

Program of All-Inclusive Care for the Elderly (PACE) Managed Care Operations Report

Organization : Independent Living for Seniors d/b/a ElderONE (01278899)

Coverage : Statewide

Period Ending : 6/30/2018

Dcn : 10022018103930

Date : Tuesday, October 02, 2018

Configuration Information

Configuration Information

Submission Type	0.1005	SECOND QUARTER
Submission Year	0.1010	2018
Submission Period	0.1011	Q02
DCN	0.1004	10022018103930
Submitter ID	0.1000	01278899
Region ID	0.1003	1
Region Name	0.1002	STATEWIDE
Name of Organization	0.10	INDEPENDENT LIVING FOR SENIORS D/B/A ELDERONE (01278899)
Begin Date	0.34	01/01/2018
End Date	0.35	06/30/2018

Contacts

Contact Person:

Name:	0.70	Maria Ingrassia
Title:	0.71	Senior Accountant
Telephone Number:	0.72	585-922-1037
Fax Number:	0.73	585-922-1046
Email Address:	0.82	Maria.Ingrassia@rochesterregional.org

Certifiers

Chief Executive Officer

Role	999930000.1	CEO
Name	999930000.2	Katherine Ralston
Title	999930000.3	VP ElderOne
Phone Number	999930000.4	585-922-2812
Fax Number	999930000.5	585-922-2847
Email Address	999930000.6	Katherine.Ralston@rochesterregional.org

Chief Financial Officer

Role	999930001.1	CFO
Name	999930001.2	Jennifer Gaffey-Link
Title	999930001.3	VP Corporate Accounting
Phone Number	999930001.4	585-922-1032
Fax Number	999930001.5	585-922-1046
Email Address	999930001.6	Jennifer.Gaffey-Link@rochesterregional.org

Addresses

Mailing Address:

Address Line (1)	0.66	100 Kings Highway South
Address Line (2)	0.67	Rochester, New York
Address Line (3)	0.68	14617
Address Line (4)	0.69	

Additional Information

Additional Information

Date Operations Started (MM/DD/YYYY):	0.65	07/30/1990
---------------------------------------	------	------------

Counties of Operation

Counties of Operation:

Item	0.4	MONROE
County	0.5	ONTARIO
County	0.6	WAYNE
County	0.7	
County	0.8	
County	0.9	
County	0.11	

Table 1 Enrollment Summary By County - PACE		Net Enrollees at End of Current Period	55+ Dually Eligible	55+ Non-Dually Eligible	Total Medicaid Member Months for Current Period	Non-Medicaid Enrollee Months (PACE ONLY)	Total Member Months for Current Period
05115	05116	03213	03201	03202	03206	03207	03208
MEDICAID ENROLLMENT SUMMARY BY COUNTY							
Albany	0031						
Allegany	0032						
Broome	0033						
Cattaraugus	0034						
Cayuga	0035						
Chautauqua	0036						
Chemung	0037						
Chenango	0038						
Clinton	0039						
Columbia	0040						
Cortland	0041						
Delaware	0042						
Dutchess	0043						
Erie	0044						
Essex	0045						
Franklin	0046						
Fulton	0047						
Genesee	0048						
Greene	0049						
Hamilton	0050						
Herkimer	0051						
Jefferson	0052						
Lewis	0053						
Livingston	0054						
Madison	0055						
Monroe	0056	711	4,013	144	4,157	25	4,182
Montgomery	0057						
Nassau	0058						
Niagara	0059						
Oneida	0060						
Onondaga	0061						
Ontario	0062	19	111	1	112	0	112
Orange	0063						
Orleans	0064						
Oswego	0065						
Otsego	0066						
Putnam	0067						
Rensselaer	0068						
Rockland	0069						
St. Lawrence	0070						
Saratoga	0071						
Schenectady	0072						
Schoharie	0073						
Schuyler	0074						
Seneca	0075						
Steuben	0076						
Suffolk	0077						
Sullivan	0078						
Tioga	0079						
Tompkins	0080						
Ulster	0081						
Warren	0082						
Washington	0083						
Wayne	0084	32	151		151	12	163
Westchester	0085						
Wyoming	0086						
Yates	0087						
NYC	0088						
Totals	0030	762	4,275	145	4,420	37	4,457

Table 2A Balance Sheet - Assets		Current Year	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets As of 12/31
00010	00007	00011	00013	00014	00012
CURRENT ASSETS					
Cash	0001	\$9,061,856		\$9,061,856	\$3,288,962
Short-Term Investments	0002				
Premiums Receivable-net	0003	\$184,933		\$184,933	\$3,066,935
Interest Receivable	0004				
NYS Medicaid Reinsurance Recovery Receivable	0140				
Other Receivables - Net	0006				
Prepaid Expenses	0007	\$81,916		\$81,916	\$106,689
Aggregate Write-Ins for Current Assets (list below)	0008	\$2,422,688		\$2,422,688	\$1,761,213
Inventory	0009	\$29,488		\$29,488	\$27,371
Workers Compensation	0010	\$1,738,105		\$1,738,105	\$1,733,842
Due from Affiliates	0011	\$655,095		\$655,095	
	0012				
	0013				
TOTAL CURRENT ASSETS	0015	\$11,751,393		\$11,751,393	\$8,223,799
OTHER ASSETS					
NYS Escrow Account Balance	0016	\$3,213,578		\$3,213,578	\$3,058,701
Amounts Due from Affiliates	0018				
Loan Escrow	0019				
Long-Term Investments	0020				
Intangible Investments and Goodwill	0111				
Board designated Assets Whose Use Are Limited	0112	\$16,606,685		\$16,606,685	\$16,368,926
	0113				
	0114				
	0115				
	0116				
Other Restricted Assets	0017				
Aggregate Write-Ins for Other Assets (list below)	0124				
	0024				
	0025				
	0026				
	0027				
	0028				
TOTAL OTHER ASSETS	0030	\$19,820,263		\$19,820,263	\$19,427,627
PROPERTY AND EQUIPMENT					
Land	0031	\$11,490		\$11,490	\$12,639
Building and Improvements	0032	\$2,780,250		\$2,780,250	\$2,902,068
Construction In Progress	0035	\$199,394		\$199,394	\$158,654
Furniture and Equipment	0033	\$924,670		\$924,670	\$1,123,424
Leasehold Improvements	0034	\$675,560		\$675,560	\$715,339
Aggregate Write-Ins for Other Equipment (list below)	0137				
	0037				
	0038				
	0039				
	0040				
	0041				
TOTAL PROPERTY AND EQUIPMENT	0045	\$4,591,364		\$4,591,364	\$4,912,124
TOTAL ASSETS	0050	\$36,163,020		\$36,163,020	\$32,563,550

Table 2B Balance Sheet - Liabilities		Current Year	Previous Calendar Year as of 12/31
00010	00108	00011	00012
CURRENT LIABILITIES			
Accounts Payable	0051	\$762,009	\$430,946
Claims Payable	0052		
Accrued Inpatient Claims (Not Reported)	0054		
Accrued Physician Claims (Not Reported)	0055		
Accrued Referral Claims (Not Reported)	0056		
Accrued Other Medical	0057		
Accrued Medical Incentive Pool	0058		
Unearned Premiums	0059		
Loans and Notes Payable	0060		
Aggregate Write-Ins for Current Liabilities (list below)	0162	\$11,892,631	\$9,633,001
Other Accrued Expenses	0062	\$7,048,972	\$4,189,227
Due to Third Party	0063	\$4,843,659	\$5,443,774
	0064		
	0065		
	0066		
TOTAL CURRENT LIABILITIES	0070	\$12,654,640	\$10,063,947
OTHER LIABILITIES			
Loans and Notes	0071		
Amounts Due to Affiliates	0072	\$389,559	\$324,057
Aggregate Write-Ins for Other Liabilities (list below)	0173	\$3,751,135	\$3,219,815
Estimated Self Insurance Costs	0073	\$3,374,615	\$3,219,815
Pension & Post Retirement Obligations	0074	\$376,520	
	0075		
	0076		
	0077		
TOTAL OTHER LIABILITIES	0079	\$4,140,694	\$3,543,872
TOTAL LIABILITIES	0080	\$16,795,334	\$13,607,819
NET WORTH			
Donated Capital	0121		
Capital	0122		
Paid In Surplus	0123		
NYS Contingent Reserve Requirement	0081	\$3,375,722	\$3,375,722
Aggregate Write-Ins For Other Net Worth Items (List Below)	0183		
	0083		
	0084		
	0085		
	0086		
	0087		
Unassigned Surplus	0089	\$15,991,964	\$15,580,009
TOTAL NET WORTH EXCLUDING NON ADMITTED ASSETS	0105	\$19,367,686	\$18,955,731
TOTAL LIABILITIES AND NET WORTH EXCLUDING NON ADMITTED ASSETS	0110	\$36,163,020	\$32,563,550
TOTAL NET WORTH INCLUDING NON ADMITTED ASSETS	0090	\$19,367,686	\$18,955,731
TOTAL LIABILITIES AND NET WORTH INCLUDING NON ADMITTED ASSETS	0100	\$36,163,020	\$32,563,550

Table 2C Net Worth Reconciliation		
00030	00109	00031
Net Worth Last Year	0001	\$18,955,731
Total Net Income	0002	\$463,508
Change in Nonadmitted Assets	0020	
Dividends to stockholders	0003	
Withdrawals of equity	0004	
Change in net unrealized capital gains and losses less capital gains tax	0021	
Adjusted Net Worth	0005	\$19,419,239
Current Net Worth	0006	\$19,367,686
Difference	0007	(\$51,553)
Explanations:		
	0008	
	0009	
	0010	
	0011	
	0012	
	0013	
	0014	
	0015	
	0016	
	0017	
Total Explanations	0018	

