

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

Regional Preferred Provider Organization Risk-Sharing Reconciliation Submission Cover Sheet					
1 Name and Address of Organization:  <div style="background-color: yellow; padding: 2px; display: inline-block;">Test Organization 1234 Hospital Drive Anytown, USA 99999</div>					
2 Reporting Period:  From: <div style="background-color: yellow; padding: 2px;">1/1/2006</div> To: <div style="background-color: yellow; padding: 2px;">12/31/2006</div>	Contract Number:  <div style="background-color: yellow; padding: 2px;">R-xxxx</div>				
<p>MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW</p> <p>CERTIFICATION BY OFFICER OF THE ORGANIZATION</p> <p>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 12/31/2006 and 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.</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-top: 1px solid black; text-align: center;"><div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> SIGNATURE (Officer or Administrator of the Organization)</td><td style="width: 50%; border-top: 1px solid black; text-align: center;"><div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> DATE</td></tr><tr><td style="border-top: 1px solid black; text-align: center;"><div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> TITLE</td><td style="border-top: 1px solid black; text-align: center;"><div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> PHONE NUMBER</td></tr></table>		<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> SIGNATURE (Officer or Administrator of the Organization)	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> DATE	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> TITLE	<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> PHONE NUMBER
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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.					



**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**SECTION #1 - ENROLLMENT, REVENUE, AND TARGET RATIOS**

**I. General Information**

(c)

(d)

1. Contract Number:	<b>R1111</b>
2. Plan ID:	<b>001</b>
3. Segment	<b>0</b>
4. Contract Year:	<b>2007</b>
5. Bid ID	<b>R1111_001_0</b>
6. Organization Name:	<b>Test Organization</b>
7. Plan Name:	<b>Test Plan 1</b>
8. MA Region:	<b>11</b>
9. MA Region Name	<b>Michigan</b>

**II. Enrollment**

Non-ESRD CY member months	<b>16,400</b>
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**III. Actual Plan Revenue**

1. CY A/B capitation payment for non-ESRD enrollees		<b>\$12,000,000.00</b>
2. Adjustments ( <i>Specify other types in c.</i> )		
a. Secondary payor	(\$20,000.00)	
b. User fees	(\$2,000.00)	
c.		
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		<b>\$13,978,000.00</b>

**IV. Risk Sharing Target Ratio (from bid)**

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

**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	<b>\$11,965,168.00</b>

**VI. Claims Adjustment Ratio**

1. Proj. Net Medical Cost (Med-Cov + Non-Cov) pmpm	<b>\$850.20</b>
2. Projected Medical Expense for Risk Sharing pmpm	<b>\$850.20</b>
3. Claims Adjustment Ratio	<b>100.00%</b>

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**SECTION #2 - MEDICAL EXPENSES**

**I. Actual Medical Expenses**

1. Member Months:	In Network and OON Claims Incurred during current CY and Paid through 12 months after current CY	Claims Reserve	Total Incurred Claims
(b)			
<b>2. Medicare-Covered Services</b>			
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
l. Subtotal	\$ 11,665,000.00	\$ 129,150.00	\$ 11,794,150.00
<b>3. Non-Covered services</b>			
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
<b>4. Outside Claim System (Specify other types)</b>			
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

**II. Medical Expenses for Risk Sharing**

1. Total Medical Expenses	\$11,824,950.00
2. Claims Adjustment Ratio	100.00%
3. Medical Expenses for Risk Sharing	\$ 11,824,950.00

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**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 \$	<b>Savings</b>	\$140,218.00
4. Difference %		1.2%

**II. Risk Sharing Target Corridors**

1. <b>Threshold Limits</b>	<b>Risk Sharing Corridors</b>		<b>Risk Sharing Amount</b>	<b>CMS Share %</b>
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. <b>Non-ESRD Member Months</b>	16,400			
4. <b>Risk Sharing Corridors</b>	<b>CMS Share \$</b>	<b>Plan Share \$</b>	<b>Total</b>	
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) (Negative adjustment to plan payment)	\$0.00
3a Part A Payment	\$0.00
3b Part B Payment	\$0.00

**NOTES (Section/line#)**



**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**Section #1 - ENROLLMENT, REVENUE, and TARGET RATIOS**

**I. General Information**

1. Contract Number:	R1111	(c)	(d)
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
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**III. Actual Plan Revenue**

1. 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)	
c.		
d. Summary of Adjustments		(\$22,000.00)
3. Rebatable Integrated Benefits (RIBs)		
a. MA Rebates to Reduce A/B Cost Sharin	\$0.00	
b. 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)**

