



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

HEALTHCHOICES EXAMINATION GUIDE

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

DECEMBER 2018

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

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ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

Report 1: The AICPA maintains the 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 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.

Report #4 - Part A - Lag Report for Hospital Inpatient Payments - Quarterly Report

Page 1

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

Submission Type

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(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-17	May-17	Apr-17	Mar-17	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16	Sep-16	Aug-16	Jul-16	Jun-16	May-16	Apr-16	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15	Months 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																																								
10	Jun-17																																								
11	May-17																																								
12	Apr-17																																								
13	Mar-17																																								
14	Feb-17																																								
15	Jan-17																																								
16	Dec-16																																								
17	Nov-16																																								
18	Oct-16																																								
19	Sep-16																																								
20	Aug-16																																								
21	Jul-16																																								
22	Jun-16																																								
23	May-16																																								
24	Apr-16																																								
25	Mar-16																																								
26	Feb-16																																								
27	Jan-16																																								
28	Dec-15																																								
29	Nov-15																																								
30	Oct-15																																								
31	Sep-15																																								
32	Aug-15																																								
33	Jul-15																																								
34	Jun-15																																								
35	May-15																																								
36	Apr-15																																								
37	Months Before 35th Prior Month																																								
38	Total Claim Payments (Total lines 1 through 37)																																								
39	Sub-capitation Payments Made																																								
40	APR Adj Amount																																								
41	Other Purchasing Arrangements																																								
42	Sum of Payments (38+39+40+41+42)																																								
43	Reported Total Incurred Claims (43+44)																																								
44	Total Incurred Claims for Quarter Ending Expense Reported for the Quarter (Prior Quarters)																																								

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

\$ - Cells with this yellow shading are amounts initially reported in a prior quarter that appear again, but in a different location on the spreadsheet.
 \$ - No Entry Required in Shaded Cells.

Comments related to the current quarter:

Comments related to the current quarter (Only relative to Other Purchasing Arrangements - Line 42):

--	--

Report #4 - Part B - Lag Report for Physician Payments - Quarterly Report

Page 2

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

Submission Type

Table with 40 columns (Months) and 48 rows (Line items 1-48). Columns 3-37 contain yellow shading indicating reporting lags. Row 37 is 'Months Before 35th Prior Month'. Rows 38-48 are summary rows for claim payments and incurred claims.

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

Legend: Yellow shading = Cells with this yellow shading are amounts initially reported in a prior quarter that appear again, but in a different location on the spreadsheet. Shaded Cells = No Entry Required in Shaded Cells.

Comments related to the current quarter: [Empty text box for reporting comments]

Comments related to the current quarter (Only relative to Other Purchasing Arrangements - Line 42):

Report #5 - Part A - TANF - MAGI - 21+ - Quarterly Income Statement

Page 1 of 2

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900

Submission Type

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		YTD							
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
	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!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
1 b) IMD Revenue Recoupment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
1 c) APR Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!
2 b) MCO Pay 4 Performance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
3 a) Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
3 b) High Cost Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
3 c) Home Nursing Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
3 d) Under Age 1 Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
3 e) Risk Corridor		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
4) Investment Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
5) Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
6) TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!
7 b) Pharmaceutical Non-Drug		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
8 a) Laboratory		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
8 b) Radiology		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
9) Complete EPSDT Screens		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
10) Vision		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
12) DME / Medical Supplies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
13 a) Hospice		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!
14 a) Family Planning Services		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!
15 a) Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
15 b) Ambulance / Transportation		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
15 c) Medical Diagnostic		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!
17) Emergency Room		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
18 a) Dental		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!
19) Primary Care Providers		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
20) Specialty Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
21) Other Practitioners		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!
22 b) Other Outpatient		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
23) Inpatient Acute Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
24 a) Inpatient - Rehab		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
24 b) Nursing Home		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
25) Miscellaneous Medical Expense		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
27) Hospital APR or Risk Pool Adjustment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!

Report #5 - Part A - TANF - MAGI - 21+ - Quarterly Income Statement

Page 2 of 2

MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	0
Date Prepared:	January 0, 1900

Quarter Ended		1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD			
		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
		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!	-	#DIV/0!	-	#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
44	MCO Assessment Taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

No Entry Required in Shaded Cells.
(Version dated 5/21/18)

Report #5 - Part B - TANF - MAGI - 1 - 20 - Quarterly Income Statement

Page 1 of 2

MCO Name:

0

Zone:

0

Statement As Of:

January 0, 1900

Prepared By:

0

Date Prepared:

January 0, 1900

Submission Type

Revenues / Expenses	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD			
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
	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!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 b) IMD Revenue Recoupment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 c) APR Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 a) Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 b) High Cost Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 c) Home Nursing Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 d) Under Age 1 Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 e) Risk Corridor		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
4) Investment Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
5) Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
6) TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 a) Laboratory		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 b) Radiology		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
9) Complete EPSDT Screens		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
10) Vision		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
12) DME / Medical Supplies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
13 a) Hospice		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#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!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 a) Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 b) Ambulance / Transportation		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 c) Medical Diagnostic		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
17) Emergency Room		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
18 a) Dental		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
19) Primary Care Providers		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
20) Specialty Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
21) Other Practitioners		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
22 b) Other Outpatient		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
23) Inpatient Acute Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
24 a) Inpatient - Rehab		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
24 b) Nursing Home		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
25) Miscellaneous Medical Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!

