

**Medicaid Managed Care Operations Report**

**Organization : United Healthcare of NY (1260187)**

**Coverage : Statewide**

**Period Ending : 12/31/2018**

**Dcn : 09122019173600**

**Date : Thursday, September 12, 2019**

Configuration Information

Configuration Information		
Submission Type	0.1005	MMCOR
Submission Year	0.1010	2018
Submission Period	0.1011	A00
DCN	0.1004	09122019173600
Submitter ID	0.1000	1260187
Region ID	0.1003	1
Region Name	0.1002	STATEWIDE
Name of Organization	0.10	UNITED HEALTHCARE OF NY (1260187)
Begin Date	0.34	01/01/2018
End Date	0.35	12/31/2018

Contacts

Contact Person		
Name	0.90	Lionel W. Hamilton, Jr.
Title	0.91	Manager, Regulatory Reporting
Telephone Number	0.92	952 - 769 - 8727
Fax Number	0.93	212 - 898 - 3201
E-mail Address	0.94	Lionel_W_Hamilton_Jr@uhc.com

Certifiers

Chief Executive Officer		
Role	0.215	CEO
Name	0.95	Pat Celli
Title	0.96	Chief Executive Officer
Telephone Number	0.97	212 - 898 - 8429
Fax Number	0.98	877 - 343 - 3915
E-mail Address	0.99	Pat_Celli@uhc.com
Chief Financial Officer		
Role	0.265	CFO
Name	0.100	Richard D Peters
Title	0.101	Chief Financial Officer
Telephone Number	0.102	212 - 898 - 8465
Fax Number	0.103	855 - 218 - 8064
E-mail Address	0.104	Richard_Peters@uhc.com

Addresses

Mailing Address		
Item	0.11	United Healthcare of New York, Inc.
Line 1	0.12	77 Water Street, 14th Floor
Line 2	0.13	New York, New York 10005
Line 3	0.14	0

Additional Information

Additional Information		
Managed Care Plan Start Date	0.31	04/01/1995

Counties of Operation

Operational Counties		
County	0.50	ALBANY
County	0.51	BROOME
County	0.52	CAYUGA
County	0.53	CATTARAGUS
County	0.54	CAYUGA
County	0.55	CHAUTAUQUA
County	0.56	CHEMUNG
County	0.57	CHENANGO
County	0.58	CLINTON
County	0.59	COLUMBIA
County	0.60	CORTLAND
County	0.61	DELAWARE
County	0.62	DUTCHESS
County	0.63	ERIE
County	0.64	ESSEX
County	0.65	FRANKLIN
County	0.66	FULTON
County	0.67	GENESEE
County	0.68	GREENE
County	0.69	HERKIMER
County	0.70	JEFFERSON

Counties of Operation

Operational Counties		
County	0.71	LEWIS
County	0.72	LIVINGSTON
County	0.73	MADISON
County	0.74	MONROE
County	0.75	NASSAU
County	0.76	NIAGARA
County	0.77	ONEIDA
County	0.78	ONONDAGA
County	0.79	ONTARIO
County	0.80	ORANGE
County	0.81	ORLEANS
County	0.82	OSWEGO
County	0.83	PUTNAM
County	0.84	RENSSELAER
County	0.85	ROCKLAND
County	0.86	ST LAWRENCE
County	0.87	SCHENECTADY
County	0.88	SENECA
County	0.89	SUFFOLK
County	0.105	TIOGA
County	0.106	TOMPKINS
County	0.107	ULSTER
County	0.108	WARREN
County	0.109	WAYNE
County	0.110	WESTCHESTER
County	0.111	WYOMING
County	0.112	YATES
County	0.113	BRONX
County	0.114	KINGS (BROOKLYN)
County	0.115	NY (MANHATTAN)
County	0.116	QUEENS
County	0.117	RICHMOND (STATEN ISLAND)
County	0.118	
County	0.119	
County	0.120	
County	0.121	
County	0.122	

Custom Groups

Contract Period		
From	0.32	03/01/2014
To	0.33	02/28/2019

CHP - TABLE 1C - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period	0 < 1 YRS.	1 < 6 YRS.	6 < 13 YRS.	13 < 15 YRS.	15 < 19 YRS.
00299	00300	50143	50144	50145	50146	50147	50148	50149
Albany	0001	101	1,142	21	470	393	59	199
Allegany	0002	0	0	0	0	0	0	0
Broome	0003	103	1,187	9	311	427	135	305
Cattaraugus	0004	0	0	0	0	0	0	0
Cayuga	0005	147	1,634	0	328	663	161	482
Chautauqua	0006	8	94	0	29	18	17	30
Chemung	0007	69	797	3	228	273	80	213
Chenango	0008	39	428	5	173	158	22	70
Clinton	0009	44	507	0	140	220	66	81
Columbia	0010	15	166	0	87	49	22	8
Cortland	0011	1	11	0	11	0	0	0
Delaware	0012	0	0	0	0	0	0	0
Dutchess	0013	0	0	0	0	0	0	0
Erie	0014	4	45	0	32	12	0	1
Essex	0015	15	178	0	41	77	15	45
Franklin	0016	2	20	0	0	17	0	3
Fulton	0017	5	61	0	0	25	20	16
Genesee	0018	51	573	0	170	225	47	131
Greene	0019	1	12	0	12	0	0	0
Hamilton	0020	0	0	0	0	0	0	0
Herkimer	0021	10	108	0	26	12	12	58
Jefferson	0022	749	8,603	56	2,751	3,265	810	1,721
Lewis	0023	98	1,130	0	409	409	127	185
Livingston	0024	11	126	0	58	12	22	34
Madison	0025	118	1,307	20	231	613	211	232
Monroe	0026	512	5,754	96	2,013	2,168	538	939
Montgomery	0027	0	0	0	0	0	0	0
Nassau	0028	9,099	103,523	685	20,914	41,425	13,298	27,201
Niagara	0029	149	1,672	4	403	464	268	533
Oneida	0030	217	2,490	0	391	976	295	828
Onondaga	0031	720	7,995	54	1,648	3,339	869	2,085
Ontario	0032	44	500	1	147	189	47	116
Orange	0033	445	4,974	50	1,246	2,111	573	994
Orleans	0034	2	20	0	13	3	0	4
Oswego	0035	352	4,037	23	918	1,720	506	870
Otsego	0036	0	0	0	0	0	0	0
Putnam	0037	2	18	0	2	16	0	0
Rensselaer	0038	31	353	3	94	120	41	95
Rockland	0039	787	8,773	98	2,438	3,303	915	2,019
St. Lawrence	0040	257	2,953	40	696	1,046	326	845
Saratoga	0041	0	0	0	0	0	0	0
Schenectady	0042	9	96	7	41	30	0	18
Schoharie	0043	0	0	0	0	0	0	0
Schuyler	0044	0	0	0	0	0	0	0
Seneca	0045	29	331	9	101	147	8	66
Steuben	0046	0	0	0	0	0	0	0
Suffolk	0047	11,823	134,525	508	25,535	53,451	16,154	38,877
Sullivan	0048	0	0	0	0	0	0	0
Tioga	0049	35	402	0	119	144	29	110
Tompkins	0050	0	0	0	0	0	0	0
Ulster	0051	93	1,038	17	321	486	65	149
Warren	0052	30	341	0	166	96	45	34
Washington	0053	0	0	0	0	0	0	0
Wayne	0054	66	758	11	223	254	67	203
Westchester	0055	934	10,405	57	2,410	4,401	1,251	2,286
Wyoming	0056	0	1	0	1	0	0	0
Yates	0057	0	0	0	0	0	0	0
Bronx	0058	1,076	12,228	54	3,187	4,975	1,262	2,750
Kings (Brooklyn)	0059	16,027	182,066	2,477	57,513	74,376	17,071	30,629
New York (Manhattan)	0060	857	9,738	129	2,708	3,872	1,040	1,989
Queens	0061	6,593	74,898	755	19,597	30,153	7,932	16,461
Richmond (Staten Island)	0062	951	10,799	47	2,586	4,594	1,217	2,355
TOTAL	0999	52,731	598,817	5,239	150,938	240,727	65,643	136,270

CHP - TABLE 2 - ENROLLMENT SUMMARY BY PREMIUM GROUP		Number of Enrollees at End of Prior Year	Net Enrollees At End of Current Period	Total Member Months
00302	00303	50201	50205	50206
0 < 1 YRS.	0010	443	462	5,239
1 < 6 YRS.	0020	11,967	13,292	150,938
6 < 13 YRS.	0030	18,870	21,198	240,727
13 < 15 YRS.	0040	5,252	5,780	65,643
15 < 19 YRS.	0050	11,164	11,998	136,270
TOTAL	0999	47,696	52,730	598,817

CHP - TABLE 2A - DISENROLLMENT FROM PLAN		Number of Children Disenrolled
50207	00305	50202
Obtained Equivalent Insurance	0001	0
Also Enrolled in Medicaid	0002	4
Residency (Moved from Service Area)	0003	0
Age (19 Years or Older)	0004	45
Presumptively Enrolled - Found Ineligible*	0005	0
Failure to Submit Annual Recertification	0006	356
Family Voluntarily Chose to Disenroll (other than at recert)	0007	252
Failure to Pay Family Share of Premium	0008	7,211
Lack of Sufficient Documentation	0009	8
Interplan Duplicate Enrollees	0010	39
Access to State Benefits Plan	0011	1
Income	0012	0
Family Voluntarily Chose to not Re-Enroll (at recert)	0013	8,387
Medicaid Referrals Failed to Apply	0014	10
Death	0021	0
Ineligible	0022	0
API TERM CODE	0015	0
API TERMINATION	0016	0
UNKNOWN REASON/DATA CHANGE	0017	51
	0018	
	0019	
	0020	
Totals	0999	16,364

\* Detail Number of Children Presumptively Enrolled - Found Ineligible on Table 2B.

CHP - TABLE 2B - DETAILS OF PRESUMPTIVELY ENROLLED CHILDREN WHO WERE FOUND INELIGIBLE		Number of Ineligible by Category
50203	00309	50204
Age	0001	0
Income	0002	0
Equivalent Coverage	0003	0
Medicaid Eligble	0004	0
Failed to Supply Documentation	0005	0
	0006	
	0007	
	0008	
	0009	
	0010	
	0011	
	0012	
	0013	
	0014	
	0015	
	0016	
	0017	
	0018	
	0019	
	0020	
Totals	0999	0

Total number of Ineligible, CCLN 50204/0999 should equal CCLN 00202/0005 on Table 2A.

CHP - TABLE 6A - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS)		Current YTD	Current YTD PMPM
00311	00313	10607	10609
Members	0050	52,730	
Child Health Plus Member Months	0001	598,820	
REVENUE:			
Premium			
Subscriber Premiums	0002	16,821,560	28.09
NYS Premiums	0003	115,622,216	193.08
Newborn Supplemental Payments ("kick")	0080	0	0.00
Maternity Supplemental Payments	0079	0	0.00
Premium Revenues	0091	132,443,776	221.17
C.O.B. & Subrogation	0051	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	132,443,776	221.17
Net Investment Income	0004	-711,526	-1.19
Other Revenue	0007	3,338,657	5.58
Total CHP Revenue	0008	135,070,907	225.56
EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a.) Inpatient Medical Surgical	0009	9,217,808	15.39
b.) Inp. Mental Health & Substance Abuse	0010	1,476,441	2.47
c.) Inpatient Newborn Births (excluding Maternity) (>=1200g)	0011	1,654,205	2.76
d.) Inpatient Newborn Births (excluding Maternity) Low Birth Weight (<1200g)	0088	104,930	0.18
e.) Inp. Maternity/Delivery	0060	98,950	0.17
f.) Total Inpatient Hospital Care (a, b, c and d)	0012	12,552,334	20.96
Other Medical and Hospital:			
Primary Care	0013	14,931,458	24.93
Specialty Care	0014	6,949,366	11.61
Prenatal/Postpartum Maternity Services	0045	24,333	0.04
Ambulatory Surgery	0015	7,379,161	12.32
Outpatient Physical Rehab/Therapy	0092	1,602,521	2.68
Other Professional Services	0016	332,737	0.56
Emergency Room	0017	6,942,654	11.59
Outpatient Mental Health	0018	11,649,969	19.45
Outpatient SUD Treatment	0019	671,403	1.12
Dental	0020	9,568,559	15.98
Pharmacy	0021	17,082,328	28.53
Durable Medical Equipment	0054	1,530,336	2.56
Home Health Care	0022	88,707	0.15
Nursing Facility	0069	0	0.00
Transportation - Emergent	0023	232,923	0.39
Diagnostic Test, Lab & X-Ray	0025	7,469,455	12.47
Family Planning	0026	23,163	0.04
Vision Care Including Eyeglasses	0027	1,027,428	1.72
Foot Care	0093	305,258	0.51
Other Medical	0028	6,892,532	11.51
Covered Lives Assessment	0055	5,422,829	9.06
Subtotal Medical & Hospital	0030	112,679,454	188.17
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	0	0.00
Total Medical & Hospital	0032	112,679,454	188.17
Administration:			
Compensation	0033	3,030,682	5.06
Occupancy, Depreciation & Amortization	0035	116,752	0.19
Marketing and Facilitated Enrollment	0036	85,549	0.14
Other	0037	15,678,829	26.18
Total Allowable Administration Expense	0038	18,911,812	31.58
TOTAL MEDICAL and ADMINISTRATION EXPENSES	0039	131,591,266	219.75
PREMIUM INCOME/(LOSS)	0077	852,510	1.42
Non-allowable Administration Expense	0081	287,883	0.48
OPERATING INCOME/(LOSS)	0040	3,191,758	5.33
Aggregate Write-Ins for Other Expense	0076	0	0.00
Prior Period Revenue Adjustments and Extraordinary Items	0041	-1,832,547	-3.06
Federal and Foreign Income Taxes Incurred	0042		0.00
Adjustments for Prior Period IBNR Estimates	0043	3,865,755	6.46
NET INCOME (LOSS)	0044	1,158,550	1.93



CHP - TABLE 9A - CLAIMS ANALYSIS - CLAIMS INCURRED DURING CURRENT PERIOD		A. Total Expenses (B+C+D)	B. Claims Paid	C. Claims Reported But Not Paid	D. Claims Incurred But Not Reported (IBNR)	E. IBNR as a Percent of Total (D/A)
00315	00316	50901	50902	50903	50904	50905
Category of Service						
Inpatient	0001	12,552,334	10,876,649	299	1,675,386	13.35 %
Primary Care	0002	14,931,458	13,792,289	55,928	1,083,241	7.25 %
Physician Specialty Services	0003	6,949,366	6,411,110	25,694	512,562	7.38 %
Emergency Room	0004	6,942,654	6,170,300	0	772,354	11.12 %
All other Medical Services	0005	71,303,642	66,921,267	147,073	4,235,302	5.94 %
TOTAL	0999	112,679,454	104,171,615	228,994	8,278,845	7.35 %
Total Expenses - Capitated	0010	1,235,167				
Total Expenses - FFS	0020	111,444,287				7.43 %

		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
CHP - TABLE 9B - CLAIMS ANALYSIS - CLAIMS UNPAID		A. On Claims Incurred During Prior Years	B. On Claims Incurred During Current Year	C. On Claims Incurred During Prior Years	D. On Claims Incurred During Current Year	E. Total Unpaid Claims (A+B+C+D)
00317	00319	50911	50912	50913	50914	50915
Category of Service						
Inpatient	0001	0	299	36,238	1,675,386	1,711,923
Primary Care	0002	0	55,928	0	1,083,241	1,139,169
Physician Specialty Services	0003	0	25,694	2,935	512,562	541,191
Emergency Room	0004	0	0	0	772,354	772,354
All other Medical Services	0005	0	147,073	2,931	4,235,302	4,385,306
TOTAL	0999	0	228,994	42,104	8,278,845	8,549,943

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
CHP - TABLE 9C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR		A. IBNR On Claims Incurred 4 Years Prior to the Reporting Period	B. IBNR On Claims Incurred 3 Years Prior to the Reporting Period	C. IBNR on Claims Incurred 2 Years Prior to the Reporting Period	D. IBNR on Claims Incurred 1 Year Prior to the Reporting Period	E. Total Prior Period IBNR (A+B+C+D)
00321	00322	50921	50922	50923	50924	50925
Category of Service						
Inpatient	0001		0	0	36,238	36,238
Primary Care	0002		0	0	0	0
Physician Specialty Services	0003		0	0	2,935	2,935
Emergency Room	0004		0	0	0	0
All other Medical Services	0005		0	0	2,931	2,931
TOTAL	0999		0	0	42,104	42,104

CHP - TABLE 9D - NON-VBP SHARED SAVINGS (LOSSES)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00324	00326	50931	50932	50933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Target Expenditures	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Target Expenditures	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Providers' Surplus or (Loss)	0005	0	0	0

CHP - TABLE 9D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00325	00329	50937	50938	50939
For Capitation Arrangements with no Reconciliation				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Capitation Payments	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Capitation and Additional Payments	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0.00	0.00	0.00
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

CHP - TABLE 10 - USER RATES OF SERVICE - CATEGORY OF SERVICE		USERS Number of Members Who Used Medical Services During Period	NON-USERS Number of Members Who Did Not Use Medical Services During Period	Total 51001 + 51002	Number of Members Who Used Dental Services During Period
00327	00328	51001	51002	51003	51004
Age Group					
0 < 1 yrs.	0010	3	1,012	1,015	2
1 < 6 yrs.	0020	6,408	11,732	18,140	6,251
6 < 13 yrs.	0030	15,914	11,682	27,596	15,034
13 < 15 yrs.	0040	4,116	3,438	7,554	3,736
15 < 19 yrs.	0050	7,212	8,598	15,810	6,363
Totals	0100	33,653	36,462	70,115	31,386

CHP - TABLE 12 - INPATIENT UTILIZATION DISCHARGES - ACTUAL & ACCRUED UTILIZATION		Med Surg	Inpatient Newborn Births	Inpatient Newborn Births Low Birth Weight (<1200g)	Inpatient Maternity Delivery	Psychiatric Alcohol and Substance Abuse	Total Actual Discharges	Actual Discharges Per 1,000	Total Accrued Discharges	Accrued Discharges Per 1,000	Accrued
00330	00332	51201	51202	51214	51206	51207	51220	51230	51240	51250	51260
Age Group											
0 < 1 yrs.	0010	60	177	1		0	237	5	273	5	
1 < 6 yrs.	0020	222				0	222	4	254	5	
6 < 13 yrs.	0030	122			0	16	138	3	157	3	
13 < 15 yrs.	0040	36			0	23	59	1	67	1	
15 < 19 yrs.	0050	112			10	80	202	4	232	5	
Total Discharges	0999	552	177	1	10	119	858	17	983	20	
Plus Accrued Discharges	0996	83	25	0	1	15					
Total Accrued Discharges	0998	635	202	1	11	134					983
Total Cost including Accruals	0997	9,217,808	1,654,205	104,930	98,950	1,476,441					12,552,334
Actual Paid Claims	1000	8,031,642	1,460,341	104,930	87,257	1,297,409					10,981,579
Accrued Cost	1001	1,186,166	193,864	0	11,693	179,032					1,570,755
Actual Cost Per Discharge	1002	14,550	8,251	104,930	8,726	10,903					
Accrued Cost Per Discharge	1003	14,516	8,189	104,930	8,995	11,018					

Rate PMPY = (Total Visits/Member Months)\*12

CHP - TABLE 12A - NURSING HOME UTILIZATION		Nursing Home Days	Nursing Home Discharges
00334	00336	51270	51271
Age Group			
0 < 1 yrs.	0010	0	0
1 < 6 yrs.	0020	0	0
6 < 13 yrs.	0030	0	0
13 < 15 yrs.	0040	0	0
15 < 19 yrs.	0050	0	0
Total Actual Utilization	0999	0	0
Plus Accrued Utilization	0996	0	0
Total Accrued Utilization	0998	0	0
Total Cost including Accrued Utilization	0997	0	



CHP - TABLE 13 - INPATIENT UTILIZATION DAYS - ACTUAL UTILIZATION		Med Surg	Newborn	Maternity	Psychiatric Alcohol and Substance Abuse	Total Actual Days	Actual Days Per 1,000	Average Length of Stay	Total Accrued Days	Accrued Days per 1,000	Average Length of Stay	Total
00338	00340	51301	51302	51306	51307	51320	51330	51335	51340	51350	51355	51360
Age Group												
0 < 1 yrs.	0010	168	476		0	644	1,475	3	738	1,690	3	
1 < 6 yrs.	0020	489			0	489	39	2	562	45	2	
6 < 13 yrs.	0030	305		0	98	403	20	3	458	23	3	
13 < 15 yrs.	0040	116		0	244	360	66	6	411	75	6	
15 < 19 yrs.	0050	376		31	692	1,099	97	5	1,249	110	5	
Total Days	0999	1,454	476	31	1,034	2,995	60	19	3,418	68	3	
Plus Accrued Days	0996	217	64	4	138							
Total Accrued Days	0998	1,671	540	35	1,172							3,418

Rate PMPY = (Total Visits/Member Months)\*12

CHP - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergency Room Visits	Primary Care Encounter	Physician Specialty Services Encounter	Outpatient Physical Rehab/Therapy	Mental Health Visits	Vision Care Optometrist Visits	Dental Visits	Medical Transportation	Other Professional Services	Home Health Care Visits	Ambulatory Surgery Visits	Family Planning Visits	Foot Care	Prenatal / Postpartum Maternity Services	Diagnostic Tests Lab X- Rays	Pharmacy (Prescription and Non- Prescriptions)	Durable Medical Equipment	Total Number of Immunizations	Drug and Alcohol Therapy Visits
00342	00344	51401	51402	51403	51404	51405	51407	51408	51410	51411	51412	51413	51414	51419	51426	51422	51423	51424	51425	51427
Age Group																				
0 < 1 yrs.	0010	363	11,051	1,189	298	2	2	7	2	19	474	116	0	2		2,037	4,384	362	0	0
1 < 6 yrs.	0020	4,791	69,200	11,957	5,339	10,442	1,205	13,022	64	1,367	59	1,368	0	564		38,098	68,862	2,980	6	21
6 < 13 yrs.	0030	4,282	56,802	17,935	6,350	31,419	8,180	34,304	72	2,175	75	1,007	0	1,578	0	44,444	80,053	3,786	0	484
13 < 15 yrs.	0040	1,269	12,512	5,599	2,383	7,242	2,456	9,882	34	136	29	293	2	707	0	11,607	21,836	1,053	3	238
15 < 19 yrs.	0050	3,583	24,012	11,773	6,134	10,836	4,150	14,412	134	143	8	831	52	1,079	16	25,725	53,127	1,643	1	1,413
Totals - Actual	0999	14,288	173,577	48,453	20,504	59,941	15,993	71,627	306	3,840	645	3,615	54	3,930	16	121,911	228,262	9,824	10	2,156
Plus Accrued Visits	0996	1,795	94,364	4,092	2,557	6,530	0	6,620	31	295	1	456	0	555	2	18,769	0	1,452	0	682
Totals - Accrued	0998	16,083	267,941	52,545	23,061	66,471	15,993	78,247	337	4,135	646	4,071	54	4,485	18	140,680	228,262	11,276	10	2,838
Rate PMPY (Actual)	0500	0.2863	3.4784	0.9710	0.4109	1.2012	0.3205	1.4354	0.0061	0.0770	0.0129	0.0724	0.0011	0.0788	0.0003	2.4430	4.5742	0.1969	0.0002	0.0432
Rates PMPY (Accrued)	0510	0.3223	5.3694	1.0530	0.4621	1.3320	0.3205	1.5680	0.0068	0.0829	0.0129	0.0816	0.0011	0.0899	0.0004	2.8191	4.5742	0.2260	0.0002	0.0569
Actual Paid Claims	1000	6,170,300	13,792,289	6,411,110	1,425,125	10,573,256	1,027,429	8,799,928	211,267	307,069	88,554	6,558,713	23,163	267,296	21,596	6,475,440	17,082,328	1,334,666	2,190	410,080

Rate PMPY = (Total Visits/Member Months)\*12

CHP - TABLE 16 - UTILIZATION OF HHC SERVICES - TOTAL		Total Number of Service Units Actual	Total Number of Service Units Actual + Accrued	Total Cost	Unit Cost	Average Number of Service Units Per Enrollee Per Year
00411	00410	54012	54016	54018	54017	54015
Home Health Care - Aide - HOURS	0500	417	417	54,590	131	0
Home Health Care - Other - VISITS	0501	256	256	34,117	133	0
Total Home Health Care	0502			88,707		

CHP - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00351	00352	02630
INVESTMENT INCOME		
Interest Income	0001	0
Dividend and Real Estate Income	0002	0
Net Realized Capital Gains or Losses	0003	-711,526
TOTAL INVESTMENT INCOME	0004	-711,526
DEDUCTIONS		
Investment Expenses	0005	0
Interest Expense	0006	0
Interest on Claims paid after 45 days	0010	
Other Deductions	0007	0
TOTAL DEDUCTIONS	0008	0
NET INVESTMENT INCOME	0099	-711,526

CHP - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02631	00353	02632
Details of Write-ins aggregated on line 0076 from CHP Table 6A		
	0001	0
	0002	0
	0003	0
	0004	0
	0005	0
Non-State Plan Services	0006	0
Increase in Reserves for A&H Contracts	0007	0
CHP FQHC Supplemental Program Expense	0008	0
Medical Home Expense (Non-Adirondack)	0009	0
Adirondack Medical Home Expense	0010	0
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	0099	0

CHP - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02633	00354	02634
Details of Extraordinary Items on line 0041 from Medicaid Table 6		
Adjustments for Prior Period Revenue	0001	-1,832,547
	0002	0
	0003	0
	0004	0
	0005	0
	0006	0
	0007	0
	0008	0
	0009	0
Stop-Loss Fund Recoveries	0011	0
Regulation 146 Pool Recoveries	0012	0
Net gains or (loss) from Agents or premium balance charged off	0013	0
Aggregate Write-ins for other income	0014	0
CHP FQHC Supplemental Program Revenue	0015	0
Medical Home Revenue (Non-Adirondack)	0016	0
Adirondack Medical Home Revenue	0017	0
All other	0010	0
TOTAL CHILD HEALTH PLUS EXTRAORDINARY ITEMS	0099	-1,832,547

CHP - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00355	00356	02636
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Table 6		
1 Year Prior to the Reporting Period	0001	3,865,755
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL CHILD HEALTH PLUS ADJUSTMENTS FOR PRIOR PERIOD IBNR	0099	3,865,755

CHP - TABLE 26C-1 - DETAILS FOR THE ADJUSTMENTS FOR PRIOR PERIOD IBNR AND SCHEDULE OF RECOVERED PROVIDER PAYMENTS		More than 2 Years Prior to the Reporting Period	2 Years Prior to the Reporting Period	1 Year Prior to the Reporting Period	Current Reporting Period	Totals
00358	00360	02691	02686	02687	02688	02689
Details of IBNR Changing Events and Servicing Provider Recoveries by Period:						
Starting Prior Period IBNR and Claims Reported But Not Paid Expense	0001	1,240	28,091	273,946	0	303,277
Claims Recovered from Providers due to Fraud and Abuse	0002	0	0	0	0	0
Claims Recovered from Providers for Other Reasons than Fraud and Abuse	0003	1,195	21,775	130,836	274,277	428,083
COB (Third Party Payments) and Subrogation Payments Received for Claims Paid in a Prior Period	0004	45	6,316	101,006	0	107,367
Payments made to Providers During the Current Reporting Period that Reduced the Amount of a Prior Period's IBNR and Claims Reported But Not Paid Balance	0005	0	0	0	0	0
Prior Period INBR Adjustment	0006	0	0	0	0	0
Remaining IBNR	0099	0	0	42,104	0	42,104



CHP - TABLE 27A - INPATIENT NEWBORN BIRTH DRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00485	00486	52703	52704	52705	52706	52707	52708
DESCRIPTION							
DRG 606 NEONATE, BWT 1200-1499G, W SIG OR PROC, DISCH ALIVE	0606	44.8175					0.0000
DRG 607 NEONATE, BWT 1200-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	0607	18.1788					0.0000
DRG 608 NEONATE, BIRTHWT 1200-1499G, DIED	0608	15.9572					0.0000
DRG 609 NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	0609	26.1486					0.0000
DRG 610 NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	0610	10.6198					0.0000
DRG 611 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB	0611	11.7659					0.0000
DRG 612 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	0612	5.8240					0.0000
DRG 613 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	0613	4.2219					0.0000
DRG 614 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	0614	2.7141					0.0000
DRG 615 NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	0615	23.5060					0.0000
DRG 616 NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	0616	6.6175					0.0000
DRG 617 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB	0617	4.6520					0.0000
DRG 618 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	0618	2.4713					0.0000
DRG 619 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	0619	1.4655					0.0000
DRG 620 NEONATE,BWT 2000-2499G,W/O SIG OR PROC, W NORM NEWB DIAG	0620	0.3967					0.0000
DRG 621 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	0621	1.1905					0.0000
DRG 622 NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	0622	14.7152					0.0000
DRG 623 NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	0623	2.5578					0.0000
DRG 624 NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	0624	1.1286					0.0000
DRG 626 NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB	0626	2.7923					0.0000
DRG 627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	0627	1.0658					0.0000
DRG 628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0628	0.6018					0.0000
DRG 629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0629	0.2233					0.0000
DRG 630 NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	0630	0.5820					0.0000
DRG 635 NEONATAL AFTERCARE FOR WEIGHT GAIN	0635	1.8670					0.0000
DRG 637 NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	0637	0.6139					0.0000
DRG 638 NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	0638	1.3680					0.0000
DRG 639 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	0639	0.8965					0.0000
DRG 640 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	0640	1.1126					0.0000
DRG 641 EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	0641	25.2842					0.0000
DRG 991 Total Reported Cases	0991						0.0000
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Births	0994						