Table 3 - Statement of Revenue and Expenses (Accrual Basis) - Summary of all Premium Groups on Claims Incurred - During Current Period		Total Current YTD	OTHER ENROLLEES Amount	Total for Medicaid Enrollees	Medicare	Medicaid (Dual & Non-Dual)	Total Plan Previous Year PMPM (as of 12/31)	Cost Share	Total Medicaid & Cost Share
00110	11110	00111	00113	00112	00103	00104	00117	01121	01122
Members	0414	762	6	756			725		
Member Months	0001	4,457	37	4,420					
Revenue									
Medicare Part C Premium Revenue	0401	\$13,223,058		\$13,223,058	\$13,223,058		\$2,987.15		
Medicare Part D Premium Revenue	0402	\$3,272,258		\$3,272,258	\$3,272,258		\$802.12		
Medicaid Premium Revenue	0003	\$18,220,829		\$18,220,829		\$18,220,829	\$4,040.25		\$18,220,829
Other Payor Premium Revenue	0004	\$218,064	\$218,064				\$52.96		
Spenddown and NAMI	0013	\$551,254		\$551,254		\$551,254	\$133.01		\$551,254
Coordination of Benefits(COB)	0014								
Reinsurance Recoveries	0077								
Net Investment Income (Table 3A)	0016	\$260,186		\$260,186		\$260,186	\$106.64		\$260,186
HR&R Revenue	0018								
Quality Incentive Pool Award	0945	\$294,934		\$294,934		\$294,934			\$294,934
Quality Incentive VAPP	0950								
Minimum Wage	0960	\$540,349		\$540,349		\$540,349			\$540,349
Other Revenue (Double click Below)									
Misc Income	0019	\$58	\$58						
	0020								
TOTAL PREMIUM REVENUE	0010	\$35,780,397	\$218,064	\$35,562,333	\$16,495,316	\$19,067,017	\$8,015.49		\$19,067,017
TOTAL REVENUE	0030	\$36,580,990	\$218,122	\$36,362,868	\$16,495,316	\$19,867,552	\$8,122.13		\$19,867,552
Expenses									
Medical and Hospital Expenses									
Inpatient:Acute Medical/Surgical	0031	\$2,825,076	\$23,453	\$2,801,623	\$2,369,408	\$146,795	\$631.21	\$285,420	\$432,215
Inpatient:Mental Health/Substance/Abuse	0032								
Inpatient Maternity Delivery	0403								
Total Hospital Inpatient Care	0404	\$2,825,076	\$23,453	\$2,801,623	\$2,369,408	\$146,795	\$631.21	\$285,420	\$432,215
Other Medical and Hospital:									
Primary Care Physician	0034	\$1,470,370	\$12,010	\$1,458,360	\$1,147,341	\$24,184	\$356.16	\$286,835	\$311,019
Specialty Care	0035	\$2,992,140	\$24,417	\$2,967,723	\$2,333,474	\$50,880	\$668.03	\$583,369	\$634,249
Prenatal/Postpartum Maternity Services	0405	\$0							
Ambulatory Surgery	0036	\$690,389	\$5,430	\$684,959	\$518,930	\$36,297	\$139.46	\$129,732	\$166,029
Outpatient/Physical Rehab/Therapy	0406	\$925,788	\$7,557	\$918,231	\$902,796	\$15,435	\$217.22		\$15,435
Other Professional Services	0037	\$501,117	\$4,134	\$496,983		\$496,983	\$97.99		\$496,983
Emergency Room	0038	\$508,363	\$4,173	\$504,190	\$398,790	\$5,703	\$142.56	\$99,697	\$105,400
Outpatient Mental Health	0039	\$104,503	\$668	\$103,635	\$82,908		\$23.60	\$20,727	\$20,727
Outpatient Drug and Alcohol Treatment	0040								
Dental	0041	\$158,617	\$1,283	\$157,334		\$157,334	\$35.05		\$157,334
Pharmacy-Part D	0407	\$2,632,759	\$22,591	\$2,610,168	\$2,610,168		\$610.45		
Pharmacy-Non-Part D	0408	\$410,651	\$2,468	\$408,183		\$408,183	\$70.60		\$408,183
Home Health Care	0409	\$8,599,689	\$70,429	\$8,529,260	\$1,335,178	\$7,194,082	\$1,806.89		\$7,194,082
Nursing Facility	0033	\$3,824,723	\$31,321	\$3,793,402	\$86,858	\$3,558,131	\$843.93	\$148,413	\$3,706,544
Transportation - Emergent	0410	\$235,505	\$1,909	\$233,596	\$182,458	\$5,524	\$56.13	\$45,614	\$51,138
Transportation - Non Emergent	0411	\$1,519,418	\$12,323	\$1,507,095		\$1,507,095	\$323.10		\$1,507,095
Diagnostic Test/Lab/X-Ray	0048	\$697,075	\$5,550	\$691,525	\$583,401	\$28,569	\$159.87	\$79,555	\$108,124
Family Planning	0412								
Vision Care Inc. Eyeglasses	0049	\$53,946	\$438	\$53,508		\$53,508	\$12.18		\$53,508
Foot Care	0050	\$39,580	\$324	\$39,256	\$30,986	\$524	\$7.73	\$7,746	\$8,270
Durable Medical Equipment & Supplies	0060	\$346,344	\$2,875	\$343,469	\$343,469		\$83.62		
Personal Care	0057								
CDPAP	0120	\$799,148	\$6,634	\$792,514		\$792,514	\$101		\$792,514
Personal Emergency Response Services	0062	\$37,686	\$310	\$37,376		\$37,376	\$7.46		\$37,376
Home Delivered Meals	0064	\$63,175	\$492	\$62,683		\$62,683	\$12.49		\$62,683
Adult Day Health Care	0044	\$19,558	\$162	\$19,396		\$19,396	\$7.52		\$19,396
Social Day Care	0045	\$2,717,998	\$22,131	\$2,695,867		\$2,695,867	\$574.39		\$2,695,867
Other Medical Services	0413	\$0		\$0					\$0
Deductible for Physician Services	0078	\$52,369		\$52,369		\$52,369	\$12.25		\$52,369
GROSS MEDICAL & HOSPITAL EXPENSES	0075	\$32,225,987	\$263,282	\$31,962,705	\$12,926,164	\$17,349,432	\$7,000.89	\$1,687,109	\$19,036,541
Reinsurance Premium Cost(1)	0015	\$49,289	\$49,289				\$11.70		
Global Capitation Surplus/(Loss)	0415								
Quality Incentive VAPP	0955								
Minimum Wage	0965								
Provider and Quality Incentive Payments	0076								
TOTAL MEDICAL & HOSPITAL EXPENSES	0080	\$32,275,276	\$312,571	\$31,962,705	\$12,926,164	\$17,349,432	\$7,012.59	\$1,687,109	\$19,036,541
Care Management (Table 13D)	0047	\$1,249,081	\$10,205	\$1,238,876	\$501,019	\$737,857	\$284.02		\$737,857
Administration									
Allowable Administration Expenses (Table 13A)	0081	\$2,437,184	\$20,232	\$2,416,952	\$967,779	\$1,449,173	\$542.79		\$1,449,173
TOTAL EXPENSES	0085	\$35,961,541	\$343,008	\$35,618,533	\$14,394,962	\$19,536,462	\$7,839.40	\$1,687,109	\$21,223,571
Premium Income(Loss)	0086	(\$181,144)	(\$124,944)	(\$56,200)	\$2,100,354	(\$469,445)	\$176.09		(\$2,156,554)
Nonallowable Expenses	0098	\$155,941	\$1,295	\$154,646	\$61,922	\$92,724	\$48.43		\$92,724
Operating Incomes(Loss)	0090	\$463,508	(\$126,181)	\$589,689	\$2,038,432	\$238,366	\$234.30		(\$1,448,743)
Aggregate Write-ins for Other Expenses (Table 3B)	0095								
Prior Period Adjustments and Extraordinary Items (Table 3C)	0096								
Provision for Taxes	0093								
Adj. For Prior Period IBNR Adjustment (Table 3D)	0094								
NET INCOME (LOSS)	0100	\$463,508	(\$126,181)	\$589,689	\$2,038,432	\$238,366	\$234.30		(\$1,448,743)

Table 3-1 - Statement of Revenue and Expenses (Accrual Basis) - Summary of all Premium Groups on Claims Incurred - During Current Period - PMPM Basis		Total Current YTD PMPM	OTHER ENROLLEES Amount PMPM	Total for Medicaid Enrollees PMPM	Medicare PMPM	Medicaid (Dual & Non-Dual) PMPM	Cost Share	Total Medicaid & Cost Share
110112	112111	00114	00116	00115	00105	00106	01119	01120
Members	0414							
Member Months	0001	4,457	37	4,420				
Revenue								
Medicare Part C Premium Revenue	0401	\$2,966.81	\$0.00	\$2,991.64	\$3,093.11			
Medicare Part D Premium Revenue	0402	\$734.18	\$0.00	\$740.33	\$765.44			
Medicaid Premium Revenue	0003	\$4,088.14	\$0.00	\$4,122.36		\$4,122.36		\$4,122.36
Other Payor Premium Revenue	0004	\$48.93	\$5,893.62					
Spenddown and NAMI	0013	\$123.68	\$0.00	\$124.72		\$124.72		\$124.72
Coordination of Benefits(COB)	0014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Reinsurance Recoveries	0077	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Net Investment Income (Table 3A)	0016	\$58.38	\$0.00	\$58.87	\$0.00	\$58.87		\$58.87
HR & R Revenue	0018	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00
Quality Incentive Pool Award	0945	\$66.17	\$0.00	\$66.73		\$66.73		\$66.73
Quality Incentive VAPP	0950	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00
Minimum Wage	0960	\$121.24	\$0.00	\$122.25		\$122.25		\$122.25
Other Revenue								
	0019	\$0.01	\$1.57	\$0.00	\$0.00	\$0.00		\$0.00
	0020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
TOTAL PREMIUM REVENUE	0010	\$8,027.91	\$5,893.62	\$8,045.78	\$3,858.55	\$4,313.80		\$4,313.80
TOTAL REVENUE	0030	\$8,207.54	\$5,895.19	\$8,226.89	\$3,858.55	\$4,494.92		\$4,494.92
Expenses								
Medical and Hospital Expenses								
Inpatient:Acute Medical/Surgical	0031	\$633.85	\$633.86	\$633.85	\$554.25	\$33.21	\$64.57	\$97.79
Inpatient:Mental Health/Substance/Abuse	0032	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Inpatient Maternity Delivery	0403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Total Hospital Inpatient Care	0404	\$633.85	\$633.86	\$633.85	\$554.25	\$33.21	\$64.57	\$97.79
Other Medical and Hospital:								
Primary Care Physician	0034	\$329.90	\$324.59	\$329.95	\$268.38	\$5.47	\$64.89	\$70.37
Specialty Care	0035	\$671.33	\$659.92	\$671.43	\$545.84	\$11.51	\$131.98	\$143.50
Prenatal/Postpartum Maternity Services	0405	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ambulatory Surgery	0036	\$154.90	\$146.76	\$154.97	\$121.39	\$8.21	\$29.35	\$37.56
Outpatient/Physical Rehab/Therapy	0406	\$207.72	\$204.24	\$207.74	\$211.18	\$3.49	\$0.00	\$3.49
Other Professional Services	0037	\$112.43	\$111.73	\$112.44	\$0.00	\$112.44	\$0.00	\$112.44
Emergency Room	0038	\$114.06	\$112.78	\$114.07	\$93.28	\$1.29	\$22.56	\$23.85
Outpatient Mental Health	0039	\$23.45	\$23.46	\$23.45	\$19.39	\$0.00	\$4.69	\$4.69
Outpatient Drug and Alcohol Treatment	0040	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental	0041	\$35.59	\$34.68	\$35.60		\$35.60		\$35.60
Pharmacy-Part D	0407	\$590.70	\$610.57	\$590.54	\$610.57	\$0.00	\$0.00	\$0.00
Pharmacy-Non-Part D	0408	\$92.14	\$66.70	\$92.35		\$92.35		\$92.35
Home Health Care	0409	\$1,929.48	\$1,903.49	\$1,929.70	\$312.32	\$1,627.62		\$1,627.62
Nursing Facility	0033	\$858.14	\$846.51	\$858.24	\$20.32	\$805.01	\$33.58	\$838.58
Transportation - Emergent	0410	\$52.84	\$51.59	\$52.85	\$42.68	\$1.25	\$10.32	\$11.57
Transportation - Non Emergent	0411	\$340.91	\$333.05	\$340.97		\$340.97		\$340.97
Diagnostic Test/Lab/X-Ray	0048	\$156.40	\$150.00	\$156.45	\$136.47	\$6.46	\$18.00	\$24.46
Family Planning	0412	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Care Inc. Eyeglasses	0049	\$12.10	\$11.84	\$12.11	\$0.00	\$12.11	\$0.00	\$12.11
Foot Care	0050	\$8.88	\$8.76	\$8.88	\$7.25	\$0.12	\$1.75	\$1.87
Durable Medical Equipment & Supplies	0060	\$77.71	\$77.70	\$77.71	\$80.34	\$0.00	\$0.00	\$0.00
Personal Care	0057	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00
CDPAP	0120	\$179.30	\$179.30	\$179.30		\$179.30		\$179.30
Personal Emergency Response Services	0062	\$8.46	\$8.38	\$8.46		\$8.46		\$8.46
Home Delivered Meals	0064	\$14.17	\$13.30	\$14.18		\$14.18		\$14.18
Adult Day Health Care	0044	\$4.39	\$4.38	\$4.39		\$4.39		\$4.39
Social Day Care	0045	\$609.83	\$598.14	\$609.92		\$609.92		\$609.92
Deductible for Physician Services	0078	\$12.25		\$12.25		\$12.25		\$11.85
Other Medical Services	0413	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GROSS MEDICAL & HOSPITAL EXPENSES	0075	\$7,230.42	\$7,115.73	\$7,231.38	\$3,023.66	\$3,925.21	\$381.70	\$4,306.91
PLUS: Reinsurance Premium Cost(1)	0015	\$11.06	\$1,332.14	\$0.00	\$0.00	\$0.00		\$0.00
Global Capitation Surplus/(Loss)	0415	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Quality Incentive VAPP	0955	\$0.00	\$0.00	\$0.00		\$0.00		\$0
Minimum Wage	0965	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0
Provider and Quality Incentive Payments	0076	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
TOTAL MEDICAL & HOSPITAL EXPENSES	0080	\$7,241.48	\$8,447.86	\$7,231.38	\$3,023.66	\$3,925.21	\$381.70	\$4,306.91
Care Management (Table 13D)	0047	\$280.25	\$275.81	\$280.29	\$117.20	\$166.94		\$166.94
Administration								
Allowable Administration Expenses (Table 13A)	0081	\$546.82	\$546.82	\$546.82	\$226.38	\$327.87		\$327.87
TOTAL EXPENSES	0085	\$8,068.55	\$9,270.49	\$8,058.49	\$3,367.24	\$4,420.01	\$381.70	\$4,801.71
Premium Income(Loss)	0086	(\$40.64)	(\$3,376.87)	(\$12.71)	\$491.31	(\$106.21)		(\$487.91)
Nonallowable Administrative Expenses	0098	\$34.99	\$34.99	\$34.99	\$14.48	\$20.98		\$20.98
Operating Incomes(Loss)	0090	\$104.00	(\$3,410.29)	\$133.41	\$476.83	\$53.93		(\$327.77)
Aggregate Write-ins for Other Expenses (Table 3B)	0095	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Prior Period Adjustments and Extraordinary Items (Table 3C)	0096	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Provision for Taxes	0093	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Adj. For Prior Period IBNR Adjustment (Table 3D)	0094	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
NET INCOME (LOSS)	0100	\$104.00	(\$3,410.29)	\$133.41	\$476.83	\$53.93		(\$327.77)

Table 3A Schedule of Net Investment Income - PACE		Amount Accrued During the Year Medicaid	Amount Accrued During the Year Medicare
12012	12013	01203	01204
Details of Investment Income Reported on			
Table 3, Line 16			
Interest Income	0001	\$35,845	
Dividend and Real Estate Income	0002		
Net Realized Capital Gains or Losses	0003	\$100,772	
Other Investment Income	0004	\$136,174	
TOTAL INVESTMENT INCOME	0010	\$272,791	
DEDUCTIONS			
Investment Expenses	0011	\$12,605	
Interest Expense	0012		
Interest on Claims Paid after 45 Days	0014		
Other Deductions	0013		
TOTAL DEDUCTIONS	0020	\$12,605	
NET INVESTMENT INCOME	0025	\$260,186	

Table 3B Schedule of Aggregate Write-Ins for Other Expenses - PACE		Medicaid	Medicare
01213	12014	01205	01206
Details of Write-ins aggregated on line 0095 from Table 3, Line 95:			
	0001		
	0002		
	0003		
	0004		
	0005		
Non-State Plan Services	0006		
Increase in Reserves for A& H Contracts	0007		
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0099		

