

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

COMMUNITY HEALTHCHOICES EXAMINATION GUIDE SUPPLEMENTAL GUIDANCE

FINANCIAL SCHEDULES AND EXAMINATION REPORTS

OCTOBER 2018

DEPARTMENT OF HUMAN SERVICES COMMUNITY HEALTHCHOICES EXAMINATION GUIDE SUPPLEMENTAL GUIDANCE

TABLE OF CONTENTS

		Page
Financi	al Schedules, Reports, and Charts	
•	Attestation Examination Report and Financial Schedules	1
•	Compliance Attestation Examination Reports	. 29
•	Claims Processing Reports	. 34
•	Claims Processing Reporting Requirements	. 38

ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

<u>Report 1</u>: The AICPA maintains the suggested language for the Independent Accountant's Attestation Examination Report, on the Financial Schedules specified in CHC Table 1 of the Financial Management Section of the Examination Guide.

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 7, 9-12, 14-39 are not used and have been intentionally omitted.

Community HealthChoices (CHC) Schedule - Report #2 Related Party Transactions and Obligations (YTD) Quarterly Report

Report #2 - Related Party Transactions and Obligations (YTD) - Quarterly Report

CHC-MCO Name:		Submission Type
Zone:		
Statement as of:		
Prepared by:		
Date Prepared:		

Name & Address of Related Party/Affiliate	Description of Relationship or Affiliation	Transaction Code *	Description of Transactions	Prior Year Ending Balance	Income	Receipts	Expenses	Distributions	Amount Due From (To)
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
TOTALS	N/A	N/A	N/A	\$0	\$0	\$0	\$0	\$0	\$0

u	U	Ш	IICI	IIS.	

No Entry Required in Shaded Cells.

(Version dated 7/31/17)

^{*} For Transaction Code "09", the MCO is required to provide a detailed explanation of Other Transactions.

CHC Schedule - Report #4, Parts A and B Lag Report For Nursing Facility Services (Part A = Duals, Part B = Non-Duals) – Quarterly Report

Re	port #4 - Part A - Lag Rep Page1	port for Nurs	ing Facility	Services for	Duals (Rati	ng Region 1									
Rati Stat	C-MCO Name: ing Region: tement as of: pared by: e Prepared:			0 0 7 0, 1900			Su	bmission Ty	pe						
		(0)		(F)	(0)	(7)	(0)	(0)	(40)	***	(00)	(07)	(00)	(00)	(40)
(1)	(2)	(3)	(4)	(5)	(6)	(7) Month in	(8) Which Service	(9) Provided	(10)	(11)	(36)	(37)	(38)	(39)	(40)
Line	Month of Payment	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-15	May-15	Apr-15	Months Before 35th	Total
1	Mar-18														
2	Feb-18														
	Jan-18														
4	Dec-17														
	Nov-17	_		-											
6	Oct-17														
7	Sep-17	_													
8	Aug-17		-				-								
9	Jul-17														
34	Jun-15														
35	May-15					_	-								
36	Apr-15						-								
37	Months Before 35th Prior Month														
38	Total Claim Payments (Total lines 1 through 37)														

CHC Schedule - Report #4, Parts A and B (continued)

Lag Report For Nursing Facility Services (Part A = Duals, Part B = Non-Duals) – Quarterly Report

	-													
	Sub-capitation Payments Made													
	Nursing Facility Access to Care Payments													
	Settlements * (Include an explanation as a footnote)													
	Other Purchasing Arrangements						_	_	_	_	_	-	_	
	Sum of Payments (38+39+40+41+42)									-				
44	Incurred But Not Reported													
45	Total Incurred Claims (43+44)										-			
	Total Incurred Claims for Quarter Ending													
	Expense Reported for the Quarter													
	Accrual Adjustments (Prior Quarters)													
	* Settlements that could not be	reflected in the	paid claims abo	ove. This requi	res an explanat	ion.								
				yellow shading ired in Shaded	are amounts in Cells.	itially reported i	n a prior quarter	that appear ag	ain, but in a diff	ferent location o	n the spreadsh	eet.		
Соп	nments related to the current o								lated to the cur to Other Purch					
(Verric	an dated 7/31/17)													

CHC Schedule - Report #4, Parts C and D Lag Report For Pharmacy Services (Part C = Duals, Part D = Non-Duals) – Quarterly Report

Rep	oort #4 - Part C - Lag Re	port for Phai	macy Servi	ces for Dual	s (Rating Re	egion 1) - Qu	arterly Repo	ort							
СНС	Page 3 C-MCO Name:			0			Su	bmission Ty	/pe						
	ng Region: ement as of:			0 0, 1900											
	pared by:			0											
Date	Prepared:		January	0, 1900											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(36)	(37)	(38)	(39)	(40)
						Month in	Vhich Service	Provided					1	Months	
Line	Month of Payment	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-15	May-15	Apr-15	Before 35th	Total
1	Mar-18														
2	Feb-18														
3	Jan-18														
4	Dec-17														
5	Nov-17			_	_										
6	Oct-17														
7	Sep-17														
8	Aug-17														
9	Jul-17														
34	Jun-15			-	-	-	-	-	-	-					
35	May-15														
36	Apr-15			-	-	-				-	-				-
	Months Before 35th Prior Month														-
38	Total Claim Payments (Total lines 1 through 37)														-

CHC Schedule - Report #4, Parts C and D (continued)

Lag Report For Pharmacy Services (Part C = Duals, Part D = Non-Duals) – Quarterly Report

39	Sub-capitation Payments Made														
40	Pharmacy Rebates														
41	Settlements * (Include an explanation as a footnote)														
42	Other Purchasing Arrangements											-			
43	Sum of Payments (38+39-40+41+42)												-	-	
44	Incurred But Not Reported														
45	Total Incurred Claims (43+44)													_	
46	Total Incurred Claims for Quarter Ending	_			_										
47	Expense Reported for the Quarter														
48	Accrual Adjustments (Prior Quarters)														
	* Settlements that could not be	reflected in the	paid claims ab	ove. This requi	res an explanat	ion.									I
\vdash		\$ -	Cells with this	yellow shading	are amounts in	itially reported i	n a prior quarter	that appear ag	ı ıain, but in a diff	ferent location of	n the spreadsh	eet.			\vdash
		\$ -		ired in Shaded											I
Co	mments related to the current	quarter:							lated to the cu to Other Purch						H
Г										_					T
															L
(0,	ii J.s. 17174147)														\vdash

CHC Schedule - Report #4, Parts E - H Lag Reports For Other Services – Quarterly Report