CHP - TABLE 27A-1 - INPATIENT NEWBORN BIRTH APRDRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00487	00488	52703	52704	52705	52706	52707	52708
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	0700	0.3419	0	0.00000	0		0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	0701	0.4751	0	0.00000	0		0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	0702	0.6638	0	0.00000	0		0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	0703	0.8654	0	0.00000	0		0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	0704	0.1545	0	0.00000	0		0.0000
581 2 Neonate, Transferred <5 Days Old, Born Here	0705	0.1879	0	0.00000	0		0.0000
581 3 Neonate, Transferred <5 Days Old, Born Here	0706	0.2415	0	0.00000	0		0.0000
581 4 Neonate, Transferred <5 Days Old, Born Here	0707	0.4079	0	0.00000	0		0.0000
583 1 Neonate, w/ ECMO	0708	20.1313	0	0.00000	0		0.0000
583 2 Neonate, w/ ECMO	0709	20.1313	0	0.00000	0		0.0000
583 3 Neonate, w/ ECMO	0710	20.1313	0	0.00000	0		0.0000
583 4 Neonate, w/ ECMO	0711	27.7479	0	0.00000	0		0.0000
588 1 Neonate BWT 1200-1249G W Major Procedure	0712	18.1139	0	0.00000	0		0.0000
588 2 Neonate BWT 1200-1249G W Major Procedure	0713	18.1139	0	0.00000	0		0.0000
588 3 Neonate BWT 1200-1249G W Major Procedure	0714	18.3817	0	0.00000	0		
588 4 Neonate BWT 1200-1249G W Major Procedure	0715	23.3980	0	0.00000	0		0.0000
602 1 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0716	5.4637	0	0.00000	0		0.0000
602 2 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0717	7.9467	0	0.00000	0		0.0000
602 3 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0718	10.4646	0	0.00000	0		0.0000
602 4 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0719	12.7566	0	0.00000	0		0.0000
603 1 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0720	4.9397	0	0.00000	0		0.0000
603 2 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0721	6.9800	0	0.00000	0		0.0000
603 3 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0722	9.2358	0	0.00000	0		0.0000
603 4 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0723	15.6208	0	0.00000	0		0.0000
607 1 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0724	4.5996	0	0.00000	0		0.0000
607 2 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0725	6.3391	0	0.00000	0		0.0000
607 3 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0726	7.9237	0	0.00000	0		0.0000
607 4 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0727	9.9689	0	0.00000	0		0.0000
608 1 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0728	3.6319	0	0.00000	0		0.0000
608 2 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0729	5.3588	0	0.00000	0		0.0000
608 3 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0730	7.7134	0	0.00000	0		0.0000
608 4 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0731	10.1719	0	0.00000	0		0.0000
609 1 Neonate, BWT 1500-2499G W Major Procedure	0732	3.8239	0	0.00000	0		0.0000
609 2 Neonate, BWT 1500-2499G W Major Procedure	0733	3.9076	0	0.00000	0		0.0000
609 3 Neonate, BWT 1500-2499G W Major Procedure	0734	6.8852	0	0.00000	0		0.0000
609 4 Neonate, BWT 1500-2499G W Major Procedure	0735	13.4767	0	0.00000	0		0.0000
611 1 Neonate, Birthwt 1500-1999G W Major Anomaly	0736	2.3102	0	0.00000	0		0.0000
611 2 Neonate, Birthwt 1500-1999G W Major Anomaly	0737	3.8089	0	0.00000	0		0.0000
611 3 Neonate, Birthwt 1500-1999G W Major Anomaly	0738	5.2871	0	0.00000	0		0.0000
611 4 Neonate, Birthwt 1500-1999G W Major Anomaly	0739	6.7288	0	0.00000	0		0.0000
612 1 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0740	3.0730	0	0.00000	0		0.0000
612 2 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0741	4.0786	0	0.00000	0		0.0000
612 3 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0742	5.7131	0	0.00000	0		0.0000
612 4 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0743	7.3319	0	0.00000	0		0.0000
613 1 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0744	2.6630	0	0.00000	0		0.0000
613 2 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0745	4.0335	0	0.00000	0		0.0000
613 3 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0746	6.2601	0	0.00000	0		0.0000
613 4 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0747	6.3966	0	0.00000	0		0.0000
614 1 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0748	1.7543	0	0.00000	0		0.0000
614 2 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0749	3.1156	1	0.00565	25,426	25,426.47	3.1156
614 3 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0750	4.5004	0	0.00000	0		0.0000
614 4 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0751	4.6697	0	0.00000	0		0.0000
621 1 Neonate, BWT 2000-2499G W Major Anomaly	0752	0.9231	0	0.00000	0		0.0000
621 2 Neonate, BWT 2000-2499G W Major Anomaly	0753	1.9392	0	0.00000	0		0.0000
621 3 Neonate, BWT 2000-2499G W Major Anomaly	0754	3.3678	0	0.00000	0		0.0000
621 4 Neonate, BWT 2000-2499G W Major Anomaly	0755	6.9969	1	0.00565	66,069	66,068.75	6.9969
622 1 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0756	1.6717	0	0.00000	0		0.0000
622 2 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0757	2.2660	0	0.00000	0		0.0000
622 3 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0758	3.4012	0	0.00000	0		0.0000
622 4 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0759	4.7371	0	0.00000	0		0.0000
623 1 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0760	1.4343	0	0.00000	0		0.0000
623 2 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0761	2.3036	0	0.00000	0		0.0000
623 3 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0762	3.7417	0	0.00000	0		0.0000
623 4 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0763	3.7562	0	0.00000	0		0.0000
625 1 Neonate, Birthwt 2000-2499G W Other Significant Condition	0764	1.4691	1	0.00565	14,040	14,040.47	1.4691
625 2 Neonate, Birthwt 2000-2499G W Other Significant Condition	0765	2.5082	0	0.00000	0		0.0000
625 3 Neonate, Birthwt 2000-2499G W Other Significant Condition	0766	2.8693	0	0.00000	0		0.0000
625 4 Neonate, Birthwt 2000-2499G W Other Significant Condition	0767	3.0509	0	0.00000	0		0.0000
626 1 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0768	0.1985	0	0.00000	0		0.0000
626 2 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0769	0.4793	3	0.01695	15,747	5,249.16	1.4379
626 3 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0770	1.2084	0	0.00000	0		0.0000
626 4 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0771	1.2084	0	0.00000	0		0.0000
630 1 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0772	2.8057	0	0.00000	0		0.0000
630 2 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0773	3.2411	0	0.00000	0		0.0000
630 3 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0774	5.4039	0	0.00000	0		0.0000
630 4 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0775	9.7554	0	0.00000	0		0.0000
631 1 Neonate, Birthwt > 2499g w/ Other Major Procedure	0776	1.5561	0	0.00000	0		0.0000
631 2 Neonate, Birthwt > 2499g w/ Other Major Procedure	0777	2.9810	0	0.00000	0		0.0000
631 3 Neonate, Birthwt > 2499g w/ Other Major Procedure	0778	5.1598	0	0.00000	0		0.0000
631 4 Neonate, Birthwt > 2499g w/ Other Major Procedure	0779	10.9926	0	0.00000	0		0.0000
633 1 Neonate, Birthwt > 2499g w/ Major Anomaly	0780	0.2653	1	0.00565	4,280	4,279.76	0.2653
633 2 Neonate, Birthwt > 2499g w/ Major Anomaly	0781	0.8320	2	0.01130	16,083	8,041.33	1.6640
633 3 Neonate, Birthwt > 2499g w/ Major Anomaly	0782	1.9425	1	0.00565	19,265	19,265.49	1.9425
633 4 Neonate, Birthwt > 2499g w/ Major Anomaly	0783	4.1052	0	0.00000	0		0.0000
634 1 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0784	0.7237	1	0.00565	6,942	6,942.12	0.7237
634 2 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0785	1.2420	0	0.00000	0		0.0000
634 3 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0786	1.9426	0	0.00000	0		0.0000
634 4 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0787	3.7187	1	0.00565	42,370	42,370.33	3.7187
636 1 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0788	0.8599	0	0.00000	0		0.0000

636 2 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0789	1.2893	0	0.00000	0		0.0000
636 3 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0790	1.9624	0	0.00000	0		0.0000
636 4 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0791	2.9045	0	0.00000	0		0.0000

CHP - TABLE 27A-2 - INPATIENT NEWBORN BIRTH DRGs - LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00489	00490	52743	52744	52745	52746	52747	52748
DRG 602 NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	0602	56.4019					0.0000
DRG 603 NEONATE, BIRTHWT <750G,DIED	0603	17.9309					0.0000
DRG 604 NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	0604	40.3832					0.0000
DRG 605 NEONATE, BIRTHWT 750-999 ,DIED	0605	18.3555					0.0000
DRG 606 NEONATE, BWT 1000-1199G, W SIG OR PROC, DISCH ALIVE	0606	44.8175					0.0000
DRG 607 NEONATE, BWT 1000-1199G, W/O SIGNIF OR PROC, DISCH ALIVE	0607	18.1788					0.0000
DRG 608 NEONATE, BIRTHWT 1000-1199G, DIED	0608	15.9572					0.0000
DRG 991 Total Reported Cases	0991						0.0000
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Births	0994						

CHP - TABLE 27A-3 - INPATIENT NEWBORN BIRTH APRDRGs LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00491	00492	52743	52744	52745	52746	52747	52748
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	0700	0.3419	0	0.00000	0		0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	0701	0.4751	0	0.00000	0		0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	0702	0.6638	0	0.00000	0		0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	0703	0.8654	0	0.00000	0		0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	0704	0.1545	0	0.00000	0		0.0000
581 2 Neonate, Transferred <5 Days Old, Born Here	0705	0.1879	0	0.00000	0		0.0000
581 3 Neonate, Transferred <5 Days Old, Born Here	0706	0.2415	0	0.00000	0		0.0000
581 4 Neonate, Transferred <5 Days Old, Born Here	0707	0.4079	0	0.00000	0		0.0000
588 1 Neonate BWT <1200G W Major Procedure	0712	18.1139	0	0.00000	0		0.0000
588 2 Neonate BWT <1200G W Major Procedure	0713	18.1139	0	0.00000	0		0.0000
588 3 Neonate BWT <1200G W Major Procedure	0714	18.3817	0	0.00000	0		0.0000
588 4 Neonate BWT <1200G W Major Procedure	0715	23.3980	0	0.00000	0		0.0000
589 1 Neonate BWT < 500G	0800	9.2322	0	0.00000	0		0.0000
589 2 Neonate BWT < 500G	0801	9.2322	0	0.00000	0		0.0000
589 3 Neonate BWT < 500G	0802	2.7013	0	0.00000	0		0.0000
589 4 Neonate BWT < 500G	0803	0.1097	0	0.00000	0		0.0000
591 1 Neonate, Birthwt 500-749G w/o Major Procedure	0804	4.2943	0	0.00000	0		0.0000
591 2 Neonate, Birthwt 500-749G w/o Major Procedure	0805	5.0592	0	0.00000	0		0.0000
591 3 Neonate, Birthwt 500-749G w/o Major Procedure	0806	9.5075	0	0.00000	0		0.0000
591 4 Neonate, Birthwt 500-749G w/o Major Procedure	0807	17.5261	0	0.00000	0		0.0000
593 1 Neonate, Birthwt 750-999G w/o Major Procedure	0808	9.0407	0	0.00000	0		0.0000
593 2 Neonate, Birthwt 750-999G w/o Major Procedure	0809	9.5053	0	0.00000	0		0.0000
593 3 Neonate, Birthwt 750-999G w/o Major Procedure	0810	12.1170	0	0.00000	0		0.0000
593 4 Neonate, Birthwt 750-999G w/o Major Procedure	0811	16.1219	0	0.00000	0		0.0000
602 1 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0716	5.4637	0	0.00000	0		0.0000
602 2 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0717	7.9467	0	0.00000	0		0.0000
602 3 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0718	10.4646	0	0.00000	0		0.0000
602 4 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0719	12.7566	0	0.00000	0		0.0000
603 1 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0720	4.9397	0	0.00000	0		0.0000
603 2 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0721	6.9800	0	0.00000	0		0.0000
603 3 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0722	9.2358	1	1.00000	104,930	104,930.00	9.2358
603 4 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0723	15.6208	0	0.00000	0		0.0000
Total Reported Cases	0995		1	1.00000	104,930	104,930.00	9.2358
Plus Accrued Cases	0996						
Totals With Accruals	0997		1		104,930	104,930.00	
Average Casemix of Reported Deliveries	0998	9.2358					

CHP - TABLE 27B - INPATIENT MATERNITY DELIVERY DRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00361	00362	52723	52724	52725	52726	52727	52728
DESCRIPTION							
DRG 370 CESAREAN SECTION W CC	0370	1.1149					
DRG 371 CESAREAN SECTION W/O CC	0371	0.8810					
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0372	0.6992					
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0373	0.5992					
DRG 374 VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0374	0.8850					
DRG 375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL AND/OR D&C	0375	0.6292					
DRG 650 HIGH RISK CESAREAN SECTION W CC	0650	1.5370					
DRG 651 HIGH RISK CESAREAN SECTION W/O CC	0651	1.0928					
DRG 652 HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0652	0.9431					
DRG 991 Total Reported Cases	0991						
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Deliveries	0994						

CHP - TABLE 27B-1 - INPATIENT MATERNITY DELIVERY APRDRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00363	00364	52723	52724	52725	52726	52727	52728
APDRG SEVERITY DESCRIPTION							
540 1 Cesarean Delivery	0400	0.7239	1	0.10000	9,268	9,267.80	0.7239
540 2 Cesarean Delivery	0401	0.8386	1	0.10000	8,068	8,067.51	0.8386
540 3 Cesarean Delivery	0402	1.1453	0	0.00000	0		0.0000
540 4 Cesarean Delivery	0403	2.3844	0	0.00000	0		0.0000
541 1 Vaginal Delivery w/ Sterilization and/or D&C	0404	0.6670	0	0.00000	0		0.0000
541 2 Vaginal Delivery w/ Sterilization and/or D&C	0405	0.7314	0	0.00000	0		0.0000
541 3 Vaginal Delivery w/ Sterilization and/or D&C	0406	0.3371	0	0.00000	0		0.0000
541 4 Vaginal Delivery w/ Sterilization and/or D&C	0407	1.1080	0	0.00000	0		0.0000
542 1 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0408	0.4669	0	0.00000	0		0.0000
542 2 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0409	0.5556	0	0.00000	0		0.0000
542 3 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0410	1.1425	0	0.00000	0		0.0000
542 4 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0411	1.3216	0	0.00000	0		0.0000
560 1 Vaginal Delivery	0412	0.4672	7	0.70000	65,243	9,320.40	3.2704
560 2 Vaginal Delivery	0413	0.5128	1	0.10000	4,679	4,678.76	0.5128
560 3 Vaginal Delivery	0414	0.6771	0	0.00000	0		0.0000
560 4 Vaginal Delivery	0415	1.2598	0	0.00000	0		0.0000
Total Reported Cases	0995		10	1.00000	87,257	8,725.69	5.3457
Plus Accrued Cases	0996		2		11,693	5,846.34	
Totals With Accruals	0997		12		98,950	8,245.80	
Average Casemix of Reported Deliveries	0998	0.5346					

CHP - TABLE 30 - NON-ADIRONDACK MEDICAL HOMES-TOTAL		Number of NCQA Certified Physicians	D Member Months for Enrollees w/NCQA recognized PCP	E PMPM Add On	F = D X E Subtotal Medical Home Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00365	00366	53000	53001	53002	53003	53004	53014	53015	53016	53005	53006
Ended 6/30/2017											
Level 2 (PCMH 2011 Standards)	0010	0	0	2.00	0.00						
Level 2 (PCMH 2014 Standards)	0011	0	40	6.00	240.00						
Level 3 (PCMH 2011 Standards)	0012	0	314	4.00	1,254.00						
Level 3 (PCMH 2014 Standards)	0013	0	443	8.00	3,544.00						
Effective 7/1/2017-4/30/2018											
Level 2 (PCMH 2014 Standards)	0014	23	825	3.00	2,475.00						
Level 3 (PCMH 2014 Standards) & 2017 PCMH	0015	1,608	84,210	7.50	631,575.00						
APC Gate 2 (10/1/2017-4/3/2018)	0016	0	0	7.50	0.00						
Effective 5/1/2018-6/30/2018											
2014 PCMH Level 3	0017	3,259	45,832	5.75	263,534.00						
2017 PCMH	0018	14	1,099	5.75	6,319.25						
NYS PCMH	0019	0	0	5.75	0.00						
APC Gate 2	0020	0	0	5.75	0.00						
Effective 7/1/2018											
2014 PCMH Level 3	0021	4,395	131,065	6.00	786,390.00						
2017 PCMH	0022	42	7,554	6.00	45,324.00						
NYS PCMH	0023	363	6,499	6.00	38,994.00						
APC Gate 2	0024	328	11,188	6.00	67,128.00						
Total	0004	10,032	289,069		1,846,777.25		1,846,777	1,782,223	64,555	0	1,846,777



CHP - TABLE 31 - ADIRONDACK MEDICAL HOMES-TOTAL		Number of NCQA Certified Physicians	D Member Months for Enrollees w/ NCQA recognized PCP	E PMPM Add On	F = D X E Total Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amoun Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00367	00368	53007	53008	53009	53010	53011	53017	53018	53019	53012	53013
CHP	0001	0	0	7.00	0.00		0	0	0	0	0
Total	0002	0	0	7.00	0.00		0	0	0	0	0

HARP - TABLE 1A - ENROLLMENT BY PRIMARY CARE SITE*		Opcert	County	Net Enrollees at End of Current Period	Total Member Months	Total Primary Care and Specialty Care Visits	Total Primary Care and Specialty Care Expenses	Total Non-Adirondack Medical Home Dollars Paid to FQHC Clinics	Total Adirondack Medical Home Dollars Paid to FQHC Clinics
70101	00241	70109	70102	70104	70105	70107	70106	70125	70126
Free Standing Clinics									
SYRACUSE COMMUNITY HEALTH CENTER INC	0001		ONONDAGA	256	2,686	264	16,111	7,646	
COMMUNITY HEALTHCARE NETWORK	0002		BROOKLYN	296	3,480	193	10,812	4,446	
JOSEPH P ADDABBO FAMILY HEALTH CENTER	0003		QUEENS	68	732	148	6,839	2,511	
MEDALLIANCE MEDICAL HEALTH SERVICES	0004		BRONX	4	23	42	4,145	36	
CENTURY MEDICAL AND DENTAL CENTER INC	0005		BROOKLYN	4	44	41	4,049		
UNION COMMUNITY HEALTH CENTER	0006		BRONX	12	148	46	2,668		
BROOKLYN COMPREHENSIVE CARE CENTER	0007		BROOKLYN	6	72	26	2,089	375	
BROOKLYN MEDCARE	0008		BROOKLYN	3	22	23	1,562		
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER	0009		WESTCHESTE R	34	387	24	1,084	931	
SYRACUSE COMMUNITY HEALTH CENTER INC	0010		OSWEGO	3	35	13	792	7,646	
MORRIS HEIGHTS HEALTH CENTER	0011		BRONX	12	107	14	752	315	
NEW YORK MEDICAL AND DIAGNOSTIC CENTER	0012		QUEENS	1	18	7	544		
DOCTORS UNITED INC	0013		WESTCHESTE R	5	37	8	528	164	
JUST KIDS DIAGNOSTIC & TREATMENT CTR	0014		SUFFOLK	8	82	10	405		
ELMWOOD HEALTH CENTER	0015		ERIE	5	52	6	375	328	
MEDEX DIAGNOSTIC AND TREATMENT CENTER	0016		QUEENS	1	1	4	332		
JOSEPH P ADDABBO FAMILY HEALTH CENTER	0017		NASSAU	4	60	6	250	2,511	
DOCTORS UNITED INC	0018		BRONX	1	11	3	149	164	
UPPER HUDSON PLANNED PARENTHOOD	0019		ALBANY	1	23	1	32		
	0020								
	0021								
	0022								
	0023								
	0024								
Subtotal - Free Standing Clinics	0028			724	8,020	879	53,518	27,073	
Hospital Outpatient Departments									
SAMARITAN MEDICAL CENTER	0030	2,201,000	JEFFERSON	120	1,351	1,417	68,749	4,161	
BROOKDALE HOSPITAL MEDICAL CENTER	0031	7,001,002	BROOKLYN	8	135	408	20,560	254	
CANTON-POTSDAM HOSPITAL	0032	4,429,000	SAINT LAWRENCE	24	201	212	17,219	902	
LEWIS COUNTY GENERAL HOSPITAL	0033	2,424,700	LEWIS	42	452	214	16,589	881	
THE UNIV OF VERMONT HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSP	0034	901,001	CLINTON	17	219	178	16,250		
ROCHESTER GENERAL HOSPITAL	0035	2,701,003	MONROE	21	239	306	14,054	961	
CARTHAGE AREA HOSPITAL INC	0036	2,238,700	JEFFERSON	41	452	213	12,496	1,813	
MONTEFIORE MEDICAL CENTER	0037	7,000,006	BRONX	24	273	83	11,360	767	
MASSENA MEMORIAL HOSPITAL	0038	4,402,000	SAINT LAWRENCE	15	163	235	11,189	423	
HIGHLAND HOSPITAL	0039	2,701,001	MONROE	14	99	86	9,092	305	
NYU HOSPITALS CENTER	0040	7,002,053	BROOKLYN	6	66	53	6,772	84	
CROUSE HOSPITAL	0041	3,301,008	MADISON	4	40	161	5,750		
ROME MEMORIAL HOSPITAL INC	0042	3,201,002	ONEIDA	7	86	68	5,380	274	
CLAXTON-HEPBURN MEDICAL CENTER	0043	4,401,000	SAINT LAWRENCE	11	134	71	4,195	6	
SOUTH NASSAU COMMUNITIES HOSPITAL	0044	2,950,001	SUFFOLK	2	7	115	4,171	12	
BRONX-LEBANON HOSPITAL CENTER	0045	7,000,001	BRONX	2	24	76	3,940	23	
JAMAICA HOSPITAL	0046	7,003,003	QUEENS	12	116	71	3,911	570	
ST JOSEPHS HOSPITAL HEALTH CENTER	0047	3,301,003	ONONDAGA	5	65	105	3,708	331	
FAXTON-ST LUKES HEALTHCARE	0048	3,202,003	ONEIDA	16	158	40	3,614	390	
ST ELIZABETH MEDICAL CENTER	0049	3,202,002	ONEIDA	1	57	34	3,457	0	
All Other Hospital Outpatient Days	0050			436	4,734	3,182	223,478	10,670	
Subtotal - Hospital Outpatient Departments	0026			828	9,071	7,328	465,934	22,827	
Large Medical Group Practices									
NORTH SHORE LIJ MEDICAL PC	0051		NASSAU	80	740	1,817	304,402	3,328	
SAMARITAN MEDICAL PRACTICE PC	0052		JEFFERSON	2	28	450	225,295		
STONY BROOK INTERNISTS PC	0053		SUFFOLK	15	138	1,015	132,853	467	
NYU GASTROENTEROLOGY ASSOCIATES	0054		BROOKLYN	28	283	791	108,781	0	
NYU WINTHROP MEDICAL AFFILIATES	0055		NASSAU	48	343	731	75,584	0	
NORTH SHORE LIJ MEDICAL PC	0056		QUEENS	13	117	438	69,220	3,328	
MMC FACULTY PRACTICE	0057		BRONX	206	2,318	486	55,252	3,572	
CORNELL CARDIOLOGY CONSULTANTS	0058		MANHATTAN	3	46	211	50,588	268	
DEPARTMENT OF MEDICINE MEDICAL SVC GRP	0059		ONONDAGA	11	90	367	49,977	308	
FACULTY PRACTICE ASSOCIATES	0060		MANHATTAN	9	84	475	46,808	155	
PROHEALTH CARE ASSOCIATES LLP	0061		NASSAU	35	446	310	43,181	954	
NYU HUNTINGTON MEDICAL GROUP	0062		BROOKLYN	41	495	337	40,180	18	
NASSAU HEALTHCARE	0063		NASSAU	6	85	571	39,519	544	
MEETING HOUSE LANE MEDICAL PRACTICE	0064		SUFFOLK	21	207	216	35,557	1,049	
All Other Large Medical Groups	0065			6,830	67,969	47,263	4,402,767	142,659	
Subtotal - Large Medical Group Practices	0027			7,348	73,389	55,478	5,679,964	156,650	
All Others	0025			118	621	23,343	1,896,320	7,420	0
Total	0999			9,018	91,101	87,028	8,095,736	213,970	0

\* List free standing clinics used as primary care sites.

HARP - TABLE 1B - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period
00242	00243	70113	70114
Albany	0001	17	175
Allegany	0002		
Broome	0003	82	782
Cattaraugus	0004		9
Cayuga	0005	83	947
Chautauqua	0006	15	152
Chemung	0007	111	1,056
Chenango	0008	33	385
Clinton	0009	57	660
Columbia	0010	6	86
Cortland	0011		
Delaware	0012		
Dutchess	0013	31	282
Erie	0014	92	862
Essex	0015	8	103
Franklin	0016		70
Fulton	0017	3	33
Genesee	0018	9	84
Greene	0019	4	58
Hamilton	0020		
Herkimer	0021	2	18
Jefferson	0022	633	7,010
Lewis	0023	91	878
Livingston	0024	6	39
Madison	0025	44	509
Monroe	0026	188	1,932
Montgomery	0027		
Nassau	0028	669	6,550
Niagara	0029	83	975
Oneida	0030	120	1,398
Onondaga	0031	529	5,364
Ontario	0032	9	90
Orange	0033	59	522
Orleans	0034		17
Oswego	0035	199	2,272
Otsego	0036		
Putnam	0037		
Rensselaer	0038	11	142
Rockland	0039	42	360
St. Lawrence	0040	201	2,407
Saratoga	0041		
Schenectady	0042		29
Schoharie	0043		
Schuyler	0044		
Seneca	0045	15	143
Steuben	0046		
Suffolk	0047	1,711	15,728
Sullivan	0048	3	14
Tioga	0049	13	94
Tompkins	0050		
Ulster	0051	42	325
Warren	0052	23	257
Washington	0053		
Wayne	0054	20	156
Westchester	0055	162	1,644
Wyoming	0056	5	30
Yates	0057		
Bronx	0058	568	5,459
Kings (Brooklyn)	0059	1,673	18,046
New York (Manhattan)	0060	473	4,398
Queens	0061	622	6,058
Richmond (Staten Island)	0062	251	2,493
TOTAL	0999	9,018	91,101

HARP - TABLE 2 - ENROLLMENT SUMMARY BY PREMIUM GROUP		Number of Enrollees at End of Prior Year	Net Enrollees At End of Current Period	Total Member Months
00244	00245	70201	70205	70206
HARP	0050	6,236	9,018	91,101
TOTALS	0999	6,236	9,018	91,101

HARP - TABLE 2B - ACCRUED MATERNITY DELIVERIES		HARP Accrued Deliveries
00246	00247	71206
Number of Deliveries	0998	77
Maternity Kick Revenue	0011	682,194
Maternity Kick Expense	0012	634,186
Maternity Kick Rev Per Case	0013	8,860
Maternity Kick Expense Per Case	0014	8,236

HARP - TABLE 2D - HEALTH HOME ENROLLMENT		Net Enrollees at End of Current Period	Total Member Months
00386	00382	00383	00384
Total	0999	8,381	33,519

HARP - TABLE 6 - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS INCURRED DURING THE CURRENT PERIOD		Current YTD	Current YTD PMPM
00248	00249	77003	77006
HARP Member Months	0001	91,101	
Members	0050	9,018	
HARP REVENUE:			
Premium			
a. Capitation	0002	217,441,929	2,386.82
b. Maternity Supplemental Kick Payments	0003	682,194	7.49
c. HCBS Revenue	0082	0	0.00
Premium Revenue	0091	218,124,123	2,394.31
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	218,124,123	2,394.31
Net Investment Income	0004	6,202,305	68.08
Other Revenue	0007	0	0.00
TOTAL HARP REVENUE	0008	224,326,428	2,462.39
HARP EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	21,676,154	237.94
b. Inp. Mental Health & SUD	0010	23,690,263	260.04
c. Inpatient Maternity Delivery	0011	445,900	4.89
d. Total Hospital Inpatient Care (a thru c)	0012	45,812,317	502.87
Other Medical and Hospital:			
Primary Care	0013	3,079,446	33.80
Specialty Care	0014	5,016,290	55.06
Prenatal/Postpartum Maternity Services	0045	188,286	2.07
Ambulatory Surgery	0015	3,404,180	37.37
Outpatient Physical Rehab/Therapy	0092	844,290	9.27
Other Professional Services	0016	15,187	0.17
Emergency Room	0017	6,869,061	75.40
Outpatient Mental Health	0018	15,247,250	167.37
Outpatient SUD Treatment	0019	11,315,500	124.21
Behavioral Health HCBS Services	0047	286,179	3.14
Dental	0020	1,034,678	11.36
Pharmacy	0021	33,731,001	370.26
Home Health Care	0022	610,184	6.70
Nursing Facility	0069	1,240,047	13.61
Personal Care	0094	8,014,762	87.98
Personal Emergency Response Services	0095	5,729	0.06
Transportation - Emergent	0023	2,150	0.02
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	5,202,506	57.11
Family Planning	0026	49,766	0.55
Vision Care Inc. Eyeglasses	0027	279,791	3.07
Foot Care	0093	199,220	2.19
In Lieu Of Services	0049	0	0.00
Other Medical	0028	4,415,012	48.46
Durable Medical Equipment	0046	1,207,825	13.26
Health Home	0079	0	0.00
Subtotal Medical & Hospital	0030	148,070,657	1,625.35
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	0	0.00
VBP QIP Expenses	0062	0	0.00
EIP Expenses	0063		
EPP Expenses	0064		
AHPP Expenses	0065		
Total Medical & Hospital	0032	148,070,657	1,625.35
Administration:			
Compensation	0033	4,738,772	52.02
Occupancy, Depreciation & Amortization	0035	182,553	2.00
Marketing and Facilitated Enrollment	0036	133,764	1.47
Other	0037	21,911,627	240.52
Total Allowable Administration Expenses	0038	26,966,716	296.01
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	175,037,373	1,921.36
PREMIUM INCOME/(LOSS)	0077	43,086,750	472.96
Nonallowable Administration Expense	0081	4,362,908	47.89
OPERATING INCOME/(LOSS)	0040	44,926,147	493.15
Aggregate Write-ins for Other Expenses	0076	0	0.00
Prior Period Revenue Adjustments and Extraordinary Items	0041	4,912,162	53.92
Federal and Foreign Income Taxes Incurred	0042		0.00
Adjustments for prior period IBNR estimates	0043	5,813,609	63.81
NET INCOME (LOSS)	0044	34,200,376	375.41

HARP - TABLE 8A- INPATIENT MENTAL HEALTH/SU D COST		Inpatient Mental Health	Inpatien t SUD Rehab	Inpatien t SUD Detox Medicall y Manage d	Inpatient Detox Medicall y Supervis ed	Part 819 Stabiliza tion Per Diem	Part 819 Rehabili tation Per Diem	Part 819 Reintegr ation Per Diem	Part 817 RRSY	Total Inpatien t Mental Health & Substan ce Abuse
00401	00400	71215	71216	71217	71218	71219	71221	71222	71228	71224
Total Cost - Actual	1000	16,162,924	3,442,186	0	21,372	0	0	0	0	19,626,482
Total Cost - Accrued	1001	4,063,781	0	0	0	0	0	0	0	4,063,781
Total - Actual Plus Accrued	0997	20,226,705	3,442,186	0	21,372	0	0	0	0	23,690,263



HARP - TABLE 8A-1 - INPATIENT MENTAL HEALTH/SUD UTILIZATION - DISCHARGE S		Inpatien t Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medicall y Manage d	Inpatient Detox Medicall y Supervis ed	Part 819 Stablizat ion Per Diem	Part 819 Rehabili tation Per Diem	Part 819 Reinteg ration Per Diem	Part 817 RRSY	Total Inpatien t Mental Health & Substan ce Abuse
00402	00 40 3	71225	71226	71227	71228	71229	71231	71232	71233	71234
Total Discharges - Actual	09 99	2,587	1,404	0	63	0	0	0	0	4,054
Total Discharges - Accrued	09 96	904	0	0	0	0	0	0	0	904
Total - Actual Plus Accrued	09 98	3,491	1,404	0	63	0	0	0	0	4,958

HARP - TABLE 8A-2 - INPATIENT MENTAL HEALTH/SUB STANCE ABUSE UTILIZATION DAYS		Inpatien t Mental Health	Inpatient SUD Rehab	Inpatien t SUD Detox Medicall y Manage d	Inpatien t Detox Medical ly Supervi sed	Part 819 Stabiliza tion Per Diem	Part 819 Rehabil itation Per Diem	Part 819 Reinteg ration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substan ce Abuse
00404	00 40 5	71235	71236	71237	71238	71239	71241	71242	71243	71244
Total Days - Actual	09 99	18,019	7,105	0	105	0	0	0	0	25,229
Total Days - Accrued	09 96	5,431	0	0	0	0	0	0	0	5,431
Total - Actual Plus Accrued	09 98	23,450	7,105	0	105	0	0	0	0	30,660

HARP - TABLE 8B - PHARMACY OUTPATIENT COST		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total Pharmacy
00406	00407	71457	71458	71459	71460
Total Cost - Actual	0999	31,314,733	2,324,608	91,660	33,731,001
Total Cost - Accrued	0996	0	0	0	0
Total - Actual Plus Accrued	0998	31,314,733	2,324,608	91,660	33,731,001

HARP - TABLE 8B-1 - PHARMACY OUTPATIENT - UTILIZATION SCRIPTS		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total - Pharmacy Scripts
00408	00409	71453	71454	71455	71456
Total Scripts - Actual	0999	287,358	61,037	2,712	351,107
Total Scripts - Accrued	0996	0	0	0	0
Total - Actual Plus Accrued	0998	287,358	61,037	2,712	351,107

HARP - TABLE 8C - OUTPATIENT MENTAL HEALTH COST		Office Based Mental Health Service s	Mental Health Clinic Service s	PROS	ACT	Contin uing Day Treatm ent	Intensi ve Psychi atric Rehabi litation Treatm ent (IPRT)	Partial Hospit alizatio n	Compr ehensi ve Psychi atric Emerg ency Progra m (CPEP)	Other Outpati ent Mental Health Service s	TOTAL Outpati ent Mental Health Service s
00410	00 41 1	71256	71257	71258	71259	71261	71262	71263	71264	71265	71267
Total Cost - Actual	09 99	347,500	6,578,519	1,789,056	2,241,705	0	0	107,029	519,741	1,736,621	13,320,171
Total Cost - Accrued	09 96	49,814	946,959	263,982	321,953	0	0	15,868	74,651	253,852	1,927,079
Total - Actual Plus Accrued	09 98	397,314	7,525,478	2,053,038	2,563,658	0	0	122,897	594,392	1,990,473	15,247,250

HARP - TABLE 8C-1 - OUTPATIENT MENTAL HEALTH UTILIZATION VISITS		Office Based Mental Health Service s	Mental Health Clinic Service s	PROS	ACT	Contin uing Day Treat ment	Intensi ve Psychi atric Rehabil itation Treatm ent (IPRT)	Partial Hospita lization	Compr ehensi ve Psychi atric Emerge ncy Progra m (CPEP)	Other Outpat ient Mental Health Service s	Total Outpati ent Mental Health Service s
00412	00 41 3	71245	71246	71247	71248	71249	71251	71252	71253	71254	71255
Total Visits - Actual	09 99	3,931	45,942	2,132	1,388	0	0	158	614	20,435	74,600
Total Visits - Accrued	09 96	568	6,612	314	200	0	0	24	90	2,980	10,788
Total - Actual Plus Accrued	09 98	4,499	52,554	2,446	1,588	0	0	182	704	23,415	85,388
Rate Per Member Per Year Actual	05 00										9.826
Rate Per Member Per Year Accrued	05 10										11.247

HARP - TABLE 8D - OUTPATIENT SUD SERVICES COST		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatient Opiate Treatment Programs	Outpatient SUD Detox	Other SUD Outpatient Services	Total Outpatient SUD Services
00414	004 15	71277	71278	71279	71280	71292	71293	71294
Total Cost - Actual	099 9	270,837	4,074,943	459,251	3,003,821	26,082	2,029,905	9,864,839
Total Cost - Accrued	099 6	41,409	611,547	70,706	429,185	0	297,814	1,450,661
Total - Actual Plus Accrued	099 8	312,246	4,686,490	529,957	3,433,006	26,082	2,327,719	11,315,500

HARP - TABLE 8D-1 - OUTPATIENT SUD SERVICES UTILIZATION VISITS		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatien t Opiate Treatmen t Programs	Outpatien t SUD Detox	Other SUD Outpatient Services	Total Outpatient SUD Services
00416	00417	71268	71269	71272	71273	71274	71275	71276
Total Visits - Actual	0999	3,278	33,068	3,909	33,477	112	20,412	94,256
Total Visits - Accrued	0996	496	4,965	608	4,777	0	3,031	13,877
Total - Actual Plus Accrued	0998	3,774	38,033	4,517	38,254	112	23,443	108,133
Rate Per Member Per Year Accrued	0510							14.243
Rate Per Member Per Year Actual	0500							12.416



