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§ 1300.84.1. Plan Annual Report.

(a) Each plan shall submit the “Annual DMHC Financial Reporting Form,” hereinafter “Annual Report,” (Form No. 10-072) dated [OAL insert effective date here], as incorporated herein by reference, and published by the Department on its website: www.dmhc.ca.gov, within 120 days after the close of the fiscal year, or as otherwise required by Health and Safety Code section 1384.

(b) The Annual Report shall be submitted to the Department in the manner described in the “Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual,” hereinafter “Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual,” dated [OAL insert effective date here], as incorporated herein by reference, and published by the Department on its website: www.dmhc.ca.gov.

(c) The Annual Report shall be considered the plan’s annual financial statement report for purposes of Health and Safety Code section 1384 and shall include all the requested information prescribed in both the Annual Report and the Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual. The information provided by the plan in the Annual Report shall cover the applicable time period specified in the Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual.

~~§1300.84.06. Plan Annual Report~~

~~The annual report required of a plan pursuant to subdivision (c) of section 1384 of the Act shall include or be accompanied by the following information for the period covered by the report, except as otherwise specified:~~

~~(a) The “DMHC Annual Financial Reporting Form,” as updated on January 23, 2013 and incorporated by reference, published by the Department on its Internet web page.~~

~~(b) Sufficient and appropriate supplemental information to provide adequate disclosure of at least the following:~~

~~(1) An explanation of the method of calculating the provision for incurred and unreported claims.~~

~~(2) Accounts and notes receivable from officers, directors, owners or affiliates, including the name of the debtor, nature of the relationship, nature of the receivable and its terms.~~

~~(3) Donated materials or services received by the plan for the period of the financial statements and the donor’s name and affiliation with the plan, together with an explanation of the method used in determining the valuation of such materials or services.~~

~~(4) Forgiven debt or obligations during the period of the financial statements, including the creditor’s name and affiliation with the plan and a summary of how the obligation arose.~~

~~(5) A calculation of the plan’s tangible net equity in accordance with section 1300.76 of these rules. Such calculation shall include disclosure of the following information used to determine the required amount of tangible net equity pursuant to section 1300.76(a) and (b):~~

~~(A) Revenues~~

~~1. Two percent of the first \$150 million, or \$7.5 million for specialized plans, of annualized premium revenues;~~

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~~2. One percent of annualized premium revenues in excess of \$150 million, or \$7.5 million for specialized plans;~~

~~3. Sum of 1. and 2. above.~~

~~(B) Healthcare Expenditures~~

~~1. Eight percent of the first \$150 million, or \$7,500,00 for specialized plans of annualized health care expenditures except those paid on a capitated basis or managed hospital payment basis.~~

~~2. Four percent of the annualized health care expenditures, except those paid on a capitated basis or managed hospital payment basis, which are in excess of \$150 million, or \$7,500,000 for specialized plans;~~

~~3. Four percent of annualized hospital expenditures paid on a managed hospital payment basis.~~

~~4. Sum of 1., 2. and 3. above.~~

~~(6) The percentage of administrative costs to revenue obtained from subscribers and enrollees.~~

~~(7) The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees.~~

~~(8) Total costs for health care services for the immediately preceding six months.~~

~~(9) If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the report, shall be provided:~~

~~(A) Amount of all claims for noncontracting provider services received for reimbursement but not yet processed.~~

~~(B) Amount of all claims for noncontracting provider services denied for reimbursement during the previous 60 days.~~

~~(C) Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid.~~

~~(D) An estimate of the amount of claims for noncontracting provider services incurred, but not reported.~~

~~(E) A calculation of compliance with section 1377(a) as determined in accordance with such section.~~

NOTE: Authority cited: Sections 1344, 1348.95, and 1384, Health and Safety Code.
Reference: Sections 1348.95 and 1384, Health and Safety Code.

§ 1300.84.2. Quarterly Financial Reports.

(a) Each plan shall submit the “Quarterly DMHC Financial Reporting Form”, hereinafter “Quarterly Report” (Form No. 10-071), dated [OAL insert effective date here], as incorporated herein by reference, and published by the Department on its website: www.dmhc.ca.gov, within 45 days after the close of each quarter of its fiscal year.

(b) The Quarterly Report shall include all of the requested information prescribed in both the Quarterly Report and the Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual, as incorporated by reference in Rule 1300.84.1.

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(c) The Quarterly Report shall be submitted to the Department in the manner described in, and shall cover the applicable time period specified in, the Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual, as incorporated by reference in Rule 1300.84.1.

NOTE: Authority cited: Sections 1344, 1348.95, and 1384, Health and Safety Code.
Reference: Sections 1348.95 and 1384, Health and Safety Code.

~~Within 45 days after the close of each quarter of its fiscal year, each licensed plan shall file with the Director its report consisting of the following information:~~

~~(a) Financial statements (which need not be certified) prepared in accordance with generally accepted accounting principles, prepared on a basis consistent with the certified financial report furnished by the plan pursuant to Section 1384(c) of the Act, unless the plan receives the written approval of the Director to vary from that basis and the variance is adequately noted in its report under this section. The financial statements shall include the following statements, reports and schedules contained in the “DMHC Annual Financial Reporting Form” identified in Section 1300.84.06(a) of these rules for the period covered by the report:~~

~~(1) First page: “Statement”;~~

~~(2) Report #1 Part A: Balance Sheet Assets;~~

~~(3) Report #1 Part B: Balance Sheet Liabilities and Net Worth;~~

~~(4) Report #2: Statement of Revenue and Expenses;~~

~~(5) Report #3: Statement of Financial Position and Net Worth;~~

~~(6) Report #4: Enrollment and Utilization Table; and~~

~~(7) Section I of Schedule F: Unpaid Claims Analysis.~~

~~(b) The information required pursuant to Section 1300.84.06(b) of these rules for the period covered by the report, except as otherwise specified.~~

§ 1300.84.03 Required Notice to the Department.

(a) Each plan shall maintain internal procedures that provide one or more of its principal officers on at least a monthly basis with the information necessary for the reports required pursuant to Rule 1300.84.3.

(b) (1) Each plan shall notify the Department if, based on a review of its financial and business records, it determines that currently or within 30 business days the plan will:

(A) Be unable to meet its obligations as they become due; or

(B) Have tangible net equity below the amount required by subdivisions (a) or (b) of Rule 1300.76, as applicable.

(2) The notification by the plan to the Department shall be made in writing within 5 business days of any determination made pursuant to subsection (b) of this Rule.

NOTE: Authority cited: Sections 1344, 1348.95, and 1384, Health and Safety Code.
Reference: Sections 1348.95 and 1384, Health and Safety Code.

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§ 1300.84.3. Monthly Financial Reports.

(a) Each plan that has not been licensed by the Department and operated as a health care service plan for twelve (12) consecutive calendar months shall file with the Department the “Monthly DMHC Financial Reporting Form,” hereinafter “Monthly Report” (Form No. 10-070), dated [OAL insert effective date here], as incorporated herein by reference, and published by the Department on its website: www.dmhc.ca.gov, within 30 calendar days after the last day of the month.

(b) Each plan shall file the Monthly Report with the Department within 30 calendar days after the last day of any month during which its:

(1) Tangible net equity, individually or on a combined basis with affiliates, is less than 150%, or less than 130% for ~~plans offering~~ a point-of-service contract, of the minimum tangible net equity required by subdivisions (a) or (b) of Rule 1300.76, as applicable; or
(2) Report # 2 within the Monthly Report, individually or on a combined basis with affiliates, reflects a loss for the month the amount of which exceeds the difference between the tangible net equity of the plan (or the combined entity) as of the end of such month and the minimum net equity required by subdivisions (a) or (b) of Rule 1300.76, as applicable.

(c) A plan shall continue to file the Monthly Report required by subdivisions (a) or (b) of this Rule each month until it demonstrates and is notified by the Department that the plan has met all of the following conditions:

(1) The plan’s tangible net equity, individually or on a combined basis with affiliates, has been 150% or more, or 130% or more for ~~plans offering~~ a point-of-service contract ~~130% or more~~, of the minimum tangible net equity required by subdivisions (a) or (b) of Rule 1300.76, as applicable, for six consecutive calendar months;

(2) The plan has met the requirements of subdivision (a) of Rule 1300.75.1, as demonstrated in the plan’s Monthly Report filing for six consecutive calendar months; and

(3) The plan has been licensed and operated as a health care service plan for at least twelve consecutive calendar months.

(d) The Monthly Report shall include all the requested information prescribed in both the Monthly Report and the Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual, as incorporated by reference in Rule 1300.84.1. The Monthly Report shall be submitted to the Department in the manner described in, and shall cover the applicable time period specified in, the Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual, as incorporated by reference in Rule 1300.84.1.

~~(a) Each plan shall maintain internal procedures which provide one or more of its principal officers on at least a monthly basis with the information necessary for the report required pursuant to this section.~~

~~(b) Each plan shall report to the Director the increase during any calendar quarter of the amount owed by the plan to providers for health care services, if the amount of such increase exceeds 10 percent of the amount owed at the close of the previous quarter. In the event the amount owed to a provider is disputed, the amount claimed as due by the provider shall control for the purposes of this section. This report shall be filed within 30 days after the close of the quarter for which the report is made.~~

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~~(c) Each plan shall promptly advise the Director of any extraordinary loss, or of any claim whether or not admitted by the plan or a contingent claim, which (1) renders the plan unable to meet its obligations as they become due, or (2) reduces (or would reduce) the tangible net equity of the plan below the amount required by section 1300.76 of these rules.~~

~~(d) Each plan shall, upon the occurrence of any of the events specified below, file a report with the Director within 30 days of the close of the month for which such condition is noted, and each month thereafter until notified by the Director to discontinue such reports. Each such report shall consist of a balance sheet and statement of operations of the plan, which need not be certified, a calculation of tangible net equity in accordance with section 1300.76 of these rules, and the verification required by subsection (e) of this rule. Such financial statements must be prepared on a basis consistent with the financial statements furnished by the plan pursuant to section 1300.84.2 of these rules.~~

~~The events the occurrence of which shall require reporting under this section are the following:~~

~~(1) The tangible net equity of the plan, individually or on a combined basis with affiliates (Rule 1300.84(c)), is less than 130% of the minimum tangible net equity required by section 1300.76(a) or (b), as specified.~~

~~(2) The statement of operations of the plan, individually or on a combined basis with affiliates (Rule 1300.84(c)), reflects a loss during any month the amount of which exceeds the difference between the tangible net equity of the plan (or the combined entity) as of the end of such month and the minimum net equity required by Section 1300.76 of these rules.~~

~~(3) The plan has not been licensed for twelve (12) months.~~

~~(e) Each report required to be furnished by a plan pursuant to subsection (d) of this rule shall be verified by a principal officer of the plan as follows:~~

~~I certify (or declare) under penalty of perjury under the laws of the State of California that I have read this report and know the contents thereof, and that the statements therein are true and correct.~~

~~Executed at _____, on _____
(Place) (Date)~~

~~_____
(Signature)~~

NOTE: Authority cited: Sections 1344, 1348.95, and 1384, Health and Safety Code.
Reference: Sections 1348.95 and 1384, Health and Safety Code.

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Annual, Quarterly, and Monthly Financial Reporting Forms Instruction Manual

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GENERAL INSTRUCTIONS

This Instruction Manual is a guide for the submission of the following Financial Reporting Forms:

- Annual DMHC Financial Reporting Form (Form No. 10-072)
- Quarterly DMHC Financial Reporting Form (Form No. 10-071)
- Monthly DMHC Financial Reporting Form (Form No. 10-070)

These Financial Reporting Forms, or Financial Statements, are required pursuant to Health and Safety Code section 1384 of the Knox-Keene Health Care Service Plan Act of 1975 and its implementing regulations.¹ This Instruction Manual provides detailed information and directions on how a health care service plan is to file the Financial Reporting Forms listed above with the Department for review. The information below explains the various supporting documentation that will need to be reported to the Department and accompany all three Financial Reporting Forms. Please contact the assigned financial examiner for any questions related to the content or submission of documents.

1. How and When to File the Financial Reporting Forms with the Department of Managed Health Care (Department).

Health and Safety Code section 1384 and its implementing regulations require health care service plans (reporting entities) to submit the Financial Reporting Forms during certain times of the year depending upon what report is being filed. The Annual, Quarterly, and Monthly DMHC Financial Reporting Forms are submitted to the Department as electronic Financial Statement Forms via the Department's web portal. The DMHC Financial Reporting Forms are available on the Department's website at:

<http://www.dmhc.ca.gov/LicensingReporting/SubmitFinancialReports.aspx>

The health care service plans or reporting entities must submit the Annual, Quarterly, and Monthly DMHC Financial Reporting Forms to the Department by the filing deadlines described in the following table:

¹ California Health and Safety Code sections 1340 et seq. (Knox-Keene Act). References herein to "Section" are to sections of the Knox-Keene Act. References to "Rule" refer to the Knox-Keene Act's implementing regulations at title 28 of the California Code of Regulations.

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Financial Statement Type	Filing Date
<u>Annual</u>	<u>Within 120 days after the close of the fiscal year.</u>
<u>Annual Independent Auditor's Report²</u>	<u>Within 120 days after the close of the fiscal year.</u>
<u>Quarterly</u>	<u>Within 45 days after the close of the quarter.</u>
<u>Monthly</u>	<u>Within 30 days after the close of the month.</u>

2. Required Information for the Annual, Quarterly, and Monthly Financial Statement Requirements

The health plan shall use the table below to identify what items and schedules require completion for submission to the Department. The following table lists all required reports, schedules, financial notes, and supplemental information for the Annual DMHC Financial Reporting Form, the Quarterly DMHC Financial Reporting Form, and the Monthly DMHC Financial Reporting Form, as indicated by checkmark:

Financial Statement Type	<u>Annual Reporting Form</u>	<u>Quarterly Reporting Form</u>	<u>Monthly Reporting Form</u>
<u>Cover Page</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #1, Part A: Assets</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #1, Part B: Liabilities and Net Worth</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #2: Revenue, Expenses, and Net Worth (Income)</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #3: Statement of Cash Flows</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #4: Enrollment and Utilization Table</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #5: Enrollment by Product and by County</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Report #6, Part A: Enrollment Contracted to Other Licensed Health Plans</u>	<u>✓</u>	<u>✓</u>	
<u>Report #6, Part B: Enrollment Delegated to Health Plans, Medical Groups, Capitated Providers or Risk Bearing Organizations</u>	<u>✓</u>	<u>✓</u>	

² The Annual Independent Auditor's Report is required by Health and Safety Code section 1384(c) and must be submitted with the health plan's Annual Report. The audit for purposes of section 1384(c) must be conducted in accordance with generally accepted auditing standards and the rules and regulations of the director.

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Financial Statement Type	<u>Annual Reporting Form</u>	<u>Quarterly Reporting Form</u>	<u>Monthly Reporting Form</u>
<u>Report #7: Multiple Employer Welfare Arrangement (MIWA) Enrollment Report</u>	<u>✓</u>	<u>✓</u>	
<u>Schedule A: Cash and Restricted Assets</u>	<u>✓</u>	<u>✓</u>	
<u>Schedule B: Investments</u>	<u>✓</u>		
<u>Schedule C: Premiums Receivable (Other than Affiliates)</u>	<u>✓</u>	<u>✓</u>	
<u>Schedule D: Health Care Receivables & Amounts Due from Parent, Subsidiaries, and Affiliates</u>	<u>✓</u>	<u>✓</u>	
<u>Schedule E: Property & Equipment – Net</u>	<u>✓</u>		
<u>Schedule F: Trade Accounts Payable</u>	<u>✓</u>	<u>✓</u>	
<u>Schedule G:</u>			
<u>Section I – Unpaid Claims</u>	<u>✓</u>	<u>✓</u>	
<u>Section II – Inventory of Claims to be Processed</u>	<u>✓</u> ³	<u>✓</u> ⁴	
<u>Schedule H: Aging of All Claims</u>	<u>✓</u> ⁵	<u>✓</u> ⁶	
<u>Schedule I: Analysis of Total Medical Claims Liability to Actual Claims Paid</u>	<u>✓</u> ^{7,8}	<u>✓</u> ^{9,10}	
<u>Schedule J: Loans and Notes Payable (Including Affiliates)</u>	<u>✓</u>		
<u>Schedule K: Summary of Transactions with Affiliates</u>	<u>✓</u>		
<u>Schedule L: Analysis of Operations by Lines of Business</u>	<u>✓</u>		
<u>Schedule M: Pass-Through Items (Medical Managed Care Plans Only)</u>	<u>✓</u>	<u>✓</u>	
<u>Notes to Financial Statements</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>General Interrogatories</u>	<u>✓</u>		
<u>Supplemental Information</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Tangible Net Equity (TNE) Calculation</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

³ Specialized health plans that pay less than 25 percent of their total health care costs on a fee-for-service basis are not required to file **Schedule G, Section III; Schedule H; and Schedule I.**

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ The reporting entity may submit an actuarial certification in lieu of **Schedule I.**

⁹ Ibid.

¹⁰ Specialized, supra note 3.

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Financial Statement Type	Annual Reporting Form	Quarterly Reporting Form	Monthly Reporting Form
<u>Overflow Page for Write-Ins</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

3. Change of Accountants

If there has been a change of accountants at the health plan, Rule 1300.84.05 requires a reporting entity to notify the Department within **45 days** of the new accountant's engagement whenever the financial statements are to be reported upon or certified by an accountant other than the accountant certifying the reporting entity's most recent filing. Please prepare and file the following documents through the Department's eFiling portal with an Exhibit E-1 (Summary of eFiling Information):

- A letter stating whether in the 18 months preceding the engagement of the new accountant there was any disagreement with the former accountant on any matter of accounting principles or practices, financial statement disclosure or auditing procedures, where such disagreement if not resolved to the satisfaction of the former accountant would have caused the former accountant to make reference to the subject matter of the disagreement in his or her opinion or report. This letter must be verified by the reporting entity's principal officer.
- A letter from the former accountant, addressed to the Director of the Department, stating whether he or she agrees with the statements contained in the reporting entity's letter, and, if not, stating the respects in which he or she does not agree.

4. Annual Financial Statements vs Auditor's Report

The Department requires reporting entities to provide a reconciliation schedule (i.e., when there are classification differences) and a detailed explanation document through the Attachments tab in the Financial Statements web portal when their annual financial statements do not match the annual independent auditor's report.

5. Additional Supporting Statements or Schedules

Additional supporting statements and schedules must properly reference the item being answered (e.g., "Interrogatories, #23" or "Current Assets, #9") when answering interrogatories or providing information on the financial statements.

6. Details of Write-ins Aggregated at Item

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Items that cannot be classified under any of the accounts listed in the financial statements need to be reported with an identifying title in the appropriate schedule for each applicable page or section thereof entitled “Details of Write-Ins Aggregated at Item.” A health plan will need to consult with their Certified Public Accountant or independent auditor to determine the appropriate reporting schedule for specific accounting items not accounted for in the Financial Statement Type Column. If additional lines are needed, see #5 above.

7. Actuarial Certification

If the health plan is using an actuarial estimate to calculate incurred and unreported claims, Rule 1300.77.2(d) requires the health plan to provide an actuarial certification for the actuarial estimate. If the health plan is filing an actuarial certification, then Schedule I is not required to be submitted to the Department. Please contact the assigned financial examiner for additional information if needed.

COVER PAGE TAB

Purpose: The cover page requests general health plan information for submission of the Annual, Quarterly, and Monthly DMHC Financial Reporting Forms for the applicable reporting period. Items 1-7 below appear in the first tab titled “Cover” in all three Reporting Forms. Please review the information in the Instructions Column below to identify what information is being requested. In Item number 4, a health care service plan or reporting entity may elect to report account balances to the nearest thousands. Please see Item 4 below for further information. The Cover Page Tab applies to the Annual Report, the Quarterly Report, and the Monthly Report.

Column	Instructions
1. For the Year Ending	<u>Enter the year ending period</u>
2. Health Plan Name	<u>Enter DMHC health plan legal name</u>
3. DMHC Health Plan ID	<u>Enter DMHC’s licensed health plan identification number</u>
4. <u>Are dollar amounts reported in thousands (000)? Please enter Yes or No</u>	<u>Enter Yes if reported in thousands (000)</u> <u>Enter No if not reported in thousands (000)</u>
5. <u>Is this a Full Service Health Plan? Please enter Yes or No</u>	<u>Enter Yes if health plan is Full Service</u> <u>Enter No if health plan is not Full Service</u>
6. <u>Type of Health Plan</u>	<u>Enter health plan type:</u> <u>Full Service</u> <u>Chiropractic</u> <u>Dental</u>

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Column	Instructions
	<u>Dental/Vision</u> <u>Discount</u> <u>Pharmacy</u> <u>Behavioral</u> <u>Vision</u>
7. Notes	<u>Enter additional information if applicable</u>

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REPORT #1A TAB –ASSETS

Purpose: The balance sheet reports the assets, liabilities, and stockholders' equity of the reporting entity at a specific date. The Report #1A Tab requests information regarding Assets including Current Assets, Other Assets, and Property and Equipment that are Included, Excluded for the Current Period. The Instructions below indicate what information is required in the Included Column designated by 1.A. below, the Excluded Column designated by 1.B. below, and explains the Current Column is automatically calculated after the user enters the information for the Included Column and the Excluded Column. Assets must be properly classified in the "Included" or "Excluded" column for purposes of the TNE calculation. Assets that are allowed per Rule 1300.76(c) fall under the "Included" column and those that are not allowed fall under the "Excluded" column. This Tab applies to the Annual Report, the Quarterly Report, and the Monthly Report.

PART A – BALANCE SHEET ASSETS

Column	Instructions
<u>1.A. Included</u>	<p><u>Enter the current information for the reporting entity to be included in the TNE calculation.</u></p> <p><u>For example, if the financial statements are for the year ended December 31, 20XX, enter the information as of December 31, 20XX in this Column. If the financial statements are for the quarter or month ended March 31, 20XX, enter the information as of March 31, 20XX in this Column.</u></p>
<u>1.B. Excluded</u>	<p><u>Enter the current information for the reporting entity to be excluded from the TNE calculation.</u></p> <p><u>In general, exclude receivables from officers, directors, and affiliates (i.e., parent company and subsidiary) and intangible assets from the TNE calculation. The following is a non-exhaustive list of excluded items:</u></p> <ul style="list-style-type: none"><u>• Goodwill, going concern value.</u><u>• Organizational expense.</u><u>• Starting-up costs.</u><u>• Receivables from officers, directors, owners, or affiliates which are not fully secured except short-term obligations of affiliates for goods and services arising in the normal course of business which are payable on the same terms as</u>

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Column	Instructions
	<p><u>equivalent transactions with nonaffiliates and which are not more than 60 days past due.</u></p> <ul style="list-style-type: none"> • <u>Long-term prepayments of deferred charges.</u> • <u>Non-refundable deposits.</u> <p><u>In addition, exclude the financial information for non-regulated business from the TNE calculation for a reporting entity filing consolidated financial statements.</u></p>
<u>2. Current Period</u>	<u>No entry needed. This field calculates automatically.</u>

Report #1A: Assets Tab: Current Assets

1. Line #1: Cash and Cash Equivalents: Cash includes currency on hand and demand deposits with banks or other financial institutions. It also includes other accounts that have the general characteristics of demand deposits in that the reporting entity may deposit or withdraw funds at any time without prior notice or penalty. Cash equivalents are short-term, highly liquid investments that are: (1) readily convertible to known amounts of cash and (2) so near to their maturity that they present an insignificant risk of changes in value because of changes in interest rates. Examples include treasury bills, commercial paper, money market accounts that are not classified as cash, and other short-term investments whose original maturity is three months or less. Original maturity means original maturity to the entity holding the investment. **Exclude** restricted cash (report in Line 12). Provide details in **Schedule A.**

2. Line #2: Short-Term Investments: Report Investments, exclusive of cash equivalents, which are intended to be sold in the short-term (usually less than one year or the normal operating cycle, whichever is longer) including trading securities, available-for-sale securities, held-to-maturity securities, and other short-term investments not otherwise listed in the existing taxonomy. **Exclude** restricted securities (report in Line 10 and/or 12). Provide details in **Schedule B.**

Please note that investments of the reporting entity's assets necessary to meet the requirement of Section 1376 must comply with Section 1346(a)(11).

3. Line #3: Premiums Receivable – Net: Report gross amounts collectible from groups or individuals who receive services from the reporting entity, less the amount accrued for premiums determined to be uncollectible for the period. **Exclude** fee-for-service receivables (report in Line 6). Provide details in **Schedule C.**

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4. **Line #4: Interest Receivable:** Report Interest earned on investments but not received.
5. **Line #5: Shared Risk Receivables – Net:** Report gross amounts collectible for the reporting entity’s share in shared risk pools, less the amount accrued for receivables determined to be uncollectible during the period. Provide details in **Schedule D**.
6. **Line #6: Other Health Care Receivables – Net:** Report gross amounts collectible from other sources (e.g., fee-for-service, coordination of benefits (COB), copayments, subrogation, non-affiliated provider receivables, advances to providers, capitation receivable, pharmacy related receivables, etc.), less the amount accrued for receivables determined to be uncollectible during the period. Provide details in **Schedule D**.
7. **Line #7: Prepaid Expenses:** Report expenses paid in advance (e.g., unexpired insurance) and charged to operations within one year. For prepaid broker commission fees and acquisition costs, please follow AICPA Health Care Entities - Audit and Accounting Guide, paragraphs 13.21 and 13.22. Report prepayments or deferred charges that will not be charged to operations within one year in Line 17, Aggregate Write-Ins for Other Assets.
8. **Line #8: Secured Affiliate Receivables – Current:** Report obligations that are fully secured by tangible collateral, other than by securities of the reporting entity or an affiliate, with equity of at least 110 percent of the amount owed. The reporting entity must file the security agreement and receive an approval from the Department prior to including secured affiliate receivables in its TNE calculation. Report in the **Included** column any secured affiliate receivables that have been approved by the Department and meet the equity test. Report in the **Excluded** column any secured affiliated receivables that do not meet both requirements. Provide details in **Schedule D**.
9. **Line #9: Unsecured Affiliate Receivables – Current:** Report unsecured short-term receivables from a parent, subsidiary, affiliate, and/or affiliated person. Report in the **Included** column, any unsecured affiliate receivables for goods or services arising in the normal course of business which are payable on the same terms as equivalent transactions with non-affiliates and not more than 60 days past due. Report in the **Excluded** column any unsecured affiliate receivables that do not fall in the **Included** column. Provide details in **Schedule D**.
10. **Line #10: Aggregate Write-Ins for Current Assets:** Total write-ins listed in “Details of Write-Ins Aggregated at Line 10 for Current Assets.” Line 10 links to Report #1, Part A: Write-Ins, Line 1031. Report cash and claims to cash that are restricted as to withdrawal or use for other than current operations, are designated for expenditure in the acquisition or construction of noncurrent assets or are segregated for the liquidation of long-term debts in Line 12, Aggregate

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Write-Ins for Other Assets. However, if such funds are considered to offset maturing debt that has properly been set up as a current liability, they may be included within current asset classification (provide details in **Schedule A**).

11. **Line #11: Total Current Assets:** Total of the above categories (Lines 1 through 10).

Report #1A: Assets Tab: Other Assets

12. **Line #12: Restricted Assets:** Report the non-current restricted assets, including statutory insolvency requirements. Provide details in **Schedule A**. Reporting entities that are required to have statutory insolvency deposits with the Department to comply with Rule 1300.76.1 (TNE deposit), Section 1374.68(a) (point-of-service deposit), and/or Section 1377 (cash and cash equivalents deposit) must also file statutory insolvency assignment forms and maintain the required statutory insolvency deposit(s) **at all times**.

The reporting entity must obtain a release letter from the Division of Financial Oversight prior to any restricted deposit(s) withdrawals or substitutions pursuant to Rule 1300.76.1. Interest earned from restricted deposit(s) is not restricted (report in Line 1 and/or 4). Please contact the reporting entity's assigned financial examiner with any questions.

When amounts generally described as restricted cash or restricted cash equivalents are presented in more than one-line items within the statement of financial position, disclose in the notes to financial statements the line items and amounts. See Financial Accounting Standards Board, Accounting Standards Update 2016-18 (Topic 230) for more information.

13. **Line #13: Long-Term Investments:** Report the Long-term investments intended to be held for a period longer than 12 months. Provide details in **Schedule B**.

Please note that investments of the reporting entity's assets necessary to meet the requirement of Section 1376 must comply with Section 1346(a)(11).

14. **Line #14: Intangible Assets and Goodwill – Net:** Report the assets of no physical substance. May include patents, copyrights, licenses, and franchises. Report net amount (amortization expense subtracted from gross amount).

15. **Line #15: Secured Affiliate Receivables – Long-Term:** Report the obligations that are fully secured by tangible collateral, other than by securities of the reporting entity or an affiliate, with an equity of at least 110 percent of the amount owing. The reporting entity must file and receive an approval from the Department prior to classifying any assets as "secured" and including any assets in the TNE calculation. Report in the **Included** column any secured affiliate receivables that have been approved by the Department and meet the equity

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test. Report in the **Excluded** column any secured affiliated receivables that do not meet both requirements. Provide details in **Schedule D**.

16. **Line #16: Unsecured Affiliate Receivables – Long-Term:** Report the unsecured non-current receivables from a parent, subsidiary, affiliate, and/or affiliated. Report in the **Excluded** column any unsecured **non-current** affiliate receivables. Provide details in **Schedule D**.
17. **Line #17: Aggregate Write-Ins for Other Assets:** Total of the write-ins listed in “Details of Write-Ins Aggregated at Line 17 for Other Assets.” Line 17 links to Report #1, Part A: Write-Ins, Line 1731. Show non-current assets not included in the Other Assets category.
18. **Total Other Assets:** Total of the above categories (Lines 12 through 17).

Report #1A: Assets Tab Property and Equipment

19. **Line #19: Land, Building, and Improvements:** Report the real estate and buildings owned by the reporting entity and improvements made to said buildings. Provide details in **Schedule E**.
20. **Line #20: Furniture and Equipment – Net:** Report the medical equipment, office equipment, and furniture owned by the reporting entity. Report net of depreciation expense. Provide details in **Schedule E**.
21. **Line #21: Computer Equipment – Net:** Report the computer hardware and software owned by the reporting entity. Report net of depreciation. Provide details in **Schedule E**.
22. **Line #22: Leasehold Improvements – Net:** Report the improvements to facilities not owned by the reporting entity. Provide gross amount, less amortization expense. Provide details in **Schedule E**.
23. **Line #23: Construction in Progress:** Report the buildings or improvements in progress or under construction. These items will be capitalized upon completion or utilization. Provide details in **Schedule E**.
24. **Line #24: Software Development Costs:** Report the qualifying computer software costs incurred during the application development stage. Provide details in **Schedule E**.
25. **Line #25: Aggregate Write-Ins for Other Equipment:** Report the total of the write-ins listed in schedule “Details of Write-Ins Aggregated at Line 25 for Other Equipment.” Line 25 links to Report #1, Part A: Write-Ins, Line 2531. **Include** automobiles, fixtures, and other fixed assets not reported in Property and Equipment categories. Provide details in **Schedule E**.

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26. **Line #26: Total Property and Equipment:** Total of Property and Equipment categories, less accumulated depreciation (Lines 19 through 25).

27. **Line #27: Total Assets:** Total of Current Assets, Other Assets, and Property and Equipment (Lines 11, 18, and 26).

Report Tab 1A Write-Ins

Items that cannot be classified under any of the accounts listed in the financial statements need to be reported with an identifying title in the appropriate schedule for each applicable page or section thereof entitled “Details of Write-Ins Aggregated at Item.” If additional lines are needed, see General Instructions #6.

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REPORT #1, PART B TAB–LIABILITIES AND NET WORTH

Purpose: This sheet reports the health care service plan's Liabilities and Net Worth. The Report #1B Tab requests information regarding the health care service plan's or reporting entities liabilities and net worth for the reporting period. The sheet includes information for current liabilities, other liabilities, and net worth. This Tab applies to the Annual Report, the Quarterly Report, and the Monthly Report.

Column	Instructions
<u>1.</u> Account Name	<u>Name of the account.</u>
<u>2.</u> Contracting	<u>Enter liability categories not included in Column 3.</u>
<u>3.</u> Non-Contracting	<u>Enter liability categories resulting from unpaid uncovered expenditures, the outstanding indebtedness of loans that are not specifically subordinated to uncovered expenses or guaranteed by the sponsoring organization, and all other monetary obligations that are not similarly subordinated or guaranteed (for Lines 3 through 7 only).</u> <u>Uncovered Expenditures are the costs of health care services that are covered by a health maintenance organization for which an enrollee would also be liable in the event of the organization's insolvency. These are expenditures for health care services for which the reporting entity is at risk. They will vary in type and amount, depending on the arrangements of the reporting entity. They may include out-of-area services, referral services, and hospital services. They exclude expenditures for services for which a provider has agreed not to bill the enrollee even when the provider is not paid by the reporting entity, or for services that are guaranteed, insured, or assumed by a person or organization other than the reporting entity.</u>
<u>4.</u> Total	<u>Total of Contracting and Non-Contracting Columns.</u>

Current Period: Enter the current information in the fields available for the reporting entity. For example, if the financial statements are for the year ended December 31, 20XX, enter the information as of December 31, 20XX in this Column. If the financial statements are for the quarter or month ended March 31, 20XX, enter the information as of March 31, 20XX in this Column.

