

Amendment Number 14 (15)
Prepaid Health Plan Services
#30-190029-DHB – PHP

THIS Amendment to the Prepaid Health Plan Services Contract #30-190029-DHB – PHP Name (Contract) awarded February 4, 2019, and subsequently amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits (Division), and PHP Name (Contractor), each, a Party and collectively, the Parties.

Background:

The purpose of this Amendment is to:

1. Revise a requirement for nursing facility payments;
2. Make a correction to *Section VII. Fourth Revised and Restated North Carolina Medicaid Managed Care Network Adequacy Standards*; and
3. Update capitation rates and risk sharing terms.

The Parties agree as follows:

1. **Section V. Scope of Services, D. Provider Payment, m. Nursing Facility Payments** is revised and restated as follows:

m. Nursing Facility Payments. The PHP shall reimburse in-network nursing facilities (excluding those owned and operated by the State) ninety-five percent (95%) of the facilities' adjusted Medicare rate for the first twenty (20) Calendar Days of a Member's nursing facility stay and eighty percent (80%) of the facility's adjusted Medicare rate for the remainder of a Member's nursing facility stay, unless the PHP and provider have mutually agreed to an alternative reimbursement arrangement.

2. **Section VII. Fourth Revised and Restated North Carolina Medicaid Managed Care Network Adequacy Standards** is revised and restated in its entirety as *Section VII. Fifth Revised and Restated North Carolina Medicaid Managed Care Network Adequacy Standards* in order to correct *Section VII. Attachment F. Second Revised and Restated Table 4: Specialty Care Providers* being inadvertently removed from the attachment.

3. **Section X. Sixth Revised and Restated Summary of Contractual Payment and Risk Sharing Terms** is revised and restated in its entirety as *Section X. Seventh Revised and Restated Summary of Contractual Payment and Risk Sharing Terms*.

4. **Effective Date**

This Amendment is effective upon the later of the execution dates by the Parties, subject to approval by CMS.

5. Other Requirements

Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

Execution:

By signing below, the Parties execute this Amendment in their official capacities and agree to the amended terms and conditions outlined herein as of the Effective Date.

Department of Health and Human Services

Jay Ludlam, Deputy Secretary

Date: _____

PHP Name

PHP Authorized Signature

Date: _____

Attachment F: Fifth Revised and Restated North Carolina Medicaid Managed Care Network Adequacy Standards

This Attachment F: Fifth Revised and Restated North Carolina Medicaid Managed Care Network Adequacy Standards is effective April 1, 2023.

At a minimum, Contractor's network shall consist of hospitals, physicians, advanced practice nurses, SUD and behavioral health treatment providers, emergent and non-emergent transportation services, safety net hospitals, and all other provider types necessary to support capacity to make all services sufficiently available as described in Section V.D.1. Provider Network.

For the purposes of this attachment and the Network Adequacy Standards, "urban" is defined as non-rural counties, or counties with average population densities of two hundred fifty (250) or more people per square mile. This includes twenty (20) counties that are categorized by the North Carolina Rural Economic Development Center as "regional cities or suburban counties" or "urban counties." "Rural" is defined as a county with average population density of less than two hundred fifty (250) people per square mile.

More information is available at: [http://www.ncleg.net/documentsites/committees/BCCI-6678/4-6-16/NCRC3%20Rural Center Impacts Report.pdf4-6-16.pdf](http://www.ncleg.net/documentsites/committees/BCCI-6678/4-6-16/NCRC3%20Rural%20Center%20Impacts%20Report.pdf4-6-16.pdf). The Department will issue updated analysis of urban and rural counties defined by the North Carolina Rural Economic Development Center based on the most recently available U.S. Census population data.