Report #5 - Part B - TANF - MAGI - 1 - 20 - Quarterly Income Statement

Page 2 of 2

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Quarter Ended		1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD			
Revenues / Expenses		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
		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!	-	#DIV/0!	-	#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
44	MCO Assessment Taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

Report #5 - Part C - Under Age 1 (includes TANF-MAGI & SSI Babies) - Quarterly Income

Page 1 of 2

MCO Name:

0

Zone:

0

Statement As Of:

January 0, 1900

Prepared By:

0

Date Prepared:

January 0, 1900

Submission Type

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		YTD									
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2			
	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!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
1 b) IMD Revenue Recoupment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
1 c) APR Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
2 b) MCO Pay 4 Performance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 a) Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 b) High Cost Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 c) Home Nursing Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 d) Under Age 1 Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 e) Risk Corridor		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
4) Investment Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
5) Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
6) TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
7 b) Pharmaceutical Non-Drug		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
8 a) Laboratory		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
8 b) Radiology		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
9) Complete EPSDT Screens		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
10) Vision		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
12) DME / Medical Supplies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
13 a) Hospice		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
14 a) Family Planning Services		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
15 a) Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
15 b) Ambulance / Transportation		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
15 c) Medical Diagnostic		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
17) Emergency Room		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
18 a) Dental		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
19) Primary Care Providers		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
20) Specialty Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
21) Other Practitioners		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
22 b) Other Outpatient		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
23) Inpatient Acute Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
24 a) Inpatient - Rehab		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
24 b) Nursing Home		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
25) Miscellaneous Medical Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!

Report #5 - Part C - Under Age 1 (includes TANF-MAGI & SSI Babies) - Quarterly Income Statement

Page 2 of 2

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Quarter Ended	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD				
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		
	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!	-	#DIV/0!	-	#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
44	MCO Assessment Taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

Report #5 - Part D - Disabled - BCC - Ages 1+ - Quarterly Income Statement

Page 1 of 2

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Submission Type

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		YTD									
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2			
	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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 b) IMD Revenue Recoupment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 c) APR Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 b) MCO Pay 4 Performance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 a) Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 b) High Cost Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 c) Home Nursing Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 d) Under Age 1 Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 e) Risk Corridor		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
4) Investment Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
5) Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
6) TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
7 b) Pharmaceutical Non-Drug		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 a) Laboratory		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
8 b) Radiology		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
9) Complete EPSDT Screens		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
10) Vision		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
12) DME / Medical Supplies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
13 a) Hospice		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
14 a) Family Planning Services		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 a) Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 b) Ambulance / Transportation		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
15 c) Medical Diagnostic		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
17) Emergency Room		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
18 a) Dental		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
19) Primary Care Providers		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
20) Specialty Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
21) Other Practitioners		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
22 b) Other Outpatient		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
23) Inpatient Acute Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
24 a) Inpatient - Rehab		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
24 b) Nursing Home		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
25) Miscellaneous Medical Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#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!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!

Report #5 - Part D - Disabled - BCC - Ages 1+ - Quarterly Income Statement

Page 2 of 2

MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	0
Date Prepared:	January 0, 1900

Quarter Ended	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD				
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		
	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!	-	#DIV/0!	-	#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
44	MCO Assessment Taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

No Entry Required in Shaded Cells.
(Version dated 5/21/18)

Report #5 - Part F - Newly Eligibles - 45+ - Quarterly Income Statement

Page 1 of 2

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Submission Type

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		YTD							
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
	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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
1 b) IMD Revenue Recoupment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
1 c) APR Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
2 b) MCO Pay 4 Performance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 a) Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 b) High Cost Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 c) Home Nursing Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 d) Under Age 1 Risk Sharing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
3 e) Risk Corridor		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
4) Investment Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
5) Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
6) TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
7 b) Pharmaceutical Non-Drug		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
8 a) Laboratory		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
8 b) Radiology		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
9) Complete EPSDT Screens		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
10) Vision		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
12) DME / Medical Supplies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
13 a) Hospice		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
14 a) Family Planning Services		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
15 a) Therapy		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
15 b) Ambulance / Transportation		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
15 c) Medical Diagnostic		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
17) Emergency Room		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
18 a) Dental		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
19) Primary Care Providers		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
20) Specialty Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
21) Other Practitioners		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!	-	#DIV/0!
22 b) Other Outpatient		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
23) Inpatient Acute Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
24 a) Inpatient - Rehab		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
24 b) Nursing Home		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
25) Miscellaneous Medical Expense		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
27) Hospital APR or Risk Pool Adjustment		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!

Report #5 - Part F - Newly Eligibles - 45+ - Quarterly Income Statement

Page 2 of 2

MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	0
Date Prepared:	January 0, 1900

Quarter Ended		1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD			
Revenues / Expenses		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
		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!	-	#DIV/0!	-	#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
44	MCO Assessment Taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

Report #5 - Part G - Newly Eligibles - 19 - 44 - Quarterly Income Statement

Page 1 of 2

MCO Name:

0

Zone:

0

Statement As Of:

January 0, 1900

Prepared By:

0

Date Prepared:

January 0, 1900

Submission Type

Quarter Ended	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD				
	Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		
	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!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
1 b	IMD Revenue Recoupment	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
1 c	APR Adjustment / Physician Access to Care	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
3 a	Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
3 b	High Cost Risk Pool	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
3 c	Home Nursing Risk Sharing	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
3 d	Under Age 1 Risk Sharing	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
3 e	Risk Corridor	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
4	Investment Income	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
5	Other	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
6	TOTAL REVENUES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
8 a	Laboratory	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
8 b	Radiology	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
9	Complete EPSDT Screens	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
10	Vision	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
12	DME / Medical Supplies	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
13 a	Hospice	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#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!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
15 a	Therapy	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
15 b	Ambulance / Transportation	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
15 c	Medical Diagnostic	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
17	Emergency Room	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
18 a	Dental	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
19	Primary Care Providers	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
20	Specialty Physician	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
21	Other Practitioners	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
22 b	Other Outpatient	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
23	Inpatient Acute Care	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
24 a	Inpatient - Rehab	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
24 b	Nursing Home	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!
25	Miscellaneous Medical Expense	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!

