

CCO NAME:

Select CCO from Dropdown List

INTRODUCTION:

This file contains the required Financial Reports for the calendar year ending:

12/31/2017

INSTRUCTIONS:

- 1 One template file is used for the entire year. It is updated and uploaded based on the submission deadlines noted below.
- 2 Upload the updated Excel workbook to your SFTP site based on the submission deadlines below.
- 3 Upload the signed copy of the certification Report L1, verification of funds in reserve, and an updated copy of the Model Depository Agreement (if a change has occurred since the prior quarter) with each updated submission.
- 4 Upload the Annual Audit and the Actuarial Report to your SFTP site based on the submission deadlines below.
- 5 **Please enter your information in the yellow cells only. All other cells are calculated.**
- 6 The check figures must all return with "Ok" or "Diff." < \$1.00

SUBMISSION DEADLINES:

<u>Report</u>	<u>Date Due</u>	<u>Date Submitted</u>	<u>Comments</u>
QTR 1	May 31, 2017		Quarter
Report L2 Part II	May 31, 2017		Annual Only
Report L3 Part II (DCBS)	May 31, 2017		Annual for DCBS Reporting Entities Only
Report L8 Part I	May 31, 2017		Annual Only
QTR 2	August 31, 2017		Quarter
QTR 3	November 30, 2017		Quarter
QTR 4	April 30, 2018		Quarter
Report L11	April 30, 2018		Annual Only
Reports L6.3, L6.4 and L12 - L19 Rates	April 30, 2018		Annual Only
Report L9	June 30, 2018		Annual Only
Report L10	June 30, 2018		Annual Only
Annual Audit	June 30, 2018		Annual Only
Actuarial Report	June 30, 2018		Annual Only

Report L1 -

Select CCO from Dropdown List

CALENDAR YEAR: **2017**
CALENDAR YEAR START DATE: **1/1/2017**
CALENDAR YEAR ENDING DATE: **12/31/2017**

GENERAL INFORMATION AND CERTIFICATION

I. General Information

- A. Contractor **Select CCO from Dropdown List** _____
- B. Address _____

- C. Prepared by _____
- D. Phone Number _____
- E. E-Mail Address _____

II. Certification: to be signed by an official of the Contractor, scanned, and uploaded to your SFTP Site.

I, the undersigned, hereby attest that I have authority to certify the data and information and I, the undersigned, hereby certify based on best knowledge, information, and belief that the data and information is accurate, complete and truthful.

Signed _____
Name _____
Title _____
Date _____

Report L2 -- MEMBERS APPROACHING OR SURPASSING STOP-LOSS DEDUCTIBLE

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

General - This information is used assess the catastrophic stop-loss exposure of Contractor.

Part I. Provide the following information about the number of MAP Members whose costs on approved health care claims are within the range of catastrophic stop-loss deductible at the end of the current quarter. Contractor shall update this Part I and submit to OHA, quarterly.

Plan Health Care Claims:	Medical Stop-Loss Claims	Hospital Stop-Loss Claims	Aggregate Stop-Loss Claims
1. Number of MAP Members with Claims Greater than \$100,000	-	-	-
2. Number of MAP Members with Claims Greater than Reinsurance Cap	-	-	-

Part II. Provide the following information about reinsurance coverage: Provide one report for each reinsurer. Contractor shall submit this Part II annually, unless there is a change. If there is a change, the Contractor shall submit this form within 15 days of the date of the change.

A. What is the amount of the stop-loss thresholds (i.e. the deductible amounts) and the associated type of stop-loss coverage (hospital, professional or aggregate coverage)?

Professional:
 Hospital:
 Aggregate:

B What is the dollar amount of a claim or the percentage of the total claim amount whereby the responsibility for covering the claim reverts back to the Contractor from the reinsurer?

C. What is the stop-loss fiscal year of reinsurance coverage?

D. Who is the carrier?

E. Is this carrier authorized in Oregon?

REPORT L3 -- RESTRICTED RESERVES

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Part I. RESTRICTED RESERVE LEVELS - COMPUTATION

	Q1-2017			Q2-2017			Q3-2017			Q4-2017		
	Obligation		Held	Obligation		Held	Obligation		Held	Obligation		Held
	Method 1	Method 2		Method 1	Method 2		Method 1	Method 2		Method 1	Method 2	
Primary Reserve	-	-	-	-	-	-	-	-	-	-	-	-
Secondary Reserve	-	-	-	-	-	-	-	-	-	-	-	-
Total Reserve	-	-	-	-	-	-	-	-	-	-	-	-

Part II.

Contractor shall elect by checking one of the following methods for purposes of calculating average fee-for-service liability:

- DCBS
 No documentation required. Annually on May 31, Contractor shall provide their unique certification of authority number issued by DCBS and provide documentation showing the type and amount of additional assets required by DCBS.
- Method 1
 Based on enrollment data. Contractor elects to use enrollment data for purposes of calculating the average fee-for-service liability. Contractor shall complete Report L3.1 to determine the average fee-for-service liability. Contractor shall attach a current statement showing the level of funds held in reserves.
- Method 2
 Based on historical expense data. Contractor elects to use historical expense data derived from Reports L6 and L8 of the current and previous years for purposes of determining average fee-for-service liability. Contractor shall complete Report L3.2 to determine the average fee-for-service liability. Contractor shall attach a current statement showing the level of funds held in reserves.

REPORT L3.1 -- SECONDARY RESERVE REQUIREMENT BASED ON ENROLLMENT DATA

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Part III.

ELIGIBILITY RATE GROUP (CCO A or B)	Q1-2017		Q2-2017		Q3-2017		Q4-2017	
	CAPITATION RATE	MONTHLY MEMBERS	CAPITATION RATE	MONTHLY MEMBERS	CAPITATION RATE	MONTHLY MEMBERS	CAPITATION RATE	MONTHLY MEMBERS
	January		April		July		October	
TANF	-	-	-	-	-	-	-	-
PLMA	-	-	-	-	-	-	-	-
CHILD 00-01	-	-	-	-	-	-	-	-
CHILD 01-05	-	-	-	-	-	-	-	-
CHILD 06-18	-	-	-	-	-	-	-	-
ABAD & OAA Duals	-	-	-	-	-	-	-	-
ABAD & OAA Medicaid Only	-	-	-	-	-	-	-	-
CAF	-	-	-	-	-	-	-	-
ACA 19-44	-	-	-	-	-	-	-	-
ACA 45-54	-	-	-	-	-	-	-	-
ACA 55-64	-	-	-	-	-	-	-	-
BCCP	-	-	-	-	-	-	-	-
Maternity	-	-	-	-	-	-	-	-
Reserved for new rate group 1	-	-	-	-	-	-	-	-
Reserved for new rate group 2	-	-	-	-	-	-	-	-
Reserved for new rate group 3	-	-	-	-	-	-	-	-
Reserved for new rate group 4	-	-	-	-	-	-	-	-
Reserved for new rate group 5	-	-	-	-	-	-	-	-
Reserved for new rate group 6	-	-	-	-	-	-	-	-
Reserved for new rate group 7	-	-	-	-	-	-	-	-
Inset new rate groups above this row								
	February		May		August		November	
TANF	-	-	-	-	-	-	-	-
PLMA	-	-	-	-	-	-	-	-
CHILD 00-01	-	-	-	-	-	-	-	-
CHILD 01-05	-	-	-	-	-	-	-	-
CHILD 06-18	-	-	-	-	-	-	-	-
ABAD & OAA Duals	-	-	-	-	-	-	-	-
ABAD & OAA Medicaid Only	-	-	-	-	-	-	-	-
CAF	-	-	-	-	-	-	-	-
ACA 19-44	-	-	-	-	-	-	-	-
ACA 45-54	-	-	-	-	-	-	-	-
ACA 55-64	-	-	-	-	-	-	-	-
BCCP	-	-	-	-	-	-	-	-
Maternity	-	-	-	-	-	-	-	-
Reserved for new rate group 1	-	-	-	-	-	-	-	-
Reserved for new rate group 2	-	-	-	-	-	-	-	-
Reserved for new rate group 3	-	-	-	-	-	-	-	-
Reserved for new rate group 4	-	-	-	-	-	-	-	-
Reserved for new rate group 5	-	-	-	-	-	-	-	-
Reserved for new rate group 6	-	-	-	-	-	-	-	-
Reserved for new rate group 7	-	-	-	-	-	-	-	-
Inset new rate groups above this row								
	March		June		September		December	
TANF	-	-	-	-	-	-	-	-
PLMA	-	-	-	-	-	-	-	-
CHILD 00-01	-	-	-	-	-	-	-	-
CHILD 01-05	-	-	-	-	-	-	-	-
CHILD 06-18	-	-	-	-	-	-	-	-
ABAD & OAA Duals	-	-	-	-	-	-	-	-
ABAD & OAA Medicaid Only	-	-	-	-	-	-	-	-
CAF	-	-	-	-	-	-	-	-
ACA 19-44	-	-	-	-	-	-	-	-
ACA 45-54	-	-	-	-	-	-	-	-
ACA 55-64	-	-	-	-	-	-	-	-
BCCP	-	-	-	-	-	-	-	-
Maternity	-	-	-	-	-	-	-	-
Reserved for new rate group 1	-	-	-	-	-	-	-	-
Reserved for new rate group 2	-	-	-	-	-	-	-	-
Reserved for new rate group 3	-	-	-	-	-	-	-	-
Reserved for new rate group 4	-	-	-	-	-	-	-	-
Reserved for new rate group 5	-	-	-	-	-	-	-	-
Reserved for new rate group 6	-	-	-	-	-	-	-	-
Reserved for new rate group 7	-	-	-	-	-	-	-	-
Inset new rate groups above this row								
Quarterly Average	-	-	-	-	-	-	-	-
Adjusted Medical Loss Ratio (YTD)		0.00%		0.00%		0.00%		0.00%
Average Monthly Fee-for-Service Liability								

REPORT L3.2 -- SECONDARY RESERVE REQUIREMENT BASED ON HISTORICAL EXPENSES

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Part IV.