In order to ensure that all members have timely access to all covered health care services, Contractor shall ensure its network meets, at a minimum, the following time/distance standards as measured from the member's residence for adult and pediatric providers separately through geo-access mapping at least annually. Certain service types are not subject to separate adult and pediatric provider standards. These service types are marked with a (*) and include hospitals, pharmacies, occupational, physical, or speech therapists, LTSS, and nursing facilities.

For purposes of network adequacy standards physical health providers/services, except as otherwise noted, adult services are those provided to a member who is 21 years of age or older and pediatric (child/children or adolescent) services are those provided to a member who is less than 21 years of age.

For purposes of network adequacy standards for behavioral health providers/services, except as otherwise noted, adult services are those provided to a member who is 18 years of age or older and pediatric/adolescent (child/children) services are those provided to a member who is less than 18 years of age.

Section VII. Attachment F. Third Revised and Restated Table 1: PHP Time/Distance Standards

Reference Number	Service Type	Urban Standard	Rural Standard
1	Primary Care	≥ 2 providers within 30 minutes or 10 miles for at least 95% of Members	≥ 2 providers within 30 minutes or 30 miles for at least 95% of Members
2	Specialty Care	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 95% of Members	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 95% of Members
3	Hospitals*	≥ 1 hospitals within 30 minutes or 15 miles for at least 95% of Members	≥ 1 hospitals within 30 minutes or 30 miles for at least 95% of Members
4	Pharmacies*	≥ 2 pharmacies within 30 minutes or 10 miles for at least 95% of Members	≥ 2 pharmacies within 30 minutes or 30 miles for at least 95% of Members
5	Obstetrics ¹	≥ 2 providers within 30 minutes or 10 miles for at least 95% of Members	≥ 2 providers within 30 minutes or 30 miles for at least 95% of Members
6	Occupational, Physical, or Speech Therapists*	≥ 2 providers (of each provider type) within 30 minutes or 10 miles for at least 95% of Members	≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 95% of Members
7	Outpatient Behavioral Health Services	<ul style="list-style-type: none"> • ≥ 2 providers of each outpatient behavioral health service within 30 minutes or 30 miles of residence for at least 95% of Members • <i>Research-based behavioral health treatment for Autism Spectrum Disorder (ASD): Not subject to standard</i> 	<ul style="list-style-type: none"> • ≥ 2 providers of each outpatient behavioral health service within 45 minutes or 45 miles of residence for at least 95% of Members • <i>Research-based behavioral health treatment for Autism Spectrum Disorder (ASD): Not subject to standard</i>
8	Location-Based Services (Behavioral Health)	≥ 2 providers of each service within 30 minutes or 30 miles of residence for at least 95% of Members	≥ 2 providers of each service within 45 minutes or 45 miles of residence for at least 95% of Members
9	Crisis Services (Behavioral Health)	≥ 1 provider of each crisis service within each PHP Region	
10	Inpatient Behavioral Health Services	≥ 1 provider of each inpatient BH service within each PHP Region	
11	Partial Hospitalization (Behavioral Health)	≥ 1 provider of partial hospitalization within 30 minutes or 30 miles for at least 95% of Members	≥ 1 provider of specialized services partial hospitalization within 60 minutes or 60 miles for at least 95% of Members
12	All State Plan LTSS (except nursing facilities)*	PHP must have at least 2 LTSS provider types (Home Care providers and Home Health providers, including home health services, private duty nursing services, personal care services, and hospice services), identified by distinct NPI, accepting new patients available to deliver each State Plan LTSS in every county.	PHP must have at least 2 providers accepting new patients available to deliver each State Plan LTSS in every county; providers are not required to live in the same county in which they provide services.
13	Nursing Facilities*	PHP must have at least 1 nursing facility accepting new patients in every county.	PHP must have at least 1 nursing facility accepting new patients in every county.

¹ Measured on members who are female and age 14 through age 44. Certified Nurse Midwives may be included to satisfy OB access requirements.

