

Advantage Dual Eligible Managed Care Operating Report

Organization : United Healthcare of NY (1260187)

Coverage : Statewide

Period Ending : 12/31/2018

Dcn : 04092019172900

Date : Tuesday, April 9, 2019

Configuration Information

Configuration Information

Submission Type	0.1005	DUALOR
Submission Year	0.1010	2018
Submission Period	0.1011	A00
DCN	0.1004	04092019172900
Submitter ID	0.1000	1260187
Region ID	0.1003	1
Region Name	0.1002	STATEWIDE
Name of Organization	0.10	UNITED HEALTHCARE OF NY (1260187)
Begin Date	0.34	01/01/2018
End Date	0.35	12/31/2018

Contacts

Contact Person

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Certifiers

Chief Executive Officer

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Addresses

Mailing Address

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Line 2	0.13	New York, New York 10005
Line 3	0.14	0

Additional Information

Additional Information

Medicaid Advantage Plan Care Start Date	0.10	04/01/1995
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Counties of Operation

Operational Counties

Item	0.50	BRONX
County	0.51	KINGS (BROOKLYN)
County	0.52	NY (MANHATTAN)
County	0.53	QUEENS
County	0.54	RICHMOND (STATEN ISLAND)
County	0.55	NASSAU
County	0.56	
County	0.57	
County	0.58	
County	0.59	
County	0.60	
County	0.61	
County	0.62	
County	0.63	
County	0.64	
County	0.65	
County	0.66	
County	0.67	
County	0.68	
County	0.69	

Custom Groups

Contract Period

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

DUALOR - TABLE 1 - ENROLLMENT SUMMARY BY ENROLLEMENT (TOTAL PLAN)		Net Enrollees at End of Current Period	18-64 Years of Age Current Member Months	65+ Years of Age Current Member Months	YTD Member Months
00012	00014	00113	00115	00116	00114
Albany	0001	0	0	0	0
Alleghany	0002	0	0	0	0
Broome	0003	0	0	0	0
Cattaraugus	0004	0	0	0	0
Cayuga	0005	0	0	0	0
Chautauqua	0006	0	0	0	0
Chemung	0007	0	0	0	0
Chenango	0008	0	0	0	0
Clinton	0009	0	0	0	0
Columbia	0010	0	0	0	0
Cortland	0011	0	0	0	0
Delaware	0012	0	0	0	0
Dutchess	0013	0	0	0	0
Erie	0014	0	0	0	0
Essex	0015	0	0	0	0
Franklin	0016	0	0	0	0
Fulton	0017	0	0	0	0
Genesee	0018	0	0	0	0
Greene	0019	0	0	0	0
Hamilton	0020	0	0	0	0
Herkimer	0021	0	0	0	0
Jefferson	0022	0	0	0	0
Lewis	0023	0	0	0	0
Livingston	0024	0	0	0	0
Madison	0025	0	0	0	0
Monroe	0026	0	0	0	0
Montgomery	0027	0	0	0	0
Nassau	0028	229	1,748	1,322	3,070
Niagara	0029	0	0	0	0
Oneida	0030	0	0	0	0
Onondaga	0031	0	0	0	0
Ontario	0032	0	0	0	0
Orange	0033	0	0	0	0
Orleans	0034	0	0	0	0
Oswego	0035	0	0	0	0
Otsego	0036	0	0	0	0
Putnam	0037	0	0	0	0
Rensselaer	0038	0	0	0	0
Rockland	0039	0	0	0	0
St. Lawrence	0040	0	0	0	0
Saratoga	0041	0	0	0	0
Schenectady	0042	0	0	0	0
Schoharie	0043	0	0	0	0
Schuyler	0044	0	0	0	0
Seneca	0045	0	0	0	0
Steuben	0046	0	0	0	0
Suffolk	0047	0	0	0	0
Sullivan	0048	0	0	0	0
Tioga	0049	0	0	0	0
Tompkins	0050	0	0	0	0
Ulster	0051	0	0	0	0
Warren	0052	0	0	0	0
Washington	0053	0	0	0	0
Wayne	0054	0	0	0	0
Westchester	0055	0	0	0	0
Wyoming	0056	0	0	0	0
Yates	0057	0	0	0	0
Bronx	0058	1,089	5,186	8,119	13,305
Kings	0059	750	3,415	5,614	9,029
Queens	0061	441	1,303	3,664	4,967
New York	0060	378	1,531	2,995	4,526
Richmond	0062	60	205	508	713
Total	0999	2,947	13,388	22,222	35,610