Part E – Lag Report for Other Medical Services (Duals)

Part F – Lag Report for Other Medical Services (Non-Duals)

Part G – Lag Report for Personal Assistance Services

Part H – Lag Report for Other HCBS Services

	Page 7														
	C-MCO Name:			0			Su	bmission Ty	/pe						
	ing Region:			0 1000											
	tement as of: pared by:			0, 1900											
	e Prepared:			0, 1900											
			•												
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(36)	(37)	(38)	(39)	(40)
_						Month in	Which Service F	rovided						Months	
Line	Month of Payment	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-15	May-15	Apr-15	Before 35th	Total
1	Mar-18														
2	Feb-18	_													
3	Jan-18	_	_												
4	Dec-17	_	_	_											
5	Nov-17	_	_	_	_										
6	Oct-17	_	_	_	_	_									
7	Sep-17	-	_	_	_	-	_								
8	Aug-17	-	-	-	-	-	-	-							
9	Jul-17	-	_	-	-	-	-	-	-						
34	Jun-15	-	-	-	-	-	-	-	-	-					
35	May-15	-	-	-	_	-	-	_	-	-	_				
36	Apr-15	-	-	-	-	-	-	-	-	-	-	-			
37	Months Before 35th Prior Month	_	_	-	_	-	-	_	-	-	_	-	-		
38	Total Claim Payments (Total lines 1 through 37)	-	-	-	-	-	_	_	-	-	_	-	-	-	

$CHC\ Schedule\ \textbf{-}\ Report\ \#4,\ Parts\ E-H\ (continued)$

Lag Report For Other Services – Quarterly Report

					F		Juici Sc		€ 22.012.00	JP					
39	Sub-capitation Payments Made														_
40										I		T		ı	
41	Settlements * (Include an explanation as a footnote)														-
42	Other Purchasing Arrangements				_	_	_	-	_	-	-	_	-	_	-
43	Sum of Payments (38+39+40+41+42)	-	-	-	_	-	-	-	-	-	_	-	-	-	-
44	Incurred But Not Reported														_
45	Total Incurred Claims (43+44)		-	-	_	_	-	-	-	-	_	_	-	_	-
46	Total Incurred Claims for Quarter Ending				_			_			_			_	_
47	Expense Reported for the Quarter														_
48	Accrual Adjustments (Prior Quarters)														_
	* Settlements that could not b	oe reflected in	the paid claim	s above. This	requires an ex	planation.									
			Cells with this No Entry Req		g are amounts d Cells.	initially reporte					ocation on the	spreadsheet.			
Com	nments related to the current quar	ter:							ted to the currer r Purchasing Arr						
(Vers	ion dated 7/31/17)														

CHC Schedule - Report #5, Parts A – F Income Statement: Rate Cell Detail – Quarterly Report

Page CHO Zon Stat Pre	ort #5 - Part A - NFCE Dual 21-59 - Quarterly Inc e 1 of 2 3-MCO Name: e: ement As Of: pared By: e Prepared:	0 0 January 0				Submissio	on Type														
	Quarter:		1st Q	uarter			2nd Q	uarter			3rd Q	uarter			4th Q	uarter			Y	ΓD	
		Rating Re	gion 1	Rating Re	gion 2	Rating Re	gion 1	Rating Re	gion 2	Rating Re	gion 1	Rating Re	gion 2	Rating Reg	gion 1	Rating Re	gion 2	Rating Re	gion 1	Rating Re	egion 2
	Revenues / Expenses	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
MEME	BER MONTHS	-		-		-		-		-		-		-		-		-		-	
REVE	NUES:																				
1 a	Capitation		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	- #DIV/0!
1 t	Nursing Facility Access to Care - County Facilities		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	- #DIV/0!
1 0	Nursing Facility Access to Care - Private Facilities		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!		- #DIV/0!
2 8	High Cost Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	- #DIV/0!
2 t	Risk Corridor		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!		- #DIV/0!
3	Investment Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!		- #DIV/0!
4	Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!		- #DIV/0!
5	Reserved		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!		- #DIV/0!
6	Reserved		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!		- #DIV/0!
7	TOTAL REVENUES (Lines 1a to 6)		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!												

CHC Schedule - Report #5, Parts A - F (continued) Income Statement: Rate Cell Detail - Quarterly Report

Serv	ice Expenses:			_																
8	Nursing Facility		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
9	Nursing Facility Access to Care - County		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
10	Facilities Nursing Facility Access to Care - Private Facilities		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
11	NURSING FACILITY SUBTOTAL (Lines 8, 9, 10)	-	#DIV/0! -	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
12	Pharmacy		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
13	PHARMACY SUBTOTAL (Line 12)		#DIV/0! -	#DIV/0!		#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
14	Ambulance/Emergency Room		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15	Family Planning		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
16	FQHC/RHC		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
17	Home Health		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
18	Hospice		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
19	Inpatient		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
20	Laboratory/Radiology		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
21	Medical DME/Supplies		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
22	Outpatient		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
23	Physician		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	(#DIV/0!	Ì	#DIV/0!		#DIV/0!	-	#DIV/0!	_	#DIV/0!
24	Other Medical		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	ì	#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
25	OTHER MEDICAL SUBTOTAL (Lines 14 to 24)	-	#DIV/0! -	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
26	Personal Assistance (Agency and Self-Directed)		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
27	PERSONAL ASSISTANCE SUBTOTAL (Line 26)	-	#DIV/0! -	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
28	Structured Day Habilitation		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
29	Employment and Training Services		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
30	Home Health Services		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	Participant-Directed Goods/Services and Community Supports		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
32	Pest Eradication		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
33	Residential Habilitation		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	Vendor Services		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
35	Specialized Medical Equipment and Supplies		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Waiver - Other		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	OTHER HCBS WAIVER SUBTOTAL (Lines 28 to 36)		#DIV/0! -	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

