Table 2.3

Plan Specific Experience Table (Non-ESRD/Hospice) - Dates of Service Between 2012-01-01 and 2012-12-31

Experience Table and Base Period Benefits Listing for Contract-Plan: H9999-003

H-Number:	H9999	MM:	168,272 Non-ESRD, Non Hospice
Plan-Number:	3	Risk Score:	1.0757

						Medcial Claims - Paid Through March, 2013					
Bucket	Bucket Name	PBP Cat	Bid Cat	Bid SubCat	Covered	Count	Days	Allowed	Deductible	Copay/Coins	Net
1	Inpatient Acute - Medical	1a	A	a1	C	2,609	11,018	$21,465,665	$0	$724,529	$20,741,136
2	Inpatient Acute - Surgical	1a	A	a1	C	1,213	6,557	22,777,470	-	405,359	22,372,110
3	Inpatient Acute - Medical - Addl Days	1a	A	a1	N	32	134	260,717	-	8,800	251,917
4	Inpatient Acute - Surgical - Addl Days	1a	A	a1	N	15	80	276,649	-	4,923	271,726
5	Inpatient Psychiatric	1b	A	a2	C	16	79	120,421	-	6,100	114,321
6	Inpatient Psychiatric - Addl Days	1b	A	a2	N			-			-
7	Skilled Nursing Facility	2	B	b	C	1,655	21,256	7,797,488	-	930	7,796,558
8	Skilled Nursing Facility - Addl Days	2	B	b	N			-			-
9	Comprehensive Outpatient Rehab Fac	3	H	h5	C	356		212,864	-	33,652	179,212
10	Hospital ER - ER	4a	F	f	C	6,572		4,298,637	-	283,084	4,015,552
11	Hospital ER MRI-PET-CT	4a	F	f	C			-			-
12	Hospital ER Other Rad	4a	F	f	C			-			-
13	Hospital ER Lab	4a	F	f	C			-			-
14	Hospital ER - World Wide Coverage	4a	F	f	N	13	0	8,615	-	567	8,048
15	Professional ER	4a	I	i6	C	2,813		419,920	-	9	419,912
16	Urgent Care	4b	F	f	C	402		39,996	-	9,134	30,862
17	Partial Hospitalization	5	H	h5	C			-			-
18	Home Health	6	C	c	C	2,903		7,186,350	-	782	7,185,568
19	Primary Care Physician	7a	I	i1	C	67,338		6,183,893	-	776,987	5,406,906
20	Chiropractic - Covered	7b	I	i2	C	892		34,448	-	16,200	18,248
21	Chiropractic - Routine	7b	Q	q	N	313		363	-	-	363
22	Occupational Therapy	7c	I	i4	C	109		12,428	-	1,650	10,778
23	Physician Specialist	7d	I	i2	C	62,678		8,429,932	-	599,386	7,830,545
24	Physician Radiologist	8b	I	i5	C	36,384		2,754,705	-	204,640	2,550,065
25	Mental Health	7e	I	i3	C	116		7,867	-	1,663	6,204
26	Podiatry - Covered	7f	I	i2	C	1,317		178,269	-	705	177,564
27	Podiatry - Routine	7f	Q	q	N	1,481		62,660	-	-	62,660
28	Other Professional Healthcare	7g	I	i6	C	10,412		2,471,412	-	23,516	2,447,896
29	Professional Psychiatric	7h	I	i2	C	11		165	-	-	165
30	Professional PT-ST	7i	I	i4	C	2,940		316,042	-	40,210	275,832
31	Professional Lab	8a	I	i6	C	35,210		1,509,977	-	3	1,509,974
32	Professional Inpatient	7g	I	i6	C	17,498		5,805,346	-	2,915	5,802,431
33	Hospital OP Lab	8a	H	h1	C	57,951		2,367,134	-	15	2,367,119
34	Hospital OP All Other Diag	8a	H	h1	C	1,518		278,848	-	-	278,848
35	Hospital OP X-Ray	8b	H	h2	C	13,984		767,483	-	37,821	729,661
36	Hospital OP MRI-PET-CT	8b	H	h2	C	4,537		1,307,681	-	125,952	1,181,728
37	Hospital OP Chemo-Rad Ther-Nuclear Med	8b	H	h5	C	1,117		998,360	-	78,295	920,065
38	Hospital OP All Other Therapy	8b	H	h2	C	7,244		620,865	-	-	620,865
39	Hospital OP Surgery	9a	G	g	C	7,078		8,163,751	-	311,432	7,852,320
40	Hospital OP - All Other	9a	H	h5	C	16,623		5,819,077	-	73,971	5,745,106
