

Kentucky Employees' Health Plan – Status Report
2nd Quarter, 2022
Attachment F – Anthem Performance Guarantees
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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Claims Timeliness (14 Calendar Days)	<p>A minimum of 90% of Non-investigated medical Claims will be processed timely.</p> <p>Non-investigated Claims are defined as medical Claims that process through the system without the need to obtain additional information from the Provider, Subscriber or other external sources. Processed Timely is defined as Non-investigated medical Claims that have been adjudicated within 14 calendar days of receipt.</p> <p>This Guarantee will be calculated based on the number of Non-investigated Claims that Processed Timely divided by the total number of Non-investigated Claims.</p> <p>The calculation of this Guarantee does not include Claim adjustments. The calculation of this Guarantee also excludes in any quarter, Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual
Claim Timeliness (30 Calendar Days)	<p>A minimum of 98% of Non-investigated medical Claims will be processed timely.</p> <p>Non-investigated medical Claims are defined as Claims that process through the system without the need to obtain additional information from the Provider, Subscriber, or other external sources. Processed Timely is defined as Non-investigated medical Claims that have been adjudicated within 30 calendar days of receipt.</p> <p>This Guarantee will be calculated based on the number of Non-investigated Claims that Processed Timely divided by the total number of Non-investigated Claims.</p> <p>The calculation of this Guarantee does not include Claim adjustments. The calculation of this Guarantee also excludes in any quarter, Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual
Claims Financial Accuracy	<p>A minimum of 99% of medical Claim dollars will be processed accurately. This Guarantee will be calculated based on the total dollar amount of audited medical Claims paid correctly divided by the total dollar amount of audited medical Paid Claims. The calculation of this Guarantee does not include Claim adjustments. The calculation of this Guarantee also excludes in any quarter Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual
Claims Accuracy	<p>A minimum of 97% of medical Claims will be paid or denied correctly. This Guarantee will be calculated based on the number of audited medical Claims paid and denied correctly divided by the total number of audited medical Claims paid and denied. The calculation of this Guarantee also excludes in any quarter Claims for the Kentucky Employees' Health Plan for requested changes to Plan benefits, until all such changes have been implemented. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual

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Adjustments	The percent of adjustments aged greater than 30 days shall be 5% or less. The measure is based on the percentage of claim adjustments entered into the system that are unresolved within 30 days of company receipt date. This includes adjustments routed to other plans/departments (excluding adjustments resulting from client / plan sponsored benefit changes).	Annual	Annual	Annual	Annual
Processing of Ongoing Eligibility Information	100% of the Kentucky Employees' Health Plan's ongoing electronic eligibility files will be processed timely. Timely Processing is defined as electronic eligibility files processed and updated on the eligibility database within 5 business days of receipt of an eligibility file. This Guarantee only applies to the processing of eligibility files submitted by the Kentucky Employees' Health Plan outside of an open enrollment period. This Guarantee does not apply to a defective eligibility file. Defective Eligibility File is defined as an eligibility file that has issues that prevent Contractor's processing of the file. Contractor's payment of this Guarantee is conditioned upon receipt of eligibility files in a format mutually agreed upon by the Parties. This Guarantee will be calculated by (1) dividing total number of eligibility files processed within the timeframe set forth above by (2) the number of the Kentucky Employees' Health Plan's eligibility files processed. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual
Ongoing ID Cards Issuance	A minimum of 99% of Subscriber digital ID cards will be available or Member physical Id cards will be mailed to members, depending on a member's preference, within 10 business days of Contractor's processing of an accurate eligibility file. An Accurate Eligibility File is defined as: (1) an eligibility file formatted in a mutually agreed upon manner; (2) received by Contractor outside of an open enrollment period; and, (3) contains an error rate of less than 1%. This Guarantee will be calculated based on the total number of ongoing ID cards available to Subscribers or mailed to Members within the timeframe set forth above divided by the total number of Members eligible to receive ongoing ID cards. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual
Average Speed to Answer	The average speed to answer (ASA) will be 30 seconds or less. ASA is defined as the average number of whole seconds Members wait and/or are in the telephone system before receiving a response from a customer care representative (CCR) or an interactive voice response unit (IVR). This Guarantee will be calculated based on the total number of calls received in the customer service telephone system. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual
Call Abandonment Rate	A maximum of 2% of Member calls will be abandoned. Abandoned Calls are defined as Member calls that are waiting for a customer care representative (CCR), but are abandoned before connecting with a CCR. This Guarantee will be calculated based on the number of calls abandoned divided by the total number of calls received in the customer service telephone system. Calls that are abandoned in less than five seconds will not be included in this calculation. This will be measured with the Kentucky Employees' Health Plan's specific data.	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
