

Medicaid Advantage Plus (MAP) Managed Care Operations Report

Organization : VNS Choice Plus (02914056)

Coverage : NYC

Period Ending : 12/31/2018

Dcn : 04082019191958

Date : Monday, April 08, 2019

Configuration Information

Configuration Information

Submission Type	0.1005	MAPOR
Submission Year	0.1010	2018
Submission Period	0.1011	A00
DCN	0.1004	04082019191958
Submitter ID	0.1000	02914056
Region ID	0.1003	2
Region Name	0.1002	NYC
Name of Organization	0.10	VNS CHOICE PLUS (02914056)
Begin Date	0.34	01/01/2018
End Date	0.35	12/31/2018

Contacts

Contact Person:

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Certifiers

Chief Executive Officer

Role:	0.98	CEO
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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):	0.65	05/01/2008
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Counties of Operation

Counties of Operation:

County (1)	0.4	BRONX
County (2)	0.5	KINGS (BROOKLYN)
County (3)	0.6	NY (MANHATTAN)
County (4)	0.7	QUEENS
County (5)	0.8	RICHMOND (STATEN ISLAND)
County (6)	0.9	
County (7)	0.11	

Table 1 - Enrollment Summary By County - MAP (Total Plan)		Net Enrollees at End of Current Period	Community Current MM	Nursing Home Permanent Placement Current MM	Total Medicaid Member Months for Current Period
07031	07041	03213	03211	03209	03206
MEDICAID ENROLLMENT SUMMARY BY COUNTY					
Albany	0031				
Allegany	0032				
Broome	0033				
Cattaraugus	0034				
Cayuga	0035				
Chautauqua	0036				
Chemung	0037				
Chenango	0038				
Clinton	0039				
Columbia	0040				
Cortland	0041				
Delaware	0042				
Dutchess	0043				
Erie	0044				
Essex	0045				
Franklin	0046				
Fulton	0047				
Genesee	0048				
Greene	0049				
Hamilton	0050				
Herkimer	0051				
Jefferson	0052				
Lewis	0053				
Livingston	0054				
Madison	0055				
Monroe	0056				
Montgomery	0057				
Nassau	0058				
Niagara	0059				
Oneida	0060				
Onondaga	0061				
Ontario	0062				
Orange	0063				
Orleans	0064				
Oswego	0065				
Otsego	0066				
Putnam	0067				
Rensselaer	0068				
Rockland	0069				
St. Lawrence	0070				
Saratoga	0071				
Schenectady	0072				
Schoharie	0073				
Schuyler	0074				
Seneca	0075				
Steuben	0076				
Suffolk	0077				
Sullivan	0078				
Tioga	0079				
Tompkins	0080				
Ulster	0081				
Warren	0082				
Washington	0083				
Wayne	0084				
Westchester	0085				
Wyoming	0086				
Yates	0087				
NYC	0088	1,681	17,251	243	17,494
Total	0030	1,681	17,251	243	17,494

		Current Year	Current Period	Current Period	Previous Period
Table 2A Balance Sheet - Assets (Total Plan)		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets As of 12/31
	00010	00011	00013	00014	00012
CURRENT ASSETS					
Cash	0001				
Short-Term Investments	0002				
Premiums Receivable-net	0003				
Interest Receivable	0004				
NYS Medicaid Reinsurance Recovery Receivable	0140				
Other Receivables - Net	0006				
Prepaid Expenses	0007				
Aggregate Write-Ins for Current Assets (list below)	0008				
	0009				
	0010				
	0011				
	0012				
	0013				
TOTAL CURRENT ASSETS	0015				
OTHER ASSETS					
NYS Escrow Account Balance	0016				
Amounts Due from Affiliates	0018				
Loan Escrow	0019				
Long-Term Investments	0020				
Intangible Investments and Goodwill	0111				
	0112				
	0113				
	0114				
	0115				
	0116				
Other Restricted Assets	0017				
Aggregate Write-Ins for Other Assets (list below)	0124				
	0024				
	0025				
	0026				
	0027				
	0028				
TOTAL OTHER ASSETS	0030				
PROPERTY AND EQUIPMENT					
Land	0031				
Building and Improvements	0032				
Construction In Progress	0035				
Furniture and Equipment	0033				
Leasehold Improvements	0034				
Aggregate Write-Ins for Other Equipment (list below)	0137				
	0037				
	0038				
	0039				
	0040				
	0041				
TOTAL PROPERTY AND EQUIPMENT	0045				
TOTAL ASSETS	0050				

Table 2B Balance Sheet - Liabilities (Total Plan)		Current Year	Previous Calendar Year as of 12/31
00010		00011	00012
CURRENT LIABILITIES			
Accounts Payable	0051		
Claims Payable	0052		
Accrued Inpatient Claims (Not Reported)	0054		
Accrued Physician Claims (Not Reported)	0055		
Accrued Referral Claims (Not Reported)	0056		
Accrued Other Medical	0057		
Accrued Medical Incentive Pool	0058		
Unearned Premiums	0059		
Loans and Notes Payable	0060		
Aggregate Write-Ins for Current Liabilities (list below)	0162		
	0062		
	0063		
	0064		
	0065		
	0066		
TOTAL CURRENT LIABILITIES	0070		
OTHER LIABILITIES			
Loans and Notes	0071		
Amounts Due to Affiliates	0072		
Aggregate Write-Ins for Other Liabilities (list below)	0173		
	0073		
	0074		
	0075		
	0076		
	0077		
TOTAL OTHER LIABILITIES	0079		
TOTAL LIABILITIES	0080		
NET WORTH			
Donated Capital	0121		
Capital	0122		
Paid In Surplus	0123		
NYS Contingent Reserve Requirement	0081		
Aggregate Write-Ins For Other Net Worth Items (List Below)	0183		
	0083		
	0084		
	0085		
	0086		
	0087		
Unassigned Surplus	0089		
TOTAL NET WORTH EXCLUDING NON ADMITTED ASSETS	0105		
TOTAL LIABILITIES AND NET WORTH EXCLUDING NON ADMITTED ASSETS	0110		
TOTAL NET WORTH INCLUDING NON-ADMITTED ASSETS	0090		
TOTAL LIABILITIES AND NET WORTH INCLUDING NON-ADMITTED ASSETS	0100		

Table 2C - Net Worth Reconciliation (Total Plan)		
	07071	00031
00030		
Net Worth Last Year	0001	
Total Net Income	0002	\$10,423,866
Change in nonadmitted assets	0020	
Dividends to stockholders	0003	
Withdrawals of equity	0004	
Change in net unrealized capital gains and losses less Capital gains tax	0021	
Adjusted Net Worth	0005	\$10,423,866
Current Net Worth	0006	
Difference	0007	(\$10,423,866)
Explanations:		
	0008	
	0009	
	0010	
	0011	
	0012	
	0013	
	0014	
	0015	
	0016	
	0017	
Total Explanations	0018	

Table 3 - Medicaid Advantage Plus Statement of Revenue and Expenses (Accrual Basis) - Summary of all Premium Groups on Claims Incurred During the Current Period (Total Plan)		Total Current YTD	Total Current PMPM	Previous Calendar year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Total Medicaid & Cost Sharing
08013	00801	01302	01303	11303	01304	11304	01307	11307	11308	11309
Members	0414	1,681		\$1,528.00	1,681		1,681			
Member Months	0001	17,494		\$14,545.00	17,494		17,494			
Revenue										
Medicare Part C Premium Revenue	0101	\$32,563,057	\$1,861.38	\$1,737.14	\$32,563,057	\$1,861.38				
Medicare Part D Premium Revenue	0102	\$3,171,894	\$181.31	\$189.80	\$3,171,894	\$181.31				
Medicaid Premium Revenue	0003	\$81,344,572	\$4,649.86	\$4,647.80		\$0.00	\$81,344,572	\$4,649.86		\$81,344,572
Other Payor Premium Revenue	0004									
Spenddown and NAMI	0013	\$791,174	\$45.23	\$46.42			\$791,174	\$45.23		\$791,174
Coordination of Benefits (COB)	0014		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0077	\$48,445	\$2.77	\$5.33	\$48,445	\$2.77	\$0	\$0.00		\$0
Net Investment Income (Table 3A)	0016	\$276,176	\$15.79	\$36.54	\$77,825	\$4.45	\$198,351	\$11.34		\$198,351
HR & R Revenue	0018	\$20,740	\$1.19	\$26.87		\$0.00	\$20,740	\$1.19		\$20,740
Quality Incentive Pool Award	0945	\$0	\$0.00	\$4.95		\$0.00	\$0	\$0.00		\$0
Quality Incentive VAPP	0950	\$0	\$0.00			\$0.00	\$0	\$0.00		\$0
Minimum Wage	0960	\$9,583,968	\$547.84	\$159.44			\$9,583,968	\$547.84		\$9,583,968
Other Revenue (Double Click Below)										
Other Revenue	0019	\$124,091	\$7.09		\$6,655	\$0.38	\$117,436	\$6.71		\$117,436
	0020		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0010	\$127,475,405	\$7,286.81	\$6,652.98	\$35,734,952	\$2,042.70	\$91,740,454	\$5,244.11		\$91,740,454
TOTAL REVENUE	0030	\$127,924,117	\$7,312.46	\$6,854.29	\$35,867,877	\$2,050.30	\$92,056,241	\$5,262.16		\$92,056,241
Expenses										
Medical and Hospital Expenses										
Inpatient:Acute Medical Surgical	0031	\$11,698,423	\$668.71	\$591.88	\$11,057,903	\$632.10			\$640,520	\$640,520
Inpatient:Mental Health & Substance Abuse	0032	\$153,053	\$8.75	\$11.79	\$153,053	\$8.75	\$0	\$0.00		\$0
Inpatient Maternity Delivery	0403	\$0	\$0.00	\$0.89	\$0	\$0.00				
Total Hospital Inpatient Care	0404	\$11,851,476	\$677.46	\$604.56	\$11,210,956	\$640.85	\$0	\$0.00	\$640,520	\$640,520
Other Medical and Hospital:										
Primary Care Physician	0034	\$2,764,616	\$158.03	\$168.34	\$2,212,500	\$126.47			\$552,116	\$552,116
Specialty Care	0035	\$4,337,402	\$247.94	\$240.02	\$3,471,365	\$198.43			\$866,037	\$866,037
Prenatal/Postpartum Maternity Services	0405	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Ambulatory Surgery	0036	\$797,096	\$45.56	\$36.60	\$637,944	\$36.47			\$159,152	\$159,152
Outpatient/Physical Rehab/Therapy	0406	\$584,770	\$33.43	\$29.48	\$468,011	\$26.75			\$116,759	\$116,759
Other Professional Services	0037	\$5,563	\$0.32	\$2.07	\$4,452	\$0.25	\$0	\$0.00	\$1,111	\$1,111
Emergency Room	0038	\$328,302	\$18.77	\$20.12	\$262,751	\$15.02			\$65,551	\$65,551
Outpatient Mental Health	0039	\$479,828	\$27.43	\$19.96	\$314,597	\$17.98			\$165,231	\$165,231
Outpatient Drug and Alcohol Treatment	0040	\$292	\$0.02	\$0.06	\$190	\$0.01			\$102	\$102
Dental	0041	\$91,574	\$5.23	\$6.88		\$0.00	\$91,574	\$5.23		\$91,574
Pharmacy-Part D	0407	\$3,226,994	\$184.46	\$269.95	\$3,226,994	\$184.46				
Pharmacy-Non-Part D	0408					\$0.00				
Home Health Care	0409	\$5,587,579	\$319.40	\$193.41	\$3,199,703	\$182.90	\$2,387,876	\$136.50		\$2,387,876
Nursing Facility	0033	\$3,928,065	\$224.54	\$149.47	\$2,276,274	\$130.12	\$1,465,028	\$83.74	\$186,763	\$1,651,791
Transportation - Emergent	0410	\$450,849	\$25.77	\$24.95	\$360,828	\$20.63			\$90,021	\$90,021
Transportation - Non Emergent	0411	\$1,759,940	\$100.60	\$36.71			\$1,759,940	\$100.60		\$1,759,940
Diagnostic Testing, Lab & X-Ray	0048	\$1,712,404	\$97.89	\$96.22	\$1,507,257	\$86.16			\$205,147	\$205,147
Family Planning	0412	\$91	\$0.01	\$0.01	\$73	\$0.00			\$18	\$18
Vision Care Inc. Eyeglasses	0049	\$120,577	\$6.89	\$3.59	\$96,462	\$5.51	\$0	\$0.00	\$24,115	\$24,115
Foot Care	0050	\$342,445	\$19.58	\$19.59	\$274,069	\$15.67	\$0	\$0.00	\$68,376	\$68,376
Durable Medical Equipment & Other	0060	\$1,224,348	\$69.99	\$29.67	\$950,198	\$54.32	\$36,065	\$2.06	\$238,085	\$274,150
Personal Care	0057	\$53,538,816	\$3,060.41	\$2,683.86			\$53,538,816	\$3,060.41		\$53,538,816
CDPAP	0120	\$2,538,598	\$145.11	\$94.99			\$2,538,598	\$145.11		\$2,538,598
Personal Emergency Response Services	0062	\$54,353	\$3.11	\$2.77			\$54,353	\$3.11		\$54,353
Home-Delivered Meals	0064	\$20,291	\$1.16	\$1.42			\$20,291	\$1.16		\$20,291
Adult Day Care	0044	\$170,375	\$9.74	\$2.12			\$170,375	\$9.74		\$170,375
Social Day Care	0045	\$692,190	\$39.57	\$36.55			\$692,190	\$39.57		\$692,190
Other Medical Services	0413	\$956,139	\$54.66	\$45.09	\$956,139	\$54.66		\$0.00		
Renal Dialysis	0416	\$907,396	\$51.87	\$44.29	\$907,396	\$51.87		\$0.00		
Other	0417	\$48,743	\$2.79	\$0.81	\$48,743	\$2.79		\$0.00		
	0418		\$0.00			\$0.00		\$0.00		
	0419		\$0.00			\$0.00		\$0.00		
	0420		\$0.00			\$0.00		\$0.00		
	0940									
Supplemental Benefits	0099	\$1,427,705	\$81.61	\$90.80	\$1,427,705	\$81.61		\$0.00		
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0075	\$98,992,679	\$5,658.66	\$4,909.25	\$32,858,468	\$1,878.27	\$62,755,107	\$3,587.24	\$3,379,104	\$66,151,631
Reinsurance Premium Cost	0015	\$93,182	\$5.33	\$8.42	\$93,182	\$5.33		\$0.00		
Global Capitation Surplus/(Loss)	0415		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	0955		\$0.00			\$0.00		\$0.00		
Provider and Quality Incentive Payments	0076		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0080	\$99,085,861	\$5,663.99	\$4,917.67	\$32,951,651	\$1,883.60	\$62,755,107	\$3,587.24	\$3,379,104	\$66,134,211
Administration										
Allowable Administration Expenses (Table 13A)	0081	\$13,704,279	\$783.37	\$809.06	\$4,551,331	\$260.17	\$9,152,949	\$523.21		\$9,152,949
TOTAL EXPENSES	0085	\$112,790,140	\$6,447.36	\$5,726.74	\$37,502,981	\$2,143.76	\$71,908,056	\$4,110.44		\$75,287,160
Premium Income/(Loss)	0086	\$14,685,265	\$839.45	\$926.24	(\$1,768,030)	(\$101.06)	\$19,832,398	\$1,133.67		\$16,453,294
Nonallowable Administrative Expense	0098	\$1,137,931	\$65.05	\$38.04	\$377,918	\$21.60	\$760,012	\$43.44		\$760,012
Operating Incomes/(Loss)	0090	\$13,996,046	\$800.05	\$1,089.51	(\$2,013,023)	(\$115.07)	\$19,388,173	\$1,108.28		\$16,009,069
Aggregate Write-ins for Other Expenses (Table 3B)	0095		\$0.00			\$0.00		\$0.00		
Prior Period Adjustments and Extraordinary Items (Table 3C)	0096	\$437,728	\$25.02	\$4.08	\$48,014	\$2.74	\$389,714	\$22.28		\$389,714
Provision for Taxes	0093		\$0.00							
Adj. For Prior Period IBNR Adjustment (Table 3D)	0094	\$3,134,452	\$179.17	\$58.99	\$2,355,263	\$134.63	\$779,189	\$44.54		\$779,189
NET INCOME (LOSS)	0100	\$10,423,866	\$595.85	\$1,026.44	(\$4,416,300)	(\$252.45)	\$18,219,270	\$1,041.46		\$14,840,166

