

Medicaid Managed Care Operations Report

Organization : Fidelis Care (01421250)

Coverage : Statewide

Period Ending : 6/30/2020

Dcn : 08142020132247

Date : Friday, August 14, 2020

Configuration Information

Configuration Information

Submission Type	0.1005	MMCOR
Submission Year	0.1010	2020
Submission Period	0.1011	Q02
DCN	0.1004	08142020132247
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	01/01/2020
End Date	0.35	06/30/2020

Contacts

Contact Person

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Certifiers

Chief Executive Officer

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Title	0.96	President & Chief Executive Officer
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Chief Financial Officer

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Title	0.101	Chief Financial Officer
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Addresses

Mailing Address

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Additional Information

Additional Information

Managed Care Plan Start Date	0.31	11/01/1993
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Counties of Operation

Operational Counties

County	0.50	ALBANY
County	0.51	ALLEGANY
County	0.52	BROOME
County	0.53	CATTARAGUS
County	0.54	CAYUGA
County	0.55	CHAUTAUQUA
County	0.56	CHEMUNG
County	0.57	CHENANGO
County	0.58	CLINTON
County	0.59	COLUMBIA
County	0.60	CORTLAND
County	0.61	DELAWARE
County	0.62	DUTCHESS
County	0.63	ERIE
County	0.64	ESSEX
County	0.65	FRANKLIN
County	0.66	FULTON
County	0.67	GENESEE
County	0.68	GREENE
County	0.69	HAMILTON
County	0.70	HERKIMER

Counties of Operation

Operational Counties

County	0.71	JEFFERSON
County	0.72	LEWIS
County	0.73	LIVINGSTON
County	0.74	MADISON
County	0.75	MONROE
County	0.76	MONTGOMERY
County	0.77	NASSAU
County	0.78	NIAGARA
County	0.79	ONEIDA
County	0.80	ONONDAGA
County	0.81	ONTARIO
County	0.82	ORANGE
County	0.83	ORLEANS
County	0.84	OSWEGO
County	0.85	OTSEGO
County	0.86	PUTNAM
County	0.87	RENSSELAER
County	0.88	ROCKLAND
County	0.89	ST LAWRENCE
County	0.105	SARATOGA
County	0.106	SCHENECTADY
County	0.107	SCHOHARIE
County	0.108	SCHUYLER
County	0.109	SENECA
County	0.110	STEUBEN
County	0.111	SUFFOLK
County	0.112	SULLIVAN
County	0.113	TIOGA
County	0.114	TOMPKINS
County	0.115	ULSTER
County	0.116	WARREN
County	0.117	WASHINGTON
County	0.118	WAYNE
County	0.119	WESTCHESTER
County	0.120	WYOMING
County	0.121	YATES
County	0.122	NY (MANHATTAN)

Custom Groups

Contract Period

From	0.32	03/01/2014
To	0.33	02/28/2019

Report Configuration

Report Types

999810000.1	CHP - CHILD HEALTH PLUS	1
999810000.2	DUAL - DUAL ELIGIBILITY	0
999810000.3	HARP	1
999810000.4	MEDICAID	1

CHP - TABLE 1C - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period	0 < 1 YRS.	1 < 6 YRS.	6 < 13 YRS.	13 < 15 YRS.	15 < 19 YRS.
00299	00300	50143	50144	50145	50146	50147	50148	50149
Albany	00001	1,622	9,579	161	2,526	3,790	1,014	2,088
Allegany	00002	401	2,462	34	644	994	281	509
Broome	00003	901	5,367	73	1,639	2,151	502	1,002
Cattaraugus	00004	880	5,333	54	1,322	2,158	672	1,127
Cayuga	00005	1,122	6,812	76	1,647	2,822	822	1,445
Chautauqua	00006	1,932	11,743	178	3,116	4,618	1,275	2,556
Chemung	00007	813	4,846	75	1,383	1,983	510	895
Chenango	00008	671	4,106	45	1,192	1,537	399	933
Clinton	00009	1,233	7,471	94	2,297	3,103	727	1,250
Columbia	00010	715	4,422	28	998	1,854	506	1,036
Cortland	00011	773	4,661	70	1,178	1,869	567	977
Delaware	00012	536	3,246	48	824	1,247	405	722
Dutchess	00013	3,613	20,166	303	5,168	7,756	2,331	4,608
Erie	00014	4,386	26,079	399	7,160	10,260	2,775	5,485
Essex	00015	645	3,837	57	1,075	1,482	472	751
Franklin	00016	570	3,390	97	1,015	1,301	359	618
Fulton	00017	1,209	7,229	101	1,602	3,068	924	1,534
Genesee	00018	734	4,432	80	1,195	1,840	522	795
Greene	00019	474	2,954	43	685	1,096	406	724
Hamilton	00020	93	555	4	111	209	69	162
Herkimer	00021	1,338	8,125	142	2,009	3,274	887	1,813
Jefferson	00022	370	2,241	77	795	861	192	316
Lewis	00023	286	1,799	37	541	674	182	365
Livingston	00024	296	1,702	17	471	739	203	272
Madison	00025	968	5,790	69	1,871	2,279	596	975
Monroe	00026	1,497	8,934	220	2,421	3,374	976	1,943
Montgomery	00027	952	5,809	70	1,433	2,298	639	1,369
Nassau	00028	11,222	63,938	868	13,148	24,939	7,525	17,458
Niagara	00029	2,627	16,020	228	3,758	6,358	1,890	3,786
Oneida	00030	3,422	20,797	348	5,181	8,392	2,448	4,428
Onondaga	00031	4,968	29,904	420	8,214	12,223	3,277	5,770
Ontario	00032	246	1,443	33	458	537	159	256
Orange	00033	6,030	35,127	716	10,670	13,713	3,443	6,585
Orleans	00034	531	3,284	26	849	1,293	326	790
Oswego	00035	1,676	10,212	159	2,552	4,077	1,108	2,316
Otsego	00036	626	3,784	68	1,101	1,505	386	724
Putnam	00037	1,439	8,802	92	1,763	3,478	1,078	2,391
Rensselaer	00038	894	5,302	123	1,332	2,148	486	1,213
Rockland	00039	12,187	73,168	1,460	21,957	29,202	6,895	13,654
St. Lawrence	00040	1,047	6,252	139	1,793	2,435	658	1,227
Saratoga	00041	1,883	11,444	188	2,963	4,741	1,260	2,292
Schenectady	00042	1,703	10,419	114	2,313	4,135	1,372	2,485
Schoharie	00043	215	1,333	16	350	558	112	297
Schuyler	00044	231	1,427	0	413	511	132	371
Seneca	00045	142	874	12	282	357	81	142
Steuben	00046	1,102	6,640	91	1,828	2,798	691	1,232
Suffolk	00047	12,129	72,184	750	14,922	27,882	8,609	20,021
Sullivan	00048	752	4,737	39	1,081	1,874	542	1,201
Tioga	00049	511	3,148	52	957	1,121	342	676
Tompkins	00050	730	4,522	78	1,361	1,837	454	792
Ulster	00051	2,593	15,416	175	3,711	6,141	1,730	3,659
Warren	00052	1,247	7,647	123	1,851	3,077	857	1,739
Washington	00053	1,256	7,767	83	1,948	3,210	905	1,621
Wayne	00054	430	2,550	72	782	925	267	504
Westchester	00055	4,526	27,989	241	5,474	11,007	3,608	7,659
Wyoming	00056	626	3,781	38	1,009	1,581	393	760
Yates	00057	88	507	18	228	149	37	75
Bronx	00058	3,838	20,799	107	4,557	8,085	2,381	5,669
Kings (Brooklyn)	00059	14,705	85,778	1,431	23,216	33,753	9,000	18,378
New York (Manhattan)	00060	2,308	12,946	136	2,657	5,279	1,477	3,397
Queens	00061	15,293	85,338	1,326	21,134	34,261	9,538	19,079
Richmond (Staten Island)	00062	2,968	17,992	289	4,374	7,062	2,004	4,263
TOTAL	00999	145,221	856,361	12,711	216,505	339,281	94,684	193,180

CHP - TABLE 2 - ENROLLMENT SUMMARY BY PREMIUM GROUP		Number of Enrollees at End of Prior Year	Net Enrollees At End of Current Period	Total Member Months
00302	00303	50201	50205	50206
0 < 1 YRS.	00010	2,124	2,154	12,711
1 < 6 YRS.	00020	34,941	36,681	216,505
6 < 13 YRS.	00030	54,661	57,528	339,281
13 < 15 YRS.	00040	15,046	16,059	94,684
15 < 19 YRS.	00050	31,095	32,799	193,180
TOTAL	00999	137,867	145,221	856,361

CHP - TABLE 2A - DISENROLLMENT FROM PLAN		Number of Children Disenrolled
50207	00305	50202
Obtained Equivalent Insurance	00001	294
Also Enrolled in Medicaid	00002	96
Residency (Moved from Service Area)	00003	306
Age (19 Years or Older)	00004	2,451
Presumptively Enrolled - Found Ineligible*	00005	1,162
Failure to Submit Annual Recertification	00006	11
Family Voluntarily Chose to Disenroll (other than at recert)	00007	16,998
Failure to Pay Family Share of Premium	00008	6,620
Lack of Sufficient Documentation	00009	0
Interplan Duplicate Enrollees	00010	64
Access to State Benefits Plan	00011	30
Income	00012	0
Family Voluntarily Chose to not Re-Enroll (at recert)	00013	2
Medicaid Referrals Failed to Apply	00014	0
Death	00021	5
Ineligible	00022	0
Other NE	00015	7,938
	00016	
	00017	
	00018	
	00019	
	00020	
Totals	00999	35,977

* Detail Number of Children Presumptively Enrolled - Found Ineligible on Table 2B.

CHP - TABLE 2B - DETAILS OF PRESUMPTIVELY ENROLLED CHILDREN WHO WERE FOUND INELIGIBLE		Number of Ineligible by Category
50203	00309	50204
Age	00001	
Income	00002	
Equivalent Coverage	00003	
Medicaid Eligible	00004	
Failed to Supply Documentation	00005	1,162
	00006	
	00007	
	00008	
	00009	
	00010	
	00011	
	00012	
	00013	
	00014	
	00015	
	00016	
	00017	
	00018	
	00019	
	00020	
Totals	00999	1,162

Total number of Ineligible, CCLN 50204/0999 should equal CCLN 00202/0005 on Table 2A.

CHP - TABLE 6A - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS)		Current YTD	Current YTD PMPM
00311	00313	10607	10609
Members	00050	145,221	
Child Health Plus Member Months	00001	856,361	
REVENUE:			
Premium			
Subscriber Premiums	00002	23,700,879	27.68
NYS Premiums	00003	155,859,922	182.00
Newborn Supplemental Payments ("kick")	00080		0.00
Maternity Supplemental Payments	00079		0.00
Premium Revenues	00091	179,560,801	209.68
C.O.B. & Subrogation	00051		0.00
Reinsurance Recoveries	00031		0.00
Premium Revenue (inc. COB and Recoveries)	00075	179,560,801	209.68
Net Investment Income	00004	750,592	0.88
Other Revenue	00007	4,284,673	5.00
Total CHP Revenue	00008	184,596,066	215.56
EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a.) Inpatient Medical Surgical	00009	14,208,988	16.59
b.) Inp. Mental Health & Substance Abuse	00010	1,390,266	1.62
c.) Inpatient Newborn Births (excluding Maternity) (>=1200g)	00011	1,849,193	2.16
d.) Inpatient Newborn Births (excluding Maternity) Low Birth Weight (<1200g)	00088	921,967	1.08
e.) Inp. Maternity/Delivery	00060	98,898	0.12
f.) Total Inpatient Hospital Care (a, b, c and d)	00012	18,469,312	21.57
Other Medical and Hospital:			
Primary Care	00013	22,898,179	26.74
Specialty Care	00014	14,568,696	17.01
Prenatal/Postpartum Maternity Services	00045	75,720	0.09
Ambulatory Surgery	00015	4,167,520	4.87
Outpatient Physical Rehab/Therapy	00092	1,412,874	1.65
Other Professional Services	00016	565,604	0.66
Emergency Room	00017	4,367,301	5.10
Outpatient Mental Health	00018	10,540,509	12.31
Outpatient SUD Treatment	00019	251,216	0.29
Dental	00020	9,375,207	10.95
Pharmacy	00021	17,252,419	20.15
Durable Medical Equipment	00054	1,338,353	1.56
Home Health Care	00022	809,221	0.94
Nursing Facility	00069		0.00
Transportation - Emergent	00023	1,107,643	1.29
Diagnostic Test, Lab & X-Ray	00025	6,054,861	7.07
Family Planning	00026	236,295	0.28
Vision Care Including Eyeglasses	00027	748,993	0.87
Foot Care	00093	240,967	0.28
Other Medical	00028	59,875	0.07
Covered Lives Assessment	00055	5,488,824	6.41
Subtotal Medical & Hospital	00030	120,029,589	140.16
Reinsurance Premium Cost	00006	55,961	0.07
Prepaid Capitation and Target Based Reconciliation	00056		0.00
Provider and Quality Incentive Payments	00029	1,433,255	1.67
Total Medical & Hospital	00032	121,518,805	141.90
Administration:			
Compensation	00033	5,688,383	6.64
Occupancy, Depreciation & Amortization	00035	280,201	0.33
Marketing and Facilitated Enrollment	00036	53,776	0.06
Other	00037	20,643,656	24.11
Total Allowable Administration Expense	00038	26,666,016	31.14
TOTAL MEDICAL and ADMINISTRATION EXPENSES	00039	148,184,821	173.04
PREMIUM INCOME/(LOSS)	00077	31,375,980	36.64
Non-allowable Administration Expense	00081	2,990,348	3.49
OPERATING INCOME/(LOSS)	00040	33,420,897	39.03
Aggregate Write-Ins for Other Expense	00076	15,406,325	17.99
Prior Period Revenue Adjustments and Extraordinary Items	00041	-4,533,963	-5.29
Federal and Foreign Income Taxes Incurred	00042	7,266,821	8.49
Adjustments for Prior Period IBNR Estimates	00043	2,756,695	3.22
NET INCOME (LOSS)	00044	12,525,019	14.63

CHP - TABLE 9A - CLAIMS ANALYSIS - CLAIMS INCURRED DURING CURRENT PERIOD		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)
00315	00316	50901	50902	50903	50904	50905
Category of Service						
Inpatient	00001	18,469,311	13,233,342	2,285,045	2,950,924	15.98%
Primary Care	00002	22,898,179	18,956,585	705,085	3,236,509	14.13%
Physician Specialty Services	00003	14,568,697	11,488,242	638,287	2,442,168	16.76%
Emergency Room	00004	4,367,301	3,484,762	150,443	732,096	16.76%
All other Medical Services	00005	59,726,102	50,835,036	2,599,026	6,292,040	10.54%
TOTAL	00999	120,029,590	97,997,967	6,377,886	15,653,737	13.04%
Total Expenses - Capitated	00010	4,130,419				
Total Expenses - FFS	00020	115,899,172				13.51%

		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
CHP - TABLE 9B - CLAIMS ANALYSIS - CLAIMS UNPAID		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)
00317	00319	50911	50912	50913	50914	50915
Category of Service						
Inpatient	00001	71,857	2,285,045	81,284	2,950,924	5,389,110
Primary Care	00002	7,515	705,085	81,409	3,236,509	4,030,518
Physician Specialty Services	00003	145,700	638,287	80,324	2,442,168	3,306,479
Emergency Room	00004	2,341	150,443	42,148	732,096	927,028
All other Medical Services	00005	85,358	2,599,026	42,758	6,292,040	9,019,182
TOTAL	00999	312,771	6,377,886	327,923	15,653,737	22,672,317

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
CHP - TABLE 9C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR		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)
00321	00322	50921	50922	50923	50924	50925
Category of Service						
Inpatient	00001			47,983	33,301	81,284
Primary Care	00002			48,012	33,398	81,410
Physician Specialty Services	00003			47,439	32,885	80,324
Emergency Room	00004			25,493	16,654	42,147
All other Medical Services	00005			24,651	18,107	42,758
TOTAL	00999			193,578	134,345	327,923

CHP - TABLE 9D - NON-VBP SHARED SAVINGS (LOSSES)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00324	00326	50931	50932	50933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
Target Expenditures	00001			
Additional Plan Payments	00006			
Total Target Expenditures	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Providers' Surplus or (Loss)	00005			

CHP - TABLE 9D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00325	00329	50937	50938	50939
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
Capitation Payments	00001			
Additional Plan Payments	00006			
Total Capitation and Additional Payments	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

CHP - TABLE 10 - USER RATES OF SERVICE - CATEGORY OF SERVICE		USERS Number of Members Who Used Medical Services During Period	NON-USERS Number of Members Who Did Not Use Medical Services During Period	Total 51001 + 51002	Number of Members Who Used Dental Services During Period
00327	00328	51001	51002	51003	51004
Age Group					
0 < 1 yrs.	00010	1,680	198	1,878	17
1 < 6 yrs.	00020	28,806	9,384	38,190	6,778
6 < 13 yrs.	00030	40,581	19,727	60,308	17,447
13 < 15 yrs.	00040	10,107	6,177	16,284	3,998
15 < 19 yrs.	00050	25,930	16,354	42,284	8,493
Totals	00100	107,104	51,840	158,944	36,733

CHP - TABLE 12 - INPATIENT UTILIZATION DISCHARGES - ACTUAL & ACCRUED UTILIZATION		Med Surg	Inpatient Newborn Births	Inpatient Newborn Births Low Birth Weight (<1200g)	Inpatient Maternity Delivery	Psychiatric Alcohol and Substance Abuse	Total Actual Discharges	Actual Discharges Per 1,000	Total Accrued Discharges	Accrued Discharges Per 1,000	Accrued
00330	00332	51201	51202	51214	51206	51207	51220	51230	51240	51250	51260
Age Group											
0 < 1 yrs.	00010	50	333	2			385	5	493	7	
1 < 6 yrs.	00020	188				1	189	3	260	4	
6 < 13 yrs.	00030	199				16	215	3	306	4	
13 < 15 yrs.	00040	73			1	17	91	1	131	2	
15 < 19 yrs.	00050	196			9	72	277	4	410	6	
Total Discharges	00999	706	333	2	10	106	1,157	16	1,600	22	
Plus Accrued Discharges	00996	321	90		5	27					
Total Accrued Discharges	00998	1,027	423	2	15	133					1,600
Total Cost including Accruals	00997	14,208,988	1,849,193	921,967	98,898	1,390,266					18,469,312
Actual Paid Claims	01000	9,639,672	1,472,402	921,966	67,923	1,131,379					13,233,342
Accrued Cost	01001	4,569,316	376,791	1	30,975	258,887					5,235,970
Actual Cost Per Discharge	01002	13,654	4,422	460,983	6,792	10,673					
Accrued Cost Per Discharge	01003	13,835	4,372	460,984	6,593	10,453					

Rate PMPY = (Total Visits/Member Months)*12

CHP - TABLE 12A - NURSING HOME UTILIZATION		Nursing Home Days	Nursing Home Discharges
00334	00336	51270	51271
Age Group			
0 < 1 yrs.	00010		
1 < 6 yrs.	00020		
6 < 13 yrs.	00030		
13 < 15 yrs.	00040		
15 < 19 yrs.	00050		
Total Actual Utilization	00999		
Plus Accrued Utilization	00996		
Total Accrued Utilization	00998		
Total Cost including Accrued Utilization	00997		

CHP - TABLE 13 - INPATIENT UTILIZATION DAYS - ACTUAL UTILIZATION		Med Surg	Newborn	Maternity	Psychiatric Alcohol and Substance Abuse	Total Actual Days	Actual Days Per 1,000	Average Length of Stay	Total Accrued Days	Accrued Days per 1,000	Average Length of Stay	Total
00338	00340	51301	51302	51306	51307	51320	51330	51335	51340	51350	51355	51360
Age Group												
0 < 1 yrs.	00010	294	1,228			1,522	1,437	4	1,913	1,806	4	
1 < 6 yrs.	00020	731			1	732	41	4	951	53	4	
6 < 13 yrs.	00030	850			208	1,058	37	5	1,377	49	5	
13 < 15 yrs.	00040	535		2	164	701	89	8	912	116	7	
15 < 19 yrs.	00050	1,205		26	654	1,885	117	7	3,077	191	8	
Total Days	00999	3,615	1,228	28	1,027	5,898	83	27	8,230	115	5	
Plus Accrued Days	00996	1,749	311	12	260							
Total Accrued Days	00998	5,364	1,539	40	1,287							8,230

Rate PMPY = (Total Visits/Member Months)*12

CHP - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE	Emergency Room Visits	Primary Care Encounter	Physician Specialty Services Encounter	Outpatient Physical Rehab/Therapy	Mental Health Visits	Vision Care Optometrist Visits	Dental Visits	Medical Transportation	Other Professional Services	Home Health Care Visits	Ambulatory Surgery Visits	Family Planning Visits	Foot Care	Prenatal / Postpartum Maternity Services	Diagnostic Tests Lab X-Rays	Pharmacy (Prescription and Non-Prescriptions)	Durable Medical Equipment	Total Number of Immunizations	Drug and Alcohol Therapy Visits	
00342	00344	51401	51402	51403	51404	51405	51407	51408	51410	51411	51412	51413	51414	51419	51426	51422	51423	51424	51425	51427
Age Group																				
0 < 1 yrs.	00010	202	9,163	2,599	163	17	2		572	18	81	36		5		3,133	4,630	668	1,460	
1 < 6 yrs.	00020	3,150	52,433	18,602	2,955	5,006	631	9,758	3,713	618	423	756		221		66,172	86,076	12,538	3,950	13
6 < 13 yrs.	00030	3,182	50,939	27,197	4,115	33,063	4,429	23,930	3,387	2,593	330	654		740	2	85,848	112,299	26,136	2,152	265
13 < 15 yrs.	00040	924	11,598	8,301	1,615	10,178	1,454	5,917	1,515	963	66	138	59	363	23	53,088	16,568	10,396	447	219
15 < 19 yrs.	00050	2,441	24,853	19,689	4,083	22,723	2,723	10,522	5,028	1,900	135	479	797	615	231	78,046	83,246	19,971	2,029	1,466
Totals - Actual	00999	9,899	148,986	76,388	12,931	70,987	9,239	50,127	14,215	6,092	1,035	2,063	856	1,944	256	286,287	302,819	69,709	10,038	1,963
Plus Accrued Visits	00996	2,425	31,850	19,798	3,474	18,097	1,810	12,148	5,799	483	291	574	215	535	81	78,919	20,597	19,253		80
Totals - Actual + Accrued	00998	12,324	180,836	96,186	16,405	89,084	11,049	62,275	20,014	6,575	1,326	2,637	1,071	2,479	337	365,206	323,416	88,962	10,038	2,043
Rate PMPY (Actual)	00500	0.1387	2.0877	1.0704	0.1812	0.9947	0.1295	0.7024	0.1992	0.0854	0.0145	0.0289	0.0120	0.0272	0.0036	4.0117	4.2433	0.9768	0.1407	0.0275
Rates PMPY (Accrued)	00510	0.1727	2.5340	1.3478	0.2299	1.2483	0.1548	0.8727	0.2805	0.0921	0.0186	0.0370	0.0150	0.0347	0.0047	5.1176	4.5320	1.2466	0.1407	0.0286
Actual Paid Claims	01000	3,484,762	18,956,585	11,488,242	1,118,486	8,421,807	627,306	7,548,743	796,348	524,839	629,453	3,304,830	191,725	189,815	59,413	4,689,661	15,904,747	1,043,273		236,512

Rate PMPY = (Total Visits/Member Months)*12

CHP - TABLE 16 - UTILIZATION OF HHC SERVICES - TOTAL		Total Number of Service Units Actual	Total Number of Service Units Actual + Accrued	Total Cost	Unit Cost	Average Number of Service Units Per Enrollee Per Year
00411	00410	54012	54016	54018	54017	54015
Home Health Care - Aide - HOURS	00500					0
Home Health Care - Other - VISITS	00501	1,035	1,326	809,221	610	0
Total Home Health Care	00502			809,221		

CHP - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00351	00352	02630
INVESTMENT INCOME		
Interest Income	00001	750,592
Dividend and Real Estate Income	00002	
Net Realized Capital Gains or Losses	00003	
TOTAL INVESTMENT INCOME	00004	750,592
DEDUCTIONS		
Investment Expenses	00005	
Interest Expense	00006	
Interest on Claims paid after 45 days	00010	
Other Deductions	00007	
TOTAL DEDUCTIONS	00008	
NET INVESTMENT INCOME	00099	750,592

CHP - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02631	00353	02632
Details of Write-ins aggregated on line 0076 from CHP Table 6A		
MSA in Excess of 2017 PMPM	00001	6,358,043
Adjustment to management add-on	00002	-23,239
Prior Period LAE/Reserves	00003	-1,702,323
Health Insurer Fee	00004	6,207,878
	00005	
Non-State Plan Services	00006	
Increase in Reserves for A&H Contracts	00007	
CHP FQHC Supplemental Program Expense	00008	3,212,102
Medical Home Expense (Non-Adirondack)	00009	1,353,864
Adirondack Medical Home Expense	00010	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	00099	15,406,325

CHP - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02633	00354	02634
Details of Extraordinary Items on line 0041 from Medicaid Table 6		
Adjustments for Prior Period Revenue	00001	32,003
	00002	
	00003	
	00004	
	00005	
	00006	
	00007	
	00008	
	00009	
Stop-Loss Fund Recoveries	00011	
Regulation 146 Pool Recoveries	00012	
Net gains or (loss) from Agents or premium balance charged off	00013	
Aggregate Write-ins for other income	00014	
CHP FQHC Supplemental Program Revenue	00015	-3,212,102
Medical Home Revenue (Non-Adirondack)	00016	-1,353,864
Adirondack Medical Home Revenue	00017	
All other	00010	
TOTAL CHILD HEALTH PLUS EXTRAORDINARY ITEMS	00099	-4,533,963

CHP - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00355	00356	02636
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Table 6		
1 Year Prior to the Reporting Period	00001	2,772,351
2 Years Prior to the Reporting Period	00002	-73,896
3 Years Prior to the Reporting Period	00003	35,824
4 Years Prior to the Reporting Period	00004	22,416
TOTAL CHILD HEALTH PLUS ADJUSTMENTS FOR PRIOR PERIOD IBNR	00099	2,756,695

CHP - TABLE 27A - INPATIENT NEWBORN BIRTH DRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00485	00486	52703	52704	52705	52706	52707	52708
DESCRIPTION							
DRG 606 NEONATE, BWT 1200-1499G, W SIG OR PROC, DISCH ALIVE	00606	44.8175		0.00000			0.0000
DRG 607 NEONATE, BWT 1200-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	00607	18.1788		0.00000			0.0000
DRG 608 NEONATE, BIRTHWT 1200-1499G, DIED	00608	15.9572		0.00000			0.0000
DRG 609 NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	00609	26.1486		0.00000			0.0000
DRG 610 NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	00610	10.6198		0.00000			0.0000
DRG 611 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB	00611	11.7659		0.00000			0.0000
DRG 612 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	00612	5.8240		0.00000			0.0000
DRG 613 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	00613	4.2219		0.00000			0.0000
DRG 614 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	00614	2.7141		0.00000			0.0000
DRG 615 NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	00615	23.5060		0.00000			0.0000
DRG 616 NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	00616	6.6175		0.00000			0.0000
DRG 617 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB	00617	4.6520		0.00000			0.0000
DRG 618 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	00618	2.4713		0.00000			0.0000
DRG 619 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	00619	1.4655		0.00000			0.0000
DRG 620 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W NORM NEWB DIAG	00620	0.3967		0.00000			0.0000
DRG 621 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	00621	1.1905		0.00000			0.0000
DRG 622 NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	00622	14.7152	4	0.57143	21,581	5,395.25	58.8608
DRG 623 NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	00623	2.5578		0.00000			0.0000
DRG 624 NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	00624	1.1286		0.00000			0.0000
DRG 626 NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB	00626	2.7923		0.00000			0.0000
DRG 627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	00627	1.0658		0.00000			0.0000
DRG 628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	00628	0.6018		0.00000			0.0000
DRG 629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	00629	0.2233		0.00000			0.0000
DRG 630 NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	00630	0.5820		0.00000			0.0000
DRG 635 NEONATAL AFTERCARE FOR WEIGHT GAIN	00635	1.8670		0.00000			0.0000
DRG 637 NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	00637	0.6139		0.00000			0.0000
DRG 638 NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	00638	1.3680		0.00000			0.0000
DRG 639 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	00639	0.8965		0.00000			0.0000
DRG 640 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	00640	1.1126	2	0.28571	4,480	2,240.00	2.2252
DRG 641 EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	00641	25.2842	1	0.14286	7,375	7,375.00	25.2842
DRG 991 Total Reported Cases	00991		7	1.00000	33,436	4,776.57	86.3702
DRG 992 Plus Accrued Cases	00992		1		5,516	5,516.00	
DRG 993 Totals With Accruals	00993		8		38,952	4,869.00	
DRG 994 Average Casemix of Reported Births	00994	12.3386					

CHP - TABLE 27A-1 - INPATIENT NEWBORN BIRTH APRDRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00487	00488	52703	52704	52705	52706	52707	52708
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	00700	0.3419	0	0.00000			0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	00701	0.4751	0	0.00000			0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	00702	0.6638	0	0.00000			0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	00703	0.8654	0	0.00000			0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	00704	0.1545	1	0.00307	1,015	1,015.00	0.1545
581 2 Neonate, Transferred <5 Days Old, Born Here	00705	0.1879	1	0.00307	2,127	2,127.00	0.1879
581 3 Neonate, Transferred <5 Days Old, Born Here	00706	0.2415	1	0.00307	3,556	3,556.00	0.2415
581 4 Neonate, Transferred <5 Days Old, Born Here	00707	0.4079	0	0.00000			0.0000
583 1 Neonate, w/ ECMO	00708	20.1313	0	0.00000			0.0000
583 2 Neonate, w/ ECMO	00709	20.1313	0	0.00000			0.0000
583 3 Neonate, w/ ECMO	00710	20.1313	0	0.00000			0.0000
583 4 Neonate, w/ ECMO	00711	27.7479	0	0.00000			0.0000
588 1 Neonate BWT 1200-1249G W Major Procedure	00712	18.1139	0	0.00000			0.0000
588 2 Neonate BWT 1200-1249G W Major Procedure	00713	18.1139	0	0.00000			0.0000
588 3 Neonate BWT 1200-1249G W Major Procedure	00714	18.3817	0	0.00000			0.0000
588 4 Neonate BWT 1200-1249G W Major Procedure	00715	23.3980	0	0.00000			0.0000
602 1 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00716	5.4637	0	0.00000			0.0000
602 2 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00717	7.9467	0	0.00000			0.0000
602 3 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00718	10.4646	0	0.00000			0.0000
602 4 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00719	12.7566	0	0.00000			0.0000
603 1 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00720	4.9397	0	0.00000			0.0000
603 2 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00721	6.9800	0	0.00000			0.0000
603 3 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00722	9.2358	0	0.00000			0.0000
603 4 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00723	15.6208	0	0.00000			0.0000
607 1 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00724	4.5996	0	0.00000			0.0000
607 2 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00725	6.3391	0	0.00000			0.0000
607 3 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00726	7.9237	1	0.00307	98,310	98,310.00	7.9237
607 4 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00727	9.9689	0	0.00000			0.0000
608 1 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00728	3.6319	0	0.00000			0.0000
608 2 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00729	5.3588	0	0.00000			0.0000
608 3 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00730	7.7134	0	0.00000			0.0000
608 4 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00731	10.1719	0	0.00000			0.0000
609 1 Neonate, BWT 1500-2499G W Major Procedure	00732	3.8239	0	0.00000			0.0000
609 2 Neonate, BWT 1500-2499G W Major Procedure	00733	3.9076	0	0.00000			0.0000
609 3 Neonate, BWT 1500-2499G W Major Procedure	00734	6.8852	0	0.00000			0.0000
609 4 Neonate, BWT 1500-2499G W Major Procedure	00735	13.4767	0	0.00000			0.0000
611 1 Neonate, Birthwt 1500-1999G W Major Anomaly	00736	2.3102	0	0.00000			0.0000
611 2 Neonate, Birthwt 1500-1999G W Major Anomaly	00737	3.8089	0	0.00000			0.0000
611 3 Neonate, Birthwt 1500-1999G W Major Anomaly	00738	5.2871	0	0.00000			0.0000
611 4 Neonate, Birthwt 1500-1999G W Major Anomaly	00739	6.7288	0	0.00000			0.0000
612 1 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00740	3.0730	1	0.00307	34,629	34,629.00	3.0730
612 2 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00741	4.0786	0	0.00000			0.0000
612 3 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00742	5.7131	2	0.00613	68,925	34,462.50	11.4262
612 4 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00743	7.3319	0	0.00000			0.0000
613 1 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00744	2.6630	0	0.00000			0.0000
613 2 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00745	4.0335	0	0.00000			0.0000
613 3 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00746	6.2601	0	0.00000			0.0000
613 4 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00747	6.3966	0	0.00000			0.0000
614 1 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00748	1.7543	1	0.00307	17,842	17,842.00	1.7543
614 2 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00749	3.1156	1	0.00307	24,279	24,279.00	3.1156
614 3 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00750	4.5004	1	0.00307	48,429	48,429.00	4.5004
614 4 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00751	4.6697	0	0.00000			0.0000
621 1 Neonate, BWT 2000-2499G W Major Anomaly	00752	0.9231	0	0.00000			0.0000
621 2 Neonate, BWT 2000-2499G W Major Anomaly	00753	1.9392	0	0.00000			0.0000
621 3 Neonate, BWT 2000-2499G W Major Anomaly	00754	3.3678	0	0.00000			0.0000
621 4 Neonate, BWT 2000-2499G W Major Anomaly	00755	6.9969	0	0.00000			0.0000
622 1 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00756	1.6717	0	0.00000			0.0000
622 2 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00757	2.2660	1	0.00307	21,483	21,483.00	2.2660
622 3 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00758	3.4012	1	0.00307	22,717	22,717.00	3.4012
622 4 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00759	4.7371	0	0.00000			0.0000
623 1 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00760	1.4343	1	0.00307	12,257	12,257.00	1.4343
623 2 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00761	2.3036	0	0.00000			0.0000
623 3 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00762	3.7417	0	0.00000			0.0000
623 4 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00763	3.7562	0	0.00000			0.0000
625 1 Neonate, Birthwt 2000-2499G W Other Significant Condition	00764	1.4691	1	0.00307	14,271	14,271.00	1.4691
625 2 Neonate, Birthwt 2000-2499G W Other Significant Condition	00765	2.5082	0	0.00000			0.0000
625 3 Neonate, Birthwt 2000-2499G W Other Significant Condition	00766	2.8693	1	0.00307	65,057	65,057.00	2.8693
625 4 Neonate, Birthwt 2000-2499G W Other Significant Condition	00767	3.0509	0	0.00000			0.0000
626 1 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00768	0.1985	5	0.01534	14,672	2,934.40	0.9925
626 2 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00769	0.4793	4	0.01227	17,136	4,284.00	1.9172
626 3 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00770	1.2084	1	0.00307	12,637	12,637.00	1.2084
626 4 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00771	1.2084	0	0.00000			0.0000
630 1 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	00772	2.8057	0	0.00000			0.0000
630 2 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	00773	3.2411	0	0.00000			0.0000
630 3 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	00774	5.4039	0	0.00000			0.0000
630 4 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	00775	9.7554	0	0.00000			0.0000
631 1 Neonate, Birthwt > 2499g w/ Other Major Procedure	00776	1.5561	0	0.00000			0.0000
631 2 Neonate, Birthwt > 2499g w/ Other Major Procedure	00777	2.9810	0	0.00000			0.0000
631 3 Neonate, Birthwt > 2499g w/ Other Major Procedure	00778	5.1598	0	0.00000			0.0000
631 4 Neonate, Birthwt > 2499g w/ Other Major Procedure	00779	10.9926	0	0.00000			0.0000
633 1 Neonate, Birthwt > 2499g w/ Major Anomaly	00780	0.2653	4	0.01227	12,463	3,115.75	1.0612
633 2 Neonate, Birthwt > 2499g w/ Major Anomaly	00781	0.8320	1	0.00307	12,970	12,970.00	0.8320
633 3 Neonate, Birthwt > 2499g w/ Major Anomaly	00782	1.9425	1	0.00307	24,429	24,429.00	1.9425
633 4 Neonate, Birthwt > 2499g w/ Major Anomaly	00783	4.1052	0	0.00000			0.0000
634 1 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00784	0.7237	0	0.00000			0.0000
634 2 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00785	1.2420	2	0.00613	24,722	12,361.00	2.4840
634 3 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00786	1.9426	0	0.00000			0.0000
634 4 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00787	3.7187	0	0.00000			0.0000
636 1 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00788	0.8599	0	0.00000			0.0000

