

QUARTERLY STATEMENT

OF THE

AS OF _____

One copy of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau, One State Street (11th Floor)
New York, New York 10004

In addition, one copy of this Form should be filed with the Department of Health, at the following address:

US Postal Service
Anesa Brkanovic, Director
Bureau of Managed Care Fiscal Oversight
Office of Health Insurance Programs
New York State Department of Health
Corning Tower, OCP - Room 1609
Albany, New York 12237

FedEx or UPS
Anesa Brkanovic, Director
Bureau of Managed Care Fiscal Oversight
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Suite 1609
Albany, New York 12210

2016
Edition

2016

HMO Quarterly

FOR THE PERIOD ENDING _____, 2016
(Month) (Day)

OF THE CONDITION AND AFFAIRS OF

(Name)
NAIC Group Code: _____ NAIC Company Code: _____
A Health Maintenance Organization organized under the laws of the State of New York
Date Incorporated or Organized: _____ Date Certified As An HMO: _____
Date Federally Qualified As An HMO: _____ Commenced Business: _____
Mailing Address: _____
Address of Main Administrative Office: _____
Telephone Number: _____ Employer's ID Number: _____
Principal Location of Books and Records: _____
Quarterly Contact Person and Phone Number: _____
Quarterly Statement Contact E-Mail Address: _____
Electronic Filing Contact Person and Phone Number: _____
Electronic Filing Contact E-Mail Address: _____
Service Areas (Counties): _____

OFFICERS^a

Chief Executive Officer: _____ Other Officers: _____
Secretary: _____
Chief Financial Officer: _____

DIRECTORS^a

<u>Name</u>	<u>State</u> ^(b)	<u>Name</u>	<u>State</u> ^(b)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATE OF.....
COUNTY OF.....

Certification of the New York Quarterly Data Requirements -, Chief Executive Officer,, Secretary,, Chief Financial Officer (or Corresponding person having charge of the financial records of the HMO) of the, being duly sworn, each for himself deposes and says that they are the above described officers of the said Health Maintenance Organization, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Certification of the New York Quarterly Data Requirements Electronic Filing - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the New York Data Requirements electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specifications, that the filing has been tested against the validations included in these specifications, and that the information contained in this filing is identical to the information contained in the 2016 New York Quarterly Data Requirements blank filed with the New York State Department of Financial Services. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions.

Certification of the NAIC Quarterly Statement Electronic Filing - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the NAIC Quarterly Health Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that the quarterly statement information contained in this filing is identical to the information contained in the 2016 Quarterly Health Statement blank filed with the New York State Department of Financial Services. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions. For an HMO that is a line of business of an Article 43 Corporation, this certification applies to the NAIC Quarterly Health Statement electronic filing submitted for such Article 43 Corporation

Subscribed And Sworn To Before Me ThisDayChief Executive Officer
of, 20__Secretary
.....Chief Financial Officer
NOTARY PUBLIC (Seal) (Corporate Seal)

2016 Edition

^aShow full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

^bIndicate state of residency of each director. Also identify the directors who are enrollees of the HMO by using an asterisk (*).
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REPORT 1 – PART A: ASSETS

	Current Period			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$..... encumbrances.)				
4.2 Properties held for the production of income (less \$..... encumbrances.)				
4.3 Properties held for sale (less \$..... encumbrances.)				
5. Cash (\$.....), cash equivalents (\$.....)and short-term investments (\$.....)				
6. Contract loans	XXX	XXX	XXX	XXX
7. Derivatives				
8. Other invested assets				
9. Receivable for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-in for invested assets				
12. Subtotal cash and invested assets (Lines 1 to 11)				
13. Title Plant	XXX	XXX	XXX	XXX
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents’ balances in the course of collection				
15.2. Deferred premiums, agents’ balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
15.3. Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)				
16. Reinsurance:				
16.1. Amounts recoverable from reinsurers				
16.2. Funds held by or deposited with reinsured companies				
16.3. Other amounts receivable under reinsurance contracts				
17. Amounts receivables relating to uninsured plans				
18.1. Current federal and foreign income tax recoverable and interest thereon				
18.2. Net deferred tax asset				
19. Guaranty funds receivable or on deposit	XXX	XXX	XXX	XXX
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parents, subsidiaries and affiliates				
24. Health care (\$.....) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)				
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	XXX	XXX	XXX	XXX
28. Total (Lines 26 and 27)				
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

REPORT 1 – PART B: LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves	XXX	XXX	XXX	XXX
6. Property/casualty unearned premium reserve	XXX	XXX	XXX	XXX
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued				
10.1. Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))				
10.2. Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$..... current) and interest thereon \$.....(including \$..... current)				
15. Amounts due to parents, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$..... authorized reinsurers), (\$..... unauthorized reinsurers) and (\$..... certified reinsurers)				
20. Reinsurance in unauthorized (\$.....) and certified (\$.....) companies				
21. Net adjustment in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured accident and health plans				
23. Aggregate write-ins for other liabilities (including \$..... current)				
24. Total liabilities (Lines 1 to 23)				
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid-in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30.1. Required reserves				
30.11. NYS Contingent Reserve	XXX	XXX		
30.12. NYS Escrow Deposit ^(a)	XXX	XXX		
30.13. Total required reserves (Items 30.11 and 30.12)	XXX	XXX		
30.2. Aggregate write-ins for other surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX		
32. Less treasury stock, at cost:				
32.1. shares common (value included in Line 26)	XXX	XXX		
32.2. shares preferred (value included in Line 27)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX		
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
30.201.	XXX	XXX		
30.202.	XXX	XXX		
30.203.	XXX	XXX		
30.298. Summary of remaining write-ins for Line 30.2 from overflow page	XXX	XXX		
30.299. Totals (Lines 30.201 through 30.203 plus 30.298)(Line 30.2 above)	XXX	XXX		

(a)Escrow deposit calculation on page NY32.