Table 3A - Schedule of Net Investment Income (Total Plan)		Amount Accrued During the Year - Medicaid	Amount Accrued During the Year - Medicare
07101	07111	01203	01204
Details of investment income reported on Table 3, line 16:			
Interest Income	0001	\$43,066	\$16,898
Dividend and Real Estate Income	0002	\$123,702	\$48,535
Net Realized Capital Gains or Losses	0003	(\$8,720)	(\$3,421)
Other Investment Income	0004	\$49,488	\$19,417
TOTAL INVESTMENT INCOME	0010	\$207,535	\$81,429
DEDUCTIONS			
Investment Expenses	0011	\$9,184	\$3,604
Interest Expense	0012		
Interest on Claims Paid after 45 Days	0014		
Other Deductions	0013		
TOTAL DEDUCTIONS	0020	\$9,184	\$3,604
NET INVESTMENT INCOME	0025	\$198,351	\$77,825

Table 3B - Schedule of Aggregate Write-Ins for Other Expenses (Total Plan)		Medicaid	Medicare
01213	07121	01205	01206
Details of Write-ins aggregated on Table 3, line 95:			
	0001		
	0002		
	0003		
	0004		
	0005		
Non-State Plan Services	0006		
Increase in Reserves for A&H Contracts	0007		
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0099		

Table 3C Schedule of Prior Period Revenue and Adjustments and Extraordinary Items (Total Plan)		Medicaid	Medicare
01223		01207	01208
Details of Prior Period Adjustments and Extraordinary Items on Table3, line 96:			
Adjustment for Prior Period Revenue	0001	(\$3,960)	
Adjustment for Prior Period HR & R Revenue	0002	\$393,674	
	0003	\$0	
	0004		\$48,014
	0005		
	0006		
	0007		
	0008		
	0009		
All Other	0010		
TOTAL PLAN SCHEDULE OF EXTRAORDINARY ITEMS		\$389,714	\$48,014

Table 3D - Schedule of Adjustments for Prior Period IBNR (Total Plan)		Medicaid	Medicare
07141	07151	01209	01210
Details of Adj for Prior Period IBNR on Table 3, line 94:			
1 Year Prior to the Reporting Period	0001	\$658,256	\$2,565,088
2 Years Prior to the Reporting Period	0002	\$120,933	(\$221,638)
3 Years Prior to the Reporting Period	0003		\$11,813
4 Years Prior to the Reporting Period	0004		
TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR	0010	\$779,189	\$2,355,263

Table 3D-1 - Schedule of Recovered Provider Payments For Services Provided In Prior Periods		Amount of Recovered Payments
07161	07171	01211
Details of Prior Period Provider Recoveries included in the Prior Period IBNR Adjustment Schedule:		
1 Year Prior to the Reporting Period	0001	\$776,663
2 Years Prior to the Reporting Period	0002	\$14,113
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL RECOVERIES INCLUDED IN PRIOR PERIOD IBNR ADJUSTMENT	0099	\$790,776

Table 4 - Consolidated Revenue and Expense Statement - Total Lines of Business (Total Plan)		MEDICAID ADVANTAGE PLUS	MLTC PACE	MEDICARE ADVANTAGE	FIDA	DISCO	OTHER	TOTAL
00120	07181	00126	00121	00127	00122	00123	00124	00125
Members	1001	1,681						1,681
Member Months	0001	17,494						17,494
Revenue								
Medicare Part C Premium Revenue	0401	\$32,563,057						\$32,563,057
Medicare Part D Premium Revenue	0402	\$3,171,894						\$3,171,894
Medicaid Premium Revenue	0003	\$81,344,572						\$81,344,572
Other Payor Premium Revenue	0004							
Spenddown and NAMI	0013	\$791,174						\$791,174
Coordination of Benefits(COB)	0014							
Reinsurance Recoveries	0077	\$48,445						\$48,445
Net Investment Income	0016	\$276,176						\$276,176
HR & R Revenue	0018	\$20,740						\$20,740
Quality Incentive Pool Award	0945	\$0						\$0
Quality Incentive VAPP	0950	\$0						\$0
Minimum Wage	0960	\$9,583,968						\$9,583,968
Other Revenue (Double click Below)								
Other Revenue	0019	\$124,091						\$124,091
	0020							
TOTAL PREMIUM REVENUE	0010	\$127,475,405						\$127,475,405
TOTAL REVENUE	0030	\$127,924,117						\$127,924,117
Expenses								
Medical and Hospital Expenses								
Inpatient:Acute Medical Surgical	0031	\$11,698,423						\$11,698,423
Inpatient:Mental Health & Substance/Abuse	0032	\$153,053						\$153,053
Inpatient Maternity Delivery	0403	\$0						\$0
Total Hospital Inpatient Care	0404	\$11,851,476						\$11,851,476
Other Medical and Hospital:								
Primary Care Physician	0034	\$2,764,616						\$2,764,616
Specialty Care	0035	\$4,337,402						\$4,337,402
Prenatal/Postpartum Maternity Services	0405	\$0						\$0
Ambulatory Surgery	0036	\$797,096						\$797,096
Outpatient/Physical Rehab/Therapy	0406	\$584,770						\$584,770
Other Professional Services	0037	\$5,563						\$5,563
Emergency Room	0038	\$328,302						\$328,302
Outpatient Mental Health	0039	\$479,828						\$479,828
Outpatient Drug and Alcohol Treatment	0040	\$292						\$292
Dental	0041	\$91,574						\$91,574
Pharmacy-Part D	0407	\$3,226,994						\$3,226,994
Pharmacy-Non-Part D	0408							
Home Health Care	0409	\$5,587,579						\$5,587,579
Nursing Facility	0033	\$3,928,065						\$3,928,065
Transportation - Emergent	0410	\$450,849						\$450,849
Transportation - Non Emergent	0411	\$1,759,940						\$1,759,940
Diagnostic Test, Lab & X-Ray	0048	\$1,712,404						\$1,712,404
Family Planning	0412	\$91						\$91
Vision Care Inc. Eyeglasses	0049	\$120,577						\$120,577
Foot Care	0050	\$342,445						\$342,445
Durable Medical Equipment & Other	0060	\$1,224,348						\$1,224,348
Personal Care	0057	\$53,538,816						\$53,538,816
CDPAP	0120	\$2,538,598						\$2,538,598
Personal Emergency Response Services	0062	\$54,353						\$54,353
Home-Delivered Meals	0064	\$20,291						\$20,291
Adult Day Health Care	0044	\$170,375						\$170,375
Social Day Care	0045	\$692,190						\$692,190
Other Medical Services	0413	\$956,139						\$956,139
Supplemental Benefits	0084	\$1,427,705						\$1,427,705
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0075	\$98,992,679						\$98,992,679
Reinsurance Premium Cost	0015	\$93,182						\$93,182
Global Capitation Surplus/(Loss)	0415							
Quality Incentive VAPP	0955							
Provider and Quality Incentive Payments	0076							
TOTAL MEDICAL & HOSPITAL EXPENSES	0080	\$99,085,861						\$99,085,861
Administration								
Allowable Administration Expenses	0081	\$13,704,279						\$13,704,279
TOTAL EXPENSES	0085	\$112,790,140						\$112,790,140
Premium Income(Loss)	0086	\$14,685,265						\$14,685,265
Nonallowable Expense	0098	\$1,137,931						\$1,137,931
Operating Incomes(Loss)	0090	\$13,996,046						\$13,996,046
Aggregate Write-ins for Other Expenses	0095							
Prior Period Adjustments and Extraordinary Items	0096	\$437,728						\$437,728
Provision for Taxes	0093							
Adj. For Prior Period IBNR Adjustment	0094	\$3,134,452						\$3,134,452
NET INCOME (LOSS)	0100	\$10,423,866						\$10,423,866

Table 4-1 Consolidated Revenue and Expense Statement Total Lines of Business - PMPM Basis (Total Plan)		MEDICAID ADVANTAGE PLUS PMPM	MLTC PACE PMPM	MEDICARE ADVANTAGE PMPM	FIDA PMPM	DISCO PMPM	OTHER PMPM	TOTAL PMPM
12014	07191	00128	00129	00130	00133	00134	00131	00132
Member Months	0001	17,494						17,494
Revenue								
Medicare Part C Premium Revenue	0401	\$1,861.38						\$1,861.38
Medicare Part D Premium Revenue	0402	\$181.31						\$181.31
Medicaid Premium Revenue	0003	\$4,649.86						\$4,649.86
Other Payor Premium Revenue	0004	\$0.00						\$0.00
Spenddown and NAMI	0013	\$45.23						\$45.23
Coordination of Benefits(COB)	0014	\$0.00						\$0.00
Reinsurance Recoveries	0077	\$2.77						\$2.77
Net Investment Income	0016	\$15.79						\$15.79
HR&R Revenue	0018	\$1.19						\$1.19
Quality Incentive Pool Award	0945	\$0.00						\$0.00
Quality Incentive VAPP	0950	\$0.00						\$0.00
Minimum Wage	0960	\$547.84						\$547.84
Other Revenue (Double Click Below)								
	0019	\$7.09						\$7.09
	0020	\$0.00						\$0.00
TOTAL PREMIUM REVENUE	0010	\$7,286.81						\$7,286.81
TOTAL REVENUE	0030	\$7,312.46						\$7,312.46
Expenses								
Medical and Hospital Expenses								
Inpatient Acute Medical Surgical	0031	\$668.71						\$668.71
Inpatient Mental Health & Substance Abuse	0032	\$8.75						\$8.75
Inpatient Maternity Delivery	0403	\$0.00						\$0.00
Total Hospital Inpatient Care	0404	\$677.46						\$677.46
Other Medical and Hospital:								
Primary Care Physician	0034	\$158.03						\$158.03
Specialty Care	0035	\$247.94						\$247.94
Prenatal/Postpartum Maternity Services	0405	\$0.00						\$0.00
Ambulatory Surgery	0036	\$45.56						\$45.56
Outpatient/Physical Rehab/Therapy	0406	\$33.43						\$33.43
Other Professional Services	0037	\$0.32						\$0.32
Emergency Room	0038	\$18.77						\$18.77
Outpatient Mental Health	0039	\$27.43						\$27.43
Outpatient Drug and Alcohol Treatment	0040	\$0.02						\$0.02
Dental	0041	\$5.23						\$5.23
Pharmacy-Part D	0407	\$184.46						\$184.46
Pharmacy-Non-Part D	0408	\$0.00						\$0.00
Home Health Care	0409	\$319.40						\$319.40
Nursing Facility	0033	\$224.54						\$224.54
Transportation - Emergent	0410	\$25.77						\$25.77
Transportation - Non Emergent	0411	\$100.60						\$100.60
Diagnostic Testing, Lab & X-Ray	0048	\$97.89						\$97.89
Family Planning	0412	\$0.01						\$0.01
Vision Care Inc. Eyeglasses	0049	\$6.89						\$6.89
Foot Care	0050	\$19.58						\$19.58
Durable Medical Equipment & Other	0060	\$69.99						\$69.99
Personal Care	0057	\$3,060.41						\$3,060.41
CDPAP	0120	\$145.11						\$145.11
Personal Emergency Response Services	0062	\$3.11						\$3.11
Home-Delivered Meals	0064	\$1.16						\$1.16
Adult Day Care	0044	\$9.74						\$9.74
Social Day Care	0045	\$39.57						\$39.57
Other Medical Services	0413	\$54.66						\$54.66
Supplemental Benefits	0084	\$81.61						\$81.61
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0075	\$5,658.66						\$5,658.66
Reinsurance Premium Cost	0015	\$5.33						\$5.33
Global Capitation Surplus/(Loss)	0415	\$0.00						\$0.00
Quality Incentive VAPP	0955	\$0.00						\$0.00
Provider and Quality Incentive Payments	0076	\$0.00						\$0.00
TOTAL MEDICAL & HOSPITAL EXPENSES	0080	\$5,663.99						\$5,663.99
Administration								
Allowable Administration Expenses	0081	\$783.37						\$783.37
TOTAL EXPENSES	0085	\$6,447.36						\$6,447.36
Premium Income(Loss)	0086	\$839.45						\$839.45
Nonallowable Expense	0098	\$65.05						\$65.05
Operating Incomes(Loss)	0090	\$800.05						\$800.05
Aggregate Write-ins for Other Expenses	0095	\$0.00						\$0.00
Prior Period Adjustments and Extraordinary Items	0096	\$25.02						\$25.02
Provision for Taxes	0093	\$0.00						\$0.00
Adj. For Prior Period IBNR Adjustment	0094	\$179.17						\$179.17
NET INCOME (LOSS)	0100	\$595.85						\$595.85

Table 4A Schedule of Net Investment Income - Other (Total Plan)		Amount Accrued During the Year
07201	07211	01233
Details of investment income reported on Table 4 Cons, Col. 124, line 16:		
Interest Income	0001	
Dividend and Real Estate Income	0002	
Net Realized Capital Gains or Losses	0003	
Other Investment Income	0004	
TOTAL INVESTMENT INCOME	0010	
DEDUCTIONS		
Investment Expenses	0011	
Interest Expense	0012	
Interest On Claims Paid After 45 Days	0014	
Other Deductions	0013	
TOTAL DEDUCTIONS	0020	
NET INVESTMENT INCOME	0025	

Table 4B - Schedule of Aggregate Write-ins for Other Expenses - Other (Total Plan)		Amount of Write-off
01299	07221	01234
Details of Write-ins aggregated on Table 4 Cons, Col. 124, line 95:		
	0001	
	0002	
	0003	
	0004	
	0005	
	0006	
Increase in Reserves for A&H Contracts	0007	
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0099	

Table 4C - Schedule of Extraordinary Items - Other (Total Plan)		Amount of Write-off
01298	07231	01235
Details of Extraordinary Items on Table 4 Cons, Col. 124, line 96:		
Adjustment for Prior Period Revenue	0001	
Adjustment for Prior Period HR & R Revenue	0002	
	0003	
	0004	
	0005	
	0006	
	0007	
	0008	
	0009	
All Other	0010	
TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS	0099	

Table 4D - Schedule of Adjustments for Prior Period IBNR - Other (Total Plan)		Amount of Write-off
07241	07251	01236
Details of Adj for Prior Period IBNR on Table 4 Cons, Col. 124, line 94:		
1 Year Prior to the Reporting Period	0001	
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR	0010	