636 2 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00789	1.2893	1	0.00307	13,507	13,507.00	1.2893
636 3 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00790	1.9624	0	0.00000			0.0000
636 4 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00791	2.9045	0	0.00000			0.0000

CHP - TABLE 27A-2 - INPATIENT NEWBORN BIRTH DRGs - LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00489	00490	52743	52744	52745	52746	52747	52748
DRG 602 NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	00602	56.4019					0.0000
DRG 603 NEONATE, BIRTHWT <750G,DIED	00603	17.9309					0.0000
DRG 604 NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	00604	40.3832					0.0000
DRG 605 NEONATE, BIRTHWT 750-999, DIED	00605	18.3555					0.0000
DRG 606 NEONATE, BWT 1000-1199G, W SIG OR PROC, DISCH ALIVE	00606	44.8175					0.0000
DRG 607 NEONATE, BWT 1000-1199G, W/O SIGNIF OR PROC, DISCH ALIVE	00607	18.1788					0.0000
DRG 608 NEONATE, BIRTHWT 1000-1199G, DIED	00608	15.9572					0.0000
DRG 991 Total Reported Cases	00991						0.0000
DRG 992 Plus Accrued Cases	00992						
DRG 993 Totals With Accruals	00993						
DRG 994 Average Casemix of Reported Births	00994						

CHP - TABLE 27A-3 - INPATIENT NEWBORN BIRTH APRDRGs LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00491	00492	52743	52744	52745	52746	52747	52748
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	00700	0.3419	0	0.00000			0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	00701	0.4751	0	0.00000			0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	00702	0.6638	0	0.00000			0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	00703	0.8654	0	0.00000			0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	00704	0.1545	0	0.00000			0.0000
581 2 Neonate, Transferred <5 Days Old, Born Here	00705	0.1879	0	0.00000			0.0000
581 3 Neonate, Transferred <5 Days Old, Born Here	00706	0.2415	0	0.00000			0.0000
581 4 Neonate, Transferred <5 Days Old, Born Here	00707	0.4079	0	0.00000			0.0000
588 1 Neonate BWT <1200G W Major Procedure	00712	18.1139	0	0.00000			0.0000
588 2 Neonate BWT <1200G W Major Procedure	00713	18.1139	0	0.00000			0.0000
588 3 Neonate BWT <1200G W Major Procedure	00714	18.3817	0	0.00000			0.0000
588 4 Neonate BWT <1200G W Major Procedure	00715	23.3980	0	0.00000			0.0000
589 1 Neonate BWT < 500G	00800	9.2322	0	0.00000			0.0000
589 2 Neonate BWT < 500G	00801	9.2322	0	0.00000			0.0000
589 3 Neonate BWT < 500G	00802	2.7013	1	0.50000	804,427	804,427.00	2.7013
589 4 Neonate BWT < 500G	00803	0.1097	0	0.00000			0.0000
591 1 Neonate, Birthwt 500-749G w/o Major Procedure	00804	4.2943	0	0.00000			0.0000
591 2 Neonate, Birthwt 500-749G w/o Major Procedure	00805	5.0592	0	0.00000			0.0000
591 3 Neonate, Birthwt 500-749G w/o Major Procedure	00806	9.5075	0	0.00000			0.0000
591 4 Neonate, Birthwt 500-749G w/o Major Procedure	00807	17.5261	0	0.00000			0.0000
593 1 Neonate, Birthwt 750-999G w/o Major Procedure	00808	9.0407	0	0.00000			0.0000
593 2 Neonate, Birthwt 750-999G w/o Major Procedure	00809	9.5053	0	0.00000			0.0000
593 3 Neonate, Birthwt 750-999G w/o Major Procedure	00810	12.1170	1	0.50000	117,540	117,540.00	12.1170
593 4 Neonate, Birthwt 750-999G w/o Major Procedure	00811	16.1219	0	0.00000			0.0000
602 1 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00716	5.4637	0	0.00000			0.0000
602 2 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00717	7.9467	0	0.00000			0.0000
602 3 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00718	10.4646	0	0.00000			0.0000
602 4 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00719	12.7566	0	0.00000			0.0000
603 1 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00720	4.9397	0	0.00000			0.0000
603 2 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00721	6.9800	0	0.00000			0.0000
603 3 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00722	9.2358	0	0.00000			0.0000
603 4 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00723	15.6208	0	0.00000			0.0000
Total Reported Cases	00995		2	1.00000	921,967	460,983.50	14.8183
Plus Accrued Cases	00996						
Totals With Accruals	00997		2		921,967	460,983.50	
Average Casemix of Reported Deliveries	00998	7.4092					

CHP - TABLE 27B - INPATIENT MATERNITY DELIVERY DRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00361	00362	52723	52724	52725	52726	52727	52728
DESCRIPTION							
DRG 370 CESAREAN SECTION W CC	00370	1.1149					
DRG 371 CESAREAN SECTION W/O CC	00371	0.8810					
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	00372	0.6992					
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	00373	0.5992					
DRG 374 VAGINAL DELIVERY W STERILIZATION AND/OR D&C	00374	0.8850					
DRG 375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL AND/OR D&C	00375	0.6292					
DRG 650 HIGH RISK CESAREAN SECTION W CC	00650	1.5370					
DRG 651 HIGH RISK CESAREAN SECTION W/O CC	00651	1.0928					
DRG 652 HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	00652	0.9431					
DRG 991 Total Reported Cases	00991						
DRG 992 Plus Accrued Cases	00992						
DRG 993 Totals With Accruals	00993						
DRG 994 Average Casemix of Reported Deliveries	00994						

CHP - TABLE 27B-1 - INPATIENT MATERNITY DELIVERY APRDRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00363	00364	52723	52724	52725	52726	52727	52728
APDRG SEVERITY DESCRIPTION							
540 1 Cesarean Delivery	00400	0.7239	0	0.00000			0.0000
540 2 Cesarean Delivery	00401	0.8386	0	0.00000			0.0000
540 3 Cesarean Delivery	00402	1.1453	1	0.10000	9,616	9,616.00	1.1453
540 4 Cesarean Delivery	00403	2.3844	0	0.00000			0.0000
541 1 Vaginal Delivery w/ Sterilization and/or D&C	00404	0.6670	0	0.00000			0.0000
541 2 Vaginal Delivery w/ Sterilization and/or D&C	00405	0.7314	0	0.00000			0.0000
541 3 Vaginal Delivery w/ Sterilization and/or D&C	00406	0.3371	0	0.00000			0.0000
541 4 Vaginal Delivery w/ Sterilization and/or D&C	00407	1.1080	0	0.00000			0.0000
542 1 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00408	0.4669	0	0.00000			0.0000
542 2 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00409	0.5556	0	0.00000			0.0000
542 3 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00410	1.1425	0	0.00000			0.0000
542 4 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00411	1.3216	0	0.00000			0.0000
560 1 Vaginal Delivery	00412	0.4672	3	0.30000	18,582	6,194.00	1.4016
560 2 Vaginal Delivery	00413	0.5128	5	0.50000	27,942	5,588.40	2.5640
560 3 Vaginal Delivery	00414	0.6771	1	0.10000	11,783	11,783.00	0.6771
560 4 Vaginal Delivery	00415	1.2598	0	0.00000			0.0000
Total Reported Cases	00995		10	1.00000	67,923	6,792.30	5.7880
Plus Accrued Cases	00996		5		30,974	6,194.80	
Totals With Accruals	00997		15		98,897	6,593.13	
Average Casemix of Reported Deliveries	00998	0.5788					

CHP - TABLE 30 - NON-ADIRONDACK MEDICAL HOMES-TOTAL		Number of NCQA Certified Physicians	D Member Months for Enrollees w/NCQA recognized PCP	E PMPM Add On	F = D X E Subtotal Medical Home Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00365	00366	53000	53001	53002	53003	53004	53014	53015	53016	53005	53006
Ended 6/30/2017											
Level 2 (PCMH 2011 Standards)	00010			2.00	0.00						
Level 2 (PCMH 2014 Standards)	00011			6.00	0.00						
Level 3 (PCMH 2011 Standards)	00012			4.00	0.00						
Level 3 (PCMH 2014 Standards)	00013			8.00	0.00						
Effective 7/1/2017-4/30/2018											
Level 2 (PCMH 2014 Standards)	00014			3.00	0.00						
Level 3 (PCMH 2014 Standards) & 2017 PCMH	00015			7.50	0.00						
APC Gate 2 (10/1/2017-4/3/2018)	00016			7.50	0.00						
Effective 5/1/2018-6/30/2018											
2014 PCMH Level 3	00017			5.75	0.00						
2017 PCMH	00018			5.75	0.00						
NYS PCMH	00019			5.75	0.00						
APC Gate 2	00020			5.75	0.00						
Effective 7/1/2018											
2014 PCMH Level 3	00021	5,502	88,953	6.00	533,718.00						
2017 PCMH	00022	26	96	6.00	576.00						
NYS PCMH	00023	24,949	416,351	6.00	2,498,106.00						
APC Gate 2	00024	622	7,834	6.00	47,004.00						
Total	00004	31,099	513,234		3,079,404.00		3,079,404	1,524,504	1,554,900	79,924	3,159,328

CHP - TABLE 31 - ADIRONDACK MEDICAL HOMES-TOTAL		Number of NCQA Certified Physicians	D Member Months for Enrollees w/ NCQA recognized PCP	E PMPM Add On	F = D X E Total Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amoun Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00367	00368	53007	53008	53009	53010	53011	53017	53018	53019	53012	53013
CHP	00001	1,135	30,576	7.00	214,032.00		214,032	106,596	107,436	5,974	220,006
Total	00002	1,135	30,576	7.00	214,032.00		214,032	106,596	107,436	5,974	220,006

HARP - TABLE 1A - ENROLLMENT BY PRIMARY CARE SITE*		Opcert	County	Net Enrollees at End of Current Period	Total Member Months	Total Primary Care and Specialty Care Visits	Total Primary Care and Specialty Care Expenses	Total Non-Adirondack Medical Home Dollars Paid to FQHC Clinics	Total Adirondack Medical Home Dollars Paid to FQHC Clinics
70101	00241	70109	70102	70104	70105	70107	70106	70125	70126
Free Standing Clinics									
HUDSON RIVER HEALTHCARE INC	00001		Dutchess	1,127	6,404	851	237,735	17,706	
WARRENSBURG HEALTH CENTER	00002		Warren	707	4,114	1,862	204,298		14,329
COMMUNITY HEALTH CENTER OF BUFFALO INC	00003		Niagara	420	2,490	108	40,231	5,628	
INSTITUTE FOR URBAN FAMILY HEALTH INC / SIDNEY HILLMAN CENTER	00004		Ulster	406	2,387	1,019	117,749	6,534	
ANTHONY L JORDAN HEALTH CENTER	00005		Monroe	358	2,008	376	30,437	4,110	
HOMETOWN HEALTH CENTERS	00006		Schenectady	339	1,957	378	39,409	3,930	
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC	00007		Oswego	317	1,874	641	82,487	5,340	
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC	00008		Cortland	215	1,246	296	35,529	3,636	
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC	00009		Manhattan	214	1,262	204	50,599	4,434	
NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER	00010		Erie	203	1,188	167	41,135	3,156	
URBAN HEALTH PLAN INC	00011		Bronx	184	1,090	217	50,747	2,868	
OAK ORCHARD COMMUNITY HEALTH CENTER INC	00012		Orleans	156	904	69	25,023	2,136	
WHITNEY M YOUNG JR HEALTH CENTER INC	00013		Albany	156	888	322	21,755	2,610	
DR MARTIN LUTHER KING JR HEALTH CENTER INC	00014		Bronx	146	856			1,434	
COMMUNITY HEALTHCARE NETWORK	00015		Kings	121	750	86	23,292	1,440	
RUSHVILLE HEALTH CENTER INC	00016		Oneida	114	685	159	12,325	2,004	
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC	00017		Steuben	114	642	138	11,271	1,470	
LA CASA DE SALUD INC	00018		Bronx	110	670	93	22,611	942	
TRI-COUNTY FAMILY MEDICINE	00019		Steuben	110	634	200	23,449	1,884	
BROWNSVILLE MULTI-SERVICE FAMILY HEALTH CENTER	00020		Kings	109	639	172	17,591	1,836	
DAMIAN FAMILY CARE CENTER	00021		Queens	92	524	271	12,119	1,566	
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER	00022		Westchester	85	510	48	19,606	1,416	
THE GREATER HUDSON VALLEY FAMILY HEALTH CENTER INC	00023		Orange	85	481	259	22,099	1,008	
JOSEPH P ADDABBO FAMILY HEALTH CENTER	00024		Queens	81	481	46	14,979	1,086	
Subtotal - Free Standing Clinics	00028			5,969	34,684	7,982	1,156,476	78,174	14,329
Hospital Outpatient Departments									
MARY IMOGENE BASSETT HOSPITAL	00030		Bronx	787	4,626	3,708	366,853	11,616	
ARNOT OGDEN MEDICAL CENTER	00031	701,000	Yates	600	3,496	2,962	431,216	9,720	
MONTEFIORE MEDICAL CENTER	00032	7,000,006	Manhattan	553	3,278	3,698	763,855	7,146	
ST JOSEPHS HOSPITAL HEALTH CENTER	00033	3,301,003	Manhattan	530	3,065	794	193,427	11,112	
NIAGARA FALLS MEMORIAL MEDICAL CENTER	00034	3,102,000	Broome	481	2,843	2,192	217,692		
ROCHESTER GENERAL HOSPITAL	00035	2,701,003	Erie	414	2,413	2,920	494,168	6,408	
MOUNT ST MARYS HOSPITAL AND HEALTH CENTER	00036	3,121,001	Monroe	377	2,188	1,109	77,201	5,412	
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	00037		Monroe	349	1,976	703	74,815	4,104	
SISTERS OF CHARITY HOSPITAL	00038	1,401,013	Oneida	324	1,919	1,112	156,184	5,646	
ST ELIZABETH MEDICAL CENTER	00039	3,202,002	Onondaga	322	1,915	834	157,951	5,652	
SAMARITAN HOSPITAL	00040		Saratoga	316	1,848	1,473	146,855	4,956	
UNITED HEALTH SERVICES HOSPITALS INC	00041		Kings	309	1,796	1,621	259,927	4,812	
ALICE HYDE MEDICAL CENTER	00042	1,624,000	Delaware	300	1,755	893	100,216		4,865
ERIE COUNTY MEDICAL CENTER	00043	1,401,005	Oneida	292	1,656	2,292	210,267	4,356	
NATHAN LITTAUER HOSPITAL	00044	1,701,000	Kings	289	1,701	786	73,188	5,118	
COLUMBIA MEMORIAL HOSPITAL	00045	1,001,000	Madison	276	1,605	920	100,055	4,050	
ELLIS HOSPITAL	00046	4,601,001	Erie	269	1,582	1,589	178,806	3,714	
ST MARYS HOSPITAL AT AMSTERDAM, INC	00047		Albany	252	1,499	821	98,413	4,218	
HIGHLAND HOSPITAL	00048	2,701,001	Bronx	200	1,197	532	70,802	3,522	
FAXTON-ST LUKES HEALTHCARE - ST LUKES DIVISION	00049		Washington	186	1,105	1,147	139,743	3,378	
All Other Hospital Outpatient Days	00050			3,905	22,401	33,962	9,387,918	47,328	11,494
Subtotal - Hospital Outpatient Departments	00026			11,331	65,864	66,068	13,699,552	152,268	16,359
Large Medical Group Practices									
St Josephs Medical, PC	00051		Onondaga	436	1,952	231	24,804	4,332	
Upstate Family Health Center, Inc.	00052		Oneida	345	1,966			5,736	
Family Health Medical Services, PLLC	00053		Chautauqua	295	1,270	196	15,574	5,298	
The Chautauqua Center, Inc.	00054		Chautauqua	294	1,123	10	598	36	
East Hill Family Medical, Inc.	00055		Cayuga	211	1,254	242	25,947	3,822	
Guthrie Medical Group PC	00056		Tioga	64	1,335	1,436	149,775	354	
New Dimensions in Living Inc.	00057		Montgomery	44	252			744	
Middletown Medical, PC	00058		Orange	36	131	38	4,632	564	
Premier Medical Group of the Hudson Valley, PC	00059		Dutchess	24	59	1	154	234	
Slocum Dickson Medical Group, PLLC	00060		Oneida		1,492	1,709	291,183		
Great Lakes Physician Practice, PC	00061		Chautauqua		1,008	1,337	94,704	12	
Plattsburgh Medical Care PLLC	00062		Clinton		712	221	15,734		2,632
Auburn Memorial Medical Services, PC	00063		Cayuga		588	530	82,480		
Cayuga Medical Associates, PC	00064		Tompkins		453	354	36,577	18	
All Other Large Medical Groups	00065			2	3,055	1,762	180,501	9,162	42
Subtotal - Large Medical Group Practices	00027			1,751	16,650	8,067	922,663	30,312	2,674
All Others	00025			25,229	139,355	241,268	30,238,256	683,820	39,172
Total	00999			44,280	256,553	323,385	46,016,947	944,574	72,534

* List free standing clinics used as primary care sites.

HARP - TABLE 1B - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period
00242	00243	70113	70114
Albany	00001	640	3,660
Allegany	00002	183	1,078
Broome	00003	634	3,638
Cattaraugus	00004	438	2,504
Cayuga	00005	557	3,239
Chautauqua	00006	1,253	7,279
Chemung	00007	840	4,950
Chenango	00008	307	1,748
Clinton	00009	751	4,271
Columbia	00010	210	1,221
Cortland	00011	340	1,987
Delaware	00012	193	1,151
Dutchess	00013	847	4,823
Erie	00014	2,868	16,521
Essex	00015	213	1,236
Franklin	00016	507	2,931
Fulton	00017	455	2,653
Genesee	00018	221	1,249
Greene	00019	186	1,074
Hamilton	00020	14	69
Herkimer	00021	385	2,226
Jefferson	00022	214	1,199
Lewis	00023	112	652
Livingston	00024	111	599
Madison	00025	356	2,096
Monroe	00026	1,290	7,423
Montgomery	00027	410	2,395
Nassau	00028	782	4,476
Niagara	00029	1,867	10,847
Oneida	00030	1,745	10,115
Onondaga	00031	2,359	13,609
Ontario	00032	102	595
Orange	00033	469	2,673
Orleans	00034	122	700
Oswego	00035	818	4,790
Otsego	00036	209	1,185
Putnam	00037	213	1,247
Rensselaer	00038	362	2,127
Rockland	00039	427	2,483
St. Lawrence	00040	888	5,043
Saratoga	00041	361	2,064
Schenectady	00042	733	4,304
Schoharie	00043	85	500
Schuyler	00044	112	656
Seneca	00045	34	193
Steuben	00046	825	4,768
Suffolk	00047	1,652	9,670
Sullivan	00048	186	1,070
Tioga	00049	192	1,104
Tompkins	00050	358	2,108
Ulster	00051	438	2,497
Warren	00052	343	2,041
Washington	00053	317	1,768
Wayne	00054	131	787
Westchester	00055	1,242	7,213
Wyoming	00056	126	723
Yates	00057	33	186
Bronx	00058	3,253	18,865
Kings (Brooklyn)	00059	3,712	21,677
New York (Manhattan)	00060	2,396	13,902
Queens	00061	2,101	12,329
Richmond (Staten Island)	00062	752	4,366
TOTAL	00999	44,280	256,553

HARP - TABLE 2 - ENROLLMENT SUMMARY BY PREMIUM GROUP		Number of Enrollees at End of Prior Year		Net Enrollees At End of Current Period		Total Member Months
00244	00245	70201		70205		70206
HARP	00050		41,350		44,280	256,553
TOTALS	00999		41,350		44,280	256,553

HARP - TABLE 2B - ACCRUED MATERNITY DELIVERIES		HARP Accrued Deliveries
00246	00247	71206
Number of Deliveries	00998	329
Maternity Kick Revenue	00011	2,758,815
Maternity Kick Expense	00012	2,832,462
Maternity Kick Rev Per Case	00013	8,385
Maternity Kick Expense Per Case	00014	8,609

HARP - TABLE 2D - HEALTH HOME ENROLLMENT		Net Enrollees at End of Current Period	Total Member Months
00386	00382	00383	00384
Total	00999	14,166	50,968

HARP - TABLE 6 - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS INCURRED DURING THE CURRENT PERIOD		Current YTD	Current YTD PMPM
00248	00249	77003	77006
HARP Member Months	00001	256,553	
Members	00050	44,280	
HARP REVENUE:			
Premium			
a. Capitation	00002	545,216,774	2,125.16
b. Maternity Supplemental Kick Payments	00003	2,758,815	10.75
c. HCBS Revenue	00082		
Premium Revenue	00091	547,975,589	2,135.92
C.O.B. (Third Party Recoveries)	00005	4,486	0.02
Reinsurance Recoveries	00031		0.00
Premium Revenue (inc. COB and Recoveries)	00075	547,980,075	2,135.93
Net Investment Income	00004	2,268,228	8.84
Other Revenue	00007	784,042	3.06
TOTAL HARP REVENUE	00008	551,032,345	2,147.83
HARP EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	91,486,001	356.60
b. Inp. Mental Health & SUD	00010	49,884,468	194.44
c. Inpatient Maternity Delivery	00011	1,899,901	7.41
d. Total Hospital Inpatient Care (a thru c)	00012	143,270,370	558.44
Other Medical and Hospital:			
Primary Care	00013	19,505,473	76.03
Specialty Care	00014	26,511,474	103.34
Prenatal/Postpartum Maternity Services	00045	932,561	3.63
Ambulatory Surgery	00015	7,378,915	28.76
Outpatient Physical Rehab/Therapy	00092	1,869,272	7.29
Other Professional Services	00016	672,972	2.62
Emergency Room	00017	14,544,068	56.69
Outpatient Mental Health	00018	35,236,095	137.34
Outpatient SUD Treatment	00019	27,507,374	107.22
Behavioral Health HCBS Services	00047	26,819	0.10
Dental	00020	2,936,236	11.44
Pharmacy	00021	98,510,556	383.98
Home Health Care	00022	2,807,171	10.94
Nursing Facility	00069	4,509,126	17.58
Personal Care	00094	27,300,143	106.41
Personal Emergency Response Services	00095	123,440	0.48
Transportation - Emergent	00023	34,823	0.14
Transportation - Non-Emergent	00024	13,097	0.05
Diagnostic Test, Lab & X-Ray	00025	11,520,454	44.90
Family Planning	00026	501,628	1.96
Vision Care Inc. Eyeglasses	00027	429,481	1.67
Foot Care	00093	471,371	1.84
In Lieu Of Services	00049	705,742	2.75
Other Medical	00028	2,374,547	9.26
Durable Medical Equipment	00046	2,684,688	10.46
Health Home	00079	26,075,185	101.64
Covered Lives Assessment	00055		0.00
Subtotal Medical & Hospital	00030	458,453,081	1,786.97
Reinsurance Premium Cost	00006		0.00
Prepaid Capitation and Target Based Reconciliation	00056		0.00
Provider and Quality Incentive Payments	00029	3,041,009	11.85
VBP QIP Expenses	00062	8,848,513	34.49
EIP Expenses	00063		
EPP Expenses	00064		
AHPP Expenses	00065		
Total Medical & Hospital	00032	470,342,603	1,833.32
Administration:			
Compensation	00033	11,124,442	43.36
Occupancy, Depreciation & Amortization	00035	846,743	3.30
Marketing and Facilitated Enrollment	00036	129,146	0.50
Other	00037	19,599,510	76.40
Total Allowable Administration Expenses	00038	31,699,841	123.56
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	502,042,444	1,956.88
PREMIUM INCOME/(LOSS)	00077	45,937,631	179.06
Nonallowable Administration Expense	00081	7,972,052	31.07
OPERATING INCOME/(LOSS)	00040	41,017,849	159.88
Aggregate Write-ins for Other Expenses	00076	14,083,361	54.89
Prior Period Revenue Adjustments and Extraordinary Items	00041	26,321,022	102.59
Federal and Foreign Income Taxes Incurred	00042	9,064,504	35.33
Adjustments for prior period IBNR estimates	00043	-24,074,523	-93.84
NET INCOME (LOSS)	00044	15,623,485	60.90

HARP - TABLE 8A- INPATIENT MENTAL HEALTH/SUD COST		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medical Management	Inpatient Detox Medical Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substance Abuse
00401	00400	71215	71216	71217	71218	71219	71221	71222	71228	71224
Total Cost - Actual	01000	20,349,984	1,925,123	1,416,551	9,629,909	720,718	2,765,535			36,807,820
Total Cost - Accrued	01001	7,113,892	697,392	538,944	3,468,429	262,253	995,738			13,076,648
Total - Actual Plus Accrued	00997	27,463,876	2,622,515	1,955,495	13,098,338	982,971	3,761,273			49,884,468

HARP - TABLE 8A-1 - INPATIENT MENTAL HEALTH/SUD UTILIZATION - DISCHARGES		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medical Management	Inpatient Detox Medical Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substance Abuse
00402	00403	71225	71226	71227	71228	71229	71231	71232	71233	71234
Total Discharges - Actual	00999	2,069	558	418	1,748	2,250	7,543			14,586
Total Discharges - Accrued	00996	730	197	155	632	876	2,773			5,363
Total - Actual Plus Accrued	00998	2,799	755	573	2,380	3,126	10,316			19,949

HARP - TABLE 8A-2 - INPATIENT MENTAL HEALTH/SUBSTANCE ABUSE UTILIZATION DAYS		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medically Managed	Inpatient Detox Medically Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substance Abuse
00404	00405	71235	71236	71237	71238	71239	71241	71242	71243	71244
Total Days - Actual	00999	23,261	3,826	1,482	13,459	4,051	14,691			60,770
Total Days - Accrued	00996	8,028	1,420	566	4,789	1,492	5,176			21,471
Total - Actual Plus Accrued	00998	31,289	5,246	2,048	18,248	5,543	19,867			82,241

HARP - TABLE 8B - PHARMACY OUTPATIENT COST		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total Pharmacy
00406	00407	71457	71458	71459	71460
Total Cost - Actual	00999	63,275,623	19,261,604	7,920,122	90,457,349
Total Cost - Accrued	00996	5,634,709	1,713,932	704,566	8,053,207
Total - Actual Plus Accrued	00998	68,910,332	20,975,536	8,624,688	98,510,556

HARP - TABLE 8B-1 - PHARMACY OUTPATIENT - UTILIZATION SCRIPTS		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total - Pharmacy Scripts
00408	00409	71453	71454	71455	71456
Total Scripts - Actual	00999	697,102	361,918	63,711	1,122,731
Total Scripts - Accrued	00996	62,377	32,385	5,700	100,462
Total - Actual Plus Accrued	00998	759,479	394,303	69,411	1,223,193

HARP - TABLE 8C - OUTPATIENT MENTAL HEALTH COST		Office Based Mental Health Services	Mental Health Clinic Services	PROS	ACT	Continuing Day Treatment	Intensive Psychiatric Rehabilitation Treatment (IPRT)	Partial Hospitalization	Comprehensive Psychiatric Emergency Program (CPEP)	Other Outpatient Mental Health Services	TOTAL Outpatient Mental Health Services
00410	00411	71256	71257	71258	71259	71261	71262	71263	71264	71265	71267
Total Cost - Actual	00999	4,765,008	18,186,187	91,925	756,416				2,225,688		26,025,224
Total Cost - Accrued	00996	1,904,735	6,256,236	29,477	238,406				782,017		9,210,871
Total - Actual Plus Accrued	00998	6,669,743	24,442,423	121,402	994,822				3,007,705		35,236,095

HARP - TABLE 8C-1 - OUTPATIENT MENTAL HEALTH UTILIZATION VISITS		Office Based Mental Health Services	Mental Health Clinic Services	PROS	ACT	Continuing Day Treatment	Intensive Psychiatric Rehabilitation Treatment (IPRT)	Partial Hospitalization	Comprehensive Psychiatric Emergency Program (CPEP)	Other Outpatient Mental Health Services	Total Outpatient Mental Health Services
00412	00413	71245	71246	71247	71248	71249	71251	71252	71253	71254	71255
Total Visits - Actual	00999	31,727	140,479	334	444				8,314		181,298
Total Visits - Accrued	00996	12,413	49,235	107	140				3,050		64,945
Total - Actual Plus Accrued	00998	44,140	189,714	441	584				11,364		246,243
Rate Per Member Per Year Actual	00500										8.480
Rate Per Member Per Year Accrued	00510										11.518

HARP - TABLE 8D - OUTPATIENT SUD SERVICES COST		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatient Opiate Treatment Programs	Outpatient SUD Detox	Other SUD Outpatient Services	Total Outpatient SUD Services
00414	004 15	71277	71278	71279	71280	71292	71293	71294
Total Cost - Actual	009 99	50,543	10,321,933	776,256	7,837,357	22,818	1,223,635	20,232,542
Total Cost - Accrued	009 96	18,859	3,556,298	255,971	2,968,474	8,638	466,592	7,274,832
Total - Actual Plus Accrued	009 98	69,402	13,878,231	1,032,227	10,805,831	31,456	1,690,227	27,507,374

HARP - TABLE 8D-1 - OUTPATIENT SUD SERVICES UTILIZATION VISITS		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatien t Opiate Treatmen t Programs	Outpatien t SUD Detox	Other SUD Outpatient Services	Total Outpatient SUD Services
00416	00417	71268	71269	71272	71273	71274	71275	71276
Total Visits - Actual	00999	631	108,808	9,078	415,440	102	10,618	544,677
Total Visits - Accrued	00996	226	37,701	3,096	158,896	40	3,938	203,897
Total - Actual Plus Accrued	00998	857	146,509	12,174	574,336	142	14,556	748,574
Rate Per Member Per Year Accrued	00510							35.014
Rate Per Member Per Year Actual	00500							25.477

HARP - TABLE 8E - HCBS & 1115 DEMO OUTPUT PATIENT SERVICES COST	Psycho social Rehab	Community Psych Support & Treatment (hours)	Crisis Intervention (1115 Demo)	Short-Term Crisis Respite (days)	Intensive Crisis Respite (days)	Peer Support (hours)	Residential Support (hours)	Family Support (hours)	Educational Support (hours)	Pre-Vocational Support (hours)	Transitional Employment (hours)	Intensive Support Employment (hours)	Ongoing Support Employment (hours)	Staff Transportation (trips)	Adult BHCS Infrastructure Program	Total HCS & 1115 Demo Services	
00418	00419	71321	71322	71323	71324	71325	71326	71327	71328	71329	71331	71332	71333	71334	71336	71338	71337
Total Cost - Actual	00999					12,796	2,636		1,522	1,174		1,405					19,533
Total Cost - Accrued	00996					5,277	853		409	313		434					7,286
Total - Actual Plus Accrued	00998					18,073	3,489		1,931	1,487		1,839					26,819

HARP - TABLE 8E-1 - HCBS & 1115 DEMO OUTPATIENT SERVICES UTILIZATION VISITS	Psychosocial Rehab	Community Psych Support & Treatment (hours)	Crisis Intervention (1115 Demo)	Short Term Crisis Respite (days)	Intensive Crisis Respite (days)	Peer Supports (hours)	Residential Supports (hours)	Family Supports (hours)	Education Supports (hours)	Pre-Vocational Supports (hours)	Transitional Employment (hours)	Intensive Support Employment (hours)	Ongoing Support Employment (hours)	Staff Transportation (trips)	Total HCS & 1115 Demo Services	
00420	00421	71341	71342	71343	71344	71345	71346	71347	71348	71349	71351	71352	71353	71354	71356	71357
Total Visits - Actual	00999					222	24		11	11		17				285
Total Visits - Accrued	00996					90	8		3	3		5				109
Total - Actual Plus Accrued	00998					312	32		14	14		22				394

HARP - TABLE 8F - ASSESSMENTS AND CARE MANAGEMENT		Assessments (dollars)	Care Management (dollars)	Plan of Care Development Cost	Assessments Utilization (number of assessments)	Care Management Utilization (hours)	Plan of Care Development Utilization
00422	00423	71391	71392	71395	71393	71394	71396
Totals - Actual	00999						
Totals - Accrued	00996						
Totals - Actual Plus Accrued	00998						

HARP - TABLE 9A - CLAIMS ANALYSIS - CLAIMS INCURRED DURING CURRENT PERIOD		A Total Expense (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 Expense (D/A)
00250	00251	70901	70902	70903	70904	70905
Category of Service						
Inpatient	00001	143,270,370	104,504,038	6,538,394	32,227,938	22.49%
Primary Care	00002	19,505,473	14,453,654	916,135	4,135,684	21.20%
Physician Specialty Services	00003	26,511,474	19,340,190	1,192,883	5,978,401	22.55%
Emergency Room	00004	14,544,068	10,657,355	606,991	3,279,722	22.55%
All other medical services	00005	254,621,697	209,999,654	13,845,335	30,776,708	12.09%
TOTAL	00999	458,453,082	358,954,891	23,099,738	76,398,453	16.66%
Total Expenses - Capitated	00010	1,480,805				
Total Expenses - FFS	00020	456,972,277				16.72%

		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
HARP - TABLE 9B - CLAIMS ANALYSIS - CLAIMS UNPAID		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)
00252	00253	70911	70912	70913	70914	70915
Category of Service						
Inpatient	00001	529,125	6,538,394	3,022,343	32,227,938	42,317,800
Primary Care	00002	1,149	916,135	3,026,771	4,135,684	8,079,739
Physician Specialty Services	00003	105,115	1,192,883	2,981,211	5,978,401	10,257,610
Emergency Room	00004	8,251	606,991	1,517,776	3,279,722	5,412,740
All other medical services	00005	201,411	13,845,335	1,476,212	30,776,708	46,299,666
TOTAL	00999	845,051	23,099,738	12,024,313	76,398,453	112,367,555

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
HARP - TABLE 9C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR		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)
00254	00255	70921	70922	70923	70924	70925
Category of Service						
Inpatient	00001				3,022,341	3,022,341
Primary Care	00002				3,026,771	3,026,771
Physician Specialty Services	00003				2,981,209	2,981,209
Emergency Room	00004				1,517,777	1,517,777
All other medical services	00005				1,476,215	1,476,215
TOTAL	00999				12,024,313	12,024,313

An explanation of why the plan has not written off IBNR claims that are more than 2 years old should be reported in the notepad section of the MMCOR.

