



PARENT PPG NAME: ABC Medical Group, Inc.

PARENT PPG #: 1177

SETTLEMENT PERIOD: 01/2010 THROUGH 12/2010

CONTRACT TERMS						1	Footnotes:
Is the prescription cost target	based on CA	AB model?				YES	(1)
If not on CAB model:							
A. Target as a % of		=	4014)			N/A	(2)
B. Target as a flat p		per month (PN	IPM):		+	N/A	(3)
Target prescription cost (PMPI	VI)				\$	64.6139	(4)
2010 UNADJUSTED PRESCRIPTION EXPER	IENCE						
Total pharmacy prescriptions						21,346	
Unadjusted prescription cost F	MPM				\$	158.84	
Member months (pharmacy el		ber months)			X	7,028	≻ <b>(5)</b>
Total paid claims	<b>J</b>				\$	1,116,345.63	ζ-,
Average unadjusted cost per p	rescription			!	\$	52.30	
2010 PRESCRIPTION COST ADJUSTMENTS	5						
Injectable medications							
Total injectable med	lication pre	scriptions				22	
Average injectable	•	•	ription		\$	857.77	(6)
Total amount paid			•		\$	18,870.92	> ( )
Injectable prescripti	-				\$	2.69	
2010 ADJUSTED PRESCRIPTION EXPERIEN	ICF						
Adjusted prescriptions						21,324	(7)
Adjusted prescription cost PM	PM			!	\$	156.16	_ (-)
PHARMACY SETTLEMENT (DEFICIT)				!	\$	-321,684.14	(8)
APPLIED SHARING SPLITS AND UPSID	E/DOWNSI	DE LIMITS:					
Downside sharing split:						50%	
Downside settlement limit (% of shared	risk budget	):				N/A	(9)
Downside settlement limit (PMPM):						N/A	
Downside settlement limit (% of comme	rcial profes	sional capitation	on):			N/A	
						1	
PPG Satellites Included in this Settlement:							
1177 1178 1179 1180	1694	1695	1799	1909		(10)	
5131						• - •	
				_			

- (1) Revenue funding method flags. Options are YES for percent of CMS payment as shown on Addendum C.2; NO for PMPM rate.
- (2) If revenue funding method is NO, and Rx budget is a percentage of CMS revenue, than percentage is shown. Currently not applicable.
- (3) If revenue funding method is NO, and the Rx budget is a PMPM rate, than the PMPM rate is shown.
- (4) If revenue funding method is YES, than PMPM of the percentage of CMS payment as shown on Addendum C.2.
- (5) Gross pharmacy data.
- (6) Injectable medications are excluded from the pool.
- (7) Net pharmacy prescriptions and PMPM.
- (8) The settlement/deficit equals the revenue less adjusted prescription cost with the sharing splits applied.
- (9) Upside or downside sharing split and settlement limits, if applicable.
- (10) The pharmacy is reported on the parent level; this shows the individual satellites that are included.

# SHARED RISK PHARMACY SETTLEMENT EXAMPLE

# 2007 FINAL COMMERCIAL PHARMACY SETTLEMENT

**PSA 1998 PLUS** 

PARENT PPG NAME: ABC Medical Group, Inc.