Table 3C Schedule of Prior Period Revenue and Adjustments and Extraordinary Items - PACE		Medicaid	Medicare
01223	12015	01207	01208
Details of Extraordinary Items on Table 3, line 96:			
Adjustment for Prior Period Revenue	0001		
Adjustment for Prior Period HR & R Revenue	0002		
	0003		
	0004		
	0005		
	0006		
	0007		
	0008		
	0009		
All Other	0010		
TOTAL EXTRAORDINARY ITEMS	0099		

Table 3D Schedule of Adjustments for Prior Period IBNR - PACE		Medicaid	Medicare
12016	12017	01209	01210
Details of Adj for Prior Period IBNR on Table 3, line 96:			
1 Year Prior to the Reporting Period	0001		
2 Years Prior to the Reporting Period	0002		
3 Years Prior to the Reporting Period	0003		
4 Years Prior to the Reporting Period	0004		
TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR	0010		

Schedule 3D-1 MEDICAID Schedule of Recovered Provider Payments For Services Provided in Prior Periods		Amount of Recovered Payments
12018	12019	01026
Details of Prior Period Provider Recoveries included in the Prior Period IBNR Schedule:		
1 Year Prior to Reporting Period	0001	
2 Years Prior to Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL RECOVERIES INCLUDED IN PRIOR PERIOD IBNR ADJUSTMENT	0099	

Table 4 Consolidated Revenue and Expense Statement Total Lines of Business		MEDICAID ADVANTAGE PLUS	MLTC PACE	MEDICARE ADVANTAGE	FIDA	DISCO	OTHER	TOTAL
00120	12020	00126	00121	00127	00122	00123	00124	00125
Members	0414		762					762
Member Months	0001		4,457					4,457
Revenue								
Medicare Part C Premium Revenue	0401		\$13,223,058					\$13,223,058
Medicare Part D Premium Revenue	0402		\$3,272,258					\$3,272,258
Medicaid Premium Revenue	0003		\$18,220,829					\$18,220,829
Other Payor Premium Revenue	0004		\$218,064					\$218,064
Spenddown and NAMI	0013		\$551,254					\$551,254
Coordination of Benefits(COB)	0014							
Reinsurance Recoveries	0077							
Net Investment Income (Table 4A)	0016		\$260,186					\$260,186
HR&R Revenue	0018							
Quality Incentive Pool Award	0945		\$294,934					\$294,934
Quality Incentive VAPP	0950							
Minimum Wage	0960		\$540,349					\$540,349
Other Revenue (Double-Click Below)								
	0019		\$58					\$58
	0020							
TOTAL PREMIUM REVENUE	0010		\$35,780,397					\$35,780,397
TOTAL REVENUE	0030		\$36,580,990					\$36,580,990
Expenses								
Medical and Hospital Expenses								
Inpatient:Acute Medical/Surgical	0031		\$2,825,076					\$2,825,076
Inpatient:Mental Health & Substance Abuse	0032							
Inpatient Maternity Delivery	0403							
Total Hospital Inpatient Care	0404		\$2,825,076					\$2,825,076
Other Medical and Hospital:								
Primary Care Physician	0034		\$1,470,370					\$1,470,370
Specialty Care	0035		\$2,992,140					\$2,992,140
Prenatal/Postpartum Maternity Services	0405		\$0					\$0
Ambulatory Surgery	0036		\$690,389					\$690,389
Outpatient/Physical Rehab/Therapy	0406		\$925,788					\$925,788
Other Professional Services	0037		\$501,117					\$501,117
Emergency Room	0038		\$508,363					\$508,363
Outpatient Mental Health	0039		\$104,503					\$104,503
Outpatient Drug and Alcohol Treatment	0040							
Dental	0041		\$158,617					\$158,617
Pharmacy-Part D	0407		\$2,632,759					\$2,632,759
Pharmacy-Non-Part D	0408		\$410,651					\$410,651
Home Health Care	0409		\$8,599,689					\$8,599,689
Nursing Facility	0033		\$3,824,723					\$3,824,723
Transportation - Emergent	0410		\$235,505					\$235,505
Transportation - Non Emergent	0411		\$1,519,418					\$1,519,418
Diagnostic Test/Lab/X-Ray	0048		\$697,075					\$697,075
Family Planning	0412							
Vision Care Inc. Eyeglasses	0049		\$53,946					\$53,946
Foot Care	0050		\$39,580					\$39,580
Durable Medical Equipment & Supplies	0060		\$346,344					\$346,344
Personal Care	0057							
CDPAP	0120		\$799,148					\$799,148
Personal Emergency Response Services	0062		\$37,686					\$37,686
Home Delivered Meals	0064		\$63,175					\$63,175
Adult Day Health Care	0044		\$19,558					\$19,558
Social Day Care	0045		\$2,717,998					\$2,717,998
Supplemental Benefits	0099							
Other Medical Services	0413		\$0					\$0
Deductible for Physician Services	0078		\$52,369					\$52,369
GROSS MEDICAL & HOSPITAL EXPENSES	0075		\$32,225,987					\$32,225,987
Reinsurance Premium Cost(1)	0015		\$49,289					\$49,289
Global Capitation Surplus/(Loss)	0415							
Quality Incentive VAPP	0955							
Minimum Wage	0965							
Provider and Quality Incentive Payments	0076							
TOTAL MEDICAL & HOSPITAL EXPENSES	0080		\$32,275,276					\$32,275,276
Care Management	0047		\$1,249,081					\$1,249,081
Administration								
Allowable Administration Expenses	0081		\$2,437,184					\$2,437,184
TOTAL EXPENSES	0085		\$35,961,541					\$35,961,541
Premium Income(Loss)	0086		(\$181,144)					(\$181,144)
Nonallowable Administrative Expenses	0098		\$155,941					\$155,941
Operating Incomes(Loss)	0090		\$463,508					\$463,508
Aggregate Write-ins for Other Expenses	0095							
Prior Period Adjustments and Extraordinary Items	0096							
Provision for Taxes	0093							
Adj. For Prior Period IBNR Adjustment	0094							
NET INCOME (LOSS)	0100		\$463,508					\$463,508

Table 4-1 Consolidated Revenue and Expense Statement Total Lines of Business - PMPM Basis		MEDICAID ADVANTAGE PLUS PMPM	MLTC PACE PMPM	MEDICARE ADVANTAGE PMPM	FIDA PMPM	DISCO PMPM	OTHER PMPM	TOTAL PMPM
120113	12021	00128	00129	00130	00133	00134	00131	00132
Members	0414		762					762
Member Months	0001		4,457					4,457
Revenue								
Medicare Part C Premium Revenue	0401		\$2,966.81					\$2,966.81
Medicare Part D Premium Revenue	0402		\$734.18					\$734.18
Medicaid Premium Revenue	0003		\$4,088.14					\$4,088.14
Other Payor Premium Revenue	0004		\$48.93					\$48.93
Spenddown and NAMI	0013		\$123.68					\$123.68
Coordination of Benefits(COB)	0014		\$0.00					\$0.00
Reinsurance Recoveries	0077		\$0.00					\$0.00
Net Investment Income (Table 3A)	0016		\$58.38					\$58.38
HR&R Revenue	0018		\$0.00					\$0.00
Quality Incentive Pool Award	0945		\$66.17					\$66.17
Quality Incentive VAPP	0950		\$0.00					\$0.00
Minimum Wage	0960		\$121.24					\$121.24
Other Revenue								
	0019		\$0.01					\$0.01
	0020		\$0.00					\$0.00
TOTAL PREMIUM REVENUE	0010		\$8,027.91					\$8,027.91
TOTAL REVENUE	0030		\$8,207.54					\$8,207.54
Expenses								
Medical and Hospital Expenses								
Inpatient:Acute Medical/Surgical	0031		\$633.85					\$633.85
Inpatient:Mental Health & Substance Abuse	0032		\$0.00					\$0.00
Inpatient Maternity Delivery	0403		\$0.00					\$0.00
Total Hospital Inpatient Care	0404		\$633.85					\$633.85
Other Medical and Hospital:								
Primary Care Physician	0034		\$329.90					\$329.90
Specialty Care	0035		\$671.33					\$671.33
Prenatal/Postpartum Maternity Services	0405		\$0.00					\$0.00
Ambulatory Surgery	0036		\$154.90					\$154.90
Outpatient/Physical Rehab/Therapy	0406		\$207.72					\$207.72
Other Professional Services	0037		\$112.43					\$112.43
Emergency Room	0038		\$114.06					\$114.06
Outpatient Mental Health	0039		\$23.45					\$23.45
Outpatient Drug and Alcohol Treatment	0040		\$0.00					\$0.00
Dental	0041		\$35.59					\$35.59
Pharmacy-Part D	0407		\$590.70					\$590.70
Pharmacy-Non-Part D	0408		\$92.14					\$92.14
Home Health Care	0409		\$1,929.48					\$1,929.48
Nursing Facility	0033		\$858.14					\$858.14
Transportation - Emergent	0410		\$52.84					\$52.84
Transportation - Non Emergent	0411		\$340.91					\$340.91
Diagnostic Test/Lab/X-Ray	0048		\$156.40					\$156.40
Family Planning	0412		\$0.00					\$0.00
Vision Care Inc. Eyeglasses	0049		\$12.10					\$12.10
Foot Care	0050		\$8.88					\$8.88
Durable Medical Equipment & Supplies	0060		\$77.71					\$77.71
Personal Care	0057		\$0.00					\$0.00
CDPAP	0120		\$179.30		\$0.00	\$0.00	\$0.00	\$179.30
Personal Emergency Response Services	0062		\$8.46					\$8.46
Home Delivered Meals	0064		\$14.17					\$14.17
Adult Day Health Care	0044		\$4.39					\$4.39
Social Day Care	0045		\$609.83					\$609.83
Supplemental Benefits	0099							\$0.00
Other Medical Services	0413		\$0.00					\$0.00
Deductible for Physician Services	0078		\$12.25					\$11.75
GROSS MEDICAL & HOSPITAL EXPENSES	0075		\$7,230.42					\$7,230.42
Reinsurance Premium Cost(1)	0015		\$11.06					\$11.06
Global Capitation Surplus/(Loss)	0415		\$0.00					\$0.00
Quality Incentive VAPP	0955		\$0.00					\$0.00
Minimum Wage	0965		\$0.00					\$0.00
Provider and Quality Incentive Payments	0076		\$0.00					\$0.00
TOTAL MEDICAL & HOSPITAL EXPENSES	0080		\$7,241.48					\$7,241.48
Care Management	0047		\$280.25					\$280.25
Administration								
Allowable Administration Expenses	0081		\$546.82					\$546.82
TOTAL EXPENSES	0085		\$8,068.55					\$8,068.55
Premium Income(Loss)	0086		(\$40.64)					(\$40.64)
Nonallowable Administrative Expenses	0098		\$34.99					\$34.99
Operating Incomes(Loss)	0090		\$104.00					\$104.00
Aggregate Write-ins for Other Expenses	0095		\$0.00					\$0.00
Prior Period Adjustments and Extraordinary Items	0096		\$0.00					\$0.00
Provision for Taxes	0093		\$0.00					\$0.00
Adj. For Prior Period IBNR Adjustment	0094		\$0.00					\$0.00
NET INCOME (LOSS)	0100		\$104.00					\$104.00

Table 4A Schedule of Net Investment Income - Other		Amount Accrued During the Year
12022	12023	01233
Details of Investment Income Reported on Table 4 Cons, Col. 124, line 16		
Interest Income	0001	
Dividend and Real Estate Income	0002	
Net Realized Capital Gains or Losses	0003	
Other Investment Income	0004	
Total Investment Income	0010	
DEDUCTIONS		
Investment Expenses	0011	
Interest Expense	0012	
Interest on Claims Paid After 45 Days	0014	
Other Deductions	0013	
TOTAL DEDUCTIONS	0020	
NET INVESTMENT INCOME	0025	

Table 4B Schedule of Aggregate Write-Ins for Other Expenses - Other		Amount of Write-off
01299	12024	01234
Details of Write-Ins aggregated on Table 4 Cons, Col. 124, line 95:		
	0001	
	0002	
	0003	
	0004	
	0005	
	0006	
Increase in Reserves for A&H Contracts	0007	
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0099	

Table 4C Schedule of Prior Period Adjustments and Extraordinary Items - Other		Amount of Write-off
01298	12025	01235
Details of Extraordinary Items on Table 4 Cons, Col. 124, line 96		
Adjustment for Prior Period Revenue	0001	
Adjustment for Prior Period HR & R Revenue	0002	
	0003	
	0004	
	0005	
	0006	
	0007	
	0008	
	0009	
All Other	0010	
TOTAL EXTRAORDINARY ITEMS	0099	

Table 4D Schedule of Adjustments for Prior Period IBNR - Other		Amount of Write-off
00260	00270	01236
Details of Adj for Prior Period IBNR on Table 4 Cons, Col. 124, line 94		
1 Year Prior to the Reporting Period	0001	
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR	0010	

