## QUARTERLY STATEMENT

OF THE

## AMERIGROUP Tennessee, Inc.

of<br>Nashville<br>in the state of<br>Tennessee

TO THE

Insurance Department

OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED
June 30, 2017

HEALTH
2017

# HEALTH QUARTERLY STATEMENT 

AS OF JUNE 30, 2017 OF THE CONDITION AND AFFAIRS OF THE AMERIGROUP Tennessee, Inc.



The officers of this reporting entity being duly sworn, each depose and say thal they are the described officers of said reporting entity, and that on the reporling 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, logerher with related exhibits, schedules and explanations therein conta ned, annexed or referred io, is a fulf and lrue statement of all the assets and labilites and of the in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual excepl to the exlent that: (1) slate law may dilfer; or, (2) that state rules or regulations require dilferences in reporting not related to accounting praclices and procedures, according to the best of their information, knowledge and beliel respectively. Furthermore, the scope of this prestation by the described olficers also includes the relaled corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differencys due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition

a. Is this an original filing

[^0]

# Anthem. 

## Amerigroup Tennessee, Inc.

Statement of Actuarial Opinion


## Identification

I, Mark D. Justus, Director \& Actuary III, am an employee of Anthem 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 Anthem, 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, 2017:
A. Claims unpaid (Page 3, Line 1)
\$150,357,728
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2)
\$2,399,920
C. Unpaid claims adjustment expenses (Page 3, Line 3)
\$4,733,707
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit - Part 2D
E. Aggregate life policy reserves (Page 3, Line 5)
F. Property/casualty unearned premium reserves (Page 3, Line 6) \$0
G. Aggregate health claim reserves (Page 3, Line 7)
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the quarterly statement
I. Specified actuarial items presented as assets in the quarterly statement 1. Portion of RX Rebate Receivables (part of Page 2, Line 24, Column 1)
2. Portion of CMS - Medicare Final Sweep (part of Page 2, Line 15.3) \$724,821
3. Portion of CMS - Medicare Mid Year Sweep (part of Page 2, Line 15.3) \$835,554

## 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, Anthem Inc., and John B. Nicholson, Managing Senior Associate General Counsel, Anthem Inc. as certified in the attached statements. I evaluated that 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 provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit, Analysis of Claims Unpaid 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.

Historical claim payment patterns, which form the basis for the majority of the claims unpaid estimate, were analyzed net of claim recoveries, and I am satisfied that this treatment is reasonable based on past experience, current and reasonably anticipated activities.

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, FSB, MAAA
Anthem, Inc.
3350 Peachtree Road
Atlanta, GA 30326
(404) 823-4448

Mark.Justus@Anthem.com
August 11, 2017

# Anthem. 

Investment Assumption Reliance Statement
Amerigroup Tennessee, Inc.
For 2017 Actuarial Opinion

I, R. David Kretschmer, Senior Vice President, Treasurer and Chief Investment Officer, of Anthem 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, Line1), prepared for and submitted to Mark Justus, Director \& Actuary III, in support of the actuarial opinion for Amerigroup Tennessee, Inc., as of June 30, 2017, 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, 2017.

R. David Kretschmer

Senior Vice President, Treasurer and Chief Investment Officer July 21, 2017

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

# Anthem 

Reliance Statement<br>Amerigroup Tennessee, Inc.

For 2017 Actuarial Opinion

I, John B. Nicholson, Managing Senior Associate General Counsel of Anthem 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 Justus in support of the actuarial opinion for Amerigroup Tennessee, Inc., as of June 30, 2017, 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, 2017.


John Nicholson
Managing Senior Associate General Counsel July 21, 2017

Anthem, Inc.
2015 Staples Mill Rd.
Richmond, VA 23230
804-354-7697

ASSETS


LIABILITIES, CAPITAL AND SURPLUS


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
STATEMENT OF REVENUE AND EXPENSES


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
STATEMENT OF REVENUE AND EXPENSES (Continued)


CASH FLOW


EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT



For the 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, 2016. This presentation addresses only significant events occurring since the last Annual Statement.

## 1. Summary of Significant Accounting Policies and Going Concern

## 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 (the "TDCI").

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

$\underline{\text { SSAP \# }} \xlongequal{$|  F/S  |
| :---: |
|  Page  |$} \xlongequal{$|  F/S  |
| :---: |
|  Line \#  |$} \xlongequal{$|  June 30,  |
| :---: |
| 2017 |$} \xrightarrow{$|  December 31,  |
| :---: |
| 2016 |$}$

## Net Income

(1) AMERIGROUP Tennessee, Inc. state basis (Page 4, Line 32, Columns 2 \& 4) $\xrightarrow{\mathrm{XXX}} \xrightarrow{\mathrm{XXX}} \xrightarrow{\mathrm{XXX}} \xlongequal{\$ 10,784,770} \xrightarrow{\$ 13,377,229}$
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: $\quad \sim \sim \sim \sim$
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP: $\quad$ _ _ - - $\quad$ -
(4) $\operatorname{NAIC~SAP~(1-2-3=4)~} \underline{\mathrm{XXX}} \underline{\mathrm{XXX}} \xlongequal{\mathrm{XXX}} \xlongequal{\$ 10,784,770} \xlongequal{\$ 13,377,229}$

## Surplus

(5) AMERIGROUP Tennessee, Inc. state
basis (Page 3, Line 33, Columns 3 \& 4)

$$
\begin{array}{ll}
\mathrm{XXX} \\
\hline
\end{array}
$$

(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: $\quad$ _ _ _ _ -
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:

B. Use of Estimates in the Preparation of the Financial Statements

No significant change.

## C. Accounting Policies

(1) - (5) No significant change.

## STATEMENT AS OF JUNE 30, 2017 OF THE AMERIGROUP Tennessee, Inc. NOTES TO FINANCIAL STATEMENTS

(6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loanbacked securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
(7) - (13) No significant change.

## D. Going Concern

Not applicable.

## 2. Accounting Changes and Corrections of Errors

Not applicable
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 assetbacked 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-backed securities.
2. The Company did not recognize other-than-temporary impairments on its loan-backed securities during the six months ended June 30, 2017.
3. The Company did not hold other-than-temporary impairments on its loan-backed securities at June 30, 2017.
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, 2017.
5. The Company had no impaired loan-backed securities at June 30, 2017.
E. Repurchase Agreements and/or Securities Lending Transactions
6. Not applicable.
7. 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
\$ 41,258,345
c. No significant change.
4. Not applicable.
5. No significant change
6. Not applicable.
7. Not applicable.
F. Real Estate

Not applicable.
G. Investments in Low-Income Housing Tax Credits

Not applicable.
H. Restricted Assets

No significant change.
I. Working Capital Finance Investments

Not applicable.
J. Offsetting and Netting of Assets and Liabilities

Not applicable.
K. Structured Notes

Not applicable.
L. 5* Securities

The Company has no 5* Securities as of June 30, 2017.
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

On July 24, 2015, the Company's ultimate parent company, Anthem, and Cigna Corporation, ("Cigna"), entered into an Agreement and Plan of Merger, or Merger Agreement, dated as of July 23, 2015, to acquire all outstanding shares of Cigna, or the Acquisition. In July 2016, the U.S. Department of Justice, or DOJ, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia, or District Court, seeking to block the Acquisition. On February 14, 2017, Cigna purported to terminate the Merger Agreement and commenced litigation against us in the Delaware Court of Chancery, or Delaware Court, seeking damages. Also on February 14, 2017, we initiated our own litigation against Cigna in the Delaware Court. On April 28, 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court, which blocked our proposed acquisition of Cigna. On May 11, 2017, the Delaware Court denied our motion to enjoin Cigna from terminating the Merger Agreement. On May 12, 2017, we delivered to Cigna a notice terminating the Merger Agreement.
B. - C.

No significant change.

## D. Amounts Due to or from Related Parties

At June 30, 2017, the Company reported $\$ 0$ due from affiliates and $\$ 23,330,271$ due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.
E. $-\mathbf{N}$.

No significant change.

## 11. Debt

Not applicable.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
A. Defined Benefit Plan

Not applicable.
B. Not applicable.
C. Not applicable.
D. Not applicable.

## E. Defined Contribution Plans

Not applicable.

# STATEMENT AS OF JUNE 30, 2017 OF THE AMERIGROUP Tennessee, Inc NOTES TO FINANCIAL STATEMENTS 

## F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

## G. Consolidated/Holding Company Plans

No significant change.

## H. Post Employment Benefits and Compensated Absences

Not applicable.

## I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

## 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) - (8)

No significant change.

## (9) Changes in Special Surplus Funds

The change in balances of special surplus funds from the prior year are due to changes in the amounts segregated for the estimated Affordable Care Act ("ACA") health insurer fee. The annual fee under section 9010 of the ACA was suspended for 2017, therefore no surplus was segregated as of December 31, 2016.
(10) - (13)

No significant change.
14. Liabilities, Contingencies and Assessments
A. - E.

No significant change.

## F. All Other Contingencies

In February 2015, we reported that we were the target of a sophisticated external cyberattack. The attackers gained unauthorized access to certain of our information technology systems and obtained personal information related to many individuals and employees, such as names, birthdays, health care identification/social security numbers, street addresses, email addresses, phone numbers and employment information, including income data. To date, there is no evidence that credit card or medical information, such as claims, test results or diagnostic codes, were targeted, accessed or obtained, although no assurance can be given that we will not identify additional information that was accessed or obtained.

Upon discovery of the cyber-attack, we took immediate action to remediate the security vulnerability and retained a cybersecurity firm to evaluate our systems and identify solutions based on the evolving landscape. We are providing credit monitoring and identity protection services to those who have been affected by this cyber-attack. We have continued to implement security enhancements since this incident. We have incurred expenses subsequent to the cyber-attack to investigate and remediate this matter and expect to continue to incur

## STATEMENT AS OF JUNE 30, 2017 OF THE AMERIGROUP Tennessee, Inc. NOTES TO FINANCIAL STATEMENTS

expenses of this nature in the foreseeable future. We recognize these expenses in the periods in which they are incurred.

Actions have been filed in various federal and state courts and other claims have been or may be asserted against us on behalf of current or former members, current or former employees, other individuals, shareholders or others seeking damages or other related relief, allegedly arising out of the cyber-attack. Federal and state agencies, including state insurance regulators, state attorneys general, the Health and Human Services Office of Civil Rights and the Federal Bureau of Investigation, are investigating events related to the cyber-attack, including how it occurred, its consequences and our responses. In December 2016, the National Association of Insurance Commissioners, or NAIC, concluded its multistate targeted market conduct and financial exam. In connection with the resolution of the matter, the NAIC requested we provide, and we agreed to provide, a customized credit protection program, equivalent to a credit freeze, for our members who were under the age of eighteen on January 27, 2015. No fines or penalties were imposed on us. Although we are cooperating in these investigations, we may be subject to fines or other obligations, which may have an adverse effect on how we operate our business and our results of operations. With respect to the civil actions, a motion to transfer was filed with the Judicial Panel on Multidistrict Litigation, or the Panel, in February 2015 and was subsequently heard by the Panel in May 2015. In June 2015, the Panel entered its order transferring the consolidated matter to the U.S. District Court for the Northern District of California, or the U.S. District Court. The U.S. District Court entered its case management order in September 2015. We filed a motion to dismiss ten of the counts that were before the U.S. District Court. In February 2016, the court issued an order granting in part and denying in part our motion, dismissing three counts with prejudice, four counts without prejudice and allowing three counts to proceed. Plaintiffs filed a second amended complaint in March 2016, and we subsequently filed a second motion to dismiss. In May 2016, the court issued an order granting in part and denying in part our motion, dismissing one count with prejudice, dismissing certain counts asserted by specific named plaintiffs with or without prejudice depending on their individualized facts, and allowing the remaining counts to proceed. In July 2016, plaintiffs filed a third amended complaint which we answered in August 2016. Fact discovery was completed in December 2016. Plaintiffs filed their motion for class certification and trial plan in March 2017. We filed our opposition to class certification, motions to strike the testimony of three of the plaintiffs' experts and trial plan in April 2017. Prior to those motions being heard, the parties agreed to settle plaintiffs' claims for a total Anthem settlement payment of $\$ 115$ million and certain non-monetary relief. In June 2017, plaintiffs filed a motion for preliminary approval of the settlement and a motion to continue all case deadlines. In July 2017, the court granted the motion to continue all case deadlines. A hearing on the motion for preliminary approval of the settlement is scheduled for August 2017. Three state court cases related to the cyberattack are presently proceeding outside of this Multidistrict Litigation. There remain open regulatory investigations into the incident that are not directly impacted by the Multidistrict Litigation settlement.

We have contingency plans and insurance coverage for certain expenses and potential liabilities of this nature and will pursue coverage for all applicable losses; however, the ultimate outcome of our pursuit of insurance coverage cannot be presently determined. We intend to vigorously defend these suits; however, their ultimate outcome cannot be presently determined.

There were no other significant changes to contingent liabilities since December 31, 2016 requiring disclosure.

## 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, 2017, the fair value of securities loaned was $\$ 33,473,814$ and the carrying value of securities loaned was $\$ 29,657,651$.
(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, 2017, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.
3. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. Administrative Services Only Plans

Not applicable.
B. Administrative Services Contract Plans

No significant change.
C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

No significant change
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

## 20. Fair Value Measurements

A.
(1) Fair Value Measurement at Reporting Date

| Description for each class of asset or liability | (Level 1) |  | (Level 2) |  | (Level 3) |  | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| a. Assets at fair value |  |  |  |  |  |  |  |  |
| Bonds |  |  |  |  |  |  |  |  |
| Industrial and misc | \$ | - | \$ | 8,641,746 | \$ | - | \$ | 8,641,746 |
| Total bonds |  | - |  | 8,641,746 |  | - |  | 8,641,746 |
| Total assets at fair value | \$ | - | \$ | 8,641,746 | \$ | - | \$ | 8,641,746 |

(2) As of June 30, 2017, there were no investments in Level 3 carried at fair value.
(3) The Company's policy is to recognize transfers between Levels, if any, as of 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. The Company has certain equity securities, including private equity securities, for which the fair value is estimated based on each security's current condition and future cash flow projections. Such securities are designated Level 3. The fair values of these private equity securities are generally based on either broker quotes or discounted cash flow projections using assumptions for inputs such as the weighted-average cost of capital, long-term revenue growth rates and earnings before interest, taxes, depreciation and amortization, or revenue multiples that are not observable in the markets.

Certain financial assets are measured at fair value using Level 3 inputs, such as certain non-investment grade bonds and loan-backed securities or investments that are impaired during the year and recorded at fair value.

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

## B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

## C. Financial Instruments

| Type of Financial <br> Instrument | Aggregate Fair <br> Value | Admitted <br> Assets | (Level 1) | (Level 2) | (Level 3) | Not Practicable <br> (Carrying Value) |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bonds | $\$$ | $462,761,094$ | $\$$ | $450,827,286$ | $\$$ | $12,512,620$ | $\$$ |

D. Not Practicable to Estimate Fair Value

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

## 21. Other Items

No significant change.

## 22. Events Subsequent

Subsequent events have been considered through August 14, 2017 for the statutory statement issued on August 14, 2017. There were no events occurring subsequent to June 30,2017 requiring recognition or disclosure.

## 23. Reinsurance

No significant change.

## 24. Retrospectively Rated Contracts \& Contracts Subject to Redetermination

A. - D.

No significant change.
E. Risk Sharing Provisions of the Affordable Care Act ("ACA")
(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?
(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable
(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance

Not applicable
(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable
(5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

## STATEMENT AS OF JUNE 30, 2017 OF THE AMERIGROUP Tennessee, Inc. NOTES TO FINANCIAL STATEMENTS

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

The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by $\$ 38,024,132$ during 2017. This is approximately $19.3 \%$ of unpaid claims and claim adjustment expenses of $\$ 197,513,356$ as of December 31, 2016. The redundancy reflects the 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 2017. 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

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?


The Company did not record any premium deficiency reserves at June 30, 2017.
31. Anticipated Salvage and Subrogation

No significant change.

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

.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 ]

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.
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 | 2 |  |
| :---: | :---: | :---: |
| Name of Entity | NAIC Company Code | 3 <br> 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? If yes, attach an explanation.

Yes [ ] No [ X ]

Yes [ ] No [ ]

Yes [ ] No [ X ] reporting entity?
$\qquad$

Yes [ X ] No [ ]

Yes [ ] No [ X ]
Have there been any substantial changes in the organizational chart since the prior quarter end?
Yes [ ] No [X]

Yes [ ] No [ X ]

12/31/2016

12/31/2014 State the as of date that the latest financial examination report became available from either the state of domicil
date should be the date of the examined balance sheet and not the date the report was completed or released.

03/04/2016
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 shee date)

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? ...
If yes, give full information:
Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
Yes [ ] No [ X ]
If response to 8.1 is yes, please identify the name of the bank holding company.

| 1 | 2 | 3 | 4 | 5 |
| :---: | :---: | :---: | :---: | :---: |
| Location (City, State) |  | FRB | OCC | FDIC |
| SEC |  |  |  |  |
|  |  |  |  |  |

## STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.

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?
(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:

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]
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 [ X ]
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.)
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?
14.2 If yes, please complete the following:

1Prior Year-End Book/Adjusted Carrying Value
14.21 Bonds. Carrying Value

14.23 Common Stock ...............
14.24 Short-Term Investments ..............
14.26 All Other.
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26 ) $\$ 1 . \quad 0$
14.27 Tor

的 14.21 to 14.26) ................................................. \$
15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.


## STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.

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

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and $2 \ldots . . . . . . . . . . . . . . . . . . . . . . . . .$.
.41,258,345

.41,242,470
41,242,470
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:

| $\stackrel{1}{4}$ Name of Custodian(s) | $\stackrel{2}{2}$ Custodian Address |
| :---: | :---: |
| Bank of New York Mellon Corporation | One BNY Mellon Center Room 151-1035 Pittsburgh, PA 15258 |

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:

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:

| $\begin{gathered} 1 \\ \text { Old Custodian } \end{gathered}$ | $2$ <br> New Custodian | $\begin{gathered} \hline 3 \\ \text { Date of Change } \end{gathered}$ | $\begin{gathered} 4 \\ \text { Reason } \end{gathered}$ |
| :---: | :---: | :---: | :---: |
|  |  |  |  |

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| Name of Firm or Individual | $2$ <br> Affiliation |
| :---: | :---: |
| Deutsche Asset Management | U |
| McDonnell Investment Management, LLC | U |
| Western Asset Management | U |

17.5097 For those firms/individuals listed in the table for Question 17.5 , do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than $10 \%$ of the reporting entity's assets?.
17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than $50 \%$ of the reporting entity's assets?
17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of " A " (affiliated) or "U" (unaffiliated), provide the information for the table below.

| $1$ <br> Central Registration Depository Number | Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 <br> Investment Management Agreement (IMA) Filed |
| :---: | :---: | :---: | :---: | :---: |
| 105006 | Deutsche Asset Management | CZ83K4EEEX8QVCT3B128 ....... | Securities Exchange Commission | NO. |
| 113878 | McDonnell Investment Management, LLC |  | Securities Exchange Commission | NO. |
| 110441 | Western Asset Management ............ | 549300C5A561UXUICN46 | Securities Exchange Commission | NO. |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [ X ] No [
18.2 If no, list exceptions

STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:
1.1 A\&H loss percent ..... $88.5 \%$
1.2 A\&H cost containment percent ..... $5.1 \%$
1.3 A\&H expense percent excluding cost containment expenses .....  10.5 \%
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


SCHEDULE T-PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

(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.

ALL SUBSIDIARIES $100 \%$ OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED
 62019

$50 \%$ of National Telehealth Network, LLC is owned by unaffiliated investors
${ }^{2}$ Healthkeepers, Inc. is owned $92.51 \%$ by Anthem Southeast, Inc. and $7.49 \%$ by UNICARE National Services, Inc.
${ }^{3}$ Louisiana Health Sevice \& Indemnity Company dibla Blue Cross and Bue Shield of Louisiana owns 20\% of Community Care Health Plan of Louisiana, Inc.

