

HEALTHY LOUISIANA
Dental Benefit Plan Manager
Certification Statement
Revision date 5/20/2016 v1

FINAL ANNUAL CERTIFICATION STATEMENT OF

MCNA Insurance Company

to

Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
HEALTHY LOUISIANA
HEALTHY LOUISIANA - Dental Benefit Plan Manager

FOR THE PERIOD ENDING

12/31/2017

Name of Preparer	<u>Edward Strongin</u>
Title	<u>Chief Financial Officer</u>
Phone Number	<u>800-494-6262 ext 189</u>

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Plan's agreement or contract with the Louisiana Department of Health and Hospitals/Bureau of Health Services Financing. Failure to sign a Certification Statement will result in DHH/BHSF non acceptance of the attached reports.

04/30/2018
(Date Signed)



Signature

CFO

Title

Financial Reporting Template Supplemental Instructions

This template has been set up as the Financial Reporting Guide for Prepaid Organizations, participating as contracted entities with the Louisiana Department of Health and Hospitals.

1. On the Certification cover sheet, fill in health plan name, quarter ended, preparer's information and signatures. Signatures should be signed in BLUE ink and submitted electronically in PDF format separately from Excel spreadsheet.
2. Enter information in red cells only in all worksheets. Each worksheet must be prepared separately.
3. Enter appropriate HEALTHY LOUISIANA DENTAL BENEFIT PLAN name and quarter ending dates on rows 9 and 20 of the Certification Statement.
4. Each quarter, prior to entering information, zero the region profitability spreadsheets and supplemental schedules (red cells only). The totals on the total profitability spreadsheet should agree to the quarterly amounts on the Income Statement.
5. Parent company audited financial statements (AFS), if applicable, is an additional report that should be included with the Contractor's year-end Financial Statements. The parent AFS should be embedded in tab N.
6. The Agreed Upon Procedures report, if applicable, should be embedded in Schedule O.

7. Submit electronic copies to:
Brandon.Bueche@LA.GOV

Send hard copy with certification signature to:

Brandon Bueche
Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
628 North 4th Street
Post Office Box 91030
Baton Rouge, Louisiana 70821 - 9030

8. With the exception of the annual audit related Schedules N through Q, all worksheets should be submitted every quarter.
9. Confirm that audit check figures below match. If they do not match, please provide reconciliation for any differences.

10. Check Figures

MCMA Insurance Company
For the period ended 12/31/2017

Quarterly Dental Expense Summary = Income Statement

Schedule D Incurred Dental Provider Claims = Income Statement Dental Provider Claims (Quarter)
Schedule D Incurred Other Dental Claims = Income Statement Other Dental Claims (Quarter)

YTD Dental Expense Summary = YTD Income Statement

Schedule D Incurred Dental Provider Claims = Income Statement Dental Provider Claims (YTD)
Schedule D Incurred Other Dental Claims = Income Statement Other Dental Claims (YTD)

	Amount 1	Amount 2	
\$	38,769,324	\$	38,769,324
\$	-	\$	-
\$	151,073,692	\$	151,073,692
\$	-	\$	-

Please explain the variance in Schedule R

	Yes	No
<input checked="" type="checkbox"/>		<input type="checkbox"/>
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<input checked="" type="checkbox"/>		<input type="checkbox"/>

Schedule M TPL Subrogation recoveries = Income Statement, Line 24 for QTR
Schedule N Fraud and Abuse recoveries = Income Statement, Line 25 for QTR
Schedule I Utilization Expenses = Income Statement, Line 20 for QTR
Grand Total Net Income (Loss) on Total Profitability Statement = QTR Net Income (Loss) on Income Statement?
if answering no to any check figures, provide explanation and reconciliation in Schedule R.

MCNA Insurance Company

Schedule A

Income Statement

Qtr Ended: 12/31/2017

Line #	REVENUE & EXPENSES	Year end: 2017				YTD 12/31/2017
		1st Qtr 03/31/2017	2nd Qtr 06/30/2017	3rd Qtr 09/30/2017	4th Qtr 12/31/2017	
1	Member Months	4,491,254	4,526,054	4,469,544	4,523,740	18,041,632.00
2	Capitation	\$ -	\$ -	\$ -	\$ -	\$ -
3	Investment income	\$ 41,748,882	\$ 41,624,681	\$ 41,603,286	\$ 41,484,482	\$ 166,461,330
4	Other income	\$ -	\$ -	\$ -	\$ -	\$ -
5	TOTAL REVENUES	\$ 41,748,882	\$ 41,624,681	\$ 41,603,286	\$ 41,484,482	\$ 166,461,330
6	EXPENSES					
	Dental Provider Compensation					
6	Primary Dental Provider	\$ 25,398,927	\$ 25,713,143	\$ 28,208,651	\$ 27,596,541	\$ 107,917,462
7	Dental visits - outpatient	\$ -	\$ -	\$ -	\$ -	\$ -
8	Dental visits - oral and Maxillofacial Surgery	\$ 1,487,352	\$ 1,458,755	\$ 1,579,237	\$ 1,657,673	\$ 6,183,017
9	Dental visits - Pediatric Dentistry	\$ 8,209,566	\$ 8,260,426	\$ 8,716,251	\$ 8,632,222	\$ 33,817,497
10	Dental Visit - Orthodontics	\$ 444,261	\$ 527,689	\$ 483,333	\$ 580,200	\$ 2,035,484
11	Dental Visit - Endodontics	\$ 191,036	\$ 206,219	\$ 229,510	\$ 231,801	\$ 859,567
12	Dental Visit - Periodontics	\$ 57,869	\$ 54,603	\$ 59,365	\$ 66,766	\$ 239,803
13	Other dental visits - miscellaneous	\$ 4,379	\$ 9,538	\$ 4,825	\$ 4,122	\$ 22,864
14	Change in Dental IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
15	Total Dental Provider Compensation	\$ 36,793,413	\$ 36,230,574	\$ 39,280,382	\$ 38,769,324	\$ 151,073,692
16	Other dental services/supplies	\$ -	\$ -	\$ -	\$ -	\$ -
17	Other dental expenses	\$ -	\$ -	\$ -	\$ -	\$ -
18	Change in Other IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
19	Total Other Dental Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
20	TOTAL DENTAL EXPENSES	\$ 36,793,413	\$ 36,230,574	\$ 39,280,382	\$ 38,769,324	\$ 151,073,692
21	Dental Expense Adjustments					
21	Reinsurance premiums	\$ -	\$ -	\$ -	\$ -	\$ -
22	Reinsurance recoveries (Enter as negative)	\$ -	\$ -	\$ -	\$ -	\$ -
23	Cost of Reinsurance net of recoveries	\$ -	\$ -	\$ -	\$ -	\$ -
24	Third party liability subrogation	\$ -	\$ -	\$ -	\$ -	\$ -
25	Fraud and abuse recoveries	\$ -	\$ -	\$ -	\$ -	\$ -
26	Other Recoveries	\$ 70,719	\$ 95,625	\$ 63,836	\$ 75,910	\$ 306,090
27	TOTAL NET DENTAL EXPENSES	\$ 36,722,693	\$ 36,134,949	\$ 39,216,546	\$ 38,693,413	\$ 150,767,602
	ADMINISTRATIVE SERVICE EXPENSES					
	Health Care Quality Improvement (HCQI)					
28	Racial disparity prevention efforts	\$ -	\$ -	\$ -	\$ -	\$ -
29	Quality reporting and documentation	\$ -	\$ -	\$ -	\$ -	\$ -
30	HIT quality and outcome improvements	\$ -	\$ -	\$ -	\$ -	\$ -
31	Patient-centered education and counseling	\$ -	\$ -	\$ -	\$ -	\$ -
32	Clinical practice improvement oversight	\$ -	\$ -	\$ -	\$ -	\$ -
33	Public health education	\$ -	\$ -	\$ -	\$ -	\$ -
34	Other HCQI adjustments defined in Appendix B	\$ -	\$ -	\$ -	\$ -	\$ -
35	Total Health Care Quality Improvement Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
	Other Administrative Costs					
36	Utilization management and concurrent review	\$ 282,956	\$ 300,125	\$ 323,146	\$ 303,757	\$ 1,209,984
37	Network development and credentialing costs	\$ -	\$ -	\$ -	\$ -	\$ -
38	Member services	\$ 250,528	\$ 85,388	\$ 144,655	\$ 296,276	\$ 786,845
39	General and operational management	\$ -	\$ -	\$ -	\$ -	\$ -
40	Accounting and finance	\$ 3,174,294	\$ 3,155,619	\$ 3,130,780	\$ 3,116,400	\$ 12,578,083
41	Claims and referral/authorization processing	\$ -	\$ 169	\$ -	\$ -	\$ 169
42	Information systems	\$ 47,313	\$ 49,793	\$ 55,914	\$ 48,806	\$ 201,826
43	Administrative services only (ASO) Cost	\$ 94,078	\$ 167,634	\$ 205,118	\$ 219,813	\$ 687,643
44	Other direct costs	\$ 619,769	\$ 624,682	\$ 624,504	\$ 623,346	\$ 2,492,701
45	Indirect costs - corporate overhead allocations	\$ -	\$ -	\$ -	\$ -	\$ -
46	Sanctions and late payment interest penalties	\$ -	\$ -	\$ -	\$ -	\$ -
47	Other administrative costs	\$ 33,153	\$ 36,151	\$ 69,322	\$ 141,684	\$ 280,350
48	Total Other Administrative Costs	\$ 4,512,117	\$ 4,420,561	\$ 4,554,841	\$ 4,750,081	\$ 18,237,601
49	TOTAL ADMINISTRATIVE EXPENSES	\$ 4,512,117	\$ 4,420,561	\$ 4,554,841	\$ 4,750,081	\$ 18,237,601
50	TOTAL EXPENSES	\$ 41,234,811	\$ 40,555,510	\$ 43,771,388	\$ 43,443,495	\$ 169,005,203
51	Income (loss) from operations	\$ 514,071	\$ 1,069,171	\$ (2,168,102)	\$ (1,959,013)	\$ (2,543,873)
52	Non-operating income (loss)	\$ -	\$ -	\$ -	\$ -	\$ -
53	Income (loss) before taxes/other	\$ 514,071	\$ 1,069,171	\$ (2,168,102)	\$ (1,959,013)	\$ (2,543,873)
54	Income taxes	\$ -	\$ -	\$ -	\$ -	\$ -
55	Premium tax assessments	\$ 937,542	\$ 943,927	\$ 959,517	\$ 946,627	\$ 3,797,913
56	Other (Describe)	\$ -	\$ -	\$ -	\$ -	\$ -
57	NET INCOME (LOSS)	\$ (423,470)	\$ 125,245	\$ (3,137,919)	\$ (2,905,640)	\$ (6,341,785)