QUARTER ENDING	MEMBER SERVICE EXPENSES- -REPORT L6 OHP, LINE 17		FROM REPORT L8--SALARY PAYMENTS (COLUMN A) AND CAPITATION PAYMENTS (COLUMN C)			AVERAGE MONTHLY FEE- FOR-SERVICE LIABILITY
	EXPENSE	AVERAGE	SALARY	CAPITATION	AVERAGE	
3/31/2016	-	N/A	-	-	N/A	N/A
6/30/2016	-	N/A	-	-	N/A	N/A
9/30/2016	-	N/A	-	-	N/A	N/A
12/31/2016	-	N/A	-	-	N/A	N/A
3/31/2017	-	-	-	-	-	-
6/30/2017	-	-	-	-	-	-
9/30/2017	-	-	-	-	-	-
12/31/2017	-	-	-	-	-	-

Please enter last year's values in the yellow cells.

**REPORT L3.3 -- ADJUSTED AND UNADJUSTED MEDICAL LOSS RATIOS
NET WORTH REQUIREMENT**

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

The following data elements are derived from other reports to calculate the adjusted and unadjusted medical loss ratios which are used in determining the average fee-for-service liability and the net worth requirement.

The adjusted medical loss ratio is defined as the result obtained when the OHP line of business adjusted Member service expenses is divided by the OHP line of business total revenue.

Adjusted Member service expenses are calculated by subtracting the capitated service payments and the salaried service payments from the OHP line of business Member service expenses subtotal.

ADJUSTED AND UNADJUSTED MEDICAL LOSS RATIOS	Q1-2017	Q2-2017	Q3-2017	Q4-2017	YTD 2017
1. Member Service Expenses Subtotal (Report L6 OHP Line 17)	-	-	-	-	-
2. Service Payment Arrangements - Salary (Report L8 Part II)	-	-	-	-	-
3. Service Payment Arrangements - Affiliated (Report L8 Part II)	-	-	-	-	-
4. Adjusted Member Service Expenses (Subtract Lines 2 and 3 from Line 1)	-	-	-	-	-
5. Total Operating Revenue - OHP LOB (Report L6 OHP Line 6)	-	-	-	-	-
6. Adjusted Medical Loss Ratio (Quarter)	0.00%	0.00%	0.00%	0.00%	
7. Adjusted Medical Loss Ratio (YTD)	0.00%	0.00%	0.00%	0.00%	0.00%
8. Unadjusted Medical Loss Ratio (Quarter)	0.00%	0.00%	0.00%	0.00%	
9. Unadjusted Medical Loss Ratio (YTD)	0.00%	0.00%	0.00%	0.00%	0.00%

NET WORTH REQUIREMENT	Q1-2017	Q2-2017	Q3-2017	Q4-2017
10. Average Annual Corporate Premium (Based on Past 4 Quarters Below)	-	-	-	-
11. Adjusted Medical Loss Ratio (YTD) (Line 7 with a minimum value of 20%)	20.00%	20.00%	20.00%	20.00%
12. Adjusted Annual Average Corporate Premium (Line 10 times Line 11)	-	-	-	-
13. Minimum Required Net Worth (Line 12 / 20)	-	-	-	-
14. Actual Net Worth (Report L5 Line 44)	-	-	-	-
15. Excess (Deficit) Net Worth (Line 14 minus Line 13)	-	-	-	-

NET WORTH REQUIREMENT	QUARTER ENDING	Report L6 CORP Line 6
TOTAL OPERATING REVENUE - CORPORATE	3/31/2016	-
	6/30/2016	-
	9/30/2016	-
	12/31/2016	-
	3/31/2017	-
	6/30/2017	-
	9/30/2017	-
	12/31/2017	-

Please enter last year's values
in the yellow cells

REPORT L4 -- KEY FINANCIAL INDICATORS

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

QTR Ending 3/31/2017	QTR Ending 6/30/2017	QTR Ending 9/30/2017	QTR Ending 12/31/2017	YTD 2017
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Note: This report self-populates based on values entered on other reports.

KEY FINANCIAL RATIOS	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
	Current Ratio	-	-	-	-
Days Cash on Hand	-	-	-	-	-
Debt to Net Assets Ratio	-	-	-	-	-
Return on Net Assets	0.0%	0.0%	0.0%	0.0%	0.0%
OHP LOB ACTIVITY					
Adjusted Member Service Ratio	0.0%	0.0%	0.0%	0.0%	0.0%
Administrative Cost Ratio	0.0%	0.0%	0.0%	0.0%	0.0%
Operating Margin Percent	0.0%	0.0%	0.0%	0.0%	0.0%
Total Margin Percent (Before Income Tax)	0.0%	0.0%	0.0%	0.0%	0.0%
Total Margin Percent (After Income Tax)	0.0%	0.0%	0.0%	0.0%	0.0%

MEMBER SERVICE EXPENSE ANALYSIS PER MEMBER PER MONTH (OHP LINE OF BUSINESS)	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY
	Member Months (OHP LOB)	Input	Input	Input	Input
Member Service Expenses (PMPM)					
7. Hospital Services	-	-	-	-	-
a. Inpatient	-	-	-	-	-
b. Outpatient	-	-	-	-	-
c. Emergency Room	-	-	-	-	-
8. Physician/Profession Services	-	-	-	-	-
9. Substance Abuse Disorder	-	-	-	-	-
10. Mental Health	-	-	-	-	-
a. Inpatient	-	-	-	-	-
b. Residential	-	-	-	-	-
c. Other Non-Inpatient	-	-	-	-	-
11. Dental	-	-	-	-	-
12. Prescription Drugs	-	-	-	-	-
13. Transportation	-	-	-	-	-
a. Emergency Medical Transportation	-	-	-	-	-
b. Non-emergency Medical Transportation (NEMT)	-	-	-	-	-
14. DME & Supplies	-	-	-	-	-
15. Health Related Non-benefit (Flexible Services)	-	-	-	-	-
16. Other Member Service Expenses	-	-	-	-	-
Total Member Service Expenses	-	-	-	-	-

REPORT L5 -- QUARTERLY BALANCE SHEET OF CORPORATE ACTIVITY

CORPORATE TOTAL

CONTRACTOR: **Select CCO from Dropdown List**
 QTRS THROUGH: **12/31/2017**

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		12/31/2016	3/31/2017	6/30/2017	9/30/2017	12/31/2017
CURRENT ASSETS	1. Cash and Cash Equivalents	\$ -	\$ -	\$ -	\$ -	\$ -
	2. Short-term Investments	-	-	-	-	-
	3. Receivables from OHA	-	-	-	-	-
	4. Investment Income Receivables	-	-	-	-	-
	5. Health Care Receivables	-	-	-	-	-
	6. Amounts Due from Affiliates	-	-	-	-	-
	7. Reinsurance Recoverable on Paid Losses	-	-	-	-	-
	8. Other Current Assets	-	-	-	-	-
9. TOTAL CURRENT ASSETS		-	-	-	-	-
OTHER ASSETS	10. Long-Term Investments	-	-	-	-	-
	11. Amounts Due from Affiliates	-	-	-	-	-
	12. Restricted Reserves (Cash and Investments)	-	-	-	-	-
	13. Other Assets	-	-	-	-	-
14. TOTAL OTHER ASSETS		-	-	-	-	-
PP&E	15. Land, Building and Improvements	-	-	-	-	-
	16. Furniture and Equipment	-	-	-	-	-
	17. Leasehold Improvements	-	-	-	-	-
	18. Other Property and Equipment	-	-	-	-	-
19. Less: (Accumulated Depreciation)		-	-	-	-	-
20. NET PROPERTY AND EQUIPMENT		-	-	-	-	-
21. TOTAL ASSETS		\$ -	\$ -	\$ -	\$ -	\$ -
CURRENT LIABILITIES	22. Accounts Payable	\$ -	\$ -	\$ -	\$ -	\$ -
	23. Claims Payable	-	-	-	-	-
	24. Estimated Incurred But Not Reported (IBNR)	-	-	-	-	-
	25. Accrued Medical Incentive Pool	-	-	-	-	-
	26. Unearned Premiums	-	-	-	-	-
	27. Loans and Notes Payable	-	-	-	-	-
	28. Amounts Due to Affiliates	-	-	-	-	-
	29. Other Current Liabilities	-	-	-	-	-
30. TOTAL CURRENT LIABILITIES		-	-	-	-	-
OTHER LIABILITIES	31. Loans and Notes Payable	-	-	-	-	-
	32. Amounts Due to Affiliates	-	-	-	-	-
	33. Other Liabilities	-	-	-	-	-
34. TOTAL OTHER LIABILITIES		-	-	-	-	-
35. TOTAL LIABILITIES		-	-	-	-	-
NET ASSETS	36. Common Stock	-	-	-	-	-
	37. Preferred Stock	-	-	-	-	-
	38. Paid in Surplus	-	-	-	-	-
	39. Contributed Capital	-	-	-	-	-
	40. Surplus Notes	-	-	-	-	-
	41. Contingency Reserves	-	-	-	-	-
	42. Retained Earnings/Fund Balance	-	-	-	-	-
43. Other Net Assets		-	-	-	-	-
44. TOTAL NET ASSETS		-	-	-	-	-
45. TOTAL LIABILITIES AND NET ASSETS		\$ -	\$ -	\$ -	\$ -	\$ -