DUALOR - TABLE 2 - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS INCURRED - DURING THE CURRENT PERIOD (TOTAL PLAN)		Current YTD	Current YTD PMPM	Medicare	Medicaid	Cost Sharing	Total Medicaid & Cost Sharing
00016	00018	10603	10606	10531	10532	10607	10608
Medicaid Advantage Member Months	0001	35,610		35,610	0	35,610	0
Medicaid Advantage Members	0050	2,947		2,947	0		0
Medicaid Advantage REVENUE:							
Premium							
a. Medicare Part C Capitation	0002	64,095,129	1,799.92	64,095,129			
b. Medicare Part D Capitation	0090	26,926,742	756.16	26,926,742			
c. Medicaid Capitation	0003	3,197,631	89.80		3,197,631		3,197,631
Net Investment Income	0004	-231,524	-6.50				
C.O.B. (Third Party Recoveries)	0005	0	0.00	0			
Reinsurance Recoveries	0031	0	0.00	0		0	0
Other Revenue	0007	-8,621	-0.24	-8,621			
Total Premium Revenue	0075	94,219,503	2,645.87	91,021,872	3,197,631	0	3,197,631
TOTAL Medicaid Advantage REVENUE	0008	93,979,359	2,639.13	91,013,251	3,197,631	0	3,197,631
Medicaid Advantage EXPENSES:							
Medical and Hospital:							
Hospital Inpatient Care:							
a. Inpatient Medical Surgical	0009	9,512,316	267.12	9,174,118		338,198	338,198
b. Inp. Mental Health & Substance Abuse	0010	1,758,925	49.39	1,662,715	96,210	0	96,210
c. Inpatient Newborn Births (excluding maternity)	0011	0	0.00	0		0	0
d. Inpatient Maternity	0060	36,982	1.04	36,160		822	822
e. Total Hospital Inpatient Care (sum a thru d)	0012	11,308,224	317.56	10,872,994	96,210	339,020	435,231
Other Medical and Hospital:							
Primary Care	0013	1,813,358	50.92	1,586,095		227,263	227,263
Specialty Care	0014	3,644,279	102.34	3,268,581		375,697	375,697
Prenatal/Postpartum Maternity Services	0045	8,486	0.24	8,486		0	0
Ambulatory Surgery	0015	2,387,335	67.04	2,150,188		237,147	237,147
Outpatient Physical Rehab/Therapy	0085	915,616	25.71	813,137		102,479	102,479
Other Professional Services	0016	20,682	0.58	19,292		1,390	1,390
Emergency Room	0017	1,498,850	42.09	1,433,916		64,934	64,934
Outpatient Mental Health	0018	582,760	16.37	436,455		146,305	146,305
Outpatient Drug & Alcohol Treatment	0019	275,718	7.74	177,822		97,897	97,897
Dental	0020	84,047	2.36	173	83,874	0	83,874
Pharmacy	0021	29,317,531	823.29	29,317,531		0	0
Home Health Care	0022	121,098	3.40	96,310	24,788		24,788
Nursing Facility	0069	1,088,578	30.57	961,931		126,648	126,648
Transportation - Emergent	0023	54,655	1.53	46,449		8,206	8,206
Transportation - Non-Emergent	0024	260,189	7.31	0	260,189		260,189
Diagnostic Test, Lab & X-Ray	0025	2,693,954	75.65	2,420,462		273,492	273,492
Family Planning	0026	90	0.00	90		0	0
Vision Care Inc. Eyeglasses	0027	438,278	12.31	249,841		188,437	188,437
Other Medical	0028	2,155,511	60.53	1,665,192		490,320	490,320
Durable Medical Equipment & Other	0054	409,275	11.49	349,860		59,415	59,415
Hearing Services	0081	0	0.00	0		0	0
Private Duty Nursing	0082	47,363	1.33	0	47,363		47,363
Foot Care	0083	243,149	6.83	214,368		28,781	28,781
Supplemental Benefits	0084	0	0.00	0		0	0
Subtotal Medical & Hospital	0030	59,369,028	1,667.20	56,089,172	512,425	2,767,430	3,279,855
Reinsurance Premium Cost	0006	0	0.00	0			
Prepaid Capitation & Target-Based Reconciliation	0056	0	0.00	0		0	0
Provider Quality Incentive Payments & Adjustments	0029	0	0.00	0		0	0
Total Medical & Hospital (In 30 + In 6 + In 29 + In 56)	0032	59,369,028	1,667.20	56,089,172	512,425	2,767,430	3,279,855
Administration:							
Compensation	0033	1,026,546	28.83	1,026,546			
Occupancy, Depreciation & Amortization	0035	61,177	1.72	61,177			
Marketing and Facilitated Enrollment	0036	19,759	0.55	19,759			
Other	0037	3,879,747	108.95	3,879,747			
Total Allowable Administration Expenses	0038	4,987,228	140.05	4,987,228			
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	64,356,256	1,807.25	61,076,401			3,279,855
PREMIUM INCOME/(LOSS)	0077	29,863,247	838.62	29,945,471		0	-82,224
Non-Allowable Administrative Expenses	0098	154,397	4.34	154,397			
OPERATING INCOME/(LOSS)	0040	29,468,706	827.54	29,782,453		0	
Aggregate Write-ins for Other Expenses	0076	0	0.00				
Prior Period Revenue Adjustments and Extraordinary Items	0041	-190,093	-5.34				
Provision for Taxes	0042	0	0.00				
Adjustments for prior period IBNR estimates	0043	525,698	14.76				
NET INCOME (LOSS)	0044	29,133,101	818.12	29,782,453		0	0

DUALOR - TABLE 2A - SCHEDULE OF NET INVESTMENT INCOME (TOTAL PLAN)		Amount Accrued During the Year	Medicare	Medicaid
00020	00022	02610	02211	02212
INVESTMENT INCOME				
Interest Income	0001	0	0	0
Dividend and Real Estate Income	0002	0	0	0
Net Realized Capital Gains or Losses	0003	-231,524	0	-231,524
TOTAL INVESTMENT INCOME	0004	-231,524	0	-231,524
DEDUCTIONS				
Investment Expenses	0005	0	0	0
Interest Expense	0006	0	0	0
Interest on Claims paid after 45 days	0010	0	0	0
Other Deductions	0007	0	0	0
TOTAL DEDUCTIONS	0008	0	0	0
NET INVESTMENT INCOME	0099	-231,524	0	-231,524

DUALOR - TABLE 2B - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES (TOTAL PLAN)		Amount of Write-off	Medicare	Medicaid
02611	00023	02612	02311	02312
Details of Write-ins aggregated on line 0076 from Medicaid Advantage Table 2				
0	0001	0	0	0
0	0002	0	0	0
0	0003	0	0	0
0	0004	0	0	0
0	0005	0	0	0
Non-State Plan Services	0006	0	0	0
Increase in Reserves for A&H Contracts	0007	0	0	0
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	0099	0	0	0

DUALOR - TABLE 2C - SCHEDULE OF EXTRAORDINARY ITEMS (TOTAL PLAN)		Amount of Write-off	Medicare	Medicaid
02613	00024	02614	02411	02412
Details of Extraordinary Items on line 0041 from Medicaid Advantage Table 2				
Adjustments for Prior Period Revenue	0001	-190,093	0	-190,093
0	0002	0	0	0
0	0003	0	0	0
0	0004	0	0	0
0	0005	0	0	0
0	0006	0	0	0
0	0007	0	0	0
0	0008	0	0	0
0	0009	0	0	0
All Other	0010	0	0	0
TOTAL Medicaid Advantage EXTRAORDINARY ITEMS	0099	-190,093	0	-190,093

DUALOR - TABLE 2D - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR (TOTAL PLAN)		Amount of Write-off	Medicare	Medicaid
00025	00026	02616	02511	02512
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Advantage Table 2				
1 Year Prior to the Reporting Period	0001	525,698	0	525,698
2 Years Prior to the Reporting Period	0002	0	0	0
3 Years Prior to the Reporting Period	0003	0	0	0
4 Years Prior to the Reporting Period	0004	0	0	0
TOTAL Medicaid Advantage ADJUSTMENTS FOR PRIOR PERIOD IBNR	0099	525,698	0	525,698