CHC Schedule - Report #5, Parts A – F (continued) Income Statement: Rate Cell Detail – Quarterly Report

	rt #5 - Part A - NFCE Dual 21-59 - Quarterly I	ncome State	ment																		
	2 of 2																				
	MCO Name:	0	//////////////////////////////////////																		
Zone		0	4000																		
	ment As Of: ared By:	January (1900																		
	Prepared:	January (1900																		
0010	Trepared.	ourself (1500																		
	Quarter;		1st Q	uarter			2nd 0	buarter			3rd Q	uarter			4th Q	uarter			Y	TD OT	
		Rating Re		Rating Re		Rating Re	_	Rating Re		Rating Re	gion 1	Rating Ro		Rating Re		Rating Ro		Rating Re	_	Rating Re	
	Revenues / Expenses	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
38	Occupancy (Medical Only)		#D(V/0!		#DIV/0!		#D(V/0!		#DIV/0!		#DIW0!		#DIV/0!		#DIV/0!		#D(V/0!	5000000000 5	#D(V/0!	časanica	#DIV/0!
39	Depreciation (Medical Only)		#D(V/0!		#DIV/0!		#DIV/0!		#DfV/0!		#DIW0!		#DIV/0!		#DIV/0!		#DIV/0!	20000000	#D(V/0!		#DIV/0!
40	Reinsurance Premiums		#DIV/01		#DIV/0!		#DIV/0!		#DIV/01		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/01		#D(V/0!	******	#DIV/01
41	Reinsurance Recoveries		#D(V/0!		#DIV/0!		#D(V/0!		#DIV/0!		#DIW0!		#DIV/0!		#DIV/0!		#DIV/0!	•	#D(V/0!	-	#DIV/09
42	TOTAL SERVICE EXPENSES (Lines 11, 13, 25, 27, 37, and 38 to 41)		#DIV/08		#DIV/0!		#DIV/08	•	#DIV/0!	•	#DIV/0!	•	#DIV/08		#DIV/0!		#DIV/08		#DIV/05		#DIV/05
43	Care Management/Service Coordination		#D(V/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIW0!		#DIV/0!		#DIV/0!		#D(V/0!	•	#D(V/0!		#DIV/09
44	TOTAL ADMINISTRATION		#DIV/08		#D(V/0!		#DIV/05		#DIV/0!		#D(V/0!		#DIV/0!		#D(V/0!		#DIV/05		#DIV/08		#DIV/08
45	MCO Assessment		#DIV/0!		#DIV/0!		#D(V/0!		#DIV/0!		#DIW0!		#DIV/0!		#DIVIO!		#DIV/0!		#D(V/0!		#DIV/09
46	TOTAL EXPENSES (Lines 42 to 45)		#DIV/08		#DIV/0!		#DIV/08		#DIV/05		#DIV/08										
47	INCOME (LOSS) FROM OPERATIONS (Line 7 - Line 46)		#DIV/08		#DIV/0!	•	#DIV/08		#DIV/0!		#DIV/0!		#DIV/08		#DIVI0!		#DIV/08		#DIV/08		#DIV/08
48	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#D(V/0f		#DIV/0!		#D(V/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#D(V/0!		#D(V/0!		#D(V/0)
49	NET INCOME (LOSS) BEFORE INCOME TAXES (Lines 47 and 48)		#DIV/01		#DIV/0!		#DIV/08	•	#DIV/0!		#DIV/01		#DIV/08		#DIV/0!		#DIV/01		#DIV/01		#DIV/08
Com	ments:																				-
								,													
No Ent	y Required in Shaded Cells.																				_
	n dated 7/3917)																				

CHC Schedule - Report #5, Part G Income Statement: Summary – Quarterly Report

Page 1	1 of 2										
CHC	-MCO Name:	0				Submissi	on Type				
Zone	e: [0									
Stat	ement As Of:	January (0, 1900			Origi	nal				
Prep	pared By:	0				Origi	IIdi				
Date	Prepared:	January (0, 1900								
	Davidana / Europea	1st Qua	arter	2nd Qu	arter	3rd Qu	arter	4th Qu	arter	Year-to	-Date
	Revenues / Expenses	\$	РМРМ	\$	PMPM	\$	РМРМ	\$	РМРМ	\$	РМРМ
MEM	BER MONTHS	-		-		•		-		•	
REVE	NUES:										
1 a	Capitation	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 b	I Facilities	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 c	Mureing Eacility Access to Care - Private	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 a	High Cost Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 b	Risk Corridor	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3	Investment Income	-	#DIV/0!	-	#DIV/0!	•	#DIV/0!	•	#DIV/0!	•	#DIV/0!
4	* Other (If = or > 1% of Line 7, provide details)	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
5	Reserved	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
6	Reserved	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
7	TOTAL REVENUES (Lines 1a to 6)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

CHC Schedule - Report #5, Part G (continued) Income Statement: Summary – Quarterly Report

Servi	ce Expenses:										
8	Nursing Facility	-	#DIV/0!								
9	Nursing Facility Access to Care - County Facilities	-	#DIV/0!								
10	Nursing Facility Access to Care - Private	-	#DIV/0!								
11	NURSING FACILITY SUBTOTAL (Lines 8, 9, 10)	-	#DIV/0!								
12	Pharmacy	-	#DIV/0!								
13	PHARMACY SUBTOTAL (Line 12)	-	#DIV/0!								
14	Ambulance/Emergency Room	-	#DIV/0!								
15	Family Planning Services	-	#DIV/0!								
16	FQHC/RHC	-	#DIV/0!								
17	Home Health	-	#DIV/0!								
18	Hospice	-	#DIV/0!								
19	Inpatient	-	#DIV/0!								
20	Laboratory/Radiology	-	#DIV/0!								
21	Medical DME/Supplies	-	#DIV/0!								
22	Outpatient	-	#DIV/0!								
23	Physician	-	#DIV/0!								
24	Other Medical	-	#DIV/0!								
25	OTHER MEDICAL SUBTOTAL (Lines 14 to 24)	-	*DIV/0!	-	*DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
26	Personal Assistance (Agency and Self- Directed)	-	#DIV/0!								
27	PERSONAL ASSISTANCE SUBTOTAL (Line 26)	-	*DIV/0!								
28	Structured Day Habilitation	-	#DIV/0!								
29	Employment and Training Services	ı	#DIV/0!	-	#DIV/0!	1	#DIV/0!	1	#DIV/0!	-	#DIV/0!
30	Home Health Services	-	#DIV/0!								
31	Participant-Directed Goods/Services and Community Supports	-	#DIV/0!								
32	Pest Eradication	-	#DIV/0!								
33	Residential Habilitation	-	#DIV/0!								
34	Vendor Services	-	#DIV/0!								
35	Specialized Medical Equipment and Supplies	-	#DIV/0!								
36	Waiver - Other	-	#DIV/0!								
37	OTHER HCBS WAIVER SUBTOTAL (Lines 28 to 36)	-	#DIV/O!	-	#DIV/O!	-	#DIV/O!	-	#DIV/0!	-	#DIV/0!