HARP - TABLE 8E - HCBS & 1115 DEMO OUTPUT ATIENT SERVICES COST		Psycho social Rehab	Community Psych Support & Treatment (hours)	Crisis Intervention (1115 Demo)	Short-Term Crisis Respite (days)	Intensive Crisis Respite (days)	Peer Supports (hours)	Residential Supports (hours)	Family Supports (hours)	Educational Supports (hours)	Pre-Vocational Supports (hours)	Transitional Employment (hours)	Intensive Supported Employment (hours)	Ongoing Supported Employment (hours)	Staff Transportation (trips)	Adult BH HCBS Infrastructure Program	Total HCBS & 1115 Demo Services
00418	00419	71321	71322	71323	71324	71325	71326	71327	71328	71329	71331	71332	71333	71334	71336	71338	71337
Total Cost - Actual	0999	39,144	38,681	0	47,797	0	56,953	16,503	0	38,944	1,653	0	8,970	0	1,029	0	249,674
Total Cost - Accrued	09996	5,828	5,739	0	6,312	0	8,356	2,679	0	5,893	245	0	1,306	0	147	0	36,505
Total - Actual Plus Accrued	09998	44,972	44,420	0	54,109	0	65,308	19,183	0	44,837	1,898	0	10,276	0	1,176	0	286,179

HARP - TABLE 8E-1 - HCBS & 1115 DEMO OUTPAT IENT SERVIC ES UTILIZA TION VISITS		Psyc hosocial Rehab	Com muni ty Psyc h Supp ort & Treat ment (hou rs)	Crisi s Inter venti on (111 5 Demo)	Shor t Ter m Crisi s Res pite (day s)	Inte nsiv e Crisi s Res pite (day s)	Peer Sup port s (hou rs)	Resi denti al Sup port s (hou rs)	Fami ly Supp orts (hou rs)	Educ ation Sup port s (hou rs)	Pre- Voc atio nal Sup port s (hou rs)	Tran sitio nal Emp loy men t (hou rs)	Inte nsiv e Sup port ed Em p loy men t (hou rs)	Ong oing Sup port ed Emp loy men t (hou rs)	Staff Tran spor tatio n (trip s)	Total HCB S & 1115 Dem o Servi ces
00420	0 0 4 2 1	7134 1	7134 2	7134 3	7134 4	7134 5	713 46	7134 7	7134 8	7134 9	7135 1	713 52	713 53	713 54	7135 6	7135 7
Total Visits - Actual	0 9 9 9	326	192	0	132	0	610	23	0	386	15	0	80	0	111	1,876
Total Visits - Accrued	0 9 9 6	49	29	0	17	0	92	4	0	59	2	0	13	0	16	280
Total - Actual Plus Accrued	0 9 9 8	375	221	0	149	0	702	27	0	445	18	0	93	0	127	2,157

HARP - TABLE 8F - ASSESSMENTS AND CARE MANAGEMENT		Assessmen ts (dollars)	Care Manageme nt (dollars)	Plan of Care Developme nt Cost	Assessment s Utilization (number of assessment s)	Care Manageme nt Utilization (hours)	Plan of Care Developmen t Utilization
00422	0042 3	71391	71392	71395	71393	71394	71396
Totals - Actual	0999	0		0	0		0
Totals - Accrued	0996	0		0	0		0
Totals - Actual Plus Accrued	0998	0		0	0		0

HARP - TABLE 9A - CLAIMS ANALYSIS - CLAIMS INCURRED DURING CURRENT PERIOD		A Total Expense (B + C + D)	B Claims Paid	C Claims Reported But Not Paid	D Claims Incurred But Not Reported (IBNR)	E IBNR as a Percent of Total Expense (D/A)
00250	00251	70901	70902	70903	70904	70905
Category of Service						
Inpatient	0001	45,812,317	38,022,630	154,603	7,635,084	16.67 %
Primary Care	0002	3,079,446	2,711,644	15,750	352,052	11.43 %
Physician Specialty Services	0003	5,016,290	4,380,305	25,934	610,051	12.16 %
Emergency Room	0004	6,869,061	6,036,995	0	832,066	12.11 %
All other medical services	0005	87,293,543	81,161,625	204,755	5,927,163	6.79 %
TOTAL	0999	148,070,657	132,313,199	401,042	15,356,416	10.37 %
Total Expenses - Capitated	0010	130,902				
Total Expenses - FFS	0020	147,939,754				10.38 %

		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
HARP - TABLE 9B - CLAIMS ANALYSIS - CLAIMS UNPAID		A On Claims Incurred During Prior Years	B On Claims Incurred During Current Year	C On Claims Incurred During Prior Years	D On Claims Incurred During Current Year	E Total Unpaid Claims (A+B+C+D)
00252	00253	70911	70912	70913	70914	70915
Category of Service						
Inpatient	0001	0	154,603	285,133	7,635,084	8,074,820
Primary Care	0002	0	15,750	0	352,052	367,802
Physician Specialty Services	0003	0	25,934	58,024	610,051	694,009
Emergency Room	0004	0	0	0	832,066	832,066
All other medical services	0005	0	204,755	173,540	5,927,163	6,305,458
TOTAL	0999	0	401,042	516,697	15,356,416	16,274,155

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
HARP - TABLE 9C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR		A IBNR on Claims Incurred 4 Years Prior to the Reporting Period	B IBNR on Claims Incurred 3 Years Prior to the Reporting Period	C IBNR on Claims Incurred 2 Years Prior to the Reporting Period	D IBNR on Claims Incurred 1 Year Prior to the Reporting Period	E Total Prior Period IBNR (A+B+C+D)
00254	00255	70921	70922	70923	70924	70925
Category of Service						
Inpatient	0001		0	0	285,133	285,133
Primary Care	0002		0	0	0	0
Physician Specialty Services	0003		0	0	58,024	58,024
Emergency Room	0004		0	0	0	0
All other medical services	0005		0	0	173,540	173,540
TOTAL	0999		0	0	516,697	516,697

An explanation of why the plan has not written off IBNR claims that are more than 2 years old should be reported in the notepad section of the MMCOR.

HARP - TABLE 9D - NON-VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00256	00257	70931	70932	70933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Target Expenditures	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Target Expenditures	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

HARP - TABLE 9D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00472	00473	70937	70938	70939
For Capitation Arrangements with no Reconciliaiton				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Capitation Payments	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Capitation and Additional Payments	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0



HARP - TABLE 9E - VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00470	00471	70934	70935	70936
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
VBP Target Expenditures	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total VBP Target Expenditures	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

HARP- TABLE 9E-1 - VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00474	00475	70940	70941	70942
For Capitation Arrangements with no Reconciliaiton				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Premium Revenue (involved in the arrangement)	0008	0	0	0
VBP Capitation Payments	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Capitation and Additional Payments	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

HARP - TABLE 12 - INPATIENT UTILIZATION DISCHARGES - ACTUAL AND ACCRUED UTILIZATION		Med. Surg	Maternity/Deliveries	Psychiatric/Alcohol and SUD	Total Num/Actual Discharges	Actual Discharges per 1,000	Total Accrued Discharges *	Accrued Discharges per 1,000	Accrued
00258	00259	71201	71202	71207	71220	71230	71240	71250	71260
HARP	0050	1,871	77	4,054	6,002	791	7,298	961	
TOTAL Discharges	0999	1,871	77	4,054	6,002	791	7,298	961	
Plus Accrued Discharges	0996	391	0	904					
Total Number of Accrued Discharges	0998	2,262	77	4,958					7,297
Total Cost including Accruals	0997	21,676,154	445,900	23,690,263					45,812,317
Actual Paid Claims	1000	17,950,248	445,900	19,626,482					38,022,630
Accrued Cost	1001	3,725,906	0	4,063,781					7,789,687
Actual Cost per Discharge	1002	9,594	5,791	4,841					
Accrued Cost per Discharge	1003	9,583	5,791	4,778					

\*\* Identify on notepad.  
(1) Deliveries - should reflect the total number of delivered which are eligible for a maternity kick payment.  
FORMULA: Number of Discharges per Thousand = (Total Number of Discharges/Member Months)\*12,000

HARP - TABLE 12A - NURSING HOME UTILIZATION		Nursing Home Days	Nursing Home Discharges
00260	00261	71270	71271
HARP	0050	2,958	191
Total Actual Utilization	0999	2,958	191
Plus Accrued Utilization	0996	590	40
Total Accrued Utilization	0998	3,548	231
Total Cost including Accruals	0997	1,240,047	

HARP - TABLE 13 - INPATIENT UTILIZATION DAYS - ACTUAL AND ACCRUED UTILIZATION		Med. Surg	Maternity/Deliveries	Psychiatric/Alcohol and Substance Abuse	Total No Actual Days	Actual Days per 1,000	Total Accrued Days*	Accrued Days per 1,000	Average Length of Stay	Total *
00262	00263	71301	71306	71307	71320	71330	71340	71350	71355	71360
HARP	0050	7,434	231	25,229	32,894	4,333	39,968	5,265	5.48	
Total Actual Days	0999	7,434	231	25,229	32,894	4,333	39,968	5,265	5.48	
Total Accrued Days	0996	1,588	55	5,431						
Total Number of Days (Actual + Accrued)	0998	9,022	286	30,660						39,968

HARP - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergenc y Room Visits	Primary Care Encounter* *	Specialty Care Services Encounter* *	Outpatient Physical Rehab/The rapy	Vision Care Optometri st Visits	Dental Vists	Pharmac y Scripts	Emergenc y Medical Transport ation No. of Trips	Non- Emergen cy Medical Transpor tation	Home Health Care Visits	Ambulato ry Surgery Visits	Family Planning Visits	Prenatal/P ostpartum Maternity Services	Foot Care	Personal Care Hours	Personal Emergenc y Response System No. of Units
00264	00265	71401	71402	71403	71404	71407	71408	71409	71410	71411	71412	71413	71414	71416	71419	71420	71421
HARP	0050	36,228	40,965	35,260	18,526	8,563	15,404	351,107	120		2,954	4,303	108	111	3,756	349,652	233
TOTALS - ACTUAL	0999	36,228	40,965	35,260	18,526	8,563	15,404	351,107	120		2,954	4,303	108	111	3,756	349,652	233
Plus Accrued Visits	0996	5,003	5,567	5,236	2,609	338	492	0	20		437	600	0	17	534	86,077	33
TOTALS - ACCRUED*	0998	41,231	46,532	40,496	21,135	8,901	15,896	351,107	140		3,391	4,903	108	128	4,290	435,729	266
Rates Per Member Per Year - Actual	0500	4.7720	5.3960	4.6445	2.4403	1.1279	2.0290	46.2485	0.0016	0.0000	0.3891	0.5668	0.0142	0.0146	0.4947	46.0568	0.0307
Rates Per Member Per Year - Accrued*	0510	5.4310	6.1293	5.3342	2.7839	1.1725	2.0939	46.2485	0.0018	0.0000	0.4467	0.6458	0.0142	0.0169	0.5651	57.3951	0.0350
Actual Paid Claims	1000	6,036,994	2,711,644	4,380,305	738,456	266,894	983,051	33,731,000	2,039	0	531,149	2,989,927	49,766	165,309	174,363	6,444,193	5,011

\* Accrued Totals (paid claims + claims reported but not paid + an estimate of incurred but not reported claims)

Rate PMPY = (Total Visits/Member Months)\*12

\*\* Excludes Maternity services that are separately reported in column 71416

HARP - TABLE 14A - PHARMACY UTILIZATION		Number of Brand Non-Preferred Scripts	Number of Brand Preferred Scripts	Number of Generic Scripts	Number of Over the Counter Scripts	Number of Medical Supplies	Total All Scripts
00266	00267	71425	71426	71427	71428	71429	71431
HARP	0200	6,205	33,165	273,966	37,688	83	351,107
TOTALS - ACTUAL	0999	6,205	33,165	273,966	37,688	83	351,107
Plus Accrued	0996	0	0	0	0	0	0
TOTALS - ACCRUED	0998	6,205	33,165	273,966	37,688	83	351,107

HARP - TABLE 14A-1 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS)		Cost of Brand Non-Preferred Scripts	Cost of Brand Preferred Scripts	Cost of Generic Scripts	Cost of Over the Counter Scripts	Cost of Medical Supplies	Total Cost of All Scripts	Supplemental Rebates on Brand Name Scripts	Total Cost of All Scripts Net of Rebates
00268	00269	71432	71433	71434	71435	71436	71438	71439	71440
HARP	0200	631,964	3,381,238	27,890,274	3,829,092	8,519	35,741,087	2,010,087	33,731,000
TOTALS - ACTUAL	0999	631,964	3,381,238	27,890,274	3,829,092	8,519	35,741,087	2,010,087	33,731,000
Plus Accrued	0996	0	0	0	0	0	0	0	0
TOTALS - ACCRUED	0998	631,964	3,381,238	27,890,274	3,829,092	8,519	35,741,087	2,010,087	33,731,000



HARP - TABLE 14A-2 - PHARMACY CO-PAY SCHEDULE		NYS Suggested Copay	Plan Specific Copay	Number of Scripts Subject to Copay	Total Amount of Copays (NYS Suggested)	Total Amount of Copays (Plan Specific)	Total Amount of Non-State Plan Services Copays
00270	00271	71441	71442	71443	71444	71445	71446
Brand Non-Preferred	0001	3.00	3.00	6,044	18,132	18,132	0
Brand Preferred	0002	1.00	1.00	32,331	32,331	32,331	0
Generic	0003	1.00	1.00	264,790	264,790	264,790	0
Over the Counter	0004	0.50	0.50	36,167	18,084	18,084	0
TOTAL	0999			339,332	333,337	333,337	0

HARP - TABLE 14A-4 - PHARMACY UTILIZATION - FAMILY PLANNING		Number of Brand Non-Preferred Scripts Family Planning	Number of Brand Preferred Scripts Family Planning	Number of Generic Scripts Family Planning	Number of Over the Counter Scripts Family Planning	Number of Medical Supplies Family Planning	Total Number of Family Planning Scripts
00272	00273	72441	72442	72443	72444	72445	72446
HARP	0200	1	117	489	0	0	607
TOTALS - ACTUAL	0999	1	117	489	0	0	607
Plus Accrued	0996	0	0	0	0	0	0
TOTALS - ACCRUED	0998	1	117	489	0	0	607

HARP - TABLE 14A-5 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS) - FAMILY PLANNING		Cost of Brand Non-Preferred Scripts Family Planning	Cost of Brand Preferred Scripts Family Planning	Cost of Generic Scripts Family Planning	Cost of Over the Counter Scripts Family Planning	Cost of Medical Supplies Family Planning	Total Cost of Family Planning Scripts	Supplemental Rebates on Brand Name Scripts Family Planning	Total Cost of All Scripts Net of Rebates Family Planning
00274	00275	72447	72448	72449	72450	72451	72452	72453	72454
HARP	0200	130	16,005	12,919	0	0	29,054	1,845	27,209
TOTALS - ACTUAL	0999	130	16,005	12,919	0	0	29,054	1,845	27,209
Plus Accrued	0996	0	0	0	0	0	0	0	0
TOTALS - ACCRUED	0998	130	16,005	12,919	0	0	29,054	1,845	27,209

HARP - TABLE 16 - UTILIZATION OF HHC SERVICES		Total Number of Service Units - Actual	Total Number of Service Units Actual + Accrued	Total Cost	Unit Cost	Average Number of Service Units Used Per Enrollee Per Year
00400	0040 7	04062	04066	04068	04067	04065
Home Health Care - Aide - HOURS	0500	386	386	13,055	33.82	0.05
Home Health Care - Other - VISITS	0501	13,823	13,823	597,129	43.20	1.82
Total Home Health Care	0502			610,184		

HARP - TABLE 17A - STOP-LOSS SUMMARY - INPATIENT STOP-LOSS - \$100,000 THRESHOLD - 20% COINSURANCE UP TO \$250,000		Enrollees Exceeding Stop-Loss During Period	Net Expenditures Above Stop-Loss Dollars
00500	00501	71701	71702
Total	0999		

		100% 30 Days Prior to 1/1/2016	100% 30 Days Prior to 1/1/2016	50% 46-60 Days 2016	50% 46-60 Days 2016	100% >60 Days 2016	100% >60 Days 2016
HARP - TABLE 17B - INPATIENT PSYCHIATRIC MENTAL HEALTH STOP LOSS - 2016 & PRIOR		Number Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitaion	Number Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation	Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation
00502	00503	71705	71706	71707	71708	71709	71710
Total	0999						

		50% 61-100 Days 2017	50% 61-100 Days 2017	100% > 100 Days 2017	100% > 100 Days 2017	100% > 100 Days 2018	100% >100 Days 2018
HARP - TABLE 17B-1 - INPATIENT PSYCHIATRI C MENTAL HEALTH STOP LOSS - 2017 & 2018		Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation	Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation	Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation
00481	00482	71714	71715	71716	71717	71718	71719
HARP	0010						

HARP - TABLE 17C - STOP-LOSS SUMMARY - NURSING HOME SHORT STAY - IN EXCESS OF 60 DAYS		Number Enrollees Exceeding Limitation	Total Number Of Days Exceeding Limitation
00504	00505	71712	71713
Total	0999		



HARP - TABLE 21 - IN LIEU OF SERVICES - COST		Authorizati on Number	Total Actual	Total Accrued	Total (Acutal + Accrued)
72100	72101	72102	72115	72116	72117
0	0001	0	0	0	0
0	0002	0	0	0	0
0	0003	0	0	0	0
0	0004	0	0	0	0
0	0005	0	0	0	0
0	0006	0	0	0	0
0	0007	0	0	0	0
0	0008	0	0	0	0
0	0009	0	0	0	0
0	0010	0	0	0	0
Total Cost by Premuim Group	0999		0	0	0

HARP - TABLE 21A - IN LIEU OF SERVICES - UTILIZATION		Authorizati on Number	Total Actual	Total Accrued	Total (Accutal + Accrued)
72120	72121	72122	72135	72136	72137
0	0001	0	0	0	0
0	0002	0	0	0	0
0	0003	0	0	0	0
0	0004	0	0	0	0
0	0005	0	0	0	0
0	0006	0	0	0	0
0	0007	0	0	0	0
0	0008	0	0	0	0
0	0009	0	0	0	0
0	0010	0	0	0	0
Total Cost by Premium Group	0999		0	0	0

HARP - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00280	00281	02680
INVESTMENT INCOME		
Interest Income	0001	0
Dividend and Real Estate Income	0002	0
Net Realized Capital Gains or Losses	0003	6,202,305
TOTAL INVESTMENT INCOME	0004	6,202,305
DEDUCTIONS		
Investment Expenses	0005	0
Interest Expense	0006	0
Interest on Claims paid after 45 days	0010	
Other Deductions	0007	0
TOTAL DEDUCTIONS	0008	0
NET INVESTMENT INCOME	0099	6,202,305

HARP - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02621	00282	02628
Details of Write-ins aggregated on line 0076 from HARP Table 6		
0	0001	0
0	0002	0
0	0003	0
0	0004	0
0	0005	0
Non-State Plan Services	0006	0
Increase in Reserves for A&H Contracts	0007	0
Medical Home Expense (Non-Adirondack)	0008	0
Adirondack Medical Home Expense	0009	0
Non-State Plan Services- Pharmacy Copays	0010	0
Health Home Plan Expense	0011	0
Health Home Expense Paid to HH Provider	0012	0
Enhanced Primary Care Bump Expense	0013	0
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	0099	0

HARP - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02623	00283	02638
Details of Extraordinary Items on line 0041 from HARP Table 6		
Adjustments for Prior Period Revenue	0001	-21,983,821
0	0002	
0	0003	
0	0004	
0	0005	
0	0006	
0	0007	
0	0008	
0	0009	
Stop-Loss Fund Recoveries	0011	
Regulation 146 Pool Recoveries	0012	
Net gains or (loss) from agents' or premium balances charged off	0013	
Aggregate Write-ins for other Income	0014	
Medical Home Revenue (Non-Adirondack)	0015	
Adirondack Medical Home Revenue	0016	
Health Home Revenue	0017	
Enhanced Primary Care Bump Revenue	0018	
MLR Remittance	0019	26,895,983
All Other	0010	
TOTAL HARP EXTRAORDINARY ITEMS	0099	4,912,162

HARP - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00284	00285	02629
Details of Adjustments for Prior Period IBNR on line 0043 from HARP Table 6		
1 Year Prior to the Reporting Period	0001	5,813,609
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL HARP ADJUSTMENTS FOR PRIOR PERIOD IBNR	0099	5,813,609

HARP - TABLE 26C-1 - DETAILS FOR THE ADJUSTMENTS FOR PRIOR PERIOD IBNR AND SCHEDULE OF RECOVERED PROVIDER PAYMENTS		More Than 2 Years Prior to the Reporting Period	2 Years Prior to the Reporting Period	1 Year Prior to the Reporting Period	Current Reporting Period	Totals
00286	00287	02639	02682	02683	02684	02685
Details of IBNR Changes and Servicing Provider Recoveried by Period:						
Starting Prior Period IBNR and Claims Reported But Not Paid Expense	0001	0	1,586	563,452		565,038
Claims Recovered from Providers Due to Fraud and Abuse	0002	0	0	0	0	0
Claims Recovered from Providers for Other Reasons than Fraud and Abuse	0003	0	1,586	46,756	308,855	357,196
COB (Third Party Recoveries) and Subrogation Payment Received for Claims Paid in a Prior Period	0004	0	0	0		0
Payments Made to Providers During the Current Period that Reduced the Amount of a Prior Period's IBNR and Claims Reported but Not Paid Balance	0005	0	0	0		0
Prior Period IBNR Adjustment	0006	0	0	0		0
Remaining IBNR	0099	0	0	516,696		516,696

HARP - TABLE 26D - DETAIL OF OTHER MEDICAL COSTS*		Amount
72617	00288	72618
OFFICE/OP VISIT, EST PT, 2 K	0001	1,080,706
GAMUNEX INJECTION	0002	472,039
INJECTION, C-1 ESTERASE INHI	0003	299,122
OFFICE/OP VISIT, NEW PT, 3 K	0004	216,547
TREPROSTINIL, INHALATION SOL	0005	129,576
INJECTION, IMMUNE GLOBULIN (	0006	114,961
UNLISTED DIALYSIS PROC, INPA	0007	110,781
Hospice	0008	31,262
Adult Day Health Care	0009	155,252
Harm Reduction	0011	0
Social Determinants of Health	0012	0
Renal Dialysis	0013	26,917
Remaining Other Medical (smallest categories)	0010	1,777,849
TOTAL OTHER MEDICAL	0099	4,415,012

List other medical categories in order, from largest expense to smallest expense, in lines 0001 through 0007. Dollars for hard coded lines 0008 through 0013 should not be included on other lines. Line 0010 should include the smallest categories not otherwise listed.



HARP - TABLE 26R - NET REINSURANCE RECOVERIES		Amount of Reinsurance Premiums/Recoveries
00310	00301	72619
Reinsurance Recoveries	0001	0
Reinsurance Premium Cost - NYS Reinsurance	0002	30,270
Reinsurance Premium Cost - Other Reinsurance	0003	0
Net Reinsurance Recoveries	0099	-30,270

HARP - TABLE 27B - INPATIENT MATERNITY DELIVERY DRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00289	00290	72723	72724	72725	72726	72727	72728
DESCRIPTION							
DRG 370 CESAREAN SECTION W CC	0370	1.1149					
DRG 371 CESAREAN SECTION W/O CC	0371	0.881					
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0372	0.6992					
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0373	0.5992					
DRG 374 VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0374	0.885					
DRG 375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL AND/OR D&C	0375	0.6292					
DRG 650 HIGH RISK CESAREAN SECTION W CC	0650	1.537					
DRG 651 HIGH RISK CESAREAN SECTION W/O CC	0651	1.0928					
DRG 652 HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0652	0.9431					
DRG 991 Total Reported Cases	0991						
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Deliveries	0994						

HARP - TABLE 27B-1 - INPATIENT MATERNITY DELIVERY APRDRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00291	00292	72730	72731	72732	72733	72734	72735
APRDRG SEVERITY DESCRIPTION							
540 1 Cesarean Delivery	0400	0.7239	15	0.197	95,443	6,362.87	10.8585
540 2 Cesarean Delivery	0401	0.8386	8	0.105	62,710	7,838.75	6.7088
540 3 Cesarean Delivery	0402	1.1453	5	0.066	43,052	8,610.40	5.7265
540 4 Cesarean Delivery	0403	2.3844	0	0.000	0		0.0000
541 1 Vaginal Delivery w/ Sterilization and/or D&C	0404	0.667	0	0.000	0		0.0000
541 2 Vaginal Delivery w/ Sterilization and/or D&C	0405	0.7314	0	0.000	0		0.0000
541 3 Vaginal Delivery w/ Sterilization and/or D&C	0406	0.9971	0	0.000	0		0.0000
541 4 Vaginal Delivery w/ Sterilization and/or D&C	0407	1.108	0	0.000	0		0.0000
542 1 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0408	0.4669	0	0.000	0		0.0000
542 2 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0409	0.5556	0	0.000	0		0.0000
542 3 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0410	1.1425	0	0.000	0		0.0000
542 4 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0411	1.3216	0	0.000	0		0.0000
560 1 Vaginal Delivery	0412	0.4672	14	0.184	73,025	5,216.07	20.5408
560 2 Vaginal Delivery	0413	0.5128	21	0.276	99,895	4,756.90	10.7688
560 3 Vaginal Delivery	0414	0.6771	13	0.171	71,775	5,521.15	8.8023
560 4 Vaginal Delivery	0415	1.2598	0	0.000	0		0.0000
Total Reported Cases	0995		76	1.000	445,900	5,867.11	63.4057
Plus Accrued Cases	0996		0		0		
Totals With Accruals	0997		76		445,900	5,867.11	
Average Casemix of Reported Deliveries	0998	0.8343					

HARP - TABLE 30 - NON-ADIRONDACK MEDICAL HOME		Number of NCQA Certified Physicians	D Enrollee w/ NCQA recognized PCP Member Months	E PMPM Add On	F = D X E Total Dollars	G 1.1% FMAP Reduction	H = F - G Medical Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00293	00294	73016	73017	73018	73019	73039	73054	73055	73056	73045	73040
Ended 6/30/2017											
Level 2 (PCMH 2011 Standards)	0010	0	0	2.00	0.00						
Level 2 (PCMH 2014 Standards)	0011	0	0	6.00	0.00						
Level 3 (PCMH 2011 Standards)	0012	0	0	4.00	0.00						
Level 3 (PCMH 2014 Standards)	0013	0	192	8.00	1,536.00						
Effective 7/1/2017-4/30/2018											
Level 2 (PCMH 2014 Standards)	0014	15	156	3.00	468.00						
Level 3 (PCMH 2014 Standards) & 2017 PCMH	0015	1,044	9,431	7.50	70,732.50						
APC Gate 2 (10/1/2017-4/30/2018)	0016	0	0	7.50	0.00	0	0	0	0	0	0
Effective 5/1/2018-6/30/2018											
2014 PCMH Level 3	0017	2,184	4,849	5.75	27,881.75						
2017 PCMH	0018	7	9	5.75	51.75						
NYS PCMH	0019	0	0	5.75	0.00						
APC Gate 2	0020	0	0	5.75	0.00						
Effective 7/1/2018											
2014 PCMH Level 3	0021	3,388	17,227	6.00	103,362.00						
2017 PCMH	0022	19	45	6.00	270.00						
NYS PCMH	0023	324	918	6.00	5,508.00						
APC Gate 2	0024	133	692	6.00	4,152.00						
Total	0004	7,114	33,519		213,962.00		213,962	205,860	8,102	0	213,962

HARP - TABLE 31 - ADIRONDACK MEDICAL HOME		Number Participating Physicians	D Member Months for Enrollees w/ Participating Physician	E PMPM Add On	F = D X E Subtotal Medical Home Dollars	G= 1.1% FMAP Reduction	H = F - G Medical Home Amount Due toProviders (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00295	00296	73020	73021	73022	73023	73041	73057	73058	73059	73046	73042
HARP	0001	0	0	7.00	0.00		0	0	0	0	0
Total	0002	0	0		0.00		0	0	0	0	0

HARP - TABLE 33 - UTILIZATION OF PERSONAL CARE SERVICES		Total Number of Service Units - Actual	Total Number of Service Units Actual + Accrued	Member Months	Actual Paid Claims	Total Cost	Unit Cost	Average Number of Service Units Used Per Enrollee Per Year
00460	00461	05062	05066	05069	05070	05068	05067	05065
CDPAS - HOURS	0500	160,388	200,808	11,889	2,932,727	3,661,318	18.23	26.45
NON-CDPAS-HOURS	0501	189,264	234,921	12,410	3,511,466	4,353,444	18.53	30.94
Total Personal Care	0502	349,652	435,729	24,299	6,444,193	8,014,762	18.39	57.40

MEDICAID - TABLE 1A - ENROLLMENT - BY PRIMARY - CARE SITE*		Opcert	County	Net Enrollees at End of Current Period	Total Member Months	Total Primary Care and Specialty Care Visits	Total Primary Care and Specialty Care Expenses	Total Non-Adirondack Medical Home Dollars Paid to FQHC Clinics	Total Adirondack Medical Home Dollars Paid to FQHC Clinics
00101	00012	00109	00102	00104	00105	00107	00106	00125	00126
Free Standing Clinics									
SYRACUSE COMMUNITY HEALTH CENTER INC	0001		ONONDAGA	5,669	68,997	6,646	466,451	220,231	
REFUAH HEALTH CENTER	0002		BROOKLYN	41	1,403	6,674	450,496	21,524	
COMMUNITY HEALTHCARE NETWORK	0003		BROOKLYN	10,430	177,942	6,134	365,694	211,905	
JOSEPH P ADDABBO FAMILY HEALTH CENTER	0004		QUEENS	2,314	34,151	3,339	152,526	104,112	
MEDALLIANCE MEDICAL HEALTH SERVICES	0005		BRONX	129	1,472	1,153	105,913	5,435	
REFUAH HEALTH CENTER	0006		ROCKLAND	19	2,726	1,270	100,224	21,524	
UNION COMMUNITY HEALTH CENTER	0007		BRONX	844	10,927	1,897	97,978		
MORRIS HEIGHTS HEALTH CENTER	0008		BRONX	836	9,789	1,773	97,100	42,008	
CENTURY MEDICAL AND DENTAL CENTER INC	0009		BROOKLYN	180	1,709	570	45,866		
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER	0010		WESTCHESTER	963	12,451	640	29,855	27,251	
JUST KIDS DIAGNOSTIC & TREATMENT CTR	0011		SUFFOLK	326	3,772	593	29,074		
BROOKLYN MEDCARE	0012		BROOKLYN	111	1,263	404	28,856		
CHARLES B WANG COMMUNITY HEALTH CENTER IN	0013		MANHATTAN	56	479	480	24,543	3,627	
DOCTORS UNITED INC	0014		WESTCHESTER	88	914	231	14,582	2,873	
MEDEX DIAGNOSTIC AND TREATMENT CENTER	0015		QUEENS	29	140	167	12,257		
BROOKLYN COMPREHENSIVE CARE CENTER	0016		BROOKLYN	76	1,017	204	12,146	5,308	
UPPER HUDSON PLANNED PARENTHOOD	0017		ALBANY	27	519	96	9,952		
WHITNEY M YOUNG JR HEALTH CENTER INC	0018		ALBANY	6	36	75	9,000	210	
JOSEPH P ADDABBO FAMILY HEALTH CENTER	0019		NASSAU	119	2,017	137	6,027	104,112	
NEW YORK MEDICAL AND DIAGNOSTIC CENTER	0020		QUEENS	16	228	75	5,850		
SYRACUSE COMMUNITY HEALTH CENTER INC	0021		OSWEGO	51	857	67	5,305	220,231	
HUDSON RIVER HEALTHCARE INC	0022		WESTCHESTER	7	11	38	4,827	96	
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER	0023		BRONX	163	1,278	89	4,313	27,251	
LA CASA DE SALUD INC	0024		BRONX	17	185	64	3,039	777	
Subtotal - Free Standing Clinics	0028			22,517	334,283	32,816	2,081,874	1,018,475	
All Other Hospital Outpatient Depts									
SAMARITAN MEDICAL CENTER	0030	2201000	JEFFERSON	2,175	24,312	11,257	526,823	92,676	
MAIMONIDES MEDICAL CENTER	0031	7001020	BROOKLYN	62	868	3,465	480,909	5,624	
MONTEFIORE MEDICAL CENTER	0032	7000006	BRONX	1,650	26,667	3,434	476,323	86,042	
ROCHESTER GENERAL HOSPITAL	0033	2701003	MONROE	1,115	11,111	6,805	359,815	47,739	
CANTON-POTSDAM HOSPITAL	0034	4429000	SAINT LAWRENCE	643	7,657	3,258	233,199	14,437	
NYU HOSPITALS CENTER	0035	7002053	BROOKLYN	123	758	1,751	216,868	195	
CARTHAGE AREA HOSPITAL INC	0036	2238700	JEFFERSON	1,036	13,881	3,471	215,465	48,242	
BROOKDALE HOSPITAL MEDICAL CENTER	0037	7001002	BROOKLYN	346	5,037	3,648	208,661	10,635	
MOUNT SINAI HOSPITAL	0038	7002024	MANHATTAN	216	2,598	244	185,905	809	
HIGHLAND HOSPITAL	0039	2701001	MONROE	452	3,750	1,933	180,047	12,900	
MONTEFIORE MEDICAL CENTER	0040	7000006	WESTCHESTER	377	4,891	1,148	170,819	86,042	
LEWIS COUNTY GENERAL HOSPITAL	0041	2424700	LEWIS	680	8,128	1,981	151,527	13,573	
JAMAICA HOSPITAL	0042	7003003	QUEENS	630	7,176	2,877	144,479	31,167	
QUEENS HOSPITAL CENTER	0043	7003007	BRONX	1,372	16,413	2,326	142,543	80,010	
MASSENA MEMORIAL HOSPITAL	0044	4402000	SAINT LAWRENCE	379	4,467	2,606	135,838	14,521	
BRONX-LEBANON HOSPITAL CENTER	0045	7000001	BRONX	162	1,690	1,580	123,148	13,719	
HUNTINGTON HOSPITAL	0046	5153000	SUFFOLK	7	189	859	119,849	462	
WHITE PLAINS HOSPITAL CENTER	0047	5902001	WESTCHESTER	180	2,096	1,108	116,766	11,150	
BON SECOURS COMMUNITY HOSPITAL	0048	3535001	ROCKLAND	358	3,914	1,094	115,546	23,162	
OUR LADY OF LOURDES MEMORIAL HOSPITAL	0049	0301001	BROOME	281	3,505	1,106	92,426	17,815	
All Other Hospital Outpatient Depts	0050			13,938	174,858	69,913	6,634,249	481,986	
Subtotal - Hospital Outpatient Departments	0026			26,182	323,966	125,864	11,031,205	1,092,906	
All Other Large Medical Groups									
NORTH SHORE LIJ MEDICAL PC	0051		NASSAU	3,857	41,661	46,315	8,556,699	203,449	
BORO PARK PEDIATRIC ASSOCIATES PLLC	0052		BROOKLYN	10,377	121,375	58,918	5,436,201	672,644	
NORTH SHORE LIJ MEDICAL PC	0053		QUEENS	1,307	15,059	25,934	4,677,217	203,449	
PROHEALTH CARE ASSOCIATES LLP	0054		NASSAU	5,760	71,106	32,136	4,659,645	142,968	
NYU GASTROENTEROLOGY ASSOCIATES	0055		BROOKLYN	3,119	25,344	29,833	4,310,302	244	
ZAGELBAUM YECHIEL Y	0056		BROOKLYN	3,808	28,752	38,106	2,966,602	175,686	
NYU WINTHROP MEDICAL AFFILIATES	0057		NASSAU	3,119	25,998	27,024	2,898,244	13,493	
MMC FACULTY PRACTICE	0058		BRONX	8,005	123,834	14,791	2,134,854	221,072	
OLITSA ROTH MD PC	0059		BROOKLYN	4,401	52,630	20,686	1,990,949	339,495	
PEDIATRIC OPHTHALMIC CONSULTANTS	0060		BROOKLYN	37	814	7,150	1,834,998		
BP IMMEDIATE MEDICAL CARE	0061		BROOKLYN	1	40	14,535	1,772,563		
NY CANCER & BLOOD SPECIALISTS	0062		SUFFOLK	25	150	2,244	1,616,482		
STONYBROOK CHILDREN SERVICES PC	0063		SUFFOLK	2,022	21,714	12,048	1,580,222	105,878	
ER MEDICAL	0064		BROOKLYN	3,047	37,513	16,175	1,446,175	253,257	
All Other Large Medical Groups	0065			364,486	4,405,670	1,716,627	173,081,313	10,978,116	
Subtotal - Large Medical Group Practices	0027			413,371	4,971,660	2,062,522	218,962,466	13,309,751	
All Others	0025			3,668	15,185	881,902	52,648,521	337,757	
Total	0999			465,738	5,645,094	3,103,104	284,724,066	15,758,889	