First Call Resolution	<p>A minimum of 85% of Member calls will be resolved during the initial contact with no further follow up required. First Call Resolution is defined as Member callers receiving a response to their inquiry during an initial contact with no further follow-up required. This Guarantee will be calculated based on the total number of Members who receive a First Call Resolution divided by the total number of calls received into the customer service telephone system. This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual
Member Satisfaction – NPS	<p>This Guarantee establishes a Quality Benchmark transactional Net Promoter Score (NPS) of 40. Anthem will either: (i) meet or exceed the Quality Benchmark; or, (ii) there will be an improvement in the Net Promoter Score from the Baseline Period.</p> <p>The survey is conducted after a member contacts a customer service representative (CSR). Each member who completes a transaction with Anthem will be asked to provide a rating on a scale from 0 (Not at All Likely) to 10 (Extremely Likely) to a question that asks how likely the member would recommend Anthem to a friend or colleague based on the member's most recent transaction. The transactional Net Promoter Score will be calculated by subtracting the percentage of Detractors (members who provide a rating from 0 to 6) from the percentage of Promoters (members who provide a rating of 9 or 10).</p> <p>To determine the results for (i), Anthem shall compare the Net Promoter Score in the Measurement Period to the Quality Benchmark.</p> <p>The improvement for (ii) will be determined by comparing the Net Promoter Score in the Measurement Period to the Net Promoter Score in the Baseline Period.</p> <p>The Baseline Period is the equivalent time period preceding the Measurement Period.</p> <p>This will be measured with the Kentucky Employees' Health Plan's specific data.</p>	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Account Management Satisfaction	<p>A minimum average score of 3 will be attained on the Account Management Satisfaction Survey (AMSS). A minimum of 3 responses per the Kentucky Employees' Health Plan to the AMSS is required to base the score on Kentucky Employees' Health Plan specific responses only. If 3 responses are received from the Kentucky Employees' Health Plan, an average score is calculated by adding the scores from each respondent divided by the total number of the Kentucky Employees' Health Plan respondents. If fewer than 3 responses are received, the score will be calculated as follows:</p> <p>2 Kentucky Employees' Health Plan responses: 2/3 of the score will be based on the Kentucky Employees' Health Plan specific AMSS results and 1/3 of the score will be based on the aggregate score of all AMSS results received by the Account Management Team.</p> <p>1 Kentucky Employees' Health Plan response: 1/3 of the score will be based on the Kentucky Employees' Health Plan specific AMSS results and 2/3 of the score will be based on the aggregate score of all AMSS results received by the Account Management Team.</p> <p>0 Kentucky Employees' Health Plan responses: The score will be based on the aggregate score of all AMSS results received by the Account Management Team.</p>	Annual	Annual	Annual	Annual
Heart Failure Identified Participants	<p>There will be either (i) a minimum Compliance Rate of 50%; or (ii) a minimum improvement of 2.5% in the difference between the 50% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with heart failure who are prescribed one or more ACE inhibitors or ARB's in the current Measurement Period; as shown by Contractor Claims Data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with heart failure who are prescribed one or more ACE inhibitors or other appropriate Prescription Drugs during the Measurement Period as shown by Contractor's Claims data divided by the total number of Identified Members. The improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement Period. This will be measured with Kentucky Employee all AMSS results received by</p>	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Asthma Identified Participants	<p>There will be either (i) a minimum Compliance Rate of 80%; or (ii) a minimum improvement of 2.5% in the difference between the 80% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with persistent asthma who are prescribed one or more appropriate Prescription Drugs in the current Measurement Period; as shown by Contractor Claims data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with persistent asthma who are prescribed one or more appropriate Prescription Drugs during the Measurement Period as shown by Contractor's Claims data divided by the total number of Identified Members. The improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data if there are at least 100 Identified Members. If there are fewer than 100 Identified Members, Contractor will use the enterprise commercial membership (non-Medicare) results to determine if this Guarantee is met.</p>	Annual	Annual	Annual	Annual
Comprehensive Diabetes Care-Medical Attention for Nephropathy (kidney disease)	<p>There will be either (i) a minimum Compliance Rate of 70%; or (ii) a minimum improvement of 2.5% in the difference between the 70% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with diabetes (Type 1 and Type 2) who have received medical attention for nephropathy through a screening test; as shown by Contractor Claims data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with diabetes (Type 1 and Type 2) who received at least one nephropathy screening test or evidence of nephropathy during the measurement period as shown by Contractor's Claims data divided by the total number of Identified Members. The improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement. This will be measured with Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual