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


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP 

 PART 1 - ORGANIZATIONAL CHARTALL SUBSIDIARIES 100\% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED


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



| $\begin{gathered} \text { NAIC } \\ \text { Company } \\ \text { Code } \end{gathered}$ | $\begin{gathered} \text { ID } \\ \text { Number } \end{gathered}$ | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 36-369230 |  |  |  | American Imaging Management, Inc AMERIGROUP Community Care of New Mexico, Inc. |
| 12354 | 20-2073598 |  |  |  |  |
|  | 54-1739323 |  |  |  | AIIERIGPOUP Corrorat |
|  |  |  |  |  | MIERERIGFOUP Delanare, Inc |
| 95093 | $\left.\right\|_{65-0318864} ^{81-411800} \ldots$ |  |  |  | Amer igroup District of Columbia, Inc. |
| 14078 | 45-2485907 ... |  |  |  | Aner igroup Insurance Company |
| 15807 | 47-3863197 |  |  |  | AliERI IGPOUP Iona, Inc. |
|  | 45-4985009 |  |  |  | Aneri igroup IPA of Nen York, LLC |
| 14276 | 45-3358287 |  |  |  | Aner igroup Kansas, Inc. |
| . 95832 | 51-0387398 |  |  |  |  |
| 1645 | 81-4626005 ... |  |  |  | Aner igroup Missi ssi ippi, Inc. |
| 12586 | ${ }^{20-3317697}$ |  |  |  | AIIERRIGPOUP Nevada, Inc. |
| . 95373 | 22-3375292 |  |  |  | AIERRGGOOP Neen Jersey, Inc. |
| 10767 | 13-4212818 |  |  |  | AIMERIGFOUP Ohio, Inc. |
| .15994 | 81-2781685 |  |  |  | ALIERIGFOUP OK I a anoma, Inc. |
|  | 36-3897080 |  |  |  | Aner igroup Partnership Plan, LLC |
|  | ${ }^{36-3897080}$ |  |  |  | Aneri group Par thership Plan, LLC |
| 12941 | 20-4776597 ... |  |  |  | Allericroup Tennessee, Inc. |
| . 95314 | 75-2603231 ... |  |  |  | ANERRIGOOUP Texas, Inc. |
| ${ }_{1}^{14073}$ | 27-3510384 -.. |  |  |  | AIIERIGROUP Mashi ington, Inc. |
| 12229 | 06-1696189 |  |  |  | AlucP Georgia Managed Care Company, Inc. |
|  |  |  |  |  | Anthem Blue Cross Life and Heal It Insurance |
| 62825 | ${ }^{95-4331852}$ |  |  |  | Company |
|  |  |  |  |  | Anthen Financial, Inc. Anthen Heal th Insurance Company of Nevada $^{\text {and }}$ |
| $\bigcirc 95120$ | 61-123516 | $\square$ |  |  | Anthen Heal th Plans of Kentucky, Inc. |
| 52618 <br> 53759 |  |  |  |  | Anthen Heal th Plans of Maine, Inc. And Anc |
| ${ }^{.} 5377395$ | ${ }_{54}^{02-0505571230} \ldots$ | 4003317 |  |  | Anthen Heal th Plans of Neer hanpshire, Inc. Anthen Heal th Plans of Virgini, Inc. |
| . 60217 | 06-1475928 |  |  |  | Anthem Heal th Plans, Inc. ...). |
|  | 61-1459939 |  |  |  | Anthen Holding Corp. ..... |
|  |  |  | 6324 | New York Stock Exchange (NYSE) | Anthen, Inc. |
| 28207 | 35-0781558 |  |  |  | Anthem Insurance Companies, Inc. |
| ${ }^{15543}$ | 47-0992859 -.. |  |  |  | Anthem Kentucky \anaged Care Plan, Inc. |
| 13573 | 20-5876774 |  |  |  | Anthen Life \& Disabil i ity Insurance Company .-. |
| 61069 | 35-0980405 |  |  |  | Anthem Life Insurance Company |
|  | 81-397489 |  |  |  |  |
|  | $32-0031791 \ldots$ |  |  |  | Anthem southeast, Inc. .... |
|  | 35-2129194 ... |  |  |  | Anthen UlW Services, Inc. ..-_- |
|  | 30-0606541 |  |  |  | Anthen Workers' Compensation, LLC |
|  | 30-0606541 … |  |  |  | Anthen Wlorkers' Compensation, LLC. |
|  | 95-4640529 |  |  |  | Arcus Enterori ises, Inc. ....- |
|  | ${ }^{11-3713086}$ |  |  |  | aTH Holding Company, LLO |
| 15480 | 20-4889378 |  |  |  | Better Heal th, Inc. |
| . 54880 | 58-0669845 |  |  |  | Blue Cross and Blue Shield of Georgia, Inc. |
| 96962 | 58-1638390 |  |  |  | Blue Cross Blue Shield Heal thcare Plan of Georgia, Inc. |



|  | 11 <br> Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) |
| :---: | :---: | :---: |
| NIA | Imaging Management Holdi ings, L.L.C. | Omership. |
| 1 A | AMEERIGPOUP Corporation | Ommership. |
| upp | ATH Holding Cornany, LLC | Ounership. |
| NIA | Anthen Partnership Holding Cornany, LLC. | Ommership. |
| NIA. | Anthen Partnership Holding Connany, LLC. | Omership. |
| 1 A. | PHP Holdings, Inc. | Omership. |
| 1 A . | ANERIGROUP Corporation | Ommership. |
| 1 A. | AIERIGPOUP Corporation | Ommership. |
| NIA | Carellore, LLC | Omership. |
| 1 A | ANERIGROUP Corroration | Ommership. |
| 1 A | ANERIGROUP Corroration | Ommership. |
| 1 A | Anthen Partnership Holding Cornany, LLO .... | Omership.. |
| IA | ANERIGROUP Corporation | Omership. |
| 1 A | ANERIGROUP Corroration | Ommership. |
| IA | ANERIGROUP Corporation | Ommership. |
| IA | ANEEIGPOUP Corporation | Omership. |
| NIA | Heal th Ventures Partner, L.L.C. | Omership. |
| NIA | UNICARE III inois Services, Inc. .- | Ommership. |
| .RE | ANERICROUP Corrooration | Omership. |
| IA | ANEEIGPOUP Corporation | Omership. |
| IA. | ANERIGROUP Corporation | Omership. |
| 1 A | ANERIGPOUP Corporation | Omership. |
| 1 A | Wel IPoint Cal i fornia Services, Inc. | Omership. |
| NIA | Associ iated Group, Inc. | Omership. |
| NIA | HIO Colorado, Inc. | Ommership. |
| IA. | ATH Holding Connany, LLC | Omership. |
| IA. | ATH Holding Company, LLC | Omership. |
| 1 A | ATH Holding Company, LLC. | Omership. |
| IA | Anthem Southeast, Inc | Ommership. |
| 1 A. | ATH Holding Company, LLC | Ommership. |
| NAA | Anthen, Inc. | Omership. |
| UIP |  |  |
| 1 A | Anthen, Inc. | Ommership. |
| 1 A | ATH Holding Company, LLC | Omership. |
| 14. | Wel IPoint Acquisition, LC | Ounership. |
| , | Rocky Mountain Hospi tal and Med |  |
| NIA | Anthen, Inc. | Omership. |
| NIA | Anthen, Inc. | Omership. |
| NIA. | Anthen, Inc. | Omership. |
| NIA | UNICARE Specialty Services, Inc. | Omership. |
|  | Anthen Blue Cross Life and Heal th Insurance |  |
| NA | Heal thLink, Inc. | Omership. |
| NIA | Anthen Holding Corp. | ship. |
| NA | Anthen Insurance Come | Omershio |
| UP | Anthen, Inc. | Omershio |
| 1 A | Simoly Heal thare Holdings, Inc. | Omership. |
| 1 A. | Cerulean Companies, Inc. | Oimership. |
| IA |  |  |



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



| Domi- <br> ciliary <br> Loca- <br> tion |  | 11 <br> Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influnce, Other) |
| :---: | :---: | :---: | :---: |
| .VII. | IA | Crossroads Accuisisition Corp. | Oimership. |
| CA | IA. | Wel IPoint Cal ifornia Services, Inc. | Omership. |
| ca | 1 A. | Blue Cross of Cal ifornia | Omership. |
| CA | 1 A | Carellore Heal th System | Ommership. |
| Az | 1 A | Carellore Heal th System | Omership. |
| ...N. | IA. | Carellore Heal th System | Omership. |
| ...TX | NIA | Carellore Heal th System | Omership. |
| IN | NAA | Carellore Heal th System | Omership. |
| CA | . NA | ATH Holding Company, LLC | Omership. |
| IN | N/A | The Anthem Companies, Inc. | Omership. |
| GA | NIA | Anthen Holding Corp. | Oinership. |
| .vI. | NIA | Blue Cross Blue Shield of Wisconsin | Oinership. |
| LA | 1 A. | Anthem Partnership Holding Corrany, LLC | Ounersh |
| ..-H. | 1 A | ATH Holding Company, LLC. | Oinership. |
| VI. | 1 A | Blue Cross Blue Shield of Wisconsin | rship. |
| . DE | NIA | Anthem Holding Corp. | Omership. |
| $\mathbb{N W}^{1}$ | NIA | DeCare Dental, LLC | Omership. |
| $\mathrm{IN}^{1}$ | NIA | DeCare Dental, LLC | Omership. |
| ..\|RL | . NA | DeCare Dental, LLC | Ommership. |
| .IN | NAA | DeCare Dental, LLC | Omership. |
| IN. | NIA. | Anthen Holding Corp. | Omership. |
| .\|RL | NIA | DeCare Dental, LlC | Ommership. |
| ...ky | NIA | Anthen Heal th Plans of Kentucky, Inc. .... | Omership. |
| N. | NIA | Wel IPoint Holding Corp | Omership. |
| N N | 1 A | Nel IPoint Holding Corp | Omership. |
| ...N. | IA | Enpire Heal lthCoice Assurance, Inc. | Omership. |
| ..vII. | NIA | ATH Hold ing Conpany, LLC | Ounership. |
| ca. | 1 A . | Wel IPoint Cal ifornia Services, Inc. | Omership. |
| ${ }_{6} \mathrm{~A}$ | IA |  | Ounership |
| DE | NIA | Arcus Enterpri ises, Inc. | Omership. |
| VA. | NIA | Southeast Services, Inc. | Oimership. |
| IL | NIA. | UNICARE National Services, Inc. | Omership. |
| VA | 1 A | Anthen Southeast, Inc. | Ommership. |
| VA | IA. | UNICARE National Servi ces, In | Ommership. |
| 10 | IA | Heal thlink, Inc. | Omership. |
| IL. | NIA | Rightcholoce Managed Care, Inc. | Ommership. |
| .N. | 1 A | AUERIGROUP Corporation | Oinership. |
| .10. | IA. | RightCHOOCE Managed Care, Inc. | Omership. |
| co. | IA | Rocky Mountain Hospital and Medical |  |
| 110 | 1 A. | Rightctoloce Managed Care, Inc. .-. | Omership. |
| DE. | NIA | ATH Holding Corpany, LLC | Mnership. |
| .10 | NIA. | ATH Holding Company, LLC | Omership. |
| ..N. | IA | Anthen Heal th Plans of Nen Hampshire, Inc. | Oinershio. |
|  |  | Compcare Heal th Services Insurance |  |
| iv | Na | Corporation |  |
| DE. | N/A | Sell core, Inc. | Omer |
| IN | . NA | Federal Government Solutions, LLC | Omership. |


| 13 If Control is Owner- ship Provide Percen- tage |  | 14 <br> Ultimate Controlling Entity(ies)/Person(s) | 15  <br>   <br>   <br>  Is an <br> SCA  <br> Filing  <br> Re-  <br> quired?  <br> (YN)  | 16 |
| :---: | :---: | :---: | :---: | :---: |
| ${ }^{-1000000}$ | Anthen, | Inc. - | Y | ${ }^{0} 0108$ |
| -100.000 | Anthen, |  | N |  |
| -100.000 | Anthen, | Inc. | N | 0102 |
| -100.000 | Anthen, | Inc. | N | 0103 |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc . | N |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc . | N |  |
| -100.000 | Anthen, | Inc. | - N |  |
| -100.000 | Anthen, | Inc | N. |  |
| -80.000 | Anthen, | Inc. | N | 0109 |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc . | N. |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc | N |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | - N. |  |
| -100.000 | Anthen, | Inc. | N. | 0104 |
| 100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 .- | Anthen, | Inc . | - N. |  |
| -92.510. | Anthen, | Inc. | - N |  |
| - 7.490 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc | N |  |
| -100.000 | Anthen, | Inc. | $\cdots$ |  |
| -100.000 | Anthen, | Inc. | N | 0100 |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, |  | y | 0108 |
| -100.000 | Anthen, | Inc. | N |  |
| -100.000 | Anthen, | Inc | N. |  |
| -100.000 | Anthen, | Inc. | N. |  |
| -100.000 | Anthen, | Inc. | N. |  |
| 0.000 |  | Inc. | N. |  |
| -100.000 | Anthen, | Inc . | N |  |
| - 50.000 -10000 | ${ }_{\text {Ant }}^{\text {Anthen }}$ Ant | Inc. |  | . 0105 .- |

SCHEDULE Y

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



| 9 | 10 | 11 |
| :---: | :---: | :---: |
|  | Relation- |  |
| $\left\lvert\, \begin{aligned} & \text { Domi- } \\ & \text { ciliary } \end{aligned}\right.$ | ship to |  |
| Loca- | Reporting | Directly Controlled by |
|  |  | (Name of Entity/Person) |
| CA. | . NA A | Neel IPoint Cal i fornia Services, Inc. |
| CA. | . NA . | Nell IPoint Cal ifornia Services, Inc |
| -.cA | NA | WellPoint Cal ifornia Services, Inc. |
| FL | NA | ANERIGPOUP Corroration |
| DE | NAA | Anthem Southeast, Inc. |
| DE | NA | Anthen Hol ding Corp. |
| co | 1 A. | ATH Holding Company, LLC |
| DE | NIA. | Anthen, Inc. |
| FL | NA | ATH Holding Cornany, LLC |
| FL | IA | Simply Heal thnare Holdings, |
| VA | NIA | Anthem Southeast, Inc. |
| IN | NIA | UNICARE Specialty Services, Inc. |
| IN | NAA | ATH Holding Company, LLC |
| CA | NA | ATH Holding Company, LLC |
| VII. | NAA | Federal Government Solutions, LLC |
| WW | IA | UNICARE National Services, Inc. - |
| IL. | NIA. | UNICARE National Servi ices, Inc. |
| IN. | IA. | UNICARE National Servicses, Inc. |
| DE | NA | Anthen Holding Corp. |
| . DE | NAA | Anthen Holding Corp. |
| NY | NIA | Ameri can Imaging Managenent, In |
| IN | NAA | Anthen, Inc. |
| DE | NAA | UNICARE Specialty Services, Inc. |
| DE | NIA | Anthem Holding Corp. |
| DE | NA | UNICARE Special ty Services, Inc. |
| DE | NIA | Federal Governent Solutions, LLC |
| DE. | NAA | Anthen, Inc. |
| CA | NIA | Blue Cross of Cal ifornia |
| H. | NAA | Anthen, Inc. |
| IN. | NIA | Federal Government Solutions, LLC |
| W1 | 1 A | Crossroads Accuisistion Corp. |
| CHN | NAA | \#PMI, LLC |
| DE. |  | ATH Holding Company, LLC |
|  |  |  |


| 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) |
| :---: |
| Ownership |
| Omership. |
|  |  |
|  |
| Ownership. Ownership. |
| Oinership. |
| Oimership. |
| Ownership.Ownership. |
|  |  |
|  |
| Ownership. |
| Ownership. |
| Omership.. |
|  |  |
|  |
|  |
| Ownership |
|  |  |
|  |
| Oinership. |
|  |  |
|  |
| Ounership. |
|  |  |
|  |
| Omership.. |
| Omership. |
| Omersthip. |
| , $\begin{aligned} & \text { Omers ship. } \\ & \text { Omership }\end{aligned}$ |
| Ownership |
|  |  |




# STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc. 

## 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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanation:
1.

Bar Code:

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


STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
OVERFLOW PAGE FOR WRITE-INS

|  | Current Period |  |  | Prior Year |
| :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 1 \\ \text { Covered } \end{gathered}$ | $2$ <br> Uncovered | $\begin{gathered} \hline 3 \\ \text { Total } \end{gathered}$ | $\begin{gathered} \hline 4 \\ \text { Total } \end{gathered}$ |
| 2304. Other Discrepant Members | 111,543 |  | 111,543 | 36,582 |
| 2305. Other Liabilities | 17,628 |  | 17,628 | 13,250 |
| 2397. Summary of remaining write-ins for Line 23 from overflow page | 129, 171 | 0 | 129, 171 | 49,832 |

SCHEDULE A - VERIFICATION


## SCHEDULE B - VERIFICATION

| Mortgage Loans |  |  |
| :---: | :---: | :---: |
|  | Year to Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year |  |  |
| 2. Cost of acquired: <br> 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 ir est ir and mmitmer |  |  |
| 9. Total foreign exchange change in book value/rec ed in en duding |  |  |
| 10. Deduct current year's other than temporary impa ent rec zed |  |  |
| 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) |  |  |

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets


## SCHEDULE D - VERIFICATION

Bonds and Stocks

|  | 1 Year to Date | $\begin{gathered} 2 \\ \hline \text { Prior Year Ended } \\ \text { December } 31 \end{gathered}$ |
| :---: | :---: | :---: |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 394,341,525 | 379,597,990 |
| 2. Cost of bonds and stocks acquired | 105,913,244 | 134,740,761 |
| 3. Accrual of discount | 104,762 | 142,529 |
| 4. Unrealized valuation increase (decrease) | 1,050,962 | 4,779,582 |
| 5. Total gain (loss) on disposals | 97,489 | 5,916,164 |
| 6. Deduct consideration for bonds and stocks disposed of | 49, 101, 158 | 121,586,709 |
| 7. Deduct amortization of premium | 1,579,538 | 3,104,432 |
| 8. Total foreign exchange change in book/adjusted carrying value |  |  |
| 9. Deduct current year's other than temporary impairment recognized |  | 6,144,360 |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ) | 450,827,286 | 394,341,525 |
| 11. Deduct total nonadmitted amounts |  |  |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 450,827,286 | 394,341,525 |

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity

|  | NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3Dispositions <br> During <br> Current Quarter | 4 <br> Non-Trading Activity <br> During <br> Current Quarter | 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 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | BONDS |  |  |  |  |  |  |  |  |
| 1. | NAIC 1 (a) | 247,843,837 | 343, 191,830 | 309,535,240 | $(643,617)$ | 247,843,837 | 280,856,810 | 0 | 275,412,398 |
| 2. | NAIC 2 (a) | .58,599,769 | 12,556,807 | 2,509,090 | $(827,041)$ | 58,599,769 | 67,820,445 | 0 | 65,071, 89 |
| 3. | NAIC 3 (a) | 94,578,602 | 7,996,610 | 8,150,400 | 1,556,619 | 94,578,602 | 95,981,431 | 0 | 90,070,073 |
| 4. | NAIC 4 (a). | .11,611,693 |  | 423,410 | . $(299,278)$ | -....11,611,693 | .10,889,005 | 0 | .12,293,912 |
| 5. | NAIC 5 (a). | 721,601 |  |  |  | 721,601 | 721,601 |  | 1,404,869 |
| 6. | NAIC 6 (a) | 292,410 |  |  |  | 292,410 | 292,410 |  |  |
| 7. | Total Bonds | 413,647,912 | 363,745,247 | 320,618,140 | $(213,317)$ | 413,647,912 | 456,561,702 | 0 | 444,252,441 |
|  | Preferred stock |  |  |  |  |  |  |  |  |
| 8. | NAIC 1. | 0 |  |  |  | 0 | 0 |  | 0 |
| 9. | NAIC 2 | 0 |  |  |  | 0 | 0 |  | 0 |
| 10. | NAIC 3 | 0 |  |  |  | 0 | 0 |  | 0 |
| 11. | NAIC 4 | 0 |  |  |  | 0 | 0 |  | 0 |
| 12. | NAIC 5 | 0 |  |  |  | 0 | 0 |  | 0 |
| 13. | NAIC 6 | 0 |  |  |  | 0 | 0 |  | 0 |
| 14. | Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. | Total Bonds and Preferred Stock | 413,647,912 | 363,745,247 | 320,618,140 | $(213,317)$ | 413,647,912 | 456,561,702 | 0 | 444,252,441 |

[^1]
## STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.

SCHEDULE DA - PART 1

| Short-Term Investments |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 <br> Book/Adjusted Carrying Value | $2$ <br> Par Value | $3$ <br> Actual Cost | 4 <br> Interest Collected <br> Year-to-Date | 5 Paid for Accrued Interest Year-to-Date |
| 9199999 Totals | 5,734,416 | XXX | 5,734,416 | 54,400 | 0 |

## SCHEDULE DA - VERIFICATION

Short-Term Investments

|  | 1 Year To Date | 2Prior Year Ended <br> December 31 |
| :---: | :---: | :---: |
| 1. Book/adjusted carrying value, December 31 of prior year | 49,910,916 | 5,742,676 |
| 2. Cost of short-term investments acquired | 733,112,573 | 182,964,161 |
| 3. Accrual of discount |  |  |
| 4. Unrealized valuation increase (decrease) |  |  |
| 5. Total gain (loss) on disposals |  | 295 |
| 6. Deduct consideration received on disposals | 777,289,073 | 138,796,216 |
| 7. Deduct amortization of premium |  |  |
| 8. Total foreign exchange change in book/adjusted carrying value |  |  |
| 9. Deduct current year's other than temporary impairment recognized |  |  |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 5,734,416 | -49,910,916 |
| 11. Deduct total nonadmitted amounts |  |  |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 5,734,416 | 49,910,916 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
NONE

Schedule DB - Part B - Verification - Futures Contracts<br>NONE

Schedule DB - Part C - Section 1-Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives
NONE

Schedule E - Verification - Cash Equivalents
NONE
Schedule A - Part 2 - Real Estate Acquired and Additions Made
NONE
Schedule A - Part 3 - Real Estate Disposed
NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
NONE
Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
NONE
Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

SCHEDULE D - PART 3


# STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc. 

SCHEDULE D - PART 3


SCHEDULE D - PART 4


SCHEDULE D - PART 4


Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

## Schedule DB - Part B - Section 1 - Futures Contracts Open <br> NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS


## STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc. <br> SCHEDULE DL - PART 2 <br> SECURITIES LENDING COLLATERAL ASSETS



STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
SCHEDULE E-PART 1 - CASH

| Month End Depository Balances |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Depository | $\begin{array}{\|c\|} \hline 2 \\ \\ \\ \hline \text { Code } \end{array}$ | Rate of Interest | 4 <br> Amount of <br> Interest Received <br> During Current <br> Quarter | 5 <br> Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter |  |  | $9$ |
|  |  |  |  |  | $6$ <br> First Month | $7$ <br> Second Month | $8$ <br> Third Month |  |
| Wells Fargo ...........................- |  |  |  |  | $(10,151,982)$ | $(10,691,269)$ | $(6,710,465)$ | XXX |
| JP Morgan |  |  |  |  | 41,528 | 19,993 | 82,775 | XXX |
| Bank of America |  |  |  |  | 4,012,870 | 0 | 0 | XXX |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX |  |  |  |  |  | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | $(6,097,584)$ | $(10,671,276)$ | $(6,627,690)$ | XXX |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX |  |  |  |  |  | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | $(6,097,584)$ | $(10,671,276)$ | $(6,627,690)$ | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX |  |  |  | XXX |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 0599999. Total - Cash | XXX | XXX | 0 | 0 | $(6,097,584)$ | $(10,671,276)$ | $(6,627,690)$ | XXX |

