

Fully Integrated Duals Advantage (FIDA) Operating Reports

Organization : Elderplan FIDA Total Care (03864784)

Coverage : NYC Metro

Period Ending : 12/31/2018

Dcn : 04022019093746

Date : Tuesday, April 2, 2019

Configuration Information

Configuration Information

Submission Type	0.95	FIDAOR
Submission Year	0.1010	2018
Submission Period	0.1011	A00
DCN	0.3	04022019093746
Submitter ID	0.2	03864784
Region ID	0.94	9
Region Name	0.93	NYC METRO
Name of Organization	0.10	ELDERPLAN FIDA TOTAL CARE (03864784)
Begin Date	0.100	01/01/2018
End Date	0.110	12/31/2018

Contacts

CONTACT PERSON

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Certifiers

Chief Executive Officer

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Chief Financial Officer

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Addresses

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Additional Information

Additional Information

Date Operations Started (mm/dd/yyyy)	0.120	01/01/2015
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Counties of Operation

COUNTIES OF OPERATION

County (1)	0.20	BRONX
County (2)	0.30	KINGS (BROOKLYN)
County (3)	0.40	NY (MANHATTAN)
County (4)	0.50	QUEENS
County (5)	0.60	RICHMOND (STATEN ISLAND)
County (6)	0.70	NASSAU
County (7)	0.80	
County (8)	0.90	

Table 1 Enrollment Summary By County (FIDA Total Line of Business)		Net Enrollees at End of Current Period	Community	Nursing Home Permanent Placement	Total Medicaid Member Months for Current Period
00199	00198	00100	00105	00110	00120
MEDICAID ENROLLMENT SUMMARY BY COUNTY					
Albany	0001				
Allegany	0002				
Broome	0003				
Cattaraugus	0004				
Cayuga	0005				
Chautauqua	0006				
Chemung	0007				
Chenango	0008				
Clinton	0009				
Columbia	0010				
Cortland	0011				
Delaware	0012				
Dutchess	0013				
Erie	0014				
Essex	0015				
Franklin	0016				
Fulton	0017				
Genesee	0018				
Greene	0019				
Hamilton	0020				
Herkimer	0021				
Jefferson	0022				
Lewis	0023				
Livingston	0024				
Madison	0025				
Monroe	0026				
Montgomery	0027				
Nassau	0028	62	715	22	737
Niagara	0029				
Oneida	0030				
Onondaga	0031				
Ontario	0032				
Orange	0033				
Orleans	0034				
Oswego	0035				
Otsego	0036				
Putnam	0037				
Rensselaer	0038				
Rockland	0039				
St. Lawrence	0040				
Saratoga	0041				
Schenectady	0042				
Schoharie	0043				
Schuyler	0044				
Seneca	0045				
Steuben	0046				
Suffolk	0047				
Sullivan	0048				
Tioga	0049				
Tompkins	0050				
Ulster	0051				
Warren	0052				
Washington	0053				
Wayne	0054				
Westchester	0055				
Wyoming	0056				
Yates	0057				
NYC	0058	390	4,642	183	4,825
TOTAL	0059	452	5,357	205	5,562

Table 1A - Analysis of Enrolled Population (FIDA Line of Business)		Total Enrollees (End of Prior Period)	Net Shifts Among Groups YTD	New Enrollees YTD	Disenrollments	Total Enrollment
01112	01111	01114	01116	01118	01120	01122
PREMIUM GROUP						
Community	0001	375		227	163	439
Nursing Home Permanent Placement	0003	22		12	21	13
Other Medicaid Enrollees: (Double click Below)						
	0009					
	0011					
	0013					
Total Medicaid Members	0019	397		239	184	452
Non-Medicaid Enrollees	0021					
TOTALS	0022	397		239	184	452

		Current Year	Current Year	Current Year	Previous Period
Table 2A Balance Sheet - Assets (All Lines of Business)		Assets	Non-Admitted Assets	Net Admitted	Net Admitted Assets As of 12/31
00200	00201	00205	00210	00215	00220
CURRENT ASSETS					
Cash	0010	\$88,741,219		\$88,741,219	\$86,069,276
Short-Term Investments	0020	\$89,104,560		\$89,104,560	\$84,156,332
Premiums Receivable - Net	0030	\$25,521,514		\$25,521,514	\$12,395,355
Interest Receivable	0040	\$593,654		\$593,654	\$547,060
NYS Medicaid Reinsurance Recovery Receivable	0050				
Other Receivables - Net	0060	\$6,676,820	\$4,080,297	\$2,596,523	
Prepaid Expenses	0070	\$287,955	\$287,955	\$0	
Aggregate Write-Ins for Current Assets (list below)	0080	\$1,252,427	\$257,870	\$994,557	
Amounts Recoverable from Uninsured Plans	0090	\$994,557		\$994,557	
Amounts Recoverable from Reinsurers	0100	\$257,870	\$257,870	\$0	
	0110				
	0120				
	0130				
Total Current Assets	0140	\$212,178,149	\$4,626,122	\$207,552,027	\$183,168,023
OTHER ASSETS					
NYS Escrow Account Balance	0150	\$48,682,683		\$48,682,683	\$41,157,828
Amounts Due from Affiliates	0160				\$149,049
Loan Escrow	0170				
Long-Term Investments	0180				
Intangible Investments and Goodwill	0190				
Security Deposits	0200	\$2,054,940	\$2,054,940	\$0	
	0210				
	0220				
	0230				
	0240				
Other Restricted Assets	0250				
Aggregate Write-Ins for Other Assets (list below)	0260				
	0270				
	0280				
	0290				
	0300				
	0310				
Total Other Assets	0320	\$50,737,623	\$2,054,940	\$48,682,683	\$41,306,877
PROPERTY AND EQUIPMENT					
Land	0330				
Building and Improvements	0340				
Construction In Progress	0350				
Furniture and Equipment	0360	\$545,504	\$545,504	\$0	
Leasehold Improvements	0370				
Aggregate Write-Ins for Other Equipment (list below)	0380	\$15,832,390	\$15,753,834	\$78,556	\$149,277
Electronic Data Processing Equipment	0390	\$15,832,390	\$15,753,834	\$78,556	\$149,277
	0400				
	0410				
	0420				
	0430				
Total Property and Equipment	0440	\$16,377,894	\$16,299,338	\$78,556	\$149,277
TOTAL ASSETS	0450	\$279,293,666	\$22,980,400	\$256,313,266	\$224,624,177

Table 2B Balance Sheet - Liabilities and Net Worth (All Lines of Business)		Current Year	Previous Calendar Year as of 12/31
00225	00229	00230	00235
CURRENT LIABILITIES			
Accounts Payable	0010	\$7,091,361	\$7,166,336
Claims Payable	0020	\$13,763,043	\$8,897,376
Accrued Inpatient Claims (Not Reported)	0030	\$7,942,301	\$8,085,628
Accrued Physician Claims (Not Reported)	0040	\$1,052,008	\$1,338,017
Accrued Referral Claims (Not Reported)	0050		
Accrued Other Medical	0060	\$53,574,770	\$56,686,437
Accrued Medical Incentive Pool	0070	\$1,280,000	
Unearned Premiums	0080	\$11,672,488	
Loans and Notes Payable	0090		
Aggregate Write-Ins for Current Liabilities (list below)	0100	\$15,828,951	\$15,384,690
Accrued Payroll	0110	\$9,243,832	\$8,032,520
UPCAE	0120	\$3,533,607	\$3,365,883
Payable for Securities	0130	\$510,411	
Liability for Amounts under Uninsured Plans	0140	\$2,541,101	\$3,986,287
	0150		
Total Current Liabilities	0160	\$112,204,922	\$97,558,484
OTHER LIABILITIES			
Loans and Notes	0170		
Amounts Due to Affiliates	0180	\$766,622	\$143,289
Aggregate Write-Ins for Other Liabilities (list below)	0190	\$42,134,546	\$46,430,608
Aggregate Health Policy Reserves	0200	\$11,163,467	\$14,930,184
Due to Third Party	0210	\$30,873,000	\$31,459,000
Unclaimed Disbursements	0220	\$98,079	\$41,424
	0230		
	0240		
Total Other Liabilities	0250	\$42,901,168	\$46,573,897
Total Liabilities	0260	\$155,106,090	\$144,132,381
NET WORTH			
Donated Capital	0270		
Capital	0280		
Paid In Surplus	0290	\$3,967,552	\$3,967,552
NYS Contingent Reserve Requirement	0300	\$60,096,218	\$58,743,611
Aggregate Write-Ins For Other Net Worth Items (List Below)	0310		
	0320		
	0330		
	0340		
	0350		
	0360		
Unassigned Surplus	0370	\$37,143,406	\$17,780,633
TOTAL NET WORTH EXCLUDING NON ADMITTED ASSETS	0380	\$101,207,176	\$80,491,796
TOTAL LIABILITIES AND NET WORTH EXCLUDING NON ADMITTED ASSETS	0390	\$256,313,266	\$224,624,177
TOTAL NET WORTH INCLUDING NON ADMITTED ASSETS	0395	\$124,187,576	\$105,506,296
TOTAL LIABILITIES AND NET WORTH INCLUDING NON ADMITTED	0400	\$279,293,666	\$249,638,677

Table 2C Net Worth Reconciliation (All Lines of Business)		Current Year
00240	00244	00245
Net Worth Last Year	0010	\$80,491,796
Total Net Income	0020	\$21,216,594
Change in Non-Admitted Assets	0030	\$2,034,100
Dividends to Stockholders	0040	
Withdrawals of Equity	0050	
Change In Net Unrealized Capital Gains and Losses Less Capital Gains Tax	0060	(\$2,535,314)
Adjusted Net Worth	0070	\$101,207,176
Current Net Worth	0080	\$101,207,176
Difference	0090	\$0
Explanations		
	0100	
	0110	
	0120	
	0130	
	0140	
	0150	
	0160	
	0170	
	0180	
	0190	
TOTAL EXPLANATIONS	0200	

Table 3 - FIDA Revenue and Expenses Statement (Total Line of Business)		Total Current YTD	Total Current YTD PMPM	Previous Calendar Year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Cost Sharing PMPM	Total Medicaid & Cost Sharing	Total Medicaid & Cost Sharing PMPM
00300	00301	00305	00310	00315	00320	00325	00330	00335	00331	00321	00332	00333
Members	0001	452										
Member Months	0005	5,562										
REVENUE												
Medicare Part C Premium Revenue	0010	\$9,940,236	\$1,787.17	\$1,701.07	\$9,940,236	\$1,787.17						
Medicare Part D Premium Revenue	0015	\$645,700	\$116.09	\$110.04	\$645,700	\$116.09						
Medicaid Premium Revenue	0020	\$25,195,241	\$4,529.89	\$4,638.57			\$25,195,241	\$4,529.89				
Other Payor Premium Revenue	0025											
Spenddown and NAMI	0030	\$441,506	\$79.38	\$78.57			\$441,506	\$79.38				
Coordination of Benefits (COB)	0035		\$0.00			\$0.00		\$0.00				
Reinsurance Recoveries	0040		\$0.00			\$0.00		\$0.00				
Net Investment Income (Table 3A)	0045		\$0.00			\$0.00		\$0.00				
HR and R Revenue	0050		\$0.00					\$0.00				
Quality Incentive Pool Award	0705		\$0.00			\$0.00		\$0.00				
Quality Incentive VAPP	0710		\$0.00			\$0.00		\$0.00				
Minimum Wage	0720	\$3,229,586	\$580.65	\$175.23		\$0.00	\$3,229,586	\$580.65				
Other Revenue (list below)												
	0055		\$0.00			\$0.00		\$0.00				
	0060		\$0.00			\$0.00		\$0.00				
Total Premium Revenue	0065	\$39,452,269	\$7,093.18	\$6,703.48	\$10,585,936	\$1,903.26	\$28,866,333	\$5,189.92				
Total Revenue	0070	\$39,452,269	\$7,093.18	\$6,703.48	\$10,585,936	\$1,903.26	\$28,866,333	\$5,189.92				
EXPENSES												
Medical and Hospital Expenses												
Inpatient Acute Medical/Surgical	0075	\$4,440,618	\$798.39	\$707.26	\$4,130,408	\$742.61		\$0.00	\$310,210	\$55.77	\$310,210	\$55.77
Inpatient Mental Health and Substance Abuse	0080	\$71,081	\$12.78	\$3.70	\$71,081	\$12.78		\$0.00				\$0.00
Inpatient Maternity Delivery	0081		\$0.00			\$0.00		\$0.00				\$0.00
Total Hospital Inpatient Care	0085	\$4,511,699	\$811.16	\$710.96	\$4,201,489	\$755.39		\$0.00	\$310,210	\$55.77	\$310,210	\$55.77
Other Medical and Hospital												
Adult Day Health Care	0090	\$36,828	\$6.62	\$6.19			\$36,828	\$6.62			\$36,828	\$6.62
Ambulatory Surgery/Outpatient Surgery	0100	\$493,277	\$88.69	\$72.53	\$394,622	\$70.95			\$98,655	\$17.74	\$98,655	\$17.74
Assisted Living Program	0110		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
CDPAP	0120	\$3,261,449	\$586.38	\$259.30			\$3,261,449	\$586.38			\$3,261,449	\$586.38
Clinical Non-Physician (OPWDD, OMH, OASAS)	0600		\$0.00					\$0.00				
Clinic Social Worker	0605		\$0.00					\$0.00				
Day Treatment	0610		\$0.00					\$0.00				
Medicare Part B Annual Deductible	0125											
Dental (Preventive Dental and Comprehensive Dental)	0130	\$42,628	\$7.66	\$11.98			\$42,628	\$7.66			\$42,628	\$7.66
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0135	\$84,759	\$15.24	\$14.21	\$74,588	\$13.41			\$10,171	\$1.83	\$10,171	\$1.83
Durable Medical Equipment (DME)	0140	\$574,008	\$103.20	\$81.17	\$152,988	\$27.51	\$421,020	\$75.70		\$0.00	\$421,020	\$75.70
Emergency Room	0145	\$142,094	\$25.55	\$23.82	\$113,675	\$20.44			\$28,419	\$5.11	\$28,419	\$5.11
Family Planning Services	0150		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Home Delivered and Congregate Meals / Meal Benefit	0165	\$4,123	\$0.74	\$2.01			\$4,123	\$0.74			\$4,123	\$0.74
Home Health Services	0170	\$824,719	\$148.28	\$125.47	\$747,261	\$134.35	\$77,458	\$13.93			\$77,458	\$13.93
ICF/DD	0615		\$0					\$0.00				
Non-Traditional Services (Table 3E-1)	0215		\$0.00					\$0.00				\$0.00
OPWDD Waivered Services	0700		\$0					\$0.00				
Other Medical Services	0245		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Other Professional Services/Other Health Care Professional Service	0250	\$40,842	\$7.34	\$6.45	\$38,823	\$6.98	\$2,019	\$0.36		\$0.00	\$2,019	\$0.36
Outpatient Drug and Alcohol Treatment	0265		\$0.00			\$0.00				\$0.00		\$0.00
Outpatient Mental Health	0275	\$250,948	\$45.12	\$13.92	\$163,116	\$29.33			\$87,832	\$15.79	\$87,832	\$15.79
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0280	\$1,051,176	\$188.99	\$192.09	\$898,525	\$161.55	\$152,651	\$27.45		\$0.00	\$152,651	\$27.45
Personal Care Services	0300	\$20,461,235	\$3,678.75	\$3,089.47			\$20,461,235	\$3,678.75			\$20,461,235	\$3,678.75
Personal Emergency Response Services (PERS)	0305	\$57,655	\$10.37	\$9.58			\$57,655	\$10.37			\$57,655	\$10.37
Pharmacy-Non-Part D	0310	\$95,116	\$17.10	\$71.63	\$86,622	\$15.57	\$8,494	\$1.53		\$0.00	\$8,494	\$1.53
Pharmacy-Part D	0315	\$187,258	\$33.67	\$292.80	\$187,258	\$33.67		\$0.00		\$0.00		\$0.00
Podiatry	0320	\$18,150	\$3.26	\$3.63	\$14,520	\$2.61			\$3,630	\$0.65	\$18,150	\$3.26
Prenatal/Postpartum Maternity Service	0325		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Primary Care Physician	0330	\$527,423	\$94.83	\$100.34	\$421,938	\$75.86			\$105,485	\$18.97	\$105,485	\$18.97
Skilled Nursing Facility	0340	\$3,340,282	\$600.55	\$771.19	\$830,069	\$149.24	\$2,229,857	\$400.91	\$280,356	\$50.41	\$2,510,213	\$451.31
Social Day Care	0350	\$95,545	\$17.18	\$15.42			\$95,545	\$17.18			\$95,545	\$17.18
Specialty Care	0355	\$844,890	\$151.90	\$123.04	\$675,912	\$121.52			\$168,978	\$30.38	\$168,978	\$30.38
Transportation Services - Emergency Transportation	0370	\$238,684	\$42.91	\$43.48	\$190,947	\$34.33			\$47,737	\$8.58	\$47,737	\$8.58