HARP - TABLE 9D - NON-VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00256	00257	70931	70932	70933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
Target Expenditures	00001			
Additional Plan Payments	00006			
Total Target Expenditures	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

HARP - TABLE 9D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00472	00473	70937	70938	70939
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
Capitation Payments	00001			
Additional Plan Payments	00006			
Total Capitation and Additional Payments	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

HARP - TABLE 9E - VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00470	00471	70934	70935	70936
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
VBP Target Expenditures	00001			
Additional Plan Payments	00006			
Total VBP Target Expenditures	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

HARP- TABLE 9E-1 - VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00474	00475	70940	70941	70942
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	00007			
Premium Revenue (involved in the arrangement)	00008			
VBP Capitation Payments	00001			
Additional Plan Payments	00006			
Total Capitation and Additional Payments	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

HARP - TABLE 12 - INPATIENT UTILIZATION DISCHARGES - ACTUAL AND ACCRUED UTILIZATION		Med. Surg	Maternity/Deliveries	Psychiatric/Alcohol and SUD	Total Num/Actual Discharges	Actual Discharges per 1,000	Total Accrued Discharges *	Accrued Discharges per 1,000	Accrued
00258	00259	71201	71202	71207	71220	71230	71240	71250	71260
HARP	00050	6,331	247	14,586	21,164	990	28,976	1,355	
TOTAL Discharges	00999	6,331	247	14,586	21,164	990	28,976	1,355	
Plus Accrued Discharges	00996	2,367	82	5,363					
Total Discharges Including Accruals	00998	8,698	329	19,949					28,976
Total Cost including Accruals	00997	91,486,001	1,899,901	49,884,468					143,270,370
Actual Paid Claims	01000	66,270,300	1,425,918	36,807,820					104,504,038
Accrued Cost	01001	25,215,701	473,983	13,076,648					38,766,332
Actual Cost per Discharge	01002	10,468	5,773	2,524					
Accrued Cost per Discharge	01003	10,518	5,775	2,501					

** Identify on notepad.

(1) Deliveries - should reflect the total number of delivered which are eligible for a maternity kick payment.

FORMULA: Number of Discharges per Thousand = (Total Number of Discharges/Member Months)*12,000

HARP - TABLE 12A - NURSING HOME UTILIZATION		Nursing Home Days	Nursing Home Discharges
00260	00261	71270	71271
HARP	00050	11,054	734
Total Actual Utilization	00999	11,054	734
Plus Accrued Utilization	00996	3,802	245
Total Accrued Utilization	00998	14,856	979
Total Cost including Accruals	00997	4,509,126	

HARP - TABLE 13 - INPATIENT UTILIZATION DAYS - ACTUAL AND ACCRUED UTILIZATION		Med. Surg	Maternity/Deliveries	Psychiatric/Alcohol and Substance Abuse	Total No Actual Days	Actual Days per 1,000	Total Accrued Days*	Accrued Days per 1,000	Average Length of Stay	Total *
00262	00263	71301	71306	71307	71320	71330	71340	71350	71355	71360
HARP	00050	44,639	715	60,770	106,124	4,964	144,417	6,755	4.98	
Total Actual Days	00999	44,639	715	60,770	106,124	4,964	144,417	6,755	4.98	
Total Accrued Days	00996	16,590	232	21,471						
Total Number of Days (Actual + Accrued)	00998	61,229	947	82,241						144,417

HARP - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergency Room Visits	Primary Care Encounter*	Specialty Care Services Encounter*	Outpatient Physical Rehab/Therapy	Vision Care Optometrist Visits	Dental Visits	Pharmacy Scripts	Emergency Medical Transportation No. of Trips	Non-Emergency Medical Transportation	Home Health Care Visits	Ambulatory Surgery Visits	Family Planning Visits	Prenatal/Postpartum Maternity Services	Foot Care	Personal Care Hours	Personal Emergency Response System No. of Units
00264	00265	71401	71402	71403	71404	71407	71408	71409	71410	71411	71412	71413	71414	71416	71419	71420	71421
HARP	0050	29,110	90,248	146,402	15,670	4,952	12,788	1,122,731	91	257	10,642	4,874	1,162	3,079	3,620	873,098	3,532
TOTALS - ACTUAL	00999	29,110	90,248	146,402	15,670	4,952	12,788	1,122,731	91	257	10,642	4,874	1,162	3,079	3,620	873,098	3,532
Plus Accrued Visits	00996	10,536	32,827	53,908	5,504	681	2,490	100,462	36	8	3,746	1,805	447	1,146	1,321	303,224	1,219
TOTALS - ACCRUED*	00998	39,646	123,075	200,310	21,174	5,633	15,278	1,223,193	127	265	14,388	6,679	1,609	4,225	4,941	1,176,322	4,751
Rates Per Member Per Year - Actual	00500	1.3616	4.2213	6.8478	0.7330	0.2316	0.5982	52.5146	0.0043	0.0120	0.4978	0.2280	0.0544	0.1440	0.1693	40.8383	0.1652
Rates Per Member Per Year - Accrued*	00510	1.8544	5.7567	9.3693	0.9904	0.2635	0.7146	57.2136	0.0059	0.0124	0.6730	0.3124	0.0753	0.1976	0.2311	55.0212	0.2222
Actual Paid Claims	01000	10,657,355	14,453,654	19,340,190	1,386,884	377,594	2,456,455	90,457,349	25,298	12,819	2,080,115	5,387,035	363,849	679,826	346,272	20,758,184	91,806

* Accrued Totals (paid claims + claims reported but not paid + an estimate of incurred but not reported claims)
 Rate PMPY = (Total Visits/Member Months)*12

** Excludes Maternity services that are separately reported in column 71416

HARP - TABLE 14A - PHARMACY UTILIZATION		Number of Brand Non-Preferred Scripts	Number of Brand Preferred Scripts	Number of Generic Scripts	Number of Over the Counter Scripts	Number of Medical Supplies	Total All Scripts
00266	00267	71425	71426	71427	71428	71429	71431
HARP	00200	11,909	54,625	891,677	129,274	35,246	1,122,731
TOTALS - ACTUAL	00999	11,909	54,625	891,677	129,274	35,246	1,122,731
Plus Accrued	00996	1,068	4,826	79,842	11,571	3,155	100,462
TOTALS - ACCRUED	00998	12,977	59,451	971,519	140,845	38,401	1,223,193

HARP - TABLE 14A-1 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS)		Ingredient Cost of Brand Non-Preferred Scripts	Ingredient Cost of Brand Preferred Scripts	Ingredient Cost of Generic Scripts	Ingredient Cost of Over the Counter Scripts	Ingredient Cost of Medical Supplies	Dispensing Fees	Total Ingredient Cost and Dispensing Fees of All Scripts	Supplemental Rebates on Brand Name Scripts	Total Cost of All Scripts Ingredient and Dispensing Fees Net of Rebates
00268	00269	71432	71433	71434	71435	71436	71461	71438	71439	71440
HARP	00200	16,560,992	58,386,699	16,744,184	519,755	2,115,923	332,660	94,660,213	4,202,864	90,457,349
TOTALS - ACTUAL	00999	16,560,992	58,386,699	16,744,184	519,755	2,115,923	332,660	94,660,213	4,202,864	90,457,349
Plus Accrued	00996	1,482,871	5,181,605	1,499,275	46,537	189,459	29,784	8,429,531	376,324	8,053,207
TOTALS - ACCRUED	00998	18,043,863	63,568,304	18,243,459	566,292	2,305,382	362,444	103,089,744	4,579,188	98,510,556

HARP - TABLE 14A-2 - PHARMACY CO-PAY SCHEDULE		NYS Suggested Copay	Plan Specific Copay	Number of Scripts Subject to Copay	Total Amount of Copays (NYS Suggested)	Total Amount of Copays (Plan Specific)	Total Amount of Non-State Plan Services Copays
00270	00271	71441	71442	71443	71444	71445	71446
Brand Non-Preferred	00001	3.00	3.00	8,236	24,708	24,708	0
Brand Preferred	00002	1.00	3.00	50,464	50,464	151,392	-100,928
Generic	00003	1.00	1.00	513,781	513,781	513,781	0
Over the Counter	00004	0.50	0.50	134,284	67,142	67,142	0
TOTAL	00999			706,765	656,095	757,023	-100,928

HARP - TABLE 14A-4 - PHARMACY UTILIZATION - FAMILY PLANNING		Number of Brand Non-Preferred Scripts Family Planning	Number of Brand Preferred Scripts Family Planning	Number of Generic Scripts Family Planning	Number of Over the Counter Scripts Family Planning	Number of Medical Supplies Family Planning	Total Number of Family Planning Scripts
00272	00273	72441	72442	72443	72444	72445	72446
HARP	00200	19	30	3,190	182	49	3,470
TOTALS - ACTUAL	00999	19	30	3,190	182	49	3,470
Plus Accrued	00996	2	2	305	16	4	329
TOTALS - ACCRUED	00998	21	32	3,495	198	53	3,799

HARP - TABLE 14A-5 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS) - FAMILY PLANNING		Cost of Brand Non-Preferred Scripts Family Planning	Cost of Brand Preferred Scripts Family Planning	Cost of Generic Scripts Family Planning	Cost of Over the Counter Scripts Family Planning	Cost of Medical Supplies Family Planning	Total Cost of Family Planning Scripts	Supplemental Rebates on Brand Name Scripts Family Planning	Total Cost of All Scripts Net of Rebates Family Planning
00274	00275	72447	72448	72449	72450	72451	72452	72453	72454
HARP	00200	2,904	14,784	116,768	2,840	1,567	138,863	997	137,866
TOTALS - ACTUAL	00999	2,904	14,784	116,768	2,840	1,567	138,863	997	137,866
Plus Accrued	00996	220	550	11,254	253	133	12,410	43	12,367
TOTALS - ACCRUED	00998	3,124	15,334	128,022	3,093	1,700	151,273	1,040	150,233

HARP - TABLE 16 - UTILIZATION OF HHC SERVICES		Member Months	Total Number of Service Units - Actual	Total Number of Service Units Actual + Accrued	Total Cost	Unit Cost	Average Number of Service Units Used Per Enrollee Per Year
00400	00407	04063	04062	04066	04068	04067	04065
HOME HEALTH CARE - AIDE (Hours)							
700+ hours per month	00503						
480-699 hours per month	00504						
320-479 hours per month	00505						
240-319 hours per month	00506						
160-239 hours per month	00507						
80-159 hours per month	00508	3		367			
1-79 hours per month	00509	57		775			
Total Home Health Care - Aide	00500	60	802	1,142	30,637	26.83	0.05
HOME HEALTH CARE - OTHER (Visits)							
Total Home Health Care - Other	00501	1,556	10,283	13,901	2,776,534	199.74	0.65
Total Home Health Care	00502	1,616	11,085	15,043	2,807,171	186.61	0.70

HARP - TABLE 21 - IN LIEU OF SERVICES - COST		Authorizati on Number	Total Actual	Total Accrued	Total (Acutal + Accrued)
72100	72101	72102	72115	72116	72117
The New York Gracie Square Hospital, Inc.	00001	19-09-013	546,595	159,147	705,742
	00002				
	00003				
	00004				
	00005				
	00006				
	00007				
	00008				
	00009				
	00010				
Total Cost by Premium Group	00999		546,595	159,147	705,742

HARP - TABLE 21A - IN LIEU OF SERVICES - UTILIZATION		Authorizati on Number	Total Actual	Total Accrued	Total (Accutal + Accrued)
72120	72121	72122	72135	72136	72137
The New York Gracie Square Hospital, Inc.	00001	19-09-013	39	14	53
	00002				
	00003				
	00004				
	00005				
	00006				
	00007				
	00008				
	00009				
	00010				
Total Cost by Premium Group	00999		39	14	53

HARP - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00280	00281	02680
INVESTMENT INCOME		
Interest Income	00001	2,268,228
Dividend and Real Estate Income	00002	
Net Realized Capital Gains or Losses	00003	
TOTAL INVESTMENT INCOME	00004	2,268,228
DEDUCTIONS		
Investment Expenses	00005	
Interest Expense	00006	
Interest on Claims paid after 45 days	00010	
Other Deductions	00007	
TOTAL DEDUCTIONS	00008	
NET INVESTMENT INCOME	00099	2,268,228

HARP - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02621	00282	02628
Details of Write-ins aggregated on line 0076 from HARP Table 6		
MSA in excess of 2017 PMPM	00001	17,849,471
Prior Period Adjustment to Management add-on	00002	2,788,972
Prior Period VBP QIP EIP EPP AHPP - Expense	00003	74,143
Prior Period LAE/Reserves	00004	-6,529,794
Adjustment to Prior Year Admin Expenses	00005	1,497
Non-State Plan Services	00006	
Increase in Reserves for A&H Contracts	00007	
Medical Home Expense (Non-Adirondack)	00008	
Adirondack Medical Home Expense	00009	
Non-State Plan Services- Pharmacy Copays	00010	-100,928
Enhanced Primary Care Bump Expense	00013	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	00099	14,083,361

HARP - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02623	00283	02638
Details of Extraordinary Items on line 0041 from HARP Table 6		
Adjustments for Prior Period Revenue	00001	1,516,471
Prior Period Stop Loss Recoveries	00002	-95,117
	00003	
	00004	
	00005	
	00006	
	00007	
	00008	
	00009	
Stop-Loss Fund Recoveries	00011	
Regulation 146 Pool Recoveries	00012	
Net gains or (loss) from agents' or premium balances charged off	00013	
Aggregate Write-ins for other Income	00014	
Medical Home Revenue (Non-Adirondack)	00015	
Adirondack Medical Home Revenue	00016	
Enhanced Primary Care Bump Revenue	00018	
MLR Remittance	00019	24,899,668
All Other	00010	
TOTAL HARP EXTRAORDINARY ITEMS	00099	26,321,022

HARP - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00284	00285	02629
Details of Adjustments for Prior Period IBNR on line 0043 from HARP Table 6		
1 Year Prior to the Reporting Period	00001	-11,454,108
2 Years Prior to the Reporting Period	00002	-12,392,476
3 Years Prior to the Reporting Period	00003	-198,803
4 Years Prior to the Reporting Period	00004	-29,136
TOTAL HARP ADJUSTMENTS FOR PRIOR PERIOD IBNR	00099	-24,074,523

HARP - TABLE 26D - DETAIL OF OTHER MEDICAL COSTS*		Amount
72617	00288	72618
	00001	
	00002	
	00003	
	00004	
	00005	
	00006	
	00007	
Hospice	00008	275,621
Adult Day Health Care	00009	217,736
Harm Reduction	00011	
Social Determinants of Health	00012	52,061
Renal Dialysis	00013	1,536,928
Doula Services	00014	
Remaining Other Medical (smallest categories)	00010	292,201
TOTAL OTHER MEDICAL	00099	2,374,547

List other medical categories in order, from largest expense to smallest expense, in lines 0001 through 0007. Dollars for hard coded lines 0008 through 0013 should not be included on other lines. Line 0010 should include the smallest categories not otherwise listed.

HARP - TABLE 26R - NET REINSURANCE RECOVERIES		Amount of Reinsurance Premiums/Recoveries
00310	00301	72619
Reinsurance Recoveries	00001	
Reinsurance Premium Cost - NYS Reinsurance	00002	1,129,297
Reinsurance Premium Cost - Other Reinsurance	00003	
Net Reinsurance Recoveries	00099	-1,129,297

HARP - TABLE 27B - INPATIENT MATERNITY DELIVERY DRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00289	00290	72723	72724	72725	72726	72727	72728
DESCRIPTION							
DRG 370 CESAREAN SECTION W CC	00370	1.1149					
DRG 371 CESAREAN SECTION W/O CC	00371	0.881					
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	00372	0.6992					
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	00373	0.5992					
DRG 374 VAGINAL DELIVERY W STERILIZATION AND/OR D&C	00374	0.885					
DRG 375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL AND/OR D&C	00375	0.6292					
DRG 650 HIGH RISK CESAREAN SECTION W CC	00650	1.537					
DRG 651 HIGH RISK CESAREAN SECTION W/O CC	00651	1.0928					
DRG 652 HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	00652	0.9431					
DRG 991 Total Reported Cases	00991						
DRG 992 Plus Accrued Cases	00992						
DRG 993 Totals With Accruals	00993						
DRG 994 Average Casemix of Reported Deliveries	00994						

HARP - TABLE 27B-1 - INPATIENT MATERNITY DELIVERY APRDRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00291	00292	72730	72731	72732	72733	72734	72735
APRDRG SEVERITY DESCRIPTION							
540 1 Cesarean Delivery	00400	0.7239	36	0.146	214,365	5,954.58	26.0604
540 2 Cesarean Delivery	00401	0.8386	34	0.138	262,429	7,718.50	28.5124
540 3 Cesarean Delivery	00402	1.1453	16	0.065	146,287	9,142.94	18.3248
540 4 Cesarean Delivery	00403	2.3844	1	0.004	16,954	16,954.00	2.3844
541 1 Vaginal Delivery w/ Sterilization and/or D&C	00404	0.667	1	0.004	6,510	6,510.00	0.6670
541 2 Vaginal Delivery w/ Sterilization and/or D&C	00405	0.7314	3	0.012	18,126	6,042.00	2.1942
541 3 Vaginal Delivery w/ Sterilization and/or D&C	00406	0.9971		0.000			
541 4 Vaginal Delivery w/ Sterilization and/or D&C	00407	1.108		0.000			
542 1 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00408	0.4669		0.000			
542 2 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00409	0.5556	1	0.004	5,366	5,366.00	0.5556
542 3 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00410	1.1425		0.000			
542 4 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00411	1.3216		0.000			
560 1 Vaginal Delivery	00412	0.4672	28	0.113	121,382	4,335.07	41.0816
560 2 Vaginal Delivery	00413	0.5128	104	0.421	495,354	4,763.02	53.3312
560 3 Vaginal Delivery	00414	0.6771	23	0.093	139,145	6,049.78	15.5733
560 4 Vaginal Delivery	00415	1.2598		0.000			
Total Reported Cases	00995		247	1.000	1,425,918	5,772.95	188.6849
Plus Accrued Cases	00996		82		473,983	5,780.28	
Totals With Accruals	00997		329		1,899,901	5,774.78	
Average Casemix of Reported Deliveries	00998	0.7639					

HARP - TABLE 30 - NON-ADIRONDACK MEDICAL HOME		Number of NCQA Certified Physicians	D Enrollee w/ NCQA recognized PCP Member Months	E PMPM Add On	F = D X E Total Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00293	00294	73016	73017	73018	73019	73039	73054	73055	73056	73045	73040
Ended 6/30/2017											
Level 2 (PCMH 2011 Standards)	00010			2.00	0.00						
Level 2 (PCMH 2014 Standards)	00011			6.00	0.00						
Level 3 (PCMH 2011 Standards)	00012			4.00	0.00						
Level 3 (PCMH 2014 Standards)	00013			8.00	0.00						
Effective 7/1/2017-4/30/2018											
Level 2 (PCMH 2014 Standards)	00014			3.00	0.00						
Level 3 (PCMH 2014 Standards) & 2017 PCMH	00015			7.50	0.00						
APC Gate 2 (10/1/2017-4/30/2018)	00016			7.50	0.00						
Effective 5/1/2018-6/30/2018											
2014 PCMH Level 3	00017			5.75	0.00						
2017 PCMH	00018			5.75	0.00						
NYS PCMH	00019			5.75	0.00						
APC Gate 2	00020			5.75	0.00						
Effective 7/1/2018											
2014 PCMH Level 3	00021	5,502	29,781	6.00	178,686.00						
2017 PCMH	00022	17	47	6.00	282.00						
NYS PCMH	00023	23,119	124,865	6.00	749,190.00						
APC Gate 2	00024	362	2,736	6.00	16,416.00						
Total	00004	29,000	157,429		944,574.00		944,574	461,382	483,192	38,694	983,268

HARP - TABLE 31 - ADIRONDACK MEDICAL HOME		Number Participating Physicians	D Member Months for Enrollees w/ Participating Physician	E PMPM Add On	F = D X E Subtotal Medical Home Dollars	G= 1.1% FMAP Reduction	H = F - G Medical Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00295	00296	73020	73021	73022	73023	73041	73057	73058	73059	73046	73042
HARP	00001	1,158	10,362	7.00	72,534.00		72,534	35,581	36,953	4,228	76,762
Total	00002	1,158	10,362		72,534.00		72,534	35,581	36,953	4,228	76,762

HARP - TABLE 33 - UTILIZATION OF PERSONAL CARE SERVICES		Member Months	Total Number of Service Units - Actual	Total Number of Service Units Actual + Accrued	Actual Paid Claims	Total Cost	Unit Cost	Average Number of Service Units Used Per Enrollee Per Year
00460	00461	05069	05062	05066	05070	05068	05067	05065
CDPAS								
700+ hours per month	00503	17		14,503				
480-699 hours per month	00504	16		8,585				
320-479 hours per month	00505	92		35,075				
240-319 hours per month	00506	195		53,142				
160-239 hours per month	00507	1,113		211,686				
80-159 hours per month	00508	3,601		408,836				
1-79 hours per month	00509	3,307		155,027				
Total CDPAS	00500	8,341	654,836	886,854	14,984,956	19,791,635	22.32	41.48
NON-CDPAS								
700+ hours per month	00510	3		2,396				
480-699 hours per month	00511	5		2,661				
320-479 hours per month	00512	27		10,371				
240-319 hours per month	00513	102		27,816				
160-239 hours per month	00514	380		72,516				
80-156 hours per month	00515	1,008		115,505				
1-79 hours per month	00516	1,432		58,203				
Total Non-CDPAS	00501	2,957	218,262	289,468	5,773,228	7,508,508	25.94	13.54
Total Personal Care	00502	11,298	873,098	1,176,322	20,758,184	27,300,143	23.21	55.02

MEDICAID - TABLE 1A - ENROLLMENT - BY PRIMARY - CARE SITE*		Opcert	County	Net Enrollees at End of Current Period	Total Member Months	Total Primary Care and Specialty Care Visits	Total Primary Care and Specialty Care Expenses	Total Non-Adirondack Medical Home Dollars Paid to FQHC Clinics	Total Adirondack Medical Home Dollars Paid to FQHC Clinics
00101	00012	00109	00102	00104	00105	00107	00106	00125	00126
Free Standing Clinics									
REFUAH HEALTH CENTER	00001		Kings	22,412	133,703	7,174	5,380,866	408,984	0
HUDSON RIVER HEALTHCARE INC	00002		Bronx	12,349	72,977	6,370	2,383,119	251,334	0
WARRENSBURG HEALTH CENTER	00003		Kings	10,775	62,411	20,553	2,323,953	0	215,971
EZRAS CHOILIM HEALTH CENTER INC	00004		Kings	9,656	57,369	4,147	1,621,250	194,700	0
CHARLES B WANG COMMUNITY HEALTH CENTER INC	00005		Queens	9,509	54,349	3,433	1,578,353	182,106	0
URBAN HEALTH PLAN INC	00006		Bronx	9,401	44,256	4,496	1,474,994	123,582	0
SYRACUSE COMMUNITY HEALTH CENTER INC	00007		Bronx	8,167	41,006	1,798	174,953	112,776	0
BEST HEALTHCARE INC	00008		Kings	6,646	39,061		0	0	0
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC	00009		Kings	6,082	35,548	8,135	1,010,850	112,836	0
INSTITUTE FOR URBAN FAMILY HEALTH INC / SIDNEY HILLMAN CENTER	00010		Bronx	7,274	34,155	6,678	949,060	111,894	0
COMMUNITY HEALTH CENTER OF BUFFALO INC	00011		Kings	6,626	32,747	1,231	558,667	104,220	0
HOMETOWN HEALTH CENTERS	00012		Kings	5,995	32,082	3,903	470,741	73,650	0
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC	00013		Kings	5,533	30,752	6,057	751,873	100,296	0
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC	00014		Manhattan	5,113	27,192	2,228	828,146	83,214	0
NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER	00015		Queens	5,017	25,667	2,056	721,223	75,978	0
ANTHONY L JORDAN HEALTH CENTER	00016		Bronx	5,049	24,699	1,489	129,366	45,828	0
ODA PRIMARY HEALTH CARE CENTER INC	00017		Kings	3,705	23,141	1,175	665,556	50,724	0
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER	00018		Bronx	3,892	22,602	1,379	781,715	63,642	0
OAK ORCHARD COMMUNITY HEALTH CENTER INC	00019		Queens	3,599	21,147	1,180	532,374	64,674	0
THE GREATER HUDSON VALLEY FAMILY HEALTH CENTER INC	00020		Kings	4,662	20,334	3,606	369,588	48,102	0
COMMUNITY MEDICAL AND DENTAL CARE INC	00021		Kings	3,021	16,650	1,732	605,719	49,080	0
MORRIS HEIGHTS HEALTH CENTER	00022		Bronx	3,301	16,483	1,880	551,303	49,314	0
JOSEPH P ADDABBO FAMILY HEALTH CENTER	00023		Queens	2,924	14,394	1,367	418,962	36,216	0
WHITNEY M YOUNG JR HEALTH CENTER INC	00024		Bronx	2,753	13,571	1,745	140,829	44,490	0
Subtotal - Free Standing Clinics	00028			163,461	896,296	93,812	24,423,460	2,387,640	215,971
All Other Hospital Outpatient Depts									
MARY IMOGENE BASSETT HOSPITAL	00030	3824000	Kings	19,386	103,134	39,867	4,875,924	282,384	0
MONTEFIORE MEDICAL CENTER	00031	7000006	Bronx	18,170	94,220	43,969	13,164,224	270,438	0
ST ELIZABETH MEDICAL CENTER	00032	3202002	Bronx	10,193	59,358	5,304	2,164,972	194,094	0
NATHAN LITTAUER HOSPITAL	00033	1701000	Kings	8,262	46,375	12,882	1,192,749	153,618	0
OUR LADY OF LOURDES MEMORIAL HOSPITAL	00034	0301001	Kings	7,249	40,901	7,566	691,435	80,220	0
ST JOSEPHS HOSPITAL HEALTH CENTER	00035	3301003	Kings	6,432	35,755	6,598	1,847,746	146,406	0
UNITED HEALTH SERVICES, INC	00036	0303001	Queens	6,405	34,594	22,794	2,956,418	145,735	0
COLUMBIA MEMORIAL HOSPITAL	00037	1001000	Kings	5,823	31,841	8,773	1,024,261	100,512	0
SISTERS OF CHARITY HOSPITAL	00038	1401013	Kings	5,912	31,840	9,712	802,146	134,390	0
ELLIS HOSPITAL	00039	4601001	Queens	5,471	31,313	13,768	1,632,620	94,518	0
ROCHESTER GENERAL HOSPITAL	00040	2701003	Bronx	5,203	28,781	17,052	2,250,172	105,572	0
ARNOT OGDEN MEDICAL CENTER	00041	0701000	Bronx	5,381	28,673	17,032	2,059,230	98,948	0
SAMARITAN HOSPITAL OF TROY	00042	4102002	Kings	5,361	28,240	12,969	1,433,797	101,249	0
FAXTON-ST LUKES HEALTHCARE	00043	3202003	Kings	4,961	28,138	8,373	1,410,319	0	0
CHENANGO MEMORIAL HOSPITAL INC	00044	0824000	Manhattan	4,559	25,879	11,290	1,263,545	72,252	0
ALICE HYDE MEDICAL CENTER	00045	1624000	Queens	4,306	23,275	7,418	926,358	0	46,088
MOUNT ST MARYS HOSPITAL AND HEALTH CENTER	00046	3121001	Bronx	4,390	22,704	7,614	573,846	61,728	0
CANTON-POTSDAM HOSPITAL	00047	4429000	Kings	4,085	22,122	13,875	1,705,526	61,510	0
ST MARYS HEALTHCARE	00048	2801001	Kings	4,033	22,011	11,531	1,191,331	68,388	0
GLENS FALLS HOSPITAL	00049	5601000	Manhattan	3,490	18,826	13,838	2,397,894	0	66,444
All Other Hospital Outpatient Depts	00050			70,662	374,252	270,621	88,679,765	802,247	88,802
Subtotal - Hospital Outpatient Departments	00026			209,734	1,132,232	562,846	134,244,278	2,974,209	201,334
All Other Large Medical Groups									
St Josephs Medical, PC	00051		Onondaga	7,711	42,748	11,333	1,255,139	64,788	
Guthrie Medical Group PC	00052		Chemung	7,617	43,490	11,488	1,248,241	188,208	
Guthrie Medical Group PC	00053		Steuben	6,048	33,480	12,050	1,255,154	159,432	
Community Care Physicians, PC	00054		Albany	5,886	34,924	7,748	887,766	90,084	0
Slocum Dickson Medical Group, PLLC	00055		Oneida	5,759	33,972	13,466	2,149,608	0	0
CareMount Medical PC	00056		Westchester	5,560	31,731	10,692	2,300,672	71,736	
CK Govind Rao, MD, PC	00057		Montgomery	4,682	26,934	7,180	619,553	0	0
CareMount Medical PC	00058		Dutchess	4,602	26,609	10,304	1,863,195	134,340	
Jamestown Pediatric Associates LLP	00059		Chautauqua	4,401	25,370	7,288	524,119	148,152	
The Children's Medical Group, PLLC	00060		Dutchess	4,316	20,231	3,853	520,971	82,512	
Summit Pediatrics, PC	00061		Niagara	4,246	24,308	1,601	447,988	73,860	
Batavia Pediatrics, PC	00062		Genesee	4,236	22,804	10,177	2,943,154	4,470	
Community Care Physicians, PC	00063		Saratoga	4,196	24,832	5,644	513,263	37,308	0
Family Health Medical Services, PLLC	00064		Chautauqua	3,663	19,892	4,753	413,655	118,428	
All Other Large Medical Groups	00065			66,938	375,611	116,148	13,252,379	683,544	143,094
Subtotal - Large Medical Group Practices	00027			139,861	786,936	233,725	30,194,856	1,856,862	143,094
All Others	00025			917,199	4,868,508	2,645,197	375,807,468	20,155,479	870,562
Total	00999			1,430,255	7,683,972	3,535,580	564,670,062	27,374,190	1,430,961