41	Ambulatory Surgical Center	9b	G	g	C	964		789,136	-	81,835	707,301
42	Hospital OP Substance Abuse	9c	H	h5	C			-			-
43	Hospital OP Cardiac Rehab	9d	H	h5	C	68		33,724	-	7,680	26,044
44	Hospital OP OT-PT-ST	7i	H	h5	C	5,026		1,139,442	-	206,828	932,614
45	Ambulance	10a	D	d	C	4,544		2,037,527	-	440,025	1,597,502
46	Transportation - Non-Covered	10b	L	l	N	7		17,679	-	400	17,279
47	Durable Medical Equipment	11a	E	e1	C	15,206		3,712,310	-	347,605	3,364,705
48	Prosthetics and Medical Supplies	11b	E	e2	C	3,464		1,075,172	-	80,372	994,801
49	Diabetic Monitoring Supplies	11c	E	e2	C	3,704		280,832	-	23,586	257,246
50	End Stage Renal Disease - Dialysis	12	H	h4	C	41		71,013	-	-	71,013
51	Blood - Covered	13a	K	k	C	341		205,056	-	-	205,056
52	Blood - First 3 Pints	13a	K	k	N			-			-
53	Acupuncture	13b	Q	q	N	17		357	-	-	357
54	OTC Drugs	13c	Q	q	N			-			-
55	Meal Benefit	13d	Q	q	N			-			-
56	Health Ed-Wellness - Sm Cess	14a	P	p	C			-			-
57	Health Ed-Wellness - Sm Cess Addl	14a	P	p	N			-			-
58	Health Ed-Wellness - Newsletter	14a	P	p	N			-			-
59	Health Ed-Wellness - Fitness Club	14a	P	p	N			-			-
60	Health Ed-Wellness - Nursing Hotline	14a	P	p	N			-			-
61	Health Ed-Wellness - Other 1	14a	P	p	N			-			-
62	Health Ed-Wellness - Other 2	14a	P	p	N			-			-
63	Immunizations - Covered	14b	I	i1	C	6,234		228,733	-	99	228,633
64	Immunizations - Addl	14b	I	i1	N	1,100		40,365	-	17	40,348
65	Routine Physical Exams - Covered	14c	I	i1	C	821		172,587	-	-	172,587
66	Routine Physical Exams - Addl	14c	I	i1	N	6,005		1,402,955	-	30	1,402,925
67	Pap-Pelvic Exam - Covered	14d	I	i6	C	384		16,240	-	400	15,840
68	Pap-Pelvic Exam - Addl	14d	I	i6	N			-			-
69	Prostate Screening - Covered	14e	I	i6	C	1,228		39,128	-	-	39,128
70	Prostate Screeing - Addl	14e	I	i6	N			-			-
71	Colorectal Screening - Covered	14f	I	i6	C	1,933		1,035,830	-	73,100	962,730
72	Colorectal Screening - Addl	14f	I	i6	N			-			-
73	Bone Mass - Covered	14g	I	i6	C	1,648		87,027	-	-	87,027
74	Bone Mass - Addl	14g	I	i6	N			-			-
75	Mammography - Covered	14h	I	i6	C	4,458		349,276	-	-	349,276
76	Mammography - Addl	14h	I	i6	N			-			-
77	Diabetic Monitoring	14i	I	i6	C	24		1,220	-	-	1,220
78	Nutritional Therapy	14j	I	i6	C	42		3,624	-	-	3,624
79	Chemotherapy	15	J	j	C	598		-	-	-	-
80	Other Covered Part B Drugs	15	J	j	C	18,231		6,177,386	-	446,738	5,730,648
81	Additional Infusion Drug Coverage	15	J	j	N			-			-
82	Preventive Dental - Covered	16a	I	i2	C	6		2,869	-	-	2,869
83	Preventive Dental - Non-Covered	16a	M	m	N	9		8,497	-	-	8,497
84	Comprehensive Dental - Covered	16b	I	i2	C			-			-
85	Comprehensive Dental - Non-Covered	16b	M	m	N			-			-
86	Eye Exams - Covered	17a	I	i2	C	6,300		739,696	-	411	739,285
87	Eye Exams - Routine	17a	N	n1	N	4,205		652,665	-	19,426	633,239
88	Vision Hardware - Non-Covered	17b	N	n2	N			-			-
89	Hearing Exams - Covered	18a	I	i2	C	9		2,314	-	60	2,254
90	Hearing Exams - Routine and Fittings	18a	O	o1	N			-			-
91	Hearing Aids	18b	O	o2	N			-			-
99	Unassigned	X	X	x	X						
						451,967	39,124	$133,278,155	$0	$5,501,843	$127,776,312