Transportation Services - Non-Emergency Transportation/Social Day Care	0375	\$325,499	\$58.52	\$64.88			\$325,499	\$58.52			\$325,499	\$58.52
Vision Care Services / Eye Exams and Eye Wear	0385	\$4,072	\$0.73	\$1.25	\$638	\$0.11	\$3,434	\$0.62		\$0.00	\$3,434	\$0.62
Subtotal Medical and Hospital Expenses	0430	\$37,514,359	\$6,744.76	\$6,106.81	\$9,192,992	\$1,652.82	\$27,179,895	\$4,886.71	\$1,141,472	\$205.23	\$28,321,367	\$5,091.94
Reinsurance Premium Cost	0435	\$51,117	\$9.19	\$13.85	\$51,117	\$9.19		\$0.00				
Global Capitation Surplus / (Loss)	0440		\$0.00			\$0.00		\$0.00				
Quality Incentive VAPP	0715		\$0.00			\$0.00		\$0.00				
Provider and Quality Incentive Payments	0445	\$2,712	\$0.49			\$0.00	\$2,712	\$0.49				
Total Medical and Hospital Expenses	0450	\$37,568,188	\$6,754.44	\$6,120.66	\$9,244,109	\$1,662.01	\$27,182,607	\$4,887.20				
Care Management	0451	\$830,892	\$149.39	\$236.77	\$203,612	\$36.61	\$627,280	\$112.78				
ADMINISTRATION												
Allowable Administration Expenses	0455	\$4,258,667	\$765.67	\$890.01	\$1,052,195	\$189.18	\$3,206,472	\$576.50				
Total Expenses	0460	\$42,657,747	\$7,669.50	\$7,247.44	\$10,499,916	\$1,887.79	\$31,016,359	\$5,576.48				
Premium Income (Loss)	0465	(\$3,205,478)	(\$576.32)	(\$719.19)	\$86,020	\$15.47	(\$2,150,026)	(\$386.56)				
Non-Allowable Expense	0470	\$334,558	\$60.15	\$51.69	\$82,660	\$14.86	\$251,898	\$45.29				
Operating Incomes (Loss)	0475	(\$3,540,036)	(\$636.47)	(\$595.64)	\$3,360	\$0.60	(\$2,401,924)	(\$431.85)				
Aggregate Write-Ins for Other Expenses (Table 3)	0480		\$0.00			\$0.00		\$0.00				
Prior Period Adjustments and Extraordinary Items	0485	\$178,242	\$32.05	(\$180.72)	(\$25,323)	(\$4.55)	\$203,565	\$36.60				
Provision for Taxes	0490		\$0.00									
Adjustment For Prior Period IBNR Adjustment (Table 3)	0495	(\$209,964)	(\$37.75)	(\$110.98)	\$557,696	\$100.27	(\$767,660)	(\$138.02)				
NET INCOME (LOSS)	0500	(\$3,508,314)	(\$630.76)	(\$303.94)	(\$529,013)	(\$95.11)	(\$1,837,829)	(\$330.43)				

Table 3A - Schedule of Net Investment Income (FIDA Total Line of Business)		Amount Accrued During the Year (Medicaid)	Amount Accrued During the Year (Medicare)
00338	00339	00340	00345
Details of investment income reported on Table 3, line 16:			
Interest Income	0005		
Dividend and Real Estate Income	0010		
Net Realized Capital Gains or Losses	0015		
Other Investment Income	0020		
Total Investment Income	0025		
DEDUCTIONS			
Investment Expenses	0030		
Interest Expense	0035		
Interest on Claims Paid after 45 Days	0040		
Other Deductions	0045		
Total Deductions	0050		
NET INVESTMENT INCOME	0055		

Table 3B - Schedule of Aggregate Write-Ins For Other Expenses (FIDA)		Medicaid	Medicare
00350	00354	00355	00360
Details of Write-Ins Aggregated on Table 3, line 95:			
	0005		
	0010		
	0015		
	0020		
	0025		
Non-State Plan Services	0030		
Increase in Reserves for A and H Contracts	0035		
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0040		

Table 3C - Schedule of Prior Period Revenue and Adjustments and Extraordinary Items (FIDA)		Medicaid	Medicare
00365	00364	00370	00375
Details of Prior Period Adjustments and Extraordinary Items on Table3, line 96			
Adjustment for Prior Period Revenue	0005	\$302,735	
Adjustment for Prior Period HR and R Revenue	0010		
Bad Debt Expense	0015	\$23,115	
Medicare Part A&B&D	0020		(\$25,323)
Spenddown and NAMI	0025	\$109	
Quality Incentive	0030	(\$122,394)	
	0035		
	0040		
	0045		
All Other	0050		
TOTAL PLAN SCHEDULE OF EXTRAORDINARY ITEMS	0055	\$203,565	(\$25,323)

Table 3D - Schedule of Adjustments For Prior Period IBNR (FIDA)		Medicaid	Medicare
00378	00379	00380	00385
Details of Adj for Prior Period IBNR on Table 3, line 94:			
1 Year Prior to the Reporting Period	0005	(\$767,009)	\$557,696
2 Years Prior to the Reporting Period	0010		
3 Years Prior to the Reporting Period	0015	(\$651)	
4 Years Prior to the Reporting Period	0020		
TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR	0025	(\$767,660)	\$557,696

Table 3D-1 - Schedule of Recovered Provider Payments For Services Provided In Prior Periods (FIDA)		Amount of Recovered Payments
00388	00389	00390
Details of Prior Period Provider Recoveries included in the Prior Period IBNR Adjustment Schedule:		
1 Year Prior to the Reporting Period	0005	
2 Years Prior to the Reporting Period	0010	
3 Years Prior to the Reporting Period	0015	(\$651)
4 Years Prior to the Reporting Period	0020	
TOTAL RECOVERIES INCLUDED IN PRIOR PERIOD IBNR ADJUSTMENT	0025	(\$651)

Table 3E-1 - Schedule of Non-Traditional Waiver Services		Total Current YTD	Total Current YTD PMPM	Previous Calendar Year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM
00300	00301	00305	00310	00315	00320	00325	00330	00335
Non-Traditional Waiver Services								
Assistive Technology	0505		\$0.00					\$0.00
Community Integration Counseling	0510		\$0.00					\$0.00
Community Transitional Services	0515		\$0.00					\$0.00
Environmental Modifications and Adaptive Devices	0520		\$0.00					\$0.00
Home and Community Support Services	0525		\$0.00					\$0.00
Independent Living Skills and Training	0530		\$0.00					\$0.00
Moving Assistance	0535		\$0.00					\$0.00
Peer Mentoring	0540		\$0.00					\$0.00
Positive Behavioral Interventions and Support	0545		\$0.00					\$0.00
Respite	0550		\$0.00					\$0.00
Structured Day Program	0555		\$0.00					\$0.00
Wellness Counseling	0560		\$0.00					\$0.00
Total Non-Traditional Waiver Services Expenses	0565		\$0.00					\$0.00
FIDA-IDD Waiver Services Only								
Community Habilitation	0620		\$0.00					\$0.00
Day Habilitation	0625		\$0.00					\$0.00
Intensive Behavioral Services	0630		\$0.00					\$0.00
Pathways to Employment	0635		\$0.00					\$0.00
Pre- Vocational Services	0640		\$0.00					\$0.00
Residential Habilitation	0645		\$0.00					\$0.00
Self- Directed Waiver Services (FI, Support Broker, IDGA, LIC)	0650		\$0.00					\$0.00
Supported Employment	0655		\$0.00					\$0.00
Total FIDA-IDD Waiver Services Expenses	0660		\$0.00					\$0.00

Table 4 Consolidated Revenue and Expenses Statement (All Lines of Business)		FIDA	MLTC Partial	MLTC PACE	MEDICAID ADVANTAGE PLUS	MEDICARE ADVANTAGE	OTHER	TOTAL
00400	00404	00405	00410	00415	00420	00425	00430	00435
Members	0001	452	13,750		1,424	10,041		25,667
Member Months	0005	5,562	155,149		16,633	114,231		291,575
REVENUE								
Medicare Part C Premium Revenue	0010	\$9,940,236			\$32,702,263	\$131,524,745		\$174,167,244
Medicare Part D Premium Revenue	0015	\$645,700			\$1,503,333	\$5,448,970		\$7,598,003
Medicaid Premium Revenue	0020	\$25,195,241	\$681,554,069		\$72,360,699			\$779,110,009
Other Payor Premium Revenue	0025							
Spenddown and NAMI	0030	\$441,506	\$8,444,085		\$570,480			\$9,456,071
Coordination of Benefits (COB)	0035							
Reinsurance Recoveries	0040				\$60,752	\$140,042		\$200,794
Net Investment Income (Table 4A)	0045		\$1,105,066			\$2,052,255		\$3,157,321
HR and R Revenue	0050							
Quality Incentive Pool Award	0705		\$3,798,002		\$293,642			\$4,091,644
Quality Incentive VAPP	0710		\$5,231,961		\$527,730			\$5,759,691
Minimum Wage	0720	\$3,229,586	\$76,880,315		\$8,802,441			\$88,912,342
Other Revenue (list below)								
	0055							
	0060							
Total Premium Revenue	0065	\$39,452,269	\$770,676,471		\$116,232,858	\$136,973,715		\$1,063,335,313
Total Revenue	0070	\$39,452,269	\$777,013,498		\$116,821,340	\$139,166,012		\$1,072,453,119
EXPENSES								
Medical and Hospital Expenses								
Inpatient Acute Medical/Surgical	0075	\$4,440,618			\$14,269,591	\$47,287,796		\$65,998,005
Inpatient Mental Health and Substance Abuse	0080	\$71,081			\$191,910	\$2,319,085		\$2,582,076
Inpatient Maternity Delivery	0081							
Total Hospital Inpatient Care	0085	\$4,511,699			\$14,461,501	\$49,606,881		\$68,580,081
Other Medical and Hospital								
Adult Day Health Care	0090	\$36,828	\$681,152		\$32,626			\$750,606
Ambulatory Surgery/Outpatient Surgery	0100	\$493,277			\$2,001,072	\$6,658,073		\$9,152,422
Assisted Living Program	0110							
CDPAP	0120	\$3,261,449	\$106,729,040		\$12,867,404			\$122,857,893
Clinic Non-Physician (OPWDD, OMH, OASAS)	0600							
Clinic Social Worker	0605							
Day Treatment	0610							
Medicare Part B Annual Deductible	0125							
Dental (Preventive Dental and Comprehensive Dental)	0130	\$42,628	\$1,184,331		\$127,718	\$416,636		\$1,771,313
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0135	\$84,759			\$475,268	\$1,539,533		\$2,099,560
Durable Medical Equipment (DME)	0140	\$574,008	\$7,378,726		\$2,194,818	\$2,882,389		\$13,029,941
Emergency Room	0145	\$142,094			\$444,745	\$1,707,301		\$2,294,140
Family Planning Services	0150							
Home Delivered and Congregate Meals / Meal Benefit	0165	\$4,123	\$225,929		\$35,661			\$265,713
Home Health Services	0170	\$824,719	\$1,087,885		\$1,912,780	\$3,849,637		\$7,675,021
ICF/DD	0615							
Non-Traditional Services (Table 3E-1)	0215							
OPWDD Waivered Services	0700							
Other Medical Services	0245					\$131,576		\$131,576
Other Professional Services/Other Health Care Professional Service	0250	\$40,842	\$4,750		\$176,733	\$897,429		\$1,119,754
Outpatient Drug and Alcohol Treatment	0265							
Outpatient Mental Health	0275	\$250,948			\$111,494	\$469,319		\$831,761
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0280	\$1,051,176	\$320,837		\$3,915,943	\$10,906,041		\$16,193,997
Personal Care Services	0300	\$20,461,235	\$371,000,925		\$38,859,890			\$430,322,050
Personal Emergency Response Services (PERS)	0305	\$57,655	\$1,404,644		\$229,452			\$1,691,751
Pharmacy-Non-Part D	0310	\$95,116				\$5,749,332		\$5,844,448
Pharmacy-Part D	0315	\$187,258			\$3,676,220	\$5,205,767		\$9,069,245
Podiatry	0320	\$18,150	\$52,486		\$46,424	\$196,691		\$313,751
Prenatal/Postpartum Maternity Service	0325							
Primary Care Physician	0330	\$527,423			\$2,262,127	\$20,690,773		\$23,480,323
Skilled Nursing Facility	0340	\$3,340,282	\$143,803,642		\$4,610,072	\$14,548,399		\$166,302,395
Social Day Care	0350	\$95,545	\$19,488,618		\$520,077			\$20,104,240
Specialty Care	0355	\$844,890			\$2,608,568	\$7,825,967		\$11,279,425
Transportation Services - Emergency Transportation	0370	\$238,684			\$654,709	\$2,007,488		\$2,900,881
Transportation Services - Non-Emergency Transportation/Social Day Care	0375	\$325,499	\$12,212,404		\$1,121,034	\$1,450,214		\$15,109,151
Vision Care Services / Eye Exams and Eye Wear	0385	\$4,072	\$172,968		\$59,368	\$183,321		\$419,729
Subtotal Medical and Hospital Expenses	0430	\$37,514,359	\$665,748,337		\$93,405,704	\$136,922,767		\$933,591,167
Reinsurance Premium Cost	0435	\$51,117			\$154,093	\$821,613		\$1,026,823
Global Capitation Surplus / (Loss)	0440							
Quality Incentive VAPP	0715		\$5,231,961		\$527,730			\$5,759,691
Provider and Quality Incentive Payments	0445	\$2,712	\$159,304		\$8,578			\$170,594
Total Medical and Hospital Expenses	0450	\$37,568,188	\$671,139,602		\$94,096,105	\$137,744,380		\$940,548,275
Care Management	0451	\$830,892	\$28,925,317					\$29,756,209
ADMINISTRATION								
Allowable Administration Expenses	0455	\$4,258,667	\$72,864,402		\$16,433,384	\$19,705,566		\$113,262,019
Total Expenses	0460	\$42,657,747	\$772,929,321		\$110,529,489	\$157,449,946		\$1,083,566,503
Premium Income (Loss)	0465	(\$3,205,478)	(\$2,252,850)		\$5,703,369	(\$20,476,231)		(\$20,231,190)
Nonallowable Expense	0470	\$334,558	\$1,954,099		\$298,071			\$2,586,728
Operating Incomes (Loss)	0475	(\$3,540,036)	\$2,130,078		\$5,993,780	(\$18,283,934)		(\$13,700,112)
Aggregate Write-Ins for Other Expenses (Table 3)	0480							
Prior Period Adjustments and Extraordinary Items	0485	\$178,242	(\$14,076,278)		(\$7,750,309)	(\$1,280,161)		(\$22,928,506)
Provision for Taxes	0490							
Adjustment For Prior Period IBNR Adjustment (Table 3)	0495	(\$209,964)	(\$6,581,064)		(\$996,705)	(\$4,200,467)		(\$11,988,200)
NET INCOME (LOSS)	0500	(\$3,508,314)	\$22,787,420		\$14,740,794	(\$12,803,306)		\$21,216,594