Table 5-1 - Medicaid Advantage Plus Revenue and Expenses Analysis Community (Total Plan)		Total Current YTD	Total Current YTD PMPM	Previous Calendar year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Total Medicaid & Cost Sharing
01301	07261	01302	01303	11303	01304	11304	01307	11307	11308	11309
Members	0934	1,658			1,658					
Member Months	0501	17,251			17,251					
Revenue										
Medicare Part C Premium Revenue	0901	\$32,110,741	\$1,861.38	\$1,737.14	\$32,110,741	\$1,861.38				
Medicare Part D Premium Revenue	0902	\$3,127,835	\$181.31	\$189.80	\$3,127,835	\$181.31				
Medicaid Premium Revenue	0503	\$80,214,657	\$4,649.86	\$4,647.80		\$0.00	\$80,214,657	\$4,649.86		\$80,214,657
Other Payor Premium Revenue	0504									
Spenddown and NAMI	0513	\$784,727	\$45.49	\$46.61		\$0.00	\$784,727	\$45.49		\$784,727
Coordination of Benefits (COB)	0514		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0577	\$47,772	\$2.77	\$5.33	\$47,772	\$2.77	\$0	\$0.00		\$0
Net Investment Income (Table 3A)	0516									
HR & R Revenue	0518	\$20,452					\$20,452			\$20,452
Quality Incentive Pool Award	0918	\$0					\$0			\$0
Quality Incentive VAPP	0919	\$0					\$0			\$0
Minimum Wage	0921	\$9,450,842					\$9,450,842			\$9,450,842
Other Revenue (Double Click Below)										
Other Revenue	0519	\$122,368	\$7.09		\$6,563	\$0.38	\$115,805	\$6.71		\$115,805
	0520		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0510	\$125,709,255	\$7,287.07	\$6,621.35	\$35,238,576	\$2,042.70	\$90,470,679	\$5,244.37		\$90,470,679
TOTAL REVENUE	0530	\$125,879,394	\$7,296.93	\$6,626.68	\$35,292,911	\$2,045.85	\$90,586,483	\$5,251.09		\$90,586,483
Expenses										
Medical and Hospital Expenses										
Inpatient Acute Medical Surgical	0531	\$11,323,362	\$656.39	\$588.72	\$10,700,262	\$620.27			\$623,100	\$623,100
Inpatient Mental Health & Substance Abuse	0532	\$153,053	\$8.87	\$11.84	\$153,053	\$8.87	\$0	\$0.00		\$0
Inpatient Maternity Delivery	0903	\$0	\$0.00	\$0.90	\$0	\$0.00				
Total Hospital Inpatient Care	0904	\$11,476,415	\$665.26	\$601.46	\$10,853,315	\$629.14	\$0	\$0.00	\$623,100	\$623,100
Other Medical and Hospital:										
Primary Care Physician	0534	\$2,695,517	\$156.25	\$167.79	\$2,157,221	\$125.05			\$538,296	\$538,296
Specialty Care	0535	\$4,299,743	\$249.25	\$240.67	\$3,441,238	\$199.48			\$858,505	\$858,505
Prenatal/Postpartum Maternity Services	0905	\$0	\$0.00		\$0	\$0.00				
Ambulatory Surgery	0536	\$796,487	\$46.17	\$36.75	\$637,457	\$36.95			\$159,030	\$159,030
Outpatient/Physical Rehab/Therapy	0906	\$579,700	\$33.60	\$29.58	\$463,955	\$26.89			\$115,745	\$115,745
Other Professional Services	0537	\$5,563	\$0.32	\$2.08	\$4,452	\$0.26	\$0	\$0.00	\$1,111	\$1,111
Emergency Room	0538	\$326,128	\$18.90	\$20.04	\$261,012	\$15.13			\$65,116	\$65,116
Outpatient Mental Health	0539	\$462,420	\$26.81	\$19.25	\$300,671	\$17.43			\$161,749	\$161,749
Outpatient Drug and Alcohol Treatment	0540	\$292	\$0.02	\$0.06	\$190	\$0.01			\$102	\$102
Dental	0541	\$91,511	\$5.30	\$6.91		\$0.00	\$91,511	\$5.30		\$91,511
Pharmacy-Part D	0907	\$3,198,629	\$185.42	\$269.68	\$3,198,629	\$185.42				
Pharmacy-Non-Part D	0908									
Home Health Care	0909	\$5,576,541	\$323.26	\$194.22	\$3,190,333	\$184.94	\$2,386,208	\$138.32		\$2,386,208
Nursing Facility	0533	\$2,399,245	\$139.08	\$119.19	\$1,964,627	\$113.88	\$280,518	\$16.26	\$154,100	\$434,618
Transportation - Emergent	0910	\$444,440	\$25.76	\$24.83	\$355,701	\$20.62			\$88,739	\$88,739
Transportation - Non Emergent	0911	\$1,746,923	\$101.27	\$36.66		\$0.00	\$1,746,923	\$101.27		\$1,746,923
Diagnostic Testing, Lab & X-Ray	0548	\$1,691,670	\$98.06	\$96.39	\$1,489,011	\$86.31			\$202,659	\$202,659
Family Planning	0912	\$91	\$0.01	\$0.01	\$73	\$0.00			\$18	\$18
Vision Care Inc. Eyeglasses	0549	\$119,250	\$6.91	\$3.60	\$95,400	\$5.53	\$0	\$0.00	\$23,850	\$23,850
Foot Care	0550	\$336,414	\$19.50	\$19.61	\$269,244	\$15.61	\$0		\$67,170	\$67,170
Durable Medical Equipment & Other	0560	\$1,205,412	\$69.87	\$29.80	\$935,102	\$54.21	\$35,999	\$2.09	\$234,311	\$270,310
Personal Care	0557	\$53,398,949	\$3,095.41	\$2,694.23		\$0.00	\$53,398,949	\$3,095.41		\$53,398,949
CDPAP	0220	\$2,538,598	\$147.16	\$95.39		\$0.00	\$2,538,598	\$147.16		\$2,538,598
Personal Emergency Response Services	0562	\$54,224	\$3.14	\$2.78		\$0.00	\$54,224	\$3.14		\$54,224
Home-Delivered Meals	0564	\$20,291	\$1.18	\$1.42		\$0.00	\$20,291	\$1.18		\$20,291
Adult Day Care	0544	\$170,375	\$9.88	\$2.13		\$0.00	\$170,375	\$9.88		\$170,375
Social Day Care	0545	\$692,190	\$40.12	\$36.71		\$0.00	\$692,190	\$40.12		\$692,190
Other Medical Services (Enter Labels on Table 6)										
Renal Dialysis	0913	\$903,646	\$52.38	\$44.47	\$903,646	\$52.38		\$0.00		
Other	0914	\$48,446	\$2.81	\$0.80	\$48,446	\$2.81		\$0.00		
	0915		\$0.00			\$0.00		\$0.00		
	0916		\$0.00			\$0.00		\$0.00		
	0917		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	0933	\$952,092	\$55.19	\$45.27	\$952,092	\$55.19		\$0.00		
Supplemental Benefits	0999	\$1,418,585	\$82.23	\$90.97	\$1,418,585	\$82.23				
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0575	\$96,697,695	\$5,605.34	\$4,887.48	\$31,988,309	\$1,854.29	\$61,415,785	\$3,560.13	\$3,293,601	\$64,709,386
Reinsurance Premium Cost	0515	\$91,888	\$5.33	\$8.42	\$91,888	\$5.33		\$0.00		
Global Capitation Surplus/(Loss)	0935		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	0920		\$0.00			\$0.00		\$0.00		
Provider and Quality Incentive Payments	0576		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0580	\$96,789,583	\$5,610.67	\$4,895.90	\$32,080,197	\$1,859.61	\$61,415,785	\$3,560.13	\$3,293,601	\$64,709,386
Administration										
Allowable Administration Expenses	0581	\$13,513,920	\$783.37	\$809.06	\$4,479,088	\$259.64	\$9,034,832	\$523.73		\$9,034,832
TOTAL EXPENSES	0585	\$110,303,504	\$6,394.04	\$5,704.96	\$36,559,285	\$2,119.26	\$70,450,617	\$4,083.86		\$73,744,218
Premium Income/(Loss)	0586	\$15,405,751	\$893.04	\$916.39	(\$1,320,709)	(\$76.56)	\$20,020,061	\$1,160.52		\$16,726,460
Nonallowable Expense	0598	\$1,122,124	\$65.05	\$38.04	\$371,920	\$21.56	\$750,204	\$43.49		\$750,204
Operating Incomes/(Loss)	0590	\$14,453,766	\$837.85	\$883.68	(\$1,638,294)	(\$94.97)	\$19,385,662	\$1,123.74		\$16,092,061
Aggregate Write-ins for Other Expenses(Table 3B)	0595									
Prior Period Adjustments and Extraordinary Items	0596									
Provision for Taxes	0593									
Adj. For Prior Period IBNR Adjustment(Table 3D)	0594									
NET INCOME (LOSS)	0599									

Table 5-2 - Medicaid Advantage Plus Revenue and Expenses Analysis nursing Home Permanent Placement (Total Plan)		Total Current YTD	Total Current YTD PMPM	Previous Calendar year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Total Medicaid & Cost Sharing
01301	07271	01302	01303	11303	01304	11304	01307	11307	11308	11309
Members	1134	23			23					
Member Months	0701	243			243					
Revenue										
Medicare Part C Premium Revenue	1101	\$452,316	\$1,861.38	\$1,737.13	\$452,316	\$1,861.38				
Medicare Part D Premium Revenue	1102	\$44,059	\$181.31	\$189.80	\$44,059	\$181.31				
Medicaid Premium Revenue	0703	\$1,129,915	\$4,649.86	\$4,647.80			\$1,129,915	\$4,649.86		\$1,129,915
Other Payor Premium Revenue	0704									
Spenddown and NAMI	0713	\$6,446	\$26.53	\$1.44		\$0.00	\$6,446	\$26.53		\$6,446
Coordination of Benefits (COB)	0714		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0777	\$673	\$2.77	\$5.33	\$673	\$2.77		\$0.00		
Net Investment Income (Schedule 3A)	0716									
HR & R Revenue	0718	\$288					\$288			\$288
Quality Incentive Pool Award	1118	\$0					\$0			\$0
Quality Incentive VAPP	1119	\$0					\$0			\$0
Minimum Wage	1121	\$133,126					\$133,126			\$133,126
Other Revenue (Double Click Below)										
Other Revenue	0719	\$1,724	\$7.09		\$92	\$0.38	\$1,631	\$6.71		\$1,631
	0720		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0710	\$1,766,151	\$7,268.11	\$6,576.17	\$496,376	\$2,042.70	\$1,269,775	\$5,225.41		\$1,269,775
TOTAL REVENUE	0730	\$1,768,547	\$7,277.97	\$6,581.50	\$497,141	\$2,045.85	\$1,271,406	\$5,232.12		\$1,271,406
Expenses										
Medical and Hospital Expenses										
Inpatient Acute Medical Surgical	0731	\$375,061	\$1,543.46	\$1,344.03	\$357,641	\$1,471.78			\$17,420	\$17,420
Inpatient Mental Health & Substance Abuse	0732	\$0	\$0.00		\$0	\$0.00	\$0	\$0.00		\$0
Inpatient Maternity Delivery	1103	\$0	\$0.00		\$0	\$0.00				
Total Hospital Inpatient Care	1104	\$375,061	\$1,543.46	\$1,344.03	\$357,641	\$1,471.78	\$0	\$0.00	\$17,420	\$17,420
Other Medical and Hospital:										
Primary Care Physician	0734	\$69,099	\$284.36	\$298.11	\$55,279	\$227.48			\$13,820	\$13,820
Specialty Care	0735	\$37,658	\$154.97	\$84.98	\$30,126	\$123.98			\$7,532	\$7,532
Prenatal/Postpartum Maternity Services	1105	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Ambulatory Surgery	0736	\$610	\$2.51		\$488	\$2.01			\$122	\$122
Outpatient/Physical Rehab/Therapy	1106	\$5,070	\$20.86	\$5.80	\$4,056	\$16.69			\$1,014	\$1,014
Other Professional Services	0737	\$0	\$0.00		\$0	\$0.00	\$0	\$0.00		\$0
Emergency Room	0738	\$2,174	\$8.95	\$37.28	\$1,739	\$7.16			\$435	\$435
Outpatient Mental Health	0739	\$17,408	\$71.64	\$188.26	\$13,926	\$57.31			\$3,482	\$3,482
Outpatient Drug & Alcohol Treatment	0740	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Dental	0741	\$63	\$0.26			\$0.00	\$63	\$0.26		\$63
Pharmacy-Part D	1107	\$28,366	\$116.73	\$333.67	\$28,366	\$116.73				
Pharmacy-Non-Part D	1108									
Home Health Care	1109	\$11,038	\$45.43		\$9,370	\$38.56	\$1,668	\$6.86		\$1,668
Nursing Facility	0733	\$1,528,820	\$6,291.44	\$7,341.31	\$311,647	\$1,282.50	\$1,184,510	\$4,874.53	\$32,663	\$1,217,173
Transportation - Emergent	1110	\$6,408	\$26.37	\$53.36	\$5,126	\$21.10			\$1,282	\$1,282
Transportation - Non Emergent	1111	\$13,018	\$53.57	\$49.48		\$0.00	\$13,018	\$53.57		\$13,018
Diagnostic Testing, Lab & X-Ray	0748	\$20,734	\$85.32	\$56.33	\$18,246	\$75.08			\$2,488	\$2,488
Family Planning	1112	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Vision Care Inc. Eyeglasses	0749	\$1,326	\$5.46	\$0.25	\$1,061	\$4.37	\$0	\$0.00	\$265	\$265
Foot Care	0750	\$6,031	\$24.82	\$15.98	\$4,825	\$19.86	\$0		\$1,206	\$1,206
Durable Medical Equipment & Other	0760	\$18,936	\$77.92		\$15,096	\$62.12	\$66	\$0.27	\$3,774	\$3,840
Personal Care	0757	\$139,867	\$575.58	\$220.15		\$0.00	\$139,867	\$575.58		\$139,867
CDPAP	0320	\$0	\$0.00			\$0.00	\$0	\$0.00		\$0
Personal Emergency Response Services	0762	\$129	\$0.53			\$0.00	\$129	\$0.53		\$129
Home-Delivered Meals	0764	\$0	\$0.00			\$0.00	\$0	\$0.00		\$0
Adult Day Care	0744	\$0	\$0.00			\$0.00	\$0	\$0.00		\$0
Social Day Care	0745	\$0	\$0.00			\$0.00	\$0	\$0.00		\$0
Other Medical Services: (Enter labels on Table 6)										
Renal Dialysis	1113	\$3,750	\$15.43		\$3,750	\$15.43		\$0.00		
Other	1114	\$297	\$1.22	\$2.21	\$297	\$1.22		\$0.00		
	1115		\$0.00			\$0.00		\$0.00		
	1116		\$0.00			\$0.00		\$0.00		
	1117		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	1133	\$4,047	\$16.65	\$2.21	\$4,047	\$16.65		\$0.00		
Supplemental Benefits	1199	\$9,121	\$37.53	\$51.85	\$9,121	\$37.53				
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0775	\$2,294,983	\$9,444.38	\$10,083.05	\$870,159	\$3,580.90	\$1,339,321	\$5,511.61	\$85,503	\$1,442,244
Reinsurance Premium Cost	0715	\$1,294	\$5.33	\$8.43	\$1,294	\$5.33		\$0.00		
Global Capitation Surplus/(Loss)	1135		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	1120		\$0.00			\$0.00		\$0.00		
Provider and Quality Incentive Payments	0776		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0780	\$2,296,278	\$9,449.70	\$10,091.48	\$871,454	\$3,586.23	\$1,339,321	\$5,511.61	\$85,503	\$1,424,824
Administration										
Allowable Administration Expenses	0781	\$190,359	\$57,585.77	\$809.06	\$72,243	\$297.29	\$118,117	\$486.08		\$118,117
TOTAL EXPENSES	0785	\$2,486,637	\$10,233.07	\$10,900.54	\$943,696	\$3,883.52	\$1,457,438	\$5,997.69		\$1,542,941
Premium Income (Loss)	0786	(\$720,486)	(\$2,964.96)	(\$4,324.37)	(\$447,321)	(\$1,840.83)	(\$187,663)	(\$772.28)		(\$273,166)
Nonallowable Expense	0798	\$15,806	\$4,781.62	\$38.04	\$5,999	\$24.69	\$9,808	\$40.36		\$9,808
Oper. Incomes (Loss)	0790	(\$733,896)	(\$3,020.15)	(\$4,357.08)	(\$452,554)	(\$1,862.36)	(\$195,839)	(\$805.92)		(\$281,342)
Aggregate Write-ins for Other Expenses	0795									
Prior Period Adjustments and extraordinary Items	0796									
Provision for Taxes	0793									
Adj. For Prior Period IBNR Adjustment	0794									
NET INCOME (LOSS)	0799									

Table 6 - Total Utilization of Services - (Total Plan)			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
	Service Units		Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	07281	04011	14012	14016	14017	14015	04012	04016	04017	04015
Inpatient Medical/Surgical	0801	Days	3,627	4,958	\$2,230.32	3.40				
Inpatient Medical/Surgical	0851	Discharges	621	973	\$11,364.75	0.67				
Inpatient Mental Health/Substance Abuse	0802	Days	439	552	\$277.27	0.38	0	0		0.00
Inpatient Mental Health/Substance Abuse	0852	Discharges	5	6	\$25,508.80	0.00	0	0		0.00
Inpatient: Maternity Delivery	0847	Days	0	0		0.00				
Inpatient: Maternity Delivery	0848	Discharges	0	0		0.00				
Primary Care Physician	0804	Visits	19,310	19,382	\$114.15	13.30				
Specialty Care	0833	Visits	17,523	17,553	\$197.76	12.04				
Prenatal/Postpartum Maternity Services	0849	Visits	0	0		0.00				
Ambulatory Surgery	0805	Procedures	456	457	\$1,395.94	0.31				
Outpatient/Physical Rehab/Therapy	0850		5,424	5,433	\$86.14	3.73				
Other Professional Services	0853	Visits	47	47	\$94.71	0.03	0	0		0.00
Emergency Room	0806	Visits	689	690	\$380.80	0.47				
Outpatient Mental Health	0807	Visits	2,033	5,340	\$58.91	3.66				
Outpatient Drug & Alcohol Treatment	0808	Visits	12	12	\$15.80	0.01				
Dental	0809	Visits					758	843	\$108.63	0.58
Pharmacy - Part D	0854									
Pharmacy - Non Part D	0855									
Home Health Care	0856	Hours	18,563	47,908	\$66.79	32.86	87,987	97,140	\$24.58	66.63
Home Health Care	0882	Visits	7,038	18,118	\$176.60	12.43	15,957	17,665	\$135.18	12.12
Nursing Facility	0803	Days	5,037	6,262	\$363.51	4.30	3,156	4,673	\$313.51	3.21
Transportation - Emergent	0857	One Way Trips	1,032	1,034	\$348.96	0.71				
Transportation - Non Emergent	0858	One Way Trips					66,273	74,213	\$23.71	50.91
Diagnostic Testing, Lab & X-Ray	0816									
Family Planning	0859	Visits	2	2	\$36.44	0.00				
Vision Care Inc. Eyeglasses	0817	Visits	540	540	\$178.63	0.37	0	0		0.00
Foot Care	0818	Visits	2,885	2,890	\$94.83	1.98				
Durable Medical Equipment & Other	0828									
Personal Care	0825	Hours					2,096,435	2,324,235	\$23.04	1,594.31
CDPAP	0120	Hours					115,944	128,542	\$19.75	88.17
Personal Emergency Response Services	0830	No. of Units					2,364	2,630	\$20.67	1.80
Home-Delivered Meals	0832	No. of Meals					2,295	2,554	\$7.94	1.75
Adult Day Care	0812	Days					989	1,100	\$154.89	0.75
Social Day Care	0813	Days					10,027	11,175	\$61.94	7.67
Other Medical Services (Double click below):										
	0835		2,799	3,167	\$286.52	2.17				0.00
	0836		288	288	\$169.25	0.20				0.00
	0837					0.00				0.00
	0838					0.00				0.00
	0839					0.00				0.00