The PHP is required to use the definitions of service categories for Behavioral Health time/distance standards found in behavioral health service types in *Section VII. Attachment F. Third Revised and Restated Table 1: PHP Time/Distance Standards* and *Section VII. Attachment F. Fourth Revised and Restated Table 2: Definition of Service Category for Behavioral Health Time/Distance Standards*.

Section VII. Attachment F. Fourth Revised and Restated Table 2: Definition of Service Category for Behavioral Health Time/Distance Standards		
Reference Number	Service Type	Definition
1.	Outpatient Behavioral Health Services	<ul style="list-style-type: none"> • Outpatient behavioral health services provided by direct-enrolled providers(adults and children) • Diagnostic Assessment • Office-based opioid treatment (OBOT) • Research-based BH treatment for Autism Spectrum Disorder (ASD)
2.	Location-Based Services (Behavioral Health)	<ul style="list-style-type: none"> • Outpatient Opioid treatment program (OTP) (adult)
3.	Crisis Services (Behavioral Health)	<ul style="list-style-type: none"> • Professional treatment services in a facility-based crisis program (adult) • Facility-based crisis services for children and adolescents • Ambulatory withdrawal management, without extended on-site monitoring • Ambulatory withdrawal management, with extended on-site monitoring • Medically Monitored Inpatient Withdrawal Services
4.	Inpatient Behavioral Health Services	<p><i>Inpatient Hospital – Adult</i></p> <ul style="list-style-type: none"> • Acute care hospitals with adult inpatient psychiatric beds • Acute care hospitals with adult Medically Managed Intensive Inpatient Withdrawal Management Services beds • Acute care hospitals with adult Medically Managed Intensive Inpatient Services beds <p><i>Inpatient Hospital – Adolescent / Children</i></p> <ul style="list-style-type: none"> • Acute care hospitals with adolescent inpatient psychiatric beds • Acute care hospitals with adolescent/child Medically Managed Intensive Inpatient Services beds • Acute care hospitals with child inpatient psychiatric beds
5.	Partial Hospitalization (Behavioral Health)	<ul style="list-style-type: none"> • Partial hospitalization (adults and children)

PHP is additionally required to meet the following appointment wait-time standards for adult and pediatric providers separately, which vary by the type of service:

Section VII. Attachment F. Third Revised and Restated Table 3: Appointment Wait Time Standards			
Reference Number	Visit Type	Description	Standard
Primary Care			
1	Preventive Care Service – adult, 21 years of age and older	Care provided to prevent illness or injury; examples include, but are not limited to, routine physical examinations, immunizations, mammograms and pap smears	Within thirty (30) Calendar Days
1a	Preventive Care Services – child, birth through 20 years of age		Within fourteen (14) Calendar Days for Member less than six (6) months of age Within thirty (30) Calendar Days for Members six (6) months of age and older.
2	Urgent Care Services	Care provided for a non-emergent illness or injury with acute symptoms that require immediate care; examples include, but are not limited to, sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain and severe, non-resolving headache.	Within twenty-four (24) hours
3	Routine/Check-up without Symptoms	Non-symptomatic visits for routine health check-up.	Within thirty (30) Calendar Days
4	After-Hours Access – Emergent and Urgent	Care requested after normal business office hours.	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
Prenatal Care			
5	Initial Appointment – 1 st or 2 nd Trimester	Care provided to a Member while the Member is pregnant to help keep Member and future baby healthy, such as checkups and prenatal testing.	Within fourteen (14) Calendar Days
5a	Initial Appointment – high risk pregnancy or 3 rd Trimester		Within five (5) Calendar Days