Table 2.3

Plan Specific Experience Table (Non-ESRD/Hospice) - Dates of Service Between 2012-01-(

Experience Table and Base Period Benefits Listing for Contract-Plan: H9999-003

H-Number: H9999

Plan-Number: 3

						Capitation					
Bucket	Bucket Name	PBP Cat	Bid Cat	Bid SubCat	Covered	Count	Days	Allowed	Deductible	Copay/Coins	Net
1	Inpatient Acute - Medical	1a	A	a1	C	-		$0	$0	$0	$0
2	Inpatient Acute - Surgical	1a	A	a1	C	-		-	-	-	-
3	Inpatient Acute - Medical - Addl Days	1a	A	a1	N	-		-	-	-	-
4	Inpatient Acute - Surgical - Addl Days	1a	A	a1	N	-		-	-	-	-
5	Inpatient Psychiatric	1b	A	a2	C	732	2,352	798,878	-	39,890	758,988
6	Inpatient Psychiatric - Addl Days	1b	A	a2	N	-		-	-	-	-
7	Skilled Nursing Facility	2	B	b	C	-		-	-	-	-
8	Skilled Nursing Facility - Addl Days	2	B	b	N	-		-	-	-	-
9	Comprehensive Outpatient Rehab Fac	3	H	h5	C	-		-	-	-	-
10	Hospital ER - ER	4a	F	f	C	-		-	-	-	-
11	Hospital ER MRI-PET-CT	4a	F	f	C	-		-	-	-	-
12	Hospital ER Other Rad	4a	F	f	C	-		-	-	-	-
13	Hospital ER Lab	4a	F	f	C	-		-	-	-	-
14	Hospital ER - World Wide Coverage	4a	F	f	N	-		-	-	-	-
15	Professional ER	4a	I	i6	C	5		29	-	-	29
16	Urgent Care	4b	F	f	C	-		-	-	-	-
17	Partial Hospitalization	5	H	h5	C	-		-	-	-	-
18	Home Health	6	C	c	C	-		-	-	-	-
19	Primary Care Physician	7a	I	i1	C	1,616		200,253	-	23,585	176,668
20	Chiropractic - Covered	7b	I	i2	C	-		-	-	-	-
21	Chiropractic - Routine	7b	Q	q	N	-		-	-	-	-
22	Occupational Therapy	7c	I	i4	C	-		-	-	-	-
23	Physician Specialist	7d	I	i2	C	-		-	-	-	-
24	Physician Radiologist	8b	I	i5	C	-		-	-	-	-
25	Mental Health	7e	I	i3	C	6,998		985,451	-	94,470	890,981
26	Podiatry - Covered	7f	I	i2	C	-		-	-	-	-
27	Podiatry - Routine	7f	Q	q	N	-		-	-	-	-
28	Other Professional Healthcare	7g	I	i6	C	517		21,998	-	818	21,180
29	Professional Psychiatric	7h	I	i2	C	-		-	-	-	-
30	Professional PT-ST	7i	I	i4	C	-		-	-	-	-
31	Professional Lab	8a	I	i6	C	-		33,742	-	-	33,742
32	Professional Inpatient	7g	I	i6	C	4		30	-	-	30
33	Hospital OP Lab	8a	H	h1	C	-		-	-	-	-
34	Hospital OP All Other Diag	8a	H	h1	C	-		-	-	-	-
35	Hospital OP X-Ray	8b	H	h2	C	-		-	-	-	-
36	Hospital OP MRI-PET-CT	8b	H	h2	C	-		-	-	-	-
37	Hospital OP Chemo-Rad Ther-Nuclear Med	8b	H	h5	C	-		-	-	-	-
38	Hospital OP All Other Therapy	8b	H	h2	C	-		-	-	-	-
39	Hospital OP Surgery	9a	G	g	C	2		138	-	-	138
40	Hospital OP - All Other	9a	H	h5	C	-		-	-	-	-
41	Ambulatory Surgical Center	9b	G	g	C	-		-	-	-	-
42	Hospital OP Substance Abuse	9c	H	h5	C	1,375		259,274	-	6,895	252,379
43	Hospital OP Cardiac Rehab	9d	H	h5	C	-		-	-	-	-
