S.1 – Appendix OO – Provider Incentive Payments Program

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Fee for Service Payment Rates
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care	Unit Cost assumed at 101% of State Medicaid Fee Schedule	1%	1%	1%	1%	1%	1%	1%	1%	1%
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

		PMPM								
		Children and Families								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care	Unit Cost assumed at 101% of State Medicaid Fee Schedule	1%	1%	1%	1%	1%	1%	1%	1%	1%
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Sub-Capitation Payment Arrangements
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		Children and Families								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Bonus Payments
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		Children and Families								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Pay for Performance Incentive Payments
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Pay for Performance Incentive Program	$ 0.08	$ 0.08	$ 0.09	$ 0.09	$ 0.10	$ 0.11	$ 0.09	$ 0.11	$ 0.10
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	24,814	23,874	15,766	24,237	11,495	12,582	21,073	16,049	15,248

		PMPM								
		SSI								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Pay for Performance Incentive Program	$ 0.15	$ 0.16	$ 0.19	$ 0.17	$ 0.19	$ 0.18	$ 0.18	$ 0.17	$ 0.19
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	4,720	3,666	2,525	3,488	1,332	1,566	2,803	2,393	2,154

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Other Payment Arrangements
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Patient Centered Medical Home - tiered system	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	24,814	23,874	15,766	24,237	11,495	12,582	21,073	16,049	15,248

		PMPM								
		Other								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Patient Centered Medical Home - tiered system	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	4,720	3,666	2,525	3,488	1,332	1,566	2,803	2,393	2,154

Actuarial Statement:

I, Bela Patel Fernandez, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and an Actuarial Director at Aetna. The above Pay for Performance, Patient Centered Medical Home, and Fee for Service payments were calculated in accordance with our projected budget for the Louisiana CCN Prepaid program for SFY 2012.

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Fee for Service Payment Rates
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care	Unit Cost assumed at 101% of State Medicaid Fee Schedule	1%	1%	1%	1%	1%	1%	1%	1%	1%
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

		PMPM								
		Children and Families								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care	Unit Cost assumed at 101% of State Medicaid Fee Schedule	1%	1%	1%	1%	1%	1%	1%	1%	1%
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Sub-Capitation Payment Arrangements
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		SSI								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Bonus Payments
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		SSI								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Pay for Performance Incentive Payments
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Pay for Performance Incentive Program	$ 0.29	$ 0.33	$ 0.31	$ 0.36	$ 0.36	$ 0.33	$ 0.33	$ 0.31	$ 0.30
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	1,886	1,326	975	1,038	484	721	1,502	872	782

		PMPM								
		SSI								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Pay for Performance Incentive Program	$ 0.50	$ 0.51	$ 0.46	$ 0.45	$ 0.48	$ 0.44	$ 0.46	$ 0.46	$ 0.52
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	4,135	2,482	1,926	2,895	1,133	1,699	2,740	1,791	2,150

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Other Payment Arrangements
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Patient Centered Medical Home - tiered system	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	1,886	1,326	975	1,038	484	721	1,502	872	782

		PMPM								
		Other								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Patient Centered Medical Home - tiered system	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	4,135	2,482	1,926	2,895	1,133	1,699	2,740	1,791	2,150

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Fee for Service Payment Rates
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care	Unit Cost assumed at 101% of State Medicaid Fee Schedule	1%	1%	1%	1%	1%	1%	1%	1%	1%
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

		PMPM								
		Children and Families								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care	Unit Cost assumed at 101% of State Medicaid Fee Schedule	1%	1%	1%	1%	1%	1%	1%	1%	1%
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Sub-Capitation Payment Arrangements
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		Other								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Bonus Payments
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		Other								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Pay for Performance Incentive Payments
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):	Pay for Performance Incentive Program	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment	Projected Membership	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		Other								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Pay for Performance Incentive Program	$ 10.60	$ 10.67	$ 10.67	$ 10.67	$ 10.75	$ 10.75	$ 10.75	$ 10.75	$ 10.60
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	48	34	25	33	18	15	27	27	45

Louisiana Coordinated Care Networks - Prepaid
Provider Incentive Programs

Other Payment Arrangements
Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician - Specialty Care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - General		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Inpatient - Psychiatric		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Outpatient		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):	Patient Centered Medical Home - tiered system	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other (specify):		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Projected enrollment	Projected Membership	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		PMPM								
		Other								
		Adults (Ages 19+)								
Service	*Description of payment methodology (attach additional detail as necessary)*	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*	*Region 8*	*Region 9*
Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):	Patient Centered Medical Home - tiered system	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment	Projected Membership	48	34	25	33	18	15	27	27	45