DUALOR - TABLE 2D-1 - SCHEDULE OF RECOVERED PROVIDER PAYMENTS FOR SERVICES PROVIDED IN PRIOR PERIODS		More than 2 Years Prior to the Reporting Period	2 Years Prior to the Reporting Period	1 Year Prior to the Reporting Period	Current Reporting Period	Totals
00028	00030	02618	02711	02712	02713	02714
Details of IBNR Changing Events and Servicing Provider Recoveries by Period:						
Starting Prior Period IBNR and Claims Reported but not Paid	0001	0	0	0		0
Claims Recovered from Providers Due to Fraud and Abuse	0002	0	0	0	0	0
Claims Recovered from Providers for Other Reasons than Fraud and Abuse	0003	0	0	0	0	0
COB (Third Party Recoveries) and Subrogation Payments Received for Claims Paid in a Prior Period	0004	0	0	0		0
Prior Period IBNR Adjustment	0006	0	0	0		0
Payments Made to Providers During the Current Reporting Period that Reduced the Amount of a Prior Period's IBNR and Claims Reports But Not Paid Balance	0005	0	0	0		0
Remaining IBNR	0099	0	0	0		0

DUALOR- TABLE 2E - DETAIL OF OTHER MEDICAL COST*		Amount
02617	00082	02619
OFFICE/OP VISIT, EST PT, 2 K	0001	86,290
HOSPITAL OUTPATIENT CLINIC V	0002	74,935
UNLISTED DIALYSIS PROC, INPA	0003	31,442
OFFICE/OP VISIT, NEW PT, 3 K	0004	20,850
OPHTHALMOLOGICAL MEDICAL EXA	0005	8,330
AUTOMATIC EXTERNAL DEFIBRILL	0006	7,347
ENDOVENOUS ABLATION THERAPY	0007	5,810
ECHOCARDIOGRAPHY, TRANSTHORA	0008	5,243
INTENSITY MODULATED TREATMEN	0009	4,997
Social Determinants of Health	0012	0
Remaining Other Medical (smallest categories)	0010	1,910,267
TOTAL OTHER MEDICAL	0099	2,155,511

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.

DUALOR - TABLE 3-1 - STATEMENT OF REVENUE & EXPENSE (ACCRUAL BASIS) - 18-64 YEARS OLD - INCURRED DURING THE CURRENT PERIOD (TOTAL PLAN)		Current YTD	Current YTD PMPM	Previous Calendar Year PMPM as of 12/31	Medicare	Medicaid	Cost Sharing	Total Medicaid & Cost Sharing
00032	00034	10613	10616	10614	10611	10612	10617	10618
Medicaid Advantage Member Months	0001	13,387			13,387	0		0
Medicaid Advantage Members	0050	1,084			1,084	0		0
Medicaid Advantage REVENUE:								
Premium								
a. Medicare Part C Capitation	0002	16,762,644	1,252.11	0.00	16,762,644			
b. Medicare Part D Capitation	0090	8,051,891	601.45	0.00	8,051,891			
c. Medicaid Capitation	0003	1,214,737	90.74	0.00		1,214,737		1,214,737
Net Investment Income	0004							
C.O.B. (Third Party Recoveries)	0005	0	0.00	0.00	0			
Reinsurance Recoveries	0031	0	0.00	0.00	0		0	0
Other Revenue	0007	-3,275	-0.24	0.00	-3,275			
Total Premium Revenue	0075	26,029,272	1,944.30	0.00	24,814,535	1,214,737		1,214,737
TOTAL Medicaid Advantage REVENUE	0008	26,025,997	1,944.06	0.00	24,811,260	1,214,737		1,214,737
Medicaid Advantage EXPENSES:								
Medical and Hospital:								
Hospital Inpatient Care:								
a. Inpatient Medical Surgical	0009	1,856,518	138.68	0.00	1,766,673		89,845	89,845
b. Inp. Mental Health & Substance Abuse	0010	1,264,888	94.48	0.00	1,198,296	66,592	0	66,592
c. Inpatient Newborn Births (excluding maternity)	0011	0	0.00	0.00	0		0	0
d. Inpatient Maternity	0060	36,982	2.76	0.00	36,160		822	822
e. Total Hospital Inpatient Care (sum a thru d)	0012	3,158,389	235.92	0.00	3,001,129	66,592	90,667	157,260
Other Medical and Hospital:								
Primary Care	0013	390,461	29.17	0.00	334,173		56,287	56,287
Specialty Care	0014	707,662	52.86	0.00	634,893		72,770	72,770
Prenatal/Postpartum Maternity Services	0045	8,486	0.63	0.00	8,486		0	0
Ambulatory Surgery	0015	487,534	36.42	0.00	439,171		48,363	48,363
Outpatient Physical Rehab/Therapy	0085	219,228	16.38	0.00	195,951		23,277	23,277
Other Professional Services	0016	4,822	0.36	0.00	4,204		618	618
Emergency Room	0017	557,172	41.62	0.00	521,646		35,526	35,526
Outpatient Mental Health	0018	382,288	28.56	0.00	284,942		97,346	97,346
Outpatient Drug & Alcohol Treatment	0019	194,072	14.50	0.00	127,398		66,674	66,674
Dental	0020	23,399	1.75	0.00	162	23,237	0	23,237
Pharmacy	0021	8,924,609	666.64	0.00	8,924,609		0	0
Home Health Care	0022	21,847	1.63	0.00	16,865	4,982		4,982
Nursing Facility	0069	185,703	13.87	0.00	161,615		24,088	24,088
Transportation - Emergent	0023	25,559	1.91	0.00	19,856		5,704	5,704
Transportation - Non-Emergent	0024	0	0.00	0.00	0	0		0
Diagnostic Test, Lab & X-Ray	0025	626,543	46.80	0.00	552,312		74,231	74,231
Family Planning	0026	90	0.01	0.00	90		0	0
Vision Care Inc. Eyeglasses	0027	101,018	7.55	0.00	51,090		49,927	49,927
Other Medical	0028	462,628	34.56	0.00	341,152		121,476	121,476
Durable Medical Equipment & Other	0054	138,795	10.37	0.00	120,458		18,337	18,337
Hearing Services	0081	0	0.00	0.00	0		0	0
Private Duty Nursing	0082	5,074	0.38	0.00	0	5,074		5,074
Foot Care	0083	46,119	3.44	0.00	40,550		5,568	5,568
Supplemental Benefits	0084	0	0.00	0.00	0		0	0
Subtotal Medical & Hospital	0030	16,671,497	1,245.31	0.00	15,780,751	99,886	790,859	890,745
Reinsurance Premium Cost	0006	0	0.00	0.00	0			
Prepaid Capitation & Target-Based Reconciliation	0056	0	0.00	0.00	0		0	0
Provider Quality Incentive Payments & Adjustments	0029	0	0.00	0.00	0		0	0
Total Medical & Hospital (In 30 + In 6 + In 29 + In 56)	0032	16,671,497	1,245.31	0.00	15,780,751	99,886	790,859	890,745
Administration:								
Compensation	0033	385,927	28.83	0.00	385,927			
Occupancy, Depreciation & Amortization	0035	22,999	1.72	0.00	22,999			
Marketing and Facilitated Enrollment	0036	7,429	0.55	0.00	7,429			
Other	0037	1,458,578	108.95	0.00	1,458,578			
Total Allowable Administration Expenses	0038	1,874,932	140.05	0.00	1,874,932			
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	18,546,429	1,385.36	0.00	17,655,684			890,745
PREMIUM INCOME/(LOSS)	0077	7,482,843	558.94	0.00	7,158,851			323,992
Non-Allowable Administrative Expenses	0098	58,045	4.34	0.00	58,045			
OPERATING INCOME/(LOSS)	0040	7,421,523	554.36	0.00	7,097,531			
Aggregate Write-ins for Other Expenses	0076							
Prior Period Revenue Adjustments and Extraordinary Items	0041		0.00					
Provision for Taxes	0042		0.00					
Adjustments for prior period IBNR estimates	0043		0.00					
NET INCOME (LOSS)	0044	7,421,523	554.36	0.00	7,097,531			

