Unified Rate Review v5.3

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

Company Legal Name:	WellCare Health Plans of Kentucky, Inc.	State:	KY
HIOS Issuer ID:	72001	Market:	Individual
Effective Date of Rate Change(s):	1/1/2022		

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2020 to 12/31/2020

	Total	PMPM
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	1.000	1.000	1.000	1.000	$0.00
Outpatient Hospital	$0.00	1.000	1.000	1.000	1.000	$0.00
Professional	$0.00	1.000	1.000	1.000	1.000	$0.00
Other Medical	$0.00	1.000	1.000	1.000	1.000	$0.00
Capitation	$0.00	1.000	1.000	1.000	1.000	$0.00
Prescription Drug	$0.00	1.000	1.000	1.000	1.000	$0.00
Total	$0.00					**$0.00**

Morbidity Adjustment		1.000
Demographic Shift		1.000
Plan Design Changes		1.000
Other		1.000
Adjusted Trended EHB Allowed Claims PMPM for	**1/1/2022**	**$0.00**

Manual EHB Allowed Claims PMPM	$498.53
Applied Credibility %	0.00%

			Projected Period Totals
Projected Index Rate for	**1/1/2022**	**$498.53**	$23,826,742.82
Reinsurance		$0.00	$0.00
Risk Adjustment Payment/Charge		-$68.92	-$3,293,962.48
Exchange User Fees		0.00%	$0.00
Market Adjusted Index Rate		**$567.45**	**$27,120,705.30**

Projected Member Months	**47,794**

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: **WellCare Health Plans of Kentucky, Inc.**
HIOS Issuer ID: **72001**
Effective Date of Rate Change(s): **1/1/2022**

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

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

Product/Plan Level Calculations

Field #	**Section I: General Product and Plan Information**																					
1.1	Product Name		Ambetter										Ambetter + Vision + Adult Dental									
1.2	Product ID		72001KY002										72001KY003									
1.3	Plan Name		Ambetter	Ambetter	Ambetter		Ambetter	Ambetter	Ambetter	Ambetter	Ambetter Secure	Ambetter Secure	Ambetter	Ambetter	Ambetter		Ambetter	Ambetter	Ambetter	Ambetter	Ambetter Secure	Ambetter Secure
1.4	Plan ID (Standard Component ID)		72001KY0020001	72001KY0020002	72001KY0020003	72001KY0020004	72001KY0020005	72001KY0020006	72001KY0020007	72001KY0020008	72001KY0020009	72001KY0020010	72001KY0030001	72001KY0030002	72001KY0030003	72001KY0030004	72001KY0030005	72001KY0030006	72001KY0030007	72001KY0030008	72001KY0030009	72001KY0030010
1.5	Metal		Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Gold	Gold	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Gold	Gold
1.6	AV Metal Value		0.616	0.648	0.644	0.644	0.696	0.661	0.662	0.692	0.816	0.774	0.616	0.648	0.644	0.644	0.696	0.661	0.662	0.692	0.816	0.774
1.7	Plan Category		New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New
1.8	Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	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	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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%																			

Worksheet 1 Totals		**Section II: Experience Period and Current Plan Level Information**																					
		2.1 Plan ID (Standard Component ID)	Total	72001KY0020001	72001KY0020002	72001KY0020003	72001KY0020004	72001KY0020005	72001KY0020006	72001KY0020007	72001KY0020008	72001KY0020009	72001KY0020010	72001KY0030001	72001KY0030002	72001KY0030003	72001KY0030004	72001KY0030005	72001KY0030006	72001KY0030007	72001KY0030008	72001KY0030009	72001KY0030010
$0		2.2 Allowed Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0		2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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	$0	$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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0		2.6 Incurred Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0		2.8 Premium	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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	0	0	0	0	0	0	0	0	0	0	0	0
		2.10 Current Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	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	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

		Section III: Plan Adjustment Factors																					
		3.1 Plan ID (Standard Component ID)		72001KY0020001	72001KY0020002	72001KY0020003	72001KY0020004	72001KY0020005	72001KY0020006	72001KY0020007	72001KY0020008	72001KY0020009	72001KY0020010	72001KY0030001	72001KY0030002	72001KY0030003	72001KY0030004	72001KY0030005	72001KY0030006	72001KY0030007	72001KY0030008	72001KY0030009	72001KY0030010
		3.2 Market Adjusted Index Rate		$567.45																			
		3.3 AV and Cost Sharing Design of Plan		0.6572	0.7165	0.7171	0.8169	0.8877	0.8154	0.8483	0.9284	1.0109	0.9489	0.6572	0.7165	0.7171	0.8169	0.8877	0.8154	0.8483	0.9284	1.0109	0.9489
		3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	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	1.0000	1.0000	1.0000	1.0000	1.0000	1.0457	1.0457	1.0457	1.0457	1.0457	1.0457	1.0457	1.0457	1.0457	1.0457
		Administrative Costs																					
		3.6 Administrative Expense		11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%	11.34%
		3.7 Taxes and Fees		4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%
		3.8 Profit & Risk Load		3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%
		3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
		3.10 **Plan Adjusted Index Rate**		$461.15	$502.75	$503.18	$573.20	$622.88	$572.15	$595.24	$651.44	$709.33	$665.83	$482.22	$525.73	$526.17	$599.40	$651.35	$598.30	$622.44	$681.21	$741.75	$696.25
		3.11 Age Calibration Factor	0.5735	0.5735																			
		3.12 Geographic Calibration Factor	1.0000	1.0000																			
		3.13 Tobacco Calibration Factor	0.9963	0.9963																			
		3.14 **Calibrated Plan Adjusted Index Rate**		$263.49	$287.26	$287.50	$327.52	$355.90	$326.91	$340.11	$372.22	$405.30	$380.44	$275.53	$300.39	$300.64	$342.48	$372.17	$341.85	$355.65	$389.23	$423.82	$397.82