MEDICAID - TABLE 1C - ENROLLMENT SUMMARY BY COUNTY		Net Enrollees at End of Current Period	Total Member Months for Current Period	TANF/SN KIDS Current MM	TANF/SN Adults Current MM	SSI Current MM	Nursing Home Current MM
00013	00014	00143	00144	00145	00146	00147	00152
Albany	0001	924	10,842	3,513	6,469	851	9
Allegany	0002	0					
Broome	0003	2,561	27,913	8,975	16,906	2,005	27
Cattaraugus	0004	0					
Cayuga	0005	2,056	26,482	11,469	13,440	1,561	12
Chautauqua	0006	585	7,582	2,201	5,146	235	
Chemung	0007	2,144	25,817	10,138	13,475	2,204	
Chenango	0008	919	11,440	4,351	6,001	1,078	10
Clinton	0009	1,030	13,875	4,931	7,592	1,352	
Columbia	0010	290	3,805	1,192	2,531	82	
Cortland	0011	0					
Delaware	0012	0					
Dutchess	0013	1,038	13,021	3,454	9,012	551	4
Erie	0014	4,302	52,777	18,288	32,408	2,062	19
Essex	0015	272	3,529	1,191	2,054	284	
Franklin	0016	267	2,856	955	1,413	488	
Fulton	0017	134	1,851	595	1,150	106	
Genesee	0018	626	9,090	2,887	6,020	183	
Greene	0019	242	2,692	707	1,925	60	
Hamilton	0020	0					
Herkimer	0021	0					
Jefferson	0022	14,079	171,703	79,654	81,323	10,630	96
Lewis	0023	1,284	16,296	7,720	7,771	804	1
Livingston	0024	335	3,824	1,224	2,543	57	
Madison	0025	1,464	19,161	7,306	10,655	1,200	
Monroe	0026	6,784	82,789	29,928	48,907	3,947	7
Montgomery	0027	0					
Nassau	0028	42,373	502,947	230,162	251,076	21,454	255
Niagara	0029	3,283	41,855	15,635	23,381	2,828	11
Oneida	0030	2,707	36,173	15,333	17,138	3,671	31
Onondaga	0031	16,541	199,344	84,624	98,750	15,895	75
Ontario	0032	489	6,670	2,031	4,505	134	
Orange	0033	2,946	36,964	15,838	19,581	1,533	12
Orleans	0034	299	2,783	895	1,866	22	
Oswego	0035	5,531	68,104	28,529	34,017	5,510	48
Otsego	0036	0					
Putnam	0037	0					
Rensselaer	0038	437	5,201	1,697	3,215	288	1
Rockland	0039	3,337	40,727	15,572	24,227	896	32
St. Lawrence	0040	4,676	53,862	22,333	26,916	4,588	25
Saratoga	0041	0					
Schenectady	0042	334	3,488	1,362	1,955	171	
Schoharie	0043	0					
Schuyler	0044	0					
Seneca	0045	480	6,605	2,732	3,678	191	4
Steuben	0046	0					
Suffolk	0047	62,454	751,980	346,275	374,869	30,542	294
Sullivan	0048	0					
Tioga	0049	604	7,556	2,656	4,450	450	
Tompkins	0050	0					
Ulster	0051	1,597	18,335	4,698	12,745	882	10
Warren	0052	478	6,578	2,155	3,911	511	1
Washington	0053	0					
Wayne	0054	661	8,237	2,793	5,209	225	10
Westchester	0055	9,305	112,925	40,401	67,004	5,459	61
Wyoming	0056	232	2,914	1,124	1,735	55	
Yates	0057	58	690	212	451	27	
Bronx	0058	25,970	311,341	126,724	168,857	15,486	274
Kings (Brooklyn)	0059	160,879	1,955,105	1,050,986	842,873	60,980	266
New York (Manhattan)	0060	16,400	200,587	49,708	141,219	9,475	185
Queens	0061	52,543	633,857	236,114	368,688	28,740	315
Richmond (Staten Island)	0062	9,789	122,921	48,710	65,792	8,343	76
TOTAL	0999	465,738	5,645,094	2,549,978	2,844,849	248,096	2,171



MEDICAID - TABLE 2 - ENROLLMENT SUMMARY BY PREMIUM GROUP		Number of Enrollees at End of Prior Year	Net Enrollees At End of Current Period	Total Member Months
00015	00016	00201	00205	00206
TANF/SN Kids	0180	210,679	211,599	2,549,978
TANF/SN Adults	0190	235,838	233,596	2,844,849
SSI	0200	21,270	20,352	248,096
Nursing Home	0250	169	191	2,171
TOTALS	0999	467,956	465,738	5,645,094

MEDICAID - TABLE 2A - ACCRUED BIRTHS		Normal Birth Weight >=1200 Grams	Low Birth Weight Newborns <1200 Grams
00017	00018	01248	01249
Number of Accrued Births	0998	11,790	51
Newborn Kick Revenue	0011	56,863,519	5,616,999
Newborn Kick Expense	0012	49,810,397	5,288,993
Newborn Revenue Per Case	0013	4,823	110,137
Newborn Expenses Per Case	0014	4,225	103,706

MEDICAID - TABLE 2B & C - ACCRUED MATERNITY DELIVERIES		Medicaid Accrued Deliveries	Accrued Deliveries Medicaid & HARP
00019	00020	01253	00230
Number of Deliveries	0998	12,763	12,840
Maternity Kick Revenue	0011	121,595,794	122,277,988
Maternity Kick Expense	0012	104,740,676	105,374,862
Maternity Kick Rev Per Case	0013	9,527	9,523
Maternity Kick Expense Per Case	0014	8,207	8,207

MEDICAID - TABLE 2D - HEALTH HOME ENROLLMENT BY PREMIUM GROUP		Net Enrollees At End of Current Period	Total Member Months
00021	00022	00210	00211
TANF/SN Kids	0180	324,677	1,298,712
TANF/SN Adults	0190	264,893	1,059,568
SSI	0200	23,384	93,533
Nursing Home	0250	0	0
TOTALS	0999	612,954	2,451,813

MEDICAID - TABLE 6 - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS - INCURRED DURING THE CURRENT PERIOD		Current YTD	Current YTD PMPM
00023	00024	10603	10606
Medicaid Member Months	0001	5,645,094	
Members	0050	465,738	
MEDICAID REVENUE:			
Premium			
a. Capitation	0002	2,204,094,477	390.44
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	0003	56,863,519	10.07
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200g wgt)	0087	5,616,999	1.00
d. Maternity Supplemental Kick Payments	0080	121,595,794	21.54
e. HCBS Revenue	0082		0.00
f. Spenddown & NAMI	0107		0.00
Premium Revenue	0091	2,388,170,789	423.05
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	2,388,170,789	423.05
Net Investment Income	0004	18,398,878	3.26
Other Revenue	0007	-3,344,501	-0.59
TOTAL MEDICAID REVENUE	0008	2,403,225,166	425.72
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	269,206,732	47.69
b. Inp. Mental Health & Substance Abuse	0010	48,162,213	8.53
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011	49,810,397	8.82
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	0088	5,288,993	0.94
e. Inpatient Maternity Delivery	0060	73,574,658	13.03
f. Total Hospital Inpatient Care (a thru e)	0012	446,042,993	79.01
Other Medical and Hospital:			
Primary Care	0013	154,193,155	27.31
Specialty Care	0014	130,530,907	23.12
Prenatal/Postpartum Maternity Services	0045	31,166,018	5.52
Ambulatory Surgery	0015	86,150,355	15.26
Outpatient Physical Rehab/Therapy	0092	24,601,939	4.36
Other Professional Services	0016	1,902,532	0.34
Emergency Room	0017	70,163,705	12.43
Outpatient Mental Health	0018	53,109,690	9.41
Outpatient SUD Treatment	0019	41,658,493	7.38
Behavioral Health HCBS Services	0047		0.00
Dental	0020	67,573,836	11.97
Pharmacy	0021	464,789,634	82.34
Home Health Care	0022	22,969,984	4.07
Nursing Facility	0069	32,777,879	5.81
Personal Care	0094	64,466,951	11.42
Personal Emergency Response Services	0095	35,153	0.01
Transportation - Emergent	0023	0	0.00
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	155,284,577	27.51
Family Planning	0026	3,326,888	0.59
Vision Care Inc. Eyeglasses	0027	11,916,529	2.11
Foot Care	0093	5,195,138	0.92
In Lieu Of Services	0049	0	0.00
Other Medical	0028	104,881,324	18.58
Durable Medical Equipment	0054	30,766,189	5.45
Health Home	0079	5,888,051	1.04
Subtotal Medical & Hospital	0030	2,009,391,920	355.95
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	7,521,108	1.33
VBP QIP Expense	0062	67,799,940	12.01
EIP Expense	0063	19,385,779	3.43
EPP Expense	0064	13,296,176	2.36
Additional High Performance Program Expense	0065	5,001,012	0.89
Total Medical & Hospital	0032	2,122,395,935	375.97
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038	310,274,969	54.96
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	2,432,670,904	430.94
PREMIUM INCOME/(LOSS)	0077	-44,500,115	-7.88
Nonallowable Administration Expense	0081	-559,363	-0.10
OPERATING INCOME/(LOSS)	0040	-28,886,375	-5.12
Aggregate Write-ins for Other Expenses	0076	176,704	0.03
Prior Period Revenue Adjustments and Extraordinary Items	0041	27,807,684	4.93
Federal and Foreign Income Taxes Incurred	0042		0.00
Adjustments for prior period IBNR estimates	0043	-23,456,730	-4.16
NET INCOME (LOSS)	0044	-33,414,033	-5.92

MEDICAID - TABLE 7-1 - TANF/SN KIDS		Current YTD	Current YTD PMPM
00025	00026	17003	17006
Medicaid Member Months	0001	2,549,978	
Members	0050	211,599	
MEDICAID REVENUE:			
Premium			
a. Capitation	0002	484,269,610	189.91
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	0003	56,859,509	22.30
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	0087	5,616,999	2.20
d. Maternity Supplemental Kick Payments	0080	8,557,577	3.36
e. HCBS Revenue	0082		0.00
Premium Revenue	0091	555,303,695	217.77
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	555,303,695	217.77
Net Investment Income	0004		
Other Revenue	0007	-777,672	-0.30
TOTAL MEDICAID REVENUE	0008	554,526,023	217.46
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	49,028,165	19.23
b. Inpatient Mental Health & SUD	0010	5,704,493	2.24
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011	49,807,052	19.53
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	0088	5,288,993	2.07
e. Inpatient Maternity Delivery	0060	5,168,107	2.03
f. Total Hospital Inpatient Care (a thru e)	0012	114,996,810	45.10
Other Medical and Hospital:			
Primary Care	0013	78,679,404	30.85
Specialty Care	0014	28,968,100	11.36
Prenatal/Postpartum Maternity Services	0045	2,097,742	0.82
Ambulatory Surgery	0015	16,608,982	6.51
Outpatient Physical Rehab/Therapy	0092	5,199,800	2.04
Other Professional Services	0016	1,465,169	0.57
Emergency Room	0017	20,188,427	7.92
Outpatient Mental Health	0018	16,395,622	6.43
Outpatient SUD Treatment	0019	410,580	0.16
Behavioral Health HCBS Services	0047		0.00
Dental	0020	40,310,424	15.81
Pharmacy	0021	64,602,617	25.33
Home Health Care	0022	7,744,319	3.04
Nursing Facility	0069	1,570,159	0.62
Personal Care	0094	2,010,165	0.79
Personal Emergency Response Services	0095	0	0.00
Transportation - Emergent	0023	0	0.00
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	26,170,380	10.26
Family Planning	0026	433,455	0.17
Vision Care Inc. Eyeglasses	0027	4,483,063	1.76
Foot Care	0093	1,464,514	0.57
In Lieu Of Sevices	0049	0	0.00
Other Medical	0028	30,311,451	11.89
Durable Medical Equipment	0054	8,839,521	3.47
Health Home	0079	1,024,498	0.40
Subtotal Medical & Hospital	0030	473,975,202	185.87
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	3,528,046	1.38
VBP QIP Expenses	0062	30,516,436	11.97
EIP Expenses	0063	8,745,523	3.43
EPP Expense	0064	5,996,880	2.35
Additional High Performance Program Expense	0065	2,255,615	0.88
Total Medical & Hospital	0032	525,017,702	205.89
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038	140,156,097	54.96
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	665,173,799	260.85
PREMIUM INCOME/(LOSS)	0077	-109,870,104	-43.09
Nonallowable Administration Expense	0081	-253,285	-0.10
OPERATING INCOME/(LOSS)	0040	-110,394,491	-43.29
Aggregate Write-ins for Other Expenses	0076		
Prior Period Revenue Adjustments and Extraordinary Items	0041		
Federal and Foreign Income Taxes Incurred	0042		
Adjustments for prior period IBNR estimates	0043		
NET INCOME (LOSS)	0044	-110,394,491	-43.29

MEDICAID - TABLE 7-2 - TANF/SN ADULTS		Current YTD	Current YTD PMPM
00027	00028	17013	17016
Medicaid Member Months	0001	2,844,849	
Members	0050	233,596	
MEDICAID REVENUE:			
Premium			
a. Capitation	0002	1,378,702,358	484.63
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	0003		
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	0087		
d. Maternity Supplemental Kick Payments	0080	112,440,032	39.52
e. HCBS Revenue	0082		0.00
Premium Revenue	0091	1,491,142,390	524.16
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	1,491,142,390	524.16
Net Investment Income	0004		
Other Revenue	0007	-2,088,262	-0.73
TOTAL MEDICAID REVENUE	0008	1,489,054,128	523.42
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	166,419,508	58.50
b. Inp. Mental Health & Substance Abuse	0010	38,410,579	13.50
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011		
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	0088		
e. Inpatient Maternity Delivery	0060	68,049,833	23.92
f. Total Hospital Inpatient Care (a thru e)	0012	272,879,920	95.92
Other Medical and Hospital:			
Primary Care	0013	67,191,732	23.62
Specialty Care	0014	86,734,462	30.49
Prenatal/Postpartum Maternity Services	0045	28,958,907	10.18
Ambulatory Surgery	0015	60,789,641	21.37
Outpatient Physical Rehab/Therapy	0092	15,784,800	5.55
Other Professional Services	0016	284,379	0.10
Emergency Room	0017	43,850,784	15.41
Outpatient Mental Health	0018	32,564,513	11.45
Outpatient SUD Treatment	0019	39,131,746	13.76
Behavioral Health HCBS Services	0047		0.00
Dental	0020	24,815,051	8.72
Pharmacy	0021	324,221,520	113.97
Home Health Care	0022	3,152,238	1.11
Nursing Facility	0069	9,017,437	3.17
Personal Care	0094	15,190,344	5.34
Personal Emergency Response Services	0095	11,029	0.00
Transportation - Emergent	0023	0	0.00
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	116,774,687	41.05
Family Planning	0026	2,850,952	1.00
Vision Care Inc. Eyeglasses	0027	6,734,531	2.37
Foot Care	0093	3,275,761	1.15
In Lieu Of Service	0049	0	0.00
Other Medical	0028	59,107,132	20.78
Durable Medical Equipment	0054	14,550,693	5.11
Health Home	0079	3,455,943	1.21
Subtotal Medical & Hospital	0030	1,231,328,202	432.83
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	3,703,448	1.30
VBP QIP Expenses	0062	34,232,231	12.03
EIP Expenses	0063	9,777,361	3.44
EPP Expense	0064	6,706,917	2.36
Additional High Performance Program Expense	0065	2,522,493	0.89
Total Medical & Hospital	0032	1,288,270,652	452.84
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038	156,363,283	54.96
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	1,444,633,935	507.81
PREMIUM INCOME/(LOSS)	0077	46,508,455	16.35
Nonallowable Administration Expense	0081	-282,574	-0.10
OPERATING INCOME/(LOSS)	0040	44,702,767	15.71
Aggregate Write-ins for Other Expenses	0076		
Prior Period Revenue Adjustments and Extraordinary Items	0041		
Federal and Foreign Income Taxes Incurred	0042		
Adjustments for prior period IBNR estimates	0043		
NET INCOME (LOSS)	0044	44,702,767	15.71

MEDICAID - TABLE 7-3 - SSI		Current YTD	Current YTD PMPM
00029	00030	17023	17026
Medicaid Member Months	0001	248,096	
Members	0050	20,352	
MEDICAID REVENUE:			
Premium			
a. Capitation	0002	317,136,022	1,278.28
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	0003	4,010	0.02
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	0087	0	0.00
d. Maternity Supplemental Kick Payments	0080	598,185	2.41
e. HCBS Revenue	0082		0.00
Premium Revenue	0091	317,738,217	1,280.71
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	317,738,217	1,280.71
Net Investment Income	0004		
Other Revenue	0007	-444,975	-1.79
TOTAL MEDICAID REVENUE	0008	317,293,242	1,278.91
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	51,623,310	208.08
b. Inp. Mental Health & Substance Abuse	0010	4,023,259	16.22
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011	3,345	0.01
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g wgt)	0088	0	0.00
e. Inpatient Maternity Delivery	0060	356,718	1.44
f. Total Hospital Inpatient Care (a thru e)	0012	56,006,632	225.75
Other Medical and Hospital:			
Primary Care	0013	8,091,599	32.61
Specialty Care	0014	14,602,264	58.86
Prenatal/Postpartum Maternity Services	0045	109,369	0.44
Ambulatory Surgery	0015	8,638,502	34.82
Outpatient Physical Rehab/Therapy	0092	3,590,937	14.47
Other Professional Services	0016	152,016	0.61
Emergency Room	0017	6,040,783	24.35
Outpatient Mental Health	0018	4,060,363	16.37
Outpatient SUD Treatment	0019	2,086,135	8.41
Behavioral Health HCBS Services	0047		0.00
Dental	0020	2,444,374	9.85
Pharmacy	0021	74,832,116	301.63
Home Health Care	0022	12,004,570	48.39
Nursing Facility	0069	6,745,451	27.19
Personal Care	0094	46,707,608	188.26
Personal Emergency Response Services	0095	23,340	0.09
Transportation - Emergent	0023	0	0.00
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	12,103,871	48.79
Family Planning	0026	42,481	0.17
Vision Care Inc. Eyeglasses	0027	689,085	2.78
Foot Care	0093	442,115	1.78
In Lieu Of Services	0049	0	0.00
Other Medical	0028	15,195,824	61.25
Durable Medical Equipment	0054	7,167,422	28.89
Health Home	0079	1,406,700	5.67
Subtotal Medical & Hospital	0030	283,183,557	1,141.43
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	287,014	1.16
VBP QIP Expenses	0062	3,024,785	12.19
EIP Expenses	0063	855,433	3.45
EPP Expense	0064	587,259	2.37
Additional High Performance Program Expense	0065	220,978	0.89
Total Medical & Hospital	0032	288,159,026	1,161.48
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038	13,636,262	54.96
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	301,795,288	1,216.45
PREMIUM INCOME/(LOSS)	0077	15,942,929	64.26
Nonallowable Administration Expense	0081	-24,643	-0.10
OPERATING INCOME/(LOSS)	0040	15,522,597	62.57
Aggregate Write-ins for Other Expenses	0076		
Prior Period Revenue Adjustments and Extraordinary Items	0041		
Federal and Foreign Income Taxes Incurred	0042		
Adjustments for prior period IBNR estimates	0043		
NET INCOME (LOSS)	0044	15,522,597	62.57



MEDICAID - TABLE 7-4 - NURSING HOME		Current YTD	Current YTD PMPM
00031	00032	17055	17056
Medicaid Member Months	0001	2,171	
Members	0050	191	
MEDICAID REVENUE:			
Premium			
a. Capitation	0002	23,986,487	11,048.59
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	0003	0	0.00
c. Low Birth Weight-Newborn Supplemental Payments ("kick") (<1200 g)	0087	0	0.00
d. Maternity Supplemental Kick Payments	0080	0	0.00
e, HCBS Revenue	0082		0.00
f. Spendown & NAMI	0107		0.00
Premium Revenue	0091	23,986,487	11,048.59
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	23,986,487	11,048.59
Net Investment Income	0004		
Other Revenue	0007	-33,592	-15.47
TOTAL MEDICAID REVENUE	0008	23,952,895	11,033.12
MEDICAID EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	2,135,749	983.76
b. Inp. Mental Health & Substance Abuse	0010	23,882	11.00
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011		0.00
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g wgt)	0088		0.00
e. Inpatient Maternity Delivery	0060		0.00
f. Total Hospital Inpatient Care (a thru e)	0012	2,159,631	994.76
Other Medical and Hospital:			
Primary Care	0013	230,420	106.14
Specialty Care	0014	226,081	104.14
Prenatal/Postpartum Maternity Services	0045	0	0.00
Ambulatory Surgery	0015	113,230	52.16
Outpatient Physical Rehab/Therapy	0092	26,402	12.16
Other Professional Services	0016	968	0.45
Emergency Room	0017	83,711	38.56
Outpatient Mental Health	0018	89,192	41.08
Outpatient SUD Treatment	0019	30,032	13.83
Behavioral Health HCBS Services	0047		0.00
Dental	0020	3,987	1.84
Pharmacy	0021	1,133,381	522.05
Home Health Care	0022	68,857	31.72
Nursing Facility	0069	15,444,832	7,114.16
Personal Care	0094	558,834	257.41
Personal Emergency Response Services	0095	784	0.36
Transportation - Emergent	0023	0	0.00
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	235,639	108.54
Family Planning	0026	0	0.00
Vision Care Inc. Eyeglasses	0027	9,850	4.54
Foot Care	0093	12,748	5.87
In Lieu Of Services	0049	0	0.00
Other Medical	0028	266,917	122.95
Durable Medical Equipment	0054	208,553	96.06
Health Home	0079	910	0.42
Subtotal Medical & Hospital	0030	20,904,959	9,629.18
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	2,600	1.20
VBP QIP Expense	0062	26,488	12.20
EIP Expense	0063	7,462	3.44
EPP Expense	0064	5,120	2.36
Additional High Performance Program Expense	0065	1,926	0.89
Total Medical & Hospital	0032	20,948,555	9,649.27
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038	119,328	54.96
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	21,067,883	9,704.23
PREMIUM INCOME/(LOSS)	0077	2,918,604	1,344.36
Nonallowable Administration Expense	0081	1,138	0.52
OPERATING INCOME/(LOSS)	0040	2,883,874	1,328.36
Aggregate Write-ins for Other Expenses	0076		
Prior Period Revenue Adjustments and Extraordinary Items	0041		
Federal and Foreign Income Taxes Incurred	0042		
Adjustments for prior period IBNR estimates	0043		
NET INCOME (LOSS)	0044	2,883,874	1,328.36

MEDICAID - TABLE 8A - INPATIENT MENTAL HEALTH/SUD COST		Inpatient Mental Health	Inpatient SUD Rehab	Inpatient SUD Detox Medical ly Managed	Inpatient Detox Medical ly Supervised	Part 819 Stabilization Per Diem	Part 819 Rehabilitation Per Diem	Part 819 Reintegration Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substance Abuse Cost
00430	00431	01215	01216	01217	01218	01219	01221	01222	01223	01224
TANF/SN Kids	0180	6,853,662	33,488	0	0	0	0	0	0	6,887,150
TANF/SN Adults	0190	22,870,503	7,591,222	0	68,034	0	0	0	0	30,529,759
SSI	0200	4,027,380	247,283	0	881	0	0	0	0	4,275,544
Nursing Home	0250	23,947	13,250	0	0	0	0	0	0	37,197
Total - Actual	0999	33,775,492	7,885,243	0	68,915	0	0	0	0	41,729,650
Total - Accrued	0996	5,206,353	1,215,535	0	10,675	0	0	0	0	6,432,563
Total - Actual Plus Accrued	0998	38,981,845	9,100,778	0	79,590	0	0	0	0	48,162,213

MEDICAID - TABLE 8A-1 - INPATIENT MENTAL HEALTH/SU D UTILIZATIO N - DISCHARGE S		Inpatient Mental Health	Inpatien t SUD Rehab	Inpatie nt SUD Detox Medical ly Manage d	Inpatien t Detox Medical ly Supervi sed	Part 819 Stabiliza tion Per Diem	Part 819 Rehabilit ation Per Diem	Part 819 Reintegr ation Per Diem	Part 817 RRSY	Total Inpatient Mental Health & Substanc e Abuse Discharg es
00432	00433	01225	01226	01227	01228	01229	01231	01232	01233	01234
TANF/SN Kids	0180	603	2	0	0	0	0	0	0	605
TANF/SN Adults	0190	3,637	6,258	0	41	0	0	0	0	9,936
SSI	0200	516	61	0	3	0	0	0	0	580
Nursing Home	0250	2	1	0	0	0	0	0	0	3
Total Discharges - Actual	0999	4,758	6,322	0	44	0	0	0	0	11,124
Total Discharges - Accrued	0996	736	968	0	6	0	0	0	0	1,710
Total - Actual Plus Accrued	0998	5,494	7,290	0	50	0	0	0	0	12,834

MEDICAID - TABLE 8A-2 - INPATIENT MENTAL HEALTH/SU D UTILIZATION - DAYS		Inpatient Mental Health	Inpatient SUD Rehab	Inpatien t SUD Detox Medicall y Manage d	Inpatien t Detox Medicall y Supervi sed	Part 819 Stabiliza tion Per Diem	Part 819 Rehabilit ation Per Diem	Part 819 Reinteg ration Per Diem	Part 817 RRSY	Total Inpatien t Mental Health & Substan ce Abuse Days
00434	00435	01235	01236	01237	01238	01239	01241	01242	01243	01244
TANF/SN Kids	0180	5,204	21	0	0	0	0	0	0	5,225
TANF/SN Adults	0190	32,343	16,483	0	266	0	0	0	0	49,092
SSI	0200	3,794	478	0	3	0	0	0	0	4,275
Nursing Home	0250	3	21	0	0	0	0	0	0	24
Total Days - Actual	0999	41,344	17,003	0	269	0	0	0	0	58,616
Total Days - Accrued	0996	6,374	2,627	0	41	0	0	0	0	9,042
Total - Actual Plus Accrued	0998	47,718	19,630	0	310	0	0	0	0	67,658

MEDICAID - TABLE 8B - PHARMACY OUTPATIENT COST		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total Pharmacy
00436	00437	01457	01458	01459	01460
TANF/SN Kids	0180	59,864,604	4,728,266	9,747	64,602,617
TANF/SN Adults	0190	311,121,600	12,519,105	580,814	324,221,519
SSI	0200	70,745,572	3,859,728	226,817	74,832,117
Nursing Home	0250	1,073,885	56,140	3,356	1,133,381
Total Cost - Actual	0999	442,805,661	21,163,239	820,734	464,789,634
Total Cost - Accrued	0996	0	0	0	0
Total - Actual Plus Accrued	0998	442,805,661	21,163,239	820,734	464,789,634

MEDICAID - TABLE 8B-1 - PHARMACY OUTPATIENT UTILIZATION SCRIPTS		Non-BH Pharmacy	Mental Health Pharmacy	SUD Pharmacy	Total Pharmacy Scripts
00438	00439	01453	01454	01455	01456
TANF/SN Kids	0180	938,075	86,586	5,294	1,029,955
TANF/SN Adults	0190	3,433,691	357,538	25,672	3,816,901
SSI	0200	684,590	61,441	4,781	750,812
Nursing Home	0250	14,690	1,570	190	16,450
Total Scripts - Actual	0999	5,071,046	507,135	35,937	5,614,118
Total Scripts - Accrued	0996	0	0	0	0
Total - Actual Plus Accrued	0998	5,071,046	507,135	35,937	5,614,118

MEDICAID - TABLE 8C - OUTPATIENT MENTAL HEALTH COST		Office Based Mental Health Services	Mental Health Clinic Services	PROS	ACT	Continui ng Day Treatme nt	Intensiv e Psychia tric Rehabili tation Treatme nt (IPRT)	Partial Hospita lization	Compr ehensi ve Psychi atric Emerg ency Progra m (CPEP)	Other Outpat ient Mental Health Services	Total Outpat ient Mental Health
00440	00441	01256	01257	01258	01259	01261	01262	01263	01264	01265	01267
TANF/SN Kids	0180	47,169	89,192	716	3,774	0	0	0	33,023	12,629,453	12,803,327
TANF/SN Adults	0190	3,685,297	12,900,164	717,014	414,514	0	0	241,603	782,442	6,686,818	25,427,852
SSI	0200	437,725	1,568,098	147,972	277,412	0	0	2,442	133,349	613,771	3,180,769
Nursing Home	0250	757	3,274	0	1,887	0	0	0	5,514	58,249	69,681
Total Cost - Actual	0999	4,170,948	14,560,728	865,702	697,587	0	0	244,045	954,328	19,988,291	41,481,629
Total Cost - Accrued	0996	1,168,637	4,037,346	254,126	195,125	0	0	69,996	260,683	5,642,148	11,628,061
Total - Actual Plus Accrued	0998	5,339,585	18,598,074	1,119,828	892,712	0	0	314,041	1,215,011	25,630,439	53,109,690

MEDICAID - TABLE 8C-1 - OUTPATIENT MENTAL HEALTH UTILIZATION VISITS		Office Based Mental Health Services	Mental Health Clinic Service s	PROS	ACT	Contin uing Day Treatm ent	Intensi ve Psychi atric Rehabil itation Treatm ent (IPRT)	Partial Hospit alizatio n	Compr ehensi ve Psychi atric Emerg ency Progra m (CPEP )	Other Outpa tient Mental Health Servic es	Total Outpati ent Mental Health
00442	00443	01245	01246	01247	01295	01296	01251	01252	01297	01254	01255
TANF/SN Kids	0180	403	655	2	2	0	0	0	41	96,629	97,732
TANF/SN Adults	0190	40,020	94,582	906	432	0	0	881	956	76,203	213,980
SSI	0200	5,094	11,457	242	177	0	0	16	153	7,517	24,656
Nursing Home	0250	12	23	0	1	0	0	0	5	904	945
Total Visits - Actual	0999	45,529	106,717	1,150	612	0	0	897	1,155	181,253	337,313
Rate Per Member Per Year Actual	0500										0.717
Total Visits - Accrued	0996	12,765	29,581	340	166	0	0	265	319	51,214	94,650
Total Visits - Actual Plus Accrued	0998	58,294	136,298	1,490	778	0	0	1,162	1,474	232,467	431,963
Rate Per Member Per Year Accrued	0510										0.918