MCNA Insurance Company

Schedule B

Footnotes Disclosures

Qtr Ended: 12/31/2017

Line #	Quarterly financial footnote disclosures	Changes Requiring Disclosure? Y/N	Footnote Disclosure Notes - Include narrative here or in Supplemental Working Area (Schedule R)
1	Organizational structure	N	
2	Summary of significant accounting policies changes	N	
3	Other amounts included in the financial statements > 5% of the reporting category	N	
4	Pledges, assignments and guarantees	N	
5	Statutory Deposits or performance bond changes	N	
6	Material adjustments to financial statements	N	
7	Changes to liability estimation methodologies or margin assumptions	N	
8	Claims payable RBUCS analysis	N	
9	Contingent liabilities	N	
10	Due from/to affiliates (current and non-current)	N	
11	Related party transaction activities	N	
12	Equity contributions or distributions/other activity	N	
13	Non-compliance with financial viability standards and performance guidelines	N	
14	Charitable contributions, penalties or sanctions included in the financial statements	N	
15	Interest on late claims	N	
16	Changes in provider reimbursement methodologies	N	
17	Changes to reinsurance or stop loss agreements	N	
18	Non-operating income/loss amount observations	N	
19	Other recovery amounts	N	
20	Claims payment fluctuations reported in the lag reports, schedules F - G	N	
21	Unpaid claim adjustment expenses and methodology	N	
22	Premium deficiency reserves and methodology	N	
23	Allocation methodologies used for categorical profitability statements	N	
24	Administrative expense allocation methodology changes	N	
25	Non-covered services and amounts paid	N	
26	Differences between Premium assessment tax payments and capitated tax provision	N	
27	Other (list)	N	
28	Other (list)	N	
29	Other (list)	N	

MCNA Insurance Company
Schedule C

Total Profitability

Qtr Ended: 12/31/2017

Line #	REVENUE & EXPENSES	LaCHIP Affordable Plan	Medicaid/CHIP Children	Medicaid Adults	Grand Total
1	Member Months	9,500	2,398,205	2,116,035	4,523,740.00
2	REVENUES				
2	Capitation	186,107	38,611,367	2,687,007	\$ 41,484,482
3	Investment income	0	0	0	\$ -
4	Other income	0	0	0	\$ -
5	TOTAL REVENUES	\$ 186,107	\$ 38,611,367	\$ 2,687,007	\$ 41,484,482
	EXPENSES				
6	Dental Provider Compensation				
6	Primary Dental Provider	217,130	25,264,637	2,114,773	\$ 27,596,541
7	Dental visits - outpatient				\$ -
8	Dental visits - oral and Maxillofacial Surgery	20,073	1,637,599		\$ 1,657,673
9	Dental visits - Pediatric Dentistry	97,877	8,534,344		\$ 8,632,222
10	Dental Visit - Orthodontics	3,219	576,981		\$ 580,200
11	Dental Visit - Endodontics	-	231,801		\$ 231,801
12	Dental Visit - Periododontics	842	65,923		\$ 66,766
13	Other dental visits - miscellaneous	-	261	3,861	\$ 4,122
14	Change in Dental IBNR	-	-	-	\$ -
15	Total Dental Provider	\$ 339,142	\$ 36,311,548	\$ 2,118,634	\$ 38,769,324
	Other Dental Expenses				
16	Other dental services/supplies	-	-	-	\$ -
17	Other dental expenses	-	-	-	\$ -
18	Change in Other IBNR	-	-	-	\$ -
19	Total Other Dental Expenses	\$ -	\$ -	\$ -	\$ -
20	TOTAL DENTAL EXPENSES	\$ 339,142	\$ 36,311,548	\$ 2,118,634	\$ 38,769,324
	Dental Expense Adjustments				
21	Reinsurance Premiums	-	-	-	\$ -
22	Reinsurance Recoveries (Enter as negative)	-	-	-	\$ -
23	Cost of Reinsurance net of recoveries	-	-	-	\$ -
24	Third party liability subrogation	-	-	-	\$ -
25	Fraud and Abuse recoveries	-	-	-	\$ -
26	Other Recoveries	-	63,243	12,667	\$ 75,910
27	TOTAL NET DENTAL EXPENSES	\$ 339,142	\$ 36,248,305	\$ 2,105,967	\$ 38,693,413
28	TOTAL ADMINISTRATIVE EXPENSES	\$ 21,310	\$ 4,421,102	\$ 307,669	\$ 4,750,081
29	TOTAL EXPENSES	\$ 360,452	\$ 40,669,407	\$ 2,413,636	\$ 43,443,494
30	Income (loss) from operations	\$ (174,344)	\$ (2,058,040)	\$ 273,371	\$ (1,959,013)
31	Non-operating income (loss)	-	-	-	\$ -
32	Income (loss) before taxes	\$ (174,344)	\$ (2,058,040)	\$ 273,371	\$ (1,959,013)
33	Income taxes	-	-	-	\$ -
34	Premium Tax Assessments	4,247	881,066	61,314	\$ 946,627
35	Other (describe)	-	-	-	\$ -
36	NET INCOME (LOSS)	\$ (178,591)	\$ (2,939,106)	\$ 212,057	\$ (2,905,640)

MCNA Insurance Company
Schedule D
Dental Liability Summary
Qtr Ended: 12/31/2017

Quarterly Paid Claims and Liability Report

Line #	Dental cost grouping	Paid claims	RBUC	IBNR	Current period ending IBNP	Current period beginning IBNP	Total recognized incurred claims
1	Dental Provider	\$ 37,279,910	\$ 644,519	\$ 4,798,752	\$ 5,443,271	\$ 3,953,857	\$ 38,769,324
2	Other Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	Total	\$ 37,279,910	\$ 644,519	\$ 4,798,752	\$ 5,443,271	\$ 3,953,857	\$ 38,769,324

