age 25 through 39 Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,064,025				1,281,810				1,281,810
Home Health Care & Hospice	138	119.32	1.37	1.086	1.010	0.0%	1.50	1.106	1.010	0.0%	1.53
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	8,261.69	0.01	0.968	1.023	0.0%	0.01	0.986	1.023	0.0%	0.01
IP - Medical/Surgical	201	3,417.79	57.34	0.967	1.025	0.0%	56.82	0.986	1.025	0.0%	57.91
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	97	2,141.74	17.37	0.967	1.025	0.0%	17.21	0.986	1.025	0.0%	17.54
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	2	3,009.90	0.56	0.967	1.025	0.0%	0.55	0.986	1.025	0.0%	0.56
Subtotal - Inpatient	301	3,002.26	75.28				74.59				76.02
OP - Emergency Room	867	555.64	40.16	1.045	1.010	0.0%	42.41	1.065	1.010	0.0%	43.19
OP - Laboratory	374	190.24	5.93	0.991	0.871	0.0%	5.12	1.009	0.871	0.0%	5.21
OP - Radiology	169	446.90	6.29	0.991	1.010	0.0%	6.30	1.009	1.010	0.0%	6.42
OP - Surgery	76	2,365.25	15.02	0.991	1.010	0.0%	15.03	1.009	1.010	0.0%	15.32
OP - Mental Health	4	903.82	0.33	0.991	1.010	0.0%	0.33	1.010	1.010	0.0%	0.34
OP - Other	263	294.21	6.45	0.991	1.010	0.0%	6.45	1.009	1.010	0.0%	6.57
Subtotal - Outpatient	1,754	507.50	74.19				75.63				77.04
Prof - Evaluation & Management	4,623	42.96	16.55	1.100	1.010	0.0%	18.40	1.120	1.010	0.0%	18.72
Prof - Maternity	0	350.00	0.00	1.100	1.010	0.0%	0.00	1.120	1.010	0.0%	0.00
Prof - Surgery	530	156.59	6.91	1.101	1.010	0.0%	7.68	1.120	1.010	0.0%	7.82
Prof - DME/Supplies & Prosthetics	477	93.90	3.74	1.100	1.010	0.0%	4.15	1.120	1.010	0.0%	4.23
Prof - Lab	1,752	18.71	2.73	1.101	1.010	0.0%	3.04	1.120	1.010	0.0%	3.09
Prof - Radiology	1,158	33.70	3.25	1.100	1.010	0.0%	3.62	1.120	1.010	0.0%	3.68
Prof - Transportation	316	93.25	2.46	1.100	1.010	0.0%	2.73	1.120	1.010	0.0%	2.78
Prof - Mental Health	2,705	130.65	29.45	1.101	1.070	0.0%	34.70	1.120	1.070	0.0%	35.32
Prof - Target Case Management	89	345.76	2.58	1.100	1.010	0.0%	2.86	1.120	1.010	0.0%	2.91
Prof - Other	4,299	78.32	28.06	1.100	1.014	0.0%	31.32	1.120	1.014	0.0%	31.88
Subtotal - Professional	15,951	72.02	95.73				108.49				110.43
Pharmacy - Non Hep C	11,867	68.70	67.94	1.165	1.036	0.0%	82.05	1.186	1.036	0.0%	83.44
Pharmacy - Hep C	12	14,244.88	14.08	0.855	1.010	0.0%	12.17	0.855	1.010	0.0%	12.17
Dental	1,570	48.19	6.30	0.950	1.009	0.0%	6.05	0.969	1.009	0.0%	6.16
FQHC & RHC	1,472	33.66	4.13	1.100	1.010	0.0%	4.59	1.120	1.010	0.0%	4.67
Subtotal - Other Services	14,921	74.36	92.46				104.85				106.44
Total			\$ 339.03				\$ 365.07				\$ 371.47
General Admin PMPM						8.3%	\$33.50			8.9%	\$36.68
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 406.66				\$ 416.44

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age 40 or Older Female										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,243,439				1,523,280				1,523,280
Home Health Care & Hospice	485	112.65	4.55	1.085	1.010	0.0%	4.99	1.105	1.010	0.0%	5.08
IP - Maternity	4	1,096.80	0.35	0.998	1.023	0.0%	0.36	0.998	1.023	0.0%	0.36
IP - Complex Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Medical/Surgical	324	3,686.29	99.61	0.967	1.025	0.0%	98.67	0.985	1.025	0.0%	100.56
IP - Normal Newborn	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Mental Health	42	2,169.38	7.55	0.966	1.025	0.0%	7.47	0.985	1.025	0.0%	7.62
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	6	3,894.76	2.06	0.965	1.025	0.0%	2.03	0.984	1.025	0.0%	2.07
Subtotal - Inpatient	376	3,494.83	109.57				108.53				110.61
OP - Emergency Room	795	674.74	44.73	1.046	1.010	0.0%	47.25	1.065	1.010	0.0%	48.12
OP - Laboratory	905	138.08	10.41	0.992	0.958	0.0%	9.89	1.011	0.958	0.0%	10.07
OP - Radiology	892	485.85	36.11	0.991	1.010	0.0%	36.14	1.010	1.010	0.0%	36.82
OP - Surgery	286	2,121.12	50.64	0.991	1.010	0.0%	50.66	1.009	1.010	0.0%	51.62
OP - Mental Health	4	411.97	0.13	0.988	1.010	0.0%	0.13	1.007	1.010	0.0%	0.14
OP - Other	861	353.17	25.35	0.991	1.010	0.0%	25.36	1.010	1.010	0.0%	25.84
Subtotal - Outpatient	3,744	536.49	167.37				169.43				172.61
Prof - Evaluation & Management	11,330	46.71	44.10	1.100	1.010	0.0%	49.00	1.120	1.010	0.0%	49.87
Prof - Maternity	12	117.76	0.12	1.098	1.008	0.0%	0.13	1.117	1.008	0.0%	0.13
Prof - Surgery	1,723	164.52	23.62	1.100	1.010	0.0%	26.23	1.120	1.010	0.0%	26.70
Prof - DME/Supplies & Prosthetics	1,621	82.77	11.18	1.100	1.010	0.0%	12.42	1.120	1.010	0.0%	12.65
Prof - Lab	5,394	17.84	8.02	1.099	1.010	0.0%	8.90	1.119	1.010	0.0%	9.06
Prof - Radiology	2,458	44.01	9.01	1.100	1.010	0.0%	10.01	1.120	1.010	0.0%	10.19
Prof - Transportation	335	89.44	2.50	1.101	1.010	0.0%	2.78	1.120	1.010	0.0%	2.83
Prof - Mental Health	1,488	97.39	12.07	1.101	1.036	0.0%	13.77	1.120	1.036	0.0%	14.02
Prof - Target Case Management	77	346.02	2.23	1.101	1.010	0.0%	2.48	1.121	1.010	0.0%	2.53
Prof - Other	6,159	74.56	38.27	1.100	1.020	0.0%	42.93	1.120	1.020	0.0%	43.70
Subtotal - Professional	30,597	59.27	151.12				168.65				171.67
Pharmacy - Non Hep C	47,119	48.36	189.90	1.166	1.047	0.0%	231.76	1.186	1.046	0.0%	235.65
Pharmacy - Hep C	11	14,523.66	13.32	0.854	1.010	0.0%	11.50	0.854	1.010	0.0%	11.50
Dental	1,562	42.72	5.56	0.950	1.010	0.0%	5.33	0.969	1.010	0.0%	5.44
FQHC & RHC	3,527	32.24	9.47	1.102	1.010	0.0%	10.54	1.121	1.010	0.0%	10.73
Subtotal - Other Services	52,219	50.16	218.26				259.14				263.32
Total			\$ 650.87				\$ 710.75				\$ 723.30
General Admin PMPM						8.3%	\$65.22			8.9%	\$71.43
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 791.72				\$ 810.86

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
April 1, 2019 - June 30, 2020 Capitation Rate Development**

**Exhibit 6C
Confidential and Proprietary**

Statewide

Service Category	MAGI Adult Age 40 or Older Male										
	July 1, 2017 - June 30, 2018			Adj Factors - Min			Apr19-Jun20 Paid PMPM - Minimum	Adj Factors - Max			Apr19-Jun20 Paid PMPM - Maximum
	Units / 1000	Paid Expenditures / Unit	Paid Expenditures PMPM	Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment		Trend To Apr19-Jun20	Benefit Adjustment	Managed Care and Other Adjustment	
Member Months			1,096,038				1,349,895				1,349,895
Home Health Care & Hospice	410	150.09	5.13	1.085	1.010	0.0%	5.62	1.105	1.010	0.0%	5.73
IP - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Complex Newborn	0	305.49	0.00	0.969	1.025	0.0%	0.00	0.987	1.025	0.0%	0.00
IP - Medical/Surgical	459	3,553.76	135.97	0.967	1.025	0.0%	134.68	0.985	1.025	0.0%	137.27
IP - Normal Newborn	0	784.44	0.00	0.962	1.025	0.0%	0.00	0.980	1.025	0.0%	0.00
IP - Mental Health	78	2,161.92	14.01	0.966	1.025	0.0%	13.87	0.985	1.025	0.0%	14.13
IP - PRTF	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
IP - Other	6	3,640.73	1.95	0.966	1.025	0.0%	1.93	0.984	1.025	0.0%	1.97
Subtotal - Inpatient	543	3,354.66	151.93				150.48				153.37
OP - Emergency Room	779	697.33	45.30	1.046	1.010	0.0%	47.84	1.065	1.010	0.0%	48.72
OP - Laboratory	667	172.32	9.58	0.992	0.952	0.0%	9.04	1.010	0.952	0.0%	9.21
OP - Radiology	444	723.21	26.79	0.991	1.010	0.0%	26.81	1.010	1.010	0.0%	27.31
OP - Surgery	219	2,168.44	39.49	0.991	1.010	0.0%	39.51	1.009	1.010	0.0%	40.26
OP - Mental Health	3	785.71	0.20	0.987	1.010	0.0%	0.20	1.006	1.010	0.0%	0.20
OP - Other	657	391.06	21.41	0.991	1.010	0.0%	21.43	1.009	1.010	0.0%	21.83
Subtotal - Outpatient	2,770	618.57	142.76				144.82				147.54
Prof - Evaluation & Management	8,309	47.45	32.85	1.100	1.010	0.0%	36.51	1.120	1.010	0.0%	37.16
Prof - Maternity	-	-	-	1.000	1.000	0.0%	-	1.000	1.000	0.0%	-
Prof - Surgery	1,341	171.68	19.19	1.100	1.010	0.0%	21.32	1.120	1.010	0.0%	21.70
Prof - DME/Supplies & Prosthetics	1,384	93.27	10.76	1.100	1.010	0.0%	11.96	1.120	1.010	0.0%	12.17
Prof - Lab	3,405	17.17	4.87	1.100	1.010	0.0%	5.41	1.119	1.010	0.0%	5.51
Prof - Radiology	2,048	43.28	7.39	1.100	1.010	0.0%	8.21	1.120	1.010	0.0%	8.35
Prof - Transportation	443	97.13	3.59	1.101	1.010	0.0%	3.99	1.120	1.010	0.0%	4.06
Prof - Mental Health	1,537	121.97	15.62	1.100	1.055	0.0%	18.12	1.120	1.055	0.0%	18.45
Prof - Target Case Management	63	344.96	1.81	1.101	1.010	0.0%	2.02	1.121	1.010	0.0%	2.05
Prof - Other	5,442	75.54	34.26	1.100	1.018	0.0%	38.36	1.120	1.018	0.0%	39.05
Subtotal - Professional	23,972	65.25	130.34				145.90				148.51
Pharmacy - Non Hep C	31,473	55.44	145.42	1.166	1.042	0.0%	176.67	1.186	1.042	0.0%	179.64
Pharmacy - Hep C	24	15,457.21	30.73	0.855	1.010	0.0%	26.55	0.855	1.010	0.0%	26.55
Dental	1,276	45.40	4.83	0.950	1.009	0.0%	4.63	0.969	1.009	0.0%	4.72
FQHC & RHC	2,380	31.71	6.29	1.101	1.010	0.0%	7.00	1.121	1.010	0.0%	7.12
Subtotal - Other Services	35,153	63.93	187.27				214.84				218.03
Total		\$ 617.44					\$ 661.67				\$ 673.18
General Admin PMPM						8.3%	\$60.72			8.9%	\$66.48
Care Coordination %							0.0%				0.0%
Risk/Profit Margin							1.0%				1.0%
Premium Assessment							1.0%				1.0%
Total Premium Rate							\$ 737.05				\$ 754.67

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Capitation Rates excluding Supplemental and HIPF
Effective April 1, 2019 - June 30, 2020