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE

Medicare Part D Coverage Supplement NONE

AMERIGROUP Tennessee, Inc. - Middle Region
Report 2A
For the Period Ending 06/30/17
Member Months
Revenues:
TennCare C
TennCare Capitation
Investment
Other Revenues
Total Revenues
Hospital and Medical (w/o Mental Health)
Capitated Physician Services
Fee-for Service Physician Service
Inpatient Hospital Services
Emergency Room Services
Dental Services
Vision Services
harmacy Services
Home Heall Services
hiropractic Services
Radiology Services
Laboratory Services
Transportation Services
Outside Referrals
Occupancy, Depreciation and Amortization
Other Medical and Hospital Services - Write-Ins Subtotal Medical and Hospital

| Current Period | Year-To-Date Total | Previous Year Total |
| :---: | :---: | :---: |
| 472,171 | 968,617 | 2,075,498 |
| 148,757,675 | 300,111,455 | 657,223,270 |
| 1,421,553 | 2,993,260 | 4,348,278 |
| 1,617,366 | 1,617,366 | 15,275,416 |
| 151,796,594 | 304,722,081 | 676,846,964 |
| - | - | - |
| 32,789,347 | 63,451,053 | 121,413,327 |
| 22,028,798 | 44,421,516 | 113,835,690 |
| 7,653,824 | 15,919,398 | 32,562,653 |
| 7,991,692 | 15,980,824 | 33,257,049 |
|  |  |  |
| 515,785 | 947,570 | 1,929,596 |
| 3,620,069 | 7,539,755 | 16,240,002 |
| - |  |  |
| 4,025,755 | 7,709,588 | 16,473,758 |
| 2,239,175 | 4,339,779 | 9,311,999 |
| 911,872 | 1,939,565 | 4,097,600 |
| 3,476,532 | 7,074,909 | 14,911,593 |
| - | - |  |
| - | - |  |
|  |  |  |
| 85,252,849 | 169,323,957 | 364,033,267 |
| 2,495,480 | 5,018,210 | 9,807,927 |
| 1,663,653 | 3,345,473 | 6,519,208 |
| 3,561,769 | 6,895,589 | 11,241,612 |
| 2,022,632 | 3,732,400 | 7,277,565 |
| 1,518,824 | 3,099,465 | 6,562,455 |
| 815,086 | 1,704,021 | 3,676,518 |
| 1,264,506 | 2,374,527 | 4,737,836 |
| 3,413,487 | 6,651,403 | 16,706,862 |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - | - |
| - | - | - |
| 16,755,437 | 32,821,088 | 66,529,983 |
| 23,820,696 | 48,850,351 | 103,354,966 |
| 8,094,295 | 15,890,955 | 34,709,348 |
| 31,914,991 | 64,741,306 | 138,064,314 |
| - | - | 14,809 |
| - | - | - |
| - | - | - |
| 133,923,277 | 266,886,351 | 568,642,373 |

LESS:
Net Reinsurance Recoveries Incurred
Copayments
Subrogation and Coordination of Benefits
Subtotal Reinsurance, Copay, Subrogation
Total Hospital, Medical, MH\&SAS
Administration:
Direct and Allocated Admin expenses
Marketing
Interest Expense
Premium Tax Expense
Occupancy, Depreciation, and Amortization
Other Administration - Write-Ins
Total Administration Expenses
Total Expenses
Extraordinary Item
Provision for Income Tax
Net Income (Loss)

|  |  |  |
| :---: | :---: | :---: |
| 133,923,277 | 266,886,351 | 568,642,373 |
| 5,717,547 | 11,532,261 | 20,991,926 |
| 10,751,271 | 20,421,036 | 33,768,201 |
| 40,223 | 71,454 | 188,436 |
| 8,925,300 | 18,047,074 | 40,159,564 |
| 188,235 | 369,154 | 861,164 |
| 1,323,247 | 2,832,303 | 13,757,243 |
| 26,945,823 | 53,273,282 | 109,726,533 |
| 160,869,100 | 320,159,633 | 678,368,906 |
| - | - |  |
| $(3,263,919)$ | $(5,545,170)$ | 592,385 |
| $(5,808,587)$ | (9,892,382) | (2,114,327) |

Write-Ins for Other Revenues
HIF Reimbursement
ASO for ECF
Total Other Revenues
Write-Ins for Other Medical and Hospital
Total Other Medical and Hospital
Write-Ins for Other MH \& SS
Total Other MH \& SS
Write-Ins for Other Administration
ACA Health Insurer Fee
Claims Adjustment Expense
DME/Vision Network Admin Fees
External Labor Services
Printing
Implementation Fee
Mailings
Bad Debt
Telecommunication
Travel
Liquidated Damages
Other Administration < \$175,000 YTD
Total Other Administration

|  |  |  |
| ---: | ---: | ---: | ---: |


| - | - |
| :---: | :---: | :---: |
| - | - |

$\square$

| - |
| ---: |
| - |
| $8,650,639$ |
| $(28,502)$ |
| 217,641 |
| $1,864,850$ |
| 508,813 |
| - |
| 415,358 |
| $1,081,570$ |
| 321,307 |
| 569,648 |
| $(117,842)$ |
| 273,760 |
| $13,757,243$ |

AMERIGROUP Tennessee, Inc. - East Region
Report 2A
For the Period Ending 06/30/17
Member Months
Revenues:
TennCare C
TennCare Capitation
nvestment
Other Revenues
Total Revenues
Hospital and Medical (w/o Mental Health)
Capitated Physician Services
Fee-for Service Physician Services
Inpatient Hospital Services
Outpatient Hospital Services
Emergency Room Services
Dental Services
Vision Services
Pharmacy Services
Home Health Services
Chiropractic Services
Radiology Services
Laboratory Services
Durable Medical Equipment Services
Transportation Services
Outside Referrals
Occupancy, Depreciation and Amortization
Other Medical and Hospital Services - Write-Ins Subtotal Medical and Hospital

| Current Period | Year-To-Date Total | Previous Year Total |
| :---: | :---: | :---: |
| 383,685 | 790,545 | 1,706,005 |
| 128,827,352 | 278,904,733 | 599,307,418 |
| 1,210,808 | 2,245,236 | 3,323,186 |
| 584,377 | 584,377 | 10,380,999 |
| 130,622,537 | 281,734,346 | 613,011,603 |
| - | - | - |
| 24,115,804 | 44,468,567 | 104,714,576 |
| 15,116,661 | 31,502,595 | 88,755,479 |
| 4,230,445 | 9,921,775 | 26,121,854 |
| 6,752,562 | 13,084,104 | 32,868,482 |
| - | - |  |
| 276,790 | 496,776 | 1,090,095 |
| 476,647 | 990,078 | 3,327,380 |
| 3,331,326 | 6,282,843 | 16,559,571 |
| 1,530,407 | 2,869,599 | 6,776,465 |
| 777,319 | 1,457,786 | 2,797,030 |
| 3,033,814 | 5,986,934 | 14,098,841 |
| - | - |  |
| - | - |  |
| - - | - - |  |
| 59,641,775 | 117,061,057 | 297,109,773 |
| 2,244,147 | 4,513,472 | 11,064,789 |
| 1,496,098 | 3,008,981 | 7,393,515 |
| 1,730,741 | 3,495,013 | 7,491,597 |
| 1,237,059 | 2,227,456 | 4,763,016 |
| 379,628 | 658,588 | 725,197 |
| 419,577 | 810,092 | 1,933,182 |
| 964,238 | 1,752,967 | 3,930,501 |
| 2,929,091 | 5,084,410 | 10,850,496 |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - |  |
| - | - | - |
| 11,400,579 | 21,550,979 | 48,152,293 |
| 33,192,591 | 66,729,469 | 151,388,054 |
| 4,838,910 | 9,101,890 | 18,151,095 |
| 38,031,501 | 75,831,359 | 169,539,149 |
| - | - | 84,670 |
| - | - | - |
| - | - | - |
| 109,073,855 | 214,443,395 | 514,885,885 |

LESS:
Net Reinsurance Recoveries Incurred
Copayments
Subrogation and Coordination of Benefits
Subtotal Reinsurance, Copay, Subrogation
Total Hospital, Medical, MH\&SAS
Administration:
Direct and Allocated Admin expenses
Marketing
Interest Expense
Premium Tax Expense
Occupancy, Depreciation, and Amortization
Other Administration - Write-Ins
Total Administration Expenses
Total Expenses
Extraordinary Item
Provision for Income Tax
Net Income (Loss)

|  |  |  |
| :---: | :---: | :---: |
| 109,073,855 | 214,443,395 | 514,885,885 |
| 5,286,103 | 10,648,186 | 19,638,095 |
| 7,026,417 | 14,444,223 | 25,416,144 |
| 33,080 | 58,821 | 168,025 |
| - |  |  |
| 7,729,641 | 16,772,688 | 36,449,774 |
| 225,481 | 444,440 | 810,295 |
| 640,333 | 1,328,998 | 10,688,889 |
| 20,941,055 | 43,697,356 | 93,171,222 |
| 130,014,910 | 258,140,751 | 608,057,107 |
| - |  | - |
| 236,583 | 8,474,820 | 1,053,880 |
| 371,044 | 15,118,775 | 3,900,616 |

Write-Ins for Other Revenues
HIF Reimbursement
ASO for ECF
Total Other Revenues

| - | - | $10,380,999$ |
| ---: | ---: | ---: |
| 584,377 | 584,377 |  |
|  |  | - <br> 584,377 |

Write-Ins for Other Medical and Hospital
Total Other Medical and Hospital
Write-Ins for Other MH \& SS
Total Other MH \& SS
Write-Ins for Other Administration
ACA Health Insurer Fee
Claims Adjustment Expense
DME/Vision Network Admin Fees
External Labor Services
Printing
Implementation Fee
Mailings
Bad Debt
Telecommunication
Travel
Liquidated Damages
Other Administration < \$175,000 YTD
Total Other Administration

| - | - | $7,006,676$ |
| ---: | ---: | ---: |
| $(206,594)$ | $(623,786)$ | $(39,621)$ |
| $(122,420)$ | - | 154,652 |
| 347,754 | 761,569 | $1,204,513$ |
| 80,548 | 113,543 | 462,221 |
| - | - | - |
| 97,975 | 153,542 | 368,033 |
| 16,775 | 139,545 | 78,341 |
| 56,313 | 129,321 | 293,176 |
| 136,391 | 281,582 | 529,367 |
| $(100,000)$ | 373,682 |  |
| 333,591 | $1,328,998$ |  |
|  |  |  |

AMERIGROUP Tennessee, Inc. - West Region
Report 2A
For the Period Ending 06/30/17
Member Months
Revenues:
TennCare Capitation
nvestment
Other Revenues
Total Revenues
Hospital and Medical (w/o Mental Health)
Capitated Physician Services
Fee-for Service Physician Services
Inpatient Hospital Services
Outpatient Hospital Services
Emergency Room Services
Dental Services
Vision Services
Pharmacy Services
Home Health Services
Chiropractic Services
Radiology Services
Laboratory Services
Durable Medical Equipment Services
Transportation Services
Outside Referrals
Occupancy, Depreciation and Amortization
Other Medical and Hospital Services - Write-Ins Subtotal Medical and Hospital

Mental Health and Substance Abuse Services
Inpatient Psychiatric Facility Services
Inpatient Substance Abuse Treatment and Detox
Outpatient Mental Health Services
Outpatient Substance Abuse Treatment and Detox
Housing/Residential Treatment
Specialized Crisis Services
Psychiatric Rehab and Support Services
Case Management
Forensics
Other Judicial
Pharmacy
Lab Services
Transportation
Occupancy, Depreciation and Amortization
Other Mental Health and Substance Abuse Services
PCP and Specialist Services
Other Mental Health Services - Write-In
Subtotal MH\&SAS

## CHOICES

Nursing Facility Care
HCBS Services
Subtotal CHOICES

| Current Period | Year-To-Date Total | Previous Year Total |
| :---: | :---: | :---: |
| 359,317 | 747,247 | 1,617,361 |
| 108,356,847 | 232,941,013 | 500,870,198 |
| 920,988 | 1,624,571 | 2,621,259 |
| 543,058 | 543,058 | 9,587,059 |
| 109,820,893 | 235,108,642 | 513,078,516 |
| - |  |  |
| 26,334,482 | 48,951,491 | 94,418,150 |
| 15,214,517 | 32,363,529 | 78,420,876 |
| 4,954,841 | 9,716,835 | 19,883,888 |
| 5,891,154 | 12,151,711 | 29,668,065 |
| - | - |  |
| 336,453 | 605,583 | 1,264,412 |
| - | - | - |
| 1,282,786 | 2,557,225 | 5,231,919 |
| - | - |  |
| 2,303,341 | 5,104,120 | 12,601,750 |
| 1,526,662 | 2,855,624 | 6,133,329 |
| 441,825 | 1,094,074 | 2,894,022 |
| 2,911,424 | 5,864,692 | 12,393,878 |
|  |  |  |
| - | - |  |
| - | - |  |
| 61,197,485 | 121,264,884 | 262,910,289 |
| 2,355,392 | 4,474,582 | 8,728,815 |
| 1,570,261 | 2,983,054 | 5,826,718 |
| 1,320,955 | 2,323,131 | 4,640,952 |
| 814,854 | 1,424,496 | 2,817,192 |
| 758,504 | 1,468,604 | 2,469,316 |
| 346,444 | 700,673 | 1,478,653 |
| 639,522 | 1,132,962 | 2,172,314 |
| 2,056,877 | 3,251,567 | 6,432,015 |
| - | - |  |
| - |  |  |
| - |  |  |
| - |  |  |
| - | - | - |
| - |  |  |
| - | - |  |
| - | - |  |
| - | - | - |
| 9,862,809 | 17,759,069 | 34,565,975 |
| 22,433,609 | 48,557,169 | 116,187,927 |
| 4,385,824 | 8,741,146 | 16,319,528 |
| 26,819,433 | 57,298,315 | 132,507,455 |
| - | - | 518 |
| - | - | - |
| - | - | - |
| 97,879,727 | 196,322,268 | 429,984,237 |

LESS:
Net Reinsurance Recoveries Incurred
Copayments
Subrogation and Coordination of Benefits
Subtotal Reinsurance, Copay, Subrogation
Total Hospital, Medical, MH\&SAS
Administration:
Direct and Allocated Admin expenses
Marketing
Interest Expense
Premium Tax Expense
Occupancy, Depreciation, and Amortization
Other Administration - Write-Ins
Total Administration Expenses
Total Expenses
Extraordinary Item
Provision for Income Tax
Net Income (Loss)

| - |  |  |
| :---: | :---: | :---: |
| 97,879,727 | 196,322,268 | 429,984,237 |
| 4,571,030 | 9,190,713 | 16,783,399 |
| 5,867,760 | 12,003,886 | 22,277,928 |
| 30,818 | 55,345 | 165,174 |
| - | - |  |
| 6,501,411 | 14,008,614 | 30,510,430 |
| 146,685 | 291,633 | 637,520 |
| 848,166 | 1,611,635 | 8,914,100 |
| 17,965,869 | 37,161,827 | 79,288,551 |
| 115,845,596 | 233,484,095 | 509,272,788 |
| - |  |  |
| $(2,157,977)$ | 583,537 | 874,778 |
| $(3,866,726)$ | 1,041,010 | 2,930,950 |

Write-Ins for Other Revenues
HIF Reimbursement
ASO for ECF
Total Other Revenues
Write-Ins for Other Medical and Hospital
Total Other Medical and Hospital
Write-Ins for Other MH \& SS
Total Other MH \& SS
Write-Ins for Other Administration
ACA Health Insurer Fee
Claims Adjustment Expense
DME/Vision Network Admin Fees
External Labor Services
Printing
Implementation Fee
Mailings
Bad Debt
Telecommunication
Travel
Liquidated Damages
Other Administration < \$175,000 YTD
Total Other Administration

|  | - | - |
| ---: | ---: | ---: |
| 543,058 | 543,058 | $9,587,059$ |
|  |  | 543,058 |


| - | - |
| :---: | :---: | :---: |
| - | - |

$\square$

| - | - | - |
| :---: | :---: | :---: |
| - | - | 6,081,597 |
| 4,945 | $(130,107)$ | $(596,678)$ |
| $(115,657)$ |  | 158,273 |
| 300,379 | 680,294 | 1,312,688 |
| 75,891 | 107,346 | 439,448 |
| - |  |  |
| 91,641 | 144,531 | 348,221 |
| 87,211 | 90,494 | 57,770 |
| 50,570 | 111,592 | 261,304 |
| 118,769 | 239,972 | 413,386 |
| $(90,000)$ |  | 192,603 |
| 324,417 | 367,513 | 245,488 |
| 848,166 | 1,611,635 | 8,914,100 |

## 



## 



## $1$



STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.
EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| $\begin{gathered} 1 \\ \hline \text { Name of Debtor } \\ \hline \end{gathered}$ | $\begin{gathered} 2 \\ 1-30 \text { Days } \\ \hline \end{gathered}$ | $\begin{gathered} 3 \\ 31-60 \text { Days } \\ \hline \end{gathered}$ | $\begin{gathered} 4 \\ 61-90 \text { Days } \\ \hline \end{gathered}$ | $\begin{gathered} 5 \\ \text { Over } 90 \text { Days } \\ \hline \end{gathered}$ | $\begin{gathered} 6 \\ \text { Nonadmitted } \\ \hline \end{gathered}$ | $\begin{gathered} 7 \\ \text { Admitted } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0199999 Total individuals. Group Subscribers: |  |  |  |  |  |  |
| 0299997. Group subscriber subtotal | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299998. Premiums due and unpaid not individually listed |  |  |  |  |  |  |
| 0299999. Total group | 0 | 0 | 0 | 0 | 0 | 0 |
| 0399999. Premiums due and unpaid from Medicare entities | 142,253 | 23,096 | 45,558 | $(128,655)$ |  | 82,252 |
| 0499999. Premiums due and unpaid from Medicaid entities | 5,795,584 |  |  |  |  | 5,795,584 |
|  |  |  |  |  |  |  |
|  | - | $\cdots$ |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 5,937,837 | 23,096 | 45,558 | $(128,655)$ | 0 | 5,877,836 |

## STATEMENT AS OF JUNE 30, 2017 OF THE Amerigroup Tennessee, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| $\begin{gathered} 1 \\ \text { Name of Debtor } \\ \hline \end{gathered}$ | $\begin{gathered} 2 \\ 1-30 \text { Days } \\ \hline \end{gathered}$ | $\begin{array}{r} \hline 3 \\ 31-60 \text { Days } \\ \hline \end{array}$ | $\begin{gathered} \hline 4 \\ 61-90 \text { Days } \\ \hline \end{gathered}$ | $\begin{gathered} 5 \\ \text { Over } 90 \text { Days } \\ \hline \end{gathered}$ | $\begin{gathered} \hline 6 \\ \text { Nonadmitted } \end{gathered}$ | $\begin{gathered} 7 \\ \text { Admitted } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Express Scripts CVS Caremark | 2,385,590 |  |  | $\begin{array}{r} 2,979,903 \\ \quad 8,211 \\ \hline \end{array}$ | $\begin{array}{r} 2,979,903 \\ -\quad 8,211 \\ \hline \end{array}$ | .2,385,590 |
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed |  |  |  |  |  |  |
| 0199999. Total Pharmaceutical Rebate Receivables | 2,385,590 | 0 | 0 | 2,988,114 | 2,988,114 | 2,385,590 |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed | 1,338,266 | 476,541 | 380,667 | 767,465 | 2,962,939 |  |
| 0299999. Total Claim Overpayment Receivables | 1,338,266 | 476,541 | 380,667 | 767,465 | 2,962,939 | 0 |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed |  |  |  | 200,000 | 200,000 |  |
| 0399999. Total Loans and Advances to Providers | 0 | 0 | 0 | 200,000 | 200,000 | 0 |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed |  |  |  |  |  |  |
| 0499999. Total Capitation Arrangement Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed |  |  |  |  |  |  |
| 0599999. Total Risk Sharing Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699998. Aggregate Other Receivables Not Individually Listed | 595,462 |  |  |  | 595,462 |  |
| 0699999. Total Other Receivables | 595,462 | 0 | 0 | 0 | 595,462 | 0 |
| - |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 0799999 Gross health care receivables | 4,319,318 | 476,541 | 380,667 | 3,955,579 | 6,746,515 | 2,385,590 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 <br> Name of Affiliate | $\begin{gathered} \hline 2 \\ 1-30 \mathrm{Days} \end{gathered}$ | $\begin{array}{\|c\|} \hline 3 \\ 31-60 \text { Days } \end{array}$ | $\begin{array}{\|c\|} \hline 4 \\ 61-90 \text { Davs } \\ \hline \end{array}$ | 5Over 90 Davs | 6 <br> Nonadmitted | Admitted |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | $\begin{gathered} 7 \\ \text { Current } \end{gathered}$ | $8$ <br> Non-Current |
|  |  |  |  |  |  |  |  |
| 0199999 Total - Individually listed receivables |  |  | ............... | ................ | . |  |  |
| 0299999 Receivables not individually listed |  |  |  |  |  |  |  |
| 0399999 Total gross amounts receivable |  |  |  |  |  |  |  |


| AMERIGROUP Tennessee, Inc MLR Reconciliation to NAIC Filing June 30, 2017 |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| total revenues |  |  |  |  |  |  |
|  | Midale Temessee | East Tennessee | West Tennessee | amervantage | Nalc Filing | Page, Col, Line |
| Netprenium inome 2017 | 300,11, 4,45 | 278.097,733 | ${ }^{232,94,1,13}$ | 67,802,459 | 879.577,660 | 4, C2, L8 |
| Net perenium inome 2016 | ${ }^{6724989867}$ | ${ }_{6096888.16}$ | 510,457,257 | ${ }^{113,275,475}$ | ${ }^{1,0059,919,835}$ | 4, С2, 18 |
| Net prenium inome 2015 |  | 485,675,994 | 432,065,197 |  |  |  |
| Netremium minome 2013 |  |  |  |  | ${ }_{\text {cher }}$ | ${ }_{\text {a }}^{\substack{4, c_{2,2,28}^{18}}}$ |
| Net penemium inome 2012 | ${ }^{86,517,958}$ |  |  | 41,362, 58 | 904,880,116 | 4.c2, L8 |
|  |  |  |  |  |  |  |
| Neter renium inome 2009 | 612,24,592 |  |  | 13,40, 387 | 626,125,979 | 4, $4,2.18$ |
|  |  |  |  | ${ }_{8,112,101}$ |  |  |
|  |  |  |  |  |  |  |
| ToTAL L L Region MLR Reporby Region |  | 1,374,269,143 1,363,957,266 | 1,175,463,46 1,165,876,514 | 488,34,427 |  |  |
| TOTAL | 10,2426298.688 |  |  |  |  |  |
| MLR Reopot Toal | 10,70,022,926 |  |  |  |  |  |
| Diffeence | 72,607,762 |  |  |  |  |  |
| ASOPCP Padninistaivie fee erelassedit SGEAA | 942,810 |  |  |  |  |  |
|  | ${ }_{\text {(7, }}^{\text {(8,.3.230) }}$ |  |  |  |  |  |
| Venter |  |  |  |  |  |  |
| Uneooncied diffeerne | 0 |  |  |  |  |  |
| UNPAID CLAIMS |  |  |  |  |  |  |
|  | Midale Temesssee | East Temessee | West Tenessee | Amervantage | NALC Filing | Page, Col, Line |
| Clains unpadid (ess seinsurane estede) | ${ }^{53,822,604}$ | 50,762870 | ${ }^{36,125.537}$ | 9.9464,072 | (150,357728 |  |
| Acrued medicial inentive pool and bonus amounts | (1,021299 | 1.61,958 | 925,299 <br> 1,49,388 |  |  |  |
| total | 56,57, 4 5 | 52374,628 | 38,20,014 | 10,37,567 | 157,491,354 |  |
| Unpaid Clams Toataly Region | 56,57, 44 | 52,374,628 | 38,20,014 |  | 147,711,877 |  |
| IBNR on MIR report | 56,98,275 | 52,31, 651 | 38,214,826 |  | 147,03, 7, 72 |  |
| Difieence | 38,70 | 55,977 | (14,812) |  |  |  |
| Unreconciled Claims Unpaid Unreconciled difference |  |  |  |  | ${ }^{800035}$ |  |
| Hosprial and medical |  |  |  |  |  |  |
|  |  |  |  |  | NAlC Filing | Page, Col, Lin |
| Total Middle expenses on MLR report Total East expenses on MLR report |  |  |  |  |  |  |
|  |  |  |  | (1,000.58,0.044 |  |  |
| Toial hosplita and medicial 07 Dece 31 |  |  |  |  |  | 4.C4. L18.207 |
| Toial hospitia and medicial 08 Sece 31 |  |  |  |  | ${ }_{535,551,1212}$ | 4, C4, L18-2008 |
|  |  |  |  |  | ${ }_{516,193,087}$ | 4, С3, 118 |
| Toal hosila and medidiala 990 eec 31 |  |  |  |  | ${ }_{653,3022026}$ | 4, $2,2,118$ |
| Toal hositiand and meicial 110 ee 31 |  |  |  |  |  | 4. 4,2, $2118^{118}$ |
|  |  |  |  |  | ${ }_{\substack{74 \\ 78,0272939298}}$ | +i.c.2.118 |
| Toat hosila and medidil 130 ee 31 |  |  |  |  |  |  |
| (T) |  |  |  |  | 1,364712,2785 | 4, C2. 118 |
|  |  |  |  |  | (1,00,3559.955 |  |
|  |  |  |  |  | 8,755,377,408 |  |
| Less Medicare expenses |  |  |  |  | 402.607 .977 |  |
| NALC net of Meicira expererses |  |  |  | 8,352729,472 |  |  |
| LAE Change-A\&H <br> Jul-Sep 2013 reinsurance expense |  |  |  | 3,074,085 |  |  |
|  |  |  |  | ${ }_{\text {1293) }}^{\text {(735) }}$ |  |  |
| Difierene |  |  |  |  |  |  |