Table 4-1 Consolidated Revenue and Expenses Statement (All Lines of Business - PMPM)		FIDA	MLTC Partial	MLTC PACE	MEDICAID ADVANTAGE PLUS	MEDICARE ADVANTAGE	OTHER	TOTAL
00440	00444	00445	00450	00455	00460	00465	00470	00475
Members	0001	452	13,750		1,424	10,041		25,667
Member Months	0005	5,562	155,149		16,633	114,231		291,575
REVENUE								
Medicare Part C Premium Revenue	0010	\$1,787.17	\$0.00		\$1,966.11	\$1,151.39		\$597.33
Medicare Part D Premium Revenue	0015	\$116.09	\$0.00		\$90.38	\$47.70		\$26.06
Medicaid Premium Revenue	0020	\$4,529.89	\$4,392.90		\$4,350.43	\$0.00		\$2,672.07
Other Payor Premium Revenue	0025		\$0.00		\$0.00	\$0.00		\$0.00
Spenddown and NAMI	0030	\$79.38	\$54.43		\$34.30	\$0.00		\$32.43
Coordination of Benefits (COB)	0035	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Reinsurance Recoveries	0040	\$0.00	\$0.00		\$3.65	\$1.23		\$0.69
Net Investment Income	0045	\$0.00	\$7.12		\$0.00	\$17.97		\$10.83
HR and R Revenue	0050	\$0.00	\$0.00		\$0.00			\$0.00
Quality Incentive Pool Award	0705	\$0.00	\$24.48		\$17.65	\$0.00		\$14.03
Quality Incentive VAPP	0710	\$0.00	\$33.72		\$31.73	\$0.00		\$19.75
Minimum Wage	0720	\$581	\$496		\$529	\$0		\$305
Other Revenue (list below)								
	0055	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
	0060	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Total Premium Revenue	0065	\$7,093.18	\$4,967.33		\$6,988.09	\$1,199.09		\$3,646.87
Total Revenue	0070	\$7,093.18	\$5,008.18		\$7,023.47	\$1,218.29		\$3,678.14
EXPENSES								
Medical and Hospital Expenses								
Inpatient Acute Medical/Surgical	0075	\$798.39	\$0.00		\$857.91	\$413.97		\$226.35
Inpatient Mental Health and Substance Abuse	0080	\$12.78	\$0.00		\$11.54	\$20.30		\$8.86
Inpatient Maternity Delivery	0081	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Total Hospital Inpatient Care	0085	\$811.16	\$0.00		\$869.45	\$434.27		\$235.21
Other Medical and Hospital								
Adult Day Health Care	0090	\$6.62	\$4.39		\$1.96	\$0.00		\$2.57
Ambulatory Surgery/Outpatient Surgery	0100	\$88.69	\$0.00		\$120.31	\$58.29		\$31.39
Assisted Living Program	0110	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
CDPAP	0120	\$586.38	\$687.91		\$773.61	\$0.00		\$421.36
Clinic Non-Physician (OPWDD, OMH, OASAS)	0600	\$0.00	\$0.00		\$0.00			\$0.00
Clinic Social Worker	0605	\$0.00	\$0.00		\$0.00			\$0.00
Day Treatment	0610	\$0.00	\$0.00		\$0.00			\$0.00
Deductible for Physician Services	0125	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Dental (Preventive Dental and Comprehensive Dental)	0130	\$7.66	\$7.63		\$7.68	\$3.65		\$6.07
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0135	\$15.24	\$0.00		\$28.57	\$13.48		\$7.20
Durable Medical Equipment (DME)	0140	\$103.20	\$47.56		\$131.96	\$25.23		\$44.69
Emergency Room	0145	\$25.55	\$0.00		\$26.74	\$14.95		\$7.87
Family Planning Services	0150	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Home Delivered and Congregate Meals / Meal Benefit	0165	\$0.74	\$1.46		\$2.14	\$0.00		\$0.91
Home Health Services	0170	\$148.28	\$7.01		\$115.00	\$33.70		\$26.32
ICF/DD	0615	\$0.00	\$0.00		\$0.00			\$0.00
Non-Traditional Services (Table 3E-1)	0215	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
OPWDD Waivered Services	0700	\$0.00	\$0.00		\$0.00			\$0.00
Other Medical Services	0245	\$0.00	\$0.00		\$0.00	\$1.15		\$0.45
Other Professional Services/Other Health Care Professional Service	0250	\$7.34	\$0.03		\$10.63	\$7.86		\$3.84
Outpatient Drug and Alcohol Treatment	0265	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Outpatient Mental Health	0275	\$45.12	\$0.00		\$6.70	\$4.11		\$2.85
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0280	\$188.99	\$2.07		\$235.43	\$95.47		\$55.54
Personal Care Services	0300	\$3,678.75	\$2,391.26		\$2,336.31	\$0.00		\$1,475.85
Personal Emergency Response Services (PERS)	0305	\$10.37	\$9.05		\$13.79	\$0.00		\$5.80
Pharmacy-Non-Part D	0310	\$17.10	\$0.00		\$0.00	\$50.33		\$20.04
Pharmacy-Part D	0315	\$33.67	\$0.00		\$221.02	\$45.57		\$31.10
Podiatry	0320	\$3.26	\$0.34		\$2.79	\$1.72		\$1.08
Prenatal/Postpartum Maternity Service	0325	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Primary Care Physician	0330	\$94.83	\$0.00		\$136.00	\$181.13		\$80.53
Skilled Nursing Facility	0340	\$600.55	\$926.87		\$277.16	\$127.36		\$570.36
Social Day Care	0350	\$17.18	\$125.61		\$31.27	\$0.00		\$68.95
Specialty Care	0355	\$151.90	\$0.00		\$156.83	\$68.51		\$38.68
Transportation Services - Emergency Transportation	0370	\$42.91	\$0.00		\$39.36	\$17.57		\$9.95
Transportation Services - Non-Emergency Transportation/Social Day Care	0375	\$58.52	\$78.71		\$67.40	\$12.70		\$51.82
Vision Care Services / Eye Exams and Eye Wear	0385	\$0.73	\$1.11		\$3.57	\$1.60		\$1.44
Subtotal Medical and Hospital Expenses	0430	\$6,744.76	\$4,291.03		\$5,615.69	\$1,198.65		\$3,201.89
Reinsurance Premium Cost	0435	\$9.19	\$0.00		\$9.26	\$7.19		\$3.52
Global Capitation Surplus / (Loss)	0440	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Quality Incentive VAPP	0715	\$0.00	\$33.72		\$31.73	\$0.00		\$19.75
Provider and Quality Incentive Payments	0445	\$0.49	\$1.03		\$0.52	\$0.00		\$0.59
Total Medical and Hospital Expenses	0450	\$6,754.44	\$4,325.77		\$5,657.19	\$1,205.84		\$3,225.75
Care Management	0451	\$149.39	\$186.44			\$0.00		\$102.05
ADMINISTRATION								
Allowable Administration Expenses	0455	\$765.67	\$469.64		\$988.00	\$172.51		\$388.45
Total Expenses	0460	\$7,669.50	\$4,981.85		\$6,645.19	\$1,378.35		\$3,716.25
Premium Income (Loss)	0465	(\$576.32)	(\$14.52)		\$342.89	(\$179.25)		(\$69.39)
Nonallowable Expense	0470	\$60.15	\$12.59		\$17.92	\$0.00		\$8.87
Operating Incomes (Loss)	0475	(\$636.47)	\$13.73		\$360.35	(\$160.06)		(\$46.99)
Aggregate Write-Ins for Other Expenses (Table 3)	0480	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Prior Period Adjustments and Extraordinary Items	0485	\$32.05	(\$90.73)		(\$465.96)	(\$11.21)		(\$78.64)
Provision for Taxes	0490	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
Adjustment For Prior Period IBNR Adjustment (Table 3)	0495	(\$37.75)	(\$42.42)		(\$59.92)	(\$36.77)		(\$41.12)
NET INCOME (LOSS)	0500	(\$630.76)	\$146.87		\$886.24	(\$112.08)		\$72.77

Table 4A - Schedule of Net Investment Income (Other)		Amount Accrued During the Year
00478	00479	00480
Details of Investment Income Reported on Table 4 Cons, Col. 430, line 45:		
Interest Income	0005	
Dividend and Real Estate Income	0010	
Net Realized Capital Gains or Losses	0015	
Other Investment Income	0020	
Total Investment Income	0025	
DEDUCTIONS		
Investment Expenses	0030	
Interest Expense	0035	
Interest On Claims Paid After 45 Days	0040	
Other Deductions	0045	
Total Deductions	0050	
NET INVESTMENT INCOME	0055	

Table 4B - Schedule of Aggregate Write-Ins For Other Expenses (Other)		Amount of Write-Off
00482	00483	00485
Details of Write-Ins Aggregated on Table 4 Cons, Col. 430, line 480:		
	0005	
	0010	
	0015	
	0020	
	0025	
	0030	
Increase in Reserves for A and H Contracts	0035	
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0040	

Table 4C - Schedule of Extraordinary Items (Other)		Amount of Write-Off
00487	00488	00490
Details of Write-Ins Aggregated on Table 4 Cons, Col. 430, line 480:		
Adjustment for Prior Period Revenue	0005	
Adjustment for Prior Period HR and R Revenue	0010	
	0015	
	0020	
	0025	
	0030	
	0035	
	0040	
	0045	
All Other	0050	
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0055	

Table 4D - Schedule of Adjustments For Prior Period IBNR (Other)		Amount of Write-Off
00493	00494	00495
Details of Adj for Prior Period IBNR on Table 4 Cons, Col. 430, line 495:		
1 Year Prior to the Reporting Period	0005	
2 Years Prior to the Reporting Period	0010	
3 Years Prior to the Reporting Period	0015	
4 Years Prior to the Reporting Period	0020	
TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR	0025	

