

**QUARTERLY STATEMENT**  
**OF THE**  
**AMERIGROUP Tennessee, Inc.**

**of**  
**Nashville**  
**in the state of**  
**Tennessee**

**TO THE**  
**Insurance Department**  
**OF THE STATE OF**  
**Tennessee**

**FOR THE QUARTER ENDED**  
**JUNE 30, 2014**

**2014**

**HEALTH**

**2014**



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## AMERIGROUP Tennessee, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 12941 Employer's ID Number 20-4776597  
(Current) (Prior)

Organized under the Laws of Tennessee, State of Domicile or Port of Entry Tennessee

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 04/26/2006 Commenced Business 04/01/2007

Statutory Home Office 22 Century Boulevard, Suite 310 Nashville, TN, US 37214  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4425 Corporation Lane 757-490-6900  
Virginia Beach, VA, US 23462  
(Street and Number) (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)

Mail Address 4425 Corporation Lane Virginia Beach, VA, US 23462  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4425 Corporation Lane 757-490-6900  
Virginia Beach, VA, US 23462  
(Street and Number) (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)

Internet Website Address www.amerigroup.com

Statutory Statement Contact Bette Lou Gronseth 757-518-3638  
(Name) (Area Code) (Telephone Number)  
Bette.Gronseth@amerigroup.com 757-557-6742  
(E-mail Address) (FAX Number)

### OFFICERS

Chairperson Charles Brian Shipp Vice President/COO Edna Laverne Willingham  
 President/CEO Alvin Brock King Vice President/Assistant Secretary Jack Louis Young

### OTHER

Kathleen Susan Kiefer Secretary Robert David Kretschmer Treasurer Eric (Rick) Kenneth Noble Assistant Treasurer  
Kendall Benjamin Edwards Vice President, Finance Mark Daniel Justus Valuation Actuary

### DIRECTORS OR TRUSTEES

Carter Allen Beck Wayne Scott DeVeydt Catherine Irene Kelaghan  
Alvin Brock King Charles Brian Shipp

State of Tennessee SS:  
 County of Nashville

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, 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 reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Alvin Brock King Robert David Kretschmer Kathleen Susan Kiefer  
 President/CEO Treasurer Secretary

Subscribed and sworn to before me this 30th day of July 2014  
Barbara C. McLean

- a. Is this an original filing? \_\_\_\_\_ Yes [ X ] No [ ]  
 b. If no,  
 1. State the amendment number.....  
 2. Date filed.....  
 3. Number of pages attached.....

My Commission Expires MAR 6, 2018





**Amerigroup Tennessee, Inc.**

**Statement of Actuarial Opinion**

This Opinion is	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input checked="" type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input checked="" type="checkbox"/> Revised Wording	
Relevant Comments				<input checked="" type="checkbox"/> Revised Wording
<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

**Identification**

I, Mark D. Justus, Director & Actuary III, am an employee of WellPoint, Inc., and a member of the American Academy of Actuaries. I was appointed on October 01, 2013 in accordance with the requirements of the annual statement instructions for Amerigroup Tennessee, Inc., a subsidiary of WellPoint, Inc. I meet the Academy qualification standards for rendering the opinion.

**Scope**

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the quarterly statement of the organization as prepared for filing with state regulatory officials, as of June 30, 2014:

A. Claims unpaid (Page 3, Line 1)	\$ 70,541,915
B. Accrued medical incentive pool and bonus amounts (Page 3, Line 2)	\$ 306,247
C. Unpaid claims adjustment expenses (Page 3, Line 3)	\$ 2,334,808
D. Aggregate health policy reserves (Page 3, Line 4)	\$ 16,706,870
E. Aggregate life policy reserves (Page 3, Line 5)	\$ 0

F. Property/casualty unearned premium reserve (Page 3, Line 6)	\$	0
G. Aggregate health claim reserves (Page 3, Line 7)	\$	0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the quarterly statement		
Not applicable		
I. Specified actuarial items presented as assets in the quarterly statement		
Not applicable		

### **Reliance**

In forming my opinion on Unearned Premium Reserves (part of Aggregate Health Policy Reserves) and Legal Claim Reserves (part of Unpaid Claims), I relied upon data prepared by R. David Kretschmer, Senior Vice President, Treasurer and Chief Investment Officer, and Pamela C. Williams, Vice President and Counsel, WellPoint, Inc. as certified in the attached statements. I evaluated the data for reasonableness and consistency.

In other respects, my examination included such review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and such tests of the actuarial calculations as I considered necessary. I also reconciled the underlying basic liability records to the Underwriting and Investment Exhibit, Analysis of Claims Unpaid of the company's current quarterly statement.

### **Opinion**

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the insurance laws and regulations of the state of Tennessee, and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- F. Include appropriate provisions for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit, Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

### **Relevant Comments**

The liabilities being valued are mainly short term in nature, have no investment income or interest component, are not discounted for interest, and do not fluctuate with changes in the interest rate environment. As a result, no asset adequacy analysis was performed.

My review also included consideration of incentive contracts with service providers and the effect on the reserves. I have not reviewed the financial position of any party related by contract to the Company, including those under a capitation agreement with the Company. I have relied on the opinion of the Company that such parties are in a financial position to meet all liabilities resulting from such contracts.

This opinion has been prepared solely for the Board and management of the Company, for filing with insurance regulatory agencies of states in which the Company is licensed.



Mark D. Justus, FSA, MAAA  
WellPoint, Inc.  
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Atlanta, GA 30326  
(404) 842-8037  
Mark.Justus@wellpoint.com  
August 11, 2014




WellPoint, Inc.  
120 Monument Circle  
Indianapolis, IN 46204  
(317) 488-6000

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Investment Assumption Reliance Statement  
**Amerigroup Tennessee, Inc.**  
For 2014 Actuarial Opinion

I, R. David Kretschmer, Senior Vice President, Treasurer and Chief Investment Officer, of WellPoint Inc., the ultimate parent company of **Amerigroup Tennessee, Inc.**, hereby affirm that the listings, summaries and analyses relating to the Unearned Premium Reserve balance (Underwriting and Investment Exhibit, Part 2D, Column 1, Line 1), prepared for and submitted to Cheryl Allari, Actuarial Director, in support of the actuarial opinion for **Amerigroup Tennessee, Inc.**, as of June 30, 2014, were prepared in accordance with generally accepted accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the quarterly statement for the period ended June 30, 2014.

  
\_\_\_\_\_  
R. David Kretschmer  
Senior Vice President, Treasurer and Chief Investment Officer  
August 1, 2014

WellPoint, Inc.  
120 Monument Circle  
Indianapolis, IN 46204  
317-488-6422



WELLPOINT

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**Pamela C. Williams, Esq.**  
Vice President & Counsel  
Litigation

I, Pamela C. Williams, Vice President & Counsel of WellPoint Inc., the ultimate parent company of **Amerigroup Tennessee, Inc.**, hereby affirm that the listings, summaries and analyses relating to the Legal Claim Reserve balance, prepared for and submitted to **Mark D. Justus** in support of the actuarial opinion for **Amerigroup Tennessee, Inc.**, as of June 30, 2014, were prepared in accordance with generally accepted accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the quarterly statement for the period year ended June 30, 2014.

Pamela C. Williams  
Vice President & Counsel  
WellPoint, Inc.  
120 Monument Circle  
Indianapolis, IN 46204  
317-488-6295  
August 1, 2014

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	182,829,422		182,829,422	183,667,162
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	21,574,045		21,574,045	20,516,142
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....14,283,484 ), cash equivalents (\$ ..... ) and short-term investments (\$ .....9,604,877 ) .....	23,888,361		23,888,361	3,590,558
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....	12,669,566		12,669,566	7,167,817
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	240,961,394	0	240,961,394	214,941,679
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,421,699		1,421,699	1,414,583
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,527,693		9,527,693	15,997,631
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	849,877		849,877	118,307
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	1,100,967		1,100,967	1,934,053
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	1,205		1,205	1,704
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	303,765	303,765	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....3,038,757 ) and other amounts receivable .....	8,060,467	5,021,710	3,038,757	2,312,931
25. Aggregate write-ins for other than invested assets .....	143,029	143,029	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	262,370,096	5,468,504	256,901,592	236,720,888
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	262,370,096	5,468,504	256,901,592	236,720,888
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaids .....	143,029	143,029	0	0
2502. ....			0	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	143,029	143,029	0	0



**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	70,541,915		70,541,915	74,472,028
2. Accrued medical incentive pool and bonus amounts .....	306,247		306,247	407,493
3. Unpaid claims adjustment expenses .....	2,334,808		2,334,808	2,511,745
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	16,706,870		16,706,870	11,688,880
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	6,031,119		6,031,119	152,717
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	4,840,510		4,840,510	5,462,240
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....	9,028,509		9,028,509	11,966,120
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	2,750,771		2,750,771	1,456,086
16. Derivatives .....			0	0
17. Payable for securities .....	798,683		798,683	0
18. Payable for securities lending .....	12,669,566		12,669,566	7,167,817
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	1,468,089		1,468,089	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	13,312,791	0	13,312,791	13,360,626
24. Total liabilities (Lines 1 to 23) .....	140,789,878	0	140,789,878	128,645,752
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	12,162,379	0
26. Common capital stock .....	XXX	XXX	1,000	1,000
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	95,809,432	95,809,432
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	8,138,903	12,264,704
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	116,111,714	108,075,136
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	256,901,592	236,720,888
<b>DETAILS OF WRITE-INS</b>				
2301. Accrued Premium Tax .....	13,079,590		13,079,590	13,155,500
2302. Escheat Liability .....	156,201		156,201	205,126
2303. Penalties and fines .....	77,000		77,000	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....	13,312,791	0	13,312,791	13,360,626
2501. Estimated 2015 ACA health insurer fee .....	XXX	XXX	12,162,379	
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	XXX	XXX	12,162,379	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	1,264,094	1,218,670	2,434,601
2. Net premium income ( including \$ non-health premium income)	XXX	470,416,079	451,413,597	917,635,709
3. Change in unearned premium reserves and reserve for rate credits	XXX	4,930,248	476,970	(616,991)
4. Fee-for-service (net of \$ medical expenses)	XXX			0
5. Risk revenue	XXX			0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	475,346,327	451,890,567	917,018,718
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		291,011,504	286,084,683	588,057,264
10. Other professional services		25,146,970	12,678,360	25,110,419
11. Outside referrals				0
12. Emergency room and out-of-area		28,217,146	24,616,579	50,188,010
13. Prescription drugs		3,910,328	3,955,578	7,534,807
14. Aggregate write-ins for other hospital and medical	0	35,474,557	44,689,740	86,730,076
15. Incentive pool, withhold adjustments and bonus amounts		486,307	(215)	510,827
16. Subtotal (Lines 9 to 15)	0	384,246,812	372,024,725	758,131,403
<b>Less:</b>				
17. Net reinsurance recoveries			(141,788)	(142,524)
18. Total hospital and medical (Lines 16 minus 17)	0	384,246,812	372,166,513	758,273,927
19. Non-health claims (net)				0
20. Claims adjustment expenses, including \$ 20,316,859 cost containment expenses		25,130,289	12,865,586	48,550,186
21. General administrative expenses		50,606,136	50,064,136	76,382,472
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22)	0	459,983,237	435,096,235	883,206,585
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	15,363,090	16,794,332	33,812,133
25. Net investment income earned		2,162,503	1,611,017	3,592,353
26. Net realized capital gains (losses) less capital gains tax of \$ (43,541)		181,466	62,700	(282,808)
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,343,969	1,673,717	3,309,545
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	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	17,707,059	18,468,049	37,121,678
31. Federal and foreign income taxes incurred	XXX	9,081,063	6,046,540	13,292,908
32. Net income (loss) (Lines 30 minus 31)	XXX	8,625,996	12,421,509	23,828,770
<b>DETAILS OF WRITE-INS</b>				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401. DME, Home Health Care, Ambulance, Other LTSS		35,474,557	44,689,740	86,730,076
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	35,474,557	44,689,740	86,730,076
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	108,075,136	106,079,845	106,079,845
34. Net income or (loss) from Line 32 .....	8,625,996	12,421,509	23,828,770
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....370,266	687,637	997,416	2,491,550
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(462,820)	321,252	1,414,792
39. Change in nonadmitted assets .....	(814,235)	(649,583)	(1,739,821)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....		(24,000,000)	(24,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	8,036,578	(10,909,406)	1,995,291
49. Capital and surplus end of reporting period (Line 33 plus 48)	116,111,714	95,170,439	108,075,136
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	486,834,255	450,880,081	920,160,306
2. Net investment income .....	3,217,586	2,695,646	5,734,707
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	490,051,841	453,575,727	925,895,013
5. Benefit and loss related payments .....	389,750,324	372,412,069	757,009,283
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	69,184,416	61,519,428	124,005,700
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	9,659,252	6,654,581	10,425,523
10. Total (Lines 5 through 9) .....	468,593,992	440,586,078	891,440,506
11. Net cash from operations (Line 4 minus Line 10) .....	21,457,849	12,989,649	34,454,507
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	37,221,822	29,819,642	39,979,023
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	(1,053)	(1,053)
12.7 Miscellaneous proceeds .....	798,683	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	38,020,505	29,818,589	39,977,970
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	37,308,356	83,275,520	97,855,533
13.2 Stocks .....	0	0	820,726
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	5,501,749	0	7,167,817
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	42,810,105	83,275,520	105,844,076
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(4,789,600)	(53,456,931)	(65,866,106)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	24,000,000	24,000,000
16.6 Other cash provided (applied) .....	3,629,554	(7,191,522)	4,291,092
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	3,629,554	(31,191,522)	(19,708,908)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	20,297,803	(71,658,804)	(51,120,507)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	3,590,558	54,711,065	54,711,065
19.2 End of period (Line 18 plus Line 19.1) .....	23,888,361	(16,947,739)	3,590,558

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Depreciation .....	114,025	318,280	497,685
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	204,169	0	0	0	0	0	0	4,404	199,765	0
2. First Quarter .....	208,447							4,828	203,619	
3. Second Quarter .....	217,317							5,077	212,240	
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	1,264,094							29,307	1,234,787	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	666,965							40,480	626,485	
8. Non-Physician .....	839,445							23,711	815,734	
9. Total	1,506,410	0	0	0	0	0	0	64,191	1,442,219	0
10. Hospital Patient Days Incurred	79,284							9,362	69,922	
11. Number of Inpatient Admissions	11,355							983	10,372	
12. Health Premiums Written (a) .....	480,364,317							31,956,523	448,407,794	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	475,346,327							31,912,652	443,433,675	
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	388,278,171							26,349,050	361,929,121	
18. Amount Incurred for Provision of Health Care Services	384,246,812							26,961,399	357,285,413	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....31,956,523



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	3,608,501	25,298,619	274,764	5,539,701	3,883,265	5,335,339
7. Title XIX - Medicaid .....	64,735,839	300,296,263	1,225,606	63,501,844	65,961,445	69,136,689
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	68,344,340	325,594,882	1,500,370	69,041,545	69,844,710	74,472,028
10. Healthcare receivables (a) .....	1,636,158	4,612,446			1,636,158	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	587,553		(2,305)	308,552	585,248	407,493
13. Totals (Lines 9-10+11+12)	67,295,735	320,982,436	1,498,065	69,350,097	68,793,800	74,879,521

(a) Excludes \$ 1,811,863 loans or advances to providers not yet expensed.

**NOTES TO FINANCIAL STATEMENTS**

For purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2013. This presentation addresses only significant events occurring since the last Annual Statement.

**1. Summary of Significant Accounting Policies****A. Accounting Practices**

The accompanying financial statements of AMERIGROUP Tennessee, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Tennessee Department of Commerce and Insurance ("TDCI").