| $\frac{\text { AMERIGROUP, Tennessee. Inc. }}{\text { Reporting Month }}$ |  |  | $\begin{array}{\|c\|} \hline \text { For the Year } \\ \text { Ended } \\ 6 / 30 / 2009 \\ \hline \end{array}$ | 2009 |  |  |  |  |  | 2010 |  |  |  |  |  | $\begin{aligned} & \text { For the Year } \\ & \text { Ended } \\ & 6 / 30 / 2010 \end{aligned}$ | ${ }^{2010}$ |  |  |  |  |  | 2011 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enrolment | May | June |  | July | Avgut | itember | Oocober | vember | cember | Janary | buary | $\xrightarrow{\text { larch }}$ | April | May | June |  | July | uegut | Ineurec $M$ | $\xrightarrow{\text { Ocoloer }}$ | ember | cember | mary | ${ }_{\text {Iebrary }}$ | $\xrightarrow{\text { larch }}$ |  |
|  | 12,88 | 194.486 | ${ }^{2.259,833}$ | 193.482 | 192.46 | 190.840 | 19120 | 191,550 | 122.027 | 195.125 | 195.762 | 196.84 | ${ }^{197,39}$ | 197,961 | 199.07 | ${ }^{2333,818}$ | 198.52 | 200,35 | 201773 | 20236 | 202373 | ${ }^{202248}$ | 2023.39 | ${ }^{202345}$ | 202.59 | 2027 |
| Capitation Revenue <br> Premium Tax <br> Capitation Revenue Net of Premium Tax | ${ }_{\text {S50,711.245 }}$ | S50.062,365 | S597,94.4.85 | S56,699,901 | S55.547.745 | S54,620.650 | ${ }_{\text {s4, } 560.13}$ | S54,479,940 | s54,52, 104 | 55,746.40 | \$55.628.096 | 52,851.170 | S72,953.405 | S73,29,500 | 573,823,709 | 5734,671,792 | 522,99,675 | 573,53, 537 | 573.867.382 | 577.314.550 | 574,51, 174 | 574.677.513 | 575,171.422 | 875.124.517 | 875.398.355 | 875.747.731 |
|  |  |  | s11,958.870 |  | ${ }^{8,055,236}$ |  | s3,00, 807 | 52,996,377 |  |  | ${ }^{\text {s3,05, }, 46}$ | S4,06, 8 , 14 | S4,012,437 | S4,027,627 | ${ }^{54,660,304}$ | S40,406,949 | S4,014,982 |  |  |  |  |  |  |  |  |  |
|  | S44,697,20 | 549,43, 118 | S859.984,615 | ${ }_{555,581,1407}$ | S52,49,509 | \$51,616,514 | \$51,59, 2,35 | \$51,483,54 | \$51,530,003 | \$52,880,386 | \$52,56,551 | ¢68,84, 356 | S68,909,968 | S69,201, 87 | S69,76,405 |  | S66,984,992 | S69,487,303 | \$9,800,676 | \$70,227,20 | \$70,470,36 | 570,52,300 | \$71,06,998 | 870,929,668 | s71,251,474 | 871,58,768 |
| Payments for Covered Services for the Month Medical Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CMS 1450)UB 92 Payments by he Claims Procesing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inpatient Maternity | ${ }_{\substack{1,565.365}}^{1.4525}$ | ${ }_{\text {Sl }}^{51427910}$ | ${ }_{\text {Sl }}^{517.56,888}$ |  |  | ${ }_{\text {S1.605, } 172}$ | ${ }_{\text {S }}^{51.68,624}$ |  | ${ }_{5}^{52,041,052}$ | ${ }_{\text {Sl }}^{1,41,632}$ | ${ }_{5}^{1,431.096}$ |  | ${ }_{\text {Sl }}^{51,398.459}$ |  | ${ }_{\text {sil, } 20.122}$ | ${ }_{\text {Sl }}^{\text {Sl8,84,995 }}$ |  | ${ }_{\text {Sl }}^{51,67,728}$ | ${ }_{\text {Sl }}^{1.67,253}$ | $\frac{51,785.117}{8,347}$ |  | $\frac{s 1771,02}{}$ | S1.592718 | ${ }_{\text {S1.077,46 }}$ | ${ }_{51,60,176}$ | ${ }_{\text {S1.30, }}$ |
|  |  |  | ¢58.322.03 | Stis. |  |  | ${ }_{\text {s. } 5,585.1 .10}$ |  |  |  | ${ }^{\frac{5}{5} 2.20,70,018}$ |  |  | ${ }_{\text {che }}^{52,460,826}$ | $\frac{85,3,2,973}{83,297}$ | ${ }_{\text {S }}$ | ${ }_{\text {cose }}$ | ${ }_{\text {S2, }}^{\text {s.884,541 }}$ | ${ }_{\text {S2, }}^{\text {S2,94, } 7 \text { P7 }}$ | ${ }_{\text {sper }}$ | ${ }_{\text {che }}$ |  | S. | S2, | S5,11.888 |  |
| Inpatient-Surgery | S3,134,424 | 83,887,919 | S32, [49, 161 | 83,78,075 | S3,110.694 | 52,84, 507 | S3.02, 122 | S2,27, ${ }^{\text {a }}$, | S2.654,115 | ${ }_{\text {S3, } 28.17178}$ | \$4,072.818 | S3,26, 1, 15 | 53,520.042 | 52.818.086 | S3,96,0,02 | ${ }_{\text {S38,68, 834 }}$ | S4,022,40 | S5.501,20 | S3,824,050 | S3,319,568 | ${ }^{52,288,735}$ | ${ }^{\text {8, 23, } 5 \text {, } 157}$ | S4,496.4688 | S3,03, 3, ${ }^{\text {a }}$ | S4,341,872 | 83,458,111 |
| Inpatient Other | St2, 464 | 576,998 | S886,224 | S132, 140 | S96,988 | 570.136 | 590,149 | 527,138 | s170,357 | 81.687,756 | S1,400,795 | S2.210.586 | S9992,23 | S11, 8, 3 | s1,034,686 | 58,84,767 | S1,28,2,23 | S66, ,159 | 5229.387 | \$431, 181 | S24,8,85 | S208,886 | S23,2.50 | \$454,279 | ${ }_{5310,124}$ | S416,397 |
| Outpatient-Energeny Room | S2,70,400 | S24,46,786 | S29,4, 4, 108 | \$2,46,469 | 52,89,988 | 83,37, ${ }^{\text {c/2 }}$ | ${ }_{\text {82, 84, } 0,35}$ | \$1,92, [57 | 91,893,008 | S1,915,097 | \$1,727,99 | S2,13,6,65 | ${ }_{\text {S20,55, 738 }}$ | \$2, 177.382 | S2, 56, 2,23 | 827,45,9744 | 52, $36,7,73$ | 52,062,417 | 82, $24,7,74$ | 82, 3 8,9,50 | 82,085,083 | 82,29,903 | 82,91,466 | S2,90,77] | 82, 12, 5,7] |  |
| Outpatient- Laboratery | S502.268 | S50, 155 | 55,77, 275 | \$488,245 | \$485,978 | S523,998 | \$427,196 | S443,087 | 5488.386 | S450,062 | S432,964 | \$509,203 | \$457,913 | S411,430 | S457, 888 | S5,516,151 | S427,256 | S995,948 | S4668,25 | S466,983 | S481,959 | S482, 24 | S532,040 | S50, 385 | 5543, 143 | 5888.273 |
| Outpatient-Radiology | S1,20,012 | S1.26,997] | ${ }_{\text {s14,664,476 }}$ | 51,308,97 | s1.272,411 | st, 18.5221 | s1,02, 2066 | S996,647 |  | 5988,286 | S27,8,15 | s1,99,172 | s1, 195,968 | 51,049,063 | ${ }_{51,053,73}$ | ${ }_{\text {S13,238, } 52}$ | S1.08,075 | s1,172,089 | s1,193,175 | st, 95,329 | s1,256,95 | S1,05,276 | S992,469 | S996,299 | S1,208,779 | ${ }_{\text {1,11, } 2,25}$ |
| Outpatient-Surgery | S1,70,540 | S1,90,4,47 | S11,94, 5, | S1.80,026 | S1.876,388 | s1,76,231 |  | s1.53,6088 | S1.652,29 | s1.67, 0, | S1.65,746 | S2,19,4,60 | S2, 36, 503 | S1.827,368 | ${ }_{\text {s2, } 210,3,34}$ | S21,964,565 | s., $1.81,124$ | S2.18,249 | s1,95, 2,2 | S1.88, 605 | S1.85, 883 | S1,73,2088 | S1.64, 5 , | s.182,217 | S2, 16, 1,99 | ${ }^{52,106,766}$ |
| Outpaient- Other |  | $\frac{5017,722}{85720}$ |  | S203788 | \$215,187 | ${ }_{\text {S }}^{53929.408}$ |  | ${ }_{\text {S }}^{53225665}$ |  | $\frac{522,811}{26237}$ |  |  | S220.199 | ${ }_{\text {S210,94, }}^{52025}$ | S230,23, |  | S231.50] | S239,598, | S253,999 | ${ }_{\substack{\text { 227,381 } \\ 890615}}$ | $\frac{5262,62}{522020}$ | ${ }_{\text {S236,486 }}$ | S222,709 | ${ }_{\text {228,611 }}^{528950}$ |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Level II Faciliy | 518,500 | \$41,500 | ${ }_{\text {S } 86,5,52}$ | 548,800 | 570.500 | 560,125 | 570.025 | 578.250 | S22,075 | ${ }_{58,885}$ | \$47,125 | S1,38,014 | S1,43,2,26 | s1,51,2,24 | s1,404,25 | S6,137,533 | s1.54, 3 , ${ }^{\text {a }}$ | s1,53,519 | S1,412,665 | S1,95,431 | ¢1,97,493 | S1,406, 140 | \$1,360,36 | S12,23, 4 , 7 | S1,405,149 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prof-EkM | 57,759.572 | S7,987, 8488 | \$90,93,195 | S8,25,349 | S8,159,899 | 88,23,202 | ¢8,012,044 | 57,99,149 | 57,388.880 | 57,164,41 | 57,225.666 | s8,64,722 | S8.06, 56 | 57,20, | 57,54,6 | ${ }_{\text {993,14,6 }}$ | 57,474,22 | 58.06,4 | s8,178.84 | 57,804, | 57,988.880 | 57,28, | 57,515, | ¢8,07, 170 | S8.57, | 57,73,087 |
| Prof- Home Heal |  | S22,46.880 | S42,491,136 | \$2,95,493 | 52, 88, 4, | s2.514,175 | 82,50, 388 | S2,381.496 | S2,417,999 | 52,494783 | 52,38,766 | S2,79, 8, 81 | S2,712.86 | s2.67, ${ }^{\text {a }}$ | S2,652.07 | \$30.093, 68 | \$2,610,956 | 82.84, 367 | S2,488.12 | \$2.48, | ${ }^{82,424,20}$ | 82,46, | S2,32, | S2, 13, 156 | s2,37, | S22.24, 564 |
| Prof- Maternity | S1,016,264 | ${ }_{\text {s1, } 02,8,83}$ | S12,511,143 | S1,27, 22 | ${ }_{\text {81, } 151,822}$ | st1,210.64 | ${ }_{\text {st, } 195,345}$ | s1,07,951 | s1,202,946 | sl, 16,944 | st, 14,599 | S1,292,015 | st, 126,127 | st, 11, 2, 27 | ${ }^{\text {s1,066,320 }}$ | ${ }_{511,968,325}$ | s1,24, 183 | S1,27,902 | S1,23, 4 , 5 | st,174,439 | S1,187, 499 | ${ }^{\text {sp, } 203,64}$ | S1, 139,170 | st, 108,634 | S1, 178.468 | Sl, $14.9,98$ |
| Prof Surgery | 5639,981 | 5773,34. | 57,92, 4, 23 | S888.618 | 576.825 | 5754.328 | 5702.25 | 5636.183 | \$57,706 | ${ }^{5628,325}$ | S593,438 | 577.833 | S677,931 | 5613.578 | S695,961 | S8,310,252 | S607, 82 | 5728,953 | 5715,234 | 5718.799 | S662,039 | ${ }^{\text {s655,614 }}$ | 574.482 | ${ }_{\text {s } 651,1,15}$ | 5171.971 | 5796.82 |
| Prof-DME | ${ }_{5}^{5406,0,59}$ | ${ }_{\text {S379, } 8 \text { 81, }}$ | \$4.885,772 | ${ }_{\text {S } 5394,622}$ | S770,381 | \$778.900 | S366,872 | ${ }_{\text {S396,261 }}$ | 5403,766 | ${ }_{\text {S37, 573 }}$ | ${ }_{5}^{538,029}$ | ${ }_{\text {S438, } 535}$ | $54.3,465$ | ${ }_{\text {S885,937 }}$ | \$427,490 | 54,793,542 | ${ }_{\text {8775, } 121}$ | S448,212 | S388,649 | 5466,543 | ${ }_{5}^{528,37}$ | ${ }_{5842,688}$ | \$431,234 | ${ }_{\text {S } 247,547}$ | ${ }_{5}^{5292,669}$ | ${ }_{543,029}$ |
| Prof- Lab | 5814.1.24 | 5877,935 | s9,47, 5, 24 | ${ }_{\text {S879,738 }}$ | S917.1.58 | \$959,044 | \$993, 154] | 5795,127 | S799,404 | 5787,401 | S800,306 | S999,985 | ${ }_{\text {s844,4, } 5}$ | 5700,622 | S759,484. | S10,136.908 | S717,204 | S814,344 | 5816,700 | 5736.090 | 512,73, | S674,991 | 5772.454 | s80, 517 | 5860.884. | ${ }_{5732,765}$ |
| ${ }_{\substack{\text { Prof- - -adiology } \\ \text { Prof -Transoration }}}$ | Stig.821 | ${ }_{\text {Sl }}^{\text {S1,021,234 }}$ |  | $\frac{51.08 .804}{\text { S288, }}$ | S997.322 | S990.146 | S970.955 |  | S940.821 | $\underset{\substack{\text { S913,204 } \\ 527.635}}{ }$ | S895,119, | S1.07.184 |  | S890.507 | S66,63] |  | Stay | S1.01,527 |  | S925.866 | Spers97 | S887,007 | S865,4,4. | S842,718 |  | S926,437 |
|  | Stas, |  |  |  | S272.841 |  | \% |  |  | S27,309 |  | ${ }_{\text {S22,96,953 }}^{5}$ |  |  | $\frac{\text { s29,4,12 }}{\text { si, } 19.901}$ |  |  |  |  | ${ }_{\text {S22920.422 }}$ |  |  |  |  |  |  |
| Capitation Paymens | S1,127,822 | spl,11, 3, ${ }^{\text {a }}$ | S11,72, 2, 26 | S1.07, 804 | S1.07,575 | S298,600 | S.1.15,906 | st,12,601 | S.113,098 | st1.18, 1, 50 | S1,236,598 | S1,23,6,67 | S1,28,6.67 | S1,315,988 | S1,310,20 | S13,924,044 | \$2.50, 322 | S1.013,222 | S1,40, 8 +22 | S1.328, 129 | S1,373,011 | S1,37,593 | \$1,306,837 | S1,33,7,76 | S1.42, 549 | S1,37,.830 |
| Subeontracor Payments for Medical Serves | S129,014 | S138.851 | S1.812,787 | S174,750 | 5218.39 | S173,904 | 5184777 | SI50,64 | S146,422 | S155,032 | SIL1,097 | \$198,262 | S173,387 | S119,270 | S143,999 | S1,989,76 | S193,55 | ${ }_{\text {S232,637 }}$ | S184,060 | S185,744 | S16, 172 | S145,165 | S17, 178 | S157,781 | 5214.820 | S176,23 |
| Other Medical (provide description) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inparient Paymenss by the Claims Processing System | 1,198, 150 | ${ }_{\text {9696, } 507}$ | 516.658.901 | \$915,997 | ${ }^{5913,245}$ | \$822,985 | 5768,73 | \$917,123 | 5882,788 | 5967,211 | 5960, 121 | \$946,047 | S805,749 | 5887,495 | ${ }_{588,40}$ | ${ }_{510,635,283}$ | st,103,66 | s1.065, 065 | s1,070.543 | st,170.875 | S1.202,909 | st,001,332 | S1,04,227 | st,106,666 | S1256,083 | S1, 36.986 |
| Outpatient Payments by the Clains Processing System | S1,158,29] | st1,84,501 | Sl0,963,95 | S1,901.888 | ${ }_{\text {S }}$ | 52,054,366 | 52,085,341 | ${ }_{\text {St, }, \text { 90,456 }}$ | S1,93,027 | ${ }_{\text {spl, } 289,1,34}$ |  | S1,970,243 | S1,989,622 |  |  |  |  |  | ${ }_{\text {S }}$ | ${ }_{\text {s, }}$ |  |  |  |  |  |  |
| Supported Housing Payments by the Claims Processing System Intensive Outpatient Payments by the Claims Processing System Partial Hospitalization Payments by the Claims Processing System | ${ }_{5242,138}$ | 5239,062 | \$2,296,686 | \$331,257 | S33,629 | \$331,200 | S350,659 | S847,827 | \$372,900 | S390,982 | \$30, 8 , 5 | \$318,810 | ¢335,818 | 533,3,95 | ${ }_{\text {S336,450 }}$ | 84,127,572 | ${ }_{8381.591}$ | \$360,749 | ${ }^{\text {5357, } 33}$ | 5888,183 | S37,419 | S888,849 | S882,246 | S340,988 | ${ }^{534} 4,993$ |  |
|  | S77,643 | 58,571 | 5869,357 | 571.66 | S882,21 | 578.099 | 584,222 | 56,498 | S27,722 | \$62,286 | 555.863 | S79.980 | S61.888 | 5664717 | S86,025 | 5867.888 | 568.02 | \$66,955 | S65,927 | 566,039 | S61.541 | S66,313 | [51.178 | 56.512 | 57,023 |  |
|  | S108,429 | S98,033 | 5788,210 | S97,270 | S96,822 | \$7,142 | 873,150 | S59,620 | s105,265 | S70,700 | S82,000 | S103,115 | S104,780 | ${ }_{\text {S99, } 135}$ | S77,600 | S1,022,760 | \$53,922 | S118,370 | ${ }_{5121,865}$ | 565.800 | ${ }_{5} 5.959$ | S5.455 |  | $\mathrm{s}, 3,35$ |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | so | so | so | 5 | so |  | so | so | so |  |
|  | \$13,197 | S10,029 | S137, 3 , | ${ }_{812,074}$ | S14, 101 | 11.841 | 57.066 | 59,963 | 12.576 | 1.684 | ${ }_{\text {88, } 177}$ | 59,908 | ${ }_{\text {S13,24 }}$ | ${ }_{13,293}$ | 10.66 | ${ }_{\text {¢13, } 57}$ | 510,097 | 11.180 | 86,555 | 10,606 | S8,433 | ${ }^{12,318}$ |  | , 647 |  |  |
|  | 83,47 | ${ }_{11,53}$ | s14,011 |  | sı,111 | 5328 | S2,30 | 537 | s160 | S140 | s965 | 5990 |  | 52.882 | ${ }^{4} 43$ | s11,67 | ${ }^{127}$ | ${ }_{9137}$ | s182 | S450 | $\mathrm{Sl}, 382$ | s165 | ${ }^{834} 8$ | S82 |  |  |
|  | ${ }_{\text {S331, 942 }}^{50}$ | ${ }_{\text {S331, } 278}^{50}$ | ${ }_{\text {S3,873,95 }}^{50}$ | ${ }_{\text {S331, } 5 \text { S7 }}^{50}$ | ${ }_{\text {S } 223,47}^{50}$ | ${ }_{\text {S331, } 065}^{\text {so }}$ |  | ${ }_{\text {S327,266 }}^{\text {so }}$ | ${ }_{\text {S328, } 829}^{50}$ | S32, , 122 | ${ }_{5348.813}$ | ${ }_{\text {S330, } 384}^{80}$ | ${ }_{\text {S347, } 93}$ | ${ }_{\text {S34, } 1,045}^{50}$ | ${ }_{\text {S340, } 533}^{50}$ | S4.006,327 | ${ }_{5340.890}^{50}$ | ${ }_{\text {S337.869 }}^{50}$ | ${ }_{838,4,57}^{50}$ | ${ }_{\text {S } 847,3.46}^{40}$ | ${ }_{5348,376}^{50}$ | ${ }_{\text {S424, } 516}$ | ${ }_{5338,991}^{50}$ | S353.799 | $\frac{5847,388}{50}$ |  |
|  |  |  | so | ${ }_{\text {so }}$ | ${ }_{50}$ |  | ${ }_{\text {so }}$ |  |  | so |  | ${ }_{\text {so }}^{50}$ | ${ }_{\text {so }}^{50}$ |  | ${ }_{\text {so }}^{\text {so }}$ | $\frac{s o l}{s_{0} 0}$ | ${ }_{50}$ | ${ }_{\text {so }}$ | ${ }_{50}$ |  | ${ }_{50}$ |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | so |  |  |  |  |  |  |  | 50 | 50 |  |  |  |  |  |  |  |  |
| Subcontractor Payments for Mental Health and Substance Abuse Serv Crisis Services Team Pass Through | S2,236,270 | 52,194731 | 533,150,093 | s,1,14,822 | s1, 126,965 | st,11, 538 | st,17,009 | S1,13,996 | \$1,133,933 | \$1, 156.100 | \$1,16, 5 ,57 | \$1,246.511 | 81,29,954 | \$1,213,527 | ${ }_{\text {s } 1,18,8,838}$ | ${ }_{\text {¢ }} 13,926,787$ | s1, 13,957 | st, 21,889 | S1,271,609 | 81,275,20 | 81,292,20 | S1,260,02 | s1,278,997 | ${ }_{\text {81, } 388,232}$ | S1,37,950 | \$1,32,706 |
|  |  | so |  |  | so | so | so | so | so | so | so | so | so |  |  |  | so | so | So | so | so |  | so | so | so |  |
| Less: | S46.851 | S6,94 | ¢355, 4 , | \$22,29 | ${ }_{566,80}$ | S11,75 | \$31,099 | s10,936 | .88,37 | \$59,485 | \$44,25 | ${ }_{544,96}$ | \$30.66 | S41,186 | 453,003 | S426.812 | S22,273 | S11,230 | S119,303 | S13,58 | S9,788 | 558.134 | 532.308 | 588,960 | 551.09 |  |
|  | ${ }_{541,488,788}$ |  | S497.81.956 | \$43,028,661 | \$41,588,211 | \$22.808.344 | S4,73, 900 | S38,980,265 | S39,735.499 | S39,588,714 | ${ }^{838,832,727}$ | S57,737.273 | S53,759.955 | S51.252,021 | S54,27,313 | S54, 8 22,873 | S57,680,766 | S59,225,840 | S56,061,278 | 566,372.088 | 854,427.862 | S55,29,941 | S56,60, 188 | S52.990.865 | \$55, 482, 5844 | S57,1920.06 |
|  |  | so | 50 | ¢00 | so | so | ${ }_{50}$ | so | so | ${ }_{50}$ | so | ${ }_{50} 8$ | ${ }_{\text {so }}^{50}$ | so | S00 | $\frac{50}{50}$ | ${ }_{50}$ | sol | so | so | so | so | ${ }_{\text {so }}^{5}$ | so | So |  |
|  |  | ${ }_{50}$ | so | so | 50 | ${ }_{50}$ | ${ }_{50}$ |  | ${ }_{50}$ | ${ }_{50}$ | so | ${ }_{50}$ | ${ }_{50}$ |  | ${ }_{50}$ | ${ }_{50}$ | so | so | ${ }_{50}$ | s0 | ${ }_{50}$ | ${ }_{50}$ | ${ }_{50}$ | ${ }_{50}$ | - ${ }_{50}$ |  |
| $\underbrace{\text { Toal IRNR }}_{\text {LTCIISNR }}$ |  |  |  |  |  | ${ }_{\text {so }}$ |  |  | so | 50 | so |  |  | so |  |  | so | so | so | so | so |  |  |  | so |  |
|  | S41,488,768 | s42,0,3,1.155 | S497.818.656 | S43,628,661 | s41.528.221 | S22.808, 3 . 4 | S4,73,900 | 538.880,265 | $8^{399,754.479}$ | S39,588774 | S88,832,727 | S57.737273 | S5,759,955 | S51.222.021 | \$54,273,313 | S44.8.22.8.83 | S57.680,766 | S59,225.8.80 | S56.061278 | 566.372.088 | S54,427.8.82 | S55,929,941 | S56,600.188 | S52.40.8.855 | \$59.842, 584 | 7.120.06 |
| Payments and Remaining IBNR Medical Loss Ratio, Gross Premiu |  | $\frac{82.4790}{8+1 v_{20}}$ |  | $\frac{76.95 \%}{81438}$ | $\frac{74.76 \%}{79110 \%}$ | $\frac{78.37 \%}{8294}$ |  |  | $\frac{72.877 \%}{77116}$ | $\frac{71.02 \%}{75150}$ | $\frac{6,819}{738890}$ | $\frac{79.55 \%}{888 z^{\prime}}$ | $\frac{73.699}{77989}$ | ${ }^{6} 9.999$ |  | ${ }_{\text {7 }}^{74,368}$ | ${ }^{78.959}$ | ${ }_{\text {8, }}^{8.546 / 4}$ |  |  | ${ }^{27.855 / 00}$ | ${ }^{74.959 / 2}$ | ${ }^{7}{ }^{7,2999}$ |  |  | 75.5166 |
| Medical Loss Ratio, Gross Premium <br> Medical Loss Ratio, Net Premium <br> Per Member Expense | ${ }_{\text {c/324.74 }}$ | ${ }_{\text {S216 }}$ | ${ }_{\text {82920.29 }}$ | $\xrightarrow{852525.49}$ | $\frac{9215.84}{}$ | ${ }_{5}^{8224432}$ |  | ${ }_{\text {S20,50] }}$ | ${ }_{5}^{520693}$ | ${ }_{\text {S }}^{520289}$ |  |  | $\xrightarrow{77.98829}$ | ${ }_{\text {S225800 }}$ |  |  |  |  | ${ }_{\substack{80.378 .84 \\ 827.4 .}}$ | ${ }_{\text {827275 }}^{8.57}$ | ${ }_{\text {chers }}$ | ${ }_{\text {che }}^{\text {S276.54 }}$ |  |  |  | cose |
| Prenium Tax Paid Quanterely | 2.577.881 |  | 12.077.896 |  | 2.226,433 |  |  | 8.850.835 |  |  | 8.257,072 |  |  | 9.074,913 |  | 29,109.233 |  | ${ }_{\text {1.097, } 357}$ |  |  | ${ }^{12.641,955}$ |  |  | 16.817.202 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Confideninala | 1711:40 AM Proprietary |  |