Table 5-1 - FIDA Revenue and Expenses Analysis - Community		Total Current YTD	Total Current YTD PMPM	Previous Calendar Year PMPM As of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Cost Sharing PMPM	Total Medicaid & Cost Sharing	Total Medicaid & Cost Sharing PMPM
00500	00501	00502	00504	00506	00508	00510	00512	00514	00513	00511	00515	00503
Members	0001	439										
Member Months	0005	5,357										
REVENUE												
Medicare Part C Premium Revenue	0010	\$9,573,866	\$1,787.17	\$1,701.07	\$9,573,866	\$1,787.17						
Medicare Part D Premium Revenue	0015	\$621,901	\$116.09	\$110.04	\$621,901	\$116.09						
Medicaid Premium Revenue	0020	\$23,420,102	\$4,371.87	\$4,370.48			\$23,420,102	\$4,371.87				
Other Payor Premium Revenue	0025											
Spenddown and NAMI	0030	\$390,104	\$72.82	\$66.67			\$390,104	\$72.82				
Coordination of Benefits (COB)	0035		\$0.00			\$0.00		\$0.00				
Reinsurance Recoveries	0040		\$0.00			\$0.00		\$0.00				
Net Investment Income (Table 3A)	0045											
HR and R Revenue	0050		\$0.00					\$0.00				
Quality Incentive Pool Award	0705		\$0.00			\$0.00		\$0.00				
Quality Incentive VAPP	0710		\$0.00			\$0.00		\$0.00				
Minimum Wage	0720	\$3,229,586	\$602.87	\$175.23		\$0.00	\$3,229,586	\$602.87				
Other Revenue (list below)												
	0055		\$0.00			\$0.00		\$0.00				
	0060		\$0.00			\$0.00		\$0.00				
Total Premium Revenue	0065	\$37,235,559	\$6,950.82	\$6,423.49	\$10,195,767	\$1,903.26	\$27,039,792	\$5,047.56				
Total Revenue	0070	\$37,235,559	\$6,950.82	\$6,423.49	\$10,195,767	\$1,903.26	\$27,039,792	\$5,047.56				
EXPENSES												
Medical and Hospital Expenses												
Inpatient Acute Medical/Surgical	0075	\$4,258,304	\$794.90	\$703.64	\$3,964,174	\$740.00		\$0.00	\$294,130.00	\$54.91	\$294,130	\$54.91
Inpatient Mental Health and Substance Abuse	0080	\$71,081	\$13.27	\$3.95	\$71,081	\$13.27		\$0.00				\$0.00
Inpatient Maternity Delivery	0081		\$0.00			\$0.00		\$0.00				\$0.00
Total Hospital Inpatient Care	0085	\$4,329,385	\$808.17	\$707.59	\$4,035,255	\$753.27		\$0.00	\$294,130	\$54.91	\$294,130	\$54.91
Medical and Hospital Expenses												
Adult Day Health Care	0090	\$36,828	\$6.87	\$6.60			\$36,828	\$6.87			\$36,828	\$6.87
Ambulatory Surgery/Outpatient Surgery	0100	\$488,589	\$91.21	\$76.38	\$390,871	\$72.96			\$97,718	\$18.24	\$97,718	\$18.24
Assisted Living Program	0110		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
CDPAP	0120	\$3,261,449	\$608.82	\$276.32			\$3,261,449	\$608.82			\$3,261,449	\$608.82
Clinical Non-Physician (OPWDD, OMH, OASAS)	0600		\$0.00					\$0.00				
Clinical Social Worker	0605		\$0.00					\$0.00				
Day Treatment	0610		\$0.00					\$0.00				
Medicare Part B Annual Deductible	0125											
Dental (Preventive Dental and Comprehensive Dental)	0130	\$41,057	\$7.66	\$11.98			\$41,057	\$7.66			\$41,057	\$7.66
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurysm Screening/ HIV Screening	0135	\$76,393	\$14.26	\$14.45	\$67,226	\$12.55			\$9,167	\$1.71	\$9,167	\$1.71
Durable Medical Equipment (DME)	0140	\$568,155	\$106.06	\$84.91	\$148,592	\$27.74	\$419,563	\$78.32		\$0.00	\$419,563	\$78.32
Emergency Room	0145	\$135,787	\$25.35	\$24.67	\$108,630	\$20.28			\$27,157	\$5.07	\$27,157	\$5.07
Family Planning Services	0150		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Home Delivered and Congregate Meals / Meal Benefit	0165	\$4,123	\$0.77	\$2.14			\$4,123	\$0.77			\$4,123	\$0.77
Home Health Services	0170	\$822,949	\$153.62	\$133.52	\$745,491	\$139.16	\$77,458	\$14.46			\$77,458	\$14.46
ICF/DD	0615		\$0.00					\$0.00				
Non-Traditional Services (Table 3E-1)	0215		\$0.00					\$0.00				\$0.00
OPWDD Waivered Services	0700		\$0.00					\$0.00				
Other Medical Services	0245		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Other Professional Services/Other Health Care Professional Service	0250	\$36,379	\$6.79	\$5.81	\$34,360	\$6.41	\$2,019	\$0.38		\$0.00	\$2,019	\$0.38
Outpatient Drug and Alcohol Treatment	0265		\$0.00			\$0.00				\$0.00		\$0.00
Outpatient Mental Health	0275	\$241,895	\$45.15	\$13.68	\$157,232	\$29.35			\$84,663	\$15.80	\$84,663	\$15.80
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0280	\$1,034,057	\$193.03	\$199.62	\$883,321	\$164.89	\$150,736	\$28.14		\$0.00	\$150,736	\$28.14
Personal Care Services	0300	\$20,453,726	\$3,818.13	\$3,290.71			\$20,453,726	\$3,818.13			\$20,453,726	\$3,818.13
Personal Emergency Response Services (PERS)	0305	\$56,652	\$10.58	\$9.99			\$56,652	\$10.58			\$56,652	\$10.58
Pharmacy-Non-Part D	0310	\$93,046	\$17.37	\$73.97	\$84,575	\$15.79	\$8,471	\$1.58		\$0.00	\$8,471	\$1.58
Pharmacy-Part D	0315	\$180,356	\$33.67	\$292.80	\$180,356	\$33.67		\$0.00		\$0.00		\$0.00
Podiatry	0320	\$17,058	\$3.18	\$3.39	\$13,646	\$2.55			\$3,412	\$0.64	\$3,412	\$0.64
Prenatal/Postpartum Maternity Service	0325		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Primary Care Physician	0330	\$506,161	\$94.49	\$101.13	\$404,929	\$75.59			\$101,232	\$18.90	\$101,232	\$18.90
Skilled Nursing Facility	0340	\$1,266,662	\$236.45	\$198.49	\$724,937	\$135.33	\$349,758	\$65.29	\$191,967	\$35.83	\$541,725	\$101.12
Social Day Care	0350	\$95,545	\$17.84	\$16.44			\$95,545	\$17.84			\$95,545	\$17.84
Specialty Care	0355	\$756,688	\$141.25	\$108.61	\$605,350	\$113.00			\$151,338	\$28.25	\$151,338	\$28.25
Transportation Services - Emergency Transportation	0370	\$221,482	\$41.34	\$41.36	\$177,186	\$33.08			\$44,296	\$8.27	\$44,296	\$8.27
Transportation Services - Non-Emergency Transportation/Social Day Care	0375	\$314,118	\$58.64	\$65.12			\$314,118	\$58.64			\$314,118	\$58.64
Vision Care Services / Eye Exams and Eye Wear	0385	\$3,745	\$0.70	\$1.25	\$435	\$0.08	\$3,310	\$0.62		\$0.00	\$3,310	\$0.62
Subtotal Medical and Hospital Expenses	0430	\$35,042,285	\$6,541.40	\$5,760.93	\$8,762,392	\$1,635.69	\$25,274,813	\$4,718.09	\$1,005,080	\$187.62	\$26,279,893	\$4,905.71
Reinsurance Premium Cost	0435	\$49,233	\$9.19	\$13.85	\$49,233	\$9.19		\$0.00				
Global Capitation Surplus / (Loss)	0440		\$0.00			\$0.00		\$0.00				
Quality Incentive VAPP	0715		\$0.00			\$0.00		\$0.00				
Provider and Quality Incentive Payments	0445	\$2,712	\$0.51			\$0.00	\$2,712	\$0.51				
Total Medical and Hospital Expenses	0450	\$35,094,230	\$6,551.10	\$5,774.78	\$8,811,625	\$1,644.88	\$25,277,525	\$4,718.60				
Care Management	0451	\$800,268	\$149.39	\$236.77	\$200,108	\$37.35	\$577,206	\$107.75				
ADMINISTRATION												
Allowable Administration Expenses	0455	\$4,101,704	\$765.67	\$890.01	\$1,024,854	\$191.31	\$3,076,850	\$574.36				
Total Expenses	0460	\$39,996,202	\$7,466.16	\$6,901.56	\$10,036,587	\$1,873.55	\$28,931,581	\$5,400.71				
Premium Income (Loss)	0465	(\$2,760,643)	(\$515.33)	(\$478.07)	\$159,180	\$29.71	(\$1,891,789)	(\$353.14)				
Nonallowable Expense	0470	\$322,227	\$60.15	\$51.69	\$80,512	\$15.03	\$241,715	\$45.12				
Operating Incomes (Loss)	0475	(\$3,082,870)	(\$575.48)	(\$529.76)	\$78,668	\$14.69	(\$2,133,504)	(\$398.26)				
Aggregate Write-Ins for Other Expenses (Table 3B)	0480											
Prior Period Adjustments and Extraordinary Items	0485											
Provision for Taxes	0490											
Adjustment For Prior Period IBNR Adjustment (Table 3D)	0495											
NET INCOME (LOSS)	0500											

Table 5-1A - FIDA Revenue and Expenses Analysis - Community		Total Current YTD	Total Current YTD PMPM	Previous Calendar Year PMPM As of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM
00500	00503	00502	00504	00506	00508	00510	00512	00514
Non-Traditional Waiver Services								
Assistive Technology	0505		\$0.00					\$0.00
Community Integration Counseling	0510		\$0.00					\$0.00
Community Transitional Services	0515		\$0.00					\$0.00
Environmental Modifications and Adaptive Devices	0520		\$0.00					\$0.00
Home and Community Support Services	0525		\$0.00					\$0.00
Independent Living Skills and Training	0530		\$0.00					\$0.00
Moving Assistance	0535		\$0.00					\$0.00
Peer Mentoring	0540		\$0.00					\$0.00
Positive Behavioral Interventions and Support	0545		\$0.00					\$0.00
Respite	0550		\$0.00					\$0.00
Structured Day Program	0555		\$0.00					\$0.00
Wellness Counseling	0560		\$0.00					\$0.00
Total Non-Traditional Waiver Services Expenses	0565		\$0.00					\$0.00
FIDA-IDD Waiver Services Only								
Community Habilitation	0620		\$0.00					\$0.00
Day Habilitation	0625		\$0.00					\$0.00
Intensive Behavioral Services	0630		\$0.00					\$0.00
Pathways to Employment	0635		\$0.00					\$0.00
Pre-Vocational Services	0640		\$0.00					\$0.00
Residential Habilitation	0645		\$0.00					\$0.00
Self-Directed Waiver Services (FI, Support Broker, IDGS, LIC)	0650		\$0.00					\$0.00
Supported Employment	0655		\$0.00					\$0.00
Total FIDA-IDD Waiver Services Expenses	0660		\$0.00					\$0.00

Table 5-1B - Cost Share for Inpatient Hospital Days - Community		Number of Inpatient Days	Medicare Deductible	All Inpatient Costs
00500	00511	00549	00551	00553
Applied \$1,340 Deductibles in Total Dollars	0569			\$292,120
Total of Hospital Inpatient Days 61 through 90	0571	6	\$335.00	\$2,010
Total of Hospital Inpatient Lifetime Reserve Days	0573		\$670.00	\$0
Total Number of Days Exceeding Lifetime Reserve	0575			
Total Medicare Deductible for Hospital Inpatient	0577			\$294,130

Table 5-1C - Inpatient Mental Health Svcs - Number of Days in Excess of 190-Day Limit - Community		Number of Enrollees Exceeding 190 Day Lifetime Limit	Number of Days Exceeding 190 Day Lifetime Limit	Cost of Days Exceeding 190 Days Lifetime Limit
00581	00580	00583	00585	00587
Community NH Certifiable	0591			

Table 5-1D - Cost Share for Skilled Nursing Facility Days - Community		Total SNF Days	Medicare Deductible	Cost
05000	05001	05003	05005	05007
Skilled Nursing Facility Days 21 through 100	5009	1,049.00	\$183.00	\$191,967

