

## **Sixth Amendment to the Iowa Health Link Contract MED-16-020**

This Sixth Amendment to Contract Number MED-16-020 between the Iowa Department of Human Services (Agency) and UnitedHealthcare Plan of the River Valley, Inc. (Contractor) is hereby amended as set forth below. To the extent that there is a conflict between any provision of this Sixth Amendment and the Contract or previous amendments, this Sixth Amendment shall control. This Sixth Amendment is effective as of December 1, 2017.

### **Section 1: Amendment to Contract Language**

The Contract is amended as follows:

**Revision 1.** The original Attachment 3.2-04 to the Contract is hereby deleted. The document attached to this Sixth Amendment as Exhibit A is hereby incorporated into the Contract by reference and replaces former Attachment 3.2-04. Exhibit A, attached hereto, shall hereafter be labeled and referred to as Attachment 3.2-04.

### **Section 2: Ratification & Authorization**

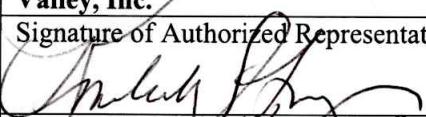
Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

### **Section 3: CMS Contingency.**

This Amendment is contingent on the approval of CMS.

### **Section 4: Execution**

**IN WITNESS WHEREOF**, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

<b>Contractor, UnitedHealthcare Plan of the River Valley, Inc.</b>		<b>Agency, Iowa Department of Human Services</b>	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
	1/25/18		1/29/18
Printed Name: Jerry Foxhoven		Printed Name: Jerry Foxhoven	
Title: CEO		Title: Director	

State of Iowa - Department of Human Services, Division of Medical Assistance  
 IA Health Life  
 December 1, 2017 - June 30, 2018 Capitalization Rate Summary  
 Health Plan: United Healthcare