Table 5-1 - Medicaid Revenue and Expenses Analysis - Premium Group 55+ PACE - Non-Dually Eligible		Medicaid Current YTD	Medicaid Current YTD PMPM	Medicaid Previous Calendar Year as of 12/31
00210	00280	00211	00212	00213
Members	0834	26		
Medicaid Member Months	0401	145		
Revenue				
Medicare Part C Premium Revenue	0801			
Medicare Part D Premium Revenue	0802			
Medicaid Premium Revenue	0403	\$1,067,945	\$7,365.14	
Other Payor Premium Revenue	0404			
Spenddown and NAMI	0413		\$0.00	
Coordination of Benefits(COB)	0414		\$0.00	
Reinsurance Recoveries	0477		\$0.00	
Net Investment Income (Table 3A)	0416			
HR&R Revenue	0418		\$0.00	
Quality Incentive Pool Award	0945		\$0.00	
Quality Incentive VAPP	0950		\$0.00	
Minimum Wage	0960	\$179	\$1.23	
Other Revenue (Double Click Below)				
	0419		\$0.00	
	0420		\$0.00	
TOTAL PREMIUM REVENUE	0410	\$1,067,945	\$7,365.14	
TOTAL REVENUE	0430	\$1,068,124	\$7,366.37	
Expenses				
Medical and Hospital Expenses				
Inpatient Acute Medical Surgical	0431	\$146,795	\$1,012.38	
Inpatient Mental Health & Substance Abuse	0432		\$0.00	
Inpatient Maternity Delivery	0803		\$0.00	
Total Hospital Inpatient Care	0804	\$146,795	\$1,012.38	
Other Medical and Hospital:				
Primary Care Physician	0434	\$24,184	\$166.79	
Specialty Care	0435	\$50,880	\$350.90	
Prenatal/Postpartum Maternity Services	0805		\$0.00	
Ambulatory Surgery	0436	\$36,297	\$250.32	
Outpatient/Physical Rehab/Therapy	0806	\$15,435	\$106.45	
Other Professional Services	0437	\$3,188	\$21.99	
Emergency Room	0438	\$5,703	\$39.33	
Outpatient: Mental Health	0439		\$0.00	
Outpatient Drug & Alcohol Treatment	0440		\$0.00	
Dental	0441	\$4,051	\$27.94	
Pharmacy-Part D	0807		\$0.00	
Pharmacy-Non-Part D	0808	\$123,018	\$848.40	
Home Health Care	0809	\$115,884	\$799.20	
Nursing Facility	0433	\$51,766	\$357.01	
Transportation - Emergent	0810	\$5,524	\$38.10	
Transportation - Non Emergent	0811	\$35,029	\$241.58	
Diagnostic Testing, Lab & X-Ray	0448	\$28,569	\$197.03	
Family Planning	0812		\$0.00	
Vision Care Inc. Eyeglasses	0449	\$1,200	\$8.28	
Foot Care	0450	\$524	\$3.61	
Durable Medical Equipment & Other	0460		\$0.00	
Personal Care	0457		\$0.00	
CDPAP	0120	\$39,174	\$270.17	
Personal Emergency Response Services	0462	\$302	\$2.08	
Home Delivered Meals	0464		\$0.00	
Adult Day Care	0444		\$0.00	
Social Day Care	0445	\$52,136	\$359.56	
Other Medical Services outside PACE Ctr: (Enter labels on Table 6)				
	0813		\$0.00	
	0814		\$0.00	
	0815		\$0.00	
	0816		\$0.00	
	0817		\$0.00	
Other Medical Services in PACE Ctr: (Enter labels on Table 6)				
	0825		\$0.00	
	0826		\$0.00	
	0827		\$0.00	
	0828		\$0.00	
	0829		\$0.00	
Total: Other Medical Services	0833		\$0.00	
GROSS MEDICAL & HOSPITAL EXPENSES	0475	\$739,659	\$5,101.10	
PLUS: Reinsurance Premium Cost	0415		\$0.00	
Global Capitation Surplus/(Loss)	0835		\$0.00	
Quality Incentive VAPP	0955		\$0.00	
Minimum Wage	0965		0.00	
Provider and Quality Incentive Payments	0476		\$0.00	
TOTAL MEDICAL & HOSPITAL EXPENSES	0480	\$739,659	\$5,101.10	
Care Management (Table 13D)	0447	\$28,669	\$197.72	
Administration				
Allowable Administration Expenses (Table 13A)	0481	\$79,289	\$546.82	
TOTAL EXPENSES	0485	\$847,617	\$5,845.64	
Premium Income(Loss)	0486	\$220,328	\$1,519.50	
Nonallowable Expense	0498	\$5,073	\$34.99	
Operating Incomes(Loss)	0490	\$215,433	\$1,485.75	
Aggregate Write-ins for Other Expenses	0495			
Prior Period Adjustments and Extraordinary Items	0496			
Provision for Taxes	0493			
Adj. For Prior Period IBNR Adjustment	0494			
NET INCOME (LOSS)	0499			

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

Table 5-1A - Expense Analysis - PACE - Non-Dually Eligible - Services outside the PACE Center		Medicaid Current YTD	Medicaid Current YTD PMPM	Medicaid Previous Calendar Year PMPM as of 12/31
00240	00290	00241	00242	00243
Expenses				
Medical and Hospital Expenses				
Inpatient Acute Medical Surgical	0431	\$146,795	\$1,012.38	\$640.49
Inpatient Mental Health & Substance Abuse	0432		\$0.00	
Inpatient Maternity Delivery	0803		\$0.00	
Total Hospital Inpatient Care	0804	\$146,795	\$1,012.38	\$640.49
Other Medical and Hospital:				
Primary Care Physician	0434	\$1,834	\$12.65	\$18.80
Specialty Care	0435	\$50,880	\$350.90	\$381.93
Prenatal/Postpartum Maternity Services	0805		\$0.00	
Ambulatory Surgery	0436	\$36,297	\$250.32	\$43.88
Outpatient/Physical Rehab/Therapy	0806	\$2,169	\$14.96	\$31.52
Other Professional Services	0437	\$1,488	\$10.26	\$37.30
Emergency Room	0438	\$5,703	\$39.33	\$121.69
Outpatient: Mental Health	0439		\$0.00	\$0.67
Outpatient Drug & Alcohol Treatment	0440		\$0.00	
Dental	0441	\$4,051	\$27.94	\$42.76
Pharmacy-Part D	0807		\$0.00	
Pharmacy-Non-Part D	0808	\$123,018	\$848.40	\$688.45
Home Health Care	0809	\$108,366	\$747.35	\$1,064.85
Nursing Facility	0433	\$51,766	\$357.01	\$353.07
Transportation - Emergent	0810	\$5,524	\$38.10	\$24.23
Transportation - Non Emergent	0811	\$9,499	\$65.51	\$25.99
Diagnostic Testing, Lab & X-Ray	0448	\$28,569	\$197.03	\$173.45
Family Planning	0812		\$0.00	
Vision Care Inc. Eyeglasses	0449	\$1,200	\$8.28	\$5.67
Foot Care	0450	\$524	\$3.61	\$3.46
Durable Medical Equipment & Other	0460		\$0.00	
Personal Care	0457		\$0.00	
CDPAP	0120	\$39,174	\$270.17	\$22.05
Personal Emergency Response Services	0462	\$302	\$2.08	\$1.48
Home Delivered Meals	0464		\$0.00	
Adult Day Care	0444		\$0.00	\$16.81
Social Day Care	0445		\$0.00	
Other Medical Services: (Enter labels on Table 6)				
	0813		\$0.00	
	0814		\$0.00	
	0815		\$0.00	
	0816		\$0.00	
	0817		\$0.00	
Total: Other Medical Services	0830		\$0.00	
GROSS MEDICAL & HOSPITAL EXPENSES	0475	\$617,159	\$4,256.27	\$3,698.55
PLUS: Reinsurance Premium Cost	0415		\$0.00	
Global Capitation Surplus/(Loss)	0835		\$0.00	
Quality Incentive VAPP	0955		\$0.00	
Minimum Wage	0965		\$0.00	
Provider and Quality Incentive Payments	0476		\$0.00	
TOTAL MEDICAL & HOSPITAL EXPENSES	0480	\$617,159	\$4,256.27	\$3,698.55
Care Management (Table 13D)	0447	\$0	\$0.00	
Administration				
Allowable Administration Expenses (Table 13A)	0481			
TOTAL EXPENSES	0485			

Table 5-1B - Expense Analysis - PACE - Non-Dually Eligible - Services in the PACE Center		Medicaid Total Current YTD	Medicaid Total Current YTD PMPM	Medicaid Previous Calendar Year PMPM as of 12/31
00510	00300	00513	00514	00515
Expenses				
Medical Expenses:				
Primary Care Physician	0230	\$22,350	\$154.14	\$150.44
Nursing without a Physician	0238	\$7,518	\$51.85	\$35.84
Outpatient/Physical Rehab/Therapy	0239	\$13,266	\$91.49	\$123.85
Other Professional Services	0240	\$1,700	\$11.72	\$66.21
Outpatient Mental Health	0231		\$0.00	
Outpatient Drug & Alcohol Treatment	0233		\$0.00	
Dental	0232		\$0.00	
Pharmacy - Part D	0207		\$0.00	
Pharmacy - Non-Part D	0208		\$0.00	
Diagnostic Testing, Lab & X-Ray	0234		\$0.00	
Vision Care Inc. Eyeglasses	0235		\$0.00	
Foot Care	0236		\$0.00	
Other Medical Services: (Enter labels on Table 6)				
	0246		\$0.00	
	0247		\$0.00	
	1248		\$0.00	
	1249		\$0.00	
	1250		\$0.00	
Total Other Medical Services	1254		\$0.00	
TOTAL CLINIC COSTS	0248	\$44,834	\$309.20	\$376.34
Care Management in the PACE Center	0256	\$28,669	\$197.72	
Social Day Care	0255	\$52,136	\$359.56	\$66.06
TOTAL EXPENSES IN THE PACE CENTER	0225	\$125,639	\$866.48	\$442.40
Transportation - Non Emergent	0268	\$25,530	\$176.07	\$183.69