Report #5 - Part G - Newly Eligibles - 19 - 44 - Quarterly Income Statement

Page 2 of 2

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Quarter Ended		1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD			
Revenues / Expenses		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2		Rate Region 1		Rate Region 2	
		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!	-	#DIV/0!	-	#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
30	Physician Risk Pool Adjustment / Physician Access to Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
31	TOTAL PHYSICIAN	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#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!	-	#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
34	TOTAL PHARMACEUTICAL	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
35	Other Subtotal Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
36	Occupancy (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
37	Depreciation (Medical Only)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	TOTAL OTHER	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#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!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	TOTAL ADMINISTRATION		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
44	MCO Assessment Taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
45	TOTAL EXPENSES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
46	INCOME (LOSS) FROM OPERATIONS	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
47	NON-OPERATING INCOME (LOSS) BEFORE TAXES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
48	NET INCOME (LOSS) BEFORE INCOME TAXES	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

Comments:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

Report #5 - Part H - DHS Medical Assistance Agreement - Quarterly Income Statement

Page 1 of 3

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Submission Type

Original

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 IMD Revenue Recoupment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 c APR Adjustment / Physician Access to Care	-	#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!
3 a Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 b High Cost Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 c Home Nursing Risk Sharing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 d Under Age 1 Risk Sharing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 e Risk Corridor	-	#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 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!

Report #5 - Part H - DHS Medical Assistance Agreement - Quarterly Income Statement

Page 2 of 3

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Original

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 / Physician Access to Care	-	#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, 22,	-	#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!

Report #5 - Part H - DHS Medical Assistance Agreement - Quarterly Income Statement

Page 3 of 3

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Original

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	Assessments (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	MCO Assessment Taxes	-	#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
16-17 Contract Revenue (2016 HEDIS Service Period)					0
17-18 Contract Revenue (2017 HEDIS Service Period)					0
PH-BH Integrated Care Plan					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:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

Report #5 - Part I - DHS Medical Assistance Agreement - Quarterly Income Statement

Provider Pay for Performance, Community Based Care Management and Hospital Quality Incentive

Page 1 of 2

MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	0
Date Prepared:	January 0, 1900

Submission Type

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date
		P4P/HQI	CBCM	P4P/HQI	CBCM	P4P/HQI	CBCM	P4P/HQI	CBCM	\$
REVENUES:										
2a	Provider Pay for Performance									-
2b	Community Based Care Management									-
2c	Hospital Quality Incentive									-
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									-

Report #5 - Part I - DHS Medical Assistance Agreement - Quarterly Income Statement

Provider Pay for Performance, Community Based Care Management and Hospital Quality Incentive

Page 2 of 2

MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	0
Date Prepared:	January 0, 1900

Revenues / Expenses	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date
	P4P/HQI	CBCM	P4P/HQI	CBCM	P4P/HQI	CBCM	P4P/HQI	CBCM	\$
24 a Inpatient - Rehab									-
24 b Nursing Home									-
42 TOTAL MEDICAL EXPENSES (Lines 28, 31, 34, 39, 40, 41)	-	-	-	-	-	-	-	-	-
ADMINISTRATIVE EXPENSES:									
43 Direct Costs									-
43 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									-
52 Administrative Business Expenditures									-
53 Assessments (Sanctions)									-
54 Act 68 Interest Expense									-
55 Indirect Costs									-
55 Corporate Overhead Allocations									-
56 Other									-
57 TOTAL ADMINISTRATION	-	-	-	-	-	-	-	-	-
58 MCO Assessment Taxes									-
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
2017 Contract Revenue									0
2018 Contract Revenue									0
Other Period Contract Revenue (a)									0
Total (must match line 2a)	0		0		0		0		0

Community Based Care Management	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date
2017 Service Periods									0
2018 Service Periods									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:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

**Report #5 - Part J - DHS Medical Assistance Agreement - Quarterly Income Statement
Summary - Report #5 - Parts H&I**

Page 1 of 3

MCO Name:

Zone:

Statement As Of:

Prepared By:

Date Prepared:

0
0
January 0, 1900
0
January 0, 1900

Submission Type

Original

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 IMD Revenue Recoupment	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 c APR Adjustment / Physician Access to Care	-	#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 P4P / PP4P / CBCM / HQI	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 a Specialty Drug Risk Sharing / Hepatitis C Quality Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 b High Cost Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 c Home Nursing Risk Sharing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 d Under Age 1 Risk Sharing	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3 e Risk Corridor	-	#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 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!

**Report #5 - Part J - DHS Medical Assistance Agreement - Quarterly Income Statement
Summary - Report #5 - Part H&I**

Page 2 of 3

MCO Name:

0

Zone:

0

Statement As Of:

January 0, 1900

Prepared By:

0

Date Prepared:

January 0, 1900

Original

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 / Physician Access to Care	-	#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, 22)	-	#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!

**Report #5 - Part J - DHS Medical Assistance Agreement - Quarterly Income Statement
Summary - Report #5 - Part H&I**

Page 3 of 3

MCO Name:

0

Zone:

0

Statement As Of:

January 0, 1900

Prepared By:

0

Date Prepared:

January 0, 1900

Original

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 Assessments (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 MCO Assessment Taxes	-	#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:

No Entry Required in Shaded Cells.

(Version dated 5/21/18)

Report #6 - Part A - Inpatient, Physician and Dental Statistics - Quarterly Report

MCO Name:	0
Zone:	Southeast
Statement as of:	January 0, 1900
Prepared by:	
Date Prepared:	
Service Quarter:	1st Previous Service Qtr.
Data Cutoff Date:	

Submission Type

Category of Service	TANF - MAGI 21+	TANF - MAGI - 0 - 20 (2017) TANF - MAGI - 1 - 20 (2018)	Under Age 1 (includes TANF-MAGI & SSI Babies) (2018)	SSI - HH - Other Disabled (2017) Disabled - BCC - Ages 1+ (2018)	Breast and Cervical Cancer (2017)	Newly Eligibles 45+	Newly Eligibles 19-44	Total
Inpatient								
1 Discharges								0
2 Days								0
3 Discharges Cost								0
Physicians								
1 Primary Care Visits								0
2 Specialty Provider Visits								0
Dentists								
1 Dental Visits								0

Comments:

No Entry Required in Shaded Cells.
(Version dated 05/30/18)

Report #6 - Part A - Inpatient, Physician and Dental Statistics - Quarterly Report

MCO Name:

0

Zone:

Southeast

Statement as of:

January 0, 1900

Prepared by:

Date Prepared:

Service Quarter:

2nd Previous Service Qtr.