Year-to-Date Paid Claims and Liability Report

Line #	Dental cost grouping	Paid claims	RBUC	IBNR	Current period ending IBNP	Current period beginning IBNP	Total recognized incurred claims
4	Dental Provider	\$ 151,943,810	\$ 644,519	\$ 4,798,752	\$ 5,443,271	\$ 6,313,389	\$ 151,073,692
5	Other Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	Total	\$ 151,943,810	\$ 644,519	\$ 4,798,752	\$ 5,443,271	\$ 6,313,389	\$ 151,073,692

MCNA Insurance Company
Schedule E
Received but Unpaid Claims Report
Qtr Ended: 12/31/2017

Aging Analysis of Received But Unpaid Claims									
Line #	Provider/payee account	Received days prior to current quarter reporting period					Total	Interest payments	
		1-30 Days	31-60 Days	61-90 Days	91-120 Days	121 + Days			
	Dental Provider								
1	DEVEREUX AND NGUYEN ORTHODONTICS	\$ 41,828					\$ 41,828	\$ -	
2	SHREVEPORT BOSSIER FAMILY DENTAL CARE	\$ 18,106					\$ 18,106	\$ -	
3	DEVEREUX AND NGUYEN ORTHODONTICS	\$ 35,733					\$ 35,733	\$ -	
4	STEVEN J MARCELLO DDS	\$ 13,973					\$ 13,973	\$ -	
5	EDWARD L DONALDSON JR DDS APDC AND JILL	\$ 18,194					\$ 18,194	\$ -	
6	KID'S DENTAL ZONE ALEXANDRIA LLC	\$ 19,332					\$ 19,332	\$ -	
7	TUFT PEDIATRIC DENTISTRY	\$ 15,295					\$ 15,295	\$ -	
8	PEDIATRIC DENTISTRY OF SHREVEPORT - BOS	\$ 15,839					\$ 15,839	\$ -	
9	SHREVEPORT BOSSIER FAMILY DENTAL CARE	\$ 30,479					\$ 30,479	\$ -	
10	Aggregate accounts not individually listed	\$ 439,647	\$ (2,214)	\$ 1,500	\$ 1,500	\$ (4,692)	\$ 435,741	\$ -	
11	Total Dental Provider	\$ 648,424	\$ (2,214)	\$ 1,500	\$ 1,500	\$ (4,692)	\$ 644,519	\$ -	
	Other Dental services								
12	Provider #1 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13	Provider #2 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
14	Provider #3 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
15	Provider #4 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16	Provider #5 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17	Provider #6 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
18	Provider #7 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
19	Provider #8 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
20	Provider #9 (list)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
21	Aggregate accounts not individually listed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
22	Total Other Dental services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
23	Total	\$ 648,424	\$ (2,214)	\$ 1,500	\$ 1,500	\$ (4,692)	\$ 644,519	\$ -	

Note: Individually listed health care creditors should include those who largest to smallest total claims payable by category of service.

MCNA Insurance Company

Schedule H

Utilization Report

Qtr Ended: 12/31/2017

		Quarterly total member months for period		4,523,740			PMPM
Line #	Utilization	Days /visits/ quantity	Total expense	Days/ visits per 1000	Average cost per day/visit		
1-6 Reserved							
7	Dental Provider						
	Primary Dental Provider	172,107	\$ 27,596,541	456.54	\$ 160.35	\$	6.10
8	Dental visit - Oral and Maxillofacial Surgery	4,802	\$ 1,657,673	12.74	\$ 345.20	\$	0.37
9	Dental visits - pediatric Dentistry	46,694	\$ 8,632,222	123.86	\$ 184.87	\$	1.91
10	Dental visits - orthodontics	656	\$ 580,200	1.74	\$ 884.45	\$	0.13
11	Dental visits - endodontics	996	\$ 231,801	2.64	\$ 232.73	\$	0.05
12	Dental visits - periodontics	445	\$ 66,766	1.18	\$ 150.04	\$	0.01
13	Dental visits - emergency	20	\$ 4,122	0.05	\$ 206.11	\$	0.00
14	Surgical anesthesia	0	\$ -	0.00	\$ -	\$	-
15	Other dental visits - miscellaneous	0	\$ -	0.00	\$ -	\$	-
16	Physician - office based procedures	0	\$ -	0.00	\$ -	\$	-
17	Total Dental Provider	225,720	\$ 38,769,324	598.76	\$ 171.76	\$	8.57
Other Dental Expenses							
18	Lab and pathology	0	\$ -	0.00	\$ -	\$	-
19	Radiology	0	\$ -	0.00	\$ -	\$	-
20	Other dental services/supplies	0	\$ -	0.00	\$ -	\$	-
21	Other dental expenses	0	\$ -	0.00	\$ -	\$	-
22	Total Other Dental Expenses	0	\$ -	0.00	\$ -	\$	-
23	TOTAL DENTAL UTILIZATION	225,720	\$ 38,769,324	598.76	\$ 171.76	\$	8.57

MCNA Insurance Company
 Schedule I
 Sub-Capitated Expenses Detail
 Qtr Ended: 12/31/2017

Line #	Dental Capitation Provider or Clinic Name	Profitability Line Item	Expense Category	LaCHIP Affordable Plan	EPSDT	Adult Denture	Grand Total
1				\$	\$	\$	\$
2				\$	\$	\$	\$
3				\$	\$	\$	\$
4				\$	\$	\$	\$
5				\$	\$	\$	\$
6				\$	\$	\$	\$
7				\$	\$	\$	\$
8				\$	\$	\$	\$
9				\$	\$	\$	\$
10				\$	\$	\$	\$
11				\$	\$	\$	\$
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86				\$	\$	\$	\$
87				\$	\$	\$	\$
88				\$	\$	\$	\$
89				\$	\$	\$	\$
90			Totals	\$	\$	\$	\$