CHC Schedule - Report #5, Part G (continued) Income Statement: Summary – Quarterly Report

CHC	-MCO Name:	0									
one		0									
	ement As Of:	January				0-1-1					
	pared By:	0				Origi	inai				
Date	Prepared:	January	0, 1900								
	Revenues / Expenses	1st Qu	arter	2nd Qu	ıarter	3rd Qu	ıarter	4th Qu	ıarter	Year-to	-Date
	Revenues / Expenses	\$	PMPM	\$	PMPM	\$	РМРМ	\$	РМРМ	\$	PMPM
38	Occupancy (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	Depreciation (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums	-	#DIV/0!	1	#DIV/0!	-	#DIV/0!	-	#DIV/0!	ı	#DIV/0!
41	Reinsurance Recoveries	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
42	TOTAL SERVICE EXPENSES (Lines 11, 13, 25, 27, 37, and 38 to 41)	-	*DIV/0!	-	*DIV/0!	-	*DIV/0!	-	*DIV/0!	-	*DIV/0
43	Care Management/Service Coordination	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0
DMI	NISTRATIVE EXPENSES:										
44	Direct Costs General and Operational Management		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
45	Finance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
46	Claims Processing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
47	Information Systems		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
48	Pharmacy Administrative Costs		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
49	Marketing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
50	Network Development		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
51	Member / Enrollment Services		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
52	Fiscal Management Services (FMS) Provider		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
53	Other Direct Costs Administrative Business Expenditures		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
54	Assessments (Sanctions)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
55	Act 68 Interest Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
56	Indirect Costs Corporate Overhead Allocations		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
57	* Other (If > or = 5% of Line 65, provide details)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0
58	TOTAL ADMINISTRATION	_	#DIV/0!	_	#DIV/0!	_	#DIV/0!	_	#DIV/0!	_	#DIV/0

CHC Schedule - Report #5, Part G (continued) Income Statement: Summary – Quarterly Report

59	MCO Assessment	-	#DIV/0!								
60	TOTAL EXPENSES (Lines 42, 43, 58, and 59)	-	#DIV/0!	-	#DIV/0!	-	*DIV/0!	-	#DIV/0!	-	*DIV/0!
	INCOME (LOSS) FROM OPERATIONS (Line 7 - Line 60)	-	*DIV/0!	-	#DIV/0!	-	*DIV/0!	-	#DIV/0!	-	*DIV/0!
62	NON-OPERATING INCOME (LOSS) BEFORE TAXES	-	#DIV/0!								
63	NET INCOME (LOSS) BEFORE INCOME TAXES (Lines 61 and 62)	-	*DIV/0!	-	*DIV/0!	-	*DIV/0!	1	*DIV/0!	-	*DIV/0!
64	Income taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
65	NET INCOME (LOSS) AFTER INCOME TAXES (Line 63 - Line 64)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	*DIV/0!
	nents:										
No En	try Required in Shaded Cells.										
(Versio	on dated 7/31/17)										

CHC Schedule - Report #6, Part A Nursing Facility and Personal Assistance Statistics – Quarterly Report

Report #6 - Part A -	- Nursing Facility	and Perso	nal Assista	ance Statis	tics (Rating	Region 1) - Quarterly	Report							
CHC-MCO Name:	0						Submiss	ion Type							
Rating Region:	0														
Statement as of:	January 0, 1900														
	January 0, 1900														
Prepared by:															
Date Prepared:															
Service Quarter:															
Data Cutoff Date:															
			Most Rec	ent Quarter			1st Prior	Quarter			4th Prio	r Quarter		i	
		1st Service	2nd Service	3rd Service	Most Recent	1st Service	2nd Service	3rd Service	1st Prior	1st Service	2nd Service	3rd Service	4th Prior		Rolling 12-
Category of	f Service	Month ²	Month ²	Month ²	Quarter Total	Month ²	Month ²	Month ²	Quarter Total	Month ²	Month ²	Month ²	Quarter Total	IBNR	month Total
Nursing F	acility ¹														
County Nursing Facilities	donity														
1 Dollars					0				0				0		0
2 Days					0				0				0		0
3 Number of Participants Who U	lsed a Service														
4 Average Days/User		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
5 Average Per Diem Cost Private Nursing Facilities		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#1019709	#DIV/0!		#DIV/0!
6 Dollars					0				0				0		0
7 Days		1			0				0				0		0
8 Number of Participants Who U	Ised a Service														
9 Average Days/User		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
10 Average Per Diem Cost		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Total															
11 Dollars 12 Days		0		1	0 0	,	J U		0 0	U	U		0	-	<u> </u>
13 Number of Participants Who U	lead a Carnica		-	,	0 0	,	, 0		0	۰		1	0		, ·
14 Average Days/User	Sed a Cervice	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
15 Average Per Diem Cost		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Personal Assista	ance Services														
Self-Directed															
16 Dollars					0				0				0		0
17 Units 18 Number of Participants Who U	lead a Country	<u> </u>	 		0				0				0		0
19 Average Units/User	ised a service	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
20 Average Unit Cost		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Agency															
21 Dollars					0				0				0		0
22 Units					0				0				0		0
23 Number of Participants Who U	Ised a Service	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
24 Average Units/User 25 Average Unit Cost		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Total															
26 Dollars		0	e		0 0	(0		0 0	0	0		0	1	0
27 Units		0	0)	0 0	(0		0 0	0	0	(0		0
28 Number of Participants Who U	Ised a Service														
29 Average Units/User 30 Average Unit Cost		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
30 Average Unit Cost		#DIVIO:	#DIV/0!	#DIVIO:	#DIVIO:	#DIV10:	#DIVIO:	#DIVIO:	#DIVIO:	#DIVIO:	#DIVIO:	#DIVIO:	#DIVIO:		#DIALO:
Comments:															
			-												
No Entry Required in Shaded Cells.															
Do not include Nursing Facility Ac The monthly information submitte		coruioo month	onisted with the #D:	to of Comicos t	ho olaim										
(Version dated 7/31/17)	a should be suffittalized by the	Service month asso	Joraced with the "Da	ice or pervice. On t	ne oldini.										

