

**Managed Long Term Care Medicaid Managed Care Operations Report**

**Organization : Centers Plan for Healthy Living MLTC (03506989)**

**Coverage : Statewide**

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

**Dcn : 08152019174647**

**Date : Thursday, August 15, 2019**

## Configuration Information

### Configuration Information

Submission Type	0.1005	MLTCCR
Submission Year	0.1010	2018
Submission Period	0.1011	A00
DCN	0.1004	08152019174647
Submitter ID	0.1000	03506989
Region ID	0.1003	1
Region Name	0.1002	STATEWIDE
Name of Organization	0.10	CENTERS PLAN FOR HEALTHY LIVING MLTC (03506989)
Begin Date	0.34	01/01/2018
End Date	0.35	12/31/2018

## Contacts

### Contact Person:

Name:	0.70	Steve Stender
Title:	0.71	Chief Financial Officer
Telephone Number:	0.72	718-215-7000 x3102
Fax Number:	0.73	347-505-7090
Email Address:	0.82	sstender@centersplan.com

## Certifiers

### Chief Executive Officer

Role	999930000.1	CEO
Name	999930000.2	Moshe Bloom
Title	999930000.3	Chief Executive Officer
Phone Number	999930000.4	718-215-7000 x3187
Fax Number	999930000.5	347-532-6545
Email Address	999930000.6	mbloom@centersplan.com

### Chief Financial Officer

Role	999930001.1	CFO
Name	999930001.2	Steve Stender
Title	999930001.3	Chief Financial Officer
Phone Number	999930001.4	718-215-7000 x3102
Fax Number	999930001.5	347-505-7090
Email Address	999930001.6	sstender@centersplan.com

## Addresses

### Mailing Address:

Item	0.66	Centers Plan for Healthy Living
Line 1	0.67	75 Vanderbilt Ave suite 700
Line 2	0.68	Staten Island, NY 10304
Line 3	0.69	

## Additional Information

### Additional Information

Date Operations Started (MM/DD/YYYY):	0.65	02/01/2013
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## Counties of Operation

### Counties of Operation:

Item	0.4	BRONX
County	0.5	KINGS (BROOKLYN)
County	0.6	NY (MANHATTAN)
County	0.7	QUEENS
County	0.8	RICHMOND (STATEN ISLAND)
County	0.9	ONONDAGA
County	0.11	ERIE

Schedule A Balance Sheet		Current Period	Current Period	Current Period	Previous Period
00010		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets As of 12/31
02225		00011	00013	00014	00012
<b>CURRENT ASSETS</b>					
Cash	0001	\$149,702,554		\$149,702,554	\$184,587,020
Short-Term Investments	0002	\$125,316,403		\$125,316,403	
Premiums Receivable-net	0003	\$14,890,426		\$14,890,426	\$18,832,520
Interest Receivable	0004	\$296,821		\$296,821	
NYS Medicaid Reinsurance Recovery Receivable	0140				
Other Receivables - Net	0006	(\$146,484)	(\$146,484)	\$0	\$42,078
Prepaid Expenses	0007	\$441,193	\$441,193	\$0	\$28,488
Risk Share Receivable	0200				
Aggregate Write-Ins for Current Assets (list below)	0008	\$2,150,489	\$184,569	\$1,965,920	\$17,638
Due from third party payors	0009	\$1,965,920		\$1,965,920	\$17,638
security deposits	0010	\$184,569	\$184,569	\$0	
	0011				
	0012				
	0013				
<b>TOTAL CURRENT ASSETS</b>	<b>0015</b>	<b>\$292,651,402</b>	<b>\$479,278</b>	<b>\$292,172,124</b>	<b>\$203,507,744</b>
<b>OTHER ASSETS</b>					
NYS Escrow Account Balance	0016	\$58,191,266		\$58,191,266	\$35,062,991
Amounts Due from Affiliates	0018				
Loan Escrow	0019				
Long-Term Investments	0020	\$52,360,214		\$52,360,214	
Intangible Investments and Goodwill	0111				
	0112				
	0113				
	0114				
	0115				
	0116				
Other Restricted Assets	0017				
Aggregate Write-Ins for Other Assets (list below)	0124				
	0024				
	0025				
	0026				
	0027				
	0028				
<b>TOTAL OTHER ASSETS</b>	<b>0030</b>	<b>\$110,551,480</b>		<b>\$110,551,480</b>	<b>\$35,062,991</b>
<b>PROPERTY AND EQUIPMENT</b>					
Land	0031				
Building and Improvements	0032				
Construction In Progress	0035	\$1,337,272	\$1,337,272	\$0	
Furniture and Equipment	0033	\$339,516	\$339,516	\$0	
Leasehold Improvements	0034	\$11,609,329	\$11,609,329	\$0	
Aggregate Write-Ins for Other Equipment (list below)	0137	\$4,483,905	\$4,483,905	\$0	
Computer Systems	0037	\$4,469,883	\$4,469,883	\$0	
Auto	0038	\$14,022	\$14,022	\$0	
	0039				
	0040				
	0041				
<b>TOTAL PROPERTY AND EQUIPMENT</b>	<b>0045</b>	<b>\$17,770,022</b>	<b>\$17,770,022</b>	<b>\$0</b>	
<b>TOTAL ASSETS</b>	<b>0050</b>	<b>\$420,972,904</b>	<b>\$18,249,300</b>	<b>\$402,723,604</b>	<b>\$238,570,735</b>

Schedule A Balance Sheet (continued)		Current Year	Previous Calendar Year as of 12/31
00010	02226	00011	00012
<b>CURRENT LIABILITIES</b>			
Accounts Payable	0051	\$5,569,122	\$23,655,239
Claims Payable	0052	\$13,302,234	\$12,083,447
Accrued Inpatient Claims (Not Reported)	0054	\$3,131,669	\$2,788,466
Accrued Physician Claims (Not Reported)	0055	\$453,108	\$655,285
Accrued Referral Claims (Not Reported)	0056	\$115,487,441	\$83,269,218
Accrued Other Medical	0057		
Accrued Medical Incentive Pool	0058		
Unearned Premiums	0059	\$26,946,865	\$25,264,312
Loans and Notes Payable	0060		
Risk Share Payable	0201		
Aggregate Write-Ins for Current Liabilities (list below)	0162		
	0062		
	0063		
	0064		
	0065		
	0066		
TOTAL CURRENT LIABILITIES	0070	\$164,890,439	\$147,715,967
<b>OTHER LIABILITIES</b>			
Loans and Notes	0071		
Amounts Due to Affiliates	0072	\$45,237,736	\$564,693
Aggregate Write-Ins for Other Liabilities (list below)	0173	\$86,242,707	\$27,770,458
Due to third party	0073	\$86,242,707	\$27,770,458
	0074		
	0075		
	0076		
	0077		
TOTAL OTHER LIABILITIES	0079	\$131,480,443	\$28,335,151
TOTAL LIABILITIES	0080	\$296,370,882	\$176,051,118
<b>NET WORTH</b>			
Donated Capital	0121		
Capital	0122	\$12,590,400	\$12,590,400
Paid In Surplus	0123		
NYS Contingent Reserve Requirement	0081	\$83,654,471	\$57,298,986
Aggregate Write-Ins For Other Net Worth Items (List Below)	0183	(\$2,477,189)	
Change in FV of investments	0083	(\$2,477,189)	
	0084		
	0085		
	0086		
	0087		
Unassigned Surplus	0089	\$12,585,040	(\$7,369,769)
TOTAL NET WORTH EXCLUDING NON ADMITTED ASSETS	0105	\$106,352,722	\$62,519,617
TOTAL LIABILITIES AND NET WORTH EXCLUDING NON ADMITTED ASSETS	0110	\$402,723,604	\$238,570,735
TOTAL NET WORTH INCLUDING NON ADMITTED ASSETS	0090	\$124,602,022	\$121,382,283
TOTAL LIABILITIES AND NET WORTH INCLUDING NON ADMITTED ASSETS	0100	\$420,972,904	\$297,433,401

Schedule A1 - Net Worth Reconciliation		
00030	30127	00031
Net Worth Last Year	0001	\$62,519,617
Total Net Income	0002	\$64,719,862
Change in nonadmitted assets	0020	\$40,613,366
Dividends to stockholders	0003	
Withdrawals of equity	0004	(\$59,022,934)
Change in Net unrealized capital gains & losses less capital gains tax	0019	(\$2,477,189)
Adjusted Net Worth	0005	\$106,352,722
Current Net Worth	0006	\$106,352,722
Difference	0007	\$0
<b>Explanations:</b>		
	0008	
	0009	
	0010	
	0011	
	0012	
	0013	
	0014	
	0015	
	0016	
	0017	
Total Explanations	0018	