Specialty Care			
6	Urgent Care Services	Care provided for a non-emergent illness or injury with acute symptoms that require immediate care; examples include, but are not limited to, sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain and severe, non-resolving headache.	Within twenty-four (24) hours
7	Routine/Check-up without Symptoms	Non-symptomatic visits for health check.	Within thirty (30) Calendar Days
8	After-Hours Access – Emergent and Urgent	Care requested after normal business office hours.	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
Behavioral Health Care			
9	Mobile Crisis Management Services	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Within two (2) hours
10	Urgent Care Services for Mental Health	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Within twenty-four (24) hours
11	Urgent Care Services for SUDs	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Within twenty-four (24) hours
12	Routine Services for Mental Health	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Within fourteen (14) Calendar Days
13	Routine Services for SUDs	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Within forty-eight (48) hours
14	Emergency Services for Mental Health	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
15	Emergency Services for SUDs	Refer to Attachment M. 8.: First Revised and Restated Behavioral Health Service Definition Policy	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}

The PHP is required to use the following provider types as “specialty care” providers for purposes of *Section VII. Attachment F. Second Revised and Restated Table 1: PHP Time/DistanceStandards* and *Section VII. Attachment F. Second Revised and Restated Table 3: PHP Appointment Wait Time Standards* as found in this attachment:

Section VII. Attachment F. Second Revised and Restated. Table 4: Specialty Care Providers	
Reference Number	Service Type
1.	Allergy/Immunology
2.	Anesthesiology
3.	Cardiology
4.	Dermatology
5.	Endocrinology
6.	ENT/Otolaryngology
7.	Gastroenterology
8.	General Surgery
8a.	Gynecology ²
9.	Infectious Disease
10.	Hematology
11.	Nephrology
12.	Neurology
13.	Oncology
14.	Ophthalmology
15.	Optometry
16.	Orthopedic Surgery
17.	Pain Management (Board Certified)
18.	Psychiatry
19.	Pulmonology
20.	Radiology
21.	Rheumatology
22.	Urology

² Measured on members who are female and age 14 or older.
 #30-190029-DHB PHP Standard Plans Amendment #14 (#15)

SECTION X. SEVENTH REVISED AND RESTATED SUMMARY OF CONTRACTUAL PAYMENT AND RISK SHARING TERMS

This Section X. of Contract #30-190029-DHB Prepaid Health Plans Blue Cross and Blue Shield of North Carolina includes three (3) separate parts for Contractor (Healthy Blue) that summarizes the capitation payment and risk sharing terms and figures for the periods spanning July 1, 2022 – November 30, 2022, December 1, 2022 – December 31, 2022, and January 1, 2023 – June 30, 2023.

Part 1: July 1, 2022 – November 30, 2022

This Section X. Part 1: July 1, 2022 – November 30, 2022, summarizes capitation payment and risk sharing terms and figures included elsewhere in the Standard Plan Rate Book for State Fiscal Year 2023 dated July 29, 2022, with capitation add-on rates for Healthy Blue applicable for the period spanning July 1, 2022 – November 30, 2022. The ABD, TANF and Other Related Children ages 1-20, and TANF and other Related Adults ages 21+ rates, excluding the capitation add-on rates for Healthy Blue, will be risk-adjusted using the Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) risk adjustment model. The capitation add-on rates for Healthy Blue will be added to the risk adjusted rates.

Base Capitation Rates by Region and COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$1,682.70	\$1,601.73	\$1,858.52	\$1,701.82	\$1,536.52	\$1,532.32
TANF, Newborns (<1)	\$1,027.18	\$831.15	\$924.50	\$865.21	\$828.49	\$866.10
TANF, Children (1–20)	\$183.73	\$162.03	\$174.11	\$160.48	\$162.78	\$157.99
TANF, Adults (21+)	\$404.84	\$412.59	\$422.13	\$407.58	\$431.61	\$406.60
Maternity Event	\$11,515.44	\$10,862.95	\$12,417.16	\$11,257.89	\$10,782.66	\$11,805.50

PMPM Capitation Add-on Rates by Region and COA for PHE Related Rate Increases

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$7.31	\$13.20	\$20.77	\$15.61	\$13.09	\$14.18
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$0.00	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00
TANF, Adults (21+)	\$0.02	\$0.27	\$0.34	\$0.24	\$0.28	\$0.21
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.28	\$0.00