Line #	FOHC or RHC Name (list by calendar quarter)	FQHC = F RHC = R	Year	Quarter	Encounters (max.1 per day)	Accrued Amounts	Payment Per Encounter (calculated)	PPS Rate	Equivalent PPS Payments (calculated)	Variance (if negative, explain why actual payments less than contractually required PPS equivalents)
1	TECHE ACTION CLINIC	F	2017	1	124	\$ 17,265	\$ 139	\$ 139	\$ 17,264.55	\$ -
2	TECHE ACTION CLINIC	F	2017	2	1	\$ 139	\$ 139	\$ 139	\$ 139.23	\$ -
3	TECHE ACTION CLINIC	F	2017	2	90	\$ 12,531	\$ 139	\$ 139	\$ 12,530.70	\$ -
4	TECHE ACTION CLINIC	F	2017	3	116	\$ 16,344	\$ 141	\$ 141	\$ 16,344.40	\$ -
5	TECHE ACTION CLINIC	F	2017	4	9	\$ 1,268	\$ 141	\$ 141	\$ 1,268.10	\$ -
6	TECHE ACTION CLINIC	F	2017	4	98	\$ 13,808	\$ 141	\$ 141	\$ 13,808.20	\$ -
7	RKM PRIMARY CARE	F	2017	1	98	\$ 13,489	\$ 138	\$ 138	\$ 13,488.72	\$ -
8	RKM PRIMARY CARE	F	2017	2	3	\$ 413	\$ 138	\$ 138	\$ 412.92	\$ -
9	RKM PRIMARY CARE	F	2017	2	84	\$ 11,562	\$ 138	\$ 138	\$ 11,561.76	\$ -
10	RKM PRIMARY CARE	F	2017	3	3	\$ 418	\$ 139	\$ 139	\$ 417.87	\$ -
11	RKM PRIMARY CARE	F	2017	3	132	\$ 18,358	\$ 139	\$ 139	\$ 18,358.23	\$ -
12	RKM PRIMARY CARE	F	2017	4	12	\$ 1,671	\$ 139	\$ 139	\$ 1,671.48	\$ -
13	RKM PRIMARY CARE	F	2017	4	61	\$ 8,497	\$ 139	\$ 139	\$ 8,496.69	\$ -
14	INNIS COMMUNITY HEALTH CENTER	F	2017	1	322	\$ 44,272	\$ 137	\$ 137	\$ 44,271.78	\$ -
15	INNIS COMMUNITY HEALTH CENTER	F	2017	2	267	\$ 36,710	\$ 137	\$ 137	\$ 36,709.83	\$ -
16	INNIS COMMUNITY HEALTH CENTER	F	2017	3	259	\$ 36,019	\$ 139	\$ 139	\$ 36,019.11	\$ -
17	INNIS COMMUNITY HEALTH CENTER	F	2017	4	3	\$ 417	\$ 139	\$ 139	\$ 417.42	\$ -
18	INNIS COMMUNITY HEALTH CENTER	F	2017	4	322	\$ 44,803	\$ 139	\$ 139	\$ 44,803.08	\$ -
19	ST CHARLES COMMUNITY HEALTH CENTER LULING	F	2017	1	74	\$ 12,149	\$ 164	\$ 164	\$ 12,149.32	\$ -
20	ST CHARLES COMMUNITY HEALTH CENTER LULING	F	2017	2	14	\$ 2,299	\$ 164	\$ 164	\$ 2,298.52	\$ -
21	ST CHARLES COMMUNITY HEALTH CENTER LULING	F	2017	3	29	\$ 4,818	\$ 166	\$ 166	\$ 4,818.35	\$ -
22	ST CHARLES COMMUNITY HEALTH CENTER LULING	F	2017	4	31	\$ 5,151	\$ 166	\$ 166	\$ 5,150.65	\$ -
23	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	1	30	\$ 4,125	\$ 137	\$ 137	\$ 4,124.70	\$ -
24	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	2	43	\$ 5,912	\$ 137	\$ 137	\$ 5,912.07	\$ -
25	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	3	48	\$ 6,679	\$ 139	\$ 139	\$ 6,678.72	\$ -
26	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	4	41	\$ 5,705	\$ 139	\$ 139	\$ 5,704.74	\$ -
27	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	1	71	\$ 9,774	\$ 138	\$ 138	\$ 9,774.09	\$ -
28	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	2	24	\$ 3,303	\$ 138	\$ 138	\$ 3,303.36	\$ -
29	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	3	76	\$ 10,586	\$ 139	\$ 139	\$ 10,586.04	\$ -
30	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	4	125	\$ 17,411	\$ 139	\$ 139	\$ 17,411.25	\$ -
31	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	1	77	\$ 10,598	\$ 138	\$ 138	\$ 10,598.28	\$ -
32	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	2	54	\$ 7,433	\$ 138	\$ 138	\$ 7,432.56	\$ -
33	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	3	53	\$ 7,382	\$ 139	\$ 139	\$ 7,382.37	\$ -
34	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	4	53	\$ 7,382	\$ 139	\$ 139	\$ 7,382.37	\$ -
35	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	1	154	\$ 21,197	\$ 138	\$ 138	\$ 21,196.56	\$ -
36	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	2	23	\$ 3,166	\$ 138	\$ 138	\$ 3,165.72	\$ -
37	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	3	50	\$ 6,965	\$ 139	\$ 139	\$ 6,964.50	\$ -
38	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	4	98	\$ 13,532	\$ 138	\$ 138	\$ 13,532.42	\$ -
39	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	1	54	\$ 7,433	\$ 138	\$ 138	\$ 7,432.56	\$ -
40	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	2	111	\$ 15,278	\$ 138	\$ 138	\$ 15,278.04	\$ -
41	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	3	160	\$ 22,283	\$ 139	\$ 139	\$ 22,283.10	\$ -
42	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	4	139	\$ 19,361	\$ 139	\$ 139	\$ 19,361.31	\$ -
43	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	1	8	\$ 1,101	\$ 138	\$ 138	\$ 1,101.12	\$ -
44	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	2	12	\$ 1,652	\$ 138	\$ 138	\$ 1,651.68	\$ -
45	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	3	1	\$ 139	\$ 139	\$ 139	\$ 139.29	\$ -
46	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	3	2	\$ 279	\$ 139	\$ 139	\$ 278.58	\$ -
47	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	4	3	\$ 279	\$ 93	\$ 93	\$ 278.58	\$ -
48	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA	F	2017	4	14	\$ 1,950	\$ 139	\$ 139	\$ 1,950.06	\$ -
49	TENSAS DENTAL CLINIC	F	2017	1	1	\$ 136	\$ 136	\$ 136	\$ 136.14	\$ -
50	TENSAS DENTAL CLINIC	F	2017	1	153	\$ 20,829	\$ 136	\$ 136	\$ 20,829.42	\$ -
51	TENSAS DENTAL CLINIC	F	2017	2	128	\$ 17,426	\$ 136	\$ 136	\$ 17,425.92	\$ -
52	TENSAS DENTAL CLINIC	F	2017	3	10	\$ 1,361	\$ 136	\$ 136	\$ 1,361.40	\$ -
53	TENSAS DENTAL CLINIC	F	2017	3	210	\$ 28,589	\$ 136	\$ 136	\$ 28,589.40	\$ -
54	TENSAS DENTAL CLINIC	F	2017	4	23	\$ 3,131	\$ 136	\$ 136	\$ 3,131.22	\$ -
55	TENSAS DENTAL CLINIC	F	2017	4	105	\$ 14,295	\$ 136	\$ 136	\$ 14,294.70	\$ -
56	ABBEVILLE COMMUNITY HEALTH CENTER	F	2017	1	157	\$ 21,001	\$ 134	\$ 134	\$ 21,000.72	\$ -
57	ABBEVILLE COMMUNITY HEALTH CENTER	F	2017	2	248	\$ 33,433	\$ 135	\$ 135	\$ 33,433.22	\$ -
58	ABBEVILLE COMMUNITY HEALTH CENTER	F	2017	3	288	\$ 39,327	\$ 137	\$ 137	\$ 39,326.62	\$ -
59	ABBEVILLE COMMUNITY HEALTH CENTER	F	2017	4	1	\$ 136	\$ 136	\$ 136	\$ 136.24	\$ -
60	ABBEVILLE COMMUNITY HEALTH CENTER	F	2017	4	145	\$ 19,844	\$ 137	\$ 137	\$ 19,844.30	\$ -
61	SURREY STREET COMMUNITY HEALTH CENTER	F	2017	1	72	\$ 9,401	\$ 131	\$ 131	\$ 9,400.72	\$ -
62	SURREY STREET COMMUNITY HEALTH CENTER	F	2017	2	8	\$ 1,101	\$ 138	\$ 138	\$ 1,101.12	\$ -
63	SURREY STREET COMMUNITY HEALTH CENTER	F	2017	3	23	\$ 3,245	\$ 141	\$ 141	\$ 3,245.37	\$ -
64	SURREY STREET COMMUNITY HEALTH CENTER	F	2017	4	17	\$ 2,410	\$ 142	\$ 142	\$ 2,409.63	\$ -
65	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	1	3	\$ 537	\$ 179	\$ 179	\$ 536.52	\$ -
66	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	1	327	\$ 57,766	\$ 177	\$ 177	\$ 57,765.74	\$ -
67	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	2	9	\$ 1,610	\$ 179	\$ 179	\$ 1,609.56	\$ -