DUALOR - TABLE 3-2 - STATEMENT OF REVENUE & EXPENSE (ACCRUAL BASIS) - 65+ - INCURRED DURING THE CURRENT PERIOD (TOTAL PLAN)		Current YTD	Current YTD PMPM	Previous Calendar Year PMPM as of 12/31	Medicare	Medicaid	Cost Sharing	Total Medicaid & Cost Sharing
00036	00038	10623	10626	10624	10621	10622	10627	10628
Medicaid Advantage Member Months	0001	22,223			22,223	0		0
Medicaid Advantage Members	0050	1,863			1,863	0		0
Medicaid Advantage REVENUE:								
Premium								
a. Medicare Part C Capitation	0002	47,332,486	2,129.93	0.00	47,332,486			
b. Medicare Part D Capitation	0090	18,874,851	849.36	0.00	18,874,851			
c. Medicaid Capitation	0003	1,982,894	89.23	0.00		1,982,894		1,982,894
Net Investment Income	0004							
C.O.B. (Third Party Recoveries)	0005	0	0.00	0.00	0			
Reinsurance Recoveries	0031	0	0.00	0.00	0		0	0
Other Revenue	0007	-5,346	-0.24	0.00	-5,346			
Total Premium Revenue	0075	68,190,231	3,068.52	0.00	66,207,336	1,982,894		1,982,894
TOTAL Medicaid Advantage REVENUE	0008	68,184,885	3,068.28	0.00	66,201,991	1,982,894		1,982,894
Medicaid Advantage EXPENSES:								
Medical and Hospital:								
Hospital Inpatient Care:								
a. Inpatient Medical Surgical	0009	7,655,798	344.51	0.00	7,407,445		248,353	248,353
b. Inp. Mental Health & Substance Abuse	0010	494,037	22.23	0.00	464,419	29,618	0	29,618
c. Inpatient Newborn Births (excluding maternity)	0011	0	0.00	0.00	0		0	0
d. Inpatient Maternity	0060	0	0.00	0.00	0		0	0
e. Total Hospital Inpatient Care (sum a thru d)	0012	8,149,835	366.74	0.00	7,871,865	29,618	248,353	277,971
Other Medical and Hospital:								
Primary Care	0013	1,422,898	64.03	0.00	1,251,922		170,976	170,976
Specialty Care	0014	2,936,616	132.15	0.00	2,633,689		302,928	302,928
Prenatal/Postpartum Maternity Services	0045	0	0.00	0.00	0		0	0
Ambulatory Surgery	0015	1,899,801	85.49	0.00	1,711,017		188,784	188,784
Outpatient Physical Rehab/Therapy	0085	696,389	31.34	0.00	617,186		79,202	79,202
Other Professional Services	0016	15,860	0.71	0.00	15,088		772	772
Emergency Room	0017	941,678	42.37	0.00	912,269		29,408	29,408
Outpatient Mental Health	0018	200,472	9.02	0.00	151,513		48,959	48,959
Outpatient Drug & Alcohol Treatment	0019	81,647	3.67	0.00	50,424		31,223	31,223
Dental	0020	60,648	2.73	0.00	11	60,637	0	60,637
Pharmacy	0021	20,392,923	917.67	0.00	20,392,923		0	0
Home Health Care	0022	99,251	4.47	0.00	79,445	19,806		19,806
Nursing Facility	0069	902,875	40.63	0.00	800,315		102,560	102,560
Transportation - Emergent	0023	29,096	1.31	0.00	26,594		2,502	2,502
Transportation - Non-Emergent	0024	260,189	11.71	0.00	0	260,189		260,189
Diagnostic Test, Lab & X-Ray	0025	2,067,411	93.03	0.00	1,868,150		199,261	199,261
Family Planning	0026	0	0.00	0.00	0		0	0
Vision Care Inc. Eyeglasses	0027	337,260	15.18	0.00	198,750		138,509	138,509
Other Medical	0028	1,692,883	76.18	0.00	1,324,040		368,844	368,844
Durable Medical Equipment & Other	0054	270,480	12.17	0.00	229,403		41,078	41,078
Hearing Services	0081	0	0.00	0.00	0		0	0
Private Duty Nursing	0082	42,288	1.90	0.00	0	42,288		42,288
Foot Care	0083	197,031	8.87	0.00	173,818		23,212	23,212
Supplemental Benefits	0084	0	0.00	0.00	0		0	0
Subtotal Medical & Hospital	0030	42,697,531	1,921.36	0.00	40,308,421	412,539	1,976,571	2,389,110
Reinsurance Premium Cost	0006	0	0.00	0.00	0			
Prepaid Capitation & Target-Based Reconciliation	0056	0	0.00	0.00	0		0	0
Provider Quality Incentive Payments & Adjustments	0029	0	0.00	0.00	0		0	0
Total Medical & Hospital (In 30 + In 6 + In 29 + In 56)	0032	42,697,531	1,921.36	0.00	40,308,421	412,539	1,976,571	2,389,110
Administration:								
Compensation	0033	640,619	28.83	0.00	640,619			
Occupancy, Depreciation & Amortization	0035	38,178	1.72	0.00	38,178			
Marketing and Facilitated Enrollment	0036	12,331	0.55	0.00	12,331			
Other	0037	2,421,168	108.95	0.00	2,421,168			
Total Allowable Administration Expenses	0038	3,112,296	140.05	0.00	3,112,296			
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	45,809,827	2,061.41	0.00	43,420,717			2,389,110
PREMIUM INCOME/(LOSS)	0077	22,380,404	1,007.10	0.00	22,786,619			-406,216
Non-Allowable Administrative Expenses	0098	96,352	4.34	0.00	96,352			
OPERATING INCOME/(LOSS)	0040	22,278,706	1,002.53	0.00	22,684,922			
Aggregate Write-ins for Other Expenses	0076							
Prior Period Revenue Adjustments and Extraordinary Items	0041							
Provision for Taxes	0042							
Adjustments for prior period IBNR estimates	0043							
NET INCOME (LOSS)	0044	22,278,706	1,002.53	0.00	22,684,922			-406,216