PMPM Capitation Add-on Rates by Region and COA for Healthy Blue July – November 2022

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$17.05	\$16.89	\$19.64	\$18.03	\$16.62	\$16.00
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$6.92	\$6.05	\$6.61	\$5.94	\$6.03	\$5.94
TANF, Adults (21+)	\$9.41	\$9.87	\$10.24	\$9.98	\$10.41	\$9.96
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Target Service Ratio Underlying Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	91.7%	91.0%	91.5%	90.9%	91.3%	91.3%
TANF, Newborns (<1)	91.1%	90.3%	90.8%	90.0%	90.5%	90.6%
TANF, Children (1–20)	88.2%	87.6%	87.8%	85.8%	87.2%	87.7%
TANF, Adults (21+)	89.9%	89.4%	89.7%	89.1%	89.5%	89.6%
Maternity Event	94.5%	94.0%	94.3%	94.0%	94.2%	94.2%

Minimum PCP Expenditures as a Percentage of Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	4.5%	4.8%	4.7%	4.5%	5.4%	4.8%
TANF, Newborns (<1)	11.2%	15.2%	14.2%	13.7%	15.4%	13.3%
TANF, Children (1–20)	17.9%	19.1%	18.6%	17.9%	18.4%	17.6%
TANF, Adults (21+)	8.9%	8.9%	9.3%	9.2%	10.3%	9.0%
Maternity Event	15.3%	16.1%	15.5%	15.5%	16.8%	16.5%

Contractual Minimum MLR Thresholds by Rating Group

ABD	TANF, Newborn (<1)	TANF, Child (1-20)	TANF, Adult (21+)	Maternity Event	Total Standard Plan
89.2%	88.8%	85.8%	88.1%	92.3%	88.0%

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Part 2: December 1, 2022 – December 31, 2022

This Section X. Part 2: December 1, 2022 – December 31, 2022, summarizes capitation payment and risk sharing terms and figures included in the Standard Plan Rate Book for State Fiscal Year 2023 dated November 17, 2022, and applicable for the period spanning December 1, 2022 – December 31, 2022. The ABD, TANF and Other Related Children ages 1-20, and TANF and other Related Adults ages 21+ rates will be risk-adjusted using the Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) risk adjustment model. The capitation add-on rates for Healthy Blue will be added to the risk adjusted rates.

Base Capitation Rates by Region and COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$1,687.80	\$1,603.68	\$1,865.66	\$1,713.16	\$1,536.90	\$1,544.19
TANF, Newborns (<1)	\$1,021.84	\$829.84	\$923.65	\$863.94	\$827.35	\$865.09
TANF, Children (1–20)	\$185.15	\$163.03	\$175.27	\$161.56	\$163.77	\$158.98
TANF, Adults (21+)	\$415.89	\$422.76	\$432.28	\$417.82	\$443.02	\$415.64
Maternity Event	\$11,637.04	\$10,925.24	\$12,479.93	\$11,329.20	\$10,835.91	\$11,874.72

PMPM Capitation Add-on Rates by Region and COA for PHE Related Rate Increases

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$8.29	\$14.13	\$22.07	\$16.65	\$13.68	\$14.98
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$0.00	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00
TANF, Adults (21+)	\$0.02	\$0.28	\$0.37	\$0.25	\$0.29	\$0.22
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.28	\$0.00

PMPM Capitation Add-on Rates by Region and COA for Healthy Blue December 2022 – January 2023