Schedule B - Revenue and Expense Statement - Total Line of Business		Total Plan Amount	Medicaid Enrollees Amount	Other Enrollees Amount	Total Plan PMPM	Medicaid PMPM	Other PMPM	Total Plan Previous Year PMPM (as of 12/31)
00110	02228	00111	00112	00113	00114	00115	00116	00117
Total Member Months	0001	342,740	342,740					\$206,616.00
<b>Revenue</b>								
Medicare Part C Premium Revenue	0401				\$0.00			
Medicare Part D Premium Revenue	0402				\$0.00			
Medicaid Premium Revenue	0003	\$1,557,986,370	\$1,557,986,370		\$4,545.68	\$4,545.68		\$4,401.46
Other Payor Premium Revenue	0004				\$0.00			
Spendedown and NAMI	0013	\$17,096,211	\$17,096,211		\$49.88	\$49.88		\$58.17
Coordination of Benefits(COB)	0014				\$0.00	\$0.00		
Reinsurance Recoveries	0077				\$0.00	\$0.00		
Net Investment Income (Schedule G)	0016	\$2,715,862	\$2,715,862		\$7.92	\$7.92		\$0.66
HR&R Revenue	0018				\$0.00	\$0.00		
Quality Incentive Pool Award	0416	\$20,366,657	\$20,366,657		\$59.42	\$59.42		\$81.50
Quality Incentive VAPP	0417	\$5,860,051	\$5,860,051		\$17.10	\$17.10		\$13.21
Minimum Wage	0419	\$205,545,055	\$205,545,055		\$599.71	\$599.71		\$207.14
<b>Other Revenue (Double click Below)</b>								
Other Revenue	0019	\$697,048	\$697,048		\$2.03	\$2.03		
	0020				\$0.00	\$0.00		
<b>TOTAL PREMIUM REVENUE</b>	<b>0010</b>	<b>\$1,800,994,293</b>	<b>\$1,800,994,293</b>		<b>\$5,254.70</b>	<b>\$5,254.70</b>		<b>\$4,748.27</b>
<b>TOTAL REVENUE</b>	<b>0030</b>	<b>\$1,810,267,254</b>	<b>\$1,810,267,254</b>		<b>\$5,281.75</b>	<b>\$5,281.75</b>		<b>\$4,762.14</b>
<b>Expenses</b>								
<b>Medical and Hospital Expenses</b>								
Inpatient:Acute Medical/Surgical	0031							
Inpatient:Mental Health/Substance/Abuse	0032							
Inpatient Maternity Delivery	0403							
Total Hospital Inpatient Care	0404							
<b>Other Medical and Hospital:</b>								
Primary Care Physician	0034							
Specialty Care	0035							
Prenatal/Postpartum Maternity Services	0405							
Ambulatory Surgery	0036							
Outpatient/Physical Rehab/Therapy	0406	\$1,039,049	\$1,039,049		\$3.03	\$3.03		\$1.64
Other Professional Services	0037	\$3,817	\$3,817		\$0.01	\$0.01		\$0.01
Emergency Room	0038							
Outpatient Mental Health	0039							
Outpatient Drug and Alcohol Treatment	0040							
Dental	0041	\$2,291,435	\$2,291,435		\$6.69	\$6.69		\$8.97
Pharmacy-Part D	0407							
Pharmacy-Non-Part D	0408							
Home Health Care	0409	\$2,916,694	\$2,916,694		\$8.51	\$8.51		\$13.62
Nursing Facility	0033	\$96,875,795	\$96,875,795		\$282.65	\$282.65		\$305.36
Transportation - Emergent	0410							
Transportation - Non Emergent	0411	\$28,078,407	\$28,078,407		\$81.92	\$81.92		\$88.48
Diagnostic Test/Lab/X-Ray	0048							
Family Planning	0412							
Vision Care Inc. Eyeglasses	0049	\$371,046	\$371,046		\$1.08	\$1.08		\$1.08
Foot Care	0050	\$343,260	\$343,260		\$1.00	\$1.00		\$0.67
Durable Medical Equipment & Supplies	0060	\$17,085,544	\$17,085,544		\$49.85	\$49.85		\$42.59
Personal Care	0057	\$769,043,623	\$769,043,623		\$2,243.81	\$2,243.81		\$2,236.98
CDPAP	0125	\$487,508,907	\$487,508,907		\$1,422.39	\$1,422.39		\$791.00
Personal Emergency Response Services	0062	\$2,674,256	\$2,674,256		\$7.80	\$7.80		\$8.30
Home Delivered and Congregate Meals	0064	\$1,200,288	\$1,200,288		\$3.50	\$3.50		\$3.26
Adult Day Health Care	0044	\$2,567,772	\$2,567,772		\$7.49	\$7.49		\$8.89
Social Day Care	0045	\$70,071,602	\$70,071,602		\$204.45	\$204.45		\$205.70
Other Medical Services	0413				\$0.00	\$0.00		
<b>GROSS MEDICAL &amp; HOSPITAL EXPENSES</b>	<b>0075</b>	<b>\$1,482,071,495</b>	<b>\$1,482,071,495</b>		<b>\$4,324.19</b>	<b>\$4,324.19</b>		<b>\$3,716.55</b>
PLUS: Reinsurance Premium Cost(1)	0015				\$0.00	\$0.00		
Global Capitation Surplus/(Loss)	0415				\$0.00	\$0.00	\$0.00	
Quality Incentive VAPP	0418	\$5,860,051	\$5,860,051		\$17.10	\$17.10	\$0.00	\$13.21
Provider and Quality Incentive Payments	0076				\$0.00	\$0.00		
<b>TOTAL MEDICAL &amp; HOSPITAL EXPENSES</b>	<b>0080</b>	<b>\$1,487,931,546</b>	<b>\$1,487,931,546</b>		<b>\$4,341.28</b>	<b>\$4,341.28</b>		<b>\$3,729.76</b>
Care Management (Schedule D-2)	0047	\$111,060,431	\$111,060,431	\$0	\$324.04	\$324.04		\$307.80
<b>Administration</b>								
Allowable Administration Expenses (Schedule D-3)	0081	\$109,999,185	\$109,999,185	\$0	\$320.94	\$320.94	\$320.94	\$348.35
<b>TOTAL EXPENSES</b>	<b>0085</b>	<b>\$1,708,991,162</b>	<b>\$1,708,991,162</b>	<b>\$0</b>	<b>\$4,986.26</b>	<b>\$4,986.26</b>		<b>\$4,385.91</b>
Premium Income/(Loss)	0086	\$92,003,131	\$92,003,131	\$0	\$268.43	\$268.43		\$362.36
Nonallowable Administrative Expenses	0098	\$53,339,064	\$53,339,064	\$0	\$155.63	\$155.63		\$45.19
Operating Incomes/(Loss)	0090	\$47,937,028	\$47,937,028	\$0	\$139.86	\$139.86		\$331.04
Aggregate Write-ins for Other Expenses	0095				\$0.00	\$0.00		
Prior Period Adjustments and Extraordinary Items	0096	(\$4,722,739)	(\$4,722,739)		(\$13.78)	(\$13.78)		(\$12.13)
Provision for Taxes	0093				\$0.00	\$0.00		
Adj. For Prior Period IBNR Adjustment	0094	(\$16,343,055)	(\$16,343,055)		(\$47.68)	(\$47.68)		(\$21.49)
<b>NET INCOME (LOSS)</b>	<b>0100</b>	<b>\$69,002,822</b>	<b>\$69,002,822</b>	<b>\$0</b>	<b>\$201.33</b>	<b>\$201.33</b>		<b>\$364.68</b>

Schedule B Consolidated Revenue and Expense Summary All Lines of Business		PACE	Partial	Medicare Advantage	Medicaid Advantage Plus	FIDA	DISCO	HARP	Other	Total
00120	02229	00121	00122	00123	00126	00127	00128	00129	00124	00125
Members	1001		31,702	1,425		27				33,154
Member Months	0001		342,740	19,773		346				362,859
<b>Revenue</b>										
Medicare Part C Premium Revenue	0401			\$13,547,250		\$582,788				\$14,130,038
Medicare Part D Premium Revenue	0402			\$2,089,617		\$235,288				\$2,324,905
Medicaid Premium Revenue	0003		\$1,557,986,370			\$1,807,839				\$1,559,794,209
Other Payor Premium Revenue	0004									
Spenddown and NAMI	0013		\$17,096,211			\$57,776				\$17,153,987
Coordination of Benefits(COB)	0014									
Reinsurance Recoveries	0077			\$379,638						\$379,638
Net Investment Income (Schedule G)	0016		\$2,715,862							\$2,715,862
HR&R Revenue	0018									
Quality Incentive Pool Award	0416		\$20,366,657			\$19,459				\$20,386,116
Quality Incentive VAPP	0417		\$5,860,051							\$5,860,051
Minimum Wage	0419		\$205,545,055			\$216,454				\$205,761,509
<b>Other Revenue</b>										
Other revenue	0019		\$697,048	\$14,947		\$1,453				\$713,448
	0020									
TOTAL PREMIUM REVENUE	0010		\$1,800,994,293	\$15,636,867		\$2,919,604				\$1,819,550,764
TOTAL REVENUE	0030		\$1,810,267,254	\$16,031,452		\$2,921,057				\$1,829,219,763
<b>Expenses</b>										
<b>Medical and Hospital Expenses</b>										
Inpatient:Acute Medical/Surgical	0031			\$6,964,620		\$480,976				\$7,445,596
Inpatient:Mental Health/Substance/Abuse	0032									
Inpatient Maternity Delivery	0403									
Total Hospital Inpatient Care	0404			\$6,964,620		\$480,976				\$7,445,596
<b>Other Medical and Hospital:</b>										
Primary Care Physician	0034			\$487,439		\$22,158				\$509,597
Specialty Care	0035			\$1,831,727		\$93,046				\$1,924,773
Prenatal/Postpartum Maternity Services	0405									
Ambulatory Surgery	0036			\$420,410		\$8,676				\$429,086
Outpatient/Physical Rehab/Therapy	0406		\$1,039,049	\$106,037		\$5,043				\$1,150,129
Other Professional Services	0037		\$3,817	\$41,268		\$1,885				\$46,970
Emergency Room	0038			\$628,782		\$26,747				\$655,529
Outpatient Mental Health	0039			\$67,175		\$5,565				\$72,740
Outpatient Drug and Alcohol Treatment	0040									
Dental	0041		\$2,291,435	\$199,973		\$2,370				\$2,493,778
Pharmacy-Part D	0407			\$1,430,060		\$30,292				\$1,460,352
Pharmacy-Non-Part D	0408			\$985,418		\$8,385				\$993,803
Home Health Care	0409		\$2,916,694	\$185,795		\$26,565				\$3,129,054
Nursing Facility	0033		\$96,875,795	\$458,275		\$213,829				\$97,547,899
Transportation - Emergent	0410			\$201,528		\$14,322				\$215,850
Transportation - Non Emergent	0411		\$28,078,407	\$66,469		\$30,546				\$28,175,422
Diagnostic Test/Lab/X-Ray	0048			\$922,866		\$24,828				\$947,694
Family Planning	0412									
Vision Care Inc. Eyeglasses	0049		\$371,046	\$82,404		\$1,625				\$455,075
Foot Care	0050		\$343,260	\$17,911		\$1,812				\$362,983
Durable Medical Equipment & Supplies	0060		\$17,085,544	\$63,521		\$37,974				\$17,187,039
Personal Care	0057		\$769,043,623			\$1,611,901				\$770,655,524
CDPAP	0125		\$487,508,907			\$188,253				\$487,697,160
Personal Emergency Response Services	0062		\$2,674,256			\$4,444				\$2,678,700
Home Delivered and Congregate Meals	0064		\$1,200,288			\$1,661				\$1,201,949
Adult Day Health Care	0044		\$2,567,772			\$21,900				\$2,589,672
Social Day Care	0045		\$70,071,602			\$6,218				\$70,077,820
Supplemental Benefits	0099									
Other Medical Services	0413			\$19,800		\$167				\$19,967
GROSS MEDICAL & HOSPITAL EXPENSES	0075		\$1,482,071,495	\$15,181,478		\$2,871,188				\$1,500,124,161
PLUS: Reinsurance Premium Cost(1)	0015			\$168,519		\$3,487				\$172,006
Global Capitation Surplus/(Loss)	0415									
Quality Incentive VAPP	0418		\$5,860,051							\$5,860,051
Provider and Quality Incentive Payments	0076									
TOTAL MEDICAL & HOSPITAL EXPENSES	0080		\$1,487,931,546	\$15,349,997		\$2,874,675				\$1,506,156,218
Care Management	0047		\$111,060,431	\$435,636		\$85,476				\$111,581,543
<b>Administration</b>										
Allowable Administration Expenses	0081		\$109,999,185	\$3,779,323	\$1,065,590	\$312,160				\$115,156,258
TOTAL EXPENSES	0085		\$1,708,991,162	\$19,564,956	\$1,065,590	\$3,272,311				\$1,732,894,019
Premium Income(Loss)	0086		\$92,003,131	(\$3,928,089)	(\$1,065,590)	(\$352,707)				\$86,656,745
Nonallowable Administrative Expenses	0098		\$53,339,064	\$1,955		\$45,931				\$53,386,950
Operating Incomes(Loss)	0090		\$47,937,028	(\$3,535,459)	(\$1,065,590)	(\$397,185)				\$42,938,794
Aggregate Write-ins for Other Expenses	0095									
Prior Period Adjustments and Extraordinary Items	0096		(\$4,722,739)							(\$4,722,739)
Provision for Taxes	0093									
Adj. For Prior Period IBNR Adjustment	0094		(\$16,343,055)	(\$551,336)		(\$163,938)				(\$17,058,329)
NET INCOME (LOSS)	0100		\$69,002,822	(\$2,984,123)	(\$1,065,590)	(\$233,247)				\$64,719,862