A reconciliation of the Company's net income and capital surplus between NAIC SAP and practices prescribed and permitted by the TDCI is shown below:

	<u>State of Domicile</u>	<u>June 30, 2014</u>	<u>December 31, 2013</u>
<b><u>Net Income</u></b>			
(1) AMERIGROUP Tennessee Inc. (Page 4, Line 32, Columns 2 & 4)	Tennessee	\$ 8,625,996	\$ 23,828,770
(2) States Prescribed Practices that increase(decrease) NAIC SAP:	Tennessee	-	-
(3) State Permitted Practices that increase(decrease) NAIC SAP:	Tennessee	-	-
(4) NAIC SAP (1 - 2 - 3 = 4)	Tennessee	\$ 8,625,996	\$ 23,828,770
<b><u>Surplus</u></b>			
(5) AMERIGROUP Tennessee Inc. (Page 3, Line 33, Columns 3 & 4)	Tennessee	\$ 116,111,714	\$ 108,075,136
(6) States Prescribed Practices that increase(decrease) NAIC SAP:	Tennessee	-	-
(7) State Permitted Practices that increase(decrease) NAIC SAP:	Tennessee	-	-
(8) NAIC SAP (5 - 6 - 7 = 8)	Tennessee	\$ 116,111,714	\$ 108,075,136

**B. - C.**

No significant change.

**2. Accounting Changes and Corrections of Errors**

No significant change.

**3. Business Combinations and Goodwill**

Not applicable.

**4. Discontinued Operations**

Not applicable.

**5. Investments****A. - C.**

Not applicable.

**D. Loan-Backed Securities**

1. Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-back securities.
2. The Company did not recognize other-than-temporary impairments on its loan-backed during the six months ended June 30, 2014.
3. The Company did not hold other-than-temporarily impaired loan-backed securities at June 30, 2014.
4. The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at June 30, 2014.
5. The Company had no impaired loan-backed securities at June 30, 2014.



**E. Repurchase Agreements and/or Securities Lending Transactions**

1. No significant change.
2. No significant change.
3. Collateral Received:
  - a. No significant change.
  - b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged \$12,669,165
  - c. No significant change.
4. Not applicable.
5. No significant change.
6. Not applicable.
7. Not applicable.

**F. - G.**

Not applicable.

**H. Restricted Assets**

No significant change.

**I. Working Capital Finance Investments**

Not applicable.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

Not applicable.

**9. Income Taxes**

No significant change.

**10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties**

**A. Nature of the relationship**

No significant change.

**B. Significant transactions for each period**

No significant change.

**C. Intercompany Management and Service Arrangements**

See note F below for changes to intercompany management and service arrangements.

**D. Amounts Due to or from Related Parties**

At June 30, 2014, the Company reported \$2,750,771 due to affiliates. The balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

**E. Guarantees or Contingencies for Related Parties**

No significant change.

**F. Management, Service Contracts, Cost Sharing Arrangements**

Effective January 1, 2014, the Company entered into the WellPoint, Inc. Master Services Agreement, which the Department approved on February 20, 2014. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Direct costs include expenses such as salaries, employee benefits, communications, advertising, consulting services, maintenance, rent utilities, and supplies which are directly attributable to the Company's operations. Allocated costs include expenses such as salaries, benefit claims and enrollment processing, billings, accounting, underwriting, product development and budgeting, which support the Company's operations. These costs are allocated based on various utilization statistics.

**G. – L.**

No significant change.

**11. Debt**

Not applicable.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefits Plans**

No significant change.

**13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**14. Contingencies**

No significant change.

**15. Leases**

No significant change.

**16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No significant change.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

**A. Transfers of Receivables Reported as Sales**

Not applicable.

**B. Transfer and Servicing of Financial Assets**

1. The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At June 30, 2014, the fair value of securities loaned was \$12,383,223 and the carrying value of securities loaned was \$12,314,386.

2. – 7. Not applicable.

**C. Wash Sales**

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

2. At June 30, 2014, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

**18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans**

**A. Administrative Services Only Plans**

Not applicable.

**B. Administrative Services Contract Plans**

Not applicable.

**C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract**

Not applicable.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable.

**20. Fair Value****A. Fair Value Measurements****1. Fair Value Measurements at Reporting Date**

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Asset at fair value				
Common Stock				
Industrial and Misc	\$ 21,574,045	\$ -	\$ -	\$ 21,574,045
Total Common Stocks	\$ 21,574,045	\$ -	\$ -	\$ 21,574,045
Total assets at fair value	\$ 21,574,045	\$ -	\$ -	\$ 21,574,045

2. As of June 30, 2014, there were no investments in Level 3 carried at fair value.

3. The Company's policy is to recognize transfers between Levels, if any, at the beginning of the reporting period.

4. Fair values of fixed maturity securities are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. United States Government securities represent Level 1 securities, while Level 2 securities primarily include corporate securities, securities from states, municipalities and political subdivisions and residential mortgage-backed securities. For Securities not actively traded, the third party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

Fair values of equity securities are generally designated as Level 1 and are based on quoted market prices. For certain equity securities, quoted market prices for the identical security are not always available and the fair value is estimated by reference to similar securities for which quoted prices are available. These securities are designated Level 2.

There have been no significant changes in the valuation techniques during the current period.

5. The Company did not have any derivative assets or liabilities as of the six months ended June 30, 2014.

**B. Fair Value Measurements Under Other Accounting Pronouncements**

Not applicable.

**C. Financial Instruments**

Type of Financial Instrument	Aggregated Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 185,755,115	\$ 182,829,422	\$ -	\$ 185,755,115	\$ -	\$ -
Common Stock	21,574,045	21,574,045	21,574,045	-	-	-
Short Term Inv & MMFs	9,604,877	9,604,877	9,604,877	-	-	-
	<u>216,934,037</u>	<u>214,008,344</u>	<u>31,178,922</u>	<u>185,755,115</u>	<u>-</u>	<u>-</u>

**D. Not Practicable to Estimate Fair Value**

There are no financial instruments that were not practicable to estimate fair value.

**21. Other Items**

**A. – G.**

No significant change.

**H. Offsetting and Netting of Assets and Liabilities**

The Company did not have any offsetting or netting of assets and liabilities at June 30, 2014.

**I. Joint and Several Liabilities**

Not applicable.

**J. Risk Sharing Provisions of the Affordable Care Act**

1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? NO

2. Not applicable.

**22. Events Subsequent**

There were no other events occurring subsequent to June 30, 2014 requiring disclosure. Subsequent events have been considered through August 14, 2014 for the statutory statement issued on August 14, 2014.

**23. Reinsurance**

No significant change.

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

No significant change.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

The estimated cost of claims and claim adjustment expense attributable to insured events of prior year decreased by \$1,984,236 during 2014. This is approximately 2.6% of unpaid claims and claim adjustment expenses of \$77,391,266 as of December 31, 2013. The redundancy reflects the increases or decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2014. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.

**26. Intercompany Pooling Arrangements**

Not applicable.

**27. Structured Settlements**

Not applicable.

**28. Health Care Receivables**

No significant change.

**29. Participating Policies**

Not applicable.

**30. Premium Deficiency Reserves**

No significant change.

**31. Anticipated Salvage and Subrogation**

No significant change.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ X ] No [ ] N/A [ ]  
If yes, attach an explanation.  
Effective January 1, 2014, the Company entered into the WellPoint, Inc. Master Services Agreement which the Department approved on February 20, 2014.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2012
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 11/09/2011
- 6.4 By what department or departments?  
State of Tennessee Department of Commerce and Insurance TennCare Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 Effective January 2014, the Company adopted WellPoint's Standards of Ethical Business Conduct and were approved by the Board of Directors.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:
- |   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ ..... 0   | \$ .....  |
| 14.22 Preferred Stock .....   | \$ ..... 0   | \$ .....  |
| 14.23 Common Stock .....  | \$ ..... 0   | \$ .....  |
| 14.24 Short-Term Investments .....  | \$ ..... 0   | \$ .....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ ..... 0   | \$ .....  |
| 14.26 All Other .....   | \$ ..... 0   | \$ .....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ ..... 0   | \$ ..... 0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....   | \$ .....  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ]  
 If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	12,669,165
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	12,669,566
16.3 Total payable for securities lending reported on the liability page .....	\$ .....	12,669,566

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon Corporation .....	New York, NY .....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
105006 .....	Deutsche Asset Management .....	New York, NY .....
113878 .....	McDonnell Investment Management, LLC .....	Oak Brook, IL .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]

18.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent .....85.1 %  
1.2 A&H cost containment percent .....4.3 %  
1.3 A&H expense percent excluding cost containment expenses .....11.7 %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

2.4 If yes, please provide the balance of the funds administered as of the reporting date .....\$.....



**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>NONE</b>								

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	N								0	
15. Indiana IN	N								0	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	N								0	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	N								0	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	N								0	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	N								0	
33. New York NY	N								0	
34. North Carolina NC	N								0	
35. North Dakota ND	N								0	
36. Ohio OH	N								0	
37. Oklahoma OK	N								0	
38. Oregon OR	N								0	
39. Pennsylvania PA	N								0	
40. Rhode Island RI	N								0	
41. South Carolina SC	N								0	
42. South Dakota SD	N								0	
43. Tennessee TN	L		31,956,523	448,407,794				480,364,317		
44. Texas TX	N								0	
45. Utah UT	N								0	
46. Vermont VT	N								0	
47. Virginia VA	N								0	
48. Washington WA	N								0	
49. West Virginia WV	N								0	
50. Wisconsin WI	N								0	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CAN	N								0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	31,956,523	448,407,794	0	0	0	480,364,317	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0		
61. Totals (Direct Business)	(a) 1	0	31,956,523	448,407,794	0	0	0	480,364,317	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

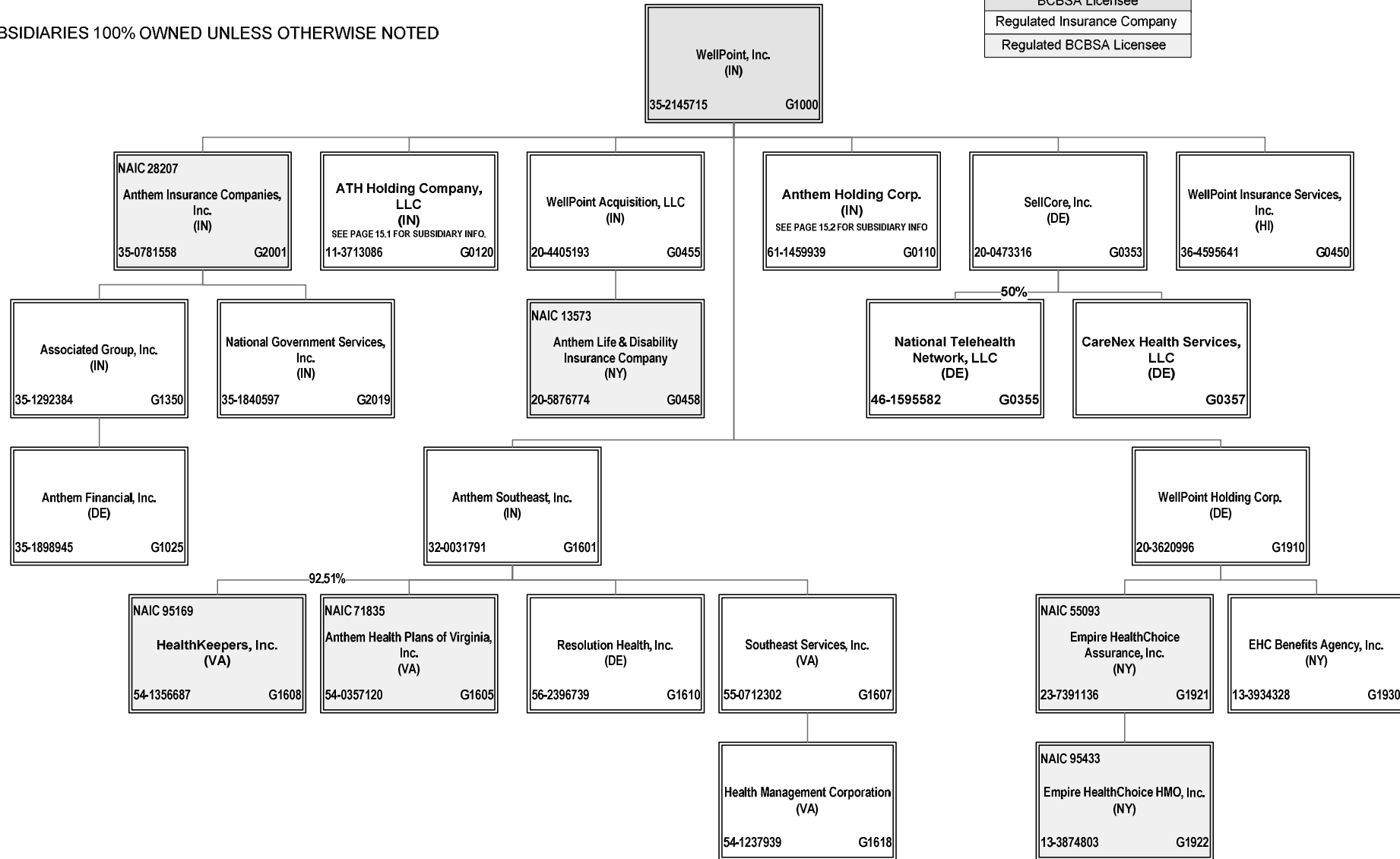
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

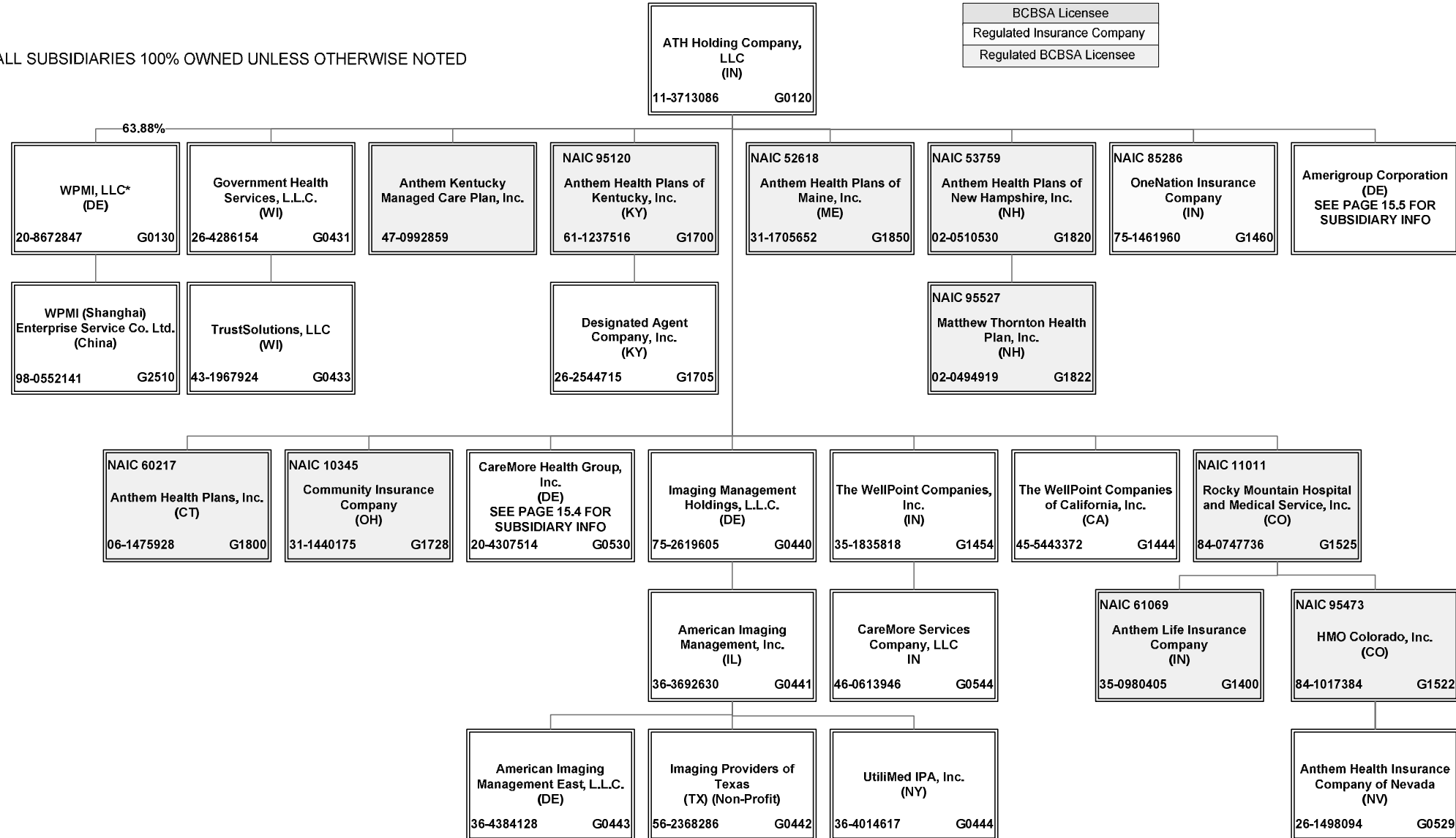
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