44	Hospital OP OT-PT-ST	7i	H	h5	C	-		-	-	-	-
45	Ambulance	10a	D	d	C	3		2,111	-	300	1,811
46	Transportation - Non-Covered	10b	L	l	N	-		-	-	-	-
47	Durable Medical Equipment	11a	E	e1	C	1		18	-	-	18
48	Prosthetics and Medical Supplies	11b	E	e2	C	-		-	-	-	-
49	Diabetic Monitoring Supplies	11c	E	e2	C	-		-	-	-	-
50	End Stage Renal Disease - Dialysis	12	H	h4	C	-		-	-	-	-
51	Blood - Covered	13a	K	k	C	-		-	-	-	-
52	Blood - First 3 Pints	13a	K	k	N	-		-	-	-	-
53	Acupuncture	13b	Q	q	N	-		-	-	-	-
54	OTC Drugs	13c	Q	q	N	-		-	-	-	-
55	Meal Benefit	13d	Q	q	N	-		-	-	-	-
56	Health Ed-Wellness - Sm Cess	14a	P	p	C	-		-	-	-	-
57	Health Ed-Wellness - Sm Cess Addl	14a	P	p	N	-		-	-	-	-
58	Health Ed-Wellness - Newsletter	14a	P	p	N	-		-	-	-	-
59	Health Ed-Wellness - Fitness Club	14a	P	p	N	-		-	-	-	-
60	Health Ed-Wellness - Nursing Hotline	14a	P	p	N	-		-	-	-	-
61	Health Ed-Wellness - Other 1	14a	P	p	N	-		-	-	-	-
62	Health Ed-Wellness - Other 2	14a	P	p	N	-		-	-	-	-
63	Immunizations - Covered	14b	I	i1	C	3,640		103,145	-	-	103,145
64	Immunizations - Addl	14b	I	i1	N	-		-	-	-	-
65	Routine Physical Exams - Covered	14c	I	i1	C	1		148	-	-	148
66	Routine Physical Exams - Addl	14c	I	i1	N	89		14,365	-	-	14,365
67	Pap-Pelvic Exam - Covered	14d	I	i6	C	15		581	-	-	581
68	Pap-Pelvic Exam - Addl	14d	I	i6	N	-		-	-	-	-
69	Prostate Screening - Covered	14e	I	i6	C	155		4,484	-	-	4,484
70	Prostate Screeing - Addl	14e	I	i6	N	-		-	-	-	-
71	Colorectal Screening - Covered	14f	I	i6	C	-		-	-	-	-
72	Colorectal Screening - Addl	14f	I	i6	N	-		-	-	-	-
73	Bone Mass - Covered	14g	I	i6	C	-		-	-	-	-
74	Bone Mass - Addl	14g	I	i6	N	-		-	-	-	-
75	Mammography - Covered	14h	I	i6	C	-		-	-	-	-
76	Mammography - Addl	14h	I	i6	N	-		-	-	-	-
77	Diabetic Monitoring	14i	I	i6	C	-		-	-	-	-
78	Nutritional Therapy	14j	I	i6	C	18		3,281	-	1,003	2,279
79	Chemotherapy	15	J	j	C	-		-	-	-	-
80	Other Covered Part B Drugs	15	J	j	C	-		-	-	-	-
81	Additional Infusion Drug Coverage	15	J	j	N	-		-	-	-	-
82	Preventive Dental - Covered	16a	I	i2	C	-		-	-	-	-
83	Preventive Dental - Non-Covered	16a	M	m	N	-		-	-	-	-
84	Comprehensive Dental - Covered	16b	I	i2	C	-		-	-	-	-
85	Comprehensive Dental - Non-Covered	16b	M	m	N	-		-	-	-	-
86	Eye Exams - Covered	17a	I	i2	C	-		-	-	-	-
87	Eye Exams - Routine	17a	N	n1	N	-		-	-	-	-
88	Vision Hardware - Non-Covered	17b	N	n2	N	-		-	-	-	-
89	Hearing Exams - Covered	18a	I	i2	C	-		-	-	-	-
90	Hearing Exams - Routine and Fittings	18a	O	o1	N	-		-	-	-	-
91	Hearing Aids	18b	O	o2	N	-		-	-	-	-
99	Unassigned	X	X	x	X						
						15,171		$2,427,927	$0	$166,961	$2,260,966

