

**Unified Rate Review v5.4**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

Company Legal Name: **Molina Healthcare of Kentucky, Inc.** State: **KY**  
 HIOS Issuer ID: **73891** Market: **Individual**  
 Effective Date of Rate Change(s): **1/1/2023**

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

**Market Level Calculations (Same for all Plans)**

**Section I: Experience Period Data**

Experience Period:	<b>1/1/2021</b>	to	<b>12/31/2021</b>
		<u>Total</u>	<u>PMPM</u>
Allowed Claims		\$0.00	#DIV/0!
Reinsurance		\$0.00	#DIV/0!
Incurred Claims in Experience Period		\$0.00	#DIV/0!
Risk Adjustment		\$0.00	#DIV/0!
Experience Period Premium		\$0.00	#DIV/0!
Experience Period Member Months		0	

**Section II: Projections**

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Outpatient Hospital	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Professional	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Other Medical	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Capitation	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Prescription Drug	\$0.00	0.000	0.000	0.000	0.000	\$0.00
<b>Total</b>	<b>\$0.00</b>					<b>\$0.00</b>

Morbidity Adjustment	0.000
Demographic Shift	0.000
Plan Design Changes	0.000
Other	0.000
<b>Adjusted Trended EHB Allowed Claims PMPM for 1/1/2023</b>	<b>\$0.00</b>

Manual EHB Allowed Claims PMPM	\$548.98
Applied Credibility %	0.00%

**Projected Period Totals**

Projected Index Rate for 1/1/2023	\$548.98	\$10,843,452.96
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$32.58	\$643,520.16
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$516.40	\$10,199,932.80
<b>Projected Member Months</b>	<b>19,752</b>	

**Information Not Releasable to the Public Unless Authorized by Law:** This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

**Product-Plan Data Collection**

Company Legal Name: **Molina Healthcare of Kentucky, Inc.**  
 HIOS Issuer ID: **73891**  
 Effective Date of Rate Change(s): **1/1/2023**

State:  
 Market:

**Product/Plan Level Calculations**

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

Field #	Product Name	Molina Healthcare						Molina Healthcare +Vision	
1.1	Product Name	Molina Healthcare						Molina Healthcare +Vision	
1.2	Product ID	73891KY001						73891KY002	
1.3	Plan Name	Confident Care	Constant Care	Constant Care	Constant Care	Constant Care	Constant Care	Confident Care	Constant Care
1.4	Plan ID (Standard Component ID)	73891KY0010001	73891KY0010002	73891KY0010009	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
1.5	Metal	Gold	Silver	Silver	Silver	Silver	Silver	Gold	Silver
1.6	AV Metal Value	0.785	0.716	0.700	0.696	0.700	0.695	0.785	0.716
1.7	Plan Category	Renewing	Renewing	New	Terminated	Terminated	Terminated	Renewing	Renewing
1.8	Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9	Exchange Plan?	Yes	Yes	Yes	No	No	No	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
1.11	Cumulative Rate Change % (over 12 mos prior)	4.82%	4.87%	0.00%	0.00%	0.00%	0.00%	4.77%	4.82%
1.12	Product Rate Increase %	4.86%						4.80%	
1.13	Submission Level Rate Increase %	4.86%						4.83%	

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total	73891KY0010001	73891KY0010002	73891KY0010009	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
\$0	2.1 Plan ID (Standard Component ID)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.8 Premium	\$0	\$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	505	3	46	0	21	334	32	17	52
	2.11 Current Premium PMPM	\$498.10	\$429.00	\$500.00	\$0.00	\$478.00	\$506.00	\$473.00	\$502.00	\$472.00
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	<b>Per Member Per Month</b>									
	2.13 Allowed Claims	#DIV/0!	#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!	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!	#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!	#DIV/0!
	2.17 Incurred Claims	#DIV/0!	#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!	#DIV/0!
	2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**Section III: Plan Adjustment Factors**