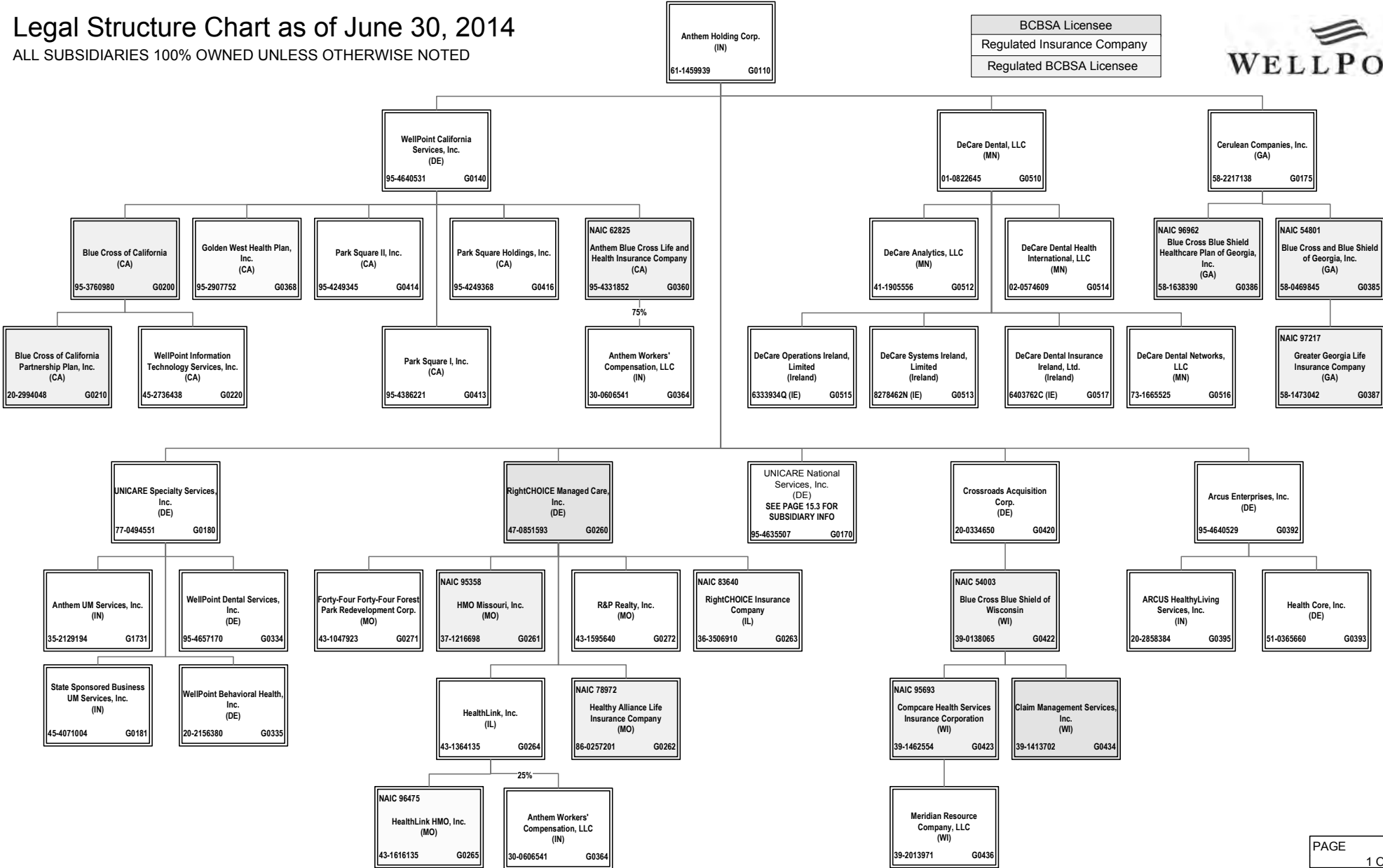


BCBSA Licensee  
Regulated Insurance Company  
Regulated BCBSA Licensee

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

**Legal Structure Chart as of June 30, 2014**

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

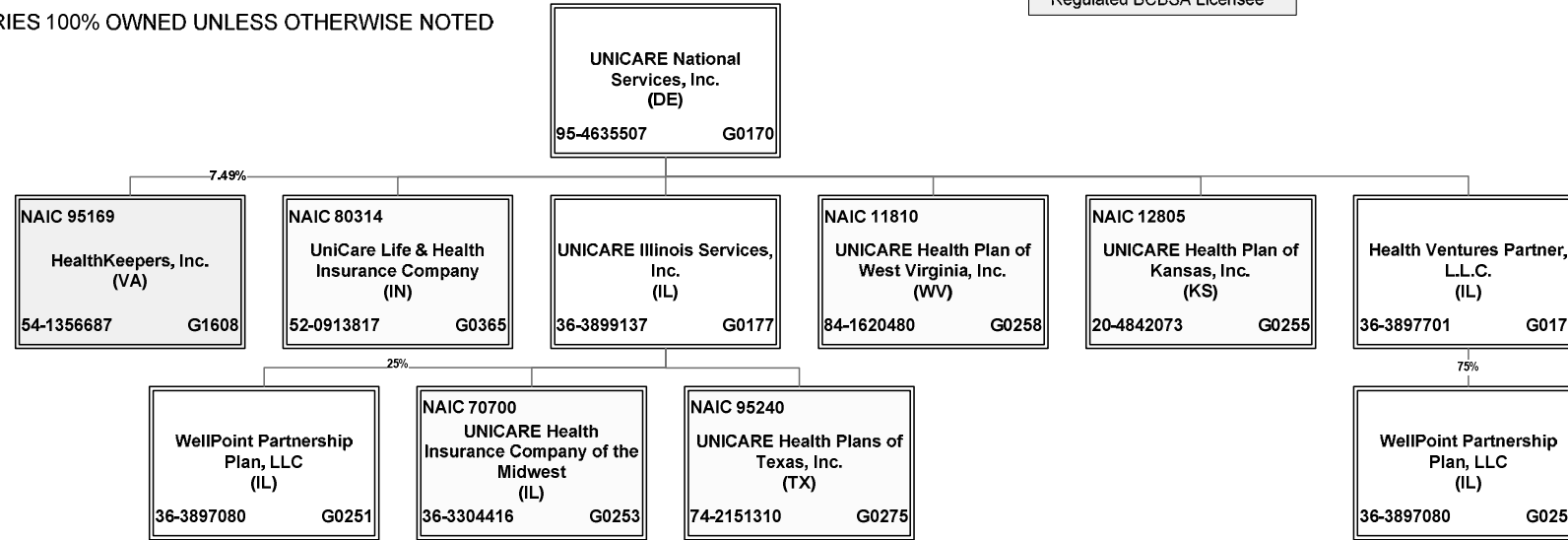


15.2

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

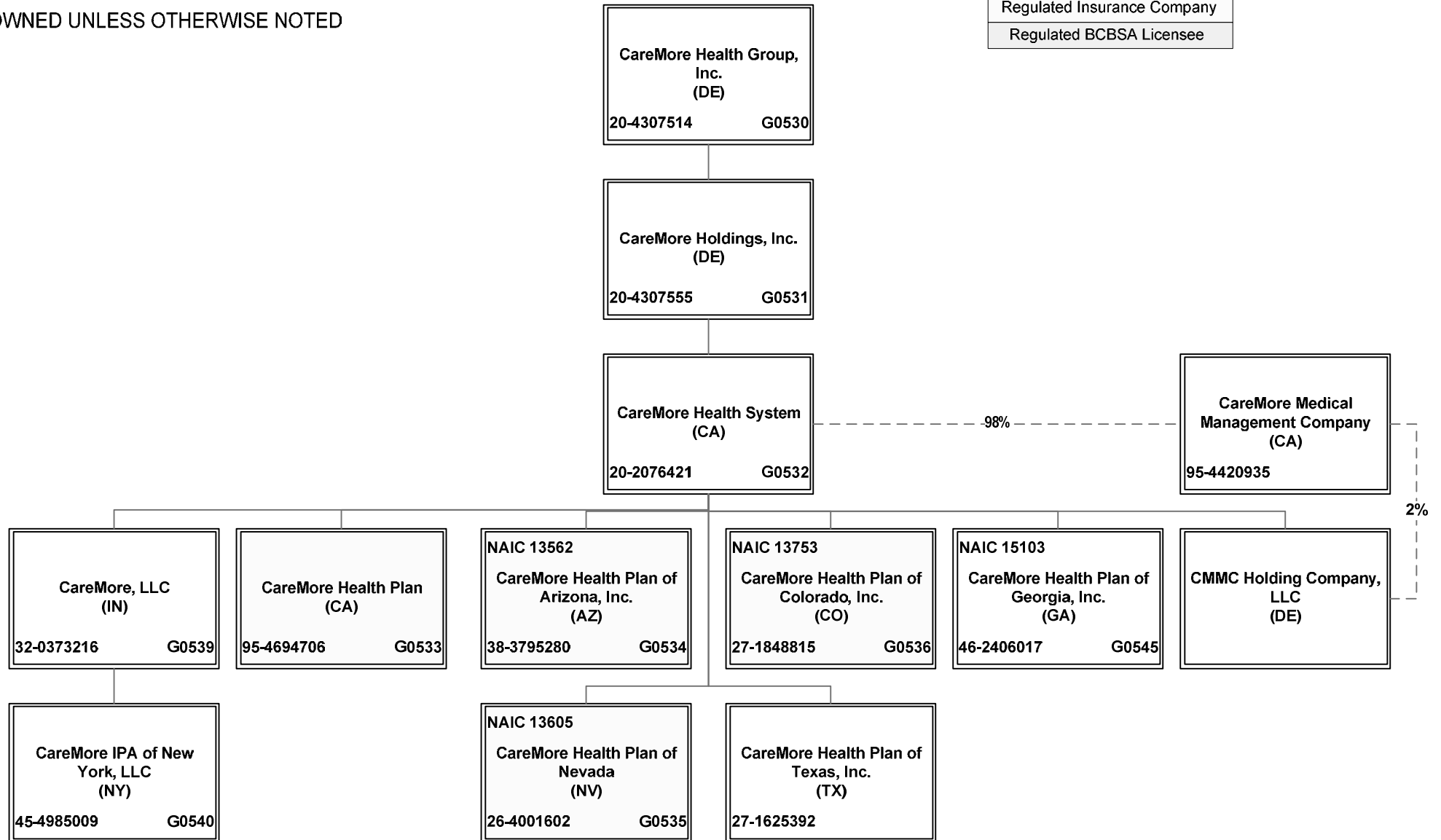
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATIONAL CHART**

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

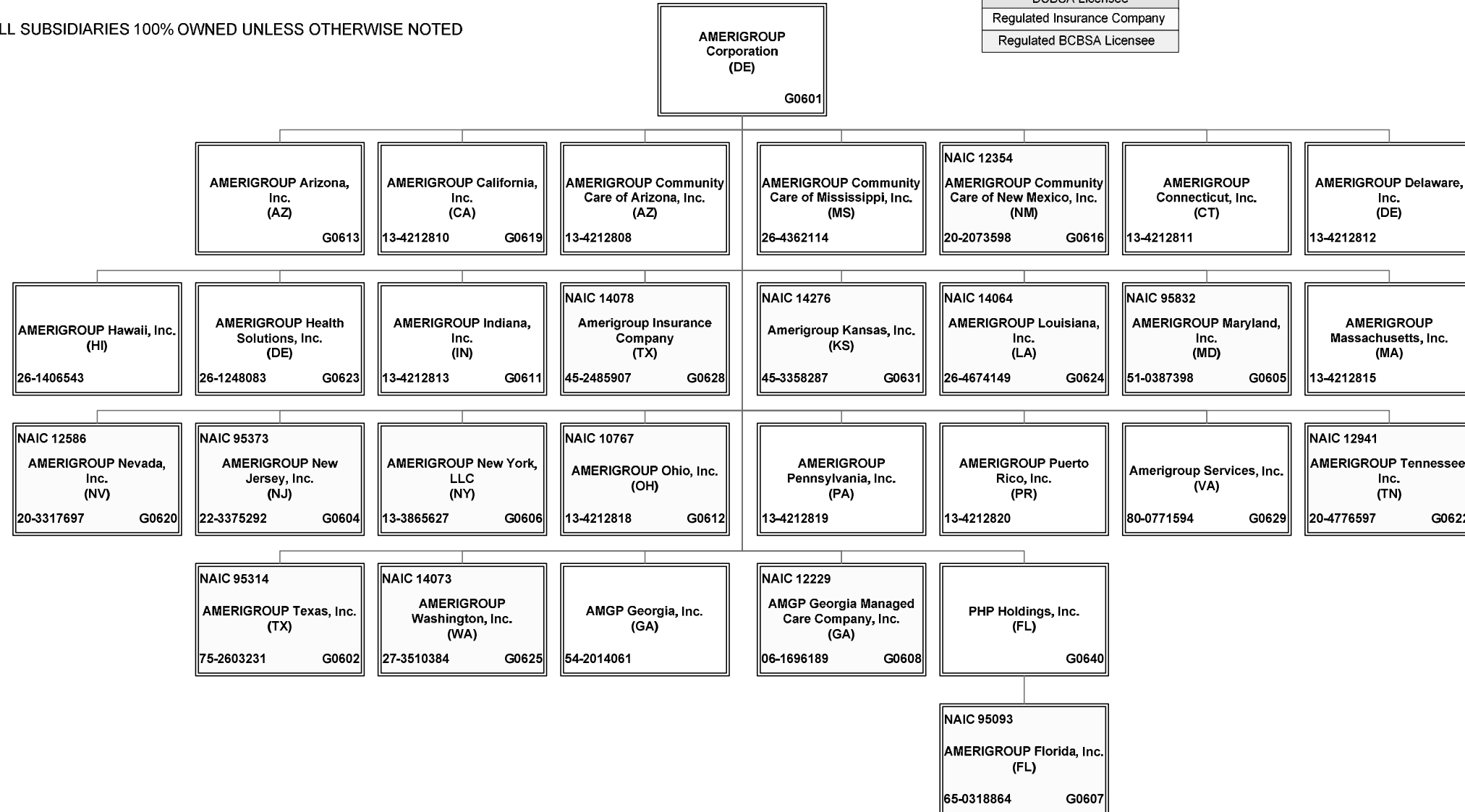
BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



15.5



STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	WellPoint, Inc.		36-4384128				American Imaging Management East, LLC	DE	IA	American Imaging Management, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						AMERIGROUP Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212810				AMERIGROUP California, Inc.	CA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						AMERIGROUP Community Care of Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212808				AMERIGROUP Community Care of Mississippi, Inc.	MS	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-4362114				AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12354	20-2073598				AMERIGROUP Connecticut, Inc.	CT	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212811				AMERIGROUP Corporation	DE	UDP	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212812				AMERIGROUP Delaware, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95093	65-0318864				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1406543				AMERIGROUP Hawaii, Inc.	HI	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1248083				AMERIGROUP Health Solutions, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212813				AMERIGROUP Indiana, Inc.	IN	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14078	45-2485907				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14276	45-3358287				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14064	26-4674149				AMERIGROUP Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95832	51-0387398				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212815				AMERIGROUP Massachusetts, Inc.	MA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12586	20-3317697				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-3865627				AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	0100
0671	WellPoint, Inc.	10767	13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212819				AMERIGROUP Pennsylvania, Inc.	PA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212820				AMERIGROUP Puerto Rico, Inc.	PR	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		80-0771594				Amerigroup Services, Inc.	VA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12941	20-4776597				AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14073	27-3510384				AMERIGROUP Washington, Inc.	WA	RE	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		54-2014061				AMGP Georgia, Inc.	GA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12229	06-1696189				AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	62825	95-4331852				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1898945				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1498094				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95120	61-1237516				Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	52618	31-1705652				Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	53759	02-0510530				Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	71835	54-0357120	40003317			Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	60217	06-1475928				Anthem Holding Corp.	TN	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		61-1459939				Anthem Insurance Companies, Inc.	IN	IA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	28207	35-0781558				Antnem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		47-0992859				Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	13573	20-5876774				Anthem Life & Disability Insurance Company	NY	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	61069	35-0980405				Anthem Life Insurance Company	IN	IA		Ownership	100.000	WellPoint, Inc.	