PARENT PPG #: 1234

SETTLEMENT MONTHS: 01/2007 THROUGH 12/2007 health net

CONTRACT TERMS			Footnotes:
Pharmacy Shared Risk Budget (PMPM)	\$	15.00	(1)
Demo/Plan Factor (Not Applicable)	•		(2)
Adjusted Target Prescription Cost (PMPM)	\$	15.00000	(3)
2007 UNADJUSTED PRESCRIPTION EXPERIENCE			1
Total Pharmacy Prescriptions		2,092	
Unadjusted Prescription Cost Per Member Per Month (PMPM)	\$	25.89	(4)
Member Months (Pharmacy Eligible Member Months)	x	2,975	
Total Paid Claims	\$	77,015.60	
Average Unadjusted Cost Per Prescription	\$	36.81	
2007 PRESCRIPTION COST ADJUSTMENTS		_	
HIV Drugs		)	
Total HIV Drug Prescriptions		12	
Average HIV Drug Cost Per Prescription	\$	455.21	
Total Amount Paid for HIV Drugs	\$ \$	5,462.50	(5)
HIV Prescription Cost PMPM	Þ	1.84	(5)
Injectable Drugs			
Total Injectable Drug Prescriptions		2	
Average Injectable Drug Cost Per Prescription	\$	121.65	
Total Amount Paid for Injectable Drugs	\$	243.30	
Injectable Prescription Cost PMPM	\$	0.08	
2007 ADJUSTED PRESCRIPTION EXPERIENCE			
Adjusted Prescriptions		2,078	(6)
Adjusted Prescription Cost PMPM	\$	23.96968_J	
PHARMACY SETTLEMENT (DEFICIT)		(13,342.40)	
APPLIED SHARING SPLITS AND UPSIDE/DOWNSIDE LIMITS:		_	
Downside Sharing Split:		50%	
Downside Settlement Limit (% of Shared Risk Budget): (if applicable)		N/A	> <sup>(7)</sup>
Downside Settlement Limit (PMPM): (if applicable)		N/A	
Downside Settlement Limit (% of Commercial Professional Capitation): (if applicable)		N/A_)	

PPG Satellites Included in this Settlement:

1234 456 789 **(8** 

- (1) Shared Risk PMPM as stated in contract.
- (2) Age, Sex, and benefit plan adjustment if applicable.
- (3) Shared Risk Age, Sex, and benefited adjusted PMPM.
- (4) Gross Pharmacy Data.
- (5) HIV and Injectable Adjusted.
- (6) Net Pharmacy Prescriptions and PMPM.
- (7) Upside or Downside Sharing Spilt and Settlement Limits if applicable.
- (8) The Pharmacy is reported on the Parent level, this show the individual satellites that are included.

## SHARED RISK HMO SETTLEMENT EXAMPLE

STANDARD HMO 2007 FINAL SHARED RISK SETTLEMENT

PSA 1998 PLUS

SETTLEMENT MONTHS: 01/2007 THROUGH 12/2007 PPG# 1234 health net ABC Medical Group - Alpha City Footnotes: Gross Shared Risk Revenue PMPM \$ 87.40 (1) 1.084547 (2) Demo/Plan Adjustment 5,849 (3) Member Months **Gross Shared Risk Revenue** 554,423,41 Less: Reinsurance Cost (1) 80,446.84 Transfer Reinsurance Cost (4) 1,525.92 Out of Area Service Adjustment (2) **Net Shared Risk Revenue** 472,450.65 Less Incurred Claims: Prior Years' Claims Paid 4/2007 - 3/2008 30,327.55 Current Claims: Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 12/2007 299,701.14 Future Claims: Claims Incurred 1/2007 - 12/2007, Paid 1/2008 - 3/2008 97,845.84 ESRD Claims (If Applicable) 0.00 Additional Claims 0.00 Home Infusion/DME Service Adjustment 7,135.78 Claims over Stop Loss (Deducted from Incurred Claims) 0.00 (4) Net SR Revenue Less Incurred Claims: 37,440.34 50.00% Subject to: 20.00% Capitation Limit (3a) PPG's Share of Gain: PPG's Share of Loss: 50.00% Subject to: 20.00% Capitation Limit (3b) **Shared Risk Settlement (Deficit)** 18,720.17 (1) Reinsurance Cost Gross Shared Risk x Reinsurance Rate \$554,423.41 14.51% \$80,446.84 OOA Service Cost x Adjustment Rate (2) OOA Service Adjustment \$7,629.62 20.00% \$1,525.92 (3) Settlement Limits (a) Max Gain: \$83,522.19 (5) (b) Max Loss: N/A (4) Transfer Reinsurance Member Months x PMPM Transfer Reinsurance Rate 5,849 0.00 \$0.00 (5) Professional Capitation \$417.610.93

- (1) Shared Risk PMPM as stated in contract.
- (2) Age, Sex, and benefit plan adjustment if applicable.
- (3) Member months for the settlement months being reported.
- (4) Any claims over the stop loss threshold are added back, usually 80% since 100% of the claim amount is deducted in the incurred claims buckets. By adding the 80% back, the shared risk claims pool is only charged 20% of the claim as indicated in the contract.
- (5) Detail calculation of deductions, and Total Professional Capitation for the reporting period.