REPORT #2 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES (TOTAL)

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service (net of \$..... medical expenses)							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses, including \$..... cost containment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
25. Net investment income earned							
26. Net realized capital gains or (losses) less capital gains taxes of \$							
27. Net investment gains or (losses) (Lines 25 + 26)							
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]							
29. Aggregate write-ins for other income or expenses							
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 + 27 + 28 + 29)							
31. Federal and foreign income taxes incurred							
32. Net income (loss) (Lines 30 – 31)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)							
2901.							
2902.							
2903.							
2998. Summary of remaining write-ins for Line 29 from overflow page							
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL & SURPLUS ACCOUNT	1 Current Year-to-Date	2 Prior Year-to-Date	3 Prior Year
33. Capital and surplus prior reporting year			
GAINS AND LOSSES TO CAPITAL & SURPLUS:			
34. Net Income or (loss) from Line 32			
35. Change in valuation basis of aggregate policy and claim reserve			
36. Change in net unrealized capital gains and losses less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets			
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1. Paid in			
44.2. Transferred from surplus (Stock Dividend)			
44.3. Transferred to surplus			
45. Surplus adjustments:			
45.1. Paid in			
45.2. Transferred to capital (Stock Dividend)			
45.3. Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)			
49. Capital and surplus end of reporting year (Line 33 plus 48)			
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Line 4701 thru 4703 plus 4798) (Line 47 above)			

REPORT #2 - QUARTERLY STATEMENT OF REVENUE AND EXPENSES (TOTAL)

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service (net of \$..... medical expenses)							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses, including \$..... cost containment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
25. Net investment income earned							
26. Net realized capital gains or (losses) less capital gains tax of \$							
27. Net investment gains or (losses) (Lines 25 + 26)							
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]							
29. Aggregate write-ins for other income or expenses							
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 + 27 + 28 + 29)							
31. Federal and foreign income taxes incurred							
32. Net income (loss) (Lines 30 – 31)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)							
2901.							
2902.							
2903.							
2998. Summary of remaining write-ins for Line 29 from overflow page							
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS
PART 1**

	Total (5 thru 47, amounts)		Total Excluding Gov't Programs and Healthy NY 5 thru 25 and Col. 43 and 45 amounts)		HMO ONLY						P.O.S. IN-NETWORK ONLY ^(a)							
					Large Groups		Small Groups		Individual		Large Groups Community Rated		Large Groups Experience Rated		Small Groups		Individual	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM	11 Amount	12 PMPM	13 Amount	14 PMPM	15 Amount	16 PMPM	17 Amount	18 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																		
2.1 Basic																		
2.2 Drugs																		
2.3 Other riders																		
2.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total																		
3. Change in unearned premium reserves and reserve for rate credits:																		
3.1 Basic																		
3.2 Drugs																		
3.3 Other riders																		
3.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total																		
4. Fee-for-service net of medical expenses																		
5. Risk revenue																		
6. Other health care related revenues																		
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)																		
Hospital and Medical:																		
9.1 Hospital (inpatient and outpatient)																		
9.2 Medical																		
10. Other professional services																		
11. Outside referrals																		
12. Emergency room and out-of-area																		
13. Prescription drugs																		
14.1. Other hospital and medical																		
14.2. Rider expense																		
15. Incentive pool, withhold adjustments and bonus amounts																		
16. Subtotal (Lines 9 to 15)																		
Less:																		
17.1. Net reinsurance recoveries																		
17.2. Federal/State reinsurance recoveries																		
17.3. Federal/State risk-sharing recoveries (payment)																		
18. Total hospital and medical (Lines 16 – 17)																		
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses																		
21. General administrative expenses																		
22. Increase in reserves for A&H contracts																		
23. Total underwriting deductions (Lines 18 plus 20 through 22)																		
24. Net underwriting gain or (loss) (Lines 8 – 23)																		

(a) Complete this section only for point-of-service business for which the HMO provides only in-network benefits (i.e., out-of-network benefits are provided by a separate Article 42 or Article 43 insurer).

**YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS
PART 3**

	Medicaid		Medicaid Advantage		MAP, MLTC-Partial, PACE and FIDA		Child Health Plus		HARP		Grandfathered Business				Other	
	33	34	35	36	37	38	39	40	41	42	Small Groups		Individual		47	48
	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																
2.1 Basic																
2.2 Drugs																
2.3 Other riders																
2.4 Government programs																
2.5 Total																
3. Change in unearned premium reserves and reserve for rate credits:																
3.1 Basic																
3.2 Drugs																
3.3 Other riders																
3.4 Government programs																
3.5 Total																
4. Fee-for-service net of medical expenses																
5. Risk revenue																
6. Other health care related revenues																
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)																
Hospital and Medical:																
9.1 Hospital (inpatient and outpatient)																
9.2 Medical																
10. Other professional services																
11. Outside referrals																
12. Emergency room and out-of-area																
13. Prescription drugs																
14.1. Other hospital and medical																
14.2. Rider expense																
15. Incentive pool, withhold adjustments and bonus amounts																
16. Subtotal (Lines 9 to 15)																
Less:																
17.1 Net reinsurance recoveries																
17.2 Federal/State reinsurance recoveries																
17.3 Federal/State risk-sharing recoveries (payments)																
18. Total hospital and medical (Lines 16 – 17)																
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses																
21. General administrative expenses																
22. Increase in reserves for A&H contracts																
23. Total underwriting deductions (Lines 18 + 20 through 22)																
24. Net underwriting gain or (loss)(Lines 8 – 23)																

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**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS
PART 1**

	Total (5 thru 47, amounts)		Total Excluding Gov't Programs and Healthy NY 5 thru 25 and Col. 43 and 45 amounts)		HMO ONLY						P.O.S. IN-NETWORK ONLY ^(A)							
					Large Groups		Small Groups		Individual		Large Groups Community Rated		Large Groups Experience Rated		Small Groups		Individual	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM	11 Amount	12 PMPM	13 Amount	14 PMPM	15 Amount	16 PMPM	17 Amount	18 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																		
2.1 Basic																		
2.2 Drugs																		
2.3 Other riders																		
2.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total																		
3. Change in unearned premium reserves and reserve for rate credits:																		
3.1 Basic																		
3.2 Drugs																		
3.3 Other riders																		
3.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total																		
4. Fee-for-service net of medical expenses																		
5. Risk revenue																		
6. Other health care related revenues																		
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)																		
Hospital and Medical:																		
9.1 Hospital (inpatient and outpatient)																		
9.2 Medical																		
10. Other professional services																		
11. Outside referrals																		
12. Emergency room and out-of-area																		
13. Prescription drugs																		
14.1. Other hospital and medical																		
14.2. Rider expense																		
15. Incentive pool, withhold adjustments and bonus amounts																		
16. Subtotal (Lines 9 to 15)																		
Less:																		
17.1. Net reinsurance recoveries																		
17.2. Federal/State reinsurance recoveries																		
17.3. Federal/State risk-sharing recoveries (payments)																		
18. Total hospital and medical (Lines 16 – 17)																		
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses																		
21. General administrative expenses																		
22. Increase in reserves for A&H contracts																		
23. Total underwriting deductions (Lines 18 + 20 through 22)																		
24. Net underwriting gain or (loss) (Lines 8 – 23)																		

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(a) Complete this section only for point-of-service business for which the HMO provides only in-network benefits (i.e., out-of-network benefits are provided by a separate Article 42 or Article 43 insurer).