Data Cutoff Date:

Submission Type

Category of Service	TANF - MAGI 21+	TANF - MAGI - 0 - 20 (2017) TANF - MAGI - 1 - 20 (2018)	Under Age 1 (includes TANF-MAGI & SSI Babies) (2018)	SSI - HH - Other Disabled (2017) Disabled - BCC - Ages 1+ (2018)	Breast and Cervical Cancer (2017)	Newly Eligibles 45+	Newly Eligibles 19-44	Total
Inpatient								
1 Discharges								0
2 Days								0
3 Discharges Cost								0
Physicians								
1 Primary Care Visits								0
2 Specialty Provider Visits								0
Dentists								
1 Dental Visits								0

Comments:

No Entry Required in Shaded Cells.

(Version dated 05/30/18)

Report #6 - Part B - Pharmaceutical Price and Utilization Statistics - Quarterly Report

MCO Name:
 Zone:
 Statement as of
 Prepared by:
 Date Prepared:
 Service Quarter:
 Data Cutoff Date:

0
Southeast
January 0, 1900

Submission Type

Category of Service	TANF - MAGI - 21+	TANF - MAGI - 1 - 20	Under Age 1 (includes TANF-MAGI & SSI Babies)	Disabled - BCC - Ages 1+	Newly Eligibles 45+	Newly Eligibles 19-44	TOTAL
Pharmacy							
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 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							0
15 Total Reimbursed Amount							\$0

Pricing Methodology Used (Ref. Lines 8-11):

Comments:

Fees and rebates per claim should be in dollars and cents.
Discounts and percentages should be rounded to the nearest tenth of a percent.
 All other lines should be whole numbers.
No Entry Required in Shaded Cells.
 (Version dated 05/30/18)

Report #7 - Part E - Emergency Department Utilization - Quarterly Report

MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:
 Service Quarter:
 Data Cutoff Date

0
Southeast
January 0, 1900

2nd Previous Quarter

Submission Type

--

Age	Member Months
Under 21	
21+	

Age	Emergency Department Visits	Emergency Department Visits/1000 Member Months	Observation Room Stays	Observation Room Stays/1000 Member Months
Under 21		#DIV/0!		#DIV/0!
21+		#DIV/0!		#DIV/0!

Comments:

--

No Entry Required in Shaded Cells.

(Version dated 05/30/18)

Report #8 - Part A - Coordination of Benefits - Claims Cost Avoided - Quarterly Report

MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:

Submission Type

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	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.

No Entry Required in Shaded Cells.
 (Version dated 03/01/18)

Report #8 - Part B(1) - Coordination of Benefits - Provider Reported - Quarterly Report

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

Submission Type

Table 1. 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

Table 2. 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

Table 3. 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

Descriptions that would assist in interpreting significant changes or events that have occurred within the current or prior reporting quarters.

No Entry Required in Shaded Cells.
(Version dated 03/01/18)

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

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

Submission Type

Table 1. 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

Table 2. 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

Table 3. Net Dollar 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

Describe any significant recovery efforts the MCO or recovery vendor have undertaken that would be useful to DHS in understanding amounts reported and time periods affected.

No Entry Required in Shaded Cells.
(Version dated 03/01/18)

Report #8 - Part C - Coordination of Benefits - Third Party Direct or Vendor Recovered - Quarterly Report

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

Submission Type

Table 1. 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

Table 2. 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

Table 3. Net Dollar 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

Describe any significant recovery efforts the recovery vendor or third party have undertaken that would be useful to DHS in understanding amounts reported and time periods affected.

No Entry Required in Shaded Cells.
(Version dated 03/01/18)

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		
Category of Provider	Payment Method	Jan-18	Feb-18	Mar-18
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:

No Entry Required in Shaded Cells
(Version dated 5/21/18)

Report #13 - Part B - Subcapitation Data Detail Report (FFS - NO) - Physician - Quarterly Report

MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:

0	Submission Type
0	
January 0, 1900	
0	
January 0, 1900	

Jan-18			Feb-18			Mar-18		
Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment
Total	0	0	Total	0	0	Total	0	0

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

Comments:

No Entry Required in Shaded Cells
 (Version dated 5/21/18)

Report #13 - Part B - Subcapitation Data Detail Report (FFS - NO) - Other - Quarterly Report

MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:

0	Submission Type
0	
January 0, 1900	
0	
January 0, 1900	

Jan-18			Feb-18			Mar-18		
Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment
Total	0	0	Total	0	0	Total	0	0

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

Comments:

No Entry Required in Shaded Cells
 (Version dated 5/21/18)

Report #13 - Part B - Subcapitation Data Detail Report (FFS - YES) - Dental / Oral Surgery - Quarterly Report

MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:

0	Submission Type
0	
January 0, 1900	
0	
January 0, 1900	

Jan-18			Feb-18			Mar-18		
Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment	Recipient Group	Recipient Count	Subcap Payment
Total	0	0	Total	0	0	Total	0	0

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

Comments:

No Entry Required in Shaded Cells
 (Version dated 5/21/18)

Report #26 - Part A - Maternity - Revenue and Medical Expense - Annual Report

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

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 Diagnostics		
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 = or > 5% of Line 39, provide details)		
Hospital		
26 Subtotal Hospital (Line 23, 24)	0	0
27 Hospital Risk Pool Adjustment		
28 TOTAL HOSPITAL	0	0
Physician		
29 Subtotal Physician (Lines 9, 19, 20, 21)	0	0
30 Physician Risk Pool Adjustment		
31 TOTAL PHYSICIAN	0	0
Pharmaceutical		
32 Subtotal Pharmaceutical (Line 7, 14b)	0	0
33 Pharmaceutical Risk Pool Adjustment		
34 TOTAL PHARMACEUTICAL	0	0
Other		
35 Subtotal Other (Lines 8, 10, 11, 12, 13, 14a, 15, 16, 17, 18, 22, 25)	0	0
36 Occupancy (Medical Only)		
37 Depreciation (Medical Only)		
38 Other Risk Pool Adjustment		
39 TOTAL OTHER	0	0
40 Reinsurance Premiums		
41 Reinsurance Recoveries		
42 TOTAL MEDICAL EXPENSES (Lines 28, 31, 34, 39, 40, 41)	0	0

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

Does the MCO pay Case Rate for services that include the mother and baby?