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CURRENT LIABILITIES

Report #1B: Liabilities and Net Worth Tab:

1. **Line #1: Trade Accounts Payable:** Report amounts due to creditors for the acquisition of goods and services (trade and vendors other than health care providers) on a credit basis. Provide details in **Schedule F**.
2. **Line #2: Capitation Payable:** Report amounts due to capitated providers (e.g., medical groups/independent physician associations, ancillary, and hospitals) for medical services rendered to enrollees of the reporting entity.
3. **Line #3: Claims Payable – Reported:** Report claims received and not adjudicated (not paid or denied). Refer to Rule 1300.77.4 for items to include in this Line. Provide details in **Schedule G, Section I; and Schedule H**.
4. **Line #4: Incurred But Not Reported Claims:** Report Incurred but Not Reported Claims. Incurred but not reported (IBNR) is an estimate for claims that have been incurred and not yet received as of the date of statement preparation for which the reporting entity is responsible but has not yet determined the specific amount of liability. Provide details in **Schedule G, Section I; and Schedule H**.
5. **Line #5: Point-of-Service Claims Payable – Reported:** Report Point-of-Service (POS) claims that are received and not adjudicated (not paid or denied). Refer to Rule 1300.77.4 for items to include in this Line. Provide details in **Schedule G, Section I; and Schedule H**.
6. **Line #6: Point-of-Service Incurred but Not Reported Claims:** Report an estimate for POS claims (include both in-network and out-of-network) that have been incurred and not yet received as of the date of statement preparation for which the reporting entity is responsible but has not yet determined the specific amount of liability. Provide details in **Schedule G, Section I; and Schedule H**.
7. **Line #7: Other Medical Liability:** Report amounts due to plans/providers for withholds, shared risk pools, incentive bonuses, pharmacy related liabilities, or other medical liabilities due to plans/providers. Provide details in **Schedule G, Section I, Column 1** if it relates to unpaid claims.
8. **Line #8: Unearned Premiums:** Provide income received or recorded in advance of the period to which it applies. A liability exists to render service in the future.
9. **Line #9: Loans and Notes Payable:** Provide the principal amount on loans due within one year. Provide details in **Schedule J**.

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10. **Line #10: Amounts Due to Affiliates – Current:** Provide payable amount to an affiliate. **Include** all loans, notes payables, and intercompany balances. Provide details in **Schedule J.**
11. **Line #11: Aggregate Write-Ins for Current Liabilities:** Total of the write-ins listed in “Details of Write-Ins Aggregated at Line 11 for Current Liabilities.” Line 11 links to the total from Report #1, Part B: Write-Ins, Line 1131. Show current liabilities not included in other current liability categories. **Include** accrued payroll and taxes.
12. **Line #12: Total Current Liabilities:** Total of Current Liabilities Categories (Lines 1 through 11).

OTHER LIABILITIES

Report #1B: Liabilities and Net Worth Tab:

13. **Line #13: Loans and Notes Payable – Not Subordinated:** Enter the loans and notes signed by the reporting entity, not including the current portion payable. **Include** federal loans and any subordinated debts plus subordinated debt accrued interests that have not been approved by the Department. Provide details in **Schedule J.**
14. **Line #14: Loans and Notes Payable – Subordinated:** Enter the loans and notes that are subordinated. The reporting entity must file a subordinated debt agreement and receive approval from the Department prior to including subordinated debt in its TNE calculation. **Include** any subordinated debts that have been approved by the Department. **Exclude** any subordinated debts that have not been approved by the Department (report in Line 13).
- Please contact the reporting entity’s assigned financial examiner with any questions.
15. **Line #15: Accrued Subordinated Interest Payable:** Enter the accrued interest due on the subordinated loan and/or notes. Report interest earned on loans and/or notes that have not been approved by the Department in Line 13.
16. **Line #16: Amounts Due to Affiliates – Long-Term:** Enter the non-current amounts payable to an affiliate. **Include** all loans, notes payable, and intercompany balances. Provide details in **Schedule J.**
17. **Line #17: Aggregate Write-Ins for Other Liabilities:** Enter the total of the write-ins listed in “Details of Write-Ins Aggregated at Line 17 for Other Liabilities.” Line 17 links to the total from Report #1, Part B: Write-Ins, Line 1731. Show other liabilities of long-term nature.

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18. **Line #18: Total Other Liabilities:** Total of Other Liabilities Categories (Lines 13 through 17).

19. **Line #19: Total Liabilities:** Total of Current Liabilities and Other Liabilities (Lines 12 and 18).

NET WORTH

Report #1B: Liabilities and Net Worth Tab:

20. **Line #20: Common Stock:** The par value per share multiplied by the number of issued shares or, in the case of no-par shares, the total stated value. Please use the definitions below for reporting purposes:

- **Authorized common stock** is the number of shares that the state has authorized a company to issue.
- **Outstanding common stock** is the number of authorized shares that have been issued and are presently held by stockholders (excluding treasury stock).
- **Issued common stock** is the cumulative total number of authorized shares that have been issued and are outstanding. The number of issued shares includes treasury stock.
- **Treasury stock** is outstanding stock repurchased from stockholders by the reporting entity and not retired. Treasury stock is included in issued capital stock but is not part of outstanding stock.

21. **Line #21: Preferred Stock:** Enter the par value per share multiplied by the number of issued shares, or in the case of no-par shares, the total stated or liquidation value.

22. **Line #22: Paid in Surplus:** Enter the gross amount of paid in and contributed surplus without reduction for commissions or other expenses in connection with such transactions but reduced by a distribution declared and paid as a return of such surplus. Also, the amount should reflect the amounts paid and contributed in excess of the par or stated value of shares issued.

23. **Line #23: Contributed Capital:** Enter the capital donated to the reporting entity. Describe the nature of donation as well as any restrictions on this capital in the Notes to Financial Statements.

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24. **Line #24: Accumulated Other Comprehensive Income:** Enter the accumulated unrealized gains and unrealized losses on those lines in the income statement that are classified within the other comprehensive income category. The changes in the accumulated balances for each component of other comprehensive income should be disclosed in the notes to financial statements.
25. **Line #25: Retained Earnings (Deficit)/Fund Balance:** Enter the cumulative earnings or deficit from operations, net of reserves, and restricted funds.
26. **Line #26: Aggregate Write-Ins for Other Net Worth Items:** Enter the total of the write-ins listed in “Details of Write-Ins Aggregated at Line 26 for Other Net Worth Items.” Line 26 links to the total from Report #1, Part B: Write-Ins, Line 2631.
27. **Line #27: Total Net Worth:** Total of Net Worth categories (Lines 20 through 26).
28. **Line #28: Total Liabilities and Net Worth:** Total of Total Liabilities and Total Net Worth (Line 19 and Line 27).

Report Tab 1B: Write-Ins

Items that cannot be classified under any of the accounts listed in the financial statements need to be reported with an identifying title in the appropriate schedule for each applicable page or section thereof entitled “Details of Write-Ins Aggregated at Item.” If additional lines are needed, see General Instructions #6.

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REPORT #2 – INCOME TAB: STATEMENT OF REVENUES, EXPENSES & NET WORTH

Purpose: Report #2- Income Tab: Revenue, Expenses, and Net Worth summarizes the results of the reporting entity's operation for a given time period by disclosing revenues earned and expenses incurred. This Tab applies to the Annual Report, the Quarterly Report, and the Monthly Report.

For Annual Income Statement Form

Column	Instructions
<u>1. Year-to-Date</u>	<u>Enter the annual information for the past 12 months.</u> <u>For example, if the financial statements are for the fiscal year ended December 31, 20XX, enter the information from January 1, 20XX through December 31, 20XX in this Column.</u>

For Monthly and Quarterly Income Statement Form

Column	Instructions
<u>1. Current Period</u>	<u>Enter information for the current period.</u> <u>For example, if the financial statements are for the quarter ended December 31, 20XX, enter the information from October 1, 20XX through December 31, 20XX. If the financial statements are for the month ended November 30, 20XX, enter the information from November 1, 20XX through November 30, 20XX.</u>
<u>2. Year-to-Date</u>	<u>Enter year-to-date information.</u> <u>For example, if the reporting entity has a fiscal year ended December 31 and is currently reporting for the quarter ended September 30, 20XX, enter the year-to-date information from January 1, 20XX through September 30, 20XX. If the financial statements are for the month ended November 30, 20XX (and the reporting entity's fiscal year ends December 31), enter the year-to-date information from January 1, 20XX through November 30, 20XX.</u>

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Year-to-date revenue and expense account balances need to agree with the aggregate total of the preceding periods' reporting balances (i.e., the year-to-date balances reported in the third quarter's income statement must equal to the sum of first, second, and third quarters' current period balances). If balances do not agree, please briefly explain the discrepancy in the financial reporting form's Notes tab or attached Notes to Financial Statements. **Please include an explanation in the financial footnotes when year-to-date totals do not equal the combined total of quarters and months.**

REVENUES

Report #2: Income Tab

1. **Line #1: Premiums – Commercial:** Enter the revenue recognized on a prepaid basis from individual and groups for provision of a specified range of health services over a defined period of time, normally one month. **Include** revenues from In-Home Supportive Services and the Health Benefit Exchange (Covered California). **Exclude** POS premiums (report in Line 7). If advance payments are made to the reporting entity for more than one reporting period, the portion of the payment that has not yet been earned must be treated as a liability (report in Report #1, Part B: Liabilities, Line 8: Unearned Premiums).
2. **Line #2: Capitation:** Enter the revenue from an HMO or health care service plan as compensation for providing health care services to enrollees of the reporting entity. **Include** revenue received as a result of a plan-to-plan contract.
3. **Line #3: Copayments, COB, Subrogation:** Enter the revenue recognized by the reporting entity for copayments, COB, or subrogation. Subrogation is the recovery from a third-party of medical costs that were originally paid by the reporting entity.
4. **Line #4: Medicare Advantage (Title XVIII):** Enter the revenue resulting from an arrangement between the reporting entity and the Centers for Medicare and Medicaid Services (CMS), for services to a Medicare beneficiary. **Include** revenues from Medi-Medi, Medicare Cost Plan, and risk contract.
5. **Line #5: Medi-Cal Managed Care (Title XIX – Medicaid):** Enter the revenues resulting from an arrangement between the reporting entity and a Medicaid state agency for services to a Medicaid beneficiary. The reporting entity, for a fee, agrees to cover the full medical costs of Medicaid subscribers. **Include** Medi-Cal and all other revenues from state government and public programs (e.g., Healthy Kids, Medi-Cal Access Program (MCAP), ~~Cal MediConnect~~, etc.).
6. **Line #6: Fee-for-Service:** Enter the revenue recognized by the reporting entity for the provision of health services to non-enrollees and services provided to enrollees that are excluded from their prepaid benefit packages.

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7. **Line #7: Point-of-Service:** Enter the revenue recognized by the reporting entity for the provision of health care services to enrollees enrolled in a Point-of-Service (POS) plan that meets the criteria of Section 1374.64.
8. **Line #8: Interest:** Enter the interest earned from all sources (e.g., interest from restricted deposits, financial institution accounts, financial debt instruments, etc.)
9. **Line #9: Risk Pool:** Enter the revenue earned from risk-sharing contracts.
10. **Line #10: Aggregate Write-Ins for Other Income and Revenues:** Total of the write-ins listed in “Details of Write-Ins Aggregated at Line 10 for Other Revenues.” Line 10 links to the total from Report #2: Write-Ins: Line 1031 **TOTAL**, and shows revenue from sources not covered in the other revenue accounts, such as recovery of bad debt expense or gain on sale of capital assets. **Include** operating profit (loss) before taxes from other lines of business (e.g., exempt Employee Assistance Program or management and administrative services).
11. **Line #11: Total Revenue:** Total of the above Revenue accounts (Lines 1 through 10). This amount is calculated automatically.

MEDICAL AND HOSPITAL EXPENSES

Reporting Instructions for Staff Model Health Plans: Rule 1300.76(d) states that, in the calculation of tangible net equity, costs associated with operating staff model facilities are considered to be on a capitated basis. This means that a health care service plan should report all costs associated with operating a staff model facility in the appropriate capitated area on the financial report (i.e., Lines 12, 15, 17, 21, and 23). **Include** the following expenses pertaining to the staff model offices:

- **Compensation, including fringe benefits, paid by the reporting entity to providers engaged in the delivery of medical services and to personnel engaged in activities in direct support of the provision of medical services. This includes dentists, psychologists, optometrists, podiatrists, extenders, nurses, and other clinical personnel.**
- **Direct and overhead costs incurred in the furnishing of health care services which would be ordinarily incurred in the provision of such services whether or not through a plan.**

12. **Line #12: Inpatient Services – Capitated:** Enter capitation costs incurred by the reporting entity for the costs of routine and ancillary services to enrollees while confined to an acute care hospital.

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13. **Line #13: Inpatient Services – Per Diem/Managed Hospital Expenses:** Enter per diem costs incurred by the reporting entity for costs of routine and ancillary services to enrollees while confined to an acute care hospital. “Per diem” is defined as a flat rate payment for each day of an enrollee’s hospital stay.
14. **Line #14: Inpatient Services – Fee-For-Service/Case Rate:** Enter fees incurred by the reporting entity on a fee-for-service basis for the cost of routine and ancillary services to enrollees while confined to an acute care hospital. Also include the cost of utilizing skilled nursing and intermediate care facilities.
- **Routine hospital service** includes regular room and board (including intensive care units, coronary care units, and other special inpatient hospital units), dietary and nursing services, medical surgical supplies, medical social services, and the use of certain equipment and facilities for which the provider does not customarily make a separate charge.
 - **Ancillary services** may include laboratory, radiology, drugs, delivery room, and physical therapy services. Ancillary services may also include other special items and services for which charges are customarily made in addition to a routine service charge.
 - **Skilled nursing facilities** are primarily engaged in providing skilled nursing care and related services for enrollees who require medical or nursing care or rehabilitation services.
 - **Intermediate care facilities** for individuals with intellectual disability (ICF/ID) is an optional Medicaid benefit that enables states to provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence.
15. **Line #15: Primary Professional Services – Capitated:** Enter capitation costs incurred by the reporting entity related to primary care physicians, dentists, or other professionals for the delivery of medical services.
- **Full Service Plans:** Report expenses for physician services provided pursuant to a contractual arrangement with the reporting entity. **Include** capitation payments paid by the reporting entity to physicians for delivery of medical services. **Exclude** expenses for services provided by other medical professionals (report in Line 17). For example, if the reporting entity offers medical and dental coverage, the expenses for the delivery of medical services would be reported in Line 15 and the delivery of dental services would be reported in Line 17.
 - **Specialized Plans:** Report expenses for services provided pursuant to a contractual arrangement with the reporting entity. **Include** capitation

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payments paid by the reporting entity to dentists or other professionals for delivery of medical services.

16. **Line #16: Primary Professional Services – Non-Capitated:** Enter costs incurred by the reporting entity on a fee-for service basis for the delivery of medical services. **Include** referrals by capitated providers for which the reporting entity is at risk. **Exclude** expenses for medical personnel time devoted to administrative tasks.
17. **Line #17: Other Medical Professional Services – Capitated:** Enter capitated costs incurred by the reporting entity for other medical professional services. **Include** the Medical Director's and other clinical staff's compensation and fringe benefits.
18. **Line #18: Other Medical Professional Services – Non-Capitated:** Enter fees incurred by the reporting entity to providers on a fee-for-service basis for other medical professional services.
19. **Line #19: Non-Contracted Emergency Room and Out-of-Area Expense, not including Point-of-Service:** Enter expenses for non-contracted health delivery services, including emergency room costs incurred by enrollees for which the reporting entity is responsible. **Include** out-of-area service costs for emergency physician and hospital services.
20. **Line #20: Point-of-Service Out-of-Network Expense: Report out-of-network expenses** that were provided to enrollees in a POS plan that meets the criteria of Section 1374.64.
21. **Line #21: Pharmacy Expense – Capitated:** Enter capitated costs incurred by the reporting entity for providing prescription drugs to enrollees.
22. **Line #22: Pharmacy Expense – Fee-For-Service:** Enter fees incurred by the reporting entity for providing prescription drugs on a fee-for-service basis.
23. **Line #23: Aggregate Write-Ins for Other Capitated Medical and Hospital Expenses:** Total amount for write-ins listed in "Details of Write-Ins Aggregated at Line 23 for Other Capitated Medical and Hospital Expenses." This line is linked to the total from Report #2: Write-Ins, Line 2331. **Include** the costs directly associated with the delivery of medical services under the reporting entity arrangement which are not appropriately assignable to the medical expense category defined above (e.g., costs of medical supplies, medical administration expenses, malpractice insurance, reinsurance premium, etc.).
24. **Line #24: Aggregate Write-Ins for Other Non-Capitated Medical and Hospital Expenses:** Total amount for write-ins listed in "Details of Write-Ins Aggregated at Line 24 for Other Non-Capitated Medical and Hospital Expenses"

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(e.g., reinsurance recoveries). Line 24 links to the total from Report #2: Write-Ins, Line 2431.

25. **Line# 25: Total Medical and Hospital:** Total of the above Medical and Hospital accounts (Lines 12 through 24).

ADMINISTRATION

Report #2: Income Tab

Purpose: This section represents costs associated with the overall management and operation of the reporting entity. Rule 1300.78 explains that administrative costs are costs which arise out of the operation of the plan, excluding direct and overhead costs incurred in the furnishing of health care services which would be ordinarily incurred in the provision of such services whether or not through the plan.

26. **Line #26: Compensation:** Enter all expenses for administrative services, including compensation and fringe benefits for personnel time devoted to or in direct support of administration. **Include** administrative support staff that receives, processes, and pays claims of providers of health care services and claims for reimbursement by subscribers and enrollees. **Exclude** compensation relating to marketing expenses (report in Line 30) and Affiliate Administration Services (report in Line 31).
27. **Line # 27: Interest Expense:** Enter interest incurred during the period. **Exclude** interest and penalties on late claim payments (report in Line 32).
28. **Line #28: Occupancy, Depreciation, and Amortization:** Enter expenses associated with administrative services, including the costs of occupancy that are directly associated with the administration of the reporting entity. **Include** the costs of using a facility, fire and theft insurance, utilities, maintenance, lease, etc. **Exclude** occupancy related to marketing expenses (report in Line 30) and Affiliate Administration Services (report in Line 31).
29. **Line #29: Management Fees:** Report all expenses associated with services provided by non-affiliates. **Exclude** expenses for services provided by affiliates under management service agreements (report in Line 31).
30. **Line #30: Marketing:** Report all expenses directly related to marketing activities, including advertising, printing, marketing representative compensation and fringe benefits, commissions, broker fees, travel, and occupancy.
31. **Line #31: Affiliate Administration Services:** Report expenses associated with services provided by affiliates under management services agreements.

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32. **Line #32: Aggregate Write-Ins for Other Administration:** Total of the write-ins listed in “Details of Write-Ins Aggregated at Line 32 for Other Administrative Expenses.” This Line is the total from Report #2: Write-Ins, Line 3231. Itemize costs that are not appropriately assignable to the other administration expense categories. **Include** interest and penalties on late claim payments.
33. **Line #33: Total Administration:** Total of the above Administration accounts (Lines 26 through 32).
34. **Line #34: Total Expenses:** Total of Medical and Hospital and Administration Expenses (Line 25 and Line 33).
35. **Line #35: Income (Loss):** Enter the excess or deficiency of total revenues over total expenses (Line 11 less Line 34).
36. **Line #36: Unusual or Infrequently Occurring Item(s):** Enter the total income from unusual or infrequently occurring item(s). See Financial Accounting Standards Board, Accounting Standards Update 2015-01(Subtopic 225-20) for more information. **Describe in detail the reasons for the unusual and infrequently occurring item(s) in the Notes to Financial Statements.**
- Unusual Nature: The underlying event or transaction should possess a high degree of abnormality and be of a type clearly unrelated to, or only incidentally related to, the ordinary and typical activities of the entity, taking into account the environment in which the entity operates.
 - Infrequency of Occurrence: The underlying event or transaction should be of a type that would not reasonably be expected to recur in the foreseeable future, taking into account the environment in which the entity operates.
37. **Line # 37: Provision for Taxes:** Enter the state and federal taxes for period.
38. **Line #38: Net Income (Loss):** Enter the excess or deficiency of total revenues over total expenses adjusted for extraordinary items and federal and state taxes (Line 35 plus Line 36 minus Line 37).
39. **Line #39: Other Comprehensive Income (Loss) After Tax:** Line 39 links to the total from Report #2: Other Comprehensive Income (Loss) After Tax, Line 3931.
40. **Line #40: TOTAL COMPREHENSIVE INCOME (LOSS) AFTER TAX:** The total of Net Income (Loss) and Other Comprehensive Income (Loss) (Lines 38 and 39).

NET WORTH

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Report #2: Income Tab

- 41. **Line #41: Net Worth Beginning of Period.**
- 42. **Line #42: Audit Adjustments:** Adjustments between the 4th quarter filing and the annual filing.
- 43. **Line #43: Increase (Decrease) in Common Stock.**
- 44. **Line #44: Increase (Decrease) in Preferred Stock.**
- 45. **Line #45: Increase (Decrease) in Paid in Surplus.**
- 46. **Line #46: Increase (Decrease) in Contributed Capital.**
- 47. **Line #47: Increase (Decrease) in Retained Earnings.**
- 48. **Line #48: Total Comprehensive Net Income (Loss):** Report #2, linked to Line 40.
- 49. **Line #49: Dividends to Stockholders.**
- 50. **Line #50: Aggregate Write-Ins for Changes in Retained Earnings:** Enter the total amount of the write-ins listed in “Details of Write-Ins Aggregated at Line 50 for Changes in Retained Earnings.” This Line is linked to the total from Report #2: Write-Ins, Line 5031.
- 51. **Line #51: Aggregate Write-Ins for Changes in Other Net Worth Items:** Report items not included in the other Net Worth categories. The total amount of the write-ins listed in “Details of Write-Ins Aggregated at Line 51 for Changes of Other Net Worth Items.” **Include** unrealized gain (loss) on investments. This Line is linked to the total from Report #2: Write-Ins, Line 5131.
- 52. **Line #52: Net Worth End of Period:** Total of Net Worth accounts (Lines 41 through 51). This Line should equal Report #1, Part B, Line 27, Column 4.

Report #2: Write-Ins

Items that cannot be classified under any of the accounts listed in the financial statements need to be reported with an identifying title in the appropriate schedule for each applicable page or section thereof entitled “Details of Write-Ins Aggregated at Item.” If additional lines are needed, see General Instructions #6.

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REPORT #3 – STATEMENT OF CASH FLOWS TAB

All reporting entities are required to file the Statement of Cash Flows using the direct method and indirect method.

Purpose: This report provides information about the amount of net cash provided or used by the reporting entity during a period from operating activities, investing activities, and financing activities. This report indicates the net effect of these cash flows on the reporting entity's cash and cash equivalents. A reconciliation of beginning and ending cash and cash equivalents is included in this statement. This TAB applies to the Annual Report, the Quarterly Report, and the Monthly Report.

STATEMENT OF CASH FLOWS

Use information from current and prior periods in Report #1 and Report #2 to complete Line #s 1 through 10, 12 through 17, 19 through 24, and 31 through 37. Then, enter the totals as indicated below:

- 11. **Line #11: Net Cash Provided by Operating Activities:** Enter the total of Lines 1 through 10.
- 18. **Line #18: Net Cash Provided by Investing Activities:** Enter the total of Lines 12 through 17.
- 25. **Line #25: Aggregate Write-Ins for Cash Provided by Financing Activities:**
This Line is for reporting the total from Report #3: Write-Ins, Line 2531.
- 26. **Line #26: Net Cash Provided by Financing Activities:** Enter the total of Lines 19 through 25.
- 27. **Line #27: Net Increase (Decrease) in Cash, Cash Equivalents and Restricted Cash:** Enter the total of Lines 11, 18, and 26.
- 28. **Line #28: Cash, Cash Equivalents and Restricted Cash at Beginning of the Year:** Beginning balance must tie to the ending balance (Line 29: Cash and Cash Equivalents at End of the Year) of the prior reporting period (month-to-month, quarter-to-quarter, year-to-year).
- 29. **Line #29: Cash, Cash Equivalents and Restricted Cash at End of the Year:**
Enter the total of Lines 27 and 28.
- 30. **Line #30: Net Income:** Report #2, linked to Line 38 for this Line Item.
- 31. **Line #31: Depreciation and Amortization.**

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- 32. **Line #32: Decrease (Increase) in Receivables:** Include all receivables (i.e., Premiums, Shared Risk, Interest, and Other Health Care) for this Line Item.
- 33. **Line #33: Decrease (Increase) in Prepaid Expenses.**
- 34. **Line #34: Decrease (Increase) in Affiliate Receivables:** Include Secured and Unsecured Receivables for this Line Item.
- 35. **Line #35: Increase (Decrease) in Accounts Payable.**
- 36. **Line #36: Increase (Decrease) in Claims Payable and Shared Risk Pool.**
- 37. **Line #37: Increase (Decrease) in Unearned Premium.**
- 38. **Line #38: Aggregate Write-Ins for Adjustments to Net Income:** Enter the total from Report #3: Write-Ins, Line 3831.
- 39. **Line #39: Total Adjustments:** Enter the total of Lines 31 through 38.
- 40. **Line #40: Net Cash Provided by Operating Activities:** Enter Line 30 plus Line 39.

Report #3: Write-Ins

Items that cannot be classified under any of the accounts listed in the financial statements need to be reported with an identifying title in the appropriate schedule for each applicable page or section thereof entitled “Details of Write-Ins Aggregated at Item.” If additional lines are needed, see General Instructions #6.

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REPORT TAB #4 – ENROLLMENT AND UTILIZATION TABLE

Purpose: The Enrollment and Utilization Table reports the number of enrollees by product type and utilization statistics for the reporting entity. Include delegated enrollment. This TAB applies to the Annual Report, the Quarterly Report, and the Monthly Report.

Column	Instructions and Definitions
1. <u>Source of Enrollment (Enrollment Type)</u>	<p><u>HMO Individual – Individual subscriber contracted directly with the reporting entity. Include Affordable Care Act enrollment, California Health Benefit Exchange individual enrollment, etc.</u></p> <p><u>HMO Small Group – Enrollees covered by a small employer group contract. Include Affordable Care Act enrollment, California Health Benefit Exchange small group enrollment, etc.</u></p> <p><u>HMO Large Group – Enrollees covered by a commercial group contract.</u></p> <p><u>POS Individual – Individual subscriber covered by contracts with the reporting entity, where the reporting entity assumes the financial risk for both in-network and out-of-network coverage or service. Refers to POS plan contracts that meet the criteria of Section 1374.64.</u></p> <p><u>POS Small Group – Enrollees covered by a small employer group contract, where the reporting entity assumes the financial risk for both in-network and out-of-network coverage or service. Refers to POS plan contracts that meet the criteria of Section 1374.64.</u></p> <p><u>POS Large Group – Enrollees covered by a large employer group contract with the reporting entity, where the reporting entity assumes the financial risk for both in-network and out-of-network coverage or service. Refers to POS plan contracts that meet the criteria of Section 1374.64.</u></p> <p><u>PPO Individual – Individual subscriber covered by a preferred provider organization product.</u></p>

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Column	Instructions and Definitions
	<p><u>PPO Small Group – Enrollees covered by a small employer group contract in a preferred provider organization product.</u></p> <p><u>PPO Large Group – Enrollees covered by a large employer group contract on a preferred provider organization product.</u></p> <p><u>EPO Individual – Individual subscriber covered by an exclusive provider organization product.</u></p> <p><u>EPO Small Group – Enrollees covered by a small employer group contract on an exclusive provider organization product.</u></p> <p><u>EPO Large Group – Enrollees covered by a large employer group contract on an exclusive provider organization product.</u></p> <p><u>Medi-Cal Managed Care – An enrollee is classified as a Medi-Cal enrollee if payment for care is received under contract with a Medicaid state agency.</u></p> <p><u>Medicare Advantage – An enrollee is classified as a Medicare enrollee if payment for care is received under contract with the CMS. Include enrollees that have supplemental coverage (from the reporting entity) to their individual Medicare coverage.</u></p> <p><u>Medicare Fee-for-Service – An enrollee is classified as a Medicare enrollee, other than Medicare Advantage, if payment for care is received under contract with CMS.</u></p> <p><u>Medicare Supplement – Also known as “Medigap,” refers to Medicare beneficiaries who are covered under various private supplemental health insurance plans.</u></p> <p><u>Administrative Service Only (ASO) – Enrollees covered by an ASO agreement for which the plan bears no financial risk (e.g., fully self-funded employer groups). Enrollees that have products that may be partially self-funded (Flex Funded or Minimum Premium Products) are considered to be commercial enrollees and must not be classified under ASO.</u></p>

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Column	Instructions and Definitions
	<p><u>Aggregate Contracted from Other Plans – Enrollees covered by contracts with other Knox-Keene licensed health plans. List by Health Plan ID, health plan name and product type (e.g., commercial, Medi-Cal Managed Care, Medicare Advantage).</u></p> <p><u>Aggregate Other Sources of Enrollment – List any other sources of enrollment that are not listed above (e.g., IHSS, discount product, exempt EAP, federal exempt programs, Cal MediConnect, Medi-Medi, EAP and out-of-state enrollment). For Full Service plans who offer specialized products, list the product type (e.g., Dental, Vision, EAP, chiropractic, etc.)</u></p> <p><u>Total Membership – Total of all sources of enrollment.</u></p>
<p><u>2. Total Enrollees at End of Previous Period</u></p>	<p><u>An enrollee is a subscriber or an eligible dependent of a subscriber for whom the reporting entity has accepted responsibility for the provision of basic health services. This Column shows enrollees at the end of the previous reporting period (month, quarter, or year).</u></p>
<p><u>3. Additions During Period</u></p>	<p><u>Number of enrollees added during the period.</u></p>
<p><u>4. Terminations During Period</u></p>	<p><u>Number of enrollees disenrolled during the period.</u></p>
<p><u>5. Total Enrollees at End of Period</u></p>	<p><u>Column 2 added to Column 3 less Column 4.</u></p>
<p><u>6. On Exchange (also included in Column 5)</u></p>	<p><u>Number of On Exchange enrollees during the period.</u></p>
<p><u>7. Off Exchange (also included in Column 5)</u></p>	<p><u>Number of Off Exchange enrollees during the period.</u></p>
<p><u>8. Grandfathered Enrollees (also included in Column 5)</u></p>	<p><u>Number of grandfathered enrollees during the period. “Grandfathered health plan” has the same meaning as the term defined in section 1251 of Patient Protection and Affordable Care Act (42 U.S.C. § 18011), as amended.</u></p>

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Column	Instructions and Definitions																														
9. <u>Cumulative Enrollee Months for Period</u>	<p>An “enrollee month” is equivalent to one enrollee for whom the reporting entity has recognized premium revenue for one month. Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial enrollee month may be counted.</p> <p>Accumulate enrollee months for the reporting period. For example, if an enrollee’s subscription began on January 1 and ended on April 30, then the following table illustrates cumulative enrollment for this enrollee for the reporting periods below:</p> <table><tr><th></th><th></th><th></th></tr><tr><td><u>Monthly</u></td><td><u>January 31</u></td><td><u>1</u></td></tr><tr><td><u>Monthly</u></td><td><u>February 28</u></td><td><u>1</u></td></tr><tr><td><u>Monthly</u></td><td><u>March 31</u></td><td><u>1</u></td></tr><tr><td><u>Monthly</u></td><td><u>April 30</u></td><td><u>1</u></td></tr><tr><td><u>Monthly</u></td><td><u>May 31</u></td><td><u>0</u></td></tr><tr><td><u>Quarterly</u></td><td><u>March 31</u></td><td><u>3</u></td></tr><tr><td><u>Quarterly</u></td><td><u>June 30</u></td><td><u>1</u></td></tr><tr><td><u>Quarterly</u></td><td><u>September 30</u></td><td><u>0</u></td></tr><tr><td><u>Annual</u></td><td><u>December 31</u></td><td><u>4</u></td></tr></table>				<u>Monthly</u>	<u>January 31</u>	<u>1</u>	<u>Monthly</u>	<u>February 28</u>	<u>1</u>	<u>Monthly</u>	<u>March 31</u>	<u>1</u>	<u>Monthly</u>	<u>April 30</u>	<u>1</u>	<u>Monthly</u>	<u>May 31</u>	<u>0</u>	<u>Quarterly</u>	<u>March 31</u>	<u>3</u>	<u>Quarterly</u>	<u>June 30</u>	<u>1</u>	<u>Quarterly</u>	<u>September 30</u>	<u>0</u>	<u>Annual</u>	<u>December 31</u>	<u>4</u>
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<u>Quarterly</u>	<u>September 30</u>	<u>0</u>																													
<u>Annual</u>	<u>December 31</u>	<u>4</u>																													
10. <u>Total Member Ambulatory Encounters for Period – Physicians</u>	<p>The number of enrollee ambulatory encounters for the period provided by physicians only.</p> <p>Ambulatory Services are health services provided to enrollees who are not confined to a health care institution. Ambulatory services are often referred to as “outpatient” services, distinct from “inpatient” services.</p> <p>Encounters are face-to-face contact between the reporting entity, an enrollee, and a provider of health care services who exercises independent judgment in the care and provision of health service(s) to the enrollee. The term “independent” is used synonymously with self-reliance, to distinguish between providers who assume major responsibility for the care of individual enrollees and all other personnel who assist in providing that care. Encounter excludes immunization.</p>																														

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Column	Instructions and Definitions
	<p><u>All utilization for the reporting entity's total membership is to be reported whether or not the reporting entity bears financial responsibility for the service, except for the enrollee's discretionary use of services if the reporting entity does not arrange or finance these services. For example, Medicare days and COB days should be reported, as the reporting entity may bear financial responsibility or arrange these services, while cosmetic surgery paid for and arranged by the enrollee need not be reported. If the reporting entity is unable to provide enrollment or utilization information in the exact format requested, similar statistics could be supplied with differences noted in the Notes to Financial Statements.</u></p>
<u>11. Total Member Ambulatory Encounters for Period – Non-Physicians</u>	<p><u>The total number of enrollee ambulatory encounters for the period provided by non-physician medical personnel.</u></p> <p><u>See Column 10 for more information.</u></p>
<u>12. Total Member Ambulatory Encounters for Period</u>	<p><u>The total of Columns 10 and 11.</u></p> <p><u>See Column 10 for more information.</u></p>
<u>13. Total Patient Days Incurred</u>	<p><u>The number of hospital patient days that the reporting entity may ultimately be responsible for.</u></p> <p><u>Patient Day - A patient day is a period of inpatient services with the day of discharge counted only when the patient was admitted on the same day. Newborns whose inpatient stay is concurrent with the mother's stay should not be counted separately from the mother's patient days. Newborns whose inpatient stay is longer than the mothers should be counted as separate patient days for the period beginning with the discharge of the mother.</u></p>
<u>14. Annualized Hospital Days/1000</u>	<p><u>Multiply the total hospital days in the period by 12,000, then divide the result by the cumulative member months. [(Column 13)12,000/(Column 9) = Days /1000]</u></p>
<u>15. Average Length of Stay</u>	<p><u>Divide the total number of hospital days by the number of admissions. [(Column 13)/Admissions = Average Length of Stay]</u></p>

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Column	Instructions and Definitions

REPORT TAB #5 – ENROLLMENT BY PRODUCT AND BY COUNTY

Purpose: The Enrollment by Product and by County reports the number of enrollees by product type and by county for the reporting entity. Include delegated enrollment. This TAB applies to the Annual Report, the Quarterly Report, and the Monthly Report.