REPORT L5 -- QUARTERLY BALANCE SHEET OF CORPORATE ACTIVITY

CORPORATE TOTAL

CONTRACTOR: **Select CCO from Dropdown List**
 QTRS THROUGH: **12/31/2017**

CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
12/31/2016	3/31/2017	6/30/2017	9/30/2017	12/31/2017
Ok	Ok	Ok	Ok	Ok

Check

Details of Write-Ins Line 8:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 8	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 13:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 13	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 29:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 29	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 33:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 33	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 43:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 43	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES -- GUIDANCE

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Line	Description
1. Gross Premiums (Capitation & Case Rate Revenue)	Enter all premiums received or accrued, include capitation and case rate revenues.
a. Hospital Reimbursement Adjustments	Enter amount paid or accrued for hospital reimbursement adjustment payments.
b. Minimum MLR Rebate/Risk Corridor Rebate	If CCO's Minimum MLR exceeds the standard MLR, enter zero. Otherwise, enter amount if added to CCO Total Incurred Medical Related Costs would result in a Minimum MLR equal to the Minimum MLR Standard. Also include adjustments for other risk corridor rebates.
c. Health Insurance Provider Fee	Enter amount paid or accrued for the health insurance provider fee under ACA.
3. Quality Incentive Pool	Enter amount of incentive payment revenues received or accrued for performance on Incentive Measures, as adopted by the Metrics and Scoring Committee; these are in addition to capitated payments and case rate payments reported in Line 1. The entire amount of the 2016 Quality Incentive Pool payment must be recorded as revenue no later than the second quarter of this report submission (acknowledging that some CCOs have accrued for a portion of the payment in previous quarters of this or last year).
4. Other Medicaid Revenue	Enter all other Medicaid related revenue, not reported above and must be detailed in section below.
5. Other Health Care Related Revenues	Enter supplemental health care related revenues received or accrued not listed above and must be detailed in section below.
7. Hospital Services	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of members, include elective (not urgent or emergent) hospital admission, transplant services, do not include inpatient mental health costs (which will be included under mental health inpatient on Line 10.a.)
b. Outpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of an outpatient. Includes physical therapy, occupational therapy, speech therapy, audiology, hearing aids, apnea monitors, home parenteral/enteral therapy, and certain hospital services.
c. Emergency Room	Enter amount incurred for services to provide care for anyone in need of emergency treatment in a licensed hospital facility open 24 hours a day. The cost of urgent care is included on Line 8.
8. Physician/Profession Services	Enter amount incurred for services provided by licensed practitioners or staff for the treatment of member's health.
9. Substance Abuse Disorder	Enter amount incurred for the treatment of Substance Abuse Disorders, including substance dependence and substance abuse. Include substance intoxication, withdrawal, delirium, dementia and substance-induced psychotic or mood disorder as defined in DSM-5 criteria.
10. Mental Health	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for mental health services provided in a hospital as an admitted patient.
b. Residential	Enter amount incurred for residential mental health services provided in licensed community treatment programs.
c. Other Non-Inpatient	Enter all other costs incurred for mental health services not reported on Line 10 a. or 10 b.; include peer services, crisis services, case management, wrap-around services.
11. Dental	Enter amount incurred for dental services, include emergency dental services, dentures, restorative, periodontal, and preventative dental services.
12. Prescription Drugs	Enter costs incurred for pharmaceutical services, medications, and drugs.
13. Transportation	Please provide breakout on Lines a. - b. below.
a. Emergency Medical Transportation	Enter amount incurred for transportation necessary for a client with an emergency medical condition, usually to a hospital, where appropriate emergency medical service is available.
b. Non-emergency Medical Transportation (NEMT)	Enter amount incurred for transportation costs to and from medical services, that does not involve sudden, unexpected occurrence which creates a medical crisis requiring medical services.
14. DME & Supplies	Enter costs incurred for providing Durable Medical Equipment such as wheelchairs, respirators, crutches and custom orthopedic braces and medical supplies such as diapers, syringes, tubing, and gauze bandages to members.
15. Health Related Non-benefit (Flex)	Enter from Report L6.2 Line 10: Total Flexible Services; include training/education costs for health improvement, care coordination, group support programs, food, housing and/or social assistance programs, as outlined in Report L6.2.
16. Other Member Service Expenses	Enter all other member related costs incurred; must be detailed below.
18. Costs that Improve Health Care Quality	Carry forward from Report L6.1 Line 18.
19. Fraud Prevention Activities	Enter the amount that is reported on the Minimum Medical Loss Ratio template as defined in the Instructions for that Form.
20. Reinsurance/Stop Loss Premiums	Enter premiums paid or accrued for reinsurance or stop loss insurance; do not include reinsuring all or substantially all of CCO risk.
21. Reinsurance Recoveries	Enter amount received or accrued from reimbursement of claims subject to reinsurance policies. (ENTER AS NEGATIVE NUMBER)
22. Co-payments	Enter amount of client co-payments received or accrued. (ENTER AS NEGATIVE NUMBER)
23. TPR, COB, and Subrogation	Enter amount received or accrued from third party resources, third party liability, subrogation or other third party payment. (ENTER AS NEGATIVE)
26. Administrative Services - Compensation	Carry forward from Report L6.1 Line 4.
27. Administrative Services - Other	Carry forward from Report L6.1 Line 14.

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS

CORPORATE TOTAL

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		Q1-2017	Q2-2017	Q3-2017	Q4-2017	YTD 2017
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ -	\$ -	\$ -	\$ -	\$ -
	a. Hospital Reimbursement Adjustments	-	-	-	-	-
	b. Minimum MLR/Risk Corridor Rebate	-	-	-	-	-
	c. Health Insurance Provider Fee	-	-	-	-	-
	2. Net Premiums	-	-	-	-	-
	3. Quality Incentive Pool	-	-	-	-	-
	4. Other Medicaid Revenue	-	-	-	-	-
	5. Other Health Care Related Revenues	-	-	-	-	-
6. TOTAL OPERATING REVENUES		-	-	-	-	-
MEMBER SERVICE EXPENSES	7. Hospital Services	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Outpatient	-	-	-	-	-
	c. Emergency Room	-	-	-	-	-
	8. Physician/Profession Services	-	-	-	-	-
	9. Substance Abuse Disorder	-	-	-	-	-
	10. Mental Health	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Residential	-	-	-	-	-
	c. Other Non-Inpatient	-	-	-	-	-
	11. Dental	-	-	-	-	-
	12. Prescription Drugs	-	-	-	-	-
	13. Transportation	-	-	-	-	-
	a. Emergency Medical Transportation	-	-	-	-	-
	b. Non-emergency Medical Transportation (NEMT)	-	-	-	-	-
	14. DME & Supplies	-	-	-	-	-
15. Health Related Non-benefit (Flexible Services)	-	-	-	-	-	
16. Other Member Service Expenses	-	-	-	-	-	
17. MEMBER SERVICE EXPENSES SUBTOTAL		-	-	-	-	-
ADJUSTMENTS	18. Costs that Improve Health Care Quality	-	-	-	-	-
	19. Fraud Prevention Activities	-	-	-	-	-
	20. Reinsurance/Stop Loss Premiums	-	-	-	-	-
	21. (Reinsurance Recoveries)	-	-	-	-	-
	22. (Co-payments)	-	-	-	-	-
	23. (TPR, COB, and Subrogation)	-	-	-	-	-
24. NET ADJUSTMENTS		-	-	-	-	-
25. TOTAL ADJUSTED MEMBER SERVICE EXPENSES		-	-	-	-	-
ADMINISTRATIVE	26. Compensation	-	-	-	-	-
	27. Other Administrative Expenses	-	-	-	-	-
28. TOTAL ADMINISTRATIVE EXPENSES		-	-	-	-	-
29. TOTAL OPERATING EXPENSES		-	-	-	-	-
30. NET OPERATING INCOME (LOSS)		-	-	-	-	-
NON-OPERATING REVENUES AND EXPENSES	31. Net Investment Income	-	-	-	-	-
	32. Non-Healthcare-Related (Expenses)	-	-	-	-	-
	33. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
34. TOTAL NON-OPERATING REVENUES AND EXPENSES		-	-	-	-	-
35. NET INCOME (LOSS) BEFORE TAXES		-	-	-	-	-
36. Provision for Income Taxes		-	-	-	-	-
37. NET INCOME (LOSS)		\$ -	\$ -	\$ -	\$ -	\$ -
NET ASSETS	38. Net Assets Beginning of Quarter	\$ -	\$ -	\$ -	\$ -	\$ -
	39. Increase (Decrease) in Common Stock	-	-	-	-	-
	40. Increase (Decrease) in Preferred Stock	-	-	-	-	-
	41. Increase (Decrease) in Paid in Surplus	-	-	-	-	-
	42. Increase (Decrease) in Contributed Capital	-	-	-	-	-
	43. Increase (Decrease) in Surplus Notes	-	-	-	-	-
	44. Increase (Decrease) in Contingency Reserves	-	-	-	-	-
	45. Increase (Decrease) in Net Assets	-	-	-	-	-
	a. Net Income (Loss)	-	-	-	-	-
	b. Dividends/Distributions to Owners	-	-	-	-	-
c. Interest on Surplus Notes	-	-	-	-	-	
d. Other Changes in Net Assets	-	-	-	-	-	
46. Net Assets		\$ -	\$ -	\$ -	\$ -	\$ -