Comments:

No Input Required in Shaded Cells.
(Version Dated 03/06/18)

Report #26 - Part B - Maternity - Revenue and Medical Expense - Allocations - Annual Report

MCO Name:

Zone:

Statement as of:

Prepared by:

Date Prepared:

0	Submission Type
0	
January 0, 1900	
0	
January 0, 1900	

No Input Required in Shaded Cells.

(Version Dated 03/06/18)

Report #27 - Maternity Outcome Counts - Annual Report

MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:

Submission Type

Rate Region 1	Quarter Ended September 30th (Prior Year) 2017		Quarter Ended December 31st (Prior Year) 2017		Quarter Ended March 31st (Current Year) 2018		Quarter Ended June 30th (Current Year) 2018		Quarter Ended September 30th (Current Year) 2018		Quarter Ended December 31st (Current Year) 2018	
	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 - MAGI - 21+												
TANF - MAGI - 0 - 20 (2017) TANF - MAGI - 1 - 20 (2018)												
Under Age 1 (2018)												
SSI - Healthy Horizons - Other Disabled (2017) Disabled - BCC - Ages 1+ (2018)												
Breast and Cervical Cancer (2017)												
Newly Eligibles - 45+												
Newly Eligibles - 19 - 44												
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

Comments:

No Input Required in Shaded Cells.
 (Version dated 03/06/18)

Report #27 - Maternity Outcome Counts - Annual Report

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

Submission Type

Rate Region 2	Quarter Ended September 30th (Prior Year) 2017		Quarter Ended December 31st (Prior Year) 2017		Quarter Ended March 31st (Current Year) 2018		Quarter Ended June 30th (Current Year) 2018		Quarter Ended September 30th (Current Year) 2018		Quarter Ended December 31st (Current Year) 2018	
	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 - MAGI - 21+												
TANF - MAGI - 0 - 20 (2017) TANF - MAGI - 1 - 20 (2018)												
Under Age 1 (2018)												
SSI - Healthy Horizons - Other Disabled (2017) Disabled - BCC - Ages 1+ (2018)												
Breast and Cervical Cancer (2017)												
Newly Eligibles - 45+												
Newly Eligibles - 19 - 44												
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

Comments:

No Input Required in Shaded Cells.
(Version dated 03/06/18)

Report #27 - Maternity Outcome Counts - Annual Report

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

Submission Type

Total Regions	Quarter Ended September 30th (Prior Year) 2017		Quarter Ended December 31st (Prior Year) 2017		Quarter Ended March 31st (Current Year) 2018		Quarter Ended June 30th (Current Year) 2018		Quarter Ended September 30th (Current Year) 2018		Quarter Ended December 31st (Current Year) 2018	
	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 - MAGI - 21+	0	0	0	0	0	0	0	0	0	0	0	0
TANF - MAGI - 0 - 20 (2017) TANF - MAGI - 1 - 20 (2018)	0	0	0	0	0	0	0	0	0	0	0	0
Under Age 1 (2018)	0	0	0	0	0	0	0	0	0	0	0	0
SSI - Healthy Horizons - Other Disabled (2017) Disabled - BCC - Ages 1+ (2018)	0	0	0	0	0	0	0	0	0	0	0	0
Breast and Cervical Cancer (2017)	0	0	0	0	0	0	0	0	0	0	0	0
Newly Eligibles - 45+	0	0	0	0	0	0	0	0	0	0	0	0
Newly Eligibles - 19 - 44	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

Comments:

No Input Required in Shaded Cells.
(Version dated 03/06/18)

Report #40 - Provider Pay for Performance (P4P) Reconciliation - Annual Report

MCO Name

Zone:

**HealthChoices (HC) Agreement Year:
For Services Rendered:**

Provider P4P Payments Through:

Prepared by:

Date Prepared:

CY2017 Provider P4P
Jan 1, 2017 to Dec 31, 2017
June 30, 2018

Submission Type

ACCRUAL BASIS

Provider P4P Dollars Received from the Department of Human Services		Total
1	CY2017 Provider P4P Dollars Received from DHS	
2	CY2017 Provider P4P Payments Disbursed by MCO	
2.a	Adolescent Well-Care Visits	
2.b	Annual Dental Visit (Age 2 - 20 years)	
2.c	Controlling High Blood Pressure	
2.d	Comprehensive Diabetes Care: HbA1c Poorly Controlled (>9%)	
2.e	Frequency of Ongoing Prenatal Care: \geq 81% of Expected Visits	
2.f	Prenatal Care in First Trimester	
2.g	Postpartum Care	
2.h	Well-Child Visits in First 15 Months of Life, 6 or more	
2.i	Medication Management for People with Asthma 75%	
2.j	Ambulatory Care - ED Visits	
3.a	Reserved	
3.b	Reserved	
3.c	Reserved	
3.d	Reserved	
3.e	Reserved	
3.f	Reserved	
3.g	Reserved	
3.h	Reserved	
4	Total Payments Disbursed	\$0.00
5	CY2017 Net Dollars Received less Dollars Paid	\$0.00

Comments:

No Input Required in Shaded Cells.

