

CCO NAME:

Select CCO from Dropdown List

INTRODUCTION:

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

12/31/2016

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"

SUBMISSION DEADLINES:

<u>Report</u>	<u>Date Due</u>	<u>Date Submitted</u>	<u>Comments</u>
QTR 1	May 31, 2016		Quarter
Report L2 Part II	May 31, 2016		Annual Only
Report L3 Part II (DCBS)	May 31, 2016		Annual for DCBS Reporting Entities Only
Report L8 Part I	May 31, 2016		Annual Only
QTR 2	August 31, 2016		Quarter
QTR 3	November 30, 2016		Quarter
QTR 4	April 30, 2017		Quarter
Report L11	April 30, 2017		Annual Only
Reports L12 - L19 Rates	April 30, 2017		Annual Only
Report L9	June 30, 2017		Annual Only
Report L10	June 30, 2017		Annual Only
Annual Audit	June 30, 2017		Annual Only
Actuarial Report	June 30, 2017		Annual Only

Report L1 -

Select CCO from Dropdown List

CALENDAR YEAR: **2016**
CALENDAR YEAR START DATE: **1/1/2016**
CALENDAR YEAR ENDING DATE: **12/31/2016**

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: **1/1/2016 - 12/31/2016**

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

Part I. Provide the following information about the number of DMAP 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 DMAP Members with Claims Greater than \$100,000	-	-	-
2. Number of DMAP 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: **1/1/2016 - 12/31/2016**

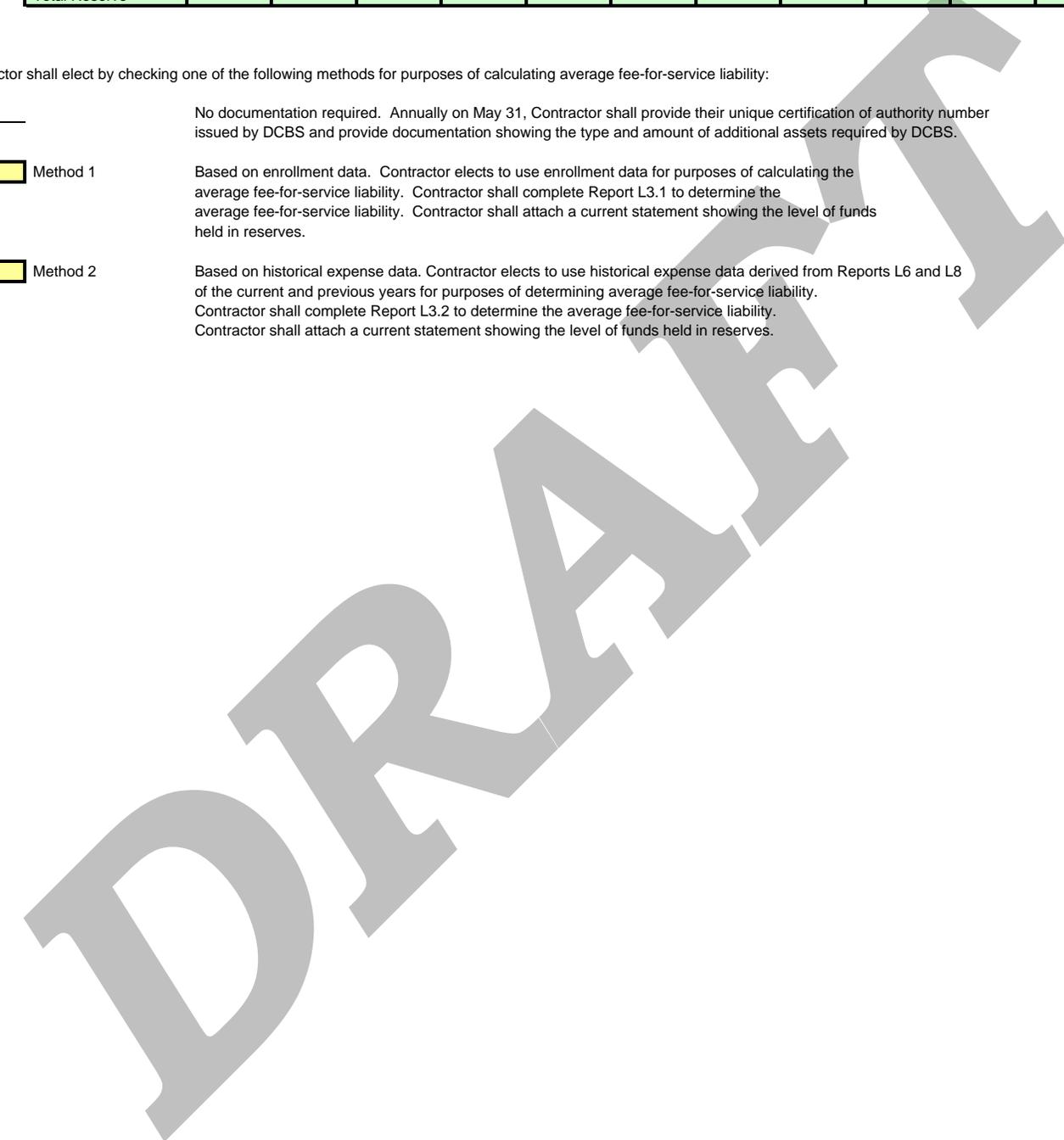
Part I. RESTRICTED RESERVE LEVELS - COMPUTATION

