

**Managed Long Term Care Medicaid Managed Care Operations Report**

**Organization : Fidelis Care (01421250)**

**Coverage : Statewide**

**Period Ending : 12/31/2019**

**Dcn : 10232020154610**

**Date : Friday, October 23, 2020**

## Configuration Information

### Configuration Information

Submission Type	0.1005	MLTCCR
Submission Year	0.1010	2019
Submission Period	0.1011	A00
DCN	0.1004	10232020154610
Submitter ID	0.1000	01421250
Region ID	0.1003	1
Region Name	0.1002	STATEWIDE
Name of Organization	0.10	FIDELIS CARE (01421250)
Begin Date	0.34	01/01/2019
End Date	0.35	12/31/2019

## Contacts

### Contact Person:

Name:	0.70	Arthur Byrd
Title:	0.71	Chief Financial Officer
Telephone Number:	0.72	718-393-6151
Fax Number:	0.73	718-897-1754
Email Address:	0.82	Arthur.J.Byrd@fideliscare.org

## Certifiers

### Chief Executive Officer

Role	999930000.1	CEO
Name	999930000.2	Thomas Halloran
Title	999930000.3	President & Chief Executive Officer
Phone Number	999930000.4	718-393-6170
Fax Number	999930000.5	718-897-1754
Email Address	999930000.6	THalloran@fideliscare.org

### Chief Financial Officer

Role	999930001.1	CFO
Name	999930001.2	Arthur Byrd
Title	999930001.3	Chief Financial Officer
Phone Number	999930001.4	718-393-6151
Fax Number	999930001.5	718-897-1754
Email Address	999930001.6	Arthur.J.Byrd@fideliscare.org

## Addresses

### Mailing Address:

Item	0.66	Fidelis Care New York
Line 1	0.67	95-25 Queens Blvd., 8th Floor
Line 2	0.68	Rego Park
Line 3	0.69	NY 11374

## Additional Information

### Additional Information

Date Operations Started (MM/DD/YYYY):	0.65	06/01/1999
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## Counties of Operation

### Counties of Operation:

Item	0.4	ALLEGANY
County	0.5	MONTGOMERY
County	0.6	ORANGE
County	0.7	RENSSELAER
County	0.8	ROCKLAND
County	0.9	SCHENECTADY
County	0.11	NY (MANHATTAN)

# Report Configuration

## Report Types

999810000.1

MLTCCR

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Schedule A Balance Sheet		Current Period	Current Period	Current Period	Previous Period
00010		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets As of 12/31
02225		00011	00013	00014	00012
<b>CURRENT ASSETS</b>					
Cash	0001	\$1,120,073,377		\$1,120,073,377	\$1,423,170,223
Short-Term Investments	0002	\$51,876,320		\$51,876,320	\$60,371,870
Premiums Receivable-net	0003	\$95,380,741	\$21,290,166	\$74,090,575	\$32,753,524
Interest Receivable	0004				
NYS Medicaid Reinsurance Recovery Receivable	0140	\$110,083,266		\$110,083,266	\$102,925,083
Other Receivables - Net	0006	\$85,824,998	\$48,699,692	\$37,125,306	\$44,563,480
Prepaid Expenses	0007	\$32,917	\$32,917	\$0	
Risk Share Receivable	0200				
Aggregate Write-Ins for Current Assets (list below)	0008	\$195,679,549	\$84,700	\$195,594,849	\$24,414,567
Reinsurance Receivable	0009				\$323,403
Other currentassets	0010	\$25,889,676		\$25,889,676	
Premium Receivable - Other Line of Business	0011	\$169,789,873	\$84,700	\$169,705,173	\$24,091,164
	0012				
	0013				
<b>TOTAL CURRENT ASSETS</b>	<b>0015</b>	<b>\$1,658,951,168</b>	<b>\$70,107,475</b>	<b>\$1,588,843,693</b>	<b>\$1,688,198,747</b>
<b>OTHER ASSETS</b>					
NYS Escrow Account Balance	0016	\$478,184,574		\$478,184,574	\$428,482,597
Amounts Due from Affiliates	0018				\$21,977,843
Loan Escrow	0019				
Long-Term Investments	0020	\$1,080,254,024	\$0	\$1,080,254,024	\$716,450,992
Intangible Investments and Goodwill	0111	\$2,311,673,958	\$2,311,673,958	\$0	
Long Term Deferred Taxes	0112	\$520,416,683	\$366,691,134	\$153,725,549	\$133,452,499
	0113				
	0114				
	0115				
	0116				
Other Restricted Assets	0017				
Aggregate Write-Ins for Other Assets (list below)	0124				
	0024				
	0025				
	0026				
	0027				
	0028				
<b>TOTAL OTHER ASSETS</b>	<b>0030</b>	<b>\$4,390,529,239</b>	<b>\$2,678,365,092</b>	<b>\$1,712,164,147</b>	<b>\$1,300,363,931</b>
<b>PROPERTY AND EQUIPMENT</b>					
Land	0031				
Building and Improvements	0032				
Construction In Progress	0035				
Furniture and Equipment	0033				
Leasehold Improvements	0034				
Aggregate Write-Ins for Other Equipment (list below)	0137				
	0037				
	0038				
	0039				
	0040				
	0041				
<b>TOTAL PROPERTY AND EQUIPMENT</b>	<b>0045</b>				
<b>TOTAL ASSETS</b>	<b>0050</b>	<b>\$6,049,480,407</b>	<b>\$2,748,472,567</b>	<b>\$3,301,007,840</b>	<b>\$2,988,562,678</b>

Schedule A Balance Sheet (continued)		Current Year	Previous Calendar Year as of 12/31
00010	02226	00011	00012
<b>CURRENT LIABILITIES</b>			
Accounts Payable	0051	\$235,696,241	\$102,631,847
Claims Payable	0052	\$48,389,189	\$50,522,494
Accrued Inpatient Claims (Not Reported)	0054	\$0	
Accrued Physician Claims (Not Reported)	0055	\$0	
Accrued Referral Claims (Not Reported)	0056	\$0	
Accrued Other Medical	0057	\$104,016,374	\$103,775,402
Accrued Medical Incentive Pool	0058	\$0	
Unearned Premiums	0059	\$42,751,627	\$43,900,126
Loans and Notes Payable	0060	\$0	
Risk Share Payable	0201		
Aggregate Write-Ins for Current Liabilities (list below)	0162	\$1,250,132,217	\$1,345,994,431
Taxes Payable	0062	\$88,090,043	\$127,184,427
Premium deficiency Reserve	0063	\$0	\$50,470,777
Return of Premium Payable	0064	\$233,416,249	\$123,715,564
Other Payables	0065	\$1,004,571,898	\$1,092,084,119
Medical Home Payable	0066	(\$75,945,973)	(\$47,460,456)
<b>TOTAL CURRENT LIABILITIES</b>	<b>0070</b>	<b>\$1,680,985,648</b>	<b>\$1,646,824,300</b>
<b>OTHER LIABILITIES</b>			
Loans and Notes	0071		
Amounts Due to Affiliates	0072	\$21,654,474	
Aggregate Write-Ins for Other Liabilities (list below)	0173	\$132,421,158	\$247,277,157
Long Term Rebate Payable	0073	\$103,738,308	\$247,277,157
Long Term Deferred Tax Liability	0074	\$23,174,709	
Long Term FIN 48 Liability	0075	\$5,508,141	
	0076		
	0077		
<b>TOTAL OTHER LIABILITIES</b>	<b>0079</b>	<b>\$154,075,632</b>	<b>\$247,277,157</b>
<b>TOTAL LIABILITIES</b>	<b>0080</b>	<b>\$1,835,061,280</b>	<b>\$1,894,101,457</b>
<b>NET WORTH</b>			
Donated Capital	0121		
Capital	0122	\$2,559,022,376	\$2,625,047,097
Paid In Surplus	0123	\$0	
NYS Contingent Reserve Requirement	0081	\$816,235,423	\$739,578,225
Aggregate Write-Ins For Other Net Worth Items (List Below)	0183	(\$2,748,472,567)	(\$2,848,649,010)
Non-Admitted Assets	0083	(\$2,748,472,567)	(\$2,848,649,010)
	0084		
	0085		
	0086		
	0087		
Unassigned Surplus	0089	\$839,161,328	\$578,484,909
<b>TOTAL NET WORTH EXCLUDING NON ADMITTED ASSETS</b>	<b>0105</b>	<b>\$1,465,946,560</b>	<b>\$1,094,461,221</b>
<b>TOTAL LIABILITIES AND NET WORTH EXCLUDING NON ADMITTED ASSETS</b>	<b>0110</b>	<b>\$3,301,007,840</b>	<b>\$2,988,562,678</b>
<b>TOTAL NET WORTH INCLUDING NON ADMITTED ASSETS</b>	<b>0090</b>	<b>\$4,214,419,127</b>	<b>\$3,943,110,231</b>
<b>TOTAL LIABILITIES AND NET WORTH INCLUDING NON ADMITTED ASSETS</b>	<b>0100</b>	<b>\$6,049,480,407</b>	<b>\$5,837,211,688</b>

Schedule A1 - Net Worth Reconciliation		
00030	30127	00031
Net Worth Last Year	0001	\$1,094,461,221
Total Net Income	0002	\$294,380,351
Change in nonadmitted assets	0020	\$100,176,443
Dividends to stockholders	0003	
Withdrawals of equity	0004	
Change in Net unrealized capital gains & losses less capital gains tax	0019	
Adjusted Net Worth	0005	\$1,489,018,015
Current Net Worth	0006	\$1,465,946,560
Difference	0007	(\$23,071,455)
<b>Explanations:</b>		
Change in Net Deferred Income Tax	0008	(\$33,703,932)
Change in Additional Paid In Capital	0009	\$10,632,476
	0010	
	0011	
	0012	
	0013	
	0014	
	0015	
	0016	
Rounding	0017	\$1
Total Explanations	0018	(\$23,071,455)