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS
PART 2**

	P.O.S. IN- AND OUT-OF-NETWORK (a)								Healthy New York	Medicare Advantage Including Part D	Medicare Advantage Not Including Part D			
	Large Groups Community Rated		Large Groups Experience Rated		Small Groups		Individual							
	19 Amount	20 PMPM XXX	21 Amount	22 PMPM XXX	23 Amount	24 PMPM XXX	25 Amount	26 PMPM XXX				27 Amount	28 PMPM XXX	29 Amount
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Basic														
2.2 Drugs														
2.3 Other riders														
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2.5 Total														
3. Change in unearned premium reserves and reserve for rate credits:														
3.1 Basic														
3.2 Drugs														
3.3 Other riders														
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)														
Hospital and Medical:														
9.1 Hospital (inpatient and outpatient)														
9.2 Medical														
10. Other professional services														
11. Outside referrals														
12. Emergency room and out-of-area														
13. Prescription drugs														
14.1. Other hospital and medical														
14.2. Rider expense														
15. Incentive pool, withhold adjustments and bonus amounts														
16. Subtotal (Lines 9 to 15)														
Less:														
17.1. Net reinsurance recoveries														
17.2. Federal/State reinsurance recoveries														
17.3. Federal/State risk-sharing recoveries (payments)														
18. Total hospital and medical (Lines 16 – 17)														
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses														
21. General administrative expenses														
22. Increase in reserves for A&H contracts														
23. Total underwriting deductions (Lines 18 + 20 through 22)														
24. Net underwriting gain or (loss)(Lines 8 – 23)														

NY 1

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS
PART 3**

NY12

	Medicaid		Medicaid Advantage		MAP, MLTC-Partial, PACE and FIDA		Child Health Plus		HARP		Grandfathered Business				Other	
	33 Amount	34 PMPM	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	Small Groups		Individual		47 Amount	48 PMPM
											43 Amount	44 PMPM	45 Amount	46 PMPM		
1. Member Months		XXX		XXX		XXX		XXX		XXX						
2. Net premium income:																
2.1 Basic																
2.2 Drugs																
2.3 Other riders																
2.4 Government programs																
2.5 Total																
3. Change in unearned premium reserves and reserve for rate credits:																
3.1 Basic																
3.2 Drugs																
3.3 Other riders																
3.4 Government programs																
3.5 Total																
4. Fee-for-service net of medical expenses																
5. Risk revenue																
6. Other health care related revenues																
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)																
Hospital and Medical:																
9.1 Hospital (inpatient and outpatient)																
9.2 Medical																
10. Other professional services																
11. Outside referrals																
12. Emergency room and out-of-area																
13. Prescription drugs																
14.1. Other hospital and medical																
14.2. Rider expense																
15. Incentive pool, withhold adjustments and bonus amounts																
16. Subtotal (Lines 9 to 15)																
Less:																
17.1. Net reinsurance recoveries																
17.2. Federal/State reinsurance recoveries																
17.3. Federal/State risk-sharing recoveries (payments)																
18. Total hospital and medical (Lines 16 – 17)																
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses																
21. General administrative expenses																
22. Increase in reserves for A&H contracts																
23. Total underwriting deductions (Lines 18 + 20 through 22)																
24. Net underwriting gain or (loss)(Lines 8 – 23)																

**REPORT #3 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #4 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
HEALTHY NEW YORK**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #4 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
HEALTHY NEW YORK**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #5 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
MEDICARE ADVANTAGE, INCLUDING PART D**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #5 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
MEDICARE ADVANTAGE, INCLUDING PART D**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #6 – YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES
 MEDICARE ADVANTAGE, NOT INCLUDING PART D**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospita (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss)(Lines 8 - 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on page NY42

**REPORT #6 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
MEDICARE ADVANTAGE, NOT INCLUDING PART D**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss)(Lines 8 - 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on page NY42

**REPORT #7 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
MEDICAID**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #7 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
MEDICAID**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #8 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
MEDICAID ADVANTAGE**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #8 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
MEDICAID ADVANTAGE**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

REPORT #9 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
MAP, MLTC-Partial, PACE and FIDA

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurnace recoveries							
17.3. Federal/State rish-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

REPORT #9 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

MAP, MLTC-Partial, PACE and FIDA

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #10 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
CHILD HEALTH PLUS**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #10 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
CHILD HEALTH PLUS**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #11 – YEAR – TO – DATE STATEMENT OF REVENUE AND EXPENSES
HARP**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42.

**REPORT #11 – QUARTERLY STATEMENT OF REVENUE AND EXPENSES
HARP**

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	12/31/15 Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Line 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY42

**REPORT #12
YEAR-TO-DATE
EXPENSES FOR OUT OF PLAN SERVICES^(a)**

Enrollment:

Total HMO: _____
Point of Service Product: _____

	1 Total Plan	2 Out of Plan	3 Percent of Out-of-Plan Expenses to Total Plan Expense (Col. 2/Col. 1)
Hospital and Medical:			
1. Hospital (inpatient and outpatient)			XXX
2. Medcal			XXX
3. Other professional services			XXX
4. Outside referrals			XXX
5. Emergency room and out-of-area		XXX	XXX
6. Prescription drugs			XXX
7. Other hospital and medical		XXX	XXX
8. Rider expense			XXX
9. Incentive pool and withhold adjustments		XXX	XXX
10. Subtotal (Items 1 to 8)			XXX
LESS:			
11. Net reinsurance recoveries			XXX
12. Federal/State reinsurance recoveries			XXX
13. Federal/State risk-sharing recoveries (payments)			XXX
14. TOTAL HOSPITAL AND MEDICAL (Line 10 less 11,12 and 13)			

(a) The HMO must use the accrual method for reporting expenses using its standard methodology for estimating claims incurred but not reported and other accruals.

The Annual Balance Sheet and Revenue and Expense Statements must show that the HMO meets the 2% Point of Service Contingent Reserve Requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual "standardized" POS contracts. Do not complete this exhibit if the HMO only writes the individual "standardized" POS contracts.

Pursuant to Section 4406 of the Public Health Law, exclude individual "standardized" Point of Service contracts issued under New York Insurance Law Section 4322 from column 2 of this exhibit.

**REPORT #12
 QUARTERLY
 EXPENSES FOR OUT OF PLAN SERVICES^(a)**

Enrollment:

Total HMO: _____
 Point of Service Product: _____

	1 Total Plan	2 Out of Plan	3 Percent of Out-of-Plan Expenses to Total Plan Expense (Col. 2/Col. 1)
Hospital and Medical:			
1. Hospital (inpatient and outpatient)			XXX
2. Medical			
3. Other professional services			XXX
4. Outside referrals			XXX
5. Emergency room and out-of-area		XXX	XXX
6. Prescription drugs			XXX
7. Other hospital and medical		XXX	XXX
8. Rider expense			XXX
9. Incentive pool and withhold adjustments		XXX	XXX
10. Subtotal (Items 1 to 8)			XXX
LESS:			
11. Net reinsurance recoveries			XXX
12. Federal/State reinsurance recoveries			XXX
13. Federal/State risk-sharing recoveries (payments)			XXX
14. TOTAL HOSPITAL AND MEDICAL (Line 10 less 11, 12 and 13)			

(a) The HMO must use the accrual method for reporting expenses using its standard methodology for estimating claims incurred but not reported and other accruals.