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.0671	WellPoint, Inc.		32-0031791				Anthem Southeast, Inc.	IN	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		20-2858384				ARCUS HealthLiving Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		35-1292384				Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		11-3713086				ATH Holding Company, LLC	IN	UIP	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	96962	58-1638390				Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	54003	39-0138065				Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		95-3760980				Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	.0101
.0671	WellPoint, Inc.		20-2994048				Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.000	WellPoint, Inc.	.0102
.0671	WellPoint, Inc.		20-4307514				CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		95-4694706				CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	.0103
.0671	WellPoint, Inc.	13562	38-3795280				CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	13753	27-1848815				CareMore Health Plan of Colorado, Inc.	CO	IA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		46-2406017				CareMore Health Plan of Georgia, Inc.	GA	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	13605	26-4001602				CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		20-4307555				CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		45-4985009				CareMore IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		32-0373216				CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		20-2076421				CareMore Health System	CA	NIA	CareMore Holdings, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CareMore Health System	Ownership	98.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CMHC Holding Company, LLC	Ownership	2.000	WellPoint, Inc.	
.0671	WellPoint, Inc.						CareNex Health Services, LLC	DE	NIA	SellCore, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		58-2217138				Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		39-1413702				Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.						CMHC Holding Company, LLC	DE	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	10345	31-1440175				Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	95693	39-1462554				Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		20-0334650				Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		41-1905556				DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		02-0574609				DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.						DeCare Dental Insurance Ireland, Ltd.	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		73-1665525				DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		01-0822645				DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.						DeCare Operations Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.						DeCare Systems Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		26-2544715				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		13-3934328				EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	55093	23-7391136				Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.	95433	13-3874803				Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	WellPoint, Inc.	
.0671	WellPoint, Inc.		43-1047923				Forty-Four Forty-Four Forest Park Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	WellPoint, Inc.		95-2907752				Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	0104
0671	WellPoint, Inc.		26-4286154				Government Health Services, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	97217	58-1473042				Greater Georgia Life Insurance Company	GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		51-0365660				Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		54-1237939				Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3897701				Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	WellPoint, Inc.	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	WellPoint, Inc.	
0671	WellPoint, Inc.	96475	43-1616135				HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1364135				HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	78972	86-0257201				Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95473	84-1017384				HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95358	37-1216698				HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		75-2619605				Imaging Management Holdings, L.L.C.	DE	UIP	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		56-2368286				Imaging Providers of Texas (non-profit)	TX	NIA	American Imaging Management, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95527	02-0494919				Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		39-2013971				Meridian Resource Company, LLC	WI	NIA	CompCare Health Services Insurance Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1840597				National Government Services, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		46-1595582				National Telehealth Network, LLC	DE	NIA	SellCore, Inc.	Ownership	50.000	WellPoint, Inc.	0105
0671	WellPoint, Inc.	85286	75-1461960				OneNation Insurance Company	IN	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4249368				Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4386221				Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4249345				Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1595640				PHP Holdings, Inc.	FL	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		56-2396739				R & P Realty, Inc.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		56-2396739				Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	83640	36-3506910				RightCHOICE Insurance Company	IL	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		47-0851593				RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	11011	84-0747736				Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-0473316				SellCore, Inc.	DE	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		55-0712302				Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		45-4071004				State Sponsored Business UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1835818				The WellPoint Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		45-5443372				The WellPoint Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1967924				TrustSolutions, LLC	WI	NIA	Government Health Services, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	70700	36-3304416				UNICARE Health Insurance Company of the Midwest	IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12805	20-4842073				UNICARE Health Plan of Kansas, Inc.	KS	IA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	11810	84-1620480				UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95420	74-2151310				UNICARE Health Plans of Texas, Inc.	TX	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3899137				UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	80314	52-0913817				UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4635507				UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	WellPoint, Inc.		77-0494551				UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-4014617				UtiliMED IPA, Inc.	NY	NIA	American Imaging Management, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-4405193				WellPoint Acquisition, LLC	IN	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-2156380				WellPoint Behavioral Health, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4640531				WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4657170				WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-3620996				WellPoint Holding Corp	DE	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		45-2736438				WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-4595641				WellPoint Insurance Services, Inc.	HI	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-2145715		6324	New York Stock Exchange (NYSE)	WellPoint, Inc.	IN	UIP				WellPoint, Inc.	
0671	WellPoint, Inc.		98-0552141				WPMI (Shanghai) Enterprise Service Co. Ltd.	CHN	NIA	WPMI, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-8672847				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	63.880	WellPoint, Inc.	0106

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0104	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0105	50% owned by American Well Corporation
0106	36.12% owned by unaffiliated investors

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]











**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

NONE

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

NONE

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

NONE

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	204,183,304	144,175,378
2. Cost of bonds and stocks acquired .....	37,308,356	98,676,259
3. Accrual of discount .....	10,276	53,920
4. Unrealized valuation increase (decrease) .....	1,057,903	3,833,154
5. Total gain (loss) on disposals .....	137,925	2,026
6. Deduct consideration for bonds and stocks disposed of .....	37,221,822	39,979,023
7. Deduct amortization of premium .....	1,072,475	2,307,951
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		270,459
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	204,403,467	204,183,304
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11) .....	204,403,467	204,183,304

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	179,720,915	48,389,997	49,429,103	(2,431,794)	179,720,915	176,250,015	0	175,164,569
2. NAIC 2 (a) .....	15,890,365	3,510,424	5,122,535	1,906,030	15,890,365	16,184,284	0	15,861,588
3. NAIC 3 (a) .....	0					0		0
4. NAIC 4 (a) .....	0					0		0
5. NAIC 5 (a) .....	0					0		0
6. NAIC 6 (a) .....	0					0		0
7. Total Bonds	195,611,280	51,900,421	54,551,638	(525,764)	195,611,280	192,434,299	0	191,026,157
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0					0		
9. NAIC 2 .....	0					0		
10. NAIC 3 .....	0					0		
11. NAIC 4 .....	0					0		
12. NAIC 5 .....	0					0		
13. NAIC 6 .....	0					0		
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	195,611,280	51,900,421	54,551,638	(525,764)	195,611,280	192,434,299	0	191,026,157

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	9,604,877	xxx	9,604,877	99	0

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	7,358,995	47,760,197
2. Cost of short-term investments acquired .....	41,640,216	226,971,346
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		(1,053)
6. Deduct consideration received on disposals .....	39,394,334	267,332,230
7. Deduct amortization of premium .....		39,265
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	9,604,877	7,358,995
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	9,604,877	7,358,995

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	.662,893
2. Cost of cash equivalents acquired .....		14,017,290
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		14,676,866
7. Deduct amortization of premium .....		3,317
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
31416B-TA-6	FINMA POOL 995245 5.000% 01/01/39		.04/16/2014	Cantor Fitzgerald & Co		1,857,942	1,698,690	2,585	1
592646-6S-7	METROPOLITAN WASHINGTON D C AR SERIES A 5.000% 10/01/28		.05/30/2014	Merrill Lynch		343,728	300,000	.0	1FE
646139-4Z-5	NEW JERSEY ST TURNPIKE AUTH Series A 5.000% 01/01/30		.05/14/2014	Goldman Sachs & Co		1,869,648	1,650,000	.0	1FE
709224-CJ-6	PENNSYLVANIA ST TURNPIKE COMM SERIES A 5.000% 12/01/27		.05/22/2014	National Financial Services		1,752,420	1,500,000	11,875	1FE
882756-2N-8	TEXAS ST PUB FIN AUTH REV 5.000% 07/01/19		.05/23/2014	Tax Free Exchange		2,698,006	2,690,000	53,053	1FE
882756-2P-3	TEXAS ST PUB FIN AUTH REV 5.000% 07/01/19		.05/23/2014	Tax Free Exchange		2,216,352	2,210,000	43,586	1FE
<b>3199999. Subtotal - Bonds - U.S. Special Revenues</b>						<b>10,738,096</b>	<b>10,048,690</b>	<b>111,109</b>	<b>XXX</b>
031162-BR-0	AMGEN INC 1.250% 05/22/17		.05/19/2014	Bony/Barclays Capital Inc		849,074	850,000	.0	2FE
060516-EX-3	BANK OF AMERICA CORP 2.600% 01/15/19		.05/20/2014	RBC Dominion		1,929,564	1,900,000	17,564	1FE
13342B-AN-5	CAMERON INTERNATIONAL CORP 1.400% 06/15/17		.06/17/2014	CS First Boston		569,721	570,000	.0	2FE
140420-NL-0	CAPITAL ONE BANK USA 1.300% 06/05/17		.06/03/2014	Chase		249,970	250,000	.0	1FE
151020-AN-4	CELGENE CORP 2.250% 05/15/19		.05/06/2014	CS First Boston		403,992	405,000	.0	2FE
30219G-AJ-7	EXPRESS SCRIPTS HOLDING 1.250% 06/02/17		.06/02/2014	Chase		799,696	800,000	.0	2FE
42809H-AE-7	HESS CORP 1.300% 06/15/17		.06/19/2014	Morgan Stanley		359,572	360,000	.0	2FE
61166W-AS-0	MONSANTO CO 2.125% 07/15/19		.06/26/2014	J P Morgan		454,955	455,000	.0	1FE
61746B-DQ-6	MORGAN STANLEY SERIES F 3.875% 04/29/24		.04/23/2014	Morgan Stanley		1,040,801	1,050,000	.0	1FE
867914-BG-7	SUNTRUST BANKS INC 2.500% 05/01/19		.04/24/2014	Suntrust Bank		919,180	920,000	.0	2FE
92277G-AC-1	VENTAS REALTY LP/CAP CRP 1.250% 04/17/17		.04/10/2014	Citigroup Global Markets		164,695	165,000	.0	2FE
92343V-CE-2	VERIZON COMMUNICATIONS 1.350% 06/09/17		.06/04/2014	J P Morgan		709,645	710,000	.0	2FE
00507U-AC-5	ACTAVIS FUNDING SCS SERIES 144A 2.450% 06/15/19	F	.06/10/2014	Bank of America		653,140	655,000	.0	2FE
55818P-AA-8	MADISON PARK FUNDING LTD SERIES 2014-12A CLASS A 144A 1.728% 07/20/26	F	.05/08/2014	First Union Capital Markets		2,980,000	2,980,000	.0	1FE
<b>3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						<b>12,084,005</b>	<b>12,070,000</b>	<b>17,564</b>	<b>XXX</b>
<b>8399997. Total - Bonds - Part 3</b>						<b>22,822,101</b>	<b>22,118,690</b>	<b>128,673</b>	<b>XXX</b>
<b>8399998. Total - Bonds - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>8399999. Total - Bonds</b>						<b>22,822,101</b>	<b>22,118,690</b>	<b>128,673</b>	<b>XXX</b>
<b>8999997. Total - Preferred Stocks - Part 3</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>8999998. Total - Preferred Stocks - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>8999999. Total - Preferred Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9799997. Total - Common Stocks - Part 3</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9799998. Total - Common Stocks - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>9799999. Total - Common Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9899999. Total - Preferred and Common Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9999999 - Totals</b>						<b>22,822,101</b>	<b>22,118,690</b>	<b>128,673</b>	<b>XXX</b>

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....





STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation or Market In- dicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recog- nized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value							
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						25,615,150	XXX	26,258,617	25,265,096	0	(197,617)	0	(197,617)	0	25,540,127	0	75,023	75,023	500,615	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

STATEMENT AS OF JUNE 30, 2014 OF THE Amerigroup Tennessee, Inc.