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$17.05	\$16.89	\$19.64	\$18.03	\$16.62	\$16.00
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$6.92	\$6.05	\$6.61	\$5.94	\$6.03	\$5.94
TANF, Adults (21+)	\$9.41	\$9.87	\$10.24	\$9.98	\$10.41	\$9.96
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Target Service Ratio Underlying Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	91.8%	91.1%	91.6%	91.1%	91.4%	91.4%
TANF, Newborns (<1)	91.2%	90.4%	90.9%	90.1%	90.6%	90.7%
TANF, Children (1–20)	88.3%	87.8%	88.0%	86.0%	87.4%	87.8%
TANF, Adults (21+)	90.0%	89.6%	89.9%	89.3%	89.7%	89.7%
Maternity Event	94.5%	94.1%	94.4%	94.0%	94.3%	94.3%

Minimum PCP Expenditures as a Percentage of Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	4.5%	4.9%	4.7%	4.5%	5.4%	4.7%
TANF, Newborns (<1)	11.3%	15.3%	14.2%	13.8%	15.4%	13.4%
TANF, Children (1–20)	17.9%	19.1%	18.5%	17.8%	18.4%	17.5%
TANF, Adults (21+)	8.9%	8.9%	9.2%	9.1%	10.2%	8.9%
Maternity Event	15.4%	16.0%	15.5%	15.5%	16.8%	16.5%

Contractual Minimum MLR Thresholds by Rating Group

ABD	TANF, Newborn (<1)	TANF, Child (1-20)	TANF, Adult (21+)	Maternity Event	Total Standard Plan
89.2%	88.8%	85.8%	88.1%	92.2%	88.0%

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Part 3: January 1, 2023 – June 30, 2023

This Section X. Part 3: January 1, 2023 – June 30, 2023, summarizes capitation payment and risk sharing terms and figures included in the Standard Plan Rate Book for State Fiscal Year 2023 dated February 28, 2023, and effective as of January 1, 2023. The ABD, TANF and Other Related Children ages 1-20, and TANF and other Related Adults ages 21+ rates will be risk-adjusted using the Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) risk adjustment model. The capitation add-on rates for Healthy Blue will be added to the risk adjusted rates for the January 1, 2023 through January 31, 2023 time period.

Base Capitation Rates by Region and COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$1,700.39	\$1,618.28	\$1,882.62	\$1,727.20	\$1,545.02	\$1,555.57
TANF, Newborns (<1)	\$1,021.84	\$829.84	\$923.65	\$863.94	\$827.35	\$865.09
TANF, Children (1–20)	\$185.15	\$163.03	\$175.27	\$161.56	\$163.77	\$158.98
TANF, Adults (21+)	\$415.85	\$422.81	\$432.36	\$417.83	\$442.98	\$415.61
Maternity Event	\$11,637.04	\$10,925.24	\$12,479.93	\$11,329.20	\$10,835.91	\$11,874.72

PMPM Capitation Add-on Rates by Region and COA for PHE Related Rate Increases

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$3.23	\$11.23	\$18.57	\$13.78	\$11.93	\$12.18
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$0.00	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00
TANF, Adults (21+)	\$0.01	\$0.25	\$0.34	\$0.23	\$0.29	\$0.22
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.28	\$0.00

PMPM Capitation Add-on Rates by Region and COA for Healthy Blue December 2022 – January 2023

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$17.05	\$16.89	\$19.64	\$18.03	\$16.62	\$16.00
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$6.92	\$6.05	\$6.61	\$5.94	\$6.03	\$5.94
TANF, Adults (21+)	\$9.41	\$9.87	\$10.24	\$9.98	\$10.41	\$9.96
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Target Service Ratio Underlying Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	91.8%	91.2%	91.7%	91.1%	91.4%	91.4%
TANF, Newborns (<1)	91.2%	90.4%	90.9%	90.1%	90.6%	90.7%
TANF, Children (1–20)	88.3%	87.8%	88.0%	86.0%	87.4%	87.8%
TANF, Adults (21+)	90.0%	89.6%	89.9%	89.3%	89.7%	89.8%
Maternity Event	94.5%	94.1%	94.4%	94.0%	94.3%	94.3%