MEDICAID - TABLE 8D - OUTPATIENT SUD SERVICES COST		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatient Opiate Treatment Programs	Outpatient SUD Detox	Other Outpatient SUD Services	Total Outpatient SUD Services
00444	00445	01277	01278	01279	01280	01292	01293	01294
TANF/SN Kids	0180	20,610	54,696	0	925	0	251,351	327,582
TANF/SN Adults	0190	1,041,077	16,168,396	1,134,905	6,385,047	93,789	6,567,595	31,390,809
SSI	0200	35,718	548,519	16,524	748,118	0	310,047	1,658,926
Nursing Home	0250	140	5,730	0	12,181	0	5,563	23,614
Total Cost - Actual	0999	1,097,545	16,777,341	1,151,429	7,146,271	93,789	7,134,556	33,400,931
Total Cost - Accrued	0996	264,347	4,101,373	273,082	1,839,597	25,501	1,753,661	8,257,561
Total - Actual Plus Accrued	0998	1,361,892	20,878,714	1,424,511	8,985,868	119,290	8,888,217	41,658,492

MEDICAID - TABLE 8D-1 - OUTPATIENT SUD SERVICES UTILIZATION VISITS		Office Based SUD Services	SUD Clinics	SUD Outpatient Rehab	Outpatient Opiate Treatment Programs	Outpatient SUD Detox	Other Outpatient SUD Services	Total Outpatient SUD Services
00446	00447	01268	01269	01272	01273	01274	01275	01276
TANF/SN Kids	0180	193	546	0	10	0	2,763	3,512
TANF/SN Adults	0190	11,876	142,657	9,069	74,818	352	66,743	305,515
SSI	0200	474	5,127	136	8,327	0	3,488	17,552
Nursing Home	0250	1	65	0	67	0	66	199
Total Visits - Actual	0999	12,544	148,395	9,205	83,222	352	73,060	326,778
Rate Per Member Per Year Actual	0500							0.695
Total Visits - Accrued	0996	3,066	36,580	2,183	21,296	96	17,977	81,198
Total - Actual Plus Accrued	0998	15,610	184,975	11,388	104,518	448	91,037	407,976
Rate Per Member Per Year Accrued	0510							0.867

MEDICAID - TABLE 9A - CLAIMS ANALYSIS - CLAIMS INCURRED DURING THE CURRENT PERIOD		A Total Expense (B + C + D)	B Claims Paid	C Claims Reported But Not Paid	D Claims Incurred But Not Reported (IBNR)	E IBNR as a Percent of Total Expense (D/A)
00033	00034	00901	00902	00903	00904	00905
Category of Service						
Inpatient	0001	446,042,993	367,720,981	566,028	77,755,984	17.43 %
Primary Care	0002	154,193,155	147,069,970	6,589,265	533,920	0.35 %
Physician Speciality Services	0003	130,530,907	116,922,916	5,546,371	8,061,620	6.18 %
Emergency Room	0004	70,163,705	62,658,160	0	7,505,545	10.70 %
All other medical services	0005	1,208,461,160	769,841,863	11,196,617	427,422,680	35.37 %
TOTAL	0999	2,009,391,920	1,464,213,890	23,898,281	521,279,749	25.94 %
Total Expenses - Capitated	0010	15,873,893				
Total Expenses - FFS	0020	1,993,518,026				26.15 %

		Reported Claims that are Unpaid	Reported Claims that are Unpaid	Incurred But Not Reported	Incurred But Not Reported	Incurred But Not Reported
MEDICAID - TABLE 9B - CLAIMS ANALYSIS - CLAIMS UNPAID		A On Claims Incurred During Prior Years	B On Claims Incurred During Current Year	C On Claims Incurred During Prior Years	D On Claims Incurred During Current Year	E Total Unpaid Claims (A+B+C+D)
00035	00036	00911	00912	00913	00914	00915
Category of Service						
Inpatient	0001	0	566,028	1,761,334	77,755,984	80,083,346
Primary Care	0002	0	6,589,265	0	533,920	7,123,185
Physician Speciality Services	0003	0	5,546,371	61,821	8,061,620	13,669,812
Emergency Room	0004	0	0	0	7,505,545	7,505,545
All other medical services	0005	0	11,196,617	60,558	427,422,680	438,679,855
TOTAL	0999	0	23,898,281	1,883,713	521,279,749	547,061,743

		Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures	Summary of Prior Period Incurred But Not Reported Expenditures
MEDICAID - TABLE 9C - CLAIMS ANALYSIS - RECONCILIATION OF PRIOR PERIOD IBNR		A IBNR on Claims Incurred 4 Years Prior to the Reporting Period	B IBNR on Claims Incurred 3 Years Prior to the Reporting Period	C IBNR on Claims Incurred 2 Years Prior to the Reporting Period	D IBNR on Claims Incurred 1 Year Prior to the Reporting Period	E Total Prior Period IBNR (A+B+C+D)
00037	00038	00921	00922	00923	00924	00925
Category of Service						
Inpatient	0001		0	0	1,761,334	1,761,334
Primary Care	0002		0	0	0	0
Physician Speciality Services	0003		0	0	61,821	61,821
Emergency Room	0004		0	0	0	0
All other medical services	0005		0	0	60,558	60,558
TOTAL	0999		0	0	1,883,713	1,883,713

An explanation of why the plan has not written off IBNR claims that are more than 2 years old should be reported in the notepad section of the MMCOR. The total in Column E from Table 9C must equal the total of Column C in Table 9B.

MEDICAID - TABLE 9D - NON-VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00039	00040	00931	00932	00933
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Target Expenditures	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Target Expenditures	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

MEDICAID - TABLE 9D-1 - NON-VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00451	00040	00937	00938	00939
For Capitation Arrangements with no Reconciliaiton				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Plan Premium Revenue (involved in the arrangement)	0008	0	0	0
Capitation Payments	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Capitation and Additional Payments	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

MEDICAID - TABLE 9E - VBP SHARED SAVINGS (LOSS)		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00450	00460	00934	00935	00936
For Target Expenditure Based Arrangements				
Plan Member Months (involved in the arrangement)	0007	1,297,771	0	0
Plan Premium Revenue (involved in the arrangement)	0008	478,903,410	0	0
VBP Target Expenditures	0001	386,413,914	0	0
Additional Plan Payments	0006	244,224	0	0
Total VBP Target Expenditures	0009	386,658,138	0	0
Actual Claims Paid	0002	394,052,765	0	0
Claims Reported but Not Paid	0003		0	0
Claims Incurred but Not Reported	0004	12,462,039	0	0
Tota Claims Expense	0010	406,514,804	0	0
Total Surplus or (Loss)	0011	-19,856,666.00	0.00	0.00
Plan Surplus or (Loss)	0012	-19,856,666	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0



MEDICAID - TABLE 9E-1 - VBP PREPAID CAPITATION		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
00452	00462	00940	00941	00942
For Capitation Arrangements with no Reconciliaiton				
Plan Member Months (involved in the arrangement)	0007	0	0	0
Premium Revenue (involved in the arrangement)	0008	0	0	0
VBP Capitation Payments	0001	0	0	0
Additional Plan Payments	0006	0	0	0
Total Capitation and Additional Payments	0009	0	0	0
Actual Claims Paid	0002	0	0	0
Claims Reported but Not Paid	0003	0	0	0
Claims Incurred but Not Reported	0004	0	0	0
Total Claims Expense	0010	0	0	0
Total Surplus or (Loss)	0011	0	0	0
Plan Surplus or (Loss)	0012	0	0	0
IPA/ACO/Provider's Surplus or (Loss)	0005	0	0	0

MEDICAID - TABLE 12 - INPATIENT UTILIZATION - DISCHARGES - ACTUAL AND ACCRUED UTILIZATION		Med. Surg	Maternity	Births >= 1200g wgt	Births Low Birth Weight (<1200g)	Psychiatric/ Alcohol and Substance Abuse	Total Actual Discharges	Actual Discharges per 1,000	Total Accrued Discharges	Accrued Discharges per 1,000	Accrued
00041	0004 2	01201	01202	01206	01214	01207	01220	01230	01240	01250	01260
TANF/SN Kids	0180	4,296	833	10,047	33	605	15,814	74	18,809	89	
TANF/SN Adults	0190	12,055	10,552			9,936	32,543	137	38,645	163	
SSI	0200	3,431	57	1	0	581	4,070	197	4,844	234	
Nursing Home	0250	122	0	0	0	3	125	691	148	818	
TOTAL Discharges	0999	19,904	11,442	10,048	33	11,125	52,552	112	62,446	133	
Plus Accrued Discharges	0996	5,102	1,321	1,742	18	1,711					
Total Discharges Including Accruals	0998	25,006	12,763	11,790	51	12,836					62,446
Total Cost including Accruals	0997	269,206,732	73,574,658	49,810,397	5,288,993	48,162,213					446,042,993
Actual Paid Claims	1000	214,179,293	66,041,851	42,443,153	3,327,033	41,729,651					367,720,981
Accrued Cost	1001	55,027,439	7,532,807	7,367,244	1,961,960	6,432,562					78,322,012
Actual Cost Per Discharge	1002	10,761	5,772	4,224	100,819	3,751					
Total Cost Per Discharge (Including Accruals)	1003	10,766	5,765	4,225	103,706	3,752					

\* Identify on Notepad  
(1) Births - Should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.  
FORMULA: Number of Discharges Per Thousand = (Total Number of Discharges/Member Months)\*12,000

MEDICAID - TABLE 12A - NURSING HOME UTILIZATION		Nursing Home Days	Nursing Home Discharges
00043	00044	01270	01271
TANF/SN Kids	0180	1,213	68
TANF/SN Adults	0190	21,420	1,363
SSI	0200	12,733	799
Nursing Home	0250	35,350	1,729
Total Actual Utilization	0999	70,716	3,959
Plus Accrued Utilization	0996	9,842	549
Total Accrued Utilization	0998	80,558	4,508
Total Cost including Accruals	0997	32,777,879	

MEDICAID - TABLE 13 - INPATIENT UTILIZATION - DAYS - ACTUAL UTILIZATION		Med. Surg	Maternity	Total Newborn Days	Total Low Birth Weight Newborn Days (<1200g)	Psychiatric/ Alcohol and Substance Abuse	Total No Actual Days	Actual Days per 1,000	Average Length of Stay	Total Accrued Days*	Accrued Days per 1,000	Average Length of Stay	Total
00045	00046	01301	01302	01306	01314	01307	01320	01330	01335	01340	01350	01355	01360
TANF/SN Kids	0180	12,429	2,169	27,573	1,866	5,225	49,262	232	3	59,088	278	3	
TANF/SN Adults	0190	43,950	26,213			49,091	119,254	503	4	142,182	600	4	
SSI	0200	14,452	165	2	0	4,275	18,894	914	5	22,601	1,093	5	
Nursing Home	0250	735	0	0	0	24	759	4,195	6	688	3,803	5	
Total Days	0999	71,566	28,547	27,575	1,866	58,615	188,169	400	0	224,559	477	4	
Plus Accrued Days	0996	18,131	3,318	4,889	1,010	9,042							
Total Days Including Accruals	0998	89,697	31,865	32,464	2,876	67,657							224,559

\*\* Identify on Notepad.

(1) Births - Should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.

FORMULA: Number of days per Thousand = (Total Number of Days/Member Months)\*13,000

MEDICAID - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergency Room Visits	Primary Care Encounter	Specialty Care Services Encounter	Outpatient Physical Rehab/Therapy	Vision Care Optometrist Visits	Dental Vists	Pharmacy Scripts	Emergency Medical Transportation No. of Trips	Non-Emergency Medical Transportation No. of Trips	Home Health Care Visits	Ambulatory Surgery Visits	Family Planning Visits	Prenatal/Postpartum Maternity Services	Foot Care	Personal Care Hours	Personal Emergency Response Services No. of Units
00047	00048	01401	01402	01403	01404	01407	01408	01409	01410	01411	01412	01413	01414	01416	01419	01420	01421
TANF/SN Kids	0180	129,653	1,093,389	192,378	147,634	141,810	874,985	1,029,956	0	0	15,899	19,739	669	1,095	27,888	93,191	0
TANF/SN Adults	0190	239,103	891,687	515,671	493,862	197,240	528,273	3,816,900	0	0	16,224	68,684	5,907	13,497	61,908	760,266	427
SSI	0200	33,491	111,141	85,841	70,230	21,119	42,994	750,811	0	0	24,209	10,322	88	79	9,215	2,320,895	895
Nursing Home	0250	471	4,222	2,542	243	260	44	16,450	0	0	322	174	0	0	422	30,433	29
TOTALS - ACTUAL	0999	402,718	2,100,439	796,432	711,969	360,429	1,446,296	5,614,117	0	0	56,654	98,919	6,664	14,671	99,433	3,204,784	1,351
Plus Accrued Visits	0996	48,209	113,606	92,627	65,938	15,483	86,603	0	0	0	4,364	11,261	0	2,182	14,236	357,524	13
TOTALS - ACCRUED*	0998	450,927	2,214,045	889,059	777,907	375,912	1,532,899	5,614,117	0	0	61,018	110,180	6,664	16,853	113,669	3,562,308	1,364
Rates Per Member Per Year - Actual	0500	0.86	4.46	1.69	1.51	0.77	3.07	11.93	0.00	0.00	0.12	0.21	0.01	0.03	0.21	6.81	0.00
Rates Per Member Per Year - Accrued*	0510	0.96	4.71	1.89	1.65	0.80	3.26	11.93	0.00	0.00	0.13	0.23	0.01	0.04	0.24	7.57	0.00
Actual Paid Claims	1000	62,658,160	147,069,970	116,922,916	22,508,510	11,362,732	64,231,119	464,789,633	0	0	21,330,482	77,384,472	3,326,888	27,280,484	4,555,172	58,146,909	34,808

\* Accrued Totals (paid claims + claims reported but not paid = an estimate of incurred but not reported claims)  
Rate PMPY = (Total Visits/Member Months)\*12

MEDICAID - TABLE 14A - PHARMACY UTILIZATION		Number of Brand Non-Preferred Scripts	Number of Brand Preferred Scripts	Number of Generic Scripts	Number of Over the Counter Scripts	Number of Medical Supplies	Total All Scripts
00049	00050	01425	01426	01427	01428	01429	01431
TANF/SN Kids	0180	12,907	68,868	704,079	239,109	4,993	1,029,956
TANF/SN Adults	0190	78,386	280,560	2,969,838	487,112	1,004	3,816,900
SSI	0200	17,776	64,082	559,316	109,166	471	750,811
Nursing Home	0250	252	1,633	13,404	1,161	0	16,450
TOTALS- ACTUAL	0999	109,321	415,143	4,246,637	836,548	6,468	5,614,117
Plus Accrued	0996	0	0	0	0	0	0
TOTALS - ACCRUED	0998	109,321	415,143	4,246,637	836,548	6,468	5,614,117

MEDICAID - TABLE 14A-1 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS)		Cost of Brand Non-Preferred Scripts	Cost of Brand Preferred Scripts	Cost of Generic Scripts	Cost of Over the Counter Scripts	Cost of Medical Supplies	Total Cost of All Scripts	Supplemental Rebates on Brand Name Scripts	Total Cost of All Scripts Net of Rebates
00051	00052	01432	01433	01434	01435	01436	01438	01439	01440
TANF/SN Kids	0180	7,637,716	28,490,545	28,726,909	2,837,211	209,523	67,901,904	3,299,287	64,602,617
TANF/SN Adults	0190	54,545,018	195,517,426	80,485,543	10,322,500	134,236	341,004,723	16,783,205	324,221,518
SSI	0200	13,762,963	45,496,835	17,336,211	2,156,862	42,022	78,794,893	3,962,777	74,832,116
Nursing Home	0250	104,485	724,489	338,059	24,041	0	1,191,074	57,692	1,133,382
TOTALS- ACTUAL	0999	76,050,182	270,229,295	126,886,722	15,340,614	385,781	488,892,594	24,102,961	464,789,633
Plus Accrued	0996	0	0	0	0	0	0	0	0
TOTALS - ACCRUED	0998	76,050,182	270,229,295	126,886,722	15,340,614	385,781	488,892,594	24,102,961	464,789,633

MEDICAID - TABLE 14A-2 - PHARMACY CO-PAY SCHEDULE (TANF/SN-ADULTS)		NYS Suggested Copay	Plan Specific Copay	Number of Scripts Subject to Copay	Total Amount of Copays (NYS Suggested)	Total Amount of Copays (Plan Specific)	Total Amount of Non-State Plan Services Copays
00053	00054	01441	01442	01443	01444	01445	01446
Brand Non-Preferred	0001	3.00	3.00	84,786	254,358	254,358	0
Brand Preferred	0002	1.00	1.00	305,081	305,081	305,081	0
Generic	0003	1.00	1.00	3,221,077	3,221,077	3,221,077	0
Over the Counter	0004	0.50	0.50	523,807	261,904	261,904	0
TOTAL	0999			4,134,751	4,042,420	4,042,420	0



MEDICAID - TABLE 14A-3 - PHARMACY CO-PAY SCHEDULE (SSI)		NYS Suggested Copay	Plan Specific Copay	Number of Scripts Subject to Copay	Total Amount of Copays (NYS Suggested)	Total Amount of Copays (Plan Specific)	Total Amount of Non-State Plan Services Copays
00055	00056	01447	01448	01449	01450	01451	01452
Brand Non-Preferred	0001	3.00	3.00	14,134	42,402	42,402	0
Brand Preferred	0002	1.00	1.00	48,929	48,929	48,929	0
Generic	0003	1.00	1.00	459,067	459,067	459,067	0
Over the Counter	0004	0.50	0.50	88,299	44,150	44,150	0
TOTAL	0999			610,429	594,548	594,548	0

MEDICAID - TABLE 14A-4 - PHARMACY - FAMILY PLANNING UTILIZATION		Number of Brand Non-Preferred Scripts-Family Planning	Number of Brand Preferred Scripts Family Planning	Number of Generic Scripts Family Planning	Number of Over the Counter Scripts Family Planning	Number of Medical Supplies Family Planning	Total Number of Family Planning Scripts
00057	00058	02441	02442	02443	02444	02445	02446
TANF/SN Kids	0180	59	1,021	16,362	0	0	17,442
TANF/SN Adults	0190	476	10,914	60,632	19	0	72,041
SSI	0200	12	75	1,238	0	0	1,325
Nursing Home	0250	0	0	3	0	0	3
TOTALS- ACTUAL	0999	547	12,010	78,235	19	0	90,811
Plus Accrued	0996	0	0	0	0	0	0
TOTALS - ACCRUED	0998	547	12,010	78,235	19	0	90,811

MEDICAID - TABLE 14A-5 - PHARMACY COST (NET OF NYS SUGGESTED COPAYS) - FAMILY PLANNING		Cost of Brand Non-Preferred Scripts-Family Planning	Cost of Brand Preferred Scripts Family Planning	Cost of Generic Scripts Family Planning	Cost of Over the Counter Scripts Family Planning	Cost of Medical Supplies Family Planning	Total Cost of All Family Planning Scripts	Supplemental Rebates on Brand Name Scripts Family Planning	Total Cost of All Scripts Net of Rebates Family Planning
00059	00060	02447	02448	02449	02450	02451	02452	02453	02454
TANF/SN Kids	0180	7,621	146,831	370,238	0	0	524,690	1,589	523,101
TANF/SN Adults	0190	56,034	1,608,199	1,271,532	113	0	2,935,878	18,571	2,917,307
SSI	0200	1,700	10,885	28,153	0	0	40,738	553	40,185
Nursing Home	0250	0	0	240	0	0	240	0	240
TOTALS- ACTUAL	0999	65,355	1,765,915	1,670,163	113	0	3,501,546	20,713	3,480,833
Plus Accrued	0996	0	0	0	0	0	0	0	0
TOTALS - ACCRUED	0998	65,355	1,765,915	1,670,163	113	0	3,501,546	20,713	3,480,833

MEDICAID - TABLE 16 - MEDICAID UTILIZATION OF HHC SERVICES - TOTAL ALL PREMIUM GROUPS		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00390	00391	04012	04016	04018	04017	04015
Home Health Care - Aide - HOURS	0500	7,719	7,719	2,426,481	314.35	0.02
Home Health Care - Other - VISITS	0501	71,624	71,624	20,543,503	286.82	0.15
Total Home Health Care	0502			22,969,984		

MEDICAID - TABLE 16A-1 - MEDICAID UTILIZATION OF HHC SERVICES - TANF/SN KIDS		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00392	0039 3	04022	04026	04028	04027	04025
Home Health Care - Aide - HOURS	0500	2,250	2,250	1,088,897	483.95	0.01
Home Health Care - Other - VISITS	0501	16,232	16,232	6,655,421	410.02	0.08
Total Home Health Care	0502			7,744,318		

MEDICAID - TABLE 16A-2 - MEDICAID UTILIZATION OF HHC SERVICES - TANF/SN ADULTS		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00394	0039 5	04032	04036	04038	04037	04035
Home Health Care - Aide - HOURS	0500	3,011	3,011	285,295	94.75	0.01
Home Health Care - Other - VISITS	0501	28,331	28,331	2,866,944	101.19	0.12
Total Home Health Care	0502			3,152,239		

MEDICAID - TABLE 16A-3 - MEDICAID UTILIZATION OF HHC SERVICES - SSI		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00396	00397	04042	04046	04048	04047	04045
Home Health Care - Aide - HOURS	0500	2,415	2,415	1,042,880	431.83	0.12
Home Health Care - Other - VISITS	0501	26,780	26,780	10,961,690	409.32	1.30
Total Home Health Care	0502			12,004,570		

MEDICAID - TABLE 16A-4 - MEDICAID UTILIZATION OF HHC SERVICES - NURSING HOME		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00398	00399	04052	04056	04058	04057	04055
Home Health Care - Aide - HOURS	0500	43	43	9,409	218.81	0.24
Home Health Care - Other - VISITS	0501	281	281	59,448	211.56	1.55
Total Home Health Care	0502			68,857		



MEDICAID - TABLE 17A - STOP-LOSS SUMMARY - INPATIENT STOP-LOSS - \$100,000 THRESHOLD - 20% COINSURANCE UP TO \$250,000		Enrollees Exceeding Stop-Loss During Period	Net Expenditures Above Stop-Loss Dollars
00063	00064	01701	01702
TANF	0010		
SN	0060		
SSI	0150		
Total	0999		

		100% 30 Days Prior to 1/1/2016	100% 30 Days Prior to 1/1/2016	50% 46-60 Days 2016	50% 46-60 Days 2016	100% > 60 Days 2016	100% > 60 Days 2016
MEDICAID - TABLE 17B - INPATIENT PSYCHIATRIC MENTAL HEALTH STOP LOSS - 2016 & PRIOR		Number Enrollees Exceeding Limitation	Total Number Of Days Exceeding Limitation	Number Enrolles Exceeding Limitation	Total Number Of Days Exceeding Limitation	Number of Enrollees Exceeding Limitation	Total Number Of Days Exceeding Limitation
00065	00066	01705	01706	01707	01708	01709	01710
TANF	0010						
SN	0060						
SSI	0150						
Total	0999						

		50% 61-100 Days 2017	50% 61-100 Days 2017	100% > 100 Days 2017	100% >100 Days 2017	100% >100 Days 2018	100% > 100 Days 2018
MEDICAID - TABLE 17B-1 - INPATIENT PSYCHIATRI C MENTAL HEALTH STOP LOSS 2017 & 2018		Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation	Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation	Number of Enrollees Exceeding Limitation	Total Number of Days Exceeding Limitation
00479	00480	01714	01715	01716	01717	01718	01719
TANF	0010						
SN	0060						
SSI	0150						
Total	0999						

MEDICAID - TABLE 17C - STOP-LOSS SUMMARY - NURSING HOME SHORT STAY - IN EXCESS OF 60 DAYS		Number Enrollees Exceeding Limitation	Total Number Of Days Exceeding Limitation
00067	00068	01712	01713
TANF	0010		
SN	0060		
SSI	0150		
Total	0999		

MEDICAID - TABLE 19 - VBP QUALITY IMPROVEMENT PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete	Hospital Name	Revenue Total	Expense Amount	Variance Amount
00425	0041 1	01901	01902	01903	01904	01905
PPS Group						
CENTRAL NEW YORK CARE COLLABORATIVE INC	0001	No	Rome Memorial Hospital		166,666.66	
MAIMONIDES MEDICAL CENTER	0002	No	Wyckoff Heights Medical Center		69,999,999. 96	
CENTRAL NEW YORK CARE COLLABORATIVE INC.	0003	No	Rome Memorial Hospital		790,988.99	
0	0004	0	0		0.00	
0	0005	0	0		0.00	
0	0006	0	0		0.00	
0	0007	0	0		0.00	
0	0008	0	0		0.00	
0	0009	0	0		0.00	
0	0010	0	0		0.00	
0	0011	0	0		0.00	
0	0012	0	0		0.00	
0	0013	0	0		0.00	
0	0014	0	0		0.00	
0	0015	0	0		0.00	
Total	0999			66,406,478. 57	70,957,655. 61	- 4,551,177.0 4

EP - TABLE 19A - EQUITY INFRASTRUCTURE PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete?	Revenue Total	Expense Amount	Variance Amount
00426	00427	01906	01907	01908	01909
PPS Group Name					
ADVOCATE COMMUNITY PROVIDERS	0001	No		535,919	
CENTRAL NEW YORK CARE COLLABORATIVE INC	0002	No		3,689,524	
MAIMONIDES MEDICAL CENTER	0003	No		6,866,713	
MOUNT SINAI HOSPITAL	0004	No		1,581,868	
NASSAU HEALTH CARE	0005	No		1,066,533	
NEW YORK HOSP MEDICAL CNTR OF QUEENS	0006	No		196,998	
NYU HOSPITAL CENTER	0007	No		386,455	
SB CLINICAL NETWORK IPA LLC	0008	No		2,668,526	
NYU LANGONE HOSPITALS	0009	No		1,159,364	
SOMOS HEALTHCARE PROVIDERS INC	0010	No		1,607,756	
0	0011	0		0	
0	0012	0		0	
0	0013	0		0	
0	0014	0		0	
0	0015	0		0	
Total	0999		18,981,262	19,759,655	-778,393

MEDICAID - TABLE 19B - EQUITY PERFORMANCE PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete?	Revenue Total	Expense Amount	Variance Amount
00428	00429	01910	01911	01912	01913
PPS Group Name					
ADVOCATE COMMUNITY PROVIDERS	0001	No		357,279	
CENTRAL NEW YORK CARE COLLABORATIVE INC	0002	No		1,288,601	
MAIMONIDES MEDICAL CENTER	0003	No		2,288,904	
MOUNT SINAI HOSPITAL	0004	No		263,645	
NASSAU HEALTH CARE	0005	No		399,950	
NEW YORK HOSP MEDICAL CNTR OF QUEENS	0006	No		65,666	
NYU HOSPITAL CENTER	0007	No		214,697	
SB CLINICAL NETWORK IPA LLC	0008	No		667,132	
NYU LANGONE HOSPITALS	0009	No		214,697	
SOMOS HEALTHCARE PROVIDERS INC	0010	No		357,279	
0	0011	0		0	
0	0012	0		0	
0	0013	0		0	
0	0014	0		0	
0	0015	0		0	
Total	0999		13,027,023	6,117,849	6,909,174

MEDICAID - TABLE 19C - ADDITIONAL HIGH PERFORMANCE PROGRAM EXPENSE AND REVENUE DETAILS		Contract With PPS Complete?	Revenue Total	Dollars Passed to PPS	Variance
00455	00456	01914	01915	01916	01917
PPS Group Name					
NEW YORK PRESBYTERIAN HOSPITAL	0001	No		1,203,935	
0	0002	0		0	
0	0003	0		0	
0	0004	0		0	
0	0005	0		0	
0	0006	0		0	
0	0007	0		0	
0	0008	0		0	
0	0009	0		0	
0	0010	0		0	
0	0011	0		0	
0	0012	0		0	
0	0013	0		0	
0	0014	0		0	
0	0015	0		0	
Total	0999		4,896,640	1,203,935	3,692,705



MEDICAID - TABLE 21 - IN LIEU OF SERVICES - COST		Autho rizatio n Numb er	TANF/S N Kids	TANF/S N Adults	SSI	Nursing Home	Total Actual	Total Accrued	Total (Acutal + Accrued)
02100	02101	02102	02103	02104	02105	02106	02115	02116	02117
0	0001	0	0	0	0	0	0	0	0
0	0002	0	0	0	0	0	0	0	0
0	0003	0	0	0	0	0	0	0	0
0	0004	0	0	0	0	0	0	0	0
0	0005	0	0	0	0	0	0	0	0
0	0006	0	0	0	0	0	0	0	0
0	0007	0	0	0	0	0	0	0	0
0	0008	0	0	0	0	0	0	0	0
0	0009	0	0	0	0	0	0	0	0
0	0010	0	0	0	0	0	0	0	0
Total Cost by Premiun Group	0999		0	0	0	0	0	0	0

MEDICAID - TABLE 21A - IN LIEU OF SERVICES - UTILIZATION		Autho rizatio n Numb er	TANF/S N Kids	TANF/S N Adults	SSI	Nursin g Home	Total Actual	Total Accrue d	Total (Acutal + Accrue d)
02120	02121	02122	02123	02124	02125	02126	02135	02136	02137
0	0001	0	0	0	0	0	0	0	0
0	0002	0	0	0	0	0	0	0	0
0	0003	0	0	0	0	0	0	0	0
0	0004	0	0	0	0	0	0	0	0
0	0005	0	0	0	0	0	0	0	0
0	0006	0	0	0	0	0	0	0	0
0	0007	0	0	0	0	0	0	0	0
0	0008	0	0	0	0	0	0	0	0
0	0009	0	0	0	0	0	0	0	0
0	0010	0	0	0	0	0	0	0	0
Total Cost by Premium Group	0999		0	0	0	0	0	0	0

MEDICAID - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00074	00075	02610
INVESTMENT INCOME		
Interest Income	0001	0
Dividend and Real Estate Income	0002	0
Net Realized Capital Gains or Losses	0003	18,398,878
TOTAL INVESTMENT INCOME	0004	18,398,878
DEDUCTIONS		
Investment Expenses	0005	0
Interest Expense	0006	0
Interest on Claims paid after 45 days	0010	
Other Deductions	0007	0
TOTAL DEDUCTIONS	0008	0
NET INVESTMENT INCOME	0099	18,398,878

MEDICAID - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02611	00076	02612
Details of Write-ins aggregated on line 0076 from Medicaid Table 6		
Minimum Wage Fund	0001	0
0	0002	0
0	0003	0
0	0004	0
0	0005	0
Non-State Plan Services	0006	0
Increase in Reserves for A&H Contracts	0007	0
Medical Home Expense (Non-Adirondack)	0008	0
Adirondack Medical Home Expense	0009	0
Non-State Plan Services- Pharmacy Copays	0010	0
Health Home Plan Expense	0011	0
Health Home Expense Paid to HH Provider	0012	0
Enhanced Primary Care Bump Expense	0013	0
Prior Period VBP QIP Expense	0014	106,692
Prior Period EIP Expense	0015	38,246
Prior Period EPP Expense	0016	25,369
Prior Period AHPP Expense	0017	6,397
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	0099	176,704

MEDICAID - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02613	00077	02614
Details of Extraordinary Items on line 0041 from Medicaid Table 6		
Adjustments for Prior Period Revenue	0001	27,984,388
0	0002	0
0	0003	0
0	0004	0
0	0005	0
0	0006	0
0	0007	0
0	0008	0
0	0009	0
Stop-Loss Fund Recoveries	0011	0
Regulation 146 Pool Recoveries	0012	0
Net gains or (loss) from agents' premium balances charged off	0013	0
Aggregate Write-ins for other income	0014	0
Medical Home Revenue (Non-Adirondack)	0015	0
Adirondack Medical Home Revenue	0016	0
Health Home Revenue	0017	0
Enhanced Primary Care Bump Revenue	0018	0
Prior Period VBP QIP Revenue	0019	-106,692
Prior Period EIP Revenue	0020	-38,246
Prior Period EPP Revenue	0021	-25,369
Prior Period AHPP Revenue	0022	-6,397
MLR Remittance	0023	0
All Other	0010	0
TOTAL MEDICAID EXTRAORDINARY ITEMS	0099	27,807,684

MEDICAID - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00078	00079	02616
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Table 6		
1 Year Prior to the Reporting Period	0001	-23,456,730
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL MEDICAID ADJUSTMENTS FOR PRIOR PERIOD IBNR	0099	-23,456,730

MEDICAID - TABLE 26C-1 - DETAILS FOR THE ADJUSTMENTS FOR PRIOR PERIOD IBNR AND SCHEDULE OF RECOVERED PROVIDER PAYMENTS		More than 2 Years Prior to the Reporting Period	2 Years Prior to the Reporting Period	1 Year Prior to the Reporting Period	Current Reporting Period	Totals
00080	00081	02625	02622	02627	02637	02647
Details of IBNR Changes and Servicing Provider Recoveries by Period:						
Starting Prior Period IBNR and Claims Reported but Not Paid Expense	0001	172,715	532,664	6,428,965		7,134,344
Claims Recovered from Providers due to Fraud and Abuse	0002	0	0	0	3,369	3,369
Claims Recovered from Providers for Other Reasons than Fraud and Abuse	0003	137,384	400,469	3,730,564	9,263,066	13,531,482
COB (Third Party Recoveries) and Subrogation Payments Received For Claims Paid in a Prior Period	0004	35,332	132,195	814,689		982,216
Payments Made to Providers During the Current Reporting Period that Reduced the Amount of a Prior Period's IBNR Balance and Claims Reported but not Paid	0005	0	0	0		0
Prior Period IBNR Adjustment	0006	0	0	0		0
Remaining IBNR	0099	0	0	1,883,712		1,883,712

MEDICAID - TABLE 26D - DETAIL OF OTHER MEDICAL COST*		Amount
02617	00082	02618
OFFICE/OP VISIT, EST PT, 2 K	0001	34,109,670
OFFICE/OP VISIT, NEW PT, 3 K	0002	10,016,159
UNLISTED DIALYSIS PROC, INPA	0003	2,320,421
INJECTION, VELAGLUCERASE ALF	0004	1,772,843
PERIODIC COMPREHENSIVE PREVE	0005	1,560,467
SUBSEQUENT PEDIATRIC CRITICA	0006	1,120,547
HOSPITAL OUTPATIENT CLINIC V	0007	1,087,831
Hospice	0008	565,346
Adult Day Health Care	0009	458,889
Harm Reduction	0011	0
Social Determinants of Health	0012	0
Renal Dialysis	0013	380,922
Remaining Other Medical (smallest categories)	0010	51,488,229
TOTAL OTHER MEDICAL	0099	104,881,324

List other medical categories in order, from largest expense to smallest expense, in lines 0001 through 0007. Dollars for hard coded lines 0008 through 0013 should not be included on other lines. Line 0010 should include the smallest categories not otherwise listed.