Table 5-2 - Revenue and Expenses Analysis - PACE Dually Eligible		Total Current YTD	Total Current YTD PMPM	Total Previous Calendar Year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Share	Total Medicaid & Cost Share
01301	20310	01302	01303	11303	01304	11304	01307	11307	01320	01321
Members	0834	730		693						
Medicaid Member Months	0401	4,275		8,008						
Revenue										
Medicare Part C Premium Revenue	0801	\$13,223,058	\$3,093.11		\$13,223,058	\$3,093.11				
Medicare Part D Premium Revenue	0802	\$3,272,258	\$765.44		\$3,272,258	\$765.44				
Medicaid Premium Revenue	0403	\$17,152,884	\$4,012.37				\$17,152,884	\$4,012.37		\$17,152,884
Other Payor Premium Revenue	0404									
Spenddown and NAMI	0413	\$551,254	\$128.95				\$551,254	\$128.95		\$551,254
Coordination of Benefits(COB)	0414		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0477		\$0.00			\$0.00		\$0.00		
Net Investment Income (Table 3A)	0416									
HR&R Revenue	0418		\$0.00					\$0.00		
Quality Incentive Pool Award	0945	\$294,934	\$68.99				\$294,934	\$68.99		\$294,934
Quality Incentive VAPP	0950		\$0.00					\$0.00		
Minimum Wage	0960	\$540,170	\$126.36				\$540,170	\$126.36		\$540,170
Other Revenue (Double Click Below)										
	0419		\$0.00			\$0.00		\$0.00		
	0420		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0410	\$34,494,388	\$8,068.86		\$16,495,316	\$3,858.55	\$17,999,072	\$4,210.31		\$17,999,072
TOTAL REVENUE	0430	\$35,034,558	\$8,195.22		\$16,495,316	\$3,858.55	\$18,539,242	\$4,336.66		\$18,539,242
Expenses										
Medical and Hospital Expenses										
Inpatient Acute Medical Surgical	0431	\$2,654,828	\$621.01	\$630.85	\$2,369,408	\$554.25		\$0.00	\$285,420	\$285,420
Inpatient Mental Health & Substance Abuse	0432	\$0	\$0.00	\$9.95		\$0.00		\$0.00		
Inpatient Maternity Delivery	0803		\$0.00			\$0.00				
Total Hospital Inpatient Care	0804	\$2,654,828	\$621.01	\$640.80	\$2,369,408	\$554.25		\$0.00	\$285,420	\$285,420
Other Medical and Hospital:										
Primary Care Physician	0434	\$1,434,176	\$335.48	\$111.10	\$1,147,341	\$268.38			\$286,835	\$286,835
Specialty Care	0435	\$2,916,843	\$682.30	\$678.80	\$2,333,474	\$545.84			\$583,369	\$583,369
Prenatal/Postpartum Maternity Services	0805		\$0.00			\$0.00				
Ambulatory Surgery	0436	\$648,662	\$151.73	\$143.15	\$518,930	\$121.39			\$129,732	\$129,732
Outpatient/Physical Rehab/Therapy	0806	\$902,796	\$211.18	\$74.19	\$902,796	\$211.18		\$0.00		
Other Professional Services	0437	\$493,795	\$115.51	\$28.06		\$0.00	\$493,795	\$115.51		\$493,795
Emergency Room	0438	\$498,487	\$116.61	\$143.42	\$398,790	\$93.28			\$99,697	\$99,697
Outpatient: Mental Health	0439	\$103,635	\$24.24	\$2.03	\$82,908	\$19.39			\$20,727	\$20,727
Outpatient Drug & Alcohol Treatment	0440		\$0.00			\$0.00				
Dental	0441	\$153,283	\$35.86	\$23.90			\$153,283	\$35.86		\$153,283
Pharmacy-Part D	0807	\$2,610,168	\$610.57	\$633.54	\$2,610,168	\$610.57				
Pharmacy-Non-Part D	0808	\$285,165	\$66.71	\$47.21			\$285,165	\$66.71		\$285,165
Home Health Care	0809	\$8,413,376	\$1,968.04	\$1,727.08	\$1,335,178	\$312.32	\$7,078,198	\$1,655.72		\$7,078,198
Nursing Facility	0433	\$3,741,636	\$875.24	\$862.92	\$86,858	\$20.32	\$3,506,365	\$820.20	\$148,413	\$3,654,778
Transportation - Emergent	0810	\$228,072	\$53.35	\$57.37	\$182,458	\$42.68			\$45,614	\$45,614
Transportation - Non Emergent	0811	\$1,472,066	\$344.34	\$31.35			\$1,472,066	\$344.34		\$1,472,066
Diagnostic Testing, Lab & X-Ray	0448	\$662,956	\$155.08	\$159.43	\$583,401	\$136.47			\$79,555	\$79,555
Family Planning	0812		\$0.00			\$0.00				
Vision Care Inc. Eyeglasses	0449	\$52,308	\$12.24	\$5.56		\$0.00	\$52,308	\$12.24		\$52,308
Foot Care	0450	\$38,732	\$9.06	\$3.29	\$30,986	\$7.25			\$7,746	\$7,746
Durable Medical Equipment & Other	0460	\$343,469	\$80.34	\$86.82	\$343,469	\$80.34		\$0.00		
Personal Care	0457		\$0.00					\$0.00		
CDPAP	0120	\$753,340	\$176.22	\$103.74			\$753,340	\$176.22		\$753,340
Personal Emergency Response Services	0462	\$37,074	\$8.67	\$7.72			\$37,074	\$8.67		\$37,074
Home Delivered Meals	0464	\$62,683	\$14.66	\$12.97			\$62,683	\$14.66		\$62,683
Adult Day Care	0444	\$19,396	\$4.54	\$7.18			\$19,396	\$4.54		\$19,396
Social Day Care	0445	\$2,643,731	\$618.42	\$24.17			\$2,643,731	\$618.42		\$2,643,731
Other Medical Services outside PACE Center:										
(Enter labels on Table 6)										
	0813		\$0.00			\$0.00		\$0.00		
	0814	\$0	\$0.00			\$0.00		\$0.00		
	0815	\$0	\$0.00			\$0.00		\$0.00		
	0816		\$0.00			\$0.00		\$0.00		
	0817		\$0.00			\$0.00		\$0.00		
Other Medical Services in the PACE Center:										
(Enter labels on Table 6)										
	0825		\$0.00			\$0.00		\$0.00		
	0826		\$0.00			\$0.00		\$0.00		
	0827		\$0.00			\$0.00		\$0.00		
	0828		\$0.00			\$0.00		\$0.00		
	0829		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	0833	\$0	\$0.00			\$0.00		\$0.00		
Deductible for Physician Services	0878	\$52,369	\$12.25				\$52,369	\$12.25		\$52,369
GROSS MEDICAL & HOSPITAL EXPENSES	0475	\$31,223,046	\$7,303.64	\$5,615.80	\$12,926,164	\$3,023.66	\$16,609,773	\$3,885.33	\$1,687,109	\$18,296,882
PLUS: Reinsurance Premium Cost	0415		\$0.00			\$0.00		\$0.00		
Global Capitation Surplus/(Loss)	0835		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	0955		\$0.00					\$0.00		
Minimum Wage	0965		\$0.00					\$0.00		
Provider and Quality Incentive Payments	0476		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0480	\$31,223,046	\$7,303.64	\$5,615.80	\$12,926,164	\$3,023.66	\$16,609,773	\$3,885.33	\$1,687,109	\$18,296,882
Care Management (Table 13D)	0447	\$1,210,207	\$283.09		\$501,019	\$117.20	\$709,188	\$165.89		\$709,188
Administration										
Allowable Administration Expenses (Table 13A)	0481	\$2,337,662	\$546.82		\$967,779	\$226.38	\$1,369,883	\$320.44		\$1,369,883
TOTAL EXPENSES	0485	\$34,770,915	\$8,133.55	\$5,615.80	\$14,394,962	\$3,367.24	\$18,688,844	\$4,371.66	\$1,687,109	\$20,375,953
Premium Income(Loss)	0486	(\$276,527)	(\$64.68)	(\$5,615.80)	\$2,100,354	\$491.31	(\$689,772)	(\$161.35)		(\$2,376,881)
Nonallowable Expense	0498	\$149,573	\$34.99		\$61,922	\$14.48	\$87,651	\$20.50		\$87,651
Operating Incomes(Loss)	0490	\$114,070	\$26.68	(\$5,615.80)	\$2,038,432	\$476.83	(\$237,253)	(\$55.50)		(\$1,924,362)
Aggregate Write-ins for Other Expenses	0495									
Prior Period Adjustments and Extraordinary Items	0496									
Provision for Taxes	0493									
Adj. For Prior Period IBNR Adjustment	0494									
NET INCOME (LOSS)	0499									

Table 5-2A - Expense Analysis - PACE Dually Eligible - Services outside the PACE Center		Total Current YTD	Total Current YTD PMPM	Total Previous Calendar Year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Share	Total Medicaid Plus Cost Share
00301	30132	00302	00303	00310	00304	00308	00307	00309	00320	00321
Expenses										
Medical and Hospital Expenses										
Inpatient Acute Medical Surgical	0431	\$2,654,828	\$621.01	\$630.85	\$2,369,408	\$554.25			\$285,420	\$285,420
Inpatient Mental Health & Substance Abuse	0432		\$0.00	\$9.95		\$0.00		\$0.00		
Inpatient Maternity Delivery	0903		\$0.00			\$0.00				
Total Hospital Inpatient Care	0904	\$2,654,828	\$621.01	\$640.80	\$2,369,408	\$554.25		\$0.00	\$285,420	\$285,420
Other Medical and Hospital:										
Primary Care Physician	0434	\$333,439	\$78.00	\$111.10	\$266,751	\$62.40			\$66,688	\$66,688
Specialty Care	0435	\$2,916,843	\$682.30	\$678.80	\$2,333,474	\$545.84			\$583,369	\$583,369
Prenatal/Postpartum Maternity Services	0905		\$0.00			\$0.00				
Ambulatory Surgery	0436	\$648,662	\$151.73	\$143.15	\$518,930	\$121.39			\$129,732	\$129,732
Outpatient/Physical Rehab/Therapy	0906	\$302,348	\$70.72	\$74.19	\$302,348	\$70.72		\$0.00		
Other Professional Services	0437	\$163,378	\$38.22	\$28.06		\$0.00	\$163,378	\$38.22		\$163,378
Emergency Room	0438	\$498,487	\$116.61	\$143.42	\$398,790	\$93.28			\$99,697	\$99,697
Outpatient: Mental Health	0439	\$87,113	\$20.38	\$2.03	\$69,690	\$16.30			\$17,423	\$17,423
Outpatient Drug & Alcohol Treatment	0440		\$0.00			\$0.00				
Dental	0441	\$78,375	\$18.33	\$23.90			\$78,375	\$18.33		\$78,375
Pharmacy-Part D	0907	\$2,610,168	\$610.57	\$633.54	\$2,610,168	\$610.57				
Pharmacy-Non-Part D	0908	\$285,165	\$66.71	\$47.21			\$285,165	\$66.71		\$285,165
Home Health Care	0909	\$7,864,665	\$1,839.69	\$1,727.08	\$786,467	\$183.97	\$7,078,198	\$1,655.72		\$7,078,198
Nursing Facility	0433	\$3,741,636	\$875.24	\$862.92	\$86,858	\$20.32	\$3,506,365	\$820.20	\$148,413	\$3,654,778
Transportation - Emergent	0910	\$228,072	\$53.35	\$57.37	\$182,458	\$42.68			\$45,614	\$45,614
Transportation - Non Emergent	0911	\$141,820	\$33.17	\$31.35			\$141,820	\$33.17		\$141,820
Diagnostic Testing, Lab & X-Ray	0448	\$662,956	\$155.08	\$159.43	\$583,401	\$136.47			\$79,555	\$79,555
Family Planning	0912		\$0.00			\$0.00				
Vision Care Inc. Eyeglasses	0449	\$40,794	\$9.54	\$5.56		\$0.00	\$40,794	\$9.54		\$40,794
Foot Care	0450	\$10,801	\$2.53	\$3.29	\$8,641	\$2.02			\$2,160	\$2,160
Durable Medical Equipment & Other	0460	\$343,469	\$80.34	\$86.82	\$343,469	\$80.34		\$0.00		
Personal Care	0457		\$0.00					\$0.00		
CDPAP	0120	\$753,340	\$176.22	\$103.74			\$753,340	\$176.22		\$753,340
Personal Emergency Response Services	0462	\$37,074	\$8.67	\$7.72			\$37,074	\$8.67		\$37,074
Home Delivered Meals	0464	\$62,683	\$14.66	\$12.97			\$62,683	\$14.66		\$62,683
Adult Day Care	0444	\$19,396	\$4.54	\$7.18			\$19,396	\$4.54		\$19,396
Social Day Care	0445	\$25,953	\$6.07				\$25,953	\$6.07		\$25,953
Other Medical Services: (Enter labels on Table 6)										
	0913		\$0.00			\$0.00		\$0.00		
	0914	\$0	\$0.00			\$0.00		\$0.00		
	0915	\$0	\$0.00			\$0.00		\$0.00		
	0916		\$0.00			\$0.00		\$0.00		
	0917		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	0925	\$0	\$0.00			\$0.00		\$0.00		
GROSS MEDICAL & HOSPITAL EXPENSES	0475	\$24,511,465	\$5,733.68	\$5,591.63	\$10,860,853	\$2,540.55	\$12,192,541	\$2,852.06	\$1,458,071	\$13,650,612
PLUS: Reinsurance Premium Cost	0415		\$0.00			\$0.00		\$0.00		
Global Capitation Surplus/(Loss)	0935		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	0955		\$0.00			\$0.00		\$0.00		
Minimum Wage	0965		\$0.00			\$0.00		\$0.00		
Provider and Quality Incentive Payments	0476		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0480									
Care Management (Table 13D)	0447	\$0	\$0.00		\$0	\$0.00	\$0	\$0.00		\$0
Administration (Table 13A)										
Allowable Administration Expenses (Table 13A)	0481									
TOTAL EXPENSES	0485									

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

Table 5-2B - Expense Analysis - PACE Dually Eligible - Services in the PACE Center		Total Current YTD	Total Current YTD PMPM	Total Previous Calendar Year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Share	Total Medicaid & Cost Sharing
00301	30133	00302	00303	00310	00304	00308	00307	00309	00320	00321
Medical Expenses:										
Primary Care Physician	1230	\$1,100,737	\$257.48	\$252.31	\$880,590	\$205.99			\$220,147	\$220,147
Nursing without a Physician	1238	\$548,711	\$128.35	\$107.42	\$548,711	\$128.35				
Outpatient/Physical Rehab/Therapy	1239	\$600,448	\$140.46	\$145.47	\$600,448	\$140.46		\$0.00		
Other Professional Services	1240	\$330,417	\$77.29	\$69.77		\$0.00	\$330,417	\$77.29		\$330,417
Outpatient Mental Health	1231	\$16,522	\$3.86	\$22.45	\$13,218	\$3.09			\$3,304	\$3,304
Outpatient Drug & Alcohol Treatment	1233		\$0.00			\$0.00				
Dental	1232	\$74,908	\$17.52	\$10.88			\$74,908	\$17.52		\$74,908
Pharmacy - Part D	1207	\$0	\$0.00			\$0.00				
Pharmacy - Non-Part D	1208		\$0.00	\$0.02				\$0.00		
Diagnostic Testing, Lab & X-Ray	1234		\$0.00	\$0.00		\$0.00				
Vision Care Inc. Eyeglasses	1235	\$11,514	\$2.69	\$6.87		\$0.00	\$11,514	\$2.69		\$11,514
Foot Care	1236	\$27,931	\$6.53	\$4.61	\$22,345	\$5.23			\$5,586	\$5,586
Other Medical Services: (Enter labels on Table 6)										
	1213		\$0.00			\$0.00		\$0.00		
	1214		\$0.00			\$0.00		\$0.00		
	1215		\$0.00			\$0.00		\$0.00		
	1216		\$0.00			\$0.00		\$0.00		
	1217		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	1221		\$0.00			\$0.00		\$0.00		
TOTAL CLINIC COSTS	1248	\$2,711,188	\$634.20	\$619.80	\$2,065,311	\$483.11	\$416,839	\$97.51	\$229,038	\$645,877
Care Management in the PACE Center	1256	\$1,210,207	\$283.09	\$288.25	\$501,019	\$117.20	\$709,188	\$165.89		\$709,188
Social Day Care	1255	\$2,617,778	\$612.35	\$569.75			\$2,617,778	\$612.35		\$2,617,778
TOTAL EXPENSES IN THE PACE CENTER	1225	\$5,184,108	\$1,529.63	\$1,477.80	\$2,566,330	\$600.31	\$3,743,805	\$875.74	\$229,038	\$3,972,843
Transportation - Non Emergent	1268	\$1,330,246	\$311.17	\$296.20			\$1,330,246	\$311.17		\$1,330,246