Column	Instructions and Definitions
<u>1. County</u>	<u>List the county the enrollees are assigned by the reporting entity by product type during the period.</u>
<u>2. Individual on Exchange</u>	<u>Number of On Exchange individual subscribers contracted directly with the reporting entity by county during the period.</u>
<u>3. Individual Off Exchange</u>	<u>Number of Off Exchange individual subscribers contracted directly with the reporting entity by county during the period.</u>
<u>4. Small Group on Exchange</u>	<u>Number of On Exchange enrollees covered by a small employer group contracts by county during the period.</u>
<u>5. Small Group Off Exchange</u>	<u>Number of Off Exchange enrollees covered by a small employer group contracts by county during the period.</u>
<u>6. All Other Commercial</u>	<u>Number of All Other Commercial enrollees by county during the period. Include HMO Large Group, POS Large Group, EPO Large Group, and IHSS. Do not include enrollees reported in Columns 2 to 5.</u>
<u>7. Medi-Cal Managed Care</u>	<u>Number of Medi-Cal Managed Care enrollees by county during the period.</u>
<u>8. Medicare Advantage</u>	<u>Number of Medicare Advantage enrollees by county during the period.</u>
<u>9. Total</u>	<u>Sum of Columns 2 to 8.</u>

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REPORT TAB #6A and 6B – DELEGATED ENTITIES REPORT

~~Purpose: The Delegated Entities reports the number of enrollees assigned to other Knox-Keene licensed health plans. The purpose of the Delegated Entities Report is to identify the entity responsible for directly managing care to enrollees. In the Delegated Report #6, Part A, the health plan will identify the number of enrollees delegated to other Knox-Keene licensed health plans pursuant to a contract. In the Delegated Entities Report #6, Part B, the health plan will identify any enrollment subdelegated from the original delegation identified in Report #6, Part A, to a health plan or provider organization (medical group, capitated provider, or risk bearing organization), if applicable. Report #6, Part B will also capture any other entities involved in managing care for enrollees including the financial responsibility for paying for that care.~~

Report #6, Part A: Enrollment Delegated ~~Contracted~~ to Other Licensed Health Plans

~~Identify each delegated health plan and the number of enrollees assigned to that health plan by products (Commercial, Medi-Cal Managed Care, or Medicare Advantage). This Tab only applies to the Annual Report and the Quarterly Report.~~

Column	Instructions and Definitions
<u>1. Health Plan ID</u>	<u>Select Health Plan ID.</u>
<u>2. Health Plan</u>	<u>Select Health Plan.</u>
<u>3. Commercial</u>	<u>Number of commercial enrollees assigned to that Health Plan during the period. Commercial is classified as HMO Individual, HMO Small Group, HMO Large Group, POS Individual, POS Small Group, POS Large Group, PPO Individual, PPO Small Group, PPO Large Group, EPO Individual, EPO Individual, EPO Small Group, EPO Large Group and IHSS.</u>
<u>4. Medi-Cal Managed Care</u>	<u>Number of Medi-Cal Managed Care enrollees assigned to that Health Plan during the period. Include an enrollee classified as a Medi-Cal enrollee if payment for care is received under contract with a Medicaid state agency and any enrollment that can be considered Medicare-Medicaid, Cal MediConnect, or other dually eligible Medi-Cal categories.</u>
<u>5. Medicare Advantage</u>	<u>Number of Medicare Advantage enrollees assigned to that Health Plan during the period. Include an enrollee classified as a Medicare enrollee if payment for care is received under contract with the CMS and enrollees that</u>

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Column	Instructions and Definitions
	<u>have supplemental coverage (from the reporting entity) to their individual Medicare coverage and Medi-Cal-Medicaid enrollees.</u>
	<u>Medicare Fee for Service – An enrollee is classified as a Medicare enrollee, other than Medicare Advantage, if payment for care is received under contract with CMS.</u>
6. Total	<u>Sum of Columns 3 to 5.</u>

Report #6, Part B: Enrollment Sub-Delegated to Health Plans, Medical Groups, Capitated Providers or Risk Bearing Organizations

~~Identify each health plan, medical group, capitated provider, or risk bearing organization directly responsible for managing care for enrollees, and the number of enrollees assigned to that delegated entity by products (Commercial, Medi-Cal Managed Care, or Medicare Advantage).~~

If the delegated health plan reported in Report #6, Part A, subdelegates enrollment to another entity, identify the subdelegated health plan, medical group, capitated provider, or risk bearing organization directly responsible for managing the care of enrollees including the financial responsibility of paying for that care, and the number of enrollees assigned to the subdelegated entity by product (Commercial, Medi-Cal Managed Care, or Medicare Advantage).

In addition, please identify any additional directly contracted entities including health plans, medical groups, capitated providers, or risk bearing organizations that are responsible for managing the care of enrollees including the financial responsibility for paying for that care, and the number of enrollees assigned to that entity by product (Commercial, Medi-Cal Managed Care, or Medicare Advantage).

Column	Instructions and Definitions
<u>1. Entity ID</u>	<u>Select Entity ID from Drop Down.</u>
<u>2. Entity Name</u>	<u>Select Entity Name from Drop Down.</u>
<u>3. Commercial</u>	<u>Number of commercial enrollees assigned to that Health Plan, medical group, capitated provider, or risk bearing organization during the period. Commercial is classified as HMO Individual, HMO Small Group, HMO Large Group, POS Individual, POS Small Group, POS Large Group, PPO Individual, PPO Small Group, PPO Large</u>

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	<u>Group, EPO Individual, EPO Individual, EPO Small Group, EPO Large Group and IHSS.</u>
<u>4. Medi-Cal Managed Care</u>	<u>Number of Medi-Cal Managed Care enrollees assigned to that Health Plan, medical group, capitated provider, or risk bearing organization during the period. Include an enrollee classified as a Medi-Cal enrollee if payment for care is received under contract with a Medicaid state agency any enrollment that can be considered Medicare-Medicaid, Cal MediConnect, or other dually eligible Medi-Cal categories.</u>
<u>5. Medicare Advantage</u>	<u>Number of Medicare Advantage enrollees assigned to that Health Plan, medical group, capitated provider, or risk bearing organization during the period. Include an enrollee classified as a Medicare enrollee if payment for care is received under contract with the CMS enrollees that have supplemental coverage (from the reporting entity) to their individual Medicare coverage and Medi-Medi enrollees.</u> <u>Medicare Fee for Service – An enrollee is classified as a Medicare enrollee, other than Medicare Advantage, if payment for care is received under contract with CMS.</u>
<u>6. Total</u>	<u>Sum of Columns 3 to 5.</u>

REPORT TAB #7 – MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA) ENROLLMENT REPORT

Purpose: The MEWA Table reports the number of covered persons in each MEWA during the reporting period by market segment (e.g., commercial small group and commercial large group) for the reporting entity.

The health plan should report the enrollment by residents of California regardless of the MEWA's address.

This TAB and Supporting Schedules only applies to the Annual Report.

<u>Column</u>	<u>Instructions and Definitions</u>
<u>1. Name of MEWA</u>	<u>Enter the name of MEWA.</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

<u>Column</u>	<u>Instructions and Definitions</u>
	<u>Total Membership – Total of enrollment.</u>
2. <u>Market Segment</u>	<u>Enter the market segment (Commercial Small Group or Commercial Large Group).</u>
3. <u>Product Type</u>	<u>Enter Product Type (HMO, POS, EPO or PPO)</u>
4. <u>Fully Insured, Partially Self-Funded or Self-Funded</u>	<u>Enter one of the options (Fully Insured, Partially Self-Funded or Self-Funded).</u>
5. <u>Total Enrollees at End of Previous Period</u>	<u>An enrollee is a subscriber or an eligible dependent of a subscriber for whom the reporting entity has accepted responsibility for the provision of basic health services. This Column shows enrollees at the end of the previous reporting period.</u>
6. <u>Additions During Period</u>	<u>Number of enrollees added during the period.</u>
7. <u>Terminations During Period</u>	<u>Number of enrollees disenrolled during the period.</u>
8. <u>Total Enrollees at End of Period</u>	<u>Column 4 added to Column 5 less Column 6.</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

INSTRUCTIONS FOR SUPPORTING SCHEDULES

Schedule A – Cash and Cash Equivalents (including Restricted Deposits)

List all accounts reported for Report #1, Part A, Line 1 and all accounts reported on Report #1, Part A, Line 12. Include all cash accounts reported on Report #1, Part A, Line 10.

Schedule B – Investments

Individually report the top 10 short-term investments. Report the remaining short-term investments' balance, as an aggregate total, in the "Total Short-Term Investments" box, listing "Aggregate Total of Remaining Investments" in the "Description" box.

Individually report the top 10 long-term investments. Report the remaining long-term investments' balance, as an aggregate total, in the "Total Long-Term Investments" box, listing "Aggregate Total of Remaining Investments" in the "Description" box.

Select "Other" in the drop-down menu if investment type is mixed.

This Schedule only applies to the Annual Report.

Schedule C – Premiums Receivables (Non-Affiliates)

List all accounts with balances greater than five percent of gross Premiums Receivable (Report #1, Part A, Line 3) and report Allowance for Doubtful Accounts in Column 6. Enter the total of all other Premiums Receivable in Line 54.

Schedule D – Health Care Receivables & Amounts due from Parent, Subsidiaries, and Affiliates

List all accounts for Health Care Receivables & Amounts due from Parent, Subsidiaries, and Affiliates with balances greater than five percent of gross receivables and report Allowance for Doubtful Accounts in Column 6. These amounts should not be offset against corresponding liabilities. **Include** loans and advances to participating hospitals and providers and rebates from pharmaceutical companies. Enter the total of all other receivables in Line 54. See instructions for Report #1, Part A for more information.

Affiliate receivables reported at their "net" amount, against payables for the same entity, must have a **written** Right of Offset agreement filed with and approved by the Department. Without a written Right of Offset, an affiliate receivable and an affiliate payable for the same affiliate are to be recorded at their "gross" amount, and the receivable is to be deducted from TNE if it is not in the normal course of business and/or if it is more than 60 days past due.

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Schedule E – Property and Equipment

Provide details for property and equipment as reported on Report #1, Part A, Lines 19 through 25. **This Schedule only applies to the Annual Report.**

Schedule F – Trade Accounts Payable

Individually list all creditors with account balances greater than five percent of total trade accounts payable. For all else, enter “Aggregate Accounts Not Individually Listed” in **Name of Creditor** field. Enter the total of all accounts payable based on aging.

Schedule G – Unpaid Claims Analysis and Inventory of Claims to be Processed

- **Section I - Unpaid Claims Analysis (In Dollars)**

Provide an analysis of unpaid claims by claim type. Refer to Report #1, Part B, Lines 3 through 7 to complete this section. Please note that the plan will need to analyze Line 7 to determine if there is any unpaid claim activity to report in this section.

- **Section II - Inventory of Claims to be Processed (By Count)**
Exclude Encounter Data

FOR SPECIALIZED HEALTH PLANS ONLY: Specialized health plans that pay less than 25 percent of their total health care costs on a fee-for-service basis are not required to file **Schedule G, Section III.**

Provide information regarding the number of claims waiting to be processed.

For Schedule G, Section II

Column	Instructions
<u>1. Month Ending</u>	<u>Enter the month-ended date.</u> <u>Begin with the current reporting month (i.e., for quarter-ended and year-ended June 30, 20XX, begin with month-ended June 30, 20XX).</u>
<u>2. Beginning Balance</u>	<u>Enter ending claim inventory balance from prior month (prior reporting period’s Column 6).</u>
<u>3. Add</u>	<u>Enter total number of claims received during the month.</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
4. <u>Deduct</u>	<u>Enter total number of claims processed or adjudicated during the month.</u>
5. <u>Add/Deduct</u>	<u>Enter any adjustments to claim inventory.</u>
6. <u>Ending Balance</u>	<u>No entry needed. This field calculates automatically.</u>

The following table provides an example of **Schedule G, Section II** for quarter- and year-ended June 30, 20XX:

1 <u>Month Ending</u>	2 <u>Beginning Balance</u>	3 <u>Add</u>	4 <u>Deduct</u>	5 <u>Add / Deduct</u>	6 <u>Ending Balance</u>
<u>June 30, 20XX</u>	<u>103</u>	<u>5</u>	<u>4</u>	<u>-1</u>	<u>103</u>
<u>May 31, 20XX</u>	<u>102</u>	<u>5</u>	<u>4</u>		<u>103</u>
<u>April 30, 20XX</u>	<u>101</u>	<u>5</u>	<u>4</u>		<u>102</u>
<u>March 31, 20XX</u>	<u>100</u>	<u>5</u>	<u>4</u>		<u>101</u>

Schedule H – Aging of All Claims

FOR SPECIALIZED HEALTH PLANS ONLY: Specialized health plans that pay less than 25 percent of their total health care costs on a fee-for-service basis are not required to file **Schedule H**.

Age all claims on hand at the end of each month. Use **received date** to age claims. Report the expected payment amount.

- **Section I - Aging of All Claims (in Dollars)**

Age all claims on hand at the end of each month. Use **received date** to age claims. Report the expected payment amount.

For Schedule H

Column	Instructions
1. <u>Month Ending</u>	<u>Enter the month-ended date (i.e., June 30, 20XX).</u> <u>Begin with the current reporting month (i.e., for quarter-ended and year-ended June 30, 20XX, begin with month-ended June 30, 20XX).</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
2. <u>1–30 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for less than 31 days.</u>
3. <u>31–60 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for more than 30 days but less than 61 days.</u>
4. <u>61–90 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for more than 60 days but less than 91 days.</u>
5. <u>Over 90 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for more than 90 days.</u>
6. <u>Total</u>	<u>No entry needed. This field calculates automatically.</u> <u>The total dollar amount must correspond to claims payable reported in Report #1, Part B: Liabilities and Net Worth, Column 4, Lines 3 and 5. If claims payable does not correspond to Schedule H, please provide an explanation under the schedule.</u>

The following table provides an example of **Schedule H** for quarter- and year-ended June 30, 2018:

1 Month Ending	2 <u>1–30</u> Days	3 <u>31–60</u> Days	4 <u>61–90</u> Days	5 <u>Over 90</u> Days	6 Total
<u>June 30, 2018</u>	<u>\$82</u>	<u>\$9</u>	<u>\$7</u>	<u>\$2</u>	<u>\$100</u>
<u>May 31, 2018</u>	<u>\$83</u>	<u>\$18</u>	<u>\$3</u>	<u>\$3</u>	<u>\$107</u>
<u>April 30, 2018</u>	<u>\$98</u>	<u>\$9</u>	<u>\$3</u>	<u>\$1</u>	<u>\$111</u>
<u>March 31, 2018</u>	<u>\$85</u>	<u>\$14</u>	<u>\$2</u>	<u>\$1</u>	<u>\$102</u>

- Section II – Aging of All Claims (by Count)**

Age all claims on hand at the end of each month. Use **received date** to age claims.

Column	Instructions
1. Month Ending	<u>Enter the month-ended date (i.e., June 30, 20XX).</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
	<u>Begin with the current reporting month (i.e., for quarter-ended and year-ended June 30, 20XX, begin with month-ended June 30, 20XX).</u>
<u>2. 1–30 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for less than 31 days.</u>
<u>3. 31–60 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for more than 30 days but less than 61 days.</u>
<u>4. 61–90 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for more than 60 days but less than 91 days.</u>
<u>5. Over 90 Days</u>	<u>Enter the total dollar amount of claims that are in claims inventory for more than 90 days.</u>
<u>6. Total</u>	<u>No entry needed. This field calculates automatically.</u> <u>The total dollar amount must correspond to claims payable reported in Report #1, Part B: Liabilities and Net Worth, Column 4, Lines 3 and 5. If claims payable does not correspond to Schedule H, please provide an explanation under the schedule.</u>

The following chart provides an example of **Schedule H, Section II** for quarter and year ended June 30, 2015:

<u>1</u> <u>Month Ending</u>	<u>2</u> <u>1–30 Days</u>	<u>3</u> <u>31–60 Days</u>	<u>4</u> <u>61–90 Days</u>	<u>5</u> <u>Over 90 Days</u>	<u>6</u> <u>Total</u>
<u>June 30, 2018</u>	<u>100</u>	<u>10</u>	<u>5</u>	<u>1</u>	<u>116</u>
<u>May 31, 2018</u>	<u>150</u>	<u>15</u>	<u>7</u>	<u>2</u>	<u>174</u>
<u>April 30, 2018</u>	<u>125</u>	<u>13</u>	<u>2</u>	<u>0</u>	<u>140</u>
<u>March 31, 2018</u>	<u>200</u>	<u>20</u>	<u>0</u>	<u>0</u>	<u>220</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Schedule I – Analysis of Total Medical Claims Liability to Actual Claims Paid

FOR SPECIALIZED HEALTH PLANS ONLY: Specialized health plans that pay less than 25 percent of their total health care costs on a fee-for-service basis are not required to file **Schedule I**.

The purpose of this schedule is to test the entity's lag schedules and verify the accruals for total claims liability.

The reporting entity may provide an actuarial certification in lieu of **Schedule I**.

For Schedule I

Column	Instructions																																				
1. <u>Quarter Ending Date</u>	<p><u>Enter the quarter-ended date.</u></p> <p><u>Begin with the current reporting quarter (i.e., for quarter-ended and year-ended June 30, 20XX, begin with quarter-ended June 30, 20XX).</u></p>																																				
2. <u>Total Medical Claims Liability</u>	<p><u>Enter the total medical liability for claims received and not yet paid at quarter ended.</u></p> <p><u>The total medical liability reported for each quarter must tie to the quarterly ending balance on Report #1, Part B, Column 4, Lines 3 through 7. If the amounts do not correspond to Report #1, Part B, Column 4, Lines 3 through 7, please provide an explanation under the schedule.</u></p>																																				
3. <u>Amount Paid-To-Date</u>	<p><u>Enter total amount paid-to-date for medical liability claims reported at the quarter-ended.</u></p> <p><u>The following table describes how to report Column 3 for quarter- and year-ended June 30, 2018:</u></p> <table><tr><th><u>Quarter Ending</u></th><th colspan="2"><u>Amounts paid</u></th><th><u>For Dates of Service</u></th></tr><tr><th></th><th><u>From</u></th><th><u>To</u></th><th></th></tr><tr><td><u>03/31/18</u></td><td><u>04/01/18</u></td><td><u>06/30/18</u></td><td><u>03/31/18 and prior</u></td></tr><tr><td><u>12/31/17</u></td><td><u>01/01/18</u></td><td><u>06/30/18</u></td><td><u>12/31/17 and prior</u></td></tr><tr><td><u>09/30/17</u></td><td><u>10/01/17</u></td><td><u>06/30/18</u></td><td><u>09/30/17 and prior</u></td></tr><tr><td><u>06/30/17</u></td><td><u>07/01/17</u></td><td><u>06/30/18</u></td><td><u>06/30/17 and prior</u></td></tr><tr><td><u>03/31/17</u></td><td><u>04/01/17</u></td><td><u>06/30/18</u></td><td><u>03/31/17 and prior</u></td></tr><tr><td><u>12/31/16</u></td><td><u>01/01/17</u></td><td><u>06/30/18</u></td><td><u>12/31/16 and prior</u></td></tr><tr><td><u>09/30/16</u></td><td><u>10/01/16</u></td><td><u>06/30/18</u></td><td><u>09/30/16 and prior</u></td></tr></table>	<u>Quarter Ending</u>	<u>Amounts paid</u>		<u>For Dates of Service</u>		<u>From</u>	<u>To</u>		<u>03/31/18</u>	<u>04/01/18</u>	<u>06/30/18</u>	<u>03/31/18 and prior</u>	<u>12/31/17</u>	<u>01/01/18</u>	<u>06/30/18</u>	<u>12/31/17 and prior</u>	<u>09/30/17</u>	<u>10/01/17</u>	<u>06/30/18</u>	<u>09/30/17 and prior</u>	<u>06/30/17</u>	<u>07/01/17</u>	<u>06/30/18</u>	<u>06/30/17 and prior</u>	<u>03/31/17</u>	<u>04/01/17</u>	<u>06/30/18</u>	<u>03/31/17 and prior</u>	<u>12/31/16</u>	<u>01/01/17</u>	<u>06/30/18</u>	<u>12/31/16 and prior</u>	<u>09/30/16</u>	<u>10/01/16</u>	<u>06/30/18</u>	<u>09/30/16 and prior</u>
<u>Quarter Ending</u>	<u>Amounts paid</u>		<u>For Dates of Service</u>																																		
	<u>From</u>	<u>To</u>																																			
<u>03/31/18</u>	<u>04/01/18</u>	<u>06/30/18</u>	<u>03/31/18 and prior</u>																																		
<u>12/31/17</u>	<u>01/01/18</u>	<u>06/30/18</u>	<u>12/31/17 and prior</u>																																		
<u>09/30/17</u>	<u>10/01/17</u>	<u>06/30/18</u>	<u>09/30/17 and prior</u>																																		
<u>06/30/17</u>	<u>07/01/17</u>	<u>06/30/18</u>	<u>06/30/17 and prior</u>																																		
<u>03/31/17</u>	<u>04/01/17</u>	<u>06/30/18</u>	<u>03/31/17 and prior</u>																																		
<u>12/31/16</u>	<u>01/01/17</u>	<u>06/30/18</u>	<u>12/31/16 and prior</u>																																		
<u>09/30/16</u>	<u>10/01/16</u>	<u>06/30/18</u>	<u>09/30/16 and prior</u>																																		

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
4. <u>Difference</u>	<u>No entry needed. This field calculates automatically. Column 2 less Column 3.</u>
5. <u>Outstanding Liability (Based on Plan's Lag)</u>	<u>Based on the reporting entity's lag table(s), enter the amount of outstanding liability.</u>

Schedule J – Loans and Notes Payable (Including Affiliates)

List all amounts of loans and notes payable, including those to affiliates, with balances greater than five percent of gross payables. This Schedule only applies to the Annual Report.

Schedule K – Summary of Affiliate Transactions

This schedule should be prepared on an accrual basis notwithstanding the column headings. If the reporting entity and the parent, subsidiaries, or affiliates are both a payor and a recipient of amounts in any category, the net of these amounts should be reported on a single line. Amounts of transactions that result in an increase in surplus should be shown as positive amounts; transactions that result in a decrease in surplus should be reported with a "minus" sign (e.g., -5000). This Schedule only applies to the Annual Report.

For Schedule K

Column	Instructions
1. <u>Names of Health Plan's Parent, Subsidiaries and Affiliates</u>	<u>Enter name of each company and net amount of all transactions. Each company should be represented by a single line.</u>
2. <u>Shareholder Dividends</u>	<u>Include: Total amount of shareholder dividends.</u>
3. <u>Capital Contributions</u>	<u>Include: Total amount of capital contributions, including surplus notes.</u>
4. <u>Purchases, Sales, or Exchanges of Loans, Securities, Real Estate, Mortgage Loans, or Other Investments</u>	<u>Include: Total amount of purchases, sales or exchanges of loans, securities, real estate, mortgage loans, or other investments.</u>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
<u>5. Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)</u>	<p><u>Exclude:</u> <u>Contingent liabilities.</u></p> <p><u>Disclose contingent liabilities in the Notes to Financial Statements.</u></p>
<u>6. Management Agreements and Service Contracts</u>	<p><u>Include:</u> <u>All revenues/expenditures under management agreements, service contracts, etc., except for amounts that fall under one of the following options:</u></p> <ul style="list-style-type: none"> • <u>Generally Accepted Accounting Principles (GAAP) cost sharing arrangements.</u> • <u>All income tax amounts resulting from intercompany tax-sharing arrangements.</u> • <u>Contracts for services provided by the health plan or purchased by the health plan from other affiliates.</u> • <u>All compensation under agreements with affiliated brokers and reinsurance intermediaries.</u> <p><u>Exclude:</u> <u>Any amounts reportable in Column 8.</u></p>
<u>7. Income/(Disbursements) Incurred Under Reinsurance Agreements</u>	<p><u>Include:</u> <u>Experience rating refunds.</u></p> <p><u>Exclude:</u> <u>Pooling agreement amounts.</u></p> <p><u>List the pooling percentage and the name of each reinsurer in each pool in the Notes to Financial Statements.</u></p>
<u>8. Any Other Intercompany Activity not in the Ordinary Course of the Health Plan's Business</u>	<p><u>Include:</u> <u>Intercompany loans, to the extent that these loans are not repaid at the end of the year.</u></p> <p><u>Exclude:</u> <u>Transactions of a routine nature (e.g., the purchase of insurance coverage and cost allocation transactions that are based upon GAAP).</u></p>
<u>9. Description of Other Intercompany Activity</u>	<p><u>Provide a description of other intercompany activity.</u></p>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Schedule L – Analysis of Operations by Line of Business

This report provides detailed information regarding revenues and expenses, and medical liabilities by line of business. Please refer to the instructions for Report #1, Part B: Liabilities and Net Worth, and Report #2: Revenue, Expenses and Net Worth for instructions and line item descriptions for this report. **This Schedule only applies to the Annual Report.**

For Schedule L

Column	Instructions
<u>1. Total</u>	<u>The amounts reported in this Column must agree with amounts reported in Report #2, Column 1.</u>
<u>2. Large Group</u>	<p><u>Include:</u> Business that provides for medical coverage, including hospital, surgical, and major medical.</p> <p><u>Exclude:</u> Medicare (Title XVIII), Medicaid (Title XIX), POS, Dental Only, Vision Only, ASO, Administrative Services Contracts (ASC), or other non-underwritten business.</p>
<u>3. Small Group</u>	<u>Report in accordance with Article 3.1 of the Knox-Keene Act, Section 1357 “definitions.”</u>
<u>4. Individual Group</u>	<u>Report in accordance with Article 3.1 of the Knox-Keene Act, Section 1357 “definitions.”</u>
<u>5. Point-of-Service (POS)</u>	<p><u>A type of health plan allowing the covered member to choose to receive a service from participating or non-participating providers, with different benefit levels associated with the use of participating providers. See Section 1374.64 for more information on POS.</u></p> <p><u>Include:</u> Business that provides for medical coverage, including hospital, surgical, and major medical.</p> <p><u>Exclude:</u> Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), Dental Only, Vision Only, ASO, ASC, or other non-underwritten business.</p>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
<u>6. Medi-Cal Managed Care</u>	<p><u>Members enrolled under a prepaid contract between the reporting entity and the appropriate state agency administering medical assistance under a state plan approved under Title XIX of the Social Security Act where that agency agrees to pay part or all of those members' costs.</u></p> <p><u>Include:</u> <u>Business where managed care organization charges a premium and agrees to cover the full medical costs of Medicaid subscribers.</u></p> <p><u>Exclude:</u> <u>Commercial business, Medicare (Title XVIII), POS, Dental Only, Vision Only, ASO, ASC, or other non-underwritten business.</u></p>
<u>7. Medicare Advantage</u>	<p><u>CMS to provide services that are paid a pre-determined monthly amount per member based on a total estimated budget.</u></p> <p><u>Include:</u> <u>Business where the managed care organization charges a premium and agrees to cover the full medical costs of Medicare subscribers.</u></p> <p><u>Exclude:</u> <u>Commercial business, Medicaid (Title XIX), POS, Dental Only, Vision Only, ASO, ASC, or other non-underwritten business.</u></p>
<u>8. Dental</u>	<p><u>An entity providing dental coverage in addition to health coverage.</u></p> <p><u>Include:</u> <u>Policies providing for dental-only coverage issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.</u></p> <p><u>Exclude:</u> <u>Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), POS, Vision Only, ASO, ASC, or other non-underwritten business.</u></p>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
<u>9. Vision</u>	<p><u>An entity providing vision coverage in addition to health coverage provided by the health care company.</u></p> <p><u>Include:</u> <u>Policies providing for vision-only coverage issued as stand-alone vision or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.</u></p> <p><u>Exclude:</u> <u>Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), POS, Dental Only, ASO, ASC, or other non-underwritten business.</u></p>
<u>10. Plan to Plan (assuming entity)</u>	<p><u>Include capitation revenues and expenses and medical liabilities received for plan-to-plan arrangement for assuming entity.</u></p>
<u>11. Administrative Services Only (ASO)</u>	<p><u>Include:</u> <u>Business where the reporting entity provides services to a third-party self-insured group and where the reporting entity advances its own funds in payment of claims, issues its own membership card or other identifying document, and allows use of its provider networks to the members of the group.</u></p>
<u>12. Other</u>	<p><u>A company that is engaged in one or more insurance businesses other than health businesses (e.g., workers' compensation), or that maintains a corporate account that cannot be reported in Columns 2 through 9 of Schedule L, must add the amounts for each additional line of business or corporate account and enter the total in this Column. Similar action should be taken where applicable in supporting exhibits.</u></p>

Schedule M – Pass-Through Items (For Medi-Cal Managed Care Plans Only)

This schedule provides detailed information regarding pass-through items [e.g., Intergovernmental Transfer (IGT), Hospital Quality Assurance Fee (HQAF), Managed Care Organization Tax (MCO Tax), Health Insurance Provider Fee (HIPF), Enhanced Payment Processing (EPP), Quality Incentive Program (QIP), Private Hospital Directed Payment (PHDP) and AB 85 (pass-through portion)] reported on Report #1 Part A: Asset and Part B: Liabilities and Report #2: Revenue and Expenses.

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

For Schedule M - Annual Reporting Form

Column	Instructions															
<u>Pass-Through Type</u>	<p>Enter the pass-through items reported in Report #1A: Assets and Part B: Liabilities and Report #2: Revenue and Expenses.</p> <p>For examples: Intergovernmental Transfer (IGT), Hospital Quality Assurance Fee (HQAF), Managed Care Organization Tax (MCO Tax), Health Insurance Provider Fee (HIPF) and AB85 (pass-through portion).</p> <p>If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, list the name of the pass-through for each line.</p> <p>For reporting entities that use contra accounts to report pass-through items, please report the names of the pass-through for each contra account. For example, a reporting entity, that uses a contra account to report pass-through items, received \$5,000 in MCO Tax pass-through for the period. The reporting entity will report the following:</p> <table><tr><th>Report #</th><th>Passthrough Type</th><th>Line Item</th><th>Amount</th><th></th></tr><tr><td>Report # 2 Revenues</td><td>MCO Tax</td><td>5. Medicaid and Other Government/Public Sponsored Programs</td><td>5,000</td><td>Delete</td></tr><tr><td>Report # 2 Revenues</td><td>MCO Tax</td><td>5. Medicaid and Other Government/Public Sponsored Programs</td><td>-5,000</td><td>Delete</td></tr></table>	Report #	Passthrough Type	Line Item	Amount		Report # 2 Revenues	MCO Tax	5. Medicaid and Other Government/Public Sponsored Programs	5,000	Delete	Report # 2 Revenues	MCO Tax	5. Medicaid and Other Government/Public Sponsored Programs	-5,000	Delete
Report #	Passthrough Type	Line Item	Amount													
Report # 2 Revenues	MCO Tax	5. Medicaid and Other Government/Public Sponsored Programs	5,000	Delete												
Report # 2 Revenues	MCO Tax	5. Medicaid and Other Government/Public Sponsored Programs	-5,000	Delete												
<u>Line Reported</u>	<p>Enter the line number of the pass-through items reported in Report#1A: Assets and Part B: Liabilities and Report #2: Revenue and Expenses. If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, list the line numbers reported.</p>															
<u>Amount (in dollars)</u>	<p>Enter the information (in dollars). If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, enter the amount (in dollars) for each line.</p>															
<u>Year-To-Date (in dollars)</u>	<p>Enter the year-to-date information (in dollars). If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, enter the year-to-date amount (in dollars) for each line.</p>															

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
	<u>For example, if the financial statements are for the fiscal year ended December 31, 20XX, enter the information from January 1, 20XX through December 31, 20XX in this column.</u>

For Schedule M - Quarterly Reporting Form

Column	Instructions
<u>Pass-Through Type</u>	<p><u>Enter the pass-through items reported in Report #1A: Assets and Part B: Liabilities and Report #2: Revenue and Expenses.</u></p> <p><u>For examples: Intergovernmental Transfer (IGT), Hospital Quality Assurance Fee (HQAF), Managed Care Organization Tax (MCO Tax), Health Insurance Provider Fee (HIPF) and AB85 (pass-through portion).</u></p> <p><u>If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, list the name of the pass-through for each line.</u></p>
<u>Line Reported</u>	<u>Enter the line number of the pass-through items reported in Report#1A: Assets and Part B: Liabilities and Report #2 Revenue and Expenses. If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, list the line numbers reported.</u>
<u>Amount (in dollars)</u>	<u>Enter the information (in dollars). If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, enter the amount (in dollars) for each line.</u>
<u>Current Period (in dollars)</u>	<p><u>Enter the information for the current period (in dollars). If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, enter the current period amount (in dollars) for each line.</u></p> <p><u>For example, if the financial statements are for the quarter ended December 31, 20XX, enter the information (in dollars) from October 1, 20XX through December 31, 20XX. If the financial statements are for the month ended November 30, 20XX, enter the information (in dollars) from November 1, 20XX through November 30, 20XX.</u></p>

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

Column	Instructions
<u>Year-To-Date (in dollars)</u>	<p><u>Enter the year-to-date information (in dollars). If the reporting entity splits the same pass-through item (e.g., IGT) on multiple lines, enter the year-to-date amount (in dollars) for each line.</u></p> <p><u>For example, if the reporting entity has a fiscal year ended December 31 and is currently reporting for the quarter ended September 30, 20XX, enter the year-to-date information (in dollars) from January 1, 20XX through September 30, 20XX. If the financial statements are for the month ended November 30, 20XX (and the reporting entity's fiscal year ends December 31), enter the year-to-date information (in dollars) from January 1, 20XX through November 30, 20XX.</u></p>

NOTES TO FINANCIAL STATEMENTS

The reporting entity is required to include Notes to Financial Statements, prepared in accordance with generally accepted accounting principles for all its monthly, quarterly, and annual reports.