MEDICAID - TABLE 26R - NET REINSURANCE RECOVERIES		Amount of Reinsurance Premiums/Recoveries
00083	00084	02619
Reinsurance Recoveries	0001	0
Reinsurance Premium Cost - NYS Reinsurance	0002	2,031,208
Reinsurance Premium Cost - Other Reinsurance	0003	0
Net Reinsurance Recoveries	0099	-2,031,208

MEDICAID - TABLE 27A - INPATIENT NEWBORN BIRTH DRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00085	00086	02703	02704	02705	02706	02707	02708
DESCRIPTION							
DRG 606 NEONATE, BWT 1200-1499G, W SIG OR PROC, DISCH ALIVE	0606	44.8175					0.0000
DRG 607 NEONATE, BWT 1200-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	0607	18.1788					0.0000
DRG 608 NEONATE, BIRTHWT 1200-1499G, DIED	0608	15.9572					0.0000
DRG 609 NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	0609	26.1486					0.0000
DRG 610 NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	0610	10.6198					0.0000
DRG 611 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB	0611	11.7659					0.0000
DRG 612 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	0612	5.8240					0.0000
DRG 613 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	0613	4.2219					0.0000
DRG 614 NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	0614	2.7141					0.0000
DRG 615 NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	0615	23.5060					0.0000
DRG 616 NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	0616	6.6175					0.0000
DRG 617 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB	0617	4.6520					0.0000
DRG 618 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	0618	2.4713					0.0000
DRG 619 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	0619	1.4655					0.0000
DRG 620 NEONATE,BWT 2000-2499G,W/O SIG OR PROC, W NORM NEWB DIAG	0620	0.3967					0.0000
DRG 621 NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	0621	1.1905					0.0000
DRG 622 NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	0622	14.7152					0.0000
DRG 623 NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	0623	2.5578					0.0000
DRG 624 NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	0624	1.1286					0.0000
DRG 626 NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB	0626	2.7923					0.0000
DRG 627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	0627	1.0658					0.0000
DRG 628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0628	0.6018					0.0000
DRG 629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0629	0.2233					0.0000
DRG 630 NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	0630	0.5820					0.0000
DRG 635 NEONATAL AFTERCARE FOR WEIGHT GAIN	0635	1.8670					0.0000
DRG 637 NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	0637	0.6139					0.0000
DRG 638 NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	0638	1.3680					0.0000
DRG 639 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	0639	0.8965					0.0000
DRG 640 NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	0640	1.1126					0.0000
DRG 641 EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	0641	25.2842					0.0000
DRG 991 Total Reported Cases	0991						0.0000
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Births	0994						

MEDICAID - TABLE 27A-1 - INPATIENT NEWBORN BIRTH APRDRGs >=1200 GRAMS WGT		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00087	00088	02703	02704	02705	02706	02707	02708
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	0700	0.3419	0	0.00000	0		0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	0701	0.4751	0	0.00000	0		0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	0702	0.6638	0	0.00000	0		0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	0703	0.8654	0	0.00000	0		0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	0704	0.1545	0	0.00000	0		0.0000
581 2 Neonate, Transferred <5 Days Old, Born Here	0705	0.1879	0	0.00000	0		0.0000
581 3 Neonate, Transferred <5 Days Old, Born Here	0706	0.2415	0	0.00000	0		0.0000
581 4 Neonate, Transferred <5 Days Old, Born Here	0707	0.4079	0	0.00000	0		0.0000
583 1 Neonate, w/ ECMO	0708	20.1313	1	0.00010	136,684	136,683.65	20.1313
583 2 Neonate, w/ ECMO	0709	20.1313	0	0.00000	0		0.0000
583 3 Neonate, w/ ECMO	0710	20.1313	0	0.00000	0		0.0000
583 4 Neonate, w/ ECMO	0711	27.7479	1	0.00010	191,783	191,782.78	27.7479
588 1 Neonate BWT 1200-1249G W Major Procedure	0712	18.1139	0	0.00000	0		0.0000
588 2 Neonate BWT 1200-1249G W Major Procedure	0713	18.1139	0	0.00000	0		0.0000
588 3 Neonate BWT 1200-1249G W Major Procedure	0714	18.3817	0	0.00000	0		0.0000
588 4 Neonate BWT 1200-1249G W Major Procedure	0715	23.3980	0	0.00000	0		0.0000
602 1 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0716	5.4637	0	0.00000	0		0.0000
602 2 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0717	7.9467	0	0.00000	0		0.0000
602 3 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0718	10.4646	2	0.00020	163,761	81,880.42	20.9292
602 4 Neonate, Birthwt 1200-1249G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0719	12.7566	0	0.00000	0		0.0000
603 1 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0720	4.9397	0	0.00000	0		0.0000
603 2 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0721	6.9800	0	0.00000	0		0.0000
603 3 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0722	9.2358	1	0.00010	79,403	79,403.07	9.2358
603 4 Neonate, Birthwt 1200-1249G W OR W/O Other Significant Condition	0723	15.6208	0	0.00000	0		0.0000
607 1 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0724	4.5996	3	0.00030	163,520	54,506.78	13.7988
607 2 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0725	6.3391	8	0.00080	578,038	72,254.80	50.7128
607 3 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0726	7.9237	4	0.00040	302,360	75,589.91	31.6948
607 4 Neonate, BWT 1250-1499G W Resp Dist Synd/Oth Maj Resp Or Maj Anom	0727	9.9689	6	0.00060	626,118	104,353.01	59.8134
608 1 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0728	3.6319	1	0.00010	30,348	30,348.45	3.6319
608 2 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0729	5.3588	6	0.00060	358,548	59,758.00	32.1528
608 3 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0730	7.7134	1	0.00010	60,720	60,719.67	7.7134
608 4 Neonate, Birthwt 1250-1499G W OR W/O Other Significant Condition	0731	10.1719	0	0.00000	0		0.0000
609 1 Neonate, BWT 1500-2499G W Major Procedure	0732	3.8239	0	0.00000	0		0.0000
609 2 Neonate, BWT 1500-2499G W Major Procedure	0733	3.9076	0	0.00000	0		0.0000
609 3 Neonate, BWT 1500-2499G W Major Procedure	0734	6.8852	0	0.00000	0		0.0000
609 4 Neonate, BWT 1500-2499G W Major Procedure	0735	13.4767	4	0.00040	584,771	146,192.78	53.9068
611 1 Neonate, Birthwt 1500-1999G W Major Anomaly	0736	2.3102	3	0.00030	70,264	23,421.36	6.9306
611 2 Neonate, Birthwt 1500-1999G W Major Anomaly	0737	3.8089	1	0.00010	30,476	30,476.28	3.8089
611 3 Neonate, Birthwt 1500-1999G W Major Anomaly	0738	5.2871	7	0.00070	356,673	50,953.30	37.0097
611 4 Neonate, Birthwt 1500-1999G W Major Anomaly	0739	6.7288	4	0.00040	354,417	88,604.21	26.9152
612 1 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0740	3.0730	7	0.00070	222,347	31,763.80	21.5110
612 2 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0741	4.0786	15	0.00149	570,737	38,049.16	61.1790
612 3 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0742	5.7131	10	0.00100	471,148	47,114.84	57.1310
612 4 Neonate, BWT 1500-1999G W Resp Dist Synd/Oth Maj Resp Cond	0743	7.3319	2	0.00020	124,033	62,016.35	14.6638
613 1 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0744	2.6630	0	0.00000	0		0.0000
613 2 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0745	4.0335	0	0.00000	0		0.0000
613 3 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0746	6.2601	0	0.00000	0		0.0000
613 4 Neonate, Birthwt 1500-1999G W Congenital/Perinatal Infection	0747	6.3966	0	0.00000	0		0.0000
614 1 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0748	1.7543	51	0.00508	877,869	17,213.12	89.4693
614 2 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0749	3.1156	25	0.00249	655,186	26,207.45	77.8900
614 3 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0750	4.5004	3	0.00030	119,556	39,852.17	13.5012
614 4 Neonate, Birthwt 1500-1999G W OR W/O Other Significant Condition	0751	4.6697	0	0.00000	0		0.0000
621 1 Neonate, BWT 2000-2499G W Major Anomaly	0752	0.9231	5	0.00050	70,045	14,009.02	4.6155
621 2 Neonate, BWT 2000-2499G W Major Anomaly	0753	1.9392	7	0.00070	136,056	19,436.50	13.5744
621 3 Neonate, BWT 2000-2499G W Major Anomaly	0754	3.3678	2	0.00020	57,228	28,614.08	6.7356
621 4 Neonate, BWT 2000-2499G W Major Anomaly	0755	6.9969	2	0.00020	116,295	58,147.62	13.9938
622 1 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0756	1.6717	17	0.00169	252,159	14,832.87	28.4189
622 2 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0757	2.2660	18	0.00179	348,982	19,387.86	40.7880
622 3 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0758	3.4012	6	0.00060	155,411	25,901.89	20.4072
622 4 Neonate, BWT 2000-2499G W Resp Dist Synd/Oth Maj Resp Cond	0759	4.7371	1	0.00010	42,971	42,971.28	4.7371
623 1 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0760	1.4343	2	0.00020	22,572	11,286.09	2.8686
623 2 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0761	2.3036	2	0.00020	34,036	17,018.22	4.6072
623 3 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0762	3.7417	0	0.00000	0		0.0000
623 4 Neonate, Birthwt 2000-2499G W Congenital/Perinatal Infection	0763	3.7562	0	0.00000	0		0.0000
625 1 Neonate, Birthwt 2000-2499G W Other Significant Condition	0764	1.4691	31	0.00309	403,104	13,003.35	45.5421
625 2 Neonate, Birthwt 2000-2499G W Other Significant Condition	0765	2.5082	7	0.00070	165,002	23,571.71	17.5574
625 3 Neonate, Birthwt 2000-2499G W Other Significant Condition	0766	2.8693	0	0.00000	0		0.0000
625 4 Neonate, Birthwt 2000-2499G W Other Significant Condition	0767	3.0509	0	0.00000	0		0.0000
626 1 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0768	0.1985	114	0.01135	444,900	3,902.63	22.6290
626 2 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0769	0.4793	137	0.01363	683,994	4,992.66	65.6641
626 3 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0770	1.2084	78	0.00776	953,710	12,227.05	94.2552
626 4 Neonate, BWT 2000-2499G, Normal Newborn Or Neonate W Other Problem	0771	1.2084	0	0.00000	0		0.0000
630 1 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0772	2.8057	0	0.00000	0		0.0000
630 2 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0773	3.2411	1	0.00010	30,709	30,709.39	3.2411
630 3 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0774	5.4039	1	0.00010	67,190	67,189.92	5.4039
630 4 Neonate, Birthwt > 2499g w/ Major Cardiovasc Procedure	0775	9.7554	4	0.00040	479,780	119,944.97	39.0216
631 1 Neonate, Birthwt > 2499g w/ Other Major Procedure	0776	1.5561	0	0.00000	0		0.0000
631 2 Neonate, Birthwt > 2499g w/ Other Major Procedure	0777	2.9810	3	0.00030	103,091	34,363.62	8.9430
631 3 Neonate, Birthwt > 2499g w/ Other Major Procedure	0778	5.1598	6	0.00060	318,270	53,044.93	30.9588
631 4 Neonate, Birthwt > 2499g w/ Other Major Procedure	0779	10.9926	2	0.00020	191,651	95,825.62	21.9852
633 1 Neonate, Birthwt > 2499g w/ Major Anomaly	0780	0.2653	79	0.00786	335,523	4,247.13	20.9587
633 2 Neonate, Birthwt > 2499g w/ Major Anomaly	0781	0.8320	30	0.00299	266,404	8,880.13	24.9600
633 3 Neonate, Birthwt > 2499g w/ Major Anomaly	0782	1.9425	16	0.00159	293,198	18,324.85	31.0800
633 4 Neonate, Birthwt > 2499g w/ Major Anomaly	0783	4.1052	6	0.00060	338,582	56,430.25	24.6312
634 1 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0784	0.7237	30	0.00299	227,802	7,593.40	21.7110
634 2 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0785	1.2420	31	0.00309	365,014	11,774.66	38.5020
634 3 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0786	1.9426	16	0.00159	333,083	20,817.69	31.0816
634 4 Neonate, Birthwt > 2499g W Resp Dist Synd/Oth Maj Resp Cond	0787	3.7187	3	0.00030	81,634	27,211.18	11.1561
636 1 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0788	0.8599	27	0.00269	227,735	8,434.64	23.2173

636 2 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0789	1.2893	8	0.00080	86,023	10,752.86	10.3144
636 3 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0790	1.9624	4	0.00040	60,419	15,104.80	7.8496
636 4 Neonate, Birthwt > 2499g W Congenital/Perinatal Infection	0791	2.9045	0	0.00000	0		0.0000

MEDICAID - TABLE 27A-2 - INPATIENT NEWBORN BIRTH DRGs - LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00089	00090	02743	02744	02745	02746	02747	02748
DRG 602 NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	0602	56.4019					0.0000
DRG 603 NEONATE, BIRTHWT <750G,DIED	0603	17.9309					0.0000
DRG 604 NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	0604	40.3832					0.0000
DRG 605 NEONATE, BIRTHWT 750-999 ,DIED	0605	18.3555					0.0000
DRG 606 NEONATE, BWT 1000-1199G, W SIG OR PROC, DISCH ALIVE	0606	44.8175					0.0000
DRG 607 NEONATE, BWT 1000-1199G, W/O SIGNIF OR PROC, DISCH ALIVE	0607	18.1788					0.0000
DRG 608 NEONATE, BIRTHWT 1000-1199G, DIED	0608	15.9572					0.0000
DRG 991 Total Reported Cases	0991						0.0000
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Births	0994						

MEDICAID - TABLE 27A-3 - INPATIENT NEWBORN BIRTH APRDRGs LOW BIRTH WEIGHT (< 1200 GRAMS)		SIW	Number Births	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00091	00092	02743	02744	02745	02746	02747	02748
APR/DRG SEVERITY DESCRIPTION							
580 1 Neonate, Transferred <5 Days Old, Not Born Here	0700	0.3419	0	0.00000	0		0.0000
580 2 Neonate, Transferred <5 Days Old, Not Born Here	0701	0.4751	0	0.00000	0		0.0000
580 3 Neonate, Transferred <5 Days Old, Not Born Here	0702	0.6638	0	0.00000	0		0.0000
580 4 Neonate, Transferred <5 Days Old, Not Born Here	0703	0.8654	0	0.00000	0		0.0000
581 1 Neonate, Transferred <5 Days Old, Born Here	0704	0.1545	0	0.00000	0		0.0000
581 2 Neonate, Transferred <5 Days Old, Born Here	0705	0.1879	0	0.00000	0		0.0000
581 3 Neonate, Transferred <5 Days Old, Born Here	0706	0.2415	0	0.00000	0		0.0000
581 4 Neonate, Transferred <5 Days Old, Born Here	0707	0.4079	0	0.00000	0		0.0000
588 1 Neonate BWT <1200G W Major Procedure	0712	18.1139	0	0.00000	0		0.0000
588 2 Neonate BWT <1200G W Major Procedure	0713	18.1139	0	0.00000	0		0.0000
588 3 Neonate BWT <1200G W Major Procedure	0714	18.3817	1	0.03030	146,102	146,102.00	18.3817
588 4 Neonate BWT <1200G W Major Procedure	0715	23.3980	1	0.03030	230,292	230,292.00	23.3980
589 1 Neonate BWT < 500G	0800	9.2322	0	0.00000	0		0.0000
589 2 Neonate BWT < 500G	0801	9.2322	1	0.03030	88,249	88,249.00	9.2322
589 3 Neonate BWT < 500G	0802	2.7013	2	0.06061	46,922	23,461.00	5.4026
589 4 Neonate BWT < 500G	0803	0.1097	2	0.06061	3,752	1,876.00	0.2194
591 1 Neonate, Birthwt 500-749G w/o Major Procedure	0804	4.2943	0	0.00000	0		0.0000
591 2 Neonate, Birthwt 500-749G w/o Major Procedure	0805	5.0592	0	0.00000	0		0.0000
591 3 Neonate, Birthwt 500-749G w/o Major Procedure	0806	9.5075	0	0.00000	0		0.0000
591 4 Neonate, Birthwt 500-749G w/o Major Procedure	0807	17.5261	3	0.09091	423,679	141,226.33	52.5783
593 1 Neonate, Birthwt 750-999G w/o Major Procedure	0808	9.0407	0	0.00000	0		0.0000
593 2 Neonate, Birthwt 750-999G w/o Major Procedure	0809	9.5053	1	0.03030	125,101	125,101.00	9.5053
593 3 Neonate, Birthwt 750-999G w/o Major Procedure	0810	12.1170	1	0.03030	100,290	100,290.00	12.1170
593 4 Neonate, Birthwt 750-999G w/o Major Procedure	0811	16.1219	9	0.27273	1,215,946	135,105.13	145.0971
602 1 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0716	5.4637	0	0.00000	0		0.0000
602 2 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0717	7.9467	3	0.09091	204,119	68,039.67	23.8401
602 3 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0718	10.4646	4	0.12121	335,181	83,795.25	41.8584
602 4 Neonate, Birthwt 1000-1199G w/ Resp Dist Synd/Oth Maj Resp Or Maj Anom	0719	12.7566	1	0.03030	133,803	133,803.00	12.7566
603 1 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0720	4.9397	0	0.00000	0		0.0000
603 2 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0721	6.9800	3	0.09091	190,296	63,432.00	20.9400
603 3 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0722	9.2358	1	0.03030	83,301	83,301.00	9.2358
603 4 Neonate, Birthwt 1000-1199G W OR W/O Other Significant Condition	0723	15.6208	0	0.00000	0		0.0000
Total Reported Cases	0995		33	1.00000	3,327,033	100,819.19	384.5625
Plus Accrued Cases	0996		18		1,961,960	108,997.79	
Totals With Accruals	0997		51		5,288,993	103,705.75	
Average Casemix of Reported Deliveries	0998	11.6534					

MEDICAID - TABLE 27B - INPATIENT MATERNITY DELIVERY DRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00093	00094	02723	02724	02725	02726	02727	02728
DESCRIPTION							
DRG 370 CESAREAN SECTION W CC	0370	1.1149					0.0000
DRG 371 CESAREAN SECTION W/O CC	0371	0.8810					0.0000
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0372	0.6992					0.0000
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0373	0.5992					0.0000
DRG 374 VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0374	0.8850					0.0000
DRG 375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL AND/OR D&C	0375	0.6292					0.0000
DRG 650 HIGH RISK CESAREAN SECTION W CC	0650	1.5370					0.0000
DRG 651 HIGH RISK CESAREAN SECTION W/O CC	0651	1.0928					0.0000
DRG 652 HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0652	0.9431					0.0000
DRG 991 Total Reported Cases	0991						0.0000
DRG 992 Plus Accrued Cases	0992						
DRG 993 Totals With Accruals	0993						
DRG 994 Average Casemix of Reported Deliveries	0994						

MEDICAID - TABLE 27B-1 - INPATIENT MATERNITY DELIVERY APRDRGs		SIW	Number Deliveries	Proportion of Total	Payment to Hospitals	Cost per Case	SIW Points
00095	00096	02723	02724	02725	02726	02727	02728
APRDRG SEVERITY DESCRIPTION							
540 1 Cesarean Delivery	0400	0.7239	1,817	0.15880	12,047,129	6,630.23	1,315.3263
540 2 Cesarean Delivery	0401	0.8386	820	0.07167	6,203,776	7,565.58	687.6520
540 3 Cesarean Delivery	0402	1.1453	248	0.02167	2,370,273	9,557.55	284.0344
540 4 Cesarean Delivery	0403	2.3844	10	0.00087	308,355	30,835.50	23.8440
541 1 Vaginal Delivery w/ Sterilization and/or D&C	0404	0.6670	85	0.00743	519,713	6,114.27	56.6950
541 2 Vaginal Delivery w/ Sterilization and/or D&C	0405	0.7314	62	0.00542	392,522	6,331.00	45.3468
541 3 Vaginal Delivery w/ Sterilization and/or D&C	0406	0.9971	20	0.00175	184,912	9,245.60	19.9420
541 4 Vaginal Delivery w/ Sterilization and/or D&C	0407	1.1080	1	0.00009	8,271	8,271.00	1.1080
542 1 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0408	0.4669	43	0.00376	227,192	5,283.53	20.0767
542 2 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0409	0.5556	105	0.00918	654,108	6,229.60	58.3380
542 3 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0410	1.1425	13	0.00114	153,075	11,775.00	14.8525
542 4 Vaginal Delivery w/ Complicating Procedures Exc Sterilization and/or D&C	0411	1.3216	0	0.00000	0		0.0000
560 1 Vaginal Delivery	0412	0.4672	5,514	0.48191	28,325,695	5,137.05	2,576.1408
560 2 Vaginal Delivery	0413	0.5128	2,400	0.20975	12,674,824	5,281.18	1,230.7200
560 3 Vaginal Delivery	0414	0.6771	302	0.02639	1,941,418	6,428.54	204.4842
560 4 Vaginal Delivery	0415	1.2598	2	0.00017	30,589	15,294.50	2.5196
Total Reported Cases	0995		11,442	1.00000	66,041,852	5,771.88	6,541.0803
Plus Accrued Cases	0996		1,321		7,532,807	5,702.35	
Totals With Accruals	0997		12,763		73,574,659	5,764.68	
Average Casemix of Reported Deliveries	0998	0.5717					



			D	E	F = D * E	G	H = F - G	I	J	K	L = H + K
MEDICAID - TABLE 30 NON-ADIRONDACK MEDICAL HOMES-TOTAL		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Subtotal Medical Home Dollars	1.1% FMAP Reduction	Medical Home Amount Due to Providers (Paid & Accrued)	Actual Amount Paid to Providers	Accrued Amount Due to Providers	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00097	00098	33000	33001	33002	33003	33029	33048	33049	33050	33047	33030
Ended 6/30/2017											
Level 2 (PCMH 2011 Standards)	0010	0	20	2.00	40.00						
Level 2 (PCMH 2014 Standards)	0011	0	925	6.00	5,550.00						
Level 3 (PCMH 2011 Standards)	0012	0	5,010	4.00	20,040.00						
Level 3 (PCMH 2014 Standards)	0013	0	13,016	8.00	104,128.00						
Effective 7/1/2017-4/30/2018											
Level 2 (PCMH 2014 Standards)	0014	84	9,724	3.00	29,172.00						
Level 3 (PCMH 2014 Standards) & 2017 PCMH	0015	6,148	776,082	7.50	5,820,615.00						
APC Gate 2 (10/1/2017-4/30/2018)	0016	0	0	7.50	0.00						
Effective 5/1/2018-6/30/2018											
2014 PCMH Level 3	0017	12,543	401,911	5.75	2,310,988.25						
2017 PCMH	0018	96	9,569	5.75	55,021.75						
NYS PCMH	0019	0	0	5.75	0.00						
APC Gate 2	0020	0	0	5.75	0.00						
Effective 7/1/2018											
2014 PCMH Level 3	0021	16,043.00	1,075,151	6.00	6,450,903.00						
2017 PCMH	0022	171.00	56,636	6.00	339,816.00						
NYS PCMH	0023	1,269.00	62,800	6.00	376,800.00						
APC Gate 2	0024	779.00	40,969	6.00	245,814.00						
Total	0004	37,133	2,451,813		15,758,888.00		15,758,888	15,041,253	717,635	0	15,758,888

MEDICAID - TABLE 30A NON-ADIRONDACK MEDICAL HOMES-TANF KIDS		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Total Dollars	1.1% FMAP Reduction	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00103	00108	33004	33005	33006	33007	33031	33061	33032
Ended 6/30/2017								
Level 2 (PCMH 2011 Standards)	0010		0	2.00	0.00			
Level 2 (PCMH 2014 Standards)	0011		0	6.00	0.00			
Level 3 (PCMH 2011 Standards)	0012		0	4.00	0.00			
Level 3 (PCMH 2014 Standards)	0013		0	8.00	0.00			
Effective 7/1/2017-4/30/2018								
Level 2 (PCMH 2014 Standards)	0014		5,627	3.00	16,881.00			
Level 3 (PCMH 2014 Standards) & 2017 PCMH	0015		403,754	7.50	3,028,155.00			
APC Gate 2 (10/1/2017-4/30/2018)	0016		0	7.50	0.00			
Effective 5/1/17-6/30/18								
2014 PCMH Level 3	0017		212,928	5.75	1,224,336.00			
2017 PCMH	0018		8,765	5.75	50,398.75			
NYS PCMH	0019		0	5.75	0.00			
APC Gate 2	0020		0	5.75	0.00			
Effective 7/1/2018								
2014 PCMH Level 3	0021		558,490	6.00	3,350,937.00			
2017 PCMH	0022		52,984	6.00	317,904.00			
NYS PCMH	0023		31,774	6.00	190,644.00			
APC Gate 2	0024		24,390	6.00	146,340.00			
Total	0004		1,298,712		8,325,595.75		0	8,325,596

MEDICAID - TABLE 30B NON-ADIRONDACK MEDICAL HOMES-TANF ADULTS		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Total Dollars	1.1% FMAP Reduction	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00110	00111	33008	33009	33010	33011	33033	33062	33034
Ended 6/30/2017								
Level 2 (PCMH 2011 Standards)	0010		20	2.00	40.00			
Level 2 (PCMH 2014 Standards)	0011		925	6.00	5,550.00			
Level 3 (PCMH 2011 Standards)	0012		5,010	4.00	20,040.00			
Level 3 (PCMH 2014 Standards)	0013		13,016	8.00	104,128.00			
Effective 7/1/2017-4/30/2018								
Level 2 (PCMH 2014 Standards)	0014		3,508	3.00	10,524.00			
Level 3 (PCMH 2014 Standards) & 2017 PCMH	0015		342,648	7.50	2,569,860.00			
APC Gate 2 (10/1/2017-4/30/2018)	0016		0	7.50	0.00			
Effective 5/1/2018-6/30/2018								
2014 PCMH Level 3	0017		173,169	5.75	995,721.75			
2017 PCMH	0018		698	5.75	4,013.50			
NYS PCMH	0019		0	5.75	0.00			
APC Gate 2	0020		0	5.75	0.00			
Effective 7/1/2018								
2014 PCMH Level 3	0021		473,661	6.00	2,841,966.00			
2017 PCMH	0022		3,047	6.00	18,282.00			
NYS PCMH	0023		28,845	6.00	173,070.00			
APC Gate 2	0024		15,021	6.00	90,126.00			
Total	0004		1,059,568		6,833,321.25		0	6,833,321

MEDICAID - TABLE 30C NON-ADIRONDACK MEDICAL HOMES-SSI		Number of NCQA Certified Physicians	Member Months for Enrollees w/NCQA Recognized PCP	PMPM Add On	Total Dollars	1.1% FMAP Reduction	HCRA Tax Paid to Pool	Total Reimbursable Medical Home Dollars
00112	00113	33012	33013	33014	33015	33035	33043	33036
Ended 6/30/2017								
Level 2 (PCMH 2011 Standards)	0010		0	2.00	0.00			
Level 2 (PCMH 2014 Standards)	0011		0	6.00	0.00			
Level 3 (PCMH 2011 Standards)	0012		0	4.00	0.00			
Level 3 (PCMH 2014 Standards)	0013		0	8.00	0.00			
Effective 7/1/2017-4/30/2018								
Level 2 (PCMH 2014 Standards)	0014		589	3.00	1,767.00			
Level 3 (PCMH 2014 Standards) & 2017 PCMH	0015		29,680	7.50	222,600.00			
APC Gate 2 (10/1/2017-4/30/2018)	0016		0	7.50	0.00			
Effective 5/1/2018-6/30/2018								
2014 PCMH Level 3	0017		15,814	5.75	90,930.50			
2017 PCMH	0018		106	5.75	609.50			
NYS PCMH	0019		0	5.75	0.00			
APC Gate 2	0020		0	5.75	0.00			
Effective 7/1/2018								
2014 PCMH Level 3	0021		43,000	6.00	258,000.00			
2017 PCMH	0022		605	6.00	3,630.00			
NYS PCMH	0023		2,181	6.00	13,086.00			
APC Gate 2	0024		1,558	6.00	9,348.00			
Total	0004		93,533		599,971.00		0	599,971

MEDICAID - TABLE 31 - ADIRONDACK MEDICAL HOME- TOTAL		Number Participating Physicians	D Member Months for Enrollees w/ Participating Physician	E PMPM Add On	F = D X E Subtotal Medical Home Dollars	G 1.1% FMAP Reduction	H = F - G Medcial Home Amount Due to Providers (Paid & Accrued)	I Actual Amount Paid to Providers	J Accrued Amount Due to Providers	K HCRA Tax Paid to Pool	L = H + K Total Reimbursable Medical Home Dollars
00099	00100	33025	33026	33027	33028	33037	33051	33052	33053	33044	33038
Tanf Kids	0001		0	7.00	0.00						
Tanf Adults	0002		0	7.00	0.00						
SSI	0003		0	7.00	0.00						
Total	0004	0	0		0.00		0	0	0	0	0

MEDICAID - TABLE 33 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - TOTAL ALL PREMIUM GROUPS		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Member Months	Actual Paid Claims	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00450	00451	05012	05016	05019	05020	05018	05017	05015
CDPAS - HOURS	0500	1,678,620	1,865,040	87,334	31,057,515	34,365,165	18.43	3.96
NON-CDPAS-HOURS	0501	1,526,164	1,697,268	73,891	27,089,394	30,101,786	17.74	3.61
Total Personal Care	0502	3,204,784	3,562,308	161,225	58,146,909	64,466,951	18.10	7.57

MEDICAID - TABLE 33A-1 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - TANF/SN KIDS		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00452	00453	05022	05026	05028	05027	05025
CDPAS - HOURS	0500	50,135	63,879	1,165,330	18.24	0.30
NON-CDPAS- HOURS	0501	43,056	49,514	844,835	17.06	0.23
Total Personal Care	0502	93,191	113,393	2,010,165	17.73	0.53

MEDICAID - TABLE 33A-2 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - TANF/SN ADULTS		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00454	0045 5	05032	05036	05038	05037	05035
CDPAS - HOURS	0500	416,481	460,909	8,397,202	18.22	1.94
NON-CDPAS-HOURS	0501	343,784	381,803	6,793,142	17.79	1.61
Total Personal Care	0502	760,266	842,712	15,190,344	18.03	3.55



MEDICAID - TABLE 33A-3 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - SSI		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Used Per Enrollee Per Year
00456	00457	05042	05046	05048	05047	05045
CDPAS - HOURS	0500	1,205,060	1,332,582	24,718,796	18.55	64.45
NON-CDPAS-HOURS	0501	1,115,835	1,239,701	21,988,812	17.74	59.96
Total Personal Care	0502	2,320,895	2,572,283	46,707,608	18.16	124.42

MEDICAID - TABLE 33A-4 - MEDICAID UTILIZATION OF PERSONAL CARE SERVICES - NURSING HOME		Medicaid Total Number of Service Units - Actual	Medicaid Total Number of Service Units Actual + Accrued	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Average Number of Service Units Per Enrollee Per Year
00458	00459	05052	05056	05058	05057	05055
CDPAS - HOURS	0500	6,944	7,670	83,837	10.93	42.40
NON-CDPAS-HOURS	0501	23,489	26,250	474,997	18.10	145.09
Total Personal Care	0502	30,433	33,920	558,834	16.48	187.49

EXCHANGE - TABLE 7-1H - STATEMENT OF REVENUE & EXPENSES - COMMERICAL BUSINESS - SMALL GROUPS		Current YTD	Current YTD PMPM
00114	00115	17040	17041
Member Months	0001		
Members	0050		
COMMERCIAL REVENUE:			
Premium			
Premium Revenue	0091		
C.O.B. (Third Party Recoveries)	0005		
Reinsurance Recoveries	0031		
Premium Revenue (inc. COB and Recoveries)	0075		
Net Investment Income	0004		
Other Revenue	0007		
TOTAL COMMERCIAL REVENUE	0008		
COMMERCIAL EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009		
b. Inp. Mental Health & Substance Abuse	0010		
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011		
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	0088		
e. Inpatient Maternity Delivery	0060		
f. Total Hospital Inpatient Care (a thru e)	0012		
Other Medical and Hospital:			
Primary Care	0013		
Specialty Care	0014		
Prenatal/Postpartum Maternity Services	0045		
Ambulatory Surgery	0015		
Outpatient Physical Rehab/Therapy	0092		
Other Professional Services	0016		
Emergency Room	0017		
Outpatient Mental Health	0018		
Dental	0020		
Pharmacy	0021		
Home Health Care	0022		
Nursing Facility	0069		
Personal Care	0094		
Personal Emergency Response Services	0095		
Transportation - Emergent	0023		
Transportation - Non-Emergent	0024		
Diagnostic Test, Lab & X-Ray	0025		
Family Planning	0026		
Vision Care Inc. Eyeglasses	0027		
Foot Care	0093		
Other Medical	0028		
Durable Medical Equipment	0054		
Subtotal Medical & Hospital	0030		
Reinsurance Premium Cost	0006		
Prepaid Capitation and Target Based Reconciliation	0056		
Provider and Quality Incentive Payments	0029		
Federal Risk Sharing Program*	0101		
Total Medical & Hospital (In 30 + In 6 + In 56 + In 29+ In101)	0032		
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038		
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039		
PREMIUM INCOME/(LOSS)	0077		
Nonallowable Administration Expense	0081		
OPERATING INCOME/(LOSS)	0040		
Aggregate Write-ins for Other Expenses	0076		
Prior Period Revenue Adjustments and Extraordinary Items	0041		
Federal and Foreign Income Taxes Incurred	0042		
Adjustments for prior period IBNR estimates	0043		
NET INCOME (LOSS)	0044		

Line 101 - Federal Risk Sharing Program: Please enter receipts as a negative number and payments as a positive number.