(Version dated 04/03/18)

Report #41 - Part A - Risk Pool Analysis - Annual Report

MCO Name:

Zone:

Statement as of:

Prepared by:

Date Prepared:

Submission Type

		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year To Date	
		Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM
Member Months										0	
1	Risk Pool Balance at Beginning of Period		#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
2	Revenue Allocated to the Risk Pool		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
3	Hospital Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
4	Physician Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
5	Pharmacy Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
6	Other Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
7	Risk Pool Expense - Current Period	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
8	Distribution During the Period		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
9	Risk Pool Payable (Receivable)	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!

Comments:

No Entry Required in Shaded Cells.
 (Version dated 04/03/18)

Report #41 - Part B - Risk Pool Listing by Participant - Annual Report

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

Participant	Prior Year Ending Balance	Current Year To Date Income or (Expense)	Current Year To Date Distributions (Contributions)	Amount Due From (To)
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
Total	0	0	0	0

Comments:

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No Entry Required in Shaded Cells.

(Version dated 04/03/18)

Report #42 - MLR Reporting - Summary - Annual Report

MCO Name:	0
Zone:	Statewide
Contract/MLR Reporting Year:	CY2017
Prepared by:	0
Date Prepared:	January 0, 1900

Submission Type
0

MLR Report Summary	Amounts
Total incurred claims	\$ -
Expenditures on quality improving activities	\$ -
Recoveries through fraud reduction	\$ -
Expenditures on fraud reduction	\$ -
Non-claim costs	\$ -
Premium revenue	\$ -
Premium related taxes, licensing, and regulatory fees	\$ -
MLR Numerator	\$ -
MLR Denominator	\$ -
The calculated MLR (unadjusted)	0.00%
Any credibility adjustment applied	
Credibility-adjusted MLR	0.00%
The number of member months	0
Remittance	\$ -

Comments:

No Input Required in Shaded Cells.

(Version dated 04/03/18)

Report #42 - MLR Reporting - Detail - Annual Report

MCO Name:	
Zone:	Statewide
Contract/MLR Reporting Year:	CY2017
Prepared by:	
Date Prepared:	

Submission Type

Member Months	
Credibility Adjustment per 42 CFR § 438.8(h) (0.00% if none)	

Numerator Line Description	All Zones and Rate Cells
1. Incurred Claims	
1.1 Incurred claims, including unpaid claim liabilities for the MLR reporting year	
1.2 IBNR for claims incurred in the period expected to be paid in months after the known runoff	
1.3 Withholds from payments made to network providers	
1.4 Amount of incentive and bonus payments made, or expected to be made to network providers	
1.5 Changes in other claims-related reserves	
1.6 Reserves for contingent benefits and the medical claim portion of lawsuits	
1.7 Net payment or receipts related to state-mandated solvency funds	
1.8a Amount spent on fraud reduction	
1.8b Amount of claims payments recovered through fraud reduction	
Total INCLUDED Incurred Claims(1.1 + 1.2 + 1.3 + 1.4 + 1.5 + 1.6 + 1.7 + minimum(1.8a + 1.8b))	\$ -
1.9 Claims that are recoverable for anticipated coordination of benefits*	
1.10 Claims payments recoveries received as a result of subrogation*	
1.11 Overpayment recoveries received from network providers*	
1.12 Prescription drug rebates received and accrued*	
Total DEDUCTED Incurred Claims(1.9 + 1.10 + 1.11 + 1.12)	\$ -
Total Incurred Claims(Included Incurred Claims - Deducted Incurred Claims)	\$ -
2. Included Activities that Improve Health Care Quality	
2.1 PH-MCO activity that meets 45 CFR § 158.150(b) and is NOT EXCLUDED under 45 CFR § 158.150(c)	
2.2 PH-MCO activity related to any EQR-related activity as described in § 438.358(b) and (c)	
2.3 PH-MCO expenditure that is related to Health Information Technology and meaningful use, under 45 CFR § 158.151	
Total Activities that Improve Health Care Quality(2.1 + 2.2 + 2.3)	\$ -
Numerator Total(Total Incurred Claims + Activities that Improve Health Care Quality)	\$ -

Excluded Amounts Line Description	All Zones and Rate Cells
3. Excluded Non-claim Costs	
3.1 Amounts paid to third party vendors for secondary network savings	
3.2 Amounts paid to third party vendors for network development, admin fees, claims processing & utilization management	
3.3 Amounts paid to a provider for professional or administrative services outside of providing services to enrollees	
3.4 Fines and penalties assessed by regulatory authorities	
3.5 Amounts paid to the Department as remittance for prior MLR experience	
3.6 Amounts for pass-through payments under § 438.6(d)	
Total Non-claim Costs(3.1 + 3.2 + 3.3 + 3.4 + 3.5 + 3.6)	\$ -

Denominator Line Description	All Zones and Rate Cells
4. Premium Revenue	
4.1 State capitation payments, including adjustments, excluding pass-through payments	
4.2 State developed one time payments for specific life events of enrollees	
4.3 Earned premium withholds approved under § 438.6(b)(3)	
4.4 Unpaid cost-sharing amount that the health plan could have collected from enrollees under the contract	
4.5 All changes to unearned premium reserves	
4.6 Net payments/receipts related to risk sharing mechanisms	
Total Premium Revenue(4.1 + 4.2 + 4.3 + 4.4 + 4.5 + 4.6)	\$ -
5. Federal, State and Local Taxes	
5.1 Statutory assessments to defray the operating expense of any state or federal department**	
5.2 Examination fees in lieu of premium taxes as specified by state law**	
5.3 Federal taxes and assessments allocated to MCOs**	
5.4 State and local taxes and assessments**	
5.5 Amounts otherwise exempt from Federal income taxes for community benefit expenditures**	
Total Federal, State and Local Taxes(5.1 + 5.2 + 5.3 + 5.4 + 5.5)	\$ -
Denominator Total(Total Premium Revenue - Total Federal, State, and Local Taxes)	\$ -

Remittance Line Description	All Zones and Rate Cells
6. Remittance	
6.1 Remittance amount as calculated by the MCO per section 42 CFR §438.8(c)	

*Report a positive value to reduce the numerator (lines 1.9 through 1.12)

**Report a positive value to reduce the denominator for each line under Federal, State and Local Taxes (lines 5.1 through 5.5)

No Input Required in Shaded Cells.

