Regional Preferred Provider Organizati Submission Cover Sheet	on Risk-Sharing Reconciliation					
1 Name and Address of Organization:						
Test Organization 1234 Hospital Drive Anytown, USA 99999						
2 Reporting Period:			Contract Number:			
From:	1/1/2006		R-xxxx			
To:	12/31/2006					
REPORT MAY BE PUNIS CERTIF I HEREBY CERTIFY that I have a allocation of expenses and ser 01/01/2006 to 12/31/2006a correct statements prepared fr	MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW CERTIFICATION BY OFFICER OF THE ORGANIZATION I HEREBY CERTIFY that I have examined the accompanying RPPO Risk-Sharing Reconciliation, the allocation of expenses and services, and the attached Worksheets for the period from 01/01/2006 to 12/31/2006and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the Organization in accordance with applicable instructions, except as noted.					
SIGNATURE (Officer or Administrator of	f the Organization)	DATE				
TITLE		PHONE NUMBER				
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. If you have any comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, C3-13-06, Baltimore, Maryland 21244-1850.						

I. General Information

- 1. Contract Number: R1111
- 4. Contract Year: 2006
- 6. Organization Name: **Test Organization**
- 8. MA Region: **11**
- 9. MA Region Name Michigan

II. Summary

Plan	Risk Sharing Target	Allowed Medical Expense for	r Difference -	CMS' Share of Risk Corridors		Risk Shari	ing Payment A	djustment	
ID	Amount	Risk Sharing (AME)		<= 3.0%	> 3.0% and <= 8.0%	Greater than 8.0%	Total	Part A	Part B
001	\$11,965,168.00	\$11,824,950.00	\$140,218.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
002	\$10,972,730.00	\$11,824,950.00	(\$852,220.00)	\$0.00	\$261,519.05	\$0.00	\$261,519.05	\$135,754.54	\$125,764.51
003	\$11,825,388.00	\$10,611,710.13	\$1,213,677.87	\$0.00	(\$295,634.70)	(\$6,691.17)	(\$302,325.87)	(\$156,937.36)	(\$145,388.51)
All		Savings	\$501,675.87	\$0.00	(\$34,115.65)	(\$6,691.17)	(\$40,806.82)	(\$21,182.82)	(\$19,624.00)

16,400

SECTION #1 - ENROLLMENT, REVENUE, AND TARGET RATIOS

I.	General Information	(C)	(d)
1.	Contract Number:	R1111	
2.	Plan ID:	001	
3.	Segment	0	
4.	Contract Year:	2007	
5.	Bid ID	R1111_001_0	
6.	Organization Name:	Test Organization	
7.	Plan Name:	Test Plan 1	
8.	MA Region:	11	
9.	MA Region Name	Michigan	

II. Enrollment Non-ESRD CY member months

III. Actual Plan Revenue

 CY A/B capitation payment for non-ESRD enrollees 		\$12,000,000.00
2. Adjustments (Specify other types in c.)		
a. Secondary payor	(\$20,000.00)	
b. User fees	(\$2,000.00)	
С.		
d. Summary of Adjustments		(\$22,000.00)
3. Rebatable Integrated Benefits (RIBs)		
a. MA Rebates to Reduce A/B Cost Shari	\$900,000.00	
b. Other Mandatory Supplemental Benefit	\$1,100,000.00	
c. Subtotal Payments for RIBs		\$2,000,000.00
4. Basic Enrollee Billed Premium (excl. Opt.		
Supp.)		\$0.00
5. Allowed Revenue for Risk Sharing		\$13,978,000.00

IV. Risk Sharing Target Ratio (from bid)

1.	Projected Net Medical Cost (Med-Cov + RIBs) pmpm	\$888.23
2.	Proj. Required Revenue (Med-Cov + RIBs)pmpm	\$1,006.32
3.	Medical Benefit Ratio Target (Target Ratio)	85.6%