Table 6 - Total Utilization of Services - Total Medicaid PACE		Service Units	Total Number of Service Units (Actual)	Total Number of Service Units (Accrued)	Total Unit Cost	Total Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	40134	04011	14012	14016	14017	14015	04012	04016	04017	04015
Inpatient Medical/Surgical	0001	Days	1,795	1,795	\$1,560.79	4.87	63	63	\$2,330.08	0.17
Inpatient Medical/Surgical	0051	Discharges	271	1,793	\$1,562.53	4.87	12	12	\$12,232.92	0.03
Inpatient Mental Health/Substance Abuse	0002	Days				0.00				0.00
Inpatient Mental Health/Substance Abuse	0052	Discharges				0.00				0.00
Inpatient: Maternity Delivery	0047	Days				0.00				0.00
Inpatient: Maternity Delivery	0048	Discharges				0.00				0.00
Primary Care Physician	0004	Visits	4,133	4,133	\$352.86	11.22	77	77	\$314.08	0.21
Specialty Care	0033	Visits	21,993	21,993	\$134.94	59.71	173	173	\$294.10	0.47
Prenatal/Postpartum Maternity Services	0049	Visits				0.00				0.00
Ambulatory Surgery	0005	Procedures	132	132	\$5,189.08	0.36	4	4	\$9,074.25	0.01
Outpatient/Physical Rehab/Therapy	0050	Visits	14,820	14,820	\$61.96	40.24	156	156	\$98.94	0.42
Other Professional Services	0053	Visits	3,024	3,024	\$164.35	8.21	3,024	3,024	\$164.35	8.21
Emergency Room	0006	Visits	240	240	\$2,100.79	0.65	4	4	\$1,425.75	0.01
Outpatient Mental Health	0007	Visits	138	138	\$750.98	0.37				0.00
Outpatient Drug & Alcohol Treatment	0008	Visits				0.00				0.00
Dental	0009	Visits	1,132	1,132	\$138.99	3.07	1,132	1,132	\$138.99	3.07
Pharmacy - Part D	0054									
Pharmacy - Non Part D	0055									
Home Health Care	0056	Hours	203,453	203,453	\$41.92	552.36	179,527	179,527	\$40.07	487.40
Home Health Care	0083	Visits	77,803	77,803	\$109.63	211.23	66,212	66,212	\$108.65	179.76
Nursing Facility	0003	Days	14,128	14,128	\$268.50	38.36	13,802	13,802	\$257.80	37.47
Transportation - Emergent	0057	One Way Trips	526	526	\$444.10	1.43	14	14	\$394.57	0.04
Transportation - Non Emergent	0058	One Way Trips	32,253	32,253	\$46.73	87.56	32,253	32,253	\$46.73	87.56
Diagnostic Testing, Lab & X-Ray	0016									
Family Planning	0059	Visits				0.00				0.00
Vision Care Inc. Eyeglasses	0017	Visits	640	640	\$83.61	1.74	640	640	\$83.61	1.74
Foot Care	0018	Visits	677	677	\$57.99	1.84	10	10	\$52.40	0.03
Durable Medical Equipment & Other	0028									
Personal Care	0025	Hours				0.00				0.00
CDPAP	0120	Hours	56,596	56,596	\$14.00	153.65	56,596	56,596	\$14.00	153.65
Personal Emergency Response Services	0030	No. of Units	227	227	\$164.65	0.62	227	227	\$164.65	0.62
Home Delivered Meals	0032	No. of Meals	30,934	30,934	\$2.03	83.98	30,934	30,934	\$2.03	83.98
Adult Day Care	0012	Days	615	615	\$31.54	1.67	615	615	\$31.54	1.67
Social Day Care	0013	Days	26,554	26,554	\$101.52	72.09	26,554	26,554	\$101.52	72.09
Other Medical Services:										
(Double click below)										
	0035					0.00				0.00
	0036					0.00				0.00
	0037					0.00				0.00
	0038					0.00				0.00
	0039					0.00				0.00
Other Medical Services in PACE Center:										
(Double click below)										
	0074					0.00				0.00
	0075					0.00				0.00
	0076					0.00				0.00
	0077					0.00				0.00
	0078					0.00				0.00

Table 6-1 - Utilization of Services - by Non-Dually Eligible Enrollees PACE		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	40135	04011	04012	04016	04017	04015
Services Delivered outside the PACE Center						
Inpatient Medical/Surgical	0401	Days	63	63	\$2,330.08	5.21
Inpatient Medical/Surgical	0451	Discharges	12	12	\$12,232.92	0.99
Inpatient Mental Health/Substance Abuse	0402	Days				0.00
Inpatient Mental Health/Substance Abuse	0452	Discharges				0.00
Inpatient: Maternity Delivery	0447	Days				0.00
Inpatient: Maternity Delivery	0448	Discharges				0.00
Primary Care Physician	0404	Visits	7	7	\$262.00	0.58
Specialty Care	0433	Visits	173	173	\$294.10	14.32
Prenatal/Postpartum Maternity Services	0449	Visits				0.00
Ambulatory Surgery	0405	Procedures	4	4	\$9,074.25	0.33
Outpatient/Physical Rehab/Therapy	0450	Visits	18	18	\$120.50	1.49
Other Professional Services	0453	Visits	5	5	\$297.60	0.41
Emergency Room	0406	Visits	4	4	\$1,425.75	0.33
Outpatient Mental Health	0407	Visits				0.00
Outpatient Drug & Alcohol Treatment	0408	Visits				0.00
Dental	0409	Visits	27	27	\$150.04	2.23
Pharmacy - Part D	0454					
Pharmacy - Non Part D	0455					
Home Health Care	0456	Hours	4,076	4,076	\$26.59	337.32
Home Health Care	0482	Visits	1,775	1,775	\$61.05	146.90
Nursing Facility	0403	Days	181	181	\$286.00	14.98
Transportation - Emergent	0457	One Way Trips	14	14	\$394.57	1.16
Transportation - Non Emergent	0458	One Way Trips	413	413	\$23.00	34.18
Diagnostic Testing, Lab & X-Ray	0416					
Family Planning	0459	Visits				0.00
Vision Care Inc. Eyeglasses	0417	Visits	4	4	\$300.00	0.33
Foot Care	0418	Visits	10	10	\$52.40	0.83
Durable Medical Equipment & Other	0428					
Personal Care	0425	Hours				0.00
CDPAP	0220	Hours	2,304	2,304	\$17.00	190.68
Personal Emergency Response Services	0430	No. of Units	2	2	\$151.00	0.17
Home Delivered Meals	0432	No. of Meals				0.00
Adult Day Care	0412	Days				0.00
Social Day Care	0413	Days				0.00
Other Medical Services: Double Click Below						
(Enter labels on Table 6)						
	0435					0.00
	0436					0.00
	0437					0.00
	0438					0.00
	0439					0.00
Services Delivered in the PACE Center						
Primary Care Physician	0460	Visits	70	70	\$319.29	5.79
Nursing w/o a Physician	0461	Hours	178	178	\$42.24	14.73
Nursing w/o a Physician	0483	Visits	178	178	\$42.24	14.73
Outpatient/Physical Rehab/Therapy	0462	Visits	138	138	\$96.13	11.42
Other Professional Services	0463	Visits	41	41	\$41.46	3.39
Outpatient Mental Health	0464	Visits				0.00
Outpatient Drug & Alcohol Treatment	0465	Visits				0.00
Dental	0466	Visits				0.00
Pharmacy - Part D	0467					
Pharmacy - Non Part D	0468					
Diagnostic Testing, Lab & X-Ray	0470					
Vision Care Inc. Eyeglasses	0471	Visits				0.00
Foot Care	0472	Visits				0.00
Other Medical Services: Double Click Below						
(Enter labels on Table 6)						
	0474					0.00
	0475					0.00
	0476					0.00
	0477					0.00
	0478					0.00
Social Day Care	0473	Visits	98	98	\$532.00	8.11
Transportation - Non Emergent	0469	One Way Trips	1,110	1,110	\$23.00	91.86

Table 6-2 - Utilization of Services - PACE 55+ Dually Eligible Enrollees		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	40136	04011	14012	14016	14017	14015	04012	04016	04017	04015
Services Delivered outside the PACE Center										
Inpatient Medical/Surgical	0501	Days	1,732	1,732	\$1,532.81	4.86				0.00
Inpatient Medical/Surgical	0551	Discharges	259	1,781	\$1,490.64	5.00				0.00
Inpatient Mental Health/Substance Abuse	0502	Days				0.00				0.00
Inpatient Mental Health/Substance Abuse	0552	Discharges				0.00				0.00
Inpatient: Maternity Delivery	0547	Days				0.00				
Inpatient: Maternity Delivery	0548	Discharges				0.00				
Primary Care Physician	0504	Visits	943	943	\$353.59	2.65				
Specialty Care	0533	Visits	21,820	21,820	\$133.68	61.25				
Prenatal/Postpartum Maternity Services	0549	Visits				0.00				
Ambulatory Surgery	0505	Procedures	128	128	\$5,067.67	0.36				
Outpatient/Physical Rehab/Therapy	0550	Visits	4,911	4,911	\$61.57	13.79				0.00
Other Professional Services	0553	Visits				0.00	982	982	\$166.37	2.76
Emergency Room	0506	Visits	236	236	\$2,112.23	0.66				
Outpatient Mental Health	0507	Visits	116	116	\$750.97	0.33				
Outpatient Drug & Alcohol Treatment	0508	Visits				0.00				
Dental	0509	Visits					565	565	\$138.72	1.59
Pharmacy - Part D	0554									
Pharmacy - Non Part D	0555									
Home Health Care	0556	Hours	19,475	19,475	\$40.38	54.67	175,273	175,273	\$40.38	491.99
Home Health Care	0582	Visits	7,140	7,140	\$110.15	20.04	64,259	64,259	\$110.15	180.38
Nursing Facility	0503	Days	326	326	\$721.69	0.92	13,621	13,621	\$257.42	38.23
Transportation - Emergent	0557	One Way Trips	512	512	\$445.45	1.44				
Transportation - Non Emergent	0558	One Way Trips					6,159	6,159	\$23.03	17.29
Diagnostic Testing, Lab & X-Ray	0516									
Family Planning	0559	Visits				0.00				
Vision Care Inc. Eyeglasses	0517	Visits				0.00	496	496	\$82.25	1.39
Foot Care	0518	Visits	186	186	\$58.07	0.52				
Durable Medical Equipment & Other	0528									
Personal Care	0525	Hours								0.00
CDPAP	0320	Hours					54,292	54,292	\$13.88	152.40
Personal Emergency Response Services	0530	No. of Units					225	225	\$164.77	0.63
Home Delivered Meals	0532	No. of Meals					30,934	30,934	\$2.03	86.83
Adult Day Care	0512	Days					615	615	\$31.54	1.73
Social Day Care	0513	Days					2,115	2,115	\$12.27	5.94
Other Medical Services:										
(Enter labels on Table 6)										
	0535					0.00				0.00
	0536					0.00				0.00
	0537					0.00				0.00
	0538					0.00				0.00
	0539					0.00				0.00
Services Delivered in the PACE Center										
Primary Care Physician	0560	Visits	3,113	3,113	\$353.59	8.74				
Nursing w/o a Physician	0561	Hours	4,451	4,451	\$123.28	12.49				
Nursing w/o a Physician	0583	Visits	4,451	4,451	\$123.28	12.49				
Outpatient/Physical Rehab/Therapy	0562	Visits	9,753	9,753	\$61.57	27.38				0.00
Other Professional Services	0563	Visits				0.00	1,996	1,996	\$165.54	5.60
Outpatient Mental Health	0564	Visits	22	22	\$751.00	0.06				
Outpatient Drug & Alcohol Treatment	0565	Visits				0.00				
Dental	0566	Visits					540	540	\$138.72	1.52
Pharmacy - Part D	0567									
Pharmacy - Non Part D	0568									
Diagnostic Testing, Lab & X-Ray	0570									
Vision Care Inc. Eyeglasses	0571	Visits				0.00	140	140	\$82.24	0.39
Foot Care	0572	Visits	481	481	\$58.07	1.35				
Other Medical Services:										
(Enter labels on Table 6)										
	0574					0.00				0.00
	0575					0.00				0.00
	0576					0.00				0.00
	0577					0.00				0.00
	0578					0.00				0.00
Social Day Care	0573	Visits					24,341	24,341	\$107.55	68.33
Transportation - Non Emergent	0569	One Way Trips					24,571	24,571	\$54.14	68.97

Table 6A - Total Utilization of HHC Services: PACE		Service Units	Total Number of Service Units (Actual)	Total Number of Service Units (Accrued)	Total Cost	Total Unit Cost	Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	40137	04011	14012	14016	14018	14017	14015	04012	04016	04018	04017	04015
Home Health Care Aide	0800	Hours	199,002.00		\$5,332,172		0.00	179,527.00		\$4,495,708		0.00
Home Health Care-Other	0801	Visits	73,352		\$3,197,088		0.00	66,212		\$2,698,374		0.00
Total Home Health Care	0802				\$8,529,260					\$7,194,082		