DUALOR - TABLE 4 - UTILIZATION - DISCHARGES - ACTUAL AND ACCRUED (TOTAL PLAN)		Medical Surgical Days	Medical Surgical Discharges	Mental Health & Substance Abuse Days	Mental Health & Substance Abuse Discharges	Maternity Delivery Days	Maternity Delivery Discharges
00040	00041	01201	01202	01203	01204	01205	01206
Premium Group: 18-64							
Actual Utilization	0010	812	238	1,727	137	16	6
Accrued Utilization	0020	4	1	10	1	0	0
Totals Including Accruals	0998	816	239	1,737	138	16	6
Rate Per Member Per Year	0520	0.7314	0.2142	1.5570	0.1237	0.0143	0.0054
Premium Group 65+							
Actual Utilization	0030	3,866	889	497	49	0	0
Accrued Utilization	0040	4	1	0	0	0	0
Totals Including Accruals	0999	3,870	890	497	49	0	0
Rate Per Member Per Year	0530	2.0898	0.4806	0.2684	0.0265	0.0000	0.0000

DUALOR - TABLE 4A - UTILIZATION - INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE - NUMBER OF DAYS IN EXCESS OF 190 DAYS - LIFETIME LIMIT (TOTAL PLAN)		Number of Members Exceeding 190 day Lifetime Limit	Number of Days Exceeding 190 day Lifetime Limit	Cost of Days Exceeding 190 day Lifetime Limit
00042	00043	01301	01302	01303
Premium Group: 18-64	0010	0	0	0
Premium Group: 65+	0020	0	0	0
Total Actual Utilization	0999	0	0	0

		Medicare	Medicare	Medicare	Medicare	Medicare	Medicare	Medicare	Medicare	Medicare	Medicare	Medicare Only
DUALOR - TABLE 5 - UTILIZATION OF OUTPATIENT MEDICAL SERVICES (TOTAL PLAN)		Primary Care Encounter	Specialty Care Encounter	Ambulatory Surgery Visits	Foot Care Visits	Outpatient Physical Rehab/Therapy	Emergency Room Visits	Outpatient Mental Health Visits	Outpatient Drug and Alcohol Treatment	Emergency Medical Transportation Number of Trips	Medicare Covered Home Health Care Visits *	Prenatal/Postpartum Maternity Services Visits
00044	00045	01401	01402	01403	01404	01405	01406	01407	01408	01409	01410	01425
Premium Group: 18-64												
Actual Utilization	0010	3,416	4,177	722	440	2,192	2,197	3,361	1,082	53	73	5
Accrued Utilization	0020	0	0	0	0	0	0	0	0	0	0	0
Totals Including Accruals	0998	3,416	4,177	722	440	2,192	2,197	3,361	1,082	53	73	5
Rate Per Member Per Year	0500	3.0620	3.7441	0.6472	0.3944	1.9648	1.9693	3.0127	0.9699	0.0475	0.0654	0.0045
Premium Group 65+												
Actual Utilization	0030	12,292	16,212	2,088	1,925	6,169	3,320	1,904	570	71	257	0
Accrued Utilization	0040	0	0	0	0	0	0	0	0	0	0	0
Totals Including Accruals	0999	12,292	16,212	2,088	1,925	6,169	3,320	1,904	570	71	257	0
Rate per Member Per Year	0510	6.6376	8.7544	1.1275	1.0395	3.3312	1.7928	1.0281	0.3078	0.0383	0.1388	0.0000

* 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 Only	Medicare Only	Medicare Only	Medicare Only	Medicare Only	Medicaid Only	Medicaid Only	Medicaid Only	Medicaid Only
DUALOR - TABLE 5A - UTILIZATION OF OUTPATIENT MEDICAL SERVICES (TOTAL PLAN)		Pharmacy	Nursing Facility Days	Family Planning Visits	Vision Care Inc. Eyeglasses Visits	Hearing Services	Non Medicare Home Health Care Visits	Private Duty Nurse	Dental	Non Emergency Medical Transportation Number of Trips
00046	00047	01415	01416	01418	01419	01421	01411	01412	01413	01414
Premium Group: 18-64										
Actual Utilization	0010	47,457	32	1	178	0	59	0	300	0
Accrued Utilization	0020	0	0	0	0	0	1	1	11	0
Totals Including Accruals	0998	47,457	32	1	178	0	60	1	311	0
Rate Per Member Per Year	0500	42.5386	0.0287	0.0009	0.1596	0.0000	0.0538	0.0009	0.2788	0.0000
Premium Group 65+										
Actual Utilization	0030	142,216	146	0	765	0	121	0	686	0
Accrued Utilization	0040	0	0	0	0	0	4	2	24	2
Totals Including Accruals	0999	142,216	146	0	765	0	125	2	710	2
Rate per Member Per Year	0510	76.7956	0.0788	0.0000	0.4131	0.0000	0.0675	0.0011	0.3834	0.0011

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

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

DUALOR - TABLE 6A - CLAIMS ANALYSIS - INCURRED DURING CURRENT PERIOD (TOTAL PLAN)		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)
00048	00049	00901	00902	00903	00904	00905
Category of Service						
Inpatient	0001	11,308,224	11,428,172	0	-119,947	-1.06%
Primary Care	0002	1,813,358	1,876,113	0	-62,754	-3.46%
Specialty Care	0003	3,644,279	3,742,152	0	-97,874	-2.69%
Emergency Room	0004	1,498,850	1,517,593	0	-18,744	-1.25%
All other medical services	0005	41,104,317	41,366,922	0	-262,605	-0.64%
TOTAL	0999	59,369,028	59,930,952	0	-561,924	-0.95%
Total Expenses - Capitated	0010	0				
Total Expenses - FFS	0020	59,369,028				-0.95%