Table 5-2 - FIDA Revenue and Expenses Analysis - Nursing Home Permanent Placement		Total Current YTD	Total Current YTD PMPM	Previous Calendar Year PMPM As of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Cost Share PMPM	Total Medicaid & Cost Sharing	Total Medicaid & Cost Sharing PMPM
00516	00517	00518	00520	00522	00524	00526	00528	00530	00529	00521	00531	00523
Members	0001	13										
Member Months	0005	205										
REVENUE												
Medicare Part C Premium Revenue	0010	\$366,370	\$1,787.17	\$1,701.07	\$366,370	\$1,787.17						
Medicare Part D Premium Revenue	0015	\$23,799	\$116.09	\$110.04	\$23,799	\$116.09						
Medicaid Premium Revenue	0020	\$1,775,139	\$8,659.21	\$8,693.39			\$1,775,139	\$8,659.21				
Other Payor Premium Revenue	0025											
Spenddown and NAMI	0030	\$51,402	\$250.74	\$258.59			\$51,402	\$250.74				
Coordination of Benefits (COB)	0035		\$0.00			\$0.00		\$0.00				
Reinsurance Recoveries	0040		\$0.00			\$0.00		\$0.00				
Net Investment Income (Table 3A)	0045											
HR and R Revenue	0050		\$0.00					\$0.00				
Quality Incentive Pool Award	0705		\$0.00			\$0.00		\$0.00				
Quality Incentive VAPP	0710		\$0.00			\$0.00		\$0.00				
Minimum Wage	0720		\$0.00	\$175.24		\$0.00		\$0.00				
Other Revenue (list below)												
	0055		\$0.00			\$0.00		\$0.00				
	0060		\$0.00			\$0.00		\$0.00				
Total Premium Revenue	0065	\$2,216,710	\$10,813.22	\$10,938.33	\$390,169	\$1,903.26	\$1,826,541	\$8,909.96				
Total Revenue	0070	\$2,216,710	\$10,813.22	\$10,938.33	\$390,169	\$1,903.26	\$1,826,541	\$8,909.96				
EXPENSES												
Medical and Hospital Expenses												
Inpatient Acute Medical/Surgical	0075	\$182,314	\$889.34	\$761.99	\$166,234	\$810.90		\$0.00	\$16,080	\$78.44	\$16,080	\$78.44
Inpatient Mental Health and Substance Abuse	0080		\$0.00			\$0.00		\$0.00				\$0.00
Inpatient Maternity Delivery	0081		\$0.00			\$0.00		\$0.00				\$0.00
Total Hospital Inpatient Care	0085	\$182,314	\$889.34	\$761.99	\$166,234	\$810.90		\$0.00	\$16,080	\$78.44	\$16,080	\$78.44
Other Medical and Hospital												
Adult Day Health Care	0090		\$0.00					\$0.00				\$0.00
Ambulatory Surgery/Outpatient Surgery	0100	\$4,688	\$22.87	\$14.28	\$3,750	\$18.29			\$938	\$4.57	\$938	\$4.57
Assisted Living Program	0110		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
CDPAP	0120		\$0.00	\$1.85				\$0.00				\$0.00
Clinical Non-Physician (OPWDD, OMH, OASAS)	0600		\$0.00					\$0.00				
Clinical Social Worker	0605		\$0.00					\$0.00				
Day Treatment	0610		\$0.00					\$0.00				
Medicare Part B Annual Deductible	0125											
Dental (Preventive Dental and Comprehensive Dental)	0130	\$1,571	\$7.66	\$11.99			\$1,571	\$7.66			\$1,571	\$7.66
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0135	\$8,366	\$40.81	\$10.58	\$7,362	\$35.91			\$1,004	\$4.90	\$1,004	\$4.90
Durable Medical Equipment (DME)	0140	\$5,853	\$28.55	\$24.59	\$4,396	\$21.44	\$1,457	\$7.11		\$0.00	\$1,457	\$7.11
Emergency Room	0145	\$6,307	\$30.77	\$10.92	\$5,046	\$24.61			\$1,261	\$6.15	\$1,261	\$6.15
Family Planning Services	0150		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Home Delivered and Congregate Meals / Meal Benefit	0165		\$0.00					\$0.00				\$0.00
Home Health Services	0170	\$1,770	\$8.63	\$3.80	\$1,770	\$8.63						\$0.00
ICF/DD	0615		\$0.00					\$0.00				
Non-Traditional Services (Table 3E-1)	0215		\$0.00					\$0.00				\$0.00
OPWDD Waivered Services	0700		\$0.00					\$0.00				
Other Medical Services	0245		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Other Professional Services/Other Health Care Professional Service	0250	\$4,463	\$21.77	\$16.05	\$4,463	\$21.77				\$0.00		\$0.00
Outpatient Drug and Alcohol Treatment	0265		\$0.00			\$0.00				\$0.00		\$0.00
Outpatient Mental Health	0275	\$9,053	\$44.16	\$17.67	\$5,884	\$28.70			\$3,169	\$15.46	\$3,169	\$15.46
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0280	\$17,119	\$83.51	\$78.32	\$15,204	\$74.17	\$1,915	\$9.34		\$0.00	\$1,915	\$9.34
Personal Care Services	0300	\$7,509	\$36.63	\$45.68			\$7,509	\$36.63			\$7,509	\$36.63
Personal Emergency Response Services (PERS)	0305	\$1,003	\$4.89	\$3.33			\$1,003	\$4.89			\$1,003	\$4.89
Pharmacy-Non-Part D	0310	\$2,070	\$10.10	\$36.15	\$2,047	\$9.99	\$23	\$0.11		\$0.00	\$23	\$0.11
Pharmacy-Part D	0315	\$6,902	\$33.67	\$292.80	\$6,902	\$33.67				\$0.00		\$0.00
Podiatry	0320	\$1,092	\$5.33	\$7.35	\$874	\$4.26			\$218	\$1.07	\$218	\$1.07
Prenatal/Postpartum Maternity Service	0325		\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
Primary Care Physician	0330	\$21,262	\$103.72	\$88.30	\$17,010	\$82.97			\$4,252	\$20.74	\$4,252	\$20.74
Skilled Nursing Facility	0340	\$2,073,620	\$10,115.22	\$9,433.28	\$105,132	\$512.84	\$1,880,099	\$9,171.21	\$88,389	\$431.17	\$1,968,488	\$9,602.38
Social Day Care	0350		\$0.00					\$0.00				\$0.00
Specialty Care	0355	\$88,202	\$430.25	\$341.30	\$70,562	\$344.20			\$17,640	\$86.05	\$17,640	\$86.05
Transportation Services - Emergency Transportation	0370	\$17,202	\$83.91	\$75.58	\$13,762	\$67.13			\$3,440	\$16.78	\$3,440	\$16.78
Transportation Services - Non-Emergency Transportation/Social Day Care	0375	\$11,381	\$55.52	\$61.28			\$11,381	\$55.52			\$11,381	\$55.52
Vision Care Services / Eye Exams and Eye Wear	0385	\$327	\$1.60	\$1.20	\$203	\$0.99	\$124	\$0.60		\$0.00	\$124	\$0.60
Subtotal Medical and Hospital Expenses	0430	\$2,472,074	\$12,058.90	\$11,338.29	\$430,600	\$2,100.49	\$1,905,082	\$9,293.08	\$136,392	\$665.33	\$2,041,474	\$9,958.41
Reinsurance Premium Cost	0435	\$1,884	\$9.19	\$13.85	\$1,884	\$9.19						
Global Capitation Surplus/(Loss)	0440		\$0.00			\$0.00		\$0.00				
Quality Incentive VAPP	0715		\$0.00			\$0.00		\$0.00				
Provider and Quality Incentive Payments	0445		\$0.00			\$0.00		\$0.00				
Total Medical and Hospital Expenses	0450	\$2,473,958	\$12,068.09	\$11,352.14	\$432,484	\$2,109.68	\$1,905,082	\$9,293.08				
Care Management	0451	\$30,624	\$149.39	\$236.77	\$5,334	\$26.02	\$23,600	\$115.12				
ADMINISTRATION												
Allowable Administration Expenses	0455	\$156,963	\$765.67	\$890.01	\$27,341	\$133.37	\$129,622	\$632.30				
Total Expenses	0460	\$2,661,545	\$12,983.15	\$12,478.92	\$465,159	\$2,269.07	\$2,058,304	\$10,040.51				
Premium Income (Loss)	0465	(\$444,835)	(\$2,169.93)	(\$1,540.59)	(\$74,990)	(\$365.81)	(\$231,763)	(\$1,130.55)				
Nonallowable Expense	0470	\$12,331	\$60.15	\$51.69	\$2,148	\$10.48	\$10,183	\$49.67				
Operating Incomes (Loss)	0475	(\$457,166)	(\$2,230.08)	(\$1,592.28)	(\$77,138)	(\$376.28)	(\$241,946)	(\$1,180.23)				
Aggregate Write-Ins for Other Expenses (Table 3B)	0480											
Prior Period Adjustments and Extraordinary Items	0485											
Provision for Taxes	0490											
Adjustment For Prior Period IBNR Adjustment (Table 3D)	0495											
NET INCOME (LOSS)	0500											

Table 5-2A - FIDA Revenue and Expenses Analysis - Nursing Home Permanent Placement		Total Current YTD	Total Current YTD PMPM	Previous Calendar Year PMPM As of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM
00516	00519	00518	00520	00522	00524	00526	00528	00530
Non-Traditional Waiver Services								
Assistive Technology	0505		\$0.00					\$0.00
Community Integration Counseling	0510		\$0.00					\$0.00
Community Transitional Services	0515		\$0.00					\$0.00
Environmental Modifications and Adaptive Devices	0520		\$0.00					\$0.00
Home and Community Support Services	0525		\$0.00					\$0.00
Independent Living Skills and Training	0530		\$0.00					\$0.00
Moving Assistance	0535		\$0.00					\$0.00
Peer Mentoring	0540		\$0.00					\$0.00
Positive Behavioral Interventions and Support	0545		\$0.00					\$0.00
Respite	0550		\$0.00					\$0.00
Structured Day Program	0555		\$0.00					\$0.00
Wellness Counseling	0560		\$0.00					\$0.00
Total Non-Traditional Waiver Services Expenses	0565		\$0.00					\$0.00
FIDA-IDD Waiver Services Only								
Community Habilitation	0620		\$0.00					\$0.00
Day Habilitation	0625		\$0.00					\$0.00
Intensive Behavioral Services	0630		\$0.00					\$0.00
Pathways to Employment	0635		\$0.00					\$0.00
Pre-Vocational Services	0640		\$0.00					\$0.00
Residential Habilitation	0645		\$0.00					\$0.00
Self-Directed Waiver Services (FI, Support Broker, IDGS, LIC)	0650		\$0.00					\$0.00
Supported Employment	0655		\$0.00					\$0.00
Total FIDA-IDD Waiver Service Expenses	0660		\$0.00					\$0.00

Table 5-2B - Cost Share for Inpatient Hospital Days - Nursing Home Permanent Placement		Number of Inpatient Days	Medicare Deductible	All Inpatient Costs
00500	0501 1	00549	00551	00553
Applied \$1,340 Deductibles in Total Dollars	5013			\$16,080.00
Total of Hospital Inpatient Days 61 through 90	5015		\$335.00	\$0.00
Total of Hospital Inpatient Lifetime Reserve Days	5017		\$670.00	\$0.00
Total Number of Days Exceeding Lifetime Reserve	5019			
Total Medicare Deductible for Hospital Inpatient	5021			\$16,080.00

Table 5-2C - Inpatient Mental Health Svcs - Number of Days in Excess of 190-Day Limit - Nursing Home Permanent Placement		Number of Enrollees Exceeding 190 Day Lifetime Limit	Number of Days Exceeding 190 Day Lifetime Limit	Cost of Days Exceeding 190 Days Lifetime Limit
00581	05023	00583	00585	00587
Community Non-NH Certifiable	5025			

Table 5-2D - Cost Share for Skilled Nursing Facility Days - Nursing Home Permanent Placement		Total SNF Days	Medicare Deductible	Cost
05000	05027	05003	05005	05007
Skilled Nursing Facility Days 21 through 100	5029	483	\$183.00	\$88,389.00

Table 6-1 - Utilization of Services - FIDA		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00688	00699	00631	00632	00633	00634	00635	00636	00637	00638	00639
Inpatient Acute Medical Surgical	0005	Days	1,688	2,056	\$2,008.95	4.44				0.00
Inpatient Acute Medical Surgical	0006	Discharges	243	270	\$15,297.81	0.58				0.00
Inpatient Mental Health & Substance Abuse	0010	Days	21	21	\$3,384.81	0.05				0.00
Inpatient Mental Health & Substance Abuse	0011	Discharges	6	6	\$11,846.83	0.01				0.00
Inpatient Maternity Delivery	0015	Days				0.00				0.00
Inpatient Maternity Delivery	0016	Discharges				0.00				0.00
Adult Day Health Care	0020	Visits					268	307	\$119.96	0.66
Ambulatory Surgery/Outpatient Surgery	0030	Visits	889	994	\$397.00	2.14				
Assisted Living Program	0040	Days				0.00				0.00
CDPAP	0045	Hours					142,652	148,117	\$22.02	319.56
Clinical Non-Physician (OPWDD, OMH, OASAS)	0705	Visits								0.00
Clinical Social Worker	0710	Visits								0.00
Day Treatment	0715	Days								0.00
Dental (Preventive Dental and Comprehensive Dental)	0050	Hours					366	366	\$116.47	0.79
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0055	Number of Tests	466	534	\$139.68	1.15				
Durable Medical Equipment (DME)	0060									
Emergency Room	0065	Visits	264	294	\$386.65	0.63				
Family Planning Services	0070	Visits				0.00				0.00
Home Delivered and Congregate Meals / Meal Benefit	0085	Number of Meals					488	560	\$7.36	1.21
Home Health Services	0090	Hours	3,726	4,067	\$183.74	8.77	405	420	\$184.32	0.91
Home Health Services	0091	Visits	4,120	4,475	\$166.99	9.65	4,114	4,471	\$17.32	9.65
ICF/DD	0615	Days								0.00
OPWDD Waivered Services	0700									0.00
Other Medical Services	0160					0.00				0.00
Other Professional Services/Other Health Care Professional Service	0165	Visits	272	311	\$124.83	0.67	16	18	\$112.17	0.04
Outpatient Drug and Alcohol Treatment	0180	Visits				0.00				
Outpatient Mental Health	0190	Visits	1,562	1,790	\$91.13	3.86				
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0195	Visits	14,377	16,061	\$55.94	34.65	14,377	16,061	\$9.50	34.65
Personal Care Services	0215	Hours					876,104	909,669	\$22.49	1,962.61
Personal Emergency Response Services (PERS)	0220	Number of Units					2,015	2,311	\$24.95	4.99
Pharmacy-Non-Part D	0225									
Pharmacy-Part D	0230									
Podiatry	0235	Visits	276	316	\$45.95	0.68				
Prenatal/Postpartum Maternity Service	0240	Visits				0.00				0.00
Primary Care Physician	0245	Visits	4,031	4,640	\$90.94	10.01				
Skilled Nursing Facility	0255	Days	1,433	1,703	\$487.42	3.67	6,345	7,539	\$295.78	16.27
Social Day Care	0265	Days					972	1,115	\$85.69	2.41
Specialty Care	0270	Visits	7,413	8,533	\$79.21	18.41				
Transportation Services - Emergency Transportation	0285	One Way Trips	586	672	\$284.15	1.45				
Transportation Services - Non-Emergency Transportation/Social Day Care	0290	One Way Trips					7,693	8,464	\$38.46	18.26
Vision Care Services / Eye Exams and Eye Wear	0300	Visits	8	9	\$70.89	0.02	46	50	\$68.68	0.11

Table 6-1A - Utilization of Services - FIDA		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00688	00681	00631	00632	00633	00634	00635	00636	00637	00638	00639
Non-Traditional Services										
Assistive Technology	0505	Per Item								0.00
Community Integration Counseling	0510	Hours								0.00
Community Transitional Services	0515	Per Item								0.00
Environmental Modifications and Adaptive Devices	0520	Per E-Mod								0.00
Home and Community Support Services	0525	Hours								0.00
Independent Living Skills and Training	0530	Hours								0.00
Moving Assistance	0535	Per Item								0.00
Peer Mentoring	0540	Hours								0.00
Positive Behavioral Interventions and Support	0545	Hours								0.00
Respite	0550	Hours								0.00
Structured Day Program	0555	Hours								0.00
Wellness Counseling	0560	Visits								0.00
FIDA-IDD Waiver Services Only										
Community Habilitation	0620	Hours								0.00
Day Habilitation	0625	Days								0.00
Intensive Behavioral Services	0630	Hours								0.00
Pathways to Employment	0635	Hours								0.00
Pre-Vocational Services	0640	Hours								0.00
Residential Habilitation	0645	Days								0.00
Self-Directed Waiver Services (FI, Support Broker, IDGS, LIC)	0650									0.00
Supported Employment	0655	Hours								0.00

Table 6-1-1 - Utilization of Services - FIDA Community		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00600	00698	00601	00602	00603	00604	00605	00606	00607	00608	00609
Inpatient Acute Medical Surgical	0005	Days	1,594	1,942	\$2,041.28	4.35				0.00
Inpatient Acute Medical Surgical	0006	Discharges	229	255	\$15,545.78	0.57				0.00
Inpatient Mental Health & Substance Abuse	0010	Days	21	21	\$3,384.81	0.05				0.00
Inpatient Mental Health & Substance Abuse	0011	Discharges	6	6	\$11,846.83	0.01				0.00
Inpatient Maternity Delivery	0015	Days				0.00				0.00
Inpatient Maternity Delivery	0016	Discharges				0.00				0.00
Adult Day Health Care	0020	Visits					268	307	\$119.96	0.69
Ambulatory Surgery/Outpatient Surgery	0030	Visits	866	968	\$403.79	2.17				
Assisted Living Program	0040	Days				0.00				0.00
CDPAP	0045	Hours					142,652	148,117	\$22.02	331.79
Clinical Non-Physician (OPWDD, OMH, OASAS)	0600	Visits								0.00
Clinical Social Worker	0605	Visits								0.00
Day Treatment	0610	Days								0.00
Dental (Preventive Dental and Comprehensive Dental)	0050	Hours					324	324	\$126.72	0.73
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0055	Number of Tests	439	503	\$133.65	1.13				
Durable Medical Equipment (DME)	0060									
Emergency Room	0065	Visits	253	282	\$385.21	0.63				
Family Planning Services	0070	Visits				0.00				0.00
Home Delivered and Congregate Meals / Meal Benefit	0085	Number of Meals					488	560	\$7.36	1.25
Home Health Services	0090	Hours	3,724	4,058	\$183.71	9.09	405	420	\$184.32	0.94
Home Health Services	0091	Visits	4,118	4,466	\$166.93	10.00	4,114	4,462	\$17.36	10.00
ICF/DD	0615	Days								0.00
OPWDD Waivered Services	0700									0.00
Other Medical Services	0160					0.00				0.00
Other Professional Services/Other Health Care Professional Service	0165	Visits	270	309	\$111.20	0.69	16	18	\$112.17	0.04
Outpatient Drug and Alcohol Treatment	0180	Visits				0.00				
Outpatient Mental Health	0190	Visits	1,506	1,726	\$91.10	3.87				
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0195	Visits	13,827	15,447	\$57.18	34.60	13,827	15,447	\$9.76	34.60
Personal Care Services	0215	Hours					875,774	909,326	\$22.49	2,036.94
Personal Emergency Response Services (PERS)	0220	Number of Units					1,980	2,271	\$24.95	5.09
Pharmacy-Non-Part D	0225									
Pharmacy-Part D	0230									
Podiatry	0235	Visits	255	292	\$46.73	0.65				
Prenatal/Postpartum Maternity Service	0240	Visits				0.00				0.00
Primary Care Physician	0245	Visits	3,888	4,475	\$90.49	10.02				
Skilled Nursing Facility	0255	Days	1,141	1,355	\$535.01	3.04	1,349	1,603	\$218.19	3.59
Social Day Care	0265	Days					972	1,115	\$85.69	2.50
Specialty Care	0270	Visits	6,549	7,538	\$80.31	16.89				
Transportation Services - Emergency Transportation	0285	One Way Trips	545	625	\$283.50	1.40				
Transportation Services - Non-Emergency Transportation/Social Day Care	0290	One Way Trips					7,426	8,171	\$38.44	18.30
Vision Care Services / Eye Exams and Eye Wear	0300	Visits	6	6	\$72.50	0.01	45	48	\$68.96	0.11