Schedule B-1 - Medicaid Revenue and Expense Analysis Community		Medicaid Current YTD	Medicaid Current YTD PMPM	Medicaid Previous Calendar Year PMPM as of 12/31
00210	22210	00211	00212	00213
Medicaid Member Months	0101	335,318		201,497
<b>Revenue</b>				
Medicare Part C Premium Revenue	0501			
Medicare Part D Premium Revenue	0502			
Medicaid Premium Revenue	0103	\$1,520,671,040	\$4,535.01	\$4,398.11
Other Payor Premium Revenue	0104			
Spenddown and NAMI	0113	\$16,957,958	\$50.57	\$59.17
Coordination of Benefits(COB)	0114		\$0.00	
Reinsurance Recoveries	0177		\$0.00	
Net Investment Income	0116	\$2,715,862	\$8.10	\$0.67
HR&R Revenue	0118		\$0.00	
Quality Incentive Pool Award	0416	\$20,366,657	\$60.74	\$83.57
Quality Incentive VAPP	0417	\$5,860,051	\$17.48	\$13.54
Minimum Wage	0419	\$205,545,055	\$612.99	\$212.40
<b>Other Revenue (Double Click Below)</b>				
Other Revenue	0119	\$697,048	\$2.08	\$0.01
	0120		\$0.00	
TOTAL PREMIUM REVENUE	0110	\$1,763,540,710	\$5,259.31	\$4,753.25
TOTAL REVENUE	0130	\$1,772,813,671	\$5,286.96	\$4,767.47
<b>Expenses</b>				
<b>Medical and Hospital Expenses</b>				
Inpatient Acute Medical Surgical	0131			
Inpatient Mental Health & Substance Abuse	0132			
Inpatient Maternity Delivery	0503			
Total Hospital Inpatient Care	0504			
<b>Other Medical and Hospital:</b>				
Primary Care Physician	0134			
Specialty Care	0135			
Prenatal/Postpartum Maternity Services	0505			
Ambulatory Surgery	0136			
Outpatient/Physical Rehab/Therapy	0506	\$1,038,973	\$3.10	\$1.66
Other Professional Services	0137	\$3,817	\$0.01	\$0.02
Emergency Room (In/Out of Area)	0138			
Outpatient: Mental Health	0139			
Outpatient Drug & Alcohol Treatment	0140			
Dental	0141	\$2,291,435	\$6.83	\$9.20
Pharmacy-Part D	0507			
Pharmacy-Non-Part D	0508			
Home Health Care	0509	\$2,915,054	\$8.69	\$13.93
Nursing Facility	0133	\$25,584,487	\$76.30	\$88.06
Transportation - Emergent	0510			
Transportation - Non Emergent	0511	\$27,780,603	\$82.85	\$89.84
Diagnostic Testing, Lab & X-Ray	0148			
Family Planning	0512			
Vision Care Inc. Eyeglasses	0149	\$363,016	\$1.08	\$1.08
Foot Care	0150	\$338,218	\$1.01	\$0.66
Durable Medical Equipment & Other	0160	\$17,035,360	\$50.80	\$43.47
Personal Care	0157	\$768,906,020	\$2,293.07	\$2,290.83
CDPAP	0125	\$487,496,090	\$1,453.83	\$810.76
Personal Emergency Response Services	0162	\$2,667,050	\$7.95	\$8.48
Home Delivered and Congregate Meals	0164	\$1,200,239	\$3.58	\$3.35
Adult Day Care	0144	\$2,567,772	\$7.66	\$9.12
Social Day Care	0145	\$70,068,340	\$208.96	\$210.92
<b>Other Medical Services: (Enter labels on Exhibit B)</b>				
	0513		\$0.00	
	0514		\$0.00	
	0515		\$0.00	
	0516		\$0.00	
	0517		\$0.00	
Total: Other Medical Services	0530		\$0.00	
GROSS MEDICAL & HOSPITAL EXPENSES	0175	\$1,410,256,474	\$4,205.73	\$3,581.38
PLUS: Reinsurance Premium Cost	0115		\$0.00	
Global Capitation Surplus/(Loss)	0415		\$0.00	
Quality Incentive VAPP	0418	\$5,860,051	\$17.48	\$13.54
Provider and Quality Incentive Payments	0176		\$0.00	
TOTAL MEDICAL & HOSPITAL EXPENSES	0180	\$1,416,116,525	\$4,223.20	\$3,594.92
Care Management (Schedule D-2)	0147	\$105,678,904	\$315.16	\$296.60
<b>Administration</b>				
Allowable Administration Expenses (Schedule D-3)	0181	\$107,617,164	\$320.94	\$348.35
TOTAL EXPENSES	0185	\$1,629,412,593	\$4,859.31	\$4,239.87
Premium Income(Loss)	0186	\$134,128,117	\$400.00	\$513.38
Nonallowable Expense	0198	\$52,184,012	\$155.63	\$45.19
Operating Incomes(Loss)	0190	\$91,217,066	\$272.03	\$482.41
Aggregate Write-ins for Other Expenses	0195			
Prior Period Adjustments and Extraordinary Items	0196			
Provision for Taxes	0193			
Adj. For Prior Period IBNR Adjustment	0194			
NET INCOME (LOSS)	0199			

(1) Plans purchasing reinsurance should enter its reinsurance costs on this line.