V. Risk Sharing Target Amount

1.	Allowed Revenue for Risk Sharing	\$13,978,000.00
2.	Target Ratio	85.6%
3.	Risk Sharing Target Amount = 1 x 2	\$11,965,168.00

VI. Claims Adjustment Ratio

	,	
Γ	 Proj. Net Medical Cost (Med-Cov + Non-Cov) pmpm 	\$850.20
	2. Projected Medical Expense for Risk Sharing pmpm	\$850.20
ſ	3. Claims Adjustment Ratio	100.00%

SECTION #2 - MEDICAL EXPENSES

I. Actual Medical Expenses

1. Actual Medical Expenses			
1. Member Months:			
	In Network and OON Claims		Total
	Incurred during current CY and	Claims	Incurred
(b)	Paid through 12 months after current CY	Reserve	Claims
2. Medicare-Covered Services	•		
a. Inpatient Facility	\$5,500,000.00	\$50,000.00	\$5,550,000.00
b. Skilled Nursing Facility	\$440,000.00	\$4,000.00	\$444,000.00
c. Home Health	\$450,000.00	\$3,500.00	\$453,500.0
d. Ambulance	\$75,000.00	\$750.00	\$75,750.0
e. DME/Prosthetics/Supplies	\$300,000.00	\$3,000.00	\$303,000.0
f. OP Facility - Emergency	\$60,000.00	\$600.00	\$60,600.00
g. OP Facility - Surgery	\$210,000.00	\$21,000.00	\$231,000.0
h. OP Facility - Other	\$80,000.00	\$800.00	\$80,800.0
i. Professional	\$4,000,000.00	\$40,000,00	\$4,040,000.00
j. Part B Rx	\$500,000.00	\$5,000.00	\$505,000.0
k. Other Medicare Part B	\$50,000.00	\$500.00	\$50,500.00
I. Subtotal	\$ 11,665,000.00	\$ 129,150.00	
3. Non-Covered services	φ 11,003,000.00	• 125,150.00	φ 11,754,150.0
a. Transportation			\$0.00
b. Dental			\$0.00
c. Vision			\$0.00
d. Hearing	\$80,000.00	\$800.00	\$80,800.00
e. Health & Education	\$00,000.00	4000.00	\$00,000.00
f. Other Non-Covered			\$0.00
g. Subtotal	\$ 80,000.00	\$ 800.00	
4. Outside Claim System (Specify other types)	\$ 80,000.00	\$ 800.00	\$ 60,600.0
a. Coordination of Benefits	(\$50,000,00)	\$0.00	(\$50,000,00
	(\$50,000.00)	\$0.00	(\$50,000.00 \$0.00
b. Subrogation c. Reinsurance			\$0.0
d. Part B Rx Rebates			\$0.00
e.	A (= 0 0.00 0.00	<i>.</i>	\$0.00
f. Subtotal	\$ (50,000.00)		\$ (50,000.00
5. Total Medical Expenses	\$ 11,695,000.00	\$ 129,950.00	\$ 11,824,950.00
II. Medical Expenses for Risk Sharing			
1. Total Medical Expenses			\$11,824,950.0
2. Claims Adjustment Ratio			100.009
3. Medical Expenses for Risk Sharing			\$ 11,824,950.00

SECTION #3 - RISK SHARING RECONCILIATION RATIOS

I. Risk Sharing Amounts

1. Risk Sharing Target Amount (Target Amount)	\$11,965,168.00
2. Allowed Medical Expense for Risk Sharing (AME)	\$ 11,824,950.00
3. Difference \$	Savings \$140,218.00
4 Difference %	1.2%