### SHARED RISK POS SETTLEMENT EXAMPLE

SMALL GROUP POS

2007 FINAL SHARED RISK SETTLEMENT

PSA 1998 PLUS

SETTLEMENT MONTHS: 01/2007 THROUGH 12/2007

PPG # 2345 ABC Medical Group - Zada City



1 (Before Den	no/Plan Adjustment)	PMPM Budget Bef 72.71		x Inst	titutional Multiplier = 1.100	PMPM Budget After Multiplier 79.98	
1 (Before Den	no/Plan Adjustment)	72.71			1.100	79.98	(1)
							(1)
					Х	0.710809	(2)
					х	1,308	(3)
djusted for	Multplier and Demo/Plar	n			\$	74,360.42	_
Cost (1)					-	11,905.10	
					\$	62,455.32	
Prior Years'	Claims Paid 4/2007 - 3/200!	8			-	1,730.65	
Tier 1 Claims	s Incurred 1/2007 - 12/2007	7, Paid 1/2007 - 3/2008			-	178,297.88	
Tier 2 Claims	s Incurred 1/2007 - 12/2007	7, Paid 1/2007 - 3/2008			-	5,009.93	
Tier 3 Claims	s Incurred 1/2007 - 12/2007	7, Paid 1/2007 - 3/2008			-	0.00	
Additional C	laims				-	0.00	
ESRD Claims	(If Applicable)				-	0.00	
Out-of-Area	Claims Adjustment (2)				-	73.10	
Claims over	Stop Loss (Deducted from Ir	ncurred Claims)			+_	0.00	(4)
aims:					\$	(122,656.24)	
50%	Subject to:	20% Capitation Limitation	n				
50%	Subject to:	20% Capitation Limitation	ı		_		_
cit)					\$	(14,284.17)	_
			\$				(5)
			×_				(6)
by Multiplier			\$				(7)
			Ţ <del>-</del>		58,922.20		_(8)
			\$			19,640.73	
			-				
			-				
			<u>-</u>		91.56		_
			\$			19,248.33	
Prior Years'	Claims Paid 4/2007 - 3/2008	8			-	362.12	
Tier 2 Claims	s Incurred 1/2007 - 12/2007	7, Paid 1/2007 - 3/2008			-	5,837.43	
Tier 3 Claims	s Incurred 1/2007 - 12/2007	7, Paid 1/2007 - 3/2008			-	462.00	
Additional C	laims				-	0.00	
Claims Over	Stop Loss (Deducted from I	ncurred Claims)			+_	0.00	(4)
red Claims:					\$	12,586.78	_'
50%	Subject to:	100% Capitation Limitation	n				
(Deficit)					\$	6.293.39	
=	Gross Shared Risk Adjuste	d for Multiplier x Reinsurance Ra	ite		*	2,233.33	_
=	\$74,360.42	X	16.01%		=	\$11,905.10	
=	Out-Of-Area Service Cost	x Adjustment Rate					
=	\$365.50	х	20.00%		=	73.10	
=	Paid Cap / Percent of Cap		of Can				
_	\$58 922 20				_	\$58 922 20	
_	JU,JZZ.ZU	·			-	JJ0,522.20	(9)
=	\$11.635.37	1633	JUUJ.20				>(*)
		Revenue) x Member-Months					(
=	•	X	1.308		=	\$0.00	
=			.,_ 30			\$0.00	
=	\$0.23	X	1,308		=	\$300.84	
			.,500			4200.04	1
=	OON Prof. Rate x Membe	r-Months					
	Prior Years' 0  Tier 1 Claims Tier 2 Claims Tier 3 Claims Additional C ESRD Claims Out-of-Area Claims over: sims: 50% 50%  cit)  Prior Years' 0 Tier 2 Claims Tier 3 Claims Additional C Claims Over red Claims: 50%  c (Deficit)  = = = = = = = = = = = = = = = = = =	Prior Years' Claims Paid 4/2007 - 3/2007 Tier 1 Claims Incurred 1/2007 - 12/2007 Tier 2 Claims Incurred 1/2007 - 12/2007 Tier 3 Claims Incurred 1/2007 - 12/2007 Additional Claims ESRD Claims (If Applicable) Out-of-Area Claims Adjustment (2) Claims over Stop Loss (Deducted from Instines: 50% Subject to: 50% Subject to: icit)  Prior Years' Claims Paid 4/2007 - 3/2007 Tier 2 Claims Incurred 1/2007 - 12/2007 Tier 2 Claims Incurred 1/2007 - 12/2007 Tier 3 Claims Over Stop Loss (Deducted from Instines: 50% Subject to: icit)  Prior Years' Claims Paid 4/2007 - 3/2008 Tier 2 Claims Incurred 1/2007 - 12/2007 Additional Claims