		Reported Claims that are Unpaid	Reported Claims that are Unpaid	Incurred But Not Reported	Incurred But Not Reported	Incurred But Not Reported
DUALOR - TABLE 6B - CLAIMS ANALYSIS - UNPAID (TOTAL PLAN)		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)
00050	00051	00911	00912	00913	00914	00915
Category of Service						
Inpatient	0001	0	0	4,000	-119,947	-115,947
Primary Care	0002	0	0	375	-62,754	-62,379
Specialty Care	0003	0	0	0	-97,874	-97,874
Emergency Room	0004	0	0	0	-18,744	-18,744
All other medical services	0005	0	0	265	-262,605	-262,340
TOTAL	0999	0	0	4,640	-561,924	-557,284

		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
DUALOR - TABLE 6C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR (TOTAL PLAN)		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)
00052	00053	00921	00922	00923	00924	00925
Category of Service						
Inpatient	0001	0	0	0	4,000	4,000
Primary Care	0002	0	0	0	375	375
Speciality Care	0003	0	0	0	0	0
Emergency Room	0004	0	0	0	0	0
All other medical services	0005	0	0	0	265	265
TOTAL	0999	0	0	0	4,640	4,640

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 cost report.[]
 The total in Column E from Table 9c must equal the total of Column C in Table 9B.

DUALOR - TABLE 6D - NON-VBP SHARED SAVINGS (LOSSES)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00054	00055	00931	00932	00933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Target Expenditures	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Target Expenditures	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

DUALOR - TABLE 6D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00451	00110	00937	00938	00939
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Capitation Payments	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Capitation and Additional Payments	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0.00	0.00	0.00
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

DUALOR - TABLE 7 - MEDICARE PART C RISK SCORE (TOTAL PLAN)		Current Period	Prior Year
00056	00057	00701	00702
Average HCC Risk Score 18-64	0002	1.06	1.06
Average HCC Risk Score 65+	0003	1.15	1.15
Average HCC Risk Score Total	0001	1.12	1.12

DUALOR - TABLE 8A - DENTAL COVERAGE COST AND UTILIZATION BY COUNTY - AGES 18-64		Member Months	Dental Utilization	Dental Cost-Medicaid	Dental Cost - Medicare	Dental Cost - Cost Sharing	Total Dental Cost
00058	00059	02721	02722	02723	02724	02725	02726
Albany	0001	0	0	0	0	0	0
Alleghany	0002	0	0	0	0	0	0
Broome	0003	0	0	0	0	0	0
Cattaraugus	0004	0	0	0	0	0	0
Cayuga	0005	0	0	0	0	0	0
Chautauqua	0006	0	0	0	0	0	0
Chemung	0007	0	0	0	0	0	0
Chenango	0008	0	0	0	0	0	0
Clinton	0009	0	0	0	0	0	0
Columbia	0010	0	0	0	0	0	0
Cortland	0011	0	0	0	0	0	0
Delaware	0012	0	0	0	0	0	0
Dutchess	0013	0	0	0	0	0	0
Erie	0014	0	0	0	0	0	0
Essex	0015	0	0	0	0	0	0
Franklin	0016	0	0	0	0	0	0
Fulton	0017	0	0	0	0	0	0
Genesee	0018	0	0	0	0	0	0
Greene	0019	0	0	0	0	0	0
Hamilton	0020	0	0	0	0	0	0
Herkimer	0021	0	0	0	0	0	0
Jefferson	0022	0	0	0	0	0	0
Lewis	0023	0	0	0	0	0	0
Livingston	0024	0	0	0	0	0	0
Madison	0025	0	0	0	0	0	0
Monroe	0026	0	0	0	0	0	0
Montgomery	0027	0	0	0	0	0	0
Nassau	0028	8	29	2,163	0	0	2,163
Niagara	0029	0	0	0	0	0	0
Oneida	0030	0	0	0	0	0	0
Onondaga	0031	0	0	0	0	0	0
Ontario	0032	0	0	0	0	0	0

DUALOR - TABLE 8B - DENTAL COVERAGE COST AND UTILIZATION BY COUNTY - AGES 65+		Member Months	Dental Utilization	Dental Cost-Medicaid	Dental Cost - Medicare	Dental Cost - Cost Sharing	Total Dental Cost
00100	00101	02727	02728	02729	02730	02731	02732
Albany	0001	0	0	0	0	0	0
Alleghany	0002	0	0	0	0	0	0
Broome	0003	0	0	0	0	0	0
Cattaraugus	0004	0	0	0	0	0	0
Cayuga	0005	0	0	0	0	0	0
Chautauqua	0006	0	0	0	0	0	0
Chemung	0007	0	0	0	0	0	0
Chenango	0008	0	0	0	0	0	0
Clinton	0009	0	0	0	0	0	0
Columbia	0010	0	0	0	0	0	0
Cortland	0011	0	0	0	0	0	0
Delaware	0012	0	0	0	0	0	0
Dutchess	0013	0	0	0	0	0	0
Erie	0014	0	0	0	0	0	0
Essex	0015	0	0	0	0	0	0
Franklin	0016	0	0	0	0	0	0
Fulton	0017	0	0	0	0	0	0
Genesee	0018	0	0	0	0	0	0
Greene	0019	0	0	0	0	0	0
Hamilton	0020	0	0	0	0	0	0
Herkimer	0021	0	0	0	0	0	0
Jefferson	0022	0	0	0	0	0	0
Lewis	0023	0	0	0	0	0	0
Livingston	0024	0	0	0	0	0	0
Madison	0025	0	0	0	0	0	0
Monroe	0026	0	0	0	0	0	0
Montgomery	0027	0	0	0	0	0	0
Nassau	0028	14	64	6,131	11	0	6,142
Niagara	0029	0	0	0	0	0	0
Oneida	0030	0	0	0	0	0	0
Onondaga	0031	0	0	0	0	0	0
Ontario	0032	0	0	0	0	0	0