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Diabetes Identified Participants	<p>There will be either (i) a minimum Compliance Rate of 75%; or (ii) a minimum improvement of 2.5% in the difference between the 75% Compliance Rate and the result from the prior Measurement Period (the Performance Gap) in the percentage of Identified Members with diabetes who received at least one HbA1c test in the current Measurement Period; as shown by Contractor Claims data. The minimum Compliance Rate will be calculated based on the total number of Identified Members with diabetes who received at least one HbA1c test during the Measurement Period as shown by Contractor's Claims divided by the total number of Identified Members. The improvement percentage will be calculated by subtracting the Compliance Rate for the prior Measurement Period from the Compliance Rate for the current Measurement Period and dividing the difference by the Performance Gap for the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual
COPD	<p>The HEDIS measure that assesses the percentage of COPD exacerbations for Members 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications (bronchodilator). Gap Closure Goal: 2.5% Target/Ceiling: 70%</p> <p>This will be calculated using Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Utilization Rates - Emergency Room	<p>In the Performance Period there will either be (i) maintenance of or a reduction in the number of Avoidable Emergency Room Visits per 1,000 Members (the Avoidable ER Visit Rate) from the Measurement Period compared to the Baseline Period that is Statistically Significant; or (ii) an Avoidable ER Visit Rate of 120 or less during the Measurement Period. The Baseline Period shall be the twelve months prior to the Measurement Period. In later Performance Periods there will either be (i) maintenance of or a reduction in the Avoidable ER Visit Rate from the prior Measurement Period that is Statistically Significant; or (ii) an Avoidable ER Visit Rate of 120 or less during the Measurement Period. Avoidable Emergency Room Visits are defined as low intensity emergency room visits as determined according to Contractor's criteria. Avoidable Emergency Room Visits do not include any emergency room visits that result in an inpatient admission. Statistically Significant is defined as Contractor's use of standard statistical tests that indicate at least a 95% confidence level that any change from the prior Measurement Period is not likely due to random chance alone. Only Members for whom Contractor has at least six months of eligibility information in a Measurement Period, shall be considered for purposes of this Guarantee. In the first Performance Period the change in the Avoidable ER Visit Rate shall be calculated by subtracting the Avoidable ER Visit Rate in the current Measurement Period by the Avoidable ER Visit Rate in the Baseline Period. This result shall then be divided by the Avoidable ER Visit Rate in the Baseline Period. In later Performance Periods the change in Avoidable ER Visit Rate shall be calculated by subtracting the Avoidable ER Visit Rate in the current Measurement Period by the Avoidable ER Visit Rate in the prior Measurement Period. This result shall then be divided by the Avoidable ER Visit Rate in the prior Measurement Period. This will be measured with Kentucky Employees' Health Plan specific data.</p>	Annual	Annual	Annual	Annual

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Performance Category	Guarantee	1Q	2Q	3Q	4Q
Data Analysis and Reporting	IHM standard monthly and quarterly reports as determined by Contractor will be submitted to the Kentucky Employees' Health Plan no later than 55 calendar days following the last day of the month/quarter. If the 55 th calendar day is a Saturday or Sunday the report will be submitted on the following Monday. Annual reports are made available 180 days post end of Plan year. The 180 days allows Contractor to include three months of Claims run out to support utilization and clinical (claims based) outcomes. This will be measured with Kentucky Employees' Health Plan specific data.	Met	Met	Annual	Annual
Participant Satisfaction	A minimum average score of 80% will be attained on Contractor's Integrated Health Model (IHM) Member satisfaction survey question. Each Member is asked to rate their satisfaction with Contractor's IHM program using a five point scale. The response is scored by dividing (i) the total number of Members who respond positively by (ii) the total number of Members who responded to the IHM Member satisfaction question. The survey will be given to a random sample of Kentucky Employees' Health Plan Members enrolled in an IHM product. This Guarantee will be based on all Kentucky Employees' Health Plan Members; a minimum of 400 surveys must be completed within a Measurement Period for the score to be valid.	Annual	Annual	Annual	Annual
Program Integrity Aligned Incentive - Aggregate Annual Cap	Employer's maximum liability for the fee for Overpayment Identification and Claims Prepayment Analysis Activities is capped at \$5.00 per Employee per month (PEPM) per each year of the Agreement Period. Excludes Subrogation services.	Annual	Annual	Annual	Annual
Program Integrity Aligned Incentive - Claim Level Cap	The fee for each Overpayment Identification and/or Claims Prepayment Analysis activity will not exceed \$25,000 per claim. Excludes Subrogation services.	Annual	Annual	Annual	Annual
Program Integrity Aligned Incentive - Savings Guarantee	Savings attributable to Recovery and Payment Analysis Services will meet or exceed \$9.76 per Employee per month (PEPM) (Guaranteed Savings Amount) during the measurement period. Recovery and Prepayment Analysis Services include Subrogation Services and Overpayment Identification and Claims Prepayment Analysis Activities. Anthem shall determine results by comparing the actual savings amount for the Measurement Period to the Guaranteed Savings Amount. The Guarantee will be measured with Employer-specific Data.	Annual	Annual	Annual	Annual