



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

HEALTHCHOICES EXAMINATION GUIDE

**SUPPLEMENTAL GUIDANCE
PHYSICAL HEALTH
FINANCIAL SCHEDULES AND EXAMINATION
REPORTS**

DECEMBER 2015

**DEPARTMENT OF HUMAN SERVICES
HEALTHCHOICES EXAMINATION GUIDE
SUPPLEMENTAL GUIDANCE
PHYSICAL HEALTH**

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ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

Report 1: Suggested language for the Independent Accountant’s Attestation Examination Report, on the Financial Schedules specified in Table 1 of the Financial Management Section of the Guide, can be found at [AT Section 101](#).

If a management letter has been issued as a result of the IPA’s examination, copies of this letter must be submitted with, but not necessarily part of the report on the IPA’s examination.

NOTE: Report #s 9-12, 14-25, 28-37, and 39 are not used and have been intentionally omitted.

Physical Health Schedule - Report #4, Part A Lag Report For Hospital Inpatient Payments

Statement as of: _____(mm/dd/yy)

MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15	...	Jan-13	Months Before 35 th Prior Months	TOTAL
1	Dec-15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Nov-15		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3	Oct-15			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4	Sep-15				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5	Aug-15					\$	\$	\$	\$	\$	\$	\$	\$	\$
6	Jul-15						\$	\$	\$	\$	\$	\$	\$	\$
7	Jun-15							\$	\$	\$	\$	\$	\$	\$
8	May-15								\$	\$	\$	\$	\$	\$
9	Apr-15									\$	\$	\$	\$	\$
10	Mar-15										\$	\$	\$	\$
11	Feb-15										\$	\$	\$	\$
12	Jan-15										\$	\$	\$	\$
13	Dec-14										\$	\$	\$	\$

NOTE: Adjustments to this report may impact Report 5H. If applicable, recommend the contractor also make the appropriate adjustment on Report 5H.

Physical Health Schedule - Report #4, Part A (continued)
Lag Report For Hospital Inpatient Payments

Statement as of: _____ (mm/dd/yy) MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec- 15	Nov- 15	Oct- 15	Sep- 15	Aug- 15	Jul- 15	Jun- 15	May- 15	Apr- 15	...	Jan- 13	Months Before 35th Prior Month	TOTAL
14	Nov- 14										\$	\$	\$	\$
:	:										\$	\$	\$	\$
36	Jan- 13												\$	\$
37	Months Before 35 th Prior Month													\$
38	Total Claim Payments (Total Lines 1 through 37)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
39	Sub-Capitation Payments Made	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
40	APR Adj Amount													
41	Settlements * (Include an explanation as a footnote)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
42	Sum of Payment (Line 38 +39-40+41)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
43	Incurred But Not Reported	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
44	Total Incurred Claims (42+43)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
45	Total Incurred Claims for Quarter Ending	\$			\$			\$			\$		\$	\$
46	Expenses Reported for the Quarter	\$			\$			\$			\$		\$	\$
47	Accrual Adjustments (Prior Quarters)	\$			\$			\$			\$		\$	\$

* Settlement that could not be reflected in the paid claims above.

Comments:

**Physical Health Schedule - Report #4, Part B
Lag Report For Physician Payments**

Statement as of: _____ (mm/dd/yy)

MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15	...	Jan-13	Months Before 35 th Prior Months	TOTAL
1	Dec-15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Nov-15		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3	Oct-15			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4	Sep-15				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5	Aug-15					\$	\$	\$	\$	\$	\$	\$	\$	\$
6	Jul-15						\$	\$	\$	\$	\$	\$	\$	\$
7	Jun-15							\$	\$	\$	\$	\$	\$	\$
8	May-15								\$	\$	\$	\$	\$	\$
9	Apr-15									\$	\$	\$	\$	\$
10	Mar-15										\$	\$	\$	\$
11	Feb-15										\$	\$	\$	\$
12	Jan-15										\$	\$	\$	\$
13	Dec-14										\$	\$	\$	\$

NOTE: Adjustments to this report may impact Report 5H. If applicable, recommend the contractor also make the appropriate adjustment on Report 5H.

Physical Health Schedule - Report #4, Part B (continued)
Lag Report For Physician Payments

Statement as of: _____ (mm/dd/yy)

MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec- 15	Nov- 15	Oct- 15	Sep- 15	Aug- 15	Jul- 15	Jun- 15	May- 15	Apr- 15	...	Jan- 13	Months Before 35th Prior Month	TOTAL
14	Nov- 14										\$	\$	\$	\$
:	:										\$	\$	\$	\$
36	Jan- 13												\$	\$
37	Months Before 35 th Prior Month													\$
38	Total Claim Payments (Total Lines 1 through 37)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
39	Sub-Capitation Payments Made	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
40	APR Adj Amount													
41	Settlements* (Include an explanation as a footnote)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
42	Sum of Payment (Line 38 – Line 41)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
43	Incurred But Not Reported	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
44	Total Incurred Claims (42+43)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
45	Total Incurred Claims for Quarter Ending	\$			\$			\$			\$		\$	\$
46	Expenses Reported for the Quarter	\$			\$			\$			\$		\$	\$
47	Accrual Adjustments (Prior Quarters)	\$			\$			\$			\$		\$	\$

* Settlement that could not be reflected in the paid claims above. This requires an explanation.

Comments:

Physical Health Schedule - Report #4, Part C Lag Report For Pharmaceutical Payments

Statement as of: _____ (mm/dd/yy)

MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15	...	Jan-13	Months Before 35 th Prior Months	TOTAL
1	Dec-15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Nov-15		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3	Oct-15			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4	Sep-15				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5	Aug-15					\$	\$	\$	\$	\$	\$	\$	\$	\$
6	Jul-15						\$	\$	\$	\$	\$	\$	\$	\$
7	Jun-15							\$	\$	\$	\$	\$	\$	\$
8	May-15								\$	\$	\$	\$	\$	\$
9	Apr-15									\$	\$	\$	\$	\$
10	Mar-15										\$	\$	\$	\$
11	Feb-15										\$	\$	\$	\$
12	Jan-15										\$	\$	\$	\$
13	Dec-14										\$	\$	\$	\$

NOTE: Adjustments to this report may impact Report 5H. If applicable, recommend the contractor also make the appropriate adjustment on Report 5H.