DUALOR - TABLE 8C - EMERGENCY TRANSPORTATION COVERAGE COST AND UTILIZATION BY COUNTY - AGES 18-64		Member Months	Emergency Transportation Utilization	Emergency Transportation Cost - Medicare	Emergency Transportation Cost - Cost Sharing	Total Emergency Transportation Cost
00102	00103	02733	02734	02736	02737	02738
Albany	0001	0	0	0	0	0
Alleghany	0002	0	0	0	0	0
Broome	0003	0	0	0	0	0
Cattaraugus	0004	0	0	0	0	0
Cayuga	0005	0	0	0	0	0
Chautauqua	0006	0	0	0	0	0
Chemung	0007	0	0	0	0	0
Chenango	0008	0	0	0	0	0
Clinton	0009	0	0	0	0	0
Columbia	0010	0	0	0	0	0
Cortland	0011	0	0	0	0	0
Delaware	0012	0	0	0	0	0
Dutchess	0013	0	0	0	0	0
Erie	0014	0	0	0	0	0
Essex	0015	0	0	0	0	0
Franklin	0016	0	0	0	0	0
Fulton	0017	0	0	0	0	0
Genesee	0018	0	0	0	0	0
Greene	0019	0	0	0	0	0
Hamilton	0020	0	0	0	0	0
Herkimer	0021	0	0	0	0	0
Jefferson	0022	0	0	0	0	0
Lewis	0023	0	0	0	0	0
Livingston	0024	0	0	0	0	0
Madison	0025	0	0	0	0	0
Monroe	0026	0	0	0	0	0
Montgomery	0027	0	0	0	0	0
Nassau	0028	11	94	19,856	5,704	25,559
Niagara	0029	0	0	0	0	0
Oneida	0030	0	0	0	0	0
Onondaga	0031	0	0	0	0	0
Ontario	0032	0	0	0	0	0

DUALOR - TABLE 8D - EMERGENCY TRANSPORTATI ON COVERAGE COST AND UTILIZATION BY COUNTY - AGES 65+		Member Months	Emergency Transportation Utilization	Emergency Transportation Cost - Medicare	Emergency Transportation Cost - Cost Sharing	Total Emergency Transportation Cost
00104	00105	02739	02740	02742	02743	02744
Albany	0001	0	0	0	0	0
Alleghany	0002	0	0	0	0	0
Broome	0003	0	0	0	0	0
Cattaraugus	0004	0	0	0	0	0
Cayuga	0005	0	0	0	0	0
Chautauqua	0006	0	0	0	0	0
Chemung	0007	0	0	0	0	0
Chenango	0008	0	0	0	0	0
Clinton	0009	0	0	0	0	0
Columbia	0010	0	0	0	0	0
Cortland	0011	0	0	0	0	0
Delaware	0012	0	0	0	0	0
Dutchess	0013	0	0	0	0	0
Erie	0014	0	0	0	0	0
Essex	0015	0	0	0	0	0
Franklin	0016	0	0	0	0	0
Fulton	0017	0	0	0	0	0
Genesee	0018	0	0	0	0	0
Greene	0019	0	0	0	0	0
Hamilton	0020	0	0	0	0	0
Herkimer	0021	0	0	0	0	0
Jefferson	0022	0	0	0	0	0
Lewis	0023	0	0	0	0	0
Livingston	0024	0	0	0	0	0
Madison	0025	0	0	0	0	0
Monroe	0026	0	0	0	0	0
Montgomery	0027	0	0	0	0	0
Nassau	0028	12	92	26,594	2,502	29,096
Niagara	0029	0	0	0	0	0
Oneida	0030	0	0	0	0	0
Onondaga	0031	0	0	0	0	0
Ontario	0032	0	0	0	0	0

DUALOR - TABLE 8E - NON-EMERGENCY TRANSPORTATION COST AND UTILIZATION BY COUNTY - AGES 18-64		Member Months	Non-Emergency Transportation Utilization	Non-Emergency Transportation Cost-Medicaid	Non-Emergency Transportation Cost - Medicare	Total Non-Emergency Transportation Cost
00106	00107	02745	02746	02747	02748	02750
Albany	0001	0	0	0	0	0
Alleghany	0002	0	0	0	0	0
Broome	0003	0	0	0	0	0
Cattaraugus	0004	0	0	0	0	0
Cayuga	0005	0	0	0	0	0
Chautauqua	0006	0	0	0	0	0
Chemung	0007	0	0	0	0	0
Chenango	0008	0	0	0	0	0
Clinton	0009	0	0	0	0	0
Columbia	0010	0	0	0	0	0
Cortland	0011	0	0	0	0	0
Delaware	0012	0	0	0	0	0
Dutchess	0013	0	0	0	0	0
Erie	0014	0	0	0	0	0
Essex	0015	0	0	0	0	0
Franklin	0016	0	0	0	0	0
Fulton	0017	0	0	0	0	0
Genesee	0018	0	0	0	0	0
Greene	0019	0	0	0	0	0
Hamilton	0020	0	0	0	0	0
Herkimer	0021	0	0	0	0	0
Jefferson	0022	0	0	0	0	0
Lewis	0023	0	0	0	0	0
Livingston	0024	0	0	0	0	0
Madison	0025	0	0	0	0	0
Monroe	0026	0	0	0	0	0
Montgomery	0027	0	0	0	0	0
Nassau	0028	0	0	0	0	0
Niagara	0029	0	0	0	0	0
Oneida	0030	0	0	0	0	0
Onondaga	0031	0	0	0	0	0
Ontario	0032	0	0	0	0	0

DUALOR - TABLE 8F - NON-EMERGENCY TRANSPORTATION COVERAGE COST AND UTILIZATION BY COUNTY - AGES 65+		Member Months	Non-Emergency Transportation Utilization	Non-Emergency Transportation Cost - Medicaid	Non-Emergency Transportation Cost - Medicare	Total Non-Emergency Transportation Cost
00108	00109	02751	02752	02753	02754	02756
Albany	0001	0	0	0	0	0
Alleghany	0002	0	0	0	0	0
Broome	0003	0	0	0	0	0
Cattaraugus	0004	0	0	0	0	0
Cayuga	0005	0	0	0	0	0
Chautauqua	0006	0	0	0	0	0
Chemung	0007	0	0	0	0	0
Chenango	0008	0	0	0	0	0
Clinton	0009	0	0	0	0	0
Columbia	0010	0	0	0	0	0
Cortland	0011	0	0	0	0	0
Delaware	0012	0	0	0	0	0
Dutchess	0013	0	0	0	0	0
Erie	0014	0	0	0	0	0
Essex	0015	0	0	0	0	0
Franklin	0016	0	0	0	0	0
Fulton	0017	0	0	0	0	0
Genesee	0018	0	0	0	0	0
Greene	0019	0	0	0	0	0
Hamilton	0020	0	0	0	0	0
Herkimer	0021	0	0	0	0	0
Jefferson	0022	0	0	0	0	0
Lewis	0023	0	0	0	0	0
Livingston	0024	0	0	0	0	0
Madison	0025	0	0	0	0	0
Monroe	0026	0	0	0	0	0
Montgomery	0027	0	0	0	0	0
Nassau	0028	0	0	0	0	0
Niagara	0029	0	0	0	0	0
Oneida	0030	0	0	0	0	0
Onondaga	0031	0	0	0	0	0
Ontario	0032	0	0	0	0	0