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS

CORPORATE TOTAL

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
Q1-2017	Q2-2017	Q3-2017	Q4-2017	YTD 2017
Ok	Ok	Ok	Ok	Ok

Check

Details of Write-Ins Line 5:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 5	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 16:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 16	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 33:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 33	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

Details of Write-Ins Line 45d:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 45d	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Ok Ok Ok Ok Ok

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

		OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *
		Q1-2017	Q2-2017	Q3-2017	Q4-2017	YTD 2017
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ -	\$ -	\$ -	\$ -	\$ -
	a. Hospital Reimbursement Adjustments	-	-	-	-	-
	b. Minimum MLR/Risk Corridor Rebate	-	-	-	-	-
	c. Health Insurance Provider Fee	-	-	-	-	-
	2. Net Premiums	-	-	-	-	-
	3. Quality Incentive Pool	-	-	-	-	-
	4. Other Medicaid Revenue	-	-	-	-	-
	5. Other Health Care Related Revenues	-	-	-	-	-
6. TOTAL OPERATING REVENUES		-	-	-	-	-
MEMBER SERVICE EXPENSES	7. Hospital Services	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Outpatient	-	-	-	-	-
	c. Emergency Room	-	-	-	-	-
	8. Physician/Profession Services	-	-	-	-	-
	9. Substance Abuse Disorder	-	-	-	-	-
	10. Mental Health	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Residential	-	-	-	-	-
	c. Other Non-Inpatient	-	-	-	-	-
	11. Dental	-	-	-	-	-
	12. Prescription Drugs	-	-	-	-	-
	13. Transportation	-	-	-	-	-
	a. Emergency Medical Transportation	-	-	-	-	-
	b. Non-emergency Medical Transportation (NEMT)	-	-	-	-	-
	14. DME & Supplies	-	-	-	-	-
15. Health Related Non-benefit (Flexible Services)	-	-	-	-	-	
16. Other Member Service Expenses	-	-	-	-	-	
17. MEMBER SERVICE EXPENSES SUBTOTAL		-	-	-	-	-
ADJUSTMENTS	18. Costs that Improve Health Care Quality	-	-	-	-	-
	19. Fraud Prevention Activities	-	-	-	-	-
	20. Reinsurance/Stop Loss Premiums	-	-	-	-	-
	21. (Reinsurance Recoveries)	-	-	-	-	-
	22. (Co-payments)	-	-	-	-	-
	23. (TPR, COB, and Subrogation)	-	-	-	-	-
24. NET ADJUSTMENTS		-	-	-	-	-
25. TOTAL ADJUSTED MEMBER SERVICE EXPENSES		-	-	-	-	-
ADMINISTRATIVE	26. Compensation	-	-	-	-	-
	27. Other Administrative Expenses	-	-	-	-	-
28. TOTAL ADMINISTRATIVE EXPENSES		-	-	-	-	-
29. TOTAL OPERATING EXPENSES		-	-	-	-	-
30. NET OPERATING INCOME (LOSS)		-	-	-	-	-
NON-OPERATING REVENUES AND EXPENSES	31. Net Investment Income	-	-	-	-	-
	32. Non-Healthcare-Related (Expenses)	-	-	-	-	-
	33. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
34. TOTAL NON-OPERATING REVENUES AND EXPENSES		-	-	-	-	-
35. NET INCOME (LOSS) BEFORE TAXES		-	-	-	-	-
36. Provision for Income Taxes		-	-	-	-	-
37. NET INCOME (LOSS)		\$ -	\$ -	\$ -	\$ -	\$ -

* This sheet should only include activity relating to the OHP portion of the business.

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *
Q1-2017	Q2-2017	Q3-2017	Q4-2017	YTD 2017

Details of Write-Ins Line 5:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 5	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 16:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 16	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 33:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 33	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

REPORT L6.1 -- QUARTERLY STATEMENT OF ADMINISTRATIVE AND OTHER NON-BENEFIT COSTS--GUIDANCE

CONTRACTOR:
CALENDAR YEAR:

Select CCO from Dropdown List
1/1/2017 - 12/31/2017

Line	Description
1. Management Compensation	Enter amount incurred for all salary, benefit packages, and bonuses for any management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees.
2. Non-Management Compensation	Enter amount incurred for all salary, benefit packages, and bonuses for any non-management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees.
3. Temporary Staff Compensation	Enter amount incurred for all salary, wages, premiums, benefit packages, and bonuses for all temporary staff of the CCO. Include any temporary staff whether part-time and full-time, non-employee staff paid as independent contractors or leased staff.
5. Operations Expenses	Enter operational costs for: <ul style="list-style-type: none"> • Rent/Lease/Mortgage Interest/Utilities for local office. • Maintenance/Repairs/Custodial/Security expenses for local office. • Information Systems: Communication and information systems costs. • Computer/Equipment lease, rental, or purchases for local office.
6. Corporate Services	Enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided.
7. Parent Fees	Enter amount paid to the corporate entity/parent corporation/or other related organization, which are not directly related to services provided.
8. General Administration Costs	Enter costs for office supplies, postage/mail-outs, printing and copier, marketing materials, training and education, recruiting, travel, depreciation and amortization, and other miscellaneous administrative costs.
9. Claims Processing	Enter direct or vendor related costs related to the processing of provider claims, sub-capitated payments or other distributions to providers. Exclude any amounts included on Lines 1. - 3. above.
10. Provider Network Development	Enter provider contracting, provider credentialing, provider education, and provider relations costs. Exclude amounts for consultant fees (Line 13. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.
11. Member Services	Enter amount incurred for customer service/support and grievance and appeals costs. Exclude amounts for consultant fees (Line 13. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.
12. Professional Services	Enter amount incurred for professional or consulting services provided by individuals or organizations that are members of a particular profession or possess a particular skill. Include costs such as legal, auditing, tax, or other consulting services. Exclude any amounts included on Lines 1. - 3. above.
13. Other Administrative Expenses	Enter all other administrative costs not included elsewhere; must be detailed below.
15. Hospital Reimbursement Adjustment	Carried over from Report L6.
16. Health Insurance Provider Fee	Carried over from Report L6.
17. Health Related Non-benefit (Flex)	Carried over from Report L6.
18. Costs that Improve Health Care Quality	Please provide breakout on Lines a. - d. below.
a. General Case Management	Services provided to ensure that CCO members obtain health services necessary to maintain physical, mental, and emotional development and oral health. Case management services include a comprehensive, ongoing assessment of medical, mental health, substance use disorder or dental needs plus the development and implementation of a plan to obtain or make referrals for needed medical, mental, chemical dependency, or dental services, referring members to community services and supports that may include referrals to Allied Agencies.
b. Intensive Case Management	A specialized case management service provided to members identified as aged, blind, or disabled who have complex medical needs including: (a) Early identification of members eligible for ICM services; (b) Assistance to ensure timely access to providers and capitated services; (c) Coordination with providers to ensure consideration is given to unique needs in treatment planning; (d) Assistance to providers with coordination of capitated services and discharge planning; and (e) Aid with coordinating necessary and appropriate linkage of community support and social service systems with medical care systems.
c. Other Case Management	Any other form of case management service not included in 18.a. or 18.b. Please describe further on Report L6.3.
d. Other Costs that Improve Health Care Quality	Enter the amount that is reported on the Minimum Medical Loss Ratio template (excluding those costs already included on Lines 18.a. - c. above) as defined in the Instructions for that Form.
19. Fraud Prevention Activities	Carried over from Report L6.
20. Reinsurance/Stop Loss Premiums	Carried over from Report L6.
21. Provision For Income Taxes	Carried over from Report L6.

REPORT L6.1 -- QUARTERLY STATEMENT OF ADMINISTRATIVE AND OTHER NON-BENEFIT COSTS

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

		OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *
		Q1-2017	Q2-2017	Q3-2017	Q4-2017	YTD 2017
SALARIES AND COMPENSATION	1. Management Compensation	\$ -	\$ -	\$ -	\$ -	\$ -
	2. Non-Management Compensation	-	-	-	-	-
	3. Temporary Staff Compensation	-	-	-	-	-
4. TOTAL SALARIES AND COMPENSATION		-	-	-	-	-
OTHER ADMINISTRATIVE EXPENSES	5. Operations Expenses	-	-	-	-	-
	6. Corporate Services	-	-	-	-	-
	7. Parent Fees	-	-	-	-	-
	8. General Administration Costs	-	-	-	-	-
	9. Claims Processing	-	-	-	-	-
	10. Provider Network Development	-	-	-	-	-
	11. Member Services	-	-	-	-	-
12. Professional Services	-	-	-	-	-	
13. Other Administrative Expenses	-	-	-	-	-	
14. OTHER ADMINISTRATIVE EXPENSES SUBTOTAL		-	-	-	-	-
NON-BENEFIT CMS RECLASSES FROM L6	15. Hospital Reimbursement Adjustment (b)	-	-	-	-	-
	16. Health Insurance Provider Fee (b)	-	-	-	-	-
	17. Health Related Non-benefit (Flex) Services (a)	-	-	-	-	-
	18. Costs that Improve Health Care Quality (a)	-	-	-	-	-
	a. General Case Management	-	-	-	-	-
	b. Intensive Case Management	-	-	-	-	-
	c. Other Case Management	-	-	-	-	-
	d. Other Costs that Improve Health Care Quality	-	-	-	-	-
19. Fraud Prevention Activities (a)	-	-	-	-	-	
20. Reinsurance/Stop Loss Premiums Paid (a)	-	-	-	-	-	
21. Provision For Income Taxes (b)	-	-	-	-	-	
22. NON-BENEFIT CMS RECLASSIFICATIONS FROM L6		-	-	-	-	-
23. TOTAL ADMINISTRATIVE AND OTHER NON-BENEFIT COSTS FOR RATE SETTING		\$ -	\$ -	\$ -	\$ -	\$ -

Check Compensation	Ok	Ok	Ok	Ok	Ok
Check Other Administrative Expenses	Ok	Ok	Ok	Ok	Ok
Check Costs that Improve Health Care Quality	Ok	Ok	Ok	Ok	Ok

Detail of Write-Ins Line 13:						
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
Total Write-Ins Line 13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Check	Ok	Ok	Ok	Ok	Ok
-------	----	----	----	----	----

* This sheet should only include activity relating to the OHP portion of the business.