| AMERIGROUP, Tennesse, Inc. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Reporting Month |  |  | $\begin{gathered} \text { For the Year } \\ \text { Ended } \\ 6 / 30 / 2011 \end{gathered}$ | 2011 |  |  |  |  |  | 2012 |  |  |  |  |  | $\begin{aligned} & \text { For the Year } \\ & \text { Ended } \\ & 6 / 30 / 2012 \end{aligned}$ | 2012 |  |  |  |  |  |  |  |
| Errollment | May | ${ }_{\text {June }}$ |  | July | Augut | Ineure | Oocober | Noverber | December | Janary | Febraary | $\frac{\text { Inumed }}{\text { March }}$ | Aril | May | June |  |  | Augut | Inemer | Octoer | Norember | ceember | lanary | bnar |
|  | 203, 160 | 202.96 | 2.423,77 | 201.2 | 201.9 | 202.80 | 203.36 | ${ }^{202,75}$ | 2023 | 202.04 | 1.968 | 201.6 | 201,78 | 201.52 | 201.4 | 2.424,84 | 199.94 | 201.16 | 202.511 | 220.045 | 201.359 | 200.361 | 199.65 | 199 |
| Capitation Revenue <br> Premium Tax <br> Capitation Revenue Net of Premium Tax | S75,993,399 | 576,123.366 | ${ }_{5897.387 .23}$ | 500.47.999] | S71.050,317 | ${ }_{571.36533}$ | S71.818.473 | ${ }_{51,88.653}$ | S7, 902712 | 57.368773 | \$71,53.933 | S71,87.04.4 | S71.976.208 | S72.082,49 | S72,288.873 | S859,488, 24 | ${ }_{\text {s71, } 17.363}$ | S2.012.041 | s72.21.567 | 52,13,514 | S71.98538 | ${ }^{57.54,612}$ | S72,48,915 | 52.105 |
|  |  | ${ }_{\text {S76.142.36 }}^{54.187832}$ |  | ${ }_{5}^{51,8,875,173}$ |  | ${ }_{\text {ST3, } 25.5104}$ |  |  | \$3,9594,469 |  | ${ }_{\text {ST3, }}$ |  |  |  |  |  | ${ }_{57,349,955}$ | \$3, 3 ,60,62 | ${ }_{53,971,36}$ | ${ }_{5}^{53,967,34}$ | ${ }_{5}$ | ${ }_{\text {S13,937,704 }}$ |  | ${ }_{5} 53,955$ |
|  | ¢71,71,205 | 571,954,65 | ${ }_{5888,030,262}$ | S60,582,25 | 567,142,550 | S67,40,430 | 86,7868,457 | 567,931,944 | S6,94,063 | S67,43, 3,3 | ¢67,018,485 | 567,83, 23, | S68,017,517 | $568,117,24$ | S68,26,735 | 58812.216 .388 | 867,867,488 | S68,051,379 | 568,23,930 | S68,16, 171 | S68,20, 191 | 56,76,908 | \$66,52, 970 |  |
| Payments for Covered Services for the Month Medical Services <br> 1450/UB 92 Payments by the Claims Processing System |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inpatient- Newborn | ${ }^{83,49,1,88}$ | ${ }_{\text {S23252, } 280}$ | S86,1427833 | ${ }^{523889,627}$ | ${ }_{\text {S2, } 298,062}$ | ${ }^{82,67,573}$ | ${ }_{\text {S2289, } 930}$ | ${ }_{\text {S2, } 201.588}$ | ${ }^{52391.599}$ |  | ${ }^{52,374,643}$ | 93,200, 40 | 82,419,3888 | S2,611,34, | \$2,740,041 | S33, 39.996 | S3,257,320 | ${ }_{\text {¢22,4, } 5 \text { S86 }}$ | S2,52,972 | ${ }_{\text {95,5, } 8,386}$ | ${ }^{\text {83, } 38,8882}$ | ${ }_{\text {93, }}^{5}$ | 82,803,710 | S3,179,266 |
| Inpatient-Meicical | 83,09,971 | S3, 25, 5, 22 | S88,084,616 | S2,775,376 | 83,507,667 | S27.70, 84 | S2,78,9,67] | ${ }^{\text {S3, } 288,8,30}$ | 53,431,499 | \$4,288,109 | 83,981,782. | 53,322.664 | 83,48,306 | s2,92, 651 | 52.860, 3 , | S39,108,270 | ${ }_{\text {S2,97,511 }}$ | ${ }_{\text {S3, } 264,1,58}$ | ${ }_{\text {S2, }}^{510,5989}$ | ${ }_{\text {S2, }}^{52989,925}$ |  |  | ${ }_{\text {cke }}^{52.888,659}$ |  |
| Inpatient Surgery | S4,116,637 | 54,517, 534 | S46,822,662 | S3,272,107 | 53,3, [5,59, | 83,72, 573 | S3,83, 120 | 53,23,475 | \$4,267,285 | \$4,688.546 | S4,54, 28 | S5,27,233, | S5,021,185 | S4,189,597 | S5,23,217 | S0,542917 | S3,37, 28 | S3,839,660 | S3,104,607 | ${ }^{\text {S50, } 13.056 ~}$ | ${ }_{8,664787}$ | 93,88, 15 | \$4.599,956 | ${ }_{\text {S3, } 627,513}$ |
| Inpatient Ofier | si99,784 | s197,274 | S4,67, 841 | ${ }_{5220,351}$ | \$184, 368 | S224,167 | S863,299 | S142, 134 | S247,667 | S211,507 | \$151,6,63 | SI50,518 | S220,85 |  |  |  |  |  | S275,804 |  | S416,037 | S223,230 | \$206,387 | $\frac{5122,6}{8230678}$ |
| Outpatient-Energency Room | 52.45 .977 | S2.06, 232 | 525.23, 8 885 | 52, 146,278 | S2,221,608 | 82,16.511 | 52,13, [888 | S2,24,037 | S2,010,034 | 82,176,177 | S2,518,061 | S2,72,207 | 52,69,300 | 52,73,076 | S2.93, 3 S5 | 828,166.551 | 82,67. 866 | 52.881,982 | 52.82, 134 | 52.83,791 | S2,43,717 | S2.695,318 | 82.662, 843 |  |
| Outpatient - Laboratory | S497,674 | S476,962 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | S418,797 |  |
| Outpatient-Radiology | S1,131.540 | S1,106,894 | S13,501, 018 | S969,277 | ${ }_{\text {s.1.13,476 }}$ | S1,136,462 | S1,02,474 | S1,031.550 |  | s1.02, 296 | S1,015,300 |  | S1,057,888, | S1,04,, 50 | S902, ${ }^{\text {a }}$, | S12.408, 36 | S994,0,65 |  | S1,01,408 | S1,108,76 | S968,484. | S929,411 | S1,039,238 |  |
| Oupatient- Surgery | ${ }_{\text {S1, } 1944,305}$ | S2,167,462, | ${ }_{223,354,745}$ |  | 52, 23, 210 | ${ }_{\text {S1, 98, }, 3030}$ | S1,003,417 | S2,017,666 | 81,829,862 | s2,317,522 | 52,36,017 | 52,74,637 | S2,36,572 | S2,30,469 | S2,19, 24. | S25,608,555 | S2, 22, 4,84. | ${ }^{52,60,1,188}$ | S2,050,007 | 52,38,943 | S2,24, 511 | ${ }_{\text {S }}^{1,888,229}$ | ${ }^{52,534,633}$ | ${ }_{\text {S2,45,12 }}$ |
| Outpatient - Other | \$244,286 | ${ }^{5246,225}$ | 52,93,975 | S285,487 | \$226,64. | ${ }^{5242,656}$ | \$252,419 | \$250,378 | \$291,350 | \$288,942 | S279,79 | \$288,576 | \$273,422 | S291,744 | S2880,484 | S3,257,002 | S264,028 | ${ }_{\text {S030, } 885}$ | \$288,256 | S3427,734 | ${ }_{5}^{5357,064}$ | 5433,285 | 5492,977 | S735 |
| Hospice | S885,944 | 8887,060 | 59,64,4,63 | ${ }_{\text {S } 922.877}$ | S883,422 | ${ }_{\text {S844, } 828}$ | \$826,786 | 5887,944 | S800,013 | 5708,938 | 5770,028 | 5865,806 | 577,524 | S805,482 | 5791.598 | S9,71,216 | S861, 908 | ${ }_{\text {8860,469 }}$ | S855,303 | S907, 674 | S833,193 | \$883,749 | \$861.055 | 5716 |
| Long-erm Care | S11. 41.140 | S11230376 | ${ }_{51369001,15}$ | S11678.294 | ${ }_{511,87255}$ | S11329,56 | 511.686,632 | S11.12257 | S11.6025 | S11248781 | S10,37063 | S1135,6,60 | S10856,720 | S1153, 515 | \$11,101.56 | S135,989720 | \$1254, 297 | S12569006 | S12.21774 | 11269,633 |  |  |  |  |
| Level Ifacility Level IIFacility |  | $\frac{s 11,230.376}{\text { S1,34.632 }}$ | $\frac{513,990,135}{516.887 .187}$ | $\frac{51,688.294}{51.355311}$ |  |  |  |  |  |  |  | $\frac{51,35.660}{\text { s.396.60] }}$ |  |  |  |  | $\frac{512.54,297}{51233,071}$ |  |  | $\frac{12,5703}{50343}$ |  |  |  | ${ }_{5}$ |
| Home and Community Based SerricesCMS 1500 Paymens by the Climus Proessing System | ¢2,12,208 | s2.156,621 | S20,452,366 | S2,186,976 | 52,46,903 | S2, 470,134 | S2.64,277 | \$2,71, 647 | 52833,588 | s2.82, 591 | \$2.82, .096 | \$3,10,788 | s3,70,663 | S3,36, 14 | 93,23,015 | S33,847, 82 | S3,25,982 | S3,466.880 | ¢3,23, 548 | 8, 8 ¢88,261 | ¢3,41,713 | 53,35,214 | 8,557,091 | ${ }_{8} 83.30$, |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CMS 1500 Payments by the Claims Processing System Prof - Exy | S7,76,9088, | 57, 885,57] | 594,060,759, | S6,957,666 | ${ }^{58,54,2,54}$ | S7,786,14, | S7,997,609 | \$7,65,367 | 57,122,769 | 58,34,5,588 | S8,188,252 | 58,78,517 | $\frac{57,94,541}{540}$ | ${ }_{\text {S }}^{58,176,991}$ | ${ }_{\text {S7, } 7 \text { 97,296 }}$ | S94,32,981] | ${ }_{\text {S7,193,074 }}$ | ${ }_{\text {S8, } 127,6,67]}$ |  | ${ }_{\text {S8,08,709 }}^{\text {S }}$ | ${ }_{\text {S7, }}^{57878.885}$ |  | ${ }_{\text {S }}^{59,431.698}$ |  |
| $\underbrace{\substack{\text { Prof-Home Healh } \\ \text { Profo - Matereniy }}}_{\text {Prot-ExM }}$ | $\frac{52.288 .94}{8.1575000}$ |  |  |  | $\frac{52.058 .829}{59.181295}$ |  | $\frac{s .1 .964,197}{s .176293}$ | $\frac{91.989743}{5121016}$ | $\frac{s 1.980,161}{s .128312}$ | $\frac{51.880 .307}{51283880}$ |  | $\frac{51.893 .699}{59.142609}$ | $\frac{s, 1.810 .100}{\text { s.35431818 }}$ |  | $\frac{s, 1,75.090}{\text { s.1304022 }}$ |  |  |  | $\frac{s .1 .70,382}{\text { si, } 37710}$ | $\frac{51.84 .959}{\text { s.1431.617 }}$ | $\frac{s, 1,29,576}{\text { s.1404, }}$ |  | $\frac{51,7940,01}{\text { si, } 38210}$ | $\frac{51.615 .46}{\text { S.1.20.188 }}$ |
| $\underbrace{\text { Prof-Surgery }}_{\text {Prof - Matenity }}$ | ¢ | ${ }_{\text {Sl }}^{51,26,7,03}$ |  | $\frac{\text { S1,206.010 }}{507.151}$ | ${ }_{\substack{\text { sil } 38.1895 \\ \hline 882.067}}$ |  | $\frac{51,776,23}{5695850}$ | $\frac{s 1,21,115}{5673.30}$ | $\frac{51,283,212}{5688474}$ | $\frac{51,28.580}{578.544}$ | $\frac{s 1,38,529}{5751 / 72}$ | $\frac{51,42,690}{5722388}$ | $\frac{51.354,318}{5868,513}$ | ${ }_{\text {Sl }}^{51,3,1,023}$ | $\frac{51.304,082}{8762765}$ | S15,6,3,09 | ${ }_{\text {S }}^{\text {S1,45,9,95 }}$ |  | $\frac{51,307,710}{\substack{\text { c23 220 }}}$ | ¢1,43,017 |  |  |  |  |
|  | ${ }_{5443,368}$ | ${ }_{4458,164}$ | ${ }_{55,13,573}$ | ${ }_{5} 547,888$ | ${ }_{\text {S430,576 }}$ | ${ }_{\text {S } 2424,105}$ | 54826610 | S486,061 | ${ }_{\text {S533,430 }}$ | ${ }_{5482,263}$ | ${ }_{\text {S530.27s }}$ | ${ }_{5484,967}$ | ${ }_{\text {S } 575,518}$ | ${ }_{\text {S542,912 }}$ | ${ }_{\text {S588,993 }}$ | ${ }_{55,559,910}$ | ${ }_{5482,75}$ | ${ }_{\text {S518, } 6161}$ | ${ }_{5465,138}$ | S566,660 | S595.280 | ${ }_{5649}{ }^{\text {S631, }}$ | ${ }_{5}^{56528.802}$ | ${ }_{5250}$ |
|  | 5753.776 | ${ }_{5766,100}$ | 59,157,585 | 8655,071 | S816,46 | S726,030 | \$669,509 | S712267 | S697, 75 | \$802,388 |  |  | S999,38 | 5872,018 | S818,18 | 59,17, 9,70 | S816,34 | \$948,29 | 5766.65 | S877,29 | ${ }_{\text {S834, } 184}$ | 8770,100 | ${ }_{\text {S1,00,33 }}$ |  |
|  | \$944,249 | \$924,782 | \$11,51,078 | 5789,908 | \$94,793 | 9937,39, | \$911,010 | S88,480 | \$849,115 | \$921,024 | \$961, 482 | \$94, 598 | \$945,665 | \$94,5,38 | S880,434 | \$10,914,885 | \$870,912 | \$961, 32 | \$884,178 | S981,837 | \$85,299 | 5765.900 | ¢938,831 | \$821,0] |
|  | \$310,469 | S291,904 | 83,899,909 | 8290,20 | \$267, 83 | 5283,189 | \$225,569 | S24,056 | S232,902 | S264,082 | \$2472,21 | S220,485 | S268,488 | S284,73 | S285,474 | S3,198,62 | S260,718 | \$272,716 | \$240,050 | S264,004 | S2312,73 | S27,014 | 524,5,688 |  |
| Prof - Transportation Prof - Other | \$2,04,765 | s1,97, ,310 | \$24,887,936 | \$1,92, ,996 | 52,25,988 | \$2,09, ,970 | \$2,08,798 | \$1,84,175 | \$1,07,29 | 820,86,576 | \$2,03, 113 | \$2,151,944 | 82,13,6,60 | 52,23, 128 | \$2,06,684 | \$24,918,30 | 82,07, 35 | S2,33,995 | \$2,14,419 | \$2,44,906 | S2,25,834 | S2,11, 391 | S2,526,634 | 52,179,2 |
|  | \$1,38,202 | s1,85,065 | s17,660,49 | ${ }^{51,88,3,886}$ | \$1,42, ,099 | s1,394,560 | S1,50,501 | \$1,403,877 | \$1,37,966 | S1,286,673 | \$1,20,713 | S1,29,937 | S1,26,2,206 | S1,36,4,454 | S1,309,001 | S16,328.23 | S1,43,956 | s1,34, ,842 | S1,38,2,26 | \$1,366,022 | \$1,370,70 | \$1,366,499 | ${ }^{\text {s } 1,379,630}$ |  |
|  | SIL0,3,39 | S155,909 | 52,137.264 | 8207,076 | \$255,991 | S186, 157 | \$207,233 | \$209,297 | \$188, 384 | S211,649 | S231,229 | 5228,804 | si99, 49 | \$177.311 | s171,211 | 52,74, 882 | 5257,49 | S262, 0 , 3 | \$216.501 | 823,550 | S206, 23 | \$188,444 | 5226,233 | ${ }^{52347}$ |
| Other Medical (provide description) |  | so |  |  |  |  |  |  |  | so |  |  |  |  |  |  | so |  | so |  |  |  |  |  |
| Inpatien Praymens by the Claims Processins SystemOutpaient Paymens by the Climus Procesing Sysem | ¢1,306,062 | S1,34,509 | \$13,865,853 | S1,305,24 | ${ }_{\text {s1, } 366,98}$ | s1,197,232 | s1,17, 093 | s1,195,72 | \$1,27, 1, ${ }^{\text {a }}$ | s1,28,240 | \$1,28,733 | \$1,27,904 | \$1,21, 8 , 9 | ¢1,36,880 | s1,21,442 | S14,880,45 | S1,24, 805 | S1,33, 4 , 2 | s51,15,589 | \$1,23, 5, 18 | \$1,20,910 | \$1,141, 22 | \$1,30,750 | S1,24, ${ }^{3}$ |
|  | 52,06,593 | sı,951,998 | S23,60, 863 | S1.821,760 | S2, 67,328 | S2, 314,173 | S2,281,422 | S2,343,321 | S2, 14,774 | s2,48,321 | 82,48,075 | \$2,454.488 | ${ }_{52,46,0,34}$ | 52,86,617 | S2,301,457 | 527.887,788 | S2,24,502 | S2,49,277 | S2,256,948 | 83,24,107 | 83,21,0.088 | S2,812,021 | 83,326,988 | S3,12.512 |
|  | 836,564 | \$882, 194 | \$4,368,571 | S220,587 | \$339,165 | \$413,061 | S434,488 | \$122,269 | S436,211 | S450,177 | \$434,609 | S453,161 | S482,237 | s50,356 | S509,967 | 55,98,468 | S151,306 | \$552,300 | S29,096 | 8556,907 | S551,611 | S57,73 | S558,27 |  |
|  | S65,186 | 66,5,15 | 577,729 | 86,703 | 879, 145 | S55, 348 | S50,181 | S44,107 | S60,287 | 866,824 | 588,568 | 562,881 | 54, 3 ,34 | S66,247 | S59,8,31 | 5748,566 | S58.658 | S59,618 | 5484,46 | ${ }_{\text {¢69,718, }}$ |  | ${ }_{\text {S55,485 }}$ | ${ }_{\text {S6, } 2,21}$ |  |
|  | S15,640 | ${ }_{55,385}$ | ${ }_{5414,997}^{50}$ | ${ }^{\text {S6,930 }}$ | ${ }_{514,387}$ | S12.838 | ${ }_{512.556}^{50}$ | ${ }_{56,366}$ | S4,27] | ${ }_{\text {S15,264 }}^{5}$ | S6.591 | ${ }^{54,414}$ | ${ }_{5}^{55.85} 5$ | ${ }_{511,975}$ | S17,499 | S118,862 | ${ }^{59,5033}$ | ${ }^{520,52}$ | 520,750 | 520.889 | ${ }_{513,134}$ | 55, 202 | ${ }_{\text {s15, } 5077}$ | S22,14 |
| In Home Payments by the Claims Processing System Transportation Payments by the Claims Processing System | ${ }_{1515760}$ | ${ }_{\substack{\text { S1279 }}}^{\text {so }}$ | ${ }_{\text {S1330 }}{ }^{\text {S0 }}$ | S1400 | ${ }^{\text {S11704 }}$ | ${ }_{\text {Sl2, }}^{\text {Sol2 }}$ | 50 <br> 17246 |  | $\xrightarrow{514.537}$ |  | S15.594 | ${ }_{51800}$ | ¢13078 | ${ }_{515008}$ | ${ }_{\text {S13, } 515}$ | sil2 sis |  | ${ }_{\text {S12323 }}$ | ¢ 51.170 | ${ }_{\substack{\text { S10768 }}}^{\text {so }}$ | ¢ ${ }_{\text {sil } 988}$ |  | S19,574 | sıle |
|  | S883 | 5543 | ${ }_{5}^{5} 5786$ | S247 |  | 569 | ¢1,015 | S1,232 | S1,239 | 9615 | s1165 |  |  | 50 | S450 | S6,67 | ${ }_{\text {S175 }}$ | 5968 | s165 | \$498 | 5400 | ${ }^{524}$ |  |  |
|  | ${ }_{5347,94}$ | S334,610 | ${ }_{54,16,3,37}$ |  | S355,022 | ${ }_{5345,043}$ | S347,901 | ${ }_{5}^{5354748}$ | S342,066 | \$347, ${ }^{\text {a }}$, | \$354,286 | ${ }_{5347,621}$ | ${ }_{5346,607}$ | ${ }_{\text {S34,6,077 }}{ }^{\text {a }}$ | ${ }_{5341,544}$ | ${ }_{54,16,8,871}$ | \$346,450 | ${ }_{\text {S347,510 }}$ | 5343.550 | 8335,056 | 5 S32,249 | ${ }_{\text {S326,497 }}$ | 5337,022 | 9331.8 |
|  |  |  |  |  |  |  |  |  |  |  |  | so | so | so |  |  | so | s0 | so |  | so |  |  |  |
|  |  | so |  |  |  |  |  |  |  |  | so | so | so | so |  | so | so | so | S0 | so | So |  |  |  |
|  |  |  |  |  |  |  |  |  | so |  |  |  |  |  |  |  |  |  |  | so |  |  | - |  |
| Leess: ${ }_{\text {Cris Serrices Team Pass Through }}$ | S1,37,7,785 | S1,30, 132 | S15,43,900 | S1,184,605 | ${ }_{\text {s1, } 305.854}$ | S1,008.63 | S997,900 | S1.003,991 | S1.02.530 | s1,020.648 | S1.04, 685 | S1.04,9,93 | s1.02,900 | S1.03,062 | S948,460 | S12.619,560 | S927,268 | ${ }_{\text {S994,686 }}$ | S9994.42 | \$156,960 | \$155,1,95 | \$149,95 | S162.385 | 516 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | so | so |  |  |  |  |
|  | . 58.8 .81 | . 56.283 | . 5224,204 | . 14,727 | -518,52 | .s13,139 | . 51.556 | .99701 | .57,871 | s168, 162 | . 56.837 | -514,75 | . 114.366 | ¢33,422 | .57,66 | ${ }_{118,611}$ | so | so | so | so | so | so | so |  |
| ${ }_{\text {Roce Peveres not Reflected in Clains Payments }}^{\text {Tolal }}$ | 588,008, ${ }^{\text {P31 }}$ | S57,24,631 | 5680,006,840 | S53, 874,207 | S59,644,024 | 556,020,715 | S56,29, ${ }^{\text {ar6 }}$ | S56,082,421 | 556,08, 020 | S61,06,402 | 588,254,213 | S61,46,770 | S99,102, 62 | S59,946,128 | 557,79,526 | S695,676.874 | S99,10, [67] | 861, 58,201 | S55,88, 470 | S6,26,113 | S58,98,4,490 | S57,88,4.46 | 862,79,667 | ${ }^{856,675}$ |
| $\underset{\substack{\text { UB92 IBNR } \\ \text { Professional IBNR }}}{\text { a }}$ |  |  |  |  |  |  | so |  | so | so | so | so | so | so |  | so | so | so | so | so | so | so |  |  |
|  | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | ${ }^{50}$ | so | so | so | so | so | so | so |  |
|  | 50 | so | 50 | so | so |  | , | So | so | so | ${ }^{\circ}$ |  | so | so | so | so | so | so | so | so |  |  | so |  |
| $\underset{\substack{\text { Total I INR } \\ \text { Payments and Remaining IBNR }}}{ }$ |  | so | so | ${ }^{\text {so }}$ |  | so | so |  | S0 | so | so | ${ }_{50}$ | 50 | so | so | so | so | so | ${ }_{50}$ | so | ${ }^{50}$ |  |  |  |
|  | S85.008731 | $\frac{857.224 .631}{251 / 5 \times 2}$ |  |  |  |  | $\frac{856,296826}{783926}$ | ${ }^{5656082421}$ | ${ }^{\text {S56,085, } 2020} 7$ | S61.066.002 | $\frac{888,254213}{81416]}$ | ${ }_{\text {S }}^{561466,70^{\prime}}$ | S59,102, 22] | ${ }_{\text {S59,946, } 128}^{83 / 168}$ |  | $\frac{5695.67,874}{80094}$ | ${ }_{\text {S }}^{\text {S99, } 10.637}$ |  |  |  |  |  | $\frac{862.79,667}{8600_{2}}$ |  |
|  | 80.88\% | 7.9.5\% | 80.29\% | 80.916 | $88.83 \%$ | $83.15 \%$ | ${ }_{82959 \%}$ | ${ }_{82} 8.56 \%$ | $82.546 \%$ | 90.54\%\% |  |  |  |  | 84,67\%\% |  | $87.08 \%$ | 90.50\% | $81.89 \%$ | 95.74\% | 86,70\% | 85.56\%\% | 91.508 | 88.1 |
|  | ${ }_{5285} 8.53$ | 5281.94] | ${ }_{5280,3}$ | S267,72] | $5295.3+$ | 5276.44 | ${ }^{5276.83}$ | 5276.60 | [277.13] | 530224 | ${ }^{5288.43}$ | ${ }_{\text {¢ }}^{504} 8.87$ | S29200 | 5297.46 | ${ }_{\text {S286,93] }}$ | 528600] | ${ }_{\text {¢2925 } 58}$ |  | ${ }^{5275.55}$ | ${ }_{\text {8233,00 }}$ | 529292 | S28890] | ${ }_{\text {S31445 }}$ | 528 |
| Prenium Tax Paid (Quarerely) | 8,447,437 |  | 53,03,952 |  | 16,646,654 |  |  | 8.05,771 |  |  | ${ }_{13,96,370}$ |  |  | 11,24,053 |  | 49,077, 448 |  | 11.846,175 |  |  |  | 12,24,444 |  |  |
| G:My Doumenstsook4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | /201711:40 AM and Proprietary |  |