DUALOR - TABLE 9A - 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	0001	110,486,862	0	110,486,862	211,416,235
Short-Term Investments	0002	32,736,923	0	32,736,923	82,118,740
Premiums Receivable-net	0003	20,204,369	3,060,731	17,143,638	111,510,449
Interest Receivable	0004	5,447,277	0	5,447,277	4,240,384
NYS Medicaid Reinsurance Recovery Receivable	0005	18,033	0	18,033	627,757
Other Receivables - Net	0006	88,727,850	0	88,727,850	44,432,814
Prepaid Expenses	0007	0	10,787,133	-10,787,133	-8,887
Aggregate Write-Ins for Current Assets (list below)	0008	179,942,209	17,833,377	162,108,832	102,943,332
Deferred Tax Asset	0009	10,804,450	0	10,804,450	8,505,135
Health Care Receivable	0010	121,971,350	17,833,377	104,137,974	67,198,721
Current Foreign and Federal Income tax recoverable	0011	26,315,197	0	26,315,197	21,830,589
Receivable for securities	0012	0	0	0	5,400,000
Premium Tax Receivable	0013	20,851,212	0	20,851,212	8,887
TOTAL CURRENT ASSETS	0014	437,563,524	31,681,241	405,882,283	557,280,824
OTHER ASSETS					
NYS Escrow Account Balance	0015	183,412,764		183,412,764	183,412,764
Amounts Due from Affiliates	0016	0	0	0	0
Loan Escrow	0017	0	0	0	0
Long-Term Investments	0018	664,879,394	0	664,879,394	453,451,857
Intangible Investments and Goodwill	0019	41,627,985	3,707	41,624,277	870,403
0	0020	0	0	0	0
0	0021	0	0	0	0
0	0022	0	0	0	0
0	0023	0	0	0	0
0	0024	0	0	0	0
Other Restricted Assets	0084	0	0	0	0
Aggregate Write-Ins for Other Assets (list below)	0026	0	0	0	0
0	0027	0	0	0	0
0	0028	0	0	0	0
0	0029	0	0	0	0
0	0030	0	0	0	0
0	0031	0	0	0	0
TOTAL OTHER ASSETS	0032	889,920,143	3,708	889,916,435	637,735,024
PROPERTY AND EQUIPMENT					
Land	0033	0	0	0	0
Building and Improvements	0034	0	0	0	0
Construction In Progress	0035	0	0	0	0
Furniture and Equipment	0036	0	0	0	0
Leasehold Improvements	0025	0	0	0	0
Aggregate Write-Ins for Other Equipment (list below)	0037	0	0	0	0
0	0038	0	0	0	0
0	0039	0	0	0	0
0	0040	0	0	0	0
0	0041	0	0	0	0
0	0042	0	0	0	0
TOTAL PROPERTY AND EQUIPMENT	0043	0	0	0	0
TOTAL ASSETS	0044	1,327,483,667	31,684,949	1,295,798,718	1,195,015,848

DUALOR - TABLE 9B - BALANCE SHEET - LIABILITIES		Current Period	Previous Calendar Year as of 12/31
00407	00178	00408	00409
Accounts Payable	0045	6,175,839	15,420,479
Claims Payable	0046	135,219,767	143,920,316
Accrued Inpatient Claims (Not Reported)	0047	84,292,185	139,479,529
Accrued Physician Claims (Not Reported)	0048	93,554,956	69,213,085
Accrued Referral Claims (Not Reported)	0049	121,543,734	89,104,390
Accrued Other Medical	0050	67,660,571	10,082,390
Accrued Medical Incentive Pool	0051	59,486,153	31,350,907
Unearned Premiums	0052	21,016,199	13,667,916
Loans and Notes Payable	0053	0	0
Aggregate Write-Ins for Current Liabilities (List Below)	0054	4,805,537	2,897,718
Current Foreign and Federal Income tax payable	0055	0	0
Amounts held for the account of Others	0056	3,652,570	2,856,081
Remittances	0057	12,477	41,637
Payable for Securities	0058	0	0
Ceded reinsurance premiums payable	0059	1,140,490	0
TOTAL CURRENT LIABILITIES	0060	593,754,941	515,136,730
Loans and Notes	0061	0	0
Amounts Due to Affiliated	0062	47,948,264	39,565,243
Aggregate Write-Ins for Other Liabilities (list below)	0063	41,135,199	69,510,204
Unpaid Claims Adjustment Expense	0064	4,757,613	5,010,117
Aggregate Health Claims Reserves	0065	2,781,027	2,340,406
Aggregate Health Policy Reserves	0066	30,355,755	30,428,616
Liab for Amts Held Under Uninsured Acc & HP	0067	2,513,710	20,728,848
Other Liabilities	0068	727,093	11,002,217
TOTAL OTHER LIABILITIES	0069	89,083,462	109,075,447
TOTAL LIABILITIES	0070	682,838,403	624,212,177
Donated Capital	0071	0	0
Capital	0072	8,000,140	8,000,140
Paid In Surplus	0073	58,708,292	58,708,292
NYS Contingent Reserve Requirement	0074	480,603,075	374,878,355
Aggregate Write-Ins for Other Net Worth Items (list below)	0075	0	90,354,189
Section 9010 ACA Subsequent Fee Year Assessment	0076	0	90,354,189
0	0077	0	0
0	0078	0	0
0	0079	0	0
0	0080	0	0
Unassigned Surplus	0081	65,648,808	38,862,695
TOTAL NET WORTH	0082	612,960,314	570,803,671
TOTAL LIABILITIES AND NET WORTH	0083	1,295,798,718	1,195,015,848

DUALOR - TABLE 9C - NET WORTH RECONCILIATION		
00420	00179	00421
Net Worth Last Year	0001	570,803,671
Total Net Income	0002	46,641,453
Change in nonadmitted assets	0003	-6,784,125
Dividends to stockholders	0004	0
Withdrawals of equity	0005	0
Change in Net unrealized capital gains & losses less capital gains tax	0020	0
Adjusted Net Worth	0006	610,660,999
Current Net Worth	0007	612,960,314
Difference	0008	2,299,316
Explanations:		
Change in net deferred income tax	0009	2,299,315
	0010	0
	0011	0
	0012	0
	0013	0
	0014	0
	0015	0
	0016	0
	0017	0
	0018	0
Total Explanations	0019	2,299,315