CHC Schedule - Report #6, Part B Pharmaceutical Price and Utilization Statistics – Quarterly Report

Report #6 - Part B - Pharmaceutical Price and Utilization Statistics (Rating Region 1) - Quarterly Report

CHC-MCO Name:			0	Sub	mission Type
Rating Region:			0		
tatement as of		January	0, 1900		
repared by:				1	
ate Prepared:					
ervice Quarter:					
ata Cutoff Date:				1	
				_	
Most Recent Quarter	T				
Category of Service	Total NFCE Non- Duals				
<u>Pharmacy</u>					
1 Brand Dispensing Fee					
Generic Dispensing Fee					
Specialty Brand Dispensing Fee					
4 Specialty Generic Dispensing Fee					
5 Average Rebate per Claim (non Specialty)					
Average Specialty Rebate per Specialty Claim					
7 Administrative Fee per Claim					
Average Discount for Brand Prescriptions (non Specialty)					
Average Discount for Generic Prescriptions (non Specialty)					
Average Discount for Specialty Brand Prescriptions					
Average Discount for Specialty Generic Prescriptions					
Percentage of the Specialty Prescription Claims processed through the PBM					
Percentage Specialty Reimbursed Amount processed through the PBM					
4 Total Number of Prescription Claims					
5 Total Reimbursed Amount					
			•		
ricing Methodology Used (Ref. Lines 8-11)					

Community HealthChoices Examination Guide

All other lines should be whole numbers.

No Entry Required in Shaded Cells.

(Version dated 7/31/17)

Community HealthChoices Financial Schedules

CHC Schedule - Report #8, Part A Coordination of Benefits (Claims Cost Avoided) – Quarterly Report

Report #8 - Part A -	Coordination of Be	nefits - Claims Cost	Avoided - Quarterly	y Report				
CHC-MCO Name:						Submission Type		
Zone:								
Statement as of:								
Prepared by:								
Date Prepared:								
Date i Tepareu.								
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
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 Dollar Amount of Claims Denied Due to a Known TPL Resource without an EOB Attachment	the Month (Commercia	bers Active with a TPL al, Medicare, Total Com	mercial and Medicare)
						1st Month of Quarter	2nd Month of Quarter	3rd Month of Quarter
Commercial				000				
Inpatient			0	0%				
Outpatient/Professional			0	0%				
Nursing Facility			0	0%				
Pharmacy			0	0%				
HCBS Waiver			0	0%				
Commercial Subtotal	0	0	0	0%				
Medicare		,						
Inpatient			0	0%				
Outpatient/Professional			0	0%				
Nursing Facility			0	0%				
Pharmacy			0	0%				
HCBS Waiver			0	0%				
Medicare Subtotal	0	0	0	0%	\$ -			
Total Commercial and								
Medicare	0	0	0	0%	-	0	0	0
Describe any changes in co	st avoidance or COB process	sing methodologies.						
No Entry Required in Shaded	Cells.							
(Version dated 7/31/17)								

CHC Schedule - Report #8, Part B(1) Coordination of Benefits (Provider Reported) – Quarterly Report

Report #8 - Part B - Coordi	nation of Benefits - Pr	ovider Repo	orted - Quar	terly Report					
·		_							
CHC MCC Nows	0								
CHC-MCO Name:	0				Submiss	sion Type			
Zone:	0								
Statement as of:	January 0, 190	0							
Prepared by:	0								
Date Prepared:	January 0, 190	0							
•	,								
			nber of Claims (B	ased 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	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior	Current Quarter	Total
Type of Resource by Type of Claim	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter	Current Quarter	Total
Commercial									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Commercial Subtotal	0	0	0	0	0	0	0	0	
Medicare									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Medicare Subtotal	0	0	0	0	0	0	0	0	
Total Commercial and Medicare	0	0	0	0	0	0	0	0	

CHC Schedule - Report #8, Part B(1) (continued)

Coordination of Benefits (Provider Reported) – Quarterly Report

Column A Type of Resource by Type of Claim	Column B Service Dates Prior to Most	Column C 6th Prior	owed Amount (Ba Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim		oui Piloi	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior		
	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter	Current Quarter	Total
Commercial									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Commercial Subtotal	0	0	0	0	0	0	0	0	
Medicare									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Medicare Subtotal	0	0	0	0	0	0	0	0	
Total Commercial and Medicare	0	0	_	0	0	0	0		
			-	-	_	-		-	
		Table 3. Amo	ount Reported (Ba	sed on Quarter o	f Service)				
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
	Service Dates Prior to Most	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior		
Type of Resource by Type of Claim	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter	Current Quarter	Total
Commercial									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Commercial Subtotal	0	0	0	0	0	0	0	0	
Medicare	-		· ·	· ·	•	•		· ·	
Inpatient									
Outpatient/Professional	+								
Nursing Facility	+								
Pharmacy	+								
HCBS Waiver	+								
Medicare Subtotal	0	0	0	0	0	0	0	0	
Total Commercial and Medicare	0	0		0	0	0	0		
Total Commercial and Medicale	U	U	U	U	U	U	U	U	
Descriptions that would assist in intern	erating algolficant abangos or av	anta that have as	aurrad within tha	aurrant ar nelar i	onarting quarter				
Descriptions that would assist in interp	neung significant changes or eve	ents that have oc	curred within the	current or prior i	eporting quarters	5.			
No Entry Required in Shaded Cells.									

CHC Schedule - Report #8, Part B(2) Coordination of Benefits (MCO Recovered) - Quarterly Report

Report #8 - Part B(2) - Coo	rdination of Benefits -	MCO Recov	rered - Quar	teriy Report					
CHC-MCO Name:	0				Submiss	sion Type			
Zone:	0								
Statement as of:	January 0, 190	0							
Prepared by:	0								
Date Prepared:	January 0, 190	0							
	, , , , ,								
		711.411							
			nber of Claims (Ba						
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column
Type of Resource by Type of Claim	Service Dates Prior to Most	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior	Current Quarter	Total
	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter		
Commercial									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Commercial Subtotal	0	0	0	0	0	0	(0	
Medicare									
Inpatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Medicare Subtotal	0	0	0	0	0	0	(0	
Total Commercial and Medicare	0	0	0	0	0	0	(0	

CHC Schedule - Report #8, Part B(2) (continued)