Table 6-1 - Utilization of Services by MAP Community (Total Plan)			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	07291	04011	14012	14016	14017	14015	04012	04016	04017	04015
Inpatient Medical/Surgical	0601	Days	3,444	4,728	\$2,263.17	3.29				
Inpatient Medical/Surgical	0651	Discharges	603	743	\$14,401.43	0.52				
Inpatient Mental Health/Substance Abuse	0602	Days	439	552	\$277.27	0.38	0	0		0.00
Inpatient Mental Health/Substance Abuse	0652	Discharges	5	6	\$25,508.80	0.00		0		0.00
Inpatient: Maternity Delivery	0647	Days	0	0		0.00				
Inpatient: Maternity Delivery	0648	Discharges	0	0		0.00				
Primary Care Physician	0604	Visits	18,639	18,667	\$115.56	12.98				
Specialty Care	0633	Visits	17,236	17,265	\$249.04	12.01				
Prenatal/Postpartum Maternity Services	0649	Visits	0	0		0.00				
Ambulatory Surgery	0605	Procedures	455	456	\$1,397.93	0.32				
Outpatient/Physical Rehab/Therapy	0650	Visits	5,372	5,381	\$107.73	3.74				
Other Professional Services	0653	Visits	47	47	\$94.71	0.03	0	0		0.00
Emergency Room	0606	Visits	684	685	\$476.10	0.48				
Outpatient Mental Health	0607	Visits	1,871	5,178	\$89.30	3.60				
Outpatient Drug & Alcohol Treatment	0608	Visits	12	12	\$24.30	0.01				
Dental	0609	Visits				0.00	757	842	\$108.68	0.59
Pharmacy - Part D	0654									
Pharmacy - Non Part D	0655									
Home Health Care	0656	Hours	18,529	47,874	\$66.64	33.30	87,922	97,068	\$24.58	67.52
Home Health Care	0682	Visits	6,996	18,076	\$176.50	12.57	15,948	17,655	\$135.16	12.28
Nursing Facility	0603	Days	3,186	3,341	\$588.04	2.32	533	952	\$294.66	0.66
Transportation - Emergent	0657	One Way Trips	1,017	1,019	\$349.07	0.71				
Transportation - Non Emergent	0658	One Way Trips					66,035	73,948	\$23.62	51.44
Diagnostic Testing, Lab & X-Ray	0616									
Family Planning	0659	Visits	2	2	\$36.44	0.00				
Vision Care Inc. Eyeglasses	0617	Visits	533	533	\$178.99	0.37	0	0		0.00
Foot Care	0618	Visits	2,832	2,837	\$118.58	1.97				
Durable Medical Equipment & Other	0628									
Personal Care	0625	Hours					2,090,978	2,318,186	\$23.03	1,612.56
CDPAP	0220	Hours					115,944	128,542	\$19.75	89.42
Personal Emergency Response Services	0630	No. of Units					2,360	2,626	\$20.65	1.83
Home-Delivered Meals	0632	No. of Meals					2,295	2,554	\$7.94	1.78
Adult Day Care	0612	Days					989	1,100	\$154.89	0.77
Social Day Care	0613	Days					10,027	11,175	\$61.94	7.77
Other Medical Services:										
Enter labels on Table 6										
	0635		2,789	2,792	\$323.66	1.94				0.00
	0636		285	285	\$169.99	0.20				0.00
	0637					0.00				0.00
	0638					0.00				0.00
	0639					0.00				0.00

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-2 - Utilization of Services by MAP Nursing Home Permanent Placement (Total Plan)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	07301	04011	14012	14016	14017	14015	04012	04016	04017	04015
Inpatient Medical/Surgical	0701	Days	183	230	\$1,554.96	11.36				
Inpatient Medical/Surgical	0751	Discharges	18	230	\$1,554.96	11.36				
Inpatient Mental Health/Substance Abuse	0702	Days	0	0		0.00	0	0		0.00
Inpatient Mental Health/Substance Abuse	0752	Discharges	0	0		0.00	0	0		0.00
Inpatient: Maternity Delivery	0747	Days	0	0		0.00				
Inpatient: Maternity Delivery	0748	Discharges	0	0		0.00				
Primary Care Physician	0704	Visits	671	715	\$77.31	35.31				
Specialty Care	0733	Visits	287	288	\$130.76	14.22				
Prenatal/Postpartum Maternity Services	0749	Visits	0	0		0.00				
Ambulatory Surgery	0705	Procedures	1	1	\$487.72	0.05				
Outpatient/Physical Rehab/Therapy	0750	Visits	52	52	\$97.50	2.57				
Other Professional Services	0753	Visits	0	0		0.00	0	0		0.00
Emergency Room	0706	Visits	5	5	\$434.75	0.25				
Outpatient Mental Health	0707	Visits	162	162	\$107.46	8.00				
Outpatient Drug & Alcohol Treatment	0708	Visits	0	0		0.00				
Dental	0709	Visits				0.00	1	1	\$63.42	0.05
Pharmacy - Part D	0754									
Pharmacy - Non Part D	0755									
Home Health Care	0756	Hours	34	34	\$275.60	1.68	65	72	\$23.17	3.56
Home Health Care	0782	Visits	42	42	\$223.10	2.07	9	10	\$166.79	0.49
Nursing Facility	0703	Days	1,851	2,921	\$106.69	144.25	2,623	3,721	\$318.33	183.75
Transportation - Emergent	0757	One Way Trips	15	15	\$341.77	0.74				
Transportation - Non Emergent	0758	One Way Trips					238	265	\$49.12	13.09
Diagnostic Testing, Lab & X-Ray	0716									
Family Planning	0759	Visits	0	0		0.00				
Vision Care Inc. Eyeglasses	0717	Visits	7	7	\$151.62	0.35	0	0		0.00
Foot Care	0718	Visits	53	53	\$113.79	2.62				
Durable Medical Equipment & Other	0728									
Personal Care	0725	Hours					5,457	6,049	\$23.12	298.72
CDPAP	0320	Hours					0	0		0.00
Personal Emergency Response Services	0730	No. of Units					4	4	\$32.27	0.20
Home-Delivered Meals	0732	No. of Meals					0	0		0.00
Adult Day Care	0712	Days					0	0		0.00
Social Day Care	0713	Days					0	0		0.00
Other Medical Services										
Enter labels on Table 6										
	0735		10	375	\$10.00	18.52				0.00
	0736		3	3	\$98.94	0.15				0.00
	0737					0.00				0.00
	0738					0.00				0.00
	0739					0.00				0.00

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6A - Total Utilization of HHC Services (Total Plan)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	07311	04011	14012	14016	14018	14017	14015	04012	04016	04018	04017	04015
Home Health Care Aide	0500	Hours	12,270.00	31,701.00	\$2,219,393	\$70.01	21.75	84,238.00	93,391.00	\$2,145,652	\$22.97	64.06
Home Health Care-Other	0501	Visits	5,209	13,392	\$980,310	\$73.20	9.19	239.00	239.00	\$242,224	\$1,013.49	0.16
Total Home Health Care	0502				\$3,199,703					\$2,387,876		

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-1A - Total Utilization of HHC Services by MAP Community (Total Plan)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	07321	04011	14012	14016	14018	14017	14015	04012	04016	04018	04017	04015
Home Health Care Aide	0300	Hours	12,270.00	31,701.00	\$2,219,393	\$70.01	22.05	84,173	93,319	\$2,143,984	\$22.97	64.91
Home Health Care-Other	0301	Visits	5,167	13,350	\$970,940	\$72.73	9.29	239	239	\$242,224	\$1,013.49	0.17
Total Home Health Care	0302				\$3,190,333					\$2,386,208		

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-2A - Total Utilization of HHC Services by MAP Nursing Home Permanent Placement (Total Plan)		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	07331	04011	14012	14016	14018	14017	14015	04012	04016	04018	04017	04015
Home Health Care Aide	0400	Hours	0.00	0.00	\$0		0.00	65	72	\$1,668	\$23.17	3.56
Home Health Care-Other	0401	Visits	42	42	\$9,370	\$223.10	2.07	0	0	\$0		0.00
Total Home Health Care	0402				\$9,370					\$1,668		

Table 7A - Personal Care Hours Year-to-Date (Total Plan)		Member Months	Total Number of Hours
07341	07351	03501	03502
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001	32	22,761
480-699 hours per month	0002	71	40,744
320-479 hours per month	0003	953	355,525
240-319 hours per month	0004	1,501	407,827
160-239 hours per month	0005	3,060	596,758
80-159 hours per month	0006	6,146	708,358
1-79 hours per month	0007	4,031	192,262
TOTALS	0010	15,794	2,324,235

Table 7B - Home Health Care and PCA Hours Year-to-Date (Total Plan)		Member Months	Total Number of Hours
07361	07371	03503	03504
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001	63	46,721
480-699 hours per month	0002	54	32,635
320-479 hours per month	0003	1,117	423,491
240-319 hours per month	0004	1,608	442,098
160-239 hours per month	0005	4,364	807,232
80-159 hours per month	0006	6,178	572,498
1-79 hours per month	0007	2,762	144,608
TOTALS	0010	16,146	2,469,283

Table 7C - CDPAP Year-to-Date (Total Plan)		Member Months	Total Number of Hours
07362	07372	03505	03506
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001	0	0
480-699 hours per month	0002	0	0
320-479 hours per month	0003	14	5,398
240-319 hours per month	0004	32	8,860
160-239 hours per month	0005	140	26,421
80-159 hours per month	0006	562	65,681
1-79 hours per month	0007	535	22,182
TOTALS	0010	1,283	128,542

Table 8 - Number of Enrollees Utilizing Services (Total Plan)		Number of Enrollees
07381		05000
07391		05000
Identify the number of enrollees during the quarter that used the following services:		
NURSING FACILITY (NF) ONLY		
Enrollees that were in a nursing facility for the entire quarter	0001	23
PERSONAL CARE (PC) ONLY		
Count only enrollees who used PC but did not use NF, or HHC	0004	1,126
CDPAP ONLY		
Count enrollees that only used CDPAP	0015	107
HOME HEALTH CARE (HHC) ONLY		
Count only enrollees who used HHC services but did NOT use NF, or PC		
Nursing AND Therapies only	0007	
Home Health Aide AND Nursing and/or Therapies	0008	
Total Home Health Care	0009	
PERSONAL CARE, CDPAP AND HOME HEALTH CARE ONLY		
Count only enrollees that used PC, CDPAP AND HHC, but did NOT use NF	0010	
NURSING FACILITY AND PERSONAL CARE OR HOME HEALTH CARE		
Count enrollees who were in a NF AND used PC or HHC	0013	28
Count enrollees who did NOT use PC, HHC or NF	0011	397
Total Number of Enrollees	0014	1,681

Table 8A - Enrollees Using Inpatient Mental Health Services or Nursing Facility Services - (Total Plan)		Number of Enrollees
07401	07411	05001
Identify the number of enrollees YTD that exceeded the 190 day limit for Inpatient		
Mental Health services.	0001	
Identify total number of enrollees receiving nursing facility care during the quarter.	0002	51

Table 9A - Claims Analysis - Claims Incurred During Current Period (Total Plan)		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)
07421	07431	01014	01011	01012	01013	01016
Category of Service						
Inpatient	0001	\$11,851,476	\$9,615,816	\$133,122	\$2,102,538	17.74 %
Nursing Home	0002	\$3,928,065	\$3,388,980	\$16,123	\$522,962	13.31 %
Physician(s)	0003	\$7,102,018	\$7,090,580	\$11,438	\$0	0.00 %
Emergency Room	0005	\$328,301	\$327,750	\$551	\$0	0.00 %
Home Health Care	0013	\$5,587,580	\$3,415,418	\$17,232	\$2,154,930	38.57 %
Personal Care	0014	\$53,538,816	\$48,147,866	\$42,146	\$5,348,804	9.99 %
CDPAP	0040	\$2,538,598	\$2,240,450		\$298,148	11.74 %
Other Medical Services	0007	\$14,117,824	\$13,794,736	\$69,349	\$253,739	1.80 %
TOTAL	0025	\$98,992,678	\$88,021,596	\$289,961	\$10,681,121	10.79 %
Total Expenses - Capitated	0051	\$430,100				
Total Expenses - Paid FFS	0052	\$98,562,576				10.84 %
Number of Claims Processed	0053	1,314,033				

		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
Table 9B - Claims Analysis - Claims Unpaid (Total Plan)		A. On Claims Incurred During Prior Years	B. On Claims Incurred During Current Year	C. On Claims Incurred During Prior Years	D. On Claims Incurred During Current Year	E. Total Unpaid Claims (A+B+C+D)
07441	07451	01011	01012	01013	01014	01015
Category of Service						
Inpatient	0026		\$133,122	(\$2,039,345)	\$2,102,538	\$196,315
Nursing Home	0027		\$16,123	\$1,859	\$522,962	\$540,944
Physician(s)	0028	\$132	\$11,438	(\$1,120,489)	\$0	(\$1,108,919)
Emergency Room	0030	\$0	\$551		\$0	\$551
Home Health Care	0038	\$0	\$17,232	(\$1,989,285)	\$2,154,930	\$182,877
Personal Care	0039		\$42,146	\$1,361,266	\$5,348,804	\$6,752,216
CDPAP	0041			\$348,122	\$298,148	\$646,270
Other Medical Services	0032	\$1,126	\$69,349	\$6,575,518	\$253,739	\$6,899,732
TOTAL	0050	\$1,258	\$289,961	\$3,137,646	\$10,681,121	\$14,109,986

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
Table 9C - Claims Analysis - Reconciliation of Prior Period IBNR (Total Plan)		A. IBNR On Claims Incurred 4 Years Prior to the Reporting Period	B. IBNR On Claims Incurred 3 Years Prior to the Reporting Period	C. IBNR on Claims Incurred 2 Years Prior to the Reporting Period	D. IBNR on Claims Incurred 1 Year Prior to the Reporting Period	E. Total Prior Period IBNR (A+B+C+D)
07461	07471	01025	01021	01022	01023	01024
Category of Service						
Inpatient	0026		\$0	\$0	(\$2,039,345)	(\$2,039,345)
Nursing Home	0027		\$0	\$0	\$1,859	\$1,859
Physician(s)	0028		\$0	\$0	(\$1,120,489)	(\$1,120,489)
Emergency Room	0030					
Home Health Care	0038				(\$1,989,285)	(\$1,989,285)
Personal Care	0039				\$1,361,266	\$1,361,266
CDPAP	0040				\$348,122	\$348,122
Other Medical Services	0032		\$11,813	(\$100,705)	\$6,664,410	\$6,575,518
TOTAL	0050		\$11,813	(\$100,705)	\$3,226,538	\$3,137,646

Table 9D - Global Capitation Reconciliation (Total Plan)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
	07481	07491	01017	01018
Member Months	0009			
Premium Revenue	0010			
Total Global Capitation Paid	0001			
Additional Plan Payments	0006			
Total Global Capitation Payments	0007			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
Total Global Capitation Expenses	0008			
IPA/Providers's Surplus or (Loss)	0005			