Exhibit 7
Confidential and Proprietary

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region A Capitation Rate Range			
		Low End of Range		High End of Range	
		PMPM	Total	PMPM	Total
Families and Children					
Infant - Age Under 1	132,975	\$ 923.41	\$ 122,790,445	\$ 946.80	\$ 125,900,730
Child - Age 1 to 5	586,980	\$ 153.07	\$ 89,849,029	\$ 156.87	\$ 92,079,553
Child - Age 6 to 12	765,495	\$ 187.83	\$ 143,782,926	\$ 192.49	\$ 147,350,133
Child - Age 13 to 18 Female	274,470	\$ 278.98	\$ 76,571,641	\$ 285.79	\$ 78,440,781
Child - Age 13 to 18 Male	263,595	\$ 225.17	\$ 59,353,686	\$ 230.79	\$ 60,835,090
Adult - Age 19 to 24 Female	70,425	\$ 561.15	\$ 39,518,989	\$ 572.36	\$ 40,308,453
Adult - Age 19 to 24 Male	4,365	\$ 182.99	\$ 798,751	\$ 187.65	\$ 819,092
Adult - Age 25 to 39 Female	241,575	\$ 569.45	\$ 137,564,884	\$ 582.23	\$ 140,652,212
Adult - Age 25 to 39 Male	44,160	\$ 315.13	\$ 13,916,141	\$ 322.86	\$ 14,257,498
Adult - Age 40 or Older Female	69,210	\$ 651.53	\$ 45,092,391	\$ 667.77	\$ 46,216,362
Adult - Age 40 or Older Male	31,080	\$ 645.71	\$ 20,068,667	\$ 661.92	\$ 20,572,474
All Ages	2,484,330	\$ 301.61	\$ 749,307,549	\$ 308.91	\$ 767,432,377
SSI Adult without Medicare					
Age 19 to 24 Female	9,765	\$ 773.38	\$ 7,552,056	\$ 790.66	\$ 7,720,795
Age 19 to 24 Male	13,500	\$ 538.48	\$ 7,269,480	\$ 551.21	\$ 7,441,335
Age 25 to 44 Female	35,610	\$ 1,332.11	\$ 47,436,437	\$ 1,362.80	\$ 48,529,308
Age 25 to 44 Male	31,785	\$ 1,125.57	\$ 35,776,242	\$ 1,151.97	\$ 36,615,366
Age 45 or Older Female	79,440	\$ 1,821.94	\$ 144,734,914	\$ 1,863.78	\$ 148,058,683
Age 45 or Older Male	64,755	\$ 1,782.97	\$ 115,456,222	\$ 1,823.05	\$ 118,051,603
All Ages	234,855	\$ 1,525.30	\$ 358,225,351	\$ 1,560.18	\$ 366,417,090
Dual Eligible					
Female	117,510	\$ 204.83	\$ 24,069,573	\$ 209.64	\$ 24,634,796
Male	77,955	\$ 197.89	\$ 15,426,515	\$ 202.50	\$ 15,785,888
All Ages	195,465	\$ 202.06	\$ 39,496,088	\$ 206.79	\$ 40,420,684
SSI Child					
Age Under 1	2,070	\$ 9,290.94	\$ 19,232,246	\$ 9,516.67	\$ 19,699,507
Age 1 to 5	16,260	\$ 1,302.43	\$ 21,177,512	\$ 1,334.01	\$ 21,691,003
Age 6 to 18	92,730	\$ 846.86	\$ 78,529,328	\$ 867.24	\$ 80,419,165
All Ages	111,060	\$ 1,070.94	\$ 118,939,085	\$ 1,096.79	\$ 121,809,675
Foster Care					
Infant - Age Under 1	2,220	\$ 1,171.24	\$ 2,600,153	\$ 1,201.16	\$ 2,666,575
Age 1 to 5	15,675	\$ 315.83	\$ 4,950,635	\$ 323.84	\$ 5,076,192
Age 6 to 12	28,695	\$ 545.24	\$ 15,645,662	\$ 559.10	\$ 16,043,375
Age 13 or Older Female	12,720	\$ 798.73	\$ 10,159,846	\$ 818.92	\$ 10,416,662
Age 13 or Older Male	11,745	\$ 601.59	\$ 7,065,675	\$ 616.88	\$ 7,245,256
All Ages	71,055	\$ 568.88	\$ 40,421,970	\$ 583.32	\$ 41,448,060
Former Foster Care Child					
Age 18 through 20 Female	1,425	\$ 609.65	\$ 868,751	\$ 623.40	\$ 888,345
Age 18 through 20 Male	1,020	\$ 487.27	\$ 497,015	\$ 499.45	\$ 509,439
Age 21 through 25 Female	2,955	\$ 534.26	\$ 1,578,738	\$ 545.30	\$ 1,611,362
Age 21 through 25 Male	1,860	\$ 364.49	\$ 677,951	\$ 373.56	\$ 694,822
All Ages	7,260	\$ 498.96	\$ 3,622,456	\$ 510.19	\$ 3,703,967
MAGI Adult					
Age through 18 Female	0	\$ 213.15	\$ -	\$ 218.23	\$ -
Age through 18 Male	45	\$ 120.84	\$ 5,438	\$ 123.73	\$ 5,568
Age 19 through 24 Female	164,655	\$ 321.86	\$ 52,995,858	\$ 329.29	\$ 54,219,245
Age 19 through 24 Male	138,915	\$ 228.07	\$ 31,682,344	\$ 233.69	\$ 32,463,046
Age 25 through 39 Female	352,665	\$ 478.70	\$ 168,820,736	\$ 489.91	\$ 172,774,110
Age 25 through 39 Male	322,755	\$ 421.49	\$ 136,038,005	\$ 431.71	\$ 139,336,561
Age 40 or Older Female	372,780	\$ 776.01	\$ 289,281,008	\$ 794.73	\$ 296,259,449
Age 40 or Older Male	344,760	\$ 751.24	\$ 258,997,502	\$ 769.16	\$ 265,175,602
All Ages	1,696,575	\$ 552.77	\$ 937,820,891	\$ 565.98	\$ 960,233,581
Grand Total Region A	4,800,600	\$ 468.24	\$ 2,247,833,391	\$ 479.41	\$ 2,301,465,434

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Capitation Rates excluding Supplemental and HIPF
Effective April 1, 2019 - June 30, 2020

Exhibit 7
Confidential and Proprietary

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region B Capitation Rate Range			
		Low End of Range		High End of Range	
		PMPM	Total	PMPM	Total
Families and Children					
Infant - Age Under 1	364,905	\$ 833.53	\$ 304,159,265	\$ 854.65	\$ 311,866,058
Child - Age 1 to 5	1,615,635	\$ 151.46	\$ 244,704,077	\$ 155.22	\$ 250,778,865
Child - Age 6 to 12	2,114,310	\$ 178.04	\$ 376,431,752	\$ 182.45	\$ 385,755,860
Child - Age 13 to 18 Female	769,605	\$ 272.87	\$ 210,002,116	\$ 279.45	\$ 215,066,117
Child - Age 13 to 18 Male	763,230	\$ 201.92	\$ 154,111,402	\$ 206.94	\$ 157,942,816
Adult - Age 19 to 24 Female	221,250	\$ 538.59	\$ 119,163,038	\$ 549.32	\$ 121,537,050
Adult - Age 19 to 24 Male	22,665	\$ 246.44	\$ 5,585,563	\$ 252.67	\$ 5,726,766
Adult - Age 25 to 39 Female	647,970	\$ 572.16	\$ 370,742,515	\$ 585.21	\$ 379,198,524
Adult - Age 25 to 39 Male	158,730	\$ 369.01	\$ 58,572,957	\$ 378.18	\$ 60,028,511
Adult - Age 40 or Older Female	193,095	\$ 705.43	\$ 136,215,006	\$ 722.94	\$ 139,596,099
Adult - Age 40 or Older Male	104,010	\$ 590.68	\$ 61,436,627	\$ 605.38	\$ 62,965,574
All Ages	6,975,405	\$ 292.62	\$ 2,041,124,317	\$ 299.69	\$ 2,090,462,240
SSI Adult without Medicare					
Age 19 to 24 Female	25,650	\$ 936.28	\$ 24,015,582	\$ 957.44	\$ 24,558,336
Age 19 to 24 Male	40,320	\$ 546.29	\$ 22,026,413	\$ 559.05	\$ 22,540,896
Age 25 to 44 Female	145,875	\$ 1,238.28	\$ 180,634,095	\$ 1,266.81	\$ 184,795,909
Age 25 to 44 Male	130,680	\$ 982.29	\$ 128,365,657	\$ 1,004.98	\$ 131,330,786
Age 45 or Older Female	343,965	\$ 1,658.66	\$ 570,520,987	\$ 1,697.04	\$ 583,722,364
Age 45 or Older Male	269,190	\$ 1,491.00	\$ 401,362,290	\$ 1,525.14	\$ 410,552,437
All Ages	955,680	\$ 1,388.46	\$ 1,326,925,024	\$ 1,420.46	\$ 1,357,500,727
Dual Eligible					
Female	436,455	\$ 220.75	\$ 96,347,441	\$ 225.96	\$ 98,621,372
Male	311,805	\$ 205.84	\$ 64,181,941	\$ 210.71	\$ 65,700,432
All Ages	748,260	\$ 214.54	\$ 160,529,382	\$ 219.61	\$ 164,321,803
SSI Child					
Age Under 1	3,585	\$ 8,456.73	\$ 30,317,377	\$ 8,661.84	\$ 31,052,696
Age 1 to 5	43,995	\$ 1,293.70	\$ 56,916,332	\$ 1,324.99	\$ 58,292,935
Age 6 to 18	228,225	\$ 748.78	\$ 170,890,316	\$ 766.69	\$ 174,977,825
All Ages	275,805	\$ 935.89	\$ 258,124,024	\$ 958.37	\$ 264,323,457
Foster Care					
Infant - Age Under 1	8,250	\$ 1,003.83	\$ 8,281,598	\$ 1,029.47	\$ 8,493,128
Age 1 to 5	51,795	\$ 238.26	\$ 12,340,677	\$ 244.27	\$ 12,651,965
Age 6 to 12	87,645	\$ 349.39	\$ 30,622,287	\$ 358.18	\$ 31,392,686
Age 13 or Older Female	41,400	\$ 569.64	\$ 23,583,096	\$ 583.76	\$ 24,167,664
Age 13 or Older Male	40,260	\$ 442.60	\$ 17,819,076	\$ 453.84	\$ 18,271,598
All Ages	229,350	\$ 403.95	\$ 92,646,733	\$ 414.11	\$ 94,977,041
Former Foster Care Child					
Age 18 through 20 Female	4,890	\$ 485.25	\$ 2,372,873	\$ 495.68	\$ 2,423,875
Age 18 through 20 Male	3,120	\$ 363.55	\$ 1,134,276	\$ 372.60	\$ 1,162,512
Age 21 through 25 Female	9,795	\$ 543.85	\$ 5,327,011	\$ 556.10	\$ 5,447,000
Age 21 through 25 Male	5,325	\$ 248.50	\$ 1,323,263	\$ 254.67	\$ 1,356,118
All Ages	23,130	\$ 439.14	\$ 10,157,422	\$ 449.18	\$ 10,389,504
MAGI Adult					
Age through 18 Female	45	\$ 599.33	\$ 26,970	\$ 611.76	\$ 27,529
Age through 18 Male	60	\$ 854.08	\$ 51,245	\$ 875.11	\$ 52,507
Age 19 through 24 Female	488,100	\$ 323.90	\$ 158,095,590	\$ 331.38	\$ 161,746,578
Age 19 through 24 Male	443,535	\$ 200.64	\$ 88,990,862	\$ 205.56	\$ 91,173,055
Age 25 through 39 Female	1,008,000	\$ 474.08	\$ 477,872,640	\$ 485.26	\$ 489,142,080
Age 25 through 39 Male	959,055	\$ 401.68	\$ 385,233,212	\$ 411.31	\$ 394,468,912
Age 40 or Older Female	1,150,500	\$ 796.81	\$ 916,729,905	\$ 816.08	\$ 938,900,040
Age 40 or Older Male	1,005,135	\$ 732.19	\$ 735,949,796	\$ 749.70	\$ 753,549,710
Non-KY Health Subtotal	5,054,430	\$ 546.64	\$ 2,762,950,220	\$ 559.72	\$ 2,829,060,410
Grand Total Region B	14,262,060	\$ 466.44	\$ 6,652,457,122	\$ 477.56	\$ 6,811,035,182

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Capitation Rates excluding Supplemental and HIPP
Effective April 1, 2019 - June 30, 2020