Coordination of Benefits (MCO Recovered) – Quarterly Report

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
	Service Dates Prior to Most	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior		
Type of Resource by Type of Claim	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter	Current Quarter	Total
Commercial									
npatient									
Outpatient/Professional									
lursing Facility									
Pharmacy									
ICBS Waiver									
Commercial Subtotal	0	0	0	0	0	0	(0	
Medicare									
npatient									
Outpatient/Professional									
lursing Facility									
Pharmacy									
ICBS Waiver									
Medicare Subtotal	0	0	0	0	0	0	(0	
Total Commercial and Medicare	0	0	0	0	0	0	(0	
Column A Type of Resource by Type of Claim	Column B Service Dates Prior to Most	Column C 6th Prior	Column D 5th Prior	Column E 4th Prior	Column F 3rd Prior	Column G 2nd Prior	Column H 1st Prior	Column I Current Quarter	Column J Total
	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter	January Gaussia	
Commercial							I		
Outpatient/Professional									
Outpatient/Professional Nursing Facility									
Outpatient/Professional Jursing Facility Pharmacy									
Outpatient/Professional Jursing Facility Pharmacy HCBS Waiver									
Outpatient/Professional Jursing Facility Pharmacy HCBS Waiver Commercial Subtotal	0	0	0	0	0	0		0	
Outpatient/Professional Aursing Facility Pharmacy HCBS Waiver Commercial Subtotal Medicare	0	0	0	0	0	0		0	
Outpatient/Professional Jursing Facility Pharmacy HCBS Waiver Commercial Subtotal Medicare Inpatient	0	0	0	0	0	0	(0	
Outpatient/Professional Jursing Facility Pharmacy HCBS Waiver Commercial Subtotal Medicare Inpatient Outpatient/Professional	0	0	0	0	0	0	(0	
Outpatient/Professional Jursing Facility Pharmacy JCBS Waiver Commercial Subtotal Medicare Inpatient Outpatient/Professional Jursing Facility	0	0	0	0	0	0	(0	
Outpatient/Professional Nursing Facility Pharmacy HCBS Waiver Commercial Subtotal Medicare Inpatient Outpatient/Professional Nursing Facility Pharmacy	0	0	0	0	0	0	(0	
Outpatient/Professional Nursing Facility Pharmacy HCBS Waiver Commercial Subtotal Medicare Inpatient Outpatient/Professional Nursing Facility HCBS Waiver									
npatient Outpatient/Professional Nursing Facility Pharmacy HCBS Waiver Commercial Subtotal Medicare npatient Outpatient/Professional Nursing Facility Pharmacy HCBS Waiver Medicare Subtotal Total Commercial and Medicare	0	0		0	0	0			

Community HealthChoices Examination Guide

No Entry Required in Shaded Cells. (Version dated 7/31/17)

CHC Schedule - Report #8, Part C Coordination of Benefits (Vendor Recovered) – Quarterly Report

Report #8 - Part C - Coordi	nation of Benefits - III	ilu Faity Di	lect of velic	IOI KECOVEI	eu - Quarter	iy Kepuit			
CHC-MCO Name:	0				Submiss	ion Type			
Zone:	0								
Statement as of:	January 0, 190	0							
Prepared by:	0								
Date Prepared:	January 0, 190	0							
·	,								
		Table 1 Nun	nber of Claims (Ba	end on Ouartor	of Convice)				
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column
	Service Dates Prior to Most	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior		
Type of Resource by Type of Claim	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter	Current Quarter	Total
Commercial									
npatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Commercial Subtotal	0	0	0	0	0	0	(0	
Medicare									
npatient									
Outpatient/Professional									
lursing Facility									
Pharmacy									
HCBS Waiver									
Medicare Subtotal	0	0	0	0	0	0	(0	
Total Commercial and Medicare	0	0	0	0	0	0		0	

CHC Schedule - Report #8, Part C (continued)

Coordination of Benefits (Vendor Recovered) – Quarterly Report

	Coordination					teriy Kepo)rt		
			mount Recovered						
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									
npatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Commercial Subtotal	0	0	0	0	0	0		0	
Medicare									
npatient									
Outpatient/Professional									
Nursing Facility									
Pharmacy									
HCBS Waiver									
Medicare Subtotal	0	0	0	0	0	0		0	
Total Commercial and Medicare	0	0	0	0	0	0		0	
	T.11.2	N (D II A	4 D 11 4	1 W 1 /D					
			nt Recovered by t					1	
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	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	1st Prior	Current Quarter	Total
	Recent 7 Quarters	Quarter	Quarter	Quarter	Quarter	Quarter	Quarter		
Commercial									
Inpatient									
Outpatient/Professional								+	
Nursing Facility									
Pharmacy HCBS Waiver									
	0	0	0	0	0	0		0 0	
Commercial Subtotal	0	0	0	0	0	0		0 0	
Medicare									
npatient Outpatient/Professional									
								+	
Nursing Facility									
Pharmacy									
HCBS Waiver			0	0					
Medicare Subtotal	0	0	0	0	0	0		0 0	
Total Commercial and Medicare	0	0	0	0	0	0		0 0	
Describe any significant recovery effor	ts the recovery vendor or third r	narty have under	aken that would	he useful to DHS	in understanding	amounts reporte	nd and time ner	inds affected	
lo Entry Required in Shaded Cells.									
Version dated 7/31/17)									

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

				0.1		
CHC-MCO Name:		0		Submission Type		
Zone:		0				
Statement as of:		January 0	, 1900	Original		
Prepared by:						
Date Prepared:						
				Month of Service		
Category of Provider	Payment	Jan-00	Feb-00	Mar-00	Apr-00	Dec-00
	Method	0411-00	1 05-00	Mai-00	Apr-00	
1. Nursing Facility	FFS - YES	0	0	0	0	(
1. Italianing I domey	FFS - NO	0	0	0	0	(
2. Pharmacy	FFS - YES	0	0	0	0	(
2.1 Harmacy	FFS - NO	0	0	0	0	(
3. Other Medical	FFS - YES	0	0	0	0	(
o. Other medical	FFS - NO	0	0	0	0	(
4. Personal Assistance	FFS - YES	0	0	0	0	(
4. Forestian Assistance	FFS - NO	0	0	0	0	(
5. Other HCBS Waiver	FFS - YES	0	0	0	0	(
	FFS - NO	0	0	0	0	(
6. N/A	FFS - YES	N/A	N/A	N/A	N/A	N/A
	FFS - NO	N/A	N/A	N/A	N/A	N/A
7. N/A	FFS - YES	N/A	N/A	N/A	N/A	N/A
	FFS - NO	N/A	N/A	N/A	N/A	N/A
Comments:						

CHC Schedule - Report #13 Part B

Subcapitation Data Detail Category of Provider (FFS – YES) – Quarterly Report

Report #13 - Pa	art B - Subcapit	tation Data Deta	ail Report (FFS	- YES) - Nursin	g Facility - Quar	terly Report		y Quui te	Try Repor				
CHC-MCO Nan	ne:			0	Submission Type								
Zone:	_												
Statement as o	of:			0, 1900									
Prepared by:				0									
Date Prepared	:		January	0, 1900									
	Jan-00			Feb-00		Mar-00			Dec-00				
Rate Cell	Recipient Count	Subcap Payment	Rate Cell	Recipient Count	Subcap Payment	Rate Cell	Recipient Count	Subcap Payment	Rate Cell	Recipient Count	Subcap Payment		
T-4-1	0	0	T-4-1	0	0	T-4-1	0	0	T-4-1	0	0		
Total	U	U	Total	0	U	Total	0	U	Total	0	U		
Number of Provid	ers Paid:		Number of Provid	lers Paid:		Number of Provi	ders Paid:		Number of Provid	lers Paid:			
Comments:													
No Entry Required in SI	naded Cells												
(Version dated 7/31/17													