Physical Health Schedule - Report #4, Part C (continued)
Lag Report For Pharmaceutical Payments

Statement as of: _____ (mm/dd/yy) MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		... Month In Which Service Provided ...												
Line	Month of Payment	Dec- 15	Nov- 15	Oct- 15	Sep- 15	Aug- 15	Jul- 15	Jun- 15	May- 15	Apr- 15	...	Jan- 13	Months Before 35th Prior Month	TOTAL
14	Nov- 14										\$	\$	\$	\$
:	:										\$	\$	\$	\$
36	Jan- 13												\$	\$
37	Months Before 35 th Prior Month													\$
38	Total Claim Payments (Total Lines 1 through 37)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
39	Sub-Capitation Payments Made	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
40	APR Adj Amount	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
41	Settlements * Include an explanation as a footnote)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
42	Sum of Payment (Line 38 – Line 41)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
43	Incurred But Not Reported	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
44	Total Incurred Claims (42+43)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
45	Total Incurred Claims for Quarter Ending	\$			\$			\$			\$		\$	\$
46	Expenses Reported for the Quarter	\$			\$			\$			\$		\$	\$
47	Accrual Adjustments (Prior Quarters)	\$			\$			\$			\$		\$	\$

* Settlement that could not be reflected in the paid claims above.

Comments:

**Physical Health Schedule - Report #4, Part D
Lag Report For Other Medical Payments**

Statement as of: _____ (mm/dd/yy)

MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15	...	Jan-13	Months Before 35 th Prior Months	TOTAL
1	Dec-15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Nov-15		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3	Oct-15			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4	Sep-15				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5	Aug-15					\$	\$	\$	\$	\$	\$	\$	\$	\$
6	Jul-15						\$	\$	\$	\$	\$	\$	\$	\$
7	Jun-15							\$	\$	\$	\$	\$	\$	\$
8	May-15								\$	\$	\$	\$	\$	\$
9	Apr-15									\$	\$	\$	\$	\$
10	Mar-15										\$	\$	\$	\$
11	Feb-15										\$	\$	\$	\$
12	Jan-15										\$	\$	\$	\$
13	Dec-14										\$	\$	\$	\$

NOTE: Adjustments to this report may impact Report 5H. If applicable, recommend the contractor also make the appropriate adjustment on Report 5H.

**Physical Health Schedule - Report #4, Part D (continued)
Lag Report For Other Medical Payments**

Statement as of: _____ (mm/dd/yy) MCO Name _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	...	(38)	(39)	(40)
		...Month In Which Service Provided...												
Line	Month of Payment	Dec- 15	Nov- 15	Oct- 15	Sep- 15	Aug- 15	Jul- 15	Jun- 15	May- 15	Apr- 15	...	Jan- 13	Months Before 35th Prior Month	TOTAL
14	Nov- 14										\$	\$	\$	\$
:	:										\$	\$	\$	\$
36	Jan- 13												\$	\$
37	Months Before 35 th Prior Month													\$
38	Total Claim Payments (Total Lines 1 through 37)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
39	Sub-Capitation Payments Made	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
40	APR Adj Amount													
41	Settlements * (Include an explanation as a footnote)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
42	Sum of Payment (Line 38 – Line 41)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
43	Incurred But Not Reported	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
44	Total Incurred Claims (42+43)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
45	Total Incurred Claims for Quarter Ending	\$			\$			\$			\$		\$	\$
46	Expenses Reported for the Quarter	\$			\$			\$			\$		\$	\$
47	Accrual Adjustments (Prior Quarters)	\$			\$			\$			\$		\$	\$

* Settlement that could not be reflected in the paid claims above.

Comments:

Physical Health Schedule - Report #5, (Parts A through G)

Income Statement – Recipient Group

Quarter:	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD				
Revenues / Expenses	Primary County		All Other Counties		Primary County		All Other Counties		Primary County		All Other Counties		Primary County		All Other Counties		Primary County		All Other Counties		
	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	YTD	YTD PMPM	YTD	YTD PMPM	
MEMBER MONTHS	-		-		-		-		-		-		-		-		-		-		
REVENUES:																					
1 a	Capitation	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
1 b	APR Adjustment	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
2 a	Maternity Care Payment	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
2 b	MCO Pay 4 Performance	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
2 c	ACA Physician Fee	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
MEDICAL EXPENSES:																					
3 a	High Cost Risk Pool	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
3 b	Home Nursing Risk Sharing	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
4	Investment Income	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
5	Other	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
6	TOTAL REVENUES	-		-		-		-		-		-		-		-		-		-	
7 a	Pharmaceutical	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
7 b	Pharmaceutical Non-Drug	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
8 a	Laboratory	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
8 b	Radiology	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
9	Complete EPSDT Screens	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
10	Vision	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
12	DME / Medical Supplies	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
13 a	Hospice	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
13 b	Home Health Care/ HIV-AIDS Waiver	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
14 a	Family Planning Services	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
14 b	Family Planning - Pharmaceutical	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
15 a	Therapy	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
15 b	Ambulance / Transportation	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
15 c	Medical Diagnostic	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
16	FQHC & Rural Health Clinics	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
17	Emergency Room	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
18 a	Dental	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
18 b	Dental / Oral Surgery	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
19	Primary Care Providers	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
20	Specialty Physician	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
21	Other Practitioners	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
22 a	Facility Non-Inpatient (includes SPU / ASC)	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
22 b	Other Outpatient	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
23	Inpatient Acute Care	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
24 a	Inpatient - Rehab	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
24 b	Nursing Home	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
25	Miscellaneous Medical Expense	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												
26	Hospital Subtotal Hospital (Line 23, 24)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
27	Hospital APR or Risk Pool Adjustment	#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!												