	Q1-2016			Q2-2016			Q3-2016			Q4-2016		
	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:

- 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:
CALENDAR YEAR:

Select CCO from Dropdown List
1/1/2016 - 12/31/2016

Part III.

ELIGIBILITY RATE GROUP (CCO A or B)	Q1-2016		Q2-2016		Q3-2016		Q4-2016	
	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 55-65	-	-	-	-	-	-	-	-
SNRG	-	-	-	-	-	-	-	-
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 55-65	-	-	-	-	-	-	-	-
SNRG	-	-	-	-	-	-	-	-
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 55-65	-	-	-	-	-	-	-	-
SNRG	-	-	-	-	-	-	-	-
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: **1/1/2016 - 12/31/2016**

Part IV.

QUARTER ENDING	MEMBER SERVICE EXPENSES- -REPORT L6 OHP, LINE 18		FROM REPORT L8--SALARY PAYMENTS (COLUMN A) AND CAPITATION PAYMENTS (COLUMN C)			AVERAGE MONTHLY FEE-FOR-SERVICE LIABILITY
	EXPENSE	AVERAGE	SALARY	CAPITATION	AVERAGE	
3/31/2015	-	N/A	-	-	N/A	N/A
6/30/2015	-	N/A	-	-	N/A	N/A
9/30/2015	-	N/A	-	-	N/A	N/A
12/31/2015	-	N/A	-	-	N/A	N/A
3/31/2016	-	-	-	-	-	-
6/30/2016	-	-	-	-	-	-
9/30/2016	-	-	-	-	-	-
12/31/2016	-	-	-	-	-	-

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: **1/1/2016 - 12/31/2016**

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	Q1-2016	Q2-2016	Q3-2016	Q4-2016	YTD 2016
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 Line1)	-	-	-	-	-
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	Q1-2016	Q2-2016	Q3-2016	Q4-2016
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		
TOTAL OPERATING REVENUE - CORPORATE	QUARTER ENDING	Report L6 CORP Line 6
	3/31/2015	-
	6/30/2015	-
	9/30/2015	-
	12/31/2015	-
	3/31/2016	-
	6/30/2016	-
	9/30/2016	-
	12/31/2016	-

Please enter last year's values in the yellow cells

REPORT L4 -- KEY FINANCIAL INDICATORS

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2016 - 12/31/2016**

QTR Ending 3/31/2016	QTR Ending 6/30/2016	QTR Ending 9/30/2016	QTR Ending 12/31/2016	YTD 2016
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Note: This report self-populates based on values entered on other reports.