II. Risk Sharing Target Corridors

				Risk Sharing	
1	Threshold Limits	Risk Sharing Corridors	6	Amount	CMS Share %
	92% Target Amount	Greater than 8.0%	\$11,007,954.56	\$0.00	2.5%
	92% - 97% Target Amount	> 3.0% and <= 8.0%	\$598,258.40	\$0.00	50.0%
	97% - 100% or 100% - 103%	<= 3.0%	\$358,955.04	\$140,218.00	0.0%
	103% - 108% Target Amount	> 3.0% and <= 8.0%	\$0.00	\$0.00	50.0%
	108% Target Amount	Greater than 8.0%	\$0.00	\$0.00	2.5%
2.			\$11,965,168.00	\$140,218.00	
3.	Non-ESRD Member Months	16,400			
4.	Risk Sharing Corridors	CMS Share \$	Plan Share \$	Total	
	Greater than 8.0%	\$0.00	\$0.00	\$0.00	
	> 3.0% and <= 8.0%	\$0.00	\$0.00	\$0.00	
	<= 3.0%	\$0.00	\$140,218.00	\$140,218.00	
5.	Total \$	\$0.00	\$140,218.00	\$140,218.00	
6.	Total PMPM	\$0.00	\$8.55		

III.	Risk Sharing Payment Adjustment	
1.	Payment to Plan (if loss)	\$0.00
2.	Payment to CMS (if savings)	\$0.00
	(Negative adjustment to plan payment)	
3a	Part A Payment	\$0.00
3b	Part B Payment	\$0.00

NOTES (Section/line#)

Section #1 - ENROLLMENT, REVENUE, and TARGET RATIOS

Ι.	General Information	(c)	(d)
1.	Contract Number:	R1111	
2.	Plan ID:	002	
3.	Segment	0	
4.	Contract Year:	2007	
5.	Bid ID	R1111_002_0	
6.	Organization Name:	Test Organization	
7.	Plan Name:	Test Plan 2	
8.	MA Region:	11	
9.	MA Region Name	Michigan	
-			

II. Enrollment

Non-ESRD CY member months	16,400

III. Actual Plan Revenue

1.	CY A/B capitation payment for non-ESRD enrollees		\$12,000,000.00
2. a. b. c.	Adjustments (<i>Specify other types in c.)</i> Secondary payor User fees	(\$20,000.00) (\$2,000.00)	
d. 3.	Summary of Adjustments Rebatable Integrated Benefits (RIBs)		(\$22,000.00)
a. b.	MA Rebates to Reduce A/B Cost Sharir Other Mandatory Supplemental Benefit	#0.00	
c.	Subtotal Payments for RIBs		\$0.00
4.	Basic Enrollee Billed Premium (excl. Opt.		
	Supp.)		\$2,000,000.00
5.	Allowed Revenue for Risk Sharing		\$13,978,000.00

IV. Risk Sharing Target Ratio (from bid)

-		
- [:	 Projected Net Medical Cost (Med-Cov + RIBs) pmpm 	\$666.09
	 Proj. Required Revenue (Med-Cov + RIBs)pmpm 	\$872.11
	 Medical Benefit Ratio Target (Target Ratio) 	78.5%

V. Risk Sharing Target Amount (from bid)

1.	Allowed Revenue for Risk Sharing	\$13,978,000.00
2.	Target Ratio	78.5%
3.	Risk Sharing Target Amount = 1 x 2	\$10,972,730.00

VI. Claims Adjustment Ratio

1. Proj. Net Medical Cost (Med-Cov + Non-Cov) pmpm	\$682.10
2. Projected Medical Expense for Risk Sharing pmpm	\$682.09
3. Claims Adjustment Ratio	100.00%