Schedule B - Revenue and Expense Statement - Total Line of Business		Total Plan Amount	Medicaid Enrollees Amount	Other Enrollees Amount	Total Plan PMPM	Medicaid PMPM	Other PMPM
00110	02228	00111	00112	00113	00114	00115	00116
Total Member Months	0001	280,532	280,532				
<b>Revenue</b>							
Medicare Part C Premium Revenue	0401				\$0.00		
Medicare Part D Premium Revenue	0402				\$0.00		
Medicaid Premium Revenue	0003	\$1,221,094,629	\$1,221,094,629		\$4,352.78	\$4,352.78	
Other Payor Premium Revenue	0004				\$0.00		
Spendedown and NAMI	0013	\$83,993,368	\$83,993,368		\$299.41	\$299.41	
Coordination of Benefits(COB)	0014	\$0	\$0		\$0.00	\$0.00	
Reinsurance Recoveries	0077	\$0	\$0		\$0.00	\$0.00	
Net Investment Income (Schedule G)	0016	\$9,731,576	\$9,731,576		\$34.69	\$34.69	
HR&R Revenue	0018	\$0	\$0		\$0.00	\$0.00	
Quality Incentive Pool Award	0416	\$7,457,966	\$7,457,966		\$26.59	\$26.59	
Quality Incentive VAPP	0417	\$0	\$0		\$0.00	\$0.00	
Minimum Wage	0419	\$124,909,869	\$124,909,869		\$445.26	\$445.26	
<b>Other Revenue (Double click Below)</b>							
Other Revenue	0019	\$401,468	\$401,468		\$1.43	\$1.43	
	0020				\$0.00	\$0.00	
<b>TOTAL PREMIUM REVENUE</b>	<b>0010</b>	<b>\$1,437,455,832</b>	<b>\$1,437,455,832</b>		<b>\$5,124.04</b>	<b>\$5,124.04</b>	
<b>TOTAL REVENUE</b>	<b>0030</b>	<b>\$1,447,588,876</b>	<b>\$1,447,588,876</b>		<b>\$5,160.16</b>	<b>\$5,160.16</b>	
<b>Expenses</b>							
<b>Medical and Hospital Expenses</b>							
Inpatient:Acute Medical/Surgical	0031						
Inpatient:Mental Health/Substance/Abuse	0032						
Inpatient Maternity Delivery	0403						
Total Hospital Inpatient Care	0404						
<b>Other Medical and Hospital:</b>							
Primary Care Physician	0034						
Specialty Care	0035						
Prenatal/Postpartum Maternity Services	0405						
Ambulatory Surgery	0036						
Outpatient/Physical Rehab/Therapy	0406	\$825,303	\$825,303		\$2.94	\$2.94	
Other Professional Services	0037	\$586,154	\$586,154		\$2.09	\$2.09	
Emergency Room	0038						
Outpatient Mental Health	0039						
Outpatient Drug and Alcohol Treatment	0040						
Dental	0041	\$2,091,866	\$2,091,866		\$7.46	\$7.46	
Pharmacy-Part D	0407						
Pharmacy-Non-Part D	0408						
Home Health Care	0409	\$16,747,992	\$16,747,992		\$59.70	\$59.70	
Nursing Facility	0033	\$444,749,367	\$444,749,367		\$1,585.38	\$1,585.38	
Transportation - Emergent	0410						
Transportation - Non Emergent	0411	\$38,139,190	\$38,139,190		\$135.95	\$135.95	
Diagnostic Test/Lab/X-Ray	0048						
Family Planning	0412						
Vision Care Inc. Eyeglasses	0049	\$411,074	\$411,074		\$1.47	\$1.47	
Foot Care	0050	\$333,426	\$333,426		\$1.19	\$1.19	
Durable Medical Equipment & Supplies	0060	\$8,476,664	\$8,476,664		\$30.22	\$30.22	
Personal Care	0057	\$422,144,843	\$422,144,843		\$1,504.80	\$1,504.80	
CDPAP	0125	\$326,251,332	\$326,251,332		\$1,162.97	\$1,162.97	
Personal Emergency Response Services	0062	\$1,917,833	\$1,917,833		\$6.84	\$6.84	
Home Delivered and Congregate Meals	0064	\$7,429,826	\$7,429,826		\$26.48	\$26.48	
Adult Day Health Care	0044	\$1,925,690	\$1,925,690		\$6.86	\$6.86	
Social Day Care	0045	\$3,513,103	\$3,513,103		\$12.52	\$12.52	
Other Medical Services	0413	\$934,489	\$934,489		\$3.33	\$3.33	
<b>GROSS MEDICAL &amp; HOSPITAL EXPENSES</b>	<b>0075</b>	<b>\$1,276,478,152</b>	<b>\$1,276,478,152</b>		<b>\$4,550.21</b>	<b>\$4,550.21</b>	
PLUS: Reinsurance Premium Cost(1)	0015				\$0.00	\$0.00	
Prepaid Capitation and Target Based Reconciliation	0415				\$0.00	\$0.00	\$0.00
Quality Incentive VAPP	0418				\$0.00	\$0.00	\$0.00
Provider and Quality Incentive Payments	0076				\$0.00	\$0.00	
<b>TOTAL MEDICAL &amp; HOSPITAL EXPENSES</b>	<b>0080</b>	<b>\$1,276,478,152</b>	<b>\$1,276,478,152</b>		<b>\$4,550.21</b>	<b>\$4,550.21</b>	
Care Management (Schedule D-2)	0047	\$19,738,020	\$19,738,020	\$0	\$70.36	\$70.36	
<b>Administration</b>							
Allowable Administration Expenses (Schedule D-3)	0081	\$46,994,122	\$46,994,122	\$0	\$167.52	\$167.52	\$167.52
<b>TOTAL EXPENSES</b>	<b>0085</b>	<b>\$1,343,210,294</b>	<b>\$1,343,210,294</b>	<b>\$0</b>	<b>\$4,788.08</b>	<b>\$4,788.08</b>	
Premium Income(Loss)	0086	\$94,245,538	\$94,245,538	\$0	\$335.95	\$335.95	
Nonallowable Administrative Expenses	0098	\$38,666,463	\$38,666,463	\$0	\$137.83	\$137.83	
Operating Incomes(Loss)	0090	\$65,712,119	\$65,712,119	\$0	\$234.24	\$234.24	
Aggregate Write-ins for Other Expenses	0095	\$76,540,592	\$76,540,592		\$272.84	\$272.84	
Prior Period Adjustments and Extraordinary Items	0096	(\$22,424,920)	(\$22,424,920)		(\$79.94)	(\$79.94)	
Provision for Taxes	0093	\$5,409,785	\$5,409,785		\$19.28	\$19.28	
Adj. For Prior Period IBNR Adjustment	0094	(\$24,424,012)	(\$24,424,012)		(\$87.06)	(\$87.06)	
<b>NET INCOME (LOSS)</b>	<b>0100</b>	<b>\$30,610,674</b>	<b>\$30,610,674</b>	<b>\$0</b>	<b>\$109.12</b>	<b>\$109.12</b>	

Schedule B Consolidated Revenue and Expense Summary All Lines of Business		PACE	Partial	Medicare Advantage	Medicaid Advantage Plus	FIDA	DISCO	HARP	Other	Total
00120	02229	00121	00122	00123	00126	00127	00128	00129	00124	00125
Members	1001		23,292					41,350	1,634,019	1,698,661
Member Months	0001		280,532					486,027	19,557,915	20,324,474
<b>Revenue</b>										
Medicare Part C Premium Revenue	0401								\$0	\$0
Medicare Part D Premium Revenue	0402								\$0	\$0
Medicaid Premium Revenue	0003		\$1,221,094,629					\$1,037,706,368	\$8,176,258,806	\$10,435,059,803
Other Payor Premium Revenue	0004							\$0	\$429,455,350	\$429,455,350
Spenddown and NAMI	0013		\$83,993,368					\$0		\$83,993,368
Coordination of Benefits(COB)	0014		\$0					\$25,049	\$1,865,437	\$1,890,486
Reinsurance Recoveries	0077		\$0					\$3,656,696	\$80,614,180	\$84,270,876
Net Investment Income (Schedule G)	0016		\$9,731,576					\$7,099,942	\$59,018,036	\$75,849,554
HR&R Revenue	0018		\$0					\$0	\$0	\$0
Quality Incentive Pool Award	0416		\$7,457,966					\$0	\$0	\$7,457,966
Quality Incentive VAPP	0417		\$0					\$0	\$0	\$0
Minimum Wage	0419		\$124,909,869					\$7,347,670	\$29,388,843	\$161,646,382
<b>Other Revenue</b>										
Other Revenue	0019		\$401,468					\$6,838,245	\$0	\$7,239,713
	0020									
TOTAL PREMIUM REVENUE	0010		\$1,437,455,832					\$1,045,054,038	\$8,635,102,999	\$11,117,612,869
TOTAL REVENUE	0030		\$1,447,588,876					\$1,062,673,970	\$8,776,600,652	\$11,286,863,498
<b>Expenses</b>										
<b>Medical and Hospital Expenses</b>										
Inpatient:Acute Medical/Surgical	0031							\$164,558,517	\$1,248,475,155	\$1,413,033,672
Inpatient:Mental Health/Substance/Abuse	0032							\$93,221,758	\$114,099,671	\$207,321,429
Inpatient Maternity Delivery	0403							\$3,760,115	\$186,444,826	\$190,204,941
Total Hospital Inpatient Care	0404							\$261,540,390	\$1,549,019,652	\$1,810,560,042
<b>Other Medical and Hospital:</b>										
Primary Care Physician	0034							\$39,889,216	\$845,256,029	\$885,145,245
Specialty Care	0035							\$54,028,079	\$853,395,182	\$907,423,261
Prenatal/Postpartum Maternity Services	0405							\$2,035,479	\$103,908,790	\$105,944,269
Ambulatory Surgery	0036							\$18,771,099	\$302,042,792	\$320,813,891
Outpatient/Physical Rehab/Therapy	0406		\$825,303					\$5,040,436	\$107,849,348	\$113,715,087
Other Professional Services	0037		\$586,154					\$756,452	\$10,389,160	\$11,731,766
Emergency Room	0038							\$27,646,608	\$228,302,286	\$255,948,894
Outpatient Mental Health	0039							\$66,039,369	\$215,246,421	\$281,285,790
Outpatient Drug and Alcohol Treatment	0040							\$54,568,321	\$89,748,049	\$144,316,370
Dental	0041		\$2,091,866					\$8,560,616	\$274,327,939	\$284,980,421
Pharmacy-Part D	0407							\$0	\$0	\$0
Pharmacy-Non-Part D	0408							\$183,410,529	\$1,405,006,269	\$1,588,416,798
Home Health Care	0409		\$16,747,992					\$5,827,166	\$67,295,832	\$89,870,990
Nursing Facility	0033		\$444,749,367					\$9,338,921	\$91,332,189	\$545,420,477
Transportation - Emergent	0410							\$92,925	\$8,635,336	\$8,728,261
Transportation - Non Emergent	0411		\$38,139,190					\$27,552	\$4,315,462	\$42,482,204
Diagnostic Test/Lab/X-Ray	0048							\$24,385,958	\$423,771,746	\$448,157,704
Family Planning	0412							\$935,777	\$33,270,504	\$34,206,281
Vision Care Inc. Eyeglasses	0049		\$411,074					\$1,283,085	\$30,608,505	\$32,302,664
Foot Care	0050		\$333,426					\$1,077,136	\$15,693,482	\$17,104,044
Durable Medical Equipment & Supplies	0060		\$8,476,664					\$5,183,972	\$64,481,503	\$78,142,139
Personal Care	0057		\$422,144,843					\$43,436,507	\$197,554,827	\$663,136,177
CDPAP	0125		\$326,251,332					\$0	\$326,251,332	\$326,251,332
Personal Emergency Response Services	0062		\$1,917,833					\$259,119	\$586,812	\$2,763,764
Home Delivered and Congregate Meals	0064		\$7,429,826					\$0	\$0	\$7,429,826
Adult Day Health Care	0044		\$1,925,690					\$0	\$0	\$1,925,690
Social Day Care	0045		\$3,513,103					\$0	\$0	\$3,513,103
Supplemental Benefits	0099							\$0	\$0	\$0
Other Medical Services	0413		\$934,489					\$50,904,480	\$220,032,045	\$271,871,014
GROSS MEDICAL & HOSPITAL EXPENSES	0075		\$1,276,478,152					\$865,039,192	\$7,142,070,160	\$9,283,587,504
PLUS: Reinsurance Premium Cost(1)	0015							\$0	\$3,160,473	\$3,160,473
Prepaid Capitation and Target Based Reconciliation	0415							\$0	\$17,768,664	\$17,768,664
Quality Incentive VAPP	0418							\$0	\$0	\$0
Provider and Quality Incentive Payments	0076							\$25,278,231	\$343,300,188	\$368,578,419
TOTAL MEDICAL & HOSPITAL EXPENSES	0080		\$1,276,478,152					\$890,317,423	\$7,506,299,485	\$9,673,095,060
Care Management	0047		\$19,738,020							\$19,738,020
<b>Administration</b>										
Allowable Administration Expenses	0081		\$46,994,122					\$62,106,095	\$645,044,198	\$754,144,415
TOTAL EXPENSES	0085		\$1,343,210,294					\$952,423,518	\$8,151,343,683	\$10,446,977,495
Premium Income(Loss)	0086		\$94,245,538					\$92,630,520	\$483,759,316	\$670,635,374
Nonallowable Administrative Expenses	0098		\$38,666,463					\$20,579,927	\$163,070,298	\$222,316,688
Operating Incomes(Loss)	0090		\$65,712,119					\$89,670,525	\$462,186,671	\$617,569,315
Aggregate Write-ins for Other Expenses	0095		\$76,540,592					\$33,218,835	\$270,421,208	\$380,180,635
Prior Period Adjustments and Extraordinary Items	0096		(\$22,424,920)					\$10,684,545	\$39,007,014	\$27,266,639
Provision for Taxes	0093		\$5,409,785					\$9,951,740	\$36,663,938	\$52,025,463
Adj. For Prior Period IBNR Adjustment	0094		(\$24,424,012)					(\$20,495,416)	(\$91,364,345)	(\$136,283,773)
NET INCOME (LOSS)	0100		\$30,610,674					\$56,310,821	\$207,458,856	\$294,380,351