The reporting entity can upload its Notes to Financial Statements for the reporting period as an attachment to the DMHC Financial Reporting Form. After uploading the reporting entity's DMHC Financial Reporting Form, go to the Attachments tab, and attach the reporting entity's Notes to Financial Statement. Please select "Footnote Disclosures" as Document Type and type "Notes to Financial Statements" in Document Description field.

Please contact the reporting entity's assigned financial examiner, e-mail HealthPlanReporting@DMHC.CA.GOV, or call 916-255-2345 for additional instructions, if needed.

GENERAL INTERROGATORIES TABS 1-3

Please answer the questions in the General Interrogatories Tabs for the Annual Report. There are 3 separate Tabs that must be filled out. Refer to the Tabs themselves for specific instructions.

1st Comment Period – Changes noted by underline and strikeout.

2nd Comment Period – Changes noted by double underline and double strikeout.

INSTRUCTIONS FOR SUPPLEMENTAL INFORMATION FOR POS PRODUCTS, ANNUAL, QUARTERLY, AND MONTHLY REPORTING

Purpose: These supplemental tabs require disclosure of additional information specifically applicable to the Annual Report, the Quarterly Report, the Monthly Report, and Point-of-Service (POS) products. If any item is not applicable to health plan operations, then please enter “NA.” If additional room is needed, please use the overflow Tab.

A. Explanation of the Method of Calculating the Provision for Incurred and Unreported Claims

Provide a written explanation of the method of calculating the provision for incurred and unreported claims.

B. Accounts and Notes Receivable from Officers, Directors, Owners or Affiliates

Provide the name of the debtor, nature of the relationship, nature of receivable, the amount and the terms for each account and note receivable from officers, directors, owners, or affiliates for the period of the financial statements reported. The “terms” should indicate the type of settlement, such as “Settled Monthly.”

C. Donated Materials or Services Received by the Reporting Entity for the Period of the Financial Statements

Provide the donor’s name, affiliation with reporting entity, the valuation method used to value the donated materials or services, and the amount for any donated materials or services received for the period of the financial statements reported.

D. Forgiven Debt or Obligations

Provide the creditor’s name, affiliation with reporting entity, a summary of how the obligation arose, and the amount for any forgiven debt or obligations during the period of the financial statements reported.

E. Calculation of TNE and Required TNE in Accordance with Title 28, section 1300.76.

Complete all fields in TNE (2) and POS TNE (2).

The following instructions apply to the calculation of the reporting entity’s TNE:

1st Comment Period – Changes noted by underline and strikeout.

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- **Subordinated debt and related accrued interest** must be filed and approved by the Department prior to including it in the TNE calculation.

Any operating cost assistance or direct loan made to the reporting entity by CMS pursuant to Public Law 93-222, as amended, may be treated as a subordinated loan, notwithstanding any express terms thereof to the contrary. Reference to Line 14 and 15 of Report #1, Part B: Liabilities and Net Worth].

- **Unsecured affiliate receivables (both “current” and “past due”)** are excluded in calculating TNE, unless determined to be in the normal course of business and not more than 60 days past due. See Rule 1300.76(c). Reference to Line 9 and 16 of Report #1, Part A: Assets].

F. Calculation of Percentage of Administrative Costs to Revenue Obtained from Subscribers and Enrollees

Enter the required numbers to calculate the year-to-date percentage for compliance with Section 1378 and Rule 1300.78(b).

Line 22: Revenue from subscribers and enrollees equals the sum of Lines 1, 2, 3, 4, 5, 7, and 9 of the Current Period column reported in Report #2: Revenue, Expenses, and Net Worth.

Line 23: Total Administration equals Line 33 of the Current Period column reported in Report #2: Revenue, Expenses, and Net Worth.

Line 24: Percentage is calculated as Line 23 divided by Line 22.

G. Calculation of Percentage of Health Care Expenses for Noncontracting Providers – Section 1377(a)

Enter the required numbers to calculate the percentage of health care expenses for noncontracting providers to determine compliance with Section 1377 and Rule 1300.77.

Line 25: Enter the total amount of health care services incurred during the six-month period immediately preceding the date of the report, which **were or will be** paid to noncontracting providers or directly reimbursed to subscribers and enrollees.

Line 26: Enter the total medical and hospital expenses incurred during the six-month period immediately preceding the date of the report.

Line 27: Percentage is calculated as Line 25 divided by Line 26. If the percentage calculated is less than 10 percent, leave Line 29 to Line 34 blank. If

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the percentage calculated exceeds 10 percent, provide the following information for the reporting period:

Percentage of Health Care Expense for Noncontracting Providers: The amount of health care expenses incurred for noncontracting providers or direct reimbursement to subscribers and enrollees, when Line 27 exceeds 10 percent, determined as follows:

Line 28: Amount of all claims for noncontracting provider services received for reimbursement, but not processed yet.

Line 29: Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days.

Line 30: Amount of all claims for noncontracting provider services approved for reimbursement, but not yet paid.

Line 31 An estimate of the amount of claims for noncontracting provider services incurred, but not reported.

Calculation of compliance with Section 1377(a) and Rule 1300.77(b) as follows:

Line 32: Cash and cash equivalents maintained on deposit with Department in the form of a restricted deposit and assigned to the Department.

Line 33: Total liability for noncontracting provider claims equals the sum of Lines 28, 29, 30 and 31.

Line 34: Calculation of required cash and cash equivalents equals 120 percent of Line 33.

Line 35: Deposit required is equal to Line 34 and is the amount required to be restricted and assigned to the Department.

Line 36: Excess (deficient) reserves represent the difference between Line 35 and Line 32.

H. Calculation of Percentage of Premium Revenue Earned from Point-of-Service (POS) Plan Contracts

If POS product does not apply, leave Lines 37 to 47 blank.

Enter the required numbers to calculate the percentage of premium revenue earned from POS plan contracts for compliance with Section 1374.67(a) as follows:

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2nd Comment Period – Changes noted by double underline and double strikeout.

Line 37: Enter the premium revenue for POS contracts for the fiscal-quarter.

Line 38: Enter the total premium revenue earned for the fiscal-quarter.

Line 39: Percentage is calculated by dividing Line 37 by Line 38. The resulting percentage is **not** to exceed 50 percent).

I. **Calculation of Percentage of total health care expenditures incurred for enrollees for out-of-network services for POS enrollees**

Enter the required numbers to calculate the percentage of total health care expenditures incurred for enrollees for out-of-network services for POS enrollees for compliance with Section 1374.67(b) as follows:

Line 40: Enter the total health care expenditures for out-of-network services for POS enrollees for fiscal-year quarter.

Line 41: Enter the total health care expenditures for fiscal-year quarter.

Line 42: Percentage is calculated by dividing Line 40 by Line 41. The resulting percentage is **not** to exceed 20 percent.

J. **Calculation of POS Deposit Requirement – Section 1374.68(a)**

Determination of compliance with POS restricted deposit requirement of Section 1374.68(a) as follows:

Line 43: Enter the current monthly claims payable for out-of-network coverage or services provided under POS contracts.

Line 44: Enter the current monthly incurred but not reported claims balance for out-of-network coverage or services provided under POS contracts.

Line 45: Subtotal of Line 43 and Line 44.

Line 46: Line 45 multiplied by 120 percent.

Line 47: Enter the greater of Line 46 or \$200,000. The amount represents the deposit to be restricted and assigned to the Department pursuant to Section 1374.68(a).

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2nd Comment Period: Changes to text noted by double underline and double ~~strikeout~~; Changes to forms noted by double underline and single ~~strikeout~~.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY DMHC FINANCIAL REPORTING FORM (Form No. 10-070)

<u>1.</u>	<u>For the Month Ending:</u>	
<u>2.</u>	<u>Health Plan Name:</u>	
<u>3.</u>	<u>DMHC Health Plan ID:</u>	
<u>4.</u>	<u>Are dollar amounts reported in thousands (000)? Please enter Yes or No.</u>	
<u>5.</u>	<u>Is this a Full Service Health Plan? Please enter Yes or No.</u>	
<u>6.</u>	<u>Type of Health Plan:</u>	
<u>7.</u>	<u>Notes:</u>	

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 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

REPORT #1, PART A: ASSETS

<u>1</u>			<u>2</u>
	<u>A</u>	<u>B</u>	
<u>CURRENT ASSETS:</u>	<u>Included</u>	<u>Excluded</u>	<u>Current Period</u>
1. <u>Cash and Cash Equivalents</u>			<u>0</u>
2. <u>Short-Term Investments</u>			<u>0</u>
3. <u>Premiums Receivable - Net</u>			<u>0</u>
4. <u>Interest Receivable</u>			<u>0</u>
5. <u>Shared Risk Receivables - Net</u>			<u>0</u>
6. <u>Other Health Care Receivables - Net</u>			<u>0</u>
7. <u>Prepaid Expenses</u>			<u>0</u>
8. <u>Secured Affiliate Receivables - Current</u>			<u>0</u>
9. <u>Unsecured Affiliate Receivables - Current</u>			<u>0</u>
10. <u>Aggregate Write-Ins for Current Assets</u>	<u>0</u>	<u>0</u>	<u>0</u>
11. <u>TOTAL CURRENT ASSETS (LINES 1 TO 10)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>OTHER ASSETS:</u>			
12. <u>Restricted Assets</u>			<u>0</u>
13. <u>Long-Term Investments</u>			<u>0</u>
14. <u>Intangible Assets and Goodwill - Net</u>	<u>0</u>		<u>0</u>
15. <u>Secured Affiliate Receivables - Long-Term</u>			<u>0</u>
16. <u>Unsecured Affiliate Receivables - Long-Term</u>	<u>0</u>		<u>0</u>
17. <u>Aggregate Write-Ins for Other Assets</u>	<u>0</u>	<u>0</u>	<u>0</u>
18. <u>TOTAL OTHER ASSETS (LINES 12 TO 17)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PROPERTY AND EQUIPMENT</u>			
19. <u>Land, Building and Improvements</u>			<u>0</u>
20. <u>Furniture and Equipment - Net</u>			<u>0</u>
21. <u>Computer Equipment - Net</u>			<u>0</u>
22. <u>Leasehold Improvements - Net</u>			<u>0</u>
23. <u>Construction in Progress</u>			<u>0</u>
24. <u>Software Development Costs</u>			<u>0</u>
25. <u>Aggregate Write-Ins for Other Equipment</u>	<u>0</u>	<u>0</u>	<u>0</u>
26. <u>TOTAL PROPERTY AND EQUIPMENT (LINES 19 TO 25)</u>	<u>0</u>	<u>0</u>	<u>0</u>
27. <u>TOTAL ASSETS (LINE 11 PLUS LINE 18 PLUS LINE 26)</u>	<u>0</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and single strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR CURRENT ASSETS (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>1001.</u>			
<u>1002.</u>			
<u>1003.</u>			
<u>1004.</u>			
<u>1005.</u>			
<u>1006.</u>			
<u>1007.</u>			
<u>1008.</u>			
<u>1009.</u>			
<u>1010.</u>			
<u>1011.</u>			
<u>1012.</u>			
<u>1013.</u>			
<u>1014.</u>			
<u>1015.</u>			
<u>1016.</u>			
<u>1017.</u>			
<u>1018.</u>			
<u>1019.</u>			
<u>1020.</u>			
<u>1021.</u>			
<u>1022.</u>			
<u>1023.</u>			
<u>1024.</u>			
<u>1025.</u>			
<u>1026.</u>			
<u>1027.</u>			
<u>1028.</u>			
<u>1029.</u>			
<u>1030.</u>	<u>Summary of remaining write-ins for Line 10 from overflow</u> <u>page</u>		
<u>1031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and single strikeouts.
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 Changes to forms noted by double underline and single strikeouts.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 17 FOR OTHER ASSETS (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>1701.</u>			
<u>1702.</u>			
<u>1703.</u>			
<u>1704.</u>			
<u>1705.</u>			
<u>1706.</u>			
<u>1707.</u>			
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<u>1724.</u>			
<u>1725.</u>			
<u>1726.</u>			
<u>1727.</u>			
<u>1728.</u>			
<u>1729.</u>			
<u>1730.</u>	<u>Summary of remaining write-ins for Line 17 from overflow page</u>		
<u>1731.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 25 FOR OTHER EQUIPMENT (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>2501.</u>			
<u>2502.</u>			
<u>2503.</u>			
<u>2504.</u>			
<u>2505.</u>			
<u>2506.</u>			
<u>2507.</u>			
<u>2508.</u>			
<u>2509.</u>			
<u>2510.</u>			
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<u>2525.</u>			
<u>2526.</u>			
<u>2527.</u>			
<u>2528.</u>			
<u>2529.</u>			
<u>2530.</u>	<u>Summary of remaining write-ins for Line 25 from overflow page</u>		
<u>2531.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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MONTHLY REPORT (Form No. 10-070)

REPORT #1, PART B: LIABILITIES AND NET WORTH

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Current Period</u>		
	<u>Contracting</u>	<u>Noncontracting</u>	<u>Total</u>
<u>CURRENT LIABILITIES:</u>			
1. <u>Trade Accounts Payable</u>		0	0
2. <u>Capitation Payable</u>		0	0
3. <u>Claims Payable</u>			0
4. <u>Incurred But Not Reported Claims</u>			0
5. <u>Point-of-Service Claims Payable</u>			0
6. <u>Point-of-Service Incurred But Not Reported Claims</u>			0
7. <u>Other Medical Liability</u>			0
8. <u>Unearned Premiums</u>		0	0
9. <u>Loans and Notes Payable</u>		0	0
10. <u>Amounts Due To Affiliates - Current</u>		0	0
11. <u>Aggregate Write-Ins for Current Liabilities</u>	0	0	0
12. <u>TOTAL CURRENT LIABILITIES (LINES 1 TO 11)</u>	0	0	0
<u>OTHER LIABILITIES:</u>			
13. <u>Loans and Notes Payable - Not Subordinated</u>		0	0
14. <u>Loans and Notes Payable - Subordinated</u>		0	0
15. <u>Accrued Subordinated Interest Payable</u>		0	0
16. <u>Amounts Due To Affiliates - Long Term</u>		0	0
17. <u>Aggregate Write-Ins for Other Liabilities</u>	0	0	0
18. <u>TOTAL OTHER LIABILITIES (LINES 13 TO 17)</u>	0	0	0
19. <u>TOTAL LIABILITIES (LINE 12 PLUS LINE 18)</u>	0	0	0
<u>NET WORTH</u>			
20. <u>Common Stock</u>	0	0	
21. <u>Preferred Stock</u>	0	0	
22. <u>Paid In Surplus</u>	0	0	
23. <u>Contributed Capital</u>	0	0	
24. <u>Accumulated Other Comprehensive Income</u>	0	0	
25. <u>Retained Earnings (Deficit)/Fund Balance</u>	0	0	
26. <u>Aggregate Write-Ins for Other Net Worth Items</u>	0	0	0
27. <u>TOTAL NET WORTH (LINES 20 TO 26)</u>			0
28. <u>TOTAL LIABILITIES AND NET WORTH (LINE 19 PLUS LINE 27)</u>			0

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout:
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR CURRENT LIABILITIES (1B - LIABILITIES AND NET WORTH)</u>	<u>Contracting</u>	<u>Noncontracting</u>
<u>1101.</u>			
<u>1102.</u>			
<u>1103.</u>			
<u>1104.</u>			
<u>1105.</u>			
<u>1106.</u>			
<u>1107.</u>			
<u>1108.</u>			
<u>1109.</u>			
<u>1110.</u>			
<u>1111.</u>			
<u>1112.</u>			
<u>1113.</u>			
<u>1114.</u>			
<u>1115.</u>			
<u>1116.</u>			
<u>1117.</u>			
<u>1118.</u>			
<u>1119.</u>			
<u>1120.</u>			
<u>1121.</u>			
<u>1122.</u>			
<u>1123.</u>			
<u>1124.</u>			
<u>1125.</u>			
<u>1126.</u>			
<u>1127.</u>			
<u>1128.</u>			
<u>1129.</u>			
<u>1130.</u>	<u>Summary of remaining write-ins for Line 11 from overflow page</u>		
<u>1131.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout:
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 17 FOR OTHER LIABILITIES (1B - LIABILITIES AND NET WORTH)</u>	<u>Contracting</u>	<u>Noncontracting</u>
<u>1701.</u>			
<u>1702.</u>			
<u>1703.</u>			
<u>1704.</u>			
<u>1705.</u>			
<u>1706.</u>			
<u>1707.</u>			
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<u>1713.</u>			
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<u>1722.</u>			
<u>1723.</u>			
<u>1724.</u>			
<u>1725.</u>			
<u>1726.</u>			
<u>1727.</u>			
<u>1728.</u>			
<u>1729.</u>			
<u>1730.</u>	Summary of remaining write-ins for Line 17 from overflow page		
<u>1731.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout:
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 26 FOR OTHER NET WORTH ITEMS</u>	<u>Total</u>
<u>2601.</u>		
<u>2602.</u>		
<u>2603.</u>		
<u>2604.</u>		
<u>2605.</u>		
<u>2606.</u>		
<u>2607.</u>		
<u>2608.</u>		
<u>2609.</u>		
<u>2610.</u>		
<u>2611.</u>		
<u>2612.</u>		
<u>2613.</u>		
<u>2614.</u>		
<u>2615.</u>		
<u>2616.</u>		
<u>2617.</u>		
<u>2618.</u>		
<u>2619.</u>		
<u>2620.</u>		
<u>2621.</u>		
<u>2622.</u>		
<u>2623.</u>		
<u>2624.</u>		
<u>2625.</u>		
<u>2626.</u>		
<u>2627.</u>		
<u>2628.</u>		
<u>2629.</u>		
<u>2630.</u>	<u>Summary of remaining write-ins for Line 26 from overflow page</u>	
<u>2631.</u>	<u>Total</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout;
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)		
REPORT #2: REVENUE, EXPENSES AND NET WORTH		
	<u>1</u> Current Period	<u>2</u> Year-To-Date
REVENUES:		
1. <u>Premiums - Commercial</u>		
2. <u>Capitation</u>		
3. <u>Copayments, COB, Subrogation</u>		
4. <u>Medicare Advantage (Title XVIII)</u>		
5. <u>Medi-Cal Managed Care (Title XIX - Medicaid)</u>		
6. <u>Fee-for-Service</u>		
7. <u>Point-of-Service</u>		
8. <u>Interest</u>		
9. <u>Risk Pool</u>		
10. <u>Aggregate Write-Ins for Other Income and Revenues</u>	0	0
11. <u>TOTAL REVENUE (LINES 1 TO 10)</u>	0	0
EXPENSES:		
Medical and Hospital		
12. <u>Inpatient Services - Capitated</u>		
13. <u>Inpatient Services - Per Diem/Managed Hospital Expenses</u>		
14. <u>Inpatient Services - Fee-for-Service/Case Rate</u>		
15. <u>Primary Professional Services - Capitated</u>		
16. <u>Primary Professional Services - Non-Capitated</u>		
17. <u>Other Medical Professional Services - Capitated</u>		
18. <u>Other Medical Professional Services - Non-Capitated</u>		
19. <u>Noncontracted Emergency Room and Out-of-Area Expense, not including Point-of-Service</u>		
20. <u>Point-of-Service Out-of-Network Expense</u>		
21. <u>Pharmacy Expense - Capitated</u>		
22. <u>Pharmacy Expense - Fee-for-Service</u>		
23. <u>Aggregate Write-Ins for Other Capitated Medical and Hospital Expenses</u>	0	0
24. <u>Aggregate Write-Ins for Other Non-Capitated Medical and Hospital Expenses</u>	0	0
25. <u>TOTAL MEDICAL AND HOSPITAL (LINES 12 TO 24)</u>	0	0
Administration		
26. <u>Compensation</u>		
27. <u>Interest Expense</u>		
28. <u>Occupancy, Depreciation and Amortization</u>		
29. <u>Management Fees</u>		
30. <u>Marketing</u>		
31. <u>Affiliate Administration Services</u>		
32. <u>Aggregate Write-Ins for Other Administration</u>	0	0
33. <u>TOTAL ADMINISTRATION (LINES 26 TO 32)</u>	0	0
34. <u>TOTAL EXPENSES (LINE 25 PLUS LINE 33)</u>	0	0
35. <u>INCOME (LOSS) (LINE 11 MINUS LINE 34)</u>	0	0
36. <u>Unusual or Infrequently Occurring Item(s)</u>		
37. <u>Provision for Taxes</u>		
38. <u>NET INCOME (LOSS) (LINE 35 PLUS LINE 36 MINUS LINE 37)</u>	0	0
39. <u>Other Comprehensive Income (Loss) After Tax</u>	0	0
40. <u>TOTAL COMPREHENSIVE INCOME (LOSS) AFTER TAX</u>	0	0
41. <u>Net Worth Beginning of Period</u>		
42. <u>Audit Adjustments</u>		
43. <u>Increase (Decrease) in Common Stock</u>		
44. <u>Increase (Decrease) in Preferred Stock</u>		
45. <u>Increase (Decrease) in Paid in Surplus</u>		
46. <u>Increase (Decrease) in Contributed Capital</u>		
47. <u>Increase (Decrease) in Retained Earnings</u>		
48. <u>Total Comprehensive Income (Loss) After Tax</u>	0	0
49. <u>Dividends to Stockholders</u>		
50. <u>Aggregate Write-Ins for Changes in Retained Earnings</u>	0	0
51. <u>Aggregate Write-Ins for Changes in Other Net Worth Items</u>	0	0
52. <u>NET WORTH END OF PERIOD (LINES 41 TO 51)</u>	0	0

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR OTHER INCOME AND REVENUES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>1001.</u>			
<u>1002.</u>			
<u>1003.</u>			
<u>1004.</u>			
<u>1005.</u>			
<u>1006.</u>			
<u>1007.</u>			
<u>1008.</u>			
<u>1009.</u>			
<u>1010.</u>			
<u>1011.</u>			
<u>1012.</u>			
<u>1013.</u>			
<u>1014.</u>			
<u>1015.</u>			
<u>1016.</u>			
<u>1017.</u>			
<u>1018.</u>			
<u>1019.</u>			
<u>1020.</u>			
<u>1021.</u>			
<u>1022.</u>			
<u>1023.</u>			
<u>1024.</u>			
<u>1025.</u>			
<u>1026.</u>			
<u>1027.</u>			
<u>1028.</u>			
<u>1029.</u>			
<u>1030.</u>	<u>Summary of remaining write-ins for Line 10 from overflow page</u>		
<u>1031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 23 FOR OTHER CAPITATED MEDICAL AND HOSPITAL EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>2301.</u>			
<u>2302.</u>			
<u>2303.</u>			
<u>2304.</u>			
<u>2305.</u>			
<u>2306.</u>			
<u>2307.</u>			
<u>2308.</u>			
<u>2309.</u>			
<u>2310.</u>			
<u>2311.</u>			
<u>2312.</u>			
<u>2313.</u>			
<u>2314.</u>			
<u>2315.</u>			
<u>2316.</u>			
<u>2317.</u>			
<u>2318.</u>			
<u>2319.</u>			
<u>2320.</u>			
<u>2321.</u>			
<u>2322.</u>			
<u>2323.</u>			
<u>2324.</u>			
<u>2325.</u>			
<u>2326.</u>			
<u>2327.</u>			
<u>2328.</u>			
<u>2329.</u>			
<u>2330.</u>	<u>Summary of remaining write-ins for Line 23 from overflow page</u>		
<u>2331.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 24 FOR OTHER NON-CAPITATED MEDICAL AND HOSPITAL EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>2401.</u>			
<u>2402.</u>			
<u>2403.</u>			
<u>2404.</u>			
<u>2405.</u>			
<u>2406.</u>			
<u>2407.</u>			
<u>2408.</u>			
<u>2409.</u>			
<u>2410.</u>			
<u>2411.</u>			
<u>2412.</u>			
<u>2413.</u>			
<u>2414.</u>			
<u>2415.</u>			
<u>2416.</u>			
<u>2417.</u>			
<u>2418.</u>			
<u>2419.</u>			
<u>2420.</u>			
<u>2421.</u>			
<u>2422.</u>			
<u>2423.</u>			
<u>2424.</u>			
<u>2425.</u>			
<u>2426.</u>			
<u>2427.</u>			
<u>2428.</u>			
<u>2429.</u>			
<u>2430.</u>	<u>Summary of remaining write-ins for Line 24 from overflow page</u>		
<u>2431.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 32 FOR OTHER ADMINISTRATIVE EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>3201.</u>			
<u>3202.</u>			
<u>3203.</u>			
<u>3204.</u>			
<u>3205.</u>			
<u>3206.</u>			
<u>3207.</u>			
<u>3208.</u>			
<u>3209.</u>			
<u>3210.</u>			
<u>3211.</u>			
<u>3212.</u>			
<u>3213.</u>			
<u>3214.</u>			
<u>3215.</u>			
<u>3216.</u>			
<u>3217.</u>			
<u>3218.</u>			
<u>3219.</u>			
<u>3220.</u>			
<u>3221.</u>			
<u>3222.</u>			
<u>3223.</u>			
<u>3224.</u>			
<u>3225.</u>			
<u>3226.</u>			
<u>3227.</u>			
<u>3228.</u>			
<u>3229.</u>			
<u>3230.</u>	<u>Summary of remaining write-ins for Line 32 from overflow page</u>		
<u>3231.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF OTHER COMPREHENSIVE INCOME (LOSS) AFTER TAX</u> <u>AT LINE 39 (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>3901.</u>			
<u>3902.</u>			
<u>3903.</u>			
<u>3904.</u>			
<u>3905.</u>			
<u>3906.</u>			
<u>3907.</u>			
<u>3908.</u>			
<u>3909.</u>			
<u>3910.</u>			
<u>3911.</u>			
<u>3912.</u>			
<u>3913.</u>			
<u>3914.</u>			
<u>3915.</u>			
<u>3916.</u>			
<u>3917.</u>			
<u>3918.</u>			
<u>3919.</u>			
<u>3920.</u>			
<u>3921.</u>			
<u>3922.</u>			
<u>3923.</u>			
<u>3924.</u>			
<u>3925.</u>			
<u>3926.</u>			
<u>3927.</u>			
<u>3928.</u>			
<u>3929.</u>			
<u>3930.</u>	<u>Summary of remaining write-ins for Line 39 from overflow page</u>		
<u>3931.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 50 FOR CHANGES IN RETAINED EARNINGS (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>5001.</u>			
<u>5002.</u>			
<u>5003.</u>			
<u>5004.</u>			
<u>5005.</u>			
<u>5006.</u>			
<u>5007.</u>			
<u>5008.</u>			
<u>5009.</u>			
<u>5010.</u>			
<u>5011.</u>			
<u>5012.</u>			
<u>5013.</u>			
<u>5014.</u>			
<u>5015.</u>			
<u>5016.</u>			
<u>5017.</u>			
<u>5018.</u>			
<u>5019.</u>			
<u>5020.</u>			
<u>5021.</u>			
<u>5022.</u>			
<u>5023.</u>			
<u>5024.</u>			
<u>5025.</u>			
<u>5026.</u>			
<u>5027.</u>			
<u>5028.</u>			
<u>5029.</u>			
<u>5030.</u>	<u>Summary of remaining write-ins for Line 50 from overflow page</u>		
<u>5031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 51 FOR CHANGES OF OTHER NET WORTH ITEMS (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>5101.</u>			
<u>5102.</u>			
<u>5103.</u>			
<u>5104.</u>			
<u>5105.</u>			
<u>5106.</u>			
<u>5107.</u>			
<u>5108.</u>			
<u>5109.</u>			
<u>5110.</u>			
<u>5111.</u>			
<u>5112.</u>			
<u>5113.</u>			
<u>5114.</u>			
<u>5115.</u>			
<u>5116.</u>			
<u>5117.</u>			
<u>5118.</u>			
<u>5119.</u>			
<u>5120.</u>			
<u>5121.</u>			
<u>5122.</u>			
<u>5123.</u>			
<u>5124.</u>			
<u>5125.</u>			
<u>5126.</u>			
<u>5127.</u>			
<u>5128.</u>			
<u>5129.</u>			
<u>5130.</u>	<u>Summary of remaining write-ins for Line 51 from overflow page</u>		
<u>5131.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout;
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)		
REPORT #3: STATEMENT OF CASH FLOWS		
<u>1</u>	<u>2</u>	<u>3</u>
	<u>Current Period</u>	<u>Year-To-Date</u>
<u>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</u>		
<u>1. Group/Individual Premiums/Capitation</u>		
<u>2. Copayments, COB and Subrogation</u>		
<u>3. Medicare Advantage (Title XVIII)</u>		
<u>4. Medi-Cal Managed Care (Title XIX - Medicaid)</u>		
<u>5. Fee-for-Service</u>		
<u>6. Investment and Other Income and Revenues</u>		
<u>7. Medical and Hospital Expenses</u>		
<u>8. Administration Expenses</u>		
<u>9. Federal Income Taxes Paid</u>		
<u>10. Interest Paid</u>		
<u>11. NET CASH PROVIDED BY OPERATING ACTIVITIES (LINES 1 TO 10)</u>	<u>0</u>	<u>0</u>
<u>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</u>		
<u>12. Proceeds from Restricted Cash and Other Assets</u>		
<u>13. Proceeds from Investments</u>		
<u>14. Proceeds for Sales of Property, Plant and Equipment</u>		
<u>15. Payments for Restricted Cash and Other Assets</u>		
<u>16. Payments for Investments</u>		
<u>17. Payments for Property, Plant and Equipment</u>		
<u>18. NET CASH PROVIDED BY INVESTING ACTIVITIES (LINES 12 TO 17)</u>	<u>0</u>	<u>0</u>
<u>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</u>		
<u>19. Proceeds from Paid in Capital or Issuance of Stock</u>		
<u>20. Loan Proceeds from Non-Affiliates</u>		
<u>21. Loan Proceeds from Affiliates</u>		
<u>22. Principal Payments on Loans from Non-Affiliates</u>		
<u>23. Principal Payments on Loans from Affiliates</u>		
<u>24. Dividends Paid</u>		
<u>25. Aggregate Write-Ins for Cash Provided by Financing Activities</u>	<u>0</u>	<u>0</u>
<u>26. NET CASH PROVIDED BY FINANCING ACTIVITIES (LINES 19 TO 25)</u>	<u>0</u>	<u>0</u>
<u>27. NET INCREASE (DECREASE) IN CASH, CASH EQUIVALENTS AND RESTRICTED CASH (LINES 11, 18 & 26)</u>	<u>0</u>	<u>0</u>
<u>28. CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT BEGINNING OF THE MONTH</u>		
<u>29. CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT END OF THE MONTH</u>	<u>0</u>	<u>0</u>
<u>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</u>		
<u>30. Net Income</u>	<u>0</u>	<u>0</u>
<u>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</u>		
<u>31. Depreciation and Amortization</u>		
<u>32. Decrease (Increase) in Receivables</u>		
<u>33. Decrease (Increase) in Prepaid Expenses</u>		
<u>34. Decrease (Increase) in Affiliate Receivables</u>		
<u>35. Increase (Decrease) in Accounts Payable</u>		
<u>36. Increase (Decrease) in Claims Payable and Shared Risk Pool</u>		
<u>37. Increase (Decrease) in Unearned Premium</u>		
<u>38. Aggregate Write-Ins for Adjustments to Net Income</u>	<u>0</u>	<u>0</u>
<u>39. TOTAL ADJUSTMENTS (LINES 31 TO 38)</u>	<u>0</u>	<u>0</u>
<u>40. NET CASH PROVIDED BY OPERATING ACTIVITIES (LINE 30 PLUS LINE 39)</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
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Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES (3 - CASH FLOWS)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>2501.</u>			
<u>2502.</u>			
<u>2503.</u>			
<u>2504.</u>			
<u>2505.</u>			
<u>2506.</u>			
<u>2507.</u>			
<u>2508.</u>			
<u>2509.</u>			
<u>2510.</u>			
<u>2511.</u>			
<u>2512.</u>			
<u>2513.</u>			
<u>2514.</u>			
<u>2515.</u>			
<u>2516.</u>			
<u>2517.</u>			
<u>2518.</u>			
<u>2519.</u>			
<u>2520.</u>			
<u>2521.</u>			
<u>2522.</u>			
<u>2523.</u>			
<u>2524.</u>			
<u>2525.</u>			
<u>2526.</u>			
<u>2527.</u>			
<u>2528.</u>			
<u>2529.</u>			
<u>2530.</u>	<u>Summary of remaining write-ins for Line 25 from overflow page</u>		
<u>2531.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout;
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 38 FOR ADJUSTMENTS TO NET INCOME (3 - CASH FLOWS)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>3801.</u>			
<u>3802.</u>			
<u>3803.</u>			
<u>3804.</u>			
<u>3805.</u>			
<u>3806.</u>			
<u>3807.</u>			
<u>3808.</u>			
<u>3809.</u>			
<u>3810.</u>			
<u>3811.</u>			
<u>3812.</u>			
<u>3813.</u>			
<u>3814.</u>			
<u>3815.</u>			
<u>3816.</u>			
<u>3817.</u>			
<u>3818.</u>			
<u>3819.</u>			
<u>3820.</u>			
<u>3821.</u>			
<u>3822.</u>			
<u>3823.</u>			
<u>3824.</u>			
<u>3825.</u>			
<u>3826.</u>			
<u>3827.</u>			
<u>3828.</u>			
<u>3829.</u>			
<u>3830.</u>	<u>Summary of remaining write-ins for Line 38 from overflow page</u>		
<u>3831.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and ~~strikeout~~.
2nd Comment Period: Changes to text noted by double underline and ~~double strikeout~~;
Changes to forms noted by double underline and single strikeout.