(a) Costs generally allowable as a component of Incurred Medical Related Costs for purposes of the Minimum MLR calculation.

(b) Costs generally allowable as an offset within Medical Related Revenues for purposes of the Minimum MLR calculation.

Report L6.2 -- FLEXIBLE SERVICES

OHP LINE OF BUSINESS
 Select CCO from Dropdown List
 1/1/2017 - 12/31/2017

CONTRACTOR:
 CALENDAR YEAR:

Purpose: In order to track the cost of goods or services provided under this Member service expenses line, and since this data will not be collected on a claim form, this report will need to be completed.

The Total Cost on Line 9 must equal Report L6 OHP Line 15.

Flexible Service Category	Q1-2017		Q2-2017		Q3-2017		Q4-2017		YTD 2017	
	Number of Members Receiving	Cost	Number of Members Receiving	Cost	Number of Members Receiving	Cost	Number of Members Receiving	Cost	Number of Members Receiving	Cost
1. Training/education for health improvement or management (e.g. class on healthy meal preparation or diabetes self-management curriculum)	-	-	-	-	-	-	-	-	-	-
2. Self-help or support group activities (e.g. post-partum depression programs, Weight Watchers groups)	-	-	-	-	-	-	-	-	-	-
3. Care coordination, navigation, or case management activities (not covered under State Plan benefits, e.g. high utilizer intervention program)	-	-	-	-	-	-	-	-	-	-
4. Home/living environment items or improvements (non-DME items to improve mobility, access, hygiene, or other improvements to address a particular health condition, e.g. air conditioner, athletic shoes or other special clothing)	-	-	-	-	-	-	-	-	-	-
5. Transportation not covered under State Plan benefits (such as transportation to a medical appointment)	-	-	-	-	-	-	-	-	-	-
6. Housing supports related to social determinates of health (e.g. shelter, utilities, critical repairs)	-	-	-	-	-	-	-	-	-	-
7. Assistance with food, or social resources (e.g. supplemental food, referral to job training or social services)	-	-	-	-	-	-	-	-	-	-
8. Other (describe)	-	-	-	-	-	-	-	-	-	-
9. Totals	-	-	-	-	-	-	-	-	-	-

Check

Ok

Ok

Ok

Ok

Ok

REPORT L6.3 -- CASE MANAGEMENT

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List

CALENDAR YEAR: 1/1/2017 - 12/31/2017

Case Mgmt

Describe Case Mgmt in the following space:

Total Payments for Case Mgmt (Report L6.1)

Please attempt to distribute the above payments in Report 6.4, if applicable. (Optional)

Inten. Case Mgmt

Describe Inten. Case Mgmt in the following space:

Total Payments for Inten. Case Mgmt (Report L6.1)

Please attempt to distribute the above payments in Report 6.4, if applicable. (Optional)

Other Case Mgmt

Describe Other Case Mgmt in the following space:

Total Payments for Other Case Mgmt (Report L6.1)

Please attempt to distribute the above payments in Report 6.4, if applicable. (Optional)

The descriptions above should include:

- a) A detailed description of services provided under each of the other payments.
- b) The name of the providers that are participating and any affiliations participants may have with CCO.
- c) Detail surrounding the amount paid and also a description of the payment methods.
- d) A narrative describing how the listed payment agreements may change for the NEXT contract year.

REPORT L6.4 -- CASE MANAGEMENT BREAKDOWN

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Expenditures for Case Mgmt		Total incurred in 2017											Check Total		
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP			
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Applied Behavior Analysis (ABA)		-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS		-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for Inten. Case Mgmt		Total incurred in 2017											Check Total		
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP			
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Applied Behavior Analysis (ABA)		-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS		-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L6.4 -- CASE MANAGEMENT BREAKDOWN

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Expenditures for		Total incurred in 2017											Check Total
Other Case Mgmt		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	
Category of Service													
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-
Applied Behavior Analysis (ABA)		-	-	-	-	-	-	-	-	-	-	-	-
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-
CANS		-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Other Non-Inpatient		-	-	-	-	-	-	-	-	-	-	-	-
Other	Dental	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-

REPORT L7 -- CASH FLOW ANALYSIS CORPORATE ACTIVITY/INDIRECT METHOD

CORPORATE TOTAL

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

		CORPORATE TOTAL Q1-2017	CORPORATE TOTAL Q2-2017	CORPORATE TOTAL Q3-2017	CORPORATE TOTAL Q4-2017	CORPORATE TOTAL YTD 2017
CASH FLOWS PROVIDED BY OPERATING ACTIVITIES						
ADJUST TO RECON NET INC	1. Net Income	\$ -	\$ -	\$ -	\$ -	\$ -
	2. Depreciation and Amortization	-	-	-	-	-
(INCREASE) DECREASE IN OPERATING ASSETS	3. Premium Receivable	-	-	-	-	-
	4. Due from Affiliates	-	-	-	-	-
	5. Health Care Receivable	-	-	-	-	-
	6. Other (Increase) Decrease in Operating Assets	-	-	-	-	-
INCREASE (DECREASE) IN OPERATING LIABILITIES	7. Accounts Payable	-	-	-	-	-
	8. Claims Payable	-	-	-	-	-
	9. Accrued Medical Incentive Pool	-	-	-	-	-
	10. Unearned Premiums	-	-	-	-	-
	11. Due to Affiliates	-	-	-	-	-
	12. Other Increase (Decrease) in Operating Liabilities	-	-	-	-	-
13. NET CASH PROVIDED (USED) FROM OPERATING ACTIVITIES						
CASH FLOWS PROVIDED BY INVESTING ACTIVITIES						
CASH FLOWS PROVIDED BY INVESTING ACTIVITIES	14. Receipts from Investments	-	-	-	-	-
	15. Receipts for Sales of Property and Equipment	-	-	-	-	-
	16. Payments for Investments	-	-	-	-	-
	17. Payments for Property and Equipment	-	-	-	-	-
	18. Other Increase (Decrease) in Cash Flow from Investing Activities	-	-	-	-	-
19. NET CASH PROVIDED BY INVESTING ACTIVITIES						
CASH FLOWS PROVIDED BY FINANCING ACTIVITIES						
CASH FLOWS PROVIDED BY FINANCING ACTIVITIES	20. Proceeds from Paid in Capital or Issuance of Stock	-	-	-	-	-
	21. Loan Proceeds from Non-Affiliates	-	-	-	-	-
	22. Loan Proceeds from Affiliates	-	-	-	-	-
	23. Principal Payments on Loans from Non-Affiliates	-	-	-	-	-
	24. Principal Payments on Loans from Affiliates	-	-	-	-	-
	25. Dividends/Distributions Paid to Owners	-	-	-	-	-
	26. Principal Payments under Lease Obligations	-	-	-	-	-
	27. Other Cash Flow Provided by Financing Activities	-	-	-	-	-
28. NET CASH PROVIDED BY FINANCING ACTIVITIES						
29. NET INCREASE / (DECREASE) IN CASH AND CASH EQUIV						
30. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD						
31. CASH AND CASH EQUIVALENTS AT END OF PERIOD						

Check Ok Ok Ok Ok Ok

REPORT L8 -- CORPORATE RELATIONSHIPS OF CONTRACTORS
Part II. Summary of Financial Transactions by Category of Service

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Column	Description
A. Salary Payments	Enter amount incurred for all salary, benefit packages, and bonuses for any provider that is employed and paid through a staff model organization.
B. Fee-For Service Payments	Enter amounts accrued / paid to provider or provider organizations under a fee for service contractual arrangement.
C. Pre-paid Sub-capitation Arrangements	Enter amounts accrued / paid to provider or provider organizations that are made on a pre-paid basis in which the financial risk of providing care to the members assigned is transferred to the provider or provider organization. Also include amounts accrued / paid representing monetary incentive arrangements that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives <u>if paid</u> within the next quarter following receipt of the payment from OHA.
D. Other Retrospective Payment Arrangements	Enter amounts accrued / paid to provider or provider organizations that are made on a retrospective basis. This may include retrospective payments of withholds, bonus pools, or any other type of settlement. Also include amounts accrued / paid representing monetary incentive arrangements that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives <u>if not paid</u> within the next quarter following receipt of the payment from OHA.