Exhibit 7
Confidential and Proprietary

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Statewide Capitation Rate Range			
		Low End of Range		High End of Range	
		PMPM	Total	PMPM	Total
Families and Children					
Infant - Age Under 1	497,880	\$ 857.54	\$ 426,949,709	\$ 879.26	\$ 437,766,788
Child - Age 1 to 5	2,202,615	\$ 151.89	\$ 334,553,106	\$ 155.66	\$ 342,858,417
Child - Age 6 to 12	2,879,805	\$ 180.64	\$ 520,214,678	\$ 185.12	\$ 533,105,992
Child - Age 13 to 18 Female	1,044,075	\$ 274.48	\$ 286,573,757	\$ 281.12	\$ 293,506,899
Child - Age 13 to 18 Male	1,026,825	\$ 207.89	\$ 213,465,088	\$ 213.06	\$ 218,777,906
Adult - Age 19 to 24 Female	291,675	\$ 544.04	\$ 158,682,026	\$ 554.88	\$ 161,845,503
Adult - Age 19 to 24 Male	27,030	\$ 236.19	\$ 6,384,314	\$ 242.17	\$ 6,545,858
Adult - Age 25 to 39 Female	889,545	\$ 571.42	\$ 508,307,399	\$ 584.40	\$ 519,850,736
Adult - Age 25 to 39 Male	202,890	\$ 357.28	\$ 72,489,098	\$ 366.14	\$ 74,286,009
Adult - Age 40 or Older Female	262,305	\$ 691.21	\$ 181,307,397	\$ 708.38	\$ 185,812,461
Adult - Age 40 or Older Male	135,090	\$ 603.34	\$ 81,505,294	\$ 618.39	\$ 83,538,047
All Ages	9,459,735	\$ 294.98	\$ 2,790,431,866	\$ 302.11	\$ 2,857,894,617
SSI Adult without Medicare					
Age 19 to 24 Female	35,415	\$ 891.36	\$ 31,567,638	\$ 911.45	\$ 32,279,131
Age 19 to 24 Male	53,820	\$ 544.33	\$ 29,295,893	\$ 557.08	\$ 29,982,231
Age 25 to 44 Female	181,485	\$ 1,256.69	\$ 228,070,532	\$ 1,285.64	\$ 233,325,217
Age 25 to 44 Male	162,465	\$ 1,010.32	\$ 164,141,900	\$ 1,033.74	\$ 167,946,153
Age 45 or Older Female	423,405	\$ 1,689.29	\$ 715,255,901	\$ 1,728.32	\$ 731,781,047
Age 45 or Older Male	333,945	\$ 1,547.62	\$ 516,818,512	\$ 1,582.91	\$ 528,604,039
All Ages	1,190,535	\$ 1,415.46	\$ 1,685,150,375	\$ 1,448.02	\$ 1,723,917,818
Dual Eligible					
Female	553,965	\$ 217.37	\$ 120,417,015	\$ 222.50	\$ 123,256,168
Male	389,760	\$ 204.25	\$ 79,608,456	\$ 209.07	\$ 81,486,319
All Ages	943,725	\$ 211.95	\$ 200,025,471	\$ 216.95	\$ 204,742,487
SSI Child					
Age Under 1	5,655	\$ 8,762.09	\$ 49,549,623	\$ 8,974.75	\$ 50,752,203
Age 1 to 5	60,255	\$ 1,296.06	\$ 78,093,843	\$ 1,327.42	\$ 79,983,938
Age 6 to 18	320,955	\$ 777.12	\$ 249,419,643	\$ 795.74	\$ 255,396,990
All Ages	386,865	\$ 974.66	\$ 377,063,109	\$ 998.11	\$ 386,133,131
Foster Care					
Infant - Age Under 1	10,470	\$ 1,039.33	\$ 10,881,750	\$ 1,065.87	\$ 11,159,703
Age 1 to 5	67,470	\$ 256.28	\$ 17,291,312	\$ 262.76	\$ 17,728,157
Age 6 to 12	116,340	\$ 397.70	\$ 46,267,948	\$ 407.74	\$ 47,436,061
Age 13 or Older Female	54,120	\$ 623.48	\$ 33,742,942	\$ 639.03	\$ 34,584,326
Age 13 or Older Male	52,005	\$ 478.51	\$ 24,884,751	\$ 490.66	\$ 25,516,854
All Ages	300,405	\$ 442.96	\$ 133,068,703	\$ 454.14	\$ 136,425,100
Former Foster Care Child					
Age 18 through 20 Female	6,315	\$ 513.32	\$ 3,241,624	\$ 524.50	\$ 3,312,220
Age 18 through 20 Male	4,140	\$ 394.03	\$ 1,631,291	\$ 403.85	\$ 1,671,951
Age 21 through 25 Female	12,750	\$ 541.63	\$ 6,905,749	\$ 553.60	\$ 7,058,361
Age 21 through 25 Male	7,185	\$ 278.53	\$ 2,001,214	\$ 285.45	\$ 2,050,939
All Ages	30,390	\$ 453.43	\$ 13,779,878	\$ 463.75	\$ 14,093,472
MAGI Adult					
Age through 18 Female	45	\$ 599.33	\$ 26,970	\$ 611.76	\$ 27,529
Age through 18 Male	105	\$ 539.83	\$ 56,683	\$ 553.09	\$ 58,074
Age 19 through 24 Female	652,755	\$ 323.39	\$ 211,091,448	\$ 330.85	\$ 215,965,823
Age 19 through 24 Male	582,450	\$ 207.18	\$ 120,673,206	\$ 212.27	\$ 123,636,101
Age 25 through 39 Female	1,360,665	\$ 475.28	\$ 646,693,376	\$ 486.47	\$ 661,916,190
Age 25 through 39 Male	1,281,810	\$ 406.67	\$ 521,271,217	\$ 416.45	\$ 533,805,473
Age 40 or Older Female	1,523,280	\$ 791.72	\$ 1,206,010,913	\$ 810.86	\$ 1,235,159,489
Age 40 or Older Male	1,349,895	\$ 737.06	\$ 994,947,298	\$ 754.67	\$ 1,018,725,311
Non-KY Health Subtotal	6,751,005	\$ 548.18	\$ 3,700,771,111	\$ 561.29	\$ 3,789,293,991
Grand Total Statewide	19,062,660	\$ 466.90	\$ 8,900,290,513	\$ 478.03	\$ 9,112,500,616

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 9

Confidential and Proprietary

**Summary of Capitation Rates with Cost Redistribution for Small Rate Cells
Effective April 1, 2019 - June 30, 2020**

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region A Capitation Rate Range				Selected Base Rate PMPM	Base Rate Comparison				
		Low End of Range		High End of Range			Jul18-Mar19 Rates	% Change Low End	% Change High End	% Change Selected Rate	
		PMPM	Total	PMPM	Total						
Families and Children											
Infant - Age Under 1	132,975	\$ 923.41	\$ 122,790,445	\$ 946.80	\$ 125,900,730	\$ 926.92	\$ 896.14	3.0%	5.7%	3.4%	
Child - Age 1 to 5	586,980	\$ 153.07	\$ 89,849,029	\$ 156.87	\$ 92,079,553	\$ 153.64	\$ 144.79	5.7%	8.3%	6.1%	
Child - Age 6 to 12	765,495	\$ 187.83	\$ 143,782,926	\$ 192.49	\$ 147,350,133	\$ 188.53	\$ 170.88	9.9%	12.6%	10.3%	
Child - Age 13 to 18 Female	274,470	\$ 278.98	\$ 76,571,641	\$ 285.79	\$ 78,440,781	\$ 280.00	\$ 250.69	11.3%	14.0%	11.7%	
Child - Age 13 to 18 Male	263,595	\$ 225.17	\$ 59,353,686	\$ 230.79	\$ 60,835,090	\$ 226.01	\$ 214.86	4.8%	7.4%	5.2%	
Adult - Age 19 to 24 Female	70,425	\$ 561.15	\$ 39,518,989	\$ 572.36	\$ 40,308,453	\$ 562.83	\$ 522.69	7.4%	9.5%	7.7%	
Adult - Age 19 to 24 Male	4,365	\$ 182.99	\$ 798,751	\$ 187.65	\$ 819,092	\$ 183.69	\$ 174.43	4.9%	7.6%	5.3%	
Adult - Age 25 to 39 Female	241,575	\$ 569.45	\$ 137,564,884	\$ 582.23	\$ 140,652,212	\$ 571.37	\$ 537.84	5.9%	8.3%	6.2%	
Adult - Age 25 to 39 Male	44,160	\$ 315.13	\$ 13,916,141	\$ 322.86	\$ 14,257,498	\$ 316.29	\$ 313.96	0.4%	2.8%	0.7%	
Adult - Age 40 or Older Female	69,210	\$ 651.53	\$ 45,092,391	\$ 667.77	\$ 46,216,362	\$ 653.97	\$ 598.98	8.8%	11.5%	9.2%	
Adult - Age 40 or Older Male	31,080	\$ 645.71	\$ 20,068,667	\$ 661.92	\$ 20,572,474	\$ 648.14	\$ 602.83	7.1%	9.8%	7.5%	
All Ages	2,484,330	\$ 301.61	\$ 749,307,549	\$ 308.91	\$ 767,432,377	\$ 302.71	\$ 282.56	6.7%	9.3%	7.1%	
SSI Adult without Medicare											
Age 19 to 24 Female	9,765	\$ 773.38	\$ 7,552,056	\$ 790.66	\$ 7,720,795	\$ 775.97	\$ 786.26	-1.6%	0.6%	-1.3%	
Age 19 to 24 Male	13,500	\$ 538.48	\$ 7,269,480	\$ 551.21	\$ 7,441,335	\$ 540.39	\$ 470.52	14.4%	17.1%	14.8%	
Age 25 to 44 Female	35,610	\$ 1,332.11	\$ 47,436,437	\$ 1,362.80	\$ 48,529,308	\$ 1,336.71	\$ 1,278.92	4.2%	6.6%	4.5%	
Age 25 to 44 Male	31,785	\$ 1,125.57	\$ 35,776,242	\$ 1,151.97	\$ 36,615,366	\$ 1,129.53	\$ 1,085.12	3.7%	6.2%	4.1%	
Age 45 or Older Female	79,440	\$ 1,821.94	\$ 144,734,914	\$ 1,863.78	\$ 148,058,683	\$ 1,828.22	\$ 1,751.49	4.0%	6.4%	4.4%	
Age 45 or Older Male	64,755	\$ 1,782.97	\$ 115,456,222	\$ 1,823.05	\$ 118,051,603	\$ 1,788.98	\$ 1,699.07	4.9%	7.3%	5.3%	
All Ages	234,855	\$ 1,525.30	\$ 358,225,351	\$ 1,560.18	\$ 366,417,090	\$ 1,530.54	\$ 1,461.43	4.4%	6.8%	4.7%	
Dual Eligible											
Female	117,510	\$ 204.83	\$ 24,069,573	\$ 209.64	\$ 24,634,796	\$ 205.55	\$ 165.09	24.1%	27.0%	24.5%	
Male	77,955	\$ 197.89	\$ 15,426,515	\$ 202.50	\$ 15,785,888	\$ 198.58	\$ 160.65	23.2%	26.1%	23.6%	
All Ages	195,465	\$ 202.06	\$ 39,496,088	\$ 206.79	\$ 40,420,684	\$ 202.77	\$ 163.32	23.7%	26.6%	24.2%	
SSI Child											
Age Under 1	2,070	\$ 9,029.87	\$ 18,691,839	\$ 9,249.03	\$ 19,145,493	\$ 9,062.75	\$ 8,338.72	8.3%	10.9%	8.7%	
Age 1 to 5	16,260	\$ 1,335.67	\$ 21,717,918	\$ 1,368.08	\$ 22,245,016	\$ 1,340.53	\$ 1,379.19	-3.2%	-0.8%	-2.8%	
Age 6 to 18	92,730	\$ 846.86	\$ 78,529,328	\$ 867.24	\$ 80,419,165	\$ 849.92	\$ 788.37	7.4%	10.0%	7.8%	
All Ages	111,060	\$ 1,070.94	\$ 118,939,085	\$ 1,096.79	\$ 121,809,675	\$ 1,074.82	\$ 1,015.60	5.4%	8.0%	5.8%	
Foster Care											
Infant - Age Under 1	2,220	\$ 1,240.84	\$ 2,754,672	\$ 1,272.39	\$ 2,824,710	\$ 1,245.58	\$ 1,498.12	-17.2%	-15.1%	-16.9%	
Age 1 to 5	15,675	\$ 305.97	\$ 4,796,116	\$ 313.75	\$ 4,918,057	\$ 307.14	\$ 321.14	-4.7%	-2.3%	-4.4%	
Age 6 to 12	28,695	\$ 545.24	\$ 15,645,662	\$ 559.10	\$ 16,043,375	\$ 547.32	\$ 460.34	18.4%	21.5%	18.9%	
Age 13 or Older Female	12,720	\$ 798.73	\$ 10,159,846	\$ 818.92	\$ 10,416,662	\$ 801.76	\$ 636.95	25.4%	28.6%	25.9%	
Age 13 or Older Male	11,745	\$ 601.59	\$ 7,065,675	\$ 616.88	\$ 7,245,256	\$ 603.88	\$ 561.92	7.1%	9.8%	7.5%	
All Ages	71,055	\$ 568.88	\$ 40,421,970	\$ 583.32	\$ 41,448,060	\$ 571.05	\$ 510.46	11.4%	14.3%	11.9%	
Former Foster Care Child											
Age 18 through 20 Female	1,425	\$ 558.79	\$ 796,272	\$ 570.71	\$ 813,261	\$ 560.58	\$ 510.47	9.5%	11.8%	9.8%	
Age 18 through 20 Male	1,020	\$ 407.97	\$ 416,134	\$ 418.15	\$ 426,509	\$ 409.50	\$ 402.13	1.5%	4.0%	1.8%	
Age 21 through 25 Female	2,955	\$ 558.79	\$ 1,651,217	\$ 570.71	\$ 1,686,446	\$ 560.58	\$ 510.47	9.5%	11.8%	9.8%	
Age 21 through 25 Male	1,860	\$ 407.97	\$ 758,833	\$ 418.15	\$ 777,752	\$ 409.50	\$ 402.13	1.5%	4.0%	1.8%	
All Ages	7,260	\$ 498.96	\$ 3,622,456	\$ 510.19	\$ 3,703,967	\$ 500.65	\$ 467.49	6.7%	9.1%	7.1%	
MAGI Adult											
Age through 18 Female	0	\$ 321.86	\$ -	\$ 329.29	\$ -	\$ 322.97	\$ 299.06	7.6%	10.1%	8.0%	
Age through 18 Male	45	\$ 228.04	\$ 10,262	\$ 233.65	\$ 10,514	\$ 228.88	\$ 205.31	11.1%	13.8%	11.5%	
Age 19 through 24 Female	164,655	\$ 321.86	\$ 52,995,858	\$ 329.29	\$ 54,219,245	\$ 322.97	\$ 299.06	7.6%	10.1%	8.0%	
Age 19 through 24 Male	138,915	\$ 228.04	\$ 31,677,520	\$ 233.65	\$ 32,458,100	\$ 228.88	\$ 205.31	11.1%	13.8%	11.5%	
Age 25 through 39 Female	352,665	\$ 478.70	\$ 168,820,736	\$ 489.91	\$ 172,774,110	\$ 480.38	\$ 440.00	8.8%	11.3%	9.2%	
Age 25 through 39 Male	322,755	\$ 421.49	\$ 136,038,005	\$ 431.71	\$ 139,336,561	\$ 423.02	\$ 384.00	9.8%	12.4%	10.2%	
Age 40 or Older Female	372,780	\$ 776.01	\$ 289,281,008	\$ 794.73	\$ 296,259,449	\$ 778.82	\$ 769.59	0.8%	3.3%	1.2%	
Age 40 or Older Male	344,760	\$ 751.24	\$ 258,997,502	\$ 769.16	\$ 265,175,602	\$ 753.93	\$ 756.59	-0.7%	1.7%	-0.4%	
All Ages	1,696,575	\$ 552.77	\$ 937,820,891	\$ 565.98	\$ 960,233,581	\$ 554.75	\$ 533.20	3.7%	6.1%	4.0%	
Grand Total Region A	4,800,600	\$ 468.24	\$ 2,247,833,391	\$ 479.41	\$ 2,301,465,434	\$ 469.92	\$ 444.56	5.3%	7.8%	5.7%	