1. Projected Net Medical Cost (Med-Cov + RIBs) pmpm	\$666.09
2. Proj. Required Revenue (Med-Cov + RIBs)pmpm	\$872.11
3. 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%

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**SECTION #2 - MEDICAL CLAIMS**

**I. Actual Claims**

1. Member Months:			
(b)	In Network and OON Claims Incurred during current CY and Paid through 12 months after current CY	Claims Reserve	Total Incurred Claims
<b>2. Medicare-Covered Services</b>			
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
l. Subtotal	\$ 11,665,000.00	\$ 129,150.00	\$ 11,794,150.00
<b>3. Non-Covered services</b>			
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
<b>4. Outside Claim System (Specify other types)</b>			
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)
<b>5. Total Medical Expenses</b>	<b>\$ 11,695,000.00</b>	<b>\$ 129,950.00</b>	<b>\$ 11,824,950.00</b>

**II. Medical Expenses for Risk Sharing**

1. Total Medical Expenses	\$11,824,950.00
2. Claims Adjustment Ratio	100.00%
3. Medical Expenses for Risk Sharing	\$ 11,824,950.00

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**SECTION #3 - RISK SHARING RECONCILIATION RATIOS**

**I. Risk Sharing Amounts**

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 \$	<b>Loss</b>	<b>(\$852,220.00)</b>
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		

**III. Risk Sharing Payment Adjustment**

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

**NOTES (Section/line#)**





**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**Section #1 - ENROLLMENT, REVENUE, and TARGET RATIOS**

**I. General Information**

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

**II. Enrollment**

Non-ESRD CY member months	<b>16,400</b>
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**III. Actual Plan Revenue**

1. CY A/B capitation payment for non-ESRD enrollees		<b>\$12,000,000.00</b>
2. Adjustments (Specify other types in c.)		
a. Secondary payor	(\$20,000.00)	
b. User fees	(\$2,000.00)	
c.		
d. Summary of Adjustments		(\$22,000.00)
3. Rebatable Integrated Benefits (RIBs)		
a. MA Rebates to Reduce A/B Cost Sharir	\$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		<b>\$13,978,000.00</b>

**IV. Risk Sharing Target Ratio (from bid)**

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

**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	<b>\$11,825,388.00</b>

**VI. Claims Adjustment Ratio**

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

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**SECTION #2 - MEDICAL CLAIMS**

**I. Actual Claims**

1. Member Months:			
(b)	In Network and OON Claims Incurred during current CY and Paid through 12 months after current CY	Claims Reserve	Total Incurred Claims
<b>2. Medicare-Covered Services</b>			
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
l. Subtotal	\$ 11,665,000.00	\$ 129,150.00	\$ 11,794,150.00
<b>3. Non-Covered services</b>			
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
<b>4. Outside Claim System (Specify other types)</b>			
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)
<b>5. Total Medical Expenses</b>	<b>\$ 11,695,000.00</b>	<b>\$ 129,950.00</b>	<b>\$ 11,824,950.00</b>

**II. Medical Expenses for Risk Sharing**

1. Total Medical Expenses	\$11,824,950.00
2. Claims Adjustment Ratio	89.74%
3. Medical Expenses for Risk Sharing	\$ 10,611,710.13

**Regional Preferred Provider Organization  
Risk-Sharing Reconciliation  
Contract Year 2007**

**SECTION #3 - RISK SHARING RECONCILIATION RATIOS**

**I. Risk Sharing Amounts**

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

**II. Risk Sharing Target Corridors**

1. Threshold Limits	Risk Sharing Corridors		Risk Sharing 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		

**III. Risk Sharing Payment Adjustment**

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

**NOTES (Section/line#)**

























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

<b>bid_id</b>	<b>Organization</b>	<b>Plan Name</b>	<b>MA-PD</b>	<b>Region #</b>	<b>Region</b>
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**

<b>Region cont'd 1)</b>	<b>Region cont'd 2)</b>	<b>Net Medical Cost</b>	<b>Non- medical expense</b>	<b>Gain/loss margin</b>	<b>Required Revenue</b>	<b>Target Ratio</b>	<b>Total Medical Expense</b>	<b>Net Medical Expense in bid</b>	<b>RIBs</b>
		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**

<b>Medical Expense for Risk Sharing</b>	<b>Claims Adjust. Ratio</b>
850.20	100.00%
682.09	100.00%
448.04	89.74%