Line #	FQHC or RHC Name (list by calendar quarter)	FQHC = F RHC = R	Year	Quarter	Encounters (max. 1 per day)	Accrued Amounts	Payment Per Encounter (calculated)	PPS Rate	Equivalent PPS Payments (calculated)	Variance (if negative, explain why actual payments less then contractually required PPS equivalents)
68	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	2	276	\$ 49,360	\$ 179	\$ 179	\$ 49,359.84	\$ -
69	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	3	8	\$ 1,446	\$ 181	\$ 181	\$ 1,445.77	\$ -
70	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	3	201	\$ 36,196	\$ 180	\$ 180	\$ 36,195.85	\$ -
71	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	4	26	\$ 4,706	\$ 181	\$ 181	\$ 4,705.74	\$ -
72	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER	F	2017	4	178	\$ 31,632	\$ 178	\$ 178	\$ 31,631.55	\$ -
73	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	1	346	\$ 35,174	\$ 102	\$ 102	\$ 35,277.04	\$ (103)
74	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	2	2	\$ 275	\$ 138	\$ 138	\$ 275.28	\$ -
75	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	2	250	\$ 34,354	\$ 137	\$ 138	\$ 34,410.00	\$ (56)
76	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	3	3	\$ 418	\$ 139	\$ 139	\$ 417.87	\$ -
77	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	3	300	\$ 41,648	\$ 139	\$ 139	\$ 41,647.71	\$ -
78	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	4	12	\$ 1,671	\$ 139	\$ 139	\$ 1,671.48	\$ -
79	ST.MARTIN PARISH COMMUNITY HEALTH CENTER	F	2017	4	247	\$ 34,307	\$ 139	\$ 139	\$ 34,307.04	\$ -
80	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2017	1	29	\$ 3,039	\$ 105	\$ 105	\$ 3,039.20	\$ -
81	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2017	2	42	\$ 4,402	\$ 105	\$ 105	\$ 4,401.60	\$ -
82	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2017	3	45	\$ 4,770	\$ 106	\$ 106	\$ 4,770.18	\$ -
83	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2017	4	40	\$ 4,242	\$ 106	\$ 106	\$ 4,242.40	\$ -
84	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2017	1	358	\$ 55,583	\$ 155	\$ 155	\$ 55,583.08	\$ -
85	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2017	2	176	\$ 27,326	\$ 155	\$ 155	\$ 27,325.76	\$ -
86	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2017	3	44	\$ 6,913	\$ 157	\$ 157	\$ 6,913.28	\$ -
87	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2017	4	256	\$ 40,223	\$ 157	\$ 157	\$ 40,222.72	\$ -
88	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	1	6	\$ 915	\$ 152	\$ 152	\$ 914.58	\$ -
89	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	2	23	\$ 3,506	\$ 152	\$ 152	\$ 3,506.89	\$ -
90	Total FQHC/RHC Expenses				8,472	\$ 1,210,988	\$ 143		\$ (159)	

MCNA Insurance Company
 Schedule K
 Third Party Resource Payments
 Qtr Ended: 12/31/2017

Line #	Commercial	Count of Total Claims Paid*	Count of Claims Paid with Other Insurance Indicated**	Contractor Allowed Amount	Contractor Paid Amount	Other Insurance Paid Amount
1	Dental Provider	-	-	\$ -	\$ -	\$ -
2	Other Dental	233,867	1,786	\$ 232,465	\$ (75,910)	\$ 418,586
3	Totals	233,867	1,786	\$ 232,465	\$ (75,910)	\$ 418,586
Members with active resources at end of quarter						
4	Total Unduplicated Resource Count	1,075				

* Only enter the count of total claims paid for "Commercial" claims.

** All claims paid by the Contractor where the member had "other insurance" should be included in this column. Claims should also be included in this column if the paid amount was \$0.00 due to other insurance payments greater than the allowed amount.

MCNA Insurance Company
 Schedule L
 TPL Subrogation
 Qtr Ended: 12/31/2017

Line #	Attorney / Case ID #	Count of Related Claims	Active Case Y/N	New Case Y/N	Case Closed Y/N	Encounters Adjusted Y/N	Amount of Lien	Amount of Recoveries
1							\$ -	\$ -
2							\$ -	\$ -
3							\$ -	\$ -
4							\$ -	\$ -
5							\$ -	\$ -
6							\$ -	\$ -
7							\$ -	\$ -
8							\$ -	\$ -
9							\$ -	\$ -
10							\$ -	\$ -
11							\$ -	\$ -
12							\$ -	\$ -
13							\$ -	\$ -
14							\$ -	\$ -
15							\$ -	\$ -
16							\$ -	\$ -
17							\$ -	\$ -
18							\$ -	\$ -
19							\$ -	\$ -
20							\$ -	\$ -
21							\$ -	\$ -
22							\$ -	\$ -
23							\$ -	\$ -
24							\$ -	\$ -
25							\$ -	\$ -
26							\$ -	\$ -
27							\$ -	\$ -
28							\$ -	\$ -
29							\$ -	\$ -
30							\$ -	\$ -
Total							\$ -	\$ -

* Do not include member specific names or ID numbers

MCNA Insurance Company
 Schedule M
 Fraud and Abuse
 Qtr Ended: 12/31/2017

Line #	Provider / Case ID #	Count of Related Claims	Active Case Y/N	New Case Y/N	Case Closed Y/N	Encounters Adjusted Y/N	Amount of Recoveries
1							\$ -
2							\$ -
3							\$ -
4							\$ -
5							\$ -
6							\$ -
7							\$ -
8							\$ -
9							\$ -