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Capitation Rates with Cost Redistribution for Small Rate Cells
Effective April 1, 2019 - June 30, 2020

Exhibit 9
Confidential and Proprietary

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Region B Capitation Rate Range				Selected Base Rate PMPM	Base Rate Comparison			
		Low End of Range		High End of Range			Jul18-Mar19 Rates	% Change Low End	% Change High End	% Change Selected Rate
		PMPM	Total	PMPM	Total					
Families and Children										
Infant - Age Under 1	364,905	\$ 833.53	\$ 304,159,265	\$ 854.65	\$ 311,866,058	\$ 836.70	\$ 826.25	0.9%	3.4%	1.3%
Child - Age 1 to 5	1,615,635	\$ 151.46	\$ 244,704,077	\$ 155.22	\$ 250,778,865	\$ 152.02	\$ 147.53	2.7%	5.2%	3.0%
Child - Age 6 to 12	2,114,310	\$ 178.04	\$ 376,431,752	\$ 182.45	\$ 385,755,860	\$ 178.70	\$ 174.54	2.0%	4.5%	2.4%
Child - Age 13 to 18 Female	769,605	\$ 272.87	\$ 210,002,116	\$ 279.45	\$ 215,066,117	\$ 273.86	\$ 268.48	1.6%	4.1%	2.0%
Child - Age 13 to 18 Male	763,230	\$ 201.92	\$ 154,111,402	\$ 206.94	\$ 157,942,816	\$ 202.67	\$ 200.60	0.7%	3.2%	1.0%
Adult - Age 19 to 24 Female	221,250	\$ 538.59	\$ 119,163,038	\$ 549.32	\$ 121,537,050	\$ 540.20	\$ 522.58	3.1%	5.1%	3.4%
Adult - Age 19 to 24 Male	22,665	\$ 246.44	\$ 5,585,563	\$ 252.67	\$ 5,726,766	\$ 247.37	\$ 204.59	20.5%	23.5%	20.9%
Adult - Age 25 to 39 Female	647,970	\$ 572.16	\$ 370,742,515	\$ 585.21	\$ 379,198,524	\$ 574.12	\$ 557.67	2.6%	4.9%	2.9%
Adult - Age 25 to 39 Male	158,730	\$ 369.01	\$ 58,572,957	\$ 378.18	\$ 60,028,511	\$ 370.39	\$ 350.41	5.3%	7.9%	5.7%
Adult - Age 40 or Older Female	193,095	\$ 705.43	\$ 136,215,006	\$ 722.94	\$ 139,596,099	\$ 708.06	\$ 670.85	5.2%	7.8%	5.5%
Adult - Age 40 or Older Male	104,010	\$ 590.68	\$ 61,436,627	\$ 605.38	\$ 62,965,574	\$ 592.89	\$ 555.96	6.2%	8.9%	6.6%
All Ages	6,975,405	\$ 292.62	\$ 2,041,124,317	\$ 299.69	\$ 2,090,462,240	\$ 293.68	\$ 285.75	2.4%	4.9%	2.8%
SSI Adult without Medicare										
Age 19 to 24 Female	25,650	\$ 936.28	\$ 24,015,582	\$ 957.44	\$ 24,558,336	\$ 939.45	\$ 780.49	20.0%	22.7%	20.4%
Age 19 to 24 Male	40,320	\$ 546.29	\$ 22,026,413	\$ 559.05	\$ 22,540,896	\$ 548.20	\$ 488.37	11.9%	14.5%	12.3%
Age 25 to 44 Female	145,875	\$ 1,238.28	\$ 180,634,095	\$ 1,266.81	\$ 184,795,909	\$ 1,242.56	\$ 1,114.50	11.1%	13.7%	11.5%
Age 25 to 44 Male	130,680	\$ 982.29	\$ 128,365,657	\$ 1,004.98	\$ 131,330,786	\$ 985.69	\$ 882.43	11.3%	13.9%	11.7%
Age 45 or Older Female	343,965	\$ 1,658.66	\$ 570,520,987	\$ 1,697.04	\$ 583,722,364	\$ 1,664.42	\$ 1,551.91	6.9%	9.4%	7.2%
Age 45 or Older Male	269,190	\$ 1,491.00	\$ 401,362,290	\$ 1,525.14	\$ 410,552,437	\$ 1,496.12	\$ 1,408.47	5.9%	8.3%	6.2%
All Ages	955,680	\$ 1,388.46	\$ 1,326,925,024	\$ 1,420.46	\$ 1,357,500,727	\$ 1,393.26	\$ 1,287.62	7.8%	10.3%	8.2%
Dual Eligible										
Female	436,455	\$ 220.75	\$ 96,347,441	\$ 225.96	\$ 98,621,372	\$ 221.53	\$ 189.22	16.7%	19.4%	17.1%
Male	311,805	\$ 205.84	\$ 64,181,941	\$ 210.71	\$ 65,700,432	\$ 206.57	\$ 174.00	18.3%	21.1%	18.7%
All Ages	748,260	\$ 214.54	\$ 160,529,382	\$ 219.61	\$ 164,321,803	\$ 215.30	\$ 182.88	17.3%	20.1%	17.7%
SSI Child										
Age Under 1	3,585	\$ 8,643.35	\$ 30,986,423	\$ 8,852.61	\$ 31,736,602	\$ 8,674.74	\$ 8,295.46	4.2%	6.7%	4.6%
Age 1 to 5	43,995	\$ 1,278.49	\$ 56,247,286	\$ 1,309.44	\$ 57,609,029	\$ 1,283.14	\$ 1,372.03	-6.8%	-4.6%	-6.5%
Age 6 to 18	228,225	\$ 748.78	\$ 170,890,316	\$ 766.69	\$ 174,977,825	\$ 751.47	\$ 734.44	2.0%	4.4%	2.3%
All Ages	275,805	\$ 935.89	\$ 258,124,024	\$ 958.37	\$ 264,323,457	\$ 939.27	\$ 934.43	0.2%	2.6%	0.5%
Foster Care										
Infant - Age Under 1	8,250	\$ 980.99	\$ 8,093,196	\$ 1,005.86	\$ 8,298,376	\$ 984.72	\$ 1,080.17	-9.2%	-6.9%	-8.8%
Age 1 to 5	51,795	\$ 241.90	\$ 12,529,078	\$ 248.03	\$ 12,846,717	\$ 242.82	\$ 231.55	4.5%	7.1%	4.9%
Age 6 to 12	87,645	\$ 349.39	\$ 30,622,287	\$ 358.18	\$ 31,392,686	\$ 350.71	\$ 348.85	0.2%	2.7%	0.5%
Age 13 or Older Female	41,400	\$ 569.64	\$ 23,583,096	\$ 583.76	\$ 24,167,664	\$ 571.76	\$ 537.84	5.9%	8.5%	6.3%
Age 13 or Older Male	40,260	\$ 442.60	\$ 17,819,076	\$ 453.84	\$ 18,271,598	\$ 444.29	\$ 495.11	-10.6%	-8.3%	-10.3%
All Ages	229,350	\$ 403.95	\$ 92,646,733	\$ 414.11	\$ 94,977,041	\$ 405.48	\$ 408.46	-1.1%	1.4%	-0.7%
Former Foster Care Child										
Age 18 through 20 Female	4,890	\$ 524.34	\$ 2,564,006	\$ 535.98	\$ 2,620,945	\$ 526.08	\$ 518.76	1.1%	3.3%	1.4%
Age 18 through 20 Male	3,120	\$ 291.01	\$ 907,936	\$ 298.24	\$ 930,506	\$ 292.09	\$ 276.53	5.2%	7.9%	5.6%
Age 21 through 25 Female	9,795	\$ 524.34	\$ 5,135,877	\$ 535.98	\$ 5,249,930	\$ 526.08	\$ 518.76	1.1%	3.3%	1.4%
Age 21 through 25 Male	5,325	\$ 291.01	\$ 1,549,602	\$ 298.24	\$ 1,588,124	\$ 292.09	\$ 276.53	5.2%	7.9%	5.6%
All Ages	23,130	\$ 439.14	\$ 10,157,422	\$ 449.18	\$ 10,389,504	\$ 440.65	\$ 430.32	2.1%	4.4%	2.4%
MAGI Adult										
Age through 18 Female	45	\$ 323.93	\$ 14,577	\$ 331.41	\$ 14,913	\$ 325.05	\$ 300.86	7.7%	10.2%	8.0%
Age through 18 Male	60	\$ 200.73	\$ 12,044	\$ 205.65	\$ 12,339	\$ 201.47	\$ 196.48	2.2%	4.7%	2.5%
Age 19 through 24 Female	488,100	\$ 323.93	\$ 158,107,983	\$ 331.41	\$ 161,759,194	\$ 325.05	\$ 300.86	7.7%	10.2%	8.0%
Age 19 through 24 Male	443,535	\$ 200.73	\$ 89,030,063	\$ 205.65	\$ 91,213,222	\$ 201.47	\$ 196.48	2.2%	4.7%	2.5%
Age 25 through 39 Female	1,008,000	\$ 474.08	\$ 477,872,640	\$ 485.26	\$ 489,142,080	\$ 475.76	\$ 446.34	6.2%	8.7%	6.6%
Age 25 through 39 Male	959,055	\$ 401.68	\$ 385,233,212	\$ 411.31	\$ 394,468,912	\$ 403.12	\$ 375.92	6.9%	9.4%	7.2%
Age 40 or Older Female	1,150,500	\$ 796.81	\$ 916,729,905	\$ 816.08	\$ 938,900,040	\$ 799.70	\$ 777.74	2.5%	4.9%	2.8%
Age 40 or Older Male	1,005,135	\$ 732.19	\$ 735,949,796	\$ 749.70	\$ 753,549,710	\$ 734.82	\$ 721.71	1.5%	3.9%	1.8%
All Ages	5,054,430	\$ 546.64	\$ 2,762,950,220	\$ 559.72	\$ 2,829,060,410	\$ 548.60	\$ 527.19	3.7%	6.2%	4.1%
Grand Total Region B	14,262,060	\$ 466.44	\$ 6,652,457,122	\$ 477.56	\$ 6,811,035,182	\$ 468.11	\$ 447.81	4.2%	6.6%	4.5%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Capitation Rates with Cost Redistribution for Small Rate Cells
Effective April 1, 2019 - June 30, 2020