Schedule B-1 - Medicaid Revenue and Expense Analysis Nursing Home Permanent Placement		Medicaid Current YTD	Medicaid Current YTD PMPM	Medicaid Previous Calendar Year PMPM as of 12/31
00224	22411	00225	00226	00227
Medicaid Member Months	0101	7,422		5,119
<b>Revenue</b>				
Medicare Part C Premium Revenue	0501			
Medicare Part D Premium Revenue	0502			
Medicaid Premium Revenue	0103	\$37,315,330	\$5,027.67	\$4,533.57
Other Payor Premium Revenue	0104			
Spenddown and NAMI	0113	\$138,253	\$18.63	\$18.84
Coordination of Benefits(COB)	0114		\$0.00	
Reinsurance Recoveries	0177		\$0.00	
Net Investment Income	0116		\$0.00	
HR&R Revenue	0118		\$0.00	
Quality Incentive Pool Award	0416		\$0.00	
Quality Incentive VAPP	0417		\$0.00	
Minimum Wage	0419		\$0.00	
<b>Other Revenue (Double Click Below)</b>				
	0119		\$0.00	
	0120		\$0.00	
TOTAL PREMIUM REVENUE	0110	\$37,453,583	\$5,046.29	\$4,552.41
TOTAL REVENUE	0130	\$37,453,583	\$5,046.29	\$4,552.41
<b>Expenses</b>				
<b>Medical and Hospital Expenses</b>				
Inpatient Acute Medical Surgical	0131			
Inpatient Mental Health & Substance Abuse	0132			
Inpatient Maternity Delivery	0503			
Total Hospital Inpatient Care	0504			
<b>Other Medical and Hospital:</b>				
Primary Care Physician	0134			
Specialty Care	0135			
Prenatal/Postpartum Maternity Services	0505			
Ambulatory Surgery	0136			
Outpatient/Physical Rehab/Therapy	0506	\$76	\$0.01	\$0.74
Other Professional Services	0137		\$0.00	\$0.01
Emergency Room (In/Out of Area)	0138			
Outpatient: Mental Health	0139			
Outpatient Drug & Alcohol Treatment	0140			
Dental	0141		\$0.00	
Pharmacy-Part D	0507			
Pharmacy-Non-Part D	0508			
Home Health Care	0509	\$1,640	\$0.22	\$1.35
Nursing Facility	0133	\$71,291,308	\$9,605.40	\$8,859.09
Transportation - Emergent	0510			
Transportation - Non Emergent	0511	\$297,804	\$40.12	\$34.96
Diagnostic Testing, Lab & X-Ray	0148			
Family Planning	0512			
Vision Care Inc. Eyeglasses	0149	\$8,030	\$1.08	\$1.23
Foot Care	0150	\$5,042	\$0.68	\$0.98
Durable Medical Equipment & Other	0160	\$50,184	\$6.76	\$7.89
Personal Care	0157	\$137,603	\$18.54	\$117.02
CDPAP	0125	\$12,817	\$1.73	\$13.27
Personal Emergency Response Services	0162	\$7,206	\$0.97	\$1.02
Home Delivered and Congregate Meals	0164	\$49	\$0.01	
Adult Day Care	0144		\$0.00	
Social Day Care	0145	\$3,262	\$0.44	
<b>Other Medical Services: (Enter labels on Exhibit B)</b>				
	0513		\$0.00	
	0514		\$0.00	
	0515		\$0.00	
	0516		\$0.00	
	0517		\$0.00	
Total: Other Medical Services	0530		\$0.00	
GROSS MEDICAL & HOSPITAL EXPENSES	0175	\$71,815,021	\$9,675.97	\$9,037.56
PLUS: Reinsurance Premium Cost	0115		\$0.00	
Global Capitation Surplus/(Loss)	0415		\$0.00	
Quality Incentive VAPP	0418		\$0.00	
Provider and Quality Incentive Payments	0176		\$0.00	
TOTAL MEDICAL & HOSPITAL EXPENSES	0180	\$71,815,021	\$9,675.97	\$9,037.56
Care Management (Schedule D-2)	0147	\$5,381,527	\$725.08	\$748.47
<b>Administration</b>				
Allowable Administration Expenses (Schedule D-3)	0181	\$2,382,021	\$320.94	\$348.35
TOTAL EXPENSES	0185	\$79,578,569	\$10,721.98	\$10,134.38
Premium Income(Loss)	0186	(\$42,124,986)	(\$5,675.69)	(\$5,581.97)
Nonallowable Expense	0198	\$1,155,052	\$155.63	\$45.19
Operating Incomes(Loss)	0190	(\$43,280,038)	(\$5,831.32)	(\$5,627.16)
Aggregate Write-ins for Other Expenses	0195			
Prior Period Adjustments and Extraordinary Items	0196			
Provision for Taxes	0193			
Adj. For Prior Period IBNR Adjustment	0194			
NET INCOME (LOSS)	0199			

(1) Plans purchasing reinsurance should enter its reinsurance costs on this line.

Schedule B-2 - Projected NYS Consolidated Revenues and Expenses		A Partial Capitation	B PACE	C Medicare Advantage	D Medicaid Advantage Plus	E Commercial	F Medicaid	G FIDA	H HIVSNP	I HARP	J Other	K= Sum A+B+C+ D+F+G+H+I+ J Total
01114	01514	00311	00312	00315	00316	00317	00318	00319	00320	00321	00313	00314
Members	0001	35,328		1,615	1,411			29				38,383
Member Months	0002	409,269		17,385	4,340			351				431,345
<b>Revenue:</b>												
<b>Premium Revenue:</b>												
Medicare	0003			\$17,019,785	\$39,056,843			\$883,927				\$56,960,554
Medicaid	0004	\$1,812,971,232			\$58,701,450			\$1,455,592				\$1,873,128,273
Other Payer Premium Revenue	0005											
Spenddown and NAMI	0006	\$22,238,132			\$2,340,779			\$4,709				\$24,583,620
Premium Revenue (lines 3+4+5+6)	0007	\$1,835,209,364		\$17,019,785	\$100,099,071			\$2,344,228				\$1,954,672,448
Plus Reinsurance Recoveries	0020			\$116,735	\$56,923			\$4,604				\$178,262
Net Investment Revenue	0009	\$1,650,000										\$1,650,000
COB (Third Party Recoveries)	0010											
Other Revenue	0011											
TOTAL REVENUE (sum lines 7,20,9-11)	0012	\$1,836,859,364		\$17,136,520	\$100,155,995			\$2,348,832				\$1,956,500,710
<b>Hospital and Medical Expenses:</b>												
Inpatient Hospital	0013			\$5,377,778	\$13,864,255			\$487,925				\$19,729,958
Nursing Facility	0014	\$91,427,025		\$1,358,798	\$4,314,940			\$216,918				\$97,317,681
Primary Care	0031			\$632,625	\$2,471,197			\$24,795				\$3,128,617
Home Health Care	0032	\$3,440,846		\$150,016	\$3,462,562			\$26,950				\$7,080,373
Personal Care	0033	\$1,239,442,671			\$40,007,255			\$1,437,178				\$1,280,887,104
Pharmacy	0017			\$2,128,163	\$7,493,924			\$39,235				\$9,661,322,17
Aggregate Write-ins for all other Medical	0018	\$148,316,787		\$4,222,024	\$13,868,054			\$294,935				\$166,701,801
Subtotal Medical & Hospital (sum lines 13-14,31-33,17-18)	0019	\$1,482,627,329		\$13,869,404	\$85,482,187			\$2,527,936				\$1,584,506,856
Plus Reinsurance Premiums	0008			\$194,558	\$94,872			\$7,673				\$297,104
Global Capitation Surplus/(Loss)	0415											
Total Medical & Hospital (lines 19+8)	0021	\$1,482,627,329		\$14,063,962	\$85,577,059			\$2,535,609				\$1,584,803,959
Care Management	0022	\$143,435,354		\$1,234,149	\$4,069,918			\$100,446				\$148,839,868
Administration	0023	\$87,301,850		\$2,020,329	\$5,363,866			\$218,104				\$94,904,149
TOTAL EXPENSES (lines 21+22+23)	0024	\$1,713,364,533		\$17,318,440	\$95,010,844			\$2,854,159				\$1,828,547,976
OPERATING INCOME/(LOSS) (line 12-24)	0025	\$123,494,830		(\$181,920)	\$5,145,151			(\$505,327)				\$127,952,734
Extraordinary Items	0026											
Provision for taxes	0027											
Prior period IBNR adjustments	0028											
NET INCOME/(LOSS)	0029	\$123,494,830		(\$181,920)	\$5,145,151			(\$505,327)				\$127,952,734
<b>Required Escrow Deposit 98-1.11(f):</b>												
5% of Projected Medical Expenses	0030	\$74,131,366		\$693,470	\$4,274,109			\$126,397				\$79,225,343

		Direct Costs	Direct Costs	Contracted Costs	Contracted Costs		
Schedule D-2 - Care Management		*F.T.E.s	Salary and Fringes	*F.T.E.s	Salary and Fringes	Total	**Staffing Ratios
00610	61016	00611	00612	00614	00615	00617	00618
Care Management Supervisor	0001	4.15	\$586,578	51.25	\$12,808,994	\$13,395,572	1:8
Care Manager	0002			309.08	\$68,578,805	\$68,578,805	1:90
<b>Other - (Double click Below)</b>							
Social Worker	0004	7.18	\$582,543	83.17	\$13,362,414	\$13,944,957	1:250
Assessment RN	0005	168.62	\$15,141,097			\$15,141,097	1:225
	0006						
	0007						
	0008						
	0009						
	0010						
	0011						
	0012						
	0013						
<b>TOTAL CARE MANAGEMENT</b>	<b>0025</b>	<b>179.95</b>	<b>\$16,310,218</b>	<b>443.50</b>	<b>\$94,750,213</b>	<b>\$111,060,431</b>	<b>45.81</b>
PACE Center Staff	0026						
Non-PACE Center Staff	0027						

\* Total actual hours paid during the report period.  
 (Includes vacation, sick and holiday time)/(weeks in report period x standard hrs. per workweek)  
 \*\* Care Management Supervisor ratio is to CM EMPLOYEES, not to enrollees.

Schedule D-2A - Care Management Expense - Contracted Services		Panel Size (Members)	Member Months	Contracted Fee PMPM	Contracted Care Management Expense Reported on Table D-2
00619	00620	00621	00622	00623	00624
House Call Medical Services of New York	0001	90	1,086	\$260.00	\$275,080
Premier Home Health Care	0002	1,192	13,661	\$230.00	\$3,140,190
CARE SOLUTIONS	0004	29,303	331,741	\$275.31	\$91,334,943
	0005				
	0006				
	0007				
	0008				
	0009				
	0010				
	0011				
	0012				
	0013				
	0014				
	0015				
	0016				
	0017				
	0018				
	0019				
	0020				
	0021				
	0022				
	0023				
	0024				
<b>TOTAL CONTRACTED CARE MANAGEMENT</b>	<b>0025</b>	<b>30,585</b>	<b>346,488</b>	<b>\$765.31</b>	<b>\$94,750,213</b>