10							\$ -
11							\$ -
12							\$ -
13							\$ -
14							\$ -
15							\$ -
16							\$ -
17							\$ -
18							\$ -
19							\$ -
20							\$ -
21							\$ -
22							\$ -
23							\$ -
24							\$ -
25							\$ -
26							\$ -
27							\$ -
28							\$ -
29							\$ -
30							\$ -
Total		-	-	-	-	-	\$ -

* Do not include member specific names or ID numbers

**MCNA Insurance Company
Schedule N
Parent Company Audited Financial Statements
Year Ended: 2017**

Embed Parent Company Audited Financial Statements in PDF format



MCNA Insurance Company

Schedule O

MCO Agreed Upon Procedures

Year Ended: 2017

Embed Agreed Upon Procedures report from Independent Auditor (PDF format)

MCNA Insurance Company
Schedule P
Annual Income Statement Reconciliation
Year Ended: 2017

Line #	REVENUE & EXPENSES	4th Quarter YTD Draft VS	Draft adjustments	Draft Audit	Final Audit adjustments	Final audit
1	Member Months	18,041,632.00		18,041,632.00		18,041,632.00
	REVENUES					
2	Capitation	\$ 166,461,330	\$	\$ 166,461,330	\$	\$ 166,461,330
3	Investment income	\$	\$	\$	\$	\$
4	Other income	\$	\$	\$	\$	\$
5	TOTAL REVENUES	\$ 166,461,330	\$	\$ 166,461,330	\$	\$ 166,461,330
	EXPENSES					
	Dental Provider Compensation					
6	Primary Dental Provider	\$ 107,917,462	\$	\$ 107,917,462	\$	\$ 107,917,462
7	Dental visits - outpatient	\$	\$	\$	\$	\$
8	Dental visits - oral and Maxillofacial Surgery	\$ 6,183,017	\$	\$ 6,183,017	\$	\$ 6,183,017
9	Dental visits - Pediatric Dentistry	\$ 33,817,497	\$	\$ 33,817,497	\$	\$ 33,817,497
10	Dental Visit - Orthodontics	\$ 2,035,484	\$	\$ 2,035,484	\$	\$ 2,035,484
11	Dental Visit - Endodontics	\$ 858,567	\$	\$ 858,567	\$	\$ 858,567
12	Dental Visit - Periodontics	\$ 238,803	\$	\$ 238,803	\$	\$ 238,803
13	Other dental visits - miscellaneous	\$ 22,864	\$	\$ 22,864	\$	\$ 22,864
14	Change in Dental IBNR	\$	\$	\$	\$	\$
15	Total Dental Provider Compensation	\$ 151,073,692	\$	\$ 151,073,692	\$	\$ 151,073,692
	Other Dental Expenses					
16	Other dental services/supplies	\$	\$	\$	\$	\$
17	Other dental expenses	\$	\$	\$	\$	\$
18	Change in Other IBNR	\$	\$	\$	\$	\$
19	Total Other Dental Expenses	\$	\$	\$	\$	\$
20	TOTAL DENTAL EXPENSES	\$ 151,073,692	\$	\$ 151,073,692	\$	\$ 151,073,692
	Dental Expense Adjustments					
21	Reinsurance premiums	\$	\$	\$	\$	\$
22	Reinsurance recoveries (Enter as negative)	\$	\$	\$	\$	\$
23	Cost of Reinsurance net of recoveries	\$	\$	\$	\$	\$
24	Third party liability subrogation	\$	\$	\$	\$	\$
25	Fraud and abuse recoveries	\$	\$	\$	\$	\$
26	Other Recoveries	\$ 306,090	\$	\$ 306,090	\$	\$ 306,090
27	TOTAL NET DENTAL EXPENSES	\$ 150,767,602	\$	\$ 150,767,602	\$	\$ 151,073,692
	ADMINISTRATIVE SERVICE EXPENSES					
28	Health Care Quality Improvement (HCQI)	\$	\$	\$	\$	\$
29	Racial disparity prevention efforts	\$	\$	\$	\$	\$
30	Quality reporting and documentation	\$	\$	\$	\$	\$
31	HIT quality and outcome improvements	\$	\$	\$	\$	\$
32	Patient-centered education and counseling	\$	\$	\$	\$	\$
33	Clinical practice improvement oversight	\$	\$	\$	\$	\$
34	Public health education	\$	\$	\$	\$	\$
35	Other HCQI adjustments defined in Appendix B	\$	\$	\$	\$	\$
	Total Health Care Quality Improvement Expenses	\$	\$	\$	\$	\$
	Other Administrative Costs					
36	Utilization management and concurrent review	\$ 1,209,984	\$	\$ 1,209,984	\$	\$ 1,209,984
37	Network development and credentialing costs	\$	\$	\$	\$	\$
38	Member services	\$ 786,845	\$	\$ 786,845	\$	\$ 786,845
39	General and operational management	\$	\$	\$	\$	\$
40	Accounting and finance	\$	\$	\$	\$	\$
41	Claims and referral/authorization processing	\$ 12,578,083	\$	\$ 12,578,083	\$	\$ 12,578,083
42	Information systems	\$ 169	\$	\$ 169	\$	\$ 169
43	Administrative services only (ASO) Cost	\$ 201,826	\$	\$ 201,826	\$	\$ 201,826
44	Other direct costs	\$ 687,643	\$	\$ 687,643	\$	\$ 687,643
45	Indirect costs - corporate overhead allocations	\$ 2,492,701	\$	\$ 2,492,701	\$	\$ 2,492,701
46	Sanctions and late payment interest penalties	\$	\$	\$	\$	\$
47	Other administrative costs	\$ 280,350	\$	\$ 280,350	\$	\$ 280,350
48	Total Other Administrative Costs	\$ 18,237,601	\$	\$ 18,237,601	\$	\$ 18,237,601
49	TOTAL ADMINISTRATIVE EXPENSES	\$ 18,237,601	\$	\$ 18,237,601	\$	\$ 18,237,601
50	TOTAL EXPENSES	\$ 169,005,293	\$	\$ 169,005,293	\$	\$ 169,311,293
51	Income (loss) from operations	\$ (2,543,872.54)	\$	\$ (2,543,872.54)	\$	\$ (2,543,872.54)
52	Non-operating income (loss)	\$	\$	\$	\$	\$
53	Income (loss) before taxes/other	\$ (2,543,873)	\$	\$ (2,543,873)	\$	\$ (2,543,873)
54	Income taxes	\$	\$	\$	\$	\$
55	Premium tax assessments	\$ 3,797,913	\$	\$ 3,797,913	\$	\$ 3,797,913
56	Other (Describe)	\$	\$	\$	\$	\$
57	NET INCOME (LOSS)	\$ (6,341,765)	\$	\$ (6,341,765)	\$	\$ (6,341,765)