## Enrollment <br> Capitation Revenue Premium Tax

Prenium Tax
Capitation Revenue Net of Premium Tax
Payments for Covered Services for the Month
Medicical Serices
CMS 1450 UB 22 Payments by he Claims Processing System
Inpatient Malernity Inpaient- Maternity
Inpatient - -evorn
Nedical
Impaient-Medical
Inpatient S Surgery
Inpatient Other
Outpaient - Emergency Room
Outpatient LLabogotory
Outpaient- Radiology
Outpatient- Radiology
Ouppatent Surgery
Outpatient Other
Oupatient
Hopppice
Hospice
$\begin{aligned} & \text { Long-remm Care Payments } \\ & \text { Level I Iaciility }\end{aligned}$
Level I Facility
Level II Facility
Home and Community Baesed Services
CMS 150 Paymenns by the Clains Processing System

Prof- Home Heallh
Poro- Maternity
Prof - Surgery
Prof- Surgery
Prof - DME
Prof
Prof - Lab
Prof - -adiology
Prof - Tansportation


| Capitaition Payments |
| :--- |
| Subcontracor Payments for Medical Service |

Other Medicicl (provide descripioion)
Behavioral Health
 Sutpaient Payments by the Claims Processing System
Supported Housing Payments by the Claims Processing Systen
Intenive Outpatient Paymens by the Claims Procesing System Partial Hospiaiization Payments by the Claims Processing System
In Home Payments by the Claims Processing System In Home Payments by the Clains Processing System
Transporataion
apyment
TWenty-Three Hour Payments by he Claims Processing Syster
TMHA Capitaton Payments
Onter Capitation Payments
Onter Capiation
Gran Payms
Non FFS Inpatient
Non-FFS Inpatient
Subcontractor Paynu
Subcontractor Paymens for Mental Health and Substance Abuse Ser
Crisis Serices Team Pass Through
Crisis
Ress
Recover
Total Pay
Recoveries not Reflececed in Claims Payments
Total Payments
UB92 1 BNR
Profesional IBN
LTC $\operatorname{liBNR}$
LTC IBNR
Total IBNR
Pavents
Payments and Remaining IBNR
Medicial Loss Retio, Gross remin
Medical Loss Ratio, Gross Premium
Medical Loss Ratio, Net Premium
Per Member Expense
Premium Tax Paid (Quatert)

Prenium Tax Paid (Quatertly)



G:My DoumenstBook4

| Medical Loss Ratio Report - Total Middle Grand Region |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| AMERIGROUP, Temnesse, , Inc. |  |  |  |  |  |  |  |
| Reporting Month |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Capitation Revenue <br> Premium Tax <br> Capitation Revenue Net of Premium Tax | S52,130,718 | S51,413,103 | S50,43,629 | 549,789,480 | S49, 14, 248 | S48,342,163 | 5628,98,523 |
|  | ${ }^{53,127,843}$ | ${ }^{53,084,786}$ | ${ }^{3,0206,618}$ | \$2,887,369 | 82, 948,955 | \$2,900, 30 | S37,739,011 |
|  | \$49,002,875 | 548,38,317 | \$47,417,012 | S46,802,111 | S46,200,293 | S45,411,633 | S591,24,511 |
| Payments for Covered Services for the Month Medical Services |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Impatient- Newborn | \$2, 54, 1,15 | S1,797,986 | \$2,396,932 | S1,28, 194 |  | \$42,380 | \$23,955, |
| Inpatient-Medical | 82,02, 190 | S1,941,464 | S2, 137,617 | S1,88, 075 | s1,314,499 | 5163,88 | 525,117,258 |
| Inpatient Surgery | \$2,381,781 | S2, 143,399 | S2, 198,527 | S2,471,73 | s1,665,193 | S118,509 | \$26,501,208 |
| Inpatient Other | S232,607 | 57,941 | S174,978 | S170,973 | ${ }_{\text {s86,177 }}$ | 8379 | s3,287,01 |
| Outpatient - Emergency Room | 82,.37,599 | S2,40, 329 | \$2, 51, ,3,55 | S2,40, ,184 | S2,22,2,35 | 1,084,271 | 528,058,522 |
| Outpatient L Laboratory | 586,727 | \$74,936 | \$76,99 | S62,279 | S6,8,3] | s19,758 | S1,06, ,058 |
| Outpatient-Radiology | 5533,354 | S465,000 | S516,203 | \$501, 62 | S470,762 | 5182,401 | S6,47, ,29 |
| Oupatient- Surgery | \$2,06, 183 | S1,907,304 | S2,055,980 | S1,69,490 | S1,78,932 | 5687,42 | \$21,306,985 |
| Outpatient-Other | 5461,647 | 5488,992 | \$544,1,59 | \$46, 5,52 | S441,988 | S126,524 | 55,030,365 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Level IFacility | 87,96,865 | 56,80, 26 | 57,65, 333 | S6,84,991 | 57,03, 226 | 1,381,712 | S84,086,932 |
| Level IIFacilily | S443,141 | S478,127 | \$491,289 | S414,433 | \$380,797 | \$26,56 | S5,224,713 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Prof-E\&M | S6,688,403 | S6,336,627 | S6,805,507 | S5,798,390 | 55,76,694 | \$2,385,216 | 571.84,9, |
| Prof- - Home Healh | \$1,34, 121 | S1,186,084 | S1,259,190 | S1,108,732 | S1,06, 5 ,41 | S291,541 | S14,201,009 |
| Prof- Maternity | \$1,00,966 | \$870,333 | 5991,505 | \$810,971 | s802,922 | ${ }_{5396,176}$ | s10,519,020 |
| Prof Surgery | S550,886 | ${ }^{\text {S501, } 101}$ | ${ }_{5}^{5888,729}$ | ${ }_{5}^{5500,712}$ | S934,164 | S198,79 | $\frac{56,23,404}{5,37954}$ |
| Prof - dme | \$296,325 | 5301,021 | ${ }_{\text {S394,307 }}$ | \$22, 282 | \$281, 856 | S99,604 | 83,79,584 |
| Prof- Lab | \$641,797 | S629,790 | 5684,299 | \$554,689 | S538.899 | \$244,485 | S7,06, ${ }^{\text {c37 }}$ |
| Prof-Radiology | S66,3,30 | S598, 126 | ${ }_{5668,015}$ | \$578, 188 | 5567,35 | 5233,266 | 57,19 |
| Prof- Transporation | S237,304 | S214,277 | S119,418 | S220,967 | 5181,468 | \$97,760 | \$2,50, 3 ,20 |
| Prof - Other | \$2,015,286 | ${ }_{\text {S1, } 1,667,24}$ | ${ }_{\text {S1,954,128 }}$ | S1,664,692 | S1,60, 182 | S715,113 | S21,486,248 |
| Capitaion Payment | \$1,09,2,21 | \$1,066,47 | s1, $, 34,7,23$ | S1,08, 8, 03 | s1,07,002 | S1,057,291 | S12,890,860 |
| Subcontracto Payments for Medical | S167,588 | S153,045 | S194,966 | S160,733 | ${ }_{\text {S133,971 }}$ | \$59,943 | \$1,98, |
| Behaxioral Health |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Inpatent Payments by the Claims Processing System Outpaient Paymenst by he Cliams rocessing System | S1,57,686 | ${ }_{\text {Sl }}^{51,32,377}$ | S1,40,409 | S1.31,019 | ${ }_{\text {S }}^{5007,376}$ | ${ }_{\substack{\text { S13, } 892 \\ 598852}}$ | $\frac{815,99,193}{855181772}$ |
| Outpatien Payments by the Claims Processing System Suppored Housing Payments by the Claims Procesing System |  | $\frac{53,24,4,45}{545,266}$ | ${ }_{\text {S }}$ |  | S, 54950.659 |  | $\frac{505.71,720}{55,72120}$ |
| Intensive Outpatient Payments by the Claims Processing System | 571.084 | \$77,262 | S58,010 | \$47,030 | S52,635 | S14,439 | 5773,966 |
|  | \$33,569 | 520,732 | 523,203 | \$22,645 | S25,657 |  | s280,413 |
| Partial Hospitalization Payments by the Claims Processing System In Home Payments by the Claims Processing System |  | so | so | 50 | so | so |  |
| Transportation Payments by the Claims Processing System Twenty-Three Hour Payments by the Claims Processing System | 837,747 | 528.891 | 535,960 | \$41,610 | 9,416 | 11.78 |  |
|  | S1,057 | S2,196 | S3,168 | 8374 | S82 | s124 | S17,193 |
| Twenty-Three Hour Payments by the Claims Processing System CMHA Capitation Payments | S278,925 | ${ }_{\text {S27, } 5 \text {, } 53}$ | ${ }_{\text {S264,66 }}$ | ${ }_{\text {S26, } 3 \text {, } 58}$ | \$258,591] | S255,281 | S3,313.681 |
| Other Capitaioin Payments | so | so | so | so | so | so | sil1, |
| Cranf Payments | so | so | 50 | so | so |  |  |
|  | so | so | so | so | so | so |  |
| Subcontractor Payments for Mental Health and Substance Abuse Serv Crisis Services Team Pass Through | so | so | 50 | so | so | so | ${ }^{52,82}$ |
|  | so | so | so | so | so | so |  |
| Less: |  |  |  | , |  |  |  |
| Toal Payments |  |  |  | 4406720 | 53705123 | , |  |
|  |  | $\frac{541.588,393}{\text { si.10.627 }}$ | $\frac{545,488,876}{508,32+1}$ | S40,067.299 |  |  |  |
| Professional IBNR | S410,054 | S588,157 | S1,119,811 | S2,271,466 | S4,170,236 | S11,75,111 | S21,026,715 |
| ${ }_{\text {LTCIENR }}$ | 533,920 | 557,136 | ${ }_{\text {S13,469 }}$ | \$605.912 | \$910,988 | \$8.02, 6,79 | S9,812,7 |
|  | \$82,990 | S1,750,20 | S1.882, 222 | \$4,611,367 | 59,34, ,640 | 533,508,533 | S56,420,211 |
| Payments and Remaining ISNRMedical Loss Ratio GrossPremium | ${ }^{546.642,572}$ | S43,289,313 | ${ }_{\text {S47,351,488 }}$ | 541,678.796 | S46,392,872 | S46,041,949 | ${ }_{\text {S554, 101, } 563}$ |
|  | $89.47{ }^{\text {c/ }}$ | $84.20 \%$ | $9.8 .87 \%$ | $89.74 \times 6$ | 94.399 | $95.24 \%$ | 88.09 |
| Per Member Expense | 99.188\% |  |  |  |  | (101.32\% | $\frac{93.725}{527536}$ |
|  | S274.46 | 5200.03 | 529.96 |  |  | 5298.34 |  |
| Premium Tax Paid (Quarerely) |  | 3,366,88 |  |  | 27,496,89 |  | 118,083,049 |