Table 10 - IBNR Reserve Calculation (Total Plan)		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)
07501	07511	01101	01102	01103	01104	01105	01106
Description							
December	0001	\$1,753,191	18.47615 %	\$9,488,941		\$9,488,941	\$7,735,750
November	0002	\$6,066,053	68.89222 %	\$8,805,135		\$8,805,135	\$2,739,082
October	0003	\$7,987,015	99.03503 %	\$8,064,838		\$8,064,838	\$77,823
September	0004	\$7,869,973	99.25231 %	\$7,929,259		\$7,929,259	\$59,286
August	0005	\$8,237,750	99.75006 %	\$8,258,391		\$8,258,391	\$20,641
July	0006	\$8,072,968	99.79832 %	\$8,089,282		\$8,089,282	\$16,314
June	0007	\$7,751,307	99.79855 %	\$7,766,954		\$7,766,954	\$15,647
May	0008	\$8,102,109	99.91409 %	\$8,109,076		\$8,109,076	\$6,967
April	0009	\$7,941,447	99.91660 %	\$7,948,076		\$7,948,076	\$6,629
March	0010	\$8,386,567	99.98374 %	\$8,387,931		\$8,387,931	\$1,364
February	0011	\$7,627,801	99.98555 %	\$7,628,903		\$7,628,903	\$1,102
January	0012	\$8,515,377	99.99395 %	\$8,515,892		\$8,515,892	\$515
CURRENT YEAR TOTAL	0020	\$88,311,558		\$98,992,678		\$98,992,678	\$10,681,120
PERCENT COMPLETED		Yes=1,No=2					
Historical Experience	0021	1					
Authorized Claims	0022	1					
Other (Explain on Notepad)	0023	2					

Table 11 - Claims Payable Aging Analysis of Unpaid Claims (Total Plan)		1-30 Days	31-45 Days	46-90 Days	91 + Days	Total	
	01600	07521	01604	01605	01606	01607	01603
Claims Payable (Reported) Detail Below	0001						
	0002						
	0003						
	0004						
	0005						
	0006						
	0007						
	0008						
	0009						
	0010						
	0011						
	0012						
	0013						
	0014						
	0015						
	0016						
	0017						
	0018						
	0019						
	0020						
	0021						
	0022						
	0023						
	0024						
	0025						
Sum of Individually Listed Claims Payable	0026						
Aggregate Accounts Not Individually Listed	0028						
Totals	0029						

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

		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 (Total Plan)		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
07531	07541	01501	01502	01503	01505	01504	01506
Account Description							
Inpatient	0001						
Nursing Facility	0002						
Physicians	0003						
Home Health Care	0006						
Personal Care	0007						
CDPAP	0008						
Other Medical Services	0005						
TOTAL	0025						

		DIRECT EXPENSE	DIRECT EXPENSE	DIRECT EXPENSE	DIRECT EXPENSE	DIRECT EXPENSE	CONTRACTE D EXPENSES	CONTRACTE D EXPENSES	CONTRACTE D EXPENSES	CONTRACTE D EXPENSES	CONTRACTE D EXPENSES	
Table 13-A - Administrative Expenses (Total Plan)		Medicaid Advantage Plus	MLTC-PACE	Medicaid Advantage	Other Lines of Business	Total Direct Expense	Medicaid Advantage Plus	MLTC-PACE	Medicaid Advantage	Other Lines of Business	Total Contracted Expense	Total
00710	07551	00701	00713	00702	00703	00704	00705	00716	00706	00707	00708	00709
STATEWIDE MEMBER MONTHS	0061	17,863		3,797	351,192							372,852
Rent (\$0 for Occupancy of Own Building)	0001	\$584,617		\$33,594	\$6,315,942	\$6,934,153	\$97,196		\$2,819	\$1,229,276	\$1,329,291	\$8,263,444
Salaries and Fringe Benefits (Table 13C)	0002	\$5,851,532		\$257,810	\$67,017,321	\$73,126,663	\$1,277,485			\$10,323,904	\$11,601,389	\$84,728,051
Legal Fees and Expenses	0003	\$0		\$0	\$0	\$0	\$358,284		\$17,418	\$3,679,877	\$4,055,579	\$4,055,579
Utilization Management/Quality Improvement	0004	\$35,613		\$1,470	\$420,870	\$457,953	\$43,041		\$1,833	\$506,137	\$551,011	\$1,008,964
Traveling Expense	0005	\$30,288		\$2,427	\$222,665	\$255,380	\$0		\$0	\$0	\$0	\$255,380
Advertising	0026	\$0		\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Marketing	0006	\$56,439		\$12,996	\$1,287,376	\$1,356,811	\$117,745		\$14,266	\$2,563,305	\$2,695,316	\$4,052,127
Finance, Auditing & Actuarial	0007	\$33,154		\$1,700	\$397,234	\$432,088	\$298,223		\$11,047	\$4,382,560	\$4,691,830	\$5,123,918
Claims Processing	0008	\$14,972		\$590	\$179,399	\$194,961	\$71,032		\$2,924	\$1,189,181	\$1,263,137	\$1,458,098
Provider Relations, Recruitment & Contracting	0009	\$31,026		\$1,262	\$363,613	\$395,901	\$27,248		\$1,115	\$319,194	\$347,557	\$743,458
Member Services	0010	\$6,290		\$259	\$74,008	\$80,557	\$4		\$0	\$40	\$44	\$80,601
Management Information System(MIS)	0011	\$26,139		\$1,113	\$306,297	\$333,549	\$798,965		\$29,003	\$10,264,933	\$11,092,901	\$11,426,450
Telephone, Postage, Express & Telegraph	0012	\$50,756		\$2,549	\$551,534	\$604,839	\$0		\$0	\$0	\$0	\$604,839
Printing & Stationary	0013	\$33,396		\$5,114	\$925,668	\$964,178	\$0		\$0	\$0	\$0	\$964,178
Occupancy, Depreciation & Amortization	0014	\$243,425		\$10,411	\$2,793,001	\$3,046,837	\$334,663		\$11,708	\$4,321,831	\$4,668,202	\$7,715,039
Rental of Equipment	0015											
Boards, Bureaus and Association Fees	0016											
Insurance, Except for Real Estate	0017											
Collection and Bank Service Charge	0018											
Payroll Taxes	0019											
Other Taxes (Excluding Fed. Inc. Tax & RE Tax)	0020											
Enrollment Activities - Clinical Eligibility	0062	\$6,229			\$83,204	\$89,433						\$89,433
Enrollment Activities - Non-Clinical	0063											
Employee Recruitment and Retention	0024						\$184,134		\$6,570	\$2,375,701	\$2,566,405	\$2,566,405
Franchise Tax	0045											
Aggregate Write-in for Other Expenses	0099	\$222,395		\$5,237	\$2,697,447	\$2,925,079	\$3,159,052		\$265,317	\$31,291,926	\$34,716,295	\$37,641,374
(Double click on lines 51 - 59 Below)												
Total Allowable Administrative Expense	0030	\$7,226,271		\$336,532	\$83,635,579	\$91,198,382	\$6,767,072		\$364,020	\$72,447,865	\$79,578,957	\$170,777,338
Nonallowable Administration												
Contributions and Donations	0032											
Lobbying Expenses	0033											
Entertainment Costs	0034											
Interest, Fines and Penalties	0035	\$864,659		\$46,483	\$1,645,024	\$2,556,166						\$2,556,166
Uncollectible Spenddown and NAMI	0060	\$408,058		\$0	\$8,757,399	\$9,165,457						\$9,165,457
State Income Tax	0064	\$0		\$0	\$0	\$0						\$0
Other Nonallowable expenses	0036	(\$110,784)		(\$87)	(\$271,009)	(\$381,880)				\$6,829,894	\$6,829,894	\$6,448,014
Total Nonallowable expenses	0037	\$1,161,933		\$46,396	\$10,131,414	\$11,339,743				\$6,829,894	\$6,829,894	\$18,169,637
Total Administration Expense	0100	\$8,388,204		\$382,928	\$93,766,993	\$102,538,125	\$6,767,072		\$364,020	\$79,277,759	\$86,408,851	\$188,946,975
Executive Non-Payroll Expense	0051	\$3,648		\$149	\$42,861	\$46,658	\$110,874		\$4,029	\$1,203,851	\$1,318,754	\$1,365,412
Eligibility/Billing	0052	\$5,046		\$208	\$59,424	\$64,678	\$211		\$7	\$2,727	\$2,945	\$67,623
Administrative Services	0053	\$155,984		\$3,708	\$1,732,576	\$1,892,268	\$2,407,096		\$193,591	\$26,658,943	\$29,259,630	\$31,151,898
Medical Management	0054	\$56,783		\$1,119	\$790,519	\$848,421	\$639,278		\$67,249	\$3,289,365	\$3,995,892	\$4,844,313
Clinical Support	0055	\$160		\$7	\$9,946	\$10,113	\$0		\$0	\$0	\$0	\$10,113
Product Development	0056	\$0		\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Special Investigation Unit	0057	\$694		\$29	\$8,248	\$8,971	\$0		\$0	\$0	\$0	\$8,971
Pharmacy	0058	\$80		\$17	\$5,814	\$5,911	\$1,593		\$441	\$137,040	\$139,074	\$144,985
Care Mgmt-Member Incentives	0059	\$0		\$0	\$48,059	\$48,059						\$48,059
Summary of Items on the Note Pad	0097											
Total of Items 0051-0059 (Line 0099 Above)	0098	\$222,395		\$5,237	\$2,697,447	\$2,925,079	\$3,159,052		\$265,317	\$31,291,926	\$34,716,295	\$37,641,374

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 Expense - Contracted Services (Total Plan)		Service Performed	Type of Affiliation*	Medicaid Advantage Plus Expenditure	MLTC - PACE Expenditure	Medicaid Advantage	Other Expenditure**
00721	07561	00722	00723	00725	00724	00726	00727
Name of Contractor (Double click Below)							
VNS New York	0001	Overhead Cost	2	\$2,531,844		\$91,215	\$31,099,221
TMG	0002	Claims processing/Admin	1	\$1,062,950		\$85,661	\$12,230,649
Alvarez & Marsal Healthcare In	0003	Consultants	1	\$145,706		\$21,419	\$5,200,483
CLEARLINK PARTNERS LLC	0004	Consultants	1	\$433,536		\$47,581	\$2,506,827
Metropolitan Transportation	0005	Claims processing/Admin	1	\$266,250		\$8,205	\$2,437,894
MedImpact/Island Health	0006	Claims processing/Admin	1	\$233,426		\$51,239	\$2,263,269
EVALUATION-002	0007	Consultants	1	\$62,104		\$2,515	\$1,567,282
EPISOURCE LLC	0008	Consultants	1	\$235,689		\$22,824	\$1,143,622
Charles River Invoices Reclass	0009	Consultants	1	\$74,519		\$2,817	\$886,641
Curtis+Perry (Seiden Group)	0010	Consultants	1	\$7,980		\$5,576	\$751,745
VARIS, LLC	0011	Consultants	1	\$139,457		\$5,740	\$595,885
STRATUSAUD-001	0012	Consultants	1	\$50,357			\$581,983
MEDDCONSUL-001	0013	Consultants	1	\$31,427		\$1,237	\$371,781
BNMGROUPIN-001	0014	Claims processing/Admin	1	\$26,821			\$310,270
Balance	0015	Claims processing/Admin	1	\$30,286		\$6,828	\$254,205
DIALAMERIC-001	0016	Consultants	1	\$2,671		\$2,068	\$282,473
COLUMBIAUN-004/J Dobkin	0017	Consultants	1				\$277,330
Grady Consultants	0018	Consultants	1	\$19,802		\$821	\$234,376
MSS Consulting	0019	Consultants	1	\$17,570		\$729	\$207,952
Other	0020	Consultants	1	\$1,394,677		\$7,545	\$16,073,870
Total	0050			\$6,767,072		\$364,020	\$79,277,758

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 Personnel Expenses	Total Personnel Expenses
Table 13C - Administrative Expenses - Personnel (Total Plan)		Medicaid Advantage Plus FTEs	Medicaid Advantage Plus Salaries	MLTC PACE FTEs	MLTC PACE Salaries	Medicaid Advantage FTEs	Medicaid Advantage Salaries	Other LOB FTEs	Other LOB Salaries	Medicaid Advantage Plus FTEs	Medicaid Advantage Plus Salaries	MLTC PACE FTEs	MLTC PACE Salaries	Medicaid Advantage FTEs	Medicaid Advantage Salaries	Other LOB FTEs	Other LOB Salaries	Total Direct and Contracted FTEs	Total Direct and Contracted Salaries
00750	07571	00761	00764	00751	00752	00762	00768	00763	00769	00767	00770	00753	00754	00765	00771	00766	00772	00773	00774
Administrative Category																			
Executive Management	0001	0.48	\$158,047			0.02	\$6,557	5.58	\$1,848,268									6.08	\$2,012,872
Administrative Support	0075	3.65	\$487,492			0.10	\$12,745	56.98	\$7,585,917									60.73	\$8,086,154
Employee Recruitment and Retention	0002	0.00	\$0			0.00	\$0	0.00	\$0									0.00	\$0
Medical Director	0003	0.06	\$29,409			0.00	\$1,198	0.67	\$338,999						0.80	\$277,330		1.53	\$646,936
Legal Services	0004	0.00	\$0			0.00	\$0	0.00	\$0									0.00	\$0
Utilization Management/Quality Improvement	0005	2.90	\$291,030			0.12	\$11,972	34.06	\$3,420,483									37.08	\$3,723,485
Advertising	0006	0.00	\$0			0.00	\$0	0.01	\$1									0.01	\$1
Marketing	0016	5.50	\$916,273			0.60	\$98,416	29.63	\$4,608,903									35.73	\$5,623,593
Finance, Auditing and Actuarial	0007	1.39	\$213,801			0.06	\$8,795	16.21	\$2,506,674									17.66	\$2,729,270
Claims Processing	0008	1.12	\$106,991			0.05	\$4,389	13.21	\$1,256,948									14.38	\$1,368,328
Provider Relations, Cre. & Contr.	0009	3.68	\$333,939			0.15	\$13,636	43.29	\$3,926,133									47.12	\$4,273,708
Member Services	0010	9.77	\$603,152			0.40	\$24,882	114.67	\$7,082,193									124.84	\$7,710,226
Management Information Sys.	0011	1.66	\$240,330			0.07	\$9,855	19.54	\$2,828,293									21.27	\$3,078,478
Enrollment Activities - Clinical Eligibility	0017	1.44	\$169,424			0.00	\$0	20.08	\$2,360,747									21.52	\$2,530,171
Enrollment Activities - Non-clinical	0018	0.36	\$42,356					4.16	\$489,392									4.52	\$531,748
Care Management	0019	38.99	\$1,869,708					162.05	\$19,935,826	7.01	\$1,277,485				57.81	\$10,046,574		265.86	\$33,129,593
Aggregate Write-in for Other Admin.	0049	9.51	\$389,580			0.75	\$65,365	97.90	\$8,828,543									108.16	\$9,283,488
Totals	0050	80.51	\$5,851,532			2.32	\$257,810	618.04	\$67,017,321	7.01	\$1,277,485				58.61	\$10,323,904		766.49	\$84,728,051
Detail: Aggregate Write-in (Double click Below)																			
Eligibility/Billing	0025	4.08	\$292,634			0.17	\$12,068	47.87	\$3,435,782									52.12	\$3,740,484
Medical Management	0026	4.91	\$32,817			0.54	\$48,365	35.51	\$3,464,476									40.96	\$3,545,658
Clinical Support	0027	0.20	\$22,038			0.01	\$923	4.87	\$558,210									5.08	\$581,171
Product Development	0028																		
Special Investigation Unit	0029	0.23	\$27,895			0.01	\$1,150	2.76	\$327,933									3.00	\$356,977
Summary of Write-ins From Notepad	0030	0.09	\$14,197			0.02	\$2,859	6.89	\$1,042,142									7.00	\$1,059,198
Totals (Lines 0025-0030) To Line 49	0048	9.51	\$389,580			0.75	\$65,365	97.90	\$8,828,543									108.16	\$9,283,488