**SCHEDULE DL - PART 1**  
**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation/ Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Date
0599999. Total - U.S. Government Bonds				0	0	XXX
1099999. Total - All Other Government Bonds				0	0	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds				0	0	XXX
2499999. Total - U.S. Political Subdivisions Bonds				0	0	XXX
3199999. Total - U.S. Special Revenues Bonds				0	0	XXX
000000-00-0	PAYABLE/RECEIVABLE		1	1,990	1,990	07/01/2014
05252A-BT-7	AUSTRALIA & NEW ZEALAND BANKING GROUP LTD		1	100,807	100,825	03/16/2015
05574R-ED-3	BNP PARIBAS (NEW YORK)		1	100,003	100,000	10/10/2014
06053H-CE-3	BANK OF AMERICA NA		1	100,000	100,000	10/09/2014
06366B-FV-7	BANK OF MONTREAL-CHICAGO		1	99,988	100,007	08/20/2015
06366B-NA-4	BANK OF MONTREAL-CHICAGO		1	100,001	100,000	07/02/2014
06366B-PZ-7	BANK OF MONTREAL-CHICAGO		1	99,974	100,000	10/21/2015
06366R-HB-4	BANK OF MONTREAL		1	100,446	100,429	09/11/2015
06417F-BG-4	BANK OF NOVA SCOTIA HOUS		1	100,407	100,382	09/11/2015
06538H-AK-6	BANK OF TOKYO-MITSUBISHI UFJ (NEWYORK)		1	100,000	100,000	07/03/2014
06538H-ES-5	BANK OF TOKYO-MITSUBISHI UFJ (NEWYORK)		1	100,002	100,002	08/06/2014
13606Y-3N-4	CANADIAN IMPERIAL BANK OF COMMERCE NY BRANCH		1	100,019	100,000	09/24/2014
14912L-SL-1	CATERPILLAR FINANCIAL SE		1	160,063	160,079	02/19/2015
14912L-SM-9	CATERPILLAR FINANCIAL SE		1	100,189	100,204	02/26/2016
161453-AD-7	CHASE BANK USA NA		1	150,028	150,000	04/24/2015
17275R-AM-4	CISCO SYSTEMS INC		1	100,046	100,066	09/03/2015
17275R-AM-4	CISCO SYSTEMS INC		1	100,046	100,066	09/03/2015
17304U-UF-5	CITIBANK NA, NEW YORK		1	100,010	100,000	08/13/2014
191216-BH-2	COCA COLA COMPANY		1	99,953	100,000	09/01/2015
20272E-G7-7	COMMONWEALTH BANK OF AUSTRALIA		1	249,999	249,994	07/07/2014
21684B-PM-0	RABOBANK NEDERLAND (NEW YORK)		1	100,011	100,011	11/10/2014
22549T-YT-9	CREDIT SUISSE NEW YORK		1	99,998	100,000	04/10/2015
23290Q-AG-8	DNB BANK ASA (NEW YORK)		1	100,010	100,000	10/02/2014
23330L-4U-7	DNB BANK ASA (NEW YORK)		1	100,009	100,005	08/01/2014
24422E-RX-9	JOHN DEERE CAPITAL CORP		1	100,026	100,031	10/08/2014
24422E-SJ-9	JOHN DEERE CAPITAL CORP		1	159,946	160,037	02/25/2016
24422E-SM-2	JOHN DEERE CAPITAL CORP		1	99,964	100,000	04/12/2016
36962G-7E-8	GENERAL ELEC CAP CORP		1	100,107	100,131	01/14/2016
40428A-XS-1	HSBC BANK USA		1	100,011	100,008	10/03/2014
459200-HJ-3	IBM CORP		1	170,009	170,027	02/04/2015
459200-HV-6	IBM CORP		1	100,015	100,000	02/05/2016
459200-HV-6	IBM CORP		1	100,015	100,000	02/05/2016
45920G-HE-9	IBM CORP		1	299,978	299,967	08/14/2014
494368-BM-4	KIMBERLY-CLARK CORP		1	45,017	45,000	05/19/2016
59157B-AM-4	METLIFE INSTITUTIONAL FD		1	200,379	200,393	01/06/2015
60688L-RD-0	MIZUHO BANK LTD (NEW YORK)		1	100,001	100,000	07/10/2014
60688L-RJ-7	MIZUHO BANK LTD (NEW YORK)		1	100,001	100,000	07/15/2014
632341-HB-5	NATIXIS US FINANCE COMPANY LLC		1	99,983	99,975	08/11/2014
64952W-BJ-1	NEW YORK LIFE GLOBAL FUNDING		1	100,025	100,014	09/19/2014
64952W-BS-1	NEW YORK LIFE GLOBAL FUNDING		1	99,975	100,000	10/05/2015
65558E-G9-3	NORDEA BANK FINLAND PLC, NY BRANCH		1	100,007	100,000	10/10/2014
65558E-J5-8	NORDEA BANK FINLAND PLC, NY BRANCH		1	100,012	100,000	10/14/2014
69033R-GU-4	OVERSEA-CHINESE BANKING		1	99,991	99,986	07/28/2014
69354B-AX-0	PNC BANK NA		1	200,053	200,054	10/17/2014
69354B-BM-3	PNC BANK NA		1	100,012	100,000	10/09/2014
69371R-L3-8	PACCAR FINANCIAL CORP		1	100,292	100,297	02/08/2016
78008S-VJ-2	ROYAL BANK OF CANADA		1	100,118	100,122	01/06/2015
806854-AC-9	SCHLUMBERGER INVESTMENT		1	100,118	100,117	09/12/2014
83051H-PP-5	SKANDINAV ENSKILDA BK NY		1	114,018	114,015	09/16/2014
83051H-IM-4	SKANDINAV ENSKILDA BK NY		1	100,019	100,002	08/25/2014
83051H-YB-6	SKANDINAV ENSKILDA BK NY		1	100,017	100,000	10/09/2014
86562U-3D-2	SUMITOMO MITSUI BANKING CORP (NEWYORK)		1	100,002	100,000	08/12/2014
86562U-WG-3	SUMITOMO MITSUI BANKING CORP (NEWYORK)		1	100,001	100,000	07/07/2014
86958C-SS-9	SVENSKA HANDELSBANKEN INC NEW YORK BRANCH		1	100,009	100,000	09/11/2014
86958C-6J-8	SVENSKA HANDELSBANKEN INC NEW YORK BRANCH		1	100,010	100,010	09/26/2014
86958C-VF-8	SVENSKA HANDELSBANKEN INC NEW YORK BRANCH		1	100,029	100,049	10/06/2014
87019S-KF-0	SWEDBANK (Non-Guarantee Issues)		1	99,952	99,928	10/15/2014
89112T-6R-0	TORONTO DOMINION BANK NY		1	100,009	100,006	10/10/2014
89112T-RF-3	TORONTO DOMINION BANK NY		1	100,016	100,006	08/12/2014
89114Q-AJ-7	TORONTO-DOMINION BANK		1	100,137	100,156	05/01/2015
89236T-AK-1	TOYOTA MOTOR CREDIT CORP		1	100,321	100,346	05/17/2016
89236T-AV-7	TOYOTA MOTOR CREDIT CORP		1	159,988	160,000	10/08/2014
89236T-BA-2	TOYOTA MOTOR CREDIT CORP		1	100,121	100,153	01/07/2016
90331H-ME-0	US BANK NA CINCINNATI		1	100,023	100,000	10/01/2015
96121T-TN-8	WESTPAC BANKING CORP (NEW YORK)		1	100,005	100,002	07/18/2014
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations				7,214,724	7,214,886	XXX
	MIZUHO SECURITIES USA, INC. REPO		1	2,949,186	2,949,186	07/01/2014
	RBS SECURITIES INC REPO		2	1,655,271	1,655,271	07/01/2014
3399999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities				4,604,457	4,604,457	XXX
02587A-AC-8	AMXCA2012-3		1	150,086	150,084	03/15/2018
161571-FV-1	CHAIT2013-A2		1	399,923	400,046	02/15/2017
17305E-EX-9	CCCIT 2013-A1		1	99,967	100,000	04/24/2017
17305E-FL-4	CCCIT2013-A12		1	100,014	100,093	11/07/2018
254683-BC-8	DCENT 2013-A3		1	99,995	100,000	10/15/2018
3599999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities				849,984	850,223	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds				12,669,165	12,669,566	XXX
4899999. Total - Hybrid Securities				0	0	XXX
5599999. Total - Parent, Subsidiaries and Affiliates Bonds				0	0	XXX
6199999. Total - Issuer Obligations				7,214,724	7,214,886	XXX
6299999. Total - Residential Mortgage-Backed Securities				4,604,457	4,604,457	XXX
6399999. Total - Commercial Mortgage-Backed Securities				0	0	XXX
6499999. Total - Other Loan-Backed and Structured Securities				849,984	850,223	XXX
6599999. Total Bonds				12,669,165	12,669,566	XXX
7099999. Total - Preferred Stocks				0	0	XXX
7599999. Total - Common Stocks				0	0	XXX
7699999. Total - Preferred and Common Stocks				0	0	XXX
9999999 - Totals				12,669,165	12,669,566	XXX

General Interrogatories:

- Total activity for the year to date Fair Value \$ 5,501,348 Book/Adjusted Carrying Value \$ 5,501,749
- Average balance for the year to date Fair Value \$ 11,190,808 Book/Adjusted Carrying Value \$ 11,191,117
- Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:  
 NAIC 1 \$ 11,014,295 NAIC 2 \$ 1,655,271 NAIC 3 \$ NAIC 4 \$ NAIC 5 \$ NAIC 6 \$

**SCHEDULE DL - PART 2  
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/ Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
NONE						
9999999 - Totals						XXX

General Interrogatories:

- |   |                     |                                       |
|---|---------------------|---------------------------------------|
| 1. Total activity for the year to date  | Fair Value \$ ..... | Book/Adjusted Carrying Value \$ ..... |
| 2. Average balance for the year to date | Fair Value \$ ..... | Book/Adjusted Carrying Value \$ ..... |



Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

**N O N E**

Medicare Part D Coverage Supplement

**N O N E**

**QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)**

Name of Insurer AMERIGROUP Tennessee, Inc.  
 Date 08/14/2014 FEIN 20-4776597  
 NAIC Group # 0671 NAIC Company # 12941

**THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.**

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)		YES	
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)		NO	
3. Is this being re-filed due to changes to the data originally filed? (Y/N) (IF "YES", ENCLOSE HARD COPY PAGES FOR THE CHANGES.)		NO	
4. Other? (Y/N) (If "yes", attach an explanation.)		NO	

B. Additional comments if necessary for clarification:

---

C. Diskette Contact Person:

Bette Lou Gronseth  
 Phone: 757-518-3638  
 Address: 4425 Corporation Lane Virginia Beach VA 23462

D. Software Vendor: Eagle Technology Management

Version: 2014

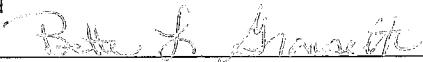
E. Have material validation failures been addressed in the explanation file?

Yes  X  No

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2014 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name)

Symantec Endpoint Protection (version number) 11.0.7300.1294

Signed



Type Name and Title: Bette L. Gronseth, Director II Regulatory Reporting



**AMERIGROUP Tennessee, Inc.**  
**Report 2A**  
**For the Period Ending 06/30/14**

	Current Period	Year-To-Date Total	Previous Year Total
<b>Member Months</b>	<b>626,855</b>	<b>1,234,787</b>	<b>2,383,779</b>
<b>Revenues:</b>			
TennCare Capitation	226,779,953	443,433,675	865,968,872
Investment	3,428,302	4,449,365	3,125,501
Other Revenues	-	-	-
<b>Total Revenues</b>	<b>230,208,255</b>	<b>447,883,040</b>	<b>869,094,373</b>
<b>Estimated Expenses:</b>			
<b>Hospital and Medical (w/o Mental Health)</b>			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	42,099,130	82,746,905	168,556,169
Inpatient Hospital Services	34,291,504	70,497,341	139,823,655
Outpatient Hospital Services	8,457,864	16,718,471	33,134,183
Emergency Room Services	8,365,843	15,814,270	28,219,164
Dental Services	-	-	-
Vision Services	731,781	1,359,805	2,661,437
Pharmacy Services	-	-	-
Home Health Services	5,472,974	10,767,653	22,330,487
Chiropractic Services	-	-	-
Radiology Services	5,803,437	11,312,334	22,803,983
Laboratory Services	3,587,875	7,471,335	14,324,627
Durable Medical Equipment Services	1,821,691	3,679,725	6,119,199
Transportation Services	4,679,173	8,801,969	16,307,935
Outside Referrals	-	-	-
Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
<b>Subtotal Medical and Hospital</b>	<b>115,311,272</b>	<b>229,169,808</b>	<b>454,280,839</b>
<b>Mental Health and Substance Abuse Services</b>			
Inpatient Psychiatric Facility Services	2,442,002	4,894,320	8,953,497
Inpatient Substance Abuse Treatment and Detox	1,448,235	2,905,594	5,735,817
Outpatient Mental Health Services	2,227,414	5,100,154	9,315,023
Outpatient Substance Abuse Treatment and Detox	1,814,582	3,698,752	7,130,523
Housing/Residential Treatment	1,948,828	3,661,275	6,274,193
Specialized Crisis Services	1,196,255	2,180,157	4,125,115
Psychiatric Rehab and Support Services	1,235,280	2,338,724	3,826,793
Case Management	4,357,226	8,032,972	17,750,205
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	-	-	-
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
<b>Subtotal MH&amp;SAS</b>	<b>16,669,822</b>	<b>32,811,948</b>	<b>63,111,166</b>
<b>CHOICES</b>			
Nursing Facility Care	35,926,275	72,901,264	154,208,746
HCBS Services	11,859,034	22,402,393	39,278,497
<b>Subtotal CHOICES</b>	<b>47,785,309</b>	<b>95,303,657</b>	<b>193,487,243</b>
<b>Subtotal Hospital, Medical, MH&amp;SAS, CHOICES</b>	<b>179,766,403</b>	<b>357,285,413</b>	<b>710,879,248</b>
<b>LESS:</b>			
Net Reinsurance Recoveries Incurred	-	-	(140,625)
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
<b>Subtotal Reinsurance, Copay, Subrogation</b>	<b>-</b>	<b>-</b>	<b>(140,625)</b>
<b>Total Hospital, Medical, MH&amp;SAS</b>	<b>179,766,403</b>	<b>357,285,413</b>	<b>711,019,873</b>
<b>Administration:</b>			
Compensation	13,985,892	27,959,629	26,580,171
Direct and Allocated Admin expenses	(1,331,416)	(2,489,360)	40,773,511
Marketing	280,642	523,576	299,668
Interest Expense	-	-	-
Premium Tax Expense	12,472,898	24,384,627	47,677,689
Occupancy, Depreciation, and Amortization	881,179	2,092,677	1,070,303
Other Administration - Write-Ins	4,954,464	19,238,604	4,680,448
<b>Total Administration Expenses</b>	<b>31,243,659</b>	<b>71,709,753</b>	<b>121,081,789</b>
<b>Total Expenses</b>	<b>211,010,062</b>	<b>428,995,166</b>	<b>832,101,663</b>
Extraordinary Item	-	-	-
Provision for Income Tax	6,959,145	9,686,644	13,247,077
<b>Net Income (Loss)</b>	<b>12,239,048</b>	<b>9,201,230</b>	<b>23,745,633</b>
<b>Write-Ins for Other Revenues</b>	<b>-</b>	<b>-</b>	<b>-</b>
Total Other Revenues	-	-	-
<b>Write-Ins for Other Medical and Hospital</b>	<b>-</b>	<b>-</b>	<b>-</b>
Total Other Medical and Hospital	-	-	-
<b>Write-Ins for Other MH &amp; SS</b>	<b>-</b>	<b>-</b>	<b>-</b>
Total Other MH & SS	-	-	-
<b>Write-Ins for Other Administration</b>			
ACA Health Insurer Fee	(63,177)	10,091,119	-
External Labor Services	2,505,031	5,001,076	3,221,403
Maintenance and Repair	697,905	1,249,694	97,910
Telecommunication	703,462	1,008,195	481,736
Travel	336,644	611,198	314,099
Other Administration < \$440,000 YTD	774,599	1,277,322	565,300
<b>Total Other Administration</b>	<b>4,954,464</b>	<b>19,238,604</b>	<b>4,680,448</b>

AMERIGROUP Tennessee, Inc.-Grand Region Middle  
Cash Reconciliation-Middle Region-Medicaid only  
June 30, 2013

Month Received	Cash	Recorded	Rate cell before accrual	Withhold 2.5%	97.5% collected	Collected Withhold 2.5%	Quality Performance Incentive	Long-Term Care Overpayment Recoupment	LTSS Eligibility ORR recovery	Liquidated Damages	Pharmacy Benefit Payment	Cash difference	Premium receivable
	Cash P2, C3, L5 IA	Premium P4, C2, L2					Not Reported	Not Reported	Not Reported	Not Reported	Not Reported		Prem Rec P2, C3, L13.1
Beginning Balance (Prem. Rec)													\$ 6,394,401.11
April	72,844,997.86	72,712,146.97	74,151,924.53	1,853,798.11	72,298,126.42	1,849,151.11		(1,301,279.67)		(1,000.00)		0.00	4,647.00
April	2,250,781.22										2,250,781.22	-	-
April	2,621,244.86										2,621,244.86	-	-
April	4,190,421.70										4,190,421.70	-	-
April	2,362,207.96										2,362,207.96	-	-
April	2,347,451.17										2,347,451.17	-	-
May	75,066,918.98	75,884,534.13	75,090,893.20	1,877,272.33	73,213,620.87	1,853,798.11				(500.00)		(0.00)	23,474.22
May	139,000.00						139,000.00					-	-
May	2,184,061.87										2,184,061.87	-	-
May	2,971,417.55										2,971,417.55	-	-
May	2,411,569.18										2,411,569.18	-	-
May	2,169,793.29										2,169,793.29	-	-
June	75,721,300.84	78,183,272.02	78,200,971.69	1,955,024.29	76,245,947.40	1,877,272.33			(2,400,818.89)	(1,100.00)		0.00	77,751.96
June	1,870,795.82										1,870,795.82	-	-
June	2,855,904.42										2,855,904.42	-	-
June	2,364,126.66										2,364,126.66	-	-
June	2,093,104.98										2,093,104.98	-	-
<b>Total</b>	<b>\$ 256,465,098.36</b>	<b>\$ 226,779,953.12</b>	<b>\$ 227,443,789.42</b>	<b>\$ 5,686,094.74</b>	<b>\$ 221,757,694.68</b>	<b>\$ 5,580,221.56</b>	<b>\$ 139,000.00</b>	<b>\$ (1,301,279.67)</b>	<b>\$ (2,400,818.89)</b>	<b>\$ (2,600.00)</b>	<b>\$ 32,692,880.68</b>	<b>\$ (0.00)</b>	<b>\$ 6,500,274.29</b>