Table 2.3

Plan Specific Experience Table (Non-ESRD/Hospice) - Dates of Service Between 2012-01-(

Experience Table and Base Period Benefits Listing for Contract-Plan: H9999-003

H-Number: H9999

Plan-Number: 3

						Off-System					
Bucket	Bucket Name	PBP Cat	Bid Cat	Bid SubCat	Covered	Count	Days	Allowed	Deductible	Copay/Coins	Net
1	Inpatient Acute - Medical	1a	A	a1	C	-		$0	$0	$0	$0
2	Inpatient Acute - Surgical	1a	A	a1	C	-		-	-	-	-
3	Inpatient Acute - Medical - Addl Days	1a	A	a1	N	-		-	-	-	-
4	Inpatient Acute - Surgical - Addl Days	1a	A	a1	N	-		-	-	-	-
5	Inpatient Psychiatric	1b	A	a2	C	-		-	-	-	-
6	Inpatient Psychiatric - Addl Days	1b	A	a2	N	-		-	-	-	-
7	Skilled Nursing Facility	2	B	b	C	-		-	-	-	-
8	Skilled Nursing Facility - Addl Days	2	B	b	N	-		-	-	-	-
9	Comprehensive Outpatient Rehab Fac	3	H	h5	C	-		-	-	-	-
10	Hospital ER - ER	4a	F	f	C	-		-	-	-	-
11	Hospital ER MRI-PET-CT	4a	F	f	C	-		-	-	-	-
12	Hospital ER Other Rad	4a	F	f	C	-		-	-	-	-
13	Hospital ER Lab	4a	F	f	C	-		-	-	-	-
14	Hospital ER - World Wide Coverage	4a	F	f	N	-		-	-	-	-
15	Professional ER	4a	I	i6	C	-		-	-	-	-
16	Urgent Care	4b	F	f	C	-		-	-	-	-
17	Partial Hospitalization	5	H	h5	C	-		-	-	-	-
18	Home Health	6	C	c	C	-		-	-	-	-
19	Primary Care Physician	7a	I	i1	C	-		-	-	-	-
20	Chiropractic - Covered	7b	I	i2	C	-		-	-	-	-
21	Chiropractic - Routine	7b	Q	q	N	-		-	-	-	-
22	Occupational Therapy	7c	I	i4	C	-		-	-	-	-
23	Physician Specialist	7d	I	i2	C	-		-	-	-	-
24	Physician Radiologist	8b	I	i5	C	-		-	-	-	-
25	Mental Health	7e	I	i3	C	-		-	-	-	-
26	Podiatry - Covered	7f	I	i2	C	-		-	-	-	-
27	Podiatry - Routine	7f	Q	q	N	-		-	-	-	-
28	Other Professional Healthcare	7g	I	i6	C	-		-	-	-	-
29	Professional Psychiatric	7h	I	i2	C	-		-	-	-	-
30	Professional PT-ST	7i	I	i4	C	-		-	-	-	-
31	Professional Lab	8a	I	i6	C	-		-	-	-	-
32	Professional Inpatient	7g	I	i6	C	-		-	-	-	-
33	Hospital OP Lab	8a	H	h1	C	-		-	-	-	-
34	Hospital OP All Other Diag	8a	H	h1	C	-		-	-	-	-
35	Hospital OP X-Ray	8b	H	h2	C	-		-	-	-	-
36	Hospital OP MRI-PET-CT	8b	H	h2	C	-		-	-	-	-
37	Hospital OP Chemo-Rad Ther-Nuclear Med	8b	H	h5	C	-		-	-	-	-
38	Hospital OP All Other Therapy	8b	H	h2	C	-		-	-	-	-
39	Hospital OP Surgery	9a	G	g	C	-		-	-	-	-
40	Hospital OP - All Other	9a	H	h5	C	-		-	-	-	-
41	Ambulatory Surgical Center	9b	G	g	C	-		-	-	-	-
42	Hospital OP Substance Abuse	9c	H	h5	C	-		-	-	-	-
43	Hospital OP Cardiac Rehab	9d	H	h5	C	-		-	-	-	-
44	Hospital OP OT-PT-ST	7i	H	h5	C	-		-	-	-	-
45	Ambulance	10a	D	d	C	-		-	-	-	-