		DIRECT EXPENSE	CONTRACTED EXPENSE	TOTAL EXPENSE
Schedule D-3 - Administration Expense - Total		Total Direct Expense	Total Contracted Expense	Total Administration Expense
00710	71017	00713	00716	00719
Rent (\$0 for Occupancy of Own Building)	0001	\$3,316,011		\$3,316,011
Salaries and Fringe Benefits (Schedule D-3B)	0002	\$41,099,871	\$411,093	\$41,510,964
Legal Fees and Expenses	0003		\$789,374	\$789,374
Utilization Management/Quality Improvement	0004		\$503,775	\$503,775
Traveling Expense	0005	\$563,876		\$563,876
Advertising	0006	\$68,049		\$68,049
Marketing	0026	\$150,904	\$18,024	\$168,928
Finance, Auditing & Actuarial	0007	\$84,876	\$3,841,849	\$3,926,725
Claims Processing	0008		\$3,074,547	\$3,074,547
Provider Relations, Recruitment & Contracting	0009	\$95,902	\$782,044	\$877,946
Member Services	0010		\$1,045,353	\$1,045,353
Management Information System(MIS)	0011		\$2,941,422	\$2,941,422
Telephone, Postage, Express & Telegraph	0012	\$1,495,210	\$136,452	\$1,631,662
Printing & Stationary	0013	\$2,942,836		\$2,942,836
Occupancy, Depreciation & Amortization	0014	\$2,306,410		\$2,306,410
Rental of Equipment	0015	\$122,871		\$122,871
Boards, Bureaus and Association Fees	0016	\$65,338	\$3,735	\$69,073
Insurance, Except for Real Estate	0017	\$166,641		\$166,641
Collection and Bank Service Charge	0018	\$15,113		\$15,113
Payroll Taxes	0019	\$4,419,634		\$4,419,634
Other Taxes (Excluding Fed. Inc. Tax & RE Tax)	0020	\$36,894,582		\$36,894,582
Intake and Enrollment	0022		\$1,736,610	\$1,736,610
Employee Recruitment and Retention	0024	\$906,783		\$906,783
Franchise Tax	0045			
Aggregate Write-in for Other Expenses	0099			
<b>(Double click on lines 51 - 59 Below)</b>				
Total Allowable Administration Expense	0030	\$94,714,907	\$15,284,278	\$109,999,185
<b>Nonallowable Administration</b>				
Contributions and Donations	0032			
Lobbying Expenses	0033			
Entertainment costs	0034			
Interest, Fines and Penalties	0035			
Uncollectible Spenddown and NAMI	0060	\$10,406,711		\$10,406,711
State Income Taxes	0061			
Other Nonallowable expenses	0036	\$42,932,353		\$42,932,353
Total Nonallowable expenses	0037	\$53,339,064		\$53,339,064
Total Administration Expense	0100	\$148,053,971	\$15,284,278	\$163,338,249
	0051			
	0052			
	0053			
	0054			
	0055			
	0056			
	0057			
	0058			
	0059			
Summary of Items on the Note Pad	0097			
Total of Items 0051-0097 (Line 0099 Above)	0098			
Statewide Member Months	0096			\$342,740

Schedule D-3A - Administrative Expense - Contracted Services		Service Performed	(1) Type of Affiliation	MLTC Expense
00721	72118	00722	00723	00724
Name of Contractor (Double click Below)				
Centers Business Office	0001	Management Fees	2	\$3,079,908
CaseTrakker	0002	Consulting Fees	1	\$1,385,185
Herb Olitsky Consulting Services	0003	Consulting Fees	1	\$1,299,699
Relay Health	0004	Consulting Fees	1	\$1,121,421
FHS Consultants, LLC	0005	Consulting Fees	2	\$1,100,765
Globo Language Solutions	0006	Consulting Fees	1	\$1,010,344
Cognizant TriZetto Software	0007	Consulting Fees	1	\$906,977
SPS COMMUNITY SOLUTIONS LLC	0008	Consulting Fees	1	\$543,842
CHANGE HEALTHCARE SOLUTIONS	0009	Consulting Fees	1	\$510,791
Marco Michelson MD, PC	0010	Consulting Fees	1	\$411,093
Hinman Straub	0011	Consulting Fees	1	\$401,471
HighPoint Solutions	0012	Consulting Fees	1	\$317,727
Sentry Management Solutions	0013	Consulting Fees	1	\$270,337
Mazar USA LLP	0014	Consulting Fees	1	\$214,016
Quest Analytics	0015	Consulting Fees	1	\$209,043
Optum Insight	0016	Consulting Fees	1	\$185,536
Loeb & Troper	0017	Consulting Fees	1	\$173,692
Grady Consultants LLC	0018	Consulting Fees	1	\$164,060
Eastern VSP	0019	Consulting Fees	1	\$147,320
Other	0020	Consulting Fees	1	\$1,831,051
<b>Total (Should equal Schedule D-3, Column 00716, line 100)</b>	<b>0050</b>			<b>\$15,284,278</b>

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

(1) Under Type of Affiliation, enter the number code of all that apply.

1. None
2. Common Ownership
3. Common Board of Directors
4. Part of same Holding Company System
5. Share Key Personnel

		Direct Expenses	Direct Expenses	Contracted Expenses	Contracted Expenses	Total	Total
Schedule D-3B - Administrative Expense - Personnel Expense		MLTC FTEs	MLTC Salaries and Fringe Benefits	MLTC FTEs	MLTC Salaries and Fringe Benefits	MLTC FTEs	MLTC Salaries and Fringe Benefits
00750	75019	00751	00752	00753	00754	00755	00756
<b>Administrative Category</b>							
Executive Management	0001	5.74	\$4,225,914			5.74	\$4,225,914
Administrative Support	0075	0.00				0.00	
Employee Recruitment and Retention	0002	10.45	\$814,821			10.45	\$814,821
Medical Director	0003	0.48	\$212,040	1.00	\$411,093	1.48	\$623,133
Legal Services	0004						
Utilization Management/Quality Improvement	0005	64.29	\$4,107,904			64.29	\$4,107,904
Advertising	0006	0.96	\$243,466			0.96	\$243,466
Marketing	0016	46.87	\$3,344,885			46.87	\$3,344,885
Finance, Auditing and Actuarial	0007	9.70	\$1,645,565			9.70	\$1,645,565
Claims Processing	0008	54.16	\$2,869,720			54.16	\$2,869,720
Provider Relations, Cre. & Contr.	0009	32.05	\$1,975,784			32.05	\$1,975,784
Member Services	0010	104.16	\$4,627,059			104.16	\$4,627,059
Management Information Sys.	0011	15.06	\$1,678,893			15.06	\$1,678,893
Intake and Enrollment	0012	166.28	\$10,892,297			166.28	\$10,892,297
Aggregate Write-in for Other Admin.	0049	81.55	\$4,461,523			81.55	\$4,461,523
Totals	0050	591.75	\$41,099,871	1.00	\$411,093	592.75	\$41,510,964
<b>Detail; Aggregate Write-in (Double click Below)</b>							
Compliance	0025	9.54	\$997,078			9.54	\$997,078
Operations	0026	13.54	\$750,359			13.54	\$750,359
G&A	0027	10.75	\$705,544			10.75	\$705,544
Retention	0028	9.71	\$355,313			9.71	\$355,313
Care Team Support	0029	38.01	\$1,653,229			38.01	\$1,653,229
Summary of Write-ins From Notepad	0030						
Totals (Lines 0025-0030) To Line 49	0048	81.55	\$4,461,523			81.55	\$4,461,523

Schedule D-6 Claims Analysis		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)
02022	02021	01014	01011	01012	01013	01016
<b>A. Claims Incurred During Current Period</b>						
<b>Category of Service</b>						
Inpatient	0001					
Nursing Home	0002	\$96,875,795	\$72,533,142	\$9,928,077	\$14,414,576	14.88 %
Physician(s)	0003					
Emergency Room	0005					
Home Health Care	0013	\$2,916,694	\$2,126,126	\$307,504	\$483,064	16.56 %
Personal Care	0014	\$769,043,623	\$722,733,932	\$34,184,849	\$12,124,842	1.58 %
CDPAP	0120	\$487,508,907	\$452,663,295	\$24,987,961	\$9,857,651	2.02 %
Other Medical Services	0007	\$125,726,476	\$114,471,723	\$7,455,323	\$3,799,430	3.02 %
<b>TOTAL</b>	<b>0025</b>	<b>\$1,482,071,495</b>	<b>\$1,364,528,218</b>	<b>\$76,863,714</b>	<b>\$40,679,563</b>	<b>2.74 %</b>
Total Expenses - Capitated	0051	\$2,662,481				
Total Expenses - Paid FFS	0052	\$1,479,409,014				2.75 %
Number of Claims Processed	0053	9,828,792				



Schedule D-6 Claims Analysis (continued) <sup>1</sup>		Reported Claims That Are Unpaid	Reported Claims That Are Unpaid	Incurred But Not Reported	Incurred But Not Reported	
		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)
22121	22123	01011	01012	01013	01014	01015
<b>B. Claims Unpaid</b>						
<b>Category of Service</b>						
Inpatient	0026					
Nursing Home	0027	\$384	\$9,928,077	\$5,441,007	\$14,414,576	\$29,784,044
Physician(s)	0028					
Emergency Room	0030					
Home Health Care	0038	\$8,930	\$307,504	\$362,292	\$483,064	\$1,161,790
Personal Care	0039	\$18,899	\$34,184,849	\$1,600,740	\$12,124,842	\$47,929,330
CDPAP	0125	\$10,903	\$24,987,961	\$131,310	\$9,857,651	\$34,987,825
Other Medical Services	0032	\$257,356	\$7,455,323	\$178,126	\$3,799,430	\$11,690,235
<b>TOTAL</b>	<b>0050</b>	<b>\$296,471</b>	<b>\$76,863,714</b>	<b>\$7,713,475</b>	<b>\$40,679,563</b>	<b>\$125,553,224</b>

Schedule D-6 Claims Analysis (continued)2		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)
00241	24125	01025	01021	01022	01023	01024
<b>C. Summary of Prior Period IBNR</b>						
<b>Category of Service</b>						
Inpatient	0026					
Nursing Home	0027			241,383	5,199,624	5,441,007
Physician(s)	0028					
Emergency Room	0030					
Home Health Care	0038				362,292	362,292
Personal Care	0039			320,359	1,280,381	1,600,740
CDPAP	0130				131,310	131,310
Other Medical Services	0032			4,035	174,091	178,126
TOTAL	0050			565,777	7,147,698	7,713,475

Schedule D-6 - Claims Analysis (continued)3		Current Period	Year 1 Prior to the Reporting Period	Year 2 Prior to the Reporting Period
07481	07491	01017	01018	01019
<b>D. Global Capitation Reconciliation (Total Plan)</b>				
Member Months	0009			
Premium Revenue	0010			
Total Global Capitation Paid	0001			
Additional Plan Payments	0006			
Total Global Capitation Payments	0007			
Actual Claims Paid	0002			
Claims Reported but Not Paid	0003			
Claims Incurred but Not Reported	0004			
Total Global Capitation Expenses	0008			
IPA/Providers's Surplus or (Loss)	0005			