Schedule B-1 - Medicaid Revenue and Expense Analysis Community		Medicaid Current YTD	Medicaid Current YTD PMPM	Medicaid Previous Calendar Year PMPM as of 12/31
<b>00210</b>	<b>22210</b>	<b>00211</b>	<b>00212</b>	<b>00213</b>
Medicaid Member Months	0101	219,012		103,375
<b>Revenue</b>				
Medicare Part C Premium Revenue	0501			
Medicare Part D Premium Revenue	0502			
Medicaid Premium Revenue	0103	\$946,196,230	\$4,320.29	\$4,299.42
Other Payor Premium Revenue	0104			
Spenddown and NAMI	0113	\$6,851,963	\$31.29	\$188.82
Coordination of Benefits(COB)	0114	\$0	\$0.00	\$0.00
Reinsurance Recoveries	0177	\$0	\$0.00	\$0.00
Net Investment Income	0116	\$7,597,465	\$34.69	\$2.69
HR&R Revenue	0118	\$0	\$0.00	\$0.00
Quality Incentive Pool Award	0416	\$5,823,495	\$26.59	\$28.86
Quality Incentive VAPP	0417	\$0	\$0.00	\$0.00
Minimum Wage	0419	\$124,909,869	\$570.33	\$376.94
<b>Other Revenue (Double Click Below)</b>				
Other Revenue	0119	\$313,427	\$1.43	\$0.00
	0120		\$0.00	
TOTAL PREMIUM REVENUE	0110	\$1,083,781,557	\$4,948.50	\$4,894.04
TOTAL REVENUE	0130	\$1,091,692,449	\$4,984.62	\$4,896.73
<b>Expenses</b>				
<b>Medical and Hospital Expenses</b>				
Inpatient Acute Medical Surgical	0131			
Inpatient Mental Health & Substance Abuse	0132			
Inpatient Maternity Delivery	0503			
Total Hospital Inpatient Care	0504			
<b>Other Medical and Hospital:</b>				
Primary Care Physician	0134			
Specialty Care	0135			
Prenatal/Postpartum Maternity Services	0505			
Ambulatory Surgery	0136			
Outpatient/Physical Rehab/Therapy	0506	\$816,919	\$3.73	\$1.86
Other Professional Services	0137	\$554,913	\$2.53	\$1.50
Emergency Room (In/Out of Area)	0138			
Outpatient: Mental Health	0139			
Outpatient Drug & Alcohol Treatment	0140			
Dental	0141	\$2,048,128	\$9.35	\$9.80
Pharmacy-Part D	0507			
Pharmacy-Non-Part D	0508			
Home Health Care	0509	\$16,747,992	\$76.47	\$60.29
Nursing Facility	0133	\$16,845,861	\$76.92	\$107.24
Transportation - Emergent	0510			
Transportation - Non Emergent	0511	\$35,267,565	\$161.03	\$143.41
Diagnostic Testing, Lab & X-Ray	0148			
Family Planning	0512			
Vision Care Inc. Eyeglasses	0149	\$347,964	\$1.59	\$1.74
Foot Care	0150	\$327,524	\$1.50	\$1.49
Durable Medical Equipment & Other	0160	\$8,384,270	\$38.28	\$38.18
Personal Care	0157	\$422,144,843	\$1,927.50	\$2,034.67
CDPAP	0125	\$326,251,332	\$1,489.65	\$1,322.53
Personal Emergency Response Services	0162	\$1,908,156	\$8.71	\$12.60
Home Delivered and Congregate Meals	0164	\$7,406,592	\$33.82	\$39.56
Adult Day Care	0144	\$1,920,847	\$8.77	\$19.12
Social Day Care	0145	\$3,505,325	\$16.01	\$34.47
<b>Other Medical Services: (Enter labels on Exhibit B)</b>				
Medical/Social Services	0513	\$38,464	\$0.18	\$0.27
Medical/Supplies	0514	\$753,740	\$3.44	\$3.41
Hospice	0515	\$15,342	\$0.07	\$0.00
	0516		\$0.00	
	0517		\$0.00	
Total: Other Medical Services	0530	\$807,546	\$3.69	\$3.68
GROSS MEDICAL & HOSPITAL EXPENSES	0175	\$845,285,777	\$3,859.54	\$3,832.14
PLUS: Reinsurance Premium Cost	0115		\$0.00	
Prepaid Capitation and Target Based Reconciliation	0415		\$0.00	
Quality Incentive VAPP	0418		\$0.00	
Provider and Quality Incentive Payments	0176		\$0.00	
TOTAL MEDICAL & HOSPITAL EXPENSES	0180	\$845,285,777	\$3,859.54	\$3,832.14
Care Management (Schedule D-2)	0147	\$13,070,547	\$59.68	\$61.71
<b>Administration</b>				
Allowable Administration Expenses (Schedule D-3)	0181	\$36,688,423	\$167.52	\$229.64
TOTAL EXPENSES	0185	\$895,044,747	\$4,086.74	\$4,123.49
Premium Income(Loss)	0186	\$188,736,810	\$861.76	\$770.55
Nonallowable Expense	0198	\$30,187,000	\$137.83	\$43.46
Operating Incomes(Loss)	0190	\$166,460,702	\$760.05	\$729.78
Aggregate Write-ins for Other Expenses	0195			
Prior Period Adjustments and Extraordinary Items	0196			
Provision for Taxes	0193			
Adj. For Prior Period IBNR Adjustment	0194			
NET INCOME (LOSS)	0199			

(1) Plans purchasing reinsurance should enter its reinsurance costs on this line.