Physical Health Schedule - Report #5, (Parts A through G) Income Statement – Recipient Group

Quarter Ended		1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD			
		Primary County		All Other Counties		Primary County		All Other Counties		Primary County		All Other Counties		Primary County		All Other Counties		Primary County		All Other Counties	
		Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	YTD	YTD PMPM	YTD	YTD PMPM
28	Total Hospital	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
29	Physician Subtotal Physician (Lines 9, 19, 20, 21)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
30	Physician Risk Pool Adjustment		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
32	Pharmaceutical Subtotal Pharmaceutical (Line 7, 14b)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
33	Pharmaceutical Risk Pool Adjustment		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
38	Other Risk Pool Adjustment		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
40	Reinsurance Premiums		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
42	TOTAL MEDICAL EXPENSES (Lines 28, 31, 34, 39, 40, 41)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
44	Gross Receipts Tax		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												

Comments:

**Physical Health Schedule – Report #5, Part H
Income Statement – DHS Medical Assistance Contract**

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
MEMBER MONTHS	-		-		-		-		-	
REVENUES:										
1 a Capitation	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 b APR Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 a Maternity Care Payment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 b MCO Pay 4 Performance	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 c ACA Physician Fee	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 a High Cost Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 b Home Nursing Risk Sharing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
4 Investment Income	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
5 * Other (If = or > 1% of Line 6, provide	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
6 TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MEDICAL EXPENSES:										
7 a Pharmaceutical	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
7 b Pharmaceutical Non-Drug	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 a Laboratory	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 b Radiology	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
9 Complete EPSDT Screens	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
10 Vision	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
12 DME / Medical Supplies	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
13 a Hospice	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
13 b Home Health Care/ HIV-AIDS Waiver	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
14 a Family Planning Services	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
14 b Family Planning - Pharmaceutical	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 a Therapy	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 b Ambulance / Transportation	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 c Medical Diagnostic	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
16 FQHC & Rural Health Clinics	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
17 Emergency Room	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
18 a Dental	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
18 b Dental / Oral Surgery	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
19 Primary Care Providers	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
20 Specialty Physician	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
21 Other Practitioners	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
22 a Facility Non-Inpatient (includes SPU / ASC)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
22 b Other Outpatient	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
23 Inpatient Acute Care	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Physical Health Schedule – Report #5, Part H (continued)
Income Statement – DHS Medical Assistance Contract

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
		\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
24 a	Inpatient - Rehab	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
24 b	Nursing Home	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
25	* Miscellaneous Medical Expense (If = or > 5% of Line 39, provide details)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
26	Hospital Subtotal Hospital (Line 23, 24)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
27	Hospital APR or Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
28	TOTAL HOSPITAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
29	Physician Subtotal Physician (Lines 9, 19, 20, 21)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
32	Pharmaceutical Subtotal Pharmaceutical (Line 7, 14b)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
33	Pharmaceutical Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other (Lines 8, 10, 11, 12, 13, 14a, 15, 16, 17, 18)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
38	Other Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
42	TOTAL MEDICAL EXPENSES (Lines 28, 31, 34, 39, 40, 41)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ADMINISTRATIVE EXPENSES:											
43	Direct Costs General and Operational Management		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
44	Finance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
45	Claims Processing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
46	Information Systems		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!

**Physical Health Schedule - Report #5, Part H (continued)
Income Statement - DHS Medical Assistance Contract**

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
		\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
47	Pharmacy Administrative Costs		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
48	Marketing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
49	Network Development		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
50	Member / Enrollment Services		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
51	Medical Management		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
52	Other Direct Costs Administrative Business Expenditures		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
53	Sanctions		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
54	Act 68 Interest Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
55	Indirect Costs Corporate Overhead Allocations		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
56	Other (if = or > 5% of Line 57, provide details)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
57	TOTAL ADMINISTRATION	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
58	Gross Receipts Tax	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
59	TOTAL EXPENSES (Line 42, 57, 58)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
60	INCOME (LOSS) FROM OPERATIONS (Line 6-59)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
61	Non-operating Income (Loss)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
62	INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
63	Income taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
64	NET INCOME (LOSS) AFTER INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Details of Revenue Accrual - MCO Pay 4 Performance	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year-To-Date
12-13 Contract Revenue (2012 HEDIS Service Period)					0
13-14 Contract Revenue (2013 HEDIS Service Period)					0
Other Period Contract Revenue (a)					0
Total Accruals (must match line 2b)	0	0	0	0	0

(a) Provide explanation of accruals, if necessary.

Comments:

Physical Health Schedule – Report #5, Part I
Income Statement – Pay for Performance - Provider and Skilled Shift Nursing

Revenues / Expenses		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year-to-Date
		\$	\$	\$	\$	\$
REVENUES:						
2a	Provider Pay for Performance					-
2b	Skilled Nursing Pay for Performance					-
6	TOTAL REVENUES	-	-	-	-	-
MEDICAL EXPENSES:						
7 a	Pharmaceutical					-
7 b	Pharmaceutical Non-Drug					-
8 a	Laboratory					-
8 b	Radiology					-
9	Complete EPSDT Screens					-
10	Vision					-
12	DME / Medical Supplies					-
13 a	Hospice					-
13 b	Home Health Care/ HIV-AIDS Waiver					-
14 a	Family Planning Services					-
14 b	Family Planning - Pharmaceutical					-
15 a	Therapy					-
15 b	Ambulance / Transportation					-
15 c	Medical Diagnostic					-
16	FQHC & Rural Health Clinics					-
17	Emergency Room					-
18 a	Dental					-
18 b	Dental / Oral Surgery					-
19	Primary Care Providers					-
20	Specialty Physician					-
21	Other Practitioners					-
22 a	Facility Non-Inpatient (includes SPU / ASC)					-
22 b	Other Outpatient					-
23	Inpatient Acute Care					-

Physical Health Schedule – Report #5, Part I (continued)
Income Statement – Pay for Performance - Provider and Skilled Shift Nursing

Revenues / Expenses		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year-to-Date
		\$	\$	\$	\$	\$
24 a	Inpatient - Rehab					-
24 b	Nursing Home					-
42	TOTAL MEDICAL EXPENSES (Lines 28, 31, 34, 39, 40, 41)	-	-	-	-	-
ADMINISTRATIVE EXPENSES:						
43	Direct Costs General and Operational Management					-
44	Finance					-
45	Claims Processing					-
46	Information Systems					-
47	Pharmacy Administrative Costs					-
48	Marketing					-
49	Network Development					-
50	Member / Enrollment Services					-
51	Medical Management					-
52	Other Direct Costs Administrative Business Expenditures					-
53	Sanctions					-
54	Act 68 Interest Expense					-
55	Indirect Costs Corporate Overhead Allocations					-
56	Other					-
57	TOTAL ADMINISTRATION	-	-	-	-	-
58	Gross Receipts Tax					-
59	TOTAL EXPENSES (Line 42, 57, 58)	-	-	-	-	-
60	INCOME (LOSS) FROM OPERATIONS (Line 6-59)	-	-	-	-	-