MEDICAID - TABLE 1C - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period	TANF/SN KIDS Current MM	TANF/SN Adults Current MM	SSI Current MM	Nursing Home Current MM
00013	00014	00143	00144	00145	00146	00147	00152
Albany	00001	16,368	86,686	38,675	42,502	5,461	48
Allegany	00002	4,301	24,771	11,309	12,131	1,329	2
Broome	00003	10,821	59,963	25,944	29,162	4,828	29
Cattaraugus	00004	9,033	51,742	24,496	24,576	2,662	8
Cayuga	00005	11,295	64,099	30,097	30,464	3,530	8
Chautauqua	00006	22,448	128,943	63,236	57,244	8,427	36
Chemung	00007	14,101	80,229	37,783	36,320	6,082	44
Chenango	00008	8,933	50,889	23,653	24,087	3,137	12
Clinton	00009	11,412	65,429	29,985	29,801	5,615	28
Columbia	00010	5,204	29,751	13,019	15,363	1,367	2
Cortland	00011	7,617	43,204	21,057	19,832	2,271	44
Delaware	00012	7,702	43,585	19,645	22,202	1,732	6
Dutchess	00013	22,055	112,480	47,519	60,146	4,780	35
Erie	00014	63,968	329,259	152,002	156,167	20,857	233
Essex	00015	4,972	28,399	12,575	14,048	1,764	12
Franklin	00016	8,258	47,433	21,470	23,025	2,926	12
Fulton	00017	10,189	58,586	27,592	27,195	3,785	14
Genesee	00018	4,015	22,811	11,477	10,418	909	7
Greene	00019	4,462	25,445	10,581	13,322	1,542	0
Hamilton	00020	580	3,417	1,308	1,946	151	12
Herkimer	00021	9,445	54,225	26,573	24,438	3,193	21
Jefferson	00022	4,068	22,292	9,259	12,081	941	11
Lewis	00023	2,852	16,077	7,611	7,741	719	6
Livingston	00024	2,020	11,398	5,225	5,777	396	0
Madison	00025	8,660	49,382	24,006	23,089	2,281	6
Monroe	00026	16,825	93,424	36,387	49,499	7,470	68
Montgomery	00027	9,672	55,511	27,749	24,189	3,558	15
Nassau	00028	54,530	287,888	148,831	127,513	11,406	138
Niagara	00029	32,445	180,608	85,265	83,314	11,904	125
Oneida	00030	38,030	219,103	110,948	93,205	14,799	151
Onondaga	00031	48,037	274,537	128,479	128,733	17,238	87
Ontario	00032	1,959	10,869	4,612	5,901	350	6
Orange	00033	42,456	235,815	141,008	88,896	5,887	24
Orleans	00034	4,155	23,542	11,514	10,992	1,014	22
Oswego	00035	19,342	111,353	52,686	51,395	7,256	16
Otsego	00036	5,574	31,711	14,271	15,966	1,449	25
Putnam	00037	7,179	40,495	18,940	20,219	1,330	6
Rensselaer	00038	8,175	43,496	20,381	20,180	2,916	19
Rockland	00039	74,041	421,573	266,544	148,212	6,792	25
St. Lawrence	00040	14,085	80,834	36,507	38,376	5,931	20
Saratoga	00041	10,527	59,541	25,242	31,585	2,685	29
Schenectady	00042	17,630	98,334	47,717	44,148	6,433	36
Schoharie	00043	2,236	12,840	5,259	6,964	617	0
Schuyler	00044	3,221	17,951	7,904	9,108	939	0
Seneca	00045	1,348	7,476	3,275	3,938	263	0
Steuben	00046	17,387	97,472	42,122	47,891	7,440	19
Suffolk	00047	59,512	326,128	160,036	151,067	14,860	165
Sullivan	00048	8,820	50,970	27,506	21,423	2,025	16
Tioga	00049	6,106	34,407	16,362	16,072	1,955	18
Tompkins	00050	7,975	44,182	18,287	24,388	1,495	12
Ulster	00051	16,203	83,786	37,166	42,567	3,999	54
Warren	00052	8,186	47,085	20,542	23,576	2,961	6
Washington	00053	7,860	44,750	20,320	21,615	2,800	15
Wayne	00054	2,749	15,297	6,972	7,570	754	1
Westchester	00055	48,215	271,986	116,084	143,315	12,447	140
Wyoming	00056	3,379	19,353	9,392	9,435	520	6
Yates	00057	1,141	6,513	2,910	3,439	158	6
Bronx	00058	111,413	538,337	236,380	267,991	33,571	395
Kings (Brooklyn)	00059	194,679	1,020,099	443,384	529,828	46,570	317
New York (Manhattan)	00060	59,018	297,013	98,980	177,909	19,925	199
Queens	00061	162,505	808,037	315,200	458,663	33,793	381
Richmond (Staten Island)	00062	28,861	161,161	70,703	81,530	8,778	150
TOTAL	00999	1,430,255	7,683,972	3,531,962	3,753,689	394,973	3,348

MEDICAID - TABLE 2 - ENROLLMENT SUMMARY BY PREMIUM GROUP		Number of Enrollees at End of Prior Year	Net Enrollees At End of Current Period	Total Member Months
00015	00016	00201	00205	00206
TANF/SN Kids	00180	566,365	640,638	3,531,962
TANF/SN Adults	00190	597,228	717,890	3,753,689
SSI	00200	64,601	71,140	394,973
Nursing Home	00250	487	587	3,348
TOTALS	00999	1,228,681	1,430,255	7,683,972

MEDICAID - TABLE 2A - ACCRUED BIRTHS		Normal Birth Weight >=1200 Grams	Low Birth Weight Newborns <1200 Grams
00017	00018	01248	01249
Number of Accrued Births	00998	14,853	95
Newborn Kick Revenue	00011	71,217,756	11,913,281
Newborn Kick Expense	00012	73,400,678	11,331,301
Newborn Revenue Per Case	00013	4,795	125,403
Newborn Expenses Per Case	00014	4,942	119,277

MEDICAID - TABLE 2B & C - ACCRUED MATERNITY DELIVERIES		Medicaid Accrued Deliveries	Accrued Deliveries Medicaid & HARP
00019	00020	01253	00230
Number of Deliveries	00998	15,086	15,415
Maternity Kick Revenue	00011	138,023,960	140,782,775
Maternity Kick Expense	00012	138,902,651	141,735,113
Maternity Kick Rev Per Case	00013	9,149	9,133
Maternity Kick Expense Per Case	00014	9,207	9,195

MEDICAID - TABLE 2D - HEALTH HOME ENROLLMENT BY PREMIUM GROUP		Net Enrollees At End of Current Period	Total Member Months
00021	00022	00210	00211
TANF/SN Kids	00180	6,419	22,770
TANF/SN Adults	00190	15,766	50,026
SSI	00200	6,555	23,889
Nursing Home	00250	50	187
TOTALS	00999	28,790	96,872

MEDICAID - TABLE 6 - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS - INCURRED DURING THE CURRENT PERIOD		Current YTD	Current YTD PMPM
00023	00024	10603	10606
Medicaid Member Months	00001	7,683,972	
Members	00050	1,430,255	
MEDICAID REVENUE:			
Premium			
a. Capitation	00002	3,136,404,616	408.17
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	00003	71,217,756	9.27
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200g wgt)	00087	11,913,281	1.55
d. Maternity Supplemental Kick Payments	00080	138,023,960	17.96
e. HCBS Revenue	00082	12,918,285	2
f. Spenddown & NAMI	00107	187,422	0.02
Premium Revenue	00091	3,370,665,320	438.66
C.O.B. (Third Party Recoveries)	00005	218,324	0.03
Reinsurance Recoveries	00031	39,000,000	5.08
Premium Revenue (inc. COB and Recoveries)	00075	3,409,883,644	443.77
Net Investment Income	00004	13,880,765	1.81
Other Revenue	00007	100,943,068	13.14
TOTAL MEDICAID REVENUE	00008	3,524,707,477	458.71
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	409,991,141	53.36
b. Inp. Mental Health & Substance Abuse	00010	52,940,530	6.89
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011	73,400,678	9.55
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	00088	11,331,301	1.47
e. Inpatient Maternity Delivery	00060	90,931,996	11.83
f. Total Hospital Inpatient Care (a thru e)	00012	638,595,646	83.11
Other Medical and Hospital:			
Primary Care	00013	285,819,772	37.20
Specialty Care	00014	278,850,290	36.29
Prenatal/Postpartum Maternity Services	00045	47,970,655	6.24
Ambulatory Surgery	00015	80,375,531	10.46
Outpatient Physical Rehab/Therapy	00092	24,749,686	3.22
Other Professional Services	00016	7,111,740	0.93
Emergency Room	00017	85,091,838	11.07
Outpatient Mental Health	00018	101,327,734	13.19
Outpatient SUD Treatment	00019	41,053,857	5.34
Behavioral Health HCBS Services	00047	1,553,497	0.20
Dental	00020	76,948,385	10.01
Pharmacy	00021	586,463,998	76.32
Home Health Care	00022	31,547,892	4.11
Nursing Facility	00069	56,832,138	7.40
Personal Care	00094	105,658,914	13.75
Personal Emergency Response Services	00095	229,662	0.03
Transportation - Emergent	00023	396,119	0.05
Transportation - Non-Emergent	00024	2,492,353	0.32
Diagnostic Test, Lab & X-Ray	00025	145,261,052	18.90
Family Planning	00026	11,756,472	1.53
Vision Care Inc. Eyeglasses	00027	7,658,111	1.00
Foot Care	00093	4,926,530	0.64
In Lieu Of Services	00049	283,908	0.04
Other Medical	00028	10,320,494	1.34
Durable Medical Equipment	00054	27,441,727	3.57
Health Home	00079	34,189,727	4.45
Covered Lives Assessment	00055	25,133	0.00
Subtotal Medical & Hospital	00030	2,694,932,861	350.72
Reinsurance Premium Cost	00006	0	0.00
Prepaid Capitation and Target Based Reconciliation	00056	18,000,000	2.34
Provider and Quality Incentive Payments	00029	8,636,246	1.12
VBP QIP Expense	00062	99,737,735	12.98
EIP Expense	00063		0.00
EPP Expense	00064		0.00
Additional High Performance Program Expense	00065		0.00
Total Medical & Hospital	00032	2,821,306,842	367.17
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038	251,262,460	32.70
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	3,072,569,302	399.87
PREMIUM INCOME/(LOSS)	00077	337,314,342	43.90
Nonallowable Administration Expense	00081	45,042,229	5.86
OPERATING INCOME/(LOSS)	00040	407,095,946	52.98
Aggregate Write-ins for Other Expenses	00076	202,120,364	26.30
Prior Period Revenue Adjustments and Extraordinary Items	00041	34,154,387	4.44
Federal and Foreign Income Taxes Incurred	00042	29,299,856	3.81
Adjustments for prior period IBNR estimates	00043	91,020,410	11.85
NET INCOME (LOSS)	00044	50,500,929	6.57

MEDICAID - TABLE 7-1 - TANF/SN KIDS		Current YTD	Current YTD PMPM
00025	00026	17003	17006
Medicaid Member Months	00001	3,531,962	
Members	00050	640,638	
MEDICAID REVENUE:			
Premium			
a. Capitation	00002	645,188,331	182.67
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	00003	71,217,756	20.16
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	00087	11,913,281	3.37
d. Maternity Supplemental Kick Payments	00080	11,939,992	3.38
e. HCBS Revenue	00082	3,074,946	0.87
Premium Revenue	00091	743,334,306	210.46
C.O.B. (Third Party Recoveries)	00005	76,943	0.02
Reinsurance Recoveries	00031	17,926,473	5.08
Premium Revenue (inc. COB and Recoveries)	00075	761,337,722	215.56
Net Investment Income	00004		
Other Revenue	00007	46,398,800	13.14
TOTAL MEDICAID REVENUE	00008	807,736,522	228.69
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	63,937,813	18.10
b. Inpatient Mental Health & SUD	00010	7,594,040	2.15
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011	73,382,127	20.78
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	00088	11,331,301	3.21
e. Inpatient Maternity Delivery	00060	7,338,682	2.08
f. Total Hospital Inpatient Care (a thru e)	00012	163,583,963	46.32
Other Medical and Hospital:			
Primary Care	00013	107,835,457	30.53
Specialty Care	00014	64,018,086	18.13
Prenatal/Postpartum Maternity Services	00045	4,005,026	1.13
Ambulatory Surgery	00015	15,587,682	4.41
Outpatient Physical Rehab/Therapy	00092	3,961,374	1.12
Other Professional Services	00016	2,348,951	0.67
Emergency Room	00017	24,298,690	6.88
Outpatient Mental Health	00018	38,614,053	10.93
Outpatient SUD Treatment	00019	1,152,560	0.33
Behavioral Health HCBS Services	00047	1,062,522	0.30
Dental	00020	38,499,405	10.90
Pharmacy	00021	82,659,180	23.40
Home Health Care	00022	5,480,577	1.55
Nursing Facility	00069	725,407	0.21
Personal Care	00094	3,683,964	1.04
Personal Emergency Response Services	00095	279	0.00
Transportation - Emergent	00023	161,661	0.05
Transportation - Non-Emergent	00024	1,584,967	0.45
Diagnostic Test, Lab & X-Ray	00025	23,862,230	6.76
Family Planning	00026	1,666,620	0.47
Vision Care Inc. Eyeglasses	00027	2,659,130	0.75
Foot Care	00093	1,078,198	0.31
In Lieu Of Sevices	00049	0	0.00
Other Medical	00028	318,619	0.09
Durable Medical Equipment	00054	6,184,792	1.75
Health Home	00079	11,796,599	3.34
Covered Lives Assessment	00055	0	0.00
Subtotal Medical & Hospital	00030	606,829,992	171.81
Reinsurance Premium Cost	00006		0.00
Prepaid Capitation and Target Based Reconciliation	00056	7,882,353	2.23
Provider and Quality Incentive Payments	00029	3,929,554	1.11
VBP QIP Expenses	00062	21,308,244	6.03
EIP Expenses	00063		0.00
EPP Expense	00064		0.00
Additional High Performance Program Expense	00065		0.00
Total Medical & Hospital	00032	639,950,143	181.19
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038	115,493,583	32.70
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	755,443,726	213.89
PREMIUM INCOME/(LOSS)	00077	5,893,996	1.67
Nonallowable Administration Expense	00081	20,703,803	5.86
OPERATING INCOME/(LOSS)	00040	31,588,993	8.94
Aggregate Write-ins for Other Expenses	00076		
Prior Period Revenue Adjustments and Extraordinary Items	00041		
Federal and Foreign Income Taxes Incurred	00042		
Adjustments for prior period IBNR estimates	00043		
NET INCOME (LOSS)	00044	31,588,993	8.94

MEDICAID - TABLE 7-2 - TANF/SN ADULTS		Current YTD	Current YTD PMPM
00027	00028	17013	17016
Medicaid Member Months	00001	3,753,689	
Members	00050	717,890	
MEDICAID REVENUE:			
Premium			
a. Capitation	00002	1,918,718,152	511.16
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	00003		
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	00087		
d. Maternity Supplemental Kick Payments	00080	125,021,261	33.31
e. HCBS Revenue	00082		
Premium Revenue	00091	2,043,739,413	544.46
C.O.B. (Third Party Recoveries)	00005	133,337	0.04
Reinsurance Recoveries	00031	19,051,849	5.08
Premium Revenue (inc. COB and Recoveries)	00075	2,062,924,599	549.57
Net Investment Income	00004		
Other Revenue	00007	49,311,591	13.14
TOTAL MEDICAID REVENUE	00008	2,112,236,190	562.71
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	244,161,919	65.05
b. Inp. Mental Health & Substance Abuse	00010	38,393,222	10.23
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011		
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	00088		
e. Inpatient Maternity Delivery	00060	82,518,861	21.98
f. Total Hospital Inpatient Care (a thru e)	00012	365,074,002	97.26
Other Medical and Hospital:			
Primary Care	00013	147,731,862	39.36
Specialty Care	00014	176,251,652	46.95
Prenatal/Postpartum Maternity Services	00045	43,600,160	11.62
Ambulatory Surgery	00015	53,970,757	14.38
Outpatient Physical Rehab/Therapy	00092	17,881,241	4.76
Other Professional Services	00016	4,146,634	1.10
Emergency Room	00017	53,274,780	14.19
Outpatient Mental Health	00018	50,128,907	13.35
Outpatient SUD Treatment	00019	37,179,468	9.90
Behavioral Health HCBS Services	00047		0.00
Dental	00020	35,336,560	9.41
Pharmacy	00021	385,094,382	102.59
Home Health Care	00022	9,439,560	2.51
Nursing Facility	00069	7,684,232	2.05
Personal Care	00094	28,823,010	7.68
Personal Emergency Response Services	00095	75,640	0.02
Transportation - Emergent	00023	181,680	0.05
Transportation - Non-Emergent	00024	866,973	0.23
Diagnostic Test, Lab & X-Ray	00025	107,907,749	28.75
Family Planning	00026	9,857,488	2.63
Vision Care Inc. Eyeglasses	00027	4,487,856	1.20
Foot Care	00093	3,216,448	0.86
In Lieu Of Service	00049	236,408	0.06
Other Medical	00028	4,367,104	1.16
Durable Medical Equipment	00054	13,081,535	3.48
Health Home	00079	13,332,785	3.55
Covered Lives Assessment	00055	25,133	0.01
Subtotal Medical & Hospital	00030	1,573,254,006	419.12
Reinsurance Premium Cost	00006	0	0.00
Prepaid Capitation and Target Based Reconciliation	00056	9,158,545	2.44
Provider and Quality Incentive Payments	00029	4,260,342	1.13
VBP QIP Expenses	00062	61,407,412	16.36
EIP Expenses	00063		0.00
EPP Expense	00064		0.00
Additional High Performance Program Expense	00065		0.00
Total Medical & Hospital	00032	1,648,080,305	439.06
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038	122,743,958	32.70
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	1,770,824,263	471.76
PREMIUM INCOME/(LOSS)	00077	292,100,336	77.82
Nonallowable Administration Expense	00081	22,003,532	5.86
OPERATING INCOME/(LOSS)	00040	319,408,396	85.09
Aggregate Write-ins for Other Expenses	00076		
Prior Period Revenue Adjustments and Extraordinary Items	00041		
Federal and Foreign Income Taxes Incurred	00042		
Adjustments for prior period IBNR estimates	00043		
NET INCOME (LOSS)	00044	319,408,396	85.09

MEDICAID - TABLE 7-3 - SSI		Current YTD	Current YTD PMPM
00029	00030	17023	17026
Medicaid Member Months	00001	394,973	
Members	00050	71,140	
MEDICAID REVENUE:			
Premium			
a. Capitation	00002	532,909,080	1,349.23
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	00003	0	0.00
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	00087	0	0.00
d. Maternity Supplemental Kick Payments	00080	1,062,707	2.69
e. HCBS Revenue	00082	9,843,339	24.92
Premium Revenue	00091	543,815,126	1,376.84
C.O.B. (Third Party Recoveries)	00005	8,044	0.02
Reinsurance Recoveries	00031	2,004,685	5.08
Premium Revenue (inc. COB and Recoveries)	00075	545,827,855	1,381.94
Net Investment Income	00004		
Other Revenue	00007	5,188,695	13.14
TOTAL MEDICAID REVENUE	00008	551,016,550	1,395.07
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	95,269,826	241.21
b. Inp. Mental Health & Substance Abuse	00010	6,839,396	17.32
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011	18,551	0.05
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g wgt)	00088	0	0.00
e. Inpatient Maternity Delivery	00060	1,074,453	2.72
f. Total Hospital Inpatient Care (a thru e)	00012	103,202,226	261.29
Other Medical and Hospital:			
Primary Care	00013	29,652,604	75.08
Specialty Care	00014	37,856,640	95.85
Prenatal/Postpartum Maternity Services	00045	365,469	0.93
Ambulatory Surgery	00015	10,723,752	27.15
Outpatient Physical Rehab/Therapy	00092	2,890,914	7.32
Other Professional Services	00016	609,615	1.54
Emergency Room	00017	7,403,022	18.74
Outpatient Mental Health	00018	12,469,377	31.57
Outpatient SUD Treatment	00019	2,693,873	6.82
Behavioral Health HCBS Services	00047	490,975	1.24
Dental	00020	3,109,066	7.87
Pharmacy	00021	118,710,436	300.55
Home Health Care	00022	16,505,897	41.79
Nursing Facility	00069	5,697,503	14.43
Personal Care	00094	72,999,786	184.82
Personal Emergency Response Services	00095	153,064	0.39
Transportation - Emergent	00023	48,073	0.12
Transportation - Non-Emergent	00024	40,372	0.10
Diagnostic Test, Lab & X-Ray	00025	13,271,587	33.60
Family Planning	00026	232,210	0.59
Vision Care Inc. Eyeglasses	00027	506,452	1.28
Foot Care	00093	620,348	1.57
In Lieu Of Services	00049	47,500	0.12
Other Medical	00028	5,218,468	13.21
Durable Medical Equipment	00054	8,090,450	20.48
Health Home	00079	9,055,653	22.93
Covered Lives Assessment	00055	0	0.00
Subtotal Medical & Hospital	00030	462,665,332	1,171.38
Reinsurance Premium Cost	00006	0	0.00
Prepaid Capitation and Target Based Reconciliation	00056	959,102	2.43
Provider and Quality Incentive Payments	00029	444,386	1.13
VBP QIP Expenses	00062	17,022,079	43.10
EIP Expenses	00063		0.00
EPP Expense	00064		0.00
Additional High Performance Program Expense	00065		0.00
Total Medical & Hospital	00032	481,090,899	1,218.03
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038	12,915,441	32.70
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	494,006,340	1,250.73
PREMIUM INCOME/(LOSS)	00077	51,821,515	131.20
Nonallowable Administration Expense	00081	2,315,269	5.86
OPERATING INCOME/(LOSS)	00040	54,694,941	138.48
Aggregate Write-ins for Other Expenses	00076		
Prior Period Revenue Adjustments and Extraordinary Items	00041		
Federal and Foreign Income Taxes Incurred	00042		
Adjustments for prior period IBNR estimates	00043		
NET INCOME (LOSS)	00044	54,694,941	138.48

MEDICAID - TABLE 7-4 - NURSING HOME		Current YTD	Current YTD PMPM
00031	00032	17055	17056
Medicaid Member Months	00001	3,348	
Members	00050	587	
MEDICAID REVENUE:			
Premium			
a. Capitation	00002	39,589,053	11,824.69
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	00003	0	0.00
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	00087	0	0.00
d. Maternity Supplemental Kick Payments	00080	0	0.00
e. HCBS Revenue	00082		
f. Spendown & NAMI	00107	187,422	55.98
Premium Revenue	00091	39,776,475	11,880.67
C.O.B. (Third Party Recoveries)	00005	0	0.00
Reinsurance Recoveries	00031	16,993	5.08
Premium Revenue (inc. COB and Recoveries)	00075	39,793,468	11,885.74
Net Investment Income	00004		
Other Revenue	00007	43,982	13.14
TOTAL MEDICAID REVENUE	00008	39,837,450	11,898.88
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	6,621,583	1,977.77
b. Inp. Mental Health & Substance Abuse	00010	113,872	34.01
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011	0	0.00
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g wgt)	00088	0	0.00
e. Inpatient Maternity Delivery	00060	0	0.00
f. Total Hospital Inpatient Care (a thru e)	00012	6,735,455	2,011.78
Other Medical and Hospital:			
Primary Care	00013	599,849	179.17
Specialty Care	00014	723,912	216.22
Prenatal/Postpartum Maternity Services	00045	0	0.00
Ambulatory Surgery	00015	93,340	27.88
Outpatient Physical Rehab/Therapy	00092	16,157	4.83
Other Professional Services	00016	6,540	1.95
Emergency Room	00017	115,346	34.45
Outpatient Mental Health	00018	115,397	34.47
Outpatient SUD Treatment	00019	27,956	8.35
Behavioral Health HCBS Services	00047		0.00
Dental	00020	3,354	1.00
Pharmacy	00021	0	0.00
Home Health Care	00022	121,858	36.40
Nursing Facility	00069	42,724,996	12,761.35
Personal Care	00094	152,154	45.45
Personal Emergency Response Services	00095	679	0.20
Transportation - Emergent	00023	4,705	1.41
Transportation - Non-Emergent	00024	41	0.01
Diagnostic Test, Lab & X-Ray	00025	219,486	65.56
Family Planning	00026	154	0.05
Vision Care Inc. Eyeglasses	00027	4,673	1.40
Foot Care	00093	11,536	3.45
In Lieu Of Services	00049	0	0.00
Other Medical	00028	416,303	124.34
Durable Medical Equipment	00054	84,950	25.37
Health Home	00079	4,690	1.40
Covered Lives Assessment	00055	0	0.00
Subtotal Medical & Hospital	00030	52,183,531	15,586.48
Reinsurance Premium Cost	00006	0	0.00
Prepaid Capitation and Target Based Reconciliation	00056	0	0.00
Provider and Quality Incentive Payments	00029	1,964	0.59
VBP QIP Expense	00062		0.00
EIP Expense	00063		0.00
EPP Expense	00064		0.00
Additional High Performance Program Expense	00065		0.00
Total Medical & Hospital	00032	52,185,495	15,587.07
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038	109,478	32.70
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	52,294,973	15,619.76
PREMIUM INCOME/(LOSS)	00077	-12,501,505	-3,734.02
Nonallowable Administration Expense	00081	19,625	5.86
OPERATING INCOME/(LOSS)	00040	-12,477,148	-3,726.75
Aggregate Write-ins for Other Expenses	00076		
Prior Period Revenue Adjustments and Extraordinary Items	00041		
Federal and Foreign Income Taxes Incurred	00042		
Adjustments for prior period IBNR estimates	00043		
NET INCOME (LOSS)	00044	-12,477,148	-3,726.75

MEDICAID - TABLE 8A - INPATIENT MENTAL HEALTH/SUD COST		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medical Management	Inpatient Detox Medical Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substance Abuse Cost
00430	00431	01215	01216	01217	01218	01219	01221	01222	01223	01224
TANF/SN Kids	00180	5,992,865	52,467	27,281	149,140	5,029	50,770			6,277,552
TANF/SN Adults	00190	16,056,971	1,968,245	1,338,192	8,645,546	743,298	2,956,349			31,708,601
SSI	00200	4,939,376	92,732	122,777	472,121	7,181	40,302			5,674,489
Nursing Home	00250	98,920								98,920
Total - Actual	00999	27,088,132	2,113,444	1,488,250	9,266,807	755,508	3,047,421			43,759,562
Total - Accrued	00996	5,648,261	384,384	343,484	2,060,197	131,921	612,721			9,180,968
Total - Actual Plus Accrued	00998	32,736,393	2,497,828	1,831,734	11,327,004	887,429	3,660,142			52,940,530

MEDICAID - TABLE 8A-1 - INPATIENT MENTAL HEALTH/SUBUTILIZATION - DISCHARGES		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medical Management	Inpatient Detox Medical Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substance Abuse Discharges
00432	00433	01225	01226	01227	01228	01229	01231	01232	01233	01234
TANF/SN Kids	00180	680	12	6	31	6	185			920
TANF/SN Adults	00190	2,071	598	369	1,471	2,143	8,462			15,114
SSI	00200	436	35	28	98	14	71			682
Nursing Home	00250	7								7
Total Discharges - Actual	00999	3,194	645	403	1,600	2,163	8,718			16,723
Total Discharges - Accrued	00996	694	121	88	344	376	1,728			3,351
Total - Actual Plus Accrued	00998	3,888	766	491	1,944	2,539	10,446			20,074

MEDICAID - TABLE 8A-2 - INPATIENT MENTAL HEALTH/SUD UTILIZATION - DAYS		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medicall y Managed	Inpatient Detox Medicall y Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Health & Substance Abuse Days
00434	00435	01235	01236	01237	01238	01239	01241	01242	01243	01244
TANF/SN Kids	00180	6,431	130	19	219	26	290			7,115
TANF/SN Adults	00190	18,259	3,755	1,307	12,167	4,327	15,850			55,665
SSI	00200	5,385	185	219	705	40	195			6,729
Nursing Home	00250	258								258
Total Days - Actual	00999	30,333	4,070	1,545	13,091	4,393	16,335			69,767
Total Days - Accrued	00996	6,132	738	372	2,728	733	3,103			13,806
Total - Actual Plus Accrued	00998	36,465	4,808	1,917	15,819	5,126	19,438			83,573

MEDICAID - TABLE 8B - PHARMACY OUTPATIENT COST		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total Pharmacy
00436	00437	01457	01458	01459	01460
TANF/SN Kids	00180	72,371,460	2,865,204	87,470	75,324,134
TANF/SN Adults	00190	318,135,821	18,309,020	14,597,866	351,042,707
SSI	00200	97,387,765	9,560,860	1,258,611	108,207,236
Nursing Home	00250				
Total Cost - Actual	00999	487,895,046	30,735,084	15,943,947	534,574,077
Total Cost - Accrued	00996	47,327,028	3,002,656	1,560,236	51,889,920
Total - Actual Plus Accrued	00998	535,222,074	33,737,740	17,504,183	586,463,997

MEDICAID - TABLE 8B-1 - PHARMACY OUTPATIENT UTILIZATION SCRIPTS		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total Pharmacy Scripts
00438	00439	01453	01454	01455	01456
TANF/SN Kids	00180	1,246,833	117,887	3,860	1,368,580
TANF/SN Adults	00190	4,669,935	881,225	175,061	5,726,221
SSI	00200	1,064,661	206,433	32,548	1,303,642
Nursing Home	00250				
Total Scripts - Actual	00999	6,981,429	1,205,545	211,469	8,398,443
Total Scripts - Accrued	00996	679,851	117,396	20,593	817,840
Total - Actual Plus Accrued	00998	7,661,280	1,322,941	232,062	9,216,283

MEDICAID - TABLE 8C - OUTPATIENT MENTAL HEALTH COST		Office Based Mental Health Services	Mental Health Clinic Services	PROS	ACT	Continuing Day Treatment	Intensive Psychiatric Rehabilitation Treatment (IPRT)	Partial Hospitalization	Comprehensive Psychiatric Emergency Program (CPEP)	Other Outpatient Mental Health Services	Total Outpatient Mental Health
00440	00441	01256	01257	01258	01259	01261	01262	01263	01264	01265	01267
TANF/SN Kids	00180	14,126,618	15,126,197	1,416	6,565				2,889,850	4,955	32,155,601
TANF/SN Adults	00190	18,213,819	18,795,272	16,261	73,814			1,242	4,224,673	2,820	41,327,901
SSI	00200	4,780,989	4,834,568	8,216	18,455				716,553	2,546	10,361,327
Nursing Home	00250	78,760	6,335						9,014		94,109
Total Cost - Actual	00999	37,200,186	38,762,372	25,893	98,834			1,242	7,840,090	10,321	83,938,938
Total Cost - Accrued	00996	7,065,786	8,708,931	3,690	14,451			131	1,593,739	2,068	17,388,796
Total - Actual Plus Accrued	00998	44,265,972	47,471,303	29,583	113,285			1,373	9,433,829	12,389	101,327,734

MEDICAID - TABLE 8C-1 - OUTPATIENT MENTAL HEALTH UTILIZATION VISITS		Office Based Mental Health Services	Mental Health Clinic Services	PROS	ACT	Continuing Day Treatment	Intensive Psychiatric Rehabilitation Treatment (IPRT)	Partial Hospitalization	Comprehensive Psychiatric Emergency Program (CPEP)	Other Outpatient Mental Health Services	Total Outpatient Mental Health
00442	00443	01245	01246	01247	01295	01296	01251	01252	01297	01254	01255
TANF/SN Kids	00180	141,552	131,478	5	4				15,637	100	288,776
TANF/SN Adults	00190	177,329	172,158	59	43			9	23,425	54	373,077
SSI	00200	48,914	37,797	31	11				3,177	44	89,974
Nursing Home	00250	1,254	59						69		1,382
Total Visits - Actual	00999	369,049	341,492	95	58			9	42,308	198	753,209
Rate Per Member Per Year Actual	00500										1.176
Total Visits - Accrued	00996	71,055	76,383	13	8			1	8,734	41	156,235
Total Visits - Actual Plus Accrued	00998	440,104	417,875	108	66			10	51,042	239	909,444
Rate Per Member Per Year Accrued	00510										1.420

MEDICAID - TABLE 8D - OUTPATIENT SUD SERVICES COST		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatient Opiate Treatment Programs	Outpatient SUD Detox	Other Outpatient SUD Services	Total Outpatient SUD Services
00444	00445	01277	01278	01279	01280	01292	01293	01294
TANF/SN Kids	00180	11,725	853,993	21,586	30,391		41,832	959,527
TANF/SN Adults	00190	97,142	18,586,549	1,383,420	8,884,933	40,394	1,669,039	30,661,477
SSI	00200	6,316	841,710	36,720	1,216,583	4,459	124,288	2,230,076
Nursing Home	00250	668	9,925		13,054			23,647
Total Cost - Actual	00999	115,851	20,292,177	1,441,726	10,144,961	44,853	1,835,159	33,874,727
Total Cost - Accrued	00996	23,452	4,154,092	255,018	2,337,513	10,965	398,090	7,179,130
Total - Actual Plus Accrued	00998	139,303	24,446,269	1,696,744	12,482,474	55,818	2,233,249	41,053,857

MEDICAID - TABLE 8D-1 - OUTPATIENT SUD SERVICES UTILIZATION VISITS		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatient Opiate Treatment Programs	Outpatient SUD Detox	Other Outpatient SUD Services	Total Outpatient SUD Services
00446	00447	01268	01269	01272	01273	01274	01275	01276
TANF/SN Kids	00180	171	8,328	206	1,657		488	10,850
TANF/SN Adults	00190	1,289	200,766	15,625	473,696	172	15,563	707,111
SSI	00200	72	9,194	393	57,822	22	867	68,370
Nursing Home	00250	7	119		388			514
Total Visits - Actual	00999	1,539	218,407	16,224	533,563	194	16,918	786,845
Rate Per Member Per Year Actual	00500							1.229
Total Visits - Accrued	00996	320	44,286	2,971	123,805	46	3,565	174,993
Total - Actual Plus Accrued	00998	1,859	262,693	19,195	657,368	240	20,483	961,838
Rate Per Member Per Year Accrued	00510							1.502

MEDICAID - TABLE 8E - HCBS & 1115 DEMO OUTPATIENT SERVICES COST	Psychosocial Rehab	Community Psych Support & Treatment	Crisis Intervention (15 Demo)	Short Term Crisis Respite	Intensive Crisis Respite	Peer Supports	Family Supports	Pre-Vocational Supports	Intensive Supported Employment	Ongoing Supported Employment	Other Licensed Practitioner	Family and Peer Supports	Community Advocacy and Support	Palative Care	Community HCBS Rehabilitation	Day HCS Habilitation	Environmental Modifications	Vehicle Modifications	Adaptive and Assistive Equipment	Total Cost of Services	
00448	00449	01321	01322	01323	01324	01325	01326	01328	01331	01333	01334	01358	01359	01361	01362	01363	01364	01365	01366	01367	01337
TANF/SN Kids	00180			38,603	65,314		67,128	4,089		2,957			62,590		31,325	234					90,157
SSI	00200			16,476	78,686		60,988	1,862					46,599		58,921	6,009					41,728
Total Cost - Actual	00999			55,076	14,400		12,816	5,951		2,957			109,189		37,217	6,243					1,319,400
Total Cost - Accrued	00996			94,538	26,095		30,031	845		404			18,378		62,899	908					23,409
Total - Actual Plus Accrued	00998			64,504	17,095		15,847	6,796		3,361			127,567		43,507	7,151					1,553,498

MEDICAL TABLE 8E-1 - HCBS & 1115 DEMO OUTPATIENT SERVICES UTILIZATION VISITS	Psychosocial Rehabilitation (hours)	Community Psych Support & Treatment (hours - note 1)	Crisis Intervention (11-15 Demo) (Per Diem)	Short Term Crisis Respite (days)	Intensive Crisis Respite (days)	Peer Support (hours)	Family Support (hours)	Pre-Vocational (hours)	Intensive Support Employment (hours)	On-going Support Employment (hours)	Other Licensed Practitioner (Hourly)	Family and Peer Support (Hourly)	Community Advocacy and Support (Hourly)	Palliative Care (Hourly)	Community HCBS Habilitation (Hourly)	Day HCBS Habilitation (Hourly)	Environmental Modifications (Per Contract)	Vehicle Modifications (Per Contract)	Adaptive and Assistive Equipment (Per Contract)	Total Utilization
00450	00451	01342	01343	01344	01345	01346	01348	01351	01353	01354	01368	01369	01370	01371	01372	01373	01374	01375	01376	01357
TANF/SN Kids	00180			2,475	274		639	57		23			323		2,166	3				5,960
SSI	00200			1,210	314		544	29					205		474	31				2,807
Total Visits - Actual	00999			3,685	588		1,183	86		23			528		2,640	34				8,767
Total Visits - Accrued	00996			640	106		274	12		3			90		452	5				1,582
Total - Actual Plus Accrued	00998			4,325	694		1,457	98		26			618		3,092	39				10,349

Note 1 - For Per Diem CPST report 3 hours for each "day" regardless of actual duration.