EXCHANGE - TABLE 7-2H - STATEMENT OF REVENUE & EXPENSES - COMMERCIAL BUSINESS - INDIVIDUALS		Current YTD	Current YTD PMPM
00116	00117	17045	17046
Member Months	0001		
Members	0050		
COMMERCIAL REVENUE:			
Premium			
Premium Revenue	0091		
C.O.B. (Third Party Recoveries)	0005		
Reinsurance Recoveries	0031		
Premium Revenue (inc. COB and Recoveries)	0075		
Net Investment Income	0004		
Other Revenue	0007		
TOTAL COMMERCIAL REVENUE	0008		
COMMERCIAL EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009		
b. Inp. Mental Health & Substance Abuse	0010		
c. Inpatient Newborn Births (excluding Maternity) (>=1200g wgt)	0011		
d. Inpatient Newborn Births (excluding Maternity) Low birth weight (<1200g)	0088		
e. Inpatient Maternity Delivery	0060		
f. Total Hospital Inpatient Care (a thru e)	0012		
Other Medical and Hospital:			
Primary Care	0013		
Specialty Care	0014		
Prenatal/Postpartum Maternity Services	0045		
Ambulatory Surgery	0015		
Outpatient Physical Rehab/Therapy	0092		
Other Professional Services	0016		
Emergency Room	0017		
Outpatient Mental Health	0018		
Dental	0020		
Pharmacy	0021		
Home Health Care	0022		
Nursing Facility	0069		
Personal Care	0094		
Personal Emergency Response Services	0095		
Transportation - Emergent	0023		
Transportation - Non-Emergent	0024		
Diagnostic Test, Lab & X-Ray	0025		
Family Planning	0026		
Vision Care Inc. Eyeglasses	0027		
Foot Care	0093		
Other Medical	0028		
Durable Medical Equipment	0054		
Subtotal Medical & Hospital	0030		
Reinsurance Premium Cost	0006		
Prepaid Capitation and Target Based Reconciliation	0056		
Provider and Quality Incentive Payments	0029		
Federal Transitional Reinsurance*	0100		
Federal Risk Sharing Program*	0101		
Total Medical & Hospital (ln 30 + ln 6 + ln 56 + ln 29 + ln 100 + ln101)	0032		
Administration:			
Compensation	0033		
Occupancy, Depreciation & Amortization	0035		
Marketing and Facilitated Enrollment	0036		
Other	0037		
Total Allowable Administration Expenses	0038		
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039		
PREMIUM INCOME/(LOSS)	0077		
Nonallowable Administration Expense	0081		
OPERATING INCOME/(LOSS)	0040		
Aggregate Write-ins for Other Expenses	0076		
Prior Period Revenue Adjustments and Extraordinary Items	0041		
Federal and Foreign Income Taxes Incurred	0042		
Adjustments for prior period IBNR estimates	0043		
NET INCOME (LOSS)	0044		

Line 100 - Federal Transitional Reinsurance: enter receipt as a negative number and payment as a positive number.

Line 101 - Federal Risk Sharing Program: enter receipt as a negative number and payment as a positive number.

EXCHANGE - TABLE 12 - INPATIENT UTILIZATION - DISCHARGES - ACTUAL AND ACCRUED - UTILIZATION		Med. Surg	Maternity	Births >= 1200g wgt	Births Low Birth Weight (<1200g)	Psychiatric/Alco hol and Substance Abuse	Total Actual Discharges	Actual Discharges per 1,000	Total Accrued Discharges	Accrued Discharges per 1,000	Accrued
00118	00119	61201	61202	61206	61214	61207	61220	61230	61240	61250	61260
Small Group	0180										
Individuals	0190										
TOTAL Discharges	0999										
Plus Accrued Discharges	0996										
Total Discharges Including Accruals	0998										
Total Cost including Accruals	0997										
Actual Paid Claims	1000										
Accrued Cost	1001										
Actual Cost Per Discharge	1002										
Total Cost Per Discharge (Including Accruals)	1003										

\* Identify on Notepad  
(1) Births - Should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.  
FORMULA: Number of Discharges Per Thousand = (Total Number of Discharges/Member Months)\*12,000

EXCHANGE - TABLE 13 - INPATIENT UTILIZATION - DAYS - ACTUAL UTILIZATION		Med. Surg	Maternity	Total Newborn Days	Total Low Birth Weight Newborn Days (<1200g)	Psychiatric/Al cohol and Substance Abuse	Total Number Actual Days	Actual Days per 1,000	Average Length of Stay	Total Accrued Days*	Accrued Days per 1,000	Average Length of Stay	Total
00120	00121	61301	61302	61306	61314	61307	61320	61330	61335	61340	61350	61355	61360
Small Group	0180												
Individual	0190												
Total Days	0999												
Plus Accrued Days	0996												
Total Days Including Accruals	0998												

\*\*Identify on Notepad

(1) Births - should reflect the total number of births which are eligible for a kick payment. This number should equal the sum of Newborn and Neonatal.

FORMULA: Number of Days per Thousand = (Total Number of Days/Member Months)\*13,000

EXCHANGE - TABLE 14 - UTILIZATION OF MEDICAL SERVICES - AMBULATORY CARE		Emergen cy Room Visits	Primary Care Encounter	Specialty Care Services Encounter	Outpatien t Physical Rehab/Th erapy	Mental Health Visits	Vision Care Optometri st Visits	Dental Vists	Pharmac y Scripts	Emergen cy Medical Transpor tation No. of Trips	Non- Emergen cy Medical Transport ation No. of Trips	Home Health Care Visits	Ambulato ry Surgery Visits	Family Planning Visits	Prenatal/ Postpart um Maternity Sevices	Foot Care	Personal Care Hours	Personal Emergenc y Response Services No. of Units
00122	00123	61401	61402	61403	61404	61405	61407	61408	61409	61410	61411	61412	61413	61414	61416	61419	61420	61421
Small Group	0180																	
Individual	0190																	
TOTALS - ACTUAL	0999																	
Plus Accrued Visits	0996																	
TOTALS - ACCRUED*	0998																	
Rates Per Member Per Year - Actual	0500																	
Rates Per Member Per Year - Accrued*	0510																	
Actual Paid Claims	1000																	

\*Accrued Totals (paid claims + claims reported but not paid + an estimate of incurred but not reported claims)  
Rate PMPY = (Total Visits/Member Months)\*12

MEDICARE - TABLE 6F - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS)		Current YTD	Current YTD PMPM
00136	00137	20753	20756
Medicare Member Months	0001	1,502,557	
Members	0050	142,371	
MEDICARE REVENUE:			
Premium			
a. Capitation	0002	1,661,441,317	1,105.74
b. Newborn Supplemental Payments ("kick")	0003		
c. Subscriber Premiums	0080	0	0.00
Premium Revenue	0091	1,661,441,317	1,105.74
C.O.B. (Third Party Recoveries)	0005	0	0.00
Reinsurance Recoveries	0031	0	0.00
Premium Revenue (inc. COB and Recoveries)	0075	1,661,441,317	1,105.74
Net Investment Income	0004	10,588,639	7.05
Other Revenue	0007	0	0.00
TOTAL MEDICARE REVENUE	0008	1,672,029,956	1,112.79
MEDICARE EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	1,351,826,606	899.68
b. Inp. Mental Health & Substance Abuse	0010	0	0.00
c. Inpatient Newborn Births (excluding Maternity)	0011	0	0.00
d. Inpatient Maternity Delivery	0060		0.00
e. Total Hospital Inpatient Care (a thru d)	0012	1,351,826,606	899.68
Other Medical and Hospital:			
Primary Care	0013	0	0.00
Specialty Care	0014	0	0.00
Prenatal/Postpartum Maternity Services	0045		0.00
Ambulatory Surgery	0015	0	0.00
Outpatient Physical Rehab/Therapy	0092	0	0.00
Other Professional Services	0016	26,584,196	17.69
Emergency Room	0017	0	0.00
Outpatient Mental Health	0018	0	0.00
Dental	0020	0	0.00
Pharmacy	0021	42,013,338	27.96
Home Health Care	0022	0	0.00
Nursing Facility	0069	0	0.00
Transportation - Emergent	0023	0	0.00
Transportation - Non-Emergent	0024	0	0.00
Diagnostic Test, Lab & X-Ray	0025	0	0.00
Family Planning	0026	0	0.00
Vision Care Inc. Eyeglasses	0027	0	0.00
Foot Care	0093	0	0.00
Other Medical	0028	0	0.00
Durable Medical Equipment	0054	0	0.00
Subtotal Medical & Hospital	0030	1,420,424,140	945.34
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	15,687,418	10.44
Total Medical & Hospital (In 30 + In 6 + In 56 + In 29)	0032	1,436,111,558	955.78
Administration:			
Compensation	0033	40,858,603	27.19
Occupancy, Depreciation & Amortization	0035	12,189,333	8.11
Marketing and Facilitated Enrollment	0036	5,231,506	3.48
Other	0037	142,621,226	94.92
Total Allowable Administration Expenses	0038	200,900,668	133.71
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	1,637,012,226	1,089.48
PREMIUM INCOME/(LOSS)	0077	24,429,091	16.26
Nonallowable Administration Expense	0081	3,102,885	2.07
OPERATING INCOME/(LOSS)	0040	31,914,845	21.24
Aggregate Write-ins for Other Expenses	0076	316,435	0.21
Prior Period Revenue Adjustments and Extraordinary Items	0041	34,442,953	22.92
Federal and Foreign Income Taxes Incurred	0042	0	0.00
Adjustments for prior period IBNR estimates	0043	0	0.00
NET INCOME (LOSS)	0044	-2,844,543	-1.89



MEDICARE - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00138	00139	22720
INVESTMENT INCOME		
Interest Income	0001	
Dividend and Real Estate Income	0002	
Net Realized Capital Gains or Losses	0003	10,588,639
TOTAL INVESTMENT INCOME	0004	10,588,639
DEDUCTIONS		
Investment Expenses	0005	
Interest Expense	0006	
Interest on Claims paid after 45 days	0010	
Other Deductions	0007	
TOTAL DEDUCTIONS	0008	
NET INVESTMENT INCOME	0099	10,588,639

MEDICARE - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
22711	00140	22712
Details of Write-ins aggregated on line 0076 from Medicare Table 6		
Net gain or (loss ) from agents' or premium balances charged off	0001	316,435
	0002	
	0003	
	0004	
	0005	
	0006	
Increase in Reserves for A&H Contracts	0007	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	0099	316,435

MEDICARE - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
22723	00141	22724
Details of Extraordinary Items on line 0041 from Medicare Table 6		
Adjustments for Prior Period Revenue	0001	34,442,953
	0002	
	0003	
	0004	
	0005	
	0006	
	0007	
	0008	
	0009	
Stop-Loss Fund Recoveries	0011	
Regulation 146 Pool Recoveries	0012	
Net gains or (loss) from agents' or premium balances charged off	0013	
Aggregate Write-ins for other Income	0014	
MLR Remittance	0019	
All Other	0010	
TOTAL MEDICARE EXTRAORDINARY ITEMS	0099	34,442,953

MEDICARE - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00149	00150	22726
Details of Adjustments for Prior Period IBNR on line 0043 from Medicare Table 6		
1 Year Prior to the Reporting Period	0001	0
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL MEDICARE ADJUSTMENTS FOR PRIOR PERIOD IBNR	0099	0

MEDICARE - TABLE 26C-1 - DETAILS FOR THE ADJUSTMENTS FOR PRIOR PERIOD IBNR AND SCHEDULE OF RECOVERED PROVIDER PAYMENTS		More than 2 Years Prior to the Reporting Period	2 Years Prior to the Reporting Period	1 Year Prior to the Reporting Period	Current Reporting Period	Totals
00142	00148	22731	22727	22728	22729	22730
Details of IBNR Changes and Servicing Provider Recoveries by Period:						
Starting Prior Period IBNR and Claims Reported But Not Paid	0001					
Claims Recovered from Providers Due to Fraud and Abuse	0002					
Claims Recovered from Providers for Other Reasons than Fraud and Abuse	0003					
CBO (Third Party Recoveries) and Subrogation Payments for Claims Paid in a Prior Period	0004					
Payments Made to Providers During the Current Reporting Period that Reduced the Amount of a Prior Period's IBNR and Claims Reported But Not Paid Balance	0005					
Prior Period IBNR Adjustment	0006					
TOTAL RECOVERIES INCLUDED IN PRIOR PERIOD IBNR ADJUSTMENT	0099					

OTHER - TABLE 6B - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - INCLUDE ALL LINES OF BUSINESS EXCEPT MEDICAID, HARP, CHP, HIV SNP, MEDICARE, MEDICAID ADVANTAGE DUAL, OR MAP		Current YTD	Current YTD PMPM
00164	00165	10610	10612
Members	0050	122,415	
Other Member Months	0001	1,465,374	
REVENUE:			
Premium			
Capitation	0070	881,326,308	601.43
Newborn supplemental Payments("kick")	0071	0	0.00
Maternity Supplemental Kick Payments	0072	0	0.00
Subscriber Premiums	0002	0	0.00
NYS Premiums	0003	0	0.00
Spenddown & NAMI	0107	0	0.00
Premium Revenue	0091	881,326,308	601.43
C.O.B. and Subrogation	0051	0	0.00
Reinsurance Recoveries	0031	5,337,365	3.64
Premium Revenue (inc. COB and Recoveries)	0075	886,663,673	605.08
Net Investment Income	0004	-11,037,135	-7.53
Other Revenue	0007	135,441	0.09
TOTAL OTHER REVENUE	0008	875,761,979	597.64
EXPENSES:			
Medical and Hospital:			
Hospital Inpatient Care:			
a. Inpatient Medical Surgical	0009	99,378,149	67.82
b. Inp. Mental Health & Substance Abuse	0010	3,190,482	2.18
c. Inpatient Newborn Births	0011	0	0.00
d. Inpatient Maternity Delivery	0060	3,185,084	2.17
e. Total Hospital Inpatient Care (a thru d)	0012	105,753,715	72.17
Other Medical and Hospital:			
Primary Care	0013	22,236,205	15.17
Specialty Care	0014	25,648,444	17.50
Prenatal/Postpartum Maternity Services	0045	1,131,597	0.77
Ambulatory Surgery	0015	19,587,594	13.37
Outpatient Physical Rehab/Therapy	0092	4,600,386	3.14
Other Professional Services	0016	92,205	0.06
Emergency Room	0017	9,162,947	6.25
Outpatient Mental Health	0018	3,983,292	2.72
Outpatient SUD Treatment	0019	0	0.00
Dental	0020	12,897,946	8.80
Pharmacy	0021	103,979,834	70.96
Durable Medical Equipment	0054	4,401,910	3.00
Home Health Care	0022	165,279,611	112.79
Nursing Facility	0069	96,584,916	65.91
Transportation - Emergent	0023	2,335,808	1.59
Transportation - Non-Emergent	0024	2,899,735	1.98
Diagnostic Test, Lab & X-Ray	0025	34,036,591	23.23
Family Planning	0026	460,016	0.31
Vision Care Including Eyeglasses	0027	2,703,409	1.84
Personal Care	0094	0	0.00
Foot Care	0093	709,320	0.48
Other Medical	0028	19,552,754	13.34
Covered Lives Assessment	0055	0	0.00
Subtotal Medical & Hospital	0030	638,038,234	435.41
Reinsurance Premium Cost	0006	0	0.00
Prepaid Capitation and Target Based Reconciliation	0056	0	0.00
Provider and Quality Incentive Payments	0029	0	0.00
VBP QIP Expenses	0062	0	0.00
EIP Expenses	0063		0.00
EPP Expense	0064		0.00
Additional High Performance Program Expense	0065		0.00
Total Medical & Hospital (ln 30 + ln 6 + ln 56 + ln 29)	0032	638,038,234	435.41
Administration:			
Compensation	0033	21,200,720	14.47
Occupancy, Depreciation & Amortization	0035	-8,490,928	-5.79
Marketing and Facilitated Enrollment	0036	-4,036,957	-2.75
Other	0037	91,926,969	62.73
Total Allowable Administration Expenses	0038	100,599,804	68.65
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	738,638,038	504.06
PREMIUM INCOME/(LOSS)	0077	148,025,634	101.02
Nonallowable Administration Expense	0081	6,231,095	4.25
OPERATING INCOME/(LOSS)	0040	130,892,846	89.32
Aggregate Write-ins for Other Expenses	0076	1,130,000	0.77
Prior Period Revenue Adjustments and Extraordinary Items	0041	-33,446,369	-22.82
Federal and Foreign Income Taxes Incurred	0042	34,808,471	23.75
Adjustments for prior period IBNR estimates	0043	109,991,915	75.06
NET INCOME (LOSS)	0044	18,408,829	12.56

OTHER - TABLE 6B-1 - DETAIL OF LINES OF BUSINESS		Enter Detail of Other Lines of Business Below
00166	00167	16001
	0001	Managed Long Term Care Program
	0002	Exchange - Commercial Business
	0003	Essential Plan Program
	0004	0
	0005	
	0006	
	0007	
	0008	
	0009	
	0010	
	0011	
	0012	
	0013	
	0014	
	0015	
	0016	
	0017	
	0018	
	0019	
	0020	

OTHER - TABLE 26 - SCHEDULE OF NET INVESTMENT INCOME		Amount Accrued During the Year
00168	00169	02640
INVESTMENT INCOME		
Interest Income	0001	
Dividend and Real Estate Income	0002	
Net Realized Capital Gains or Losses	0003	-11,037,135
TOTAL INVESTMENT INCOME	0004	-11,037,135
DEDUCTIONS		
Investment Expenses	0005	
Interest Expense	0006	
Interest on Claims paid after 45 days	0010	
Other Deductions	0007	
TOTAL DEDUCTIONS	0008	
NET INVESTMENT INCOME	0099	-11,037,135



OTHER - TABLE 26A - SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER EXPENSES		Amount of Write-off
02641	00170	02642
Details of Write-ins aggregated on line 0076 from Other Table 6B		
Net gain or (loss ) from agents' or premium balances charged off	0001	1,130,000
	0002	
	0003	
	0004	
	0005	
Non-State Plan Services	0006	
Increase in Reserves for A&H Contracts	0007	
TOTAL AGGREGATE WRITE-INS FOR OTHER EXPENSES	0099	1,130,000

OTHER - TABLE 26B - SCHEDULE OF EXTRAORDINARY ITEMS		Amount of Write-off
02643	00171	02644
Details of Extraordinary Items on line 0041 from Medicaid Table 6		
Adjustments for Prior Period Revenue	0001	-33,446,369
	0002	
	0003	
	0004	
	0005	
	0006	
	0007	
	0008	
	0009	
Stop-Loss Fund Recoveries	0011	
Regulation 146 Pool Recoveries	0012	
Net gains or (loss) from agents' or premium balances charged off	0013	
Aggregate Write-ins for other Income	0014	
MLR Remittance	0019	
All Other	0010	
TOTAL OTHER EXTRAORDINARY ITEMS	0099	-33,446,369

OTHER - TABLE 26C - SCHEDULE OF ADJUSTMENTS FOR PRIOR PERIOD IBNR		Amount of Write-off
00172	00173	02646
Details of Adjustments for Prior Period IBNR on line 0043 from Medicaid Table 6		
1 Year Prior to the Reporting Period	0001	109,991,915
2 Years Prior to the Reporting Period	0002	
3 Years Prior to the Reporting Period	0003	
4 Years Prior to the Reporting Period	0004	
TOTAL OTHER ADJUSTMENTS FOR PRIOR PERIOD IBNR	0099	109,991,915

OTHER - TABLE 26C-1 - DETAILS FOR THE ADJUSTMENTS FOR PRIOR PERIOD IBNR AND SCHEDULE OF RECOVERED PROVIDER PAYMENTS		More Than 2 Years Prior to the Reporting Period	2 Years Prior to the Reporting Period	1 Year Prior to the Reporting Period	Current Reporting Period	Totals
00174	00175	02665	02648	02649	02662	02663
Details of Prior Period Provider Recoveries included in the Prior Period IBNR Adjustment Schedule:						
Starting Prior Period IBNR and Claims Reported But not Paid Expense	0001					
Claims Recovered From Providers Due to Fraud and Abuse	0002					
Claims Recovered From Providers for Other Reasons than Fraud and Abuse	0003					
COB (Third Party Recoveries) and Subrogation Payments Received for Claims Paid in a Prior Period	0004					
Payments Made to Providers During the Current Reporting Period that Reduced the Amount of a Prior Period's IBNR and Claims Reported But Not Paid Balance	0005					
Prior Period IBNR Adjustment	0006					
Remaining IBNR	0099					

		Current Period	Current Period	Current Period	Previous Period
TABLE 4A - BALANCE SHEET - ASSETS		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets As of 12/31
00400	00176	00401	00403	00404	00405
CURRENT ASSETS					
Cash	0001	110,486,862	0	110,486,862	211,416,235
Short-Term Investments	0002	32,736,923	0	32,736,923	82,118,740
Premiums Receivable-net	0003	20,204,369	3,060,731	17,143,638	111,510,449
Interest Receivable	0004	5,447,277	0	5,447,277	4,240,384
NYS Medicaid Reinsurance Recovery Receivable	0005	18,033	0	18,033	627,757
Other Receivables - Net	0006	88,727,851	0	88,727,851	44,432,814
Prepaid Expenses	0007	0	10,787,133	-10,787,133	-8,887
Aggregate Write-Ins for Current Assets (list below)	0008	179,942,209	17,833,377	162,108,832	102,943,332
Deferred Tax Asset	0009	10,804,450	0	10,804,450	8,505,135
Health Care Receivable	0010	121,971,350	17,833,377	104,137,973	67,198,721
Current Foreign and Federal Income tax recoverable	0011	26,315,197	0	26,315,197	21,830,589
Receivable for securities	0012	0	0	0	5,400,000
Premium Tax Receivable	0013	20,851,212	0	20,851,212	8,887
TOTAL CURRENT ASSETS	0014	437,563,524	31,681,241	405,882,283	557,280,824
OTHER ASSETS					
NYS Escrow Account Balance	0015	183,412,764		183,412,764	183,412,764
Amounts Due from Affiliates	0016	0	0	0	0
Loan Escrow	0017	0	0	0	0
Long-Term Investments	0018	664,879,394	0	664,879,394	453,451,857
Intangible Investments and Goodwill	0019	41,627,985	3,708	41,624,277	870,403
0	0020	0	0	0	0
0	0021	0	0	0	0
0	0022	0	0	0	0
0	0023	0	0	0	0
0	0024	0	0	0	0
Other Restricted Assets	0084	0	0	0	0
Aggregate Write-Ins for Other Assets (list below)	0026	0	0	0	0
0	0027	0	0	0	0
0	0028	0	0	0	0
0	0029	0	0	0	0
0	0030	0	0	0	0
0	0031	0	0	0	0
TOTAL OTHER ASSETS	0032	889,920,143	3,708	889,916,435	637,735,024
PROPERTY AND EQUIPMENT					
Land	0033	0	0	0	0
Building and Improvements	0034	0	0	0	0
Construction In Progress	0035	0	0	0	0
Furniture and Equipment	0036	0	0	0	0
Leasehold Improvments	0025	0	0	0	0
Aggregate Write-Ins for Other Equipment (list below)	0037	0	0	0	0
0	0038	0	0	0	0
0	0039	0	0	0	0
0	0040	0	0	0	0
0	0041	0	0	0	0
0	0042	0	0	0	0
TOTAL PROPERTY AND EQUIPMENT	0043	0	0	0	0
TOTAL ASSETS	0044	1,327,483,667	31,684,949	1,295,798,718	1,195,015,848

TABLE 4B - BALANCE SHEET - LIABILITIES		Current Period	Previous Calendar Year as of 12/31
00400	00178	00401	00402
Accounts Payable	0045	6,175,839	15,420,479
Claims Payable	0046	135,219,767	143,920,316
Accrued Inpatient Claims (Not Reported)	0047	84,292,185	139,479,529
Accrued Physician Claims (Not Reported)	0048	93,554,956	69,213,085
Accrued Referral Claims (Not Reported)	0049	121,543,734	89,104,390
Accrued Other Medical	0050	67,660,571	10,082,390
Accrued Medical Incentive Pool	0051	50,699,340	24,543,510
Unearned Premiums	0052	21,016,199	13,667,916
Loans and Notes Payable	0053	0	0
Aggregate Write-Ins for Current Liabilitied (List Below)	0054	13,592,349	9,705,115
Current Foreign and Federal Income tax payable	0055	0	0
Amounts held for the account of Others	0056	2,332,928	1,857,194
Remittances	0057	12,477	41,637
Net deferred tax liability	0058	0	0
Payable for securities	0059	1,140,490	0
Medical Home (Non-Adirondack) Payable	0085	10,106,454	7,806,284
Adirondack Medical Home Payable	0086	0	0
TOTAL CURRENT LIABILITIES	0060	593,754,940	515,136,730
Loans and Notes	0061	0	0
Amounts Due to Affiliated	0062	47,948,264	39,565,243
Aggregate Write-Ins for Other Liabilities (list below)	0063	41,135,199	69,510,204
Unpaid Claims Adjustment Expense	0064	4,757,613	5,010,117
Aggregate Health Claims Reserves	0065	2,781,027	2,340,406
Aggregate Health Policy Reserves	0066	30,355,755	30,428,616
Liab for Amt's Held Under Uninsured Acc & HP	0067	2,513,710	20,728,848
Other Liabilities	0068	727,094	11,002,217
TOTAL OTHER LIABILITIES	0069	89,083,463	109,075,447
TOTAL LIABILITIES	0070	682,838,403	624,212,177
Donated Capital	0071	0	0
Capital	0072	8,000,140	8,000,140
Paid In Surplus	0073	58,708,292	58,708,292
NYS Contingent Reserve Requirement	0074	474,395,741	374,878,355
Aggregate Write-Ins for Other Net Worth Items (list below)	0075	0	90,354,189
Section 9010 ACA Subsequent Fee Year Assessment	0076	0	90,354,189
0	0077	0	0
0	0078	0	0
0	0079	0	0
0	0080	0	0
Unassigned Surplus	0081	71,856,141	38,862,695
TOTAL NET WORTH	0082	612,960,314	570,803,671
TOTAL LIABILITIES AND NET WORTH	0083	1,295,798,717	1,195,015,848

TABLE 4C - NET WORTH RECONCILIATION		
00420	00179	00421
Net Worth Last Year	0001	570,803,671
Total Net Income	0002	46,641,476
Change in nonadmitted assets	0003	-6,784,125
Dividends to stockholders	0004	0
Withdrawals of equity	0005	0
Change in Net unrealized capital gains & losses less capital gains tax	0020	0
Adjusted Net Worth	0006	610,661,022
Current Net Worth	0007	612,960,314
Difference	0008	2,299,292
Explanations:		
Change in net deferred income tax	0009	2,299,315
0	0010	0
0	0011	0
0	0012	0
0	0013	0
0	0014	0
0	0015	0
0	0016	0
0	0017	0
0	0018	0
Total Explanations	0019	2,299,315

TABLE 6 - CONSOLIDATED - STATEMENT OF REVENUE & EXPENSES (ACCRUAL BASIS) - SUMMARY OF ALL PREMIUM GROUPS ON CLAIMS - INCURRED DURING THE CURRENT PERIOD		MEDICAID	HARP	CHILD HEALTH PLUS	HIVSNP	MEDICAID ADVANTAGE DUAL ELIGIBLE	MEDICAID ADVANTAGE PLUS	MEDICARE	OTHER	TOTAL
00180	00181	11001	11002	11003	11008	11009	11010	11011	11004	11005
Members	0050	465,738	9,018	52,730		2,947		142,371	122,415	795,220
Member Months	0001	5,645,094	91,101	598,820		35,610		1,502,557	1,465,374	9,338,556
REVENUE:										
Premium										
a. Capitation	0002	2,204,094,477	217,441,929			94,219,503		1,661,441,317	881,326,308	5,058,523,534
b. Newborn Supplemental Payments ("kick") (>=1200g wgt)	0003	56,863,519		0					0	56,863,519
c. Low Birth Weight-Nwbrn Supp. Payments ("kick") (<1200 g wgt)	0087	5,616,999								5,616,999
d. Maternity Supplemental Kick Payments	0056	121,595,794	682,194	0					0	122,277,988
e. HCBS Services	0082		0							0
f. Spenddown & NAMI	0107								0	
g. Subscriber Premiums	0057			16,821,560				0	0	16,821,560
h. NYS Premiums	0058			115,622,216					0	115,622,216
Premium Revenue	0091	2,388,170,789	218,124,123	132,443,776		94,219,503		1,661,441,317	881,326,308	5,375,725,816
C.O.B. (Third Party Recoveries)	0005	0	0	0				0	0	0
Reinsurance Recoveries	0031	0	0	0				0	5,337,365	5,337,365
Premium Revenue (inc. COB and Recoveries)	0075	2,388,170,789	218,124,123	132,443,776		94,219,503		1,661,441,317	886,663,673	5,381,063,181
Net Investment Income	0004	18,398,878	6,202,305	-711,526		-231,524		10,588,639	-11,037,135	23,209,637
Risk Share Adjustment	0078									
Other Revenue	0007	-3,344,501	0	3,338,657		-8,621		0	135,441	120,976
TOTAL REVENUE	0008	2,403,225,166	224,326,428	135,070,907		93,979,358		1,672,029,956	875,761,979	5,404,393,794
EXPENSES:										
Medical and Hospital:										
Hospital Inpatient Care:										
a. Inpatient Medical Surgical	0009	269,206,732	21,676,154	9,217,808		9,549,299		1,351,826,606	99,378,149	1,760,854,747
b. Inp. Mental Health & Substance Abuse	0010	48,162,213	23,690,263	1,476,441		1,758,925		0	3,190,482	78,278,324
c. Inpatient Newborn Births (>=1200g wgt)	0011	49,810,397		1,654,205				0	0	51,464,602
d. Inpatient Newborn Births-Low Birth Weight <1200g wgt	0088	5,288,993		104,930						5,393,923
e. Inpatient Maternity Delivery	0060	73,574,658	445,900	98,950					3,185,084	77,304,592
f. Total Hospital Inpatient Care (a thru e)	0012	446,042,993	45,812,317	12,552,334		11,308,224		1,351,826,606	105,753,715	1,973,296,189
Other Medical and Hospital:										
Primary Care	0013	154,193,155	3,079,446	14,931,458		1,813,358		0	22,236,205	196,253,622
Specialty Care	0014	130,530,907	5,016,290	6,949,366		3,652,765		0	25,648,444	171,797,772
Prenatal/Postpartum Maternity Services	0045	31,166,018	188,286	24,333					1,131,597	32,510,234
Ambulatory Surgery	0015	86,150,355	3,404,180	7,379,161		2,387,335		0	19,587,594	118,908,625
Outpatient Physical Rehab/Therapy	0092	24,601,939	844,290	1,602,521		915,616		0	4,600,386	32,564,752
Other Professional Services	0016	1,902,532	15,187	332,737		20,682		26,584,196	92,205	28,947,539
Emergency Room	0017	70,163,705	6,869,061	6,942,654		1,498,850		0	9,162,947	94,637,217
Outpatient Mental Health	0018	53,109,690	15,247,250	11,649,969		582,760		0	3,983,292	84,572,961
Outpatient SUD Treatment	0019	41,658,493	11,315,500	671,403		275,718			0	53,921,114
Behavioral Health HCBS Services	0047		286,179							286,179
Dental	0020	67,573,836	1,034,678	9,568,559		84,047		0	12,897,946	91,159,066
Pharmacy	0021	464,789,634	33,731,001	17,082,328		29,317,531		42,013,338	103,979,834	690,913,666
Home Health Care	0022	22,969,984	610,184	88,707		168,461		0	165,279,611	189,116,947
Nursing Facility	0069	32,777,879	1,240,047	0		1,088,578		0	96,584,916	131,691,420
Personal Care	0094	64,466,951	8,014,762						0	72,481,713
Personal Emergency Response Services	0095	35,153	5,729							40,882
Transportation - Emergent	0023	0	2,150	232,923		54,655		0	2,335,808	2,625,536
Transportation - Non-Emergent	0024	0	0			260,189		0	2,899,735	3,159,924
Diagnostic Test, Lab & X-Ray	0025	155,284,577	5,202,506	7,469,455		2,693,954		0	34,036,591	204,687,083
Family Planning	0026	3,326,888	49,766	23,163		90		0	460,016	3,859,923
Vision Care Inc. Eyeglasses	0027	11,916,529	279,791	1,027,428		438,278		0	2,703,409	16,365,435
Foot Care	0093	5,195,138	199,220	305,258		243,149		0	709,320	6,652,085
In Lieu Of Seives	0049	0	0							0
Other Medical	0028	104,881,324	4,415,012	6,892,532		2,155,513		0	19,552,754	137,897,135
Durable Medical Equipment	0046	30,766,189	1,207,825	1,530,336		409,275		0	4,401,910	38,315,535
HIVSNP Case Management	0079									
Covered Lives Assessment	0055			5,422,829					0	5,422,829
Supplemental Benefits	0099									
Health Home	0080	5,888,051	0							5,888,051
Subtotal Medical & Hospital	0030	2,009,391,920	148,070,657	112,679,454		59,369,028		1,420,424,140	638,038,234	4,387,973,433
Reinsurance Premium Cost	0006	0	0	0				0	0	0
Prepaid Capitation and Target Based Reconciliation	0061	0	0	0				0	0	0
Provider and Quality Incentive Payments	0029	7,521,108	0	0				15,687,418	0	23,208,526
VBP QIP Expense	0062	67,799,940	0						0	67,799,940
EIP Expense	0063	19,385,779								19,385,779
EPP Expense	0064	13,296,176								13,296,176
Additional High Performance Program Expense	0065	5,001,012								5,001,012
Total Medical & Hospital	0032	2,122,395,935	148,070,657	112,679,454		59,369,028		1,436,111,558	638,038,234	4,516,664,866
Administration:										
Compensation	0033		4,738,772	3,030,682		1,026,546		40,858,603	21,200,720	70,855,323
Occupancy, Depreciation & Amortization	0035		182,553	116,752		61,177		12,189,333	-8,490,928	4,058,887
Marketing and Facilitated Enrollment	0036		133,764	85,549		19,759		5,231,506	-4,036,957	1,433,621
Other	0037		21,911,627	15,678,829		3,879,747		142,621,226	91,926,969	276,018,398
Total Allowable Administration Expenses	0038	310,274,969	26,966,716	18,911,812		4,987,229		200,900,668	100,599,804	662,641,198
TOTAL MEDICAL AND ADMINISTRATIVE EXPENSES	0039	2,432,670,904	175,037,373	131,591,266		64,356,257		1,637,012,226	738,638,038	5,179,306,065
PREMIUM INCOME/(LOSS)	0077	-44,500,115	43,086,750	852,510		29,863,246		24,429,091	148,025,634	201,757,116
Nonallowable Administration Expense	0086	-559,363	4,362,908	287,883		154,397		3,102,885	6,231,095	13,579,805
OPERATING INCOME/(LOSS)	0040	-28,886,375	44,926,147	3,191,758		29,468,704		31,914,845	130,892,846	211,507,924
Aggregate Write-ins for Other Expenses	0076	176,704	0	0		0		316,435	1,130,000	1,623,139
Prior Period Revenue Adjustments and Extraordinary Items	0041	27,807,684	4,912,162	-1,832,547		-190,093		34,442,953	-33,446,369	31,693,790
Federal and Foreign Income Taxes Incurred	0042					0		0	34,808,471	34,808,471
Adjustments for prior period IBNR estimates	0043	-23,456,730	5,813,609	3,865,755		526,499		0	109,991,915	96,741,048
NET INCOME (LOSS)	0044	-33,414,033	34,200,376	1,158,550		29,132,298		-2,844,543	18,408,829	46,641,476