The Annual Balance Sheet and Revenue and Expense Statements must show that the HMO meets the 2% Point of Service Contingent Reserve Requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual "standardized" POS contracts. Do not complete this exhibit if the HMO only writes the individual "standardized" POS contracts.

Pursuant to Section 4406 of the Public Health Law, exclude individual "standardized" Point of Service contracts issued under New York Insurance Law Section 4322 from column 2 of this exhibit.

Report #14A

**Calculations Of The Escrow Deposit And Contingent Reserve
Health Department Regulation Part 98-1.11(e) and (f)**

- 1. Escrow Deposit requirement (the greater of 5% of the total projected expenditures for health care services for the current year, or \$100,000) i.e., 5% of most recently filed Annual Data Requirements, Page NY6, Line 16, Col. 9) ^(a) _____
- 2. Contingent Reserve, should equal Page NY3, Line 30.11, Column 3).^(b) _____
- 3. Escrow Deposit, after offset of the Contingent Reserve (Line 1 less Line 2; minimum of \$0, should equal Page NY3, Line 30.12, Column 3). _____
- 4. Total minimum net worth (Line 2 + Line 3; should equal Page NY3, Line 30.13, Column 3). _____

(a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust account with a custodian, for which a deed of trust has been approved by the superintendent. Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses in the calculation of the escrow requirement that must be on deposit as of March 31, 2016. Details of the account should be reported in Schedule E (N.Y.) – Part 3, Special Deposits,

(b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual Data Requirement, Page NY36, Report 14A, line 7.

Schedule E Part 3 (N.Y.) – Special Deposits

	1 Book/Adjusted Carrying Value	2 Fair Value
1. Escrow Deposit		
2. All Other Deposits		
3. TOTAL		

SCHEDULE 1 — ENROLLMENT DATA THIS QUARTER

	1 Enrollment End of Previous Quarter	2 Additions During Quarter	3 Terminations During Quarter	4 Net Enrollment End of Quarter	Member Months	
					5 Current Quarter	6 Year to Date
1. HMO Only						
1.1. Large Group.....						
1.2. Small Group.....						
1.3. Individual.....						
2. P.O.S.						
2.1. Large Group.....						
2.2. Small Group.....						
2.3. Individual.....						
3. Grandfathered Business						
3.1. Small Group						
3.2. Individual						
4. Conversion.....						
5. Healthy New York.....						
6. Medicare Advantage, Including Part D.....						
7. Medicare Advantage, No Including Part D						
8. Medicaid.....						
9. Medicaid Advantage						
10. MAP, MLTC-Partial, PACE and FIDA						
11. Child Health Plus.....						
12. HARP.....						
13. Other.....						
14. Total						

SCHEDULE 2 — HOSPITAL UTILIZATION THIS QUARTER INPATIENT SERVICES

Type of Services (Excluding Medicare)*	1 Number of Cases	2 Total Cost	3 Average Cost Per Case
1. General Medical.....			
2. Surgical.....			
3. Obstetrical.....			
4. Pediatric.....			
5. Mental Health.....			
6. New Born.....			
7. Other.....			
8. TOTAL.....			
9. COB.....			
10. TOTAL.....			
11. Medicare.....			
12. Medicaid.....			
13. Grand Total			

SCHEDULE 3 — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

Description of Claims	Claims Paid During the Current Year		Claims Unpaid End of Current Quarter Viz.: Estimated Liability End of Current Quarter		5 Total Claims Paid During the Current Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (1 + 3)	6 Estimated Liability of Unpaid Claims Dec. 31 of Previous Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Current Year	3 On Claims Unpaid Dec. 31 of Previous Year	4 On Claims Incurred During the Current Year		
	1. Comprehensive (hospital and medical)					
2. Medicare supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII-Medicare						
7. Medicare Adv. Inc Pt D						
8. Medicare Adv. Not Inc Pt D						
9. Title XIX-Medicaid						
10. Medicaid Advantage						
11. MAP, MLTC-Partial, PACE and FIDA.....						
12. Child Health Plus						
13. HARP.....						
14. Other						
15. Health Subtotal						
16. Healthcare receivables						
17. Other non-health	XXX	XXX	XXX	XXX	XXX	XXX
18. Medical Incentive Pool Accruals and Disbursements						
19. TOTAL.....						

SCHEDULE 4 — Enrollment Data by County (Number of members at end of quarter)

County	1 Total	2 Direct Pay – Off Exchange	3 Direct Pay On Exchange	4 Large Group	5 Small Group Off Exchange	6 Small Group On Exchange	7 Healthy New York	8 Medicare Advantage Including Part D	9 Medicare Advantage Not Including Part D	10 Medicaid	11 Medicaid Advantage	12 MAP, MLTC- Partial, PACE and FIDA	13 Child Health Plus	14 HARP	15 Other
1. Albany															
2. Allegany															
3. Bronx															
4. Broome															
5. Cattaraugus															
6. Cayuga															
7. Chautauqua															
8. Chemung															
9. Chenango															
10. Clinton															
11. Columbia															
12. Cortland															
13. Delaware															
14. Dutchess															
15. Erie															
16. Essex															
17. Franklin															
18. Fulton															
19. Genesee															
20. Greene															
21. Hamilton															
22. Herkimer															
23. Jefferson															
24. Kings															
25. Lewis															
26. Livingston															
27. Madison															
28. Monroe															
29. Montgomery															
30. Nassau															
31. New York															
32. Niagara															
33. Oneida															
34. Onondaga															

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SCHEDULE 4 — Enrollment Data by County (Continued)
 (Number of members at end of quarter)

County	1 Total	2 Direct Pay – Off Exchange	3 Direct Pay On Exchange	4 Large Group	5 Small Group Off Exchange	6 Small Group On Exchange	7 Healthy New York	8 Medicare Advantage Including Part D	9 Medicare Advantage Not Including Part D	10 Medicaid	11 Medicaid Advantage	12 MAP, MLTC- Partial, PACE and FIDA	13 Child Health Plus	14 HARP	15 Other
35. Ontario															
36. Orange															
37. Orleans															
38. Oswego															
39. Otsego															
40. Putnam															
41. Queens															
42. Rensselaer															
43. Richmond															
44. Rockland															
45. Saratoga															
46. Schenectady															
47. Schoharie															
48. Schuyler															
49. Seneca															
50. Steuben															
51. St. Lawrence															
52. Suffolk															
53. Sullivan															
54. Tioga															
55. Tompkins															
56. Ulster															
57. Warren															
58. Washington															
59. Wayne															
60. Westchester															
61. Wyoming															
62. Yates															
63. NY Total															
64. Other States		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
65. Total		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

The total of Schedule 4, Column 1 should agree with the total of Schedule 1, Line 13, Column 5.
 For group policies, use location of employer. For individual policies, use location of residence.