Note 2 - For Per Diem Mobile Crisis report 5 hours for each "day" regardless of actual duration.

Note 3 - For Staff Transportation report each round trip billed under the mileage option as a trip and each subway round ride as a trip.

MEDICAID - TABLE 9A - CLAIMS ANALYSIS - CLAIMS INCURRED DURING THE CURRENT PERIOD		A Total Expense (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 Expense (D/A)
00033	00034	00901	00902	00903	00904	00905
Category of Service						
Inpatient	00001	638,595,646	524,337,645	29,323,419	84,934,582	13.30%
Primary Care	00002	285,819,772	244,450,041	9,958,111	31,411,620	10.99%
Physician Speciality Services	00003	278,850,290	229,641,370	12,596,286	36,612,634	13.13%
Emergency Room	00004	85,091,838	70,262,658	3,656,747	11,172,433	13.13%
All other medical services	00005	1,406,575,315	1,199,555,194	87,839,457	119,180,664	8.47%
TOTAL	00999	2,694,932,861	2,268,246,908	143,374,020	283,311,933	10.51%
Total Expenses - Capitated	00010	55,029,524				
Total Expenses - FFS	00020	2,639,903,337				10.73%

		Reported Claims that are Unpaid	Reported Claims that are Unpaid	Incurred But Not Reported	Incurred But Not Reported	Incurred But Not Reported
MEDICAID - TABLE 9B - CLAIMS ANALYSIS - CLAIMS UNPAID		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)
00035	00036	00911	00912	00913	00914	00915
Category of Service						
Inpatient	00001	2,394,950	29,323,419	3,757,588	84,934,582	120,410,539
Primary Care	00002	75,251	9,958,111	3,740,737	31,411,620	45,185,719
Physician Speciality Services	00003	2,103,761	12,596,286	3,702,208	36,612,634	55,014,889
Emergency Room	00004	55,124	3,656,747	1,938,492	11,172,433	16,822,796
All other medical services	00005	1,500,827	87,839,457	1,957,979	119,180,664	210,478,927
TOTAL	00999	6,129,913	143,374,020	15,097,004	283,311,933	447,912,870

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
MEDICAID - TABLE 9C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR		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)
00037	00038	00921	00922	00923	00924	00925
Category of Service						
Inpatient	00001			763,816	2,993,774	3,757,590
Primary Care	00002			758,388	2,982,349	3,740,737
Physician Speciality Services	00003			755,553	2,946,655	3,702,208
Emergency Room	00004			372,802	1,565,690	1,938,492
All other medical services	00005			377,476	1,580,501	1,957,977
TOTAL	00999			3,028,035	12,068,969	15,097,004

An explanation of why the plan has not written off IBNR claims that are more than 2 years old should be reported in the notepad section of the MMCOR. The total in Column E from Table 9C must equal the total of Column C in Table 9B.

MEDICAID - 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	00931	00932	00933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
Target Expenditures	00001			
Additional Plan Payments	00006			
Total Target Expenditures	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

MEDICAID - TABLE 9D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00451	00040	00937	00938	00939
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	00007			
Plan Premium Revenue (involved in the arrangement)	00008			
Capitation Payments	00001			
Additional Plan Payments	00006			
Total Capitation and Additional Payments	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

MEDICAID - TABLE 9E - VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00450	00460	00934	00935	00936
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	00007	6,366,165	10,539,144	4,532,699
Plan Premium Revenue (involved in the arrangement)	00008	2,444,360,603	4,001,225,917	1,695,971,785
VBP Target Expenditures	00001	2,375,276,879	3,894,995,387	1,727,458,152
Additional Plan Payments	00006			
Total VBP Target Expenditures	00009	2,375,276,879	3,894,995,387	1,727,458,152
Actual Claims Paid	00002	2,355,258,168	3,933,141,844	1,694,993,001
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010	2,355,258,168	3,933,141,844	1,694,993,001
Total Surplus or (Loss)	00011	20,018,711.00	-38,146,457.00	32,465,151.00
Plan Surplus or (Loss)	00012	2,018,711	-55,915,121	13,746,805
IPA/ACO/Provider's Surplus or (Loss)	00005	18,000,000	17,768,664	18,718,345

MEDICAID - TABLE 9E-1 - VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00452	00462	00940	00941	00942
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	00007			
Premium Revenue (involved in the arrangement)	00008			
VBP Capitation Payments	00001			
Additional Plan Payments	00006			
Total Capitation and Additional Payments	00009			
Actual Claims Paid	00002			
Claims Reported but Not Paid	00003			
Claims Incurred but Not Reported	00004			
Total Claims Expense	00010			
Total Surplus or (Loss)	00011			
Plan Surplus or (Loss)	00012			
IPA/ACO/Provider's Surplus or (Loss)	00005			

MEDICAID - TABLE 12 - INPATIENT UTILIZATION - DISCHARGES - ACTUAL AND ACCRUED UTILIZATION		Med. Surg	Maternity	Births >= 1200g wgt	Births Low Birth Weight (<1200g)	Psychiatric/ Alcohol and Substance Abuse	Total Actual Discharges	Actual Discharges per 1,000	Total Accrued Discharges	Accrued Discharges per 1,000	Accrued
00041	00042	01201	01202	01206	01214	01207	01220	01230	01240	01250	01260
TANF/SN Kids	00180	4,693	1,104	11,622	92	920	18,431	63	23,049	78	
TANF/SN Adults	00190	15,659	11,269			15,114	42,042	134	50,828	162	
SSI	00200	4,494	104	1	0	682	5,281	160	6,437	196	
Nursing Home	00250	205	0	0	0	7	212	760	252	903	
TOTAL Discharges	00999	25,051	12,477	11,623	92	16,723	65,966	103	80,566	126	
Plus Accrued Discharges	00996	5,407	2,609	3,230	3	3,351					
Total Discharges Including Accruals	00998	30,458	15,086	14,853	95	20,074					80,566
Total Cost including Accruals	00997	409,991,141	90,931,996	73,400,678	11,331,301	52,940,530					638,595,646
Actual Paid Claims	01000	335,590,892	75,625,550	58,366,839	10,994,802	43,759,562					524,337,645
Accrued Cost	01001	74,400,249	15,306,446	15,033,839	336,499	9,180,968					114,258,001
Actual Cost Per Discharge	01002	13,396	6,061	5,022	119,509	2,617					
Total Cost Per Discharge (Including Accruals)	01003	13,461	6,028	4,942	119,277	2,637					

* Identify on Notepad

(1) Births - Should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.
 FORMULA: Number of Discharges Per Thousand = (Total Number of Discharges/Member Months)*12,000

MEDICAID - TABLE 12A - NURSING HOME UTILIZATION		Nursing Home Days	Nursing Home Discharges
00043	00044	01270	01271
TANF/SN Kids	00180	525	24
TANF/SN Adults	00190	21,588	1,500
SSI	00200	15,843	958
Nursing Home	00250	61,384	2,585
Total Actual Utilization	00999	99,340	5,067
Plus Accrued Utilization	00996	50,506	2,171
Total Accrued Utilization	00998	149,846	7,238
Total Cost including Accruals	00997	56,832,138	

MEDICAID - TABLE 13 - INPATIENT UTILIZATION - DAYS - ACTUAL UTILIZATION		Med. Surg	Maternity	Total Newborn Days	Total Low Birth Weight Newborn Days (<1200g)	Psychiatric/ Alcohol and Substance Abuse	Total No Actual Days	Actual Days per 1,000	Average Length of Stay	Total Accrued Days*	Accrued Days per 1,000	Average Length of Stay	Total
00045	00046	01301	01302	01306	01314	01307	01320	01330	01335	01340	01350	01355	01360
TANF/SN Kids	00180	22,769	2,889	37,663	6,097	7,115	76,533	260	4	93,478	318	4	
TANF/SN Adults	00190	92,887	28,666			55,665	177,218	567	4	214,052	684	4	
SSI	00200	31,436	349	0	0	6,729	38,514	1,170	7	46,722	1,419	7	
Nursing Home	00250	2,655	0	0	0	258	2,913	10,441	14	3,386	12,136	13	
Total Days	00999	149,747	31,904	37,663	6,097	69,767	295,178	461		357,638	559	4	
Plus Accrued Days	00996	32,161	6,504	9,798	190	13,806							
Total Days Including Accruals	00998	181,908	38,408	47,461	6,287	83,573							357,637

** Identify on Notepad.

(1) Births - Should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.

FORMULA: Number of days per Thousand = (Total Number of Days/Member Months)*13,000

MEDICAID - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergency Room Visits	Primary Care Encounter	Specialty Care Services Encounter	Outpatient Physical Rehab/Therapy	Vision Care Optometrist Visits	Dental Vists	Pharmacy Scripts	Emergency Medical Transportation No. of Trips	Non-Emergency Medical Transportation No. of Trips	Home Health Care Visits	Ambulatory Surgery Visits	Family Planning Visits	Prenatal/Postpartum Maternity Services	Foot Care	Personal Care Hours	Personal Emergency Response Services No. of Units
00047	00048	01401	01402	01403	01404	01407	01408	01409	01410	01411	01412	01413	01414	01416	01419	01420	01421
TANF/SN Kids	00180	71,208	646,069	370,474	40,563	38,514	192,856	1,368,580	454	15,371	12,157	9,096	5,990	12,482	9,556	135,797	9
TANF/SN Adults	00190	111,167	733,302	881,567	172,952	53,628	170,793	5,726,221	553	11,933	28,693	35,597	25,661	117,757	27,023	1,067,701	2,417
SSI	00200	16,019	113,256	191,393	26,298	6,512	15,864	1,303,642	106	787	41,456	6,660	778	1,268	5,520	2,616,037	4,908
Nursing Home	00250	188	7,761	6,859	170	154	22		8	7	404	83	8	0	296	6,100	22
TOTALS - ACTUAL	00999	198,582	1,500,388	1,450,293	239,983	98,808	379,535	8,398,443	1,121	28,098	82,710	51,436	32,437	131,507	42,395	3,825,635	7,356
Plus Accrued Visits	00996	40,676	269,784	315,115	50,131	6,544	79,325	817,839	268	4,248	19,833	11,688	7,160	29,582	9,288	840,047	1,450
TOTALS - ACCRUED*	00998	239,258	1,770,172	1,765,408	290,114	105,352	458,860	9,216,282	1,389	32,346	102,543	63,124	39,597	161,089	51,683	4,665,682	8,806
Rates Per Member Per Year - Actual	00500	0.31	2.34	2.26	0.37	0.15	0.59	13.12	0.00	0.04	0.13	0.08	0.05	0.21	0.07	5.97	0.01
Rates Per Member Per Year - Accrued*	00510	0.37	2.76	2.76	0.45	0.16	0.72	14.39	0.00	0.05	0.16	0.10	0.06	0.25	0.08	7.29	0.01
Actual Paid Claims	01000	70,262,659	244,450,042	229,641,370	20,533,882	7,182,141	63,645,346	534,574,076	322,566	2,165,112	25,685,761	65,183,970	9,615,483	39,158,417	4,031,964	88,043,099	191,850

* Accrued Totals (paid claims + claims reported but not paid = an estimate of incurred but not reported claims)
 Rate PMPY = (Total Visits/Member Months)*12

MEDICAID - TABLE 14A - PHARMACY UTILIZATION		Number of Brand Non-Preferred Scripts	Number of Brand Preferred Scripts	Number of Generic Scripts	Number of Over the Counter Scripts	Number of Medical Supplies	Total All Scripts
00049	00050	01425	01426	01427	01428	01429	01431
TANF/SN Kids	00180	12,447	41,844	940,217	330,705	43,367	1,368,580
TANF/SN Adults	00190	75,485	245,976	4,418,728	766,442	219,590	5,726,221
SSI	00200	18,978	71,285	962,336	185,727	65,316	1,303,642
Nursing Home	00250						
TOTALS- ACTUAL	00999	106,910	359,105	6,321,281	1,282,874	328,273	8,398,443
Plus Accrued	00996	10,411	34,970	615,565	124,926	31,967	817,839
TOTALS - ACCRUED	00998	117,321	394,075	6,936,846	1,407,800	360,240	9,216,282

MEDICAID - TABLE 14A-1 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS)		Ingredient Cost of Brand Non-Preferred Scripts	Ingredient Cost of Brand Preferred Scripts	Ingredient Cost of Generic Scripts	Ingredient Cost of Over the Counter Scripts	Ingredient Cost of Medical Supplies	Dispensing Fees	Total Ingredient Cost and Dispensing Fee of All Scripts	Supplemental Rebates on Brand Name Scripts	Total Cost of All Scripts Ingredient and Dispensing Fees Net of Rebates
00051	00052	01432	01433	01434	01435	01436	01461	01438	01439	01440
TANF/SN Kids	00180	20,004,069	28,682,416	24,171,564	1,193,759	4,218,068	408,665	78,678,541	3,354,407	75,324,134
TANF/SN Adults	00190	87,786,239	194,643,741	70,725,657	2,631,548	12,686,856	1,917,552	370,391,593	19,348,886	351,042,707
SSI	00200	32,358,032	58,873,787	17,692,889	666,526	4,434,117	437,983	114,463,334	6,256,099	108,207,235
Nursing Home	00250									
TOTALS- ACTUAL	00999	140,148,340	282,199,944	112,590,110	4,491,833	21,339,041	2,764,200	563,533,468	28,959,392	534,574,076
Plus Accrued	00996	13,647,610	27,313,791	10,963,997	437,414	2,077,990	269,177	54,709,979	2,820,058	51,889,921
TOTALS - ACCRUED	00998	153,795,950	309,513,735	123,554,107	4,929,247	23,417,031	3,033,377	618,243,447	31,779,450	586,463,997

MEDICAID - TABLE 14A-2 - PHARMACY CO-PAY SCHEDULE (TANF/SN-ADULTS)		NYS Suggested Copay	Plan Specific Copay	Number of Scripts Subject to Copay	Total Amount of Copays (NYS Suggested)	Total Amount of Copays (Plan Specific)	Total Amount of Non-State Plan Services Copays
00053	00054	01441	01442	01443	01444	01445	01446
Brand Non-Preferred	00001	3.00	3.00	181,552	544,656	544,656	0
Brand Preferred	00002	1.00	3.00	681,744	681,744	2,045,232	-1,363,488
Generic	00003	1.00	1.00	3,073,135	3,073,135	3,073,135	0
Over the Counter	00004	0.50	0.50	370,227	185,114	185,114	0
TOTAL	00999			4,306,658	4,484,649	5,848,137	-1,363,488

MEDICAID - TABLE 14A-3 - PHARMACY CO-PAY SCHEDULE (SS)		NYS Suggested Copay	Plan Specific Copay	Number of Scripts Subject to Copay	Total Amount of Copays (NYS Suggested)	Total Amount of Copays (Plan Specific)	Total Amount of Non-State Plan Services Copays
00055	00056	01447	01448	01449	01450	01451	01452
Brand Non-Preferred	00001	3.00	3.00	32,801	98,403	98,403	0
Brand Preferred	00002	1.00	3.00	174,536	174,536	523,608	-349,072
Generic	00003	1.00	1.00	589,436	589,436	589,436	0
Over the Counter	00004	0.50	0.50	74,887	37,444	37,444	0
TOTAL	00999			871,660	899,819	1,248,891	-349,072

MEDICAID - TABLE 14A-4 - PHARMACY - FAMILY PLANNING UTILIZATION		Number of Brand Non-Preferred Scripts-Family Planning	Number of Brand Preferred Scripts Family Planning	Number of Generic Scripts Family Planning	Number of Over the Counter Scripts Family Planning	Number of Medical Supplies Family Planning	Total Number of Family Planning Scripts
00057	00058	02441	02442	02443	02444	02445	02446
TANF/SN Kids	00180	272	219	38,805	887	42	40,225
TANF/SN Adults	00190	831	1,314	112,565	3,616	806	119,132
SSI	00200	33	19	3,398	75	27	3,552
Nursing Home	00250	0	0	0	0	0	0
TOTALS- ACTUAL	00999	1,136	1,552	154,768	4,578	875	162,909
Plus Accrued	00996	109	151	15,071	447	85	15,863
TOTALS - ACCRUED	00998	1,245	1,703	169,839	5,025	960	178,772

MEDICAID - TABLE 14A-5 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS) - FAMILY PLANNING		Cost of Brand Non-Preferred Scripts-Family Planning	Cost of Brand Preferred Scripts Family Planning	Cost of Generic Scripts Family Planning	Cost of Over the Counter Scripts Family Planning	Cost of Medical Supplies Family Planning	Total Cost of All Family Planning Scripts	Supplemental Rebates on Brand Name Scripts Family Planning	Total Cost of All Scripts Net of Rebates Family Planning
00059	00060	02447	02448	02449	02450	02451	02452	02453	02454
TANF/SN Kids	00180	44,740	90,236	1,110,382	14,275	1,721	1,261,354	9,288	1,252,066
TANF/SN Adults	00190	143,235	766,206	3,802,733	61,385	22,817	4,796,376	62,581	4,733,795
SSI	00200	4,833	15,102	100,523	1,285	1,433	123,176	1,372	121,804
Nursing Home	00250	0	0	0	0	0	0	0	0
TOTALS- ACTUAL	00999	192,808	871,544	5,013,638	76,945	25,971	6,180,906	73,241	6,107,665
Plus Accrued	00996	18,776	84,871	488,227	7,493	2,529	601,896	7,132	594,764
TOTALS - ACCRUED	00998	211,584	956,415	5,501,865	84,438	28,500	6,782,802	80,373	6,702,429

MEDICAID - TABLE 16 - MEDICAID UTILIZATION OF HHC SERVICES - TOTAL ALL PREMIUM GROUPS		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00390	00391	04013	04012	04016	04018	04017	04015
HOME HEALTH CARE - AIDE (Hours)							
700+ hours per month	00503	3		4,253			
480-699 hours per month	00504	6		3,812			
320-479 hours per month	00505	2		968			
240-319 hours per month	00506	1		351			
160-239 hours per month	00507	7		1,450			
80-159 hours per month	00508	16		1,930			
1-79 hours per month	00509	229		4,376			
Total Home Health Care - Aide	00500	264	13,661	17,140	414,157	24.16	0.03
HOME HEALTH CARE - OTHER (Visits)							
Total Home Health Care - Other	00501	10,701	79,641	98,688	31,133,735	315.48	0.15
Total Home Health Care	00502	10,965	93,302	115,828	31,547,893	272.37	0.18

MEDICAID - TABLE 16A-1 - MEDICAID UTILIZATION OF HHC SERVICES - TANF/SN KIDS		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00392	00393	04023	04022	04026	04028	04027	04025
HOME HEALTH CARE AIDE (Hours)							
700+ hours per month	00503	0					
480-699 hours per month	00504	1		559			
320-479 hours per month	00505	0					
240-319 hours per month	00506	1		351			
160-239 hours per month	00507	2		388			
80-159 hours per month	00508	2		275			
1-79 hours per month	00509	5		149			
Total Home Health Care - Aide	00500	11	1,497	1,722	39,843	23.14	0.01
HOME HEALTH CARE - OTHER (Visits)							
Total Home Health Care - Other	00501	2,425	11,889	14,687	5,440,734	370.45	0.05
Total Home Health Care	00502	2,436	13,386	16,409	5,480,577	334.00	0.06

MEDICAID - TABLE 16A-2 - MEDICAID UTILIZATION OF HHC SERVICES - TANF/SN ADULTS		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00394	00395	04033	04032	04036	04038	04037	04035
HOME HEALTH CARE - AIDE (Hours)							
700+ hours per month	00503	0					
480-699 hours per month	00504	0					
320-479 hours per month	00505	0					
240-319 hours per month	00506	0					
160-239 hours per month	00507	2		410			
80-159 hours per month	00508	8		940			
1-79 hours per month	00509	147		2,614			
Total Home Health Care - Aide	00500	157	3,027	3,964	104,837	26.45	0.01
HOME HEALTH CARE - OTHER (Visits)							
Total Home Health Care - Other	00501	5,077	27,563	34,266	9,334,723	272.42	0.11
Total Home Health Care	00502	5,234	30,590	38,230	9,439,560	246.91	0.12

MEDICAID - TABLE 16A-3 - MEDICAID UTILIZATION OF HHC SERVICES - SSI		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00396	00397	04043	04042	04046	04048	04047	04045
HOME HEALTH CARE - AIDE (Hours)							
700+ hours per month	00503	3		4,253			
480-699 hours per month	00504	5		3,253			
320-479 hours per month	00505	2		968			
240-319 hours per month	00506	0					
160-239 hours per month	00507	3		652			
80-159 hours per month	00508	6		715			
1-79 hours per month	00509	77		1,613			
Total Home Health Care - Aide	00500	96	9,137	11,454	269,477	23.53	0.35
HOME HEALTH CARE - OTHER (Visits)							
Total Home Health Care - Other	00501	3,148	39,785	49,235	16,236,420	329.77	1.50
Total Home Health Care	00502	3,244	48,922	60,689	16,505,897	271.98	1.84

MEDICAID - TABLE 16A-4 - MEDICAID UTILIZATION OF HHC SERVICES - NURSING HOME		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00398	00399	04053	04052	04056	04058	04057	04055
HOME HEALTH CARE - AIDE (Hours)							
700+ hours per month	00503						
480-699 hours per month	00504						
320-479 hours per month	00505						
240-319 hours per month	00506						
160-239 hours per month	00507						
80-159 hours per month	00508						
1-79 hours per month	00509						
Home Health Care - Aide	00500						0.00
HOME HEALTH CARE - OTHER (Visits)							
Home Health Care - Other	00501	51	404	500	121,858	243.72	1.79
Total Home Health Care	00502	51	404	500	121,858	243.72	1.79

MEDICAID - TABLE 19 - VBP QUALITY IMPROVEMENT PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete	Hospital Name	Revenue Total	Expense Amount	Variance Amount
00425	0041 1	01901	01902	01903	01904	01905
PPS Group						
Maimonedes Medical Center	0000 1	YES	Interfaith Medical Center Facility		16,088,413.00	
Maimonedes Medical Center	0000 2	YES	Kingsbrook Jewish Medical Center Facility		19,306,096.00	
Montefiore Hudson Valley Collaborative	0000 3	YES	Montefiore Mount Vernon Hospital		6,242,304.00	
Montefiore Hudson Valley Collaborative	0000 4	YES	Nyack Hospital		6,754,610.00	
Nassau Queens Performing Provider System, LLC	0000 5	YES	St. John's Episcopal Hospital		18,042,204.00	
Westcehster Medical Center	0000 6	YES	Bon Secours Community Hospital			
Westcehster Medical Center	0000 7	YES	Good Samaritan Hospital of Suffern			
Advocate Community Providers	0000 8	YES	Jamaica Hospital Medical Center		17,583,140.00	
	0000 9					
	0001 0					
	0001 1					
	0001 2					
	0001 3					
	0001 4					
	0001 5					
Total	0099 9			108,684,658.00	84,016,767.00	24,667,891.00

EP - TABLE 19A - EQUITY INFRASTRUCTURE PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete?	Revenue Total	Expense Amount	Variance Amount
00426	00427	01906	01907	01908	01909
PPS Group Name					
Advocate Community Providers Inc.	00001	YES			
Bronx-Lebanon Hospital Center	00002	YES		376,347	
Central New York Care Collaborative	00003	YES			
Maimonides Medical Center	00004	YES			
Millennium Collaborative Care	00005	YES			
Montefiore Hudson Valley collaborative	00006	YES			
Mount Sinai Hospitals Group	00007	YES			
Nassau Queens PPS	00008	YES			
NYU Lutheran Medical Center	00009	YES			
Refuah Community Health Collaborative	00010	YES			
SBH Health System	00011	YES			
Sisters of Charity Hospital of Buffalo	00012	YES			
Stony Brook University Hospital	00013	YES			
The New York and Presbyterian Hospital	00014	YES			
The New York Hospital Medical Center of Queens	00015	YES		76,291	
Total	00999			452,638	-452,638

MEDICAID - TABLE 19B - EQUITY PERFORMANCE PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete?	Revenue Total	Expense Amount	Variance Amount
00428	00429	01910	01911	01912	01913
PPS Group Name					
Advocate Community Providers Inc.	00001	YES		51,514	
Bronx-Lebanon Hospital Center	00002	YES		55,755	
Central New York Care Collaborative	00003	YES		-1,079,747	
Maimonides Medical Center	00004	YES		-314,535	
Millennium Collaborative Care	00005	YES		-107,648	
Montefiore Hudson Valley collaborative	00006	YES		-445,282	
Mount Sinai Hospitals Group	00007	YES		-377,725	
Nassau Queens PPS	00008	YES		-186,937	
NYU Lutheran Medical Center	00009	YES		-35,398	
Refuah Community Health Collaborative	00010	YES		-65,497	
SBH Health System	00011	YES		-363,608	
Sisters of Charity Hospital of Buffalo	00012	YES		-282,355	
Stony Brook University Hospital	00013	YES		-301,744	
The New York and Presbyterian Hospital	00014	YES		-56,732	
The New York Hospital Medical Center of Queens	00015	YES		-42,384	
Total	00999			-3,552,323	3,552,323

MEDICAID - TABLE 19C - ADDITIONAL HIGH PERFORMANCE PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete?	Revenue Total	Dollars Passed to PPS	Variance
00455	004 56	01914	01915	01916	01917
PPS Group Name					
Adirondack Health Institute	000 01	YES			
Refuah Community Health Collaborative	000 02	YES			
Southern Tier Rural Integrated PPS (United Health)	000 03	YES			
Westchester Medical Center	000 04	YES			
	000 05				
	000 06				
	000 07				
	000 08				
	000 09				
	000 10				
	000 11				
	000 12				
	000 13				
	000 14				
	000 15				
Total	009 99				

MEDICAID - TABLE 21 - IN LIEU OF SERVICES - COST	02100	02101	02102	02103	02104	02105	02106	02115	02116	02117
	Autho rization Numb er	TANF/S N Kids	TANF/S N Adults	SSI	Nursing Home	Total Actual	Total Accrued	Total (Acutal + Accrued)		
The New York Gracie Square Hospital, Inc.	000 01	19-09 -013		205,367	12,611			217,978	52,908	270,886
Four Winds Saratoga, Inc	000 02	19-09 -013			11,312			11,312	1,710	13,022
	000 03									
	000 04									
	000 05									
	000 06									
	000 07									
	000 08									
	000 09									
	000 10									
Total Cost by Premiim Group	009 99			205,367	23,923			229,290	54,618	283,908

Worksheet Identifier : TABLE21A

MEDICAID - TABLE 21A - IN LIEU OF SERVICES - UTILIZATION		Autho- rizatio- n Numb- er	TANF/S N Kids	TANF/S N Adults	SSI	Nursin- g Home	Total Actual	Total Accrue- d	Total (Acutal + Accrue- d)
02120	02121	02122	02123	02124	02125	02126	02135	02136	02137
The New York Gracie Square Hospital, Inc.	00001	19-09 -013		131	8		139	33	172
Four Winds Saratoga, Inc	00002	19-09 -013			11		11	1	12
	00003								
	00004								
	00005								
	00006								
	00007								
	00008								
	00009								
	00010								
Total Cost by Premium Group	00999			131	19		150	34	184

MEDICAID - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00074	00075	02610
INVESTMENT INCOME		
Interest Income	00001	13,880,765
Dividend and Real Estate Income	00002	
Net Realized Capital Gains or Losses	00003	
TOTAL INVESTMENT INCOME	00004	13,880,765
DEDUCTIONS		
Investment Expenses	00005	
Interest Expense	00006	
Interest on Claims paid after 45 days	00010	
Other Deductions	00007	
TOTAL DEDUCTIONS	00008	
NET INVESTMENT INCOME	00099	13,880,765

MEDICAID - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02611	00076	02612
Details of Write-ins aggregated on line 0076 from Medicaid Table 6		
MSA in Excess of 2017 PMPM	00001	107,597,695
Adjustment to management add-on	00002	9,305,323
Prior Period LAE/Reserves	00003	-38,451,149
Health Insurer Fee	00004	146,252,073
Adjustment to Prior Year Admin Expenses	00005	-618,100
Non-State Plan Services	00006	28,691
Increase in Reserves for A&H Contracts	00007	
Medical Home Expense (Non-Adirondack)	00008	
Adirondack Medical Home Expense	00009	
Non-State Plan Services- Pharmacy Copays	00010	-1,712,560
Enhanced Primary Care Bump Expense	00013	
Prior Period VBP QIP Expense	00014	-20,281,609
Prior Period EIP Expense	00015	
Prior Period EPP Expense	00016	
Prior Period AHPP Expense	00017	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	00099	202,120,364

MEDICAID - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
	00077	02614
02613		
Details of Extraordinary Items on line 0041 from Medicaid Table 6		
Adjustments for Prior Period Revenue	00001	9,684,821
Prior Period Stop Loss Recoveries	00002	-237,722
	00003	
	00004	
	00005	
	00006	
	00007	
	00008	
	00009	
Stop-Loss Fund Recoveries	00011	
Regulation 146 Pool Recoveries	00012	
Net gains or (loss) from agents' premium balances charged off	00013	
Aggregate Write-ins for other income	00014	
Medical Home Revenue (Non-Adirondack)	00015	
Adirondack Medical Home Revenue	00016	
Enhanced Primary Care Bump Revenue	00018	
Prior Period VBP QIP Revenue	00019	24,707,288
Prior Period EIP Revenue	00020	
Prior Period EPP Revenue	00021	
Prior Period AHPP Revenue	00022	
MLR Remittance	00023	
All Other	00010	
TOTAL MEDICAID EXTRAORDINARY ITEMS	00099	34,154,387

MEDICAID - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00078	00079	02616
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Table 6		
1 Year Prior to the Reporting Period	00001	94,655,502
2 Years Prior to the Reporting Period	00002	-3,391,967
3 Years Prior to the Reporting Period	00003	343,226
4 Years Prior to the Reporting Period	00004	-586,351
TOTAL MEDICAID ADJUSTMENTS FOR PRIOR PERIOD IBNR	00099	91,020,410

MEDICAID - TABLE 26D - DETAIL OF OTHER MEDICAL COST*		Amount
02617	00082	02618
	00001	
	00002	
	00003	
	00004	
	00005	
	00006	
	00007	
Hospice	00008	1,459,816
Adult Day Health Care	00009	484,739
Harm Reduction	00011	
Social Determinants of Health	00012	52,899
Renal Dialysis	00013	7,191,204
Doula Services	00014	
Remaining Other Medical (smallest categories)	00010	1,131,836
TOTAL OTHER MEDICAL	00099	10,320,494

List other medical categories in order, from largest expense to smallest expense, in lines 0001 through 0007. Dollars for hard coded lines 0008 through 0013 should not be included on other lines. Line 0010 should include the smallest categories not otherwise listed.