KEY FINANCIAL RATIOS	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				
Medical Loss 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. Ambulance	-	-	-	-	-
b. NEMT	-	-	-	-	-
14. DME & Supplies	-	-	-	-	-
15. Health Related Non-benefit (Flex)	-	-	-	-	-
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: **12/31/2016**

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		12/31/2015	3/31/2016	6/30/2016	9/30/2016	12/31/2016
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		\$ -	\$ -	\$ -	\$ -	\$ -

Check Ok Ok Ok Ok Ok

Details of Write-Ins (Lines 8, 13, 29, 33 and 43):

	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-

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

CORPORATE TOTAL

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2016 - 12/31/2016**

		CORPORATE TOTAL				
		Q1-2016	Q2-2016	Q3-2016	Q4-2016	YTD 2016
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ -	\$ -	\$ -	\$ -	\$ -
	a. Reinsurance/Stop Loss Premiums Paid	-	-	-	-	-
	b. HRA Payments	-	-	-	-	-
	c. Minimum MLR Rebate	-	-	-	-	-
	d. 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. Ambulance	-	-	-	-	-
	b. NEMT	-	-	-	-	-
	14. DME & Supplies	-	-	-	-	-
15. Health Related Non-benefit (Flex)	-	-	-	-	-	
16. Other Member Service Expenses	-	-	-	-	-	
17. MEMBER SERVICE EXPENSES SUBTOTAL		-	-	-	-	-
DEDUCTIONS	18. Reinsurance Recoveries Received	-	-	-	-	-
	19. Co-payments Received	-	-	-	-	-
	20. TPR Amounts Received, COB, and Subrogation	-	-	-	-	-
21. DEDUCTIONS SUBTOTAL		-	-	-	-	-
22. TOTAL MEMBER SERVICE EXPENSES LESS DEDUCTIONS		-	-	-	-	-
ADMINISTRATIVE	23. Compensation	-	-	-	-	-
	24. Other Administrative Expenses	-	-	-	-	-
25. TOTAL ADMINISTRATIVE EXPENSES		-	-	-	-	-
26. TOTAL OPERATING EXPENSES		-	-	-	-	-
27. NET OPERATING INCOME (LOSS)		-	-	-	-	-
NON-OPERATING REVENUES AND EXPENSES	28. Net Investment Income	-	-	-	-	-
	29. Non-Healthcare-Related (Expenses)	-	-	-	-	-
	30. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
31. TOTAL NON-OPERATING REVENUES AND EXPENSES		-	-	-	-	-
32. NET INCOME (LOSS) BEFORE TAXES		-	-	-	-	-
33. Provision for Income Taxes		-	-	-	-	-
34. NET INCOME (LOSS)		\$ -	\$ -	\$ -	\$ -	\$ -

NET ASSETS	35. Net Assets Beginning of Quarter	\$ -	\$ -	\$ -	\$ -	\$ -	
	36. Increase (Decrease) in Common Stock	-	-	-	-	-	
	37. Increase (Decrease) in Preferred Stock	-	-	-	-	-	
	38. Increase (Decrease) in Paid in Surplus	-	-	-	-	-	
	39. Increase (Decrease) in Contributed Capital	-	-	-	-	-	
	40. Increase (Decrease) in Surplus Notes	-	-	-	-	-	
	41. Increase (Decrease) in Contingency Reserves	-	-	-	-	-	
	42. Increase (Decrease) in Retained Earnings	-	-	-	-	-	
	a. Net Income (Loss)	-	-	-	-	-	
	b. Dividends to Stockholders	-	-	-	-	-	
	c. Interest on Surplus Notes	-	-	-	-	-	
	d. Other Changes in Net Assets	-	-	-	-	-	
	43. Net Assets		\$ -	\$ -	\$ -	\$ -	\$ -

Check Ok Ok Ok Ok Ok

Detail of Write-Ins (Lines 5, 16, 30)	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016