Details of Revenue Accrual - Provider Pay 4 Performance	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year-To-Date
13-14 Contract Revenue					0
14-15 Contract Revenue					0
Other Period Contract Revenue (a)					0
Total (must match line 2a)	0	0	0	0	0

Details of Revenue Accrual - Skilled Nursing SE Pay 4 Perf	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year-To-Date
10-11 Contract Revenue					0
Other Period Contract Revenue (a)					0
Total (must match line 2b)	0	0	0	0	0

(a) Provide explanation of accruals, if necessary.

Comments:

Physical Health Schedule – Report #5, Part J
Income Statement – Summary Report #5 – Part H & I

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
MEMBER MONTHS	-		-		-		-		-	
REVENUES:										
1 a Capitation	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 b APR Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 a Maternity Care Payment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 b Pay 4 Performance	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 c ACA Physician Fee	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 a High Cost Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 b Home Nursing Risk Sharing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
4 Investment Income	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
5 * Other (If = or > 1% of Line 6, provide details)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
6 TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MEDICAL EXPENSES:										
7 a Pharmaceutical	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
7 b Pharmaceutical Non-Drug	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 a Laboratory	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 b Radiology	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
9 Complete EPSDT Screens	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
10 Vision	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
12 DME / Medical Supplies	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
13 a Hospice	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
13 b Home Health Care/ HIV-AIDS Waiver	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
14 a Family Planning Services	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
14 b Family Planning - Pharmaceutical	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 a Therapy	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 b Ambulance / Transportation	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 c Medical Diagnostic	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
16 FQHC & Rural Health Clinics	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
17 Emergency Room	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
18 a Dental	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
18 b Dental / Oral Surgery	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
19 Primary Care Providers	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
20 Specialty Physician	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
21 Other Practitioners	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
22 a Facility Non-Inpatient (includes SPO / ACC)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
22 b Other Outpatient	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
23 Inpatient Acute Care	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Physical Health Schedule – Report #5, Part J (continued)
Income Statement – Summary Report #5 – Part H & I

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
		\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
24 a	Inpatient - Rehab	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
24 b	Nursing Home	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
25	* Miscellaneous Medical Expense (If = or > 5% of Line 39, provide details)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
26	Hospital Subtotal Hospital (Line 23, 24)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
27	Hospital APR or Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
28	TOTAL HOSPITAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
29	Physician Subtotal Physician (Lines 9, 19, 20, 21)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
32	Pharmaceutical Subtotal Pharmaceutical (Line 7, 14b)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
33	Pharmaceutical Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other (Lines 8, 10, 11, 12, 13, 14a, 15, 16, 17)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
38	Other Risk Pool Adjustment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
42	TOTAL MEDICAL EXPENSES (Lines 28, 31, 34, 39, 40, 41)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ADMINISTRATIVE EXPENSES:											
43	Direct Costs General and Operational Management	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
44	Finance	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
45	Claims Processing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	Information Systems	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

**Physical Health Schedule - Report #5, Part J (continued)
Income Statement – Summary Report #5 – Part H & I**

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
		\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
47	Pharmacy Administrative Costs	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
48	Marketing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
49	Network Development	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
50	Member / Enrollment Services	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
51	Medical Management	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
52	Other Direct Costs Administrative Business Expenditures	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
53	Sanctions	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
54	Act 68 Interest Expense	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
55	Indirect Costs Corporate Overhead Allocations	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0.00	#DIV/0!
56	* Other (If = or > 5% of Line 57, provide details)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0.00	#DIV/0!
57	TOTAL ADMINISTRATION	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
58	Gross Receipts Tax	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
59	TOTAL EXPENSES (Line 42, 57, 58)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
60	INCOME (LOSS) FROM OPERATIONS (Line 6-59)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
61	Non-operating Income (Loss)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
62	INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
63	Income taxes	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
64	NET INCOME (LOSS) AFTER INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

Physical Health Schedule - Report #6
Part A – Inpatient, Physician and Dental Statistics
1st Previous Quarter

Period Ended _____(mm/dd/yy) for _____ (MCO Name)

Data Cutoff Date: _____

Category of Service		TANF (2014) TANF- HB-MAGI 21+ (2015)	HB (2014) TANF- HB-MAGI 0-20 (2015)	SSI & Healthy Horizons with Medicare	SSI & HH without Medicare – Other Disabled	BCC	GA-CNO	GA-MNO	TOTAL
Inpatient									
1	Discharges per 1000								
2	Days per 1000								
3	Average Cost per Discharge								
Physicians									
1	Total Primary Care Visits per 1000								
2	Total Specialty Provider Visits per 1000								
Dentists									
1	Total Dental Visits per 1000								

Comments:

Physical Health Schedule – Report #6
Part A – Inpatient, Physician and Dental Statistics
2nd Previous Quarter

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Data Cutoff Date: _____

Category of Service		TANF (2014) TANF- HB-MAGI 21+ (2015)	HB (2014) TANF- HB-MAGI 0-20 (2015)	SSI & Healthy Horizons with Medicare	SSI & HH without Medicare – Other Disabled	BCC	GA-CNO	GA-MNO	TOTAL
Inpatient									
1	Discharges per 1000								
2	Days per 1000								
3	Average Cost per Discharge								
Physicians									
1	Total Primary Care Visits per 1000								
2	Total Specialty Provider Visits per 1000								
Dentists									
1	Total Dental Visits per 1000								

Comments:

Physical Health Schedule – Report #6
Part B – Pharmaceutical Price and Utilization Statistics