MEDICAID - TABLE 26R - NET REINSURANCE RECOVERIES		Amount of Reinsurance Premiums/Recoveries
00083	00084	02619
Reinsurance Recoveries	00001	39,000,000
Reinsurance Premium Cost - NYS Reinsurance	00002	37,516,153
Reinsurance Premium Cost - Other Reinsurance	00003	0
Net Reinsurance Recoveries	00099	1,483,847

MEDICAID - TABLE 27A - INPATIENT NEWBORN BIRTH DRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00085	00086	02703	02704	02705	02706	02707	02708
DESCRIPTION							
DRG 606 NEONATE, BWT 1200-1499G, W SIG OR PROC, DISCH ALIVE	00606	44.8175	0	0.00000	0		0.0000
DRG 607 NEONATE, BWT 1200-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	00607	18.1788	2	0.05263	15,619	7,809.64	36.3576
DRG 608 NEONATE, BIRTHWT 1200-1499G, DIED	00608	15.9572	0	0.00000	0		0.0000
DRG 609 NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	00609	26.1486	0	0.00000	0		0.0000
DRG 610 NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	00610	10.6198	0	0.00000	0		0.0000
DRG 611 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB	00611	11.7659	0	0.00000	0		0.0000
DRG 612 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	00612	5.8240	0	0.00000	0		0.0000
DRG 613 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	00613	4.2219	0	0.00000	0		0.0000
DRG 614 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	00614	2.7141	1	0.02632	19,177	19,177.39	2.7141
DRG 615 NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	00615	23.5060	0	0.00000	0		0.0000
DRG 616 NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	00616	6.6175	0	0.00000	0		0.0000
DRG 617 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB	00617	4.6520	2	0.05263	31,311	15,655.36	9.3040
DRG 618 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	00618	2.4713	0	0.00000	0		0.0000
DRG 619 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	00619	1.4655	0	0.00000	0		0.0000
DRG 620 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W NORM NEWB DIAG	00620	0.3967	1	0.02632	15,382	15,381.54	0.3967
DRG 621 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	00621	1.1905	0	0.00000	0		0.0000
DRG 622 NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	00622	14.7152	0	0.00000	0		0.0000
DRG 623 NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	00623	2.5578	0	0.00000	0		0.0000
DRG 624 NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	00624	1.1286	0	0.00000	0		0.0000
DRG 626 NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB	00626	2.7923	0	0.00000	0		0.0000
DRG 627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	00627	1.0658	0	0.00000	0		0.0000
DRG 628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	00628	0.6018	0	0.00000	0		0.0000
DRG 629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	00629	0.2233	1	0.02632	1,682	1,681.60	0.2233
DRG 630 NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	00630	0.5820	0	0.00000	0		0.0000
DRG 635 NEONATAL AFTERCARE FOR WEIGHT GAIN	00635	1.8670	0	0.00000	0		0.0000
DRG 637 NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	00637	0.6139	1	0.02632	12,716	12,715.50	0.6139
DRG 638 NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	00638	1.3680	0	0.00000	0		0.0000
DRG 639 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	00639	0.8965	1	0.02632	13,464	13,464.10	0.8965
DRG 640 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	00640	1.1126	29	0.76316	96,195	3,317.07	32.2654
DRG 641 EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	00641	25.2842	0	0.00000	0		0.0000
DRG 991 Total Reported Cases	00991		38	1.00002	205,545	5,409.08	82.7715
DRG 992 Plus Accrued Cases	00992		3		14,842	4,947.24	
DRG 993 Totals With Accruals	00993		41		220,387	5,375.29	
DRG 994 Average Casemix of Reported Births	00994	2.1782					

MEDICAID - TABLE 27A-1 - INPATIENT NEWBORN BIRTH APRDRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00087	00088	02703	02704	02705	02706	02707	02708
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	00700	0.3419	2	0.00017	6,334	3,167.01	0.6838
580 2 Neonate, Transferred <5 Days Old, Not Born Here	00701	0.4751	0	0.00000			0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	00702	0.6638	0	0.00000			0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	00703	0.8654	0	0.00000			0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	00704	0.1545	67	0.00578	127,550	1,903.74	10.3515
581 2 Neonate, Transferred <5 Days Old, Born Here	00705	0.1879	63	0.00544	130,860	2,077.15	11.8377
581 3 Neonate, Transferred <5 Days Old, Born Here	00706	0.2415	21	0.00181	49,547	2,359.39	5.0715
581 4 Neonate, Transferred <5 Days Old, Born Here	00707	0.4079	6	0.00052	45,284	7,547.31	2.4474
583 1 Neonate, w/ ECMO	00708	20.1313	0	0.00000			0.0000
583 2 Neonate, w/ ECMO	00709	20.1313	0	0.00000			0.0000
583 3 Neonate, w/ ECMO	00710	20.1313	0	0.00000			0.0000
583 4 Neonate, w/ ECMO	00711	27.7479	0	0.00000			0.0000
588 1 Neonate BWT 1200-1249G W Major Procedure	00712	18.1139	0	0.00000			0.0000
588 2 Neonate BWT 1200-1249G W Major Procedure	00713	18.1139	0	0.00000			0.0000
588 3 Neonate BWT 1200-1249G W Major Procedure	00714	18.3817	3	0.00026	467,987	155,995.62	55.1451
588 4 Neonate BWT 1200-1249G W Major Procedure	00715	23.3980	0	0.00000			0.0000
602 1 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00716	5.4637	1	0.00009	66,248	66,247.78	5.4637
602 2 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00717	7.9467	0	0.00000			0.0000
602 3 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00718	10.4646	4	0.00035	350,732	87,682.95	41.8584
602 4 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00719	12.7566	1	0.00009	127,355	127,355.25	12.7566
603 1 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00720	4.9397	0	0.00000			0.0000
603 2 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00721	6.9800	1	0.00009	70,216	70,215.50	6.9800
603 3 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00722	9.2358	0	0.00000			0.0000
603 4 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	00723	15.6208	0	0.00000			0.0000
607 1 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00724	4.5996	1	0.00009	42,257	42,257.10	4.5996
607 2 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00725	6.3391	6	0.00052	339,711	56,618.51	38.0346
607 3 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00726	7.9237	14	0.00121	975,111	69,650.77	110.9318
607 4 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	00727	9.9689	7	0.00060	1,730,977	247,282.44	69.7823
608 1 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00728	3.6319	4	0.00035	130,907	32,726.83	14.5276
608 2 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00729	5.3588	9	0.00078	402,300	44,699.99	48.2292
608 3 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00730	7.7134	2	0.00017	99,124	49,562.22	15.4268
608 4 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	00731	10.1719	1	0.00009	74,992	74,992.02	10.1719
609 1 Neonate, BWT 1500-2499G W Major Procedure	00732	3.8239	1	0.00009	21,954	21,954.10	3.8239
609 2 Neonate, BWT 1500-2499G W Major Procedure	00733	3.9076	3	0.00026	89,826	29,942.10	11.7228
609 3 Neonate, BWT 1500-2499G W Major Procedure	00734	6.8852	4	0.00035	215,027	53,756.74	27.5408
609 4 Neonate, BWT 1500-2499G W Major Procedure	00735	13.4767	7	0.00060	3,133,942	447,706.01	94.3369
611 1 Neonate, Birthwt 1500-1999G W Major Anomaly	00736	2.3102	3	0.00026	70,804	23,601.24	6.9306
611 2 Neonate, Birthwt 1500-1999G W Major Anomaly	00737	3.8089	5	0.00043	156,267	31,253.47	19.0445
611 3 Neonate, Birthwt 1500-1999G W Major Anomaly	00738	5.2871	7	0.00060	338,806	48,400.87	37.0097
611 4 Neonate, Birthwt 1500-1999G W Major Anomaly	00739	6.7288	8	0.00069	546,462	68,307.76	53.8304
612 1 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00740	3.0730	11	0.00095	292,370	26,579.11	33.8030
612 2 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00741	4.0786	15	0.00129	521,715	34,780.98	61.1790
612 3 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00742	5.7131	20	0.00173	1,008,986	50,449.30	114.2620
612 4 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	00743	7.3319	4	0.00035	349,013	87,253.27	29.3276
613 1 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00744	2.6630	1	0.00009	19,201	19,200.79	2.6630
613 2 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00745	4.0335	2	0.00017	58,664	29,332.05	8.0670
613 3 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00746	6.2601	0	0.00000			0.0000
613 4 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	00747	6.3966	0	0.00000			0.0000
614 1 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00748	1.7543	56	0.00483	858,701	15,333.94	98.2408
614 2 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00749	3.1156	32	0.00276	800,928	25,029.01	99.6992
614 3 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00750	4.5004	7	0.00060	289,486	41,355.09	31.5028
614 4 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	00751	4.6697	0	0.00000			0.0000
621 1 Neonate, BWT 2000-2499G W Major Anomaly	00752	0.9231	12	0.00104	97,536	8,128.03	11.0772
621 2 Neonate, BWT 2000-2499G W Major Anomaly	00753	1.9392	11	0.00095	180,882	16,443.81	21.3312
621 3 Neonate, BWT 2000-2499G W Major Anomaly	00754	3.3678	6	0.00052	166,901	27,816.86	20.2068
621 4 Neonate, BWT 2000-2499G W Major Anomaly	00755	6.9969	8	0.00069	1,610,722	201,340.19	55.9752
622 1 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00756	1.6717	7	0.00060	107,805	15,400.66	11.7019
622 2 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00757	2.2660	21	0.00181	445,460	21,212.39	47.5860
622 3 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00758	3.4012	18	0.00155	638,156	35,453.09	61.2216
622 4 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	00759	4.7371	1	0.00009	40,979	40,979.22	4.7371
623 1 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00760	1.4343	4	0.00035	44,640	11,160.03	5.7372
623 2 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00761	2.3036	2	0.00017	30,741	15,370.36	4.6072
623 3 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00762	3.7417	2	0.00017	48,105	24,052.51	7.4834
623 4 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	00763	3.7562	0	0.00000			0.0000
625 1 Neonate, Birthwt 2000-2499G W Other Significant Condition	00764	1.4691	51	0.00440	673,215	13,200.30	74.9241
625 2 Neonate, Birthwt 2000-2499G W Other Significant Condition	00765	2.5082	20	0.00173	428,487	21,424.33	50.1640
625 3 Neonate, Birthwt 2000-2499G W Other Significant Condition	00766	2.8693	4	0.00035	162,969	40,742.22	11.4772
625 4 Neonate, Birthwt 2000-2499G W Other Significant Condition	00767	3.0509	0	0.00000			0.0000
626 1 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00768	0.1985	157	0.01355	418,840	2,667.77	31.1645
626 2 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00769	0.4793	137	0.01183	640,488	4,675.09	65.6641
626 3 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00770	1.2084	134	0.01157	1,606,599	11,989.55	161.9256
626 4 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	00771	1.2084	0	0.00000			0.0000
630 1 Neonate, Birthwt > 2499g w/ Major Cardioasc Procedure	00772	2.8057	0	0.00000			0.0000
630 2 Neonate, Birthwt > 2499g w/ Major Cardioasc Procedure	00773	3.2411	3	0.00026	89,988	29,996.05	9.7233
630 3 Neonate, Birthwt > 2499g w/ Major Cardioasc Procedure	00774	5.4039	3	0.00026	140,734	46,911.31	16.2117
630 4 Neonate, Birthwt > 2499g w/ Major Cardioasc Procedure	00775	9.7554	3	0.00026	291,083	97,027.82	29.2662
631 1 Neonate, Birthwt > 2499g w/ Other Major Procedure	00776	1.5561	1	0.00009	13,451	13,451.22	1.5561
631 2 Neonate, Birthwt > 2499g w/ Other Major Procedure	00777	2.9810	7	0.00060	170,277	24,325.26	20.8670
631 3 Neonate, Birthwt > 2499g w/ Other Major Procedure	00778	5.1598	2	0.00017	73,325	36,662.31	10.3196
631 4 Neonate, Birthwt > 2499g w/ Other Major Procedure	00779	10.9926	8	0.00069	1,482,931	185,366.35	87.9408
633 1 Neonate, Birthwt > 2499g w/ Major Anomaly	00780	0.2653	134	0.01157	426,864	3,185.55	35.5502
633 2 Neonate, Birthwt > 2499g w/ Major Anomaly	00781	0.8320	46	0.00397	486,389	10,573.68	38.2720
633 3 Neonate, Birthwt > 2499g w/ Major Anomaly	00782	1.9425	33	0.00285	856,019	25,939.98	64.1025
633 4 Neonate, Birthwt > 2499g w/ Major Anomaly	00783	4.1052	15	0.00129	1,244,287	82,952.50	61.5780
634 1 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00784	0.7237	48	0.00414	337,102	7,022.96	34.7376
634 2 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00785	1.2420	52	0.00449	592,368	11,391.69	64.5840
634 3 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00786	1.9426	34	0.00294	642,681	18,902.38	66.0484
634 4 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	00787	3.7187	9	0.00078	685,774	76,197.09	33.4683
636 1 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00788	0.8599	49	0.00423	399,326	8,149.51	42.1351

636 2 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00789	1.2893	13	0.00112	145,241	11,172.41	16.7609
636 3 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00790	1.9624	7	0.00060	114,481	16,354.50	13.7368
636 4 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	00791	2.9045	0	0.00000			0.0000

MEDICAID - TABLE 27A-2 - INPATIENT NEWBORN BIRTH DRGs - LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00089	00090	02743	02744	02745	02746	02747	02748
DRG 602 NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	00602	56.4019		0.00000			0.0000
DRG 603 NEONATE, BIRTHWT <750G,DIED	00603	17.9309	3	0.75000	23,887	7,962.18	53.7927
DRG 604 NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	00604	40.3832		0.00000			0.0000
DRG 605 NEONATE, BIRTHWT 750-999, DIED	00605	18.3555	1	0.25000	8,244	8,244.48	18.3555
DRG 606 NEONATE, BWT 1000-1199G, W SIG OR PROC, DISCH ALIVE	00606	44.8175		0.00000			0.0000
DRG 607 NEONATE, BWT 1000-1199G, W/O SIGNIF OR PROC, DISCH ALIVE	00607	18.1788		0.00000			0.0000
DRG 608 NEONATE, BIRTHWT 1000-1199G, DIED	00608	15.9572		0.00000			0.0000
DRG 991 Total Reported Cases	00991		4	1.00000	32,131	8,032.76	72.1482
DRG 992 Plus Accrued Cases	00992						
DRG 993 Totals With Accruals	00993		4		32,131	8,032.76	
DRG 994 Average Casemix of Reported Births	00994	18.0371					

MEDICAID - TABLE 27A-3 - INPATIENT NEWBORN BIRTH APRDRGs LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00091	00092	02743	02744	02745	02746	02747	02748
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	00700	0.3419	0	0.00000	0		0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	00701	0.4751	0	0.00000	0		0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	00702	0.6638	0	0.00000	0		0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	00703	0.8654	0	0.00000	0		0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	00704	0.1545	0	0.00000	0		0.0000
581 2 Neonate, Transferred <5 Days Old, Born Here	00705	0.1879	0	0.00000	0		0.0000
581 3 Neonate, Transferred <5 Days Old, Born Here	00706	0.2415	1	0.01136	1,746	1,745.87	0.2415
581 4 Neonate, Transferred <5 Days Old, Born Here	00707	0.4079	0	0.00000	0		0.0000
588 1 Neonate BWT <1200G W Major Procedure	00712	18.1139	0	0.00000	0		0.0000
588 2 Neonate BWT <1200G W Major Procedure	00713	18.1139	1	0.01136	99,200	99,199.65	18.1139
588 3 Neonate BWT <1200G W Major Procedure	00714	18.3817	1	0.01136	161,268	161,267.94	18.3817
588 4 Neonate BWT <1200G W Major Procedure	00715	23.3980	13	0.14773	2,240,530	172,348.45	304.1740
589 1 Neonate BWT < 500G	00800	9.2322	2	0.02273	646,817	323,408.47	18.4644
589 2 Neonate BWT < 500G	00801	9.2322	0	0.00000	0		0.0000
589 3 Neonate BWT < 500G	00802	2.7013	5	0.05682	406,649	81,329.84	13.5065
589 4 Neonate BWT < 500G	00803	0.1097	2	0.02273	3,737	1,868.44	0.2194
591 1 Neonate, Birthwt 500-749G w/o Major Procedure	00804	4.2943	0	0.00000	0		0.0000
591 2 Neonate, Birthwt 500-749G w/o Major Procedure	00805	5.0592	1	0.01136	93,021	93,021.36	5.0592
591 3 Neonate, Birthwt 500-749G w/o Major Procedure	00806	9.5075	4	0.04545	404,909	101,227.26	38.0300
591 4 Neonate, Birthwt 500-749G w/o Major Procedure	00807	17.5261	15	0.17045	2,176,394	145,092.93	262.8915
593 1 Neonate, Birthwt 750-999G w/o Major Procedure	00808	9.0407	0	0.00000	0		0.0000
593 2 Neonate, Birthwt 750-999G w/o Major Procedure	00809	9.5053	2	0.02273	166,702	83,351.15	19.0106
593 3 Neonate, Birthwt 750-999G w/o Major Procedure	00810	12.1170	8	0.09091	833,551	104,193.90	96.9360
593 4 Neonate, Birthwt 750-999G w/o Major Procedure	00811	16.1219	8	0.09091	1,149,608	143,700.96	128.9752
602 1 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00716	5.4637	0	0.00000	0		0.0000
602 2 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00717	7.9467	2	0.02273	146,427	73,213.37	15.8934
602 3 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00718	10.4646	12	0.13636	1,102,555	91,879.60	125.5752
602 4 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	00719	12.7566	6	0.06818	684,381	114,063.57	76.5396
603 1 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00720	4.9397	3	0.03409	115,919	38,639.57	14.8191
603 2 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00721	6.9800	1	0.01136	60,506	60,505.64	6.9800
603 3 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00722	9.2358	0	0.00000	0		0.0000
603 4 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	00723	15.6208	1	0.01136	468,752	468,751.89	15.6208
Total Reported Cases	00995		88	0.99998	10,962,671	124,575.81	1,179.4320
Plus Accrued Cases	00996		3		336,498	112,166.08	
Totals With Accruals	00997		91		11,299,170	124,166.70	
Average Casemix of Reported Deliveries	00998	13.4026					

MEDICAID - TABLE 27B - INPATIENT MATERNITY DELIVERY DRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00093	00094	02723	02724	02725	02726	02727	02728
DESCRIPTION							
DRG 370 CESAREAN SECTION W CC	00370	1.1149	0	0.00000	0		0.0000
DRG 371 CESAREAN SECTION W/O CC	00371	0.8810	0	0.00000	0		0.0000
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	00372	0.6992	1	1.00000	5,626	5,626.49	0.6992
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	00373	0.5992	0	0.00000	0		0.0000
DRG 374 VAGINAL DELIVERY W STERILIZATION AND/OR D&C	00374	0.8850	0	0.00000	0		0.0000
DRG 375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL AND/OR D&C	00375	0.6292	0	0.00000	0		0.0000
DRG 650 HIGH RISK CESAREAN SECTION W CC	00650	1.5370	0	0.00000	0		0.0000
DRG 651 HIGH RISK CESAREAN SECTION W/O CC	00651	1.0928	0	0.00000	0		0.0000
DRG 652 HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	00652	0.9431	0	0.00000	0		0.0000
DRG 991 Total Reported Cases	00991		1	1.00000	5,626	5,626.49	0.6992
DRG 992 Plus Accrued Cases	00992		1		5,091	5,090.91	
DRG 993 Totals With Accruals	00993		2		10,717	5,358.70	
DRG 994 Average Casemix of Reported Deliveries	00994	0.6992					

MEDICAID - TABLE 27B-1 - INPATIENT MATERNITY DELIVERY APRDRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00095	00096	02723	02724	02725	02726	02727	02728
APDRG SEVERITY DESCRIPTION							
540 1 Cesarean Delivery	00400	0.7239	1,976	0.15838	13,325,644	6,743.75	1,430.4264
540 2 Cesarean Delivery	00401	0.8386	1,201	0.09626	9,584,531	7,980.46	1,007.1586
540 3 Cesarean Delivery	00402	1.1453	404	0.03238	4,438,931	10,987.45	462.7012
540 4 Cesarean Delivery	00403	2.3844	25	0.00200	1,032,416	41,296.63	59.6100
541 1 Vaginal Delivery w/ Sterilization and/or D&C	00404	0.6670	64	0.00513	373,005	5,828.20	42.6880
541 2 Vaginal Delivery w/ Sterilization and/or D&C	00405	0.7314	97	0.00777	610,700	6,295.88	70.9458
541 3 Vaginal Delivery w/ Sterilization and/or D&C	00406	0.9971	23	0.00184	205,057	8,915.54	22.9333
541 4 Vaginal Delivery w/ Sterilization and/or D&C	00407	1.1080	3	0.00024	28,954	9,651.34	3.3240
542 1 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00408	0.4669	31	0.00248	170,682	5,505.87	14.4739
542 2 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00409	0.5556	129	0.01034	840,344	6,514.29	71.6724
542 3 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00410	1.1425	23	0.00184	245,370	10,668.25	26.2775
542 4 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	00411	1.3216	2	0.00016	29,045	14,522.55	2.6432
560 1 Vaginal Delivery	00412	0.4672	4,703	0.37696	23,068,757	4,905.12	2,197.2416
560 2 Vaginal Delivery	00413	0.5128	3,141	0.25176	16,710,462	5,320.11	1,610.7048
560 3 Vaginal Delivery	00414	0.6771	642	0.05146	4,583,680	7,139.69	434.6982
560 4 Vaginal Delivery	00415	1.2598	12	0.00096	385,810	32,150.86	15.1176
Total Reported Cases	00995		12,476	0.99996	75,633,388	6,062.31	7,472.6165
Plus Accrued Cases	00996		2,608		15,287,891	5,861.92	
Totals With Accruals	00997		15,084		90,921,279	6,027.66	
Average Casemix of Reported Deliveries	00998	0.5990					

		D	E	F = D * E	G	H = F - G	I	J	K	L = H + K	
MEDICAID - TABLE 30 NON-ADIRONDACK MEDICAL HOMES-TOTAL		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Subtotal Medical Home Dollars	1.1% FMAP Reduction	Medical Home Amount Due to Providers (Paid & Accrued)	Actual Amount Paid to Providers	Accrued Amount Due to Providers	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00097	00098	33000	33001	33002	33003	33029	33048	33049	33050	33047	33030
Ended 6/30/2017											
Level 2 (PCMH 2011 Standards)	00010			2.00	0.00						
Level 2 (PCMH 2014 Standards)	00011			6.00	0.00						
Level 3 (PCMH 2011 Standards)	00012			4.00	0.00						
Level 3 (PCMH 2014 Standards)	00013			8.00	0.00						
Effective 7/1/2017-4/30/2018											
Level 2 (PCMH 2014 Standards)	00014			3.00	0.00						
Level 3 (PCMH 2014 Standards) & 2017 PCMH	00015			7.50	0.00						
APC Gate 2 (10/1/2017-4/30/2018)	00016			7.50	0.00						
Effective 5/1/2018-6/30/2018											
2014 PCMH Level 3	00017			5.75	0.00						
2017 PCMH	00018			5.75	0.00						
NYS PCMH	00019			5.75	0.00						
APC Gate 2	00020			5.75	0.00						
Effective 7/1/2018											
2014 PCMH Level 3	00021	35,630.00	916,628	6.00	5,499,768.00						
2017 PCMH	00022	192.00	1,461	6.00	8,766.00						
NYS PCMH	00023	154,155.00	3,604,260	6.00	21,625,560.00						
APC Gate 2	00024	2,904.00	40,016	6.00	240,096.00						
Total	00004	192,881	4,562,365		27,374,190.00		27,374,190	13,178,832	14,195,358	768,995	28,143,185

MEDICAID - TABLE 30A NON-ADIRONDACK MEDICAL HOMES-TANF KIDS		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Total Dollars	1.1% FMAP Reduction	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00103	00108	33004	33005	33006	33007	33031	33061	33032
Ended 6/30/2017								
Level 2 (PCMH 2011 Standards)	00010			2.00	0.00			
Level 2 (PCMH 2014 Standards)	00011			6.00	0.00			
Level 3 (PCMH 2011 Standards)	00012			4.00	0.00			
Level 3 (PCMH 2014 Standards)	00013			8.00	0.00			
Effective 7/1/2017-4/30/2018								
Level 2 (PCMH 2014 Standards)	00014			3.00	0.00			
Level 3 (PCMH 2014 Standards) & 2017 PCMH	00015			7.50	0.00			
APC Gate 2 (10/1/2017-4/30/2018)	00016			7.50	0.00			
Effective 5/1/17-6/30/18								
2014 PCMH Level 3	00017			5.75	0.00			
2017 PCMH	00018			5.75	0.00			
NYS PCMH	00019			5.75	0.00			
APC Gate 2	00020			5.75	0.00			
Effective 7/1/2018								
2014 PCMH Level 3	00021		403,399	6.00	2,420,394.00			
2017 PCMH	00022		299	6.00	1,794.00			
NYS PCMH	00023		1,790,265	6.00	10,741,590.00			
APC Gate 2	00024		16,251	6.00	97,506.00			
Total	00004		2,210,214		13,261,284.00		349,313	13,610,597

MEDICAID - TABLE 30B NON-ADIRONDACK MEDICAL HOMES-TANF ADULTS		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Total Dollars	1.1% FMAP Reduction	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00110	00111	33008	33009	33010	33011	33033	33062	33034
Ended 6/30/2017								
Level 2 (PCMH 2011 Standards)	00010			2.00	0.00			
Level 2 (PCMH 2014 Standards)	00011			6.00	0.00			
Level 3 (PCMH 2011 Standards)	00012			4.00	0.00			
Level 3 (PCMH 2014 Standards)	00013			8.00	0.00			
Effective 7/1/2017-4/30/2018								
Level 2 (PCMH 2014 Standards)	00014			3.00	0.00			
Level 3 (PCMH 2014 Standards) & 2017 PCMH	00015			7.50	0.00			
APC Gate 2 (10/1/2017-4/30/2018)	00016			7.50	0.00			
Effective 5/1/2018-6/30/2018								
2014 PCMH Level 3	00017			5.75	0.00			
2017 PCMH	00018			5.75	0.00			
NYS PCMH	00019			5.75	0.00			
APC Gate 2	00020			5.75	0.00			
Effective 7/1/2018								
2014 PCMH Level 3	00021		464,314	6.00	2,785,884.00			
2017 PCMH	00022		1,071	6.00	6,426.00			
NYS PCMH	00023		1,622,551	6.00	9,735,306.00			
APC Gate 2	00024		20,845	6.00	125,070.00			
Total	00004		2,108,781		12,652,686.00		370,678	13,023,364

MEDICAID - TABLE 30C NON-ADIRONDACK MEDICAL HOMES-SSI		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Total Dollars	1.1% FMAP Reduction	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00112	00113	33012	33013	33014	33015	33035	33043	33036
Ended 6/30/2017								
Level 2 (PCMH 2011 Standards)	00010			2.00	0.00			
Level 2 (PCMH 2014 Standards)	00011			6.00	0.00			
Level 3 (PCMH 2011 Standards)	00012			4.00	0.00			
Level 3 (PCMH 2014 Standards)	00013			8.00	0.00			
Effective 7/1/2017-4/30/2018								
Level 2 (PCMH 2014 Standards)	00014			3.00	0.00			
Level 3 (PCMH 2014 Standards) & 2017 PCMH	00015			7.50	0.00			
APC Gate 2 (10/1/2017-4/30/2018)	00016			7.50	0.00			
Effective 5/1/2018-6/30/2018								
2014 PCMH Level 3	00017			5.75	0.00			
2017 PCMH	00018			5.75	0.00			
NYS PCMH	00019			5.75	0.00			
APC Gate 2	00020			5.75	0.00			
Effective 7/1/2018								
2014 PCMH Level 3	00021		48,915	6.00	293,490.00			
2017 PCMH	00022		91	6.00	546.00			
NYS PCMH	00023		191,444	6.00	1,148,664.00			
APC Gate 2	00024		2,920	6.00	17,520.00			
Total	00004		243,370		1,460,220.00		49,004	1,509,224

MEDICAID - TABLE 31 - ADIRONDACK MEDICAL HOME - TOTAL		Number Participating Physicians	D Member Months for Enrollees w/ Participating Physician	E PMPM Add On	F = D X E Subtotal Medical Home Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00099	00100	33025	33026	33027	33028	33037	33051	33052	33053	33044	33038
Tanf Kids	00001		96,794	7.00	677,558.00						
Tanf Adults	00002		93,166	7.00	652,162.00						
SSI	00003		14,463	7.00	101,241.00						
Total	00004	5,581	204,423		1,430,961.00		1,430,961	699,755	731,206	57,532	1,488,493

MEDICAID - TABLE 33 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - TOTAL ALL PREMIUM GROUPS		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Actual Paid Claims	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00450	00451	05019	05012	05016	05020	05018	05017	05015
CDPAS								
700+ hours per month	00503	133		107,698				
480-699 hours per month	00504	72		41,673				
320-479 hours per month	00505	461		173,631				
240-319 hours per month	00506	989		269,481				
160-239 hours per month	00507	4,271		808,814				
80-159 hours per month	00508	12,991		1,482,011				
1-79 hours per month	00509	13,459		645,554				
Total CDPAS	00500	32,376	2,887,014	3,528,862	64,433,600	77,500,778	21.96	5.51
NON-CDPAS								
700+ hours per month	00510	44		35,991				
480-699 hours per month	00511	35		20,023				
320-479 hours per month	00512	297		111,890				
240-319 hours per month	00513	446		120,746				
160-239 hours per month	00514	1,471		281,137				
80-159 hours per month	00515	3,465		403,312				
1-79 hours per month	00516	3,714		163,721				
Total Non-CDPAS	00501	9,472	938,621	1,136,820	23,609,499	28,158,136	24.77	1.78
Total Personal Care	00502	41,848	3,825,635	4,665,682	88,043,099	105,658,914	22.65	7.29

MEDICAID - TABLE 33A-1 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - TANF/SN KIDS		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00452	00453	05029	05022	05026	05028	05027	05025
CDPAS							
700+ hours per month	00503						
480-699 hours per month	00504	10		5,663			
320-479 hours per month	00505	21		7,488			
240-319 hours per month	00506	44		12,188			
160-239 hours per month	00507	134		25,447			
80-159 hours per month	00508	405		46,033			
1-79 hours per month	00509	641		24,877			
Total CDPAS	00500	1,255	99,312	121,696	2,574,537	21.16	0.41
NON-CDPAS							
700+ hours per month	00510						
480-699 hours per month	00511						
320-479 hours per month	00512	12		4,432			
240-319 hours per month	00513	27		7,366			
160-239 hours per month	00514	56		10,619			
80-159 hours per month	00515	123		14,272			
1-79 hours per month	00516	207		8,480			
Total Non-CDPAS	00501	425	36,485	45,169	1,109,427	24.56	0.15
Total Personal Care	00502	1,680	135,797	166,865	3,683,964	22.08	0.57

MEDICAID - TABLE 33A-2 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - TANF/SN ADULTS		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00454	00455	05039	05032	05036	05038	05037	05035
CDPAS							
700+ hours per month	00503	22		17,646			
480-699 hours per month	00504	5		2,936			
320-479 hours per month	00505	60		23,073			
240-319 hours per month	00506	152		40,369			
160-239 hours per month	00507	1,020		191,345			
80-159 hours per month	00508	4,449		497,150			
1-79 hours per months	00509	5,021		245,591			
Total CDPAS	00500	10,729	835,688	1,018,110	22,156,902	21.76	3.25
NON-CDPAS							
700+ hours per month	00510	12		9,685			
480-699 hours per month	00511	8		4,523			
302-479 hours per month	00512	58		22,372			
240-319 hours per month	00513	83		22,716			
160-239 hours per month	00514	306		57,530			
80-159 hours per month	00515	940		108,061			
1-79 hours per month	00516	1,257		54,784			
Total Non-CDPAS	00501	2,664	232,013	279,671	6,666,108	23.84	0.89
Total Personal Care	00502	13,393	1,067,701	1,297,781	28,823,010	22.21	4.15

MEDICAID - TABLE 33A-3 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - SSI		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00456	00457	05049	05042	05046	05048	05047	05045
CDPAS							
700+ hours per month	00503	111		90,052			
480-699 hours per month	00504	56		32,574			
302-479 hours per month	00505	380		143,070			
204-319 hours per month	00506	793		216,924			
160-239 hours per month	00507	3,117		592,022			
80-159 hours per month	00508	8,133		938,384			
1-79 hours per month	00509	7,789		374,719			
Total CDPAS	00500	20,379	1,951,043	2,387,745	52,744,751	22.09	72.54
NON-CDPAS							
700+ hours per month	00510	32		26,306			
480-699 hours per month	00511	27		15,500			
320-479 hours per month	00512	221		82,817			
240-319 hours per month	00513	334		90,128			
160-239 hours per month	00514	1,104		212,093			
80-159 hours per month	00515	2,384		279,130			
1-79 hours per month	00516	2,235		99,709			
Total Non-CDPAS	00501	6,337	664,994	805,683	20,255,035	25.14	24.48
Total Personal Care	00502	26,716	2,616,037	3,193,428	72,999,786	22.86	97.02