SCHEDULE 5 — Gross Premium by County

County	1 Total	2 Direct Pay – Off Exchange	3 Direct Pay On Exchange	4 Large Group	5 Small Group Off Exchange	6 Small Group On Exchange	7 Healthy New York	8 Medicare Advantage Including Part D	9 Medicare Advantage Not Including Part D	10 Medicaid	11 Medicaid Advantage	12 MAP, MLTC- Partial, PACE and FIDA	13 Child Health Plus	14 HARP	15 Other
1. Albany															
2. Allegany															
3. Bronx															
4. Broome															
5. Cattaraugus															
6. Cayuga															
7. Chautauqua															
8. Chemung															
9. Chenango															
10. Clinton															
11. Columbia															
12. Cortland															
13. Delaware															
14. Dutchess															
15. Erie															
16. Essex															
17. Franklin															
18. Fulton															
19. Genesee															
20. Greene															
21. Hamilton															
22. Herkimer															
23. Jefferson															
24. Kings															
25. Lewis															
26. Livingston															
27. Madison															
28. Monroe															
29. Montgomery															
30. Nassau															
31. New York															
32. Niagara															
33. Oneida															
34. Onondaga															

NY34

PLAN NAME QUARTER ENDING

(Name)

SCHEDULE H (NY)

Individually list in Section 1 write-in boxes all health care creditors of \$7,500 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. Group the total of all other payables and enter on line titled, "Aggregate Accounts Not Individually Listed." For both Sections 1 and 2, age reported claims payable from date of receipt by Company or, in the case of capitation and other non-fee-for-service claim expenses, from the date payment is required under contract or from the date bill is received by Company.

Section 1 – Aging Analysis of Claims Unpaid

Account	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
1. Reserve for Reported Claims Due and Unpaid^a												
1.1 Aggregate write-ins for Individually Listed Claims Payable (line 1.199)												
1.2 Aggregate Accounts Not Individually Listed												
1.3 Subtotal (Lines 1.1 plus 1.2)												
2. Reserve for Reported Claims in Course of Settlement^b												
2.1 Aggregate write-ins for Individually Listed Claims Payable (line 2.199)												
2.2 Aggregate Accounts Not Individually Listed												
2.3 Subtotal (Lines 2.1 plus 2.2)												
3. Reserve for Reported Resisted Claims^c												
3.1 Aggregate write-ins for Individually Listed Claims Payable (line 3.199)												
3.2 Aggregate Accounts Not Individually Listed												
3.3 Subtotal (Lines 3.1 plus 3.2)												
4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3)												
5. Unreported Claims and Other Claim Reserves^d	xxx	xxx	xxx	xxx								
6. Total Amounts Withheld	xxx	xxx	xxx	xxx								
7. Total Claims Unpaid (Lines 4 through 6)	xxx	xxx	xxx	xxx								
8. Accrued Medical Incentive Pool and Bonus Amounts	xxx	xxx	xxx	xxx								

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DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE												
1.101												
1.102												
1.103												
1.198 (Summary of remaining write-ins for 1.1 from overflow page)												
1.199 Totals (Lines 01.101 through 01.103 plus 1.198)(Line 1.1 above)												
DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE												
2.101												
2.102												
2.103												
2.198 (Summary of remaining write-ins for 2.1 from overflow page)												
2.199 Totals (Lines 2.101 through 2.103 plus 2.198)(Line 2.1 above)												
DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE												
3.101												
3.102												
3.103												
3.198 (Summary of remaining write-ins for 3.1 from overflow page)												
3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above)												

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Quarterly Statement page 3, line 1, col. 3, Claims Unpaid.

See further notes after Section 3 of this Schedule.

SCHEDULE H (NY)
Section 2 – Statutory Aging Analysis

Account	1-45 days		Over 45 days		Total	
	1	2	3	4	5	6
	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value
1. Reserves for Reported Claims Due and Unpaid^a						
1.11 Payable to Physicians (capitated) ^e	xxx		xxx		xxx	
1.12 Payable to Physicians (other than capitated)						
1.21 Payable to Hospitals (capitated)	xxx		xxx		xxx	
1.22 Payable to Hospitals (other than capitated)						
1.3 Payable to Subscribers						
1.41 Payable to Others (capitated) ^f	xxx		xxx		xxx	
1.42 Payable to Others (other than capitated) ^f						
1.5 Subtotal (Lines 1.11 through 1.42)						
2. Reserves for Reported Claims in Course of Settlement ^b						
2.1 Payable to Physicians (including capitation)						
2.2 Payable to Hospitals (including capitation)						
2.3 Payable to Subscribers						
2.4 Payable to Others (including capitation) ^f						
2.5 Subtotal (Lines 2.1 through 2.4)						
3. Reserves for Reported Resisted Claims ^c						
3.1 Payable to Physicians (including capitation)						
3.2 Payable to Hospitals (including capitation)						
3.3 Payable to Subscribers						
3.4 Payable to Others (including capitation) ^f						
3.5 Subtotal (Lines 3.1 through 3.4)						
4. Total Reported Claims Unpaid (lines 1 through 3)						
4.1 Payable to Physicians (including capitation)(Line 1.11+1.12.+2.1+3.1)						
4.2 Payable to Hospitals (including capitation)(Line 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Line 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation) ^f (Line1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						
5. Unreported Claims and Other Claim Reserves ^d	xxx	xxx	xxx	xxx	xxx	
6. Total Amounts Withheld	xxx	xxx	xxx	xxx	xxx	
7. Total Claims Unpaid (Lines 4.5 through 6)	xxx	xxx	xxx	xxx	xxx	
8. Accrued Medical Incentive Pool and Bonus Amounts	xxx	xxx	xxx	xxx	xxx	

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Quarterly Statement page 3, line 1, col. 3, Claims Unpaid. See further notes after Section 3 of this Schedule.