MONTHLY REPORT (Form No. 10-070)

REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Total Enrollees At End of Previous Period	Additions During Period	Terminations During Period	Total Enrollees at End of Period	On Exchange Enrollees (also included in Column 5)	Off Exchange Enrollees (also included in Column 5)	Grandfathered Enrollees (also included in Column 5)	Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period - Physicians	Total Member Ambulatory Encounters for Period - Non- Physicians	Total Member Ambulatory Encounters for Period	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay
1.	HMO Individual				0							0		0	
2.	HMO Small Group				0							0		0	
3.	HMO Large Group				0							0		0	
4.	POS Individual				0							0		0	
5.	POS Small Group				0							0		0	
6.	POS Large Group				0							0		0	
7.	PPO Individual				0							0		0	
8.	PPO Small Group				0							0		0	
9.	PPO Large Group				0							0		0	
10.	EPO Individual				0							0		0	
11.	EPO Small Group				0							0		0	
12.	EPO Large Group				0							0		0	
13.	Medi-Cal Managed Care				0							0		0	
14.	Medicare Advantage				0							0		0	
15.	Medicare Fee-for-Service				0							0		0	
16.	Medicare Supplement				0							0		0	
17.	Administrative Service Only (ASO)				0	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A
18.	Aggregate Contracted from Other Plans	0	0	0	0	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A
19.	Aggregate Other Source of Enrollment	0	0	0	0	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A
20.	Total Membership	0	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A

Changes to forms noted by double underline and single strikeout.

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MONTHLY REPORT (Form No. 10-070)

DETAILS OF OTHER SOURCE OF ENROLLMENT AT LINE 19

[illegible]

Changes to forms noted by double underline and single strikeout.

Report #5: Enrollment by Product and by County

[illegible]

Note: Total Membership should tie to Report #4 Enrollment and Utilization Table

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MONTHLY REPORT (Form No. 10-070)

<div>1</div> <div>NOTES TO FINANCIAL STATEMENTS</div> <div>The reporting entity can upload its Notes to Financial Statements for the reporting period as an attachment to the DMHC Financial Reporting Form. After uploading the reporting entity's DMHC Financial Reporting Form, go to the Attachments tab, and attach the reporting entity's prepared Notes to Financial Statement. Please select "Footnote Disclosures" as Document Type and type "Notes to Financial Statements" in Document Description field.</div> <div>Please contact the reporting entity's assigned financial examiner, e-mail HealthPlanReporting@DMHC.CA.GOV, or call 916-255-2345 for additional instructions, if needed.</div>	
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MONTHLY REPORT (Form No. 10-070)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	Name of Debtor	Nature of Relationship	Nature of Receivable	Amount	Terms
2.					
3.					
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	Donor's Name	Affiliation with Reporting Entity	Valuation Method	Amount	
7.					
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	Creditor's Name	Affiliation with Reporting Entity	Summary of How Obligation Arose	Amount	
12.					
13.					
14.					
15.					

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MONTHLY REPORT (Form No. 10-070)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

E.	<u>Calculation of Tangible Net Equity (TNE) and Required TNE - Rule 1300.76 and Section 1374.64:</u>	
16.	<u>Net Equity</u>	\$ <u>0</u>
17.	<u>Add: Subordinated Debt and Accrued Subordinated Interest</u>	\$ <u>0</u>
18.	<u>Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles</u>	\$ <u>0</u>
19.	<u>TNE</u>	\$ <u>0</u>
20.	<u>Required TNE</u> (The greater of required TNE pursuant to Section 1374.64 or Rule 1300.76)	\$ <u>50,000</u>
	<u>Required TNE pursuant to Section 1374.64</u>	\$ <u>0</u>
	<u>Required TNE pursuant to Rule 1300.76</u>	\$ <u>50,000</u>
21.	<u>TNE Excess (Deficiency)</u>	\$ <u>-50,000</u>
F.	<u>Calculation of Percentage of administrative costs to revenue obtained from subscribers and enrollees - Rule 1300.78(b):</u>	
22.	<u>Revenue from subscribers and enrollees</u>	\$ <u>0</u>
23.	<u>Administrative Costs</u>	\$ <u>0</u>
24.	<u>Percentage</u>	<u>0.00</u>
G.	<u>Calculation of Percentage of Health Care Expenses for Noncontracting Providers - Section 1377(a):</u>	
25.	<u>The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees</u>	\$ <div></div>
26.	<u>Total costs for health care services for the immediately preceding six months</u>	\$ <div></div>
27.	<u>Percentage</u>	<u>0.00</u>
	<u>If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10 percent of the total costs for health care services for the immediately preceding six months, the following information, determined as the date of the reports shall be provided.</u>	
28.	<u>Amount of all claims for noncontracting provider services received for reimbursement but not yet processed</u>	\$ <div></div>
29.	<u>Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days</u>	\$ <div></div>
30.	<u>Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid</u>	\$ <div></div>
31.	<u>An estimate of the amount of claims for noncontracting provider services incurred, but not reported</u>	\$ <div></div>
	<u>Determination of compliance with Section 1377(a) as determined in accordance with such section, as follows:</u>	
32.	<u>Cash and cash equivalents maintained on deposit with Department in the form of a restricted deposit and assigned to the Department</u>	\$ <div></div>
33.	<u>Noncontracting provider claims (aggregate of total of items 28 - 31 above)</u>	\$ <u>0</u>
34.	<u>Cash and cash equivalents reported to be maintained (120 percent x Line 33)</u>	\$ <u>0</u>
35.	<u>Deposit required (100 percent of Line 34)</u>	\$ <u>0</u>
36.	<u>Excess (deficient) reserves (Line 32 - Line 35)</u>	\$ <u>0</u>
H.	<u>Calculation of Percentage of Premium Revenue Earned from Point-of-Service (POS) Plan Contracts:</u>	
37.	<u>Premium revenue earned from POS plan contracts</u>	\$ <div></div>
38.	<u>Total premium revenue earned</u>	\$ <div></div>
39.	<u>Percentage</u>	<u>0</u>
I.	<u>Calculation of Percentage of Total Health Care Expenditures Incurred for Enrollees for Out-of-Network Services for POS Enrollees:</u>	
40.	<u>Health care expenditures for out-of-network services for POS enrollees</u>	\$ <div></div>
41.	<u>Total health care expenditures</u>	\$ <div></div>
42.	<u>Percentage</u>	<u>0</u>
J.	<u>Calculation of POS Deposit Requirement - Section 1374.68(a)</u>	
	<u>Determination of compliance with Section 1374.68(a) POS restricted deposit requirement as follows:</u>	
43.	<u>Current Monthly Claims Payable for out-of-network coverage or services provided under POS Contracts</u>	\$ <div></div>
44.	<u>Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under POS contracts</u>	\$ <div></div>
45.	<u>Total</u>	\$ <u>0</u>
46.	<u>Line 45 x 120 percent</u>	\$ <u>0</u>
47.	<u>Required Section 1374.68(a) Deposit (Greater of Line 46 or minimum of \$200,000)</u>	\$ <div></div>

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MONTHLY REPORT (Form No. 10-070)

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:
TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans		Specialized Plans	
	1		2
A. Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:		REVENUES:	
1. 1, 2, 4, 5, 7, 9 from Income Statement)	\$ 0	2, 4, 5, 7, 9 from Income Statement)	\$ 0
Plus		Plus	
2. 1 percent of annualized premium revenues in excess of \$150 million	\$ 0	1 percent of annualized premium revenues in excess of \$7.5 million	\$ 0
3. Total	\$ 0	Total	\$ 0
C. HEALTHCARE EXPENDITURES:		HEALTHCARE EXPENDITURES:	
4. 8 percent of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 20, 22, 24 from Income Statement).	\$ 0	8 percent of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 20, 22, 24 from Income Statement).	\$ 0
Plus		Plus	
5. million except those paid on a capitated or managed hospital payment	\$ 0	million except those paid on a capitated or managed hospital payment	\$ 0
Plus		Plus	
6. hospital payment basis (line 13 from Income Statement).	\$ 0	hospital payment basis (line 13 from Income Statement).	\$ 0
7. Total	\$ 0	Total	\$ 0
8. Required "TNE" - Greater of "A" "B" or "C"	\$ 0	Required "TNE" - Greater of "A" "B" or "C"	\$ 50,000

CALCULATION OF ANNUALIZED REVENUES AND HEALTHCARE EXPENDITURES:

	Annualized	Current Month	Another Month in current QTR	Another Month in current QTR	1st Prior QTR	2nd Prior QTR	3 Prior QTR	
Annualized premium revenues	0	0	0	0				Note 1
Annualized healthcare expenditures, except those paid on a capitated or managed hospital basis	0	0	0	0				Note 2
Annualized per diem hospital expenditures	0	0	0	0				Note 3

Note:
To derive Annualized Revenues and Expenditures, please enter information from your previous quarterly financial statements filed with the Department.
The table will use the current month multiply by 3 to calculate the current quarter for you.

- (1) Enter prior quarter 2-Income, Line 1 + Line 2 + Line 4 + Line 5 + Line 7 + Line 9
- (2) Enter prior quarter 2-Income, Line 14 + Line 16 + Line 18 + Line 19 + Line 20 + Line 22 + Line 24
- (3) Enter prior quarter 2-Income, Line 13

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MONTHLY REPORT (Form No. 10-070)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

POINT-OF-SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY (TNE) CALCULATION

Calculation of TNE and required TNE in accordance with Section 1374.64:

		<u>1</u>
1.	<u>Net Equity</u>	\$ <u>0</u>
2.	<u>Add: Subordinated Debt and Subordinated Interest</u>	\$ <u>0</u>
3.	<u>Less: Report 1, Column B, Line 27 including Unsecured Receivables from officers, directors, and affiliates; Intangibles:</u>	\$ <u>0</u>
4.	<u>TNE</u>	\$ <u>0</u>
5.	<u>Required POS TNE (the greater number, line 11 or 14)</u>	\$ <u>0</u>
6.	<u>130 percent of Required POS TNE</u>	\$ <u>0</u>
7.	<u>POS TNE Excess (Deficiency)</u>	\$ <u>0</u>
8.	<u>Monthly Financial Reporting Required</u>	<u>Not Applicable</u>
	<u>ADJUSTED REQUIRED MINIMUM TNE CALCULATION:</u>	
	<u>I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</u>	
9.	<u>Minimum TNE requirement as calculated under Rule 1300.76 (a)(1) or (2)</u>	\$ <u>0</u>
10.	<u>10 percent of POS Out-Of-Network Expense</u>	\$ <u>0</u>
11.	<u>Add lines 9 and 10</u>	\$ <u>0</u>
	<u>II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</u>	
12.	<u>Minimum TNE requirement as recalculated without POS Out-Of-Network Expense</u>	\$ <u>0</u>
13.	<u>10 percent of POS Out-Of-Network Expense</u>	\$ <u>0</u>
14.	<u>Add lines 12 and 13</u>	\$ <u>0</u>

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MONTHLY REPORT (Form No. 10-070)

REQUIRED POINT-OF-SERVICE TANGIBLE NET EQUITY (TNE) CALCULATION:
TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans		Specialized Plans	
	1		2
A. Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:		REVENUES:	
1. 2 percent of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement).	\$ 0	2 percent of the first \$7.5 million of annualized premium revenue (lines 1, 2, 4, 5, 7, 9 from Income Statement).	\$ 0
Plus		Plus	
2. 1 percent of annualized premium revenues in excess of \$150 million	\$ 0	1 percent of annualized premium revenues in excess of \$7.5 million	\$ 0
3. Total	\$ 0	Total	\$ 0
C. HEALTHCARE EXPENDITURES:		HEALTHCARE EXPENDITURES:	
4. 8 percent of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 22, 24 from Income Statement).	\$ 0	8 percent of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 22, 24 from Income Statement).	\$ 0
Plus		Plus	
5. 4 percent of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$ 0	4 percent of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 0
Plus		Plus	
6. 4 percent of the annualized hospital expenditures paid on a managed hospital payment basis (line 13 from Income Statement).	\$ 0	4 percent of the annualized hospital expenditures paid on a managed hospital payment basis (line 13 from Income Statement).	\$ 0
7. Total	\$ 0	Total	\$ 0
8. Required "TNE" - Greater of "A" "B" or "C"	\$ 0	Required "TNE" - Greater of "A" "B" or "C"	\$ 50,000

CALCULATION OF ANNUALIZED REVENUES AND HEALTHCARE EXPENDITURES:

	Annualized	Current Month	Another Month in current QTR	Another Month in current QTR	1st Prior QTR	2nd Prior QTR	3 Prior QTR	
Annualized premium revenues	0	0	0	0				Note 1
Annualized healthcare expenditures, except those paid on a capitated or managed hospital basis	0	0	0	0				Note 2
Annualized per diem hospital expenditures	0	0	0	0				Note 3
Annualized Point-of-Service Out-of-Network Expense	0	0	0	0				Note 4

Note:

To derive Annualized Revenues and Expenditures, please enter information from your previous quarterly financial statements filed with the Department.
The table will use the current month multiply by 3 to calculate the current quarter for you.

- (1) Enter prior quarter 2-Income, Line 1 + Line 2 + Line 4 + Line 5 + Line 7 + Line 9
(2) Enter prior quarter 2-Income, Line 14 + Line 16 + Line 18 + Line 19 + Line 22 + Line 24
(3) Enter prior quarter 2-Income, Line 13
(4) Enter prior quarter 2-Income, Line 20 (annualized for POS TNE (1) tab)

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MONTHLY REPORT (Form No. 10-070)

Overflow Page for Write-Ins - Page 1

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MONTHLY REPORT (Form No. 10-070)

Overflow Page for Write-Ins - Page 2

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Changes to forms noted by double underline and single ~~strikeout~~.

MONTHLY REPORT (Form No. 10-070)

Overflow Page for Write-Ins - Page 3

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STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN
QUARTERLY DMHC FINANCIAL REPORTING FORM (Form No. 10-071)

<u>1.</u>	<u>For the Quarter Ending:</u>	
<u>2.</u>	<u>Health Plan Name:</u>	
<u>3.</u>	<u>DMHC Health Plan ID:</u>	
<u>4.</u>	<u>Are dollar amounts reported in thousands (000)? Please enter Yes or No.</u>	
<u>5.</u>	<u>Is this a Full Service Health Plan? Please enter Yes or No.</u>	
<u>6.</u>	<u>Type of Health Plan:</u>	
<u>7.</u>	<u>Notes:</u>	

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QUARTERLY REPORT (Form No. 10-071)

REPORT #1, PART A: ASSETS

<u>1</u>			<u>2</u>
	<u>A</u> <u>Included</u>	<u>B</u> <u>Excluded</u>	<u>Current Period</u>
CURRENT ASSETS:			
1. <u>Cash and Cash Equivalents</u>			<u>0</u>
2. <u>Short-Term Investments</u>			<u>0</u>
3. <u>Premiums Receivable - Net</u>			<u>0</u>
4. <u>Interest Receivable</u>			<u>0</u>
5. <u>Shared Risk Receivables - Net</u>			<u>0</u>
6. <u>Other Health Care Receivables - Net</u>			<u>0</u>
7. <u>Prepaid Expenses</u>			<u>0</u>
8. <u>Secured Affiliate Receivables - Current</u>			<u>0</u>
9. <u>Unsecured Affiliate Receivables - Current</u>			<u>0</u>
10. <u>Aggregate Write-Ins for Current Assets</u>	<u>0</u>	<u>0</u>	<u>0</u>
11. <u>TOTAL CURRENT ASSETS (LINES 1 TO 10)</u>	<u>0</u>	<u>0</u>	<u>0</u>
OTHER ASSETS:			
12. <u>Restricted Assets</u>			<u>0</u>
13. <u>Long-Term Investments</u>			<u>0</u>
14. <u>Intangible Assets and Goodwill - Net</u>	<u>0</u>		<u>0</u>
15. <u>Secured Affiliate Receivables - Long-Term</u>			<u>0</u>
16. <u>Unsecured Affiliate Receivables - Long-Term</u>	<u>0</u>		<u>0</u>
17. <u>Aggregate Write-Ins for Other Assets</u>	<u>0</u>	<u>0</u>	<u>0</u>
18. <u>TOTAL OTHER ASSETS (LINES 12 TO 17)</u>	<u>0</u>	<u>0</u>	<u>0</u>
PROPERTY AND EQUIPMENT			
19. <u>Land, Building and Improvements</u>			<u>0</u>
20. <u>Furniture and Equipment - Net</u>			<u>0</u>
21. <u>Computer Equipment - Net</u>			<u>0</u>
22. <u>Leasehold Improvements - Net</u>			<u>0</u>
23. <u>Construction in Progress</u>			<u>0</u>
24. <u>Software Development Costs</u>			<u>0</u>
25. <u>Aggregate Write-Ins for Other Equipment</u>	<u>0</u>	<u>0</u>	<u>0</u>
26. <u>TOTAL PROPERTY AND EQUIPMENT (LINES 19 TO 25)</u>	<u>0</u>	<u>0</u>	<u>0</u>
27. <u>TOTAL ASSETS (LINE 11 PLUS LINE 18 PLUS LINE 26)</u>	<u>0</u>	<u>0</u>	<u>0</u>

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QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR CURRENT ASSETS (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>1001.</u>			
<u>1002.</u>			
<u>1003.</u>			
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<u>1026.</u>			
<u>1027.</u>			
<u>1028.</u>			
<u>1029.</u>			
<u>1030.</u>	<u>Summary of remaining write-ins for Line 10 from overflow page</u>		
<u>1031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 17 FOR OTHER ASSETS (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>1701.</u>			
<u>1702.</u>			
<u>1703.</u>			
<u>1704.</u>			
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<u>1726.</u>			
<u>1727.</u>			
<u>1728.</u>			
<u>1729.</u>			
<u>1730.</u>	<u>Summary of remaining write-ins for Line 17 from overflow page</u>		
<u>1731.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 25 FOR OTHER EQUIPMENT (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>2501.</u>			
<u>2502.</u>			
<u>2503.</u>			
<u>2504.</u>			
<u>2505.</u>			
<u>2506.</u>			
<u>2507.</u>			
<u>2508.</u>			
<u>2509.</u>			
<u>2510.</u>			
<u>2511.</u>			
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<u>2513.</u>			
<u>2514.</u>			
<u>2515.</u>			
<u>2516.</u>			
<u>2517.</u>			
<u>2518.</u>			
<u>2519.</u>			
<u>2520.</u>			
<u>2521.</u>			
<u>2522.</u>			
<u>2523.</u>			
<u>2524.</u>			
<u>2525.</u>			
<u>2526.</u>			
<u>2527.</u>			
<u>2528.</u>			
<u>2529.</u>			
<u>2530.</u>	<u>Summary of remaining write-ins for Line 25 from overflow page</u>		
<u>2531.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

REPORT #1, PART B: LIABILITIES AND NET WORTH

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Current Period</u>		
	<u>Contracting</u>	<u>Noncontracting</u>	<u>Total</u>
<u>CURRENT LIABILITIES:</u>			
1. <u>Trade Accounts Payable</u>		0	0
2. <u>Capitation Payable</u>		0	0
3. <u>Claims Payable</u>			0
4. <u>Incurred But Not Reported Claims</u>			0
5. <u>Point-of-Service Claims Payable</u>			0
6. <u>Point-of-Service Incurred But Not Reported Claims</u>			0
7. <u>Other Medical Liability</u>			0
8. <u>Unearned Premiums</u>		0	0
9. <u>Loans and Notes Payable</u>		0	0
10. <u>Amounts Due To Affiliates - Current</u>		0	0
11. <u>Aggregate Write-Ins for Current Liabilities</u>	0	0	0
12. <u>TOTAL CURRENT LIABILITIES (LINES 1 TO 11)</u>	0	0	0
<u>OTHER LIABILITIES:</u>			
13. <u>Loans and Notes Payable - Not Subordinated</u>		0	0
14. <u>Loans and Notes Payable - Subordinated</u>		0	0
15. <u>Accrued Subordinated Interest Payable</u>		0	0
16. <u>Amounts Due To Affiliates - Long Term</u>		0	0
17. <u>Aggregate Write-Ins for Other Liabilities</u>	0	0	0
18. <u>TOTAL OTHER LIABILITIES (LINES 13 TO 17)</u>	0	0	0
19. <u>TOTAL LIABILITIES (LINE 12 PLUS LINE 18)</u>	0	0	0
<u>NET WORTH</u>			
20. <u>Common Stock</u>	0	0	
21. <u>Preferred Stock</u>	0	0	
22. <u>Paid In Surplus</u>	0	0	
23. <u>Contributed Capital</u>	0	0	
24. <u>Accumulated Other Comprehensive Income</u>	0	0	
25. <u>Retained Earnings (Deficit)/Fund Balance</u>	0	0	
26. <u>Aggregate Write-Ins for Other Net Worth Items</u>	0	0	0
27. <u>TOTAL NET WORTH (LINES 20 TO 26)</u>			0
28. <u>TOTAL LIABILITIES AND NET WORTH (LINE 19 PLUS LINE 27)</u>			0

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2nd Comment Period: Changes to text noted by double underline and double strikeout;
Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR CURRENT LIABILITIES (1B - LIABILITIES AND NET WORTH)</u>	<u>Contracting</u>	<u>Noncontracting</u>
<u>1101.</u>			
<u>1102.</u>			
<u>1103.</u>			
<u>1104.</u>			
<u>1105.</u>			
<u>1106.</u>			
<u>1107.</u>			
<u>1108.</u>			
<u>1109.</u>			
<u>1110.</u>			
<u>1111.</u>			
<u>1112.</u>			
<u>1113.</u>			
<u>1114.</u>			
<u>1115.</u>			
<u>1116.</u>			
<u>1117.</u>			
<u>1118.</u>			
<u>1119.</u>			
<u>1120.</u>			
<u>1121.</u>			
<u>1122.</u>			
<u>1123.</u>			
<u>1124.</u>			
<u>1125.</u>			
<u>1126.</u>			
<u>1127.</u>			
<u>1128.</u>			
<u>1129.</u>			
<u>1130.</u>	<u>Summary of remaining write-ins for Line 11 from overflow page</u>		
<u>1131.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 17 FOR OTHER LIABILITIES (1B - LIABILITIES AND NET WORTH)</u>	<u>Contracting</u>	<u>Noncontracting</u>
<u>1701.</u>			
<u>1702.</u>			
<u>1703.</u>			
<u>1704.</u>			
<u>1705.</u>			
<u>1706.</u>			
<u>1707.</u>			
<u>1708.</u>			
<u>1709.</u>			
<u>1710.</u>			
<u>1711.</u>			
<u>1712.</u>			
<u>1713.</u>			
<u>1714.</u>			
<u>1715.</u>			
<u>1716.</u>			
<u>1717.</u>			
<u>1718.</u>			
<u>1719.</u>			
<u>1720.</u>			
<u>1721.</u>			
<u>1722.</u>			
<u>1723.</u>			
<u>1724.</u>			
<u>1725.</u>			
<u>1726.</u>			
<u>1727.</u>			
<u>1728.</u>			
<u>1729.</u>			
<u>1730.</u>	<u>Summary of remaining write-ins for Line 17 from overflow page</u>		
<u>1731.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 26 FOR OTHER NET WORTH ITEMS</u>	<u>Total</u>
<u>2601.</u>		
<u>2602.</u>		
<u>2603.</u>		
<u>2604.</u>		
<u>2605.</u>		
<u>2606.</u>		
<u>2607.</u>		
<u>2608.</u>		
<u>2609.</u>		
<u>2610.</u>		
<u>2611.</u>		
<u>2612.</u>		
<u>2613.</u>		
<u>2614.</u>		
<u>2615.</u>		
<u>2616.</u>		
<u>2617.</u>		
<u>2618.</u>		
<u>2619.</u>		
<u>2620.</u>		
<u>2621.</u>		
<u>2622.</u>		
<u>2623.</u>		
<u>2624.</u>		
<u>2625.</u>		
<u>2626.</u>		
<u>2627.</u>		
<u>2628.</u>		
<u>2629.</u>		
<u>2630.</u>	<u>Summary of remaining write-ins for Line 26 from overflow page</u>	
<u>2631.</u>	<u>Total</u>	<u>0</u>

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QUARTERLY REPORT (Form No. 10-071)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	<u>1</u>	<u>2</u>
	Current Period	Year-To-Date
REVENUES:		
1. <u>Premiums - Commercial</u>		
2. <u>Capitation</u>		
3. <u>Copayments, COB, Subrogation</u>		
4. <u>Medicare Advantage (Title XVIII)</u>		
5. <u>Medi-Cal Managed Care (Title XIX - Medicaid)</u>		
6. <u>Fee-for-Service</u>		
7. <u>Point-of-Service</u>		
8. <u>Interest</u>		
9. <u>Risk Pool</u>		
10. <u>Aggregate Write-Ins for Other Income and Revenues</u>	0	0
11. <u>TOTAL REVENUE (LINES 1 TO 10)</u>	0	0
EXPENSES:		
Medical and Hospital		
12. <u>Inpatient Services - Capitated</u>		
13. <u>Inpatient Services - Per Diem/Managed Hospital Expenses</u>		
14. <u>Inpatient Services - Fee-for-Service/Case Rate</u>		
15. <u>Primary Professional Services - Capitated</u>		
16. <u>Primary Professional Services - Non-Capitated</u>		
17. <u>Other Medical Professional Services - Capitated</u>		
18. <u>Other Medical Professional Services - Non-Capitated</u>		
19. <u>Noncontracted Emergency Room and Out-of-Area Expense, not including Point-of-Service</u>		
20. <u>Point-of-Service Out-of-Network Expense</u>		
21. <u>Pharmacy Expense - Capitated</u>		
22. <u>Pharmacy Expense - Fee-for-Service</u>		
23. <u>Aggregate Write-Ins for Other Capitated Medical and Hospital Expenses</u>	0	0
24. <u>Aggregate Write-Ins for Other Non-Capitated Medical and Hospital Expenses</u>	0	0
25. <u>TOTAL MEDICAL AND HOSPITAL (LINES 12 TO 24)</u>	0	0
Administration		
26. <u>Compensation</u>		
27. <u>Interest Expense</u>		
28. <u>Occupancy, Depreciation and Amortization</u>		
29. <u>Management Fees</u>		
30. <u>Marketing</u>		
31. <u>Affiliate Administration Services</u>		
32. <u>Aggregate Write-Ins for Other Administration</u>	0	0
33. <u>TOTAL ADMINISTRATION (LINES 26 TO 32)</u>	0	0
34. <u>TOTAL EXPENSES (LINE 25 PLUS LINE 33)</u>	0	0
35. <u>INCOME (LOSS) (LINE 11 MINUS LINE 34)</u>	0	0
36. <u>Unusual or Infrequently Occurring Item(s)</u>		
37. <u>Provision for Taxes</u>		
38. <u>NET INCOME (LOSS) (LINE 35 PLUS LINE 36 MINUS LINE 37)</u>	0	0
39. <u>Other Comprehensive Income (Loss) After Tax</u>	0	0
40. <u>TOTAL COMPREHENSIVE INCOME (LOSS) AFTER TAX</u>	0	0
41. <u>Net Worth Beginning of Period</u>		
42. <u>Audit Adjustments</u>		
43. <u>Increase (Decrease) in Common Stock</u>		
44. <u>Increase (Decrease) in Preferred Stock</u>		
45. <u>Increase (Decrease) in Paid in Surplus</u>		
46. <u>Increase (Decrease) in Contributed Capital</u>		
47. <u>Increase (Decrease) in Retained Earnings</u>		
48. <u>Total Comprehensive Income (Loss) After Tax</u>	0	0
49. <u>Dividends to Stockholders</u>		
50. <u>Aggregate Write-Ins for Changes in Retained Earnings</u>	0	0
51. <u>Aggregate Write-Ins for Changes in Other Net Worth Items</u>	0	0
52. <u>NET WORTH END OF PERIOD (LINES 41 TO 51)</u>	0	0