Section III: Plan Adjustment Factors	73891KY0010001	73891KY0010002	73891KY0010009	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
3.1 Plan ID (Standard Component ID)								
3.2 Market Adjusted Index Rate	\$516.40							
3.3 AV and Cost Sharing Design of Plan	1.1162	0.8687	0.8378	0.0000	0.0000	0.0000	1.1162	0.8687
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	1.0084	1.0108

Administrative Costs

3.6	Administrative Expense		11.61%	14.42%	14.87%	0.00%	0.00%	0.00%	11.53%	14.29%
3.7	Taxes and Fees		2.07%	2.08%	2.08%	0.00%	0.00%	0.00%	2.07%	2.08%
3.8	Profit & Risk Load		3.00%	3.00%	3.00%	0.00%	0.00%	0.00%	3.00%	3.00%
3.9	Catastrophic Adjustment		1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	1.0000	1.0000
3.10	<b>Plan Adjusted Index Rate</b>		\$691.80	\$557.26	\$540.46	\$0.00	\$0.00	\$0.00	\$696.94	\$562.37

3.11	Age Calibration Factor	0.6023				0.6023				
3.12	Geographic Calibration Factor	0.9993				0.9993				
3.13	Tobacco Calibration Factor	1.0000				1.0000				
3.14	<b>Calibrated Plan Adjusted Index Rate</b>		\$416.38	\$335.40	\$325.29	\$0.00	\$0.00	\$0.00	\$419.47	\$338.48

**Section IV: Projected Plan Level Information**

4.1	Plan ID (Standard Component ID)	Total	73891KY0010001	73891KY0010002	73891KY0010009	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
4.2	Allowed Claims	\$10,843,393	\$349,149	\$4,235,906	\$3,471,730	\$0	\$0	\$0	\$105,404	\$2,681,204
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$1,418,690	\$45,681	\$554,203	\$454,222	\$0	\$0	\$0	\$13,790	\$350,794
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurred Claims	\$9,424,703	\$303,468	\$3,681,703	\$3,017,508	\$0	\$0	\$0	\$91,614	\$2,330,410
4.7	Risk Adjustment Transfer Amount	\$559,346	\$18,011	\$218,505	\$179,086	\$0	\$0	\$0	\$5,437	\$138,307
4.8	Premium	\$11,037,939	\$439,968	\$4,299,625	\$3,417,819	\$0	\$0	\$0	\$133,801	\$2,746,726
4.9	Projected Member Months	19,752	636	7,716	6,324	0	0	0	192	4,884
4.10	Loss Ratio	81.27%	66.26%	81.49%	83.89%	#DIV/0!	#DIV/0!	#DIV/0!	65.80%	80.78%

**Per Member Per Month**

4.11	Allowed Claims	\$548.98	\$548.98	\$548.98	\$548.98	#DIV/0!	#DIV/0!	#DIV/0!	\$548.98	\$548.98
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00
4.13	Member Cost Sharing	\$71.83	\$71.83	\$71.83	\$71.83	#DIV/0!	#DIV/0!	#DIV/0!	\$71.82	\$71.83
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00
4.15	Incurred Claims	\$477.15	\$477.15	\$477.15	\$477.15	#DIV/0!	#DIV/0!	#DIV/0!	\$477.16	\$477.15
4.16	Risk Adjustment Transfer Amount	\$28.32	\$28.32	\$28.32	\$28.32	#DIV/0!	#DIV/0!	#DIV/0!	\$28.32	\$28.32
4.17	Premium	\$558.83	\$691.77	\$557.23	\$540.45	#DIV/0!	#DIV/0!	#DIV/0!	\$696.88	\$562.39

*To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.*

*To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.*

**KY**

*To validate, select the Validate button or Ctrl + Shift + I.*

**Individual**

*To finalize, select the Finalize button or Ctrl + Shift + F.*

*To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.*

*To remove a plan, 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	0.9740
Rating Area 4	1.0560