SCHEDULE H (NY)
Section 3 – Claims and Interest Penalties Paid During Year

Account	Claims Paid During Year		N.Y.I.L. Section 3224-a Interest	
	1 Claim Count	2 Dollar Value	3 Claim Count ¹	4 Interest Paid During Year
1.1. Paid to Physicians (capitated)	xxx		xxx	xxx
1.2. Paid to Physicians (other than capitated)				
2.1. Paid to Hospitals (capitated)	xxx		xxx	xxx
2.2. Paid to Hospitals (other than capitated)				
3. Paid to Subscribers				
4.1. Paid to Others (Benefits) (capitated)	xxx		xxx	xxx
4.2. Paid to Others (Benefits) (other than capitated)				
5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1)	xxx		xxx	xxx
5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2)				
5.3. Paid to Others (Miscellaneous.^g)	xxx		xxx	xxx
6. ^{NY 4} total (Lines 5.1 + 5.2 + 5.3)	xxx			
7. Medical Incentive Pool and Bonus Amounts	xxx		xxx	xxx
8. Grand Total (Line 6 + 7)^h	xxx			

Footnotes:

- a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.
- b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done, but have not yet been approved or paid.
- c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.
- d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Regulation No. 146 pool liabilities.
- e- Line 1.11 should include Doctors and IPA corporations reimbursed on a capitated basis.
- f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as "Payable to Physicians") and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.
- g- Includes Regulation 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.
- h- Total Dollar Value (line 8, col.2) should agree with page NY25, Schedule 3 – Quarterly Claims Unpaid Development Schedule, lines 9 + 12, col. 1 + col. 2.
- i- Line 8, col. 3, Grand Total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

Name of contact person for Schedule H (NY): _____
 Telephone Number: _____
 E-mail Address: _____

PLAN NAME QUARTER ENDING

(Name)

SCHEDULE H (NY)

OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1

Creditor Name	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
1. Reserves for Reported Claims Due and Unpaid – Companies individually listed (continued from Section 1)												
Totals overflow for line 1.1 (enter also on page NY26, line 1.198)												
2. Reserves for Reported Claims in Course of Settlement – Companies individually listed (continued from Section 1)												
Totals overflow for line 2.1 (enter also on page NY26, line 2.198)												
3. Reserves for Reported Resisted Claims – Companies individually listed (continued from Section 1)												
Totals overflow for line 3.1 (enter also on page NY26, line 3.198)												

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Health care creditors should be individually listed only if the claim is for \$7,500 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY38, above Section 1 heading.

VARIANCE NARRATIVES

Please provide explanations for favorable and unfavorable PMPM variances greater than \$2.00, appearing in column 6 on pages NY4, NY6, NY13, NY14, NY15, NY16, NY17, NY18, NY19, NY20, NY21, NY22, NY23, NY24, NY25, NY26, NY27, NY28, and NY29.

NEW YORK INTERROGATORIES

1. Complete Interrogatory Schedule 1, Itemization of Stop-loss Fund Pool Recoveries.
2. Complete Interrogatory Schedule 2, Itemization of Regulation 146 Pool Activity.

INTERROGATORY SCHEDULE 1, ITEMIZATION OF POOL RECOVERIES

	1 Year To Date	2 Prior Year	3 Budgeted
1. Direct Payment Stop-Loss Fund Per Insurance Law § 4321-a			
2. Direct Payment Out-of-Plan Stop-Loss Fund. Per Insurance Law § 4322-a			
3. Small Employer Stop-Loss Fund Per Insurance Law § 4327			
4. Qualifying Individual Stop-Loss Fund Per Insurance Law § 4327			
5. TOTAL			

Line 5, Columns 1 and 3 should agree with Report #2, Year-to-Date Statement of Revenue and Expenses, Line 17.2.

INTERROGATORY SCHEDULE 2, ITEMIZATION OF REGULATION 146 POOL ACTIVITY

	1 Year To Date	2 Prior Year	3 Budgeted
1. Demographic Pool (Expense)			
2. SMC Pool (Expense)			
3. TOTAL			

Line 3, Columns 1 and 3 should agree with Report #2, Year-to-Date Statement of Revenue and Expenses, Line 17.3.

OVERFLOW PAGE FOR WRITE-INS

GENERAL INFORMATION AND INSTRUCTIONS — QUARTERLY

For Filing The New York Data Requirements For HEALTH MAINTENANCE ORGANIZATIONS:

GENERAL

1. One hard copy of this report to be filed with the Department of Health, to the addresses shown on the cover of this report. One hard copy of this report and one electronic copy, are to be filed with the Department of Financial Services (see the Department's web site at www.dfs.ny.gov for further information).
2. Date of Filing: This report is required to be filed in duplicate with the Department of Health and the Department of Financial Services, Health Bureau, no later than 45 days after the close of the quarters ending March 31, June 30 and September 30.
3. The Data Requirements must be filed with pages that are 8 ½" wide x 14" long, and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department's web site.
4. All pages of the Data Requirements MUST be bound together along the left margin, MUST have a cover sheet that precedes the Jurat page and MUST include these instructions. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
5. Unanswered questions and blank lines or schedules will not be accepted as meaning anything. If no answers or entries are to be made, write "None", "Not Applicable (N/A)", or "-0-" in the space provided.
6. Any item that cannot be readily classified under one of the printed items should be entered as a write-in item and adequately described.
7. If additional supporting statements or schedules are added in connection with answering interrogatories or providing information on the financial statement, the additions should properly refer to the item being explained (Example — "Assets, line 4"). The reporting date and the name of the HMO should be indicated on the supporting statements/schedules.
8. The jurat (Page NY1) of all filed statements, including reproduced copies, must be manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate and be properly notarized.
9. If this report does not contain the information asked for in the blanks or is not prepared in accordance with these instructions, it will not be accepted.
10. All PMPM entries are to be entered in dollars and cents. Percent entries (Report 12, line 12, column 3) are to be entered to the nearest one-tenth of one percent. Entries that call for 'average cost per case' (Schedule 2, col. 3) are to be entered to the nearest whole number.
11. All entries in columns titled "Prior Years" are to reflect the prior year filed annual statement.
12. The Data Requirements is patterned after the NAIC Health Blank. The NAIC Health Blank balance sheet includes several accounts that do not apply to HMOs (e.g., "contract loans" on page NY2, line 6). These accounts have been included in the Data Requirements to maintain consistency with the NAIC blank; however, such accounts are to be disregarded.

SPECIAL INSTRUCTIONS FOR HMOs THAT ARE LINES OF BUSINESS OF ARTICLE 43 HEALTH SERVICE CORPORATIONS

An Article 43 Health Service Corporation that operates a line of business HMO SHOULD NOT submit a NAIC Quarterly Health Statement solely for the HMO line of business. However, such a corporation SHOULD submit the Quarterly New York Data Requirements for the HMO line of business. Additionally, the Article 43 Health Service Corporation is required to complete the NAIC Quarterly Health Statement and the New York Quarterly Article 43 Corporation Supplement for its entire book of business, which includes its HMO business.

FINANCIAL STATEMENT

The Balance Sheet and Statement of Revenues and Expenses follow the format of the NAIC Quarterly Health blank. Therefore, these schedules should be completed in accordance with the NAIC Quarterly Statement Instructions for the Health blank, and with the NAIC Accounting Practices and Procedures Manual, except where New York law or regulations or the Department of Financial Services policy would require or allow a different treatment.