Table 6-1A - Utilization of HHC Services by 55+ Non-Dually Eligible Enrollees PACE		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	40138	04011	04012	04016	04018	04017	04015
Home Health Care Aide	0600	Hours	4,254.00		\$61,350		0.00
Home Health Care-Other	0601	Visits	1,953		\$54,534		0.00
Total Home Health Care	0602				\$115,884		

Table 6-2A - Utilization of HHC Services by 55+ Dually Eligible Enrollees PACE		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
07010	70139	07011	14012	14016	14018	14017	14015	04012	04016	04018	04017	04015
Home Health Care Aide	0700	Hours	19,475.00		\$836,464		0.00	175,273.00		\$4,434,358		0.00
Home Health Care-Other	0701	Visits	7,140		\$498,714		0.00	64,259		\$2,643,840		0.00
Total Home Health Care	0702				\$1,335,178					\$7,078,198		

Table 7A Personal Care Hours Year-to-Date		Member Months	Total Number of Hours
70140	70141	03501	03502
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001		
480-699 hours per month	0002		
320-479 hours per month	0003		
240-319 hours per month	0004		
160-239 hours per month	0005		
80-159 hours per month	0006		
1-79 hours per month	0007		
TOTALS	0010		

Table 7B Home Health Care and PCA Hours YTD- PACE		Member Months	Total Number of Hours
70142	70143	03503	03504
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001		
480-699 hours per month	0002		
320-479 hours per month	0003		
240-319 hours per month	0004	7	1,899
160-239 hours per month	0005	23	4,665
80-159 hours per month	0006	1,256	131,400
1-79 hours per month	0007	1,931	65,489
TOTALS	0010	3,217	203,453

Table 7C - CDPAP Hours YTD- PACE		Member Months	Total Number of Hours
70144	70145	03505	03506
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001		
480-699 hours per month	0002		
320-479 hours per month	0003	6	2,080
240-319 hours per month	0004	20	5,500
160-239 hours per month	0005	112	21,204
80-159 hours per month	0006	173	20,924
1-79 hours per month	0007	122	6,887
TOTALS	0010	433	56,595

Table 8 - Number of Enrollees Utilizing Services - PACE		Number of Enrollees
	00844	05000
Identify the number of enrollees during the quarter that used the following services:		
NURSING FACILITY (NF) ONLY		
Enrollees that were in a nursing facility for the entire quarter	0001	63
PACE CENTER SOCIAL DAY CARE PROGRAM		
Count only enrollees who used the PACE Social Day Care Program		
AND did NOT use PC, HHC or NF.	0002	617
Count only enrollees who used the PACE Social Day Care Program AND also		
used PC and/or HHC and did NOT use NF	0003	42
Count only enrollees who were enrolled in a NF during the quarter AND also		
used PACE Social Day Care Program AND also used HHC and/or PC	0015	40
Total PACE Center Care Program	0012	699
PERSONAL CARE (PC) ONLY		
Count only enrollees who used PC but did not use NF, PACE Social Day, or HHC	0004	
CDPAP ONLY		
Count enrollees that only used CDPAP	0016	
HOME HEALTH CARE (HHC) ONLY		
Count only enrollees who used HHC services but did not use NF, PACE, Social Day Care, or PC.		
Nursing AND Therapies only	0007	
HHA AND Nursing and/or Therapies	0008	
Total Home Health Care	0009	
PERSONAL CARE, CDPAP AND HOME HEALTH CARE ONLY		
Count only enrollees that used PC, CDPAP and HHC but did not use NF or PACE Social Day.	0010	
NURSING FACILITY AND PERSONAL CARE OR HOME HEALTH CARE		
Count enrollees who were in a NF AND used PC or HHC	0013	
Count enrollees who did not use PACE Social Day, PC, HHC or NF	0011	
Total Number of Enrollees	0014	762

Table 8A - Enrollees Using Inpatient Mental Health Services or Nursing Facility Services - PACE		Number of Enrollees
00846	00847	05001
Identify the number of enrollees YTD that exceeded the 190 day limit for Inpatient		
Mental Health services.	0001	
Identify total number of enrollees receiving nursing facility care during the quarter	0002	103

Table 9A - Claims Analysis - Claims Incurred During Current Period - PACE		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)
00948	00949	01014	01011	01012	01013	01016
Category of Service						
Inpatient	0001	\$2,825,076	\$1,848,082	\$945,175	\$31,819	1.1 %
Nursing Home	0002	\$3,824,723	\$2,595,509	\$1,189,181	\$40,033	1.0 %
Physician(s)	0003	\$4,462,510	\$3,203,778	\$1,217,738	\$40,994	0.9 %
Emergency Room	0005	\$508,363	\$508,363			0.0 %
Home Health Care	0013	\$8,599,689	\$7,951,067	\$627,498	\$21,124	0.2 %
Personal Care	0014					
CDPAP	0040	\$799,148	\$634,004	\$159,766	\$5,378	0.7 %
Other Medical Services	0007	\$11,206,478	\$10,082,420	\$1,087,450	\$36,608	0.3 %
TOTAL	0025	\$32,225,987	\$26,823,223	\$5,226,808	\$175,956	0.5 %
Total Expenses - Capitated	0051					
Total Expenses - Paid FFS	0052	\$32,225,987				0.5 %
Number of Claims Processed	0053	21,993				

Table 9B - Claims Analysis - Claims Unpaid - PACE		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)
00950	00951	01011	01012	01013	01014	01015
Category of Service						
Inpatient	0026		\$945,175		\$31,819	\$976,994
Nursing Home	0027		\$1,189,181		\$40,033	\$1,229,214
Physician(s)	0028		\$1,217,738		\$40,994	\$1,258,732
Emergency Room	0030					
Home Health Care	0038		\$627,498		\$21,124	\$648,622
Personal Care	0039					
CDPAP	0041		\$159,766		\$5,378	\$165,144
Other Medical Services	0032		\$1,087,450		\$36,608	\$1,124,058
TOTAL	0050		\$5,226,808		\$175,956	\$5,402,764

Table 9C - Claims Analysis - Reconciliation of Prior Period IBNR - PACE		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)
00952	00953	01025	01021	01022	01023	01024
Category of Service						
Inpatient	0026					
Nursing Home	0027					
Physician(s)	0028					
Emergency Room	0030					
Home Health Care	0038					
Personal Care	0039					
CDPAP	0040					
Other Medical Services	0032					
TOTAL	0050					

Table 9D - Global Capitation Reconciliation - PACE		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
	00954	01017	01018	01019
Member Months	0009			
Premium Revenue	0010			
Total Global Capitation Paid	0001			
Additional Plan Payments	0006			
Total Global Capitation Payments	0007			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
Total Global Capitation Expenses	0008			
IPA/Providers' Surplus or (Loss)	0005			

Table 10 - IBNR Reserve Calculation - PACE		A Claims Reported (Paid and Unpaid)	B Percent Complete	C Estimated Expense (A/B)	D Adjustment	E Projected Expense (C + D)	F IBNR Reserve (E-A)
10156	10157	01101	01102	01103	01104	01105	01106
Description							
December	0001						
November	0002						
October	0003						
September	0004						
August	0005						
July	0006						
June	0007	\$32,050,031	99.45400 %	\$32,225,985	\$2	\$32,225,987	\$175,956
May	0008						
April	0009						
March	0010						
February	0011						
January	0012						
CURRENT YEAR TOTAL	0020	\$32,050,031		\$32,225,985	\$2	\$32,225,987	\$175,956
PERCENT COMPLETED		Yes=1, No=2					
Historical Experience	0021	1					
Authorized Claims	0022	1					
Other (Explain on Notepad)	0023	2					

Table 11 - Claims Payable Aging Analysis of Unpaid Claims		1-30 Days	31-45 Days	46-90 Days	91 + Days	Total
	01600	01604	01605	01606	01607	01603
Claims Payable (Reported) Detail Below	0001					
	0002					
	0003					
	0004					
	0005					
	0006					
	0007					
	0008					
	0009					
	0010					
	0011					
	0012					
	0013					
	0014					
	0015					
	0016					
	0017					
	0018					
	0019					
	0020					
	0021					
	0022					
	0023					
	0024					
	0025					
Sum of Individually Listed Claims Payable	0026					
Aggregate Accounts Not Individually Listed	0028					
Totals	0029					

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.

Table 12 - Claims and Interest Penalties Paid During the Year		Total Claim Count	Total Dollar Value	Number of Clean Claims Paid in Excess of 45 Days	Number of Clean Claims in Excess of 45 Days For Which Interest Was Paid	Dollar Value of Clean Claims Paid in Excess of 45 Days	Interest Paid During Year
01259	01260	01501	01502	01503	01505	01504	01506
Account Description							
Inpatient	0001	587	\$2,825,076				
Nursing Facility	0002	497	\$3,824,723				
Physicians	0003	5,424	\$4,462,510				
Home Health Care	0006	1,963	\$8,599,689				
Personal Care	0007						
CDPAP	0008	2,438	\$799,148				
Other Medical Services	0005	11,084	\$11,714,841				
TOTAL	0025	21,993	\$32,225,987				

Table 13-A - Administrative Expenses		Medicaid Advantage Plus	MLTC-PACE	Medicaid Advantage	Other Lines of Business	Total Direct Expense	Medicaid Advantage Plus	MLTC-PACE	Medicaid Advantage	Other Lines of Business	Total Contracted Expenses	Total
00710	70161	00701	00713	00702	00703	00704	00705	00716	00706	00707	00708	00709
STATEWIDE MEMBER MONTHS	0061		4,457									4,457
Rent (\$0 for Occupancy of Own Building)	0001		\$96,861			\$96,861						96,861.00
Salaries and Fringe Benefits (Table 13C)	0002		\$1,087,801			\$1,087,801		\$277,637			\$277,637	\$1,365,438
Legal Fees and Expenses	0003											
Utilization Management/Quality Improvement	0004		\$18,001			\$18,001						\$18,001
Traveling Expense	0005		\$13,184			\$13,184						\$13,184
Advertising	0006											
Marketing	0026		\$300			\$300		\$42,460			\$42,460	\$42,760
Finance, Auditing & Actuarial	0007		\$12,500			\$12,500		\$80,570			\$80,570	\$93,070
Claims Processing	0008		\$175,781			\$175,781						\$175,781
Provider Relations, Recruitment & Contracting	0009		\$7,201			\$7,201						\$7,201
Member Services	0010											
Management Information System(MIS)	0011		\$559			\$559		\$341,295			\$341,295	\$341,854
Telephone, Postage, Express & Telegraph	0012		\$11,517			\$11,517						\$11,517
Printing & Stationary	0013		\$15,089			\$15,089						\$15,089
Occupancy, Depreciation & Amortization	0014											
Rental of Equipment	0015											
Boards, Bureaus and Association Fees	0016		\$43,388			\$43,388						\$43,388
Insurance, Except for Real Estate	0017											
Collection and Bank Service Charge	0018		\$1,822			\$1,822						\$1,822
Payroll Taxes	0019											
Other Taxes (Excluding Fed. Inc. Tax & RE Tax)	0020											
Enrollment Activities - Clinical Eligibility	0062											
Enrollment Activities - Non-Clinical	0063											
Employee Recruitment and Retention	0024		\$8,757			\$8,757		\$162,351			\$162,351	\$171,108
Franchise Tax	0045											
Aggregate Write-in for Other Expenses	0099		\$40,110			\$40,110						\$40,110
(Double click on lines 51 - 59 Below)												
Total Allowable Administration Expense	0030		\$1,532,871			\$1,532,871		\$904,313			\$904,313	\$2,437,184
Nonallowable Administration												
Contributions and Donations	0032											
Lobbying Expenses	0033											
Entertainment costs	0034											
Interest, Fines and Penalties	0035											
Uncollectible Spenddown and NAMI	0060		\$155,941			\$155,941						\$155,941
State Income Tax	0064											
Other Nonallowable expenses	0036											
Total Nonallowable expenses	0037		\$155,941			\$155,941						\$155,941
Total Administration Expense	0100		\$1,688,812			\$1,688,812		\$904,313			\$904,313	\$2,593,125
Miscellaneous	0051		\$40,110			\$40,110						\$40,110
	0052											
	0053											
	0054											
	0055											
	0056											
	0057											
	0058											
	0059											
Summary of Items on the Note Pad	0097											
Total of Items 0051-0097 (Line 0099 Above)	0098		\$40,110			\$40,110						\$40,110

Table 13B - Administrative Expense - Contracted Services		Service Performed	Type of Affiliation*	Medicaid Advantage Plus Expenditure	MLTC - PACE Expenditure	Medicaid Advantage	Other Expenditure**
00721	72162	00722	00723	00725	00724	00726	00727
Name of Contractor (Double click Below)							
Rochester Regional Health (RRH)	0001	Executive Management	2		\$277,637		
RRH MIS	0002	See Notepad	2		\$341,295		
RRH Marketing	0003	See Notepad	2		\$42,460		
RRH Finance	0004	See Notepad	2		\$80,570		
RRH Human Resources	0005	See Notepad	2		\$162,351		
	0006						
	0007						
	0008						
	0009						
	0010						
	0011						
	0012						
	0013						
	0014						
	0015						
	0016						
	0017						
	0018						
	0019						
	0020						
Total	0050				\$904,313		