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Data Cutoff Date: _____

Category of Service		TANF- HB- MAGI 21+	TANF- HB- MAGI 0- 20	SSI & Healthy Horizons with Medicare	SSI & HH w/o Medicare – Other Disabled	BCC	GA-CNO	GA- MNO	TOTAL
<u>Pharmacy</u>									
1	Brand Dispensing Fee								
2	Generic Dispensing Fee								
3	Specialty Brand Dispensing Fee								
4	Specialty Generic Dispensing Fee								
5	Average Rebate per Claim (non Specialty)								
6	Average Specialty Rebate per Specialty Claim								
7	Administrative Fee per Claim								
8	Average Discount for Brand Prescriptions (non Specialty)								
9	Average AWP Discount for Generic Prescriptions (non Specialty)								
10	Average Discount for Specialty Brand Prescriptions								
11	Average Discount for Specialty Generic Prescriptions								
12	Percentage of the Specialty Prescription Claims processed through the PBM								
13	Percentage Specialty Reimbursed Amount processed through the PBM								
14	Total Number of Prescription Claims								
15	Total Reimbursed Amount								

Pricing Methodology Used (Ref. Lines 8-11)

Comments:

Physical Health Schedule - Report #7, Part E Emergency Department Utilization

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Member Months

Under 21 _____

21+ _____

Data Cutoff Date: _____

Age	Emergency Department Visits	Emergency Department Visits/1000 Member Months	Observation Room Stays	Observation Room Stays/1000 Member Months
Under 21				
21+				

Comments:

Physical Health Schedule - Report 8

Report #8 - Part A - Coordination of Benefits - Claims Cost Avoided - Quarterly Report							
MCO Name:	<input style="width: 100%;" type="text"/>						
Zone:	<input style="width: 100%;" type="text"/>			Submission Type			
Statement as of:	<input style="width: 100%;" type="text"/>			<input style="width: 100%; height: 60px;" type="text"/>			
Prepared by:	<input style="width: 100%;" type="text"/>						
Date Prepared:	<input style="width: 100%;" type="text"/>						
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Type of Resource by Type of Claim	Total Number of Claims with Coordination of Benefits Processed with a Known TPL Resource	Total Number of Claims Denied Due to a Known TPL Resource without an EOB Attachment	Total Number of Claims with a TPL Resource Coordinated or Denied (Column B + Column C)	Percent of Claims Denied with a Known TPL Resource without an EOB Attachment (Column C Divided by Column D)	Total Number of Members Active with a TPL Resource at the End of the Month (Commercial, Medicare, Total Commercial and Medicare)		
					1st Month of Quarter	2nd Month of Quarter	3rd Month of Quarter
Commercial							
Inpatient			0	0%			
Outpatient/Professional			0	0%			
Long Term Care			0	0%			
Dental			0	0%			
Drug			0	0%			
Commercial Subtotal	0	0	0	0%			
Medicare							
Inpatient			0	0%			
Outpatient/Professional			0	0%			
Long Term Care			0	0%			
Dental			0	0%			
Drug			0	0%			
Medicare Subtotal	0	0	0	0%			
Total Commercial and Medicare	0	0	0	0%	0	0	0
Describe any changes in cost avoidance or COB processing methodologies.							

Physical Health Schedule - Report 8

Report #8 - Part B - Coordination of Benefits - Provider Reported - Quarterly Report

Number of Claims (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0
Allowed Amount (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0
Amount Reported (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Physical Health Schedule - Report 8

Report #8 - Part C - Coordination of Benefits - Recovered - Quarterly Report

Number of Claims (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0
Gross Amount Recovered (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0
Net Dollar Amount Recovered by the MCO (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Long Term Care									0
Dental									0
Drug									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Physical Health Schedule - Report #13

Report #13 - Part A - Subcapitation Data Summary Report - Quarterly Report

MCO Name:	0	Submission Type
Zone:	0	Original
Statement as of:	January 0, 1900	
Prepared by:		
Date Prepared:		

		Month of Service		
		Oct-14	Nov-14	Dec-14
Category of Provider	Payment Method			
1. Physician	FFS - YES	0	0	0
	FFS - NO	0	0	0
2. Dental / Oral Surgery	FFS - YES	0	0	0
	FFS - NO	0	0	0
3. Laboratory / Radiology	FFS - YES	0	0	0
	FFS - NO	0	0	0
4. Pharmacy	FFS - YES	0	0	0
	FFS - NO	0	0	0
5. Inpatient Hospitals	FFS - YES	0	0	0
	FFS - NO	0	0	0
6. Vision	FFS - YES	0	0	0
	FFS - NO	0	0	0
7. Other	FFS - YES	0	0	0
	FFS - NO	0	0	0

Comments:

Physical Health Schedule - Report #13
Part B – Subcapitation Data Detail Report (FFS – NO) – Category of Provider

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Oct-15			Nov-15			Dec-15		
Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment
Total			Total			Total		

Number of Providers Paid: Number of Providers Paid: Number of Providers Paid:

Comments:

Physical Health Schedule – Report #26, Part A Maternity Revenue and Medical Expense Annual Statement

Period Ended _____ (mm/dd/yy)

MCO Name _____

Expenses		Total Annual Dollars	
		C-Section Births	Vaginal Births
REVENUES:			
2a	Maternity Care Payment		
MEDICAL EXPENSES:			
7a	Pharmaceutical		
7b	Pharmaceutical Non Drug		
8a	Laboratory		
8b	Radiology		
9	Complete EPSDT Screens		
10	Vision		
12	DME / Medical Supplies		
13a	Hospice		
13b	Home Health Care / HIV-AIDS Waiver		
14a	Family Planning Services		
14b	Family Planning - Pharmaceutical		
15a	Therapy		
15b	Ambulance / Transportation		
15c	Medical Diagnostic		
16	FQHC & Rural Health Clinics		
17	Emergency Room		
18a	Dental		
18b	Dental / Oral Surgery		
19	Primary Care Providers		
20	Specialty Physician		
21	Other Practitioners		
22a	Facility Non-Inpatient (Includes SPU / ASC)		
22b	Other Outpatient		
23	Inpatient Acute Care		
24a	Inpatient - Rehab		
24b	Nursing Home		
25	Miscellaneous Medical Expense *(If \geq 5% of Line 39, provide details)		
26	Hospital Subtotal Hospital (Lines 23,24)		
27	Hospital Risk Pool Adjustment		
28	TOTAL HOSPITAL		
29	Physician Subtotal Physician (Lines 9,19,20,21)		
30	Physician Risk Pool Adjustment		
31	TOTAL PHYSICIAN		