MEDICAID - TABLE 33A-4 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - NURSING HOME		Member Months	Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00458	00459	05059	05052	05056	05058	05057	05055
CDPAS							
700+ hours per month	00503						
480-699 hours per month	00504	1		500			
302-479 hours per month	00505						
240-319 hours per month	00506						
160-239 hours per month	00507						
80-159 hours per month	00508	4		444			
1-79 hours per month	00509	8		367			
Total CDPAS	00500	13	971	1,311	24,588	18.76	4.70
NON-CDPAS							
700+ hours per month	00510						
480-699 hours per month	00511						
302-479 hours per month	00512	6		2,269			
240-319 hours per month	00513	2		536			
160-239 hours per month	00514	5		895			
80-159 hours per month	00515	18		1,849			
1-79 hours per month	00516	15		748			
Total Non-CDPAS	00501	46	5,129	6,297	127,566	20.26	22.57
Total Personal Care	00502	59	6,100	7,608	152,154	20.00	27.27

EXCHANGE - TABLE 1C - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period	Small Group Current MM	Individual Current MM
10013	10014	17143	17144	17145	17146
Albany	00001	835	4,958		4,958
Allegany	00002	296	1,769		1,769
Broome	00003	1,015	6,118		6,118
Cattaraugus	00004	424	2,591		2,591
Cayuga	00005	514	3,185		3,185
Chautauqua	00006	859	5,152		5,152
Chemung	00007	607	3,650		3,650
Chenango	00008	287	1,742		1,742
Clinton	00009				
Columbia	00010	492	3,034		3,034
Cortland	00011	273	1,648		1,648
Delaware	00012	172	1,020		1,020
Dutchess	00013	3,764	22,900		22,900
Erie	00014	2,791	16,890		16,890
Essex	00015	238	1,432		1,432
Franklin	00016	246	1,530		1,530
Fulton	00017	242	1,429		1,429
Genesee	00018	294	1,808		1,808
Greene	00019	271	1,635		1,635
Hamilton	00020	76	449		449
Herkimer	00021				
Jefferson	00022	616	3,845		3,845
Lewis	00023	293	1,793		1,793
Livingston	00024	68	407		407
Madison	00025	457	2,749		2,749
Monroe	00026	483	2,834		2,834
Montgomery	00027				
Nassau	00028	13,522	82,241		82,241
Niagara	00029	964	5,737		5,737
Oneida	00030	1,396	8,267		8,267
Onondaga	00031	2,070	12,366		12,366
Ontario	00032	90	497		497
Orange	00033	3,127	19,095		19,095
Orleans	00034	228	1,386		1,386
Oswego	00035	842	4,947		4,947
Otsego	00036				
Putnam	00037	1,630	10,074		10,074
Rensselaer	00038	421	2,513		2,513
Rockland	00039	3,397	20,592		20,592
St. Lawrence	00040	399	2,431		2,431
Saratoga	00041	998	5,957		5,957
Schenectady	00042	522	3,214		3,214
Schoharie	00043				
Schuyler	00044	160	987		987
Seneca	00045	52	304		304
Steuben	00046	758	4,401		4,401
Suffolk	00047	14,656	89,560		89,560
Sullivan	00048	619	3,950		3,950
Tioga	00049	344	2,096		2,096
Tompkins	00050				
Ulster	00051	1,834	11,013		11,013
Warren	00052	456	2,783		2,783
Washington	00053	353	2,124		2,124
Wayne	00054	115	640		640
Westchester	00055	7,072	43,466		43,466
Wyoming	00056	262	1,610		1,610
Yates	00057	47	263		263
Bronx	00058	1,439	8,885		8,885
Kings (Brooklyn)	00059	11,852	70,658		70,658
New York (Manhattan)	00060	6,365	38,183		38,183
Queens	00061	9,507	57,467		57,467
Richmond (Staten Island)	00062	2,477	15,416		15,416
TOTAL	00999	103,587	627,691		627,691

EXCHANGE - TABLE 7-1H - STATEMENT OF REVENUE & EXPENSES - COMMERCIAL BUSINESS - SMALL GROUPS		Current YTD	Current YTD PMPM
00114	00115	17040	17041
Member Months	00001		
Members	00050		
COMMERCIAL REVENUE:			
Premium			
Premium Revenue	00091		
C.O.B. (Third Party Recoveries)	00005		
Reinsurance Recoveries	00031		
Premium Revenue (inc. COB and Recoveries)	00075		
Net Investment Income	00004		
Other Revenue	00007		
TOTAL COMMERCIAL REVENUE	00008		
COMMERCIAL EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009		
b. Inp. Mental Health & Substance Abuse	00010		
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011		
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	00088		
e. Inpatient Maternity Delivery	00060		
f. Total Hospital Inpatient Care (a thru e)	00012		
Other Medical and Hospital:			
Primary Care	00013		
Specialty Care	00014		
Prenatal/Postpartum Maternity Services	00045		
Ambulatory Surgery	00015		
Outpatient Physical Rehab/Therapy	00092		
Other Professional Services	00016		
Emergency Room	00017		
Outpatient Mental Health	00018		
Dental	00020		
Pharmacy	00021		
Home Health Care	00022		
Nursing Facility	00069		
Personal Care	00094		
Personal Emergency Response Services	00095		
Transportation - Emergent	00023		
Transportation - Non-Emergent	00024		
Diagnostic Test, Lab & X-Ray	00025		
Family Planning	00026		
Vision Care Inc. Eyeglasses	00027		
Foot Care	00093		
Other Medical	00028		
Durable Medical Equipment	00054		
Subtotal Medical & Hospital	00030		
Reinsurance Premium Cost	00006		
Prepaid Capitation and Target Based Reconciliation	00056		
Provider and Quality Incentive Payments	00029		
Federal Risk Sharing Program*	00101		
Total Medical & Hospital (In 30 + In 6 + In 56 + In 29+ In101)	00032		
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038		
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039		
PREMIUM INCOME/(LOSS)	00077		
Nonallowable Administration Expense	00081		
OPERATING INCOME/(LOSS)	00040		
Aggregate Write-ins for Other Expenses	00076		
Prior Period Revenue Adjustments and Extraordinary Items	00041		
Federal and Foreign Income Taxes Incurred	00042		
Adjustments for prior period IBNR estimates	00043		
NET INCOME (LOSS)	00044		

Line 101 - Federal Risk Sharing Program: Please enter receipts as a negative number and payments as a positive number.

EXCHANGE - TABLE 7-2H - STATEMENT OF REVENUE & EXPENSES - COMMERCIAL BUSINESS - INDIVIDUALS		Current YTD	Current YTD PMPM
00116	00117	17045	17046
Member Months	00001	627,691	
Members	00050	103,587	
COMMERCIAL REVENUE:			
Premium			
Premium Revenue	00091	121,726,227	193.93
C.O.B. (Third Party Recoveries)	00005	209,359,092	333.54
Reinsurance Recoveries	00031	0	0.00
Premium Revenue (inc. COB and Recoveries)	00075	331,085,319	527.47
Net Investment Income	00004	1,419,038	2.26
Other Revenue	00007		0.00
TOTAL COMMERCIAL REVENUE	00008	332,504,357	529.73
COMMERCIAL EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	59,072,149	94.11
b. Inp. Mental Health & Substance Abuse	00010	2,013,921	3.21
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	00011	672,722	1.07
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	00088	0	0.00
e. Inpatient Maternity Delivery	00060	4,186,148	6.67
f. Total Hospital Inpatient Care (a thru e)	00012	65,944,940	105.06
Other Medical and Hospital:			
Primary Care	00013	24,596,108	39.19
Specialty Care	00014	25,627,085	40.83
Prenatal/Postpartum Maternity Services	00045	1,805,618	2.88
Ambulatory Surgery	00015	11,554,184	18.41
Outpatient Physical Rehab/Therapy	00092	1,126,379	1.79
Other Professional Services	00016	360,797	0.57
Emergency Room	00017	2,998,453	4.78
Outpatient Mental Health	00018	3,534,788	5.63
Dental	00020	161,672	0.26
Pharmacy	00021	50,683,231	80.75
Home Health Care	00022	1,467,849	2.34
Nursing Facility	00069	365,009	0.58
Personal Care	00094	0	0.00
Personal Emergency Response Services	00095	0	0.00
Transportation - Emergent	00023	880,066	1.40
Transportation - Non-Emergent	00024	0	0.00
Diagnostic Test, Lab & X-Ray	00025	12,474,844	19.87
Family Planning	00026	469,031	0.75
Vision Care Inc. Eyeglasses	00027	21,025	0.03
Foot Care	00093	152,787	0.24
Other Medical	00028	5,752,954	9.17
Durable Medical Equipment	00054	861,141	1.37
Subtotal Medical & Hospital	00030	210,837,961	335.89
Reinsurance Premium Cost	00006	53,066	0.08
Prepaid Capitation and Target Based Reconciliation	00056	0	0.00
Provider and Quality Incentive Payments	00029	0	0.00
Federal Transitional Reinsurance*	00100		0.00
Federal Risk Sharing Program*	00101	38,203,140	60.86
Total Medical & Hospital (In 30 + In 6 + In 56 + In 29 + In 100 + In 101)	00032	249,094,167	396.84
Administration:			
Compensation	00033	10,754,217	17.13
Occupancy, Depreciation & Amortization	00035	529,736	0.84
Marketing and Facilitated Enrollment	00036	20,872	0.03
Other	00037	13,324,459	21.23
Total Allowable Administration Expenses	00038	24,629,284	39.24
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	273,723,451	436.08
PREMIUM INCOME/(LOSS)	00077	57,361,868	91.39
Nonallowable Administration Expense	00081	9,085,747	14.47
OPERATING INCOME/(LOSS)	00040	49,695,159	79.17
Aggregate Write-ins for Other Expenses	00076	24,868,452	39.62
Prior Period Revenue Adjustments and Extraordinary Items	00041	-19,154,370	-30.52
Federal and Foreign Income Taxes Incurred	00042	20,308,297	32.35
Adjustments for prior period IBNR estimates	00043	-11,330,388	-18.05
NET INCOME (LOSS)	00044	35,003,168	55.76

Line 100 - Federal Transitional Reinsurance: enter receipt as a negative number and payment as a positive number.

Line 101 - Federal Risk Sharing Program: enter receipt as a negative number and payment as a positive number.

EXCHANGE - TABLE 12 - INPATIENT UTILIZATION - DISCHARGES - ACTUAL AND ACCRUED - UTILIZATION		Med. Surg	Maternity	Births >= 1200g wgt	Births Low Birth Weight (<1200g)	Psychiatric/Alcohol and Substance Abuse	Total Actual Discharges	Actual Discharges per 1,000	Total Accrued Discharges	Accrued Discharges per 1,000	Accrued
00118	00119	61201	61202	61206	61214	61207	61220	61230	61240	61250	61260
Small Group	00180										
Individuals	00190	1,375	295	62		102	1,834	35	2,639	50	
TOTAL Discharges	00999	1,375	295	62		102	1,834	646	2,639	929	
Plus Accrued Discharges	00996	604	124	25		52					
Total Discharges Including Accruals	00998	1,979	419	87		154					2,639
Total Cost including Accruals	00997	59,072,149	4,186,148	672,722		2,013,921					65,944,940
Actual Paid Claims	01000	40,097,927	2,933,779	481,142		1,322,213					44,835,061
Accrued Cost	01001	18,974,222	1,252,369	191,580		691,708					21,109,879
Actual Cost Per Discharge	01002	29,162	9,945	7,760		12,963					
Total Cost Per Discharge (Including Accruals)	01003	29,849	9,991	7,732		13,077					

* Identify on Notepad

(1) Births - Should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.

FORMULA: Number of Discharges Per Thousand = (Total Number of Discharges/Member Months)*12,000

EXCHANGE - TABLE 13 - INPATIENT UTILIZATION - DAYS - ACTUAL UTILIZATION		Med. Surg	Maternity	Total Newborn Days	Total Low Birth Weight Newborn Days (<1200g)	Psychiatric/Alcohol and Substance Abuse	Total Number Actual Days	Actual Days per 1,000	Average Length of Stay	Total Accrued Days*	Accrued Days per 1,000	Average Length of Stay	Total
00120	00121	61301	61302	61306	61314	61307	61320	61330	61335	61340	61350	61355	61360
Small Group	00180												
Individual	00190	7,693	703	136		875	9,407	180	5	13,987	267	5	
Total Days	00999	7,693	703	136		875	9,407	180		13,987	267	5	
Plus Accrued Days	00996	3,794	308	52		426							
Total Days Including Accruals	00998	11,487	1,011	188		1,301							13,987

**Identify on Notepad

(1) Births - should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.
 FORMULA: Number of Days per Thousand = (Total Number of Days/Member Months)*13,000

EXCHANGE - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergency Room Visits	Primary Care Encounter	Specialty Care Services Encounter	Outpatient Physical Rehab/Therapy	Mental Health Visits	Vision Care Optometrist Visits	Dental Vists	Pharmacy Scripts	Emergency Medical Transportation No. of Trips	Non-Emergency Medical Transportation No. of Trips	Home Health Care Visits	Ambulatory Surgery Visits	Family Planning Visits	Prenatal/Postpartum Maternity Services	Foot Care	Personal Care Hours	Personal Emergency Response Services No. of Units
00122	00123	61401	61402	61403	61404	61405	61407	61408	61409	61410	61411	61412	61413	61414	61416	61419	61420	61421
Small Group	00180																	
Individual	00190	2,488	64,803	65,989	8,682	21,473	921	2,402	974,076	649		2,317	3,333	874	2,497	1,093		
TOTALS - ACTUAL	00999	2,488	64,803	65,989	8,682	21,473	921	2,402	974,076	649		2,317	3,333	874	2,497	1,093		
Plus Accrued Visits	00996	1,148	27,927	29,146	3,627	9,580	176	596	92,119	306		973	1,421	397	1,056	439		
TOTALS - ACCRUED*	00998	3,636	92,730	95,135	12,309	31,053	1,097	2,998	1,066,195	955		3,290	4,754	1,271	3,553	1,532		
Rates Per Member Per Year - Actual	00500	0	1	1	0	0	0	0	19	0	0	0	0	0	0	0	0	0
Rates Per Member Per Year - Accrued*	00510	0	2	2	0	1	0	0	20	0	0	0	0	0	0	0	0	0
Actual Paid Claims	01000	2,021,885	16,982,011	17,527,244	793,288	2,439,268	17,597	129,547	46,273,335	592,869		967,104	7,889,477	323,887	1,270,003	109,817		

*Accrued Totals (paid claims + claims reported but not paid + an estimate of incurred but not reported claims)

Rate PMPY = (Total Visits/Member Months)*12

MEDICARE - TABLE 1C - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period
20013	20014	20143	20144
Albany	00001		
Allegany	00002		
Broome	00003		
Cattaraugus	00004		
Cayuga	00005		
Chautauqua	00006		
Chemung	00007		
Chenango	00008		
Clinton	00009		
Columbia	00010		
Cortland	00011		
Delaware	00012		
Dutchess	00013		
Erie	00014		
Essex	00015		
Franklin	00016		
Fulton	00017		
Genesee	00018		
Greene	00019		
Hamilton	00020		
Herkimer	00021		
Jefferson	00022		
Lewis	00023		
Livingston	00024		
Madison	00025		
Monroe	00026		
Montgomery	00027		
Nassau	00028		
Niagara	00029		
Oneida	00030		
Onondaga	00031		
Ontario	00032		
Orange	00033		
Orleans	00034		
Oswego	00035		
Otsego	00036		
Putnam	00037		
Rensselaer	00038		
Rockland	00039		
St. Lawrence	00040		
Saratoga	00041		
Schenectady	00042		
Schoharie	00043		
Schuyler	00044		
Seneca	00045		
Steuben	00046		
Suffolk	00047		
Sullivan	00048		
Tioga	00049		
Tompkins	00050		
Ulster	00051		
Warren	00052		
Washington	00053		
Wayne	00054		
Westchester	00055		
Wyoming	00056		
Yates	00057		
Bronx	00058		
Kings (Brooklyn)	00059		
New York (Manhattan)	00060		
Queens	00061		
Richmond (Staten Island)	00062		
Outside NYS	00063		
TOTAL	00999		

MEDICARE - TABLE 6F - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS)		Current YTD	Current YTD PMPM
00136	00137	20753	20756
Medicare Member Months	00001		
Members	00050		
MEDICARE REVENUE:			
Premium			
a. Capitation	00002		
b. Newborn Supplemental Payments ("kick")	00003		
c. Subscriber Premiums	00080		
Premium Revenue	00091		
C.O.B. (Third Party Recoveries)	00005		
Reinsurance Recoveries	00031		
Premium Revenue (inc. COB and Recoveries)	00075		
Net Investment Income	00004		
Other Revenue	00007		
TOTAL MEDICARE REVENUE	00008		
MEDICARE EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009		
b. Inp. Mental Health & Substance Abuse	00010		
c. Inpatient Newborn Births (excluding Maternity)	00011		
d. Inpatient Maternity Delivery	00060		
e. Total Hospital Inpatient Care (a thru d)	00012		
Other Medical and Hospital:			
Primary Care	00013		
Specialty Care	00014		
Prenatal/Postpartum Maternity Services	00045		
Ambulatory Surgery	00015		
Outpatient Physical Rehab/Therapy	00092		
Other Professional Services	00016		
Emergency Room	00017		
Outpatient Mental Health	00018		
Dental	00020		
Pharmacy	00021		
Home Health Care	00022		
Nursing Facility	00069		
Transportation - Emergent	00023		
Transportation - Non-Emergent	00024		
Diagnostic Test, Lab & X-Ray	00025		
Family Planning	00026		
Vision Care Inc. Eyeglasses	00027		
Foot Care	00093		
Other Medical	00028		
Durable Medical Equipment	00054		
Subtotal Medical & Hospital	00030		
Reinsurance Premium Cost	00006		
Prepaid Capitation and Target Based Reconciliation	00056		
Provider and Quality Incentive Payments	00029		
Total Medical & Hospital (In 30 + In 6 + In 56 + In 29)	00032		
Administration:			
Compensation	00033		
Occupancy, Depreciation & Amortization	00035		
Marketing and Facilitated Enrollment	00036		
Other	00037		
Total Allowable Administration Expenses	00038		
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039		
PREMIUM INCOME/(LOSS)	00077		
Nonallowable Administration Expense	00081		
OPERATING INCOME/(LOSS)	00040		
Aggregate Write-ins for Other Expenses	00076		
Prior Period Revenue Adjustments and Extraordinary Items	00041		
Federal and Foreign Income Taxes Incurred	00042		
Adjustments for prior period IBNR estimates	00043		
NET INCOME (LOSS)	00044		

MEDICARE - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00138	00139	22720
INVESTMENT INCOME		
Interest Income	00001	
Dividend and Real Estate Income	00002	
Net Realized Capital Gains or Losses	00003	
TOTAL INVESTMENT INCOME	00004	
DEDUCTIONS		
Investment Expenses	00005	
Interest Expense	00006	
Interest on Claims paid after 45 days	00010	
Other Deductions	00007	
TOTAL DEDUCTIONS	00008	
NET INVESTMENT INCOME	00099	

MEDICARE - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
22711	00140	22712
Details of Write-ins aggregated on line 0076 from Medicare Table 6		
	00001	
	00002	
	00003	
	00004	
	00005	
	00006	
Increase in Reserves for A&H Contracts	00007	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	00099	

MEDICARE - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
22723	00141	22724
Details of Extraordinary Items on line 0041 from Medicare Table 6		
Adjustments for Prior Period Revenue	00001	
	00002	
	00003	
	00004	
	00005	
	00006	
	00007	
	00008	
	00009	
Stop-Loss Fund Recoveries	00011	
Regulation 146 Pool Recoveries	00012	
Net gains or (loss) from agents' or premium balances charged off	00013	
Aggregate Write-ins for other Income	00014	
MLR Remittance	00019	
All Other	00010	
TOTAL MEDICARE EXTRAORDINARY ITEMS	00099	

MEDICARE - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00149	00150	22726
Details of Adjustments for Prior Period IBNR on line 0043 from Medicare Table 6		
1 Year Prior to the Reporting Period	00001	
2 Years Prior to the Reporting Period	00002	
3 Years Prior to the Reporting Period	00003	
4 Years Prior to the Reporting Period	00004	
TOTAL MEDICARE ADJUSTMENTS FOR PRIOR PERIOD IBNR	00099	

OTHER - TABLE 6B - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - INCLUDE ALL LINES OF BUSINESS EXCEPT MEDICAID, HARP, CHP, HIV SNP, MEDICARE, MEDICAID ADVANTAGE DUAL, OR MAP		Current YTD	Current YTD PMPM
00164	00165	10610	10612
Members	00050	369,160	
Other Member Months	00001	1,985,093	
REVENUE:			
Premium			
Capitation	00070	1,326,012,594	667.99
Newborn supplemental Payments("kick")	00071		0.00
Maternity Supplemental Kick Payments	00072		0.00
Subscriber Premiums	00002	224,574,984	113.13
NYS Premiums	00003		0.00
Spenddown & NAMI	00107	40,573,423	20.44
Premium Revenue	00091	1,591,161,001	801.55
C.O.B. and Subrogation	00051		0.00
Reinsurance Recoveries	00031		0.00
Premium Revenue (inc. COB and Recoveries)	00075	1,591,161,001	801.55
Net Investment Income	00004	6,654,550	3.35
Other Revenue	00007	11,088,211	5.59
TOTAL OTHER REVENUE	00008	1,608,903,762	810.49
EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	00009	136,833,106	68.93
b. Inp. Mental Health & Substance Abuse	00010	5,997,872	3.02
c. Inpatient Newborn Births	00011	672,722	0.34
d. Inpatient Maternity Delivery	00060	7,133,448	3.59
e. Total Hospital Inpatient Care (a thru d)	00012	150,637,148	75.88
Other Medical and Hospital:			
Primary Care	00013	75,012,092	37.79
Specialty Care	00014	81,786,546	41.20
Prenatal/Postpartum Maternity Services	00045	3,680,172	1.85
Ambulatory Surgery	00015	28,253,190	14.23
Outpatient Physical Rehab/Therapy	00092	6,454,962	3.25
Other Professional Services	00016	1,265,615	0.64
Emergency Room	00017	14,528,789	7.32
Outpatient Mental Health	00018	10,729,268	5.40
Outpatient SUD Treatment	00019	1,937,030	0.98
Dental	00020	6,110,150	3.08
Pharmacy	00021	125,411,267	63.18
Durable Medical Equipment	00054	7,556,890	3.81
Home Health Care	00022	10,951,439	5.52
Nursing Facility	00069	209,074,963	105.32
Transportation - Emergent	00023	3,058,327	1.54
Transportation - Non-Emergent	00024	11,035,977	5.56
Diagnostic Test, Lab & X-Ray	00025	47,847,483	24.10
Family Planning	00026	2,637,355	1.33
Vision Care Including Eyeglasses	00027	1,005,880	0.51
Personal Care	00094	377,584,154	190.21
Foot Care	00093	1,055,253	0.53
Other Medical	00028	44,475,781	22.40
Covered Lives Assessment	00055	16,843,510	8.49
Subtotal Medical & Hospital	00030	1,238,933,241	624.12
Reinsurance Premium Cost	00006	53,066	0.03
Prepaid Capitation and Target Based Reconciliation	00056		0.00
Provider and Quality Incentive Payments	00029	1,624,855	0.82
VBP QIP Expenses	00062		0.00
EIP Expenses	00063		0.00
EPP Expense	00064		0.00
Additional High Performance Program Expense	00065		0.00
Total Medical & Hospital (In 30 + In 6 + In 56 + In 29)	00032	1,240,611,162	624.96
Administration:			
Compensation	00033	58,325,026	29.38
Occupancy, Depreciation & Amortization	00035	2,484,184	1.25
Marketing and Facilitated Enrollment	00036	476,770	0.24
Other	00037	50,176,372	25.28
Total Allowable Administration Expenses	00038	111,462,352	56.15
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	1,352,073,514	681.11
PREMIUM INCOME/(LOSS)	00077	239,087,487	120.44
Nonallowable Administration Expense	00081	34,697,014	17.48
OPERATING INCOME/(LOSS)	00040	222,133,234	111.90
Aggregate Write-ins for Other Expenses	00076	89,739,668	45.21
Prior Period Revenue Adjustments and Extraordinary Items	00041	60,316,670	30.38
Federal and Foreign Income Taxes Incurred	00042	37,333,853	18.81
Adjustments for prior period IBNR estimates	00043	-29,605,197	-14.91
NET INCOME (LOSS)	00044	64,348,240	32.42

OTHER - TABLE 6B-1 - DETAIL OF LINES OF BUSINESS		Enter Detail of Other Lines of Business Below
00166	00167	16001
	00001	Fidelis Care At Home -MLTC
	00002	Fidelis Commercial Exchange - Individuals
	00003	Essential Plan Program
	00004	
	00005	
	00006	
	00007	
	00008	
	00009	
	00010	
	00011	
	00012	
	00013	
	00014	
	00015	
	00016	
	00017	
	00018	
	00019	
	00020	

OTHER - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00168	00169	02640
INVESTMENT INCOME		
Interest Income	00001	6,654,550
Dividend and Real Estate Income	00002	
Net Realized Capital Gains or Losses	00003	
TOTAL INVESTMENT INCOME	00004	6,654,550
DEDUCTIONS		
Investment Expenses	00005	
Interest Expense	00006	
Interest on Claims paid after 45 days	00010	
Other Deductions	00007	
TOTAL DEDUCTIONS	00008	
NET INVESTMENT INCOME	00099	6,654,550

OTHER - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02641	00170	02642
Details of Write-ins aggregated on line 0076 from Other Table 6B		
See Notepad for Other Expenses	00001	89,739,668
	00002	
	00003	
	00004	
	00005	
Non-State Plan Services	00006	
Increase in Reserves for A&H Contracts	00007	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	00099	89,739,668

OTHER - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02643	00171	02644
Details of Extraordinary Items on line 0041 from Medicaid Table 6		
Adjustments for Prior Period Revenue	00001	-17,653,063
Prior Period QIVAPP	00002	-135,333
Prior Period CINERGY & ATI Program Revenue	00003	-266,991
	00004	
	00005	
	00006	
	00007	
	00008	
	00009	
Stop-Loss Fund Recoveries	00011	
Regulation 146 Pool Recoveries	00012	
Net gains or (loss) from agents' or premium balances charged off	00013	
Aggregate Write-ins for other Income	00014	
MLR Remittance	00019	78,372,057
All Other	00010	
TOTAL OTHER EXTRAORDINARY ITEMS	00099	60,316,670

OTHER - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00172	00173	02646
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Table 6		
1 Year Prior to the Reporting Period	00001	-28,934,018
2 Years Prior to the Reporting Period	00002	-485,400
3 Years Prior to the Reporting Period	00003	57,000
4 Years Prior to the Reporting Period	00004	-242,779
TOTAL OTHER ADJUSTMENTS FOR PRIOR PERIOD IBNR	00099	-29,605,197

		Current Period	Current Period	Current Period	Previous Period
TABLE 4A - BALANCE SHEET - ASSETS		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets As of 12/31
00400	00176	00401	00403	00404	00405
CURRENT ASSETS					
Cash	00001	1,744,915,083		1,744,915,083	1,120,073,377
Short-Term Investments	00002	97,706,128		97,706,128	51,876,320
Premiums Receivable-net	00003	248,200,410	20,075,314	228,125,096	243,795,748
Interest Receivable	00004				
NYS Medicaid Reinsurance Recovery Receivable	00005	116,179,129		116,179,129	110,083,266
Other Receivables - Net	00006	82,739,945	48,206,054	34,533,891	37,125,306
Prepaid Expenses	00007	174,460	174,460	0	
Aggregate Write-Ins for Current Assets (list below)	00008	9,747,025		9,747,025	25,889,676
Other current assets	00009	9,747,025		9,747,025	25,889,676
	00010				
	00011				
	00012				
	00013				
TOTAL CURRENT ASSETS	00014	2,299,662,180	68,455,828	2,231,206,352	1,588,843,693
OTHER ASSETS					
NYS Escrow Account Balance	00015	485,664,953		485,664,953	478,184,574
Amounts Due from Affiliates	00016				
Loan Escrow	00017				
Long-Term Investments	00018	1,056,569,696		1,056,569,696	1,080,254,024
Intangible Investments and Goodwill	00019	2,251,667,123	2,251,667,123	0	
Long Term Deferred Taxes	00020	502,277,817	365,963,112	136,314,705	153,725,549
Long Term Risk Adjustment Receivable	00021	991,060		991,060	
	00022				
	00023				
	00024				
Other Restricted Assets	00084				
Aggregate Write-Ins for Other Assets (list below)	00026				
	00027				
	00028				
	00029				
	00030				
	00031				
TOTAL OTHER ASSETS	00032	4,297,170,649	2,617,630,235	1,679,540,414	1,712,164,147
PROPERTY AND EQUIPMENT					
Land	00033				
Building and Improvements	00034				
Construction In Progress	00035				
Furniture and Equipment	00036				
Leasehold Improvements	00025				
Aggregate Write-Ins for Other Equipment (list below)	00037				
	00038				
	00039				
	00040				
	00041				
	00042				
TOTAL PROPERTY AND EQUIPMENT	00043				
TOTAL ASSETS	00044	6,596,832,829	2,686,086,063	3,910,746,766	3,301,007,840

TABLE 4B - BALANCE SHEET - LIABILITIES		Current Period	Previous Calendar Year as of 12/31
00400	00178	00401	00402
Accounts Payable	00045	380,797,881	235,696,241
Claims Payable	00046	245,398,161	329,750,882
Accrued Inpatient Claims (Not Reported)	00047	165,919,580	135,806,553
Accrued Physician Claims (Not Reported)	00048	139,116,136	104,835,002
Accrued Referral Claims (Not Reported)	00049		
Accrued Other Medical	00050	544,557,036	512,429,646
Accrued Medical Incentive Pool	00051	73,630,988	74,155,378
Unearned Premiums	00052	38,320,171	42,751,627
Loans and Notes Payable	00053		
Aggregate Write-Ins for Current Liabilities (List Below)	00054	474,924,517	245,560,319
Taxes Payable	00055	203,957,761	88,090,043
Return of Premium Payable	00056	324,031,568	233,416,249
	00057		
	00058		
	00059		
Medical Home (Non-Adirondack) Payable	00085	-49,480,113	-71,395,000
Adirondack Medical Home Payable	00086	-3,584,699	-4,550,973
TOTAL CURRENT LIABILITIES	00060	2,062,664,470	1,680,985,648
Loans and Notes	00061		
Amounts Due to Affiliated	00062	27,780,956	21,654,474
Aggregate Write-Ins for Other Liabilities (list below)	00063	143,940,405	132,421,158
Long Term Rebate Payable	00064	105,737,265	103,738,308
Long Term Deferred Tax Liability	00065		23,174,709
Long Term FIN 48 Liability	00066		5,508,141
Long Term Risk Adjustment Payable	00067	38,203,140	
	00068		
TOTAL OTHER LIABILITIES	00069	171,721,361	154,075,632
TOTAL LIABILITIES	00070	2,234,385,831	1,835,061,280
Donated Capital	00071		
Capital	00072	2,559,022,376	2,559,022,376
Paid In Surplus	00073		
NYS Contingent Reserve Requirement	00074	816,235,423	816,235,423
Aggregate Write-Ins for Other Net Worth Items (list below)	00075	-2,686,086,063	-2,748,472,567
Non-Admitted Assets	00076	-2,686,086,063	-2,748,472,567
	00077		
	00078		
	00079		
	00080		
Unassigned Surplus	00081	987,189,199	839,161,328
TOTAL NET WORTH	00082	1,676,360,935	1,465,946,560
TOTAL LIABILITIES AND NET WORTH	00083	3,910,746,766	3,301,007,840

TABLE 4C - NET WORTH RECONCILIATION		
00420	00179	00421
Net Worth Last Year	00001	1,465,946,560
Total Net Income	00002	142,997,673
Change in nonadmitted assets	00003	62,386,505
Dividends to stockholders	00004	
Withdrawals of equity	00005	
Change in Net unrealized capital gains & losses less capital gains tax	00020	
Adjusted Net Worth	00006	1,671,330,738
Current Net Worth	00007	1,676,360,935
Difference	00008	5,030,197
Explanations:		
Change in Net Deferred Income Tax	00009	5,030,197
	00010	
	00011	
	00012	
	00013	
	00014	
	00015	
	00016	
	00017	
Rounding	00018	-2
Total Explanations	00019	5,030,195