MCNA Insurance Company
 Schedule Q
 Agreed Upon Procedures Adjustment Entries
 Year Ended: 2017

Line #	Line item description	Debit	Credit	Explanation
1		\$ -	\$ -	
2		\$ -	\$ -	
3		\$ -	\$ -	
4		\$ -	\$ -	
5		\$ -	\$ -	
6		\$ -	\$ -	
7		\$ -	\$ -	
8		\$ -	\$ -	
9		\$ -	\$ -	
10		\$ -	\$ -	
11		\$ -	\$ -	
12		\$ -	\$ -	
13		\$ -	\$ -	
14		\$ -	\$ -	
15		\$ -	\$ -	
16		\$ -	\$ -	
17		\$ -	\$ -	
18		\$ -	\$ -	
19		\$ -	\$ -	
20		\$ -	\$ -	
21		\$ -	\$ -	
22		\$ -	\$ -	
23		\$ -	\$ -	
24		\$ -	\$ -	
25		\$ -	\$ -	
Total		\$ -	\$ -	

MCNA Insurance Company
Schedule R
Supplemental Working Area
Year Ended: 2017

Line #	FQHC or RHC Name (list by calendar quarter)	FQHC = F RHC = R	Year	Quarter	Encounters (max 1 per day)	Accrued Amounts	Payment Per Encounter (calculated)	PPS Rate	Equivalent PPS Payments (calculated)	Variance (if negative, explain why actual payments less then)
1	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	3	47	\$ 7,250	\$ 154	\$ 154	\$ 7,250.22	\$ -
2	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	4	2	\$ 309	\$ 154	\$ 154	\$ 308.52	\$ -
3	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	1	2	\$ 311	\$ 155	\$ 155	\$ 310.52	\$ -
4	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	2	15	\$ 2,329	\$ 155	\$ 155	\$ 2,328.90	\$ -
5	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	3	18	\$ 2,828	\$ 157	\$ 157	\$ 2,828.16	\$ -
6	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	1	3	\$ 466	\$ 155	\$ 155	\$ 465.78	\$ -
7	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	2	1	\$ 155	\$ 155	\$ 155	\$ 155.26	\$ -
8	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	2	54	\$ 8,386	\$ 155	\$ 155	\$ 8,385.90	\$ -
9	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	3	111	\$ 17,440	\$ 157	\$ 157	\$ 17,440.32	\$ -
10	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	4	2	\$ 314	\$ 157	\$ 157	\$ 314.24	\$ -
11	DAVID RAINES COMMUNITY HEALTH CENTERS INC	F	2017	1	4	\$ 588	\$ 142	\$ 142	\$ 568.18	\$ -
12	DAVID RAINES COMMUNITY HEALTH CENTERS INC	F	2017	2	31	\$ 4,302	\$ 139	\$ 139	\$ 4,302.08	\$ -
13	DAVID RAINES COMMUNITY HEALTH CENTERS INC	F	2017	3	1	\$ 139	\$ 139	\$ 139	\$ 139.29	\$ -
14	DAVID RAINES COMMUNITY HEALTH CENTERS INC	F	2017	3	57	\$ 7,940	\$ 139	\$ 139	\$ 7,939.53	\$ -
15	DAVID RAINES COMMUNITY HEALTH CENTERS INC	F	2017	4	2	\$ 279	\$ 139	\$ 139	\$ 278.58	\$ -
16	OUTPATIENT MEDICAL CENTER INC AT TALLUHAH	F	2017	1	169	\$ 24,013	\$ 142	\$ 142	\$ 24,013.21	\$ -
17	OUTPATIENT MEDICAL CENTER INC AT TALLUHAH	F	2017	2	210	\$ 29,839	\$ 142	\$ 142	\$ 29,838.90	\$ -
18	OUTPATIENT MEDICAL CENTER INC AT TALLUHAH	F	2017	3	235	\$ 33,745	\$ 144	\$ 144	\$ 33,745.12	\$ -
19	OUTPATIENT MEDICAL CENTER INC AT TALLUHAH	F	2017	4	166	\$ 23,871	\$ 144	\$ 144	\$ 23,870.80	\$ -
20	OUTPATIENT MEDICAL CENTER INC AT MATCHITOC	F	2017	1	64	\$ 7,414	\$ 116	\$ 116	\$ 7,414.40	\$ -
21	OUTPATIENT MEDICAL CENTER INC AT MATCHITOC	F	2017	2	70	\$ 8,110	\$ 116	\$ 116	\$ 8,109.50	\$ -
22	OUTPATIENT MEDICAL CENTER INC AT MATCHITOC	F	2017	3	121	\$ 14,179	\$ 117	\$ 117	\$ 14,179.09	\$ -
23	OUTPATIENT MEDICAL CENTER INC AT MATCHITOC	F	2017	4	98	\$ 11,490	\$ 117	\$ 117	\$ 11,489.52	\$ -
24	JEFFERSON COMMUNITY HEALTH CARE CENTERS I	F	2017	1	36	\$ 4,955	\$ 138	\$ 138	\$ 4,955.04	\$ -
25	JEFFERSON COMMUNITY HEALTH CARE CENTERS I	F	2017	2	45	\$ 6,194	\$ 138	\$ 138	\$ 6,193.80	\$ -
26	JEFFERSON COMMUNITY HEALTH CARE CENTERS I	F	2017	3	90	\$ 12,530	\$ 139	\$ 139	\$ 12,529.50	\$ -
27	JEFFERSON COMMUNITY HEALTH CARE CENTERS I	F	2017	4	49	\$ 6,825	\$ 139	\$ 139	\$ 6,825.21	\$ -
28	SWLA CENTER FOR HEALTH SERVICES	F	2017	1	1	\$ 138	\$ 138	\$ 138	\$ 137.64	\$ -
29	SWLA CENTER FOR HEALTH SERVICES	F	2017	2	9	\$ 1,239	\$ 138	\$ 138	\$ 1,238.76	\$ -
30	SWLA CENTER FOR HEALTH SERVICES	F	2017	3	13	\$ 1,811	\$ 139	\$ 139	\$ 1,810.77	\$ -
31	SWLA CENTER FOR HEALTH SERVICES	F	2017	4	25	\$ 3,482	\$ 139	\$ 139	\$ 3,482.25	\$ -
32	SWLA CENTER FOR HEALTH SERVICES	F	2017	1	148	\$ 28,697	\$ 194	\$ 194	\$ 28,697.20	\$ -
33	SWLA CENTER FOR HEALTH SERVICES	F	2017	2	84	\$ 16,288	\$ 194	\$ 194	\$ 16,287.60	\$ -
34	SWLA CENTER FOR HEALTH SERVICES	F	2017	3	29	\$ 5,691	\$ 196	\$ 196	\$ 5,690.67	\$ -
35	SWLA CENTER FOR HEALTH SERVICES	F	2017	4	22	\$ 4,317	\$ 196	\$ 196	\$ 4,317.06	\$ -
36	ST GABRIEL HEALTH CLINIC INC	F	2017	2	1	\$ 163	\$ 163	\$ 163	\$ 163.13	\$ -
37	ST GABRIEL HEALTH CLINIC INC	F	2017	3	5	\$ 825	\$ 165	\$ 165	\$ 825.45	\$ -
38	ST GABRIEL HEALTH CLINIC INC	F	2017	4	4	\$ 660	\$ 165	\$ 165	\$ 660.36	\$ -
39	SWLA CENTER FOR HEALTH SERVICES	F	2017	2	15	\$ 2,065	\$ 138	\$ 138	\$ 2,064.60	\$ -
40	SWLA CENTER FOR HEALTH SERVICES	F	2017	3	36	\$ 5,014	\$ 139	\$ 139	\$ 5,014.44	\$ -
41	SWLA CENTER FOR HEALTH SERVICES	F	2017	4	38	\$ 5,293	\$ 139	\$ 139	\$ 5,293.02	\$ -
42	CASSE/CHI-CADDO	F	2017	1	547	\$ 75,151	\$ 137	\$ 137	\$ 75,151.44	\$ -
43	CASSE/CHI-CADDO	F	2017	2	574	\$ 79,005	\$ 138	\$ 138	\$ 79,005.36	\$ -
44	CASSE/CHI-CADDO	F	2017	3	408	\$ 56,655	\$ 139	\$ 139	\$ 56,784.12	\$ (130)
45	CASSE/CHI-CADDO	F	2017	4	182	\$ 25,351	\$ 139	\$ 139	\$ 25,350.78	\$ -
46	TECHE ACTION CLINIC AT HOUMA	F	2017	1	6	\$ 826	\$ 138	\$ 138	\$ 825.84	\$ -
47	TECHE ACTION CLINIC AT HOUMA	F	2017	2	6	\$ 826	\$ 138	\$ 138	\$ 825.84	\$ -
48	TECHE ACTION CLINIC AT HOUMA	F	2017	3	24	\$ 3,343	\$ 139	\$ 139	\$ 3,342.96	\$ -
49	TECHE ACTION CLINIC AT HOUMA	F	2017	4	14	\$ 1,950	\$ 139	\$ 139	\$ 1,950.06	\$ -
50	DELHI COMMUNITY SCHOOL BASED HEALTH CENTE	F	2017	1	86	\$ 11,837	\$ 138	\$ 138	\$ 11,837.04	\$ -
51	DELHI COMMUNITY SCHOOL BASED HEALTH CENTE	F	2017	2	56	\$ 7,708	\$ 138	\$ 138	\$ 7,707.84	\$ -
52	DELHI COMMUNITY SCHOOL BASED HEALTH CENTE	F	2017	3	61	\$ 8,497	\$ 139	\$ 139	\$ 8,496.69	\$ -
53	DELHI COMMUNITY SCHOOL BASED HEALTH CENTE	F	2017	4	87	\$ 12,118	\$ 139	\$ 139	\$ 12,118.23	\$ -
54	MERRYVILLE COMMUNITY HEALTH CENTER	F	2017	2	2	\$ 277	\$ 138	\$ 138	\$ 276.93	\$ -
55	MERRYVILLE COMMUNITY HEALTH CENTER	F	2017	3	2	\$ 320	\$ 160	\$ 160	\$ 320.28	\$ -
56	MERRYVILLE COMMUNITY HEALTH CENTER	F	2017	4	3	\$ 460	\$ 153	\$ 153	\$ 459.57	\$ -
57	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	1	1	\$ 129	\$ 129	\$ 129	\$ 128.63	\$ -
58	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	1	5	\$ 643	\$ 129	\$ 129	\$ 643.15	\$ -
59	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	2	11	\$ 1,415	\$ 129	\$ 129	\$ 1,414.93	\$ -
60	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	2	12	\$ 1,544	\$ 129	\$ 129	\$ 1,543.56	\$ -
61	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	3	14	\$ 1,822	\$ 130	\$ 130	\$ 1,822.38	\$ -
62	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	3	30	\$ 3,900	\$ 130	\$ 130	\$ 3,900.48	\$ -
63	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	4	14	\$ 1,822	\$ 130	\$ 130	\$ 1,822.38	\$ -
64	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2017	4	40	\$ 5,207	\$ 130	\$ 130	\$ 5,206.80	\$ -