		OHP LOB ACTIVITY *				
		Q1-2016	Q2-2016	Q3-2016	Q4-2016	YTD 2016
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ -	\$ -	\$ -	\$ -	\$ -
	a. Reinsurance/Stop Loss Premiums Paid	-	-	-	-	-
	b. HRA Payments	-	-	-	-	-
	c. Minimum MLR Rebate	-	-	-	-	-
	d. 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. Ambulance	-	-	-	-	-
	b. NEMT	-	-	-	-	-
	14. DME & Supplies	-	-	-	-	-
15. Health Related Non-benefit (Flex)	-	-	-	-	-	
16. Other Member Service Expenses	-	-	-	-	-	
17. MEMBER SERVICE EXPENSES SUBTOTAL		-	-	-	-	-
DEDUCTIONS	18. Reinsurance Recoveries Received	-	-	-	-	-
	19. Co-payments Received	-	-	-	-	-
	20. TPR Amounts Received, COB, and Subrogation	-	-	-	-	-
21. DEDUCTIONS SUBTOTAL		-	-	-	-	-
22. TOTAL MEMBER SERVICE EXPENSES LESS DEDUCTIONS		-	-	-	-	-
ADMINISTRATIVE	23. Compensation	-	-	-	-	-
	24. Other Administrative Expenses	-	-	-	-	-
25. TOTAL ADMINISTRATIVE EXPENSES		-	-	-	-	-
26. TOTAL OPERATING EXPENSES		-	-	-	-	-
27. NET OPERATING INCOME (LOSS)		-	-	-	-	-
NON-OPERATING REVENUES AND EXPENSES	28. Net Investment Income	-	-	-	-	-
	29. Non-Healthcare-Related (Expenses)	-	-	-	-	-
	30. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
31. TOTAL NON-OPERATING REVENUES AND EXPENSES		-	-	-	-	-
32. NET INCOME (LOSS) BEFORE TAXES		-	-	-	-	-
33. Provision for Income Taxes		-	-	-	-	-
34. NET INCOME (LOSS)		\$ -	\$ -	\$ -	\$ -	\$ -

Detail of Write-Ins (Lines 5, 16, 30)						
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

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

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

OHP LINE OF BUSINESS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016

		OHP LOB ACTIVITY *				
		Q1-2016	Q2-2016	Q3-2016	Q4-2016	YTD 2016
SALARIES AND COMPENSATION	1. Corporate Salaries and Compensation	\$ -	\$ -	\$ -	\$ -	\$ -
	2. Management Salaries and Compensation	-	-	-	-	-
	3. Other Salaries and 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. Network Development	-	-	-	-	-
	11. Member Services	-	-	-	-	-
	12. Case Management	-	-	-	-	-
13. Professional Services	-	-	-	-	-	
14. Other Administrative Expenses	-	-	-	-	-	
15. OTHER ADMINISTRATIVE EXPENSES SUBTOTAL		-	-	-	-	-
NON-BENEFIT CMS RECLASSES FROM L6	16. Reinsurance/Stop Loss Premiums Paid	-	-	-	-	-
	17. Health Insurance Provider Fee	-	-	-	-	-
	18. Health Related Non-benefit (Flex) Services	-	-	-	-	-
19. Provision For Income Taxes	-	-	-	-	-	
20. NON-BENEFIT CMS RECLASSIFICATIONS FROM L6		-	-	-	-	-
21. 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

Detail of Write-Ins (Lines 3, 14)						
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-

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

Report L6.2 -- HEALTH RELATED NON-BENEFIT SERVICES

OHP LINE OF BUSINESS

CONTRACTOR:

Select CCO from Dropdown List

CALENDAR YEAR:

1/1/2016 - 12/31/2016

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 10 must equal Report L6 OHP Line 15.

Flexible Service Category	Q1-2016		Q2-2016		Q3-2016		Q4-2016		YTD 2016	
	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. Programs to improve the general community health (e.g. farmers' market in the "food desert")	-	-	-	-	-	-	-	-	-	-
7. Housing supports related to social determinates of health (e.g. shelter, utilities, critical repairs)	-	-	-	-	-	-	-	-	-	-
8. Assistance with food, or social resources (e.g. supplemental food, referral to job training or social services)	-	-	-	-	-	-	-	-	-	-
9. Other (describe)	-	-	-	-	-	-	-	-	-	-
10. Totals	-	-	-	-	-	-	-	-	-	-