SECTION #2 - MEDICAL CLAIMS

I. Actual Claims

I. Actual Claims			
1. Member Months:			
	In Network and OON Claims		Total
	Incurred during current CY and	Claims	Incurred
(b)	Paid through 12 months after current CY	Reserve	Claims
2. Medicare-Covered Services		•	
a. Inpatient Facility	\$5,500,000.00	\$50,000.00	\$5,550,000.00
b. Skilled Nursing Facility	\$440,000.00	\$4,000.00	\$444,000.00
c. Home Health	\$450,000.00	\$3,500.00	\$453,500.00
d. Ambulance	\$75,000.00	\$750.00	\$75,750.00
e. DME/Prosthetics/Supplies	\$300,000.00	\$3,000.00	\$303,000.00
f. OP Facility - Emergency	\$60,000.00	\$600.00	\$60,600.00
g. OP Facility - Surgery	\$210,000.00	\$21,000.00	\$231,000.00
h. OP Facility - Other	\$80,000.00	\$800.00	\$80,800.00
i. Professional	\$4,000,000.00	\$40,000.00	\$4,040,000.00
j. Part B Rx	\$500,000.00	\$5,000.00	\$505,000.00
k. Other Medicare Part B	\$50,000.00	\$500.00	\$50,500.00
I. Subtotal	\$ 11,665,000.00	\$ 129,150.00	\$ 11,794,150.00
3. Non-Covered services		-	
a. Transportation			\$0.00
b. Dental			\$0.00
c. Vision			\$0.00
d. Hearing	\$80,000.00	\$800.00	\$80,800.00
e. Health & Education			\$0.00
f. Other Non-Covered			\$0.00
g. Subtotal	\$ 80,000.00	\$ 800.00	\$ 80,800.00
4. Outside Claim System (Specify other types			
a. Coordination of Benefits	(\$50,000.00)	\$0.00	(\$50,000.00
b. Subrogation			\$0.00
c. Reinsurance			\$0.00
d. Part B Rx Rebates			\$0.00
e.			\$0.00
f. Subtotal	\$ (50,000.00)	\$ -	\$ (50,000.00
5. Total Medical Expenses	\$ 11,695,000.00	\$ 129,950.00	\$ 11,824,950.00
U. Madiaal Evanance for Diak Charing			
II. Medical Expenses for Risk Sharing 1. Total Medical Expenses			¢11 004 050 0
2. Claims Adjustment Ratio			\$11,824,950.0 100.00%
3. Medical Expenses for Risk Sharing			\$ 11,824,950.00
o. meandar Expenses for Misk Shalling			φ 11,02 4 ,330.00

SECTION #3 - RISK SHARING RECONCILIATION RATIOS

I. Risk Sharing Amounts

U			
1. Risk Sharing Target Amount (Target Amount)		\$10,972,730.00	
2. Allowed Medical Expense for Risk Sharing (AME)	\$	11,824,950.00	
3. Difference \$	Loss	(\$852,220.00)	
4. Difference %		-7.8%	

II. Risk Sharing Target Corridors

1	Threshold Limits Risk Sharing Corridors		Risk Sharing Amount	CMS Share %	
	92% Target Amount	Greater than 8.0%	\$0.00	\$0.00	2.5%
	92% - 97% Target Amount	> 3.0% and <= 8.0%	\$0.00	\$0.00	50.0%
	97% - 100% or 100% - 103%	<= 3.0%	\$329,181.90	\$329,181.90	0.0%
	103% - 108% Target Amount	> 3.0% and <= 8.0%	\$548,636.50	\$523,038.10	50.0%
	108% Target Amount	Greater than 8.0%	\$10,094,911.60	\$0.00	2.5%
2.			\$10,972,730.00	\$852,220.00	
3.	Non-ESRD Member Months	16,400			
4.	Risk Sharing Corridors	CMS Share \$	Plan Share \$	Total	
	Greater than 8.0%	\$0.00	\$0.00	\$0.00	
	> 3.0% and <= 8.0%	\$261,519.05	\$261,519.05	\$523,038.10	
	<= 3.0%	\$0.00	\$329,181.90	\$329,181.90	
5.	Total \$	\$261,519.05	\$590,700.95	\$852,220.00	
6.	Total PMPM	\$15.95	\$36.02		

