

Product-Plan Data Collection

Company Legal Name: **Molina Healthcare of Kentucky, Inc.**
 HIOS Issuer ID: **73891**
 Effective Date of Rate Change(s): **1/1/2022**

State: **KY**
 Market: **Individual**

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Product/Plan Level Calculations

Field # **Section I: General Product and Plan Information**

Field #	Product Name	Molina Healthcare					Molina Healthcare + Vision	
		73891KY001					73891KY002	
1.1	Product Name	Confident Care	Constant Care	Constant Care	Constant Care	Constant Care	Confident Care	Constant Care
1.2	Product ID	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
1.3	Plan Name	Gold	Silver	Silver	Silver	Silver	Gold	Silver
1.4	Plan ID (Standard Component ID)	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
1.5	Metal	Gold	Silver	Silver	Silver	Silver	Gold	Silver
1.6	AV Metal Value	0.796	0.706	0.696	0.661	0.695	0.796	0.706
1.7	Plan Category	New	New	New	New	New	New	New
1.8	Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9	Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12	Product Rate Increase %	0.00%					0.00%	
1.13	Submission Level Rate Increase %	0.00%					0.00%	

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	Product Name	Total	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
2.1	Plan ID (Standard Component ID)	Total	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	2.9 Experience Period Member Months	0	0	0	0	0	0	0	0
0	2.10 Current Enrollment	0	0	0	0	0	0	0	0
	2.11 Current Premium PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month									
	2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

Field #	Product Name	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002	
3.1	Plan ID (Standard Component ID)	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002	
3.2	Market Adjusted Index Rate	\$518.23							
3.3	AV and Cost Sharing Design of Plan	1.0805	0.8465	0.8356	0.7957	0.8340	1.0805	0.8465	
3.4	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.5	Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0087	1.0111	
Administrative Costs									
3.6	Administrative Expense	9.44%	11.72%	11.86%	12.37%	11.88%	9.36%	11.61%	
3.7	Taxes and Fees	2.07%	2.09%	2.09%	2.09%	2.09%	2.07%	2.09%	
3.8	Profit & Risk Load	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.10	Plan Adjusted Index Rate	\$654.99	\$527.33	\$521.41	\$499.58	\$520.54	\$660.07	\$532.47	

3.11 Age Calibration Factor	0.5908	0.5908						
3.12 Geographic Calibration Factor	1.0000	1.0000						
3.13 Tobacco Calibration Factor	1.0000	1.0000						
3.14 Calibrated Plan Adjusted Index Rate		\$386.97	\$311.54	\$308.05	\$295.15	\$307.53	\$389.97	\$314.59

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
4.2 Allowed Claims	\$8,469,557	\$835,916	\$1,827,457	\$1,827,457	\$1,827,457	\$1,306,024	\$439,880	\$405,365
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$1,130,667	\$133,427	\$201,009	\$222,058	\$298,551	\$160,820	\$70,213	\$44,589
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$7,338,890	\$702,489	\$1,626,448	\$1,605,399	\$1,528,906	\$1,145,204	\$369,667	\$360,776
4.7 Risk Adjustment Transfer Amount	\$248,207	\$24,497	\$53,555	\$53,555	\$53,555	\$38,274	\$12,891	\$11,880
4.8 Premium	\$8,506,898	\$1,020,699	\$1,796,616	\$1,776,256	\$1,702,264	\$1,267,379	\$541,304	\$402,380
4.9 Projected Member Months	15,790	1,558	3,407	3,407	3,407	2,435	820	756
4.10 Loss Ratio	83.82%	67.21%	87.91%	87.74%	87.08%	87.71%	66.70%	87.09%

Per Member Per Month

4.11 Allowed Claims	\$536.39	\$536.53	\$536.38	\$536.38	\$536.38	\$536.35	\$536.44	\$536.20
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$71.61	\$85.64	\$59.00	\$65.18	\$87.63	\$66.05	\$85.63	\$58.98
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$464.78	\$450.89	\$477.38	\$471.21	\$448.75	\$470.31	\$450.81	\$477.22
4.16 Risk Adjustment Transfer Amount	\$15.72	\$15.72	\$15.72	\$15.72	\$15.72	\$15.72	\$15.72	\$15.71
4.17 Premium	\$538.75	\$655.13	\$527.33	\$521.35	\$499.64	\$520.48	\$660.13	\$532.25

› Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P

› Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L

› the Validate button or Ctrl + Shift + I

› the Finalize button or Ctrl + Shift + F

› Next, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q

› Finally, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A



Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 3	1.0000