Exhibit 9
Confidential and Proprietary

Category of Aid and Rate Cell	Apr19-Jun20 Projected MMs	Statewide Capitation Rate Range				Selected Base Rate PMPM	Base Rate Comparison			
		Low End of Range		High End of Range			Jul18-Mar19 Rates	% Change Low End	% Change High End	% Change Selected Rate
		PMPM	Total	PMPM	Total					
Families and Children										
Infant - Age Under 1	497,880	\$ 857.54	\$ 426,949,709	\$ 879.26	\$ 437,766,788	\$ 860.79	\$ 844.92	1.5%	4.1%	1.9%
Child - Age 1 to 5	2,202,615	\$ 151.89	\$ 334,553,106	\$ 155.66	\$ 342,858,417	\$ 152.45	\$ 146.80	3.5%	6.0%	3.9%
Child - Age 6 to 12	2,879,805	\$ 180.64	\$ 520,214,678	\$ 185.12	\$ 533,105,992	\$ 181.31	\$ 173.57	4.1%	6.7%	4.5%
Child - Age 13 to 18 Female	1,044,075	\$ 274.48	\$ 286,573,757	\$ 281.12	\$ 293,506,899	\$ 275.47	\$ 263.80	4.0%	6.6%	4.4%
Child - Age 13 to 18 Male	1,026,825	\$ 207.89	\$ 213,465,088	\$ 213.06	\$ 218,777,906	\$ 208.66	\$ 204.26	1.8%	4.3%	2.2%
Adult - Age 19 to 24 Female	291,675	\$ 544.04	\$ 158,682,026	\$ 554.88	\$ 161,845,503	\$ 545.66	\$ 522.61	4.1%	6.2%	4.4%
Adult - Age 19 to 24 Male	27,030	\$ 236.19	\$ 6,384,314	\$ 242.17	\$ 6,545,858	\$ 237.09	\$ 199.72	18.3%	21.3%	18.7%
Adult - Age 25 to 39 Female	889,545	\$ 571.42	\$ 508,307,399	\$ 584.40	\$ 519,850,736	\$ 573.37	\$ 552.28	3.5%	5.8%	3.8%
Adult - Age 25 to 39 Male	202,890	\$ 357.28	\$ 72,489,098	\$ 366.14	\$ 74,286,009	\$ 358.61	\$ 342.48	4.3%	6.9%	4.7%
Adult - Age 40 or Older Female	262,305	\$ 691.21	\$ 181,307,397	\$ 708.38	\$ 185,812,461	\$ 693.78	\$ 651.89	6.0%	8.7%	6.4%
Adult - Age 40 or Older Male	135,090	\$ 603.34	\$ 81,505,294	\$ 618.39	\$ 83,538,047	\$ 605.60	\$ 566.74	6.5%	9.1%	6.9%
All Ages	9,459,735	\$ 294.98	\$ 2,790,431,866	\$ 302.11	\$ 2,857,894,617	\$ 296.05	\$ 284.91	3.5%	6.0%	3.9%
SSI Adult without Medicare										
Age 19 to 24 Female	35,415	\$ 891.36	\$ 31,567,638	\$ 911.45	\$ 32,279,131	\$ 894.38	\$ 782.08	14.0%	16.5%	14.4%
Age 19 to 24 Male	53,820	\$ 544.33	\$ 29,295,893	\$ 557.08	\$ 29,982,231	\$ 546.24	\$ 483.89	12.5%	15.1%	12.9%
Age 25 to 44 Female	181,485	\$ 1,256.69	\$ 228,070,532	\$ 1,285.64	\$ 233,325,217	\$ 1,261.03	\$ 1,146.76	9.6%	12.1%	10.0%
Age 25 to 44 Male	162,465	\$ 1,010.32	\$ 164,141,900	\$ 1,033.74	\$ 167,946,153	\$ 1,013.83	\$ 922.08	9.6%	12.1%	10.0%
Age 45 or Older Female	423,405	\$ 1,689.29	\$ 715,255,901	\$ 1,728.32	\$ 731,781,047	\$ 1,695.15	\$ 1,589.36	6.3%	8.7%	6.7%
Age 45 or Older Male	333,945	\$ 1,547.62	\$ 516,818,512	\$ 1,582.91	\$ 528,604,039	\$ 1,552.91	\$ 1,464.82	5.7%	8.1%	6.0%
All Ages	1,190,535	\$ 1,415.46	\$ 1,685,150,375	\$ 1,448.02	\$ 1,723,917,818	\$ 1,420.34	\$ 1,321.91	7.1%	9.5%	7.4%
Dual Eligible										
Female	553,965	\$ 217.37	\$ 120,417,015	\$ 222.50	\$ 123,256,168	\$ 218.14	\$ 184.10	18.1%	20.9%	18.5%
Male	389,760	\$ 204.25	\$ 79,608,456	\$ 209.07	\$ 81,486,319	\$ 204.97	\$ 171.33	19.2%	22.0%	19.6%
All Ages	943,725	\$ 211.95	\$ 200,025,471	\$ 216.95	\$ 204,742,487	\$ 212.70	\$ 178.83	18.5%	21.3%	18.9%
SSI Child										
Age Under 1	5,655	\$ 8,784.84	\$ 49,678,262	\$ 8,997.72	\$ 50,882,096	\$ 8,816.77	\$ 8,311.30	5.7%	8.3%	6.1%
Age 1 to 5	60,255	\$ 1,293.92	\$ 77,965,204	\$ 1,325.27	\$ 79,854,045	\$ 1,298.62	\$ 1,373.96	-5.8%	-3.5%	-5.5%
Age 6 to 18	320,955	\$ 777.12	\$ 249,419,643	\$ 795.74	\$ 255,396,990	\$ 779.91	\$ 750.02	3.6%	6.1%	4.0%
All Ages	386,865	\$ 974.66	\$ 377,063,109	\$ 998.11	\$ 386,133,131	\$ 978.18	\$ 957.73	1.8%	4.2%	2.1%
Foster Care										
Infant - Age Under 1	10,470	\$ 1,036.09	\$ 10,847,868	\$ 1,062.38	\$ 11,123,086	\$ 1,040.03	\$ 1,168.79	-11.4%	-9.1%	-11.0%
Age 1 to 5	67,470	\$ 256.78	\$ 17,325,194	\$ 263.30	\$ 17,764,774	\$ 257.76	\$ 252.36	1.8%	4.3%	2.1%
Age 6 to 12	116,340	\$ 397.70	\$ 46,267,948	\$ 407.74	\$ 47,436,061	\$ 399.20	\$ 376.35	5.7%	8.3%	6.1%
Age 13 or Older Female	54,120	\$ 623.48	\$ 33,742,942	\$ 639.03	\$ 34,584,326	\$ 625.82	\$ 561.13	11.1%	13.9%	11.5%
Age 13 or Older Male	52,005	\$ 478.51	\$ 24,884,751	\$ 490.66	\$ 25,516,854	\$ 480.33	\$ 510.20	-6.2%	-3.8%	-5.9%
All Ages	300,405	\$ 442.96	\$ 133,068,703	\$ 454.14	\$ 136,425,100	\$ 444.64	\$ 432.58	2.4%	5.0%	2.8%
Former Foster Care Child										
Age 18 through 20 Female	6,315	\$ 532.11	\$ 3,360,278	\$ 543.82	\$ 3,434,206	\$ 533.87	\$ 516.89	2.9%	5.2%	3.3%
Age 18 through 20 Male	4,140	\$ 319.82	\$ 1,324,070	\$ 327.78	\$ 1,357,015	\$ 321.02	\$ 307.47	4.0%	6.6%	4.4%
Age 21 through 25 Female	12,750	\$ 532.32	\$ 6,787,094	\$ 544.03	\$ 6,936,376	\$ 534.08	\$ 516.84	3.0%	5.3%	3.3%
Age 21 through 25 Male	7,185	\$ 321.29	\$ 2,308,435	\$ 329.28	\$ 2,365,875	\$ 322.48	\$ 309.04	4.0%	6.5%	4.3%
All Ages	30,390	\$ 453.43	\$ 13,779,878	\$ 463.75	\$ 14,093,472	\$ 454.98	\$ 439.20	3.2%	5.6%	3.6%
MAGI Adult										
Age through 18 Female	45	\$ 323.93	\$ 14,577	\$ 331.41	\$ 14,913	\$ 325.05	\$ 300.86	7.7%	10.2%	8.0%
Age through 18 Male	105	\$ 212.43	\$ 22,305	\$ 217.65	\$ 22,853	\$ 213.21	\$ 200.26	6.1%	8.7%	6.5%
Age 19 through 24 Female	652,755	\$ 323.40	\$ 211,103,842	\$ 330.87	\$ 215,978,439	\$ 324.52	\$ 300.41	7.7%	10.1%	8.0%
Age 19 through 24 Male	582,450	\$ 207.24	\$ 120,707,584	\$ 212.33	\$ 123,671,322	\$ 208.00	\$ 198.59	4.4%	6.9%	4.7%
Age 25 through 39 Female	1,360,665	\$ 475.28	\$ 646,693,376	\$ 486.47	\$ 661,916,190	\$ 476.96	\$ 444.70	6.9%	9.4%	7.3%
Age 25 through 39 Male	1,281,810	\$ 406.67	\$ 521,271,217	\$ 416.45	\$ 533,805,473	\$ 408.13	\$ 377.95	7.6%	10.2%	8.0%
Age 40 or Older Female	1,523,280	\$ 791.72	\$ 1,206,010,913	\$ 810.86	\$ 1,235,159,489	\$ 794.59	\$ 775.75	2.1%	4.5%	2.4%
Age 40 or Older Male	1,349,895	\$ 737.06	\$ 994,947,298	\$ 754.67	\$ 1,018,725,311	\$ 739.70	\$ 730.62	0.9%	3.3%	1.2%
All Ages	6,751,005	\$ 548.18	\$ 3,700,771,111	\$ 561.29	\$ 3,789,293,991	\$ 550.15	\$ 528.70	3.7%	6.2%	4.1%
Grand Total Statewide	19,062,660	\$ 466.90	\$ 8,900,290,513	\$ 478.03	\$ 9,112,500,616	\$ 468.57	\$ 446.99	4.5%	6.9%	4.8%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Combined Cells or Cost Redistribution excluding Supplemental and HIPF
Effective April 1, 2019 - June 30, 2020

Exhibit 8
Confidential and Proprietary

Rate Cells with Combined Experience	Apr19-Jun20 Projected MMs	Low End of Range		High End of Range	
		PMPM	Total	PMPM	Total
Region A					
Former Foster Care Child Age 18 through 20 Female	1,425	\$ 609.65	\$ 868,751	\$ 623.40	\$ 888,345
Former Foster Care Child Age 21 through 25 Female	<u>2,955</u>	<u>\$ 534.26</u>	<u>\$ 1,578,738</u>	<u>\$ 545.30</u>	<u>\$ 1,611,362</u>
Combined	4,380	\$ 558.79	\$ 2,447,490	\$ 570.71	\$ 2,499,707
Former Foster Care Child Age 18 through 20 Male	1,020	\$ 487.27	\$ 497,015	\$ 499.45	\$ 509,439
Former Foster Care Child Age 21 through 25 Male	<u>1,860</u>	<u>\$ 364.49</u>	<u>\$ 677,951</u>	<u>\$ 373.56</u>	<u>\$ 694,822</u>
Combined	2,880	\$ 407.97	\$ 1,174,967	\$ 418.15	\$ 1,204,261
MAGI Adult Age through 18 Female	0	\$ 213.15	\$ -	\$ 218.23	\$ -
MAGI Adult Age 19 through 24 Female	<u>164,655</u>	<u>\$ 321.86</u>	<u>\$ 52,995,858</u>	<u>\$ 329.29</u>	<u>\$ 54,219,245</u>
Combined	164,655	\$ 321.86	\$ 52,995,858	\$ 329.29	\$ 54,219,245
MAGI Adult Age through 18 Male	45	\$ 120.84	\$ 5,438	\$ 123.73	\$ 5,568
MAGI Adult Age 19 through 24 Male	<u>138,915</u>	<u>\$ 228.07</u>	<u>\$ 31,682,344</u>	<u>\$ 233.69</u>	<u>\$ 32,463,046</u>
Combined	138,960	\$ 228.04	\$ 31,687,782	\$ 233.65	\$ 32,468,614
Region B					
Former Foster Care Child Age 18 through 20 Female	4,890	\$ 485.25	\$ 2,372,873	\$ 495.68	\$ 2,423,875
Former Foster Care Child Age 21 through 25 Female	<u>9,795</u>	<u>\$ 543.85</u>	<u>\$ 5,327,011</u>	<u>\$ 556.10</u>	<u>\$ 5,447,000</u>
Combined	14,685	\$ 524.34	\$ 7,699,883	\$ 535.98	\$ 7,870,875
Former Foster Care Child Age 18 through 20 Male	3,120	\$ 363.55	\$ 1,134,276	\$ 372.60	\$ 1,162,512
Former Foster Care Child Age 21 through 25 Male	<u>5,325</u>	<u>\$ 248.50</u>	<u>\$ 1,323,263</u>	<u>\$ 254.67</u>	<u>\$ 1,356,118</u>
Combined	8,445	\$ 291.01	\$ 2,457,539	\$ 298.24	\$ 2,518,630
MAGI Adult Age through 18 Female	45	\$ 599.33	\$ 26,970	\$ 611.76	\$ 27,529
MAGI Adult Age 19 through 24 Female	<u>488,100</u>	<u>\$ 323.90</u>	<u>\$ 158,095,590</u>	<u>\$ 331.38</u>	<u>\$ 161,746,578</u>
Combined	488,145	\$ 323.93	\$ 158,122,560	\$ 331.41	\$ 161,774,107
MAGI Adult Age through 18 Male	60	\$ 854.08	\$ 51,245	\$ 875.11	\$ 52,507
MAGI Adult Age 19 through 24 Male	<u>443,535</u>	<u>\$ 200.64</u>	<u>\$ 88,990,862</u>	<u>\$ 205.56</u>	<u>\$ 91,173,055</u>
Combined	443,595	\$ 200.73	\$ 89,042,107	\$ 205.65	\$ 91,225,561

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Summary of Combined Cells or Cost Redistribution excluding Supplemental and HIPF
Effective April 1, 2019 - June 30, 2020

Exhibit 8
Confidential and Proprietary

Redistributed Based on Historical Claim Relationship	Apr19-Jun20 Projected MMs	PMPM Low End of Range		PMPM High End of Range		
		Actual	Redistributed	Actual	Redistributed	
SSI Redistribution Based on Statewide						
<u>Statewide Relativity</u>	<i>Relativity to Age 1-5</i>					
SSI Infant (age under 1)		5,655	\$ 8,762.09	\$ 8,784.84	\$ 8,974.75	\$ 8,997.72
<u>SSI Child (age 1-5)</u>		<u>60,255</u>	<u>\$ 1,296.06</u>	<u>\$ 1,293.92</u>	<u>\$ 1,327.42</u>	<u>\$ 1,325.27</u>
SSI Statewide Subtotal		65,910	\$ 1,936.63	\$ 1,936.63	\$ 1,983.56	\$ 1,983.56
<u>Region A</u>						
SSI Infant (age under 1)	6.76	2,070	\$ 9,290.94	\$ 9,029.87	\$ 9,516.67	\$ 9,249.03
<u>SSI Child (age 1-5)</u>	1.00	<u>16,260</u>	<u>\$ 1,302.43</u>	<u>\$ 1,335.67</u>	<u>\$ 1,334.01</u>	<u>\$ 1,368.08</u>
SSI Region A Subtotal		18,330	\$ 2,204.57	\$ 2,204.57	\$ 2,258.07	\$ 2,258.07
<u>Region B</u>						
SSI Infant (age under 1)	6.76	3,585	\$ 8,456.73	\$ 8,643.35	\$ 8,661.84	\$ 8,852.61
<u>SSI Child (age 1-5)</u>	1.00	<u>43,995</u>	<u>\$ 1,293.70</u>	<u>\$ 1,278.49</u>	<u>\$ 1,324.99</u>	<u>\$ 1,309.44</u>
SSI Region B Subtotal		47,580	\$ 1,833.41	\$ 1,833.41	\$ 1,877.80	\$ 1,877.80
Foster Care Redistribution Based On Statewide						
<u>Statewide Relativity</u>	<i>Relativity to Age 1-5</i>					
Foster Care Infant (age under 1)		10,470	\$ 1,039.33	\$ 1,036.09	\$ 1,065.87	\$ 1,062.38
<u>Foster Care (age 1-5)</u>		<u>67,470</u>	<u>\$ 256.28</u>	<u>\$ 256.78</u>	<u>\$ 262.76</u>	<u>\$ 263.30</u>
Foster Care Statewide Subtotal		77,940	\$ 361.47	\$ 361.47	\$ 370.64	\$ 370.64
<u>Region A</u>						
Foster Care Infant (age under 1)	4.06	2,220	\$ 1,171.24	\$ 1,240.84	\$ 1,201.16	\$ 1,272.39
<u>Foster Care (age 1-5)</u>	1.00	<u>15,675</u>	<u>\$ 315.83</u>	<u>\$ 305.97</u>	<u>\$ 323.84</u>	<u>\$ 313.75</u>
Foster Care Children Region A Subtotal		17,895	\$ 421.95	\$ 421.95	\$ 432.68	\$ 432.68
<u>Region B</u>						
Foster Care Infant (age under 1)	4.06	8,250	\$ 1,003.83	\$ 980.99	\$ 1,029.47	\$ 1,005.86
<u>Foster Care (age 1-5)</u>	1.00	<u>51,795</u>	<u>\$ 238.26</u>	<u>\$ 241.90</u>	<u>\$ 244.27</u>	<u>\$ 248.03</u>
Foster Care Children Region B Subtotal		60,045	\$ 343.45	\$ 343.45	\$ 352.15	\$ 352.15
<u>Notes</u>		SSI and Foster Care rate relativities by rate cell and region developed from the statewide relativites.				