46	Transportation - Non-Covered	10b	L	l	N	-		-	-	-	-
47	Durable Medical Equipment	11a	E	e1	C	-		-	-	-	-
48	Prosthetics and Medical Supplies	11b	E	e2	C	-		-	-	-	-
49	Diabetic Monitoring Supplies	11c	E	e2	C	9,497		937,109	-	96	937,014
50	End Stage Renal Disease - Dialysis	12	H	h4	C	-		-	-	-	-
51	Blood - Covered	13a	K	k	C	-		-	-	-	-
52	Blood - First 3 Pints	13a	K	k	N	-		-	-	-	-
53	Acupuncture	13b	Q	q	N	-		-	-	-	-
54	OTC Drugs	13c	Q	q	N	-		-	-	-	-
55	Meal Benefit	13d	Q	q	N	-		-	-	-	-
56	Health Ed-Wellness - Sm Cess	14a	P	p	C	-		-	-	-	-
57	Health Ed-Wellness - Sm Cess Addl	14a	P	p	N	11		1,963	-	164	1,799
58	Health Ed-Wellness - Newsletter	14a	P	p	N	-		17,176	-	-	17,176
59	Health Ed-Wellness - Fitness Club	14a	P	p	N	-		-	-	-	-
60	Health Ed-Wellness - Nursing Hotline	14a	P	p	N	-		39,114	-	-	39,114
61	Health Ed-Wellness - Other 1	14a	P	p	N	-		-	-	-	-
62	Health Ed-Wellness - Other 2	14a	P	p	N	-		-	-	-	-
63	Immunizations - Covered	14b	I	i1	C	-		-	-	-	-
64	Immunizations - Addl	14b	I	i1	N	-		-	-	-	-
65	Routine Physical Exams - Covered	14c	I	i1	C	-		-	-	-	-
66	Routine Physical Exams - Addl	14c	I	i1	N	-		-	-	-	-
67	Pap-Pelvic Exam - Covered	14d	I	i6	C	-		-	-	-	-
68	Pap-Pelvic Exam - Addl	14d	I	i6	N	-		-	-	-	-
69	Prostate Screening - Covered	14e	I	i6	C	-		-	-	-	-
70	Prostate Screeing - Addl	14e	I	i6	N	-		-	-	-	-
71	Colorectal Screening - Covered	14f	I	i6	C	-		-	-	-	-
72	Colorectal Screening - Addl	14f	I	i6	N	-		-	-	-	-
73	Bone Mass - Covered	14g	I	i6	C	-		-	-	-	-
74	Bone Mass - Addl	14g	I	i6	N	-		-	-	-	-
75	Mammography - Covered	14h	I	i6	C	-		-	-	-	-
76	Mammography - Addl	14h	I	i6	N	-		-	-	-	-
77	Diabetic Monitoring	14i	I	i6	C	-		-	-	-	-
78	Nutritional Therapy	14j	I	i6	C	-		-	-	-	-
79	Chemotherapy	15	J	j	C	-		-	-	-	-
80	Other Covered Part B Drugs	15	J	j	C	2,552		432,891	-	37,918	394,973
81	Additional Infusion Drug Coverage	15	J	j	N	-		-	-	-	-
82	Preventive Dental - Covered	16a	I	i2	C	-		-	-	-	-
83	Preventive Dental - Non-Covered	16a	M	m	N	-		-	-	-	-
84	Comprehensive Dental - Covered	16b	I	i2	C	-		-	-	-	-
85	Comprehensive Dental - Non-Covered	16b	M	m	N	-		-	-	-	-
86	Eye Exams - Covered	17a	I	i2	C	-		-	-	-	-
87	Eye Exams - Routine	17a	N	n1	N	-		-	-	-	-
88	Vision Hardware - Non-Covered	17b	N	n2	N	-		-	-	-	-
89	Hearing Exams - Covered	18a	I	i2	C	-		-	-	-	-
90	Hearing Exams - Routine and Fittings	18a	O	o1	N	-		-	-	-	-
91	Hearing Aids	18b	O	o2	N	-		-	-	-	-
99	Unassigned	X	X	x	X						
						12,060		$1,428,253	$0	$38,177	$1,390,075