		Direct Costs	Direct Costs	Contracted Costs	Contracted Costs		
Table 13D - Care Management (Total Plan)		*F.T.E.s	Salary and Fringes	*F.T.E.s	Salary and Fringes	Total	**Staffing Ratios
00610	07581	00611	00612	00614	00615	00617	00618
Care Management Supervisor	0001	0.29	\$51,835			\$51,835	1:78
Care Manager	0002	22.60	\$1,489,575			\$1,489,575	1:66
Other - (Double click Below)							
Support Coordinators	0004	15.70	\$284,548			\$284,548	1:95
Social Worker	0005	0.40	\$43,750			\$43,750	1:3736
	0006						
Reassessment RN:	0007						
Premier Home Health Care	0008			2.17	\$395,069	\$395,069	1:686
Greater New York	0009			1.13	\$206,177	\$206,177	1:1317
Allied Health Staffing	0010			3.70	\$673,678	\$673,678	1:402
Partners In Care	0011			0.01	\$2,561	\$2,561	1:148858
	0012						
	0013						
TOTAL CARE MANAGEMENT	0025	38.99	\$1,869,708	7.01	\$1,277,485	\$3,147,193	31.69

* 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 (Total Plan)		Panel Size (Members)	Member Months	Contracted Fee PMPM	Contracted Care Management Expense Reported on Table 13D
00619	00620	00621	00622	00623	00624
Premier Home Health Care	0001	2,164	17,863	\$22.12	\$395,069
Greater New York	0002	1,099	17,863	\$11.54	\$206,177
Allied Health Staffing	0004	3,598	17,863	\$37.71	\$673,678
Partners In Care	0005	31	17,863	\$0.14	\$2,561
	0006				
	0007				
	0008				
	0009				
	0010				
	0011				
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	0019				
	0020				
	0021				
	0022				
	0023				
	0024				
TOTAL CONTRACTED CARE MANAGEMENT	0025	6,892	71,452	\$71.51	\$1,277,485

Table 14 - Summary of Transactions with Affiliates (Total Plan)		Shareholder Dividends	Capital Contributions	Purchases, Sales, or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Administrative Service Contracts	Medical Services	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Income/(Disbursements) Incurred Under Reinsurance Agreements	Reinsurance Recoverables/(Payable) on Losses and/or Reserve Credit Taken (Liability)	TOTALS
01401	07591	01410	01403	01404	01405	01406	01407	01408	01411	01412	01409
Names of Insurers and Parent, Subsidiaries or Affiliates											
(Double click Below)											
	0001										
	0002										
	0003										
	0004										
	0005										
	0006										
	0007										
	0008										
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	0028										
	0029										
	0030										
	0031										
	0032										
	0033										
TOTAL	0999										

Table 15 - Projected NYS Consolidated Revenue and Expenses - For the Next Calendar Year (Total Plan)		A Medicaid Advantage	B Medicaid Advantage Plus	C PACE	D FIDA	E Medicare	F Medicaid	G HIVSNP	H HARP	I Commerical	J Other	K=Sum A+B+C+D +E+F+G+H+I +J Consolidate d Total
07601	07611	00315	00316	00312	00313	00317	00320	00321	00322	00318	00319	00314
Members	0001											
Member Months	0002											
Premium Revenue:												
Medicare Capitation	0003											
Medicaid Capitation	0004											
Other Payer Premium Revenue	0005											
Spenddown and NAMI	0006											
Premium Revenue (lines 3+4+5+6)	0007											
Reinsurance and Stop-loss Recoveries	0020											
Net Investment Revenue	0009											
COB (Third Party Recoveries)	0010											
Other Revenue	0011											
TOTAL REVENUE (sum lines 7,20,9-11)	0012											
Hospital and Medical Expenses:												
Hopital/Medical Benefits	0013											
Nursing Facility	0014											
Primary Care	0031											
Home Health Care	0032											
Personal Care	0033											
Other Professional Services	0034											
Outside Referrals	0035											
Emergency Room and Out of Area	0036											
Prescription Drugs	0017											
Aggregate Write-ins for all other Medical	0018											
Incentive pool withhold adjustments and bonus amounts	0037											
Subtotal Medical & Hospital (sum lines 13-14,17-18,31-37)	0019											
Reinsurance Premiums	0008											
Less: Regulation 146 Recoveries	0038											
Total Medical & Hospital (lines 19+8-38)	0021											
Care Management	0022											
Administration	0023											
Covered Lives Assessment	0039											
TOTAL EXPENSES (lines 21+22+23+39)	0024											
OPERATING INCOME/(LOSS) (line 12-24)	0025											
Extraordinary Items	0026											
Provision for taxes	0027											
Prior period IBNR adjustments	0028											
NET INCOME/(LOSS) (lines 25-26-27-28)	0029											
Required Escrow Deposit 98-1.11(f):												
5% of Projected Medical Expenses	0030											

		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 (Total Plan)		0 - 30	31 - 60	61 - 100	101 - 180	181 - 365	366+	TOTAL
07621	07631	03401	03402	03403	03404	03405	03406	03407
FIRST QUARTER:								
Death	0001	0	2	0	0	0	0	2
Other	0002	0	23	0	0	0	0	23
Total	0003	0	25	0	0	0	0	25
SECOND QUARTER:								
Death	0004	0	0	0	0	0	0	0
Other:	0005	0	15	0	0	0	0	15
Total	0006	0	15	0	0	0	0	15
THIRD QUARTER:								
Death	0007	0	0	0	0	0	0	0
Other	0008	0	24	0	0	0	0	24
Total	0009	0	24	0	0	0	0	24
FOURTH QUARTER:								
Death	0010	0	0	0	0	0	0	0
Other	0011	0	10	0	0	0	0	10
Total	0012	0	10	0	0	0	0	10
TOTAL Y-T-D:								
Death	0020	0	2	0	0	0	0	2
Other	0021	0	72	0	0	0	0	72
Total	0030	0	74	0	0	0	0	74

Table 17 Medicare Part C Risk Score (Total Plan)		Current Period		Prior Year	
07641		07651	01701	01702	
Average HCC Risk Score Community	0002		2.26		2.17
Average HCC Risk Score Nursing Home Permanent Placement	0003		2.31		2.20
Average HCC Risk Score Total	0001		2.26		2.17

Identification Information - CMS Benefits Package 1 - MAP MMCOR		
07661	07671	20001
Name of Plan	0001	VNS CHOICE
CMS Benefit Plan Service Area	0002	New York City
CMS Benefit Plan ID	0003	H5549-003
Report Period (MM/DD/YYYY):		
Begin Date:	0004	1/1/2018
End Date:	0005	12/31/2018
Date Operations Started (MM/DD/YYYY):	0006	5/1/2008

Table 1 - CMS Benefits Package 1 - Enrollment Summary By County - MAP		Net Enrollees at End of Current Period	Community Current MM	Nursing Home Permanent Placement Current MM	Total Medicaid Member Months for Current Period
07681	07691	23213	23211	23209	23206
MEDICAID ENROLLMENT SUMMARY BY COUNTY					
Albany	0031				
Allegany	0032				
Broome	0033				
Cattaraugus	0034				
Cayuga	0035				
Chautauqua	0036				
Chemung	0037				
Chenango	0038				
Clinton	0039				
Columbia	0040				
Cortland	0041				
Delaware	0042				
Dutchess	0043				
Erie	0044				
Essex	0045				
Franklin	0046				
Fulton	0047				
Genesee	0048				
Greene	0049				
Hamilton	0050				
Herkimer	0051				
Jefferson	0052				
Lewis	0053				
Livingston	0054				
Madison	0055				
Monroe	0056				
Montgomery	0057				
Nassau	0058				
Niagara	0059				
Oneida	0060				
Onondaga	0061				
Ontario	0062				
Orange	0063				
Orleans	0064				
Oswego	0065				
Otsego	0066				
Putnam	0067				
Rensselaer	0068				
Rockland	0069				
St. Lawrence	0070				
Saratoga	0071				
Schenectady	0072				
Schoharie	0073				
Schuyler	0074				
Seneca	0075				
Steuben	0076				
Suffolk	0077				
Sullivan	0078				
Tioga	0079				
Tompkins	0080				
Ulster	0081				
Warren	0082				
Washington	0083				
Wayne	0084				
Westchester	0085				
Wyoming	0086				
Yates	0087				
NYC	0088	1,681	17,251	243	17,494
Total	0030	1,681	17,251	243	17,494

Table 3 - CMS Benefits Package 1 - Medicaid Advantage Plus Statement of Revenue and Expenses (Accrual Basis) - Summary of all Premium Groups on Claims Incurred During the Current Period		Total Current YTD	Total Current YTD PMPM	Previous Calendar year PMPM as of 12/31	Medicare	Medicare PMPM	Medicaid	Medicaid PMPM	Cost Sharing	Total Medicaid & Cost Sharing
21301	07701	21302	21303	31303	21304	31304	21307	31307	31308	31309
Members	0414	1,681		1,625	1,681					
Member Months	0001	17,494		14,545	17,494					
Revenue										
Medicare Part C Premium Revenue	0101	\$32,563,057	\$1,861.38	\$1,737.14	\$32,563,057	\$1,861.38				
Medicare Part D Premium Revenue	0102	\$3,171,894	\$181.31	\$189.80	\$3,171,894	\$181.31				
Medicaid Premium Revenue	0003	\$81,344,572	\$4,649.86	\$4,647.80			\$81,344,572	\$4,649.86		\$81,344,572
Other Payor Premium Revenue	0004									
Spenddown and NAMI	0013	\$791,174	\$45.23	\$46.42			\$791,174	\$45.23		\$791,174
Coordination of Benefits (COB)	0014		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0077	\$48,445	\$2.77	\$5.33	\$48,445	\$2.77	\$0	\$0.00		\$0
Net Investment Income (Table 3A)	0016									
HR & R Revenue	0018	\$20,740	\$1.19	\$26.87			\$20,740	\$1.19		\$20,740
Quality Incentive Pool Award	0945	\$0	\$0.00	\$4.95			\$0	\$0.00		\$0
Quality Incentive VAPP	0950	\$0	\$0.00				\$0	\$0.00		\$0
Minimum Wage	0960	\$9,583,968	\$547.84	\$159.44			\$9,583,968	\$547.84		\$9,583,968
Other Revenue (Double Click Below)										
Other Revenue	0019	\$124,091	\$7.09		\$6,655	\$0.38	\$117,436	\$6.71		\$117,436
	0020		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0010	\$127,475,405	\$7,286.81	\$6,652.98	\$35,734,952	\$2,042.70	\$91,740,454	\$5,244.11		\$91,740,454
TOTAL REVENUE	0030	\$127,647,941	\$7,296.67	\$6,817.75	\$35,790,052	\$2,045.85	\$91,857,889	\$5,250.82		\$91,857,889
Expenses										
Medical and Hospital Expenses										
Inpatient:Acute Medical Surgical	0031	\$11,698,423	\$668.71	\$591.88	\$11,057,903	\$632.10			\$640,520	\$640,520
Inpatient:Mental Health & Substance Abuse	0032	\$153,053	\$8.75	\$11.79	\$153,053	\$8.75	\$0	\$0.00		\$0
Inpatient Maternity Delivery	0403	\$0	\$0.00	\$0.89	\$0	\$0.00				
Total Hospital Inpatient Care	0404	\$11,851,476	\$677.46	\$604.56	\$11,210,956	\$640.85	\$0	\$0.00	\$640,520	\$640,520
Other Medical and Hospital:										
Primary Care Physician	0034	\$2,764,616	\$158.03	\$168.34	\$2,212,500	\$126.47			\$552,116	\$552,116
Specialty Care	0035	\$4,337,402	\$247.94	\$240.02	\$3,471,365	\$198.43			\$866,037	\$866,037
Prenatal/Postpartum Maternity Services	0405	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Ambulatory Surgery	0036	\$797,096	\$45.56	\$36.60	\$637,944	\$36.47			\$159,152	\$159,152
Outpatient/Physical Rehab/Therapy	0406	\$584,770	\$33.43	\$29.48	\$468,011	\$26.75			\$116,759	\$116,759
Other Professional Services	0037	\$5,563	\$0.32	\$2.07	\$4,452	\$0.25	\$0	\$0.00	\$1,111	\$1,111
Emergency Room	0038	\$328,302	\$18.77	\$20.12	\$262,751	\$15.02			\$65,551	\$65,551
Outpatient Mental Health	0039	\$479,828	\$27.43	\$19.96	\$314,597	\$17.98			\$165,231	\$165,231
Outpatient Drug and Alcohol Treatment	0040	\$292	\$0.02	\$0.06	\$190	\$0.01			\$102	\$102
Dental	0041	\$91,574	\$5.23	\$6.88			\$91,574	\$5.23		\$91,574
Pharmacy-Part D	0407	\$3,226,994	\$184.46	\$269.95	\$3,226,994	\$184.46				
Pharmacy-Non-Part D	0408									
Home Health Care	0409	\$5,587,579	\$319.40	\$193.41	\$3,199,703	\$182.90	\$2,387,876	\$136.50		\$2,387,876
Nursing Facility	0033	\$3,928,065	\$224.54	\$149.47	\$2,276,274	\$130.12	\$1,465,028	\$83.74	\$186,763	\$1,651,791
Transportation - Emergent	0410	\$450,849	\$25.77	\$24.95	\$360,828	\$20.63			\$90,021	\$90,021
Transportation - Non Emergent	0411	\$1,759,940	\$100.60	\$36.71			\$1,759,940	\$100.60		\$1,759,940
Diagnostic Testing, Lab & X-Ray	0048	\$1,712,404	\$97.89	\$96.22	\$1,507,257	\$86.16			\$205,147	\$205,147
Family Planning	0412	\$91	\$0.01	\$0.01	\$73	\$0.00			\$18	\$18
Vision Care Inc. Eyeglasses	0049	\$120,577	\$6.89	\$3.59	\$96,462	\$5.51	\$0	\$0.00	\$24,115	\$24,115
Foot Care	0050	\$342,445	\$19.58	\$19.59	\$274,069	\$15.67	\$0	\$0.00	\$68,376	\$68,376
Durable Medical Equipment & Other	0060	\$1,224,348	\$69.99	\$29.67	\$950,198	\$54.32	\$36,065	\$2.06	\$238,085	\$274,150
Personal Care	0057	\$53,538,816	\$3,060.41	\$2,683.86			\$53,538,816	\$3,060.41		\$53,538,816
CDPAP	0120	\$2,538,598	\$145.11	\$94.99			\$2,538,598	\$145.11		\$2,538,598
Personal Emergency Response Services	0062	\$54,353	\$3.11	\$2.77			\$54,353	\$3.11		\$54,353
Home-Delivered Meals	0064	\$20,291	\$1.16	\$1.42			\$20,291	\$1.16		\$20,291
Adult Day Care	0044	\$170,375	\$9.74	\$2.12			\$170,375	\$9.74		\$170,375
Social Day Care	0045	\$692,190	\$39.57	\$36.55			\$692,190	\$39.57		\$692,190
Other Medical Services	0413	\$956,139	\$54.66	\$45.09	\$956,139	\$54.66		\$0.00		
Renal Dialysis	0416	\$907,396	\$51.87	\$44.29	\$907,396	\$51.87		\$0.00		
Other	0417	\$48,743	\$2.79	\$0.81	\$48,743	\$2.79		\$0.00		
	0418		\$0.00					\$0.00		
	0419		\$0.00					\$0.00		
	0420		\$0.00					\$0.00		
	0940									
Supplemental Benefits	0099	\$1,427,705	\$81.61	\$90.80	\$1,427,705	\$81.61				
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0075	\$98,992,679	\$5,658.66	\$4,909.25	\$32,858,468	\$1,878.27	\$62,755,107	\$3,587.24	\$3,379,104	\$66,134,211
Reinsurance Premium Cost	0015	\$93,182	\$5.33	\$8.42	\$93,182	\$5.33		\$0.00		
Global Capitation Surplus/(Loss)	0415		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	0955		\$0.00					\$0.00		
Provider and Quality Incentive Payments	0076		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0080	\$99,085,861	\$5,663.99	\$4,917.67	\$32,951,651	\$1,883.60	\$62,755,107	\$3,587.24	\$3,379,104	\$66,134,211
Administration										
Allowable Administration Expenses (Table 13A)	0081	\$13,704,279	\$783.37	\$809.06	\$4,551,331	\$260.17	\$9,152,949	\$523.21		\$9,152,949
TOTAL EXPENSES	0085	\$112,790,140	\$6,447.36	\$5,726.74	\$37,502,981	\$2,143.76	\$71,908,056	\$4,110.44	\$3,379,104	\$75,287,160
Premium Income/(Loss)	0086	\$14,685,265	\$839.45	\$926.24	(\$1,768,030)	(\$101.06)	\$19,832,398	\$1,133.67		\$16,453,294
Nonallowable Administrative Expense	0098	\$1,137,931	\$65.05	\$38.04	\$377,918	\$21.60	\$760,012	\$43.44		\$760,012
Operating Incomes/(Loss)	0090	\$13,719,870	\$784.26	\$1,052.97	(\$2,090,848)	(\$119.52)	\$19,189,822	\$1,096.94		\$15,810,718
Aggregate Write-ins for Other Expenses (Table 3B)	0095									
Prior Period Adjustments and Extraordinary Items (Table 3C)	0096			\$4.08						
Provision for Taxes	0093									
Adj. For Prior Period IBNR Adjustment (Table 3D)	0094			\$58.99						
NET INCOME (LOSS)	0100			\$989.90						