LIABILITIES

Funds held by the reporting HMO, owed to a health care provider pursuant to a risk-sharing arrangement in satisfaction of the financial security deposit requirement of Regulation 164, Section 101.5(b), should be reported as write-ins to Line 22 under the account title "Funds Held Per Reg. 164, Section 101.5(b)(3)."

SURPLUS

Lines:

28. Surplus Notes — Include loans under Section 1307 of the New York Insurance Law. Such loans should be accompanied by the following footnote, at the bottom of Page NY3:

"Pursuant to Section 1307 of the New York Insurance Law, no liability appears in this statement for a loan in the amount of \$..... of principal and \$.....of interest accrued thereon. The principal and interest may be repaid only with the permission of the Superintendent of Insurance.

29.1. Required Reserves —N.Y.S. Contingent Reserve, pursuant to 10 NYCRR 98-1.11(e); N.Y.S. Escrow Deposit, pursuant to 10 NYCRR 98-1.11(f). Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses in the calculation of the escrow requirement that must be on deposit as of March 31, 2016. The Contingent Reserve amount should be shown in its entirety. The Escrow Deposit should be offset by the Contingent Reserve; therefore, the Escrow Deposit should be shown only to the extent that it exceeds the Contingent Reserve. HOWEVER – The HMO is required to fund the ENTIRE Escrow Account. This requirement holds even though not the entire Escrow Deposit is shown in the Surplus portion of the Balance Sheet. Report #14A demonstrates compliance of this requirement.

IMPORTANT NOTE – The amounts that appear on line 29.1 are to also appear on page 3 of the NAIC Health Blank, as write-ins to line 29.

REVENUES AND EXPENSES

Lines:

1. Member-Months
A member-month is equivalent to one person for whom the HMO has recognized premium revenue for one month. (A family of four persons enrolled for one month constitutes four member-months.) Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial member may be counted for that month.
2. Net Premium Income:
 - 2.1. Basic, 2.2 Drugs, 2.3 Other Riders
Include the portion of premiums directly from subscribers for government-subsidized programs (i.e., Medicare, Child Health Plus, and HARP).
 - 2.4. Government Programs
Include the portion of premiums from Government agencies for coverage pursuant to Medicare, Medicaid, Child Health Plus and HARP.
 - 2.5. Total
This line should equal line 2 of the Statement of Revenue and Expenses in the NAIC Health blank.
- 3.5. Change in Unearned Premium Reserves and Reserves for Rate Credits, Total
This line should equal line 3 of the Statement of Revenue and Expenses in the NAIC Health blank.
13. Prescription Drugs
This line should agree with the corresponding line in the NAIC Health blank, and should be determined in accordance with the NAIC Annual Statement instructions.
- 14.2. Rider Expense
Expenses for all riders other than prescription drugs.
- 17.2
Federal/State reinsurance recoveries includes anticipated recoveries from the Insurance Law Section 4321-a direct payment stop-loss fund, the Section 4322-a direct payment out-of-plan stop-loss fund, the Section 4327 small employer stop-loss fund and the Section 4327 qualifying individual stop-loss fund, for claims paid during the reporting period.
- 17.3. Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

Page NY4 – REPORT #2 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Reflects year-to-date operating results of the entire HMO. Columns 2 and 5 should agree with columns 1 and 2 of the Year-to-Date Statement of Revenue and Expenses by Line of Business on page NY7.

Page NY6 – REPORT #2 - QUARTERLY STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Reflects quarterly operating results of the entire HMO. Columns 2 and 5 should agree with columns 1 and 2 of the Quarterly Statement of Revenues and Expenses by Line of Business on page NY10.

Pages NY7, NY8 and NY9 –YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

Columns 1 and 2 should agree with page NY4, Report #2 – Year to Date Statement of Revenue and Expenses (Total), columns 2 and 5. Columns 1 and 2 are the sums of columns 3 and 4 plus 27 thru 48.

Columns 3 and 4 should agree with page NY13, Report #3 – Year to Date Statement of Revenue and Expenses Excluding Government Programs and Healthy New York, columns 2 and 5. Columns 3 and 4 are the sums of columns 5 thru 26 plus columns 43 thru 46.

Columns 5 thru 10 should reflect HMO Only business, i.e. contracts with no point-of-service option.

Columns 11 thru 18 should reflect point-of-service business in which the reporting HMO writes only the in-network portion of a point-of-service service contract. An affiliated insurance company would generally write the out-of-network portion.

Columns 19 thru 26 should reflect point-of-service business in which the reporting HMO writes both the in-network and out-of-network portions of a point-of-service service contract. These columns should not duplicate any experience that is already reported in columns 11 thru 18.

Columns 27 and 28 should agree with page NY14, Report #4 – Year to Date Statement of Revenue and Expenses – Healthy New York, columns 2 and 5.

Columns 29 and 30 should agree with page NY16, Report #5 – Year to Date Statement of Revenue and Expenses – Medicare Advantage Including Part D, columns 2 and 5.

Columns 31 and 32 should agree with page NY18, Report #6 – Year to Date Statement of Revenue and Expenses – Medicare Advantage Not Including Part D, columns 2 and 5.

Columns 33 and 34 should agree with page NY20, Report #7 – Year to Date Statement of Revenue and Expenses – Medicaid, columns 2 and 5.

Columns 35 and 36 should agree with page NY22, Report #8 – Year to Date Statement of Revenue and Expenses – Medicaid Advantage, columns 2 and 5.

Columns 37 and 38 should agree with page NY24, Report #9 – Year to Date Statement of Revenue and Expenses --MAP, MLTC-Partial, PACE and FIDA, columns 2 and 5.

Columns 39 and 40 should agree with page NY26, Report #10 – Year to Date Statement of Revenue and Expenses – Child Health Plus, columns 2 and 5.

Columns 41 and 42 should agree with page NY28, Report #11 – Year to Date Statement of Revenue and Expenses – HARP, columns 2 and 5.

Pages NY10, NY11 and NY12 –QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

This statement should show underwriting results on a quarterly, rather than a year-to-date basis. All columns should parallel the experience shown in the Year-to-Date Statement of Revenue and Expenses by Line of Business on pages NY7, NY8 and NY9.

Columns 1 and 2 should agree with page NY6, Report #2 – Quarterly Statement of Revenue and Expenses (Total), columns 2 and 5.

Columns 27 and 28 should agree with page NY15, Report #4 – Quarterly Statement of Revenue and Expenses – Healthy New York, columns 2 and 5.

Columns 29 and 30 should agree with page NY17, Report #5 – Quarterly Statement of Revenue and Expenses – Medicare Advantage Including Part D, columns 2 and 5.