Table 6-1-1A - Utilization of Services - FIDA Community		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00600	00691	00601	00602	00603	00604	00605	00606	00607	00608	00609
Non-Traditional Services										
Assistive Technology	0505	Per Item								0.00
Community Integration Counseling	0510	Hours								0.00
Community Transitional Services	0515	Per Item								0.00
Environmental Modifications and Adaptive Devices	0520	Per E-Mod								0.00
Home and Community Support Services	0525	Hours								0.00
Independent Living Skills and Training	0530	Hours								0.00
Moving Assistance	0535	Per Item								0.00
Peer Mentoring	0540	Hours								0.00
Positive Behavioral Interventions and Support	0545	Hours								0.00
Respite	0550	Hours								0.00
Structured Day Program	0555	Hours								0.00
Wellness Counseling	0560	Visits								0.00
FIDA-IDD Waiver Services Only										
Community Habilitation	0620	Hours								0.00
Day Habilitation	0625	Days								0.00
Intensive Behavioral Services	0630	Hours								0.00
Pathways to Employment	0635	Hours								0.00
Pre-Vocational Services	0640	Hours								0.00
Residential Habilitation	0645	Days								0.00
Self-Directed Waiver Services (FI, Support Broker, IDGS, LIC)	0650									0.00
Supported Employment	0655	Hours								0.00

Table 6-2 - Utilization of Services - FIDA Nursing Home Permanent Placement		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00610	00697	00611	00612	00613	00614	00615	00616	00617	00618	00619
Inpatient Acute Medical Surgical	0005	Days	94	114	1,458.19	6.67				0.00
Inpatient Acute Medical Surgical	0006	Discharges	14	15	11,082.27	0.88				0.00
Inpatient Mental Health & Substance Abuse	0010	Days				0.00				0.00
Inpatient Mental Health & Substance Abuse	0011	Discharges				0.00				0.00
Inpatient Maternity Delivery	0015	Days				0.00				0.00
Inpatient Maternity Delivery	0016	Discharges				0.00				0.00
Adult Day Health Care	0020	Visits								0.00
Ambulatory Surgery/Outpatient Surgery	0030	Visits	23	26	144.25	1.52				
Assisted Living Program	0040	Days				0.00				0.00
CDPAP	0045	Hours								0.00
Clinical Non-Physician (OPWDD, OMH, OASAS)	0600	Visits								0.00
Clinical Social Worker	0605	Visits								0.00
Day Treatment	0610	Days								0.00
Dental (Preventive Dental and Comprehensive Dental)	0050	Hours					42	42	\$37.40	2.46
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0055	Number of Tests	27	31	237.49	1.81				
Durable Medical Equipment (DME)	0060									
Emergency Room	0065	Visits	11	12	420.47	0.70				
Family Planning Services	0070	Visits				0.00				0.00
Home Delivered and Congregate Meals / Meal Benefit	0085	Number of Meals								0.00
Home Health Services	0090	Hours	2	9	196.67	0.53				0.00
Home Health Services	0091	Visits	2	9	196.67	0.53		9	\$0.00	0.53
ICF/DD	0615	Days								0.00
OPWDD Waivered Services	0700									0.00
Other Medical Services	0160					0.00				0.00
Other Professional Services/Other Health Care Professional Service	0165	Visits	2	2	2,231.50	0.12	0	0		0.00
Outpatient Drug and Alcohol Treatment	0180	Visits				0.00				
Outpatient Mental Health	0190	Visits	56	64	91.94	3.75				
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0195	Visits	550	614	24.76	35.94	550	614	\$3.12	35.94
Personal Care Services	0215	Hours					330	343	\$21.89	20.08
Personal Emergency Response Services (PERS)	0220	Number of Units					35	40	\$25.08	2.34
Pharmacy-Non-Part D	0225									
Pharmacy-Part D	0230									
Podiatry	0235	Visits	21	24	36.40	1.40				
Prenatal/Postpartum Maternity Service	0240	Visits				0.00				0.00
Primary Care Physician	0245	Visits	143	165	103.09	9.66				
Skilled Nursing Facility	0255	Days	292	348	302.10	20.37	4,996	5,936	\$316.73	347.47
Social Day Care	0265	Days								0.00
Specialty Care	0270	Visits	864	995	70.92	58.24				
Transportation Services - Emergency Transportation	0285	One Way Trips	41	47	292.80	2.75				
Transportation Services - Non-Emergency Transportation/Social Day Care	0290	One Way Trips					267	293	\$38.84	17.15
Vision Care Services / Eye Exams and Eye Wear	0300	Visits	2	3	67.67	0.18	1	2	\$62.00	0.12

Table 6-2A - Utilization of Services - FIDA Nursing Home Permanent Placement		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00610	00690	00611	00612	00613	00614	00615	00616	00617	00618	00619
Non-Traditional Services										
Assistive Technology	0505	Per Item								0.00
Community Integration Counseling	0510	Hours								0.00
Community Transitional Services	0515	Per Item								0.00
Environmental Modifications and Adaptive Devices	0520	Per E-Mod								0.00
Home and Community Support Services	0525	Hours								0.00
Independent Living Skills and Training	0530	Hours								0.00
Moving Assistance	0535	Per Item								0.00
Peer Mentoring	0540	Hours								0.00
Positive Behavioral Interventions and Support	0545	Hours								0.00
Respite	0550	Hours								0.00
Structured Day Program	0555	Hours								0.00
Wellness Counseling	0560	Visits								0.00
FIDA-IDD Waiver Services Only										
Community Habilitation	0620	Hours								0.00
Day Habilitation	0625	Days								0.00
Intensive Behavioral Services	0630	Hours								0.00
Pathways to Employment	0635	Hours								0.00
Pre-Vocational Services	0640	Hours								0.00
Residential Habilitation	0645	Days								0.00
Self-Directed Waiver Services (FI, Support Broker, IDGS, LIC)	0650									0.00
Supported Employment	0655	Hours								0.00

Table 6-3 - Utilization of Services - FIDA Residents of Skilled Nursing Facilities		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00620	00696	00621	00622	00623	00624	00625	00626	00627	00628	00629
Inpatient Acute Medical Surgical	0005	Days								
Inpatient Acute Medical Surgical	0006	Discharges								
Inpatient Mental Health & Substance Abuse	0010	Days								
Inpatient Mental Health & Substance Abuse	0011	Discharges								
Inpatient Maternity Delivery	0015	Days								
Inpatient Maternity Delivery	0016	Discharges								
Adult Day Health Care	0020	Visits								
Ambulatory Surgery/Outpatient Surgery	0030	Visits								
Assisted Living Program	0040	Days								
CDPAP	0045	Hours								
Clinical Non-Physician (OPWDD, OMH, OASAS)	0600	Visits								
Clinical Social Worker	0605	Visits								
Day Treatment	0610	Days								
Dental (Preventive Dental and Comprehensive Dental)	0050	Hours								
Diagnostic Testing - Labs, X-rays, & Screening/ Outpatient Blood Services/ Bone Mass/ Abdominal Aortic Aneurism Screening/ HIV Screening	0055	Number of Tests								
Durable Medical Equipment (DME)	0060									
Emergency Room	0065	Visits								
Family Planning Services	0070	Visits								
Home Delivered and Congregate Meals / Meal Benefit	0085	Number of Meals								
Home Health Services	0090	Hours								
Home Health Services	0091	Visits								
ICF/DD	0615	Days								
OPWDD Waivered Services	0700									
Other Medical Services	0160									
Other Professional Services/Other Health Care Professional Service	0165	Visits								
Outpatient Drug and Alcohol Treatment	0180	Visits								
Outpatient Mental Health	0190	Visits								
Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)	0195	Visits								
Personal Care Services	0215	Hours								
Personal Emergency Response Services (PERS)	0220	Number of Units								
Pharmacy-Non-Part D	0225									
Pharmacy-Part D	0230									
Podiatry	0235	Visits								
Prenatal/Postpartum Maternity Service	0240	Visits								
Primary Care Physician	0245	Visits								
Skilled Nursing Facility	0255	Days								
Social Day Care	0265	Days								
Specialty Care	0270	Visits								
Transportation Services - Emergency Transportation	0285	One Way Trips								
Transportation Services - Non-Emergency Transportation/Social Day Care	0290	One Way Trips								
Vision Care Services / Eye Exams and Eye Wear	0300	Visits								

Table 6-3A - Utilization of Services - FIDA Residents of Skilled Nursing Facilities		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00620	00680	00621	00622	00623	00624	00625	00626	00627	00628	00629
Non-Traditional Services										
Assistive Technology	0505	Per Item								
Community Integration Counseling	0510	Hours								
Community Transitional Services	0515	Per Item								
Environmental Modifications and Adaptive Devices	0520	Per E-Mod								
Home and Community Support Services	0525	Hours								
Independent Living Skills and Training	0530	Hours								
Moving Assistance	0535	Per Item								
Peer Mentoring	0540	Hours								
Positive Behavioral Interventions and Support	0545	Hours								
Respite	0550	Hours								
Structured Day Program	0555	Hours								
Wellness Counseling	0560	Visits								
FIDA-IDD Waiver Services Only										
Community Habilitation	0620	Hours								
Day Habilitation	0625	Days								
Intensive Behavioral Services	0630	Hours								
Pathways to Employment	0635	Hours								
Pre-Vocational Services	0640	Hours								
Residential Habilitation	0645	Days								
Self-Directed Waiver Services (FI, Support Broker, IDGS, LIC)	0650									
Supported Employment	0655	Hours								

			Medicare	Medicare		Medicare	Medicare	Medicaid	Medicaid		Medicaid	Medicaid
Table 6A - Total Utilization of HHC Services (FIDA)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00666	00695	00667	00668	00669	00670	00671	00672	00673	00674	00675	00676	00677
Home Health Care Aide	0900	Hours	15	16	\$441	\$27.56	0.03					0.00
Home Health Care-Other	0905	Visits	4,116	4,471	\$746,820	\$167.04	9.65	4,114	4,462	\$77,458	\$17.36	9.63
TOTAL HOME HEALTH CARE	0910				\$747,261					\$77,458		

			Medicare	Medicare		Medicare	Medicare	Medicaid	Medicaid		Medicaid	Medicaid
Table 6A1 - Total Utilization of HHC Services (FIDA Community)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00630	00694	00631	00632	00633	00634	00635	00636	00637	00638	00639	00640	00641
Home Health Care Aide	0600	Hours	15	16	\$441	\$27.56	0.04					0.00
Home Health Care-Other	0605	Visits	4,114	4,462	\$745,050	\$166.98	10.00	4,114	4,462	\$77,458	\$17.36	10.00
TOTAL HOME HEALTH CARE	0610				\$745,491					\$77,458		

			Medicare	Medicare		Medicare	Medicare	Medicaid	Medicaid		Medicaid	Medicaid
Table 6A2 - Total Utilization of HHC Services (FIDA Nursing Home Permanent Placement)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00642	00693	00643	00644	00645	00646	00647	00648	00649	00650	00651	00652	00653
Home Health Care Aide	0700	Hours					0.00					0.00
Home Health Care-Other	0705	Visits	2	9	\$1,770	\$196.67	0.53					0.00
TOTAL HOME HEALTH CARE	0710				\$1,770							

			Medicare	Medicare		Medicare	Medicare	Medicaid	Medicaid		Medicaid	Medicaid
Table 6A3 - Total Utilization of HHC Services (FIDA Residents of Skilled Nursing Facilities)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Average 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 Average Number of Service Units Used Per Enrollee Per Year
00654	0069 2	00655	00656	00657	00658	00659	00660	00661	00662	00663	00664	00665
Home Health Care Aide		Hours										
Home Health Care-Other		Visits										
TOTAL HOME HEALTH CARE		0810										

Table 7A Personal Care Hours Year-To-Date (FIDA)		Member Month	Total Number of Hours
00700	00701	00705	00710
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0010	56	40,268
480-699 hours per month	0020	44	26,009
320-479 hours per month	0030	971	379,052
240-319 hours per month	0040	514	139,910
160-239 hours per month	0050	762	148,155
80-159 hours per month	0060	1,177	141,940
1-79 hours per month	0070	720	34,335
TOTALS	0080	4,244	909,669

Table 7B Home Health Care and PCA Hours Year-To-Date (FIDA)		Member Month	Total Number of Hours
00708	00709	00715	00720
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0010	56	40,268
480-699 hours per month	0020	44	26,009
320-479 hours per month	0030	971	379,052
240-319 hours per month	0040	514	139,910
160-239 hours per month	0050	762	148,155
80-159 hours per month	0060	1,177	141,940
1-79 hours per month	0070	824	38,822
TOTALS	0080	4,348	914,156

Table 7C - CDPAP Hours - Year-To-Date (FIDA)		Member Month	Total Number of Hours
00716	00717	00718	00719
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0010	3	2,188
480-699 hours per month	0020	4	2,256
320-479 hours per month	0030	82	32,566
240-319 hours per month	0040	74	19,617
160-239 hours per month	0050	147	29,225
80-159 hours per month	0060	428	53,833
1-79 hours per month	0070	164	8,432
TOTALS	0080	902	148,117

