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Appendix OO - (CCN-P)
UnitedHealthcare Community Plan

**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										
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										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
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Sub-Capitation Payment Arrangements

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		PMPM								
		Children and Families								
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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	Primary Care \$1.50 PMPM Capitation - Care Coordination and Management Fee. A \$1.50 PMPM will be paid to all PCPs on a capitated basis.					1.50	1.50	1.50	1.50	
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
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
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Hospital Outpatient										
Other (specify):										
Other (specify):										
Other (specify):										
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Total										
Projected enrollment										
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Other (specify):										
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Other (specify):										
Total										
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Pay for Performance Incentive Payments

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		PMPM								
		Children and Families								
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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	Provider Gain Share - sharing of savings when plan is below minimum medical loss ratio. Currently do not project plan hitting minimum MLR.					0.00	0.00	0.00	0.00	
Physician - Specialty Care										
Hospital Inpatient - General										
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Other (specify):										
Other (specify):										
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Other (specify):										
Other (specify):										
Total										
Projected enrollment										
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Other (specify):										
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Other (specify):										
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		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										
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Hospital Outpatient										
Other (specify):										
Other (specify):										
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Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										
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		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										
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Hospital Outpatient										
Other (specify):										
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		PMPM								
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Hospital Outpatient										
Other (specify):										
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Total										
Projected enrollment										
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<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
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