

# CONFIDENTIAL

Appendix FF

UnitedHealthcare Community Plan

**Louisiana Coordinated Care Networks - Shared  
Provider Incentive Programs**

**Per Member Per Month Payments**

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.

Not Peer

		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):										
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):										
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**Bonus Payments**

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		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										
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Hospital Inpatient - General										
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Hospital Outpatient										
Other (specify):										
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**Pay for Performance Incentive Payments**

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	Provider Gain Share - sharing of savings with providers when plan is meets the shared savings with the state.	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34
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
Physician - Primary Care	Provider Gain Share - sharing of savings with providers when plan is meets the shared savings with the state.	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
Other (specify):										
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		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										
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Hospital Outpatient										
Other (specify):										
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Other (specify):										
Other (specify):										
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Other (specify):										
Total										
Projected enrollment										
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		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										
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Hospital Outpatient										
Other (specify):										
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Not Pee

		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):										
Other (specify):										
Other (specify):										
Other (specify):										
Other (specify):										
Total										
Projected enrollment										

		PMPM								
		SSI								
		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										
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Hospital Outpatient										
Other (specify):										
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		PMPM								
		SSI								
		Children (Ages 0-18)								
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Physician - Primary Care										
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
Other (specify):										
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Total										
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		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	Provider Gain Share - sharing of savings with providers when plan is meets the shared savings with the state.	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
Physician - Specialty Care										
Hospital Inpatient - General										
Hospital Inpatient - Psychiatric										
Hospital Outpatient										
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Physician - Primary Care	Provider Gain Share - sharing of savings with providers when plan is meets the shared savings with the state.	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
Physician - Specialty Care										
Hospital Inpatient - General										
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Physician - Specialty Care										
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		Other								
		Children (Ages 0-18)								
<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>
Physician - Primary Care										
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Other (specify):										
Other (specify):										
Total										
Projected enrollment										
		PMPM								
		Other								
		Adults (Ages 19+)								
<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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Total										
Projected enrollment										