**Physical Health Schedule – Report #26, Part A
Maternity Revenue and Medical Expense Annual Statement**

32	Pharmaceutical Subtotal Pharmaceutical (Line 7, 14b)		
33	Pharmaceutical Risk Pool Adjustment		
34	TOTAL PHARMACEUTICAL		
35	Other Subtotal Other (Lines 8,10, 11, 12, 13, 14a, 15, 16, 17, 18, 22, 25)		
36	Occupancy (Medical Only)		
37	Depreciation (Medical Only)		
38	Other Risk Pool Adjustment		
39	TOTAL OTHER		
40	Reinsurance Premiums		
41	Reinsurance Recoveries		
42	TOTAL MEDICAL EXPENSES (Lines 28,31,34,39-41)		

*** Line 25 - Details must be explained when this amount is greater than or equal to 5% of “Total Other” Line 39.**

Allocation methodologies must be explained and submitted on Report #26B.

**Does the MCO pay Case Rate for services that include the mother and baby? Yes/No
(Response must be displayed)**

NOTE: If the answer is no, there is no need to complete Part B.

Comments:

**Physical Health Schedule – Report #26, Part B
Maternity Revenue and Medical Expense Allocations**

Period Ended _____(mm/dd/yy) MCO Name _____



**Physical Health Schedule - Report #27
Maternity Outcome Counts - Annual Report**

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Main County	Quarter Ended September 30th (Prior Year)		Quarter Ended December 31st (Prior Year)		Quarter Ended March 31st (Current Year)		Quarter Ended June 30th (Current Year)		Quarter Ended September 30th (Current Year)		Quarter Ended December 31st (Current Year)	
	Live Births		Live Births		Live Births		Live Births		Live Births		Live Births	
	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal
TANF (2014) TANF-HB-MAGI 21+ (2015)												
HB (2014) TANF-HB-MAGI 0-20 (2015)												
SSI & Healthy Horizons with Medicare												
SSI & HH without Medicare – Other Disabled												
BCC												
Categorically Needy State - Only GA												
MNO State-Only GA												
TOTAL												

Comments:

Physical Health Schedule - Report #27 Maternity Outcome Counts - Annual Report

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Other Counties	Quarter Ended September 30th (Prior Year)		Quarter Ended December 31st (Prior Year)		Quarter Ended March 31st (Current Year)		Quarter Ended June 30th (Current Year)		Quarter Ended September 30th (Current Year)		Quarter Ended December 31st (Current Year)	
	Live Births		Live Births		Live Births		Live Births		Live Births		Live Births	
	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal
TANF (2014) TANF-HB-MAGI 21+ (2015)												
HB (2014) TANF-HB-MAGI 0-20 (2015)												
SSI & Healthy Horizons with Medicare												
SSI & HH without Medicare – Other Disabled												
BCC												
Categorically Needy State - Only GA												
MNO State-Only GA												
TOTAL												

Comments:

**Physical Health Schedule - Report #27
Maternity Outcome Counts - Annual Report**

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Total Counties	Quarter Ended September 30th (Prior Year)		Quarter Ended December 31st (Prior Year)		Quarter Ended March 31st (Current Year)		Quarter Ended June 30th (Current Year)		Quarter Ended September 30th (Current Year)		Quarter Ended December 31st (Current Year)	
	Live Births		Live Births		Live Births		Live Births		Live Births		Live Births	
	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal	C-Section	Vaginal
TANF (2014) TANF-HB-MAGI 21+ (2015)												
HB (2014) TANF-HB-MAGI 0-20 (2015)												
SSI & Healthy Horizons with Medicare												
SSI & HH without Medicare – Other Disabled												
BCC												
Categorically Needy State - Only GA												
MNO State-Only GA												
TOTAL												

Comments:

Physical Health Schedule - Report #38 Part A Under Age 1 Annual Medical Cost Statement

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Data Cutoff Date: _____

TANF Expenses		Primary County		All Other Counties		Total	
		Cost \$	PMPM	Cost \$	PMPM	Cost \$	PMPM
MEMBER MONTHS							
MEDICAL EXPENSES:							
1	Hospital Inpatient						
2	Physician						
3	Pharmaceutical						
4	Other						
5	TOTAL						

Healthy Beginnings Expenses		Primary County		All Other Counties		Total	
		Cost \$	PMPM	Cost \$	PMPM	Cost \$	PMPM
MEMBER MONTHS							
MEDICAL EXPENSES:							
1	Hospital Inpatient						
2	Physician						
3	Pharmaceutical						
4	Other						
5	TOTAL						

Physical Health Schedule - Report #38 Part A Under Age 1 Annual Medical Cost Statement

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

Data Cutoff Date: _____

TANF & Healthy Beginnings Expenses		Primary County		All Other Counties		Total	
		Cost \$	PMPM	Cost \$	PMPM	Cost \$	PMPM
MEMBER MONTHS							
MEDICAL EXPENSES:							
1	Hospital Inpatient						
2	Physician						
3	Pharmaceutical						
4	Other						
5	TOTAL						

**Allocation methodologies must be explained and submitted on Report #38B.
Does the MCO pay Case Rate for services that include the mother and baby?**

Comments:

**Physical Health Schedule - Report #40
 Provider Pay for Performance (P4P) Reconciliation - Annual Report**

MCO Name

Zone:

HealthChoices (HC) Agreement Year:

For Services Rendered Through:

Provider P4P Payments Through:

Prepared by:

Date Prepared:

CY2014 Provider P4P
Jan 1, 2014 to Dec 31, 2014
June 30, 2015

Submission Type

--

CASH BASIS only.