Balance @ 03/31/14

Reconciliation

Cash collected \$ 256,465,098.36  
Premium earned 226,779,953.12

Difference \$ 29,685,145.24

Premium Receivable \$ 6,155,024.29

Less:  
Beginning Balance \$ 6,394,401.11  
Liquidated Damages (2,600.00)  
Pharmacy Benefit Payment 32,692,880.68  
Change in Payment Adjustments (3,244,512.26) \$ 35,840,169.54

Difference \$ 29,685,145.24

(0.00)

\$ 6,500,274.29  
(345,250.00) Retro Accrual  
6,155,024.29 Subtotal @ 06/30/14  
6,155,024.29 Trial Balance @ 06/30/14  
(0.00) Checkpoint

Cash that should be included on premium tax return	
Medicaid Premiums	226,779,953.12
Change in Premium Receivable	239,376.82
Pharmacy Benefit Payment	32,692,880.68
Change in Payment Adjustments	(3,244,512.26)
	<u>256,467,698.36</u>
Total Cash collected	256,465,098.36
add back liquidated damages	<u>2,600.00</u>
	256,467,698.36
	0.00

14,105,723.41

AMERIGROUP Tennessee, Inc.  
MLR Reconciliation to NAIC Filing  
June 30, 2014

**TOTAL REVENUES**

	Middle Tennessee	AMERIVANTAGE	NAIC Filing	Page, Col, Line
Net premium income 2014	443,433,675	31,912,653	475,346,327	4, C2, L2
Net premium income 2013	865,968,872	51,049,846	917,018,718	4, C2, L2
Net premium income 2012	863,517,958	41,362,158	904,880,116	4, C2, L2
Net premium income 2011	896,910,241	23,222,262	920,132,503	4, C2, L2
Net premium income 2010	871,851,131	16,750,528	888,601,659	4, C2, L2
Net premium income 2009	612,724,592	13,401,387	626,125,979	4, C2, L3
Net premium income 2008	598,983,073	8,112,101	607,095,174	4, C3, L2-2008
Net premium income 2007	382,864,891		382,864,891	4, C3, L2-2009
TOTAL	5,536,254,433	185,810,935		
MLR Report	<u>5,537,197,243</u>			
Difference	(942,810)			
ASO PCP administrative fee reclassified to SG&A	<u>942,810</u>			
Unreconciled difference	0			

**UNPAID CLAIMS**

	Middle Tennessee	AMERIVANTAGE	NAIC Filing	Page, Col, Line
Claims unpaid (less reinsurance ceded)	64,727,450	5,814,465	70,541,915	3, C3, L1
Accrued medical incentive pool and bonus amounts	306,247	-	306,247	3, C3, L2
Unpaid claims adjustment expenses	<u>2,137,330</u>	<u>197,478</u>	<u>2,334,808</u>	3, C3, L3
TOTAL	67,171,027	6,011,944	73,182,971	

Middle Tennessee Unpaid Claims Total			67,171,027	
IBNR on MLR report			<u>67,171,525</u>	
Difference			(498)	
Miscellaneous			<u>(498)</u>	
Unreconciled difference			0	

**HOSPITAL AND MEDICAL**

Total expenses on MLR report		<u>4,490,494,411</u>		
Total hospital and medical 07 Dec 31			360,775,300	4, C4, L18-2007
Total hospital and medical 08 Dec 31			535,851,712	4, C4, L18-2008
Total hospital and medical 09 Dec 31			516,193,087	4, C3, L18
Total hospital and medical 10 Dec 31			653,302,266	4, C2, L18
Total hospital and medical 11 Dec 31			695,948,802	4, C2, L18
Total hospital and medical 12 Dec 31			741,069,296	4, C2, L18
Total hospital and medical 13 Dec 31			758,273,927	4, C2, L18
Total hospital and medical 14 Jun 30			<u>384,246,812</u>	4, C2, L18
Total from NAIC filing			4,645,661,202	
Less Medicare expenses			<u>155,904,893</u>	
NAIC net of Medicare expenses		4,489,756,310		
LAE Change-A&H		738,837		
Jul-Sep 2013 reinsurance expense		(735)		
Rounding		<u>(1)</u>		
Unreconciled difference		0		

Medical Loss Ratio Report - Total Grand Region

MCO  
AMERIGROUP, Tennessee, Inc.

Reporting Month	2007						2007						2008						2008						2009			
	Incurred Month			For the Year Ended 6/30/2007	Incurred Month					Incurred Month						For the Year Ended 6/30/2008	Incurred Month					Incurred Month						
	April	May	June		July	August	September	October	November	December	January	February	March	April	May		June	July	August	September	October	November	December	January	February	March	April	
<b>Enrollment</b>	186,418	186,037	182,879	555,334	183,226	184,352	185,408	186,126	186,331	186,318	186,042	186,584	187,293	187,102	186,165	185,840	2,230,786	185,087	184,940	185,047	186,028	187,076	187,358	186,756	188,192	190,142	191,838	
<b>Capitation Revenue</b>	\$48,938,745	\$48,838,217	\$47,895,955	\$145,672,917	\$47,982,464	\$48,228,287	\$48,453,013	\$48,658,579	\$48,516,420	\$48,587,405	\$48,523,522	\$48,550,555	\$48,602,959	\$46,707,144	\$46,509,019	\$46,388,877	\$575,707,744	\$48,887,130	\$48,964,758	\$49,021,001	\$49,382,058	\$49,781,265	\$49,836,263	\$49,364,498	\$49,976,829	\$50,392,708	\$50,663,366	
<b>Premium Tax</b>	\$978,775	\$976,764	\$957,919	\$2,913,458	\$959,649	\$964,566	\$969,060	\$973,172	\$970,748	\$971,748	\$970,470	\$971,001	\$972,959	\$934,143	\$930,180	\$927,748	\$11,514,155	\$977,743	\$979,295	\$980,420	\$987,611	\$995,625	\$999,763	\$987,290	\$991,537	\$1,007,854	\$1,013,267	
<b>Capitation Revenue Net of Premium Tax</b>	\$47,959,970	\$47,861,452	\$46,938,036	\$142,759,458	\$47,022,815	\$47,263,721	\$47,483,953	\$47,685,407	\$47,545,672	\$47,615,656	\$47,553,052	\$47,579,054	\$47,630,899	\$45,773,001	\$45,578,839	\$45,461,099	\$564,193,589	\$47,909,387	\$47,985,463	\$48,040,581	\$48,394,417	\$48,785,639	\$48,839,538	\$48,377,208	\$48,977,292	\$49,384,854	\$49,650,098	
<b>Payments for Covered Services for the Month</b>																												
<b>Medical Services</b>																												
CMS 1450/UB 92 Payments by the Claims Processing System																												
Inpatient - Maternity	\$1,235,027	\$1,264,823	\$1,347,430	\$3,847,280	\$1,330,553	\$1,769,128	\$1,286,142	\$1,495,079	\$1,314,707	\$1,433,153	\$1,637,648	\$1,677,317	\$1,364,069	\$1,335,034	\$1,532,229	\$1,491,487	\$17,666,545	\$1,511,746	\$1,602,018	\$1,451,264	\$1,540,657	\$1,303,190	\$1,390,930	\$1,471,298	\$1,370,660	\$1,498,570	\$1,403,272	
Inpatient - Newborn	\$1,907,306	\$2,026,773	\$2,742,296	\$6,676,374	\$2,695,743	\$1,835,027	\$1,822,518	\$2,793,660	\$1,612,582	\$2,299,760	\$2,392,194	\$2,285,286	\$2,046,793	\$1,683,397	\$1,916,674	\$2,131,724	\$25,515,357	\$3,255,233	\$1,913,374	\$2,150,109	\$1,828,678	\$3,464,797	\$2,446,884	\$2,236,955	\$1,656,984	\$2,324,926	\$2,091,546	
Inpatient - Medical	\$4,344,569	\$3,735,903	\$3,123,363	\$11,203,836	\$3,470,344	\$3,405,553	\$4,738,638	\$3,402,761	\$3,298,777	\$4,043,720	\$4,462,663	\$4,054,930	\$3,999,478	\$3,760,345	\$3,707,389	\$3,571,563	\$45,916,161	\$4,138,763	\$4,186,733	\$3,939,385	\$3,234,479	\$4,098,911	\$4,655,380	\$3,635,595	\$5,164,609	\$4,579,919	\$4,442,230	
Inpatient - Surgery	\$2,079,710	\$2,212,167	\$1,966,666	\$6,258,542	\$2,306,448	\$2,530,991	\$2,392,819	\$2,624,370	\$2,164,175	\$2,166,678	\$2,623,512	\$2,571,783	\$2,498,807	\$2,575,533	\$2,328,208	\$2,455,557	\$29,238,881	\$2,361,485	\$2,578,394	\$2,753,388	\$2,524,413	\$2,828,566	\$2,561,851	\$2,766,476	\$2,385,113	\$3,021,881	\$2,606,965	
Inpatient Other	\$114,359	\$124,419	\$145,565	\$384,342	\$88,412	\$81,757	\$153,591	\$118,176	\$58,393	\$86,462	\$106,732	\$32,234	\$77,323	\$357,360	\$77,329	\$123,243	\$1,361,013	\$90,967	\$130,969	\$67,974	\$76,551	\$48,091	\$37,130	\$62,801	\$52,273	\$91,817	\$58,188	
Outpatient - Emergency Room	\$1,100,289	\$1,182,526	\$1,762,444	\$4,045,259	\$1,894,726	\$2,028,715	\$2,078,116	\$2,093,766	\$2,152,001	\$2,312,458	\$2,398,008	\$2,495,738	\$2,294,502	\$2,176,332	\$2,331,025	\$2,162,748	\$26,418,136	\$2,197,859	\$2,370,301	\$2,354,940	\$2,301,245	\$2,354,834	\$2,396,266	\$2,404,544	\$2,471,860	\$2,811,085	\$2,606,824	
Outpatient - Laboratory	\$466,565	\$535,238	\$373,281	\$1,375,084	\$362,063	\$399,811	\$358,545	\$409,531	\$371,160	\$473,759	\$477,165	\$441,691	\$423,710	\$401,292	\$413,974	\$4,924,393	\$436,377	\$434,565	\$447,891	\$477,136	\$422,355	\$432,128	\$527,082	\$507,138	\$576,808	\$514,800		
Outpatient - Radiology	\$1,057,286	\$1,177,733	\$1,009,124	\$3,244,143	\$947,427	\$1,133,356	\$972,893	\$1,081,784	\$1,015,313	\$901,511	\$1,079,579	\$994,863	\$1,143,951	\$1,156,041	\$1,026,013	\$1,072,504	\$12,525,236	\$1,128,718	\$1,138,244	\$1,212,878	\$1,250,015	\$1,131,663	\$1,098,275	\$1,275,888	\$1,217,018	\$1,344,397	\$1,379,856	
Outpatient - Surgery	\$1,001,167	\$1,133,946	\$1,134,385	\$3,269,498	\$1,143,536	\$1,241,465	\$1,132,620	\$1,354,110	\$1,295,849	\$1,092,464	\$1,425,071	\$1,276,260	\$1,321,207	\$1,422,281	\$1,445,838	\$1,377,548	\$15,528,250	\$1,488,084	\$1,403,085	\$1,331,942	\$1,552,396	\$1,393,421	\$1,429,239	\$1,510,385	\$1,616,384	\$1,764,197	\$1,834,380	
Outpatient - Other	\$181,538	\$202,426	\$218,764	\$602,727	\$210,745	\$236,659	\$251,910	\$254,995	\$233,379	\$248,274	\$238,618	\$237,726	\$235,722	\$252,153	\$269,115	\$268,606	\$2,937,902	\$291,337	\$261,921	\$120,725	\$388,687	\$101,053	\$177,295	\$170,749	\$188,712	\$193,879		
Hospice	\$840,024	\$835,440	\$838,560	\$2,514,024	\$867,971	\$822,923	\$740,424	\$747,313	\$682,790	\$661,177	\$669,796	\$602,477	\$715,782	\$680,926	\$757,929	\$708,584	\$8,658,092	\$679,633	\$728,561	\$666,549	\$697,374	\$617,517	\$638,649	\$652,997	\$607,478	\$679,452	\$715,881	
Long-Term Care Payments																												
Level I Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150	\$150	\$150	\$2,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,950	\$0	
Level II Facility	\$57,860	\$70,837	\$47,426	\$176,123	\$26,836	\$24,520	\$49,482	\$59,851	\$18,011	\$34,954	\$47,128	\$25,040	\$11,507	\$9,256	\$73,219	\$73,895	\$453,699	\$54,659	\$12,257	\$30,018	\$47,194	\$15,259	\$24,865	\$23,750	\$54,625	\$23,125	\$18,750	
Home and Community Based Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
CMS 1500 Payments by the Claims Processing System																												
Prof - ERM	\$6,271,826	\$6,675,167	\$6,296,387	\$19,243,380	\$6,024,866	\$7,182,893	\$6,252,539	\$7,168,820	\$6,758,751	\$6,196,345	\$7,441,003	\$7,203,037	\$6,782,270	\$7,150,756	\$6,671,918	\$6,518,345	\$81,351,543	\$7,016,869	\$6,868,199	\$7,151,994	\$8,075,220	\$6,759,042	\$6,963,922	\$7,765,786	\$7,931,412	\$8,427,231	\$8,262,122	
Prof - Home Health	\$5,648,895	\$6,493,507	\$6,271,650	\$18,414,052	\$6,421,299	\$6,571,770	\$6,137,687	\$6,714,885	\$6,555,413	\$6,571,512	\$6,713,394	\$6,126,700	\$6,650,821	\$6,603,485	\$6,789,803	\$6,549,748	\$78,406,516	\$6,646,026	\$6,033,832	\$4,701,656	\$3,568,889	\$3,022,888	\$2,848,529	\$2,701,255	\$2,596,453	\$2,760,406	\$2,610,461	
Prof - Maternity	\$835,663	\$887,977	\$980,033	\$2,703,673	\$969,549	\$1,087,761	\$932,824	\$1,025,718	\$911,821	\$924,701	\$1,141,290	\$1,135,042	\$1,069,778	\$1,073,691	\$1,065,721	\$1,008,525	\$11,049,724	\$1,104,974	\$1,045,509	\$1,056,045	\$1,114,603	\$932,577	\$999,298	\$1,081,387	\$957,930	\$1,079,949	\$1,039,770	
Prof - Surgery	\$448,304	\$561,253	\$552,941	\$1,562,497	\$528,013	\$578,664	\$499,840	\$640,898	\$515,875	\$457,511	\$621,056	\$517,913	\$606,404	\$638,433	\$623,269	\$641,847	\$6,869,721	\$598,803	\$657,949	\$660,798	\$700,891	\$595,843	\$517,906	\$681,264	\$697,531	\$716,239	\$696,684	
Prof - DME	\$274,993	\$333,228	\$329,712	\$937,932	\$257,856	\$303,569	\$330,077	\$329,894	\$359,331	\$376,742	\$359,932	\$398,256	\$422,227	\$385,219	\$429,812	\$361,566	\$386,463	\$367,036	\$430,917	\$333,272	\$415,581	\$396,628	\$498,637	\$443,774	\$466,169			
Prof - Lab	\$600,620	\$626,942	\$611,150	\$1,838,712	\$508,663	\$594,077	\$513,624	\$574,236	\$529,848	\$454,397	\$628,947	\$640,888	\$584,531	\$716,538	\$653,309	\$673,794	\$7,072,852	\$699,720	\$711,374	\$723,944	\$818,289	\$668,101	\$675,758	\$818,725	\$826,003	\$930,866	\$908,485	
Prof - Radiology	\$878,150	\$996,991	\$891,218	\$2,766,359	\$763,040	\$875,129	\$763,447	\$923,009	\$766,280	\$705,444	\$882,374	\$784,341	\$819,706	\$877,816	\$883,197	\$852,861	\$9,846,644	\$914,752	\$893,615	\$890,071	\$909,935	\$795,545	\$829,100	\$915,655	\$908,608	\$1,044,726	\$1,060,118	
Prof - Transportation	\$1,050,072	\$1,299,108	\$1,241,857	\$3,591,036	\$1,237,953	\$1,342,682	\$1,212,520	\$1,427,082	\$1,344,621	\$1,240,681	\$1,485,916	\$1,382,440	\$1,431,636	\$1,470,466	\$1,480,278	\$1,467,170	\$16,523,441	\$1,516,911	\$1,330,670	\$338,139	\$253,998	\$226,754	\$195,713	\$230,532	\$217,433	\$255,708	\$262,583	
Prof - Other	\$1,628,238	\$1,739,095	\$1,572,681	\$4,940,014	\$1,579,512	\$1,734,720	\$1,531,299	\$1,813,399	\$1,759,846	\$1,582,658	\$1,894,920	\$1,797,714	\$1,703,926	\$1,824,792	\$1,782,976	\$1,735,258	\$20,741,021	\$1,803,744	\$1,867,536	\$1,813,744	\$2,040,395	\$1,797,979	\$1,866,188	\$1,823,232	\$1,774,330	\$1,916,761	\$1,870,775	
Capitation Payments	\$443,866	\$431,939	\$449,942	\$1,325,747	\$234,381	\$233,304	\$231,908	\$221,184	\$212,110	\$218,887	\$216,064	\$234,643	\$192,812	\$196,334	\$190,728	\$193,906	\$2,575,452	\$193,280	\$193,287	\$800,201	\$818,398	\$835,433	\$818,673	\$812,531	\$2,257,581	\$1,138,119	\$1,064,710	
Subcontractor Payments for Medical Services	\$96,057	\$97,717	\$97,222	\$290,996	\$130,108	\$164,740	\$128,435	\$142,227	\$115,935	\$96,741	\$126,734	\$117,941	\$125,893	\$116,922	\$97,793	\$94,110	\$1,457,579	\$148,835	\$168,971	\$149,303	\$168,301	\$142,635	\$134,561	\$151,691	\$153,469	\$176		