<u>III.</u>	Risk Sharing Payment Adjustment	
1.	Payment to Plan (if loss)	\$261,519.05
2.	Payment to CMS (if savings)	\$0.00
	(Negative adjustment to plan payment)	
3a	Part A Payment	\$135,754.54
3b	Part B Payment	\$125,764.51

NOTES (Section/line#)

Section #1 - ENROLLMENT, REVENUE, and TARGET RATIOS

١.	General Information	(c)	(d)
1.	Contract Number:	R1111	
2.	Plan ID:	003	
3.	Segment	0	
4.	Contract Year:	2007	
5.	Bid ID	R1111_003_0	
6.	Organization Name:	Test Organization	
7.	Plan Name:	Test Plan 3	
8.	MA Region:	11	
9.	MA Region Name	Michigan	
-			

II. Enrollment

Non-ESRD CY member months	16,400
-	

III. Actual Plan Revenue

1.	CY A/B capitation payment for non-ESRD enrollees		\$12,000,000.00
2. a. b. c.	Adjustments (Specify other types in c.) Secondary payor User fees	(\$20,000.00) (\$2,000.00)	
d. 3.	Summary of Adjustments Rebatable Integrated Benefits (RIBs)		(\$22,000.00)
a. b.	MA Rebates to Reduce A/B Cost Sharir Other Mandatory Supplemental Benefit	#1 100 000 00	
c.	Subtotal Payments for RIBs		\$2,000,000.00
4.	Basic Enrollee Billed Premium (excl. Opt.		
	Supp.)		\$0.00
5.	Allowed Revenue for Risk Sharing		\$13,978,000.00

IV. Risk Sharing Target Ratio (from bid)

1	Projected Net Medical Cost (Med-Cov + RIBs) pmpm	\$449.23
2.	Proj. Required Revenue (Med-Cov + RIBs)pmpm	\$529.50
3.	Medical Benefit Ratio Target (Target Ratio)	84.6%

V. Risk Sharing Target Amount (from bid)

1.	Allowed Revenue for Risk Sharing	\$13,978,000.00
2.	Target Ratio	84.6%
3.	Risk Sharing Target Amount = 1 x 2	\$11,825,388.00

VI. Claims Adjustment Ratio

1. Proj. Net Medical Cost (Med-Cov + Non-Cov) pmpm	\$499.24
2. Projected Medical Expense for Risk Sharing pmpm	\$448.04
3. Claims Adjustment Ratio	89.74%

SECTION #2 - MEDICAL CLAIMS

I. Actual Claims

Actual Claims Member Months:			
	In Network and OON Claims		Total
	Incurred during current CY and	Claims	Incurred
	Paid through 12 months after current CY	Reserve	Claims
(b) 2. Medicare-Covered Services	Faid difough 12 months after current CT	Reserve	Cialilis
a. Inpatient Facility	\$5,500,000.00	\$50,000.00	\$5,550,000.00
b. Skilled Nursing Facility	\$440,000,00	\$4,000.00	\$444,000.00
c. Home Health	\$450,000.00	\$3,500.00	\$453,500.00
d. Ambulance	\$75,000.00	\$750.00	\$75,750.00
e. DME/Prosthetics/Supplies	\$300,000.00	\$3,000.00	\$303,000.00
f. OP Facility - Emergency	\$60,000.00	\$600.00	\$60,600.00
g. OP Facility - Surgery	\$210,000.00	\$21,000.00	\$231,000.00
h. OP Facility - Other	\$80,000.00	\$800.00	\$80,800.00
i. Professional	\$4,000,000.00	\$40,000.00	\$4,040,000.00
i. Part B Rx	\$500,000.00	\$5,000.00	\$505,000.00
k. Other Medicare Part B	\$50,000.00	\$500.00	\$50,500.00
I. Subtotal	\$ 11,665,000.00	\$ 129,150.00	
3. Non-Covered services	φ 11,003,000.00	φ 125,150.00	φ 11,754,150.00
a. Transportation			\$0.00
b. Dental			\$0.00
c. Vision			\$0.00
d. Hearing	\$80,000.00	\$800.00	\$80,800.00
e. Health & Education	400,000,000	\$00000	\$0.00
f. Other Non-Covered			\$0.00
g. Subtotal	\$ 80,000.00	\$ 800.00	
4. Outside Claim System (Specify other type		Φ 000.00	φ 00,000.00
a. Coordination of Benefits	(\$50,000.00)	\$0.00	(\$50,000.00
b. Subrogation	(\$50,000100)	0.00	\$0.00
c. Reinsurance			\$0.00
d. Part B Rx Rebates			\$0.00
e.			\$0.00
f. Subtotal	\$ (50,000.00)	\$ -	\$ (50,000.00
5. Total Medical Expenses	\$ 11,695,000.00	\$ 129.950.00	\$ 11,824,950.00
	+,,	,	4,0,000000
II. Medical Expenses for Risk Sharing			
1. Total Medical Expenses			\$11,824,950.0
2. Claims Adjustment Ratio			\$11,824,950.0 89.749
3. Medical Expenses for Risk Sharing			\$ 10,611,710.13
o. motion Expenses for this originity			φ 10,011,/10.1.