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2nd Comment Period: Changes to text noted by double underline and double strikeout;
Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR OTHER INCOME AND REVENUES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>1001.</u>			
<u>1002.</u>			
<u>1003.</u>			
<u>1004.</u>			
<u>1005.</u>			
<u>1006.</u>			
<u>1007.</u>			
<u>1008.</u>			
<u>1009.</u>			
<u>1010.</u>			
<u>1011.</u>			
<u>1012.</u>			
<u>1013.</u>			
<u>1014.</u>			
<u>1015.</u>			
<u>1016.</u>			
<u>1017.</u>			
<u>1018.</u>			
<u>1019.</u>			
<u>1020.</u>			
<u>1021.</u>			
<u>1022.</u>			
<u>1023.</u>			
<u>1024.</u>			
<u>1025.</u>			
<u>1026.</u>			
<u>1027.</u>			
<u>1028.</u>			
<u>1029.</u>			
<u>1030.</u>	<u>Summary of remaining write-ins for Line 10 from overflow page</u>		
<u>1031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 23 FOR OTHER CAPITATED MEDICAL AND HOSPITAL EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>2301.</u>			
<u>2302.</u>			
<u>2303.</u>			
<u>2304.</u>			
<u>2305.</u>			
<u>2306.</u>			
<u>2307.</u>			
<u>2308.</u>			
<u>2309.</u>			
<u>2310.</u>			
<u>2311.</u>			
<u>2312.</u>			
<u>2313.</u>			
<u>2314.</u>			
<u>2315.</u>			
<u>2316.</u>			
<u>2317.</u>			
<u>2318.</u>			
<u>2319.</u>			
<u>2320.</u>			
<u>2321.</u>			
<u>2322.</u>			
<u>2323.</u>			
<u>2324.</u>			
<u>2325.</u>			
<u>2326.</u>			
<u>2327.</u>			
<u>2328.</u>			
<u>2329.</u>			
<u>2330.</u>	<u>Summary of remaining write-ins for Line 23 from overflow page</u>		
<u>2331.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 24 FOR OTHER NON-CAPITATED MEDICAL AND HOSPITAL EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>2401.</u>			
<u>2402.</u>			
<u>2403.</u>			
<u>2404.</u>			
<u>2405.</u>			
<u>2406.</u>			
<u>2407.</u>			
<u>2408.</u>			
<u>2409.</u>			
<u>2410.</u>			
<u>2411.</u>			
<u>2412.</u>			
<u>2413.</u>			
<u>2414.</u>			
<u>2415.</u>			
<u>2416.</u>			
<u>2417.</u>			
<u>2418.</u>			
<u>2419.</u>			
<u>2420.</u>			
<u>2421.</u>			
<u>2422.</u>			
<u>2423.</u>			
<u>2424.</u>			
<u>2425.</u>			
<u>2426.</u>			
<u>2427.</u>			
<u>2428.</u>			
<u>2429.</u>			
<u>2430.</u>	<u>Summary of remaining write-ins for Line 24 from overflow page</u>		
<u>2431.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 32 FOR OTHER ADMINISTRATIVE EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>3201.</u>			
<u>3202.</u>			
<u>3203.</u>			
<u>3204.</u>			
<u>3205.</u>			
<u>3206.</u>			
<u>3207.</u>			
<u>3208.</u>			
<u>3209.</u>			
<u>3210.</u>			
<u>3211.</u>			
<u>3212.</u>			
<u>3213.</u>			
<u>3214.</u>			
<u>3215.</u>			
<u>3216.</u>			
<u>3217.</u>			
<u>3218.</u>			
<u>3219.</u>			
<u>3220.</u>			
<u>3221.</u>			
<u>3222.</u>			
<u>3223.</u>			
<u>3224.</u>			
<u>3225.</u>			
<u>3226.</u>			
<u>3227.</u>			
<u>3228.</u>			
<u>3229.</u>			
<u>3230.</u>	<u>Summary of remaining write-ins for Line 32 from overflow page</u>		
<u>3231.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
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QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF OTHER COMPREHENSIVE INCOME (LOSS) AFTER TAX AT LINE 39 (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>3901.</u>			
<u>3902.</u>			
<u>3903.</u>			
<u>3904.</u>			
<u>3905.</u>			
<u>3906.</u>			
<u>3907.</u>			
<u>3908.</u>			
<u>3909.</u>			
<u>3910.</u>			
<u>3911.</u>			
<u>3912.</u>			
<u>3913.</u>			
<u>3914.</u>			
<u>3915.</u>			
<u>3916.</u>			
<u>3917.</u>			
<u>3918.</u>			
<u>3919.</u>			
<u>3920.</u>			
<u>3921.</u>			
<u>3922.</u>			
<u>3923.</u>			
<u>3924.</u>			
<u>3925.</u>			
<u>3926.</u>			
<u>3927.</u>			
<u>3928.</u>			
<u>3929.</u>			
<u>3930.</u>	<u>Summary of remaining write-ins for Line 39 from overflow page</u>		
<u>3931.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout;
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QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 50 FOR CHANGES IN RETAINED EARNINGS (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>5001.</u>			
<u>5002.</u>			
<u>5003.</u>			
<u>5004.</u>			
<u>5005.</u>			
<u>5006.</u>			
<u>5007.</u>			
<u>5008.</u>			
<u>5009.</u>			
<u>5010.</u>			
<u>5011.</u>			
<u>5012.</u>			
<u>5013.</u>			
<u>5014.</u>			
<u>5015.</u>			
<u>5016.</u>			
<u>5017.</u>			
<u>5018.</u>			
<u>5019.</u>			
<u>5020.</u>			
<u>5021.</u>			
<u>5022.</u>			
<u>5023.</u>			
<u>5024.</u>			
<u>5025.</u>			
<u>5026.</u>			
<u>5027.</u>			
<u>5028.</u>			
<u>5029.</u>			
<u>5030.</u>	<u>Summary of remaining write-ins for Line 50 from overflow page</u>		
<u>5031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 51 FOR CHANGES OF OTHER NET WORTH ITEMS (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>5101.</u>			
<u>5102.</u>			
<u>5103.</u>			
<u>5104.</u>			
<u>5105.</u>			
<u>5106.</u>			
<u>5107.</u>			
<u>5108.</u>			
<u>5109.</u>			
<u>5110.</u>			
<u>5111.</u>			
<u>5112.</u>			
<u>5113.</u>			
<u>5114.</u>			
<u>5115.</u>			
<u>5116.</u>			
<u>5117.</u>			
<u>5118.</u>			
<u>5119.</u>			
<u>5120.</u>			
<u>5121.</u>			
<u>5122.</u>			
<u>5123.</u>			
<u>5124.</u>			
<u>5125.</u>			
<u>5126.</u>			
<u>5127.</u>			
<u>5128.</u>			
<u>5129.</u>			
<u>5130.</u>	<u>Summary of remaining write-ins for Line 51 from overflow page</u>		
<u>5131.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
2nd Comment Period: Changes to text noted by double underline and double strikeout;
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QUARTERLY REPORT (Form No. 10-071)		
REPORT #3: STATEMENT OF CASH FLOWS		
<u>1</u>	<u>2</u>	<u>3</u>
	<u>Current Period</u>	<u>Year-To-Date</u>
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. <u>Group/Individual Premiums/Capitation</u>		
2. <u>Copayments, COB and Subrogation</u>		
3. <u>Medicare Advantage (Title XVIII)</u>		
4. <u>Medi-Cal Managed Care (Title XIX - Medicaid)</u>		
5. <u>Fee-for-Service</u>		
6. <u>Investment and Other Income and Revenues</u>		
7. <u>Medical and Hospital Expenses</u>		
8. <u>Administration Expenses</u>		
9. <u>Federal Income Taxes Paid</u>		
10. <u>Interest Paid</u>		
11. <u>NET CASH PROVIDED BY OPERATING ACTIVITIES (LINES 1 TO 10)</u>	<u>0</u>	<u>0</u>
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. <u>Proceeds from Restricted Cash and Other Assets</u>		
13. <u>Proceeds from Investments</u>		
14. <u>Proceeds for Sales of Property, Plant and Equipment</u>		
15. <u>Payments for Restricted Cash and Other Assets</u>		
16. <u>Payments for Investments</u>		
17. <u>Payments for Property, Plant and Equipment</u>		
18. <u>NET CASH PROVIDED BY INVESTING ACTIVITIES (LINES 12 TO 17)</u>	<u>0</u>	<u>0</u>
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. <u>Proceeds from Paid in Capital or Issuance of Stock</u>		
20. <u>Loan Proceeds from Non-Affiliates</u>		
21. <u>Loan Proceeds from Affiliates</u>		
22. <u>Principal Payments on Loans from Non-Affiliates</u>		
23. <u>Principal Payments on Loans from Affiliates</u>		
24. <u>Dividends Paid</u>		
25. <u>Aggregate Write-Ins for Cash Provided by Financing Activities</u>	<u>0</u>	<u>0</u>
26. <u>NET CASH PROVIDED BY FINANCING ACTIVITIES (LINES 19 TO 25)</u>	<u>0</u>	<u>0</u>
27. <u>NET INCREASE (DECREASE) IN CASH, CASH EQUIVALENTS AND RESTRICTED CASH (LINES 11, 18 & 26)</u>	<u>0</u>	<u>0</u>
28. <u>CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT BEGINNING OF THE QUARTER</u>		
29. <u>CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT END OF THE QUARTER</u>	<u>0</u>	<u>0</u>
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. <u>Net Income</u>	<u>0</u>	<u>0</u>
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. <u>Depreciation and Amortization</u>		
32. <u>Decrease (Increase) in Receivables</u>		
33. <u>Decrease (Increase) in Prepaid Expenses</u>		
34. <u>Decrease (Increase) in Affiliate Receivables</u>		
35. <u>Increase (Decrease) in Accounts Payable</u>		
36. <u>Increase (Decrease) in Claims Payable and Shared Risk Pool</u>		
37. <u>Increase (Decrease) in Unearned Premium</u>		
38. <u>Aggregate Write-Ins for Adjustments to Net Income</u>	<u>0</u>	<u>0</u>
39. <u>TOTAL ADJUSTMENTS (LINES 31 TO 38)</u>	<u>0</u>	<u>0</u>
40. <u>NET CASH PROVIDED BY OPERATING ACTIVITIES (LINE 30 PLUS LINE 39)</u>	<u>0</u>	<u>0</u>

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 2nd Comment Period: Changes to text noted by double underline and double strikeout;
 Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES (3 - CASH FLOWS)</u>	<u>Current Period</u>	<u>Year-To-Date</u>
<u>2501.</u>			
<u>2502.</u>			
<u>2503.</u>			
<u>2504.</u>			
<u>2505.</u>			
<u>2506.</u>			
<u>2507.</u>			
<u>2508.</u>			
<u>2509.</u>			
<u>2510.</u>			
<u>2511.</u>			
<u>2512.</u>			
<u>2513.</u>			
<u>2514.</u>			
<u>2515.</u>			
<u>2516.</u>			
<u>2517.</u>			
<u>2518.</u>			
<u>2519.</u>			
<u>2520.</u>			
<u>2521.</u>			
<u>2522.</u>			
<u>2523.</u>			
<u>2524.</u>			
<u>2525.</u>			
<u>2526.</u>			
<u>2527.</u>			
<u>2528.</u>			
<u>2529.</u>			
<u>2530.</u>	<u>Summary of remaining write-ins for Line 25 from overflow page</u>		
<u>2531.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 38 FOR ADJUSTMENTS TO NET INCOME (3 - CASH FLOWS)</u>	<u>Year-To-Date</u>	<u>Year-To-Date</u>
<u>3801.</u>			
<u>3802.</u>			
<u>3803.</u>			
<u>3804.</u>			
<u>3805.</u>			
<u>3806.</u>			
<u>3807.</u>			
<u>3808.</u>			
<u>3809.</u>			
<u>3810.</u>			
<u>3811.</u>			
<u>3812.</u>			
<u>3813.</u>			
<u>3814.</u>			
<u>3815.</u>			
<u>3816.</u>			
<u>3817.</u>			
<u>3818.</u>			
<u>3819.</u>			
<u>3820.</u>			
<u>3821.</u>			
<u>3822.</u>			
<u>3823.</u>			
<u>3824.</u>			
<u>3825.</u>			
<u>3826.</u>			
<u>3827.</u>			
<u>3828.</u>			
<u>3829.</u>			
<u>3830.</u>	<u>Summary of remaining write-ins for Line 38 from overflow page</u>		
<u>3831.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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2nd Comment Period: Changes to text noted by double underline and ~~double strikeout~~;
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QUARTERLY REPORT (Form No. 10-071)

REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Source of Enrollment	Total Enrollees At End of Previous Period	Additions During Period	Terminations During Period	Total Enrollees at End of Period	On Exchange Enrollees (also included in Column 5)	Off Exchange Enrollees (also included in Column 5)	Grandfathered Enrollees (also included in Column 5)	Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period - Physicians	Total Member Ambulatory Encounters for Period - Non-Physicians	Total Member Ambulatory Encounters for Period	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay
1.	HMO Individual				0							0		0	
2.	HMO Small Group				0							0		0	
3.	HMO Large Group				0							0		0	
4.	POS Individual				0							0		0	
5.	POS Small Group				0							0		0	
6.	POS Large Group				0							0		0	
7.	PPO Individual				0							0		0	
8.	PPO Small Group				0							0		0	
9.	PPO Large Group				0							0		0	
10.	EPO Individual				0							0		0	
11.	EPO Small Group				0							0		0	
12.	EPO Large Group				0							0		0	
13.	Medi-Cal Managed Care				0							0		0	
14.	Medicare Advantage				0							0		0	
15.	Medicare Fee-for-Service				0							0		0	
16.	Medicare Supplement				0							0		0	
17.	Administrative Service Only (ASO)				0	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A
18.	Aggregate Contracted from Other Plans	0	0	0	0	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A
19.	Aggregate Other Source of Enrollment	0	0	0	0	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A
20.	Total Membership	0	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A

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Changes to forms noted by double underline and single ~~strikeout~~.

QUARTERLY REPORT (Form No. 10-071)

DETAILS OF CONTRACTED ENROLLMENT FROM OTHER PLANS AT LINE 18

[illegible]

1st Comment Period: Changes to text noted by underline and ~~strikeout~~.
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QUARTERLY REPORT (Form No. 10-071)

DETAILS OF OTHER SOURCE OF ENROLLMENT AT LINE 19

[illegible]

Changes to forms noted by double underline and single strikeout.

[illegible]

Note: Total Membership should tie to Report #4 Enrollment and Utilization Table

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QUARTERLY REPORT (Form No. 10-071)

Report #6, Part A: Enrollment Delegated ~~Contracted~~ To Other Licensed Health Plans

Identify each health plan and the number of enrollees assigned to that health plan by products-(Commercial, Medi-Cal Managed Care or Medicare Advantage).

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
<u>Health Plan ID</u>	<u>Health Plan</u>	<u>Commercial</u>	<u>Medi-Cal Managed Care</u>	<u>Medicare Advantage</u>	<u>Total</u>
<u>This field is auto populated once a health plan is selected</u>	Select a health plan				<u>0</u>
	Select a health plan				<u>0</u>
	Select a health plan				<u>0</u>
	Select a health plan				<u>0</u>
	Select a health plan				<u>0</u>
	<u>Total</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

Proprietary information not available on the website.

Report #6, Part B: Enrollment Sub-Delegated to Health Plans, Medical Groups, Capitated Providers or Risk Bearing Organizations

Identify each sub-delegated health plan, medical group, capitated provider or risk bearing organization **directly** responsible for managing care for enrollees, and the number of enrollees assigned to that sub-delegated entity by products (Commercial, Medi-Cal Managed Care or Medicare Advantage). Identify any additional entities responsible for managing care and responsible for paying for care for enrollees.

<u>Entity ID</u>	<u>Delegated Entities</u>	<u>Commercial</u>	<u>Medi-Cal Managed Care</u>	<u>Medicare Advantage</u>	<u>Total</u>
<u>This field is auto populated once a health plan, risk bearing organization, capitated providers or medical groups is selected.</u>	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Total Delegated Enrollees</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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2nd Comment Period: Changes to text noted by double underline and double strikeout;

Changes to forms noted by double underline and single strikeout.

Quarterly and Annual basis by product types (Commercial, Medi-Cal Managed Care and Medicare Advantage) - Confidential

1st Comment Period: Changes to text noted by underline and strikethrough.
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QUARTERLY REPORT (Form No. 10-071)

Report #7: Multiple Employer Welfare Arrangement (MEWA) Enrollment Report

[illegible]

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Changes to forms noted by double underline and single strikout.

QUARTERLY REPORT (Form No. 10-071)

SCHEDULE A

Proprietary information not available on the website.

Schedule A

Enter all accounts even if they were closed during the reporting period. Indicate the balance per health plan's account.

* Indicates a Required Field

* Name of Depository

* Account Number

* Balance

* Type

☐ Cash

☐ Restricted Deposit 1374.68

☐ Restricted Deposit 1377

☐ Restricted Deposit 1300.76.1

☐ Other:

Add Account

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QUARTERLY REPORT (Form No. 10-071)

Check, if not applicable: ☐

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors with account balances greater than 5 percent of gross Premiums Receivable. Group the total of all other premium receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed".

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u> Allowance for Doubtful Accounts	<u>7</u> Total
	<u>Name of Debtor</u>	<u>1-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>		
<u>1.</u>							0
<u>2.</u>							0
<u>3.</u>							0
<u>4.</u>							0
<u>5.</u>							0
<u>6.</u>							0
<u>7.</u>							0
<u>8.</u>							0
<u>9.</u>							0
<u>10.</u>							0
<u>11.</u>							0
<u>12.</u>							0
<u>13.</u>							0
<u>14.</u>							0
<u>15.</u>							0
<u>16.</u>							0
<u>17.</u>							0
<u>18.</u>							0
<u>19.</u>							0
<u>20.</u>							0
<u>21.</u>							0
<u>22.</u>							0
<u>23.</u>							0
<u>24.</u>							0
<u>25.</u>							0
<u>26.</u>							0
<u>27.</u>							0
<u>28.</u>							0
<u>29.</u>							0
<u>30.</u>							0
<u>31.</u>							0
<u>32.</u>							0
<u>33.</u>							0
<u>34.</u>							0
<u>35.</u>							0
<u>36.</u>							0
<u>37.</u>							0
<u>38.</u>							0
<u>39.</u>							0
<u>40.</u>							0
<u>41.</u>							0
<u>42.</u>							0
<u>43.</u>							0
<u>44.</u>							0
<u>45.</u>							0
<u>46.</u>							0
<u>47.</u>							0
<u>48.</u>							0
<u>49.</u>							0
<u>50.</u>							0
<u>51.</u>							0
<u>52.</u>							0
<u>53.</u>							0
<u>54.</u>	<u>Aggregate Accounts Not Individually Listed</u>						0
<u>55.</u>	<u>Total</u>	0	0	0	0	0	0

1st Comment Period: Changes to text noted by underline and ~~strikeout~~.
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Changes to forms noted by double underline and single ~~strikeout~~.

QUARTERLY REPORT (Form No. 10-071)

Check, if not applicable: ☐

SCHEDULE D
HEALTH CARE RECEIVABLES & AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 5 percent of gross receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed".

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u> Allowance for Doubtful Accounts	<u>7</u> Total
	<u>Name of Debtor</u>	<u>1-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>		
<u>1.</u>							0
<u>2.</u>							0
<u>3.</u>							0
<u>4.</u>							0
<u>5.</u>							0
<u>6.</u>							0
<u>7.</u>							0
<u>8.</u>							0
<u>9.</u>							0
<u>10.</u>							0
<u>11.</u>							0
<u>12.</u>							0
<u>13.</u>							0
<u>14.</u>							0
<u>15.</u>							0
<u>16.</u>							0
<u>17.</u>							0
<u>18.</u>							0
<u>19.</u>							0
<u>20.</u>							0
<u>21.</u>							0
<u>22.</u>							0
<u>23.</u>							0
<u>24.</u>							0
<u>25.</u>							0
<u>26.</u>							0
<u>27.</u>							0
<u>28.</u>							0
<u>29.</u>							0
<u>30.</u>							0
<u>31.</u>							0
<u>32.</u>							0
<u>33.</u>							0
<u>34.</u>							0
<u>35.</u>							0
<u>36.</u>							0
<u>37.</u>							0
<u>38.</u>							0
<u>39.</u>							0
<u>40.</u>							0
<u>41.</u>							0
<u>42.</u>							0
<u>43.</u>							0
<u>44.</u>							0
<u>45.</u>							0
<u>46.</u>							0
<u>47.</u>							0
<u>48.</u>							0
<u>49.</u>							0
<u>50.</u>							0
<u>51.</u>							0
<u>52.</u>							0
<u>53.</u>							0
<u>54.</u>	<u>Aggregate Accounts Not Individually Listed</u>						0
<u>55.</u>	<u>Total</u>	0	0	0	0	0	0

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QUARTERLY REPORT (Form No. 10-071)

SCHEDULE F

Proprietary information not available on the website.

Schedule F - Trade Accounts Payable

Individually enter all creditors with account balances greater than 5 percent of total trade accounts payable. Group the total of all other payables and enter the total with Name of Creditor as "Aggregate Accounts Not Individually Listed."

*** Indicates a Required Field**

* Name of Debtor	<input type="text"/>
* 1-30 Days	<input type="text"/>
* 31-60 Days	<input type="text"/>
* 61-90 Days	<input type="text"/>
* 91-120 Days	<input type="text"/>
* Over 120 Days	<input type="text"/>
<input type="button" value="Add Accounts Payable"/>	

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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

Check, if not applicable: ☐

SCHEDULE G - UNPAID CLAIMS ANALYSIS

The purpose of Schedule G is to analyze the Plan's unpaid claims inventory and is used only to monitor whether the number of claims are increasing or decreasing from one period to the next. The appropriateness of the Plan's claims processing is reviewed during the Department's financial audit to determine compliance with the claim processing requirements of Health and Safety Code sections 1371, 1371.35 and Title 28, Cal. Code Regs, Rule 1300.71.

SECTION I - CLAIMS UNPAID (IN DOLLARS)

		<u>1</u>	<u>2</u>	<u>3</u>
	<u>Type of Claim</u>	<u>Reported Claims in Process of Adjustment</u>	<u>Estimated Incurred but Not Reported Claims</u>	<u>Total - Unpaid Claims (Columns 1+2)</u>
<u>1.</u>	<u>Inpatient Claims</u>			<u>0</u>
<u>2.</u>	<u>Physician Claims</u>			<u>0</u>
<u>3.</u>	<u>Referral Claims</u>			<u>0</u>
<u>4.</u>	<u>Other Medical Claims</u>			<u>0</u>
<u>5.</u>	<u>TOTAL CLAIMS</u>	<u>0</u>	<u>0</u>	<u>0</u>

SECTION II - INVENTORY OF CLAIMS TO BE PROCESSED (BY COUNT)

EXCLUDE ENCOUNTER DATA

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
		<u>Beginning Balance Number of Claims in inventory on the 1st of each month</u>	<u>Add - Claims Received during the month</u>	<u>Deduct - Number of Claims Processed / Adjudicated</u>	<u>Add/Deduct - Adjustments</u>	<u>Ending Balance Number of claims in inventory at the end of the month</u>
<u>6.</u>						
<u>7.</u>						
<u>8.</u>						
<u>9.</u>						
<u>10.</u>						
<u>11.</u>						
<u>12.</u>						
<u>13.</u>						
<u>14.</u>						
<u>15.</u>						
<u>16.</u>						
<u>17.</u>						

Encounter Data must be excluded from all claim categories reported in this schedule.
Provide notes to **SECTION II** below for Column 4 and 5, if explanations are warranted.

18.

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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

Check, if not applicable: ☐

SCHEDULE H - AGING OF ALL CLAIMS

SECTION I - AGING OF ALL CLAIMS (IN DOLLARS)

Age all claims on hand at the end of each month. Use the **date of receipt** to determine the number of days in outstanding claims.

	<u>1</u> <u>Month Ending</u>	<u>2</u> <u>1-30 Days</u>	<u>3</u> <u>31-60 Days</u>	<u>4</u> <u>61-90 Days</u>	<u>5</u> <u>Over 90 Days</u>	<u>6</u> <u>Total</u>
<u>1.</u>						<u>0</u>
<u>2.</u>						<u>0</u>
<u>3.</u>						<u>0</u>
<u>4.</u>						<u>0</u>
<u>5.</u>						<u>0</u>
<u>6.</u>						<u>0</u>
<u>7.</u>						<u>0</u>
<u>8.</u>						<u>0</u>
<u>9.</u>						<u>0</u>
<u>10.</u>						<u>0</u>
<u>11.</u>						<u>0</u>
<u>12.</u>						<u>0</u>

13. If the claims payable reported in Report #1, Part B does not tie to **Schedule H**, please provide an explanation below.

SECTION II - AGING OF ALL CLAIMS (BY COUNT)

Age all claims on hand at the end of each month. Use the **date of receipt** to determine the number of days in outstanding claims.

	<u>1</u> <u>Month Ending</u>	<u>2</u> <u>1-30 Days</u>	<u>3</u> <u>31-60 Days</u>	<u>4</u> <u>61-90 Days</u>	<u>5</u> <u>Over 90 Days</u>	<u>6</u> <u>Total</u>
<u>14.</u>						<u>0</u>
<u>15.</u>						<u>0</u>
<u>16.</u>						<u>0</u>
<u>17.</u>						<u>0</u>
<u>18.</u>						<u>0</u>
<u>19.</u>						<u>0</u>
<u>20.</u>						<u>0</u>
<u>21.</u>						<u>0</u>
<u>22.</u>						<u>0</u>
<u>23.</u>						<u>0</u>
<u>24.</u>						<u>0</u>
<u>25.</u>						<u>0</u>

26. If the total does not tie to **Schedule G, Section II**, Column 6, please provide an explanation below.

1st Comment Period: Changes to text noted by underline and strikeout.
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QUARTERLY REPORT (Form No. 10-071)

Check, if not applicable: ☐

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL CLAIMS LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

<u>Reported Accrual</u>				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Quarter Ending Date</u>	<u>Total Medical Claims Liability*</u>	<u>Amount Paid-To-Date</u>	<u>Difference - Column (2-3)</u>	<u>Outstanding Liability</u> (Based on plan's lag table)
1.		XXX	0	
2.			0	
3.			0	
4.			0	
5.			0	
6.			0	
7.			0	
8.			0	

* Should tie to Report #1, Part B, Column 4, Lines 3 through 6.

9. If current quarter's total medical claims liability does not tie to Report #1, Part B, Column 4, Lines 3 through 6, please provide an explanation below.

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QUARTERLY REPORT (Form No. 10-071)

SCHEDULE M – PASS-THROUGH ITEMS (MEDI-CAL MANAGED CARE PLANS ONLY)

Proprietary information not available on the website.

Schedule M

Enter the pass-through reported in Report #1A, Part A: Assets and Part B: Liabilities and Report #2: Revenue and Expenses.

* Indicates a Required Field

* Financial Statement:

Report # 1 Part A: Assets

▼

* Pass-Through Type:

-- Select One --

▼

* Line Item:

-- Select One --

▼

* Amount:

YTD Amount (if applicable)

Enter

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Changes to forms noted by double underline and single strikeout.

QUARTERLY REPORT (Form No. 10-071)

<div>1</div> <div>NOTES TO FINANCIAL STATEMENTS</div> <div>The reporting entity can upload its Notes to Financial Statements for the reporting period as an attachment to the DMHC Financial Reporting Form. After uploading the reporting entity's DMHC Financial Reporting Form, go to the Attachments tab, and attach the reporting entity's prepared Notes to Financial Statement. Please select "Footnote Disclosures" as Document Type and type "Notes to Financial Statements" in Document Description field.</div> <div>Please contact the reporting entity's assigned financial examiner, e-mail HealthPlanReporting@DMHC.CA.GOV, or call 916-255-2345 for additional instructions, if needed.</div>	
<div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div> <div>5.</div> <div>6.</div> <div>7.</div> <div>8.</div> <div>9.</div> <div>10.</div> <div>11.</div> <div>12.</div> <div>13.</div> <div>14.</div> <div>15.</div> <div>16.</div> <div>17.</div> <div>18.</div> <div>19.</div> <div>20.</div> <div>21.</div> <div>22.</div> <div>23.</div> <div>24.</div> <div>25.</div> <div>26.</div> <div>27.</div> <div>28.</div> <div>29.</div> <div>30.</div> <div>31.</div> <div>32.</div> <div>33.</div> <div>34.</div> <div>35.</div> <div>36.</div> <div>37.</div> <div>38.</div> <div>39.</div> <div>40.</div> <div>41.</div> <div>42.</div> <div>43.</div> <div>44.</div> <div>45.</div> <div>46.</div> <div>47.</div> <div>48.</div> <div>49.</div> <div>50.</div> <div>51.</div> <div>52.</div> <div>53.</div> <div>54.</div> <div>55.</div> <div>56.</div> <div>57.</div> <div>58.</div> <div>59.</div>	

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QUARTERLY REPORT (Form No. 10-071)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
A.	<u>Explanation of the method of calculating the provision for incurred and unreported claims:</u>				
1.					
B.	<u>Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:</u>				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.					
3.					
4.					
5.					
6.					
C.	<u>Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:</u>				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.					
8.					
9.					
10.					
11.					
D.	<u>Forgiven debt or obligations, as detailed below:</u>				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.					
13.					
14.					
15.					

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QUARTERLY REPORT (Form No. 10-071)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

E.	Calculation of Tangible Net Equity (TNE) and Required TNE - Rule 1300.76 and Section 1374.64:	
16.	Net Equity	\$ 0
17.	Add: Subordinated Debt and Accrued Subordinated Interest	\$ 0
18.	Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles	\$ 0
19.	TNE	\$ 0
20.	Required TNE (The greater of required TNE pursuant to Section 1374.64 or Rule 1300.76)	\$ 50,000
	Required TNE pursuant to Section 1374.64	\$ 0
	Required TNE pursuant to Rule 1300.76	\$ 50,000
21.	TNE Excess (Deficiency)	\$ -50,000
F.	Calculation of Percentage of administrative costs to revenue obtained from subscribers and enrollees - Rule 1300.78(b):	
22.	Revenue from subscribers and enrollees	\$ 0
23.	Administrative Costs	\$ 0
24.	Percentage	0.00
G.	Calculation of Percentage of Health Care Expenses for Noncontracting Providers - Section 1377(a):	
25.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees	\$
26.	Total costs for health care services for the immediately preceding six months	\$
27.	Percentage	0.00
	If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10 percent of the total costs for health care services for the immediately preceding six months, the following information, determined as the date of the reports shall be provided.	
28.	Amount of all claims for noncontracting provider services received for reimbursement but not yet processed	\$
29.	Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days	\$
30.	Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid	\$
31.	An estimate of the amount of claims for noncontracting provider services incurred, but not reported	\$
	Determination of compliance with Section 1377(a) as determined in accordance with such section, as follows:	
32.	Cash and cash equivalents maintained on deposit with Department in the form of a restricted deposit and assigned to the Department	\$
33.	Noncontracting provider claims (aggregate of total of items 28 - 31 above)	\$ 0
34.	Cash and cash equivalents reported to be maintained (120 percent x Line 33)	\$ 0
35.	Deposit required (100 percent of Line 34)	\$ 0
36.	Excess (deficient) reserves (Line 32 - Line 35)	\$ 0
H.	Calculation of Percentage of Premium Revenue Earned from Point-of-Service (POS) Plan Contracts:	
37.	Premium revenue earned from POS plan contracts	\$
38.	Total premium revenue earned	\$
39.	Percentage	0
I.	Calculation of Percentage of Total Health Care Expenditures Incurred for Enrollees for Out-of-Network Services for POS Enrollees:	
40.	Health care expenditures for out-of-network services for POS enrollees	\$
41.	Total health care expenditures	\$
42.	Percentage	0
J.	Calculation of POS Deposit Requirement - Section 1374.68(a) Determination of compliance with Section 1374.68(a) POS restricted deposit requirement as follows:	
43.	Current Monthly Claims Payable for out-of-network coverage or services provided under POS Contracts	\$
44.	Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under POS contracts	\$
45.	Total	\$ 0
46.	Line 45 x 120 percent	\$ 0
47.	Required Section 1374.68(a) Deposit (Greater of Line 46 or minimum of \$200,000)	\$ 0

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QUARTERLY REPORT (Form No. 10-071)

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:
TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

	Full Service Plans			Specialized Plans	
		1			2
A. Minimum TNE Requirement	\$	1,000,000	Minimum TNE Requirement	\$	50,000
B. REVENUES:			REVENUES:		
1. 2 percent of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement)	\$	0	2 percent of the first \$7.5 million of annualized premium revenue (lines 1, 2, 4, 5, 7, 9 from Income Statement)	\$	0
Plus			Plus		
2. 1 percent of annualized premium revenues in excess of \$150 million	\$	0	1 percent of annualized premium revenues in excess of \$7.5 million	\$	0
3. Total	\$	0	Total	\$	0
C. HEALTHCARE EXPENDITURES:			HEALTHCARE EXPENDITURES:		
4. 8 percent of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 20, 22, 24 from Income Statement).	\$	0	8 percent of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 20, 22, 24 from Income Statement).	\$	0
Plus			Plus		
5. 4 percent of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	0	4 percent of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$	0
Plus			Plus		
6. 4 percent of the annualized hospital expenditures paid on a managed hospital payment basis (line 13 from Income Statement).	\$	0	4 percent of the annualized hospital expenditures paid on a managed hospital payment basis (line 13 from Income Statement).	\$	0
7. Total	\$	0	Total	\$	0
8. Required "TNE" - Greater of "A" "B" or "C"	\$	0	Required "TNE" - Greater of "A" "B" or "C"	\$	50,000

TNE (2) CALCULATION OF ANNUALIZED REVENUES AND HEALTHCARE EXPENDITURES:

	Annualized	Current QTR	1st Prior QTR	2nd Prior QTR	3rd Prior QTR	
Annualized premium revenues	0	0				Note 1
Annualized healthcare expenditures, except those paid on a capitated or managed hospital basis	0	0				Note 2
Annualized per diem hospital expenditures	0	0				Note 3

(1) Enter prior quarter 2-Income, Line 1 + Line 2 + Line 4 + Line 5 + Line 7 + Line 9
(2) Enter prior quarter 2-Income, Line 14 + Line 16 + Line 18 + Line 19 + Line 20 + Line 22 + Line 24
(3) Enter prior quarter 2-Income, Line 13

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QUARTERLY REPORT (Form No. 10-071)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

POINT-OF-SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY (TNE) CALCULATION

Calculation of TNE and required TNE in accordance with Section 1374.64:

		1
1.	<u>Net Equity</u>	\$ <u>0</u>
2.	<u>Add: Subordinated Debt and Subordinated Interest</u>	\$ <u>0</u>
3.	<u>Less: Report 1, Column B, Line 27 including Unsecured Receivables from officers, directors, and affiliates; Intangibles:</u>	\$ <u>0</u>
4.	<u>TNE</u>	\$ <u>0</u>
5.	<u>Required POS TNE (the greater number, line 11 or 14)</u>	\$ <u>0</u>
6.	<u>130 percent of Required POS TNE</u>	\$ <u>0</u>
7.	<u>POS TNE Excess (Deficiency)</u>	\$ <u>0</u>
8.	<u>Monthly Financial Reporting Required</u>	<u>Not Applicable</u>
	<u>ADJUSTED REQUIRED MINIMUM TNE CALCULATION:</u>	
I.	<u>Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</u>	
9.	<u>Minimum TNE requirement as calculated under Rule 1300.76 (a)(1) or (2)</u>	\$ <u>0</u>
10.	<u>10 percent of Annualized POS Out-Of-Network Expense</u>	\$ <u>0</u>
11.	<u>Add lines 9 and 10</u>	\$ <u>0</u>
II.	<u>Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</u>	
12.	<u>Minimum TNE requirement as recalculated without POS Out-Of-Network expense</u>	\$ <u>0</u>
13.	<u>10 percent of Annualized POS Out-Of-Network Expense</u>	\$ <u>0</u>
14.	<u>Add lines 12 and 13</u>	\$ <u>0</u>

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QUARTERLY REPORT (Form No. 10-071)

REQUIRED POINT-OF-SERVICE TANGIBLE NET EQUITY (TNE) CALCULATION:
TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans			Specialized Plans		
		<u>1</u>			<u>2</u>
A. Minimum TNE Requirement	\$	<u>1,000,000</u>	Minimum TNE Requirement	\$	<u>50,000</u>
B. REVENUES:			REVENUES:		
1. <u>2 percent of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement).</u>	\$	<u>0</u>	2 percent of the first \$7.5 million of annualized premium revenue (lines 1, 2, 4, 5, 7, 9 from Income Statement).	\$	<u>0</u>
Plus			Plus		
2. <u>1 percent of annualized premium revenues in excess of \$150 million</u>	\$	<u>0</u>	1 percent of annualized premium revenues in excess of \$7.5 million	\$	<u>0</u>
3. <u>Total</u>	\$	<u>0</u>	Total	\$	<u>0</u>
C. HEALTHCARE EXPENDITURES:			HEALTHCARE EXPENDITURES:		
4. <u>8 percent of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 22, 24 from Income Statement).</u>	\$	<u>0</u>	8 percent of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 22, 24 from Income Statement).	\$	<u>0</u>
Plus			Plus		
5. <u>4 percent of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.</u>	\$	<u>0</u>	4 percent of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$	<u>0</u>
Plus			Plus		
6. <u>4 percent of the annualized hospital expenditures paid on a managed hospital payment basis (line 13 from Income Statement).</u>	\$	<u>0</u>	4 percent of the annualized hospital expenditures paid on a managed hospital payment basis (line 13 from Income Statement).	\$	<u>0</u>
7. <u>Total</u>	\$	<u>0</u>	Total	\$	<u>0</u>
8. <u>Required "TNE" - Greater of "A" "B" or "C"</u>	\$	<u>0</u>	Required "TNE" - Greater of "A" "B" or "C"	\$	<u>50,000</u>

TNE (3) CALCULATION OF ANNUALIZED REVENUES AND HEALTHCARE EXPENDITURES:

	Annualized	Current QTR	1st Prior QTR	2nd Prior QTR	3rd Prior QTR	
Annualized premium revenues	<u>0</u>	<u>0</u>				Note 1
Annualized healthcare expenditures, except those paid on a capitated or managed hospital basis	<u>0</u>	<u>0</u>				Note 2
Annualized per diem hospital expenditures	<u>0</u>	<u>0</u>				Note 3
Annualized Point-of-Service Out-of-Network Expense	<u>0</u>	<u>0</u>				Note 4

Note:

To derive Annualized Revenues and Expenditures, please enter information from your previous quarterly financial statements filed with the Department. The table will use the current month multiply by 3 to calculate the current quarter for you.