Schedule B-1 - Medicaid Revenue and Expense Analysis Nursing Home Permanent Placement		Medicaid Current YTD	Medicaid Current YTD PMPM	Medicaid Previous Calendar Year PMPM as of 12/31
<b>00224</b>	<b>22411</b>	<b>00225</b>	<b>00226</b>	<b>00227</b>
Medicaid Member Months	0101	61,520		28,358
<b>Revenue</b>				
Medicare Part C Premium Revenue	0501			
Medicare Part D Premium Revenue	0502			
Medicaid Premium Revenue	0103	\$274,898,399	\$4,468.44	\$4,313.25
Other Payor Premium Revenue	0104			
Spenddown and NAMI	0113	\$77,141,405	\$1,253.92	\$762.27
Coordination of Benefits(COB)	0114	\$0	\$0.00	\$0.00
Reinsurance Recoveries	0177	\$0	\$0.00	\$0.00
Net Investment Income	0116	\$2,134,111	\$34.69	\$2.69
HR&R Revenue	0118	\$0	\$0.00	\$0.00
Quality Incentive Pool Award	0416	\$1,634,471	\$26.57	\$28.86
Quality Incentive VAPP	0417	\$0	\$0.00	\$0.00
Minimum Wage	0419	\$0	\$0.00	\$0.00
<b>Other Revenue (Double Click Below)</b>				
Other Revenue	0119	\$88,041	\$1.43	\$0.00
	0120		\$0.00	
TOTAL PREMIUM REVENUE	0110	\$353,674,275	\$5,748.93	\$5,104.38
TOTAL REVENUE	0130	\$355,896,427	\$5,785.05	\$5,107.07
<b>Expenses</b>				
<b>Medical and Hospital Expenses</b>				
Inpatient Acute Medical Surgical	0131			
Inpatient Mental Health & Substance Abuse	0132			
Inpatient Maternity Delivery	0503			
Total Hospital Inpatient Care	0504			
<b>Other Medical and Hospital:</b>				
Primary Care Physician	0134			
Specialty Care	0135			
Prenatal/Postpartum Maternity Services	0505			
Ambulatory Surgery	0136			
Outpatient/Physical Rehab/Therapy	0506	\$8,384	\$0.14	\$0.00
Other Professional Services	0137	\$31,241	\$0.51	\$0.61
Emergency Room (In/Out of Area)	0138			
Outpatient: Mental Health	0139			
Outpatient Drug & Alcohol Treatment	0140			
Dental	0141	\$43,738	\$0.71	\$1.11
Pharmacy-Part D	0507			
Pharmacy-Non-Part D	0508			
Home Health Care	0509	\$0	\$0.00	\$0.00
Nursing Facility	0133	\$427,903,506	\$6,955.52	\$6,728.13
Transportation - Emergent	0510			
Transportation - Non Emergent	0511	\$2,871,625	\$46.68	\$45.34
Diagnostic Testing, Lab & X-Ray	0148			
Family Planning	0512			
Vision Care Inc. Eyeglasses	0149	\$63,110	\$1.03	\$0.88
Foot Care	0150	\$5,902	\$0.10	\$0.06
Durable Medical Equipment & Other	0160	\$92,394	\$1.50	\$3.24
Personal Care	0157	\$0	\$0.00	\$0.00
CDPAP	0125	\$0	\$0.00	\$0.00
Personal Emergency Response Services	0162	\$9,677	\$0.16	\$0.12
Home Delivered and Congregate Meals	0164	\$23,234	\$0.38	\$0.10
Adult Day Care	0144	\$4,843	\$0.08	\$0.00
Social Day Care	0145	\$7,778	\$0.13	\$0.08
<b>Other Medical Services: (Enter labels on Exhibit B)</b>				
Medical Social Services	0513	\$11,757	\$0.19	\$0.03
	0514		\$0.00	
Hospice	0515	\$115,186	\$1.87	
	0516		\$0.00	
	0517		\$0.00	
Total: Other Medical Services	0530	\$126,943	\$2.06	\$0.03
GROSS MEDICAL & HOSPITAL EXPENSES	0175	\$431,192,375	\$7,008.98	\$6,779.70
PLUS: Reinsurance Premium Cost	0115		\$0.00	
Prepaid Capitation and Target Based Reconciliation	0415		\$0.00	
Quality Incentive VAPP	0418		\$0.00	
Provider and Quality Incentive Payments	0176		\$0.00	
TOTAL MEDICAL & HOSPITAL EXPENSES	0180	\$431,192,375	\$7,008.98	\$6,779.70
Care Management (Schedule D-2)	0147	\$6,667,473	\$108.38	\$109.18
<b>Administration</b>				
Allowable Administration Expenses (Schedule D-3)	0181	\$10,305,699	\$167.52	\$229.64
TOTAL EXPENSES	0185	\$448,165,547	\$7,284.88	\$7,118.52
Premium Income(Loss)	0186	(\$94,491,272)	(\$1,535.94)	(\$2,014.14)
Nonallowable Expense	0198	\$8,479,463	\$137.83	\$43.46
Operating Incomes(Loss)	0190	(\$100,748,584)	(\$1,637.66)	(\$2,054.91)
Aggregate Write-ins for Other Expenses	0195			
Prior Period Adjustments and Extraordinary Items	0196			
Provision for Taxes	0193			
Adj. For Prior Period IBNR Adjustment	0194			
NET INCOME (LOSS)	0199			

(1) Plans purchasing reinsurance should enter its reinsurance costs on this line.

Schedule B-2 - Projected NYS Consolidated Revenues and Expenses		A Partial Capitation	B PACE	C Medicare Advantage	D Medicaid Advantage Plus	E Commercial	F Medicaid	G FIDA	H HIVSNP	I HARP	J Other	K= Sum A+B+C+ D+F+G+H+I+ J Total
01114	01514	00311	00312	00315	00316	00317	00318	00319	00320	00321	00313	00314
Members	0001	20,436				98,697	1,302,056			43,255	350,833	1,815,277
Member Months	0002	266,525				1,184,624	15,270,751			512,066	4,077,314	21,311,280
<b>Revenue:</b>												
<b>Premium Revenue:</b>												
Medicare	0003											
Medicaid	0004	\$1,292,110,426					\$6,814,600,923			\$1,053,297,562	\$1,157,924,354	\$10,317,933,265
Other Payer Premium Revenue	0005					\$574,212,175					\$74,210,158	\$648,422,333
Spenddown and NAMI	0006	\$40,573,423					\$430,813					\$41,004,236
Premium Revenue (lines 3+4+5+6)	0007	\$1,332,683,849				\$574,212,175	\$6,815,031,736			\$1,053,297,562	\$1,232,134,512	\$11,007,359,834
Plus Reinsurance Recoveries	0020					\$453,591	\$73,681,920			\$2,272,501		\$76,408,012
Net Investment Revenue	0009	\$7,584,270					\$4,036,276			\$6,806,029	\$7,961,609	\$66,388,184
COB (Third Party Recoveries)	0010											
Other Revenue	0011	\$40,492,649				\$1,879,916	\$653,199,372			\$140,008,958	\$82,987,931	\$918,568,826
TOTAL REVENUE (sum lines 7,20,9-11)	0012	\$1,380,760,768				\$576,545,682	\$7,585,949,304			\$1,202,385,050	\$1,323,084,052	\$12,068,724,856
<b>Hospital and Medical Expenses:</b>												
Inpatient Hospital	0013					\$121,305,230	\$1,385,957,530			\$283,839,383	\$173,889,091	\$1,964,991,234
Nursing Facility	0014	\$384,860,189					\$96,893,411			\$10,135,160	\$1,490,668	\$493,379,428
Primary Care	0031					\$47,913,918	\$709,156,166			\$43,290,180	\$162,635,640	\$962,995,904
Home Health Care	0032	\$14,492,737				\$2,886,414	\$65,909,047			\$6,323,992	\$4,328,283	\$93,940,473
Personal Care	0033	\$365,299,552					\$214,854,749			\$47,139,913		\$627,294,214
Pharmacy	0017					\$87,266,000	\$1,219,068,724			\$199,048,153		1,505,382,877.00
Aggregate Write-ins for all other Medical	0018	\$339,937,345				\$183,647,982	\$2,501,221,852			\$349,015,851	\$683,320,329	\$4,057,143,359
Subtotal Medical & Hospital (sum lines 13-14,31-33,17-18)	0019	\$1,104,589,823				\$443,019,544	\$6,193,061,479			\$938,792,632	\$1,025,664,011	\$9,705,127,489
Plus Reinsurance Premiums	0008											
Prepaid Capitation and Target Based Reconciliation	0415											
Total Medical & Hospital (lines 19+8)	0021	\$1,104,589,823				\$443,019,544	\$6,193,061,479			\$938,792,632	\$1,025,664,011	\$9,705,127,489
Care Management	0022	\$22,401,268										\$22,401,268
Administration	0023	\$97,218,754				\$96,174,175	\$1,231,276,880			\$211,001,510	\$252,654,988	\$1,888,326,307
TOTAL EXPENSES (lines 21+22+23)	0024	\$1,224,209,845				\$539,193,719	\$7,424,338,359			\$1,149,794,142	\$1,278,318,999	\$11,615,855,064
OPERATING INCOME/(LOSS) (line 12-24)	0025	\$156,550,923				\$37,351,963	\$161,610,945			\$52,590,908	\$44,765,053	\$452,869,792
Extraordinary Items	0026											
Provision for taxes	0027	\$36,585,951				\$8,729,154	\$37,768,478			\$12,290,495	\$10,461,593	\$105,835,671
Prior period IBNR adjustments	0028											
NET INCOME/(LOSS)	0029	\$119,964,972				\$28,622,809	\$123,842,467			\$40,300,413	\$34,303,460	\$347,034,121
<b>Required Escrow Deposit 98-1.11(f):</b>												
5% of Projected Medical Expenses	0030	\$55,229,491				\$22,150,977	\$309,653,074			\$46,939,632	\$51,283,201	\$485,256,374

		Direct Costs	Direct Costs	Contracted Costs	Contracted Costs		
Schedule D-2 - Care Management		*F.T.E.s	Salary and Fringes	*F.T.E.s	Salary and Fringes	Total	**Staffing Ratios
00610	61016	00611	00612	00614	00615	00617	00618
Care Management Supervisor	0001			10.06	\$1,015,329	\$1,015,329	1:12:00
Care Manager	0002			120.81	\$13,210,785	\$13,210,785	1:200
<b>Other - (Double click Below)</b>							
Service Coordinator	0004			109.59	\$5,511,906	\$5,511,906	1:150
	0005						
	0006						
	0007						
	0008						
	0009						
	0010						
	0011						
	0012						
	0013						
TOTAL CARE MANAGEMENT	0025			240.47	\$19,738,020	\$19,738,020	97.22
PACE Center Staff	0026						
Non-PACE Center Staff	0027						

\* Total actual hours paid during the report period.  
 (Includes vacation, sick and holiday time)/(weeks in report period x standard hrs. per workweek)  
 \*\* Care Management Supervisor ratio is to CM EMPLOYEES, not to enrollees.