## Medical Gross Capitalization

Capitalization Rate Cells		Gross Base Medical Capitalization	Hospital Services Rate	Gross Base Medical Capitalization	Gross Base Medical Capitalization	ONE PHMC	Supplemental PHMC	Gross Total Excluding Hospitalization	Gross Total Hospitalization	Gross Total Services Rate Total
		\$ 1,636.62	\$ 6.00	\$ 1,636.62	\$ 1,636.62	\$ 6.00	\$ 6.00	\$ 1636.62	\$ 1636.62	\$ 1642.42
Children 0-18 days MA/F		210.02	-	210.02	210.02	0.00	0.00	210.02	210.02	9.00
Children 0-184 days MA/F		127.97	(5.00)	127.97	127.97	12.98	(0.43)	127.95	127.95	5.95
Children 1-18 MA/F		20.58	(2.27)	20.58	20.58	2.27	(0.27)	20.58	20.58	1.27
Children 1-180 MA/F		20.44	(3.61)	20.44	20.44	3.61	(0.44)	20.43	20.43	1.44
Non-Resident Adult 1-18 F		218.66	(3.49)	218.66	218.66	3.49	(0.44)	218.62	218.62	1.44
Non-Resident Adult 1-18 M		218.14	(2.27)	218.14	218.14	2.27	(0.27)	218.07	218.07	1.27
Non-Resident Adults 1-184 F		617.44	(2.63)	617.44	617.44	2.63	(0.17)	617.27	617.27	1.43
Non-Resident Adults 1-184 M		386.48	(2.27)	386.48	386.48	2.27	(0.16)	386.32	386.32	1.27
Non-Resident Adults 1-180 F		385.65	(2.48)	385.65	385.65	2.48	(0.16)	385.47	385.47	1.30
Non-Resident Adults 1-180 M		261.63	(2.22)	261.63	261.63	2.22	(0.16)	261.41	261.41	1.22
Program Women										
CHP - Children CHP 0-184 Days MA/F		\$ 1,636.62	\$ 6.00	\$ 1,636.62	\$ 1,636.62	\$ 6.00	\$ 6.00	\$ 1,636.62	\$ 1,636.62	\$ 6.00
CHP - Children CHP 1-184 Days MA/F		210.02	-	210.02	210.02	0.00	0.00	210.02	210.02	-
CHP - Children CHP 1-18 MA/F		127.97	(5.00)	127.97	127.97	12.98	(0.43)	127.95	127.95	5.95
CHP - Children CHP 1-180 MA/F		218.66	(3.49)	218.66	218.66	3.49	(0.44)	218.62	218.62	1.44
CHP - Children CHP 1-184 MA/F		617.44	(2.63)	617.44	617.44	2.63	(0.17)	617.27	617.27	1.43
CHP - Women										
TMPF Hospital Case Rate										
Program Women Hospital Case Rate										
Unisex Pan 1-184 F (Medically Exempt)		\$ 6,895.70		\$ 6,895.70	\$ 6,895.70	\$ 6.00	\$ 6.00	\$ 6,896.62	\$ 6,896.62	\$ 6.00
Unisex Pan 1-184 M (Medically Exempt)		642.23		642.23	642.23	0.00	0.00	642.23	642.23	-
Unisex Pan 1-24 F (Medically Exempt)		776.16	(12.33)	776.16	776.16	12.33	(0.41)	775.75	775.75	5.75
Unisex Pan 1-24 M (Medically Exempt)		288.93	-	288.93	288.93	0.00	0.00	288.52	288.52	-
Unisex Pan 1-18 MA/F (Medically Exempt)		1,086.68	(12.39)	1,086.68	1,086.68	12.39	(0.73)	1,073.87	1,073.87	12.39
Unisex Pan 1-18 MA/M (Medically Exempt)		1,294.51	(24.21)	1,294.51	1,294.51	24.21	(1.02)	1,292.04	1,292.04	12.77
Unisex Pan 1-184 MA/F (Medically Exempt)		1,253.04	(22.22)	1,253.04	1,253.04	22.22	(0.96)	1,250.85	1,250.85	12.52
Unisex Pan 1-184 F (Non-Medically Exempt)		1,201.36	\$ 6.00	1,201.36	1,201.36	\$ 6.00	\$ 6.00	1,200.82	1,200.82	\$ 6.00
Unisex Pan 1-184 M (Non-Medically Exempt)		195.32	-	195.32	195.32	0.00	0.00	195.32	195.32	-
Unisex Pan 1-24 F (Non-Medically Exempt)		266.04	-	266.04	266.04	0.00	0.00	265.57	265.57	-
Unisex Pan 1-24 M (Non-Medically Exempt)		222.34	-	222.34	222.34	0.00	0.00	221.87	221.87	-
Unisex Pan 1-18 MA/F (Non-Medically Exempt)		463.27	-	463.27	463.27	0.00	0.00	462.80	462.80	-
Unisex Pan 1-18 MA/M (Non-Medically Exempt)		646.56	-	646.56	646.56	0.00	0.00	646.09	646.09	-
ABD Non-Child MA/F		\$ 777.61	(14.81)	\$ 777.61	\$ 777.61	14.81	(0.70)	\$ 776.92	\$ 776.92	1.43
ABD Non-Child MA/M		1,920.01	(122.49)	1,920.01	1,920.01	122.49	(1.91)	1,919.26	1,919.26	1.43
Residential Care Facility										
Residential Care Facility		1,827.29	(1,267.25)	1,827.29	1,827.29	1,267.25	(48.49)	1,826.80	1,826.80	122.49
Duis Eligible MA/F		\$ 471.59	\$ 1,076.02	\$ 471.59	\$ 471.59	1,076.02	\$ 1,163.81	\$ 1,163.81	\$ 1,163.81	\$ 471.59
Duis Eligible MA/M		216.00	(447.79)	216.00	216.00	447.79	(1.67)	215.26	215.26	1.67
Certified Care Nursing Facility-18+/-		\$ 127.54	\$ 6.00	\$ 127.54	\$ 127.54	6.00	\$ 6.00	\$ 127.54	\$ 127.54	\$ 6.00
Hospital Case										
Hospital Case		278.16	-	278.16	278.16	0.00	0.00	277.56	277.56	-
LTC's w/MCO-Specific Rebalancing and Risk Adjustment										
Custodial Care Nursing Facility-45+		\$ 607.78	\$ 6.00	\$ 607.78	\$ 607.78	\$ 6.00	\$ 6.00	\$ 607.84	\$ 607.84	\$ 6.00
Resident Care Facility		\$ 607.78	-	\$ 607.78	\$ 607.78	-	-	\$ 607.84	\$ 607.84	-
Health Care Workers		238.14	-	238.14	238.14	0.00	0.00	237.93	237.93	-
Non-Resident Health Workers		134.80	-	134.80	134.80	0.00	0.00	134.60	134.60	-
EDB/HOBES Worker		218.89	-	218.89	218.89	0.00	0.00	218.51	218.51	-
LTC's w/MCO-Specific Rebalancing and Risk Adjustment										
ICU Unit										
Skin Biopsies Center		147.53	-	147.53	147.53	0.00	0.00	147.31	147.31	-
Respiratory Disease/HOBES Worker		381.32	-	381.32	381.32	0.00	0.00	380.50	380.50	-
Chronic in-Patient Mental Institute (PMIC)		\$ 114.70	\$ 6.00	\$ 114.70	\$ 114.70	\$ 6.00	\$ 6.00	\$ 114.74	\$ 114.74	\$ 6.00
Children's Mental Health (CHS) Worker		723.18	-	723.18	723.18	0.00	0.00	713.82	713.82	-
LTC's w/MCO-Specific Rebalancing and Risk Adjustment										



Condition Rate Cell	L718 Condition		Rate Adjusted L728 Condition		Net Rate L728 Condition		Total Rate L728	
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Children 0-5 days MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 0-94 days MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 1-4 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 5-14 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 15-20 M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 15-20 M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Dependent Adults 1-14 M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Dependent Adults 15-49 M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Dependent Adults 50+ MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pregnant Women	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 0-5 days MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 0-94 days MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children 1-4 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHP- Children 5-14 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHP- Children 15-20 M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHP- Children 15-20 M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHP- Adults	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Maternity Case Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Program from Maternity Case Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 F (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness Plan 1-24 M (Non-Medically Eligible)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All Non-Dual 21-45 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All Non-Dual 21-45 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All Non-Dual 21-45 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All Non-Dual 21-45 MAF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Custodial Care Nursing Facility 45+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Dual Skilled Nursing Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Double Status Patients: PC, HAD, AIDS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Double Status Patients: PC, HAD, AIDS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L718 with HCO-Specific Rebalancing and Risk Adjustment	\$3,028,127	\$1,312,632	\$1,312,632	\$1,312,632	\$1,312,632	\$1,312,632	\$1,312,632	\$1,312,632
ICF/HCR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State Resource Center	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Institute Disability Income Benefit	\$4,777,138	\$4,777,138	\$4,777,138	\$4,777,138	\$4,777,138	\$4,777,138	\$4,777,138	\$4,777,138
L718 with HCO-Specific Rebalancing and Risk Adjustment								
Children in a Purchaser Model Health Plan (PMP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children's Mental Health (HSC) Waiver	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L718 with HCO-Specific Rebalancing and Risk Adjustment	\$2,377,48	\$1,237,357	\$1,237,357	\$1,237,357	\$1,237,357	\$1,237,357	\$1,237,357	\$1,237,357