Table 1.3a
Summary of Plan Claims Data - Excludes Expenses for ESRD & Hospice Members
Summary of Claims Data by Plan (Non-ESRD, Non-Hospice) - Dates of Service Between 2012-01-01 and 2012-12-31

H-Number	Plan Number	Allowed	Coinsurance	Deductible	Copay	Net	Capitations	Offsystem
H9999	1	$4,444,650.65	$67,304.97	$0.00	$125,576.37	$4,251,769.31	$ 75,234	$ 46,255
H9999	2	$67,062.88	$841.04	$0.00	$3,450.13	$62,771.71	$ 1,111	$ 683
H9999	3	$133,278,154.52	$1,387,614.74	$0.00	$4,114,227.97	$127,776,311.81	$ 2,260,966	$ 1,390,075
H9999	4	$15,358.17	$381.29	$0.00	$875.00	$14,101.88	$ 250	$ 153
H9999	5	$55,254,567.43	$1,153,841.24	$0.00	$2,870,791.02	$51,229,935.17	$ 906,499	$ 557,329
H9999	6	$14,660,123.80	$144,668.97	$0.00	$436,615.27	$14,078,839.56	$ 249,121	$ 153,163
H9999	7	$5,363,704.45	$99,317.92	$0.00	$278,194.29	$4,986,192.24	$ 88,229	$ 54,245
H9999	8	$95,350,844.07	$12,846.42	$0.00	$2,348,107.45	$92,989,890.20	$ 1,645,430	$ 1,011,635
H9999	9	$12,612,808.96	$245.25	$0.00	$313,265.14	$12,299,298.57	$ 217,633	$ 133,804
H9999	801	$167,152.12	$6,564.02	$0.00	$7,307.10	$153,281.00	$ 2,712	$ 1,668
H9999	802	$4,029,552.25	$99,168.03	$0.00	$182,506.59	$3,747,877.63	$ 66,318	$ 40,773
		$325,243,979.30	$2,972,793.89	$0.00	$10,680,916.33	$311,590,269.08	$5,513,502.80	$3,389,783.09

Table 1.3b

Summary of Plan ESRD Claims Data

Summary of Claims Data by Plan (ESRD) - Dates of Service Between 2012-01-01 and 2012-12-31

H-Number	Plan Number	Allowed	Coinsurance	Deductible	Copay	Net	Capitations	Offsystem
H9999	1	$116,472.77	$2,112.15	$0.00	$456.93	$113,903.69	$ 336	$ 207
H9999	2					$0.00	$ -	$ -
H9999	3	$5,813,757.69	$20,948.59	$0.00	$62,687.77	$5,730,121.33	$ 16,899	$ 10,390
H9999	4					$0.00	$ -	$ -
H9999	5	$896,637.48	$24,490.30	$0.00	$15,016.56	$857,130.62	$ 2,528	$ 1,554
H9999	6	$304,813.16	$838.03	$0.00	$2,545.00	$301,430.13	$ 889	$ 547
H9999	7	$23,736.04	$1,910.97	$0.00	$840.00	$20,985.07	$ 62	$ 38
H9999	8	$2,486,722.59	$0.00	$0.00	$20,200.43	$2,466,522.16	$ 7,274	$ 4,472
H9999	9	$283,977.09	$0.00	$0.00	$1,595.00	$282,382.09	$ 833	$ 512
H9999	801					$0.00	$ -	$ -
H9999	802					$0.00	$ -	$ -
		$9,926,116.82	$50,300.04	$0.00	$103,341.69	$9,772,475.09	$28,820.20	$17,719.09

Table 1.3c

Summary of Plan Hospice Claims Data

Summary of Claims Data by Plan (Hospice) - Dates of Service Between 2012-01-01 and 2012-12-31