Schedule D-2A - Care Management Expense - Contracted Services		Panel Size (Members)	Member Months	Contracted Fee PMPM	Contracted Care Management Expense Reported on Table D-2
00619	00620	00621	00622	00623	00624
CM Supervisor	0001				\$1,015,329
Care Manager	0002				\$13,210,785
Service Coordinator	0004				\$5,511,906
	0005				
	0006				
	0007				
	0008				
	0009				
	0010				
	0011				
	0012				
	0013				
	0014				
	0015				
	0016				
	0017				
	0018				
	0019				
	0020				
	0021				
	0022				
	0023				
	0024				
<b>TOTAL CONTRACTED CARE MANAGEMENT</b>	<b>0025</b>				<b>\$19,738,020</b>

		DIRECT EXPENSE	CONTRACTED EXPENSE	TOTAL EXPENSE
Schedule D-3 - Administration Expense - Total		Total Direct Expense	Total Contracted Expense	Total Administration Expense
00710	71017	00713	00716	00719
Rent (\$0 for Occupancy of Own Building)	0001	\$1,862,829		\$1,862,829
Salaries and Fringe Benefits (Schedule D-3B)	0002		\$33,311,273	\$33,311,273
Legal Fees and Expenses	0003		\$19,696	\$19,696
Utilization Management/Quality Improvement	0004	\$1,447,884	\$541,844	\$1,989,728
Traveling Expense	0005	\$461,893		\$461,893
Advertising	0006	\$2,083,261		\$2,083,261
Marketing	0026	\$209,492	\$326,131	\$535,623
Finance, Auditing & Actuarial	0007		\$1,324,759	\$1,324,759
Claims Processing	0008		\$4,898,137	\$4,898,137
Provider Relations, Recruitment & Contracting	0009	\$31,445	\$3,325	\$34,770
Member Services	0010	\$469,880	\$3,063	\$472,943
Management Information System(MIS)	0011	\$520,523	\$103,257	\$623,780
Telephone, Postage, Express & Telegraph	0012	\$1,380,079		\$1,380,079
Printing & Stationary	0013	\$2,306,677		\$2,306,677
Occupancy, Depreciation & Amortization	0014	\$2,178,603		\$2,178,603
Rental of Equipment	0015	\$96,521		\$96,521
Boards, Bureaus and Association Fees	0016	\$10,931	\$4,901	\$15,832
Insurance, Except for Real Estate	0017	\$67,044		\$67,044
Collection and Bank Service Charge	0018	\$993,851		\$993,851
Payroll Taxes	0019		\$3,574,351	\$3,574,351
Other Taxes (Excluding Fed. Inc. Tax & RE Tax)	0020			
Intake and Enrollment	0022			
Employee Recruitment and Retention	0024	\$16,886	\$219,630	\$236,516
Franchise Tax	0045	\$29,143,658		\$29,143,658
Aggregate Write-in for Other Expenses	0099	\$321,412	(\$40,939,114)	(\$40,617,702)
<b>(Double click on lines 51 - 59 Below)</b>				
Total Allowable Administration Expense	0030	\$43,602,869	\$3,391,253	\$46,994,122
<b>Nonallowable Administration</b>				
Contributions and Donations	0032	\$9,114,489		\$9,114,489
Lobbying Expenses	0033			
Entertainment costs	0034	\$671		\$671
Interest, Fines and Penalties	0035	\$359,134		\$359,134
Uncollectible Spenddown and NAMI	0060	\$13,181,566		\$13,181,566
State Income Taxes	0061	\$675,209		\$675,209
Other Nonallowable expenses	0036	\$15,335,096	\$298	\$15,335,394
Total Nonallowable expenses	0037	\$38,666,165	\$298	\$38,666,463
Total Administration Expense	0100	\$82,269,034	\$3,391,551	\$85,660,585
Other Professional Services (Planning, SIU, et al)	0051	\$29,452	\$655,294	\$684,746
Furniture/Equipment Purchase/Repairs/Maint.	0052	\$91,523		\$91,523
Meetings, Conferences, Training, Seminars	0053	\$39,997	\$44,498	\$84,495
Other Books, Periodicals, Subscriptions not	0054	\$156,259	\$3,431	\$159,690
Miscellaneous Expenses	0055	\$4,181		\$4,181
Adjust to 2017 PMPM	0056		(\$41,642,337)	(\$41,642,337)
	0057			
	0058			
	0059			
Summary of Items on the Note Pad	0097			
Total of Items 0051-0097 (Line 0099 Above)	0098	\$321,412	(\$40,939,114)	(\$40,617,702)
Statewide Member Months	0096			\$280,532

Schedule D-3A - Administrative Expense - Contracted Services		Service Performed	(1) Type of Affiliation	MLTC Expense
00721	72118	00722	00723	00724
Name of Contractor (Double click Below)				
Centene Management Company, LLC	0001	Various	2	(\$3,713,106)
Cotiviti, LLC	0002	Claims Processing	1	\$2,742,646
OptumInsight, Inc.	0003	Claims Processing	1	\$1,993,080
Aarete, LLC	0004	Finance, Auditing, Actuarial	1	\$898,432
Health Management Systems, Inc.	0005	Claims Processing	1	\$563,836
Toney Healthcare Consulting, LLC	0006	Utilization Management/Quality Improvement	1	\$141,961
Clearlink Partners, LLC	0007	Finance, Auditing, Actuarial	1	\$112,877
Scout Exchange, LLC	0008	Employee Recruitment and Retention	1	\$100,419
Change Healthcare Solutions, LLC	0009	Management Information Systems (MIS)	1	\$96,509
Performant Recovery Inc.	0010	Finance, Auditing, Actuarial	1	\$81,951
Griffin Personnel Group	0011	Employee Recruitment and Retention	1	\$71,004
New York County Health Svcs Review Org.	0012	Utilization Management/Quality Improvement	1	\$56,310
Grady Consultants, LLC	0013	Finance, Auditing, Actuarial	1	\$41,566
Gallagher Benefit Services, Inc.	0014	Finance, Auditing, Actuarial	1	\$35,250
Discovery Health Partners	0015	Finance, Auditing, Actuarial	1	\$34,868
William D. Rhodes, MD.	0016	Utilization Management/Quality Improvement	1	\$34,852
Expert Assessment Solutions, Inc	0017	Meetings, Conferences, Training, Seminars	1	\$33,235
Your Actuary LLC	0018	Finance, Auditing, Actuarial	1	\$33,103
Premium Physician Advisors, LLC	0019	Utilization Management/Quality Improvement	1	\$32,758
	0020			
<b>Total (Should equal Schedule D-3, Column 00716, line 100)</b>	<b>0050</b>			<b>\$3,391,551</b>

Note: Report all contracts, such as management contracts, legal services, claims processing, financial services, actuarial, etc., for services that are reported as administrative expenses by the plan.]

(1) Under Type of Affiliation, enter the number code of all that apply.]

1. None]
2. Common Ownership]
3. Common Board of Directors]
4. Part of same Holding Company System]
5. Share Key Personnel

		Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Total	Total
Schedule D-3B - Administrative Expense - Personnel Expense		MLTC FTEs	MLTC Salaries and Fringe Benefits	MLTC FTEs	MLTC Salaries and Fringe Benefits	MLTC FTEs	MLTC Salaries and Fringe Benefits
00750	75019	00751	00752	00753	00754	00755	00756
<b>Administrative Category</b>							
Executive Management	0001			0.23	\$248,260	0.23	\$248,260
Administrative Support	0075						
Employee Recruitment and Retention	0002			0.21	\$61,852	0.21	\$61,852
Medical Director	0003			0.12	\$60,257	0.12	\$60,257
Legal Services	0004			0.83	\$168,262	0.83	\$168,262
Utilization Management/Quality Improvement	0005			0.00	\$0	0.00	\$0
Advertising	0006			2.63	\$309,775	2.63	\$309,775
Marketing	0016			8.75	\$623,192	8.75	\$623,192
Finance, Auditing and Actuarial	0007			9.41	\$1,112,753	9.41	\$1,112,753
Claims Processing	0008			0.23	\$13,168	0.23	\$13,168
Provider Relations, Cre. & Contr.	0009			28.20	\$2,499,815	28.20	\$2,499,815
Member Services	0010			80.45	\$4,160,476	80.45	\$4,160,476
Management Information Sys.	0011			0.22	\$18,577	0.22	\$18,577
Intake and Enrollment	0012			190.93	\$19,310,300	190.93	\$19,310,300
Aggregate Write-in for Other Admin.	0049			55.47	\$4,724,586	55.47	\$4,724,586
Totals	0050			377.68	\$33,311,273	377.68	\$33,311,273
<b>Detail; Aggregate Write-in (Double click Below)</b>							
ExecutiveManagement Support Staff	0025			0.52	\$139,448	0.52	\$139,448
Strategic Planning	0026			1.14	\$170,343	1.14	\$170,343
Operational Supports	0027			0.90	\$49,044	0.90	\$49,044
Senior Initiatives	0028			51.32	\$4,109,945	51.32	\$4,109,945
Government Relations/operational Audit	0029			1.59	\$255,806	1.59	\$255,806
Summary of Write-ins From Notepad	0030						
Totals (Lines 0025-0030) To Line 49	0048			55.47	\$4,724,586	55.47	\$4,724,586



Schedule D-6 Claims Analysis		A. Total Expenses (B+C+D)	B. Claims Paid	C. Claims Reported But Not Paid	D. Claims Incurred But Not Reported (IBNR)	E. IBNR as a Percent of Total(D/A)
02022	02021	01014	01011	01012	01013	01016
<b>A. Claims Incurred During Current Period</b>						
<b>Category of Service</b>						
Inpatient	0001	\$0	\$0	\$0	\$0	
Nursing Home	0002	\$444,749,366	\$388,627,385	\$14,180,547	\$41,941,434	9.43%
Physician(s)	0003	\$0	\$0	\$0	\$0	
Emergency Room	0005	\$0	\$0	\$0	\$0	
Home Health Care	0013	\$16,747,993	\$14,550,519	\$752,277	\$1,445,197	8.63%
Personal Care	0014	\$422,144,844	\$376,939,601	\$15,626,034	\$29,579,209	7.01%
CDPAP	0120	\$326,251,332	\$286,240,556	\$15,682,172	\$24,328,604	7.46%
Other Medical Services	0007	\$66,584,618	\$59,595,408	\$1,891,109	\$5,098,101	7.66%
<b>TOTAL</b>	<b>0025</b>	<b>\$1,276,478,153</b>	<b>\$1,125,953,469</b>	<b>\$48,132,139</b>	<b>\$102,392,545</b>	<b>8.02%</b>
Total Expenses - Capitated	0051	\$131,917				
Total Expenses - Paid FFS	0052	\$1,276,346,236				8.02%
Number of Claims Processed	0053	2,427,230				

Schedule D-6 Claims Analysis (continued) <sup>1</sup>		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
		A. On Claims Incurred During Prior Years	B. On Claims Incurred During Current Year	C. On Claims Incurred During Prior Years	D. On Claims Incurred During Current Year	E. Total Unpaid Claims (A+B+C+D)
22121	22123	01011	01012	01013	01014	01015
<b>B. Claims Unpaid</b>						
<b>Category of Service</b>						
Inpatient	0026	\$0	\$0	\$0	\$0	\$0
Nursing Home	0027	\$113,809	\$14,180,547	\$410,219	\$41,941,434	\$56,646,009
Physician(s)	0028	\$0	\$0	\$0	\$0	\$0
Emergency Room	0030	\$0	\$0	\$0	\$0	\$0
Home Health Care	0038	\$8,878	\$752,277	\$410,764	\$1,445,197	\$2,617,116
Personal Care	0039	\$81,764	\$15,626,034	\$409,893	\$29,579,209	\$45,696,900
CDPAP	0125	(\$491)	\$15,682,172	\$201,901	\$24,328,604	\$40,212,186
Other Medical Services	0032	\$53,089	\$1,891,109	\$191,051	\$5,098,101	\$7,233,350
<b>TOTAL</b>	<b>0050</b>	<b>\$257,049</b>	<b>\$48,132,139</b>	<b>\$1,623,828</b>	<b>\$102,392,545</b>	<b>\$152,405,561</b>