Columns 31 and 32 should agree with page NY19, Report #6 – Quarterly Statement of Revenue and Expenses – Medicare Advantage Not Including Part D, columns 2 and 5.

Columns 33 and 34 should agree with page NY21, Report #7 – Quarterly Statement of Revenue and Expenses – Medicaid, columns 2 and 5.

Columns 35 and 36 should agree with page NY23, Report #8 – Quarterly Statement of Revenue and Expenses – Medicaid Advantage, columns 2 and 5.

Columns 37 and 38 should agree with page NY25, Report #9 – Quarterly Statement of Revenue and Expenses – MAP, MLTC-Partial, PACE and FIDA, columns 2 and 5.

Columns 39 and 40 should agree with page NY27, Report #10 – Quarterly Statement of Revenue and Expenses – Child Health Plus, columns 2 and 5.

Columns 41 and 42 should agree with page NY29, Report #11 – Quarterly Statement of Revenue and Expenses – HARP, columns 2 and 5.

Page NY13 – REPORT #3 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

Reflects year-to-date operating results for the HMO's individual (direct pay) and its commercial small group and large group contracts. Do not include experience resulting from Medicare, Medicaid, Child Health Plus, HARP or the Healthy New York programs. Columns 2 and 5 should agree with columns 3 and 4 of the Year-to-Date Statement of Revenues and Expenses by Line of Business on page NY7.

Page NY32 – Report #14A, Schedule E – Part 3 (N.Y.)

Department of Health Regulation 10 NYCRR 98-1.11(e) and (f), concerning the Contingent Reserve and the Escrow Account.

Section 10 NYCRR 98-1.11(f) requires the HMO to establish an escrow deposit account, in the form of a trust account with a custodian, for which a deed of trust has been approved by the superintendent. The details of the account should be reported in Schedule E – Part 3 (N.Y.), Special Deposits. The escrow deposit amount is also used in the calculation of the HMO's minimum net worth, and therefore should be entered in Report #14A, Line 1.

In addition to this requirement, the HMO is to establish a reserve for the Escrow Account in the capital and surplus section of its Annual Statement. This reserve may be offset by the Contingent Reserve established pursuant to NYCRR 98-1.11(e). HOWEVER – even though the escrow deposit might not be shown in its entirety in the capital and surplus portion of the balance sheet, the HMO is required to fund the ENTIRE escrow deposit asset account.

For the March 31, 2016 Data Requirements, the escrow deposit shall equal at least the greater of 5% of total projected expenditures for health care services for the current calendar year (i.e., 2016) as shown in the most recently filed Annual Data Requirements, with no deductions for reinsurance, stop-loss pools or Regulation 146 contributions or receipts, or \$100,000. The escrow deposit amount will be recalculated similarly each March 31 thereafter.

Section 10 NYCRR 98-1.11(e) indicates that the Contingent Reserve is based on net premium income, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services. The Contingent Reserve was initially established at 5% of net premium income. This percentage increases over time in accordance with the schedule set forth in 10 NYCRR 98-1.11(e).

For the March 31, 2016 Data Requirements, the Contingent Reserve shall be based on 2015 net premium income as shown in the 12/31/15 annual Data Requirements, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services. The Contingent Reserve will be recalculated each March 31 thereafter, based on net premium income as shown in the most recently filed annual Data Requirements, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services.

Pages NY9, NY12, and NY33: “Grandfathered Business” means pre-2015 policy forms, including all small group and individual contracts, (other than Healthy New York and other products separately indicated, such as conversion), that were written on policy forms approved to be used with new and renewals December 31, 2014 and earlier. This would not include contracts written on new ACA compliant policy forms used for new and renewals January 1, 2015 and later.

SPECIAL INSTRUCTIONS

MSQ20015JURAT1

COMPANY INFORMATION

Column 1 = Current Period Group Code
Column 2 = Prior Period Group Code
Column 3 = NAIC Company Code
Column 4 = FEIN
Column 5 = State of Domicile
Column 6 = Web Address

MSQ2016JURAT2

COMPANY NAME INFORMATION

MSQ2016JURAT3

COMPANY ADDRESS INFORMATION

Column 1 = Street Address
Column 2 = City
Column 3 = State
Column 4 = Zip Code

Column 5 = Fax

Line 01 = Statutory Home Office
Line 02 = Main Administrative Office
Line 03 = Mail Address
Line 04 = Primary Location of Books and Records
Line 05 = Electronic Contact Address

MSQ2016JURAT4

COMPANY CONTACT INFORMATION

Column 1 = Contact Last Name
Column 2 = Contact First Name
Column 3 = Contact Middle Name
Column 4 = Phone Number
Column 5 = E-Mail Address
Column 6 = Fax

Line 1 = Annual Statement Contact
Line 2 = Electronic Filing Contact

MSQ2016JURAT5

Table Length: Variable

COMPANY OFFICERS/DIRECTORS/TRUSTEES

Column 1 = Last Name
Column 2 = First Name
Column 3 = Middle Name
Column 4 = Suffix
Column 5 = New Officer Indicator
Column 6 = State of Residence (Only needed if the company is an Article 44 HMO)
Column 7 = Enrollee/Representative (Only needed if the company is an Article 44 HMO)

Value for Column 5 = #
Value for Line 5 Column 7 = *

Line 1 = Chief Executive Officer
Line 2 = Secretary
Line 3 = Chief Financial Officer
Lines 04.01-04.99 = Other Officers
Lines 05.01-05.99 = Directors/Trustees
Lines 6 = Administrator

MSQ2016JURAT6

VENDOR INFORMATION

Column 1 = Vendor Name
Column 2 = Vendor Version Number
Column 3 = Vendor Code

MSQ2016JURAT7

DATES

Column 1 = HMO Certified Date
Column 2 = Federally Qualified Date
Column 3 = Fiscal Year End Date

Values for Columns 1, 2 and 3 = MMDDYYYY

MSQ2016JURAT8

Table Length: Variable

SERVICE AREAS OR COUNTIES

Column 1 = Service Areas or Counties

MSQ2016RP12F

REPORT 12 YEAR-TO-DATE EXPENSES FOR OUT OF PLAN SERVICES

Column 1F = Total HMO
Column 2F = Point of Service Product

MSQ2016RP12QTR4F

REPORT 12 QUARTERLY EXPENSES FOR OUT OF PLAN SERVICES

Column 1F = Total HMO
Column 2F = Point of Service Product

MSQ2016SCHSN1W

SCHEDULE H - SECTION 1 AGING ANALYSIS OF CLAIMS UNPAID

Table Length: Variable

MSQ2016SCHSN3F

SCHEDULE H - SECTION 3 FOOTNOTE

Column 1F = Last Name

Column 2F = First Name

Column 3F = Middle Name

Column 4F = Phone Number

Column 5F = E-Mail Address

Line 0000001 = Schedule H Contact