(Version dated 04/03/18)

Report #42 - MLR Reporting - Comments - Annual Report

MCO Name:	0
Zone:	Statewide
Contract/MLR Reporting Year:	CY2017
Prepared by:	0
Date Prepared:	January 0, 1900

Submission Type

0

Required: Use this space to either describe or reference documentation on methodologies for allocation of expenditures for this MLR report.

Required (if remittance due): Use this space to either describe or reference documentation on how remittance (if any) was calculated for this MLR report.

Required: Use this space to either describe, show, or reference documentation on how financials compare to the amounts in this MLR report.

Required: Use this space to either describe or reference documentation on how zone and rate cell data was aggregated for this MLR report.

No Input Required in Shaded Cells.
(Version dated 04/03/18)

Claims Report #1 (Parts A - D) - Monthly Report

MCO Name:	
Zone:	
Month of Claim Receipt:	
Information Available through:	
Prepared by:	
Date Prepared:	
Submission Date:	
Submission Due Date:	
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)												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)												0
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)												0
All Claims - Other than Inpatient Or Drugs (Part D)												0

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)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Dental Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Vision Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0

Beyond this Page, no numbers need to be entered. Only provide Comments.

January 1900 Claims Processing Estimated Penalties

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
0	HealthChoices - Inpatient											
0	0	0			0			0	0			
Total - Inpatient	0	0		\$0	0		\$0	0	0		\$0	\$0
HealthChoices - Other than Inpatient or Drug												
0	0	0			0			0	0			
Total - Other than Inpatient or Drug	0	0		\$0	0		\$0	0	0		\$0	\$0
Program recipients for the month						0	** Claims Processing Penalties				\$0	

Timeliness Penalties	
Total of All Penalties (Subject to DPW's Approval)	<u>\$0</u>
Approved Penalty Reduction (FOR DPW USE ONLY)	
FINAL PENALTY APPLIED	<u>\$0</u>

* 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 recipients.

** Claims Processing Penalties include 2/3 sanction reduction for plans with less than 25,000 recipients.

Comments:

January 1900	Denied Claims								Non-Adjudicated Claims			
0	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 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90 Days)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
0	HealthChoices - Inpatient								HealthChoices - Inpatient			
0	0	0		0		0	0		0		0	
Total - Inpatient	0	0		0		0	0		0		0	
	HealthChoices - Other than Inpatient or Drug								HealthChoices - Other than Inpatient or Drug			
0	0	0		0		0	0		0		0	
Total - Other than Inpatient or Drug	0	0		0		0	0		0		0	

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

NOTE: 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 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 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.

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)

(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 K 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 L 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 Report #1 (Parts A - D) - Monthly Report

MCO Name:	0
Zone:	0
Month of Claim Receipt:	#####
Information Available through:	January 0, 1900
Prepared by:	0
Date Prepared:	January 0, 1900
Submission Date:	January 0, 1900
Submission Due Date:	January 0, 1900
Member Months as of	##### 0

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)												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)												0
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)												0
All Claims - Other than Inpatient Or Drugs (Part D)												0

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)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Dental Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Vision Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0

Beyond this Page, no numbers need to be entered. Only provide Comments.

Claims Processing Estimated Penalties

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
0	HealthChoices - Inpatient											
0	0	0			0			0	0			
Total - Inpatient	0	0		\$0	0		\$0	0	0		\$0	\$0
HealthChoices - Other than Inpatient or Drug												
0	0	0			0			0	0			
Total - Other than Inpatient or Drug	0	0		\$0	0		\$0	0	0		\$0	\$0
Program recipients for the month						0	** Claims Processing Penalties				\$0	

* 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 recipients.

** Claims Processing Penalties include 2/3 sanction reduction for plans with less than 25,000 recipients.

Timeliness Penalties	
Total of All Penalties (Subject to DPW's Approval)	<u>\$0</u>
Approved Penalty Reduction (FOR DPW USE ONLY)	
FINAL PENALTY APPLIED	<u>\$0</u>

Comments:

#####	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 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90 Days)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
0	HealthChoices - Inpatient								HealthChoices - Inpatient			
0	0	0		0		0	0		0		0	
Total - Inpatient	0	0		0		0	0		0		0	
	HealthChoices - Other than Inpatient or Drug								HealthChoices - Other than Inpatient or Drug			
0	0	0		0		0	0		0		0	
Total - Other than Inpatient or Drug	0	0		0		0	0		0		0	

Comments:

Claims Report #1 (Parts A - D) - Monthly Report

MCO Name:	0
Zone:	0
Month of Claim Receipt:	#####
Information Available through:	January 0, 1900
Prepared by:	0
Date Prepared:	January 0, 1900
Submission Date:	January 0, 1900
Submission Due Date:	January 0, 1900
Member Months as of	##### 0

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)												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)												0
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)												0
All Claims - Other than Inpatient Or Drugs (Part D)												0

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)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Dental Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Vision Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0

Beyond this Page, no numbers need to be entered. Only provide Comments.

Claims Processing Estimated Penalties

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
0	HealthChoices - Inpatient											
0	0	0			0			0	0			
Total - Inpatient	0	0		\$0	0		\$0	0	0		\$0	\$0
HealthChoices - Other than Inpatient or Drug												
0	0	0			0			0	0			
Total - Other than Inpatient or Drug	0	0		\$0	0		\$0	0	0		\$0	\$0
Program recipients for the month						0	** Claims Processing Penalties				\$0	

Timeliness Penalties	
Total of All Penalties (Subject to DPW's Approval)	<u>\$0</u>
Approved Penalty Reduction (FOR DPW USE ONLY)	
FINAL PENALTY APPLIED	<u>\$0</u>

* 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 recipients.