Claims Over Stop Loss (Deducted from Instines) 50% Subject to:  (Deficit)  Gross Shared Risk Adjuste Syd,360.42 Out-Of-Area Service Cost: Syd,360.42 Out-Of-Area Service Cost: Syd,360.42 Syd,	Prior Years' Claims Paid 4/2007 - 3/2008 Tier 1 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008 Tier 2 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008 Tier 3 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008 Additional Claims ESRD Claims (If Applicable) Out-of-Area Claims Adjustment (2) Claims over Stop Loss (Deducted from Incurred Claims)  sins:  50% Subject to: 20% Capitation Limitation 50% Subject 1/2007 - 1/2/2007, Paid 1/2007 - 3/2008 Tier 2 Claims Incurred 1/2007 - 1/2/2007, Paid 1/2007 - 3/2008 Additional Claims Claims Over Stop Loss (Deducted from Incurred Claims)  red Claims:  50% Subject to: 100% Capitation Limitation  (Deficit)  = Gross Shared Risk Adjusted for Multiplier x Reinsurance Research Subject to: 100% Capitation Limitation 50% Subject to: 100% Capitation Limitation 60% Subject 50% Subject 60% Su	Prior Years' Claims Paid 4/2007 - 3/2008  Tier 1 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Tier 2 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Tier 3 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Additional Claims  ESRD Claims (Applicable)  Out-of-Area Claims Adjustment (2)  Claims over Stop Loss (Deducted from Incurred Claims)  Inims:  50% Subject to: 20% Capitation Limitation  50% Subject to: 20% Capitation Limitation  cit)  Symptom	Prior Years' Claims Paid 4/2007 - 3/2008  Tier 1 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Tier 2 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Tier 3 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Additional Claims  ESRD Claims (if Applicable)  Out-of-Area Claims Adjustment (2)  Claims over Stop Loss (Deducted from Incurred Claims)  sims:  50% Subject to: 20% Capitation Limitation  50% Subject to: 20% Capitation Limitation  cit)  \$  Prior Years' Claims Paid 4/2007 - 3/2008  Tier 2 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Tier 2 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Tier 3 Claims Incurred 1/2007 - 12/2007, Paid 1/2007 - 3/2008  Additional Claims  Claims Over Stop Loss (Deducted from Incurred Claims)  red Claims:  50% Subject to: 100% Capitation Limitation  (c) Coefficit)  = Gross Shared Risk Adjusted for Multiplier x Reinsurance Rate  = \$74,360.42 x 16.01%  = Qut-of-Area Service Cost x Adjustment Rate  = \$365.50 x 20.00%  = Paid Cap / Percent of Cap Upfront - Paid Cap    less   Aids and Trans Out of Cap  = \$58,922.20   82.50%    less   \$863.28  = \$11,635.37  = Transplant Rate (for OON Revenue) x Member-Months  = \$0.00 x 1,308	Prior Years' Claims Paid 4/2007 - 3/2008     Tier 1 Claims Incurred 1/2007 - 1/2/2007, Paid 1/2007 - 3/2008     Tier 2 Claims Incurred 1/2007 - 1/2/2007, Paid 1/2007 - 3/2008     Tier 3 Claims Incurred 1/2007 - 1/2/2007, Paid 1/2007 - 3/2008     Additional Claims     ESIND Claims (if Applicable)     Claims over Stop Loss (Deducted from Incurred Claims)     Since     Sow Subject to:	Prior Years' Claims Paid 4/2007 - 3/2008