Check

Ok

Ok

Ok

Ok

Ok

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

CORPORATE TOTAL

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2016 - 12/31/2016**

		CORPORATE TOTAL Q1-2016	CORPORATE TOTAL Q2-2016	CORPORATE TOTAL Q3-2016	CORPORATE TOTAL Q4-2016	CORPORATE TOTAL YTD 2016
CASH FLOWS PROVIDED BY OPERATING ACTIVITIES						
ADJUST TO	1. Net Income	\$ -	\$ -	\$ -	\$ -	\$ -
RECON NET INC	2. Depreciation and Amortization	-	-	-	-	-
(INCREASE) DECREASE IN OPERATING ASSETS	3. Premium Receivable	-	-	-	-	-
	4. Due from Affiliates	-	-	-	-	-
	5. Health Care Receivable	-	-	-	-	-
INCREASE (DECREASE) IN OPERATING LIABILITIES	6. Other (Increase) Decrease in Operating Assets	-	-	-	-	-
	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 Paid	-	-	-	-	-
	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

REPORT L8 -- CORPORATE RELATIONSHIPS OF CONTRACTORS

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2016 - 12/31/2016**

Part I. Corporate Relationships and Organizational Structure

- A. Provide an 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. MAP 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), MAP 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 MAP under the contract to meet all of the above listed criteria:

- _____ Risk Sharing Transactions with Provider Groups (Part II)
- _____ Alternative Payment Arrangements (Report L12)
- _____ 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: **1/1/2016 - 12/31/2016**

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	Q1-2016				Q2-2016			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Sub-Capitation and Alternative Payment Arrangements	Column D Other Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Sub-Capitation and Alternative Payment Arrangements	Column D Other 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

Category of Service	Q3-2016				Q4-2016			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Sub-Capitation and Alternative Payment Arrangements	Column D Other Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Sub-Capitation and Alternative Payment Arrangements	Column D Other 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

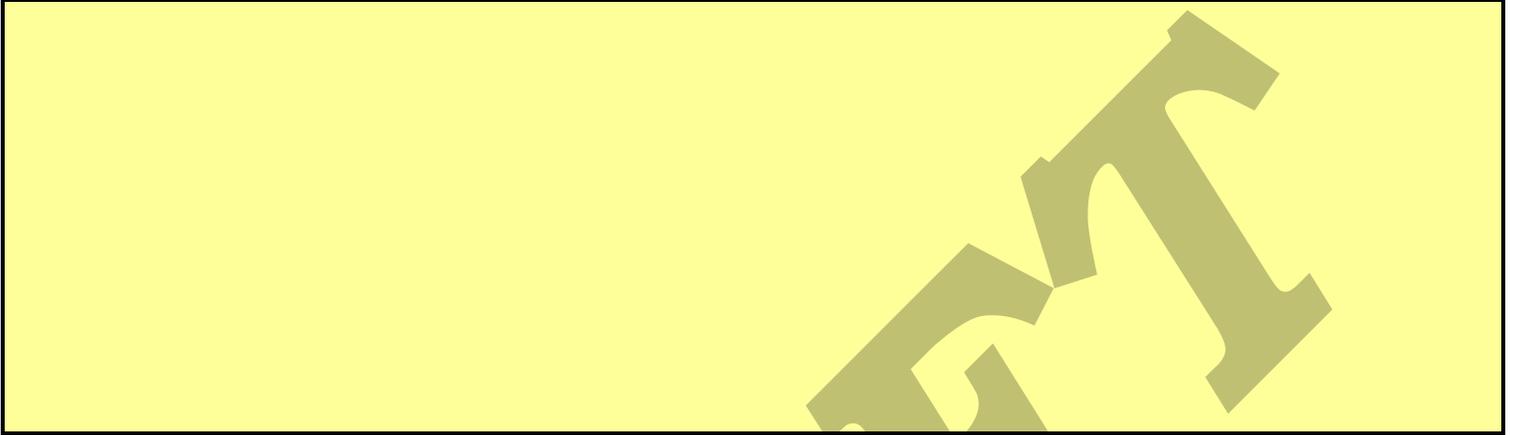
	Column A	Column B	Column C	Column D
Total All Quarters	-	-	-	-