SECTION #3 - RISK SHARING RECONCILIATION RATIOS

I. Risk Sharing Amounts

1. Risk Sharing Target Amount (Target Amount)		\$11,825,388.00	
 Allowed Medical Expense for Risk Sharing (AME) 		\$10,611,710.13	
3. Difference \$	Savings	\$1,213,677.87	
4. Difference %		10.3%	

II. Risk Sharing Target Corridors

				Risk Sharing	
1	Threshold Limits	Risk Sharing Corri	idors	Amount	CMS Share %
	92% Target Amount	Greater than 8.0%	\$10,879,356.96	\$267,646.83	2.5%
	92% - 97% Target Amount	> 3.0% and <= 8.0%	\$591,269.40	\$591,269.40	50.0%
	97% - 100% or 100% - 103%	<= 3.0%	\$354,761.64	\$354,761.64	0.0%
	103% - 108% Target Amount	> 3.0% and <= 8.0%	\$0.00	\$0.00	50.0%
	108% Target Amount	Greater than 8.0%	\$0.00	\$0.00	2.5%
2.			\$11,825,388.00	\$1,213,677.87	
3.	Non-ESRD Member Months	16,400			
4.	Risk Sharing Corridors	CMS Share \$	Plan Share \$	Total	
	Greater than 8.0%	\$6,691.17	\$260,955.66	\$267,646.83	
	> 3.0% and <= 8.0%	\$295,634.70	\$295,634.70	\$591,269.40	
	<= 3.0%	\$0.00	\$354,761.64	\$354,761.64	
5.	Total \$	\$302,325.87	\$911,352.00	\$1,213,677.87	
6.	Total PMPM	\$18.43	\$55.57		

	Risk Sharing Payment Adjustment	
1.	Payment to Plan (if loss)	\$0.00
2.	Payment to CMS (if savings)	(\$302,325.87)
	(Negative adjustment to plan payment)	
3a	Part A Payment	(\$156,937.36)
3b	Part B Payment	(\$145,388.51)

NOTES (Section/line#)

Claims Reserves Supporting Schedule

Plan Name	
"R" Number	RXXXX
Contract Period	CY 2006

Instructions:

The purpose of this worksheet is to provide a guide to creating a detailed claims data worksheet. This worksheet shows the minimum data elements that are required to be submitted with this Risk-Sharing reconciliation. There should be a seperate Claims Reserve worksheet for each Plan that is reporting claim reserves.