Table 5-1 - CMS Benefits Package 1 - Medicaid Advantage Plus 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	Total Medicaid & Cost Sharing
21301	07711	21302	21303	31303	21304	31304	21307	31307	31308	31309
Members	0934	1,658			1,658					
Member Months	0501	17,251			17,251					
Revenue										
Medicare Part C Premium Revenue	0901	\$32,110,741	\$1,861.38	\$1,737.14	\$32,110,741	\$1,861.38				
Medicare Part D Premium Revenue	0902	\$3,127,835	\$181.31	\$189.80	\$3,127,835	\$181.31				
Medicaid Premium Revenue	0503	\$80,214,657	\$4,649.86	\$4,647.80			\$80,214,657	\$4,649.86		\$80,214,657
Other Payor Premium Revenue	0504									
Spenddown and NAMI	0513	\$784,727	\$45.49	\$46.61			\$784,727	\$45.49		\$784,727
Coordination of Benefits (COB)	0514		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0577	\$47,772	\$2.77	\$5.33	\$47,772	\$2.77	\$0	\$0.00		\$0
Net Investment Income (Table 3A)	0516									
HR & R Revenue	0518	\$20,452					\$20,452			\$20,452
Quality Incentive Pool Award	0918	\$0					\$0			\$0
Quality Incentive VAPP	0919	\$0					\$0			\$0
Minimum Wage	0921	\$9,450,842					\$9,450,842			\$9,450,842
Other Revenue (Double Click Below)										
Other Revenue	0519	\$122,368	\$7.09		\$6,563	\$0.38	\$115,805	\$6.71		\$115,805
	0520		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0510	\$125,709,255	\$7,287.07	\$6,653.17	\$35,238,576	\$2,042.70	\$90,470,679	\$5,244.37		\$90,470,679
TOTAL REVENUE	0530	\$125,879,394	\$7,296.93	\$6,817.94	\$35,292,911	\$2,045.85	\$90,586,483	\$5,251.09		\$90,586,483
Expenses										
Medical and Hospital Expenses										
Inpatient Acute Medical Surgical	0531	\$11,323,362	\$656.39	\$588.72	\$10,700,262	\$620.27			\$623,100	\$623,100
Inpatient Mental Health & Substance Abuse	0532	\$153,053	\$8.87	\$11.84	\$153,053	\$8.87	\$0	\$0.00		\$0
Inpatient Maternity Delivery	0903	\$0	\$0.00	\$0.90	\$0	\$0.00				
Total Hospital Inpatient Care	0904	\$11,476,415	\$665.26	\$601.45	\$10,853,315	\$629.14	\$0	\$0.00	\$623,100	\$623,100
Other Medical and Hospital:										
Primary Care Physician	0534	\$2,695,517	\$156.25	\$167.79	\$2,157,221	\$125.05			\$538,296	\$538,296
Specialty Care	0535	\$4,299,743	\$249.25	\$240.67	\$3,441,238	\$199.48			\$858,505	\$858,505
Prenatal/Postpartum Maternity Services	0905	\$0	\$0.00		\$0	\$0.00				
Ambulatory Surgery	0536	\$796,487	\$46.17	\$36.75	\$637,457	\$36.95			\$159,030	\$159,030
Outpatient/Physical Rehab/Therapy	0906	\$579,700	\$33.60	\$29.58	\$463,955	\$26.89			\$115,745	\$115,745
Other Professional Services	0537	\$5,563	\$0.32	\$2.08	\$4,452	\$0.26	\$0	\$0.00	\$1,111	\$1,111
Emergency Room	0538	\$326,128	\$18.90	\$20.04	\$261,012	\$15.13			\$65,116	\$65,116
Outpatient Mental Health	0539	\$462,420	\$26.81	\$19.25	\$300,671	\$17.43			\$161,749	\$161,749
Outpatient Drug and Alcohol Treatment	0540	\$292	\$0.02	\$0.06	\$190	\$0.01			\$102	\$102
Dental	0541	\$91,511	\$5.30	\$6.91			\$91,511	\$5.30		\$91,511
Pharmacy-Part D	0907	\$3,198,629	\$185.42	\$269.68	\$3,198,629	\$185.42				
Pharmacy-Non-Part D	0908									
Home Health Care	0909	\$5,576,541	\$323.26	\$194.22	\$3,190,333	\$184.94	\$2,386,208	\$138.32		\$2,386,208
Nursing Facility	0533	\$2,399,245	\$139.08	\$119.19	\$1,964,627	\$113.88	\$280,518	\$16.26	\$154,100	\$434,618
Transportation - Emergent	0910	\$444,440	\$25.76	\$24.83	\$355,701	\$20.62			\$88,739	\$88,739
Transportation - Non Emergent	0911	\$1,746,923	\$101.27	\$36.66			\$1,746,923	\$101.27		\$1,746,923
Diagnostic Testing, Lab & X-Ray	0548	\$1,691,670	\$98.06	\$96.39	\$1,489,011	\$86.31			\$202,659	\$202,659
Family Planning	0912	\$91	\$0.01	\$0.01	\$73	\$0.00			\$18	\$18
Vision Care Inc. Eyeglasses	0549	\$119,250	\$6.91	\$3.60	\$95,400	\$5.53	\$0	\$0.00	\$23,850	\$23,850
Foot Care	0550	\$336,414	\$19.50	\$19.61	\$269,244	\$15.61	\$0	\$0.00	\$67,170	\$67,170
Durable Medical Equipment & Other	0560	\$1,205,412	\$69.87	\$29.80	\$935,102	\$54.21	\$35,999	\$2.09	\$234,311	\$270,310
Personal Care	0557	\$53,398,949	\$3,095.41	\$2,694.23			\$53,398,949	\$3,095.41		\$53,398,949
CDPAP	0220	\$2,538,598	\$147.16	\$95.39			\$2,538,598	\$147.16		\$2,538,598
Personal Emergency Response Services	0562	\$54,224	\$3.14	\$2.78			\$54,224	\$3.14		\$54,224
Home-Delivered Meals	0564	\$20,291	\$1.18	\$1.42			\$20,291	\$1.18		\$20,291
Adult Day Care	0544	\$170,375	\$9.88	\$2.13			\$170,375	\$9.88		\$170,375
Social Day Care	0545	\$692,190	\$40.12	\$36.71			\$692,190	\$40.12		\$692,190
Other Medical Services (Enter Labels on Table 6)										
Renal Dialysis	0913	\$903,646	\$52.38	\$44.47	\$903,646	\$52.38		\$0.00		
Other	0914	\$48,446	\$2.81	\$0.80	\$48,446	\$2.81		\$0.00		
	0915		\$0.00			\$0.00		\$0.00		
	0916		\$0.00			\$0.00		\$0.00		
	0917		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	0933	\$952,092	\$55.19	\$45.27	\$952,092	\$55.19		\$0.00		
Supplemental Benefits	0999	\$1,418,585	\$82.23	\$90.97	\$1,418,585	\$82.23				
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0575	\$96,697,695	\$5,605.34	\$4,887.47	\$31,988,309	\$1,854.29	\$61,415,785	\$3,560.13	\$3,293,601	\$64,709,386
Reinsurance Premium Cost	0515	\$91,888	\$5.33	\$8.42	\$91,888	\$5.33		\$0.00		
Global Capitation Surplus/(Loss)	0935		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	0920		\$0.00					\$0.00		
Provider and Quality Incentive Payments	0576		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0580	\$96,789,583	\$5,610.67	\$4,895.88	\$32,080,197	\$1,859.61	\$61,415,785	\$3,560.13	\$3,293,601	\$64,709,386
Administration										
Allowable Administration Expenses	0581	\$13,513,920	\$783.37	\$809.06	\$4,479,088	\$259.64	\$9,034,832	\$523.73		\$9,034,832
TOTAL EXPENSES	0585	\$110,303,504	\$6,394.04	\$5,704.95	\$36,559,285	\$2,119.26	\$70,450,617	\$4,083.86		\$73,744,218
Premium Income/(Loss)	0586	\$15,405,751	\$893.04	\$948.22	(\$1,320,709)	(\$76.56)	\$20,020,061	\$1,160.52		\$16,726,460
Nonallowable Expense	0598	\$1,122,124	\$65.05	\$38.04	\$371,920	\$21.56	\$750,204	\$43.49		\$750,204
Operating Incomes/(Loss)	0590	\$14,453,766	\$837.85	\$1,074.95	(\$1,638,294)	(\$94.97)	\$19,385,662	\$1,123.74		\$16,092,061
Aggregate Write-ins for Other Expenses(Table 3B)	0595									
Prior Period Adjustments and Extraordinary Items	0596									
Provision for Taxes	0593									
Adj. For Prior Period IBNR Adjustment(Table 3D)	0594									
NET INCOME (LOSS)	0599									

Table 5-2 - CMS Benefits Package 1 - Medicaid Advantage Plus 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	Total Medicaid & Cost Sharing
21301	07721	21302	21303	31303	21304	31304	21307	31307	31308	31309
Members	1134	23			23					
Member Months	0701	243			243					
Revenue										
Medicare Part C Premium Revenue	1101	\$452,316	\$1,861.38	\$1,737.13	\$452,316	\$1,861.38				
Medicare Part D Premium Revenue	1102	\$44,059	\$181.31	\$189.80	\$44,059	\$181.31				
Medicaid Premium Revenue	0703	\$1,129,915	\$4,649.86	\$4,647.80			\$1,129,915	\$4,649.86		\$1,129,915
Other Payor Premium Revenue	0704									
Spenddown and NAMI	0713	\$6,446	\$26.53	\$1.44			\$6,446	\$26.53		\$6,446
Coordination of Benefits (COB)	0714		\$0.00			\$0.00		\$0.00		
Reinsurance Recoveries	0777	\$673	\$2.77	\$5.33	\$673	\$2.77		\$0.00		
Net Investment Income (Schedule 3A)	0716									
HR & R Revenue	0718	\$288					\$288			\$288
Quality Incentive Pool Award	1118	\$0					\$0			\$0
Quality Incentive VAPP	1119	\$0					\$0			\$0
Minimum Wage	1121	\$133,126					\$133,126			\$133,126
Other Revenue (Double Click Below)										
Other Revenue	0719	\$1,724	\$7.09		\$92	\$0.38	\$1,631	\$6.71		\$1,631
	0720		\$0.00			\$0.00		\$0.00		
TOTAL PREMIUM REVENUE	0710	\$1,766,151	\$7,268.11	\$6,608.00	\$496,376	\$2,042.70	\$1,269,775	\$5,225.41		\$1,269,775
TOTAL REVENUE	0730	\$1,768,547	\$7,277.97	\$6,772.77	\$497,141	\$2,045.85	\$1,271,406	\$5,232.12		\$1,271,406
Expenses										
Medical and Hospital Expenses										
Inpatient Acute Medical Surgical	0731	\$375,061	\$1,543.46	\$1,344.03	\$357,641	\$1,471.78			\$17,420	\$17,420
Inpatient Mental Health & Substance Abuse	0732	\$0	\$0.00		\$0	\$0.00	\$0	\$0.00		\$0
Inpatient Maternity Delivery	1103	\$0	\$0.00		\$0	\$0.00				
Total Hospital Inpatient Care	1104	\$375,061	\$1,543.46	\$1,344.03	\$357,641	\$1,471.78	\$0	\$0.00	\$17,420	\$17,420
Other Medical and Hospital:										
Primary Care Physician	0734	\$69,099	\$284.36	\$298.11	\$55,279	\$227.48			\$13,820	\$13,820
Specialty Care	0735	\$37,658	\$154.97	\$84.98	\$30,126	\$123.98			\$7,532	\$7,532
Prenatal/Postpartum Maternity Services	1105	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Ambulatory Surgery	0736	\$610	\$2.51		\$488	\$2.01			\$122	\$122
Outpatient/Physical Rehab/Therapy	1106	\$5,070	\$20.86	\$5.80	\$4,056	\$16.69			\$1,014	\$1,014
Other Professional Services	0737	\$0	\$0.00		\$0	\$0.00	\$0	\$0.00		\$0
Emergency Room	0738	\$2,174	\$8.95	\$37.28	\$1,739	\$7.16			\$435	\$435
Outpatient Mental Health	0739	\$17,408	\$71.64	\$188.26	\$13,926	\$57.31			\$3,482	\$3,482
Outpatient Drug & Alcohol Treatment	0740	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Dental	0741	\$63	\$0.26				\$63	\$0.26		\$63
Pharmacy-Part D	1107	\$28,366	\$116.73	\$333.67	\$28,366	\$116.73				
Pharmacy-Non-Part D	1108									
Home Health Care	1109	\$11,038	\$45.43		\$9,370	\$38.56	\$1,668	\$6.86		\$1,668
Nursing Facility	0733	\$1,528,820	\$6,291.44	\$7,341.31	\$311,647	\$1,282.50	\$1,184,510	\$4,874.53	\$32,663	\$1,217,173
Transportation - Emergent	1110	\$6,408	\$26.37	\$53.36	\$5,126	\$21.10			\$1,282	\$1,282
Transportation - Non Emergent	1111	\$13,018	\$53.57	\$49.48			\$13,018	\$53.57		\$13,018
Diagnostic Testing, Lab & X-Ray	0748	\$20,734	\$85.32	\$56.33	\$18,246	\$75.08			\$2,488	\$2,488
Family Planning	1112	\$0	\$0.00		\$0	\$0.00			\$0	\$0
Vision Care Inc. Eyeglasses	0749	\$1,326	\$5.46	\$0.25	\$1,061	\$4.37	\$0	\$0.00	\$265	\$265
Foot Care	0750	\$6,031	\$24.82	\$15.98	\$4,825	\$19.86	\$0	\$0.00	\$1,206	\$1,206
Durable Medical Equipment & Other	0760	\$18,936	\$77.92		\$15,096	\$62.12	\$66	\$0.27	\$3,774	\$3,840
Personal Care	0757	\$139,867	\$575.58	\$220.15			\$139,867	\$575.58		\$139,867
CDPAP	0320	\$0	\$0.00				\$0	\$0.00		\$0
Personal Emergency Response Services	0762	\$129	\$0.53				\$129	\$0.53		\$129
Home-Delivered Meals	0764	\$0	\$0.00				\$0	\$0.00		\$0
Adult Day Care	0744	\$0	\$0.00				\$0	\$0.00		\$0
Social Day Care	0745	\$0	\$0.00				\$0	\$0.00		\$0
Other Medical Services: (Enter labels on Table 6)										
Renal Dialysis	1113	\$3,750	\$15.43		\$3,750	\$15.43		\$0.00		
Other	1114	\$297	\$1.22	\$2.21	\$297	\$1.22		\$0.00		
	1115		\$0.00			\$0.00		\$0.00		
	1116		\$0.00			\$0.00		\$0.00		
	1117		\$0.00			\$0.00		\$0.00		
Total Other Medical Services	1133	\$4,047	\$16.65	\$2.21	\$4,047	\$16.65		\$0.00		
Supplemental Benefits	1199	\$9,121	\$37.53	\$51.85	\$9,121	\$37.53				
SUBTOTAL MEDICAL & HOSPITAL EXPENSES	0775	\$2,294,983	\$9,444.38	\$10,083.07	\$870,159	\$3,580.90	\$1,339,321	\$5,511.61	\$85,503	\$1,442,244
Reinsurance Premium Cost	0715	\$1,294	\$5.33	\$8.43	\$1,294	\$5.33		\$0.00		
Global Capitation Surplus/(Loss)	1135		\$0.00			\$0.00		\$0.00		
Quality Incentive VAPP	1120		\$0.00					\$0.00		
Provider and Quality Incentive Payments	0776		\$0.00			\$0.00		\$0.00		
TOTAL MEDICAL & HOSPITAL EXPENSES	0780	\$2,296,278	\$9,449.70	\$10,091.49	\$871,454	\$3,586.23	\$1,339,321	\$5,511.61	\$85,503	\$1,424,824
Administration										
Allowable Administration Expenses	0781	\$190,359	\$57,585.77	\$809.06	\$72,243	\$21,854.22	\$118,117	\$35,731.75		\$118,117
TOTAL EXPENSES	0785	\$2,486,637	\$10,233.07	\$10,900.56	\$943,696	\$3,883.52	\$1,457,438	\$5,997.69		\$1,542,941
Premium Income (Loss)	0786	(\$720,486)	(\$2,964.96)		(\$447,321)	(\$1,840.83)	(\$187,663)	(\$772.28)		(\$273,166)
Nonallowable Expense	0798	\$15,806	\$4,781.62	\$38.04	\$5,999	\$1,814.66	\$9,808	\$2,966.96		\$9,808
Oper. Incomes (Loss)	0790	(\$733,896)	(\$3,020.15)	(\$4,165.83)	(\$452,554)	(\$1,862.36)	(\$195,839)	(\$805.92)		(\$281,342)
Aggregate Write-ins for Other Expenses	0795									
Prior Period Adjustments and extraordinary Items	0796									
Provision for Taxes	0793									
Adj. For Prior Period IBNR Adjustment	0794									
NET INCOME (LOSS)	0799									