Schedule D-7 Premium Receivables		Total Dollars in the Category	Up to 30 Days	30 Days to 59 Days	60 Days to 89 Days	90 Days to 119	120 Days to 365 Days	Over One Year
01050	105026	01051	01052	01053	01054	01055	01056	01057
<b>Premium Receivables Categories</b>								
Medicaid	0001	16,079,537	2,393,902	7,702,287	1,227,211	906,908	3,284,039	565,190
Medicare	0002	10,889	10,889					
Private Pay	0003							
Spenddown/NAMI	0004							
Allowance for Doubtful Accounts (Entered as Negative)	0005	-1,200,000					-900,000	-300,000
<b>Other - (Double click Below)</b>								
	0006							
	0007							
	0008							
	0009							
<b>Total By Aging Category</b>	<b>0010</b>	<b>14,890,426</b>	<b>2,404,791</b>	<b>7,702,287</b>	<b>1,227,211</b>	<b>906,908</b>	<b>2,384,039</b>	<b>265,190</b>

Schedule F IBNR Reserve Calculation		A Claims Reported (Paid and Unpaid)	B Percent Complete	C Estimated Expense (A/B)	D Adjustment	E Projected Expense (C + D)	F IBNR Reserve (E-A)
00271	27128	01101	01102	01103	01104	01105	01106
<b>Description</b>							
December	0001	\$125,024,014	90.04680 %	138,843,366		\$138,843,366	\$13,819,352
November	0002	\$125,681,918	95.47600 %	131,637,181		\$131,637,181	\$5,955,263
October	0003	\$131,287,071	96.52644 %	136,011,513		\$136,011,513	\$4,724,442
September	0004	\$123,343,616	97.04852 %	127,094,792		\$127,094,792	\$3,751,176
August	0005	\$128,230,785	97.49446 %	131,526,228		\$131,526,228	\$3,295,443
July	0006	\$125,091,675	98.61798 %	126,844,688		\$126,844,688	\$1,753,013
June	0007	\$119,655,143	98.50179 %	121,475,101		\$121,475,101	\$1,819,958
May	0008	\$122,169,880	98.82861 %	123,617,925		\$123,617,925	\$1,448,045
April	0009	\$113,747,839	99.11561 %	114,762,793		\$114,762,793	\$1,014,954
March	0010	\$115,440,823	98.90891 %	116,714,284		\$116,714,284	\$1,273,461
February	0011	\$102,053,607	99.07604 %	103,005,335		\$103,005,335	\$951,728
January	0012	\$109,665,576	99.21049 %	110,538,289		\$110,538,289	\$872,713
CURRENT YEAR TOTAL	0020	\$1,441,391,947		1,482,071,495		\$1,482,071,495	\$40,679,548
<b>PERCENT COMPLETED</b>		Yes=1,No=2					
Historical Experience	0021						
Authorized Claims	0022						
Other (Explain on Notepad)	0023						

Schedule G Schedule of Net Investment Income		Amount Accrued During the Year
00291	29130	01201
<b>INVESTMENT INCOME</b>		
Interest Income	0001	\$2,502,444
Dividend and Real Estate Income	0002	\$447,493
Net Realized Capital Gains or Losses	0003	
Other Investment Income	0004	
<b>TOTAL INVESTMENT INCOME</b>	<b>0010</b>	<b>\$2,949,937</b>
<b>DEDUCTIONS</b>		
Investment Expenses	0011	\$234,075
Interest Expense	0012	
Interest on Claims Paid after 45 Days	0014	
Other Deductions	0013	
<b>TOTAL DEDUCTIONS</b>	<b>0020</b>	<b>\$234,075</b>
<b>NET INVESTMENT INCOME</b>	<b>0025</b>	<b>\$2,715,862</b>

Schedule G-1 Schedule of Adjustments for Prior Period IBNR		Amount of Write-off
03111	311132	01202
<b>Details of Adj for Prior Period IBNR on line 94 cc 112</b>		
1 Year Prior to the Reporting Period	0001	(\$15,100,309)
2 Years Prior to the Reporting Period	0002	(\$1,247,331)
3 Years Prior to the Reporting Period	0003	\$8,372
4 Years Prior to the Reporting Period	0004	(\$3,787)
<b>TOTAL ADJUSTMENTS FOR PRIOR PERIOD IBNR</b>	<b>0010</b>	<b>(\$16,343,055)</b>

Schedule G-2 Total Plan Schedule of Aggregate Write-ins for Other Expenses		Amount of Write-off
01213	121333	01214
<b>Details of Write-ins aggregated on line 0095 from Schedule B:</b>		
	0001	
	0002	
	0003	
	0004	
	0005	
Non-State Plan Services	0006	
Increase in Reserves for A&H Contracts	0007	
<b>TOTAL PLAN SCHEDULE OF AGGREGATE WRITE-INS</b>	<b>0099</b>	



Schedule G-3 Total Plan Schedule of Prior Period Revenue Adjustments and Extraordinary Items		Amount of Write-off
01223	12234	01224
<b>Details of Extraordinary Items on line 0096 from Schedule B:</b>		
Adjustment for Prior Period Revenue	0001	(\$4,722,739)
Adjustment for Prior Period HR & R Revenue	0002	
	0003	
	0004	
	0005	
	0006	
	0007	
	0008	
	0009	
All Other	0010	
<b>TOTAL EXTRAORDINARY ITEMS</b>	<b>0099</b>	<b>(\$4,722,739)</b>

Schedule G-4 Schedule of Recovered Provider Payments For Services Provided in Prior Periods		Amount of Recovered Payments
00351	35136	01225
<b>Details of Prior Period Provider Recoveries included in the Prior Period IBNR Schedule:</b>		
1 Year Prior to Reporting Period	0001	\$34,011
2 Years Prior to Reporting Period	0002	\$10,186
3 Years Prior to the Reporting Period	0003	\$3,824
4 Years Prior to the Reporting Period	0004	
TOTAL RECOVERIES INCLUDED IN PRIOR PERIOD IBNR ADJUSTMENT	0099	\$48,020

Schedule H Claims Payable Aging Analysis of Unpaid Claims		1-30 Days	31-45 Days	46-90 Days	91 + Days	Total
<b>01600</b>	<b>160037</b>	<b>01604</b>	<b>01605</b>	<b>01606</b>	<b>01607</b>	<b>01603</b>
Claims Payable (Reported) Detail Below	0001					
	0002					
	0003					
	0004					
	0005					
	0006					
	0007					
	0008					
	0009					
	0010					
	0011					
	0012					
	0013					
	0014					
	0015					
	0016					
	0017					
	0018					
	0019					
	0020					
	0021					
	0022					
	0023					
	0024					
	0025					
Sum of Individually Listed Claims Payable	0026					
Aggregate Accounts Not Individually Listed	0028	\$13,300,892	\$1,342	\$0		\$13,302,234
Totals	0029	\$13,300,892	\$1,342	\$0		\$13,302,234

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.

Schedule I - Schedule of Plan's Transactions with Any Affiliate		(1) Type of Affiliation	Capital Contributions	Purchases, Sales, or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements ) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Administrative Service Contracts	Medical Services	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	TOTALS
01401	140138	01402	01403	01404	01405	01406	01407	01408	01409
Names of Insurers and Parent, Subsidiaries or Affiliates									
(Double click Below)									
Centers Plan for Healthy Living	0001	1				(\$6,154,500)	(\$43,205,547)		(\$49,360,047)
Centers Business Office	0002	1				\$3,079,908			\$3,079,908
FHS Consultants	0003	1				\$1,095,425			\$1,095,425
House Call Medical Services of NY	0004	1				\$275,080			\$275,080
Centers Health Plan	0005	1				\$1,704,087			\$1,704,087
Alpine Home Health Care	0006	1					\$37,769		\$37,769
Amazing Home Care LLC	0007	1					\$28,291,791		\$28,291,791
BORO PARK CENTER FOR REHABILITATION & HEALTH CARE	0008	1					\$3,029,931		\$3,029,931
BRONX CENTER FOR REHABILITATION & HEALTH CARE	0009	1					\$542,070		\$542,070
BROOKLYN CENTER FOR REHABILITATION AND RESIDENTIAL	0010	1					\$765,172		\$765,172
BUFFALO CENTER FOR REHABILITATION AND HEALTHCARE	0011	1					\$1,296,535		\$1,296,535
BUSHWICK ADULT DAY HEALTH CARE PROGRAM	0012	1					\$181,672		\$181,672
BUSHWICK CENTER ADULT DAY CARE AT TRINITY	0013	1					\$30,706		\$30,706
BUSHWICK CENTER FOR REHABILITATION AND HEALTH CARE	0014	1					\$528,203		\$528,203
CLIFFSIDE REHABILITATION AND RESIDENTIAL HEALTH	0015	1					\$1,299,716		\$1,299,716
DRY HARBOR NURSING & REHABILITATION CENTER	0016	1					\$2,236,309		\$2,236,309
ELLCOTT CENTER FOR REHABILITATION AND NURSING	0017	1					\$675,191		\$675,191
ESSEN MEDICAL ASSOCIATESPC	0018	1					\$12,358		\$12,358
FOREST VIEW CENTER FOR REHABILITATION & NURSING	0019	1					\$390,522		\$390,522
Holliswood Care Center	0020	1					\$374,564		\$374,564
HOPE CENTER FOR HIV AND NURSING CARE	0021	1					\$53,707		\$53,707
HOUSE CALL MEDICAL SERVICES OF NEW YORK PLLC	0022	1					\$9,783		\$9,783
MARTINE CENTER FOR REHABILITATION AND NURSING	0023	1					\$545,726		\$545,726
MILLS POND NURSING & REHABILITATION CENTER LLC	0024	1					\$831,015		\$831,015
RICHMOND ADULT DAY CENTER	0025	1					\$226,823		\$226,823
RICHMOND CENTER ADHC	0026	1					\$18,804		\$18,804
RICHMOND CENTER FOR REHAB & SPECIALTY CARE	0027	1					\$533,858		\$533,858
SAYVILLE NURSING & REHABILITATION CENTER	0028	1					\$4,326		\$4,326
SENIORCARE EMERGENCY MEDICAL SERVICES, P.C.	0029	1					\$64,262		\$64,262
University Nursing Home	0030	1					\$86,177		\$86,177
WARTBURG RECEIVER DBA CENTERS ADC AT RIDGEWOOD	0031	1					\$47,550		\$47,550
WILLIAMSBRIDGE MANOR NURSING HOME	0032	1					\$373,350		\$373,350
WOODCREST REHABILITATION & RESIDENTIAL HEALTH CARE	0033	1					\$717,654		\$717,654
<b>TOTAL</b>	<b>0999</b>					\$0	\$0		\$0