CHC Schedule - Report #13 Part B

Subcapitation Data Detail Category of Provider (FFS – NO) – Quarterly Report

Report #13 - Pa	art B - Subcapit	tation Data Deta	ail Report (FFS	- NO) - Nursing	Facility - Quarte	erly Report			-J == -P == -		
CHC-MCO Nan	ne:			0	Submission Type						
Zone:				0							
Statement as o	of:		January	0, 1900							
Prepared by:				0							
Date Prepared	•			0, 1900							
Date Frepareu	•		January	0, 1900							
	Jan-00			Feb-00			Mar-00			Dec-00	
Rate Cell	Recipient Count	Subcap Payment	Rate Cell	Recipient Count	Subcap Payment	Rate Cell	Recipient Count	Subcap Payment	Rate Cell	Recipient Count	Subcap Payment
										 	
										 	
Total	0	0	Total	0	0	Total	0	0	Total	0	0
Total	U	U	Total	U	U	Total	0	U	Total	U	V
Number of Provid	ers Paid:		Number of Provid	lers Paid:		Number of Provio	ders Paid:		Number of Provid	lers Paid:	
Comments:											
No Entry Required in St	haded Cells										
(Version dated 7/31/17											

NOTES TO THE FINANCIAL SCHEDULES

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

- 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

<u>NOTE</u>: The AICPA maintains the 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, and Claims Processing.

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 Behavioral/Physical Health and Community 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 Community HealthChoices 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 Community HealthChoices Agreement, Section V. Fraud and Abuse., except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

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 #3 Part A in accordance with the Claims Processing Reporting Requirements.
 - o Report #3A Parts A, C, E and G include information on ALL claims identified as clean as of the date the report was prepared.
 - o Claims are appropriately identified as clean or not clean.
 - o Report #3A Parts B, D, F and H 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.
 - o Checks are mailed no later than three workdays from the check date.

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 Community HealthChoices 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 Community HealthChoices 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 Section 422.208 and 422.210, regarding Physician Incentive Arrangements as outlined in the C o m m u n i t y HealthChoices 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)

(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 C o m m u n i t y Healthchoices Agreement.

CHC Schedule - Report #3 Part A Claims Processing Report - Monthly Report

			Ciain	15 1 1 0 0	some r	cport –	MIOHU	пу кср	DI t			
Report #3A - Claims Monthly Repor	t											
CHC-MCO Name:												
Zone:												
Month of Claim Receipt:												
Information Available through:												
Prepared by:												
Date Prepared:												
Submission Date:												
Submission Due Date:												
Member Months as of	***********											
Memori Months as of												
					Inpatier	nt (IP) 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)												0
All Claims - Inpatient (Part B)												0
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)												0
All Claims - Inpatient (Part B)												0
Subcontractor #2 Name:												
Clean Claims - Inpatient (Part A)												0
All Claims - Inpatient (Part B)					<u></u>							0
					Nursing Fa	cility (NF) Cl	aims					
Nursing Facility 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 - Nursing Facility (Part C)												0
All Claims - Nursing Facility (Part D)												0
Nursing Facility 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 - Nursing Facility (Part C)												0
All Claims - Nursing Facility (Part D)												0
Subcontractor #2 Name:												
Clean Claims - Nursing Facility (Part C)				1								0
All Claims - Nursing Facility (Part D)												0

CHC Schedule - Report #3 Part A (continued) Claims Processing Report – Monthly Report