Schedule D-6 Claims Analysis (continued)2		A. IBNR On Claims Incurred 4 Years Prior to the Reporting Period	B. IBNR On Claims Incurred 3 Years Prior to the Reporting Period	C. IBNR on Claims Incurred 2 Years Prior to the Reporting Period	D. IBNR on Claims Incurred 1 Year Prior to the Reporting Period	E. Total Prior Period IBNR (A+B+C+D)
00241	24125	01025	01021	01022	01023	01024
<b>C. Summary of Prior Period IBNR</b>						
<b>Category of Service</b>						
Inpatient	0026				0	0
Nursing Home	0027				410,219	410,219
Physician(s)	0028				0	0
Emergency Room	0030				0	0
Home Health Care	0038				410,764	410,764
Personal Care	0039				409,893	409,893
CDPAP	0130				201,901	201,901
Other Medical Services	0032				191,051	191,051
<b>TOTAL</b>	<b>0050</b>				<b>1,623,828</b>	<b>1,623,828</b>

Schedule D-7 Premium Receivables		Total Dollars in the Category	Up to 30 Days	30 Days to 59 Days	60 Days to 89 Days	90 Days to 119	120 Days to 365 Days	Over One Year
01050	105026	01051	01052	01053	01054	01055	01056	01057
<b>Premium Receivables Categories</b>								
Medicaid	0001	58,340,575	9,271,357	4,607,834	5,681,049	11,633,102	13,421,596	13,725,637
Medicare	0002							
Private Pay	0003							
Spenddown/NAMI	0004	53,965,500	5,625,000	5,250,000	4,875,000	4,500,000	28,125,000	5,590,500
Allowance for Doubtful Accounts (Entered as Negative)	0005	-16,925,334						-16,925,334
<b>Other - (Double click Below)</b>								
	0006							
	0007							
	0008							
	0009							
<b>Total By Aging Category</b>	<b>0010</b>	<b>95,380,741</b>	<b>14,896,357</b>	<b>9,857,834</b>	<b>10,556,049</b>	<b>16,133,102</b>	<b>41,546,596</b>	<b>2,390,803</b>

Table 9D - Non-VBP Shared Savings (Loss)		Current Period	Year 1 Prior To The Reporting Period	Year 2 Prior To The Reporting Period
00039	00040	70931	70932	70933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007			
Plan Premium Revenue (involved in the arrangement)	0008			
Target Expenditures	0001			
Additional Plan Payments	0006			
Total Target Expenditures	0009			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
<b>Total Claims Expense</b>	<b>0010</b>			
<b>Total Surplus or (Loss)</b>	<b>0011</b>			
Plan Surplus or (Loss)	0012			
IPA/Providers' Surplus or (Loss)	0005			

TABLE 9D-1 - Non-VBP Prepaid Capitation		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
07481	07491	70937	70938	70939
<b>For Capitation Arrangements with no Reconciliation</b>				
Plan Member Months (involved in the arrangement)	0007			
Plan Premium Revenue (involved in the arrangement)	0008			
Capitation Payments	0001			
Additional Plan Payments	0006			
Total Capitation and Additional Payments	0009			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
Total Claims Expense	0010			
Total Surplus or (Loss)	0011			
Plan Surplus or (Loss)	0012			
IPA/ACO/Provider's Surplus or (Loss)	0005			

TABLE 9E- VBP Shared Savings (Loss)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00493	4915 6	70934	70935	70936
<b>For Target Expenditure Based Arrangements</b>				
Plan Member Months (involved in arrangement)	0007			
Plan Premium Revenue (involved in arrangement)	0008			
VBP Target Expenditures	0001			
Additional Plan Payments	0006			
Total VBP Target Expenditures	0009			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
Total Claims Expense	0010			
Total Surplus or (Loss)	0011			
Plan Surplus or (Loss)	0012			
IPA/ACO/Provider's Surplus or (Loss)	0005			

TABLE 9E-1 - VBP Prepaid Capitation		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00494	4915 7	70940	70941	70942
<b>For Capitation Arrangements with no Reconciliation</b>				
Plan Member Months (involved in arrangement)	0007			
Plan Premium Revenue (involved in arrangement)	0008			
VBP Capitation Payments	0001			
Additional Plan Payments	0006			
Total Capitation and Additional Payments	0009			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
Total Claims Expense	0010			
Total Surplus or (Loss)	0011			
Plan Surplus or (Loss)	0012			
IPA/ACO/Provider's Surplus or (Loss)	0005			



Schedule F IBNR Reserve Calculation		A Claims Reported (Paid and Unpaid)	B Percent Complete	C Estimated Expense (A/B)	D Adjustment	E Projected Expense (C + D)	F IBNR Reserve (E-A)
00271	27128	01101	01102	01103	01104	01105	01106
Description							
December	0001	\$31,835,342	30.14364%	105,612,131		\$105,612,131	\$73,776,789
November	0002	\$93,503,164	90.35238%	103,487,218		\$103,487,218	\$9,984,054
October	0003	\$101,800,563	95.83715%	106,222,439		\$106,222,439	\$4,421,876
September	0004	\$102,329,263	95.82537%	106,787,237		\$106,787,237	\$4,457,974
August	0005	\$106,887,195	97.09545%	110,084,659		\$110,084,659	\$3,197,464
July	0006	\$107,224,150	97.79450%	109,642,311		\$109,642,311	\$2,418,161
June	0007	\$103,956,444	98.40423%	105,642,251		\$105,642,251	\$1,685,807
May	0008	\$108,425,701	99.71257%	108,738,248		\$108,738,248	\$312,547
April	0009	\$105,487,974	99.44290%	106,078,937		\$106,078,937	\$590,963
March	0010	\$107,967,795	99.73933%	108,249,967		\$108,249,967	\$282,172
February	0011	\$98,211,020	99.18260%	99,020,413		\$99,020,413	\$809,393
January	0012	\$106,456,999	99.57410%	106,912,339	2	\$106,912,341	\$455,342
CURRENT YEAR TOTAL	0020	\$1,174,085,610		1,276,478,151	2	\$1,276,478,153	\$102,392,543
<b>PERCENT COMPLETED</b>		Yes=1,No=2					
Historical Experience	0021	1					
Authorized Claims	0022	2					
Other (Explain on Notepad)	0023	2					

Schedule G Schedule of Net Investment Income		Amount Accrued During the Year
00291	29130	01201
<b>INVESTMENT INCOME</b>		
Interest Income	0001	\$9,731,576
Dividend and Real Estate Income	0002	
Net Realized Capital Gains or Losses	0003	
Other Investment Income	0004	
<b>TOTAL INVESTMENT INCOME</b>	<b>0010</b>	<b>\$9,731,576</b>
<b>DEDUCTIONS</b>		
Investment Expenses	0011	
Interest Expense	0012	
Interest on Claims Paid after 45 Days	0014	
Other Deductions	0013	
<b>TOTAL DEDUCTIONS</b>	<b>0020</b>	
<b>NET INVESTMENT INCOME</b>	<b>0025</b>	<b>\$9,731,576</b>

Schedule G-1 Schedule of Adjustments for Prior Period IBNR		Amount of Write-off
03111	311132	01202
<b>Details of Adj for Prior Period IBNR on line 94 cc 112</b>		
1 Year Prior to the Reporting Period	0001	(\$23,492,465)
2 Years Prior to the Reporting Period	0002	(\$364,675)
3 Years Prior to the Reporting Period	0003	(\$400,521)
4 Years Prior to the Reporting Period	0004	(\$166,351)
<b>TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR</b>	<b>0010</b>	<b>(\$24,424,012)</b>

Schedule G-2 Total Plan Schedule of Aggregate Write-ins for Other Expenses		Amount of Write-off
01213	121333	01214
<b>Details of Write-ins aggregated on line 0095 from Schedule B:</b>		
Admin MSA	0001	\$69,997,199
Adjustment to management add-on	0002	\$620,146
Advance Training Initiative	0003	\$6,941,715
Prior Year Loss Adjustment Expenses/Reserves	0004	(\$1,044,835)
	0005	
Non-State Plan Services	0006	
Increase in Reserves for A&H Contracts	0007	\$26,367
<b>TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS</b>	<b>0099</b>	<b>\$76,540,592</b>

Schedule G-3 Total Plan Schedule of Prior Period Revenue Adjustments and Extraordinary Items		Amount of Write-off
01223	12234	01224
<b>Details of Extraordinary Items on line 0096 from Schedule B:</b>		
Adjustment for Prior Period Revenue	0001	(\$15,123,752)
Adjustment for Prior Period HR & R Revenue	0002	
Advance Training Initiative (ATI)	0003	(\$7,301,168)
	0004	
	0005	
	0006	
	0007	
	0008	
	0009	
All Other	0010	
<b>TOTAL EXTRAORDINARY ITEMS</b>	<b>0099</b>	<b>(\$22,424,920)</b>

Schedule G-4 Schedule of Recovered Provider Payments For Services Provided in Prior Periods		Amount of Recovered Payments
00351	35136	01225
<b>Details of Prior Period Provider Recoveries included in the Prior Period IBNR Schedule:</b>		
1 Year Prior to Reporting Period	0001	
2 Years Prior to Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL RECOVERIES INCLUDED IN PRIOR PERIOD IBNR ADJUSTMENT	0099	

Schedule H Claims Payable Aging Analysis of Unpaid Claims		1-30 Days	31-45 Days	46-90 Days	91 + Days	Total
<b>01600</b>	<b>160037</b>	<b>01604</b>	<b>01605</b>	<b>01606</b>	<b>01607</b>	<b>01603</b>
Claims Payable (Reported) Detail Below	0001					
	0002					
	0003					
	0004					
	0005					
	0006					
	0007					
	0008					
	0009					
	0010					
	0011					
	0012					
	0013					
	0014					
	0015					
	0016					
	0017					
	0018					
	0019					
	0020					
	0021					
	0022					
	0023					
	0024					
	0025					
Sum of Individually Listed Claims Payable	0026					
Aggregate Accounts Not Individually Listed	0028	\$47,817,654	\$473,819	\$60,762	\$36,954	\$48,389,189
Totals	0029	\$47,817,654	\$473,819	\$60,762	\$36,954	\$48,389,189

Individually list all health care creditors of \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger.  
 See additional directions in the report instructions.