Table 8 Number of Enrollees Utilizing Services (FIDA)		Number of Enrollees
00801	00802	00800
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	0010	9
Personal Care (PC) Only		
Count only enrollees who used PC but did not use NF, or HHC	0020	277
Home Health Care (HHC) Only		
Count only enrollees who used HHC services but did NOT use NF, or PC		
Nursing and Therapies Only	0030	0
Home Health Aide and Nursing (and/or) Therapies	0040	0
TOTAL HOME HEALTH CARE	0050	0
Personal Care and Home Health Care Only		
Count only enrollees that used PC AND HHC, but did NOT use NF	0060	151
Nursing Facility and Personal Care or Home Health Care		
Count enrollees who were in a NF AND used PC or HHC	0070	25
Count enrollees who did NOT use PC, HHC or NF	0080	11
TOTAL NUMBER OF ENROLLEES	0085	473

Table 8A - Enrollees Using Inpatient Mental Health Services Or Nursing Facility Services (Other)		Number of Enrollees
00808	00809	00810
Identify The Number of Enrollees YTD That Exceeded The 190 Day Limit For Inpatient Mental Health Services	0001	
Identify Total Number of Enrollees Rceiving Nursing Facility Care During The Quarter.	0002	34

Table 9A - Claims Analysis - Claims Incurred During Current Period (FIDA)		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)
00998	00999	00900	00905	00910	00915	00920
CATEGORY OF SERVICE						
Inpatient	0010	\$4,511,699	\$3,717,718		\$793,981	17.60 %
Nursing Home	0020	\$3,340,282	\$2,811,623		\$528,659	15.83 %
Physician(s)	0030	\$1,372,313	\$1,192,228		\$180,085	13.12 %
Emergency Room	0040	\$142,094	\$127,192		\$14,902	10.49 %
Home Health Care	0050	\$824,719	\$794,290		\$30,429	3.69 %
Personal Care	0060	\$20,461,235	\$19,706,282		\$754,953	3.69 %
CDPAP	0120	\$3,261,449	\$3,141,112		\$120,337	3.69 %
Other Medical Services	0070	\$3,600,568	\$3,546,301		\$54,267	1.51 %
TOTAL	0080	\$37,514,359	\$35,036,746		\$2,477,613	6.60 %
Total Expenses - Capitated	0090	\$176,234				
Total Expenses - Paid FFS	0100	\$37,338,126				6.64 %
Number of Claims Processed	0110	56,509				

		Reported Claims That Are UnPaid	Reported Claims That Are UnPaid	Incurred But Not Reported	Incurred But Not Reported	
Table 9B - Claims Analysis - Unpaid Claims (FIDA)		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)
00923	00924	00925	00930	00935	00940	00945
CATEGORY OF SERVICE						
Inpatient	0010			\$39,240	\$793,981	\$833,221
Nursing Home	0020				\$528,659	\$528,659
Physician(s)	0030			\$0	\$180,085	\$180,085
Emergency Room	0040				\$14,902	\$14,902
Home Health Care	0050				\$30,429	\$30,429
Personal Care	0060			\$205,053	\$754,953	\$960,006
CDPAP	0120				\$120,337	\$120,337
Other Medical Services	0070				\$54,267	\$54,267
TOTAL	0080			\$244,293	\$2,477,613	\$2,721,906

		Summary of Prior Period Incurred	Summary of Prior Period Incurred	Summary of Prior Period Incurred	Summary of Prior Period Incurred	
Table 9C - Claims Analysis - Reconciliation of Prior Period IBNR (FIDA)		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 Years Prior to the Reporting Period	E. Total Prior Period IBNR (A+B+C+D)
00948	00949	00950	00955	00960	00965	00970
CATEGORY OF SERVICE						
Inpatient	0010				\$39,240	\$39,240
Nursing Home	0020					
Physician(s)	0030				\$0	\$0
Emergency Room	0040					
Home Health Care	0050					
Personal Care	0060				\$205,053	\$205,053
CDPAP	0120					
Other Medical Services	0070					
TOTAL	0080				\$244,293	\$244,293

Table 9D Global Capitation Reconciliation (FIDA)		Current Period	Year 1 Prior To The Reporting Period	Year 2 Prior To The Reporting Period
00973	00974	00975	00980	00985
Member Months	0005			
Premium Revenue	0010			
Total Global Capitation Paid	0015			
Additional Plan Payments	0020			
Total Global Capitation Payments	0025			
Actual Claims Paid	0030			
Claims Reported but Not Paid	0035			
Claims Incurred but Not Reported	0040			
Total Global Capitation Expenses	0045			
IPA/Providers' Surplus or (Loss)	0050			

Table 10 IBNR Reserve Calculation (FIDA)		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)
01001	01002	01000	01005	01010	01015	01020	01025
DESCRIPTION							
December	0010	\$1,607,228	49.21214 %	\$3,265,917		\$3,265,917	\$1,658,689
November	0020	\$2,779,481	90.07044 %	\$3,085,897		\$3,085,897	\$306,416
October	0030	\$3,064,366	94.81544 %	\$3,231,927		\$3,231,927	\$167,561
September	0040	\$2,719,728	96.77583 %	\$2,810,338		\$2,810,338	\$90,610
August	0050	\$3,084,994	97.17895 %	\$3,174,550		\$3,174,550	\$89,556
July	0060	\$2,843,058	98.21627 %	\$2,894,692		\$2,894,692	\$51,634
June	0070	\$3,024,538	98.81534 %	\$3,060,798		\$3,060,798	\$36,260
May	0080	\$3,101,837	99.14284 %	\$3,128,655		\$3,128,655	\$26,818
April	0090	\$3,024,732	99.45629 %	\$3,041,268		\$3,041,268	\$16,536
March	0100	\$3,274,125	99.44424 %	\$3,292,423		\$3,292,423	\$18,298
February	0110	\$2,902,349	100.15959 %	\$2,897,724		\$2,897,724	(\$4,625)
January	0120	\$3,610,310	99.45288 %	\$3,630,171		\$3,630,171	\$19,861
Current Total Year	0130	\$35,036,746		\$37,514,359		\$37,514,359	\$2,477,613
Percent Completed		Yes=1, No=2					
Historical Experience	0140	1					
Authorized Claims	0150	1					
Other (Explain on Notepad)	0160	2					

Table 11 Aging Analysis of Unpaid Claims (FIDA)		1-30 Days	31-45 Days	46-90 Days	91+ Days	Total
01100	01101	01105	01110	01115	01120	01125
Claims Payable (Reported) Detail Below						
	0005					
	0010					
	0015					
	0020					
	0025					
	0030					
	0035					
	0040					
	0045					
	0050					
	0055					
	0060					
	0065					
	0070					
	0075					
	0080					
	0085					
	0090					
	0095					
	0100					
	0105					
	0110					
	0115					
	0120					
Sum of Individually Listed Claims Payable						
Aggregate Accounts Not Individually Listed			\$13,763,043			\$13,763,043
TOTALS			\$13,763,043			\$13,763,043

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.

		Claims Paid During the Year	Claims Paid During the Year	Clean Claims Paid in Excess of 45 Days	Clean Claims Paid in Excess of 45 Days	Clean Claims Paid in Excess of 45 Days	Clean Claims Paid in Excess of 45 Days
Table 12 Claims and Interest Penalties Paid During The Year (FIDA)		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
01298	01299	01200	01205	01210	01215	01220	01225
ACCOUNT DESCRIPTION							
Inpatient	0001	7,569	\$5,567,477	0			
Nursing Facility	0010	1,971	\$3,467,781				
Physician(s)	0020	9,194	\$1,234,870				
Emergency Room	0025	1,791	\$379,782				
Home Health Care	0030	1,092	\$805,882				
Personal Care	0040	34,768	\$23,417,233				
Other Medical Services	0050	8,048	\$2,284,822				
TOTAL	0060	64,433	\$37,157,846	0			

		Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	
Table 13A - Administrative Expenses (All Lines of Business)		FIDA	MLTC-Partial	MLTC-MAP	Other Lines of Business	Total Direct Expense	FIDA	MLTC-Partial	MLTC-MAP	Other Lines of Business	Total Contracted Expense	Total
01300	01301	01302	01304	01306	01308	01310	01312	01314	01316	01318	01320	01322
Statewide Member Months	0005	5,562	155,149	16,633	114,231							291,575
Rent (\$0 for Occupancy of Own Building)	0010	\$55,352	\$992,920	\$134,480	\$183,686	\$1,366,438	\$102,269	\$2,033,263	\$322,584	\$359,209	\$2,817,325	\$4,183,763
Salaries and Fringe Benefits (Table 13C)	0015	\$1,906,610	\$37,414,654	\$10,246,652	\$13,849,190	\$63,417,106	\$465,537	\$9,255,605	\$1,468,432	\$1,635,154	\$12,824,728	\$76,241,834
Legal Fees and Expenses	0020	\$2,659	\$47,692	\$6,460	\$8,835	\$65,646	\$17,545	\$348,828	\$55,343	\$61,626	\$483,342	\$548,988
Utilization Management / Quality Improvement	0025						\$524	\$10,416	\$1,653	\$1,840	\$14,433	\$14,433
Traveling Expense	0030	\$8,184	\$207,190	\$43,078	\$76,526	\$334,978						\$334,978
Advertising	0035											
Marketing	0040	\$96,934	\$2,032,783	\$233,014	\$259,884	\$2,622,615	\$2,384	\$47,391	\$7,519	\$8,372	\$65,666	\$2,688,281
Finance, Auditing and Actuarial	0045	\$170,723	\$646,369	\$608,602	\$0	\$1,425,694	\$10,334	\$205,464	\$32,598	\$36,299	\$284,695	\$1,710,389
Claims Processing	0050	\$46,737	\$161,308	\$67,547		\$275,592						\$275,592
Provider Relations, Recruitment and Contracting	0055	\$369,136	\$2,170,985	\$567,311	\$1,719,216	\$4,826,648	\$10,386	\$206,484	\$32,759	\$36,479	\$286,108	\$5,112,756
Member Services	0060	\$36,038	\$624,492	\$93,605	\$116,627	\$870,762						\$870,762
Management Information System (MIS)	0065	\$381,981	\$5,999,474	\$866,672	\$1,298,108	\$8,546,235	\$58,580	\$1,164,664	\$184,778	\$205,757	\$1,613,779	\$10,160,014
Telephone, Postage, Express and Telegraph	0070		\$0	\$11,920	\$78,227	\$90,147	\$26,173	\$520,350	\$82,555	\$91,928	\$721,006	\$811,153
Printing and Stationary	0075	\$98,903	\$1,273,842	\$185,141	\$231,458	\$1,789,344						\$1,789,344
Occupancy, Depreciation and Amortization	0080	\$115,905	\$2,085,428	\$282,041	\$380,450	\$2,863,824	\$51,949	\$1,032,833	\$163,862	\$182,467	\$1,431,111	\$4,294,935
Rental of Equipment	0085						\$8,041	\$159,868	\$25,364	\$28,244	\$221,517	\$221,517
Boards, Bureaus and Association Fees	0090	\$25,162	\$451,423	\$152,527	\$1,243,041	\$1,872,153						\$1,872,153
Insurance, Except for Real Estate	0095						\$19,742	\$392,507	\$62,273	\$69,344	\$543,866	\$543,866
Collection and Bank Service Charge	0100	\$1,260	\$22,606	\$3,062	\$4,188	\$31,116						\$31,116
Payroll Taxes	0105											
Other Taxes (Excluding Fed. Inc. Tax and RE Tax)	0110											
Enrollment Activities - Clinical Eligibility	0115	\$7,372	\$152,722	\$17,119	\$12,787	\$190,000						\$190,000
Enrollment Activities - Non-Clinical	0120	\$38,362	\$781,017	\$99,030	\$95,501	\$1,013,910						\$1,013,910
Employee Recruitment and Retention	0125	\$10,886	\$195,275	\$26,449	\$36,179	\$268,789	\$42,667	\$848,278	\$134,582	\$149,861	\$1,175,388	\$1,444,177
Franchise Tax	0130											
Aggregate Write-In for Other Expenses	0135	\$10,315	\$185,052	\$25,064	(\$2,965,716)	(\$2,745,285)	\$60,017	\$1,193,219	\$189,308	\$210,799	\$1,653,343	(\$1,091,942)
(list below on lines 190-230)												
Total Allowable Administrative Expense	0140	\$3,382,519	\$55,445,232	\$13,669,774	\$16,628,187	\$89,125,712	\$876,148	\$17,419,170	\$2,763,610	\$3,077,379	\$24,136,307	\$113,262,019
Nonallowable Administration												
Contributions and Donations	0145											
Lobbying Expenses	0150											
Entertainment Costs	0155											
Interest, Fines and Penalties	0160											
Uncollectible Spenddown and NAMI	0165	\$334,558	\$1,954,099	\$298,071		\$2,586,728						\$2,586,728
State Income Tax	0170											
Other Nonallowable expenses	0175											
Total Nonallowable Expenses	0180	\$334,558	\$1,954,099	\$298,071		\$2,586,728						\$2,586,728
Total Administration Expense	0185	\$3,717,077	\$57,399,331	\$13,967,845	\$16,628,187	\$91,712,440	\$876,148	\$17,419,170	\$2,763,610	\$3,077,379	\$24,136,307	\$115,848,747
Office of the President	0190						\$15,087	\$299,944	\$47,587	\$52,988	\$415,606	\$415,606
Building Services	0195						\$23,400	\$465,219	\$73,808	\$82,188	\$644,615	\$644,615
Real Estate Taxes	0200	\$10,315	\$185,052	\$25,064	\$34,284	\$254,715	\$20,516	\$407,895	\$64,714	\$72,061	\$565,186	\$819,901
Reserve for A&H Contracts	0205				(\$3,000,000)	(\$3,000,000)						(\$3,000,000)
Compliance	0210						\$1,014	\$20,161	\$3,199	\$3,562	\$27,936	\$27,936
	0215											
	0220											
	0225											
	0230											
Summary of Items on the Note Pad	0235											
TOTAL OF ITEMS 0051-0097 (Line 0099 Above)	0240	\$10,315	\$185,052	\$25,064	(\$2,965,716)	(\$2,745,285)	\$60,017	\$1,193,219	\$189,308	\$210,799	\$1,653,343	(\$1,091,942)

Note: Expenses for administration services provided directly by the plans should be reported in the Direct Expense column. The total administration expense for each line of business, for the services provided by contractors in line 100, should equal the total contract expense for each line of business for the individual contracts reported in Table 13B line 0050.