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

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

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

Table 13C - Administrative Expenses - Personnel		Medicaid Advantage Plus FTEs	Medicaid Advantage Plus Salaries	MLTC PACE FTEs	MLTC PACE Salaries	Medicaid Advantage FTEs	Medicaid Advantage Salaries	Other LOB FTEs	Other LOB Salaries	Medicaid Advantage Plus FTEs	Medicaid Advantage Plus Salaries	MLTC PACE FTEs	MLTC PACE Salaries	Medicaid Advantage FTEs	Medicaid Advantage Salaries	Other LOB FTEs	Other LOB Salaries	Total Direct and Contracted FTEs	Total Direct and Contracted Salaries	
00750	00063	00761	00764	00751	00752	00762	00768	00763	00769	00767	00770	00753	00754	00765	00771	00766	00772	00773	00774	
Administrative Category																				
Executive Management	0001			0.80	\$86,673							1.20	\$277,637						2.00	\$364,310
Administrative Support	0075			1.90	\$114,314														1.90	\$114,314
Employee Recruitment and Retention	0002																			
Medical Director	0003			0.20	\$31,618														0.20	\$31,618
Legal Services	0004																			
Utilization Management/Quality Improvement	0005			4.70	\$253,614														4.70	\$253,614
Advertising	0006																			
Marketing	0016			3.40	\$171,250														3.40	\$171,250
Finance, Auditing and Actuarial	0007			3.60	\$155,343														3.60	\$155,343
Claims Processing	0008			1.20	\$39,009														1.20	\$39,009
Provider Relations, Cre. & Contr.	0009			1.00	\$46,114														1.00	\$46,114
Member Services	0010			3.10	\$83,580														3.10	\$83,580
Management Information Sys.	0011			1.20	\$53,683														1.20	\$53,683
Enrollment Activities - Clinical Eligibility	0017																			
Enrollment Activities - Non-clinical	0018			1.70	\$52,603														1.70	\$52,603
Aggregate Write-in for Other Admin.	0049																			
Totals	0050			22.80	\$1,087,801							1.20	\$277,637						24.00	\$1,365,438
Detail: Aggregate Write-in (Double click Below)																				
	0025																			
	0026																			
	0027																			
	0028																			
	0029																			
Summary of Write-ins From Notepad	0030																			
Totals (Lines 0025-0030) To Line 49	0048																			

Table 13D - Care Management - PACE		*F.T.E.s	Salary and Fringes	*F.T.E.s	Salary and Fringes	Total	**Staffing Ratios
00610	61064	00611	00612	00614	00615	00617	00618
Care Management Supervisor	0001	1.71	\$64,476			\$64,476	1:15
Care Manager	0002	5.29	\$204,564			\$204,564	1:28
Other - (Double click Below)							
Physical/Occupational Therapist	0004	3.10	\$130,076			\$130,076	1:100
Clinic Nurse	0005	2.13	\$86,323			\$86,323	1:60
MD	0006	1.20	\$148,075			\$148,075	1:150
Nurse Practitioner	0007	0.86	\$58,211			\$58,211	1:75
Nutritionist	0008	3.30	\$108,632			\$108,632	1:120
Activities Coordinator	0009	1.20	\$35,147			\$35,147	1:150
Day Center Lead Caregiver	0010	0.83	\$15,135			\$15,135	1:8
Social Worker	0011	11.00	\$367,620			\$367,620	1:70
Interdisciplinary Care Coordinator	0012	1.19	\$28,424			\$28,424	1:150
Chaplin	0013	0.08	\$2,398			\$2,398	1:150
TOTAL CARE MANAGEMENT	0025	31.89	\$1,249,081			\$1,249,081	11.5501
PACE Center Staff	0026	31.89	\$1,249,081			\$1,249,081	11.5501
Non-PACE Center Staff	0027						

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

Table 13D1 - Care Management Expense - Contracted Services - PACE		Panel Size (Members)	Member Months	Contracted Fee PMPM	Contracted Care Management Expense Reported on Table 13D
00619	00620	00621	00622	00623	00624
	0001				
	0002				
	0004				
	0005				
	0006				
	0007				
	0008				
	0009				
	0010				
	0011				
	0012				
	0013				
	0014				
	0015				
	0016				
	0017				
	0018				
	0019				
	0020				
	0021				
	0022				
	0023				
	0024				
TOTAL CONTRACTED CARE MANAGEMENT	0025				
PACE Center Staff	0026				
Non-PACE Center Staff	0027				

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

Table 14 - Summary of Transactions with Affiliates		Shareholder Dividends	Capital Contributions	Purchases, Sales, or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Administrative Service Contracts	Medical Services	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Income/(Disbursements) Incurred Under Reinsurance Agreements	Reinsurance Recoverables/(Payable) on Losses and/or Reserve Credit Taken (Liability)	TOTALS
01401	14065	01410	01403	01404	01405	01406	01407	01408	01411	01412	01409
Names of Insurers and Parent, Subsidiaries or Affiliates											
(Double click Below)											
Rochester Regional Health	0001					904,313					904,313.00
Rochester General Hospital	0002						4,043,004				4,043,004.00
ACM Medical Labs	0003						51,526				51,526.00
Clifton Springs Sanitarium Company	0004						60,456				60,456.00
Friends for the Day	0005						2,860				2,860.00
GRHS Foundation Inc.	0006					151,398					151,398.00
Hill Haven Nursing Home	0007						957,814				957,814.00
Park Ridge Chemical Dependency	0008						552				552.00
Park Ridge Nursing Home (Living Center)	0009						70,032				70,032.00
RGH DBA Bay Creek Dialysis Center	0010						424,227				424,227.00
RGH DBA Genesee Health Services	0011						3,735				3,735.00
RGH Outpatient Observation Unit	0012						11,875				11,875.00
Rochester General Hospital DBA Wayne Medical Group	0013						7,784				7,784.00
Rochester General Hosp Clinic & Otehrs	0014						6,000				6,000.00
Rochester General Hosp Department of Surgery	0015						9,933				9,933.00
Rochester General Dialysis Center	0016						896,824				896,824.00
Rochester General Medical Groups	0017						230,175				230,175.00
Rochester Mental Health Center	0018					145,279	6,415				151,694.00
The Unity Hospital of Rochester	0019						200,693				200,693.00
The Unity Hospital of Rochester PRH Dialysis	0020						31,564				31,564.00
Unity Adult Care (St. Bernard's, Cornerstone, St Mary's)	0021						21,775				21,775.00
Unity Care at Home	0022						4,980				4,980.00
Unity Dental Group	0023						5,200				5,200.00
Unity Health System	0024						213				213.00
Unity Linden Oaks Surgery Center LLC	0025						3,446				3,446.00
Unity Physician Services	0026						17,882				17,882.00
Wayne Health Care - Vent	0027						136,314				136,314.00
WNY Medical Practices - Neorsurgery	0028						398				398.00
WNY Medical Pracice PC	0029						27,074				27,074.00
Newark Wayne Communtiy Hospital	0030						134,986				134,986.00
North Park Nursing Home	0031						238,995				238,995.00
Indepedent Living for Seniors d/b/a/ ElderOne	0032					-1,200,990	-7,606,732				-8,807,722.00
	0033										
TOTAL	0999					0.00	0.00				0.00

Table 16 Nursing Facility Discharges		0 - 30	31 - 60	61 - 100	101 - 180	181 - 365	366+	TOTAL
01668	01669	03401	03402	03403	03404	03405	03406	03407
FIRST QUARTER:								
Death	0001	1		1		2	2	6
Other	0002	5	2	2	3			12
Total	0003	6	2	3	3	2	2	18
SECOND QUARTER:								
Death	0004	3	2		3		3	11
Other:	0005	7	2	3		2		14
Total	0006	10	4	3	3	2	3	25
THIRD QUARTER:								
Death	0007							
Other	0008							
Total	0009							
FOURTH QUARTER:								
Death	0010							
Other	0011							
Total	0012							
TOTAL Y-T-D:								
Death	0020	4	2	1	3	2	5	17
Other	0021	12	4	5	3	2		26
Total	0030	16	6	6	6	4	5	43

Table 17 Premium Receivables		Total Dollars in the Category	Up to 30 Days	30 Days to 59 Days	60 Days to 89 Days	90 Days to 119	120 Days to 365 Days	Over One Year
01050	01770	01051	01052	01053	01054	01055	01056	01057
Premium Receivables Categories								
Medicaid	0001	\$97,031	\$49,464	\$12,267	\$1,572	\$1,010	\$31,367	\$1,351
Medicare	0002	\$444,279	\$45,247	\$0	\$7,194	\$0	\$5,333	\$386,505
Private Pay	0003	\$172,457	\$11,431	\$12,584	\$10,366	\$9,295	\$78,253	\$50,528
Spenddown/NAMI	0004	\$389,499	\$28,881	\$31,794	\$26,192	\$23,486	\$151,484	\$127,662
Allowance for Doubtful Accounts (Entered as Negative)	0005	(\$918,333)	(\$6,399)	(\$11,708)	(\$20,470)	(\$33,539)	(\$280,172)	(\$566,045)
Other - (Define Below)								
	0006							
	0007							
	0008							
	0009							
Total By Aging Category	0010	\$184,933	\$128,624	\$44,937	\$24,854	\$252	(\$13,735)	\$1

Table 18 - Schedule of Pharmacy Costs - PACE only		Dual PMPM Costs	Non-Dual PMPM Costs	Weighted Average PMPM Costs
01871	01872	02001	02002	02003
Member Months	0101	4,050	144	4,194
Part D Drug Expense	0102	\$610.57		\$589.61
Part B Drug Expense	0103	\$10.80		\$10.43
OTC & Other Non-Part D Drugs	0104	\$55.91	\$848.40	\$83.12
TOTAL Drug Expense	0110	\$677.28	\$848.40	\$683.16

Table 19 - PACE Center Contractors		Service Performed	Affiliation(1)	Amount
00516	01973	00517	00518	00519
Name of Contractor: (Double click Below)				
All Metro Health Care	0031	Aide Service	1	7,835
Home Care Plus	0032	Aide Service	1	7,530
Interim Health Care Services, Inc	0033	Aide Service	1	18,183
Unlimited Health Care	0034	Aide Service	1	10,698
Unity Health Systems	0035	Provide Meals	2	104,584
Rochester Menatt Health Center	0036	Counseling	2	102,830
TOTAL	0050			251,660

(1) See affiliation type on Schedule D-3A.

Table 20 - PACE Center Utilization		Days of Operation Per Week	Daily Capacity	Average Attendance	% of Capacity
00550	02074	00554	00551	00552	00553
NAME OF CENTER: (Double click Below)					
Hudson Day Center (Monday - Friday)	0001	5	110	60	54.5 %
Hudson Day Center (Saturday)	0002	1	110	25	22.7 %
North Park Day Center	0003	5	70	63	90.0 %
Emerson Day Center	0004	5	106	51	48.1 %
Silver Hills Day Center	0005	5	150	26	17.3 %
	0006				
	0007				
	0008				
	0009				
	0010				
	0011				
	0012				
	0013				
	0014				
	0015				
	0016				
	0017				
	0018				
	0019				
	0020				
Total PACE Center Capacity	0050		546.00	225.00	41.2 %

Table 21 - PACE Center Enrollment		Number
02175	02176	00521
PACE CENTER ATTENDANCE:		
Total Number of Enrollees that Visited the Clinic***	0003	445
Total Number of Clinic Visits****	0004	15,507
PRIMARY CARE SERVICES:		
Number of Enrollees Whose Primary Care Physician is employed by the PACE clinic	0005	827
Number of Enrollees Whose Primary Care Physician is Community based	0006	8

*Report the number of enrollees that attended social day care and/or received services in the clinic.

**This is a count of the number of times enrollees went to the PACE Center. If an enrollee attended the social day care program and had a clinic visit on the same day, it counts as only one visit.

***Report the number of enrollees that received services in the clinic.

****Of the total number of visits to the PACE Center reported on line 0002, report the number of visits that included a clinic visit. If an enrollee made multiple visits to the clinic in the same day, it should be reported as one visit.

Table 22 - Medicare Part C Risk Score - PACE		Current Period	Prior Year
02277	02278	02201	02202
Average HCC Risk Score	0001	2.75	2.79
Average Frailty Factor	0002	0.14	0.14
Total Average Risk Score (HCC Risk Score & Blended Frailty Score)	0003	2.89	2.93

Table 23 Medicaid Cost Share for Hospital Inpatient Days (Duals Only)		Number of Inpatient Days	Medicare Deductible	All Inpatient Costs
	02379	02380	02302	02303
Applied \$1,340 Deductibles in Total Dollars	0001	02301		285,420.00
Total of Hospital Inpatient Days 61 through 90	0002		335.00	0.00
Total of Hospital Inpatient Lifetime Reserve Days	0003		670.00	0.00
Total Number of Days Exceeding Lifetime Reserve	0004			
Total Medicare Deductible for Hospital Inpatient	0005			285,420.00

Table 23A Inpatient Mental Health Services: Number of Days in Excess of 190 Days Lifetime Limit (Duals Only)		Number of Enrollees Exceeding 190 Day Lifetime Limit	Number of Days Exceeding 190 Day Lifetime Limit	Cost of Days Exceeding 190 Days Lifetime Limit
02381	02382	02304	02305	02306
Premium Group 55+	0001			

Table 23B Medicaid Cost Share for Skilled Nursing Facility Days (Duals Only)		Total SNF Days	Medicare Deductible	Cost
02383	02384	02307	02308	02309
Skilled Nursing Facility Days 21 through 100	0001	811.00	183.00	148,413.00