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 10

Confidential and Proprietary

**Base Capitation Rate Ranges by Rating Period; Exclude Supplemental Payment and HIPF
Base Rates Effective April 1, 2019 - June 30, 2019 and July 1, 2019 - June 30, 2020**

Region A

Category of Aid and Rate Cell	Jul18-Mar19 Rates	Apr19-Jun20 Projected MMs	Effective Apr19-Jun19				Effective Jul19-Jun20			
			Lower Bound	Upper Bound	Selected	% Change	Lower Bound	Upper Bound	Selected	% Change
			PMPM	PMPM	PMPM		PMPM	PMPM	PMPM	
Families and Children										
Infant - Age Under 1	\$ 896.14	132,975	\$ 923.10	\$ 941.79	\$ 925.90	3.3%	\$ 923.51	\$ 948.08	\$ 927.20	3.5%
Child - Age 1 to 5	\$ 144.79	586,980	\$ 151.24	\$ 154.24	\$ 151.69	4.8%	\$ 153.53	\$ 157.53	\$ 154.13	6.5%
Child - Age 6 to 12	\$ 170.88	765,495	\$ 185.84	\$ 189.53	\$ 186.39	9.1%	\$ 188.33	\$ 193.24	\$ 189.07	10.6%
Child - Age 13 to 18 Female	\$ 250.69	274,470	\$ 276.36	\$ 281.76	\$ 277.17	10.6%	\$ 279.65	\$ 286.80	\$ 280.72	12.0%
Child - Age 13 to 18 Male	\$ 214.86	263,595	\$ 223.28	\$ 227.74	\$ 223.95	4.2%	\$ 225.64	\$ 231.56	\$ 226.53	5.4%
Adult - Age 19 to 24 Female	\$ 522.69	70,425	\$ 554.82	\$ 563.95	\$ 556.19	6.4%	\$ 562.74	\$ 574.49	\$ 564.50	8.0%
Adult - Age 19 to 24 Male	\$ 174.43	4,365	\$ 180.71	\$ 184.42	\$ 181.27	3.9%	\$ 183.56	\$ 188.46	\$ 184.30	5.7%
Adult - Age 25 to 39 Female	\$ 537.84	241,575	\$ 562.55	\$ 572.83	\$ 564.09	4.9%	\$ 571.20	\$ 584.61	\$ 573.21	6.6%
Adult - Age 25 to 39 Male	\$ 313.96	44,160	\$ 312.03	\$ 318.21	\$ 312.96	-0.3%	\$ 315.92	\$ 324.04	\$ 317.14	1.0%
Adult - Age 40 or Older Female	\$ 598.98	69,210	\$ 643.46	\$ 656.40	\$ 645.40	7.7%	\$ 653.57	\$ 670.65	\$ 656.13	9.5%
Adult - Age 40 or Older Male	\$ 602.83	31,080	\$ 639.17	\$ 652.10	\$ 641.11	6.4%	\$ 647.38	\$ 664.41	\$ 649.93	7.8%
All Ages	\$ 282.56	2,484,330	\$ 298.85	\$ 304.66	\$ 299.72	6.1%	\$ 302.31	\$ 309.98	\$ 303.46	7.4%
SSI Adult without Medicare										
Age 19 to 24 Female	\$ 786.26	9,765	\$ 754.80	\$ 768.25	\$ 756.82	-3.7%	\$ 778.09	\$ 796.36	\$ 780.83	-0.7%
Age 19 to 24 Male	\$ 470.52	13,500	\$ 526.47	\$ 536.36	\$ 527.95	12.2%	\$ 541.53	\$ 554.98	\$ 543.55	15.5%
Age 25 to 44 Female	\$ 1,278.92	35,610	\$ 1,301.40	\$ 1,325.27	\$ 1,304.98	2.0%	\$ 1,339.90	\$ 1,372.34	\$ 1,344.77	5.1%
Age 25 to 44 Male	\$ 1,085.12	31,785	\$ 1,100.86	\$ 1,121.38	\$ 1,103.94	1.7%	\$ 1,131.85	\$ 1,159.75	\$ 1,136.04	4.7%
Age 45 or Older Female	\$ 1,751.49	79,440	\$ 1,781.63	\$ 1,814.18	\$ 1,786.51	2.0%	\$ 1,832.19	\$ 1,876.41	\$ 1,838.82	5.0%
Age 45 or Older Male	\$ 1,699.07	64,755	\$ 1,749.21	\$ 1,780.50	\$ 1,753.90	3.2%	\$ 1,791.58	\$ 1,833.91	\$ 1,797.93	5.8%
All Ages	\$ 1,461.43	234,855	\$ 1,492.90	\$ 1,520.06	\$ 1,496.97	2.4%	\$ 1,533.55	\$ 1,570.40	\$ 1,539.08	5.3%
Dual Eligible										
Female	\$ 165.09	117,510	\$ 200.33	\$ 204.07	\$ 200.89	21.7%	\$ 205.97	\$ 211.06	\$ 206.73	25.2%
Male	\$ 160.65	77,955	\$ 193.99	\$ 197.59	\$ 194.53	21.1%	\$ 198.88	\$ 203.75	\$ 199.61	24.3%
All Ages	\$ 163.32	195,465	\$ 197.80	\$ 201.49	\$ 198.35	21.4%	\$ 203.14	\$ 208.14	\$ 203.89	24.8%
SSI Child										
Age Under 1	\$ 8,338.72	2,070	\$ 8,976.55	\$ 9,149.27	\$ 9,002.45	8.0%	\$ 9,043.33	\$ 9,274.18	\$ 9,077.95	8.9%
Age 1 to 5	\$ 1,379.19	16,260	\$ 1,327.78	\$ 1,353.33	\$ 1,331.61	-3.4%	\$ 1,337.66	\$ 1,371.80	\$ 1,342.78	-2.6%
Age 6 to 18	\$ 788.37	92,730	\$ 838.95	\$ 854.97	\$ 841.35	6.7%	\$ 848.86	\$ 870.34	\$ 852.08	8.1%
All Ages	\$ 1,015.60	111,060	\$ 1,062.19	\$ 1,082.53	\$ 1,065.24	4.9%	\$ 1,073.16	\$ 1,100.39	\$ 1,077.24	6.1%
Foster Care										
Infant - Age Under 1	\$ 1,498.12	2,220	\$ 1,243.06	\$ 1,268.33	\$ 1,246.85	-16.8%	\$ 1,240.31	\$ 1,273.40	\$ 1,245.28	-16.9%
Age 1 to 5	\$ 321.14	15,675	\$ 306.52	\$ 312.75	\$ 307.45	-4.3%	\$ 305.84	\$ 314.00	\$ 307.07	-4.4%
Age 6 to 12	\$ 460.34	28,695	\$ 546.78	\$ 557.89	\$ 548.45	19.1%	\$ 544.86	\$ 559.41	\$ 547.04	18.8%
Age 13 or Older Female	\$ 636.95	12,720	\$ 801.71	\$ 817.92	\$ 804.14	26.2%	\$ 798.00	\$ 819.18	\$ 801.18	25.8%
Age 13 or Older Male	\$ 561.92	11,745	\$ 603.18	\$ 615.44	\$ 605.02	7.7%	\$ 601.20	\$ 617.25	\$ 603.61	7.4%
All Ages	\$ 510.46	71,055	\$ 570.49	\$ 582.07	\$ 572.23	12.1%	\$ 568.49	\$ 583.64	\$ 570.76	11.8%
Former Foster Care Child										
Age 18 through 20 Female	\$ 510.47	1,425	\$ 552.55	\$ 562.10	\$ 553.98	8.5%	\$ 560.38	\$ 572.90	\$ 562.25	10.1%
Age 18 through 20 Male	\$ 402.13	1,020	\$ 403.65	\$ 411.70	\$ 404.85	0.7%	\$ 409.08	\$ 419.79	\$ 410.69	2.1%
Age 21 through 25 Female	\$ 510.47	2,955	\$ 552.55	\$ 562.10	\$ 553.98	8.5%	\$ 560.38	\$ 572.90	\$ 562.25	10.1%
Age 21 through 25 Male	\$ 402.13	1,860	\$ 403.65	\$ 411.70	\$ 404.85	0.7%	\$ 409.08	\$ 419.79	\$ 410.69	2.1%
All Ages	\$ 467.49	7,260	\$ 493.48	\$ 502.44	\$ 494.82	5.8%	\$ 500.36	\$ 512.16	\$ 502.13	7.4%
MAGI Adult										
Age through 18 Female	\$ 299.06	0	\$ 316.84	\$ 322.72	\$ 317.72	6.2%	\$ 323.14	\$ 330.96	\$ 324.31	8.4%
Age through 18 Male	\$ 205.31	45	\$ 225.30	\$ 229.74	\$ 225.96	10.1%	\$ 228.74	\$ 234.65	\$ 229.62	11.8%
Age 19 through 24 Female	\$ 299.06	164,655	\$ 316.84	\$ 322.72	\$ 317.72	6.2%	\$ 323.14	\$ 330.96	\$ 324.31	8.4%
Age 19 through 24 Male	\$ 205.31	138,915	\$ 225.30	\$ 229.74	\$ 225.96	10.1%	\$ 228.74	\$ 234.65	\$ 229.62	11.8%
Age 25 through 39 Female	\$ 440.00	352,665	\$ 471.81	\$ 480.69	\$ 473.14	7.5%	\$ 480.46	\$ 492.27	\$ 482.23	9.6%
Age 25 through 39 Male	\$ 384.00	322,755	\$ 416.32	\$ 424.41	\$ 417.53	8.7%	\$ 422.81	\$ 433.57	\$ 424.42	10.5%
Age 40 or Older Female	\$ 769.59	372,780	\$ 763.90	\$ 778.68	\$ 766.12	-0.5%	\$ 779.11	\$ 798.83	\$ 782.07	1.6%
Age 40 or Older Male	\$ 756.59	344,760	\$ 742.92	\$ 757.14	\$ 745.05	-1.5%	\$ 753.38	\$ 772.24	\$ 756.21	-0.1%
All Ages	\$ 533.20	1,696,575	\$ 545.29	\$ 555.75	\$ 546.86	2.6%	\$ 554.69	\$ 568.60	\$ 556.77	4.4%
Grand Total Region A	\$ 444.56	4,800,600	\$ 462.22	\$ 471.06	\$ 463.54	4.3%	\$ 469.77	\$ 481.54	\$ 471.54	6.1%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services

Exhibit 10

Confidential and Proprietary

Base Capitation Rate Ranges by Rating Period; Exclude Supplemental Payment and HIPF
Base Rates Effective April 1, 2019 - June 30, 2019 and July 1, 2019 - June 30, 2020