Exhibit A1 - Analysis of Enrolled Population		Total Enrollees (End of Prior Period)	Net Shifts Among Groups YTD	New Enrollees YTD	Disenrollments YTD	Total Enrollment
<b>03100</b>	<b>310041</b>	<b>03101</b>	<b>03105</b>	<b>03102</b>	<b>03103</b>	<b>03104</b>
<b>PREMIUM GROUP</b>						
Community	<b>0003</b>	17,959	-706	6,584	5,603	18,234
Nursing Home Permanent Placement	<b>0004</b>	4,733	706	1,643	2,024	5,058
<b>Other Medicaid Enrollees: (Double click Below)</b>						
	<b>0010</b>					
	<b>0011</b>					
	<b>0012</b>					
	<b>0013</b>					
	<b>0014</b>					
Total Medicaid Members	<b>0020</b>	22,692	0	8,227	7,627	23,292
Non-Medicaid Enrollees	<b>0021</b>					
<b>TOTALS</b>	<b>0030</b>	22,692	0	8,227	7,627	23,292

a) Disenrollments should be entered as positive numbers. The program will automatically reduce the totals.



Exhibit A2 - Analysis of Enrolled Population By County		Community	Nursing Home Permanent Placement	TOTAL MEDICAID MEMBER MONTHS TO DATE	NON-MEDICAID ENROLLEE MONTHS	TOTAL MEMBER MONTHS TO DATE
03200	03421	03201	03202	03206	03207	03208
<b>MEMBER MONTHS BREAKDOWN BY COUNTY</b>						
<b>County</b>						
Albany	0035	5,068	2,108	7,176		7,176
Allegany	0036	422	89	511		511
Broome	0037	2,945	3,309	6,254		6,254
Cattaraugus	0038	963	175	1,138		1,138
Cayuga	0039	510	1,291	1,801		1,801
Chatauqua	0040	1,463	197	1,660		1,660
Chemung	0041	752	1,700	2,452		2,452
Chenango	0042	846	647	1,493		1,493
Clinton	0043	1,150	423	1,573		1,573
Columbia	0044	815	973	1,788		1,788
Cortland	0045	959	353	1,312		1,312
Delaware	0046	1,270	342	1,612		1,612
Dutchess	0031	2,029	875	2,904		2,904
Erie	0009	8,821	3,481	12,302		12,302
Essex	0047	231	304	535		535
Franklin	0048	810	231	1,041		1,041
Fulton	0049	1,222	763	1,985		1,985
Genesee	0050	424	835	1,259		1,259
Greene	0051	405	482	887		887
Hamilton	0052	45	70	115		115
Herkimer	0010	988	449	1,437		1,437
Jefferson	0053	1,568	254	1,822		1,822
Lewis	0054	416	359	775		775
Livingston	0055	435	385	820		820
Madison	0056	348	511	859		859
Monroe	0006	10,419	3,229	13,648		13,648
Montgomery	0057	1,926	269	2,195		2,195
Nassau	0002	9,576	2,457	12,033		12,033
Niagara	0058	2,212	376	2,588		2,588
Oneida	0011	5,723	2,110	7,833		7,833
Onondaga	0007	5,078	1,772	6,850		6,850
Ontario	0059	1,000	363	1,363		1,363
Orange	0008	4,502	2,493	6,995		6,995
Orleans	0060	483	94	577		577
Oswego	0061	1,549	694	2,243		2,243
Otsego	0062	589	719	1,308		1,308
Putnam	0032	841	351	1,192		1,192
Rensselaer	0063	2,009	1,466	3,475		3,475
Rockland	0003	7,119	1,259	8,378		8,378
St. Lawrence	0064	2,783	873	3,656		3,656
Saratoga	0065	1,402	1,502	2,904		2,904
Schenectady	0012	3,974	1,185	5,159		5,159
Schoharie	0066	733	262	995		995
Schuyler	0067	342	152	494		494
Seneca	0068	220	97	317		317
Steuben	0069	1,017	745	1,762		1,762
Suffolk	0004	11,348	4,879	16,227		16,227
Sullivan	0033	1,837	813	2,650		2,650
Tioga	0070	387	551	938		938
Tompkins	0071	973	630	1,603		1,603
Ulster	0034	2,778	1,617	4,395		4,395
Warren	0072	798	560	1,358		1,358
Washington	0073	607	299	906		906
Wayne	0074	743	293	1,036		1,036
Westchester	0005	8,097	1,854	9,951		9,951
Wyoming	0075	385	248	633		633
Yates	0076	139	473	612		612
New York City	0001	92,518	6,229	98,747		98,747
Total Member Months to Date	0030	219,012	61,520	280,532		280,532

Exhibit A3 - Hospital and Nursing Facility Utilization		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL Y-T-D
04311	431144	03301	03302	03303	03304	03305
<b>HOSPITAL AND NURSING FACILITY DAYS</b>						
Hospital Days For Period	0001	2,639	2,480	4,321	4,938	14,378
<b>Total Number of Enrollees Receiving Nursing Facility</b>						
Care During Quarter, Excl. Respite	0002	5,913	6,007	6,142	5,933	
Total Number of Admissions to Nursing Facility during Quarter, excluding respite	0013	1,242	1,135	1,015	948	4,340
<b>Breakdown of Nursing Facility Days, Excl. Respite:</b>						
Total Number of Days Covered 100% by Medicare	0003					
Total Number of Days Covered by Medicare & MLTC Plan (Medicaid Co-Pay days)	0004					
Total Number of Days Covered 100% by MLTC Plan	0005	444,088	455,766	466,581	461,005	1,827,440
Total Number of Days Covered by Other Payors	0006			0	0	0
Total Number of Nursing Facility Days of Care, Excl. Respite	0010	444,088	455,766	466,581	461,005	1,827,440
<b>Total Number of Enrollees Receiving Nursing Facility</b>						
Care During Quarter For Respite	0011					
Total Number of Nursing Facility Days for Respite	0012					

PACE plans should only complete rows 2 and 13.

		Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay
Exhibit A4 - Nursing Facility Discharges		0 - 30	31 - 60	61 - 90	91 - 180	181 - 365	366+	TOTAL
00451	45146	03401	03402	03403	03404	03405	03406	03407
<b>FIRST QUARTER:</b>								
Death	0001	0	0	0	0	0	0	0
Other	0002	287	115	113	179	216	316	1,226
Total	0003	287	115	113	179	216	316	1,226
<b>SECOND QUARTER:</b>								
Death	0004	0	0	0	0	0	0	0
Other:	0005	351	116	90	208	172	259	1,196
Total	0006	351	116	90	208	172	259	1,196
<b>THIRD QUARTER:</b>								
Death	0007	0	0	0	0	0	0	0
Other	0008	284	125	90	151	153	274	1,077
Total	0009	284	125	90	151	153	274	1,077
<b>FOURTH QUARTER:</b>								
Death	0010	0	0	0	0	0	0	0
Other	0011	285	114	90	187	228	311	1,215
Total	0012	285	114	90	187	228	311	1,215
<b>TOTAL Y-T-D:</b>								
Death	0020	0	0	0	0	0	0	0
Other	0021	1,207	470	383	725	769	1,160	4,714
Total	0030	1,207	470	383	725	769	1,160	4,714

Exhibit A5 - Personal Care Hours Year-to-Date		Member Months	Total Number of Hours
00471	47148	03501	03502
<b>MEMBER BREAKDOWN BY USE</b>			
<b>Category Based on Hours per Month</b>			
700+ hours per month	0001	2,684	1,990,728
480-699 hours per month	0002	1,356	912,778
320-479 hours per month	0003	4,794	2,070,841
240-319 hours per month	0004	6,388	1,915,975
160-239 hours per month	0005	14,061	2,961,624
80-159 hours per month	0006	31,147	4,051,882
1-79 hours per month	0007	33,948	1,466,640
<b>TOTALS</b>	<b>0010</b>	<b>94,378</b>	<b>15,370,468</b>

Exhibit A6 - Home Health Care Hours Year-to-Date		Member Months	Total Number of Hours
00491	49150	03503	03504
<b>MEMBER BREAKDOWN BY USE</b>			
<b>Category Based on Hours per Month</b>			
700+ hours per month	0001	71	51,577
480-699 hours per month	0002	108	61,932
320-479 hours per month	0003	150	57,843
240-319 hours per month	0004	76	20,893
160-239 hours per month	0005	87	17,112
80-159 hours per month	0006	88	9,683
1-79 hours per month	0007	36,960	104,905
<b>TOTALS</b>	<b>0010</b>	<b>37,540</b>	<b>323,945</b>

Exhibit A7 - CDPAP Hours Year-to-Date		Member Months	Total Number of Hours
00492	49155	03505	03506
<b>MEMBER BREAKDOWN BY USE</b>			
<b>Category Based on Hours per Month</b>			
700+ hours per month	0001	1,794	1,330,709
480-699 hours per month	0002	1,533	951,269
320-479 hours per month	0003	2,751	1,064,160
240-319 hours per month	0004	4,442	1,261,083
160-239 hours per month	0005	14,663	2,956,425
80-159 hours per month	0006	46,082	5,986,362
1-79 hours per month	0007	33,115	1,951,283
<b>TOTALS</b>	<b>0010</b>	<b>104,380</b>	<b>15,501,291</b>