Provider P4P Dollars Received from the Department of Human Services		Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Total
1	CY2012 Provider P4P Dollars Received from DHS							\$0.00
2	Less: Gross Receipts Tax							\$0.00
3	CY2012 Net Revenue for Provider Payouts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	CY2012 Provider P4P Payments Disbursed by MCO							
4.a	Breast Cancer Screenings (Ages 42 - 69)							\$0.00
4.b	Comprehensive Diabetes Measure (HbA1c)							\$0.00
4.c	Prenatal Care in First Trimester							\$0.00
4.d	Frequency of Ongoing Prenatal Care: ≥81% of expected visits							\$0.00
4.e	Postpartum Care							\$0.00
4.f	Adolescent Well-Child Visits							\$0.00
4.g	Emergency Room Utilization							\$0.00
4.h	Annual Dental Visit (Age 2 - 21 years)							\$0.00
4.i	Cervical Cancer Screening (Ages 21 - 64)							\$0.00
4.j	Controlling High Blood Pressure (Ages 18 - 85)							\$0.00
4.k	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C < 100 mg/dL							\$0.00
4.l	Comprehensive Diabetes Care: HbA1c Control (<8.0%)							\$0.00
4.m	Comprehensive Diabetes Care: Cholesterol Management in People with Diabetes (LDL-C < 100mg/dL)							\$0.00

**Physical Health Schedule - Report #40 Continued
 Provider Pay for Performance (P4P) Reconciliation - Annual Report**

4.n	Lead Screening in Children								\$0.00
4.o	Reserved								\$0.00
4.p	Reserved								\$0.00
4.q	Reserved								\$0.00
4.r	Chronic Care Payment Initiative (If Applicable)								\$0.00
5	Total Payments Disbursed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	CY2013 Net Dollars Received less Dollars Paid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Comments:

No Input Required in Shaded Cells.
 (Version dated 12/9/13)

**Physical Health Schedule - Report #41, Part A
Risk Pool Analysis**

Period Ended _____ (mm/dd/yy) for _____ (MCO Name)

	Year-to-Date	
	Amount	PMPM
Member Months		
1. Risk Pool Balance at Beginning of Period		
2. Revenue Allocated to the Risk Pool		
3. Hospital Expense		
4. Physician Expense		
5. Pharmacy Expense		
6. Other Expense		
7. Risk Pool Expense – Current Period		
8. Distribution During the Period		
9. Risk Pool Payable (Receivable)		

Comments:

NOTES TO THE FINANCIAL SCHEDULES

The following Notes to the Financial Schedules **must** be included. **In those instances where any of the following issues is non-existent or immaterial, the issue should be reported as such within the Notes:**

- Basis of accounting
- Ownership of entities
- Description/basis of accruing health care costs
- Disclosure of significant business, management and provider contracts or arrangements
- Commitments and contingencies
- Related party transactions
- Subsequent events
- Risks and uncertainties
- Information about reinsurance arrangements
- Estimation methodology used to determine the amount of IBNRs
- Methodologies used for allocation of all revenues and/or expenses attributed to various recipient groups

COMPLIANCE ATTESTATION EXAMINATION REPORT

COMPLIANCE ATTESTATION EXAMINATION REPORT

NOTE: Suggested language for the Independent Accountant's Compliance Attestation Examination Report, with respect to Management's Assertions on Management Information System/Encounter Data Reporting, Health Service Delivery System/Provider Incentive Arrangements, Claims Processing, can be found at [AT Section 101](#).

COMPLIANCE ATTESTATION EXAMINATION REPORT

Report of Management on Compliance

We, as members of management of (the Plan), are responsible for (a.) identifying applicable compliance requirements, (b.) establishing and maintaining internal controls over compliance and complying with the requirements specified in the Claims Processing, MIS/Encounter Data Reporting, and Health Service Delivery System/Provider Incentive Arrangements as specified in the HealthChoices Examination Guide (the Guide) issued by the Commonwealth of Pennsylvania, Department of Human Services (DHS) for the period January 1, 20XX to December 31, 20XX, (c.) monitoring and evaluating compliance with these requirements, and (d.) specifying reports that satisfy contractual requirements. We have performed an evaluation of our compliance with the aforementioned requirements. Based on this evaluation, we assert that during the year ended December 31, 20XX, the Plan (has/ has not) complied in all material respects as described in the following:

1. Claims Processing

Compliance Requirement A

- The Plan has a claims processing system and MIS sufficient to support the provider payment and reporting requirements specified in the HealthChoices Physical Health Agreement, Section VII. Financial Requirements., except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement B

- The Plan took all reasonable measures to identify legally liable third parties and treat verified Third Party Liability (TPL) as a resource of the Medicaid recipient except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement C

- The Plan established, and adheres to its established written policies and procedures for the detection and prevention of fraud and abuse by health care providers, recipients, or the Plan employees as described in the HealthChoices Physical Health Agreement, Section V. Fraud and Abuse., except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

COMPLIANCE ATTESTATION EXAMINATION REPORT

Compliance Requirement D

- The Plan develops, implements and maintains a provider complaint and appeals system which provides for informal settlement of provider complaints at the lowest level and a formal appeals process for those which cannot be resolved informally, except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement E

- The Plan (has/has not) accurately compiled Report #1 in accordance with the Claims Processing Reporting Requirements.
 - Report #1 – Parts A and C include information on ALL claims identified as clean as of the date the report was prepared.
 - Claims are appropriately identified as clean or not clean.
 - Report #1 – Parts B and D include information on ALL claims as of the date the report was prepared.
 - Every claim entered into the claims processing/computer information system that is not a rejected claim is adjudicated.
 - An electronic file of rejected claims, including a reason or reason code for rejection is maintained.
 - The amount of time required to adjudicate a paid claim is computed by comparing the date the claim was received with the check date or the transmission date of an electronic payment. For provider negative balance situations, where a check may not be produced until a balance is cleared, provider paid notice date can be used in lieu of the check date.
 - The amount of time required to adjudicate a denied claim is computed by comparing the date the claim was received with the denial notice date or the transmission date of an electronic denial notice.
 - Checks are mailed no later than three workdays from the check date.

COMPLIANCE ATTESTATION EXAMINATION REPORT

2. MIS/Encounter Data Reporting

Compliance Requirement F

- The Contractor maintained appropriate systems and mechanisms to obtain all necessary data from its health care providers to ensure its ability to comply with the encounter data reporting requirements as required by the HealthChoices Physical Health Agreement except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement G

- An “encounter” records encounter data where no actual payment takes place. The Contractor (does/does not) submit a person level encounter record each time a member has an encounter with a provider. The Contractor (does/does not) submit a person level encounter record for each claim and encounter received.