TABLE 6S - PREMIUM REVENUE BREAK-OUT BY LINE OF BUSINESS		ME DIC AID	HAR P	CHIL D HEA LTH PLU S	HIV SN P	MED ICAI D ADV ANT AGE DUAL ELIG IBLE	MEDI CAID ADV ANT AGE PLU S	MED ICA RE	ES SE NTI AL PL AN	PAC E	PA RTI AL ML TC	FID A	DIS CO	CO MM ERI CAL /EX CHA NGE	OTH ER	TOT AL
00388	00389	11012	11013	11014	11015	11016	11017	11018	11019	11020	11021	11022	11023	11024	11025	11026
Medicare Premium Revenue	0001							1,661,441,317								1,661,441,317
Medicaid Premium Revenue	0002	2,388,170,789	218,124,123								259,625,600					2,865,920,512
Total Premium Revenue	0003	2,388,170,789	218,124,123	132,443,776		94,219,503		1,661,441,317	542,019,384		259,625,600			79,681,323		5,375,725,815
VBP QIP Premium Revenue	0004		72,127,596	0					0							72,127,596
EIP Premium Revenue	0005	20,623,169														20,623,169
EPP Premium Revenue	0007	14,144,868														14,144,868
Additional High Performance Program Revenue	0008	5,273,667														5,273,667
Reinsurance Premium Cost	0006	0	0	0				0								0
Minimum Wage Premium Revenue	0009	3,773,723	482,978								24,646,533					28,903,234

TABLE 11 - CLAIMS PAYABLE - AGING ANALYSIS OF UNPAID CLAIMS		1-30 Days	31-45 Days	46-90 Days	91 + Days	Total
01100	00040	01104	01105	01106	01107	01103
Claims Payable (Reported) Detail Below	0001					
LONG ISLAND JEWISH MEDICAL CENTER	0002	3,617,339	520,869	371,519	358,414	4,868,140
NYU HOSPITALS CENTER	0003	2,916,310	305,892	306,085	302,296	3,830,584
MAIMONIDES MEDICAL CENTER	0004	2,854,837	173,145	109,903	109,903	3,247,789
NYP-COLUMBIA INC	0005	2,279,181	136,079	544,123	136,075	3,095,457
WINTHROP-UNIVERSITY HOSPITAL	0006	1,814,723	271,879	416,500	212,711	2,715,813
MONTEFIORE MEDICAL CENTER	0007	2,021,769	242,144	193,388	119,360	2,576,662
NORTH SHORE LIJ MEDICAL PC	0008	2,039,071	160,797	166,027	160,430	2,526,324
UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	0009	1,622,870	411,104	227,475	215,500	2,476,949
UNIVERSITY HOSPITAL AT STONY BROOK	0010	1,489,273	161,872	103,152	93,399	1,847,695
GOOD SAMARITAN HOSPITAL OF WEST ISLIP	0011	1,289,562	107,215	117,747	95,911	1,610,434
NORTH SHORE UNIVERSITY HOSPITAL	0012	1,206,519	82,891	88,155	78,055	1,455,621
CROUSE HOSPITAL	0013	1,060,989	147,920	107,736	49,874	1,366,519
ST JOSEPHS HOSPITAL HEALTH CENTER	0014	812,412	147,294	239,374	65,250	1,264,331
MOUNT SINAI HOSPITAL	0015	1,013,113	75,424	74,851	73,862	1,237,250
LUTHERAN MEDICAL CENTER	0016	904,062	91,880	100,539	91,795	1,188,275
NEW YORK PRESBYTERIAN HOSPITAL	0017	929,370	73,320	69,280	69,280	1,141,251
SAMARITAN MEDICAL CENTER	0018	823,645	94,191	55,099	47,301	1,020,235
NYU GASTROENTEROLOGY ASSOCIATES	0019	773,370	79,447	78,310	78,283	1,009,410
BRIOVARX OF NY	0020	761,398	83,272	79,919	79,919	1,004,508
LABORATORY CORPORATION OF AMERICA	0021	803,975	50,164	50,116	49,945	954,200
BROOKLYN HOSPITAL CENTER	0022	692,322	77,196	66,078	57,228	892,824
BRIOVARX INFUSION SERVICES	0023	768,885	34,460	34,460	34,460	872,266
PROHEALTH CARE ASSOCIATES LLP	0024	705,799	53,300	53,234	53,235	865,568
SOUTHSIDE HOSPITAL	0025	700,459	82,200	34,621	34,621	851,901
Sum of Individually Listed Claims Payable	0026	33,901,252	3,663,955	3,687,691	2,667,107	43,920,006
Aggregate Accounts Not Individually Listed	0028	72,650,600	7,212,356	6,276,300	5,160,505	91,299,761
Totals	0029	106,551,851	10,876,311	9,963,991	7,827,613	135,219,767

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

		Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracted Expenses	Contracte d Expenses	
TABLE 22A - ADMINISTRATIVE EXPENSES		Medicaid	Child Health Plus	HARP	HIVSNP	Other Lines of Business*	SubTotal	Medicaid	Child Health Plus	HARP	HIVSNP	Other Lines of Business*	SubTotal	Total
02203	00186	02204	02240	02218	02260	02205	02219	02220	02241	02221	02261	02222	02223	02206
Expense Category														
Rent (\$0 for Occupancy of Own Building)	0001							2,894	169	264		9,033,588	9,036,915	9,036,915
Salaries and Fringe Benefits	0002	0	0	0	0	0	0	51,908,409	3,030,682	4,738,772	0	63,085,869	122,763,733	122,763,733
Employee Recruitment and Retention	0014							503,535	29,399	45,968		2,044,501	2,623,403	2,623,403
Legal Fees and Expenses	0003					8,468,208	8,468,208	5,076,992	296,421	463,484		7,140,918	12,977,815	21,446,023
Utilization Management/Quality Improvement	0004	31,735,958	2,757,954	2,745,483		32,159,565	69,398,960	41,567,401	2,751,817	4,302,738		2,645	48,624,601	118,023,561
Traveling Expenses	0006							2,806,998	163,887	256,254		3,642,190	6,869,329	6,869,329
Advertising	0007													
Marketing	0008													
Facilitated Enrollment	0034							1,465,248	85,549	133,764		1,214,308	2,898,869	2,898,869
Finance, Auditing, Actuarial	0029	121,777	7,110	11,117			140,004	12,609,619	736,215	1,151,145		3,036,711	17,533,690	17,673,694
Claims Processing	0030	6,637,654	387,541	605,958		5,910,639	13,541,792	8,019,442	468,217	732,103		26,150,759	35,370,521	48,912,313
Provider Relations and Provider Recruitment	0031	462					462	5,154,123	300,924	470,525		1,312,692	7,238,264	7,238,726
Member Services	0033					1,315,823	1,315,823	16,385,554	956,674	1,495,854		50,986,223	69,824,305	71,140,128
Management Information Systems (MIS)	0009							17,849,268	1,042,133	1,629,478		4,409,113	24,929,992	24,929,992
Telephone, Postage, Express and Telegraph	0010							3,710,703	216,650	338,754		4,961,334	9,227,441	9,227,441
Printing and Stationary	0011					3,776,794	3,776,794	1,727,114	100,838	157,670		5,556,665	7,542,287	11,319,081
Occupancy, Depreciation & Amortization	0012					1	1	1,999,684	116,752	182,553		3,759,581	6,058,570	6,058,571
Rental of Equipment	0013							26,722	1,560	2,439		175,545	206,266	206,266
Boards, Bureaus and Association Fees	0015					866	866	933,295	54,491	85,201		134,467	1,207,454	1,208,320
Insurance, Except on Real Estate	0016					33,669,884	33,669,884	1,004,259	58,634	91,680		13,653,817	14,808,390	48,478,274
Collection and Bank Service Charges	0017							225,496	13,166	20,586		4,883	264,131	264,131
State Premium Taxes	0021													
Payroll Taxes	0023							2,719,026	158,751	248,223		1,460,884	4,586,884	4,586,884
Franchise Tax	0045	45,504,089	2,719,693	4,346,837		17,331,105	69,901,724					15,646	15,646	69,917,370
ACA Tax	0046	44,890,003	2,449,312	2,698,494		1,253,294	51,291,103							51,291,103
VBP QIP Administrative Expense	0048							3,606,380					3,606,380	3,606,380
EIP Administrative Expense	0049							1,031,158					1,031,158	1,031,158
EPP Administrative Expense	0050							707,243					707,243	707,243
Additional High Performance Program Expense	0051							219,918					219,918	219,918
Other Taxes (Excluding Income and Real Estate taxes)	0024					819,165	819,165	124,568	7,273	11,372		18	143,231	962,396
Aggregate Write-ins for Other Expenses(Detail Below)	0027													
Total Allowable Administrative Expenses	0035	128,889,943	8,321,610	10,407,889	0	104,705,344	252,324,786	181,385,049	10,590,202	16,558,827	0	201,782,357	410,316,436	662,641,222
Contributions and Donations	0036							112,712	6,581	10,290		150,266	279,849	279,849
Lobbying Expenses	0037							19,862	1,160	1,813		1,370	24,205	24,205
Entertainment Costs	0038													
Interest, Fines and Penalties	0039	722,934	38,541	115,975		419,465	1,296,915					218,594	218,594	1,515,509
State Income Taxes	0043	-3,391,494	126,196	4,054,382		8,698,682	9,487,766							9,487,766
Uncollectible Spendown and NAMI	0047													
Other Nonallowable Expenses	0040							1,976,623	115,405	180,448			2,272,476	2,272,476
Total Nonallowable Administrative Expenses	0041	-2,668,560	164,737	4,170,357		9,118,147	10,784,681	2,109,197	123,146	192,551		370,230	2,795,124	13,579,805
Total Administrative Expenses	0028	126,221,383	8,486,347	14,578,246	0	113,823,491	263,109,467	183,494,246	10,713,348	16,751,378	0	202,152,587	413,111,560	676,221,027
Detail of Aggregate Write-ins for Other Expenses														
0	2701													
0	2702													
0	2703													
0	2704													
0	2705													
0	2706													
0	2707													
0	2708													
0	2709													
Summary of items from overflow page	2798													
Totals(lines 2701-2798) (Equal to Line 27 above)	2799													

		Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses	Total Direct and Contracted Expenses
TABLE 22A-1 - ADMINISTRATIVE EXPENSES - TOTAL		Medicaid	Child Health Plus	HARP	HIVSNP	Other Lines of Business *	Total All Lines of Business
00385	00186	02282	02283	02284	02285	02286	02287
Expense Category							
Rent (\$0 for Occupancy of Own Building)	0001	2,894	169	264		9,033,588	9,036,915
Salaries and Fringe Benefits	0002	51,908,409	3,030,682	4,738,772	0	63,085,869	122,763,733
Employee Recruitment and Retention	0014	503,535	29,399	45,968		2,044,501	2,623,403
Legal Fees and Expenses	0003	5,076,992	296,421	463,484		15,609,126	21,446,023
Utilization Management/Quality Improvement	0004	73,303,359	5,509,771	7,048,221		32,162,210	118,023,561
Traveling Expenses	0006	2,806,998	163,887	256,254		3,642,190	6,869,329
Advertising	0007						
Marketing	0008						
Facilitated Enrollment	0034	1,465,248	85,549	133,764		1,214,308	2,898,869
Finance, Auditing, Actuarial	0029	12,731,396	743,325	1,162,262		3,036,711	17,673,694
Claims Processing	0030	14,657,096	855,758	1,338,061		32,061,398	48,912,313
Provider Relations and Provider Recruitment	0031	5,154,585	300,924	470,525		1,312,692	7,238,726
Member Services	0033	16,385,554	956,674	1,495,854		52,302,046	71,140,128
Management Information Systems (MIS)	0009	17,849,268	1,042,133	1,629,478		4,409,113	24,929,992
Telephone, Postage, Express and Telegraph	0010	3,710,703	216,650	338,754		4,961,334	9,227,441
Printing and Stationary	0011	1,727,114	100,838	157,670		9,333,459	11,319,081
Occupancy, Depreciation & Amortization	0012	1,999,684	116,752	182,553		3,759,582	6,058,571
Rental of Equipment	0013	26,722	1,560	2,439		175,545	206,266
Boards, Bureaus and Association Fees	0015	933,295	54,491	85,201		135,333	1,208,320
Insurance, Except on Real Estate	0016	1,004,259	58,634	91,680		47,323,701	48,478,274
Collection and Bank Service Charges	0017	225,496	13,166	20,586		4,883	264,131
State Premium Taxes	0021						
Payroll Taxes	0023	2,719,026	158,751	248,223		1,460,884	4,586,884
Franchise Tax	0045	45,504,089	2,719,693	4,346,837		17,346,751	69,917,370
ACA Tax	0046	44,890,003	2,449,312	2,698,494		1,253,294	51,291,103
Other Taxes (Excluding Income and Real Estate taxes)	0024	124,568	7,273	11,372		819,183	962,396
Aggregate Write-ins for Other Expenses(Detail Below)	0027						
Total Allowable Adminstrative Expenses	0035	310,274,992	18,911,812	26,966,716	0	306,487,701	662,641,222
Contributions and Donations	0036	112,712	6,581	10,290		150,266	279,849
Lobbying Expenses	0037	19,862	1,160	1,813		1,370	24,205
Entertainment Costs	0038						
Interest, Fines and Penalties	0039	722,934	38,541	115,975		638,059	1,515,509
State Income Taxes	0043	-3,391,494	126,196	4,054,382		8,698,682	9,487,766
Uncollectible Spendown and NAMI	0047						
VBP QIP Administrative Expense	0048	3,606,380					3,606,380
EIP Administrative Expense	0049	1,031,158					1,031,158
EPP Administrative Expense	0050	707,243					707,243
Additional High Performance Program Expense	0051	219,918					219,918
Other Nonallowable Expenses	0040	1,976,623	115,405	180,448			2,272,476
Total Nonallowable Administrative Expenses	0041	-559,363	287,883	4,362,908		9,488,377	13,579,805
Total Adminstrative Expenses	0028	309,715,629	19,199,695	31,329,624	0	315,976,078	676,221,027
Detail of Aggregate Write-ins for Other Expenses							
0	2701						
0	2702						
0	2703						
0	2704						
0	2705						
0	2706						
0	2707						
0	2708						
0	2709						
Summary of items from overflow page	2798						
Totals(lines 2701-2798) (Equal to Line 27 above)	2799						

Expenses for Administrative Services provided directly should be reported in the appropriate category above

The Total Administrative Expense for services provided by contractors on line 28 should equal the total contract expenses for the individual contracts reported in Table 22B.

\*Other Lines of Business should include all other lines of business, including Commerical, POS, etc. All categories should be filled out with statewide amounts.

TABLE 22B - ADMINISTRATIVE EXPENSES - DETAIL OF CONTRACTED EXPENSES		Services Performed	Type of Affiliation*	Medicaid Expenditure	Child Health Plus Expenditure	HARP Expenditure	HIVSNP	Other Expenditure **
02207	00187	02208	02209	02210	02242	02224	02262	02225
Name of Contractor								
United HealthCare Services/UHS	0001	Management Services	4	175,474,806	10,245,130	16,019,275	0	186,011,645
0	0002	0	0	0	0	0	0	0
0	0003	0	0	0	0	0	0	0
0	0004	0	0	0	0	0	0	0
0	0005	0	0	0	0	0	0	0
0	0006	0	0	0	0	0	0	0
0	0007	0	0	0	0	0	0	0
0	0008	0	0	0	0	0	0	0
0	0009	0	0	0	0	0	0	0
0	0010	0	0	0	0	0	0	0
0	0011	0	0	0	0	0	0	0
0	0012	0	0	0	0	0	0	0
0	0013	0	0	0	0	0	0	0
0	0014	0	0	0	0	0	0	0
0	0015	0	0	0	0	0	0	0
0	0016	0	0	0	0	0	0	0
0	0017	0	0	0	0	0	0	0
0	0018	0	0	0	0	0	0	0
0	0019	0	0	0	0	0	0	0
0	0020	0	0	0	0	0	0	0
PBM Expense	0022			8,019,442	468,217	732,103	0	16,140,940
Total Expenditure	0021			183,494,248	10,713,347	16,751,378	0	202,152,585
Detail of PBM Contractor(s)								
OptumRx	0024	Management Services	4	8,019,442	468,217	732,103	0	16,140,940
0	0025	0	0	0	0	0	0	0
0	0026	0	0	0	0	0	0	0
0	0027	0	0	0	0	0	0	0
Total PBM Expense	0028			8,019,442	468,217	732,103	0	16,140,940

Report all contracts, such as management contracts, legal services, claims processing, financial services, actuarial, etc., for services that are reported as administrative expenses by the plan.

\*Under Type of Affiliation, enter the number code of all that apply:

- None
- Common Ownership
- Common Board Members
- Part of Same Holding Company System
- Share Key Personnel

\*\*Other Lines of Business should include all other lines of business, including Commercial, POS, etc.

		Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Direct Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s	Contract Expense s
TABLE 22C - ADMINISTRATIVE EXPENSES - PERSONNEL COSTS AND WRITE-INS		Medicaid FTEs	Medicaid Salaries and Fringe Benefits	Child Health Plus FTEs	Child Health Plus Salaries and Fringe Benefits	HARP FTEs	HARP Salaries and Fringe Benefits	HIVSNP FTEs	HIVSNP Salaries and Fringe Benefits	Other Lines of Business* FTEs	Other Lines of Business* Salaries and Fringe Benefits	Medicaid FTEs	Medicaid Salaries and Fringe Benefits	Child Health Plus FTEs	Child Health Plus Salaries and Fringe Benefits	HARP FTEs	HARP Salaries and Fringe Benefits	HIVSNP FTEs	HIVSNP Salaries and Fringe Benefits	Other Lines of Business* FTEs	Other Lines of Business* Salaries and Fringe Benefits
02211	00188	02212	02213	02243	02244	02227	02228	02263	02264	02214	02215	02229	02230	02245	02246	02231	02232	02265	02266	02233	02234
Administrative Category																					
Executive Management	0001	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	7.19	1,958,798	0.42	114,365	0.66	178,821	0.00	0	8.74	2,380,587
Medical Director	0015	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	2.11	1,015,442	0.12	59,287	0.19	92,701	0.00	0	2.57	1,234,097
Utilization Management/ Quality Improvement	0002	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	10.57	1,354,769	0.62	79,098	0.97	123,678	0.00	0	12.85	1,646,492
Finance, Auditing, Actuarial	0003	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	38.90	4,299,691	2.27	251,038	3.55	392,523	0.00	0	47.28	5,225,546
Marketing	0004			0.00	0					0.00	0			0.00	0					0.00	0
Facilitated Enrollment	0014	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	132.35	21,679,817	7.73	1,265,780	12.08	1,979,173	0.00	0	160.84	26,348,141
Member Services	0005	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	6.34	416,852	0.37	24,338	0.58	38,055	0.00	0	7.71	506,613
Legal Services	0006	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	3.38	634,279	0.20	37,032	0.31	57,904	0.00	0	4.11	770,858
Claims Processing	0007	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	23.26	5,106,821	1.36	298,163	2.12	466,207	0.00	0	28.26	6,206,475
Provider Relations, Recruitment, Credentialing, and Contracting	0013	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	15.22	2,075,343	0.89	121,169	1.39	189,460	0.00	0	18.50	2,522,228
MIS	0008	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	27.91	10,244,727	1.63	598,140	2.55	935,252	0.00	0	33.92	12,450,728
Advertising	0009			0.00	0					0.00	0			0.00	0					0.00	0
Employee Recruitment and Retention	0016	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Aggregate Write-in for Other Administrative	0010	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	21.99	3,121,870	1.28	182,271	2.01	284,999	0.00	0	26.72	3,794,103
Totals	0011	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	289.22	51,908,409	16.89	3,030,682	26.40	4,738,772	0.00	0	351.49	63,085,869
Detail of Aggregate Write-in for Other Administrative																					
Facilities Management	1001	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	13.95	1,636,470	0.81	95,546	1.27	149,395	0.00	0	16.96	1,988,851
Enrollment Processing	1002	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	5.92	521,065	0.35	30,422	0.54	47,569	0.00	0	7.19	633,266
Regulatory Affairs/Compliance	1003	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	2.11	964,335	0.12	56,303	0.19	88,035	0.00	0	2.57	1,171,986
0	1004	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0	1005	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0	1006	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Summary of Write-ins From Overflow Page	1098	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals (Lines 1001-1098)(= to Line 10 Above)	1099	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	21.99	3,121,870	1.28	182,271	2.01	284,999	0.00	0	26.72	3,794,103

\* Other Lines of Business should include all other lines of business, including Commercial, POS, etc.

		Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses	Total Direct & Contracted Expenses
TABLE 22C-1 - ADMINISTRATIVE EXPENSES - PERSONNEL COSTS AND WRITE-IN TOTALS		Total FTE's Medicaid	Total Salaries and Fringe Benefits Medicaid	Total FTEs Child Health Plus	Total Salaries and Fringe Benefits Child Health Plus	Total FTE's HARP	Total Salaries and Fringe Benefits HARP	Total FTEs HIVSNP	Total Salaries and Fringe Benefits HIVSNP	Total FTE's Other Lines of Business*	Total Salaries and Fringe Benefits Other Lines of Business*	Total FTE's All Lines of Business	Total Salaries and Fringe Benefits All Lines of Business
02269	0018 9	02270	02271	02272	02273	02274	02275	02276	02277	02278	02279	02280	02281
Administrative Category													
Executive Management	0001	7.19	1,958,798	0.42	114,365	0.66	178,821	0.00	0	8.74	2,380,587	17.00	4,632,571
Medical Director	0015	2.11	1,015,442	0.12	59,287	0.19	92,701	0.00	0	2.57	1,234,097	5.00	2,401,526
Utilization Management/ Quality Improvement	0002	10.57	1,354,769	0.62	79,098	0.97	123,678	0.00	0	12.85	1,646,492	25.00	3,204,038
Finance, Auditing, Actuarial	0003	38.90	4,299,691	2.27	251,038	3.55	392,523	0.00	0	47.28	5,225,546	92.00	10,168,799
Marketing	0004			0.00	0					0.00	0	0.00	0
Facilitated Enrollment	0014	132.35	21,679,817	7.73	1,265,780	12.08	1,979,173	0.00	0	160.84	26,348,141	313.00	51,272,911
Member Services	0005	6.34	416,852	0.37	24,338	0.58	38,055	0.00	0	7.71	506,613	15.00	985,858
Legal Services	0006	3.38	634,279	0.20	37,032	0.31	57,904	0.00	0	4.11	770,858	8.00	1,500,073
Claims Processing	0007	23.26	5,106,821	1.36	298,163	2.12	466,207	0.00	0	28.26	6,206,475	55.00	12,077,666
Provider Relations, Recruitment, Credentialing, and Contracting	0013	15.22	2,075,343	0.89	121,169	1.39	189,460	0.00	0	18.50	2,522,228	36.00	4,908,201
MIS	0008	27.91	10,244,727	1.63	598,140	2.55	935,252	0.00	0	33.92	12,450,728	66.00	24,228,846
Advertising	0009			0.00	0					0.00	0	0.00	0
Employee Recruitment and Retention	0016	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Aggregate Write-in for Other Administrative	0010	21.99	3,121,870	1.28	182,271	2.01	284,999	0.00	0	26.72	3,794,103	52.00	7,383,243
Totals	0011	289.22	51,908,409	16.89	3,030,682	26.40	4,738,772	0.00	0	351.49	63,085,869	684.00	122,763,733
Detail of Aggregate Write-in for Other Administrative													
Facilities Management	1001	13.95	1,636,470	0.81	95,546	1.27	149,395	0.00	0	16.96	1,988,851	33.00	3,870,261
Enrollment Processing	1002	5.92	521,065	0.35	30,422	0.54	47,569	0.00	0	7.19	633,266	14.00	1,232,322
Regulatory Affairs/Compliance	1003	2.11	964,335	0.12	56,303	0.19	88,035	0.00	0	2.57	1,171,986	5.00	2,280,659
0	1004	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0	1005	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0	1006	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Summary of Write-ins From Overflow Page	1098	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals (Lines 1001- 1098)(= to Line 10 Above)	1099	21.99	3,121,870	1.28	182,271	2.01	284,999	0.00	0	26.72	3,794,103	52.00	7,383,243

\* Other Lines of Business should include all other lines of business, including Commercial, POS, etc.

TABLE 22D - STATEWIDE MEMBER MONTHS - TO BE USED WITH ADMINISTRATIVE TABLES		Medicaid	Child Health Plus	HARP	HIVSNP	Other
00190	00192	02250	02251	02252	02254	02253
Statewide Member Months	0001	5,645,094	598,820	91,101		3,003,541
Number of Claims Processed	0002	6,237,261	502,952	249,009	0	3,992,950



TABLE 22D-2 - STATEWIDE ADMINISTRATIVE EXPENSES - NURSING HOME		Nursing Home
00071	00072	02256
Statewide Member Months	0001	2,171
Statewide Administrative Expenses		
Compensation	0033	19,960
Occupancy, Depreciation & Amortization	0035	1
Marketing and Facilitated Enrollment	0036	563
Other	0037	98,804
Total Allowable Administration Expenses	0038	119,328
Nonallowable Administration Expense	0081	1,138

TABLE 28 - PROJECTED NYS CONSOLIDATED REVENUES AND EXPENSES FOR THE NEXT CALENDAR YEAR		Mainstream Medicaid	Child Health Plus	HARP	Medicaid Dual Eligible Advantage	HIVSNP	Essential Plan	Medicare	Commercial	MLTC	Other	Projected NYS Consolidated Total
00197	00386	02801	02805	02810	02803	02804	02811	02806	02807	02809	02808	02815
Members	0001	469,660	57,400	10,709	2,122	0	118,883	152,225	0	3,522	28,618	843,139
Member Months	0002	5,591,720	659,000	125,208	28,764	0	1,406,096	0	0	38,964	86,108	7,935,860
Premium Revenue:												
Capitation	0003	2,118,988,628	146,300,874	272,989,704	2,587,213	0	522,337,139	1,999,911,491	0	217,559,858	82,782,782	5,363,457,689
Inpatient Newborn Birth Kick	0004	58,233,279				0						58,233,279
Maternity Kick (Medicaid & HARP only)	0005	113,330,077		14,204,107		0						127,534,184
Premium Revenue (Lines 3+4+5)	0006	2,290,551,984	146,300,874	287,193,811	2,587,213	0	522,337,139	1,999,911,491	0	217,559,858	82,782,782	5,549,225,152
Reinsurance and Stop-loss Recoveries	0020	0	0	0	0	0	0	0	0	0	0	0
Net Investment Revenue	0008	0	0	0	0	0	0	0	0	0	0	0
COB (Third Party Recoveries)	0009	0	0	0	0	0	0	0	0	0	0	0
Other Revenue	0010	0	0	-7,942,295	0	0	0	1,285,435	0	0	0	-6,656,860
TOTAL REVENUE (line 6 + 8 + 9 + 10 + 20)	0011	2,290,551,984	146,300,874	279,251,516	2,587,213	0	522,337,139	2,001,196,926	0	217,559,858	82,782,782	5,542,568,292
Hospital and Medical Expenses:												
Hospital/Medical Benefits	0012	1,529,021,267	101,332,953	195,610,799	2,998,841	0	304,442,124	1,416,249,420	0	217,641,527	61,989,826	3,829,286,756
Other Professional Services	0013	76,371,942	10,375,904	2,175,358	77,856	0	15,206,352	51,361,751	0	188,398	2,248,125	158,005,685
Outside Referrals	0014	0	0	0	0	0	0	0	0	0	0	0
Emergency Room and Out of Area	0015	0	0	0	0	0	0	0	0	0	0	0
Prescription Drugs	0016	448,272,986	18,298,189	49,220,686	3,581	0	84,372,265	256,792,610	0	0	11,239,919	868,200,236
Aggregate Write-ins for Other Hospital and Medical	0017	0	0	0	0	0	0	0	0	0	0	0
Incentive pool, withhold adjustments and bonus amounts	0018	0	0	0	0	0	0	68,491,040	0	0	2,997,881	71,488,921
Covered Lives Assessment	0024		0				0		0		0	0
Subtotal Medical & Hospital (sum line 12-18) + line 24	0019	2,053,666,194	130,007,046	247,006,843	3,080,278	0	404,020,741	1,792,894,820	0	217,829,925	78,475,752	4,926,981,599
Reinsurance Premiums	0007	0	0	0	0	0	0	0	0	0	0	0
Less Regulation 146 Recoveries	0021						0		0		0	0
Total Medical & Hospital (line 19+7-21)	0022	2,053,666,194	130,007,046	247,006,843	3,080,278	0	404,020,741	1,792,894,820	0	217,829,925	78,475,752	4,926,981,599
Administration	0023	187,146,466	11,952,567	22,815,819	211,485	0	42,677,782	215,361,331	0	17,770,914	9,755,616	507,691,980
TOTAL EXPENSES (line 22+23)	0025	2,240,812,660	141,959,613	269,822,662	3,291,763	0	446,698,523	2,008,256,151	0	235,600,839	88,231,368	5,434,673,579
OPERATING INCOME/(LOSS) (line 11-25)	0026	49,739,324	4,341,261	9,428,854	-704,550	0	75,638,616	-7,059,225	0	-18,040,981	-5,448,586	107,894,713
Extraordinary Item	0027	0	0	0	0	0	0	0	0	0	0	0
Provision for Taxes	0028	0	0	0	0	0	0	0	0	0	0	0
Prior period IBNR adjustments	0029	0	0	0	0	0	0	0	0	0	0	0
NET INCOME / (LOSS) (line 26-27-28-29)	0030	49,739,324	4,341,261	9,428,854	-704,550	0	75,638,616	-7,059,225	0	-18,040,981	-5,448,586	107,894,713
Required Escrow Account Deposit ( Part 98-1.11(f) )	0031	102,683,310	6,500,352	12,350,342	154,014	0	20,201,037	89,644,741	0	10,891,496	3,923,788	246,349,080

TABLE 32 - SUMMARY OF MEDICAL HOME PAYABLES (NON-ADIRONDACK) - TOTAL PLAN		Medical Home Payable to Provider	Medical Home Payable to NYS	Total Non-Adirondack Medical Home Payable
00198	00199	32001	32002	32003
Total	0001	8,786,812	1,319,642	10,106,454

TABLE 32A - SUMMARY OF ADIRONDACK MEDICAL HOME PAYABLES - TOTAL PLAN		Medical Home Payable to Provider	Medical Home Payable to NYS	Total Adirondack Medical Home Payable
00200	00202	32004	32005	32006
Total	0001			