Region B

Category of Aid and Rate Cell	Jul18-Mar19 Rates	Apr19-Jun20 Projected MMs	Effective Apr19-Jun19				Effective Jul19-Jun20			
			Lower Bound PMPM	Upper Bound PMPM	Selected PMPM	% Change	Lower Bound PMPM	Upper Bound PMPM	Selected PMPM	% Change
Families and Children										
Infant - Age Under 1	\$ 826.25	364,905	\$ 833.55	\$ 850.43	\$ 836.08	1.2%	\$ 833.55	\$ 855.73	\$ 836.88	1.3%
Child - Age 1 to 5	\$ 147.53	1,615,635	\$ 149.83	\$ 152.80	\$ 150.28	1.9%	\$ 151.87	\$ 155.83	\$ 152.46	3.3%
Child - Age 6 to 12	\$ 174.54	2,114,310	\$ 176.18	\$ 179.68	\$ 176.71	1.2%	\$ 178.50	\$ 183.16	\$ 179.20	2.7%
Child - Age 13 to 18 Female	\$ 268.48	769,605	\$ 270.22	\$ 275.44	\$ 271.00	0.9%	\$ 273.54	\$ 280.46	\$ 274.58	2.3%
Child - Age 13 to 18 Male	\$ 200.60	763,230	\$ 200.06	\$ 204.04	\$ 200.66	0.0%	\$ 202.39	\$ 207.67	\$ 203.18	1.3%
Adult - Age 19 to 24 Female	\$ 522.58	221,250	\$ 532.73	\$ 541.47	\$ 534.04	2.2%	\$ 540.06	\$ 551.30	\$ 541.75	3.7%
Adult - Age 19 to 24 Male	\$ 204.59	22,665	\$ 242.86	\$ 247.81	\$ 243.60	19.1%	\$ 247.35	\$ 253.90	\$ 248.33	21.4%
Adult - Age 25 to 39 Female	\$ 557.67	647,970	\$ 564.84	\$ 575.31	\$ 566.41	1.6%	\$ 574.02	\$ 587.72	\$ 576.08	3.3%
Adult - Age 25 to 39 Male	\$ 350.41	158,730	\$ 364.14	\$ 371.44	\$ 365.24	4.2%	\$ 370.24	\$ 379.89	\$ 371.69	6.1%
Adult - Age 40 or Older Female	\$ 670.85	193,095	\$ 695.53	\$ 709.46	\$ 697.62	4.0%	\$ 707.94	\$ 726.35	\$ 710.70	5.9%
Adult - Age 40 or Older Male	\$ 555.96	104,010	\$ 583.20	\$ 594.90	\$ 584.96	5.2%	\$ 592.58	\$ 608.03	\$ 594.90	7.0%
All Ages	\$ 285.75	6,975,405	\$ 289.81	\$ 295.44	\$ 290.65	1.7%	\$ 293.33	\$ 300.77	\$ 294.44	3.0%
SSI Adult without Medicare										
Age 19 to 24 Female	\$ 780.49	25,650	\$ 914.05	\$ 930.52	\$ 916.52	17.4%	\$ 941.92	\$ 964.29	\$ 945.28	21.1%
Age 19 to 24 Male	\$ 488.37	40,320	\$ 533.47	\$ 543.38	\$ 534.96	9.5%	\$ 549.55	\$ 563.04	\$ 551.57	12.9%
Age 25 to 44 Female	\$ 1,114.50	145,875	\$ 1,207.38	\$ 1,229.52	\$ 1,210.70	8.6%	\$ 1,246.12	\$ 1,276.30	\$ 1,250.65	12.2%
Age 25 to 44 Male	\$ 882.43	130,680	\$ 958.49	\$ 976.10	\$ 961.13	8.9%	\$ 988.34	\$ 1,012.33	\$ 991.94	12.4%
Age 45 or Older Female	\$ 1,551.91	343,965	\$ 1,617.40	\$ 1,647.18	\$ 1,621.87	4.5%	\$ 1,669.14	\$ 1,709.73	\$ 1,675.23	7.9%
Age 45 or Older Male	\$ 1,408.47	269,190	\$ 1,457.66	\$ 1,484.21	\$ 1,461.64	3.8%	\$ 1,499.48	\$ 1,535.56	\$ 1,504.89	6.8%
All Ages	\$ 1,287.62	955,680	\$ 1,355.11	\$ 1,379.96	\$ 1,358.84	5.5%	\$ 1,396.94	\$ 1,430.76	\$ 1,402.01	8.9%
Dual Eligible										
Female	\$ 189.22	436,455	\$ 216.08	\$ 220.15	\$ 216.69	14.5%	\$ 221.93	\$ 227.44	\$ 222.76	17.7%
Male	\$ 174.00	311,805	\$ 201.53	\$ 205.32	\$ 202.10	16.1%	\$ 206.93	\$ 212.08	\$ 207.70	19.4%
All Ages	\$ 182.88	748,260	\$ 210.02	\$ 213.97	\$ 210.61	15.2%	\$ 215.68	\$ 221.04	\$ 216.48	18.4%
SSI Child										
Age Under 1	\$ 8,295.46	3,585	\$ 8,578.95	\$ 8,743.64	\$ 8,603.65	3.7%	\$ 8,659.64	\$ 8,880.07	\$ 8,692.70	4.8%
Age 1 to 5	\$ 1,372.03	43,995	\$ 1,268.97	\$ 1,293.33	\$ 1,272.62	-7.2%	\$ 1,280.90	\$ 1,313.51	\$ 1,285.79	-6.3%
Age 6 to 18	\$ 734.44	228,225	\$ 739.95	\$ 754.00	\$ 742.06	1.0%	\$ 751.02	\$ 769.90	\$ 753.85	2.6%
All Ages	\$ 934.43	275,805	\$ 926.23	\$ 943.88	\$ 928.88	-0.6%	\$ 938.34	\$ 962.03	\$ 941.90	0.8%
Foster Care										
Infant - Age Under 1	\$ 1,080.17	8,250	\$ 981.50	\$ 1,001.40	\$ 984.49	-8.9%	\$ 980.87	\$ 1,006.99	\$ 984.79	-8.8%
Age 1 to 5	\$ 231.55	51,795	\$ 242.02	\$ 246.93	\$ 242.76	4.8%	\$ 241.87	\$ 248.31	\$ 242.83	4.9%
Age 6 to 12	\$ 348.85	87,645	\$ 350.25	\$ 357.30	\$ 351.31	0.7%	\$ 349.18	\$ 358.40	\$ 350.56	0.5%
Age 13 or Older Female	\$ 537.84	41,400	\$ 571.64	\$ 582.98	\$ 573.34	6.6%	\$ 569.15	\$ 583.95	\$ 571.37	6.2%
Age 13 or Older Male	\$ 495.11	40,260	\$ 443.80	\$ 452.82	\$ 445.15	-10.1%	\$ 442.30	\$ 454.10	\$ 444.07	-10.3%
All Ages	\$ 408.46	229,350	\$ 404.90	\$ 413.05	\$ 406.12	-0.6%	\$ 403.72	\$ 414.38	\$ 405.32	-0.8%
Former Foster Care Child										
Age 18 through 20 Female	\$ 518.76	4,890	\$ 517.19	\$ 526.47	\$ 518.58	0.0%	\$ 526.15	\$ 538.39	\$ 527.99	1.8%
Age 18 through 20 Male	\$ 276.53	3,120	\$ 287.59	\$ 293.31	\$ 288.45	4.3%	\$ 291.87	\$ 299.49	\$ 293.02	6.0%
Age 21 through 25 Female	\$ 518.76	9,795	\$ 517.19	\$ 526.47	\$ 518.58	0.0%	\$ 526.15	\$ 538.39	\$ 527.99	1.8%
Age 21 through 25 Male	\$ 276.53	5,325	\$ 287.59	\$ 293.31	\$ 288.45	4.3%	\$ 291.87	\$ 299.49	\$ 293.02	6.0%
All Ages	\$ 430.32	23,130	\$ 433.36	\$ 441.34	\$ 434.56	1.0%	\$ 440.61	\$ 451.17	\$ 442.20	2.8%
MAGI Adult										
Age through 18 Female	\$ 300.86	45	\$ 318.93	\$ 324.86	\$ 319.81	6.3%	\$ 325.20	\$ 333.08	\$ 326.38	8.5%
Age through 18 Male	\$ 196.48	60	\$ 197.52	\$ 201.40	\$ 198.10	0.8%	\$ 201.55	\$ 206.73	\$ 202.33	3.0%
Age 19 through 24 Female	\$ 300.86	488,100	\$ 318.93	\$ 324.86	\$ 319.81	6.3%	\$ 325.20	\$ 333.08	\$ 326.38	8.5%
Age 19 through 24 Male	\$ 196.48	443,535	\$ 197.52	\$ 201.40	\$ 198.10	0.8%	\$ 201.55	\$ 206.73	\$ 202.33	3.0%
Age 25 through 39 Female	\$ 446.34	1,008,000	\$ 466.52	\$ 475.35	\$ 467.84	4.8%	\$ 476.01	\$ 487.78	\$ 477.78	7.0%
Age 25 through 39 Male	\$ 375.92	959,055	\$ 395.62	\$ 403.22	\$ 396.76	5.5%	\$ 403.22	\$ 413.37	\$ 404.74	7.7%
Age 40 or Older Female	\$ 777.74	1,150,500	\$ 782.57	\$ 797.75	\$ 784.85	0.9%	\$ 800.45	\$ 820.76	\$ 803.50	3.3%
Age 40 or Older Male	\$ 721.71	1,005,135	\$ 722.14	\$ 736.00	\$ 724.22	0.3%	\$ 734.76	\$ 753.21	\$ 737.53	2.2%
All Ages	\$ 527.19	5,054,430	\$ 537.98	\$ 548.31	\$ 539.53	2.3%	\$ 548.85	\$ 562.63	\$ 550.92	4.5%
Grand Total Region B	\$ 447.81	14,262,060	\$ 459.35	\$ 468.12	\$ 460.66	2.9%	\$ 468.25	\$ 479.97	\$ 470.01	5.0%

**Kentucky Department for Medicaid Services
Cabinet for Health and Family Services**

Exhibit 10

Confidential and Proprietary

**Base Capitation Rate Ranges by Rating Period; Exclude Supplemental Payment and HIPF
Base Rates Effective April 1, 2019 - June 30, 2019 and July 1, 2019 - June 30, 2020**

Statewide

Category of Aid and Rate Cell	Jul18-Mar19 Rates	Apr19-Jun20 Projected MMs	Effective Apr19-Jun19				Effective Jul19-Jun20			
			Lower Bound PMPM	Upper Bound PMPM	Selected PMPM	% Change	Lower Bound PMPM	Upper Bound PMPM	Selected PMPM	% Change
Families and Children										
Infant - Age Under 1	\$ 844.92	497,880	\$ 857.47	\$ 874.83	\$ 860.07	1.8%	\$ 857.58	\$ 880.40	\$ 861.00	1.9%
Child - Age 1 to 5	\$ 146.80	2,202,615	\$ 150.21	\$ 153.18	\$ 150.66	2.6%	\$ 152.31	\$ 156.28	\$ 152.91	4.2%
Child - Age 6 to 12	\$ 173.57	2,879,805	\$ 178.75	\$ 182.30	\$ 179.28	3.3%	\$ 181.11	\$ 185.84	\$ 181.82	4.8%
Child - Age 13 to 18 Female	\$ 263.80	1,044,075	\$ 271.83	\$ 277.10	\$ 272.62	3.3%	\$ 275.15	\$ 282.13	\$ 276.19	4.7%
Child - Age 13 to 18 Male	\$ 204.26	1,026,825	\$ 206.02	\$ 210.12	\$ 206.64	1.2%	\$ 208.36	\$ 213.80	\$ 209.17	2.4%
Adult - Age 19 to 24 Female	\$ 522.61	291,675	\$ 538.06	\$ 546.90	\$ 539.39	3.2%	\$ 545.54	\$ 556.90	\$ 547.24	4.7%
Adult - Age 19 to 24 Male	\$ 199.72	27,030	\$ 232.82	\$ 237.57	\$ 233.53	16.9%	\$ 237.05	\$ 243.33	\$ 237.99	19.2%
Adult - Age 25 to 39 Female	\$ 552.28	889,545	\$ 564.22	\$ 574.64	\$ 565.78	2.4%	\$ 573.25	\$ 586.88	\$ 575.30	4.2%
Adult - Age 25 to 39 Male	\$ 342.48	202,890	\$ 352.80	\$ 359.85	\$ 353.86	3.3%	\$ 358.42	\$ 367.73	\$ 359.82	5.1%
Adult - Age 40 or Older Female	\$ 651.89	262,305	\$ 681.79	\$ 695.46	\$ 683.84	4.9%	\$ 693.59	\$ 711.65	\$ 696.30	6.8%
Adult - Age 40 or Older Male	\$ 566.74	135,090	\$ 596.08	\$ 608.06	\$ 597.88	5.5%	\$ 605.19	\$ 621.00	\$ 607.56	7.2%
All Ages	\$ 284.91	9,459,735	\$ 292.18	\$ 297.86	\$ 293.03	2.9%	\$ 295.69	\$ 303.19	\$ 296.81	4.2%
SSI Adult without Medicare										
Age 19 to 24 Female	\$ 782.08	35,415	\$ 870.14	\$ 885.78	\$ 872.49	11.6%	\$ 896.75	\$ 917.99	\$ 899.94	15.1%
Age 19 to 24 Male	\$ 483.89	53,820	\$ 531.71	\$ 541.62	\$ 533.20	10.2%	\$ 547.54	\$ 561.02	\$ 549.56	13.6%
Age 25 to 44 Female	\$ 1,146.76	181,485	\$ 1,225.83	\$ 1,248.31	\$ 1,229.20	7.2%	\$ 1,264.52	\$ 1,295.14	\$ 1,269.12	10.7%
Age 25 to 44 Male	\$ 922.08	162,465	\$ 986.34	\$ 1,004.52	\$ 989.07	7.3%	\$ 1,016.42	\$ 1,041.17	\$ 1,020.13	10.6%
Age 45 or Older Female	\$ 1,589.36	423,405	\$ 1,648.21	\$ 1,678.51	\$ 1,652.76	4.0%	\$ 1,699.73	\$ 1,741.00	\$ 1,705.92	7.3%
Age 45 or Older Male	\$ 1,464.82	333,945	\$ 1,514.19	\$ 1,541.66	\$ 1,518.31	3.7%	\$ 1,556.12	\$ 1,593.41	\$ 1,561.71	6.6%
All Ages	\$ 1,321.91	1,190,535	\$ 1,382.29	\$ 1,407.59	\$ 1,386.09	4.9%	\$ 1,423.88	\$ 1,458.31	\$ 1,429.05	8.1%
Dual Eligible										
Female	\$ 184.10	553,965	\$ 212.74	\$ 216.74	\$ 213.34	15.9%	\$ 218.54	\$ 223.97	\$ 219.36	19.2%
Male	\$ 171.33	389,760	\$ 200.02	\$ 203.77	\$ 200.59	17.1%	\$ 205.32	\$ 210.41	\$ 206.08	20.3%
All Ages	\$ 178.83	943,725	\$ 207.49	\$ 211.38	\$ 208.07	16.4%	\$ 213.08	\$ 218.37	\$ 213.88	19.6%
SSI Child										
Age Under 1	\$ 8,311.30	5,655	\$ 8,724.49	\$ 8,892.12	\$ 8,749.63	5.3%	\$ 8,800.09	\$ 9,024.33	\$ 8,833.72	6.3%
Age 1 to 5	\$ 1,373.96	60,255	\$ 1,284.84	\$ 1,309.52	\$ 1,288.54	-6.2%	\$ 1,296.22	\$ 1,329.24	\$ 1,301.17	-5.3%
Age 6 to 18	\$ 750.02	320,955	\$ 768.55	\$ 783.17	\$ 770.75	2.8%	\$ 779.29	\$ 798.92	\$ 782.23	4.3%
All Ages	\$ 957.73	386,865	\$ 965.26	\$ 983.68	\$ 968.03	1.1%	\$ 977.04	\$ 1,001.75	\$ 980.75	2.4%
Foster Care										
Infant - Age Under 1	\$ 1,168.79	10,470	\$ 1,036.96	\$ 1,058.00	\$ 1,040.12	-11.0%	\$ 1,035.88	\$ 1,063.48	\$ 1,040.02	-11.0%
Age 1 to 5	\$ 252.36	67,470	\$ 257.01	\$ 262.22	\$ 257.79	2.1%	\$ 256.73	\$ 263.57	\$ 257.75	2.1%
Age 6 to 12	\$ 376.35	116,340	\$ 398.72	\$ 406.78	\$ 399.93	6.3%	\$ 397.44	\$ 407.98	\$ 399.02	6.0%
Age 13 or Older Female	\$ 561.13	54,120	\$ 625.71	\$ 638.20	\$ 627.59	11.8%	\$ 622.94	\$ 639.24	\$ 625.38	11.4%
Age 13 or Older Male	\$ 510.20	52,005	\$ 479.79	\$ 489.55	\$ 481.26	-5.7%	\$ 478.19	\$ 490.95	\$ 480.10	-5.9%
All Ages	\$ 432.58	300,405	\$ 444.07	\$ 453.03	\$ 445.41	3.0%	\$ 442.69	\$ 454.42	\$ 444.45	2.7%
Former Foster Care Child										
Age 18 through 20 Female	\$ 516.89	6,315	\$ 525.17	\$ 534.51	\$ 526.57	1.9%	\$ 533.87	\$ 546.18	\$ 535.72	3.6%
Age 18 through 20 Male	\$ 307.47	4,140	\$ 316.18	\$ 322.48	\$ 317.13	3.1%	\$ 320.75	\$ 329.13	\$ 322.01	4.7%
Age 21 through 25 Female	\$ 516.84	12,750	\$ 525.39	\$ 534.73	\$ 526.78	1.9%	\$ 534.08	\$ 546.39	\$ 535.93	3.7%
Age 21 through 25 Male	\$ 309.04	7,185	\$ 317.63	\$ 323.96	\$ 318.58	3.1%	\$ 322.22	\$ 330.63	\$ 323.48	4.7%
All Ages	\$ 439.20	30,390	\$ 447.72	\$ 455.94	\$ 448.95	2.2%	\$ 454.89	\$ 465.74	\$ 456.52	3.9%
MAGI Adult										
Age through 18 Female	\$ 300.86	45	\$ 318.93	\$ 324.86	\$ 319.81	6.3%	\$ 325.20	\$ 333.08	\$ 326.38	8.5%
Age through 18 Male	\$ 200.26	105	\$ 209.42	\$ 213.55	\$ 210.04	4.9%	\$ 213.20	\$ 218.70	\$ 214.03	6.9%
Age 19 through 24 Female	\$ 300.41	652,755	\$ 318.40	\$ 324.32	\$ 319.28	6.3%	\$ 324.68	\$ 332.54	\$ 325.86	8.5%
Age 19 through 24 Male	\$ 198.59	582,450	\$ 204.14	\$ 208.16	\$ 204.74	3.1%	\$ 208.03	\$ 213.39	\$ 208.84	5.2%
Age 25 through 39 Female	\$ 444.70	1,360,665	\$ 467.89	\$ 476.73	\$ 469.21	5.5%	\$ 477.16	\$ 488.94	\$ 478.93	7.7%
Age 25 through 39 Male	\$ 377.95	1,281,810	\$ 400.83	\$ 408.56	\$ 401.99	6.4%	\$ 408.15	\$ 418.46	\$ 409.70	8.4%
Age 40 or Older Female	\$ 775.75	1,523,280	\$ 778.00	\$ 793.08	\$ 780.27	0.6%	\$ 795.23	\$ 815.39	\$ 798.26	2.9%
Age 40 or Older Male	\$ 730.62	1,349,895	\$ 727.45	\$ 741.40	\$ 729.54	-0.1%	\$ 739.52	\$ 758.07	\$ 742.30	1.6%
All Ages	\$ 528.70	6,751,005	\$ 539.82	\$ 550.18	\$ 541.37	2.4%	\$ 550.32	\$ 564.13	\$ 552.39	4.5%
Grand Total Statewide	\$ 446.99	19,062,660	\$ 460.07	\$ 468.86	\$ 461.39	3.2%	\$ 468.63	\$ 480.36	\$ 470.39	5.2%