(1) TYPE OF AFFILIATION (Enter number code for type of affiliation)

1. Common Ownership
2. Common Board of Directors
3. Part of the Same Holding Company System
4. Share Key Personnel

Schedule J - Schedule of Claims and Interest Penalties Paid During the Year		Total Claim Count	Total Dollar Value	Number of Clean Claims Paid in Excess of 45 Days	Dollar Value of Clean Claims Paid in Excess of 45 Days	Number of Clean Claims in Excess of 45 Days For Which Interest Was Paid	Interest Paid During Year
00391	39140	01501	01502	01503	01504	01505	01506
<b>Account Description</b>							
Inpatient	0001	14,532	\$81,300,764	43	\$271,845	43	\$630
Nursing Facility	0002						
Physicians	0003						
Home Health Care	0006	2,742	\$2,414,475	13	\$16,764	13	\$202
Personal Care	0007	1,288,501	\$752,856,473	31	\$27,008	31	\$1,146
CDPAP	0004	796,234	\$470,815,095	35	\$138,548	35	\$88
Other Medical Services	0005	1,221,541	\$119,194,872	60	\$5,916	60	\$419
<b>TOTAL</b>	<b>0025</b>	<b>3,323,550</b>	<b>\$1,426,581,679</b>	<b>182</b>	<b>\$460,081</b>	<b>182</b>	<b>\$2,485</b>

Exhibit A1 - Analysis of Enrolled Population		Total Enrollees (End of Prior Period)	Net Shifts Among Groups YTD	New Enrollees YTD	Disenrollments YTD	Total Enrollment
<b>03100</b>	<b>310041</b>	<b>03101</b>	<b>03105</b>	<b>03102</b>	<b>03103</b>	<b>03104</b>
<b>PREMIUM GROUP</b>						
Community	0003	24,142	-198	12,757	5,626	31,075
Nursing Home Permanent Placement	0004	590	198	140	301	627
<b>Other Medicaid Enrollees: (Double click Below)</b>						
	0010					
	0011					
	0012					
	0013					
	0014					
Total Medicaid Members	0020	24,732	0	12,897	5,927	31,702
Non-Medicaid Enrollees	0021					
<b>TOTALS</b>	<b>0030</b>	<b>24,732</b>	<b>0</b>	<b>12,897</b>	<b>5,927</b>	<b>31,702</b>

a) Disenrollments should be entered as positive numbers. The program will automatically reduce the totals.

Exhibit A2 - Analysis of Enrolled Population By County		Community	Nursing Home Permanent Placement	TOTAL MEDICAID MEMBER MONTHS TO DATE	NON-MEDICAID ENROLLEE MONTHS	TOTAL MEMBER MONTHS TO DATE
<b>03200</b>	<b>03421</b>	<b>03201</b>	<b>03202</b>	<b>03206</b>	<b>03207</b>	<b>03208</b>
<b>MEMBER MONTHS BREAKDOWN BY COUNTY</b>						
<b>Region/County</b>						
One/New York City	0001	295,313	3,956	299,269		299,269
One/Nassau	0002	20,071	906	20,977		20,977
One/Westchester	0005	2,593	317	2,910		2,910
One/Suffolk	0004	11,704	1,450	13,154		13,154
Two/Rockland	0003	1,010	53	1,063		1,063
Two/Monroe	0006					
Two/Onondaga	0007					
Two/Orange	0008					
Three/Erie	0009	4,237	635	4,872		4,872
Three/Herkimer	0010					
Three/Oneida	0011					
Three/Schenectady	0012					
<b>Other Enrollees: (Double click Below)</b>						
Niagara	0020	390	105	495		495
	0021					
	0022					
	0023					
	0024					
<b>Total Member Months to Date</b>	<b>0030</b>	<b>335,318</b>	<b>7,422</b>	<b>342,740</b>		<b>342,740</b>

Exhibit A3 - Hospital and Nursing Facility Utilization		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL Y-T-D
04311	431144	03301	03302	03303	03304	03305
<b>HOSPITAL AND NURSING FACILITY DAYS</b>						
Hospital Days For Period	0001					
<b>Total Number of Enrollees Receiving Nursing Facility</b>						
Care During Quarter, Excl. Respite	0002	1,497	1,528	1,528	1,611	
Total Number of Admissions to Nursing Facility during Quarter, excluding respite	0013	583	595	547	595	2,320
<b>Breakdown of Nursing Facility Days, Excl. Respite:</b>						
Total Number of Days Covered 100% by Medicare	0003					
Total Number of Days Covered by Medicare & MLTC Plan (Medicaid Co-Pay days)	0004	22,453	27,312	22,694	22,666	95,125
Total Number of Days Covered 100% by MLTC Plan	0005	63,815	64,364	72,134	75,059	275,372
Total Number of Days Covered by Other Payors	0006					
Total Number of Nursing Facility Days of Care, Excl. Respite	0010	86,268	91,676	94,828	97,725	370,497
<b>Total Number of Enrollees Receiving Nursing Facility</b>						
Care During Quarter For Respite	0011	6	21	33	19	
Total Number of Nursing Facility Days for Respite	0012	116	281	560	164	1,121

PACE plans should only complete rows 2 and 13.



		Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay	Number of enrollees discharged from Nursing facility, by length of Medicaid stay
Exhibit A4 - Nursing Facility Discharges		0 - 30	31 - 60	61 - 90	91 - 180	181 - 365	366+	TOTAL
00451	45146	03401	03402	03403	03404	03405	03406	03407
<b>FIRST QUARTER:</b>								
Death	0001	76	40	14	0			130
Other	0002	164	149	68	0			381
Total	0003	240	189	82	0			511
<b>SECOND QUARTER:</b>								
Death	0004	23	21	19	45	1		109
Other:	0005	124	77	59	135	2		397
Total	0006	147	98	78	180	3		506
<b>THIRD QUARTER:</b>								
Death	0007	38	14	9	20	32		113
Other	0008	137	89	48	94	24		392
Total	0009	175	103	57	114	56		505
<b>FOURTH QUARTER:</b>								
Death	0010	42	17	14	17	41		131
Other	0011	160	105	49	87	72		473
Total	0012	202	122	63	104	113		604
<b>TOTAL Y-T-D:</b>								
Death	0020	179	92	56	82	74		483
Other	0021	585	420	224	316	98		1,643
Total	0030	764	512	280	398	172		2,126

Exhibit A5 - Personal Care Hours Year-to-Date		Member Months	Total Number of Hours
00471	47148	03501	03502
<b>MEMBER BREAKDOWN BY USE</b>			
<b>Category Based on Hours per Month</b>			
700+ hours per month	0001	2,824	2,076,178
480-699 hours per month	0002	689	416,533
320-479 hours per month	0003	16,260	5,928,941
240-319 hours per month	0004	11,005	3,051,500
160-239 hours per month	0005	53,682	10,478,149
80-159 hours per month	0006	71,647	8,669,216
1-79 hours per month	0007	36,124	1,855,048
<b>TOTALS</b>	<b>0010</b>	<b>192,231</b>	<b>32,475,565</b>

Exhibit A6 - Home Health Care and PCA Hours Year-to-Date		Member Months	Total Number of Hours
00491	49150	03503	03504
<b>MEMBER BREAKDOWN BY USE</b>			
<b>Category Based on Hours per Month</b>			
700+ hours per month	0001	2,875	2,112,900
480-699 hours per month	0002	711	431,121
320-479 hours per month	0003	16,247	5,924,829
240-319 hours per month	0004	11,031	3,058,596
160-239 hours per month	0005	53,667	10,475,206
80-159 hours per month	0006	71,647	8,668,827
1-79 hours per month	0007	36,698	1,857,143
<b>TOTALS</b>	<b>0010</b>	<b>192,876</b>	<b>32,528,622</b>

Exhibit A7 - CDPAP Hours Year-to-Date		Member Months	Total Number of Hours
00492	49155	03505	03506
<b>MEMBER BREAKDOWN BY USE</b>			
<b>Category Based on Hours per Month</b>			
700+ hours per month	0001	484	355,679
480-699 hours per month	0002	143	86,640
320-479 hours per month	0003	3,254	1,198,360
240-319 hours per month	0004	6,755	1,779,395
160-239 hours per month	0005	50,469	9,520,031
80-159 hours per month	0006	62,482	7,740,775
1-79 hours per month	0007	16,716	931,051
<b>TOTALS</b>	<b>0010</b>	<b>140,303</b>	<b>21,611,931</b>