REPORT L9 -- AUDITED ANNUAL BALANCE SHEET OF CORPORATE ACTIVITY

CONTRACTOR: **Select CCO from Dropdown List**

CALENDAR YEAR: **1/1/2016 - 12/31/2016**

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



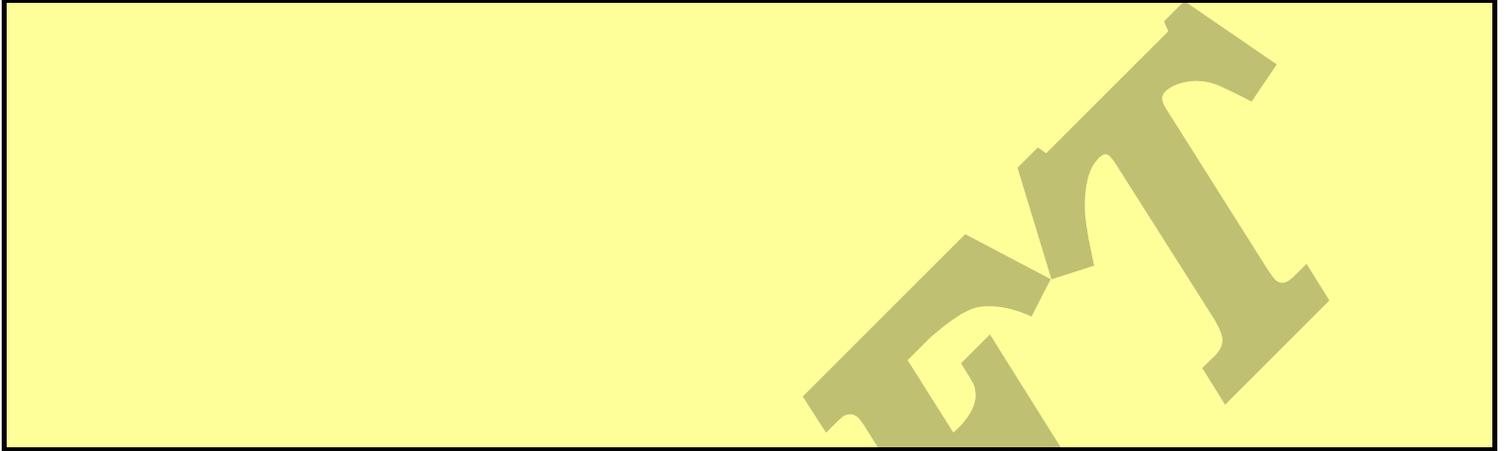
DRAFT

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

CONTRACTOR: **Select CCO from Dropdown List**

CALENDAR YEAR: **1/1/2016 - 12/31/2016**

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



DRAFT

REPORT L11 -- DISCLOSURE OF COMPENSATION

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2016 - 12/31/2016**

Completed annually and submitted with the fourth quarter reporting package.

(OHP Line of Business)				
(1) Name and Principal Position	(2) Gross Salary	(3) Payroll-Related Benefits	(4) All Other Compensation	(5) TOTALS
Name and Position of Highest Compensated Executive	-	-	-	-
Name: Position:				
Name and Position of 2nd Highest Compensated Executive	-	-	-	-
Name: Position:				
Name and Position of 3rd Highest Compensated Executive	-	-	-	-
Name: Position:				

REPORT L12 -- ENROLLMENT VALIDATION

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016

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 55-65	Special Needs Rate Group (SNRG)	Check Total
January	-	-	-	-	-	-	-	-	-	-	-	-	-
February	-	-	-	-	-	-	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-	-	-	-	-	-	-
April	-	-	-	-	-	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-

Mental Health Member Months (CCOA, CCOB, CCOE, or 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 55-65	Special Needs Rate Group (SNRG)	Check Total
January	-	-	-	-	-	-	-	-	-	-	-	-	-
February	-	-	-	-	-	-	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-	-	-	-	-	-	-
April	-	-	-	-	-	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-

REPORT L13 -- MEDICAL COSTS

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016
 PAID THROUGH: 3/31/2017

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 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures (Sub-Capitated)		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
Physical Health	DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	
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 (Other)		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65			
Additional Services	Bariatric Surgery	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-
Maternity	Maternity - Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
	Maternity - Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
	Maternity - Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sub-Total Maternity	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-
Number of Deliveries		-	-	-	-	-	-	-	-	-	-	-	-	-