Medical Loss Ratio Report - Total  
Grand Region

1944

Reporting Month		For the Year Ended 6/30/2009		2009								2010						For the Year Ended 6/30/2010		2010								2011			
				Incurred Month								Incurred Month								Incurred Month								Incurred Month			
				July	August	September	October	November	December	January	February	March	April	May	June	July	August			September	October	November	December	January	February	March	April				
<b>Enrollment</b>	192,882	194,486	2,259,833	193,482	192,406	190,840	191,203	191,580	192,027	195,125	195,762	196,847	197,539	197,961	199,076	2,333,818	198,527	200,355	201,773	202,366	202,373	202,248	202,354	202,349	202,604	202,721					
<b>Capitation Revenue</b>	\$50,711,245	\$50,962,365	\$597,943,485	\$56,699,901	\$55,549,745	\$54,620,650	\$54,560,133	\$54,479,940	\$54,529,104	\$55,746,440	\$55,628,096	\$72,851,170	\$72,953,405	\$73,229,500	\$73,823,709	\$734,671,792	\$72,999,675	\$73,531,537	\$73,867,382	\$74,314,550	\$74,571,774	\$74,627,613	\$75,175,608	\$75,128,153	\$75,401,993	\$75,741,234					
<b>Premium Tax</b>	\$1,014,225	\$1,019,247	\$11,958,870	\$3,118,495	\$3,055,236	\$3,004,136	\$3,000,807	\$2,996,397	\$2,999,101	\$3,066,054	\$3,059,545	\$4,006,814	\$4,012,437	\$4,027,622	\$4,060,304	\$40,406,949	\$4,014,982	\$4,044,235	\$4,062,706	\$4,087,350	\$4,101,448	\$4,104,513	\$4,134,658	\$4,147,110	\$4,167,768	\$4,165,768					
<b>Capitation Revenue Net of Premium Tax</b>	\$49,697,020	\$49,943,118	\$585,984,615	\$53,581,407	\$52,494,509	\$51,616,514	\$51,559,325	\$51,483,543	\$51,530,003	\$52,680,386	\$52,568,551	\$68,844,356	\$68,940,968	\$69,201,877	\$69,763,405	\$694,264,843	\$68,984,692	\$69,487,303	\$69,804,676	\$70,227,250	\$70,470,326	\$70,523,000	\$71,040,950	\$70,996,104	\$71,254,884	\$71,575,466					
<b>Payments for Covered Services for the Month</b>																															
<b>Medical Services</b>																															
CMS 1450/UB 92 Payments by the Claims Processing System																															
Inpatient - Maternity	\$1,565,365	\$1,427,910	\$17,536,880	\$1,511,753	\$1,464,999	\$1,605,172	\$1,689,624	\$1,535,149	\$2,041,052	\$1,451,632	\$1,431,696	\$1,461,528	\$1,398,459	\$1,473,809	\$1,420,122	\$18,484,995	\$1,511,786	\$1,607,428	\$1,667,253	\$1,785,117	\$1,546,814	\$1,711,702	\$1,592,718	\$1,607,070	\$1,609,369	\$1,320,132					
Inpatient - Newborn	\$2,453,226	\$2,550,192	\$28,372,905	\$3,203,995	\$2,381,706	\$2,454,640	\$2,876,122	\$2,567,490	\$2,876,905	\$2,260,810	\$2,200,148	\$2,291,935	\$2,298,834	\$2,244,413	\$2,774,998	\$30,551,998	\$3,356,498	\$3,547,573	\$2,454,344	\$3,260,146	\$2,315,195	\$2,715,715	\$3,496,216	\$2,144,093	\$3,601,916	\$3,431,532					
Inpatient - Medical	\$4,259,336	\$4,751,859	\$51,087,198	\$5,291,203	\$3,598,922	\$4,532,785	\$5,486,589	\$4,796,003	\$4,094,078	\$2,808,536	\$2,814,093	\$3,314,995	\$2,994,933	\$2,476,087	\$3,244,095	\$45,452,320	\$2,991,102	\$2,941,594	\$2,900,003	\$2,707,795	\$2,953,026	\$4,644,486	\$3,078,607	\$2,985,283	\$3,140,399	\$3,681,989					
Inpatient - Surgery	\$3,134,424	\$3,075,637	\$32,598,594	\$3,074,906	\$3,101,288	\$2,842,373	\$2,993,746	\$2,366,163	\$2,654,115	\$3,628,178	\$4,037,414	\$3,715,429	\$3,507,526	\$2,810,257	\$3,898,727	\$38,630,121	\$4,010,049	\$5,471,819	\$3,790,019	\$3,341,581	\$2,915,534	\$3,196,311	\$4,498,278	\$3,022,501	\$4,339,309	\$3,465,834					
Inpatient Other	\$42,464	\$76,998	\$836,224	\$132,140	\$96,938	\$70,136	\$80,399	\$72,138	\$170,357	\$1,687,756	\$1,400,795	\$2,210,586	\$995,452	\$919,853	\$1,034,686	\$8,871,236	\$1,283,293	\$461,159	\$229,387	\$431,181	\$246,825	\$208,886	\$233,250	\$454,279	\$310,124	\$416,397					
Outpatient - Emergency Room	\$2,710,551	\$2,471,759	\$29,452,067	\$2,474,012	\$2,895,707	\$3,386,255	\$2,843,637	\$1,917,203	\$1,898,438	\$1,918,916	\$1,740,449	\$2,141,413	\$2,060,850	\$2,190,630	\$2,072,675	\$27,540,184	\$2,051,542	\$2,094,244	\$2,041,302	\$2,055,131	\$2,117,144	\$2,044,549	\$2,314,541	\$2,104,361	\$2,165,764	\$2,148,869					
Outpatient - Laboratory	\$501,857	\$499,364	\$5,777,501	\$457,510	\$485,473	\$523,537	\$426,888	\$442,222	\$457,824	\$449,740	\$432,221	\$507,488	\$457,294	\$410,398	\$454,763	\$5,505,358	\$425,081	\$494,164	\$466,868	\$455,047	\$480,355	\$481,105	\$507,557	\$542,057	\$484,902	\$484,902					
Outpatient - Radiology	\$1,219,995	\$1,265,026	\$14,661,972	\$1,306,601	\$1,272,046	\$1,181,397	\$1,091,317	\$956,484	\$1,020,379	\$985,403	\$926,083	\$1,189,993	\$1,194,662	\$1,045,865	\$1,051,121	\$13,221,350	\$1,077,618	\$1,170,518	\$1,189,663	\$1,191,534	\$1,245,717	\$1,048,374	\$986,653	\$992,981	\$1,207,525	\$1,112,673					
Outpatient - Surgery	\$1,710,540	\$1,909,467	\$18,943,521	\$1,800,626	\$1,876,338	\$1,764,976	\$1,916,333	\$1,536,608	\$1,652,829	\$1,679,008	\$1,665,746	\$2,194,640	\$2,035,442	\$1,819,888	\$2,010,971	\$21,953,407	\$1,977,396	\$2,108,249	\$1,955,927	\$1,859,257	\$1,813,445	\$1,727,149	\$1,666,988	\$1,872,217	\$2,147,668	\$2,106,857					
Outpatient - Other	\$205,745	\$201,792	\$2,453,792	\$203,788	\$215,187	\$239,408	\$226,110	\$232,566	\$245,228	\$221,811	\$219,351	\$258,150	\$220,119	\$210,934	\$231,041	\$2,723,694	\$231,967	\$240,269	\$251,254	\$269,620	\$261,212	\$232,894	\$220,309	\$225,794	\$255,984	\$243,604					
Hospice	\$811,176	\$779,126	\$8,274,393	\$789,864	\$757,969	\$720,026	\$751,273	\$685,954	\$707,040	\$652,379	\$590,242	\$669,280	\$645,055	\$722,155	\$805,884	\$8,497,122	\$772,052	\$784,585	\$791,336	\$796,217	\$722,309	\$819,938	\$802,027	\$759,350	\$830,353	\$803,580					
Long-Term Care Payments																															
Level I Facility	\$0	\$0	\$6,303	\$0	\$600	\$0	\$0	\$0	\$0	\$1,050	\$1,050	\$10,544,014	\$10,232,555	\$10,715,134	\$10,288,779	\$4,783,181	\$11,549,807	\$11,665,118	\$11,383,053	\$11,876,675	\$11,476,863	\$11,808,582	\$11,687,636	\$10,220,721	\$11,478,994	\$11,128,253					
Level II Facility	\$18,500	\$41,500	\$364,512	\$48,800	\$70,500	\$60,125	\$70,625	\$78,250	\$29,075	\$38,875	\$47,125	\$1,348,014	\$1,431,226	\$1,510,214	\$1,404,384	\$6,137,213	\$1,543,033	\$1,395,431	\$1,397,493	\$1,412,665	\$1,404,513	\$1,360,936	\$1,360,936	\$1,405,149	\$1,405,805						
Home and Community Based Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$874,092	\$934,962	\$1,015,715	\$1,135,233	\$3,960,001	\$1,259,385	\$1,358,030	\$1,379,505	\$1,432,894	\$1,592,795	\$1,749,134	\$1,696,917	\$1,709,705	\$2,003,611	\$1,981,641					
CMS 1500 Payments by the Claims Processing System																															
Prof - EKM	\$7,756,868	\$7,988,235	\$90,966,900	\$8,258,437	\$8,164,792	\$8,232,967	\$8,011,544	\$7,393,156	\$7,388,480	\$7,164,291	\$7,226,923	\$8,640,487	\$8,069,596	\$7,019,044	\$7,545,024	\$93,114,741	\$7,477,712	\$8,074,153	\$8,182,254	\$7,808,633	\$7,962,076	\$7,304,444	\$7,530,821	\$8,064,044	\$8,561,296	\$7,771,626					
Prof - Home Health	\$2,532,648	\$2,468,080	\$42,491,136	\$2,595,493	\$2,589,941	\$2,514,175	\$2,507,538	\$2,381,496	\$2,417,699	\$2,494,783	\$2,358,766	\$2,791,810	\$2,712,610	\$2,677,407	\$2,652,079	\$30,693,689	\$2,610,956	\$2,584,367	\$2,458,151	\$2,448,534	\$2,424,202	\$2,460,048	\$2,342,277	\$2,132,143	\$2,377,634	\$2,248,640					
Prof - Maternity	\$1,016,264	\$1,082,837	\$12,511,143	\$1,227,422	\$1,151,822	\$1,210,564	\$1,195,345	\$1,075,951	\$1,202,946	\$1,164,944	\$1,149,599	\$1,291,972	\$1,126,127	\$1,115,360	\$1,056,502	\$13,968,553	\$1,240,757	\$1,275,041	\$1,231,597	\$1,175,294	\$1,187,838	\$1,204,087	\$1,134,554	\$1,103,439	\$1,174,385	\$1,137,193					
Prof - Surgery	\$639,981	\$763,223	\$7,927,111	\$888,618	\$762,302	\$754,078	\$702,502	\$636,110	\$577,413	\$628,325	\$592,112	\$776,258	\$675,820	\$613,590	\$695,793	\$8,302,922	\$676,626	\$728,933	\$715,152	\$718,612	\$659,044	\$652,905	\$744,972	\$651,478	\$716,489	\$784,083					
Prof - DME	\$406,059	\$379,581	\$4,885,684	\$394,632	\$470,381	\$378,690	\$364,872	\$396,261	\$374,566	\$371,455	\$354,029	\$438,535	\$413,368	\$389,649	\$421,490	\$4,793,466	\$375,121	\$448,212	\$389,649	\$466,660	\$428,505	\$482,556	\$431,234	\$347,522	\$429,711	\$433,264					
Prof - Lab	\$814,124	\$879,903	\$9,475,292	\$879,735	\$917,151	\$959,034	\$933,127	\$794,790	\$794,404	\$787,333	\$800,306	\$959,834	\$844,209	\$706,254	\$759,181	\$10,135,359	\$716,876	\$814,571	\$816,510	\$736,113	\$712,335	\$674,994	\$762,087	\$809,316	\$860,678	\$732,750					
Prof - Radiology	\$976,803	\$1,021,162	\$11,160,089	\$1,008,752	\$956,782	\$990,103	\$970,834	\$926,810	\$940,790	\$912,732	\$895,093	\$1,073,639	\$1,004,376	\$890,054	\$966,532	\$11,536,495	\$940,865	\$1,012,280	\$984,882	\$925,401	\$918,765	\$842,974	\$866,572	\$842,521	\$1,014,253	\$925,983					
Prof - Transportation	\$239,926	\$251,344	\$5,319,712	\$248,179	\$272,844	\$288,701	\$277,230	\$248,184	\$260,580	\$276,305	\$240,988	\$277,731	\$275,922	\$294,112	\$3,236,613	\$293,529	\$308,497	\$292,166	\$299,686	\$265,637	\$294,453	\$323,702	\$274,952	\$320,044	\$315,787						
Prof - Other	\$1,823,588	\$1,788,520	\$22,186,520	\$1,896,895	\$2,016,097	\$2,191,924	\$2,147,261	\$1,937,011	\$1,840,886	\$1,833,604	\$1,753,263	\$2,069,165	\$1,922,460	\$1,831,345	\$1,916,342	\$23,356,251	\$1,926,460	\$2,141,181	\$2,077,255	\$1,975,766	\$2,040,068	\$1,882,122	\$1,983,606	\$1,933,695	\$2,168,525	\$2,006,914					
Capitation Payments	\$1,074,979	\$1,062,632	\$11,069,826	\$955,102	\$954,873	\$875,908	\$1,132,394	\$1,059,899	\$1,060,395	\$1,189,150	\$1,236,598	\$1,236,607	\$1,280,673	\$1,315,958	\$1,310,230	\$13,607,849	\$2,501,322	\$1,013,252	\$1,406,842	\$1,328,129	\$1,373,011	\$1,371,593	\$1,306,837	\$1,330,786	\$1,420,549	\$1,370,830					
Subcontractor Payments for Medical Services	\$129,014	\$138,851	\$1,812,787	\$174,750	\$218,399	\$173,904	\$184,777	\$150,464	\$146,422	\$155,032	\$151,097	\$198,262	\$173,387	\$119,270	\$143,999	\$1,989,763	\$193,525	\$232,637	\$184,060	\$185,734	\$169,122	\$145,165	\$171,898	\$157,781	\$214,820	\$176,223					
Other Medical (provide description)																															



Medical Loss Ratio Report - Total  
Grand Region

MCO  
AMERIGROUP, Tennessee, Inc.