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Capitation and Supplemental Payment Rates
Effective April 1, 2019 - June 30, 2019

Confidential and Proprietary
Exhibit 1

	Base Capitation Rates		Supplemental Payment PMPM		HIF PMPM	
	Region A	Region B	Region A	Region B	Region A	Region B
Families & Children						
Infant - Age Under 1	\$925.90	\$836.08	\$219.13	\$80.24	\$28.63	\$22.91
Child - Age 1 to 5	\$151.69	\$150.28	\$12.63	\$7.52	\$4.11	\$3.95
Child - Age 6 to 12	\$186.39	\$176.71	\$7.73	\$4.99	\$4.85	\$4.54
Child - Age 13 to 18 Female	\$277.17	\$271.00	\$16.27	\$9.14	\$7.34	\$7.00
Child - Age 13 to 18 Male	\$223.95	\$200.66	\$12.39	\$6.72	\$5.91	\$5.18
Adult - Age 19 to 24 Female	\$556.19	\$534.04	\$59.69	\$18.01	\$15.40	\$13.80
Adult - Age 19 to 24 Male	\$181.27	\$243.60	\$17.70	\$12.11	\$4.97	\$6.39
Adult - Age 25 to 39 Female	\$564.09	\$566.41	\$51.04	\$19.37	\$15.38	\$14.64
Adult - Age 25 to 39 Male	\$312.96	\$365.24	\$24.20	\$14.08	\$8.43	\$9.48
Adult - Age 40 or Older Female	\$645.40	\$697.62	\$29.28	\$21.38	\$16.87	\$17.98
Adult - Age 40 or Older Male	\$641.11	\$584.96	\$54.22	\$20.05	\$17.38	\$15.13
SSI Adults without Medicare						
Age 19 to 24 Female	\$756.82	\$916.52	\$78.88	\$42.84	\$20.89	\$23.98
Age 19 to 24 Male	\$527.95	\$534.96	\$52.44	\$26.87	\$14.51	\$14.05
Age 25 to 44 Female	\$1,304.98	\$1,210.70	\$125.05	\$47.36	\$35.75	\$31.45
Age 25 to 44 Male	\$1,103.94	\$961.13	\$105.42	\$40.60	\$30.23	\$25.04
Age 45 or Older Female	\$1,786.51	\$1,621.87	\$113.31	\$49.63	\$47.50	\$41.79
Age 45 or Older Male	\$1,753.90	\$1,461.64	\$175.26	\$58.13	\$48.23	\$37.99
Dual Eligible						
Female	\$200.89	\$216.69	\$10.70	\$6.63	\$5.29	\$5.58
Male	\$194.53	\$202.10	\$9.48	\$5.64	\$5.10	\$5.19
SSI Child						
Age Under 1	\$9,002.45	\$8,603.65	\$1,278.68	\$1,015.23	\$257.03	\$240.47
Age 1 to 5	\$1,331.61	\$1,272.62	\$189.14	\$150.17	\$38.02	\$35.57
Age 6 to 18	\$841.35	\$742.06	\$48.66	\$25.66	\$22.25	\$19.19
Foster Care						
Infant - Age Under 1	\$1,246.85	\$984.49	\$152.92	\$56.55	\$34.99	\$26.03
Age 1 to 5	\$307.45	\$242.76	\$37.71	\$13.95	\$8.63	\$6.42
Age 6 to 12	\$548.45	\$351.31	\$8.53	\$6.44	\$13.92	\$8.94
Age 13 or Older Female	\$804.14	\$573.34	\$25.24	\$11.62	\$20.73	\$14.62
Age 13 or Older Male	\$605.02	\$445.15	\$16.44	\$9.42	\$15.54	\$11.36
Former Foster Care Child						
Age 18 through 20 Female	\$553.98	\$518.58	\$61.82	\$14.15	\$15.40	\$13.32
Age 18 through 20 Male	\$404.85	\$288.45	\$110.78	\$14.43	\$12.89	\$7.57
Age 21 through 25 Female	\$553.98	\$518.58	\$61.82	\$14.15	\$15.40	\$13.32
Age 21 through 25 Male	\$404.85	\$288.45	\$110.78	\$14.43	\$12.89	\$7.57
MAGI Adult						
Age through 18 Female	\$317.72	\$319.81	\$21.35	\$10.46	\$8.48	\$8.26
Age through 18 Male	\$225.96	\$198.10	\$32.64	\$8.82	\$6.47	\$5.17
Age 19 through 24 Female	\$317.72	\$319.81	\$21.35	\$10.46	\$8.48	\$8.26
Age 19 through 24 Male	\$225.96	\$198.10	\$32.64	\$8.82	\$6.47	\$5.17
Age 25 through 39 Female	\$473.14	\$467.84	\$34.33	\$15.58	\$12.69	\$12.09
Age 25 through 39 Male	\$417.53	\$396.76	\$47.20	\$15.23	\$11.62	\$10.30
Age 40 or Older Female	\$766.12	\$784.85	\$49.20	\$26.29	\$20.38	\$20.28
Age 40 or Older Male	\$745.05	\$724.22	\$79.66	\$31.26	\$20.62	\$18.89

Notes

Rates are consolidated to the following two regions:
 Rating Region A: Region 3
 Rating Region B: Regions 1,2,4,5,6,7, and 8
 MMIS system will still load eight regions

Kentucky Department for Medicaid Services
Cabinet for Health and Family Services
Base Capitation Rates by Rating Period
Excluding Supplemental and HIF

Confidential and Proprietary
Exhibit 2

	Effective Apr19-Jun19		Effective Jul19-Jun20	
	Region A	Region B	Region A	Region B
<u>Families & Children</u>				
Infant - Age Under 1	\$925.90	\$836.08	\$927.20	\$836.88
Child - Age 1 to 5	\$151.69	\$150.28	\$154.13	\$152.46
Child - Age 6 to 12	\$186.39	\$176.71	\$189.07	\$179.20
Child - Age 13 to 18 Female	\$277.17	\$271.00	\$280.72	\$274.58
Child - Age 13 to 18 Male	\$223.95	\$200.66	\$226.53	\$203.18
Adult - Age 19 to 24 Female	\$556.19	\$534.04	\$564.50	\$541.75
Adult - Age 19 to 24 Male	\$181.27	\$243.60	\$184.30	\$248.33
Adult - Age 25 to 39 Female	\$564.09	\$566.41	\$573.21	\$576.08
Adult - Age 25 to 39 Male	\$312.96	\$365.24	\$317.14	\$371.69
Adult - Age 40 or Older Female	\$645.40	\$697.62	\$656.13	\$710.70
Adult - Age 40 or Older Male	\$641.11	\$584.96	\$649.93	\$594.90
<u>SSI Adults without Medicare</u>				
Age 19 to 24 Female	\$756.82	\$916.52	\$780.83	\$945.28
Age 19 to 24 Male	\$527.95	\$534.96	\$543.55	\$551.57
Age 25 to 44 Female	\$1,304.98	\$1,210.70	\$1,344.77	\$1,250.65
Age 25 to 44 Male	\$1,103.94	\$961.13	\$1,136.04	\$991.94
Age 45 or Older Female	\$1,786.51	\$1,621.87	\$1,838.82	\$1,675.23
Age 45 or Older Male	\$1,753.90	\$1,461.64	\$1,797.93	\$1,504.89
<u>Dual Eligible</u>				
Female	\$200.89	\$216.69	\$206.73	\$222.76
Male	\$194.53	\$202.10	\$199.61	\$207.70
<u>SSI Child</u>				
Age Under 1	\$9,002.45	\$8,603.65	\$9,077.95	\$8,692.70
Age 1 to 5	\$1,331.61	\$1,272.62	\$1,342.78	\$1,285.79
Age 6 to 18	\$841.35	\$742.06	\$852.08	\$753.85
<u>Foster Care</u>				
Infant - Age Under 1	\$1,246.85	\$984.49	\$1,245.28	\$984.79
Age 1 to 5	\$307.45	\$242.76	\$307.07	\$242.83
Age 6 to 12	\$548.45	\$351.31	\$547.04	\$350.56
Age 13 or Older Female	\$804.14	\$573.34	\$801.18	\$571.37
Age 13 or Older Male	\$605.02	\$445.15	\$603.61	\$444.07
<u>Former Foster Care Child</u>				
Age 18 through 20 Female	\$553.98	\$518.58	\$562.25	\$527.99
Age 18 through 20 Male	\$404.85	\$288.45	\$410.69	\$293.02
Age 21 through 25 Female	\$553.98	\$518.58	\$562.25	\$527.99
Age 21 through 25 Male	\$404.85	\$288.45	\$410.69	\$293.02
<u>MAGI Adult</u>				
Age through 18 Female	\$317.72	\$319.81	\$324.31	\$326.38
Age through 18 Male	\$225.96	\$198.10	\$229.62	\$202.33
Age 19 through 24 Female	\$317.72	\$319.81	\$324.31	\$326.38
Age 19 through 24 Male	\$225.96	\$198.10	\$229.62	\$202.33
Age 25 through 39 Female	\$473.14	\$467.84	\$482.23	\$477.78
Age 25 through 39 Male	\$417.53	\$396.76	\$424.42	\$404.74
Age 40 or Older Female	\$766.12	\$784.85	\$782.07	\$803.50
Age 40 or Older Male	\$745.05	\$724.22	\$756.21	\$737.53

Notes

Rates are consolidated to the following two regions:

Rating Region A: Region 3

Rating Region B: Regions 1,2,4,5,6,7, and 8

MMIS system will still load eight regions

See Exhibit 1 for Supplemental Payment and HIF PMPMs applicable to April 2019 through June 2019

Supplemental and HIF PMPMs applicable to SFY20 will be determined at a later date