

Plan Name: \_\_\_\_\_  
 Region: \_\_\_\_\_

**SCHEDULE II  
 MEDICAID REVENUE AND EXPENSE PROJECTIONS - Year 1**

Period Ending 12/31/____ Month	PMPM												Average PMPM	Total Dollars		
	1	2	3	4	5	6	7	8	9	10	11	12				
1 . Number Members														0		
<b>MEDICAID REVENUE:</b>																
2 . a. NYS Capitation																
. b. NYS Newborn Inpatient ("Kick") Payments																
3 . Interest																
4 . C.O.B. (Third Party Recoveries)																
5 . Private Reinsurance Premium Cost	<	>	<	>	<	>	<	>	<	>	<	>	<	>	<	>
6 . Other Revenue																
7 . <b>TOTAL MEDICAID REVENUE</b>																
<b>EXPENSES:</b>																
<b>Medical and Hospital:</b>																
8 . Hospital Inpatient Care:																
. a. Inpatient Medical Surgical																
. b. Inpatient Newborn Births																
. c. Inp. Mental Health & Substance Abuse																
. d. TOTAL INPATIENT CARE (a thru c)																
<b>Other Medical and Hospital:</b>																
9 . Primary Care																
10 . Physician Specialty Services																
11 . Ambulatory Surgery																
12 . Other Professional Services																
13 . Emergency Room																
14 . Outpatient Mental Health																
15 . Outpatient Drug & Alcohol Treatment																
16 . Dental																
17 . Home Health Care																
18 . Transportation - Emergent																
19 . Transportation - Non-Emergent																
20 . Diagnostic Test, Lab & X-Ray																
21 . Family Planning																
22 . Vision Care Inc. Eyeglasses																
23 . Other Medical																
24 . Less Incentive Pool Adjustment	<	>	<	>	<	>	<	>	<	>	<	>	<	>	<	>
25 . <b>Sub-total Medical &amp; Hospital</b>																
26 . Less Reinsurance Recoveries	<	>	<	>	<	>	<	>	<	>	<	>	<	>	<	>
27 . <b>Total Medical &amp; Hospital (Line 25- Line 26)</b>																
<b>Administration:</b>																
28 . Compensation																
29 . Interest Expense																
30 . Occupancy, Depreciation & Amortization																
31 . Marketing																
32 . Other																
33 . <b>Total Administration</b>																
34 . <b>TOTAL EXPENSES</b>																
35 . OPERATING INCOME/(LOSS)																
36 . Provision for Taxes																
37 . <b>NET INCOME (LOSS)</b>																

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Plan Name: \_\_\_\_\_

Region: \_\_\_\_\_

**SCHEDULE I2  
MEDICAID REVENUE AND EXPENSE PROJECTIONS - Year 2**

Period Ending 12/31/____ Month	PMPM												Average PMPM	Total Dollars		
	13	14	15	16	17	18	19	20	21	22	23	24				
1 . Number Members														0		
<b>MEDICAID REVENUE:</b>																
2 . a. NYS Capitation																
. b. NYS Newborn Inpatient ("Kick") Payments																
3 . Interest																
4 . C.O.B. (Third Party Recoveries)																
5 . Private Reinsurance Premium Cost	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
6 . Other Revenue																
7 . <b>TOTAL MEDICAID REVENUE</b>																
<b>EXPENSES:</b>																
<b>Medical and Hospital:</b>																
8 . Hospital Inpatient Care:																
a. Inpatient Medical Surgical																
b. Inpatient Newborn Births																
c. Inp. Mental Health & Substance Abuse																
d. TOTAL INPATIENT CARE (a thru c)																
<b>Other Medical and Hospital:</b>																
9 . Primary Care																
10 . Physician Specialty Services																
11 . Ambulatory Surgery																
12 . Other Professional Services																
13 . Emergency Room																
14 . Outpatient Mental Health																
15 . Outpatient Drug & Alcohol Treatment																
16 . Dental																
17 . Home Health Care																
18 . Transportation - Emergent																
19 . Transportation - Non-Emergent																
20 . Diagnostic Test, Lab & X-Ray																
21 . Family Planning																
22 . Vision Care Inc. Eyeglasses																
23 . Other Medical																
24 . Incentive Pool Adjustment	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
25 . <b>Sub-total Medical &amp; Hospital</b>																
26 . Less Reinsurance Recoveries	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
27 . <b>Total Medical &amp; Hospital (Line 25- Line 26)</b>																
<b>Administration:</b>																
28 . Compensation																
29 . Interest Expense																
30 . Occupancy, Depreciation & Amortization																
31 . Marketing																
32 . Other																
33 . <b>Total Administration</b>																
34 . <b>TOTAL EXPENSES</b>																
35 . OPERATING INCOME/(LOSS)																
36 . Provision for Taxes																
37 . <b>NET INCOME (LOSS)</b>																

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Plan Name: \_\_\_\_\_

Region: \_\_\_\_\_

**SCHEDULE I3  
MEDICAID REVENUE AND EXPENSE PROJECTIONS - Year 3**

Period Ending 12/31/____ Month	PMPM												Average PMPM	Total Dollars		
	25	26	27	28	219	30	31	32	33	34	35	36				
1 . Number Members														0		
<b>MEDICAID REVENUE:</b>																
2 . a. NYS Capitation																
. b. NYS Newborn Inpatient ("Kick") Payments																
3 . Interest																
4 . C.O.B. (Third Party Recoveries)																
5 . Private Reinsurance Premium Cost	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
6 . Other Revenue																
7 . <b>TOTAL MEDICAID REVENUE</b>																
<b>EXPENSES:</b>																
<b>Medical and Hospital:</b>																
8 . Hospital Inpatient Care:																
a. Inpatient Medical Surgical																
b. Inpatient Newborn Births																
c. Inp. Mental Health & Substance Abuse																
d. TOTAL INPATIENT CARE (a thru c)																
<b>Other Medical and Hospital:</b>																
9 . Primary Care																
10 . Physician Specialty Services																
11 . Ambulatory Surgery																
12 . Other Professional Services																
13 . Emergency Room																
14 . Outpatient Mental Health																
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17 . Home Health Care																
18 . Transportation - Emergent																
19 . Transportation - Non-Emergent																
20 . Diagnostic Test, Lab & X-Ray																
21 . Family Planning																
22 . Vision Care Inc. Eyeglasses																
23 . Other Medical																
24 . Incentive Pool Adjustment	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
25 . <b>Sub-total Medical &amp; Hospital</b>																
26 . Less Reinsurance Recoveries	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
27 . <b>Total Medical &amp; Hospital (Line 25- Line 26)</b>																
<b>Administration:</b>																
28 . Compensation																
29 . Interest Expense																
30 . Occupancy, Depreciation & Amortization																
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32 . Other																
33 . <b>Total Administration</b>																
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35 . OPERATING INCOME/(LOSS)																
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