- (1) Enter prior quarter 2-Income, Line 1 + Line 2 + Line 4 + Line 5 + Line 7 + Line 9
(2) Enter prior quarter 2-Income, Line 14 + Line 16 + Line 18 + Line 19 + Line 22 + Line 24
(3) Enter prior quarter 2-Income, Line 13
(4) Enter prior quarter 2-Income, Line 20 (annualized for POS TNE (1) tab)

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QUARTERLY REPORT (Form No. 10-071)

Overflow Page for Write-Ins - Page 1

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2nd Comment Period: Changes to text noted by double underline and double
strikeout. Changes to forms noted by double underline and single strikeout.

Overflow Page for Write-Ins - Page 2

[illegible]

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QUARTERLY REPORT (Form No. 10-071)

Overflow Page for Write-Ins - Page 3

[illegible]

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STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

ANNUAL DMHC FINANCIAL REPORTING FORM (Form No. 10-072)

1.	<u>For the Year Ending:</u>	
2.	<u>Health Plan Name:</u>	
3.	<u>DMHC Health Plan ID:</u>	
4.	<u>Are dollar amounts reported in thousands (000)?</u> <u>Please enter Yes or No.</u>	
5.	<u>Is this a Full Service Health Plan? Please enter</u> <u>Yes or No.</u>	
6.	<u>Type of Health Plan:</u>	
7.	<u>Notes:</u>	

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ANNUAL REPORT (Form No. 10-072)

REPORT #1, PART A: ASSETS

<u>1</u>			<u>2</u>
	<u>A</u>	<u>B</u>	
<u>CURRENT ASSETS:</u>	<u>Included</u>	<u>Excluded</u>	<u>Current Period</u>
<u>1. Cash and Cash Equivalents</u>			<u>0</u>
<u>2. Short-Term Investments</u>			<u>0</u>
<u>3. Premiums Receivable - Net</u>			<u>0</u>
<u>4. Interest Receivable</u>			<u>0</u>
<u>5. Shared Risk Receivables - Net</u>			<u>0</u>
<u>6. Other Health Care Receivables - Net</u>			<u>0</u>
<u>7. Prepaid Expenses</u>			<u>0</u>
<u>8. Secured Affiliate Receivables - Current</u>			<u>0</u>
<u>9. Unsecured Affiliate Receivables - Current</u>			<u>0</u>
<u>10. Aggregate Write-Ins for Current Assets</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>11. TOTAL CURRENT ASSETS (LINES 1 TO 10)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>OTHER ASSETS:</u>			
<u>12. Restricted Assets</u>			<u>0</u>
<u>13. Long-Term Investments</u>			<u>0</u>
<u>14. Intangible Assets and Goodwill - Net</u>	<u>0</u>		<u>0</u>
<u>15. Secured Affiliate Receivables - Long-Term</u>			<u>0</u>
<u>16. Unsecured Affiliate Receivables - Long-Term</u>	<u>0</u>		<u>0</u>
<u>17. Aggregate Write-Ins for Other Assets</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>18. TOTAL OTHER ASSETS (LINES 12 TO 17)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PROPERTY AND EQUIPMENT</u>			
<u>19. Land, Building and Improvements</u>			<u>0</u>
<u>20. Furniture and Equipment - Net</u>			<u>0</u>
<u>21. Computer Equipment - Net</u>			<u>0</u>
<u>22. Leasehold Improvements - Net</u>			<u>0</u>
<u>23. Construction in Progress</u>			<u>0</u>
<u>24. Software Development Costs</u>			<u>0</u>
<u>25. Aggregate Write-Ins for Other Equipment</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>26. TOTAL PROPERTY AND EQUIPMENT (LINES 19 TO 25)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>27. TOTAL ASSETS (LINE 11 PLUS LINE 18 PLUS LINE 26)</u>	<u>0</u>	<u>0</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR CURRENT ASSETS (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>1001.</u>			
<u>1002.</u>			
<u>1003.</u>			
<u>1004.</u>			
<u>1005.</u>			
<u>1006.</u>			
<u>1007.</u>			
<u>1008.</u>			
<u>1009.</u>			
<u>1010.</u>			
<u>1011.</u>			
<u>1012.</u>			
<u>1013.</u>			
<u>1014.</u>			
<u>1015.</u>			
<u>1016.</u>			
<u>1017.</u>			
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<u>1019.</u>			
<u>1020.</u>			
<u>1021.</u>			
<u>1022.</u>			
<u>1023.</u>			
<u>1024.</u>			
<u>1025.</u>			
<u>1026.</u>			
<u>1027.</u>			
<u>1028.</u>			
<u>1029.</u>			
<u>1030.</u>	<u>Summary of remaining write-ins for Line 10 from overflow page</u>		
<u>1031.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 17 FOR OTHER ASSETS (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>1701.</u>			
<u>1702.</u>			
<u>1703.</u>			
<u>1704.</u>			
<u>1705.</u>			
<u>1706.</u>			
<u>1707.</u>			
<u>1708.</u>			
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<u>1722.</u>			
<u>1723.</u>			
<u>1724.</u>			
<u>1725.</u>			
<u>1726.</u>			
<u>1727.</u>			
<u>1728.</u>			
<u>1729.</u>			
<u>1730.</u>	<u>Summary of remaining write-ins for Line 17 from overflow</u> <u>page</u>		
<u>1731.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

1st Comment Period: Changes to text noted by underline and strikeout.
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 Changes to forms noted by double underline and single strikeout.

ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 25 FOR OTHER EQUIPMENT (1A - ASSETS)</u>	<u>Included</u>	<u>Excluded</u>
<u>2501.</u>			
<u>2502.</u>			
<u>2503.</u>			
<u>2504.</u>			
<u>2505.</u>			
<u>2506.</u>			
<u>2507.</u>			
<u>2508.</u>			
<u>2509.</u>			
<u>2510.</u>			
<u>2511.</u>			
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<u>2513.</u>			
<u>2514.</u>			
<u>2515.</u>			
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<u>2518.</u>			
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<u>2520.</u>			
<u>2521.</u>			
<u>2522.</u>			
<u>2523.</u>			
<u>2524.</u>			
<u>2525.</u>			
<u>2526.</u>			
<u>2527.</u>			
<u>2528.</u>			
<u>2529.</u>			
<u>2530.</u>	<u>Summary of remaining write-ins for Line 25 from overflow page</u>		
<u>2531.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

REPORT #1, PART B: LIABILITIES AND NET WORTH

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Current Period</u>		
	<u>Contracting</u>	<u>Noncontracting</u>	<u>Total</u>
CURRENT LIABILITIES:			
1. <u>Trade Accounts Payable</u>		<u>0</u>	<u>0</u>
2. <u>Capitation Payable</u>		<u>0</u>	<u>0</u>
3. <u>Claims Payable</u>			<u>0</u>
4. <u>Incurred But Not Reported Claims</u>			<u>0</u>
5. <u>Point-of-Service Claims Payable</u>			<u>0</u>
6. <u>Point-of-Service Incurred But Not Reported Claims</u>			<u>0</u>
7. <u>Other Medical Liability</u>			<u>0</u>
8. <u>Unearned Premiums</u>		<u>0</u>	<u>0</u>
9. <u>Loans and Notes Payable</u>		<u>0</u>	<u>0</u>
10. <u>Amounts Due To Affiliates - Current</u>		<u>0</u>	<u>0</u>
11. <u>Aggregate Write-Ins for Current Liabilities</u>	<u>0</u>	<u>0</u>	<u>0</u>
12. <u>TOTAL CURRENT LIABILITIES (LINES 1 TO 11)</u>	<u>0</u>	<u>0</u>	<u>0</u>
OTHER LIABILITIES:			
13. <u>Loans and Notes Payable - Not Subordinated</u>		<u>0</u>	<u>0</u>
14. <u>Loans and Notes Payable - Subordinated</u>		<u>0</u>	<u>0</u>
15. <u>Accrued Subordinated Interest Payable</u>		<u>0</u>	<u>0</u>
16. <u>Amounts Due To Affiliates - Long Term</u>		<u>0</u>	<u>0</u>
17. <u>Aggregate Write-Ins for Other Liabilities</u>	<u>0</u>	<u>0</u>	<u>0</u>
18. <u>TOTAL OTHER LIABILITIES (LINES 13 TO 17)</u>	<u>0</u>	<u>0</u>	<u>0</u>
19. <u>TOTAL LIABILITIES (LINE 12 PLUS LINE 18)</u>	<u>0</u>	<u>0</u>	<u>0</u>
NET WORTH			
20. <u>Common Stock</u>	<u>0</u>	<u>0</u>	
21. <u>Preferred Stock</u>	<u>0</u>	<u>0</u>	
22. <u>Paid In Surplus</u>	<u>0</u>	<u>0</u>	
23. <u>Contributed Capital</u>	<u>0</u>	<u>0</u>	
24. <u>Accumulated Other Comprehensive Income</u>	<u>0</u>	<u>0</u>	
25. <u>Retained Earnings (Deficit)/Fund Balance</u>	<u>0</u>	<u>0</u>	
26. <u>Aggregate Write-Ins for Other Net Worth Items</u>	<u>0</u>	<u>0</u>	<u>0</u>
27. <u>TOTAL NET WORTH (LINES 20 TO 26)</u>			<u>0</u>
28. <u>TOTAL LIABILITIES AND NET WORTH (LINE 19 PLUS LINE 27)</u>			<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR CURRENT LIABILITIES (1B - LIABILITIES AND NET WORTH)</u>	<u>Contracting</u>	<u>Noncontracting</u>
<u>1101.</u>			
<u>1102.</u>			
<u>1103.</u>			
<u>1104.</u>			
<u>1105.</u>			
<u>1106.</u>			
<u>1107.</u>			
<u>1108.</u>			
<u>1109.</u>			
<u>1110.</u>			
<u>1111.</u>			
<u>1112.</u>			
<u>1113.</u>			
<u>1114.</u>			
<u>1115.</u>			
<u>1116.</u>			
<u>1117.</u>			
<u>1118.</u>			
<u>1119.</u>			
<u>1120.</u>			
<u>1121.</u>			
<u>1122.</u>			
<u>1123.</u>			
<u>1124.</u>			
<u>1125.</u>			
<u>1126.</u>			
<u>1127.</u>			
<u>1128.</u>			
<u>1129.</u>			
<u>1130.</u>	<u>Summary of remaining write-ins for Line 11 from overflow page</u>		
<u>1131.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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Changes to forms noted by double underline and single strikeout.

ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 17 FOR OTHER LIABILITIES (1B - LIABILITIES AND NET WORTH)</u>	<u>Contracting</u>	<u>Noncontracting</u>
<u>1701.</u>			
<u>1702.</u>			
<u>1703.</u>			
<u>1704.</u>			
<u>1705.</u>			
<u>1706.</u>			
<u>1707.</u>			
<u>1708.</u>			
<u>1709.</u>			
<u>1710.</u>			
<u>1711.</u>			
<u>1712.</u>			
<u>1713.</u>			
<u>1714.</u>			
<u>1715.</u>			
<u>1716.</u>			
<u>1717.</u>			
<u>1718.</u>			
<u>1719.</u>			
<u>1720.</u>			
<u>1721.</u>			
<u>1722.</u>			
<u>1723.</u>			
<u>1724.</u>			
<u>1725.</u>			
<u>1726.</u>			
<u>1727.</u>			
<u>1728.</u>			
<u>1729.</u>			
<u>1730.</u>	<u>Summary of remaining write-ins for Line 17 from overflow page</u>		
<u>1731.</u>	<u>Total</u>	<u>0</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 26 FOR OTHER NET WORTH ITEMS</u>	<u>Total</u>
<u>2601.</u>		
<u>2602.</u>		
<u>2603.</u>		
<u>2604.</u>		
<u>2605.</u>		
<u>2606.</u>		
<u>2607.</u>		
<u>2608.</u>		
<u>2609.</u>		
<u>2610.</u>		
<u>2611.</u>		
<u>2612.</u>		
<u>2613.</u>		
<u>2614.</u>		
<u>2615.</u>		
<u>2616.</u>		
<u>2617.</u>		
<u>2618.</u>		
<u>2619.</u>		
<u>2620.</u>		
<u>2621.</u>		
<u>2622.</u>		
<u>2623.</u>		
<u>2624.</u>		
<u>2625.</u>		
<u>2626.</u>		
<u>2627.</u>		
<u>2628.</u>		
<u>2629.</u>		
<u>2630.</u>	<u>Summary of remaining write-ins for Line 26 from overflow page</u>	
<u>2631.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)	
REPORT #2: REVENUE, EXPENSES AND NET WORTH	
	<u>1</u> <u>Year-To-Date</u>
REVENUES:	
1. <u>Premiums - Commercial</u>	
2. <u>Capitation</u>	
3. <u>Copayments, COB, Subrogation</u>	
4. <u>Medicare Advantage (Title XVIII)</u>	
5. <u>Medi-Cal Managed Care (Title XIX - Medicaid)</u>	
6. <u>Fee-for-Service</u>	
7. <u>Point-of-Service</u>	
8. <u>Interest</u>	
9. <u>Risk Pool</u>	
10. <u>Aggregate Write-Ins for Other Income and Revenues</u>	<u>0</u>
11. <u>TOTAL REVENUE (LINES 1 TO 10)</u>	<u>0</u>
EXPENSES:	
Medical and Hospital	
12. <u>Inpatient Services - Capitated</u>	
13. <u>Inpatient Services - Per Diem/Managed Hospital Expenses</u>	
14. <u>Inpatient Services - Fee-for-Service/Case Rate</u>	
15. <u>Primary Professional Services - Capitated</u>	
16. <u>Primary Professional Services - Non-Capitated</u>	
17. <u>Other Medical Professional Services - Capitated</u>	
18. <u>Other Medical Professional Services - Non-Capitated</u>	
19. <u>Noncontracted Emergency Room and Out-of-Area Expense, not including Point-of-Service</u>	
20. <u>Point-of-Service Out-of-Network Expense</u>	
21. <u>Pharmacy Expense - Capitated</u>	
22. <u>Pharmacy Expense - Fee-for-Service</u>	
23. <u>Aggregate Write-Ins for Other Capitated Medical and Hospital Expenses</u>	<u>0</u>
24. <u>Aggregate Write-Ins for Other Non-Capitated Medical and Hospital Expenses</u>	<u>0</u>
25. <u>TOTAL MEDICAL AND HOSPITAL (LINES 12 TO 24)</u>	<u>0</u>
Administration	
26. <u>Compensation</u>	
27. <u>Interest Expense</u>	
28. <u>Occupancy, Depreciation and Amortization</u>	
29. <u>Management Fees</u>	
30. <u>Marketing</u>	
31. <u>Affiliate Administration Services</u>	
32. <u>Aggregate Write-Ins for Other Administration</u>	<u>0</u>
33. <u>TOTAL ADMINISTRATION (LINES 26 TO 32)</u>	<u>0</u>
34. <u>TOTAL EXPENSES (LINE 25 PLUS LINE 33)</u>	<u>0</u>
35. <u>INCOME (LOSS) (LINE 11 MINUS LINE 34)</u>	<u>0</u>
36. <u>Unusual or Infrequently Occurring Item(s)</u>	
37. <u>Provision for Taxes</u>	
38. <u>NET INCOME (LOSS) (LINE 35 PLUS LINE 36 MINUS LINE 37)</u>	<u>0</u>
39. <u>Other Comprehensive Income (Loss) After Tax</u>	<u>0</u>
40. <u>TOTAL COMPREHENSIVE INCOME (LOSS) AFTER TAX</u>	<u>0</u>
41. <u>Net Worth Beginning of Period</u>	
42. <u>Audit Adjustments</u>	
43. <u>Increase (Decrease) in Common Stock</u>	
44. <u>Increase (Decrease) in Preferred Stock</u>	
45. <u>Increase (Decrease) in Paid in Surplus</u>	
46. <u>Increase (Decrease) in Contributed Capital</u>	
47. <u>Increase (Decrease) in Retained Earnings</u>	
48. <u>Total Comprehensive Income (Loss) After Tax</u>	<u>0</u>
49. <u>Dividends to Stockholders</u>	
50. <u>Aggregate Write-Ins for Changes in Retained Earnings</u>	<u>0</u>
51. <u>Aggregate Write-Ins for Changes in Other Net Worth Items</u>	<u>0</u>
52. <u>NET WORTH END OF PERIOD (LINES 41 TO 51)</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR OTHER INCOME AND REVENUES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>1001.</u>		
<u>1002.</u>		
<u>1003.</u>		
<u>1004.</u>		
<u>1005.</u>		
<u>1006.</u>		
<u>1007.</u>		
<u>1008.</u>		
<u>1009.</u>		
<u>1010.</u>		
<u>1011.</u>		
<u>1012.</u>		
<u>1013.</u>		
<u>1014.</u>		
<u>1015.</u>		
<u>1016.</u>		
<u>1017.</u>		
<u>1018.</u>		
<u>1019.</u>		
<u>1020.</u>		
<u>1021.</u>		
<u>1022.</u>		
<u>1023.</u>		
<u>1024.</u>		
<u>1025.</u>		
<u>1026.</u>		
<u>1027.</u>		
<u>1028.</u>		
<u>1029.</u>		
<u>1030.</u>	<u>Summary of remaining write-ins for Line 10 from overflow page</u>	
<u>1031.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 23 FOR OTHER CAPITATED MEDICAL AND HOSPITAL EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>2301.</u>		
<u>2302.</u>		
<u>2303.</u>		
<u>2304.</u>		
<u>2305.</u>		
<u>2306.</u>		
<u>2307.</u>		
<u>2308.</u>		
<u>2309.</u>		
<u>2310.</u>		
<u>2311.</u>		
<u>2312.</u>		
<u>2313.</u>		
<u>2314.</u>		
<u>2315.</u>		
<u>2316.</u>		
<u>2317.</u>		
<u>2318.</u>		
<u>2319.</u>		
<u>2320.</u>		
<u>2321.</u>		
<u>2322.</u>		
<u>2323.</u>		
<u>2324.</u>		
<u>2325.</u>		
<u>2326.</u>		
<u>2327.</u>		
<u>2328.</u>		
<u>2329.</u>		
<u>2330.</u>	<u>Summary of remaining write-ins for Line 23 from overflow page</u>	
<u>2331.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 24 FOR OTHER NON-CAPITATED MEDICAL AND HOSPITAL EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>2401.</u>		
<u>2402.</u>		
<u>2403.</u>		
<u>2404.</u>		
<u>2405.</u>		
<u>2406.</u>		
<u>2407.</u>		
<u>2408.</u>		
<u>2409.</u>		
<u>2410.</u>		
<u>2411.</u>		
<u>2412.</u>		
<u>2413.</u>		
<u>2414.</u>		
<u>2415.</u>		
<u>2416.</u>		
<u>2417.</u>		
<u>2418.</u>		
<u>2419.</u>		
<u>2420.</u>		
<u>2421.</u>		
<u>2422.</u>		
<u>2423.</u>		
<u>2424.</u>		
<u>2425.</u>		
<u>2426.</u>		
<u>2427.</u>		
<u>2428.</u>		
<u>2429.</u>		
<u>2430.</u>	<u>Summary of remaining write-ins for Line 24 from overflow page</u>	
<u>2431.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 32 FOR OTHER ADMINISTRATIVE EXPENSES (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>3201.</u>		
<u>3202.</u>		
<u>3203.</u>		
<u>3204.</u>		
<u>3205.</u>		
<u>3206.</u>		
<u>3207.</u>		
<u>3208.</u>		
<u>3209.</u>		
<u>3210.</u>		
<u>3211.</u>		
<u>3212.</u>		
<u>3213.</u>		
<u>3214.</u>		
<u>3215.</u>		
<u>3216.</u>		
<u>3217.</u>		
<u>3218.</u>		
<u>3219.</u>		
<u>3220.</u>		
<u>3221.</u>		
<u>3222.</u>		
<u>3223.</u>		
<u>3224.</u>		
<u>3225.</u>		
<u>3226.</u>		
<u>3227.</u>		
<u>3228.</u>		
<u>3229.</u>		
<u>3230.</u>	<u>Summary of remaining write-ins for Line 32 from overflow page</u>	
<u>3231.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF OTHER COMPREHENSIVE INCOME (LOSS) AFTER TAX</u> <u>AT LINE 39 (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>3901.</u>		
<u>3902.</u>		
<u>3903.</u>		
<u>3904.</u>		
<u>3905.</u>		
<u>3906.</u>		
<u>3907.</u>		
<u>3908.</u>		
<u>3909.</u>		
<u>3910.</u>		
<u>3911.</u>		
<u>3912.</u>		
<u>3913.</u>		
<u>3914.</u>		
<u>3915.</u>		
<u>3916.</u>		
<u>3917.</u>		
<u>3918.</u>		
<u>3919.</u>		
<u>3920.</u>		
<u>3921.</u>		
<u>3922.</u>		
<u>3923.</u>		
<u>3924.</u>		
<u>3925.</u>		
<u>3926.</u>		
<u>3927.</u>		
<u>3928.</u>		
<u>3929.</u>		
<u>3930.</u>	<u>Summary of remaining write-ins for Line 39 from overflow page</u>	
<u>3931.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 50 FOR CHANGES IN RETAINED EARNINGS (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>5001.</u>		
<u>5002.</u>		
<u>5003.</u>		
<u>5004.</u>		
<u>5005.</u>		
<u>5006.</u>		
<u>5007.</u>		
<u>5008.</u>		
<u>5009.</u>		
<u>5010.</u>		
<u>5011.</u>		
<u>5012.</u>		
<u>5013.</u>		
<u>5014.</u>		
<u>5015.</u>		
<u>5016.</u>		
<u>5017.</u>		
<u>5018.</u>		
<u>5019.</u>		
<u>5020.</u>		
<u>5021.</u>		
<u>5022.</u>		
<u>5023.</u>		
<u>5024.</u>		
<u>5025.</u>		
<u>5026.</u>		
<u>5027.</u>		
<u>5028.</u>		
<u>5029.</u>		
<u>5030.</u>	<u>Summary of remaining write-ins for Line 50 from overflow page</u>	
<u>5031.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 51 FOR CHANGES OF OTHER NET WORTH ITEMS (2 - REVENUE, EXPENSES AND NET WORTH)</u>	<u>Year-To-Date</u>
<u>5101.</u>		
<u>5102.</u>		
<u>5103.</u>		
<u>5104.</u>		
<u>5105.</u>		
<u>5106.</u>		
<u>5107.</u>		
<u>5108.</u>		
<u>5109.</u>		
<u>5110.</u>		
<u>5111.</u>		
<u>5112.</u>		
<u>5113.</u>		
<u>5114.</u>		
<u>5115.</u>		
<u>5116.</u>		
<u>5117.</u>		
<u>5118.</u>		
<u>5119.</u>		
<u>5120.</u>		
<u>5121.</u>		
<u>5122.</u>		
<u>5123.</u>		
<u>5124.</u>		
<u>5125.</u>		
<u>5126.</u>		
<u>5127.</u>		
<u>5128.</u>		
<u>5129.</u>		
<u>5130.</u>	<u>Summary of remaining write-ins for Line 51 from overflow page</u>	
<u>5131.</u>	<u>Total</u>	<u>0</u>

1st Comment Period: Changes noted by underline and strikeout.
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ANNUAL REPORT (Form No. 10-072)	
REPORT #3: STATEMENT OF CASH FLOWS	
<u>1</u>	<u>2</u>
	<u>Year-To-Date</u>
CASH FLOW PROVIDED BY OPERATING ACTIVITIES	
1. <u>Group/Individual Premiums/Capitation</u>	
2. <u>Copayments, COB and Subrogation</u>	
3. <u>Medicare Advantage (Title XVIII)</u>	
4. <u>Medi-Cal Managed Care (Title XIX - Medicaid)</u>	
5. <u>Fee-for-Service</u>	
6. <u>Investment and Other Income and Revenues</u>	
7. <u>Medical and Hospital Expenses</u>	
8. <u>Administration Expenses</u>	
9. <u>Federal Income Taxes Paid</u>	
10. <u>Interest Paid</u>	
11. <u>NET CASH PROVIDED BY OPERATING ACTIVITIES (LINES 1 TO 10)</u>	<u>0</u>
CASH FLOW PROVIDED BY INVESTING ACTIVITIES	
12. <u>Proceeds from Restricted Cash and Other Assets</u>	
13. <u>Proceeds from Investments</u>	
14. <u>Proceeds for Sales of Property, Plant and Equipment</u>	
15. <u>Payments for Restricted Cash and Other Assets</u>	
16. <u>Payments for Investments</u>	
17. <u>Payments for Property, Plant and Equipment</u>	
18. <u>NET CASH PROVIDED BY INVESTING ACTIVITIES (LINES 12 TO 17)</u>	<u>0</u>
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:	
19. <u>Proceeds from Paid in Capital or Issuance of Stock</u>	
20. <u>Loan Proceeds from Non-Affiliates</u>	
21. <u>Loan Proceeds from Affiliates</u>	
22. <u>Principal Payments on Loans from Non-Affiliates</u>	
23. <u>Principal Payments on Loans from Affiliates</u>	
24. <u>Dividends Paid</u>	
25. <u>Aggregate Write-Ins for Cash Provided by Financing Activities</u>	<u>0</u>
26. <u>NET CASH PROVIDED BY FINANCING ACTIVITIES (LINES 19 TO 25)</u>	<u>0</u>
27. <u>NET INCREASE (DECREASE) IN CASH, CASH EQUIVALENTS AND RESTRICTED CASH (LINES 11, 18 & 26)</u>	<u>0</u>
28. <u>CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT BEGINNING OF THE YEAR</u>	
29. <u>CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT END OF THE YEAR</u>	<u>0</u>
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:	
30. <u>Net Income</u>	<u>0</u>
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
31. <u>Depreciation and Amortization</u>	
32. <u>Decrease (Increase) in Receivables</u>	
33. <u>Decrease (Increase) in Prepaid Expenses</u>	
34. <u>Decrease (Increase) in Affiliate Receivables</u>	
35. <u>Increase (Decrease) in Accounts Payable</u>	
36. <u>Increase (Decrease) in Claims Payable and Shared Risk Pool</u>	
37. <u>Increase (Decrease) in Unearned Premium</u>	
38. <u>Aggregate Write-Ins for Adjustments to Net Income</u>	<u>0</u>
39. <u>TOTAL ADJUSTMENTS (LINES 31 TO 38)</u>	<u>0</u>
40. <u>NET CASH PROVIDED BY OPERATING ACTIVITIES (LINE 30 PLUS LINE 39)</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES (3 - CASH FLOWS)</u>	<u>Year-To-Date</u>
<u>2501.</u>		
<u>2502.</u>		
<u>2503.</u>		
<u>2504.</u>		
<u>2505.</u>		
<u>2506.</u>		
<u>2507.</u>		
<u>2508.</u>		
<u>2509.</u>		
<u>2510.</u>		
<u>2511.</u>		
<u>2512.</u>		
<u>2513.</u>		
<u>2514.</u>		
<u>2515.</u>		
<u>2516.</u>		
<u>2517.</u>		
<u>2518.</u>		
<u>2519.</u>		
<u>2520.</u>		
<u>2521.</u>		
<u>2522.</u>		
<u>2523.</u>		
<u>2524.</u>		
<u>2525.</u>		
<u>2526.</u>		
<u>2527.</u>		
<u>2528.</u>		
<u>2529.</u>		
<u>2530.</u>	<u>Summary of remaining write-ins for Line 25 from overflow page</u>	
<u>2531.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

	<u>DETAILS OF WRITE-INS AGGREGATED AT LINE 38 FOR ADJUSTMENTS TO NET INCOME (3 - CASH FLOWS)</u>	<u>Year-To-Date</u>
<u>3801.</u>		
<u>3802.</u>		
<u>3803.</u>		
<u>3804.</u>		
<u>3805.</u>		
<u>3806.</u>		
<u>3807.</u>		
<u>3808.</u>		
<u>3809.</u>		
<u>3810.</u>		
<u>3811.</u>		
<u>3812.</u>		
<u>3813.</u>		
<u>3814.</u>		
<u>3815.</u>		
<u>3816.</u>		
<u>3817.</u>		
<u>3818.</u>		
<u>3819.</u>		
<u>3820.</u>		
<u>3821.</u>		
<u>3822.</u>		
<u>3823.</u>		
<u>3824.</u>		
<u>3825.</u>		
<u>3826.</u>		
<u>3827.</u>		
<u>3828.</u>		
<u>3829.</u>		
<u>3830.</u>	<u>Summary of remaining write-ins for Line 38 from overflow page</u>	
<u>3831.</u>	<u>Total</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Total Enrollees At End of Previous Period	Additions During Period	Terminations During Period	Total Enrollees at End of Period	On Exchange Enrollees (also included in Column 5)	Off Exchange Enrollees (also included in Column 5)	Grandfathered Enrollees (also included in Column 5)	Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period - Physicians	Total Member Ambulatory Encounters for Period - Non- Physicians	Total Member Ambulatory Encounters for Period	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay
1.	HMO Individual				0							0		0	
2.	HMO Small Group				0							0		0	
3.	HMO Large Group				0							0		0	
4.	POS Individual				0							0		0	
5.	POS Small Group				0							0		0	
6.	POS Large Group				0							0		0	
7.	PPO Individual				0							0		0	
8.	PPO Small Group				0							0		0	
9.	PPO Large Group				0							0		0	
10.	EPO Individual				0							0		0	
11.	EPO Small Group				0							0		0	
12.	EPO Large Group				0							0		0	
13.	Medi-Cal Managed Care				0							0		0	
14.	Medicare Advantage				0							0		0	
15.	Medicare Fee-for-Service				0							0		0	
16.	Medicare Supplement				0							0		0	
17.	Administrative Service Only (ASO)				0	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A
18.	Aggregate Contracted from Other Plans	0	0	0	0	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A
19.	Aggregate Other Source of Enrollment	0	0	0	0	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A
20.	Total Membership	0	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A

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Annual Report (Form No. 10-072)

DETAILS OF CONTRACTED ENROLLMENT FROM OTHER PLANS AT LINE 18

[illegible]

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Annual Report (Form No. 10-072)

DETAILS OF OTHER SOURCE OF ENROLLMENT AT LINE 19

[illegible]

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Report #5: Enrollment by Product and by County

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ANNUAL REPORT (Form No. 10-072)

Report #6, Part A: Enrollment Delegated Contracted To Other Licensed Health Plans

Identify each health plan and the number of enrollees assigned to that health plan by products (Commercial, Medi-Cal Managed Care or Medicare Advantage).

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
<u>Health Plan ID</u>	<u>Health Plan</u>	<u>Commercial</u>	<u>Medi-Cal Managed Care</u>	<u>Medicare Advantage</u>	<u>Total</u>
<u>This field is auto populated once a health plan is selected</u>	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Select a health plan</u>				<u>0</u>
	<u>Total</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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ANNUAL REPORT (Form No. 10-072)

Proprietary information not available on the website.

Report #6, Part B: Enrollment Sub-Delegated to Health Plans, Medical Groups, Capitated Providers or Risk Bearing Organizations

Identify each sub-delegated health plan, medical group, capitated provider or risk bearing organization **directly** responsible for managing care for enrollees, and the number of enrollees assigned to that sub-delegated entity by products (Commercial, Medi-Cal Managed Care or Medicare Advantage). Identify any additional entity responsible for managing care and responsible for paying for care for enrollees.

<u>Entity ID</u>	<u>Delegated Entities</u>	<u>Commercial</u>	<u>Medi-Cal Managed Care</u>	<u>Medicare Advantage</u>	<u>Total</u>
<u>This field is auto populated once a health plan, risk bearing organization, capitated providers or medical groups is selected.</u>	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Select a health plan Risk Bearing Organization Capitated Providers or Medical Groups</u>				<u>0</u>
	<u>Total Delegated Enrollees</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Quarterly and Annual basis by product types (Commercial, Medi-Cal Managed Care and Medicare Advantage) - Confidential

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ANNUAL REPORT (Form No. 10-072)

Report #7: Multiple Employer Welfare Arrangement (MEWA) Enrollment Report

[illegible]

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ANNUAL REPORT (Form No. 10-072)

SCHEDULE B

Proprietary information not available on the website.

Schedule B - Investments

Please click the checkbox shown below if the health plan has no investments to report. This will remove the requirement of having to complete the Schedule B section in order for the profile section to be considered complete.