H-Number	Plan Number	Allowed	Coinsurance	Deductible	Copay	Net	Capitations	Offsystem
H9999	1					$0.00	$ -	$ -
H9999	2					$0.00	$ -	$ -
H9999	3	$21,570.63	$137.82	$0.00	$541.00	$20,891.81	$ 62	$ 38
H9999	4					$0.00	$ -	$ -
H9999	5	$5,258.04	$353.16	$0.00	$230.00	$4,674.88	$ 14	$ 8
H9999	6	$11,265.26	$253.78	$0.00	$315.00	$10,696.48	$ 32	$ 19
H9999	7	$836.79	$0.00	$0.00	$70.00	$766.79	$ 2	$ 1
H9999	8	$16,801.10	$0.00	$0.00	$386.00	$16,415.10	$ 48	$ 30
H9999	9	$102.12	$0.00	$0.00	$0.00	$102.12	$ 0	$ 0
H9999	801					$0.00	$ -	$ -
H9999	802					$0.00	$ -	$ -
		$55,833.94	$744.76	$0.00	$1,542.00	$53,547.18	$157.92	$97.09

Total Paid Claims	**$321,416,291**	**$5,542,481**	**$3,407,599**

XYZ Health Plan
Paid Claims Triangle for Medicare Advantage Business

Incurred Month	Paid Month Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Jan-12	$ 2,868,758	$ 9,194,456	$ 10,919,434	$ 2,791,643	$ 2,062,412	$ 194,665	$ 305,932	$ 362,177	$ (9,697)	$ 71,393	$ 48,484	$ 24,242	$ 36,848	$ 9,697	$ 31,181
Feb-12		$ 2,605,005	$ 14,714,708	$ 7,047,375	$ 3,413,905	$ 1,174,983	$ 490,464	$ 340,090	$ 242,422	$ 147,353	$ 339,390	$ 319,997	$ 302,590	$ (12,697)	$ 11,983
Mar-12			$ 6,755,365	$ 12,255,870	$ 6,396,490	$ 1,404,853	$ 2,572,501	$ 2,250,469	$ 484,843	$ 225,755	$ 126,059	$ 213,331	$ 138,583	$ 73,223	$ 104,131
Apr-12				$ 4,529,994	$ 11,609,843	$ 4,163,489	$ 5,879,742	$ 2,643,126	$ 25,942	$ 74,312	$ 116,362	$ 174,544	$ 9,697	$ 86,799	$ 189,191
May-12					$ 5,648,346	$ 7,517,686	$ 9,583,750	$ 5,652,970	$ 162,486	$ 1,530,811	$ 316,157	$ 137,027	$ 123,532	$ 27,713	$ 184,908
Jun-12						$ 5,316,512	$ 9,030,413	$ 7,565,557	$ 518,365	$ 973,075	$ 852,412	$ 491,512	$ 298,460	$ 143,141	$ 689,015
Jul-12							$ 3,733,796	$ 13,401,121	$ 1,402,417	$ 2,117,573	$ 4,336,713	$ 1,834,928	$ 799,398	$ 216,690	$ 558,566
Aug-12								$ 5,573,408	$ 4,404,219	$ 4,311,966	$ 6,459,845	$ 1,970,912	$ 1,933,082	$ 365,106	$ 840,829
Sep-12									$ 1,454,368	$ 6,863,194	$ 8,635,819	$ 2,533,954	$ 3,555,271	$ 351,652	$ 796,046
Oct-12										$ 865,780	$ 10,417,712	$ 5,293,932	$ 6,285,599	$ 566,659	$ 745,438
Nov-12											$ 4,122,154	$ 6,060,063	$ 9,838,479	$ 1,543,696	$ 1,068,756
Dec-12												$ 4,889,037	$ 8,154,486	$ 2,119,847	$ 1,676,226
Jan-13													$ 4,735,315	$ 7,370,511	$ 4,899,628
Feb-13														$ 3,378,827	$ 9,589,193
Mar-13															$ 5,120,509

Paid in 2011 for 2011 Dates of Service	**$ 277,552,470**	
Paid through March 2012 for 2011 Dates of Service	**$ 321,416,291**	Ties to Data Used

Validation to Financial Statements

$ 277,552,470	Paid in 2012 for 2012 Dates of Service
$ 26,589,472	Part D Drugs included in Title XVIII Medicare
$ 5,542,481	2012 Capitations Ties to Data Used
$ 3,407,599	2012 Off-System Ties to Data Used
$ 313,092,022	**This value can be validated to the Orange Blank, Page 11, Line 6 (Title XVIII Medicare) column 2 (Claims Paid during the year on Claims Incurred During the Year)**

NOTE: Other reconciliing items may be appropriate, it is important to work with someone knowledgable about the Orange Blank
Some additional items include: Reinsurance, Provider Incentives, Timing of Off-system and Capitation Payments, Other Legal or Provider Settlements, etc.