** Claims Processing Penalties include 2/3 sanction reduction for plans with less than 25,000 recipients.

Comments:

#####	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 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90 Days)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
0	HealthChoices - Inpatient								HealthChoices - Inpatient			
0	0	0		0		0	0		0		0	
Total - Inpatient	0	0		0		0	0		0		0	
	HealthChoices - Other than Inpatient or Drug								HealthChoices - Other than Inpatient or Drug			
0	0	0		0		0	0		0		0	
Total - Other than Inpatient or Drug	0	0		0		0	0		0		0	

Comments:

Claims Report #1 (Parts A - D) - Monthly Report

MCO Name:	0
Zone:	0
Month of Claim Receipt:	##### Sanction Month
Information Available through:	January 0, 1900
Prepared by:	0
Date Prepared:	January 0, 1900
Submission Date:	January 0, 1900
Submission Due Date:	January 0, 1900
Member Months as of	##### 0

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)												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)												0
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)												0
All Claims - Other than Inpatient Or Drugs (Part D)												0

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)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Dental Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Vision Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0

Beyond this Page, no numbers need to be entered. Only provide Comments.

Claims Processing Penalties

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 Penalty	Clean Claims Adjudicated (45 Days)	% of Clean Claims Adjudicated (45 Days) 100% *	45 Day Clean Claims Adjudication Percentage Penalty	All Claims Received	All Claims Adjudicated (90 Days)	% of All Claims Adjudicated (90 Days) 100% *	90 Day All Claims Adjudication Percentage Penalty	Total Penalty
0	HealthChoices - Inpatient											
0	0	0			0			0	0			
Total - Inpatient	0	0		\$0	0		\$0	0	0		\$0	\$0
HealthChoices - Other than Inpatient or Drug												
0	0	0			0			0	0			
Total - Other than Inpatient or Drug	0	0		\$0	0		\$0	0	0		\$0	\$0
Program recipients for the month						0	** Claims Processing Penalties				\$0	

Timeliness Penalties		
Due Date:		January 0, 1900
Date Received:		January 0, 1900
Total Days Late:		0
Penalty - 1 - 10 Days @ \$200/day		
Penalty - 11th Day and more @ \$1,000/day		
Total Penalty for Days Late		\$0
Total of All Penalties (Subject to DPW's Approval)		\$0
Approved Penalty Reduction (FOR DPW USE ONLY)		
FINAL PENALTY APPLIED		\$0

* 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 recipients.
 ** Claims Processing Penalties include 2/3 sanction reduction for plans with less than 25,000 recipients.

Comments:

#####	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 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90 Days)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
0	HealthChoices - Inpatient								HealthChoices - Inpatient			
0	0	0		0		0	0		0		0	
Total - Inpatient	0	0		0		0	0		0		0	
	HealthChoices - Other than Inpatient or Drug								HealthChoices - Other than Inpatient or Drug			
0	0	0		0		0	0		0		0	
Total - Other than Inpatient or Drug	0	0		0		0	0		0		0	

Comments:

Claims Report #1 (Parts A - D) - Monthly Report

MCO Name:	0
Zone:	0
Month of Claim Receipt:	#####
Information Available through:	January 0, 1900
Prepared by:	0
Date Prepared:	January 0, 1900
Submission Date:	January 0, 1900
Submission Due Date:	January 0, 1900
Member Months as of	##### 0

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)												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)												0
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)												0
All Claims - Other than Inpatient Or Drugs (Part D)												0

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)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Dental Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Vision Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0
Other Subcontractor Name:												
Clean Claims - Other than Inpatient or Drugs (Part C)												0
All Claims - Other than Inpatient or Drugs (Part D)												0

Beyond this Page, no numbers need to be entered. Only provide Comments.

Claims Processing Penalties (Sanction Month of Last Submission)

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 Penalty	Clean Claims Adjudicated (45 Days)	% of Clean Claims Adjudicated (45 Days) 100% *	45 Day Clean Claims Adjudication Percentage Penalty	All Claims Received	All Claims Adjudicated (90 Days)	% of All Claims Adjudicated (90 Days) 100% *	90 Day All Claims Adjudication Percentage Penalty	Total Penalty
0	HealthChoices - Inpatient											
0	0	0			0			0	0			
Total - Inpatient	0	0		\$0	0		\$0	0	0		\$0	\$0
HealthChoices - Other than Inpatient or Drug												
0	0	0			0			0	0			
Total - Other than Inpatient or Drug	0	0		\$0	0		\$0	0	0		\$0	\$0
Program recipients for the month						0	** Claims Processing Penalties				\$0	

If Results/Penalties Changed from Last Month Submission for this Month, Please Provide Reasons in the Comments box down below.

* 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 recipients.

** Claims Processing Penalties include 2/3 sanction reduction for plans with less than 25,000 recipients.

Timeliness Penalties	
Total of All Penalties (Subject to DPW's Approval)	<u>\$0</u>
Approved Penalty Reduction (FOR DPW USE ONLY)	
FINAL PENALTY APPLIED	<u>\$0</u>

Comments:

#####	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 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90 Days)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
0	HealthChoices - Inpatient								HealthChoices - Inpatient			
0	0	0		0		0	0		0		0	
Total - Inpatient	0	0		0		0	0		0		0	
	HealthChoices - Other than Inpatient or Drug								HealthChoices - Other than Inpatient or Drug			
0	0	0		0		0	0		0		0	
Total - Other than Inpatient or Drug	0	0		0		0	0		0		0	

Comments:

MONTHLY CLAIMS CERTIFICATION STATEMENT

OF

(MCO Name)

TO THE

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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

Report #1-D

Report #1-B

Report #2-A

Report #1-C

Report #2-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 Public Welfare.

Date

Name and Title

Signature