☐ [Health Plan Name] *certifies there are no investments to report.*

Individually report the top 10 short-term investments. Report the remaining short-term investments' balance, as an aggregate total, in the "Total Short-Term Investments" box, listing "Aggregate Total of Remaining Investments" in the "Description" box.

Individually report the top 10 long-term investments. Report the remaining long-term investments' balance, as an aggregate total, in the "Total Long-Term Investments" box, listing "Aggregate Total of Remaining Investments" in the "Description" box.

Select "Other" in the drop-down menu if investment type is mixed.

* Indicates a Required Field

<u>CUSIP Identification</u>	<input type="text"/>	
<u>* Description</u>	<input type="text"/>	<u>Investment Type</u> <input type="text" value="Stocks"/>
<u>Date Acquired</u>	<input type="text"/>	<u>Maturity Date</u> <input type="text"/>
<u>Par Value (Bonds) or No. Shares (Stock)</u>	<input type="text"/>	<u>Income Earned</u> <input type="text"/>
<u>Market Value</u>	<input type="text"/>	<u>Cost</u> <input type="text"/>
<u>Total Short-Term Investments</u>	<input type="text"/>	<u>Total Long-Term Investments</u> <input type="text"/>
<input type="button" value="Add Investment"/>		

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ANNUAL REPORT (Form No. 10-072)

Check, if not applicable: ☐
SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors with account balances greater than 5 percent of gross Premiums Receivable. Group the total of all other premium receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed".

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u> Allowance for Doubtful Accounts	<u>7</u> Total
	Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days		
<u>1.</u>							0
<u>2.</u>							0
<u>3.</u>							0
<u>4.</u>							0
<u>5.</u>							0
<u>6.</u>							0
<u>7.</u>							0
<u>8.</u>							0
<u>9.</u>							0
<u>10.</u>							0
<u>11.</u>							0
<u>12.</u>							0
<u>13.</u>							0
<u>14.</u>							0
<u>15.</u>							0
<u>16.</u>							0
<u>17.</u>							0
<u>18.</u>							0
<u>19.</u>							0
<u>20.</u>							0
<u>21.</u>							0
<u>22.</u>							0
<u>23.</u>							0
<u>24.</u>							0
<u>25.</u>							0
<u>26.</u>							0
<u>27.</u>							0
<u>28.</u>							0
<u>29.</u>							0
<u>30.</u>							0
<u>31.</u>							0
<u>32.</u>							0
<u>33.</u>							0
<u>34.</u>							0
<u>35.</u>							0
<u>36.</u>							0
<u>37.</u>							0
<u>38.</u>							0
<u>39.</u>							0
<u>40.</u>							0
<u>41.</u>							0
<u>42.</u>							0
<u>43.</u>							0
<u>44.</u>							0
<u>45.</u>							0
<u>46.</u>							0
<u>47.</u>							0
<u>48.</u>							0
<u>49.</u>							0
<u>50.</u>							0
<u>51.</u>							0
<u>52.</u>							0
<u>53.</u>							0
<u>54.</u>	Aggregate Accounts Not Individually Listed						0
<u>55.</u>	Total	0	0	0	0	0	0

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ANNUAL REPORT (Form No. 10-072)

Check, if not applicable: ☐

SCHEDULE D
HEALTH CARE RECEIVABLES & AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 5 percent of gross receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed".

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u> Allowance for Doubtful Accounts	<u>7</u> Total
	Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days		
1.							0
2.							0
3.							0
4.							0
5.							0
6.							0
7.							0
8.							0
9.							0
10.							0
11.							0
12.							0
13.							0
14.							0
15.							0
16.							0
17.							0
18.							0
19.							0
20.							0
21.							0
22.							0
23.							0
24.							0
25.							0
26.							0
27.							0
28.							0
29.							0
30.							0
31.							0
32.							0
33.							0
34.							0
35.							0
36.							0
37.							0
38.							0
39.							0
40.							0
41.							0
42.							0
43.							0
44.							0
45.							0
46.							0
47.							0
48.							0
49.							0
50.							0
51.							0
52.							0
53.							0
54.	Aggregate Accounts Not Individually Listed						0
55.	Total	0	0	0	0	0	0

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ANNUAL REPORT (Form No. 10-072)

Check, if not applicable: ☐

SCHEDULE E - PROPERTY & EQUIPMENT - NET

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Description, Address, and Date Acquired</u>	<u>Cost</u>	<u>Improvements</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u> <u>(Columns 2+3-4)</u>
Land:				
1.				0
2.				0
3.				0
4. <u>TOTAL LAND</u>	0	0	0	0
Building & Improvements:				
5.				0
6.				0
7.				0
8. <u>TOTAL BUILDING & IMPROVEMENTS</u>	0	0	0	0
9. <u>Furniture & Equipment (Totals Only)</u>				0
10. <u>Computer Equipment (Totals Only)</u>				0
Leasehold Improvements:				
11.				0
12.				0
13.				0
14. <u>TOTAL LEASEHOLD IMPROVEMENTS</u>	0	0	0	0
Construction in Progress:				
15.				0
16.				0
17.				0
18. <u>TOTAL CONSTRUCTION IN PROGRESS</u>	0	0	0	0
19. <u>Software Development Costs (Totals Only)</u>				0
Other:				
20.				0
21.				0
22.				0
23.				0
24. <u>TOTAL OTHER</u>	0	0	0	0
25. <u>GRAND TOTALS</u>	0	0	0	0

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ANNUAL REPORT (Form No. 10-072)

SCHEDULE F

Proprietary information not available on the website.

Schedule F - Trade Accounts Payable

Individually enter all creditors with account balances greater than 5 percent of total trade accounts payable. Group the total of all other payables and enter the total with Name of Creditor as "Aggregate Accounts Not Individually Listed."

* Indicates a Required Field

* <u>Name of Debtor</u>	<input type="text"/>
* <u>1-30 Days</u>	<input type="text"/>
* <u>31-60 Days</u>	<input type="text"/>
* <u>61-90 Days</u>	<input type="text"/>
* <u>91-120 Days</u>	<input type="text"/>
* <u>Over 120 Days</u>	<input type="text"/>
<input type="button" value="Add Accounts Payable"/>	

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ANNUAL REPORT (Form No. 10-072)

Check, if not applicable: ☐

SCHEDULE G - UNPAID CLAIMS ANALYSIS

The purpose of Schedule G is to analyze the Plan's unpaid claims inventory and is used only to monitor whether the number of claims are increasing or decreasing from one period to the next. The appropriateness of the Plan's claims processing is reviewed during the Department's financial audit to determine compliance with the claim processing requirements of Health and Safety Code sections 1371, 1371.35 and Title 28, Cal. Code Regs, Rule 1300.71.

SECTION I - CLAIMS UNPAID (IN DOLLARS)

	<u>1</u>	<u>2</u>	<u>3</u>
<u>Type of Claim</u>	<u>Reported Claims in Process of Adjustment</u>	<u>Estimated Incurred but Not Reported Claims</u>	<u>Total - Unpaid Claims (Columns 1+2)</u>
<u>1. Inpatient Claims</u>			<u>0</u>
<u>2. Physician Claims</u>			<u>0</u>
<u>3. Referral Claims</u>			<u>0</u>
<u>4. Other Medical Claims</u>			<u>0</u>
<u>5. TOTAL CLAIMS</u>	<u>0</u>	<u>0</u>	<u>0</u>

SECTION II - INVENTORY OF CLAIMS TO BE PROCESSED (BY COUNT)

EXCLUDE ENCOUNTER DATA

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
		<u>Beginning Balance</u> Number of Claims in inventory on the 1st of each month	<u>Add - Claims Received during the month</u>	<u>Deduct - Number of Claims Processed / Adjudicated</u>	<u>Add/Deduct - Adjustments</u>	<u>Ending Balance</u> Number of claims in inventory at the end of the month
<u>6.</u>						
<u>7.</u>						
<u>8.</u>						
<u>9.</u>						
<u>0.</u>						
<u>1.</u>						
<u>2.</u>						
<u>3.</u>						
<u>4.</u>						
<u>5.</u>						
<u>6.</u>						
<u>7.</u>						

Encounter Data must be excluded from all claim categories reported in this schedule.
Provide notes to **SECTION II** below for Column 4 and 5, if explanations are warranted.

8.

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ANNUAL REPORT (Form No. 10-072)

Check, if not applicable: ☐

SCHEDULE H - AGING OF ALL CLAIMS

SECTION I - AGING OF ALL CLAIMS (IN DOLLARS)

Age all claims on hand at the end of each month. Use the **date of receipt** to determine the number of days in outstanding claims.

	<u>1</u> <u>Month Ending</u>	<u>2</u> <u>1-30 Days</u>	<u>3</u> <u>31-60 Days</u>	<u>4</u> <u>61-90 Days</u>	<u>5</u> <u>Over 90 Days</u>	<u>6</u> <u>Total</u>
<u>1.</u>						<u>0</u>
<u>2.</u>						<u>0</u>
<u>3.</u>						<u>0</u>
<u>4.</u>						<u>0</u>
<u>5.</u>						<u>0</u>
<u>6.</u>						<u>0</u>
<u>7.</u>						<u>0</u>
<u>8.</u>						<u>0</u>
<u>9.</u>						<u>0</u>
<u>10.</u>						<u>0</u>
<u>11.</u>						<u>0</u>
<u>12.</u>						<u>0</u>

13. If the claims payable reported in Report #1, Part B does not tie to **Schedule H**, please provide an explanation below.

SECTION II - AGING OF ALL CLAIMS (BY COUNT)

Age all claims on hand at the end of each month. Use the **date of receipt** to determine the number of days in outstanding claims.

	<u>1</u> <u>Month Ending</u>	<u>2</u> <u>1-30 Days</u>	<u>3</u> <u>31-60 Days</u>	<u>4</u> <u>61-90 Days</u>	<u>5</u> <u>Over 90 Days</u>	<u>6</u> <u>Total</u>
<u>14.</u>						<u>0</u>
<u>15.</u>						<u>0</u>
<u>16.</u>						<u>0</u>
<u>17.</u>						<u>0</u>
<u>18.</u>						<u>0</u>
<u>19.</u>						<u>0</u>
<u>20.</u>						<u>0</u>
<u>21.</u>						<u>0</u>
<u>22.</u>						<u>0</u>
<u>23.</u>						<u>0</u>
<u>24.</u>						<u>0</u>
<u>25.</u>						<u>0</u>

26. If the total does not tie to **Schedule G, Section II**, Column 6, please provide an explanation below.

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2nd Comment Period: Changes to text noted by double underline and double ~~strikeout~~;
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ANNUAL REPORT (Form No. 10-072)

Check, if not applicable: ☐

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL CLAIMS LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

<u>Reported Accrual</u>		<u>-</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Quarter Ending Date</u>	<u>Total Medical Claims Liability*</u>	<u>Amount Paid-To-Date</u>	<u>Difference - Column (2-3)</u>	<u>Outstanding Liability</u> <u>(Based on plan's lag table)</u>
<u>1.</u>		<u>XXX</u>	<u>0</u>	
<u>2.</u>			<u>0</u>	
<u>3.</u>			<u>0</u>	
<u>4.</u>			<u>0</u>	
<u>5.</u>			<u>0</u>	
<u>6.</u>			<u>0</u>	
<u>7.</u>			<u>0</u>	
<u>8.</u>			<u>0</u>	

* Should tie to Report #1, Part B, Column 4, Lines 3 through 6.

9. If current quarter's total medical claims liability does not tie to Report #1, Part B, Column 4, Lines 3 through 6, please provide an explanation below.

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SCHEDULE J

Proprietary information not available on the website.

Schedule J - Loans and Notes Payable (Including Affiliates)

List all amounts with balances greater than 5 percent of gross payables.

* Indicates a Required Field

* <u>Name of Lender</u>	<input type="text"/>		
* <u>Lender Type</u>	<input type="radio"/> <u>Financial Institution</u>	<input type="radio"/> <u>Affiliate</u>	<input type="radio"/> <u>Other</u>
* <u>Rate</u>	<input type="text"/>		
* <u>Principal</u>	<input type="text"/>		
* <u>Accrued Interest</u>	<input type="text"/>		
* <u>Total</u>	<input type="text"/>		
* <u>Current</u>	<input type="text"/>		
* <u>Non-Current</u>	<input type="text"/>		
* <u>Compliance with Covenants?</u>	<input type="radio"/> <u>Yes</u> <input type="radio"/> <u>No</u>		
* <u>- if no, please describe</u>	<input type="text"/>		
<input type="button" value="Add Loan"/>			

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ANNUAL REPORT (Form No. 10-072)

SCHEDULE K

Proprietary information not available on the website.

Schedule K - Summary of Transactions with any Affiliates

Include the aggregate of transactions, for the reporting period, within each category involving the health plan's parent, subsidiaries, and affiliates.

* Indicates a Required Field

<u>Federal ID Number</u> *	<input type="text"/>
<u>Name of Health Plan's Parent, Subsidiaries Affiliates</u> *	<input type="text"/>
<u>Shareholder Dividends</u> *	<input type="text"/>
<u>Capital Contributions</u> *	<input type="text"/>
<u>Purchases, Sales, or Exchanges of Loans, Securities, Real Estate, Mortgage Loans, or Other Investments</u> *	<input type="text"/>
<u>Income/(Disbursements) Incurred In Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)</u> *	<input type="text"/>
<u>Management Agreements and Service Contracts</u> *	<input type="text"/>
<u>Income/(Disbursements) Incurred Under Reinsurance Agreements</u> *	<input type="text"/>
<u>Any Other Intercompany Activity not in the Ordinary Course of the Health Plan's Business (Exclude: Transactions of Routine Nature)</u> *	<input type="text"/>
<u>Description of Other Intercompany Activity</u> *	<input type="text"/>

Add Transaction

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ANNUAL REPORT (Form No. 10-072)

SCHEDULE L

Schedule L - Analysis of Operations by Lines of Business

This report provides detailed information regarding revenues and expenses, and medical liabilities by line of business. Please refer to the instructions for Report #1, Part B: Liabilities and Net Worth, and Report #2: Revenue, Expenses and Net Worth for instructions and line item descriptions for this report

Account Name	Total	HMO, PPO, EPO (including IHSS) Large Group	HMO, PPO, EPO Small Group	HMO, PPO, EPO Individual	Point-of-Service	Medi-Cal Managed Care	Medicare Advantage	Medicare Supplement	Dental	Vision	Plan to Plan (assuming entity)	Administrative Service Only (ASO)	Other
Premium (Include amounts reported in Lines 1-7 on Report #2)	0												
Interest	0												
Shared Risk Pool	0												
Aggregate Write-ins for Other Income and Revenues	0												
Total Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient Services - Capitated	0												
Inpatient Services - Per Diem	0												
Inpatient Services - Fee-for-Service/Case Rate	0												
Primary Professional Services - Capitated	0												
Primary Professional Services - Non-Capitated	0												
Other Medical Professional Services - Capitated	0												
Other Medical Professional Services - Non-Capitated	0												
Non-Contracted Emergency Room and Out-Of-Area, not including Point-of-Service	0												
Point-of-Service Out-Of-Network Expense	0												
Pharmacy Expense - Capitated	0												
Pharmacy Expense - Fee-for-Service	0												
Aggregate Write-Ins for Other Capitated Medical and Hospital Expenses	0												
Aggregate Write-Ins for Other Non-Capitated Medical and Hospital Expenses	0												
Total Medical and Hospital Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Administration Expenses	0												
Total Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
Income (Loss)	0	0	0	0	0	0	0	0	0	0	0	0	0
Unusual or Infrequently Occurring Item(s)	0												
Provisions for Taxes	0												
Net Income (Loss)	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Comprehensive Income (loss) After Tax	0												
Total Comprehensive Income (Loss) After Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
Claims Payable	0												
Incurred But Not Reported Claims	0												
Point-of-Service Claims Payable	0												
Point-of-Service Incurred But Not Reported Claims	0												
Other Medical Liability	0												
Total Medical Liability	0	0	0	0	0	0	0	0	0	0	0	0	0

Changes to forms noted by double underline and single strikeout.

Proprietary information not available on the website.

Enter the pass-through reported in Report #1A, Part A: Assets and Part B: Liabilities and Report #2: Revenue and Expenses.

* Financial Statement: Report # 1 Part A: Assets ▼

* Pass-Through Type: -- Select One -- ▼

* Line Item: -- Select One -- ▼

* Amount:

YTD Amount (if applicable)

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ANNUAL REPORT (Form No. 10-072)

<u>1</u>	
<u>NOTES TO FINANCIAL STATEMENTS</u>	
<p>The reporting entity can upload its Notes to Financial Statements for the reporting period as an attachment to the DMHC Financial Reporting Form. After uploading the reporting entity's DMHC Financial Reporting Form, go to the Attachments tab, and attach the reporting entity's prepared Notes to Financial Statement. Please select "Footnote Disclosures" as Document Type and type "Notes to Financial Statements" in Document Description field.</p> <p>Please contact the reporting entity's assigned financial examiner, e-mail HealthPlanReporting@DMHC.CA.GOV, or call 916-255-2345 for additional instructions, if needed.</p>	
<u>1.</u>	
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ANNUAL REPORT (Form No. 10-072)
GENERAL INTERROGATORIES

		<u>1</u>	<u>2</u>	<u>3</u>
		YES	NO	
1.	<u>Has any change been made since the last reporting date in the charter, articles of incorporation, by-laws, or contracts with physicians, hospitals or subscribers where submission is required by a state regulation? If "Yes," attach current copies of the documents, if they have not been previously submitted.</u>			
2.	<u>Is the Reporting Entity authorized to conduct business in other states? If "Yes", list all states which the Reporting Entity is authorized to conduct business.</u>			
3.	<u>Identify the name of each regulatory agency that performs financial examinations of the Reporting Entity and provide for each: the balance sheet date of the most recent financial examination, and the date the most recent financial examination report became available for public review by other state regulatory agencies or to the public.</u>			
4.	<u>Is the Reporting Entity directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership, or individual?</u>			
5.	<u>Does the Reporting Entity have an established procedure for annual disclosure to its Board of Directors of any material interest or affiliation on the part of any of its officers, directors, or responsible employees, which is in, or is likely to, conflict with the official duties of such person?</u>			
6.	<u>Did any officer, director, shareholder, or salaried employee of the Reporting Entity receive, directly or indirectly, any commission on the business transactions of the Reporting Entity? If "Yes," give particulars.</u>			
7.	<u>Was money loaned during the period covered by this report to any officer, director, or shareholder of the Reporting Entity? If "Yes," give detailed explanation of each loan.</u>			
8.	<u>Are officers and employees of the Reporting Entity covered by a fidelity bond? If "Yes," give name of surety company and amount of coverage, and provide expiration date of fidelity bond.</u>			
9.	<u>Were all the stocks, bonds, and other securities owned as of the reporting period, over which the Reporting Entity has exclusive control, in the actual possession of the Reporting Entity on the said date? If "No," give location.</u>			
10.	<u>Is the purchase or sale of all investments of the Reporting Entity passed upon by either the Board of Directors or a subordinate committee thereof? If "No," state who has the authority.</u>			
11.	<u>Has any present or former officer, director, or any other person or firm any claim of any nature whatsoever against the Reporting Entity which is not included in the financial statements? If "Yes," give details:</u>			
12.	<u>Have damage claims for medical injury been initiated against the Reporting Entity during the reporting year? If "Yes," provide the following information on any contingent liabilities that will be greater than 1% of required TNE. Include a complete report giving the number and amount of claims broken down into claims with and without formal legal process, and their disposition, if any.</u>			

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ANNUAL REPORT (Form No. 10-072)

GENERAL INTERROGATORIES

		<u>1</u>	<u>2</u>	<u>3</u>
		<u>YES</u>	<u>NO</u>	
13.	Has the Reporting Entity been subject to any administrative orders, cease and desist orders, revocation orders, fines or suspensions by any government entity during the reporting year? If "Yes," give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement).			
14.	Have any other legal actions been taken against the Reporting Entity during the reporting year? If "Yes," attach additional sheets giving full particulars.			
15.	Does the Reporting Entity have direct professional liability coverage (commonly known as "malpractice")? If the Reporting Entity does not have this coverage, please explain. If "Yes," provide the (1) name of carrier, (2) limits of coverage, and (3) expiration date.			
16.	Are the providers of the Reporting Entity contractually obligated to maintain professional liability coverage?			
17.	Does the Reporting Entity have general liability insurance coverage? If the Reporting Entity does not have this coverage, please explain. If "Yes," provide the (1) name of carrier, (2) limits of coverage, and (3) expiration date.			
18.	Does the Reporting Entity have reinsurance (stop-loss) coverage? If the Reporting Entity does not have this coverage, please explain. If "Yes," provide the (1) name of carrier, (2) limits of coverage, and (3) expiration date.			
19.	Describe arrangements which the Reporting Entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other arrangements.			
20.	Does the Reporting Entity set-up its claims liability for hospital and other medical services on an invoice date basis or a service date basis? (State basis, if both, explain)			
21.	Have there been any changes in the information filed with the Department regarding the value of the collateral used to secure affiliate receivables that are being included to calculate Tangible Net Equity as permitted by Rule 1300.76(e). If "yes," give details and indicate if the changes have been filed.			
22.	Does the Reporting Entity have business subject to implicit or explicit premium rate guarantees? If "Yes," provide (1) the percentage of total revenues that has rate guarantees between 15-36 months and (2) the percentage of total revenues that has rate guarantees over 36 months.			
23.	Does the Reporting Entity contract with other companies for claims processing services? If "Yes", provide (a) the state(s) that the other companies are domiciled, (2) if the financial status is monitored (if "yes", please explain) and (3) if there is a disaster recovery plan (if "Yes", please explain).			
24.	Did the Reporting Entity change its independent accountant and notify the Department? If "Yes," please provide eFiling number.			
25.	Did any of the Reporting Entity's shareholders or principal officers change? If "Yes," please provide eFiling number(s).			
26.	Did any of the Reporting Entity's direct or indirect parent change ownership? If "Yes," please explain.			
27.	Did the Reporting Entity change its claims processing system? If "Yes," please describe.			

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ANNUAL REPORT (Form No. 10-072)

GENERAL INTERROGATORIES

28.

29.

1

2

3

4

5

No. of Shares
Authorized

No. of Shares
Outstanding

Par or Stated
Value Per Share

Dividend
Rate

Are Dividends
Cumulative?

Common

Preferred

30.

31.

32.

33.

34.

35.

Provide the following information for accounts that are ten (10 percent) or more of the total Reporting Entity's enrollment:
(a) Type of Account - In the table below, describe the account using one of the following terms:
(1) Federal Employees
(2) County and Municipal Employees
(3) State Employees
(4) Corporate Nonpublic - Service Sector
(5) Corporate Nonpublic - Manufacturing
(6) Union and Trust Fund (Account contract should be with a union trust fund; do not include accounts for contracts with above categories even if they are unionized.)
(7) Medi-Cal Managed Care (Medicaid)
(8) Medicare Advantage
(9) Other
(b) Percentage of Total Enrollment - Provide the percentage of total enrollment represented by this account.
(c) Renewal Date - Provide the renewal date (month/day/year) for the account's contract.

1	2	3
(a)	(b)	(c)
Type of Account	Percentage of Enrollment	Renewal Date

36.

37.

38.

39.

40.

41.

42.

Provide the following details on reinsurance recoveries and expenses:

1	2	3	4	5	6
Description of Treaty, Terms and Name of Carrier	Total Reinsurance Recoveries Received in Current Year	Total Recoveries Receivable or Recoverable for Current Year Claims	Receivable for the prior Annual Statement (same as Col 3 in last year's schedule)	Reinsurance Recoveries for Current Year Earnings (Col. 2+3-4)	Reinsurance Premiums
				0	
				0	
				0	
				0	
				0	
				0	
				0	

		Yes	No						
43.	Does the Reporting Entity directly or indirectly provide guarantees to any other company, corporation, group of companies, partnership, foreign entity, or domestic entity domiciled outside of the jurisdiction of the United States? If "yes", has the change been made since the last reporting date? Please state the changes, if applicable.								
44.	Does the Reporting Entity directly or indirectly provide reinsurance coverage to any other company, corporation, group of companies, partnership, foreign entity, or domestic entity domiciled outside of the jurisdiction of the United States? If "yes", has any change been made since the last reporting date? Please state the changes, if applicable.								
45.	Does the Reporting Entity directly or indirectly own at least 10 percent of the common stock or control any other company, corporation, group of companies, partnership, foreign entity, or domestic entity domiciled outside of the jurisdiction of the United States? If "yes", has any change been made since the last reporting date? Please state the changes, if applicable.								
46.	Are the reported or portion of the reported investments or cash held under the name of any other company, corporation group of companies, or partnership?								
47.	Is the Reporting Entity in compliance with any covenants associated with any loans and notes payable, including affiliates? If no, please explain.								

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ANNUAL REPORT (Form No. 10-072)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.					
3.					
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.					
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.					
13.					
14.					
15.					

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ANNUAL REPORT (Form No. 10-072)

KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

E.	Calculation of Tangible Net Equity (TNE) and Required TNE - Rule 1300.76 and Section 1374.64:	
16.	Net Equity	\$ 0
17.	Add: Subordinated Debt and Accrued Subordinated Interest	\$ 0
18.	Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles	\$ 0
19.	TNE	\$ 0
20.	Required TNE (The greater of required TNE pursuant to Section 1374.64 or Rule 1300.76)	\$ 50,000
	Required TNE pursuant to Section 1374.64	\$ 0
	Required TNE pursuant to Rule 1300.76	\$ 50,000
21.	TNE Excess (Deficiency)	\$ -50,000
F.	Calculation of Percentage of administrative costs to revenue obtained from subscribers and enrollees - Rule 1300.78(b):	
22.	Revenue from subscribers and enrollees	\$ 0
23.	Administrative Costs	\$ 0
24.	Percentage	0.00
G.	Calculation of Percentage of Health Care Expenses for Noncontracting Providers - Section 1377(a):	
25.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees	\$
26.	Total costs for health care services for the immediately preceding six months	\$
27.	Percentage	0.00
	If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10 percent of the total costs for health care services for the immediately preceding six months, the following information, determined as the date of the reports shall be provided.	
28.	Amount of all claims for noncontracting provider services received for reimbursement but not yet processed	\$
29.	Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days	\$
30.	Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid	\$
31.	An estimate of the amount of claims for noncontracting provider services incurred, but not reported	\$
	Determination of compliance with Section 1377(a) as determined in accordance with such section, as follows:	
32.	Cash and cash equivalents maintained on deposit with Department in the form of a restricted deposit and assigned to the Department	\$
33.	Noncontracting provider claims (aggregate of total of items 28 - 31 above)	\$ 0
34.	Cash and cash equivalents reported to be maintained (120 percent x Line 33)	\$ 0
35.	Deposit required (100 percent of Line 34)	\$ 0
36.	Excess (deficient) reserves (Line 32 - Line 35)	\$ 0
H.	Calculation of Percentage of Premium Revenue Earned from Point-of-Service (POS) Plan Contracts:	
37.	Premium revenue earned from POS plan contracts	\$
38.	Total premium revenue earned	\$
39.	Percentage	0
I.	Calculation of Percentage of Total Health Care Expenditures Incurred for Enrollees for Out-of-Network Services for POS Enrollees:	
40.	Health care expenditures for out-of-network services for POS enrollees	\$
41.	Total health care expenditures	\$
42.	Percentage	0
J.	Calculation of POS Deposit Requirement - Section 1374.68(a) Determination of compliance with Section 1374.68(a) POS restricted deposit requirement as follows:	
43.	Current Monthly Claims Payable for out-of-network coverage or services provided under POS Contracts	\$
44.	Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under POS contracts	\$
45.	Total	\$ 0
46.	Line 45 x 120 percent	\$ 0
47.	Required Section 1374.68(a) Deposit (Greater of Line 46 or minimum of \$200,000)	\$ 0

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REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

	<u>Full Service</u> <u>Plans</u>		<u>Specialized</u> <u>Plans</u>	
		<u>1</u>		<u>2</u>
A. <u>Minimum TNE Requirement</u>	\$	<u>1,000,000</u>	<u>Minimum TNE Requirement</u>	\$ <u>50,000</u>
B. <u>REVENUES:</u>			<u>REVENUES:</u>	
<u>1. (lines 1, 2, 4, 5, 7, 9 from Income Statement)</u>	\$	<u>0</u>	<u>1, 2, 4, 5, 7, 9 from Income Statement)</u>	\$ <u>0</u>
Plus			Plus	
<u>2. 1 percent of annualized premium revenues in excess of \$150 million</u>	\$	<u>0</u>	<u>1 percent of annualized premium revenues in excess of \$7.5 million</u>	\$ <u>0</u>
<u>3. Total</u>	\$	<u>0</u>	<u>Total</u>	\$ <u>0</u>
C. <u>HEALTHCARE EXPENDITURES:</u>			<u>HEALTHCARE EXPENDITURES:</u>	
<u>4. 8 percent of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 20, 22, 24 from Income Statement).</u>	\$	<u>0</u>	<u>8 percent of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 20, 22, 24 from Income Statement).</u>	\$ <u>0</u>
Plus			Plus	
<u>5. million except those paid on a capitated or managed hospital payment</u>	\$	<u>0</u>	<u>million except those paid on a capitated or managed hospital payment</u>	\$ <u>0</u>
Plus			Plus	
<u>6. hospital payment basis (line 13 from Income Statement).</u>	\$	<u>0</u>	<u>hospital payment basis (line 13 from Income Statement).</u>	\$ <u>0</u>
<u>7. Total</u>	\$	<u>0</u>	<u>Total</u>	\$ <u>0</u>
<u>8. Required "TNE" - Greater of "A" "B" or "C"</u>	\$	<u>0</u>	<u>Required "TNE" - Greater of "A" "B" or "C"</u>	\$ <u>50,000</u>

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KNOX-KEENE ACT
SUPPLEMENTAL INFORMATION

POINT-OF-SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY (TNE) CALCULATION

Calculation of TNE and required TNE in accordance with Section 1374.64:

		<u>1</u>
1.	<u>Net Equity</u>	\$ <u>0</u>
2.	<u>Add: Subordinated Debt and Subordinated Interest</u>	\$ <u>0</u>
3.	<u>Less: Report 1, Column B, Line 27 including Unsecured Receivables from officers, directors, and affiliates; Intangibles:</u>	\$ <u>0</u>
4.	<u>TNE</u>	\$ <u>0</u>
5.	<u>Required POS TNE (the greater number, line 11 or 14)</u>	\$ <u>0</u>
6.	<u>130 percent of Required POS TNE</u>	\$ <u>0</u>
7.	<u>POS TNE Excess (Deficiency)</u>	\$ <u>0</u>
8.	<u>Monthly Financial Reporting Required</u>	<u>Not Applicable</u>
-	<u>ADJUSTED REQUIRED MINIMUM TNE CALCULATION:</u>	
I.	<u>Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</u>	
9.	<u>Minimum TNE requirement as calculated under Rule 1300.76 (a)(1) or (2)</u>	\$ <u>0</u>
10.	<u>10 percent of POS Out-Of-Network Expense</u>	\$ <u>0</u>
11.	<u>Add lines 9 and 10</u>	\$ <u>- 0</u>
II.	<u>Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</u>	
12.	<u>Minimum TNE requirement as recalculated without POS Out-Of-Network Expense</u>	\$ <u>0</u>
13.	<u>10 percent of POS Out-Of-Network Expense</u>	\$ <u>0</u>
14.	<u>Add lines 12 and 13</u>	\$ <u>- 0</u>

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REQUIRED POINT-OF-SERVICE TANGIBLE NET EQUITY (TNE) CALCULATION:
TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

	<u>Full Service</u> <u>Plans</u>		<u>Specialized</u> <u>Plans</u>	
		<u>1</u>		<u>2</u>
A. <u>Minimum TNE Requirement</u>		\$ <u>1,000,000</u>	<u>Minimum TNE Requirement</u>	\$ <u>50,000</u>
B. <u>REVENUES:</u>			<u>REVENUES:</u>	
1. <u>2 percent of the first \$150 million of annualized premium revenues</u>		\$ <u>0</u>	<u>2 percent of the first \$7.5 million of annualized premium revenue (lines</u>	\$ <u>0</u>
<u>Plus</u>			<u>Plus</u>	
2. <u>1 percent of annualized premium revenues in excess of \$150 million</u>		\$ <u>0</u>	<u>1 percent of annualized premium revenues in excess of \$7.5 million</u>	\$ <u>0</u>
3. <u>Total</u>		\$ <u>0</u>	<u>Total</u>	\$ <u>0</u>
C. <u>HEALTHCARE EXPENDITURES:</u>			<u>HEALTHCARE EXPENDITURES:</u>	
4. <u>8 percent of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 22, 24 from Income Statement).</u>		\$ <u>0</u>	<u>8 percent of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis (lines 14, 16, 18, 19, 22, 24 from Income Statement).</u>	\$ <u>0</u>
<u>Plus</u>			<u>Plus</u>	
5. <u>4 percent of annualized health care expenditures in excess of \$150</u>		\$ <u>0</u>	<u>4 percent of annualized health care expenditures in excess of \$7.5</u>	\$ <u>0</u>
<u>Plus</u>			<u>Plus</u>	
6. <u>4 percent of the annualized hospital expenditures paid on a managed</u>		\$ <u>0</u>	<u>4 percent of the annualized hospital expenditures paid on a managed</u>	\$ <u>0</u>
7. <u>Total</u>		\$ <u>0</u>	<u>Total</u>	\$ <u>0</u>
8. <u>Required "TNE" - Greater of "A" "B" or "C"</u>		\$ <u>0</u>	<u>Required "TNE" - Greater of "A" "B" or "C"</u>	\$ <u>50,000</u>

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