

Provider ID: 999 By SITE  
 Phone Number: (999) 999-9999 Provider: MNNNNNNNN HOSPITAL NNN  
 Address: 99999 SAMPLE BLVD  
 STE 999 UNKNOWN, CA 99999-9999

Member	MEMBERS INFO										Member	Group	Pl	Sat	Risk*		
Last, First Name	MI	Sex	Prod	G	Birth	Eff Date	Member ID	HIC CODE	ID#	Code	Prvd	Phy	1	2	3		
4	5	6	7	8	DCG	E Date	Can Date										
CIN#	Aid	Pro	MCR-STAT	Aid													
	Cod	Cod	A	B	D	Cat											
XXXXX, YYYY Z	X	X999999999	999999999X						99XXX9	XX9	999	999999	X	X	9		
X X X X X		99999	XXX	XX01/01/XX	01/01/XX												
Change Desc: Provider Rules Change										Eff: 01/XX							
PH: 999 99999999																	
XXXXX, YYY Z	X	X999999999	999999999X						99XXX9	XX9	999	999999	X	X	9		
X X X X X		99999	XXX	XX01/01/XX	01/01/XX												
Change Desc: Provider Rules Change										Eff: 01/XX							
PH: 999 99999999																	

\*Member Risk Data: 1 = Part A Stat, [Values: Y = Part A, N = Part A Equivalent]  
 2 = Medicaid Stat, [Values: Y/N]  
 3 = Member Status, [Values: 0 = Standard, 1 = ESRD, 2 = Hospice, 3 = Institutionalized]  
 4 = Working Aged, 5 = Medicaid Add-on, 6 = Default Risk Factor, 7 = Disabled [Values: Y/N]  
 8 = Dialysis\_Ind [Values : Y/N]

Provider ID: 999 By SITE  
 Phone Number: (999) 999-9999 Provider: MNNNNNNNN HOSPITAL NNN  
 Address: 99999 SAMPLE BLVD STE  
 999 UNKNOWN, CA 99999-9999

Member	MEMBERS INFO										Member	Group	Pl	Sat	Risk*		
Last, First Name	MI	Sex	Prod	G	Birth	Eff Date	Member ID	HIC CODE	ID#	Code	Prvd	Phy	1	2	3		
4	5	6	7	8	DCG	E Date	Can Date										
CIN#	Aid	Pro	MCR-STAT	Aid													
	Cod	Cod	A	B	D	Cat											
XXXXX, YYYY Z	X	R999999999	999999999X						99XXX9	XX9	999	999999	X	X	9		
X X X X X		99999	XXX	XX01/01/XX	01/01/XX												

Change Desc: Provider Rules Change Eff: 01/XX

PH: 999 9999999

XXXXXX, YYYY Z X R99999999 999999999X 99XXX9 XX9 999 999999 X X 9  
 X X X X X 99999 XXX XX01/01/XX 01/01/XX

Change Desc: Provider Rules Change Eff: 01/XX

PH: 999 9999999

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 Factor, 7 = Disabled [Values: Y/N]  
 8 = Dialysis\_Ind [Values : Y/N]

SPC\_RPT\_BRM\_30

HEALTH NET SENIORITY-PLUS CAPITATION

03/27/15

ACTIVITY ANALYSIS REPORT FOR THE MONTH

04/15

Page: 275

By SITE

Provider ID: 999  
 Phone Number: (999) 999-9999

Provider: MNNNNNNN HOSPITAL NNN

Address: 99999 SAMPLE BLVD

STE 999

UNKNOWN, CA 99999-9999

Member	MEMBERS INFO				Member	Group	Pl	Sat	Risk*
Last, First Name MI	PIP SCC	Prod G	Birth	Eff Date	HIC CODE	ID#	Code	Prvd Phy	1 2 3
4 5 6 7 8	DCG	E Date	Can Date						
CIN#	Aid Pro	MCR-STAT	Aid						
	Cod Cod	A B D	Cat						

\*\* Site Total \*\*

Activity Description	Number of Members
ADDS: Add Contract	99
Reinstate Contract	99
Hosp/Prov Transfer In	99
** Total Adds:	999
CANCELS: Cancel Contract	99
Hosp/Prov Transfer Out	99
** Total Cancels:	99
OTHER CHANGES: Change Address	99
Change County Code	99
Change Members' OED	9
Change Members' DOB	9
Change Members' Name	9
Group Transfers	99
Status Changes	999
Age Changes	99
Prv Rules Change	9,999
Group Rates Change	9
CMS Rate Change	99
Prv Eff Date Change	9
Phys transfer in	99
Phys transfer out	99
Phys Eff Date Change	9
Cin num Change	9

14919\_MA\_Capitation Activity Analysis Report\_BRM 30\_04.01.15.pdf.txt

Prj cod Change 9  
Aid cod Change 9  
Aid cat Change 9  
Med stat A Change 9  
Med stat B Change 9  
Med stat D Change 9

\*\* Total Misc Changes: 9,999

NET MEMBERSHIP CHANGES (Total ADDS - Total CANCELS): 99

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