REPORT L8 -- CORPORATE RELATIONSHIPS OF CONTRACTORS

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Part I. Corporate Relationships and Organizational Structure

- A. Provide a Corporate Organizational chart with your submittal on May 31st or if a change occurs during the current report quarter indicating the relationship of Contractor to the full corporate structure, including all entities, all subsidiaries, all affiliates and all organizations fully or partially owned by other entities in the corporate family. If your company is not registered under a Holding Company Act, illustrate the direct parent or controlling person, if any.
- B. Does a financial guarantee agreement exist between Contractor and any parent or sibling entity? If so, provide the current annual audited financial statement of the parent and consolidated entity.
- C. OHA requires Contractors to provide financial information for purposes of evaluating financial solvency that, but for the Contract, would not be disclosed to individuals or entities outside of the Contractor's organization. Under ORS 192.501 (2), OHA may conditionally withhold from disclosure records that meet all four of the following criteria:
 - 1 The information must not be patented;
 - 2 The information must be known only to certain individuals within the organization and used for business the organization conducts;
 - 3 The information must have actual or potential commercial value; and
 - 4 The information must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Indicate whether Contractors consider any of the following financial records submitted to OHA under the contract to meet all of the above listed criteria:

	Risk Sharing Transactions with Provider Groups (Part II)	
	Alternative Payment Arrangements (Report L16)	
	Model Depository Agreement Form and attachments.	
	Bank Statements; if any	
	Other: please identify	

REPORT L8 Corporate Relationships of Contractors (continued)

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Part II. Summary of Financial Transactions by Category of Service

Provide the total aggregate amount of Member service expenses incurred by Contractor for each category of service by type of service payment arrangement for the OHP line of business during the calendar year.

Category of Service	Q1-2017				Q2-2017			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-
Prescription Drugs	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-
Total All Services	-	-	-	-	-	-	-	-

Grand Total All Services -
 Total Member Service Expenses -
 (Report L6 OHP Line 17)
 Check Ok Ok

Category of Service	Q3-2017				Q4-2017				YTD 2017
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Columns A - D Totals By Category of Service
DRG Hospital IP and OP	-	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-	-
Prescription Drugs	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-
Total All Services	-	-	-	-	-	-	-	-	-

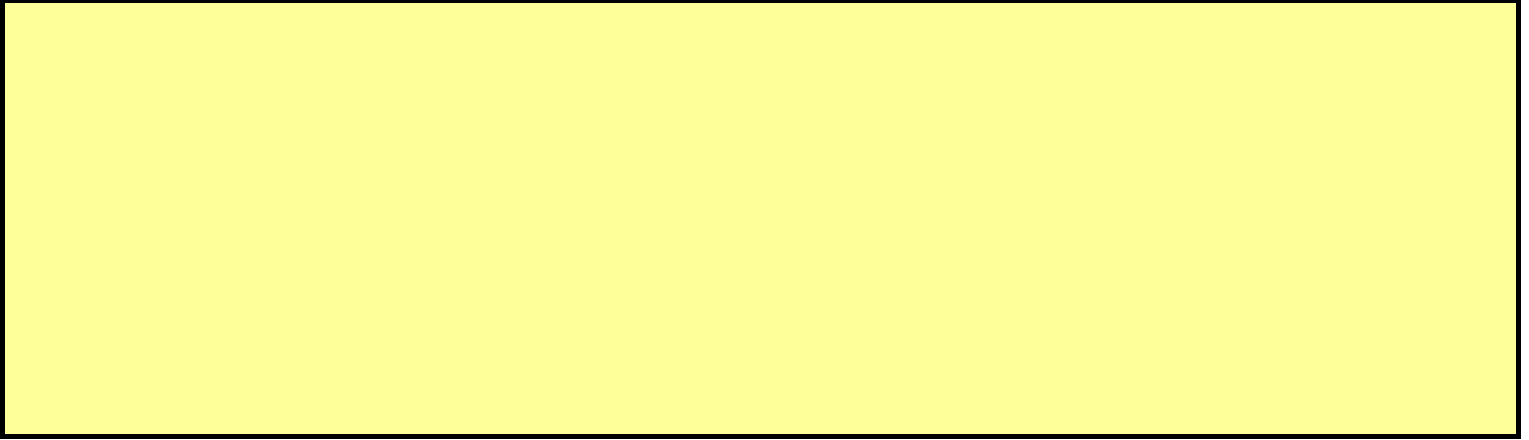
Grand Total All Services -
 Total Member Service Expenses -
 (Report L6 OHP Line 17)
 Check Ok Ok

	Column A	Column B	Column C	Column D	YTD 2017
Total All Quarters	-	-	-	-	-

REPORT L9 -- AUDITED ANNUAL BALANCE SHEET OF CORPORATE ACTIVITY

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Please provide any explanation necessary to reconcile the audited financial statements to Report L5 Column G. Update Report L5 if necessary.

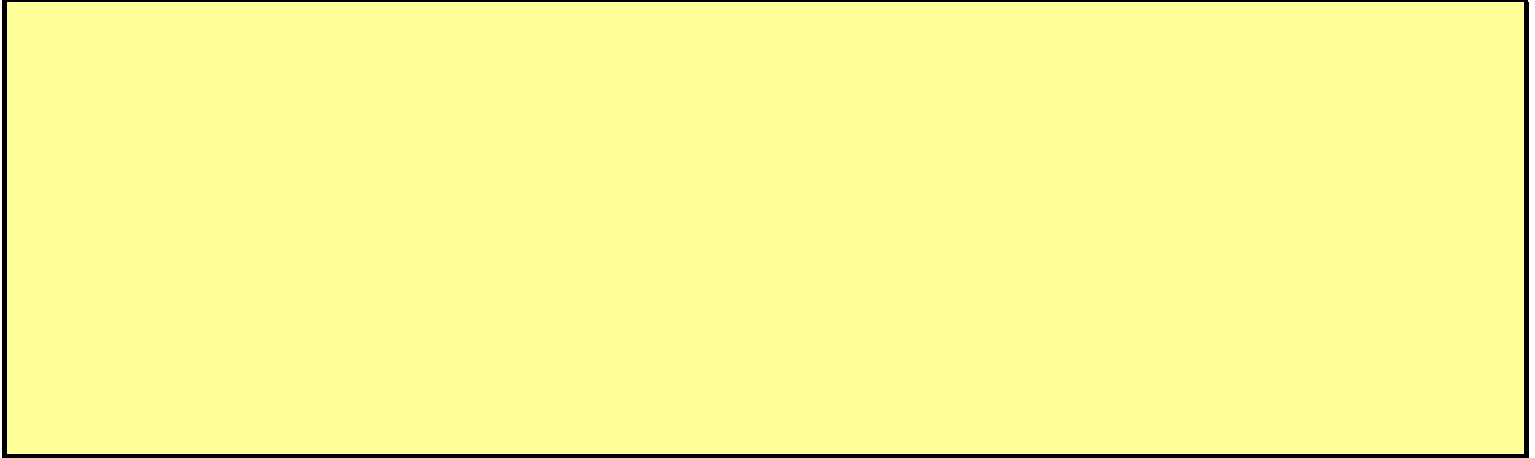
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REPORT L10 -- AUDITED ANNUAL STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS

CONTRACTOR: **Select CCO from Dropdown List**

CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Please provide any explanation necessary to reconcile
the audited financial statements to Report L6 CORP Column G.
Update Report L6 if necessary.

A large yellow rectangular area with a black border, occupying the upper half of the page. It appears to be a placeholder for a table or data, but it is currently empty.

REPORT L11 -- DISCLOSURE OF COMPENSATION--WHERE TO REPORT--GUIDANCE

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Please see table below for determining where to report various forms of compensation

Type of Compensation	Column B(i)	Column B(ii)	Column B(iii)	Column C	Column D
Base salary/wages/fees paid	x				
Base salary/wages/fees deferred (taxable)	x				
Base salary/wages/fees deferred (nontaxable)				x	
Bonus paid (including signing bonus)		x			
Bonus deferred (taxable in current year)		x			
Bonus deferred (not taxable in current year)				x	
Incentive compensation paid		x			
Incentive compensation deferred (taxable in current year)		x			
Incentive compensation deferred (not taxable in current year)				x	
Severance or change of control payments made			x		
Sick pay paid by employer	x				
Third-party sick pay			x		
Other compensation amounts deferred (taxable in current year)		x			
Other compensation amounts deferred (not taxable in current year)				x	
Tax gross-ups paid			x		
Vacation/sick leave cashed out			x		
Stock options at time of grant				x	
Stock options at time of exercise			x		
Stock awards paid by taxable organizations substantially vested			x		
Stock awards paid by taxable organizations not substantially vested				x	
Stock equivalents paid by taxable organizations substantially vested			x		
Stock equivalents paid by taxable organizations not substantially vested				x	
Loans—forgone interest or debt forgiveness			x		
Contributions (employer) to qualified retirement plan				x	
Contributions (employee deferrals) to section 401(k) plan	x				
Contributions (employee deferrals) to section 403(b) plan	x				
Qualified or nonqualified retirement plan defined benefit accruals (reasonable estimate of increase or decrease in actuarial value)				x	
Qualified retirement (defined contribution) plan investment earnings or losses					
Taxable distributions from qualified retirement plan, including section 457(b) eligible governmental plan (reported on Form 1099-R)					
Distributions from nongovernmental section 457(b) plan			x		
Amounts includible in income under section 457(f)			x		
Amounts deferred by employer or employee (plus earnings) under section 457(b) plan (substantially vested)			x		
Amounts deferred by employer or employee under section 457(b) or 457(f) plan (not substantially vested)				x	
Amounts deferred under nonqualified defined contribution plans (substantially vested)			x		
Amounts deferred under nonqualified defined contribution plans (not substantially vested)				x	
Earnings or losses of nonqualified defined contribution plan (substantially vested)			x		
Earnings or losses of nonqualified defined contribution plan (not substantially vested)					
Scholarships and fellowship grants (taxable)			x		
Health benefit plan premiums paid by employer (taxable)	x				
Health benefit plan premiums paid by the employee (taxable)	x				
Health benefit plan premiums (nontaxable)					x
Medical reimbursement and flexible spending programs (taxable)			x		
Medical reimbursement and flexible spending programs (nontaxable)					x
Other health benefits (taxable)			x		
Other health benefits (nontaxable)					x
Life, disability, or long-term-care insurance (taxable)			x		
Life, disability, or long-term-care insurance (nontaxable)					a
Split-dollar life insurance			x		
Housing provided by employer or housing allowance (taxable)			x		
Housing provided by employer or housing allowance (nontaxable)					a
Personal legal services (taxable)			x		
Personal legal services (nontaxable)					a
Personal financial services (taxable)			x		
Personal financial services (nontaxable)					a
Dependent care assistance (taxable)			x		
Dependent care assistance (nontaxable)					a
Adoption assistance (taxable)			x		
Adoption assistance (nontaxable)					a
Tuition assistance for family (taxable)			x		
Tuition assistance for family (nontaxable)					a
Cafeteria plans (nontaxable health benefit)					x
Cafeteria plans (nontaxable benefit other than health)					a
Liability insurance (taxable)			x		
Employer-provided automobile (taxable)			x		
Employer-subsidized parking (taxable)			x		
Travel (taxable)			x		
Moving (taxable)			x		
Meals and entertainment (taxable)			x		
Social club dues (taxable)			x		
Spending account (taxable)			x		
Gift cards			x		
Disregarded benefits under Regulations section 53.4958-4(a)(4) (See definitions on Report L11)					