Exhibit B - Utilization of Services: Total Medicaid		Service Units	Total Number Of Service Units (Actual)	Total Number of Service Units (Accrued)	Unit Cost	Avg. Number Of Service Units Used Per Enrollee Per Year
04010	401051	04011	04012	04016	04017	04015
Inpatient Medical/Surgical	0001	Days				
Inpatient Medical/Surgical	0051	Discharges				
Inpatient Mental Health/Substance Abuse	0002	Days				
Inpatient Mental Health/Substance Abuse	0052	Discharges				
Inpatient: Maternity Delivery	0047	Days				
Inpatient: Maternity Delivery	0048	Discharges				
Primary Care Physician	0004	Visits				
Specialty Care	0033	Visits				
Prenatal/Postpartum Maternity Services	0049	Visits				
Ambulatory Surgery	0005	Procedures				
Outpatient/Physical Rehab/Therapy	0050	Visits	48,445	54,381	\$15.18	2.33
Other Professional Services	0053	Visits	9,068	9,209	\$63.65	0.39
Emergency Room	0006	Visits				
Outpatient Mental Health	0007	Visits				
Outpatient Drug & Alcohol Treatment	0008	Visits				
Dental	0009	Visits	24,636	25,903	\$80.76	1.11
Pharmacy - Part D	0054					
Pharmacy - Non Part D	0055					
Home Health Care	0056	Hours	281,899	323,944	\$51.70	13.86
Home Health Care	0083	Visits	71,486	81,027	\$206.70	3.47
Nursing Facility	0003	Days	1,598,264	1,827,440	\$243.37	78.17
Transportation - Emergent	0057	One Way Trips				
Transportation - Non Emergent	0058	One Way Trips	761,505	862,115	\$44.24	36.88
Diagnostic Testing, Lab & X-Ray	0016					
Family Planning	0059	Visits				
Vision Care Inc. Eyeglasses	0017	Visits	13,702	15,787	\$26.04	0.68
Foot Care	0018	Visits	13,979	15,775	\$21.14	0.67
Durable Medical Equipment & Other	0028					
Personal Care	0025	Hours	13,346,591	15,370,468	\$27.46	657.49
CDPAP	0045	Hours	13,304,625	15,501,291	\$21.05	663.08
Personal Emergency Response Services	0030	No. Of Units	60,649	67,588	\$28.38	2.89
Home Delivered and Congregate Meals	0032	No. Of Meals	874,803	903,194	\$8.23	38.63
Adult Day Care	0012	Days	14,633	16,736	\$115.06	0.72
Social Day Care	0013	Days	53,417	59,769	\$58.78	2.56
<b>Other Medical Services:</b>						
<b>(Double click below)</b>						
Medical Social Services	0035		188	190	\$202.44	0.01
Medical Supplies	0036		8,325	8,561	\$88.04	0.37
Hospice	0037		604	604	\$25.40	0.03
	0038					0.00
	0039					0.00

Exhibit B-1 - Medicaid Utilization of Services Community		Service Units	Total Number Of Service Units (Actual)	Total Number of Service Units (Accrued)	Unit Cost	Avg. Number Of Service Units Used Per Enrollee Per Year
04010	401052	04011	04012	04016	04017	04015
Inpatient Medical/Surgical	0101	Days				
Inpatient Medical/Surgical	0151	Discharges				
Inpatient Mental Health/Substance Abuse	0102	Days				
Inpatient Mental Health/Substance Abuse	0152	Discharges				
Inpatient: Maternity Delivery	0147	Days				
Inpatient: Maternity Delivery	0148	Discharges				
Primary Care Physician	0104	Visits				
Specialty Care	0133	Visits				
Prenatal/Postpartum Maternity Services	0149	Visits				
Ambulatory Surgery	0105	Procedures				
Outpatient/Physical Rehab/Therapy	0150	Visits	48,213	54,127	\$15.09	2.97
Other Professional Services	0153	Visits	8,887	9,027	\$61.47	0.49
Emergency Room	0106	Visits				
Outpatient Mental Health	0107	Visits				
Outpatient Drug & Alcohol Treatment	0108	Visits				
Dental	0109	Visits	24,221	25,466	\$80.43	1.40
Pharmacy - Part D	0154					
Pharmacy - Non Part D	0155					
Home Health Care	0156	Hours	281,899	323,944	\$51.70	17.75
Home Health Care	0183	Visits	71,486	81,027	\$206.70	4.44
Nursing Facility	0103	Days	65,593	80,499	\$209.27	4.41
Transportation - Emergent	0157	One Way Trips				
Transportation - Non Emergent	0158	One Way Trips	716,565	811,197	\$43.48	44.45
Diagnostic Testing, Lab & X-Ray	0116					
Family Planning	0159	Visits				
Vision Care Inc. Eyeglasses	0117	Visits	11,293	13,012	\$26.74	0.71
Foot Care	0118	Visits	13,669	15,403	\$21.26	0.84
Durable Medical Equipment & Other	0128					
Personal Care	0125	Hours	13,346,591	15,370,468	\$27.46	842.17
CDPAP	0145	Hours	13,304,625	15,501,291	\$21.05	849.34
Personal Emergency Response Services	0130	No. Of Units	60,347	67,246	\$28.38	3.68
Home Delivered and Congregate Meals	0132	No. Of Meals	872,091	900,362	\$8.23	49.33
Adult Day Care	0112	Days	14,588	16,687	\$115.11	0.91
Social Day Care	0113	Days	53,348	59,683	\$58.73	3.27
<b>Other Medical Services:</b>						
<b>(Enter labels on Exhibit B)</b>						
Medical Social Services	0135		125	127	\$302.87	0.01
Medical Supplies	0136		8,325	8,561	\$88.04	0.47
Hospice	0137		55	55	\$278.95	0.00
	0138					0.00
	0139					0.00



Exhibit B-1 - Medicaid Utilization of Services Nursing Home Permanent Placement		Service Units	Total Number Of Service Units (Actual)	Total Number of Service Units (Accrued)	Unit Cost	Avg. Number Of Service Units Used Per Enrollee Per Year
04019	401953	04020	04021	04022	04023	04024
Inpatient Medical/Surgical	0101	Days				
Inpatient Medical/Surgical	0151	Discharges				
Inpatient Mental Health/Substance Abuse	0102	Days				
Inpatient Mental Health/Substance Abuse	0152	Discharges				
Inpatient: Maternity Delivery	0147	Days				
Inpatient: Maternity Delivery	0148	Discharges				
Primary Care Physician	0104	Visits				
Specialty Care	0133	Visits				
Prenatal/Postpartum Maternity Services	0149	Visits				
Ambulatory Surgery	0105	Procedures				
Outpatient/Physical Rehab/Therapy	0150	Visits	232	254	\$33.01	0.05
Other Professional Services	0153	Visits	181	182	\$171.65	0.04
Emergency Room	0106	Visits				
Outpatient Mental Health	0107	Visits				
Outpatient Drug & Alcohol Treatment	0108	Visits				
Dental	0109	Visits	415	437	\$100.09	0.09
Pharmacy - Part D	0154					
Pharmacy - Non Part D	0155					
Home Health Care	0156	Hours				0.00
Home Health Care	0183	Visits				0.00
Nursing Facility	0103	Days	1,532,671	1,746,941	\$244.94	340.76
Transportation - Emergent	0157	One Way Trips				
Transportation - Non Emergent	0158	One Way Trips	44,940	50,918	\$56.40	9.93
Diagnostic Testing, Lab & X-Ray	0116					
Family Planning	0159	Visits				
Vision Care Inc. Eyeglasses	0117	Visits	2,409	2,775	\$22.74	0.54
Foot Care	0118	Visits	310	372	\$15.87	0.07
Durable Medical Equipment & Other	0128					
Personal Care	0125	Hours				0.00
CDPAP	0145	Hours				0.00
Personal Emergency Response Services	0130	No. Of Units	302	342	\$28.30	0.07
Home Delivered and Congregate Meals	0132	No. Of Meals	2,712	2,832	\$8.20	0.55
Adult Day Care	0112	Days	45	49	\$98.84	0.01
Social Day Care	0113	Days	69	86	\$90.44	0.02
<b>Other Medical Services:</b>						
<b>(Enter labels on Exhibit B)</b>						
Medical Social Services	0135		63	63	\$186.62	0.01
Medical Supplies	0136					0.00
Hospice	0137		549	549	\$209.81	0.11
	0138					0.00
	0139					0.00

			MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Exhibit B-2 - Medicaid Utilization of HHC Services Community		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	401056	04011	04012	04016	04018	04017	04015
Home Health Care Aide	0500	Hours	6,796	7,142	\$333,970	\$46.76	0.39
Home Health Care-Other	0501	Visits	69,296	71,721	\$16,414,022	\$228.86	3.93
Total Home Health Care	0502				\$16,747,992		

			MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Exhibit B-2 - Medicaid Utilization of HHC Services Nursing Home Permanent Placement		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04031	403157	04032	04033	04034	04035	04036	04037
Home Health Care Aide	0500	Hours					0.00
Home Health Care-Other	0501	Visits					0.00
Total Home Health Care	0502						

Exhibit B-2 - Utilization of HHC Services - Total Medicaid		Service Units	MEDICAID Medicaid Total Number of Service Units (Actual)	MEDICAID Medicaid Total Number of Service Units (Accrued)	MEDICAID Medicaid Total Cost	MEDICAID Medicaid Unit Cost	MEDICAID Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	401060	04011	04012	04016	04018	04017	04015
Home Health Care Aide	0400	Hours	6,796	7,142	\$333,970	\$46.76	0.3
Home Health Care-Other	0401	Visits	69,296	71,721	\$16,414,022	\$228.86	3.1
Total Home Health Care	0402				\$16,747,992		

Exhibit C - Number of Enrollees Utilizing Services		Number of Enrollees
06101	610162	05000
<b>Identify the number of enrollees during the quarter that used the following services:</b>		
<b>NURSING FACILITY (NF) ONLY</b>		
Enrollees that were in a nursing facility for the entire quarter	0001	4,246
<b>PACE CENTER SOCIAL DAY CARE PROGRAM</b>		
<b>Count only enrollees who used the PACE Social Day Care Program</b>		
but did not use personal care, home health care or NF.	0002	
<b>Count only enrollees who used the PACE Social Day Care Program</b>		
and personal care and/or home health care.	0003	
Total PACE Center Care Program	0012	
<b>PERSONAL CARE (PC) ONLY</b>		
<b>Count only enrollees who used personal care but did not use NF,</b>		
PACE Social Day, or Home Health Care.	0004	2,293
<b>CDPAP ONLY</b>		
<b>Count only enrollees who used only CDPAP</b>		
CDPAP	0015	5,671
<b>HOME HEALTH CARE (HHC) ONLY</b>		
<b>Count only enrollees who used home health care service but did not use NF,</b>		
<b>PACE Social Day Care, or PC.</b>		
Nursing and Therapies only	0007	
HHA and Nursing and/or Therapies	0008	160
Total Home Health Care	0009	160
<b>PERSONAL CARE AND HOME HEALTH CARE ONLY</b>		
Count only enrollees that used PC and HHC but did not use NF or PACE Social Day.	0010	4,670
<b>NURSING FACILITY AND PERSONAL CARE OR HOME HEALTH CARE</b>		
<b>Count enrollees who were in a NF AND used personal care or Home Health</b>		
Personal care	0013	286
<b>Number of enrollees who did not use PACE Social Day, Personal Care,</b>		
<b>Home Health Care, or any Nursing Facility</b>	0011	5,966
Total Number of Enrollees	0014	23,292