		Section IV: Projected Plan Level Information																					
		4.1 Plan ID (Standard Component ID)	Total	72001KY0020001	72001KY0020002	72001KY0020003	72001KY0020004	72001KY0020005	72001KY0020006	72001KY0020007	72001KY0020008	72001KY0020009	72001KY0020010	72001KY0030001	72001KY0030002	72001KY0030003	72001KY0030004	72001KY0030005	72001KY0030006	72001KY0030007	72001KY0030008	72001KY0030009	72001KY0030010
		4.2 Allowed Claims	$23,989,351	$1,770,841	$369,376	$885,877	$559,769	$4,211,771	$6,010,235	$3,764,900	$2,567,826	$222,257	$319,201	$286,573	$59,613	$143,356	$90,291	$701,721	$951,248	$613,396	$379,882	$33,058	$48,160
		4.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		4.4 Member Cost Sharing	$4,061,986	$504,079	$92,685	$191,108	$85,322	$521,979	$997,139	$538,039	$481,386	$30,633	$54,265	$80,533	$14,856	$30,946	$14,073	$90,037	$160,299	$89,839	$71,779	$4,685	$8,304
		4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		4.6 Incurred Claims	$19,927,365	$1,266,762	$276,691	$694,769	$474,446	$3,689,792	$5,013,097	$3,226,861	$2,086,440	$191,625	$264,936	$206,040	$44,757	$112,410	$76,218	$611,684	$790,949	$523,557	$308,103	$28,373	$39,855
		4.7 Risk Adjustment Transfer Amount	-$2,736,633	-$241,543	-$48,336	-$120,937	-$72,646	-$329,527	-$700,906	-$322,035	-$418,489	-$49,602	-$74,293	-$36,946	-$7,390	-$18,498	-$11,106	-$52,358	-$105,417	-$49,996	-$58,940	-$7,021	-$10,646
		4.8 Premium	$28,036,326	$1,839,006	$401,190	$1,003,342	$686,114	$4,951,453	$6,988,831	$4,301,841	$3,274,747	$310,700	$436,819	$294,136	$64,135	$160,478	$109,684	$822,649	$1,099,124	$698,361	$482,273	$45,989	$65,451
		4.9 Projected Member Months	47,794	3,988	798	1,994	1,197	7,949	12,214	7,227	5,027	438	656	610	122	305	183	1,263	1,837	1,122	708	62	94
		4.10 Loss Ratio	78.77%	79.30%	78.42%	78.74%	77.34%	79.83%	79.73%	81.08%	73.05%	73.39%	73.08%	80.11%	78.87%	79.17%	77.32%	79.41%	79.60%	80.75%	72.78%	72.81%	72.72%
		Per Member Per Month																					
		4.11 Allowed Claims	$501.93	$444.04	$462.88	$444.27	$467.64	$529.85	$492.08	$520.95	$510.81	$507.44	$486.59	$469.79	$488.63	$470.02	$493.39	$555.60	$517.83	$546.70	$536.56	$533.19	$512.34
		4.12 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		4.13 Member Cost Sharing	$84.99	$126.40	$116.15	$95.84	$71.28	$65.67	$81.64	$74.45	$95.76	$69.94	$82.72	$132.02	$121.77	$101.46	$76.90	$71.29	$87.26	$80.07	$101.38	$75.56	$88.34
		4.14 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		4.15 Incurred Claims	$416.94	$317.64	$346.73	$348.43	$396.36	$464.18	$410.44	$446.50	$415.05	$437.50	$403.87	$337.77	$366.86	$368.56	$416.49	$484.31	$430.57	$466.63	$435.17	$457.63	$423.99
		4.16 Risk Adjustment Transfer Amount	-$57.26	-$60.57	-$60.57	-$60.65	-$60.69	-$41.46	-$57.39	-$44.56	-$83.25	-$113.25	-$113.25	-$60.57	-$60.57	-$60.65	-$60.69	-$41.46	-$57.39	-$44.56	-$83.25	-$113.25	-$113.25
		4.17 Premium	$586.61	$461.13	$502.74	$503.18	$573.20	$622.90	$572.20	$595.25	$651.43	$709.36	$665.88	$482.19	$525.70	$526.16	$599.37	$651.35	$598.33	$622.43	$681.18	$741.75	$696.29

Rating Area Data Collection

Specify the total number of Rating
Select only the Rating Areas you ar
To validate, select the Validate but
To finalize, select the Finalize butto

Rating Area	Rating Factor
Rating Area 1	0.9529
Rating Area 2	1.0170
Rating Area 3	0.9571
Rating Area 4	0.9515
Rating Area 5	0.9823
Rating Area 6	1.1942
Rating Area 7	0.8649
Rating Area 8	0.9947