Table 13B - Administrative Expenses - Contracted Services (All Lines of Business)		Service Performed	Type of Affiliation*	FIDA	MLTC-Partial	MLTC-MAP	Other Expenditure**
01324	01325	01326	01328	01330	01332	01334	01336
NAME OF CONTRACTOR (list below)							
Metropolitan Jewish Health System	0001	Corporate Services	35	\$876,148	\$17,419,170	\$2,763,610	\$3,077,379
	0005						
	0010						
	0015						
	0020						
	0025						
	0030						
	0035						
	0040						
	0045						
	0050						
	0055						
	0060						
	0065						
	0070						
	0075						
	0080						
	0085						
	0090						
	0095						
TOTAL	0100			\$876,148	\$17,419,170	\$2,763,610	\$3,077,379

Note: Report all contracts, such as management contracts, legal services, claims processing, financial services, actuarial, etc., for services that are reported as administrative expenses by the plan.||
 (1) Under Type of Affiliation, enter the number code of all that apply.||
 1. None|
 2. Common Ownership|
 3. Common Board of Directors|
 4. Part of same Holding Company System|
 5. Share Key Personnel

		Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Total Direct and Contracted FTEs	Total Direct and Contracted Salaries
Table 13C - Administrative Expenses - Personnel (All Lines of Business)		FIDA FTEs	FIDA Salaries	MLTC PARTIALS FTEs	MLTC PARTIALS Salaries	MLTC-MAP FTEs	MLTC-MAP Salaries	Other LOB FTEs	Other LOB Salaries	FIDA FTEs	FIDA Salaries	MLTC PARTIALS FTEs	MLTC PARTIALS Salaries	MLTC-MAP FTEs	MLTC-MAP Salaries	Other LOB FTEs	Other LOB Salaries	01372	01374
01338	01339	01340	01342	01344	01346	01348	01350	01352	01354	01356	01358	01360	01362	01364	01366	01368	01370	01372	01374
ADMINISTRATIVE CATEGORY																			
Executive Management	0001	0.08	\$64,389	1.48	\$1,187,128	0.19	\$151,537	0.25	\$196,739	0.05	\$37,570	1.07	\$746,955	0.17	\$118,507	0.19	\$131,962	3.48	\$2,634,787
Administrative Support	0005	0.04	\$3,527	0.74	\$65,036	0.09	\$8,302	0.12	\$10,778									0.99	\$87,643
Employee Recruitment and Retention	0010									0.28	\$39,724	5.55	\$789,780	0.88	\$125,301	0.98	\$139,528	7.69	\$1,094,333
Medical Director	0015	0.47	\$84,011	2.97	\$619,026	1.37	\$240,772	4.19	\$703,913									9.00	\$1,647,722
Legal Services	0020									0.17	\$50,359	3.41	\$1,001,207	0.54	\$158,845	0.61	\$176,879	4.73	\$1,387,290
Utilization Management / Quality Improvement	0025	1.42	\$165,307	28.45	\$3,332,650	3.41	\$396,926	3.32	\$373,857	0.09	\$18,646	1.80	\$370,712	0.29	\$58,815	0.32	\$65,492	39.10	\$4,782,405
Advertising	0030																		
Marketing	0035	0.20	\$23,305	3.71	\$429,675	0.47	\$54,848	0.62	\$71,209	0.09	\$18,968	1.82	\$377,112	0.29	\$59,830	0.32	\$66,623	7.52	\$1,101,570
Finance, Auditing and Actuarial	0040	1.03	\$168,149	19.00	\$3,100,153	2.42	\$395,736	3.15	\$513,781	0.65	\$97,116	12.87	\$1,930,808	2.04	\$306,329	2.27	\$341,109	43.43	\$6,853,181
Claims Processing	0045	1.49	\$127,473	27.39	\$2,350,107	3.48	\$298,603	3.64	\$313,127									36.00	\$3,089,310
Provider Relations, Cre. and Contr.	0050	2.83	\$252,818	52.17	\$4,661,190	6.66	\$595,003	8.64	\$772,489									70.30	\$6,281,500
Member Services	0055	2.19	\$165,125	44.07	\$3,330,218	5.26	\$396,525	4.98	\$372,884									56.50	\$4,264,752
Management Information System (MIS)	0060	1.29	\$171,485	23.75	\$3,161,658	3.03	\$403,587	3.94	\$523,975	0.87	\$118,567	17.39	\$2,357,301	2.76	\$373,993	3.07	\$416,456	56.10	\$7,527,022
Enrollment Activities - Clinical Eligibility	0065	7.29	\$525,075	144.12	\$9,257,187	19.29	\$1,403,270	34.57	\$3,732,416									205.27	\$14,917,948
Enrollment Activities - Non-Clinical	0070	0.73	\$94,028	8.13	\$1,097,432	1.99	\$257,337	4.75	\$595,063									15.60	\$2,043,860
Care Management	0075					28.22	\$3,328,993											28.22	\$3,328,993
Aggregate Write-In for Other Admin	0080	0.48	\$61,918	33.35	\$4,823,194	14.78	\$2,315,213	35.39	\$5,668,959	0.65	\$84,587	12.90	\$1,681,730	2.05	\$266,812	2.29	\$297,105	101.89	\$15,199,518
Totals	0085	19.54	\$1,906,610	389.33	\$37,414,654	90.66	\$10,246,652	107.56	\$13,849,190	2.85	\$465,537	56.81	\$9,255,605	9.02	\$1,468,432	10.05	\$1,635,154	685.82	\$76,241,834
Detail; Aggregate Write-In (list below)																			
Compliance	0090	0.48	\$61,918	8.90	\$1,141,580	1.14	\$145,723	1.48	\$189,190	0.11	\$19,123	2.18	\$380,198	0.35	\$60,320	0.39	\$67,168	15.03	\$2,065,220
Sales	0095			24.45	\$3,681,614	13.64	\$2,169,490	33.91	\$5,479,769									72.00	\$11,330,873
Corporate Public Relations	0100									0.15	\$31,914	3.03	\$634,506	0.48	\$100,666	0.54	\$112,096	4.20	\$879,182
Building Services	0105									0.32	\$23,527	6.36	\$467,750	1.01	\$74,210	1.12	\$82,635	8.81	\$648,122
Purchasing	0110									0.07	\$10,023	1.33	\$199,276	0.21	\$31,616	0.24	\$35,206	1.85	\$276,121
Summary of Write-Ins From Notepad	0115																		
TOTALS (Lines 0090-0115) To Line 80	0120	0.48	\$61,918	33.35	\$4,823,194	14.78	\$2,315,213	35.39	\$5,668,959	0.65	\$84,587	12.90	\$1,681,730	2.05	\$266,812	2.29	\$297,105	101.89	\$15,199,518

		Direct Costs	Direct Costs	Contracted Costs	Contracted Costs		
Table 13D - Care Management (FIDA)		*F.T.E.s	Salary and Fringes	*F.T.E.s	Salary and Fringes	Total Salary and Fringes	**Staffing Ratios
01376	01377	01378	01380	01382	01384	01386	01388
Care Management Supervisor	0001	1.26	\$196,364			\$196,364	1:4
Care Manager	0005	2.68	\$329,114			\$329,114	1:200
Other (list below)							
Social Workers	0010	0.39	\$35,028			\$35,028	1:1200
Nurses	0015	2.18	\$270,386			\$270,386	1:250
	0020						
	0025						
	0030						
	0035						
	0040						
	0045						
	0050						
	0055						
TOTAL CARE MANAGEMENT	0060	6.51	\$830,892			\$830,892	71.20

* 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 13D-1 - Care Management Expense - Contracted Services (FIDA)		Panel Size (Members)	Member Months	Contracted Fee PMPM	Contracted Care Management Expense Reported on Table 13D
01390	01391	01392	01393	01394	01395
	0001				
	0005				
	0010				
	0015				
	0020				
	0025				
	0030				
	0035				
	0040				
	0045				
	0050				
	0055				
	0065				
	0070				
	0075				
	0080				
	0085				
	0090				
	0095				
	0100				
	0105				
	0110				
TOTAL CONTRACTED CARE MANAGEMENT	0060				

Table 14 - Summary of Transactions With Affiliates (FIDA)		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
01400	01401	01402	01404	01406	01408	01410	01412	01414	01416	01418	01420
Names of Insurers and Parent, Subsidiaries or Affiliates (list below)											
Metropolitan Jewish Health System	0001					\$24,136,303					\$24,136,303
Menorah Home & Hospital	0005						\$14,574,811				\$14,574,811
Metropolitan Jewish Home Care	0010						\$16,206,732				\$16,206,732
MJHS Medical Associates PC	0015						\$9,554,710				\$9,554,710
MJHS Home Care Solutions	0020						\$5,222,618				\$5,222,618
MJHS Hospice	0025						\$95,024				\$95,024
Elderplan Inc	0030					(\$24,136,303)	(\$45,653,895)				(\$69,790,198)
	0035										
	0040										
	0045										
	0050										
	0055										
	0060										
	0065										
	0070										
	0075										
	0080										
	0085										
	0090										
	0095										
	0100										
	0105										
	0110										
	0115										
	0120										
	0125										
	0130										
	0135										
	0140										
	0145										
	0150										
	0155										
	0160										
TOTAL	0165					\$0	\$0				\$0

Table 15 - Projected NYS Consolidated Revenue and Expenses For The Next Calendar Year (All Lines of Business)		A. Fully Integrated Dual Advantage	B. Medicaid Advantage	C. MLTC-Partial	D. Medicaid Advantage Plus	E. PACE	F. Medicare	G. Medicaid FHP/HIVSNP	H. Commercial	I. Other	Sum= (A+B+C+D +E+F+H+I) Consolidated Total
01598	01599	01500	01502	01504	01506	01508	01510	01512	01514	01516	01518
Members	0001	50		14,270	1,610		11,695				27,625
Member Months	0005	3,650		166,620	18,660		133,440				322,370
PREMIUM REVENUE											
Medicare Capitation	0010	\$6,928,707			\$44,011,658		\$182,738,331				\$233,678,696
Medicaid Capitation	0015	\$15,457,435		\$737,027,341	\$78,213,605						\$830,698,381
Other Payer Premium Revenue	0020										
Spenddown and NAMI	0025			\$4,665,360	\$659,023						\$5,324,383
Premium Revenue	0030	\$22,386,142		\$741,692,701	\$122,884,286		\$182,738,331				\$1,069,701,460
Reinsurance and Stop-Loss Recoveries	0035										
Net Investment Revenue	0040			\$1,000,000			\$1,000,000				\$2,000,000
COB (Third Party Recoveries)	0045										
Other Revenue	0050										
Total Revenue	0055	\$22,386,142		\$742,692,701	\$122,884,286		\$183,738,331				\$1,071,701,460
HOSPITAL AND MEDICAL EXPENSES											
Hospital / Medical Benefits	0060	\$3,159,536			\$17,770,771		\$61,225,595				\$82,155,902
Nursing Facility	0065	\$2,312,935		\$141,572,982	\$5,435,458		\$15,768,504				\$165,089,879
Primary Care	0070	\$808,323			\$5,059,032		\$18,657,128				\$24,524,483
Home Health Care	0075	\$425,045		\$972,276	\$1,746,269						\$3,143,590
Personal Care	0080	\$12,226,233		\$426,961,681	\$47,224,325						\$486,412,239
Other Professional Services	0085										
Outside Referrals	0090										
Emergency Room and Out of Area	0095										
Prescription Drugs	0100	\$109,994			\$3,167,518		\$10,118,156				\$13,395,668
Aggregate Write-Ins For All Other Medical	0105	\$2,457,525		\$47,351,192	\$16,259,073		\$58,674,800				\$124,742,590
Incentive Pool Withhold Adjustments and Bonus Amounts	0110			\$1,075,920	\$200,000		\$100,000				\$1,375,920
Subtotal Medical and Hospital	0115	\$21,499,591		\$617,934,051	\$96,862,446		\$164,544,183				\$900,840,271
Reinsurance Premiums	0120	\$40,917			\$209,179		\$1,149,626				\$1,399,722
Less: Regulation 146 Recoveries	0125										
Total Medical and Hospital	0130	\$21,540,508		\$617,934,051	\$97,071,625		\$165,693,809				\$902,239,993
Care Management	0135	\$592,373		\$26,562,101							\$27,154,474
Administration	0140	\$2,920,541		\$85,327,098	\$18,990,835		\$28,035,407				\$135,273,881
Covered Lives Assessment	0145										
Total Expenses	0150	\$25,053,422		\$729,823,250	\$116,062,460		\$193,729,216				\$1,064,668,348
Operating INCOME / (LOSS)	0155	(\$2,667,280)		\$12,869,451	\$6,821,826		(\$9,990,885)				\$7,033,112
Extraordinary Items	0160										
Provision For Taxes	0165										
Prior Period IBNR Adjustments	0170										
NET INCOME/(LOSS)	0175	(\$2,667,280)		\$12,869,451	\$6,821,826		(\$9,990,885)				
REQUIRED ESCROW DEPOSIT											
5-7.25% of Projected Medical Expenses	0180	\$1,074,980		\$30,896,703	\$4,843,122		\$8,227,209				\$45,042,014

		Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay	Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay	Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay	Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay	Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay	Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay	Number of Enrollees Discharged From Nursing Facility, By Entire Length of Stay
Table 16 - Nursing Facility Discharges (FIDA)		< 30	31 - 60	61 - 100	101 - 180	181 - 365	366	TOTAL
01698	01699	01600	01602	01604	01606	01608	01610	01612
FIRST QUARTER								
Death	0001	2	1	0	0	0	1	4
Other	0005	12	4	3	1	0	3	23
Total	0010	14	5	3	1	0	4	27
SECOND QUARTER								
Death	0015	0	0	1	0	0	3	4
Other	0020	4	5	0	1	4	1	15
Total	0025	4	5	1	1	4	4	19
THIRD QUARTER								
Death	0030	1	0	0	0	0	0	1
Other	0035	6	3	2	1	1	0	13
Total	0040	7	3	2	1	1	0	14
FOURTH QUARTER								
Death	0045	0	0	2	1	0	0	3
Other	0050	3	4	2	1	0	1	11
Total	0055	3	4	4	2	0	1	14
TOTAL Y-T-D								
Death	0060	3	1	3	1	0	4	12
Other	0065	25	16	7	4	5	5	62
Total	0070	28	17	10	5	5	9	74

Table 17 - Medicare Part C Risk Score (FIDA)		Current Period	Prior Year
01799	01700	01701	01702
Community	0001	2.0096	1.9950
Nursing Home Permanent Placement	0005	2.0096	1.9950
Skilled Nursing Facility Residents	0010	2.0096	1.9950
Average HCC Risk Score Total	0015	2.0096	1.9950