Compliance Requirement H

- The Contractor maintained appropriate systems and mechanisms to obtain all necessary data from its health care providers to ensure its ability to comply with the MCO Pharmacy Encounter reporting requirements as required by the HealthChoices Physical Health Agreement except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

3. Health Service Delivery System/Provider Incentive Arrangements

Compliance Requirement I

- The Plan agrees that its contracts and subcontracts with providers is in compliance with 42 CFR 417.479, regarding Physician Incentive Arrangements as outlined in the HealthChoices Physical Health Agreement except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement J

(If at SFR)

- The Plan makes proper disclosure and monitors disclosure requirements that apply to its direct contracting and subcontracting arrangements with providers, except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

COMPLIANCE ATTESTATION EXAMINATION REPORT

(If not at SFR)

- The Plan made proper annual disclosure to DHS concerning Provider Incentive Plans, has a plan in place to provide Medicaid recipients with information on provider incentive arrangements when requested by a recipient, and monitors disclosure requirements that apply to its direct contracting and subcontracting arrangements.

Compliance Requirement K

(If at SFR)

- The Plan monitors the adequacy of stop-loss protection for physicians and/or physician's groups at SFR, except for:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

(If not at SFR)

- Compliance Requirement L is not applicable.

Compliance Requirement L

(If at SFR)

- The Plan (did/did not) perform a customer satisfaction survey of its current Medicaid enrollees as well as those who disenrolled in the last 12 months (for reasons other than loss of eligibility or relocation outside of the service area). It (was /was not) conducted within one year of the date on which the MCO is required to disclose referral withhold bonus payments. It (was/was not) conducted annually thereafter for as long as the physician or physician's group is at SFR.

(If not at SFR)

- Compliance Requirement M is not applicable.

Compliance Requirement M

- The plan accurately and completely compiles the transactions and obligations to and from related parties in accordance with the requirements included in the FRR and the Healthchoices Physical Health Agreement.

Date

Signature

CLAIMS PROCESSING REPORTS

Claims Report #1– Monthly Report

MCO Name: _____
 Zone: _____
 Month of Claim Receipt: _____
 Information Available through: _____
 Prepared by: _____
 Member Months as of: _____

Inpatient Claims												
Inpatient Claims Processed by the MCO	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31-45 Days	Claims Denied 31-45 Days	Claims Paid 46-90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Clean Claims – Inpatient (Part A)												
All Claims – Inpatient (Part B)												
Inpatient Claims Processed by Subcontractors	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31-45 Days	Claims Denied 31-45 Days	Claims Paid 46-90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Subcontractor #1 Name:												
Clean Claims – Inpatient (Part A)												
All Claims – Inpatient (Part B)												
Subcontractor #2 Name:												
Clean Claims – Inpatient (Part A)												
All Claims – Inpatient (Part B)												
Other Than Inpatient or Drugs Claims												
Other than Inpatient or Drugs Claims Processed by the MCO	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31-45 Days	Claims Denied 31-45 Days	Claims Paid 46-90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												

CLAIMS PROCESSING REPORTS

Other Than Inpatient or Drugs Claims Processed by Subcontractors	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31-45 Days	Claims Denied 31- 45 Days	Claims Paid 46- 90 Days	Claims Denied 46- 90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Subcontractor Name:												
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												
Dental Subcontractor Name:												
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												
Vision Subcontractor Name:												
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												
Other Subcontractor Name:												
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												
Other Subcontractor Name:												
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												
Other Subcontractor Name:												
Clean Claims – Other than Inpatient or Drugs (Part C)												
All Claims – Other than Inpatient or Drugs (Part D)												
Beyond this Page, no numbers need to be entered. Only provide comments.												

NOTE: The designated month and the four previous months should be included in the Report Package.

CLAIMS PROCESSING REPORTS

Month of Receipt				Claims Processing Estimated Penalties								
Clean Claims Received+ All Non-Adjudicated Claims	Clean Claims Adjudicated (30 Days)	% of Clean Claims Adjudicated (30 Days) 90%*	30 Day Clean Claims Adjudication Percentage Estimated Penalty	Clean Claims Adjudicated (45 Days)	% of Clean Claims Adjudicated (45 Days) 100%*	45 Day Clean Claims Adjudication Percentage Estimated Penalty	All Claims Received	All Claims Adjudicated (90 Days)	% of Clean Claims Adjudicated (90 Days) 100%*	90 Day Clean Claims Adjudication Percentage Estimated Penalty	Total Estimated Penalty	
HealthChoices - Inpatient												
HealthChoices – Other than Inpatient or Drug												
Total – Inpatient												
Total – Other than Inpatient or Drug												
Program recipients for the month						** Claims Processing Penalties						
Timeliness Penalties												
*Standard per contract. The Department is allowing a 0.5% deviation (99.5% to 99.9%) for the 100% requirement.												
** Claims Processing Penalties include 1/3 sanction reduction for plans with 50,000 or less but more than 25,000 employees.							Total of All Penalties (Subject to DHS' Approval)					
							Approved Penalty Reduction (FOR DHS USE ONLY)					
							FINAL PENALTY APPLIED					
Comments:												

CLAIMS PROCESSING REPORTS

Month of Receipt	Denied Claims								Non-Adjudicated Claims			
	Clean Claims Received+ All Non-Adjudicated Claims	Clean Claims Denied (30 Days)	% of Clean Claims Denied (30 Days)	Clean Claims Denied (45 Days)	% of Clean Claims Denied (45 Days)	All Claims Received	All Claims Denied (Within 90 Days & Over 90 Days)	% of Clean Claims Denied (Within 90 Days & Over 90 Days)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
	HealthChoices – Inpatient								HealthChoices – Inpatient			
Total – Inpatient												
	HealthChoices – Other Than Inpatient or Drug								HealthChoices – Other than Inpatient or Drug			
Total – Other than Inpatient or Drug												
Comment:												

MONTHLY CLAIMS CERTIFICATION STATEMENT

OF

(MCO Name)

TO THE

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

FOR THE MONTH ENDED

(Month/Day/Year)

Name of Preparer _____

Title _____

Phone Number _____

Please check which reports are included with this packet:

- All Reports
- Report #1 (A-D)
- Report #2 (A&B)

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a MCO's agreement or contract with the Department of Human Services.

Date

Name and Title

Signature