HCBS Vaiver Processed by the MCO Claims Received Claims Received Claims Received Claims Received Claims Paid Original Or	Cross Cheok
HCBS Vaiver Processed by the MCO Glams Padd Wirthin 30 Days Clean Claims - HCBS Vaiver (Part E) All Claims	Cross Cheok
All Claims Picos Vaiver (Part F) HCBS Waiver Claims Processed by Subcontractors Subcontractor 1 Name: Clean Claims - HCBS Waiver (Part F) All Claims - HCBS Waiver (Part F) Other than IP, NF, HCBS Waiver, or Pharmacy Claims - Other than IP, NF, HCBS Waiver, or Pharmacy Claims - Other than IP, NF, HCBS Waiver, or Pharmacy Claims - Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by Subcontractor Subcontr	Cross Cheok
All Claims Pices Vaiver (Part F) HCBS Waiver Claims Processed by Subcontractors Received Claims Paid Within 30 Days Subcontractor 1 Name: Clean Claims - HCBS Waiver (Part F) All Claims - HCBS Waiver (Part F) Subcontractor 1 Name: Clean Claims - HCBS Waiver (Part F) All Claims - HCBS Waiver (Part F) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCO Clean Claims - Claims Paid Within 30 Days Claims Paid Within	Cross Cheok
HUSS Variet Claims Processed by Subcontractors Subcontractor \$1 Name: Clean Claims - HCBS Vaiver (Part F) Subcontractor \$2 Name: Clean Claims - HCBS Vaiver (Part F) All Claims - HCBS Vaiver (Part F) Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part H) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part H) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part H) Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Vaiver, or Pharmacy (
Clean Claims - HCBS Waiver (Part E) All Claims - HCBS Waiver (Part E) Other than IP, NF, HCBS Waiver, or Pharmacy Claims - HCBS Waiver, or Pharmacy Claims Paid Mithin 30 Days Claims Paid Mithin 30 Days Claims Paid Subcontractor Name: Claims Paid Within 30 Days Claims Paid Subcontractor Name: Claims Paid Within 30 Days Claims Paid Subcontractor Name: Claims Paid Within 30 Days Claims Paid Subcontractor Name: Cla	
All Claims - HCBS Waiver (Part F) Subcontractor \$2 Name: Clean Claims - HCBS Waiver (Part E) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCD Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part B) Other than IP, NF, HCBS Waiver, or Pharmacy (Part B) Claims Paid Within 30 Days Claims Paid Days Claims Paid Over 30 Days Claims Paid Ove	
All Claims – HCBS Waiver (Part E) Subcontractor \$2 Name: Clean Claims – HCBS Waiver (Part E) All Claims – HCBS Waiver (Part E) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCD Clean Claims – Other than IP, NF, HCBS Waiver, or Pharmacy (Part B) Other than IP, NF, HCBS Waiver, or Pharmacy (Part B) Claims Paid Within 30 Days Claims Paid Over 30 Da	
Subcontractor Valuer (Part E) Clean Claims - HCBS Waiver (Part E) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by Maiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy (Part B) Claims Peid (Arch Days) Claims Pei	
Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCD Claims Pharmacy Claims Processed by the MCD Claims Polar MCD Claims Polar MCD Claims Paid Mithin 30 Days Claims Paid Denied 46-30 Days Claims	
Other Claims (Not Inpatient, Nursing Facility, HCBS Waiver, or Pharmacy) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCD Claims Paid Within 30 Days Claims Paid Within 30 Days Claims Paid 31-45 Days Claims Paid Over 30 Days Claims Paid O	
Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCD Claims Received Within 30 Days Received Within 30 Days Within 30 Days Object than IP, NF, HCBS Waiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Paid Within 30 Days Subcontractors Subcontractors Subcontractors Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Paid Within 30 Days Subcontractors Other than IP, NF, HCBS Waiver, or Pharmacy Claims Paid Within 30 Days Subcontractors Other than IP, NF, HCBS Waiver, or Pharmacy Claims Paid Within 30 Days Subcontractors Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Other than	
Pharmacy Claims Processed by the MCO Received Within 30 Days Denied Within 30 Days Denied Within 30 Days Denied 31-45 Days Denied 31-45 Days Denied 46-90 Days	
Pharmacy Claims Processed by the MCO Received Within 30 Days Denied Within 30 Days Denied Within 30 Days Denied 31-45 Days Denied 31-45 Days Denied 46-90 Days	
HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by Subcontractors Subcontractor Name: Claims Paid Within 30 Days Claims Paid Within 30 Days Claims Paid Subcontractor Name:	Cross Check
Waiver, or Pharmacy (Part H) Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by Subcontractors Subcontractor Name: Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part Han IP, NF, HCBS Waiver, or Pharmacy (P	
Pharmacy Claims Processed by Subcontractors Claims Paid Subcontractors Claims Paid Subcontractors Claims Paid Subcontractor Name: Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Denied Within 30 Days Denied Within 30 Days Denied 31 - 45 Days Denied 46 - 90 Days Denied 46 -	
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Dental Subcontractor Name: Clean Claims - Other than IP, NF,	Cross Check
HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Dental Subcontractor Name: Clean Claims - Other than IP, NF,	
Waiver, or Pharmacy (Part H) Dental Subcontractor Name: Clean Claims - Other than IP, NF,	
Clean Claims - Other than IP, NF,	
HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS	
Waiver, or Pharmacy (Part H) Vision Subcontractor Name:	
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)	
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)	
Other Subcontractor Name: Clean Claims - Other than IP, NF,	
HCBS Waiver, or Pharmacy (Part G) All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)	
Other Subcontractor Name:	
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)	
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)	
Other Subcontractor Name:	
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)	
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H) Beyond this Page, no numbers need to be entered. Only provide Comments.	

CHC Schedule - Report #3 Part A (continued) Claims Processing Report – Monthly Report

1							WIOII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7010			
			January 1900	Claims Proce	ssing Estima	ted Penaities	300000000000000000000000000000000000000				3000000000000000000000000000000000000	000000000000000000000000000000000000000
0	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 All Claims Adjudicated (90 Days) 100% *	90 Day All Claims Adjudication Percentage Estimated Penalty	Total Estimated Penalty
January 0, 1900				•		Commu	nity HealthCho	ices - Inpatie	nt			
0	0	0			0			0	0			
											1	
											1	
Total - Inpatient	0	0		\$0	0		\$0	0	0		\$0	\$0
						Community	/ HealthChoice	s - Nursing Fa	acility			
0	0	0			0			0	0			
Total - Nursing Facility	0	0		\$0	0		\$0	0	0		\$0	\$0
						Communi	ty HealthChoic	es - HCBS Wa	iver			
January 0, 1900	0	0			0			0	0			
Total - HCBS Waiver	0	0		\$0	0		\$0	0	0		\$0	\$0
					_	<u>HealthChoice</u>	s - Other than			rmacy		
0	0	0			0			0	0			
Total - Other than IP, NF, HCBS Waiver, or												
Pharmacy	0	0		50	0		\$0	0	0		\$0	\$0
		Prog	ram recipien	ts for the mon	ıth	0	**	Claims Proce	ssing Penalti			\$0
										Timeliness F	Penalties	
* Standard per contract. The Department	t is allowing a	0.5% deviation (99.5% to 99.	9%) for the 10	0% requireme	nt.						
"Claims Processing Penalties include 1/							Total of All	Penalties (Su	bject to DHS	s Approval)] [<u>\$0</u>
recipients.		•							tion (FOR DHS			
" Claims Processing Penalties include 2	3 sanction re	duction for plans	with less the	an 50,000 reci	pients.				LTY APPLIED			\$0
-												

CHC Schedule - Report #3 Part A (continued) Claims Processing Report – Monthly Report

January 1900				Denied (Claims						Von-Adjudicat	ed Claims
0	Clean Claims Received+ All Non- Adjudicated	Clean Claims Denied (30 Days)	% of Clean Claims Denied (30 Days)	Days)	% of Clean Claims Denied (45 Days)	All Claims Received	All Claims Denied (Within 90 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicate Vs. All Claims
0			Commi		noices - Inpat					Commu		oices - Inpatient
0	0	0		0		0	0		0		0	
				_		_						
Total - Inpatient	0	0	C	0	ces - Nursing	0	0		0	C	0	es – Nursing Facility
	-		Communi		ces - Nursing					Community		es - Nursing racility
0	0	0		0		0	0		0		0	
Total - Nursing Facility	0	0	0.00%	0	0.00%	0	0	0.00%	0		0	0.00%
rotal - Mursing racinty		U			ices - HCBS V			0.00%	U	Communi		ces - HCBS Waiver
0	0	0	Commun	0	loes Hobo	0	0		0		0	Ces 11000 waiver
	-	-		-		-	-				-	
Total - HCBS Waiver	0	0	0.00%	0	0.00%	0	0	0.00%	0		0	0.00%
		Community			n IP, NF, HCB	S Waiver, or F	harmacy	0.00.0	Community	HealthChoice	s - Other than	IP, NF, HCBS Waiver, or Pharma
0	0	0		0		0	0		0		0	
									0			
otal - Other than IP, NF, HCBS Waiver, or Pharmacy	0	0		0		0	0				1 0 1	

MONTHLY CLAIMS CERTIFICATION STATEMENT OF (CHC-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: ☐ Report #3 Parts A and 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

Signature

Name and Title