REPORT L14 -- IBNR COMPLETION RATE

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016
 PAID THROUGH: 3/31/2017

Note: Completed Expenditure = Total Incurred Expenditure in 2016 / (1 - Completion %)

Expenditures (Not Sub-Capitated)

Category of Service		Completion Percentage	Calculated IBNR Amount	Expenditures from L13	Grand Total	
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%	-	-	-
		Mental Health Services Non-Inpatient	0%	-	-	-
			-	-	-	

REPORT L15 -- SUB-CAPITATION

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2016 - 12/31/2016**

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 L13 (for reference purposes)

Total Sub-Capitation from L16 (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
		Select from Dropdown List								
		Select from Dropdown List								
		Select from Dropdown List								

Totals
Grand Total

-	-	-	-	-
-	-	-	-	-

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REPORT L17 -- INCENTIVE PROGRAMS

CONTRACTOR: Select CCO from Dropdown List
CALENDAR YEAR: 1/1/2016 - 12/31/2016

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:

[Empty text box for Quality Pool distributions]

*Please do not include sub-capitation payments

Total Payments made (Cash Basis) for Quality Pool

Please attempt to distribute the above payments in Report 17.1, if applicable. (Optional)

Other Incentives

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

[Empty text box for Other Incentives]

*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 17.1, 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 -- INCENTIVE PAYMENT BREAKDOWN

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016

Expenditures for Quality Pool		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for Other Incentives		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: **Select CCO from Dropdown List**
CALENDAR YEAR: **1/1/2016 - 12/31/2016**

Case Management

Describe Case Management in the following space:

[Empty yellow text box for Case Management description]

Total Payments for Case Management

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

PCPCH

Describe PCPCH in the following space:

[Empty yellow text box for PCPCH description]

Total Payments for PCPCH

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

ENCC

Describe ENCC in the following space:

[Empty yellow text box for ENCC description]

Total Payments for ENCC

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: **1/1/2016 - 12/31/2016**

Flexible Services

Describe Flexible Services in the following space:

Total Payments for Flexible Services

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)

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: 1/1/2016 - 12/31/2016

Expenditures for Case Management		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for PCPCH		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for ENCC		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L18.1 -- OTHER PAYMENTS BREAKDOWN

CONTRACTOR: Select CCO from Dropdown List
 CALENDAR YEAR: 1/1/2016 - 12/31/2016

Expenditures for Flexible Services		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Expenditures for Other Payment1		Total incurred in 2016											Special Needs Rate Group (SNRG)	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 55-65				
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	-	-	-	-	-	-	-	-	-	-	-	-	-
		Mental Health Services Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	

Report L19 -- FINANCIAL OVERVIEW AND RECONCILIATION OF COSTS

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2016 - 12/31/2016**

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	\$ -
Mental Health Services Non-Inpatient	\$ -
IBNR	\$ -
Total Claims Expense	\$ -
Sub-Capitation	
DRG Hospital	\$ -
A & B Hospital	\$ -
Substance Abuse	\$ -
Physician	\$ -
Other	\$ -
Mental Health Services Inpatient	\$ -
Mental Health Services Non-Inpatient	\$ -
Total Sub-Capitation Expense	\$ -
Other Expenditures	
Bariatric Surgery	\$ -
Dental	\$ -
NEMT	\$ -
ACT/SE	\$ -
A&D Residential	\$ -
MH Children's Wraparound	\$ -
CANS	\$ -
Maternity – Inpatient	\$ -
Maternity – Outpatient	\$ -
Maternity – Physician	\$ -
Total Other Expenditures	\$ -
Quality Pool Payments	\$ -
Incentive & Provider Payments	\$ -
Case Management	\$ -
PCPCH	\$ -
ENCC	\$ -
Flexible Services	\$ -
Other Payment1	\$ -
Total Medical Expenses	\$ -

Report L19 -- FINANCIAL OVERVIEW AND RECONCILIATION OF COSTS

CONTRACTOR: **Select CCO from Dropdown List**
 CALENDAR YEAR: **1/1/2016 - 12/31/2016**

Total Member Service Expenses L6 OHP	\$ -
---------------------------------------------	-------------

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.

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