TABLE 6 - CONSOLIDATED - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS - INCURRED DURING THE CURRENT PERIOD		MEDICAID	HARP	CHILD HEALTH PLUS	HIVSNP	MEDICAID ADVANTAGE DUAL ELIGIBLE	MEDICAID ADVANTAGE PLUS	MEDICARE	OTHER	TOTAL
00180	00181	11001	11002	11003	11008	11009	11010	11011	11004	11005
Members	00050	1,430,255	44,280	145,221					369,160	1,988,916
Member Months	00001	7,683,972	256,553	856,361					1,985,093	10,781,979
REVENUE:										
Premium										
a. Capitation	00002	3,136,404,616	545,216,774						1,326,012,594	5,007,633,984
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	00003	71,217,756								71,217,756
c. Low Birth Weight-Newbrn Supp. Payments ("kick") (<1200 g wgt)	00087	11,913,281								11,913,281
d. Maternity Supplemental Kick Payments	00056	138,023,960	2,758,815							140,782,775
e. HCBS Services	00082	12,918,285								12,918,285
f. Spenddown & NAMI	00107	187,422							40,573,423	187,422
g. Subscriber Premiums	00057			23,700,879					224,574,984	248,275,863
h. NYS Premiums	00058			155,859,922						155,859,922
Premium Revenue	00091	3,370,665,320	547,975,589	179,560,801					1,591,161,001	5,689,362,711
C.O.B. (Third Party Recoveries)	00005	218,324	4,486							222,810
Reinsurance Recoveries	00031	39,000,000								39,000,000
Premium Revenue (inc. COB and Recoveries)	00075	3,409,883,644	547,980,075	179,560,801					1,591,161,001	5,728,585,521
Net Investment Income	00004	13,880,765	2,268,228	750,592					6,654,550	23,554,135
Risk Share Adjustment	00078									
Other Revenue	00007	100,943,068	784,042	4,284,673					11,088,211	117,099,994
TOTAL REVENUE	00008	3,524,707,477	551,032,345	184,596,066					1,608,903,762	5,869,239,650
EXPENSES:										
Medical and Hospital:										
Hospital Inpatient Care:										
a. Inpatient Medical Surgical	00009	409,991,141	91,486,001	14,208,988					136,833,106	652,519,236
b. Inp. Mental Health & Substance Abuse	00010	52,940,530	49,884,468	1,390,266					5,997,872	110,213,136
c. Inpatient Newborn Births (>=1200g wgt)	00011	73,400,678		1,849,193					672,722	75,922,593
d. Inpatient Newborn Births-Low Birth Weight <1200g wgt	00088	11,331,301		921,967						12,253,268
e. Inpatient Maternity Delivery	00060	90,931,996	1,899,901	98,898					7,133,448	100,064,243
f. Total Hospital Inpatient Care (a thru e)	00012	638,595,646	143,270,370	18,469,312					150,637,148	950,972,476
Other Medical and Hospital:										
Primary Care	00013	285,819,772	19,505,473	22,898,179					75,012,092	403,235,516
Specialty Care	00014	278,850,290	26,511,474	14,568,696					81,786,546	401,717,006
Prenatal/Postpartum Maternity Services	00045	47,970,655	932,561	75,720					3,680,172	52,659,108
Ambulatory Surgery	00015	80,375,531	7,378,915	4,167,520					28,253,190	120,175,156
Outpatient Physical Rehab/Therapy	00092	24,749,686	1,869,272	1,412,874					6,454,962	34,486,794
Other Professional Services	00016	7,111,740	672,972	565,604					1,265,615	9,615,931
Emergency Room	00017	85,091,838	14,544,068	4,367,301					14,528,789	118,531,996
Outpatient Mental Health	00018	101,327,734	35,236,095	10,540,509					10,729,268	157,833,606
Outpatient SUD Treatment	00019	41,053,857	27,507,374	251,216					1,937,030	70,749,477
Behavioral Health HCBS Services	00047	1,553,497	26,819							1,580,316
Dental	00020	76,948,385	2,936,236	9,375,207					6,110,150	95,369,978
Pharmacy	00021	586,463,998	98,510,556	17,252,419					125,411,267	827,638,240
Home Health Care	00022	31,547,892	2,807,171	809,221					10,951,439	46,115,723
Nursing Facility	00069	56,832,138	4,509,126						209,074,963	270,416,227
Personal Care	00094	105,658,914	27,300,143						377,584,154	510,543,211
Personal Emergency Response Services	00095	229,662	123,440							353,102
Transportation - Emergent	00023	396,119	34,823	1,107,643					3,058,327	4,596,912
Transportation - Non-Emergent	00024	2,492,353	13,097						11,035,977	13,541,427
Diagnostic Test, Lab & X-Ray	00025	145,261,052	11,520,454	6,054,861					47,847,483	210,683,850
Family Planning	00026	11,756,472	501,628	236,295					2,637,355	15,131,750
Vision Care Inc. Eyeglasses	00027	7,658,111	429,481	748,993					1,005,880	9,842,465
Foot Care	00093	4,926,530	471,371	240,967					1,055,253	6,694,121
In Lieu Of Services	00049	283,908	705,742							989,650
Other Medical	00028	10,320,494	2,374,547	59,875					44,475,781	57,230,697
Durable Medical Equipment	00046	27,441,727	2,684,688	1,338,353					7,556,890	39,021,658
HIVSNP Case Management	00079									
Covered Lives Assessment	00055	25,133		5,488,824					16,843,510	22,357,467
Supplemental Benefits	00099									
Health Home	00080	34,189,727	26,075,185							60,264,912
Subtotal Medical & Hospital	00030	2,694,932,861	458,453,081	120,029,589					1,238,933,241	4,512,348,772
Reinsurance Premium Cost	00006	0		55,961					53,066	109,027
Prepaid Capitation and Target Based Reconciliation	00061	18,000,000								18,000,000
Provider and Quality Incentive Payments	00029	8,636,246	3,041,009	1,433,255					1,624,855	14,735,365
VBP QIP Expense	00062	99,737,735	8,848,513							108,586,248
EIP Expense	00063									
EPP Expense	00064									
Additional High Performance Program Expense	00065									
Total Medical & Hospital	00032	2,821,306,842	470,342,603	121,518,805					1,240,611,162	4,653,779,412
Administration:										
Compensation	00033		11,124,442	5,688,383					58,325,026	75,137,851
Occupancy, Depreciation & Amortization	00035		846,743	280,201					2,484,184	3,611,128
Marketing and Facilitated Enrollment	00036		129,146	53,776					476,770	659,692
Other	00037		19,599,510	20,643,656					50,176,372	90,419,538
Total Allowable Administration Expenses	00038	251,262,460	31,699,841	26,666,016					111,462,352	421,090,669
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	00039	3,072,569,302	502,042,444	148,184,821					1,352,073,514	5,074,870,081
PREMIUM INCOME/(LOSS)	00077	337,314,342	45,937,631	31,375,980					239,087,487	653,715,440
Nonallowable Administration Expense	00086	45,042,229	7,972,052	2,990,348					34,697,014	90,701,643
OPERATING INCOME/(LOSS)	00040	407,095,946	41,017,849	33,420,897					222,133,234	703,667,926
Aggregate Write-ins for Other Expenses	00076	202,120,364	14,083,361	15,406,325					89,739,668	321,349,718
Prior Period Revenue Adjustments and Extraordinary Items	00041	34,154,387	26,321,022	-4,533,963					60,316,670	116,258,116
Federal and Foreign Income Taxes Incurred	00042	29,299,856	9,064,504	7,266,821					37,333,853	82,965,034
Adjustments for prior period IBNR estimates	00043	91,020,410	-24,074,523	2,756,695					-29,605,197	40,097,385
NET INCOME (LOSS)	00044	50,500,929	15,623,485	12,525,019					64,348,240	142,997,673

TABLE 11 - CLAIMS PAYABLE - AGING ANALYSIS OF UNPAID CLAIMS		1-30 Days	31-45 Days	46-90 Days	91 + Days	Total
01100	00040	01104	01105	01106	01107	01103
Claims Payable (Reported) Detail Below	00001					
	00002					
	00003					
	00004					
	00005					
	00006					
	00007					
	00008					
	00009					
	00010					
	00011					
	00012					
	00013					
	00014					
	00015					
	00016					
	00017					
	00018					
	00019					
	00020					
	00021					
	00022					
	00023					
	00024					
	00025					
Sum of Individually Listed Claims Payable	00026					
Aggregate Accounts Not Individually Listed	00028	227,209,355	5,028,489	1,884,820	11,275,496	245,398,160
Totals	00029	227,209,355	5,028,489	1,884,820	11,275,496	245,398,160

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.

		Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	
TABLE 22A - ADMINISTRATIVE EXPENSES		Medicaid	Child Health Plus	HARP	HIVSNP	Other Lines of Business*	SubTotal	Medicaid	Child Health Plus	HARP	HIVSNP	Other Lines of Business*	SubTotal	Total
02203	00186	02204	02240	02218	02260	02205	02219	02220	02241	02221	02261	02222	02223	02206
Expense Category														
Rent (\$0 for Occupancy of Own Building)	00001	4,498,553	243,256	735,099		2,156,642	7,633,550							7,633,550
Salaries and Fringe Benefits	00002							68,077,724	5,688,383	11,124,442		58,325,026	143,215,575	143,215,575
Employee Recruitment and Retention	00014	15,294	827	2,499		7,332	25,952	291,075	15,740	47,564		139,544	493,923	519,875
Legal Fees and Expenses	00003	0	0	0		0	0	811,259	43,868	132,566		388,924	1,376,617	1,376,617
Utilization Management/Quality Improvement	00004	3,923,733	212,173	641,169		1,881,069	6,658,144	178,689	9,662	29,199		85,665	303,215	6,961,359
Traveling Expenses	00006	388,938	21,032	63,556		186,460	659,986	0	0	0		0	0	659,986
Advertising	00007		245,800			2,179,201	2,425,001		0				0	2,425,001
Marketing	00008		11,040			97,880	108,920		0				0	108,920
Facilitated Enrollment	00034	0	0	0		0	0	790,330	42,736	129,146		378,890	1,341,102	1,341,102
Finance, Auditing, Actuarial	00029	0	0	0		0	0	4,179,887	226,024	683,027		2,003,871	7,092,809	7,092,809
Claims Processing	00030	0	0	0		0	0	6,932,330	374,860	1,132,798		3,323,414	11,763,402	11,763,402
Provider Relations, Recruitment, Credentialing, and Contracting	00031	54,077	2,924	8,837		25,925	91,763	0	0	0		0	0	91,763
Member Services	00033	1,581,307	85,508	258,398		758,091	2,683,304	0	0	0		0	0	2,683,304
Management Information Systems (MIS)	00009	1,007,990	54,506	164,714		483,238	1,710,448	117,226	6,339	19,156		56,199	198,920	1,909,368
Telephone, Postage, Express and Telegraph	00010	3,870,912	209,317	632,538		1,855,746	6,568,513	0	0	0		0	0	6,568,513
Printing and Stationary	00011	4,771,739	258,028	779,740		2,287,609	8,097,116	0	0	0		0	0	8,097,116
Occupancy, Depreciation & Amortization	00012	5,181,776	280,201	846,743		2,484,184	8,792,904	0	0	0		0	0	8,792,904
Rental of Equipment	00013	197,034	10,654	32,197		94,460	334,345	0	0	0		0	0	334,345
Boards, Bureaus and Association Fees	00015	89,015	4,813	14,546		42,674	151,048	4,340	235	709		2,081	7,365	158,413
Insurance, Except on Real Estate	00016	128,935	6,972	21,069		61,812	218,788	0	0	0		0	0	218,788
Collection and Bank Service Charges	00017	2,411,712	130,411	394,093		1,156,194	4,092,410	0	0	0		0	0	4,092,410
State Premium Taxes	00021	57,331,325	2,853,628	8,159,393		38,019,980	106,364,326					0	0	106,364,326
Payroll Taxes	00023							4,469,598	373,467	730,368		3,829,291	9,402,724	9,402,724
Franchise Tax	00045	9,746,325	485,117	1,387,097		6,463,397	18,081,936					0	0	18,081,936
ACA Tax	00046	1,943,494	82,494	0		2,872,068	4,898,056					0	0	4,898,056
VBP QIP Administrative Expense	00048	2,993,284		277,077			3,270,361					0	0	3,270,361
EIP Administrative Expense	00049	0					0							0
EPP Administrative Expense	00050	0					0							0
Additional High Performance Program Expense	00051	0					0							0
Other Taxes (Excluding Income and Real Estate taxes)	00024											0	0	0
Aggregate Write-ins for Other Expenses(Detail Below)	00027	761,180	41,160	124,382		364,916	1,291,638	64,513,379	14,644,841	3,127,719		-20,549,431	61,736,508	63,028,146
Total Allowable Administrative Expenses	00035	100,896,623	5,239,861	14,543,147		63,478,878	184,158,509	150,365,837	21,426,155	17,156,694		47,983,474	236,932,160	421,090,669
Contributions and Donations	00036	243,581	13,171	39,803		116,775	413,330					0	0	413,330
Lobbying Expenses	00037	0	0	0		0	0	0	0	0		0	0	0
Entertainment Costs	00038	562	30	92		270	954	0	0	0		0	0	954
Interest, Fines and Penalties	00039	489,306	25,160	79,978		252,826	847,270					0	0	847,270
State Income Taxes	00043	4,191,291	1,039,505	1,296,661		5,340,539	11,867,996					0	0	11,867,996
Uncollectible Spendown and NAMI	00047					12,031,042	12,031,042					0	0	12,031,042
Other Nonallowable Expenses	00040	40,112,606	1,912,218	6,554,720		16,953,221	65,532,765	4,883	264	798		2,341	8,286	65,541,051
Total Nonallowable Administrative Expenses	00041	45,037,346	2,990,084	7,971,254		34,694,673	90,693,357	4,883	264	798		2,341	8,286	90,701,643
Total Administrative Expenses	00028	145,933,969	8,229,945	22,514,401		98,173,551	274,851,866	150,370,720	21,426,419	17,157,492		47,985,815	236,940,446	511,792,312
Detail of Aggregate Write-ins for Other Expenses														
Other Professional Services (Planning, SIU, et al)	02701	61,357	3,318	10,026		29,415	104,116	3,723,349	201,337	608,425		1,785,003	6,318,114	6,422,230
Furniture/Equipment Purchase/Repairs/Maint.	02702	165,918	8,972	27,112		79,543	281,545	0	0	0		0	0	281,545
Meetings, Conferences, Training, Seminars	02703	52,655	2,847	8,604		25,243	89,349	73,803	3,991	12,060		35,382	125,236	214,585
Interest Expense - Not claims related	02704					0	0	0	0	0		0	0	0
Other Books, Periodicals, Subscriptions not elsewhere	02705	454,503	24,577	74,269		217,892	771,241	0	0	0		0	0	771,241
Miscellaneous Expenses	02706	26,747	1,446	4,371		12,823	45,387	0	0	0		0	0	45,387
Pharmacy Benefit Management	02707							6,797,692	4,404	909,643		14,384	7,726,123	7,726,123
Adjust to 2017 PMPM	02708							53,918,535	14,435,109	1,597,591		-22,384,200	47,567,035	47,567,035
	02709											0	0	0
Summary of items from overflow page	02798											0	0	0
Totals(lines 2701-2798) (Equal to Line 27 above)	02799	761,180	41,160	124,382		364,916	1,291,638	64,513,379	14,644,841	3,127,719		-20,549,431	61,736,508	63,028,146

		Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses
TABLE 22A-1 - ADMINISTRATIVE EXPENSES - TOTAL		Medicaid	Child Health Plus	HARP	HIVSNP	Other Lines of Business *	Total All Lines of Business
00385	00186	02282	02283	02284	02285	02286	02287
Expense Category							
Rent (\$0 for Occupancy of Own Building)	00001	4,498,553	243,256	735,099		2,156,642	7,633,550
Salaries and Fringe Benefits	00002	68,077,724	5,688,383	11,124,442		58,325,026	143,215,575
Employee Recruitment and Retention	00014	306,369	16,567	50,063		146,876	519,875
Legal Fees and Expenses	00003	811,259	43,868	132,566		388,924	1,376,617
Utilization Management/Quality Improvement	00004	4,102,422	221,835	670,368		1,966,624	6,961,359
Traveling Expenses	00006	388,938	21,032	63,556		186,460	659,986
Advertising	00007		245,800			2,179,201	2,425,001
Marketing	00008		11,040			97,880	108,920
Facilitated Enrollment	00034	790,330	42,736	129,146		378,890	1,341,102
Finance, Auditing, Actuarial	00029	4,179,887	226,024	683,027		2,003,871	7,092,809
Claims Processing	00030	6,932,330	374,860	1,132,798		3,323,414	11,763,402
Provider Relations, Recruitment, Credentialing, and Contracting	00031	54,077	2,924	8,837		25,925	91,763
Member Services	00033	1,581,307	85,508	258,398		758,091	2,683,304
Management Information Systems (MIS)	00009	1,125,216	60,845	183,870		539,437	1,909,368
Telephone, Postage, Express and Telegraph	00010	3,870,912	209,317	632,538		1,855,746	6,568,513
Printing and Stationary	00011	4,771,739	258,028	779,740		2,287,609	8,097,116
Occupancy, Depreciation & Amortization	00012	5,181,776	280,201	846,743		2,484,184	8,792,904
Rental of Equipment	00013	197,034	10,654	32,197		94,460	334,345
Boards, Bureaus and Association Fees	00015	93,355	5,048	15,255		44,755	158,413
Insurance, Except on Real Estate	00016	128,935	6,972	21,069		61,812	218,788
Collection and Bank Service Charges	00017	2,411,712	130,411	394,093		1,156,194	4,092,410
State Premium Taxes	00021	57,331,325	2,853,628	8,159,393		38,019,980	106,364,326
Payroll Taxes	00023	4,469,598	373,467	730,368		3,829,291	9,402,724
Franchise Tax	00045	9,746,325	485,117	1,387,097		6,463,397	18,081,936
ACA Tax	00046	1,943,494	82,494	0		2,872,068	4,898,056
Other Taxes (Excluding Income and Real Estate taxes)	00024					0	0
Aggregate Write-ins for Other Expenses(Detail Below)	00027	65,274,559	14,686,001	3,252,101		-20,184,515	63,028,146
Total Allowable Administrative Expenses	00035	251,262,460	26,666,016	31,699,841		111,462,352	421,090,669
Contributions and Donations	00036	243,581	13,171	39,803		116,775	413,330
Lobbying Expenses	00037	0	0	0		0	0
Entertainment Costs	00038	562	30	92		270	954
Interest, Fines and Penalties	00039	489,306	25,160	79,978		252,826	847,270
State Income Taxes	00043	4,191,291	1,039,505	1,296,661		5,340,539	11,867,996
Uncollectible Spendown and NAMI	00047					12,031,042	12,031,042
VBP QIP Administrative Expense	00048	2,993,284		277,077		0	3,270,361
EIP Administrative Expense	00049	0					0
EPP Administrative Expense	00050	0					0
Additional High Performance Program Expense	00051	0					0
Other Nonallowable Expenses	00040	40,117,489	1,912,482	6,555,518		16,955,562	65,541,051
Total Nonallowable Administrative Expenses	00041	45,042,229	2,990,348	7,972,052		34,697,014	90,701,643
Total Administrative Expenses	00028	296,304,689	29,656,364	39,671,893		146,159,366	511,792,312
Detail of Aggregate Write-ins for Other Expenses							
Other Professional Services (Planning, SIU, et al)	02701	3,784,706	204,655	618,451		1,814,418	6,422,230
Furniture/Equipment Purchase/Repairs/Maint.	02702	165,918	8,972	27,112		79,543	281,545
Meetings, Conferences, Training, Seminars	02703	126,458	6,838	20,664		60,625	214,585
Interest Expense - Not claims related	02704	0	0	0		0	0
Other Books, Periodicals, Subscriptions not elsewhere	02705	454,503	24,577	74,269		217,892	771,241
Miscellaneous Expenses	02706	26,747	1,446	4,371		12,823	45,387
Pharmacy Benefit Management	02707	6,797,692	4,404	909,643		14,384	7,726,123
Adjust to 2017 PMPM	02708	53,918,535	14,435,109	1,597,591		-22,384,200	47,567,035
	02709					0	0
Summary of items from overflow page	02798					0	0
Totals(lines 2701-2798) (Equal to Line 27 above)	02799	65,274,559	14,686,001	3,252,101		-20,184,515	63,028,146

Expenses for Administrative Services provided directly should be reported in the appropriate category above

The Total Administrative Expense for services provided by contractors on line 28 should equal the total contract expenses for the individual contracts reported in Table 22B,

*Other Lines of Business should include all other lines of business, including Commercial, POS, etc. All categories should be filled out with statewide amounts.

TABLE 22B - ADMINISTRATIVE EXPENSES - DETAIL OF CONTRACTED EXPENSES		Services Performed	Type of Affiliation*	Medicaid Expenditure	Child Health Plus Expenditure	HARP Expenditure	HIVSNP	Other Expenditure **
02207	00187	02208	02209	02210	02242	02224	02262	02225
Name of Contractor								
CENTENE MANAGEMENT COMPANY, LLC	00001	VARIOUS	2	126,465,858	20,496,959	13,452,401		39,770,118
OPTUMINSIGHT, INC.	00002	CLAIMS PROCESSING	1	6,554,672	354,439	1,071,086		3,142,362
COTIVITI, INC	00003	CLAIMS PROCESSING	1	3,050,203	164,937	498,427		1,462,292
AARETE, LLC	00004	FINANCE, AUDITING, ACTUARIAL	1	872,210	47,164	142,526		418,144
PERFORMANT RECOVERY INC	00005	FINANCE, AUDITING, ACTUARIAL	1	725,609	39,237	118,570		347,863
HEALTH MANAGEMENT SYSTEMS, INC.	00006	CLAIMS PROCESSING	1	694,637	37,562	113,509		333,014
SKADDEN, ARPS, SLATE, MEAGHER	00007	ATTORNEY FEES	1	484,728	26,211	79,208		232,383
CLEARLINK PARTNERS, LLC	00008	FINANCE, AUDITING, ACTUARIAL	1	396,128	21,420	64,731		189,907
HUMAN ARC CORPORATION	00009	FINANCE, AUDITING, ACTUARIAL	1	360,076	19,471	58,839		172,623
TONEY HEALTHCARE CONSULTING LLC	00010	UTILIZATION MANAGEMENT/QUALITY IMPROVEMENT	1	314,183	16,989	51,340		150,622
DAVIS VISION (IPA)	00011	VISION NETWORK ACCESS	1	271,287	14,670	44,330		130,057
VIBRANT EMOTIONAL HEALTH	00012	UTILIZATION MANAGEMENT/QUALITY IMPROVEMENT	1	194,856	10,537	31,841		93,416
MEDREVIEW INC.	00013	UTILIZATION MANAGEMENT/QUALITY IMPROVEMENT	1	184,435	9,973	30,138		88,420
DISCOVERY HEALTH PARTNERS	00014	FINANCE, AUDITING, ACTUARIAL	1	143,492	7,759	23,448		68,791
NIXON PEABODY LLP	00015	ATTORNEY FEES	1	133,123	7,199	21,753		63,820
CHANGE HEALTHCARE LLC	00016	MANAGEMENT INFORMATION SYSTEMS (MIS)	1	113,104	6,116	18,482		54,223
SCOUT EXCHANGE, LLC	00017	PROFESSIONAL RECRUITING	1	109,190	5,904	17,843		52,347
EQUIAN, LLC.	00018	FINANCE, AUDITING, ACTUARIAL	1	107,081	5,790	17,498		51,336
MANDRAKE MANAGEMENT CONSULTANTS CORP.	00019	PROFESSIONAL RECRUITING	1	89,514	4,840	14,627		42,914
MISCELLANEOUS	00020	VARIOUS	1	2,308,642	124,838	377,250		1,106,781
PBM Expense	00022			6,797,692	4,404	909,643		14,384
Total Expenditure	00021			150,370,720	21,426,419	17,157,490		47,985,817
Detail of PBM Contractor(s)								
Caremark	00024	PBM	1	6,797,692	4,404	909,643		14,384
	00025							
	00026							
	00027							
Total PBM Expense	00028			6,797,692	4,404	909,643		14,384

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.

*Under Type of Affiliation, enter the number code of all that apply:

1. None
2. Common Ownership
3. Common Board Members
4. Part of Same Holding Company System
5. Share Key Personnel

**Other Lines of Business should include all other lines of business, including Commercial, POS, etc.

TABLE 22B-1 - PHARMACY BENEFIT MANAGEMENT AND ADMINISTRATIVE COSTS		Direct Expenses - Medicaid	Direct Expenses - CHP	Direct Expenses - HARP	Direct Expenses - HIV SNP	Direct Expenses - Other	Total Direct Expenses	Contracted Expenses - Medicaid	Contracted Expenses - CHP	Contracted Expenses - HARP	Contracted Expenses - HIV SNP	Contracted Expenses - Other	Total Contracted Expenses	Total Expenses
00195	00196	02235	02236	02237	02238	02239	02257	02258	02259	02267	02268	02247	02288	02289
Claims Services	00010							6,675,178	28	894,274		10,943	7,580,422	7,580,422
Clinical Services	00020											5,400	5,400	5,400
Compliance Services	00030													
Customer/Member Services	00040							4,417	6	1,410		13	5,846	5,846
Data Reporting and Encounters	00050													
Eligibility Services	00060													
Fee/Rate Reporting	00070							17,527		20		-14,664	2,883	2,883
Formulary Services	00080													
Government Program Compliance	00090													
Network Management	00100													
Support Services	00110													
Utilization Review/Utilization Management	00120							100,570	4,370	13,939		12,692	131,571	131,571
Other Services (Enter detail in below rows)	00130													
	00131													
	00132													
	00133													
	00134													
	00135													
Total Administrative Expenses	00999							6,797,692	4,404	909,643		14,384	7,726,122	7,726,122

		Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses		
TABLE 22C - ADMINISTRATIVE EXPENSES - PERSONNEL COSTS AND WRITE-INS		Medicaid FTEs	Medicaid Salaries and Fringe Benefits	Child Health Plus FTEs	Child Health Plus Salaries and Fringe Benefits	HARP FTEs	HARP Salaries and Fringe Benefits	HIVSNP FTEs	HIVSNP Salaries and Fringe Benefits	Other Lines of Business* FTEs	Other Lines of Business* Salaries and Fringe Benefits	Medicaid FTEs	Medicaid Salaries and Fringe Benefits	Child Health Plus FTEs	Child Health Plus Salaries and Fringe Benefits	HARP FTEs	HARP Salaries and Fringe Benefits	HIVSNP FTEs	HIVSNP Salaries and Fringe Benefits	Other Lines of Business* FTEs	Other Lines of Business* Salaries and Fringe Benefits	
02211	00188	02212	02213	02243	02244	02227	02228	02263	02264	02214	02215	02229	02230	02245	02246	02231	02232	02265	02266	02233	02234	
Administrative Category																						
Executive Management	00001											0.51	213,160	0.03	11,526	0.08	34,832			0.24	102,190	
Medical Director	00015											0.51	128,889	0.03	6,970	0.08	21,061			0.24	61,790	
Utilization Management/Quality Improvement	00002											589.44	28,302,237	31.87	1,530,422	96.32	4,624,811			511.90	21,461,647	
Finance, Auditing, Actuarial	00003											40.71	2,385,990	2.20	129,021	6.65	389,890			19.52	1,143,863	
Marketing	00004													37.26	1,906,392					330.32	16,901,574	
Facilitated Enrollment	00014											348.23	12,889,969	18.83	697,015	56.90	2,106,324			166.95	6,179,553	
Member Services	00005											411.59	10,467,493	22.27	566,260	67.28	1,710,950			197.40	5,020,741	
Legal Services	00006																					
Claims Processing	00007											1.06	29,910	0.05	1,519	0.17	4,689			0.47	13,285	
Provider Relations, Recruitment, Credentialing, and Contracting	00013											130.38	5,703,507	7.05	308,413	21.30	931,998			62.50	2,734,306	
MIS	00008											1.01	42,198	0.05	2,142	0.16	6,616			0.45	18,743	
Advertising	00009													1.72	100,739					15.24	893,122	
Employee Recruitment and Retention	00016																					
Aggregate Write-in for Other Administrative	00010											201.15	7,914,371	10.88	427,964	32.87	1,293,271			96.43	3,794,212	
Totals	00011											1,724.59	68,077,724	132.24	5,688,383	281.81	11,124,442			1,401.66	58,325,026	
Detail of Aggregate Write-in for Other Administrative																						
Executive Management Support Staff	01001											1.44	150,538	0.08	8,140	0.24	24,599			0.70	72,170	
Strategic Planning	01002											5.35	336,523	0.29	18,197	0.87	54,991			2.57	161,331	
Operational Supports	01003																					
Senior Initiatives	01004											187.63	6,949,665	10.15	375,798	30.66	1,135,631			89.95	3,331,724	
Government Relations/Operational Audit	01005											6.73	477,645	0.36	25,829	1.10	78,050			3.21	228,987	
	01006																					
Summary of Write-ins From Overflow Page	01098																					
Totals (Lines 1001-1098)(= to Line 10 Above)	01099											201.15	7,914,371	10.88	427,964	32.87	1,293,271			96.43	3,794,212	

* Other Lines of Business should include all other lines of business, including Commercial, POS, etc.

		Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses
TABLE 22C-1 - ADMINISTRATIVE EXPENSES - PERSONNEL COSTS AND WRITE-IN TOTALS		Total FTE's Medicaid	Total Salaries and Fringe Benefits Medicaid	Total FTEs Child Health Plus	Total Salaries and Fringe Benefits Child Health Plus	Total FTE's HARP	Total Salaries and Fringe Benefits HARP	Total FTEs HIVSNP	Total Salaries and Fringe Benefits HIVSNP	Total FTE's Other Lines of Business*	Total Salaries and Fringe Benefits Other Lines of Business*	Total FTE's All Lines of Business	Total Salaries and Fringe Benefits All Lines of Business
02269	00189	02270	02271	02272	02273	02274	02275	02276	02277	02278	02279	02280	02281
Administrative Category													
Executive Management	00001	0.51	213,160	0.03	11,526	0.08	34,832			0.24	102,190	0.86	361,708
Medical Director	00015	0.51	128,889	0.03	6,970	0.08	21,061			0.24	61,790	0.86	218,710
Utilization Management/Quality Improvement	00002	589.44	28,302,237	31.87	1,530,422	96.32	4,624,811			511.90	21,461,647	1,229.53	55,919,117
Finance, Auditing, Actuarial	00003	40.71	2,385,990	2.20	129,021	6.65	389,890			19.52	1,143,863	69.08	4,048,764
Marketing	00004			37.26	1,906,392					330.32	16,901,574	367.58	18,807,966
Facilitated Enrollment	00014	348.23	12,889,969	18.83	697,015	56.90	2,106,324			166.95	6,179,553	590.91	21,872,861
Member Services	00005	411.59	10,467,493	22.27	566,260	67.28	1,710,950			197.40	5,020,741	698.54	17,765,444
Legal Services	00006												
Claims Processing	00007	1.06	29,910	0.05	1,519	0.17	4,689			0.47	13,285	1.75	49,403
Provider Relations, Recruitment, Credentialing, and Contracting	00013	130.38	5,703,507	7.05	308,413	21.30	931,998			62.50	2,734,306	221.23	9,678,224
MIS	00008	1.01	42,198	0.05	2,142	0.16	6,616			0.45	18,743	1.67	69,699
Advertising	00009			1.72	100,739					15.24	893,122	16.96	993,861
Employee Recruitment and Retention	00016												
Aggregate Write-in for Other Administrative	00010	201.15	7,914,371	10.88	427,964	32.87	1,293,271			96.43	3,794,212	341.33	13,429,818
Totals	00011	1,724.59	68,077,724	132.24	5,688,383	281.81	11,124,442			1,401.66	58,325,026	3,540.30	143,215,575
Detail of Aggregate Write-in for Other Administrative													
Executive Management Support Staff	01001	1.44	150,538	0.08	8,140	0.24	24,599			0.70	72,170	2.46	255,447
Strategic Planning	01002	5.35	336,523	0.29	18,197	0.87	54,991			2.57	161,331	9.08	571,042
Operational Supports	01003												
Senior Initiatives	01004	187.63	6,949,665	10.15	375,798	30.66	1,135,631			89.95	3,331,724	318.39	11,792,818
Government Relations/Operational Audit	01005	6.73	477,645	0.36	25,829	1.10	78,050			3.21	228,987	11.40	810,511
	01006												
Summary of Write-ins From Overflow Page	01098												
Totals (Lines 1001-1098)(= to Line 10 Above)	01099	201.15	7,914,371	10.88	427,964	32.87	1,293,271			96.43	3,794,212	341.33	13,429,818

* Other Lines of Business should include all other lines of business, including Commercial, POS, etc.

TABLE 22D - STATEWIDE MEMBER MONTHS - TO BE USED WITH ADMINISTRATIVE TABLES		Medicaid	Child Health Plus	HARP	HIVSNP	Other
00190	00192	02250	02251	02252	02254	02253
Statewide Member Months	00001	7,683,972	856,361	256,553		1,985,093
Number of Claims Processed	00002	16,422,837	845,581	2,194,170		4,413,405

TABLE 22D-2 - STATEWIDE ADMINISTRATIVE EXPENSES - NURSING HOME		Nursing Home
00071	00072	02256
Statewide Member Months	00001	3,348
Statewide Administrative Expenses		
Compensation	00033	29,662
Occupancy, Depreciation & Amortization	00035	2,258
Marketing and Facilitated Enrollment	00036	344
Other	00037	77,214
Total Allowable Administration Expenses	00038	109,478
Nonallowable Administration Expense	00081	19,625

TABLE 32 - SUMMARY OF MEDICAL HOME PAYABLES (NON-ADIRONDACK) - TOTAL PLAN		Medical Home Payable to Provider	Medical Home Payable to NYS	Total Non-Adirondack Medical Home Payable
00198	00199	32001	32002	32003
Total	00001	16,233,450	-65,713,563	-49,480,113

TABLE 32A - SUMMARY OF ADIRONDACK MEDICAL HOME PAYABLES - TOTAL PLAN		Medical Home Payable to Provider	Medical Home Payable to NYS	Total Adirondack Medical Home Payable
00200	00202	32004	32005	32006
Total	00001	875,595	-4,460,294	-3,584,699