Minimum PCP Expenditures as a Percentage of Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	4.4%	4.8%	4.7%	4.5%	5.3%	4.7%
TANF, Newborns (<1)	11.3%	15.3%	14.2%	13.8%	15.4%	13.4%
TANF, Children (1–20)	17.9%	19.1%	18.5%	17.8%	18.4%	17.5%
TANF, Adults (21+)	8.9%	8.9%	9.2%	9.1%	10.2%	8.9%
Maternity Event	15.4%	16.0%	15.5%	15.5%	16.8%	16.5%

Contractual Minimum MLR Thresholds by Rating Group

ABD	TANF, Newborn (<1)	TANF, Child (1-20)	TANF, Adult (21+)	Maternity Event	Total Standard Plan
89.2%	88.8%	85.8%	88.1%	92.2%	88.0%

SECTION X. SIXTH REVISED AND RESTATED SUMMARY OF CONTRACTUAL PAYMENT AND RISK SHARING TERMS

(Applies to AmeriHealth Caritas, Carolina Complete Health, UnitedHealthcare and WellCare.)

This *Section X* summarizes capitation payment and risk sharing terms and figures included in the Standard Plan Rate Book for State Fiscal Year 2023 dated February 28, 2023, and effective as of January 1, 2023. The ABD, TANF and Other Related Children ages 1-20, and TANF and other Related Adults ages 21+ rates will be risk-adjusted using the Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) risk adjustment model.

Base Capitation Rates by Region and COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$1,700.39	\$1,618.28	\$1,882.62	\$1,727.20	\$1,545.02	\$1,555.57
TANF, Newborns (<1)	\$1,021.84	\$829.84	\$923.65	\$863.94	\$827.35	\$865.09
TANF, Children (1–20)	\$185.15	\$163.03	\$175.27	\$161.56	\$163.77	\$158.98
TANF, Adults (21+)	\$415.85	\$422.81	\$432.36	\$417.83	\$442.98	\$415.61
Maternity Event	\$11,637.04	\$10,925.24	\$12,479.93	\$11,329.20	\$10,835.91	\$11,874.72

PMPM Add-on by Region and COA

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	\$3.23	\$11.23	\$18.57	\$13.78	\$11.93	\$12.18
TANF, Newborns (<1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TANF, Children (1–20)	\$0.00	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00
TANF, Adults (21+)	\$0.01	\$0.25	\$0.34	\$0.23	\$0.29	\$0.22
Maternity Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.28	\$0.00

Target Service Ratio Underlying Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	91.8%	91.2%	91.7%	91.1%	91.4%	91.4%
TANF, Newborns (<1)	91.2%	90.4%	90.9%	90.1%	90.6%	90.7%
TANF, Children (1–20)	88.3%	87.8%	88.0%	86.0%	87.4%	87.8%
TANF, Adults (21+)	90.0%	89.6%	89.9%	89.3%	89.7%	89.8%
Maternity Event	94.5%	94.1%	94.4%	94.0%	94.3%	94.3%

Minimum PCP Expenditures as a Percentage of Base Capitation Rates

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ABD	4.4%	4.8%	4.7%	4.5%	5.3%	4.7%
TANF, Newborns (<1)	11.3%	15.3%	14.2%	13.8%	15.4%	13.4%
TANF, Children (1–20)	17.9%	19.1%	18.5%	17.8%	18.4%	17.5%
TANF, Adults (21+)	8.9%	8.9%	9.2%	9.1%	10.2%	8.9%
Maternity Event	15.4%	16.0%	15.5%	15.5%	16.8%	16.5%

Contractual Minimum MLR Thresholds by Rating Group

ABD	TANF, Newborn (<1)	TANF, Child (1-20)	TANF, Adult (21+)	Maternity Event	Total Standard Plan
89.2%	88.8%	85.8%	88.1%	92.2%	88.0%

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