a: Not included if value is less than \$10,000 per year.

REPORT L11 -- DISCLOSURE OF COMPENSATION

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Completed annually and submitted with the fourth quarter reporting package.

For the three highest paid individuals providing services to the CCO, report compensation paid by, or charged/allocated to the CCO on row (i) and report compensation paid by, or charged/allocated to a Related Organizations as defined below, on row (ii).

Note: The amount in column (B)(iv) must equal the individual's amount reported in Box 1 or Box 5 (whichever is greater) of IRS Form W-2 and/or Box 7 of IRS Form 1099-MISC.

(A) Name and Title		(B) Breakdown of W-2/1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(iv)-(D)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Total reportable compensation W-2/1099-MISC			
Highest Compensated Executive	(i) CCO	-	-	-	-	-	-	-
Name:	(ii) Related Org.	-	-	-	-	-	-	-
Position:	Total	-	-	-	-	-	-	-
2nd Highest Compensated Executive	(i) CCO	-	-	-	-	-	-	-
Name:	(ii) Related Org.	-	-	-	-	-	-	-
Position:	Total	-	-	-	-	-	-	-
3rd Highest Compensated Executive	(i) CCO	-	-	-	-	-	-	-
Name:	(ii) Related Org.	-	-	-	-	-	-	-
Position:	Total	-	-	-	-	-	-	-

Related Organizations:

An organization, including a nonprofit organization, a stock corporation, a partnership or limited liability company, a trust, and a governmental unit or other government entity, that has one or more of the following relationships to the CCO at any time during the reporting year.

* Parent: an organization that controls the CCO.

* Subsidiary: an organization controlled by the CCO.

* Brother/Sister: an organization controlled by the same person or persons and/or organization that controls the CCO.

Management Company:

If an executive is employed by a Management Company that provides services to the CCO, and the Management Company is not a Related Organization as defined above, then the amount paid by the CCO to the Management Company is the amount of compensation to be included in this report.

If the executive is employed by a Management Company that is a Related Organization as defined above, then the Management Company must provide the required information to the CCO for inclusion in this report.

Leased Employee:

In some cases, instead of hiring a Management Company, a CCO "leases" one or more "employees" from another company. If the executive providing services to the CCO is leased from another company that is not a Related Organization as defined above, the amount paid by the CCO is the amount of compensation to be included in this report. If the executive is leased from a company that is a Related Organization as defined above, then the leasing company must provide the required information to the CCO for inclusion in this report.

Disregarded Benefits:

Disregarded benefits under Regulations section 53.4958-4(a)(4) need not be reported in column (D).

Disregarded benefits generally include fringe benefits excluded from gross income under section 132. These benefits include the following:

No-additional cost service; Qualified employee discount; Working condition fringe; De minimis fringe; Qualified transportation fringe; Qualified moving expense reimbursement; Qualified retirement planning services; and Qualified military base realignment and closure fringe.

REPORTS L12 - L19 -- RATE SETTING OVERVIEW

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Completed annually and submitted with the fourth quarter reporting package.

Rate Setting Report Contents:

Report L6.3	Non-Benefit Case Management Services
Report L12	Enrollment Validation
Report L13	Medical Costs
Report L14	IBNR
Report L15	Sub-Capitation
Report L16	Breakdown of all Alternative Payment Arrangements by Provider
Report L17	Incentive Programs
Report L17.1	Quality Pool Payment Breakdown
Report L17.2	Other Incentive Payment Breakdown
Report L18	Other Payment Arrangements
Report L18.1	Other Payments Breakdown
Report L19	Financial Overview and Reconciliation of Costs

Report Instructions:

[Report L12 -- Enrollment Validation](#)

The data in this report will be provided by OHA for your review
After validating the data, please insert the validated member month data into this report tab before submission

[Report L13 -- Medical Costs](#)

Please provide the costs incurred for each rate cell paid through 3/31/2018
This report has separate entries for expenditures that are not sub-capitated and sub-capitation costs.
These expenditures will be used to validate the encounter data and additional costs will be recorded in subsequent parts of the template.

Please report as follows:

- Include only costs for medical services that generate claims or encounters under Expenditures (Not Sub-Capitated)
- Costs should not be completed for IBNR (they are reported later in Report L14)
- Please allocate costs into the given categories of services (COS) as best as possible
- Maternity costs are broken out in a separate section which should reflect all maternity-related costs for both PLMA and non-PLMA rating cohorts. DO NOT include maternity-related costs in the Non Sub-Capitated and Sub-Capitated sections, to avoid double counting of expenditures
- Exclude Mental Health drugs that have been carved out and covered by OHA on a FFS basis
- Exclude TPL amounts
- All costs prior to the impact of any reinsurance arrangements
- Pharmacy costs net of rebates
- Exclude non-State Plan services

[Report L14 -- IBNR Completion Rate](#)

Please provide your IBNR Completion Rate as of 3/31/2018 for each category of service expressed as a percent and in dollars

[Report L15 -- Sub-Capitation](#)

Please describe any sub-capitation arrangements
Sub-capitation totals identified in other supporting reports are pulled for reference purposes

[Report L16 -- Breakdown of all Alternative Payment Arrangements by Provider](#)

Please complete as instructed on that report

[Report L17 -- Incentive Programs](#)

Provide descriptions of Quality Pool incentive (P4P) programs and any other incentive programs

[Report L17.1 -- Quality Pool Payment Breakdown](#)

Please complete the matrix which identifies quality payments received (cash basis) and how they were disbursed to providers by year

[Report L17.2 -- Other Incentive Payment Breakdown](#)

Please allocate any payments listed in Report L17 into the cells within this report as best as possible, if applicable
DO NOT include payments related to the Quality Pool in this report

[Report L18 -- Other Payment Arrangements](#)

Provide descriptions of any other provider payment arrangements within this report, excluding those reported on Report L17

[Report L18.1 -- Other Payments Breakdown](#)

Please allocate any payments listed in Report L18 into the cells within this report as best as possible, if applicable.

[Report L19 -- Financial Overview and Reconciliation of Costs](#)

Please identify and quantify any reconciling items between the Rates Scheduled summarized and Report L6 OHP

REPORT L12 -- ENROLLMENT VALIDATION

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Note: OHA will be providing enrollment member months to you separately to assist in your verification process. They will be provided in a layout that is easy to copy and paste once you have verified them.

Physical Health Member Months (Either CCOA or CCOB)													
Month of Enrollment	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total
January	-	-	-	-	-	-	-	-	-	-	-	-	-
February	-	-	-	-	-	-	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-	-	-	-	-	-	-
April	-	-	-	-	-	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-

Mental Health Member Months (CCOA, CCOB, CCOE, CCOG)													
Month of Enrollment	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total
January	-	-	-	-	-	-	-	-	-	-	-	-	-
February	-	-	-	-	-	-	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-	-	-	-	-	-	-
April	-	-	-	-	-	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-

REPORT L12 -- ENROLLMENT VALIDATION

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Note: OHA will be providing enrollment member months to you separately to assist in your verification process. They will be provided in a layout that is easy to copy and paste once you have verified them.

Dental Member Months (CCOA, CCOF, CCOG)													
Month of Enrollment	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total
January	-	-	-	-	-	-	-	-	-	-	-	-	-
February	-	-	-	-	-	-	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-	-	-	-	-	-	-
April	-	-	-	-	-	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-

REPORT L13 -- MEDICAL COSTS

CONTRACTOR: Select CO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017
 PAID THROUGH: 3/31/2018

Note: These expenditures will be used to validate the encounter data and other costs will be recorded in subsequent parts of the template

Expenditures (Not Sub-Capitated)		Total incurred in 2017													
Category of Service		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total	
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures (Sub-Capitated)		Total incurred in 2017												
Category of Service		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total
Physical Health	DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-
	A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-

* DRG Hospital represents any sub-capitated arrangement made with a DRG facility. Likewise, A & B Hospital represents any sub-capitated arrangement made with an A/B facility.

* Please include information within the scratch sheet tab surrounding the subcapitated arrangements or provided associated contracts.