Use the following format to provide the required information. Use the service categories that the organization typically uses when developing reserves. If they are more general than those provided in Section #2 of the Plan worksheet, please indicate how each of the categories presented in Section #2 of the Plan worksheet relates to the more general categories. If the projected reserve for in-network services is a different percentage than for out-of-network services, please provide separate claims lag data for in and out-of-network claims. If not, combine this data. **Do not complete this worksheet for a specific category IF there the Plan is not claiming any expenses for claims not yet paid (i.e. projected reserves) for that category in Section #2 of the Plan worksheet.**

CLAIMS INCURRED	FROM JANUA	ARY - DECEN	ABER 2006 AND PA	AID THROUGH THE	E CURRENT REP	ORTING DATE
Service Category	Incurred Month	Paid Month	Total In-network \$	Total Out of Network \$	Total \$	GRAND TOTAL FOR CATEGORY
Inpatient Hospital					\$ -	
Inpatient Hospital					\$ -	
Inpatient Hospital					\$ -	
Inpatient Hospital					\$ -	
Inpatient Hospital					\$ -	
Inpatient Hospital					\$ -	
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Plan Name					
		4			
"R" Number	RXXXX				
Contract Period	CY 2006				
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Note: This number should match Section #2 of the respective

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Claims Reserves Supporting Schedule

Plan Name	
"R" Number	RXXXX
Contract Period	CY2006

Instructions:

The purpose of this worksheet is to provide a guide to creating a detailed claims data worksheet. This worksheet shows the minimum data elements that are required to be submitted with this Risk-Sharing reconciliation. There should be a seperate Claims R

Use the following format to provide the required information. Use the service categories that the organization typically uses when developing reserves. If they are more general than those provided in Section #2 of the Plan worksheet, please indicate how

CLAIMS INCURRED FROM JANUARY - DECEMBER 2006 AND PAID THROUGH THE CURRENT REPORTING DATE

Service Category	Incurred Month	Paid Month	Total In-network \$	Total Out of Network \$	Total \$	GRAND TOTAL FOR CATEGORY
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Claims Reserves Supporting Schedule

Plan Name	
"R" Number	RXXXX
Contract Period	CY 2006

Instructions:

The purpose of this worksheet is to provide a guide to creating a detailed claims data worksheet. This worksheet shows the minimum data elements that are required to be submitted with this Risk-Sharing reconciliation. There should be a seperate Claims R

Use the following format to provide the required information. Use the service categories that the organization typically uses when developing reserves. If they are more general than those provided in Section #2 of the Plan worksheet, please indicate how

CLAIMS INCURRED FROM JANUARY - DECEMBER 2006 AND PAID THROUGH THE CURRENT REPORTING DATE

Service Category	Incurred Month	Paid Month	Total In-network \$	Total Out of Network \$	Total \$	GRAND TOTAL FOR CATEGORY
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Note: This number should match Section #2 of the respective

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Regional PPO Risk Sharing Targets based on Medicare Advantage Bid - CY 2007

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bid_id	Organization	Plan Name	MA-PD	Region	Region
R1111_001_0	Test Organization	Test Plan 1	Y	11	Michigan
R1111_002_0	Test Organization	Test Plan 2	Y	11	Michigan
R1111_003_0	Test Organization	Test Plan 3	Y	11	Michigan

Regional PPO Risk Sharing Targets based on Medicare Advantage Bid - CY 2007

								Net	
		Net	Non-				Total	Medical	
		Medical	medical	Gain/loss	Required	Target	Medical	Expense	
Region cont'd 1)	Region cont'd 2)	Cost	expense	margin	Revenue	Ratio	Expense	in bid	RIBs
		888.23	30.25	44.18	1,006.32	85.6	850.20	950.23	99.52
		666.09	116.00	92.72	872.11	78.5	682.10	557.40	108.69
		449.23	72.50	11.01	529.50	84.6	499.24	425.23	20.02

Regional PPO Risk Sharing Targets based on Medicare Advantage Bid - CY 2007

Medical Expense for Risk	Claims Adjust.
Sharing	Ratio
850.20	100.00%
682.09	100.00%
448.04	89.74%