Exhibit B - Utilization of Services: Total Medicaid		Service Units	Total Number Of Service Units (Actual)	Total Number of Service Units (Accrued)	Unit Cost	Avg. Number Of Service Units Used Per Enrollee Per Year
04010	401051	04011	04012	04016	04017	04015
Inpatient Medical/Surgical	0001	Days				
Inpatient Medical/Surgical	0051	Discharges				
Inpatient Mental Health/Substance Abuse	0002	Days				
Inpatient Mental Health/Substance Abuse	0052	Discharges				
Inpatient: Maternity Delivery	0047	Days				
Inpatient: Maternity Delivery	0048	Discharges				
Primary Care Physician	0004	Visits				
Specialty Care	0033	Visits				
Prenatal/Postpartum Maternity Services	0049	Visits				
Ambulatory Surgery	0005	Procedures				
Outpatient/Physical Rehab/Therapy	0050	Visits	13,988	22,372	\$46.44	0.78
Other Professional Services	0053	Visits	114	114	\$33.48	0.00
Emergency Room	0006	Visits				
Outpatient Mental Health	0007	Visits				
Outpatient Drug & Alcohol Treatment	0008	Visits				
Dental	0009	Visits	15,014	16,879	\$135.76	0.59
Pharmacy - Part D	0054					
Pharmacy - Non Part D	0055					
Home Health Care	0056	Hours	38,676	53,056	\$54.97	1.86
Home Health Care	0083	Visits	11,182	15,351	\$190.00	0.54
Nursing Facility	0003	Days	277,461	370,497	\$261.48	12.97
Transportation - Emergent	0057	One Way Trips				
Transportation - Non Emergent	0058	One Way Trips	837,991	932,867	\$30.10	32.66
Diagnostic Testing, Lab & X-Ray	0016					
Family Planning	0059	Visits				
Vision Care Inc. Eyeglasses	0017	Visits	4,330	4,852	\$76.47	0.17
Foot Care	0018	Visits	12,053	19,392	\$17.70	0.68
Durable Medical Equipment & Other	0028					
Personal Care	0025	Hours	30,532,435	32,475,565	\$23.68	1,137.03
CDPAP	0045	Hours	20,065,966	21,611,931	\$22.56	756.68
Personal Emergency Response Services	0030	No. Of Units	12,188	13,499	\$198.11	0.47
Home Delivered and Congregate Meals	0032	No. Of Meals	136,792	152,118	\$7.89	5.33
Adult Day Care	0012	Days	18,843	22,416	\$114.55	0.78
Social Day Care	0013	Days	691,289	746,491	\$93.87	26.14
<b>Other Medical Services:</b>						
<b>(Double click below)</b>						
	0035					0.00
	0036					0.00
	0037					0.00
	0038					0.00
	0039					0.00

Exhibit B-1 - Medicaid Utilization of Services Community		Service Units	Total Number Of Service Units (Actual)	Total Number of Service Units (Accrued)	Unit Cost	Avg. Number Of Service Units Used Per Enrollee Per Year
04010	401052	04011	04012	04016	04017	04015
Inpatient Medical/Surgical	0101	Days				
Inpatient Medical/Surgical	0151	Discharges				
Inpatient Mental Health/Substance Abuse	0102	Days				
Inpatient Mental Health/Substance Abuse	0152	Discharges				
Inpatient: Maternity Delivery	0147	Days				
Inpatient: Maternity Delivery	0148	Discharges				
Primary Care Physician	0104	Visits				
Specialty Care	0133	Visits				
Prenatal/Postpartum Maternity Services	0149	Visits				
Ambulatory Surgery	0105	Procedures				
Outpatient/Physical Rehab/Therapy	0150	Visits	13,987	22,370	\$46.44	0.80
Other Professional Services	0153	Visits	114	114	\$33.48	0.00
Emergency Room	0106	Visits				
Outpatient Mental Health	0107	Visits				
Outpatient Drug & Alcohol Treatment	0108	Visits				
Dental	0109	Visits	15,014	16,879	\$135.76	0.60
Pharmacy - Part D	0154					
Pharmacy - Non Part D	0155					
Home Health Care	0156	Hours	38,669	53,047	\$54.95	1.90
Home Health Care	0183	Visits	11,175	15,342	\$190.00	0.55
Nursing Facility	0103	Days	90,904	121,579	\$210.44	4.35
Transportation - Emergent	0157	One Way Trips				
Transportation - Non Emergent	0158	One Way Trips	829,822	923,570	\$30.08	33.05
Diagnostic Testing, Lab & X-Ray	0116					
Family Planning	0159	Visits				
Vision Care Inc. Eyeglasses	0117	Visits	4,236	4,748	\$76.46	0.17
Foot Care	0118	Visits	11,801	18,979	\$17.82	0.68
Durable Medical Equipment & Other	0128					
Personal Care	0125	Hours	30,526,268	32,468,966	\$23.68	1,161.96
CDPAP	0145	Hours	20,065,382	21,611,299	\$22.56	773.40
Personal Emergency Response Services	0130	No. Of Units	12,120	13,424	\$198.68	0.48
Home Delivered and Congregate Meals	0132	No. Of Meals	136,788	152,114	\$7.89	5.44
Adult Day Care	0112	Days	18,843	22,416	\$114.55	0.80
Social Day Care	0113	Days	691,258	746,458	\$93.87	26.71
<b>Other Medical Services:</b>						
<b>(Enter labels on Exhibit B)</b>						
	0135					0.00
	0136					0.00
	0137					0.00
	0138					0.00
	0139					0.00

Exhibit B-1 - Medicaid Utilization of Services Nursing Home Permanent Placement		Service Units	Total Number Of Service Units (Actual)	Total Number of Service Units (Accrued)	Unit Cost	Avg. Number Of Service Units Used Per Enrollee Per Year
04019	401953	04020	04021	04022	04023	04024
Inpatient Medical/Surgical	0101	Days				
Inpatient Medical/Surgical	0151	Discharges				
Inpatient Mental Health/Substance Abuse	0102	Days				
Inpatient Mental Health/Substance Abuse	0152	Discharges				
Inpatient: Maternity Delivery	0147	Days				
Inpatient: Maternity Delivery	0148	Discharges				
Primary Care Physician	0104	Visits				
Specialty Care	0133	Visits				
Prenatal/Postpartum Maternity Services	0149	Visits				
Ambulatory Surgery	0105	Procedures				
Outpatient/Physical Rehab/Therapy	0150	Visits	1	2	\$38.00	0.00
Other Professional Services	0153	Visits				0.00
Emergency Room	0106	Visits				
Outpatient Mental Health	0107	Visits				
Outpatient Drug & Alcohol Treatment	0108	Visits				
Dental	0109	Visits				0.00
Pharmacy - Part D	0154					
Pharmacy - Non Part D	0155					
Home Health Care	0156	Hours	7	9	\$182.22	0.01
Home Health Care	0183	Visits	7	9	\$182.22	0.01
Nursing Facility	0103	Days	186,557	248,918	\$286.40	402.45
Transportation - Emergent	0157	One Way Trips				
Transportation - Non Emergent	0158	One Way Trips	8,169	9,297	\$32.03	15.03
Diagnostic Testing, Lab & X-Ray	0116					
Family Planning	0159	Visits				
Vision Care Inc. Eyeglasses	0117	Visits	94	104	\$77.21	0.17
Foot Care	0118	Visits	252	413	\$12.21	0.67
Durable Medical Equipment & Other	0128					
Personal Care	0125	Hours	6,167	6,599	\$20.85	10.67
CDPAP	0145	Hours	584	632	\$20.28	1.02
Personal Emergency Response Services	0130	No. Of Units	68	75	\$96.08	0.12
Home Delivered and Congregate Meals	0132	No. Of Meals	4	4	\$12.25	0.01
Adult Day Care	0112	Days				0.00
Social Day Care	0113	Days	31	33	\$98.85	0.05
<b>Other Medical Services:</b>						
<b>(Enter labels on Exhibit B)</b>						
	0135					0.00
	0136					0.00
	0137					0.00
	0138					0.00
	0139					0.00

			MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Exhibit B-2 - Medicaid Utilization of HHC Services Community		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	401056	04011	04012	04016	04018	04017	04015
Home Health Care Aide	0500	Hours	18	76	\$1,530	\$20.13	0.00
Home Health Care-Other	0501	Visits	11,179	15,342	\$2,913,524	\$189.91	0.55
Total Home Health Care	0502				\$2,915,054		



			MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Exhibit B-2 - Medicaid Utilization of HHC Services Nursing Home Permanent Placement		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04031	403157	04032	04033	04034	04035	04036	04037
Home Health Care Aide	0500	Hours					0.00
Home Health Care-Other	0501	Visits	7	9	\$1,640	\$178.84	0.01
Total Home Health Care	0502				\$1,640		

			MEDICAID	MEDICAID	MEDICAID	MEDICAID	MEDICAID
Exhibit B-2 - Utilization of HHC Services - Total Medicaid		Service Units	Medicaid Total Number of Service Units (Actual)	Medicaid Total Number of Service Units (Accrued)	Medicaid Total Cost	Medicaid Unit Cost	Medicaid Avg. Number of Service Units Used Per Enrollee Per Year
04010	401060	04011	04012	04016	04018	04017	04015
Home Health Care Aide	0400	Hours	18	76	\$1,530	\$20.13	0.0
Home Health Care-Other	0401	Visits	11,186	15,351	\$2,915,164	\$189.90	0.5
Total Home Health Care	0402				\$2,916,694		

Exhibit C - Number of Enrollees Utilizing Services		Number of Enrollees
06101	610162	05000
<b>Identify the number of enrollees during the quarter that used the following services:</b>		
<b>NURSING FACILITY (NF) ONLY</b>		
Enrollees that were in a nursing facility for the entire quarter	0001	962
<b>PACE CENTER SOCIAL DAY CARE PROGRAM</b>		
<b>Count only enrollees who used the PACE Social Day Care Program</b>		
but did not use personal care, home health care or NF.	0002	
<b>Count only enrollees who used the PACE Social Day Care Program</b>		
and personal care and/or home health care.	0003	
Total PACE Center Care Program	0012	
<b>PERSONAL CARE (PC) ONLY</b>		
<b>Count only enrollees who used personal care but did not use NF,</b>		
PACE Social Day, or Home Health Care.	0004	16,596
<b>CDPAP ONLY</b>		
<b>Count only enrollees who used only CDPAP</b>		
CDPAP	0015	13,896
<b>HOME HEALTH CARE (HHC) ONLY</b>		
<b>Count only enrollees who used home health care service but did not use NF,</b>		
<b>PACE Social Day Care, or PC.</b>		
Nursing and Therapies only	0007	11
HHA and Nursing and/or Therapies	0008	
Total Home Health Care	0009	11
<b>PERSONAL CARE AND HOME HEALTH CARE ONLY</b>		
Count only enrollees that used PC and HHC but did not use NF or PACE Social Day.	0010	373
<b>NURSING FACILITY AND PERSONAL CARE OR HOME HEALTH CARE</b>		
<b>Count enrollees who were in a NF AND used personal care or Home Health</b>		
Personal care	0013	688
<b>Number of enrollees who did not use PACE Social Day, Personal Care,</b>		
<b>Home Health Care, or any Nursing Facility</b>		
Home Health Care, or any Nursing Facility	0011	262
Total Number of Enrollees	0014	32,788