Expenditures (Maternity)		Total incurred in 2017												
Category of Service		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total
Maternity Fee For Service	Maternity - Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
	Maternity - Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
	Maternity - Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-total Fee For Service		-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Capitated Maternity		-	-	-	-	-	-	-	-	-	-	-	-	-
Grand Total Maternity		-	-	-	-	-	-	-	-	-	-	-	-	-
Number of Deliveries		-	-	-	-	-	-	-	-	-	-	-	-	-

REPORT L14 -- IBNR COMPLETION RATE

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017
 PAID THROUGH: 3/31/2018

Note: Completed Expenditures = Total Incurred Expenditures in 2017 / (1 - Completion %)

Expenditures (Not Sub-Capitated)

Category of Service		Completion Percentage	Calculated IBNR Amount	Total Incurred Expenditures from L13	Grand Total Completed Expenditures
Physical Health	Inpatient - A & B Hospital	0%	-	-	-
	Inpatient - DRG Hospital	0%	-	-	-
	Inpatient - Other	0%	-	-	-
	Outpatient - A & B Hospital	0%	-	-	-
	Outpatient - DRG Hospital	0%	-	-	-
	Outpatient - Other	0%	-	-	-
	Primary Care Physician	0%	-	-	-
	Non-Primary Care Physician	0%	-	-	-
	Substance Abuse	0%	-	-	-
	Prescription Drugs	0%	-	-	-
	DME and Miscellaneous	0%	-	-	-
	Behavioral Health	Mental Health Services Inpatient	0%	-	-
Applied Behavior Analysis (ABA)		0%	-	-	-
ACT/SE		0%	-	-	-
A&D Residential		0%	-	-	-
MH Children's Wraparound		0%	-	-	-
CANS		0%	-	-	-
Mental Health Other Non-Inpatient		0%	-	-	-
Other	Dental	0%	-	-	-
	NEMT	0%	-	-	-
Total			-	-	-

REPORT L15 -- SUB-CAPITATION

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Please explain any sub-capitation agreements, if applicable, in the box below. If there are no sub-capitation agreements, please fill this box with 'No Sub-Capitation':

Total Sub-Capitation from L8 Column C (for reference purposes)

Total Sub-Capitation from L13 (for reference purposes)

Total Sub-Capitation from L16 Column f. (for reference purposes)

The descriptions above should include:

- a) A detailed description of services provided under each of the sub-capitation agreements.
- b) The name of the providers that are being sub-capitated (for example, certain physician groups, hospitals, clinics, etc.).
- c) Detail surrounding the amount of the sub-capitation paid to each provider and also a description of the payment methods for the sub-capitated agreement (percent of premium, PMPM, etc.)
- d) A narrative describing how the listed sub-capitated agreements may change for the NEXT contract year.

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.
Provider ID	Provider Name	Type of Payment Arrangement	Services/Claim Types Covered by Agreement (specify restrictions if applicable)	Withhold %	Sub-Capitated Amount	Withhold Amount Paid Out	Quality Pool - Related Settlements	Settlement Amount	Other Payment Amount	Description of Other Payment Amount
Totals					-	-	-	-	-	
Grand Total									-	

REPORT L17 -- INCENTIVE PROGRAMS

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Quality Pool

Describe any Quality Pool distributions your health plan has made in the following space, including time periods when payments were earned vs paid:

***Please do not include sub-capitation payments**

Total Payments made (Cash Basis) for Quality Pool

Total Quality Pool from L16 Column h. (for reference purposes)

Please complete the Quality Pool distribution matrix in Report 17.1.

Other Incentives

Describe any provider payments **not related to Quality Pool*** (outside of the claims system) your health plan has in the following space:

***Please do not include sub-capitation payments nor Quality Pool Payments**

Total Payments made (Cash Basis) for Other Incentives

Please attempt to distribute the above payments in Report 17.2, if applicable. (Optional)

The descriptions above should include:

- a) A detailed description of services provided under each of the provider payment/Quality Pool agreements.
- b) The name of the providers that are participating and any affiliations participants may have with CCO.
- c) Detail surrounding the amount paid to each provider and also a description of the payment methods for the incentive payment.
- d) A narrative describing how the listed payment agreements may change for the NEXT contract year.

REPORT L17.1 -- QUALITY POOL PAYMENT BREAKDOWN

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**
 PAID THROUGH: **3/31/2018**

Expenditures for		Quality Pool	Year Received by CCO				Check Total
			2013 Quality Pool (Rec'vd in 2014)	2014 Quality Pool (Rec'vd in 2015)	2015 Quality Pool (Rec'vd in 2016)	2016 Quality Pool (Rec'vd in 2017)	
Revenue	Amount Received from OHA		-	-	-	-	-
Cost	2013		-				-
Year Paid to Provider(s)	2014		-	-			-
	2015		-	-	-		-
	2016		-	-	-	-	-
	2017		-	-	-	-	-
Total			-	-	-	-	-

REPORT L17.2 -- OTHER INCENTIVE PAYMENT BREAKDOWN

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Expenditures for		Total paid in 2017											Check Total		
Other Incentives	Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64		BCCP	
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Applied Behavior Analysis (ABA)		-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS		-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Flexible Services

Describe Flexible Services in the following space:

Total Payments for Flexible Services (Report L6.2)

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

PCPCH

Describe PCPCH in the following space:

Total Payments for PCPCH

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

Other Payment1

Describe Other Payment1 in the following space:

Total Payments for Other Payment1

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Other Payment2

Describe Other Payment2 in the following space:

Total Payments for Other Payment2

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

Other Payment3

Describe Other Payment3 in the following space:

Total Payments for Other Payment3

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

The descriptions above should include:

- a) A detailed description of services provided under each of the other payments.
- b) The name of the providers that are participating and any affiliations participants may have with CCO.
- c) Detail surrounding the amount paid and also a description of the payment methods.
- d) A narrative describing how the listed payment agreements may change for the NEXT contract year.

REPORT L18.1 -- OTHER PAYMENTS BREAKDOWN

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Expenditures for Flexible Services		Total incurred in 2017											Check Total		
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP			
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Applied Behavior Analysis (ABA)		-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS		-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for PCPCH		Total incurred in 2017											Check Total		
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP			
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Applied Behavior Analysis (ABA)		-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS		-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L18.1 -- OTHER PAYMENTS BREAKDOWN

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Expenditures for		Total incurred in 2017													
Other Payment1		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total	
Category of Service															
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for		Total incurred in 2017													
Other Payment2		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	Check Total	
Category of Service															
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L18.1 -- OTHER PAYMENTS BREAKDOWN

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2017 - 12/31/2017

Expenditures for		Total incurred in 2017												Check Total	
Other Payment3		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP		
Category of Service															
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Non-Primary Care Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
		Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-
ACT/SE		-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound		-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS		-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health Other Non-Inpatient		-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Report L19 -- FINANCIAL OVERVIEW AND RECONCILIATION OF COSTS

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Medical Expense	Total Cost
FFS Claims Expenditures	
Inpatient - A & B Hospital	\$ -
Inpatient - DRG Hospital	\$ -
Inpatient - Other	\$ -
Outpatient - A & B Hospital	\$ -
Outpatient - DRG Hospital	\$ -
Outpatient - Other	\$ -
Primary Care Physician	\$ -
Non-Primary Care Physician	\$ -
Substance Abuse	\$ -
Prescription Drugs	\$ -
DME and Miscellaneous	\$ -
Mental Health Services Inpatient	\$ -
Applied Behavior Analysis (ABA)	\$ -
ACT/SE	\$ -
A&D Residential	\$ -
MH Children's Wraparound	\$ -
CANS	\$ -
Mental Health Other Non-Inpatient	\$ -
Dental	\$ -
NEMT	\$ -
IBNR	\$ -
Total Claims Expense	\$ -
Sub-Capitation	
DRG Hospital	\$ -
A & B Hospital	\$ -
Primary Care Physician	\$ -
Non-Primary Care Physician	\$ -
Substance Abuse	\$ -
Prescription Drugs	\$ -
DME and Miscellaneous	\$ -
Mental Health Services Inpatient	\$ -
Applied Behavior Analysis (ABA)	\$ -
ACT/SE	\$ -
A&D Residential	\$ -
MH Children's Wraparound	\$ -
CANS	\$ -
Mental Health Other Non-Inpatient	\$ -
Dental	\$ -
NEMT	\$ -
Sub-Capitated Maternity	\$ -
Total Sub-Capitation Expense	\$ -
Maternity Expenditures (Fee For Service)	
Maternity – Inpatient	\$ -
Maternity – Outpatient	\$ -
Maternity – Physician	\$ -
Total Maternity Expenditures (Fee For Service)	\$ -

Report L19 -- FINANCIAL OVERVIEW AND RECONCILIATION OF COSTS

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2017 - 12/31/2017**

Medical Expense	Total Cost
Other Expenditures	
Quality Pool	\$ -
Other Incentives	\$ -
Flexible Services	\$ -
PCPCH	\$ -
Other Payment1	\$ -
Other Payment2	\$ -
Other Payment3	\$ -
Total Other Expenditures	\$ -
Total Medical Expenses	\$ -
Total Member Service Expenses L6 OHP Line 17	\$ -
Difference	\$ -

Reconciling Differences	Amount
Difference in IBNR measurement period	-
Cash Basis vs. Accrual Basis:	-
Quality Pool Payments	-
Incentive & Provider Payments	-
	-
	-
	-
	-
	-
	-
Total Reconciling Differences	\$ -

Please provide any text, tables, numbers, etc. that you would like to communicate but were not able to include within the preceding reports.