| Medical Loss Ratio Report - Total East Grand Region |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| мсо |  |  |  |  |  |  |  |  |
| AMERIGROUP, Tennessee, Inc. |  |  |  |  |  |  |  |  |
| Reporting Month |  | 2017 |  |  |  |  |  | $\begin{gathered} \hline \text { For the Year } \\ \text { Ended } \\ 6 / 30 / 2017 \\ \hline \end{gathered}$ |
| Enrolment | ember | Janary | February | March | April | May | June |  |
|  | ${ }_{100,33}$ | 138,451 | ${ }^{136,52}$ | ${ }^{13,8} 8$ | 132 | 128.515 | 122.489 |  |
| Capitation Revenue Premium Tax | S49,636,509 | 546,889,823 | S46,102,305 | S45,33,285 | 544,747,291 | S43,642,17 | 541827330 | 191, |
|  | \$2,978, ,91 | \$2,81,389 | 52,76, 138 | \$2,71,997 | 52,68,8,87 | S2,618,527 | \$2,50,40 | S34,391,46 |
| $\underset{\text { Premium Tax }}{\text { Capitation Revenue Net of Premium Tax }}$ | \$46,658,18 | \$4,07, 4,33 | \$4,336,16] | \$42,61,288 | \$42,062,43 | \$41,023,50 | \$39,317,690 | S388,99,65 |
| Payments for Covered Services for the Month Medical Services |  |  |  |  |  |  |  |  |
| CMS 1450/UB 92 Payments by the Claims Processing System |  |  |  |  |  |  |  |  |
| Impaient-Maternity | S902.503 | \$699,34 | S600,050 | \$675,308 | S552,127 | 5494,878 | 595,560 | 57,59,23 |
| Inpaient- Newborn | \$1,096,332 | \$2,24,980 | s1,40,785 | ¢1,104,540 | S924,75 | S516,424 | S65,021 | S15,067,64 |
|  | \$1, 88.9 .90 | \$1,32,075 | \$1,30,590 | \$1,27,483 | \$1,31,247 | S722,391 | S99,646 | S15,017.83, |
|  | S2, 48,7,75 | 82,319,944 | S4,57,740 | S1,75,208 | \$1,76,733 | 81, 17,993 | S19,0,06 | S27,23, 3 , ${ }^{\text {a }}$ |
| Inpaieite- Surgery Inpatient Other | S209,307 | 52006,272 | s154,996 | S178,434 | s157,039 | 584,988 | S2,299 | \$2,670,33 |
| Inpatient Other | S2,23,054 | S2,37,244 | S2,25,3,311 | 82,37,014 | 52,18, 486 | S1.69,975 | S809,257 | 525,726,55 |
|  | $54,5,84$ | 544,35 | 545,688 | 550,877 | \$41,191 | 538,409 | s15,293 |  |
| Outpatient- Laboratory Outpatient-Radiology | S610,050 | S025,742 | \$579,300 | S885,236 | S510,119 | S226,578 | S219,427 | 57,28, |
| Outpatient- RadiologyOutpaient- Surgery | S1,20,869 | \$1,43,598 | s1,47,17 | ¢1,58,059 | \$1,23, ,654 | s1,17, 8, 18 | S372,792 | 815,781,727 |
|  | S372,735 | S360,679 | 5350,407 | 5887,851 | \$343,323 | \$299,533 | sioo, 13 | \$4,083,664 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Level IFacility Level IFacility | S665.568 | S553,450 | S493,988 | S478, 122 | \$477,253 | ${ }_{\text {S44,3,48 }}$ | S22,827 | ${ }_{\text {S6,464,973 }}$ |
| Level II Facility Home and Communty Based Services | S1,60,439 | 81,05,936 | S1,464, +29 | 81,161,162 | \$1,41,3,64 | S1,42, [85 | S668,662 | ${ }_{\text {s17, } 776,715}$ |
|  |  |  |  |  |  |  |  |  |
| $\underset{\substack{\text { CMS } \\ \text { Prof - E\&M }}}{\text { L50 Payments by the Clains Processing System }}$ | \$4,36,660 | 55,05,677 | S4,74,797 | S4,95,769 | S4,118,060 | S4,02, 3,5 | 81.60,614 | S52,40, 27 |
| Prof - Home Health | ${ }_{\text {si00, } 350}$ | S178,518 | ${ }_{\text {S157,731 }}$ | S167,225 | ${ }_{\text {S185,261 }}$ | S177,146 | ${ }^{531,186}$ | S2, 189,288 |
| Prof-Matenity | S645,304 | \$775,032 | S645,266 | S634,426 | S538, 101 | S583,805 | S227,026 | 87,789,695 |
|  | S347, 884 | \$433,399 | S407,177 | \$438,798 | ¢359,861 | ¢362,908 | S13,433 | S4,640, 61 |
|  | S273,93] | \$24,962 | 5311.506 | \$23,276 | \$288,081 | s21, $5^{58}$ | 994,311 | \$2,965,686 |
| ${ }_{\text {Prof - DME }}^{\substack{\text { Prof -Lab }}}$ | \$393,961 | S477,2,85 | 5488,342 | S501, 223 | S409,507 | S003,259 | ${ }_{\text {sil7,897 }}$ | S5, 252,780 |
|  | S420,371 | 5465,952 | S430,909 | \$454,601 | S410,233 | S421,770 | S1995,02] | S5,204,072 |
| Prof- Transporation | S208, 138 | \$22,641 | \$207, 389 | \$196,986 | S206,022 | S198,657 | 588,739 | \$2,453,0,0,0, |
| $\underset{\substack{\text { Prof- Other } \\ \text { Capiation } \\ \text { ayments }}}{ }$ | ¢1,67,965 | ¢1,80, 4, | s1,20,731 | 51,88, 3,368 | \$1.93,746 | s1,51,331 | S537,719 | ${ }_{520,367,071}$ |
| Capitation Payments | ${ }_{\text {S1, } 122,3,32}$ | s1,111,006 | S1,102,463 | s1.04,982 | 51, 107.893 | S1,08, ${ }^{\text {a }}$, |  | ${ }_{\text {S13,109, } 19}$ |
| Subcontractor Payments for Medical Services | \$88,913 | s101, 32 | S100,922 | S148,702 | \$112,840 | 581,848 | ${ }^{53,3,087}$ | \$1,272,206 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | ${ }_{\text {si,70, }, 507}^{8232352}$ |  | ${ }_{\text {S71,931 }}^{\text {s1.13,988 }}$ | $\xrightarrow{599,172}$ S475000 |  |
| Supported Housing Payments by the Claims Processing System | S110,851 | S115,918 | S112.398 | S132,04 | S117,832 | ¢993,429 | ${ }_{\text {s15,778 }}$ | $\frac{5}{\text { S1, 12, } 2737}$ |
| Intensive Outpatient Payments by the Claims Processing System | 557219 | S56,75 | 548.254 | S47,680 | S43,438 | \$42,760 | \$4,949 |  |
| Partial Hospitilization Payments by the Claims Processing SystemIn Hone Payments by the Claims rocessing Syster | ${ }_{\text {S52.68s }}$ | 578,075 | 885,403 | S69,613 | S46,121 | S58,099 | 500 | 869 |
|  |  |  |  | so | so |  | so |  |
| In Home Payments by the Claims Processing System | \$22,945 | ${ }_{526,058}$ | S25,433 | ${ }_{524,955}$ | ${ }_{\text {824, } 169}$ | 820,766 | 220 | ${ }_{5811,275}$ |
| Twenty-Three Hour Payments by the Claims Processing System | 5234 | S527 | ${ }_{53,85}$ | 9975 | \$2,880 | 53,988 | so |  |
| CMHA Capitation Payment | ${ }_{\text {S14,908 }}$ | S144,738 | S143,480 | S139,75 | ${ }_{\text {S139,415 }}$ | S136,165 | S128,091 | 572,99 |
|  |  |  |  | so | so | so | so |  |
| Other Capitaioin Payments Grant Payments | so | so | so | so | so | so | so |  |
| Non-FFS Inpaient | so | so | so | so | so | so | so |  |
| Subcontractor Payments for Mental Health and Substance Abuse Serv Crisis Services Team Pass Through | so | so | so | so | so | so | so |  |
|  |  | so | so | so | so | so | so |  |
| Less: |  |  |  |  |  |  | , |  |
| Toal Paymer | S38.820,810 | 541,018,360 | ${ }_{\text {S3, } 2929,582}$ | S33,268,504 | 834,787,627 | S31, 23, ${ }^{\text {che }}$ | s.8.88,943 | s44,076,3, |
| UB92 IBNR | \$918,090 | \$267,260 | 5780,384 | \$1,46,331 | \$1,60,669 | S4,01, 3 ,78 | S12,163,977 | 821,74,4,4 |
|  | S236,628 | S299,044 | ${ }_{\text {S } 232,148}$ | S896,284 | S1,80,569 | S4,04,958 | 57,48, 059 | 815,790,6 |
| LTCCIBNR | s109,821 | \$150,492 | \$161, 807 | \$259,516 | S855,425 | s1,36,512 | s10,934,171 | ${ }_{\text {s14, } 136,30}$ |
|  | \$1,26,5,59 | 571,796 | \$1,45,3,39 | \$2,25, 130 | \$4,20,6,63 | ¢9,47, 848 | \$30,536,207 | ${ }_{\text {S51,701,430 }}$ |
| ${ }_{\text {Total IBNR }}^{\text {Payment sad Remaining IBNR }}$ | S40,085,399 | ${ }^{541,735,132}$ | S41,394,920 | 893.635 | 048,200 | 715.210 | 425, 150 | 5,77. |
| Payments and Remaining ISNR Medical Loss Ratio, Gross remium | $\frac{80.76 \%}{8509 / 0}$ | ${ }^{89.0 .16 \%}$ | ${ }_{\text {89,79\% }}$ | ${ }^{22.4160}$ | $87.26 \% /$ | 93.2996 | $94.26 \%$ | ${ }^{86,999}$ |
| Medical Loss Ratio, Net Premium | $\frac{8.9796}{5825.63}$ |  | ¢830.19 |  | ${ }_{\text {¢ } 229436}$ | 9316.81 | ${ }_{\text {S321. }}^{6}$ | ${ }_{5330073}$ |


| Medical Loss Ratio Report - Total West Grand Region <br> MCO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| AMERIGROUP, Temessee, Inc. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reporting Month |  |  | ${ }_{\text {lean }} 2015$ |  |  |  | For the Year |  |  | 201 |  |  |  |  |  |  |  |  |  | For the Year |  |  | 2016 |  |  |
|  | Janary | Febuary | ${ }_{\text {larchere }}^{\text {Inere }}$ | April | May | ${ }_{\text {June }}$ | $\underset{\substack{\text { Ended } \\ 6802015}}{ }$ |  | August | Seplember | Oocober | Novermer | December | ${ }^{\text {Janary }}$ | February | ${ }_{\text {March }}^{\text {Inco }}$ | April | May | June |  | July | August | Incuree | Ocober | , mber |
| Enrollment | 116.110 | ${ }^{115,55}$ | 114.389 | 115.816 | 116 | 117.84. | ${ }^{696}$ | 119 | 121.470 | 123.100 | ${ }_{124,42}$ | ${ }^{126,159}$ | ${ }^{128,31}$ | 130,109 | ${ }^{131,295}$ | ${ }^{133.147}$ | ${ }^{134}$, | ${ }^{133}$ | ${ }^{134,}$ | 1.541.3 | ${ }^{135}$. | ${ }^{135,096}$ | ${ }^{134,644}$ | 134,401 | 134 |
| Capitation Reverue | S32.212,025 | \$31.84,0.065 | S31.511.452 | S36,715,059 | S36,799.142 | S37.107,011 | 5206, 15, 5, 373 | S37.542,469 | S388.160,238 | S38.67, 141 | \$39,404,977 | S40.010,027 | S40,732, 130 | S40,09, 0,09 | S40,919,516 | 54, 23, 1,44 | 541,699,120 | 541,599,773 | S41,90, 027 | S482, 53, 8 .83 | \$42,351.506 | S42, 169,313 | 541,941,588 | S41,596,809 | S41, 36 |
| $\underset{\text { Premium Tax }}{\text { Cenitan }}$ |  | S1,712,244 |  | \$2,019,328 | \$2,02.33) |  | \$11,338.544 |  | \$2,289,614 | \$2,320,628 |  | \$2,400,602 | \$2,443,928 | \$2,441,701 |  |  |  |  |  | S28,951,854 | S2, |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Payments for Covered Services for the Month Medical Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $1450 / \mathrm{UB} 92$ Payment by |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inpatient-Matenity |  | ${ }_{\substack{\text { ¢712, } \\ \hline 1.857 .388}}$ |  |  | S699999 52.18591 |  | Sti.5, | ¢ |  |  |  |  | ${ }_{\substack{\text { S883,706 } \\ \hline 1.582423}}$ | ${ }_{\text {S }}^{\text {S90.801 }}$ |  | S888,184 ¢1, |  | S. |  |  | ${ }_{\substack{\text { S995.862 } \\ \hline 1,321.140}}$ |  | S886,600 | Star.083, |  |
| Inpatient-Medical | S2248,900 | S1,97, 840 | S2.88,2,282 | S1.58, 194 | S1,48,1,52 | S2, ¢8, 4, ${ }^{\text {a }}$ | \$11,599,624 | s1,78, ,25 | \$1,22,4,455 | 51, 899,38 | ¢2, 39, 6,75 | \$2,023, 25 | ${ }_{52,188,235}$ | S1,80,471 | S22,02, 1, 50 | S2,16,370 | S2,29,4,44, | 81,76,974 | S1,63, 6,26 | S23,906,90 | S1,27, 128 | \$1,457.056 | 81.88, 27 | S1,984,09 | ¢1,22, |
| Inpatient-Surgery | ${ }^{52,831,477}$ | s2.099,388, | S2,76.676 | ${ }_{\text {Sl }}^{51860,471}$ | 52,67,018, | S2.720,126 | S14,967,126 | ${ }_{\text {S20,06, } 23}$ | ${ }^{\text {S2, 20, } 234}$ | S2.36,311 | S2, 385, [52 | ${ }_{\text {S2, 37, } 12,29}$ | ${ }^{52,34,7,75}$ | ${ }^{52,335,366}$ | ${ }^{52,00,8,86]}$ | S2,16,931] | S2.091,480 | ${ }^{\text {S2, } 614,362}$ | ${ }_{\text {S1, } 23,9,93}$ | 527,177,022 | 51,787.780 | ${ }_{\text {Sl }}^{51,875,771}$ | S2, 54,284 | ${ }_{\text {S2, } 258,322}$ | ${ }_{\text {S1,66, }}^{517]}$ |
| Inpatient Other | 579.40 | silv, 840 | S75,822 | S38,267 | S77,46 | sis8,274 | 5481,288 | ${ }_{\text {sil4,2 } 25}$ | S86,644 | ${ }_{518,6,74}$ | S146,496 | S127, 054 | S43,288 | S162, 176 | S139,756 | Sl194,033 | S126,877 | sil0, 119 | S227.477 | S1,682,200 | S488,520 | S132,299 | silo, 035 | ${ }^{\text {S368,814 }}$ | ${ }^{5216,388}$ |
| Outpatient-Emeregeny Room | S2.020.047 | ${ }_{\text {s } 1.611,520}$ | ${ }_{5}^{51.877,27}$ | 52,01.662 | 51.954,035 | S1,88,117 | 11.206,785 | ${ }_{\text {S }}^{5}$ | ${ }_{\text {S2, } 118.963}$ | ${ }^{52,13,9,35}$ | ${ }_{52,266415}$ | ${ }_{\text {S2, 24, } 1,165}$ | (2,213,421 | ${ }^{\text {S2,377.318 }}$ | ${ }_{\text {82,307, } 23}$ | ${ }^{52.553,319}$ | ${ }^{82,40,236}$ | ${ }^{\text {S2,371,455 }}$ | ${ }_{\text {S2, } 418,379}$ | S27.350,452 | ${ }^{52,261,362}$ | ${ }_{5}^{52,26,113}$ | ${ }^{52144.636}$ | S2.115,628 | [2.016,94] |
| Outpatient Laboratary | 540.860 | S32.30 | 599,673 | ${ }^{\text {S37,439 }}$ | S44,722 | ${ }^{547,658}$ | S24,002 | S44,545 | ${ }^{\text {S5 5, } 432}$ | S46,410 | S45,481 | S40,165 | 536,839 | ${ }^{544,248}$ | 843,927 | $\mathrm{S}_{56,003}$ | S88,744 | ${ }_{\text {S4,3,32 }}$ | ${ }_{\text {S51,089 }}$ | ${ }_{\text {S } 567.214}$ | ${ }_{559,628}$ | S46,837 | S24,299 | S44,931 |  |
| Outpatient-Radiology | S592.691 | ${ }_{\text {S } 500.522}^{56327}$ | ${ }_{5025,382}$ | Stis | 5612.846 | S5828.83, | S3,566,214 | S 5 S72,432 | S610, 184 |  |  | ${ }_{\text {S6024838 }}$ | $\frac{566,123}{51062107}$ |  | $\frac{561,6,63}{\text { S129411 }}$ | $\frac{5}{5(50,022}$ | $\frac{5640.58}{S_{127981}}$ |  |  | $\frac{57.37 .083}{513.4597}$ |  | ${ }_{\substack{5603,36 \\ 51.093030}}$ |  |  |  |
| ${ }_{\text {Oupaiel- }}$ Surgery | S997,186] |  | S8374,490 | S292,594 | 5944,170 | ${ }_{\text {S1, } 1041,380}$ | ${ }_{55,397,506}^{53}$ | S1.22, 5 , 69 | ${ }_{\text {S1, } 08,3,934}$ |  | ${ }_{51,159,729}^{5920}$ | ${ }_{\text {S1, } 1.04,0,3,3}$ |  | ${ }_{\text {s, } 1,555.589}$ | $\frac{51,294411}{543}$ | ${ }_{\text {Sl, } 113,384 .}^{\text {S }}$ | S1,279,811 | ${ }_{\text {Sl, } 30,2,34}^{5074}$ | S1,29,102 |  | ${ }_{\text {Sl, 114,257 }}$ | ${ }^{51.093,3030}$ | S1,00, 327 | Sl.061,43 |  |
| Outpatient-Other |  | \$473,170 | \$504,220 |  |  |  |  |  |  |  |  |  |  |  | $\xrightarrow{\text { S403, } 49}$ |  |  |  |  |  | S428,901 |  |  |  |  |
| Hospice | S266,241 | S239, 133 | ${ }_{5801,323}$ | \$392,903 | 5467,319 | \$452,760 | S2,20.0.65 | ${ }_{\text {S49, } 188}$ | ${ }_{5226,984}$ | \$471, 88 | ${ }_{5}^{5998.403}$ | ${ }_{\text {S475,203 }}$ | S492,37 | ${ }_{5} 5223 / 36$ | S488,063 | ${ }_{\text {S510.622 }}$ | ${ }_{\text {S492,236 }}$ | \$885,790 | S486,964 | ${ }^{\text {S5,917,733 }}$ | S499,911 | ${ }_{\text {S5 } 513,103}$ | ${ }_{5} 8480,435$ | \$513,366 |  |
| Level Ifacility | 53,47,952 | 83,00, 805 | 53,68,688 | 56,47, 695 | 56,797,001 | 96,54,942 | 830,005.683 | 57,30,400 | 57,24, 179 | 57,27, ¢86 | 58,022.56] | 57,822,855 | 58,24,727 | 58,38,678 | 57,62,075 | S8,25,733 | S8,06,6,35 | S8,43, 9,28 | S8,24,0,00 | 595,129,64 | S8.880,80 | 58,91, 6,35 | 58,476.449 | S8.691,22 | 88,167,3 |
| Level IIFaciily | 88,94 | 8350,086 | S668,456 | S688,632 | 8737,988 | 5709,173 | 3,343, 129 | 576, 4, 15 | 5757,905 | 500,523 | 5761499 | 5759,087 | 8759,075 | 5733.677 | S666,991 | ${ }_{5673,465}$ | 520,465 | ${ }_{\text {873, }}$ | S67, 680 | 88,78,276 | S669,361 | ${ }^{5641,759}$ | S6094,420 | S589,190 |  |
| Home and Community Based Serices | S683,245 | S538, 396 | S563,.880 | S1,27, 57, | \$1,27, 5, 7 | S1,158,382 | S5.48,7877 | Sl,22, 2485 | S1,205, 22 | S1,203,216 | S1.278,399 | S1,23, 2,021 | S1,32,462 | S1,24, [49 | S1,23, ${ }^{\text {c/272 }}$ | S1,34,9,93 | S1,32, 8, | S1,36,201 | S1,39,1014 | S15,372,413 | S1,40, 3,85 | $\mathrm{S}_{1.505,42}$ | S1,474,486 | ${ }_{\text {s, } 1,510,214}$ | s1,515,92 |
| (cNs 1500 Paymens by the Claims Processing System | ${ }_{53,113,391}$ | 82843,193 | ¢3,12.426 | 83,30,930 | ¢3,020, 03 | ¢3,40926 | S18,901.60] | ${ }_{53,94,450}$ | ${ }_{93,812,34}$ | ¢8,76,221 | ${ }_{83,571,102}$ | 85,520,42 | S3,701,297 | 83,970,381 | ¢4,39, 298 | S4,33,423 | ${ }_{5}^{4}, 54.8,86$ | S4,692386 | S4,52, 5 ,54 | S48, 876.281 | S4,231733 | $5+985.164$ | 54.511.42 |  |  |
| Prof - Home Healh | S309792 | ${ }^{5241.698}$ | S202, 511 | S24,53 | S23,426 | \$248,273, | , 8,25 | \$302, 918 | ${ }_{8336,673}$ | ${ }^{\text {s34,1,357 }}$ | 352,59 | S424,095 | \$48, 114 | S44,307 | \$418,1] | S442,964 | S479,389 | \$482,12 | \$481,21 | \$4,900,81 | S466,324 | S488, 390 | S452, 847 | 5400.948 |  |
| Prof- Maternity | S666,047 | S333,278 | S446,43 | ${ }^{543,5,5}$ | S491,991 | S779,270 | \$2,710,65] | 5516.599 | 5543,795 | \$596,1897 | S540,676 | S5s7,747 | S588, 13. | S669,122 | S646,007 | S615,109 | 5559,580 | S604, 160 | 5610,381 | S7,074,49 | \$576,487 | S661,551 | \$661,605 | S594.118 | S668, |
| Prof-Surgery | S225,717 | S226,404 | S266,727 | S264,6888 | \$299,933] | ${ }_{\text {S354,913 }}$ | S1,66,922 | ${ }_{\text {836, } 9595}$ | ${ }_{\text {8355,009 }}$ | S409,72 | ${ }_{\text {S887,666 }}$ | ${ }_{\text {S306, } 3 \text {, }}$ | ${ }_{\text {8324,805 }}$ | ${ }_{\text {S223,530 }}$ | \$370,330 | ${ }_{5407,789}$ | ${ }_{\text {8775,290 }}$ | ${ }_{\text {S880,613 }}$ | S866,322 | ${ }^{84,397,561}$ | S446,644 | ${ }_{\text {S431, } 2,22}$ | ${ }_{5431,313}$ | ${ }^{\text {444,4,48 }}$ |  |
| Prof - DME | ${ }_{\text {s22,42 }}$ | S100,04 | S13,027 | ${ }_{\text {sil6,6,614 }}$ | ${ }_{\text {s13,5,316 }}$ | S142, 190 | 5769,933 | ${ }_{5143,954}$ | ${ }_{\text {s172, } 365}$ | \$245,618 | 5289,062 | ${ }_{\text {s17, } 1434}$ | 523,122 | S229,25s | S23, 142 | 5282,317 | ${ }_{5}^{5249} 6.63$ | s219,045 | 5207,74 | 82,68,1,30 | 5215,505 | ${ }_{\text {S180, } 365}$ | 5258,970 | 5216,922 | 5298. |
| Prof - Lab | S438,757 | S865,609 | S431,4212 | ${ }_{5}^{528,502}$ | ${ }_{\text {S446,044 }}$ | S400, 301 | S2.410,676 | ${ }_{5421,751}$ | ${ }_{5}^{5422^{1}, 33}$ | S427,539 | ${ }_{53988.366}$ | ${ }_{\text {S372, 9988 }}$ | \$8880,676 | ${ }_{5045}^{505658}$ | ${ }_{\text {S469,976 }}$ | ${ }_{5487,594}$ | ${ }_{5488,631}$ | ${ }_{5412.595}$ | ${ }_{5}^{5454,953}$ | 85,828,871 | S523,060 | ${ }_{\text {S546,501 }}$ | 5408, 058 | ${ }_{5}^{5146,1,59}$ | ${ }_{5}^{5335}$ |
| $\underset{\substack{\text { Prof - Radiology } \\ \text { Prof -Tansporation }}}{ }$ | S317,386 <br> 227,64 | S275,8, | S337,033 |  | $\xrightarrow{533350.59}$ | $\underset{\substack{5679,94 \\ 5221,717}}{5}$ | S |  |  | S378,769 |  |  | S390,618 | S385,977 ${ }_{\text {S25,513 }}$ | ${ }_{\substack{\text { s403,7893 } \\ 5253,35}}$ | ${ }_{\substack{\text { S47,783 } \\ \hline 828,265}}$ |  | ¢ |  |  | Sti2,011 |  | S418,411 |  | $\frac{5888.0}{580.0}$ |
| Prof- Other | \$1,213,207 | \$989,409 | S1,104,091 |  | S1,04,950 | s1,07, [161 | S6,56,467 | S12,23,722 | S1,376,974 | S1,35, 5 ,07 |  | S1,294,810 | \$1,316,436 | S1,35,447 | S1,534,278 | S1,672,686 | S1,589,185 | S1,527,011 | S1,455,098 | S17,064,410 | \$1,45,788 | ${ }_{\text {S } 1,812,623}$ | S1,60,400 | S1,65.008 | S1,99, |
| Capitation Payments | S1,961,49 | \$1,961,37] | S1,91,901 | S1.88,804 | 51.85,499 | s1.87, 600 | \$11,48, 62 | s1.84,9988 | s1,990,051 | S1,97,539 | S1,94,9080 | S1,952,208 | 52026,521 | S1.85, 86 | s1.54,711 | s1,55,389 | s1,56, 052 | s1.53, 7, 7 | S1.530,710 | 821,017, 8 S | \$1.58, 179 | 81, 23, 768 | S1,499,237 | ${ }_{\text {s1, } 475.527}$ | S1,466. |
| Subcontractor Payments for Medical Serices Oher Medical (povide decreriou) | S42.562 | 578.019 | S4, 5 S20 | $\stackrel{59,1.856}{50}$ | 56.3788 | ${ }_{56,5830}^{50}$ | s39, 1.66 | $\frac{5110.484}{\text { so }}$ | ${ }_{\text {sil7, } 70}$ | ${ }_{\text {S122. } 6101}^{50}$ | ${ }_{\text {S11, } 3 \text { S6 }}^{\text {so }}$ | ${ }_{\text {si22,46 }}^{\text {so }}$ | ${ }_{\text {s84. } 480} 80$ | ${ }_{\text {998,207 }}^{50}$ |  |  | ${ }_{\text {sil4,21] }}^{\text {so }}$ | $\frac{583,509}{50}$ | ${ }_{\text {S64,90 }}^{50}$ | $\frac{\text { s1.232.098 }}{\text { s0 }}$ | ${ }_{\text {S103.672 }}^{50}$ | ${ }_{\text {S137,366 }}^{\text {so }}$ | ${ }_{\text {S120.676 }}^{50}$ | ${ }_{\text {sil }}^{\text {si, } 299}$ |  |
| Behaxioral Heath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Si88,789 | S81.,633 | S908,101 | $\xrightarrow{\text { S969,234 }}$ | S882.132 | Stips.50 | S1.01,.991 |  | S997.33, | $\frac{51.19,949}{\text { s.120, }}$ | ${ }_{\text {Sols, }}$ |  | $\frac{5.119,004}{\text { Slua }}$ | Sti.6.184, | St,21,095 |  | Stilitis5 | $\frac{51,20.988}{\text { sti }}$ | S13,74.0888, |  | $\frac{51.31,900}{\text { s.12005 }}$ |  |  |  |
|  |  | S851,384 | S972,237 | S973,271 <br> 57,29 | ¢982,239 | ¢ |  | $\frac{5977.387}{595222}$ | S971,800 | S982.366 |  |  |  |  | S1,357.214 |  |  |  |  |  |  | $\underbrace{\substack{\text { S23,3,3 }}}_{\text {S1,29,0,45 }}$ | ${ }_{\substack{\text { si, 25, } 766 \\ 5218,307}}$ | ¢ |  |
| Intensive Ouppaient Payments by the Claims Processing System | S18,919 | S22,088 | S31,27 | S25,403 | S18,912 | 529,578 | S150,097 | \$42,150 | S37728 | 93,239 | \$48,930 | \$53,355 | S427,73 | 5343372 | S3,9503 | S36,008 | S52,058 | 548.511 | S48,0,39 | S517,205 | S36,47] | \$41,422 | S43,666 | \$50,815 |  |
| Patrial Hospitilization Paymenss by the Claims Processing System | S9,079 | S17,800 | 518.815 | S18,482 | S88,290 | S32782 | S13,227 | S31,794 | S34,400 | S18,950 | 813,700 | S19, 848 | 832,000 | S25,524 | ${ }^{52,130}$ | S33,10 | 529,950 | 523,383 | S25,500 | ${ }_{\text {830, } 888}$ | ${ }_{521,525}$ | 880,750 | 830.950 | ${ }_{831,671}$ | S18, |
| In Home Payments by the Clains Processing System |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | so |  |  |  |
| Transporation Payments by the Claims Processing System | ${ }_{\text {81, } 3,00}$ | S12,744 | S12,704 | S11,268 | S16,879 | S13,944 | ${ }_{\text {S85,581 }}$ | S11.684 | S19,015 | \$17,069 | ${ }_{\text {S32,704 }}$ | S30,232 | ${ }_{\text {83, } 3 \text {. } 622}$ | ${ }_{\text {834,718 }}$ | ${ }_{\text {S36,933 }}$ | ${ }_{542,3,35}$ | ${ }^{\text {S31.503 }}$ | S31.022 | ${ }_{\text {S34,928 }}$ | ${ }_{\text {S363, } 35}$ | S35.470 | ${ }^{\text {B3,3,36 }}$ | \$26,988 | ${ }^{521,364}$ | ${ }_{5}^{52,1}$ |
| Tweny--Thee Hour Payments by the Claims Processing System |  |  |  |  |  | 596 | s1,04 |  | silos |  |  |  | 8110 | 8883 | ${ }_{5856}$ | 82.673 | 5213 | ${ }_{833}$ | 52, 10 |  | S972 | ${ }^{8351}$ | 53,613 | 82,66 |  |
| CMHA Capitation Payments | 598, 13 , | 598,133 | 598, 13 , | ${ }_{\text {S90,341 }}$ | sil0,0,15 | ${ }_{\text {sil2, 285 }}$ | ${ }_{\text {S956,981 }}$ | ${ }_{\text {sio3,64] }}$ | S10, 5 , ${ }^{\text {ch }}$ | SIIO, 3 , | ${ }_{\text {siop, } 3 \text {, }}$ | S110.240 | S111,699 | ${ }_{5113,419}$ | ${ }_{\text {S114,823 }}$ | 8117,988 | ${ }_{\text {s11,2,36 }}$ | ${ }_{\text {s11,744 }}$ | ${ }_{\text {S118,73 }}$ | ${ }_{\text {S1,351, } 43}$ | 9,833 | ${ }_{\text {S11, } 534}$ | 119,050 | 118,239 | sil7, |
| Oother Capitation Payments Grant Payments | so | so | so | so | so | so |  | so | so | so | so | so | so | sol | - | so | so | so | So | $\frac{\text { sol }}{50}$ | sol | so | ${ }^{50}$ | so |  |
| Non-FFS Inpatient | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | ${ }_{50}$ | so | so | so | ${ }_{50}$ | so |  |
| Subcontractor Paymenss for Mental Health and Substane | so | so | so | so | so | so | so | so | so | so | so | so | so | so |  | so |  | so | so |  | so |  | so |  |  |
| Crisis Serices Team Pass Through | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so | so |  | so | so | so | so |  |
| ${ }_{\text {Recoveres sot Reflected in Claims Payments }}$ | so | so | S0 |  |  | so |  | So | $\mathrm{so}^{5}$ | So | So |  | so | so | ${ }^{50}$ | so | so | so | so |  | so | ${ }_{50}$ | so | so |  |
|  | 52,.87.1188 | S23,75.3.30 | ${ }^{526,164,315}$ |  | ${ }^{\text {s30,744,306 }}$ | S30.80, 8.82 | S168,026.3644 | ${ }_{532.622 .655}^{505958}$ | ${ }^{\text {S32.472.63 }}$ | S3.0.75.068 | S35.203.199, | S33.877,0101 | ${ }^{5353.37713}$ |  | ${ }_{5}^{53,836.652}$ | 536,707.036 | 53,052.129 |  |  | \$417,852.312 | S3.39, 51404 |  | (835.692.199 |  |  |
|  |  | so | ${ }_{\text {so }}$ |  | ${ }_{\text {so }}^{\text {so }}$ | $\frac{.588,620}{-528.620}$ | $\xrightarrow{5828,620}$ |  |  | ${ }_{-523,485}^{\text {- }}$ |  | $\frac{\text { S390,298 }}{-530.68}$ |  | - |  | $\frac{.544 .587}{-54714}$ | $\frac{.540,299}{-541,46}$ | ${ }_{-5 \text { - } 5884.4,978}$ |  |  |  |  | S460,200 |  |  |
| LTC ibnk | so | so | so | so | so | so | so | so | s9 | 5779 | . 825 | 93,077 | S2,435 | 5526 | S2,85 | S6,43 | S2,135 | \$5,206 | 52,734 | S1,081 | S1,486 | \$5,280 | s6,819 | \$12,74 | S22.09 |
| 1 BNR | so | so | so |  | so | .55,241 | -55,241 | S118,717 | ${ }_{\text {S14,2,260 }}$ | ${ }^{\text {S46,105 }}$ | -5796.106 | s777,288 | S880,926 | S596,194 | S884,592 | \$887,559 | 5884,560 | S774738 | [893, 0,4] | ${ }^{56,8,14,20}$ | . 6651,452 | S2,197,01 | 5886,688 | ${ }_{\text {8819,675 }}$ | S300, 6 |
|  | 22.87\%.118 8 | ${ }_{\text {cki.75.309 }}^{74.619}$ |  | ${ }^{\text {52, } 283,588}$ | ${ }_{580,746,306}$ | 880,73,441 | $\frac{\text { S16,9,96,073 }}{81.4880}$ |  |  | $\frac{833.08,963}{85,408}$ |  |  |  |  |  |  | ${ }_{5}^{535.167 .5688} 8$ | ${ }^{836.145 .488} 8$ | ${ }_{\text {S35.246,873 }}^{84.1088}$ | S411.038,109 |  | ${ }_{\text {cis }}^{58,44.228}$ |  |  |  |
| Medical Loss Ratio, Net Premium | 88.29\% | 78.95\% | 87.86 |  |  | $87.67 \%$ | $88.22 \%$ | 92.116\% | 90.93\% | $90.85 \%$ |  | ${ }_{87} 8.936$ | 90.076 | ${ }_{90,35 \%}$ |  | 924246 | 89.83\% | 92.43\% |  |  | $87.26 \%$ |  |  |  |  |