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6 - CMS Benefits Package 1 - Total Utilization of Services		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
24010	07731	24011	34012	34016	34017	34015	24012	24016	24017	24015
Inpatient Medical/Surgical	0801	Days	3,627	4,958	\$2,230.32	3.40				
Inpatient Medical/Surgical	0851	Discharges	621	973	\$11,364.75	0.67				
Inpatient Mental Health/Substance Abuse	0802	Days	439	552	\$277.27	0.38	0	0		0.00
Inpatient Mental Health/Substance Abuse	0852	Discharges	5	6	\$25,508.80	0.00	0	0		0.00
Inpatient: Maternity Delivery	0847	Days	0	0		0.00				
Inpatient: Maternity Delivery	0848	Discharges	0	0		0.00				
Primary Care Physician	0804	Visits	19,310	19,382	\$114.15	13.30				
Specialty Care	0833	Visits	17,523	17,553	\$197.76	12.04				
Prenatal/Postpartum Maternity Services	0849	Visits	0	0		0.00				
Ambulatory Surgery	0805	Procedures	456	457	\$1,395.94	0.31				
Outpatient/Physical Rehab/Therapy	0850	Visits	5,424	5,433	\$86.14	3.73				
Other Professional Services	0853	Visits	47	47	\$94.71	0.03	0	0		0.00
Emergency Room	0806	Visits	689	690	\$380.80	0.47				
Outpatient Mental Health	0807	Visits	2,033	5,340	\$58.91	3.66				
Outpatient Drug & Alcohol Treatment	0808	Visits	12	12	\$15.80	0.01				
Dental	0809	Visits					758	843	\$108.63	0.58
Pharmacy - Part D	0854									
Pharmacy - Non Part D	0855									
Home Health Care	0856	Hours	18,563	47,908	\$66.79	32.86	87,987	97,140	\$24.58	66.63
Home Health Care	0882	Visits	7,038	18,118	\$176.60	12.43	15,957	17,665	\$135.18	12.12
Nursing Facility	0803	Days	5,037	6,262	\$363.51	4.30	3,156	4,673	\$313.51	3.21
Transportation - Emergent	0857	One Way Trips	1,032	1,034	\$348.96	0.71				
Transportation - Non Emergent	0858	One Way Trips					66,273	74,213	\$23.71	50.91
Diagnostic Testing, Lab & X-Ray	0816									
Family Planning	0859	Visits	2	2	\$36.44	0.00				
Vision Care Inc. Eyeglasses	0817	Visits	540	540	\$178.63	0.37	0	0		0.00
Foot Care	0818	Visits	2,885	2,890	\$94.83	1.98				
Durable Medical Equipment & Other	0828									
Personal Care	0825	Hours					2,096,435	2,324,235	\$23.04	1,594.31
CDPAP	0120	Hours					115,944	128,542	\$19.75	88.17
Personal Emergency Response Services	0830	No. of Units					2,364	2,630	\$20.67	1.80
Home-Delivered Meals	0832	No. of Meals					2,295	2,554	\$7.94	1.75
Adult Day Care	0812	Days					989	1,100	\$154.89	0.75
Social Day Care	0813	Days					10,027	11,175	\$61.94	7.67
Other Medical Services (Double click below):										
	0835		2,799	3,167	\$286.52	2.17				0.00
	0836		288	288	\$169.25	0.20				0.00
	0837					0.00				0.00
	0838					0.00				0.00
	0839					0.00				0.00

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-1 - CMS Benefits Package 1 - Utilization of Services by MAP Community		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
24010	07741	24011	34012	34016	34017	34015	24012	24016	24017	24015
Inpatient Medical/Surgical	0601	Days	3,444	4,728	\$2,263.17	3.29				
Inpatient Medical/Surgical	0651	Discharges	603	743	\$14,401.43	0.52				
Inpatient Mental Health/Substance Abuse	0602	Days	439	552	\$277.27	0.38	0	0		0.00
Inpatient Mental Health/Substance Abuse	0652	Discharges	5	6	\$25,508.80	0.00		0	0	0.00
Inpatient: Maternity Delivery	0647	Days	0	0		0.00				
Inpatient: Maternity Delivery	0648	Discharges	0	0		0.00				
Primary Care Physician	0604	Visits	18,639	18,667	\$115.56	12.98				
Specialty Care	0633	Visits	17,236	17,265	\$249.04	12.01				
Prenatal/Postpartum Maternity Services	0649	Visits	0	0		0.00				
Ambulatory Surgery	0605	Procedures	455	456	\$1,397.93	0.32				
Outpatient/Physical Rehab/Therapy	0650	Visits	5,372	5,381	\$107.73	3.74				
Other Professional Services	0653	Visits	47	47	\$94.71	0.03	0	0		0.00
Emergency Room	0606	Visits	684	685	\$476.10	0.48				
Outpatient Mental Health	0607	Visits	1,871	5,178	\$89.30	3.60				
Outpatient Drug & Alcohol Treatment	0608	Visits	12	12	\$24.30	0.01				
Dental	0609	Visits					757	842	\$108.68	0.59
Pharmacy - Part D	0654									
Pharmacy - Non Part D	0655									
Home Health Care	0656	Hours	18,529	47,874	\$66.64	33.30	87,922	97,068	\$24.58	67.52
Home Health Care	0682	Visits	6,996	18,076	\$176.50	12.57	15,948	17,655	\$135.16	12.28
Nursing Facility	0603	Days	3,186	3,341	\$588.04	2.32	533	952	\$294.66	0.66
Transportation - Emergent	0657	One Way Trips	1,017	1,019	\$349.07	0.71				
Transportation - Non Emergent	0658	One Way Trips					66,035	73,948	\$23.62	51.44
Diagnostic Testing, Lab & X-Ray	0616									
Family Planning	0659	Visits	2	2	\$36.44	0.00				
Vision Care Inc. Eyeglasses	0617	Visits	533	533	\$178.99	0.37	0	0		0.00
Foot Care	0618	Visits	2,832	2,837	\$118.58	1.97				
Durable Medical Equipment & Other	0628									
Personal Care	0625	Hours					2,090,978	2,318,186	\$23.03	1,612.56
CDPAP	0220	Hours					115,944	128,542	\$19.75	89.42
Personal Emergency Response Services	0630	No. of Units					2,360	2,626	\$20.65	1.83
Home-Delivered Meals	0632	No. of Meals					2,295	2,554	\$7.94	1.78
Adult Day Care	0612	Days					989	1,100	\$154.89	0.77
Social Day Care	0613	Days					10,027	11,175	\$61.94	7.77
Other Medical Services:										
Enter labels on Table 6										
Renal Dialysis	0635		2,789	2,792	\$323.66	1.94				0.00
Other	0636		285	285	\$169.99	0.20				0.00
	0637					0.00				0.00
	0638					0.00				0.00
	0639					0.00				0.00

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-2 - CMS Benefits Package 1 - Utilization of Services by MAP Nursing Home Permanent Placement		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
24010	07751	24011	34012	34016	34017	34015	24012	24016	24017	24015
Inpatient Medical/Surgical	0701	Days	183	230	\$1,554.96	11.36				
Inpatient Medical/Surgical	0751	Discharges	18	230	\$1,554.96	11.36				
Inpatient Mental Health/Substance Abuse	0702	Days	0	0		0.00	0	0		0.00
Inpatient Mental Health/Substance Abuse	0752	Discharges	0	0		0.00	0	0		0.00
Inpatient: Maternity Delivery	0747	Days	0	0		0.00				
Inpatient: Maternity Delivery	0748	Discharges	0	0		0.00				
Primary Care Physician	0704	Visits	671	715	\$77.31	35.31				
Specialty Care	0733	Visits	287	288	\$130.76	14.22				
Prenatal/Postpartum Maternity Services	0749	Visits	0	0		0.00				
Ambulatory Surgery	0705	Procedures	1	1	\$487.72	0.05				
Outpatient/Physical Rehab/Therapy	0750	Visits	52	52	\$97.50	2.57				
Other Professional Services	0753	Visits	0	0		0.00	0	0		0.00
Emergency Room	0706	Visits	5	5	\$434.75	0.25				
Outpatient Mental Health	0707	Visits	162	162	\$107.46	8.00				
Outpatient Drug & Alcohol Treatment	0708	Visits	0	0		0.00				
Dental	0709	Visits					1	1	\$63.42	0.05
Pharmacy - Part D	0754									
Pharmacy - Non Part D	0755									
Home Health Care	0756	Hours	34	34	\$275.60	1.68	65	72	\$23.17	3.56
Home Health Care	0782	Visits	42	42	\$223.10	2.07	9	10	\$166.79	0.49
Nursing Facility	0703	Days	1,851	2,921	\$106.69	144.25	2,623	3,721	\$318.33	183.75
Transportation - Emergent	0757	One Way Trips	15	15	\$341.77	0.74				
Transportation - Non Emergent	0758	One Way Trips					238	265	\$49.12	13.09
Diagnostic Testing, Lab & X-Ray	0716									
Family Planning	0759	Visits	0	0		0.00				
Vision Care Inc. Eyeglasses	0717	Visits	7	7	\$151.62	0.35	0	0		0.00
Foot Care	0718	Visits	53	53	\$113.79	2.62				
Durable Medical Equipment & Other	0728									
Personal Care	0725	Hours					5,457	6,049	\$23.12	298.72
CDPAP	0320	Hours					0	0		0.00
Personal Emergency Response Services	0730	No. of Units					4	4	\$32.27	0.20
Home-Delivered Meals	0732	No. of Meals					0	0		0.00
Adult Day Care	0712	Days					0	0		0.00
Social Day Care	0713	Days					0	0		0.00
Other Medical Services										
Enter labels on Table 6										
Renal Dialysis	0735		10	375	\$10.00	18.52				0.00
Other	0736		3	3	\$98.94	0.15				0.00
	0737					0.00				0.00
	0738					0.00				0.00
	0739					0.00				0.00

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6A - CMS Benefits Package 1 - Total Utilization of HHC Services: MAP		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
24010	07761	24011	34012	34016	34018	34017	34015	24012	24016	24018	24017	24015
Home Health Care Aide	0500	Hours	12,270.00	31,701.00	\$2,219,393	\$70.01	21.75	84,238.00	93,391.00	\$2,145,652	\$22.97	64.06
Home Health Care-Other	0501	Visits	5,209	13,392	\$980,310	\$73.20	9.19	239	239	\$242,224	\$1,013.49	0.16
Total Home Health Care	0502				\$3,199,703					\$2,387,876		

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-1A - CMS Benefits Package 1 - Total Utilization of HHC Services by MAP Community		Service Units	Medicare Total Number of Service Units (Actual)	Medicare Total Number of Service Units (Accrued)	Medicare Total Cost	Medicare Unit Cost	Medicare Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
24010	07771	24011	34012	34016	34018	34017	34015	24012	24016	24018	24017	24015
Home Health Care Aide	0300	Hours	12,270.00	31,701.00	\$2,219,393.00	\$70.01	22.05	84,173	93,319	\$2,143,984	\$22.97	64.91
Home Health Care-Other	0301	Visits	5,167	13,350	\$970,940.00	\$72.73	9.29	239	239	\$242,224	\$1,013.49	0.17
Total Home Health Care	0302				\$3,190,333.00					\$2,386,208		

			MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Table 6-2A - CMS Benefits Package 1 - Total Utilization of HHC Services by MAP 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 Avg. Number of Service Units Used Per Enrollee Per Year	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
24010	07781	24011	34012	34016	34018	34017	34015	24012	24016	24018	24017	24015
Home Health Care Aide	0400	Hours	0.00	0.00	\$0		0.00	65	72	\$1,668	\$23.17	3.56
Home Health Care-Other	0401	Visits	42	42	\$9,370	\$223.10	2.07	0	0	\$0		0.00
Total Home Health Care	0402				\$9,370					\$1,668		

Table 7A - CMS Benefits Package 1 - Personal Care Hours Year-to-Date		Member Months	Total Number of Hours
07791	07801	23501	23502
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001	32	22,761
480-699 hours per month	0002	71	40,744
320-479 hours per month	0003	953	355,525
240-319 hours per month	0004	1,501	407,827
160-239 hours per month	0005	3,060	596,758
80-159 hours per month	0006	6,146	708,358
1-79 hours per month	0007	4,031	192,262
TOTALS	0010	15,794	2,324,235

Table 7B - CMS Benefits Package 1 - Home Health Care and PCA Hours Year-to-Date		Member Months	Total Number of Hours
07811	07821	23503	23504
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001	63	46,721
480-699 hours per month	0002	54	32,635
320-479 hours per month	0003	1,117	423,491
240-319 hours per month	0004	1,608	442,098
160-239 hours per month	0005	4,364	807,232
80-159 hours per month	0006	6,178	572,498
1-79 hours per month	0007	2,762	144,608
TOTALS	0010	16,146	2,469,283

Table 7C - CMS Benefits Package 1 - CDPAP Year-to-Date		Member Months	Total Number of Hours
07812	07822	23505	23506
MEMBER BREAKDOWN BY USE			
Category Based on Hours per Month			
700+ hours per month	0001	0	0
480-699 hours per month	0002	0	0
320-479 hours per month	0003	14	5,398
240-319 hours per month	0004	32	8,860
160-239 hours per month	0005	140	26,421
80-159 hours per month	0006	562	65,681
1-79 hours per month	0007	535	22,182
TOTALS	0010	1,283	128,542

		Direct Costs	Direct Costs	Contracted Costs	Contracted Costs		
Table 13D - CMS Benefits Package 1 - Care Management		*F.T.E.s	Salary and Fringes	*F.T.E.s	Salary and Fringes	Total	**Staffing Ratios
61011	07831	20611	20612	20614	20615	20617	20618
Care Management Supervisor	0001	0.29	\$51,835			\$51,835	1:78
Care Manager	0002	22.60	\$1,489,575			\$1,489,575	1:66
Other - (Double click Below)							
Support Coordinators	0004	15.70	\$284,548			\$284,548	1:95
Social Worker	0005	0.40	\$43,750			\$43,750	1:3736
	0006						
Reassessment RN:	0007						
Premier Home Health Care	0008			2.17	\$395,069	\$395,069	1:686
Greater New York	0009			1.13	\$206,177	\$206,177	1:1317
Allied Health Staffing	0010			3.70	\$673,678	\$673,678	1:402
Partners In Care	0011			0.01	\$2,561	\$2,561	1:148858
	0012						
	0013						
TOTAL CARE MANAGEMENT	0025	38.99	\$1,869,708	7.01	\$1,277,485	\$3,147,193	31.69

* 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 - CMS Benefits Package 1 - Care Management Contracted Services		Panel Size (Member)	Member Months	Contracted Fee PMPM	Care Management Expense Reported on Table 13D-BP1
20619	20620	20621	20622	20623	20624
Premier Home Health Care	0001	2,164	17,863	\$22.12	\$395,069
Greater New York	0002	1,099	17,863	\$11.54	\$206,177
Allied Health Staffing	0004	3,598	17,863	\$37.71	\$673,678
Partners In Care	0005	31	17,863	\$0.14	\$2,561
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TOTAL CARE MANAGEMENT	0025	6,892	71,452	\$71.51	\$1,277,485

* 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.