

Plan Name: _____

SCHEDULE J1
Consolidated Statewide Revenues and Expenses - Year 1

12 month Period Ending: 12/31/____

	Commercial	Child Health Plus	Medicaid	Medicare	Totals	Total PMPM
1 . Members						
1a . Member Months						
REVENUES						
2 . Premium Revenue						
3 . Interest						
4 . C.O.B. (Third Party Recoveries)						
5 . Private Reinsurance Premium Cost	< >	< >	< >	< >	< >	< >
6 . Other Revenue						
7 . TOTAL REVENUE						
EXPENSES:						
Medical and Hospital:						
8 . Hospital Inpatient Care						
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 . Sub-total Medical & Hospital						
26 . Less Reinsurance Recoveries	< >	< >	< >	< >	< >	< >
27 . Total Medical & Hospital (Line 25 - Line 26)						
Administration:						
28 . Compensation						
29 . Interest Expense						
30 . Occupancy, Depreciation & Amortization						
31 . Marketing						
32 . Other						
33 . Total Administration						
34 . TOTAL EXPENSES						
35 . OPERATING INCOME/(LOSS)						
36 . Provision for Taxes						
37 . NET INCOME (LOSS)						

Plan Name: _____

SCHEDULE J2
Consolidated Statewide Revenues and Expenses - Year 2

12 month Period Ending: 12/31/____

	Commercial	Child Health Plus	Medicaid	Medicare	Totals	Total PMPM
1 . Members						
1a . Member Months						
REVENUES						
2 . Premium Revenue						
3 . Interest						
4 . C.O.B. (Third Party Recoveries)						
5 . Private Reinsurance Premium Cost	< >	< >	< >	< >	< >	< >
6 . Other Revenue						
7 . TOTAL REVENUE						
EXPENSES:						
Medical and Hospital:						
8 . Hospital Inpatient Care						
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 . Sub-total Medical & Hospital						
26 . Less Reinsurance Recoveries	< >	< >	< >	< >	< >	< >
27 . Total Medical & Hospital (Line 25 - Line 26)						
Administration:						
28 . Compensation						
29 . Interest Expense						
30 . Occupancy, Depreciation & Amortization						
31 . Marketing						
32 . Other						
33 . Total Administration						
34 . TOTAL EXPENSES						
35 . OPERATING INCOME/(LOSS)						
36 . Provision for Taxes						
37 . NET INCOME (LOSS)						

Plan Name: _____

SCHEDULE J3
Consolidated Statewide Revenues and Expenses - Year 3

12 month Period Ending: 12/31/____

	Commercial	Child Health Plus	Medicaid	Medicare	Totals	Total PMPM
1 . Members						
1a . Member Months						
REVENUES						
2 . Premium Revenue						
3 . Interest						
4 . C.O.B. (Third Party Recoveries)						
5 . Private Reinsurance Premium Cost	< >	< >	< >	< >	< >	< >
6 . Other Revenue						
7 . TOTAL REVENUE						
EXPENSES:						
Medical and Hospital:						
8 . Hospital Inpatient Care						
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 . Sub-total Medical & Hospital						
26 . Less Reinsurance Recoveries	< >	< >	< >	< >	< >	< >
27 . Total Medical & Hospital (Line 25 - Line 26)						
Administration:						
28 . Compensation						
29 . Interest Expense						
30 . Occupancy, Depreciation & Amortization						
31 . Marketing						
32 . Other						
33 . Total Administration						
34 . TOTAL EXPENSES						
35 . OPERATING INCOME/(LOSS)						
36 . Provision for Taxes						
37 . NET INCOME (LOSS)						