Reporting Month	2013				For the Year Ended 6/30/2013	2013						2014						For the Year Ended 6/30/2014
	Incurred Month					Incurred Month						Incurred Month						
	March	April	May	June		July	August	September	October	November	December	January	February	March	April	May	June	
<b>Enrollment</b>	198,151	198,318	198,430	198,799	2,399,990	196,539	197,920	198,736	198,565	197,934	196,017	197,341	200,440	203,450	207,071	209,248	211,058	2,414,319
<b>Capitation Revenue</b>	\$71,361,305	\$71,228,737	\$71,115,530	\$70,993,548	\$860,215,516	\$72,099,361	\$72,516,756	\$72,353,666	\$72,212,208	\$71,755,389	\$71,139,777	\$71,294,024	\$71,752,705	\$72,106,828	\$72,685,121	\$73,037,941	\$73,126,715	\$866,080,491
<b>Premium Tax</b>	\$3,924,872	\$3,917,581	\$3,911,354	\$3,904,645	\$47,311,853	\$3,965,465	\$3,988,422	\$3,979,452	\$3,971,671	\$3,946,546	\$3,912,688	\$3,921,171	\$3,946,399	\$3,965,876	\$3,997,682	\$4,021,969	\$4,021,969	\$47,634,427
<b>Capitation Revenue Net of Premium Tax</b>	\$67,436,433	\$67,311,156	\$67,204,175	\$67,088,903	\$812,903,662	\$68,133,896	\$68,528,335	\$68,374,214	\$68,240,537	\$67,808,842	\$67,227,090	\$67,372,852	\$67,806,306	\$68,140,952	\$68,687,439	\$69,020,854	\$69,104,746	\$818,446,064
<b>Payments for Covered Services for the Month</b>																		
<b>Medical Services</b>																		
CMS 1450/UB 92 Payments by the Claims Processing System																		
Inpatient - Maternity	\$1,730,540	\$1,528,976	\$1,629,996	\$1,638,089	\$19,647,490	\$1,812,267	\$1,570,410	\$1,550,899	\$1,638,113	\$1,793,023	\$1,877,395	\$1,806,260	\$1,735,857	\$1,527,008	\$1,404,178	\$1,212,585	\$542,971	\$18,470,966
Inpatient - Newborn	\$3,075,800	\$2,225,976	\$3,694,964	\$3,570,363	\$39,322,146	\$4,136,039	\$3,288,273	\$2,573,600	\$4,153,962	\$2,914,344	\$3,931,239	\$2,748,772	\$2,153,172	\$2,593,436	\$1,539,583	\$1,213,677	\$1,754,476	\$31,421,573
Inpatient - Medical	\$3,189,921	\$2,877,614	\$3,808,203	\$2,890,846	\$36,100,194	\$3,310,440	\$2,622,158	\$2,428,260	\$3,193,482	\$3,841,545	\$3,553,470	\$3,279,083	\$3,671,432	\$2,793,017	\$2,851,233	\$1,945,584	\$644,127	\$34,133,828
Inpatient - Surgery	\$4,117,608	\$4,431,054	\$4,155,720	\$4,380,057	\$48,381,930	\$4,978,826	\$3,746,070	\$4,740,415	\$4,073,119	\$3,830,401	\$5,036,965	\$4,036,780	\$3,266,459	\$2,809,601	\$3,201,213	\$2,557,921	\$530,892	\$42,808,663
Inpatient - Other	\$165,278	\$81,328	\$109,208	\$196,628	\$2,265,240	\$191,718	\$102,093	\$150,207	\$156,213	\$130,487	\$215,654	\$232,260	\$214,041	\$186,861	\$162,949	\$124,021	\$8,514	\$1,875,018
Outpatient - Emergency Room	\$2,497,482	\$2,485,807	\$2,590,718	\$2,430,924	\$31,383,166	\$2,534,386	\$2,730,515	\$2,723,704	\$2,599,267	\$2,500,202	\$2,680,420	\$2,603,585	\$2,395,780	\$2,875,937	\$2,896,604	\$2,990,746	\$1,614,281	\$31,145,427
Outpatient - Laboratory	\$338,598	\$368,069	\$342,740	\$306,108	\$4,268,454	\$349,234	\$339,271	\$343,717	\$372,623	\$347,330	\$360,915	\$384,644	\$159,312	\$213,612	\$194,465	\$135,759	\$72,691	\$3,293,572
Outpatient - Radiology	\$1,001,624	\$1,073,875	\$1,060,548	\$973,748	\$12,264,317	\$1,089,575	\$1,037,929	\$992,682	\$1,052,951	\$985,679	\$791,870	\$968,515	\$948,379	\$980,286	\$1,018,580	\$988,700	\$478,299	\$11,223,115
Outpatient - Surgery	\$2,377,267	\$2,585,115	\$2,507,392	\$2,084,038	\$28,588,310	\$2,303,230	\$2,285,162	\$2,180,505	\$2,195,885	\$1,899,585	\$1,817,820	\$2,081,268	\$2,102,473	\$2,231,279	\$2,360,986	\$2,104,361	\$1,064,197	\$24,626,751
Outpatient - Other	\$463,815	\$491,086	\$466,767	\$418,281	\$4,922,700	\$466,462	\$526,534	\$513,415	\$582,717	\$612,817	\$580,884	\$610,767	\$577,149	\$568,390	\$539,797	\$468,347	\$162,168	\$6,209,446
Hospice	\$870,673	\$801,278	\$855,897	\$821,880	\$10,063,943	\$870,984	\$857,917	\$861,919	\$858,292	\$848,783	\$880,411	\$857,812	\$714,394	\$774,777	\$719,758	\$551,361	\$2,762	\$8,799,169
Long-Term Care Payments																		
Level I Facility	\$11,920,165	\$11,372,053	\$11,738,857	\$11,356,058	\$144,212,505	\$11,895,336	\$11,801,576	\$11,268,087	\$11,675,204	\$11,074,382	\$11,487,454	\$11,162,429	\$9,790,972	\$10,950,812	\$10,223,757	\$9,825,218	\$1,057,681	\$122,212,907
Level II Facility	\$699,613	\$690,236	\$747,821	\$706,225	\$9,491,946	\$751,285	\$812,456	\$706,279	\$765,623	\$711,438	\$761,868	\$805,794	\$748,556	\$832,486	\$749,281	\$603,652	\$46,349	\$8,295,066
Home and Community Based Services	\$3,445,186	\$3,518,771	\$3,649,283	\$3,376,969	\$41,172,285	\$3,591,367	\$3,607,501	\$3,464,145	\$3,747,000	\$3,504,015	\$3,671,139	\$3,722,614	\$3,440,387	\$3,560,558	\$3,668,738	\$3,598,001	\$1,744,376	\$41,319,843
CMS 1500 Payments by the Claims Processing System																		
Prof - E&M	\$8,259,756	\$8,606,313	\$8,345,355	\$7,422,703	\$96,480,052	\$7,966,809	\$8,496,122	\$8,046,617	\$8,414,630	\$7,609,407	\$7,448,900	\$8,415,129	\$7,685,939	\$8,012,521	\$8,672,864	\$7,683,323	\$4,214,428	\$92,666,690
Prof - Home Health	\$1,738,073	\$1,734,244	\$1,782,185	\$1,636,215	\$20,993,388	\$1,717,363	\$1,713,878	\$1,691,131	\$1,788,375	\$1,759,812	\$1,707,181	\$1,788,897	\$1,528,229	\$1,630,804	\$1,473,938	\$1,286,476	\$456,208	\$18,542,294
Prof - Maternity	\$1,411,822	\$1,296,837	\$1,340,589	\$1,318,011	\$16,218,258	\$1,505,167	\$1,449,037	\$1,351,778	\$1,378,209	\$1,289,192	\$1,360,031	\$1,371,010	\$1,318,980	\$1,293,108	\$1,213,543	\$1,140,678	\$619,823	\$15,290,556
Prof - Surgery	\$655,152	\$801,335	\$827,672	\$677,168	\$8,963,205	\$753,626	\$691,952	\$695,170	\$721,474	\$677,328	\$636,223	\$723,137	\$712,479	\$657,135	\$833,080	\$720,157	\$356,690	\$8,178,451
Prof - DME	\$202,113	\$123,326	\$159,444	\$132,114	\$4,690,645	\$85,221	\$177,144	\$169,020	\$182,216	\$145,997	\$131,710	\$111,050	\$126,304	\$133,822	\$190,882	\$139,012	\$103,200	\$11,695,577
Prof - Lab	\$888,282	\$916,018	\$907,916	\$862,061	\$10,516,135	\$953,084	\$1,001,994	\$997,445	\$1,084,934	\$900,883	\$905,831	\$978,679	\$868,044	\$853,733	\$1,001,598	\$1,013,534	\$586,079	\$11,145,839
Prof - Radiology	\$830,613	\$887,683	\$860,594	\$801,223	\$10,427,766	\$869,275	\$877,948	\$865,699	\$908,572	\$781,661	\$779,713	\$859,847	\$824,209	\$815,681	\$854,102	\$792,598	\$412,488	\$9,641,794
Prof - Transportation	\$253,851	\$278,696	\$276,391	\$292,662	\$3,239,707	\$290,151	\$278,158	\$285,949	\$282,750	\$267,780	\$277,423	\$291,105	\$235,116	\$254,035	\$249,682	\$234,893	\$94,778	\$3,041,820
Prof - Other	\$2,178,575	\$2,259,814	\$2,206,192	\$2,014,174	\$26,479,116	\$2,283,819	\$2,365,225	\$2,296,606	\$2,507,275	\$2,183,858	\$2,154,176	\$2,387,707	\$2,013,998	\$2,186,275	\$2,015,765	\$980,387	\$25,491,091	
Capitation Payments	\$1,808,784	\$1,883,172	\$1,887,466	\$1,909,155	\$18,904,397	\$1,765,667	\$1,853,669	\$1,840,334	\$1,764,202	\$1,805,347	\$1,751,897	\$1,718,754	\$1,629,368	\$1,691,001	\$1,745,974	\$1,778,381	\$1,783,916	\$21,128,510
Subcontractor Payments for Medical Services	\$233,585	\$210,374	\$179,835	\$182,994	\$2,635,800	\$266,179	\$280,714	\$233,579	\$254,554	\$206,001	\$179,516	\$232,600	\$240,113	\$233,704	\$206,478	\$165,114	\$95,309	\$2,593,860
Other Medical (provide description)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Behavioral Health</b>																		
Inpatient Payments by the Claims Processing System	\$1,329,932	\$1,403,728	\$1,472,262	\$1,466,612	\$15,645,257	\$1,637,173	\$1,582,796	\$1,316,055	\$1,479,596	\$1,246,589	\$1,288,251	\$1,472,810	\$1,203,148	\$1,188,417	\$1,420,961	\$987,707	\$221,951	\$15,045,455
Outpatient Payments by the Claims Processing System	\$3,080,912	\$3,354,920	\$3,181,486	\$2,837,825	\$35,053,290	\$2,914,548	\$3,099,500	\$2,977,671	\$3,210,955	\$2,876,281	\$2,915,929	\$3,309,913	\$3,217,248	\$3,243,953	\$3,681,850	\$3,446,067	\$1,167,952	\$36,061,867
Supported Housing Payments by the Claims Processing System	\$569,218	\$542,368	\$567,587	\$552,916	\$6,570,342	\$578,556	\$621,061	\$605,532	\$612,287	\$569,859	\$593,911	\$605,653	\$542,347	\$607,320	\$585,141	\$593,127	\$238,203	\$6,752,997
Intensive Outpatient Payments by the Claims Processing System	\$84,702	\$86,760	\$67,961	\$62,618	\$778,961	\$70,260	\$85,124	\$81,734	\$78,539	\$61,571	\$61,828	\$82,235	\$106,409	\$78,566	\$62,767	\$67,162	\$12,428	\$848,623
Partial Hospitalization Payments by the Claims Processing System	\$26,368	\$19,038	\$37,036	\$15,301	\$223,123	\$22,609	\$32,726	\$19,016	\$27,187	\$30,706	\$26,168	\$4,585	\$9,620	\$14,406	\$18,017	\$4,785	\$18,017	\$219,442
In Home Payments by the Claims Processing System	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Transportation Payments by the Claims Processing System	\$13,373	\$13,527	\$13,722	\$17,358	\$174,670	\$17,604	\$16,315	\$14,333	\$16,800	\$12,870	\$11,857	\$8,601	\$12,458	\$13,805	\$13,733	\$13,089	\$4,046	\$155,511
Twenty-Three Hour Payments by the Claims Processing System	\$334	\$130	\$294	\$707	\$4,696	\$503	\$1,028	\$130	\$902	\$635	\$219	\$883	\$302	\$661	\$130	\$1,189	\$130	\$6,713
CMHA Capitation Payments	\$322,773	\$333,338	\$329,936	\$330,686	\$4,026,024	\$323,364	\$324,331	\$337,846	\$330,178	\$332,095	\$318,141	\$331,688	\$340,462	\$336,826	\$342,610	\$352,667	\$350,958	\$4,021,166
Other Capitation Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grant Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-FFS Inpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subcontractor Payments for Mental Health and Substance Abuse Serv	\$152,920	\$168,360	\$155,245	\$85,980	\$4,263,541	\$80,800	\$133,750	\$151,945	\$155,900	\$147,235	\$7,880	\$13,300	\$12,000	\$0	\$0	\$0	\$0	\$702,810
Crisis Services Team Pass Through	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Less:																		
Recoveries not Reflected in Claims Payments	-\$12,555	-\$12,555	-\$12,555	-\$12,555	-\$150,665	-\$12,555	-\$12,555	-\$12,555	-\$12,555	-\$12,555	-\$12,555	-\$12,555	\$0	\$0	\$0	\$0	\$0	-\$75,332
<b>Total Payments</b>	\$59,922,179	\$59,438,665	\$61,944,676	\$57,756,143	\$718,222,361	\$62,370,369	\$60,379,783	\$58,462,866	\$62,251,430	\$57,776,582	\$60,211,735	\$60,008,164	\$54,545,137	\$56,068,768	\$56,281,136	\$50,768,558	\$19,848,546	\$658,991,076