| Medical Loss Ratio Report - Total West Grand Region |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| AMERIGROUP, Tennessee, Inc. |  |  |  |  |  |  |  |  |
| Reporting Month |  | 2017 |  |  |  |  |  | $\begin{gathered} \text { For the Year } \\ \text { Ended } \\ 6 / 30 / 2017 \\ \hline \end{gathered}$ |
| Ilment | December | Janary | February | $\xrightarrow{\text { March }}$ | April | May | June |  |
|  | 133.460 | ${ }^{131.560}$ | 133.089 | ${ }^{127,618}$ | ${ }^{126.643}$ | 20.04 | 112.097 | 1.556,207 |
| Capitation Revenue Premium Tax | S40,852,980 | \$39,991,762 | 839, 58.95 | \$88,563,245 | 588,196,325 | 836,70,733 | \$34,536,481 | S47, 190,277 |
|  | S2,451,179 | ${ }^{22,381,506}$ | \$2,34, ${ }^{\text {a } 22}$ | \$2,313,795 | 52,291,79 | S2,206,24 |  |  |
| Capitation Revenue Net of Premium Ta | 538,401,801 | \$37,310,256 | \$36,809,173 | S36,24, 4, 50 | ${ }_{\text {S35,904,45 }}$ | 834,564,489 | \$32,466,292 | \$48, |
| Paymmens for Covered Services for the Month |  |  |  |  |  |  |  |  |
| Medical SericesCMS $1450 \sim$ İB 92 Payments by the Claims Processing System |  |  |  |  |  |  |  |  |
| Inpatient - Maternity | \$812,741 | 5880,933 | S25,196 | S719,935 | \$475.532 | \$551.687 | 8116.856 | \$8,55, 826 |
|  | S1,582,165 | S1,307,276 | S1,23, 821 | s1,01,271 | 5766,816 | S473,718 | 58,5,59 | s14,251 |
|  | S2,192,998 | S1,73,0,085 | s1,72,083 | S1,50,331 | s1,107,320 | S925,849 | \$2, 171 | S17,989,601 |
| Inpatient-Medical Inpatient - Surgery | S1,648,771 | s1,706,017 | S1,48, 03, | s1,66, 35 | s1,427,711 | S906,943 | 8112, 184 | S18,567,488 |
| Impatient Other | S167,245 | S164,572 | S188,978 | \$332,936 | s192, 125 | 5998,292 | 83,500 | 82,463,700 |
| Outpatient- Emergency Room | \$1,97,043 | s2,16,970 | S2.05, 104 | S2, 178,854 | S2,054,911 | \$1,72,728 | 5753,90 | S23,66 |
| Outpatient -LaboratoryOutpatient-Radiosy | 836,654 | \$40,600 | 538,386 | 538,886 | 533,947 | ${ }_{577,382}$ | S9,482 | 5465,997 |
|  | ${ }_{\text {S367,4] }}$ | \$368, 846 | \$376,920 | ${ }_{\text {S365,430 }}$ | ${ }_{\text {S354, } 824}$ | ${ }_{\text {S276,359 }}$ | S86,191 | ¢4,616,573 |
| Outpatient Radiology | 5823,067 | 5985.812 | s1,07, 590 | S1, 14, 074 | ${ }_{5915,421}$ | ${ }^{5722,220}$ | ${ }^{5241,526}$ | ${ }_{\text {sl1, } 28.559}$ |
| Outpatient- Surgery Oupatient Ooter | 5497,915 | \$574,386 | \$553,988 | \$658,49 | \$595,743 | ${ }_{5955,3,24}$ | ${ }_{\text {S133,561 }}$ | 55.86 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Level I Facility Level II Facility | S8,24,724 | S8,047, 13 | 57,229,999 | S7,941,984 | ${ }_{57,222,788}$ | 57,34,2,34 | 1,54, 249 | ${ }_{590,725,82}$ |
|  | ${ }^{5667,044}$ | \$583,380 | \$524,633 |  | \$492.896 | S463,777 |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | ${ }_{54,180,740}$ | ${ }_{54,61,641}$ | S4,44, 85 | S4,612,041 | ${ }_{54,091,48}$ | ${ }_{53,40,678}$ | S1,23,942 | S49,519,37] |
|  | S449,519 | \$421,163 | S412, 199 | \$411,695 | \$3392,215 | S332,469 | 878.687 | S4,861, 6 |
|  | 5612,380 | \$587,879 | \$594,700 | \$573, 3,3 | \$528,439 | S477,967 | s16, ${ }^{\text {a } 64}$ | S6,670,039 |
|  | ${ }_{\text {S349,009 }}$ | \$882,265 | ${ }_{\text {S413,404 }}$ | ${ }_{\text {S385,934 }}$ | ${ }^{\text {S37, } 1688}$ | ${ }_{\text {¢337, } 59}$ | S170.579 | S4,474,63, |
| ${ }_{\substack{\text { Prof- Surgery } \\ \text { Prof - -MME }}}$ | S260, 279 | \$1880,063 | ${ }_{\text {S1 } 15,3,394}$ | ${ }^{5215,903}$ | ${ }_{\text {S } 145,426}$ | ${ }_{\text {S180,985 }}$ | S74,376 | ${ }^{52,380,727}$ |
| Prof- Lab | \$334,786 | S441,052 | \$435,429 | \$467,391 | ${ }_{\text {S394,717 }}$ | ${ }_{\text {S334,781 }}$ | \$135,569 |  |
| ${ }_{\text {Prefer }}^{\substack{\text { Prof Radiolog } \\ \text { Prof-Transporation }}}$ | ${ }_{5833,438}$ | ${ }_{5424,900}$ | ${ }_{\text {S005, } 188}$ | \$419,267 | ${ }_{5} 504,423$ | 8374,794 | S149,880 | 54,663,57 |
|  | ${ }_{\text {S24, }}^{5}$,64 | 5238,242 | ${ }_{5218,706}$ | \$230,176 | ${ }_{\text {S221,480 }}$ | S199,42 | S84,295 | 52,74,297 |
| Prof - Transportation <br> Prof - Other | S1,437,70\| | S1,53, 107 | ${ }_{\text {si, } 59,2,254}$ | S1,60,401 | ${ }_{\text {S1, } 123,715}$ | ${ }_{\text {S1, } 318,161}$ | ${ }_{5469,586}$ | S17,509,468 |
| Capitaion Payment | S1,54,007 | S1,688,037 | S1,64,209 | s1,598,819 | S1,616, 151 | S1,546,109 | S1,397,462 | S18,482.591 |
| Subcontractor Payment for Medical Services | S88,048 | S97,034 | S99,424 | s124,499 | S119,44 | 578,289 | S33,883 | S1,22, ${ }^{\text {a } 21}$ |
| Other Medical (provide description) |  | so |  | 50 | so | so |  |  |
| Inpatient Payments by the Claims Procesing System | ¢1,327,288 | S1,466,133 | s1,20,344 | S1,38, 523 | S1.160.80 | 5775,060 | ${ }_{\text {810,226 }}$ | s13,77, 22 |
| Outpatient Payments by the Claims Processing System | S1,209,512 | S1,384,27 | S1,28,7,04 | s1,397,521 | st,227,856 | S900,051 | ${ }_{\text {S276, } 189}$ |  |
| Supported Housing Payments by the Claims Processing System Intensive Outpatient Payments by the Claims Processing System | ${ }_{5234,528}$ | \$255, 35 | \$253,230 | \$257,214 | \$228,497 | S160,899 | S4,040 | s2,57, 5 |
|  | S42,743 | 839,242 | S32,928 | ${ }_{83}^{83,024}$ | 529,392 | S25,43 | s6,96 | \$430,257 |
| Partial Hospitaization Paymenst by the claims rocoessing System | ${ }^{53,84}$ | ${ }^{528,203}$ | ${ }^{545,907}$ | ${ }^{551,330}$ | ${ }_{52,293}$ | ${ }^{533,750}$ | s1,400 | ${ }_{8860,7}$ |
| In Home Payments by the Claims Processing System |  | so | so | so | S224 | so | so |  |
| Transportation Payments by the Claims Processing System <br> Twenty-Three Hour Payments by the Claims Processing System | S36,000 | S22,175 | \$22,311 | S28,691 | s19,229 | ${ }^{\text {S27,148 }}$ | S10,398 | ${ }_{\text {8,37,311 }}$ |
|  | S6,362 | S4,222 | S2,600 | \$5,100 | S4,093 | S2.386 | so | ¢34,118 |
| Twenty-Three Hour Payments by the Claims Processing System CMHA Capitation Payments | S117,251 | S115,212 | ${ }_{\text {S } 114,669}$ | sil1, 880 | ${ }_{\text {sill }}^{585}$ | $\stackrel{\text { si0, } 45}{ }$ | ¢ | ${ }_{\text {s } 1,367.813}$ |
| ${ }_{\text {CMHA Capiation Payments }}^{\substack{\text { Coter Capition Payments }}}$ | so | so | so | so | so | so | so |  |
| ${ }_{\text {Grant Payments }}$ | so | so | so | so | so | so | so |  |
| Non-FFS Inpatient | so | so | so | so | so | so | so |  |
| Subcontracor Paymenst for Mental Healt and Substance Abuse Serr Crisis Services Team Pass Throug | so | so | ${ }^{\text {s0 }}$ | ${ }_{50}$ | so | so | so |  |
| Crisis Services Team Pass Through | so | so | so | so | so | so | so |  |
|  | so | 50 | 50 | so | 50 | so | so |  |
| Recoveries not Reffected in Claims Rayments Toal Payments | S33,901,600 | 534,405,739 | \$32,322,068 | 53, 13,5.41 | \$30,011,711 | S26,256,429 | 58,939,788 | 376,484,562 |
| UB92 IBNR | S303,751 | S225,437 | S1,22, 2,77 | \$891, 85 | S1,719,3717 | ¢3,479,212 | S9,994,260 | 520,36,527 |
| Professional IBNRITC IBNR | \$244,136 | S400,010 | \$561, 23 | \$943,944 | si,510,301 | 83,84, 6 , | S6,57, 6,3 | \$15,276,344 |
|  | 833,178 | 558,739 | 574,186 | S141,646 | ${ }_{\text {S546,223 }}$ | ${ }^{\text {5937,956 }}$ | 57,623,088 | 99,433, |
| LTC IBNR Toal IBNR | 9583,064 | S1, 18, 1,187 | S1,89,986 | \$1,97,935 | ${ }_{5}^{5}, 775,840$ | S8,26, 8 ,33 | 524,199,491 | 545,086,270 |
| ${ }_{\text {Total ISNR }}^{\text {Payments and Remaining IBNR }}$ | ${ }^{34,484,724}$ | ${ }^{\text {S33,58, }, 295}$ | 834,181,754 | S36,112.476 | 83,787.611 | ${ }^{\text {S34,523,262 }}$ | ${ }^{\text {S32,588,259 }}$ | ${ }^{5421.570 .832}$ |
|  | $84.416^{6}$ | 89.679 | 87.29\% | 93.44\% | $88.46 \%$ | 93.89\% | 94.36\% |  |
|  | 89.80\% | 95.39\% | 92.86\% | 99,62\% | 94.10\% | 99.88\% | 100.38\% | 93.986/ |


[^0]:    If no,

    1. State the amendment number
    2. Date filed
    3. Number of pages attached
[^1]:    (a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
    NAIC 1 \$
    . 5,734,416 ; NAIC 2 \$
    0 ; NAIC 3 \$
    0 NAIC 4 \$
    0 ; NAIC 5 \$
    ... 0 ; NAIC 6
    .0