- (1) Shared Risk PMPM as stated in contract.
- (2) Age, Sex, and benefit plan adjustment if applicable.
- (3) Member months for the settlement months being reported.
- (4) Any claims over the stop loss threshold are added back, usually 80% since 100% of the claim amount is deducted in the incurred claims buckets. By adding the 80% back, the shared risk claims pool is only charged 20% of the claim as indicated in the contract.
- (5) Net POS Capitation paid to PPG after deducting withhold.
- (6) Professional POS multiplier.
- (7) Gross POS Capitation before withhold.
- (8) 82.5% to bring withhold to equal 17.5% of Small Group POS Professional POS capitation.
- (9) Detail calculation of deductions.

# SHARED RISK MEDICARE SETTLEMENT EXAMPLE

MEDICARE HMO 2007 FINAL SHARED RISK SETTLEMENT

**PSA 1998 PLUS** 

SETTLEMENT MONTHS: 01/2007 THROUGH 12/2007

PPG # 456

ABC Medical Group - Alpha City



ABC Medical Group - Alpha City						Heaturnet			
								Foot	
Member Months							163	(1)	
Shared Risk Revenue as a Pero	ent of Premium						43.88%	(2)	
Applicable Medical Revenue	(0	Gross Reve	enue Model)			х	159,214.24	(3)	
Gross Shared Risk Revenue						\$	69,863.21	(4)	
Less:	Reinsurance Cost (1)					-	3,582.32		
	Out-of-Area Service A	Adjustmen	t (2)				0.00	_	
Net Shared Risk Revenue						\$	66,280.89	_	
Less Incurred Claims:									
	Prior Years' Claims Pa					-	(627.97)	)	
Current Claims: Claims Incurred 1/2007 - 1/2007, Paid 1/2007 - 12/2007							84,410.49		
Future Claims: Claims Incurred 1/2007 - 1/2007, Paid 1/2008 - 3/2008						-	653.09		
	Additional Claims					-	0.00		
	Home infusion/DME S	Service Ad	justment			-	1,670.75		
ESRD Claims (if applicable)							0.00		
Claims over Stop Loss (Deducted from Incurred Claims)							0.00	(5)	
let SR Revenue Less Incurr	ed Claims:					\$	(19,825.47)	)	
PPG's Share of Gain: 50% Subject to:				20% €	apitation Limit (3a)				
PPG's Share of Loss:			)% Subject to:	20% C	apitation Limit (3b)				
Shared Risk Settlement (De	ficit):					\$	(9,912.74)	)	
1) Reinsurance Cost		=	Gross Medical Revenue	Reinsurance Ra	te			-	
		=	\$159,214.22	x	2.25%				
		=			\$3,582.32				
(2) OOA Service Adjustment		=	OOA Service Cost x Ad	justment Rate					
		=	\$0.00	x	20.00%				
		=			\$0.00	> (6)			
(3) Settlement Limits	(a) Max Gain:	=	N/A						
	(b) Max Loss:	=	(\$12,074.16)						
(4) Professional Capitation		_	\$60,370.80			J			

- (1) Member months for the settlement months being reported.
- (2) Shared Risk Budget as a percentage of Medicare Revenue.
- (3) Medicare Revenue received from CMS
- (4) Net Shared Risk Revenue
- (5) Any claims over the stop loss threshold are added back, usually 80% since 100% of the claim amount is deducted in the incurred claims buckets. By adding the 80% back, the shared risk claims pool is only charged 20% of the claim as indicated in the contract.
- (6) Detail calculation of deductions, and Total Professional Capitation for the reporting period.