MCNA Insurance Company
Schedule R
Supplemental Working Area
Year Ended: 2017

Line #	FQHC or RHC Name (list by calendar quarter)	FQHC = F RHC = R	Year	Quarter	Encounters (max 1 per day)	Accrued Amounts	Payment Per Encounter (calculated)	PPS Rate	Equivalent PPS Payments (calculated)	variance to negative, explain why actual payments less then
65	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2017	1	200	\$ 22,923	\$ 115	\$ 115	\$ 22,923.30	\$ -
66	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2017	2	168	\$ 19,251	\$ 115	\$ 115	\$ 19,251.12	\$ -
67	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2017	3	272	\$ 31,873	\$ 117	\$ 117	\$ 31,873.38	\$ -
68	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2017	4	174	\$ 20,400	\$ 117	\$ 117	\$ 20,399.76	\$ -
69	WINN COMMUNITY HEALTH CENTER INC	F	2017	1	3	\$ 413	\$ 138	\$ 138	\$ 412.92	\$ -
70	WINN COMMUNITY HEALTH CENTER INC	F	2017	1	689	\$ 92,900	\$ 135	\$ 138	\$ 94,833.96	\$ (1,934)
71	WINN COMMUNITY HEALTH CENTER INC	F	2017	2	3	\$ 413	\$ 138	\$ 138	\$ 412.92	\$ -
72	WINN COMMUNITY HEALTH CENTER INC	F	2017	2	595	\$ 80,898	\$ 136	\$ 138	\$ 81,895.80	\$ (998)
73	WINN COMMUNITY HEALTH CENTER INC	F	2017	3	2	\$ 279	\$ 139	\$ 139	\$ 278.58	\$ -
74	WINN COMMUNITY HEALTH CENTER INC	F	2017	3	430	\$ 59,529	\$ 138	\$ 139	\$ 59,894.70	\$ (366)
75	WINN COMMUNITY HEALTH CENTER INC	F	2017	4	8	\$ 1,114	\$ 139	\$ 139	\$ 1,114.32	\$ -
76	WINN COMMUNITY HEALTH CENTER INC	F	2017	4	617	\$ 84,598	\$ 137	\$ 139	\$ 85,941.93	\$ (1,344)
77	DAUGHTERS OF CHARITY HEALTH CENTERS-CARR	F	2017	1	157	\$ 21,609	\$ 138	\$ 138	\$ 21,609.48	\$ -
78	DAUGHTERS OF CHARITY HEALTH CENTERS-CARR	F	2017	2	128	\$ 17,618	\$ 138	\$ 138	\$ 17,617.92	\$ -
79	DAUGHTERS OF CHARITY HEALTH CENTERS-CARR	F	2017	3	177	\$ 24,621	\$ 139	\$ 139	\$ 24,621.33	\$ -
80	DAUGHTERS OF CHARITY HEALTH CENTERS-CARR	F	2017	4	361	\$ 50,284	\$ 139	\$ 139	\$ 50,283.69	\$ -
81	DAUGHTERS OF CHARITY HEALTH CENTERS-ST CE	F	2017	1	37	\$ 5,093	\$ 138	\$ 138	\$ 5,092.68	\$ -
82	DAUGHTERS OF CHARITY HEALTH CENTERS-ST CE	F	2017	2	25	\$ 3,441	\$ 138	\$ 138	\$ 3,441.00	\$ -
83	DAUGHTERS OF CHARITY HEALTH CENTERS-ST CE	F	2017	3	86	\$ 11,971	\$ 139	\$ 139	\$ 11,970.69	\$ -
84	DAUGHTERS OF CHARITY HEALTH CENTERS-ST CE	F	2017	4	38	\$ 5,293	\$ 139	\$ 139	\$ 5,293.02	\$ -
85	EXGELTH INC	F	2017	1	4	\$ 551	\$ 138	\$ 138	\$ 550.56	\$ -
86	EXGELTH INC	F	2017	2	4	\$ 551	\$ 138	\$ 138	\$ 550.56	\$ -
87	EXGELTH INC	F	2017	4	1	\$ 139	\$ 139	\$ 139	\$ 139.29	\$ -
88	EXGELTH INC	F	2017	1	7	\$ 963	\$ 138	\$ 138	\$ 963.48	\$ -
89	EXGELTH INC	F	2017	2	7	\$ 963	\$ 138	\$ 138	\$ 963.48	\$ -
90	EXGELTH INC	F	2017	3	9	\$ 1,254	\$ 139	\$ 139	\$ 1,253.61	\$ -
91	EXGELTH INC	F	2017	4	11	\$ 1,532	\$ 139	\$ 139	\$ 1,532.19	\$ -
92	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	2	9	\$ 1,239	\$ 138	\$ 138	\$ 1,238.76	\$ -
93	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	3	14	\$ 1,960	\$ 139	\$ 139	\$ 1,950.06	\$ -
94	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	4	9	\$ 1,254	\$ 139	\$ 139	\$ 1,253.61	\$ -
95	PRIMARY HEALTH SERVICES CENTER	F	2017	1	240	\$ 33,034	\$ 138	\$ 138	\$ 33,033.60	\$ -
96	PRIMARY HEALTH SERVICES CENTER	F	2017	1	1	\$ 138	\$ 138	\$ 138	\$ 137.64	\$ -
97	PRIMARY HEALTH SERVICES CENTER	F	2017	2	244	\$ 33,584	\$ 138	\$ 138	\$ 33,584.16	\$ -
98	PRIMARY HEALTH SERVICES CENTER	F	2017	3	246	\$ 34,071	\$ 138	\$ 138	\$ 34,070.64	\$ -
99	PRIMARY HEALTH SERVICES CENTER	F	2017	4	2	\$ 279	\$ 139	\$ 139	\$ 278.58	\$ -
100	PRIMARY HEALTH SERVICES CENTER	F	2017	4	226	\$ 31,480	\$ 139	\$ 139	\$ 31,479.54	\$ 1
101	PRIMARY HEALTH SERVICES CENTER	F	2017	3	1	\$ 139	\$ 139	\$ 139	\$ 139.29	\$ -
102	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	1	6	\$ 826	\$ 138	\$ 138	\$ 825.84	\$ -
103	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	2	10	\$ 1,376	\$ 138	\$ 138	\$ 1,376.40	\$ -
104	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	3	7	\$ 975	\$ 139	\$ 139	\$ 975.03	\$ -
104	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	4	19	\$ 2,647	\$ 139	\$ 139	\$ 2,646.51	\$ -
	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	1	1	\$ 138	\$ 138	\$ 138	\$ 137.64	\$ -
	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	2	2	\$ 275	\$ 138	\$ 138	\$ 275.28	\$ -
	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	3	6	\$ 836	\$ 139	\$ 139	\$ 835.74	\$ -
	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2017	4	5	\$ 696	\$ 139	\$ 139	\$ 696.45	\$ -
	SOUTHWEST LA PRIMARY HEALTHCARE INC	F	2017	1	348	\$ 55,732	\$ 160	\$ 160	\$ 55,732.20	\$ -
	SOUTHWEST LA PRIMARY HEALTHCARE INC	F	2017	2	238	\$ 38,116	\$ 160	\$ 160	\$ 38,115.70	\$ -
	SOUTHWEST LA PRIMARY HEALTHCARE INC	F	2017	3	277	\$ 44,893	\$ 162	\$ 162	\$ 44,893.39	\$ -
	SOUTHWEST LA PRIMARY HEALTHCARE INC	F	2017	4	187	\$ 30,307	\$ 162	\$ 162	\$ 30,307.09	\$ -
	EVANGELINE FAMILY MEDICINE	F	2017	1	1	\$ 138	\$ 138	\$ 138	\$ 137.64	\$ -
	RKM PRIMARY CARE LIVINGSTON	F	2017	1	26	\$ 3,579	\$ 138	\$ 138	\$ 3,578.64	\$ -
	RKM PRIMARY CARE LIVINGSTON	F	2017	2	34	\$ 4,680	\$ 138	\$ 138	\$ 4,679.76	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	1	28	\$ 4,361	\$ 156	\$ 156	\$ 4,361.00	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	2	26	\$ 4,050	\$ 156	\$ 156	\$ 4,049.50	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	3	19	\$ 2,995	\$ 158	\$ 158	\$ 2,994.78	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	4	21	\$ 3,310	\$ 158	\$ 158	\$ 3,310.02	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	1	44	\$ 6,853	\$ 156	\$ 156	\$ 6,853.00	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	2	17	\$ 2,648	\$ 156	\$ 156	\$ 2,647.75	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	3	20	\$ 3,152	\$ 158	\$ 158	\$ 3,152.40	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	4	28	\$ 4,413	\$ 158	\$ 158	\$ 4,413.36	\$ -
	WEST CARROLL MEDICAL CLINIC	F	2017	1	132	\$ 21,863	\$ 166	\$ 166	\$ 21,863.16	\$ -
	WEST CARROLL MEDICAL CLINIC	F	2017	2	155	\$ 25,671	\$ 166	\$ 166	\$ 25,671.34	\$ -
	WEST CARROLL MEDICAL CLINIC	F	2017	3	1	\$ 166	\$ 166	\$ 166	\$ 165.63	\$ -
	WEST CARROLL MEDICAL CLINIC	F	2017	3	182	\$ 30,145	\$ 166	\$ 166	\$ 30,144.66	\$ -

MCNA Insurance Company
Schedule R
Supplemental Working Area
Year Ended: 2017

Line #	FQHC or RHC Name (list by calendar quarter)	FQHC = F RHC = R	Year	Quarter	Encounters (max 1 per day)	Accrued Amounts	Payment Per Encounter (calculated)	PPS Rate	Equivalent PPS Payments (calculated)	Variance (if negative, explain why actual payments less then)
	WEST CARROLL MEDICAL CLINIC	F	2017	4	5	\$ 828	\$ 166	\$ 166	\$ 828.15	\$ -
	WEST CARROLL MEDICAL CLINIC	F	2017	4	138	\$ 22,691	\$ 164	\$ 164	\$ 22,691.31	\$ -
	SWLA CENTER FOR HEALTH SERVICES	F	2017	1	7	\$ 963	\$ 138	\$ 138	\$ 963.48	\$ -
	SWLA CENTER FOR HEALTH SERVICES	F	2017	2	18	\$ 2,478	\$ 138	\$ 138	\$ 2,477.52	\$ -
	SWLA CENTER FOR HEALTH SERVICES	F	2017	3	23	\$ 3,204	\$ 139	\$ 139	\$ 3,203.67	\$ -
	SWLA CENTER FOR HEALTH SERVICES	F	2017	4	58	\$ 8,079	\$ 139	\$ 139	\$ 8,078.82	\$ -
	GRANT COMMUNITY HEALTH CENTER	F	2017	1	345	\$ 47,433	\$ 137	\$ 138	\$ 47,485.80	\$ (53)
	GRANT COMMUNITY HEALTH CENTER	F	2017	2	3	\$ 413	\$ 138	\$ 138	\$ 412.82	\$ -
	GRANT COMMUNITY HEALTH CENTER	F	2017	3	240	\$ 33,034	\$ 138	\$ 138	\$ 33,033.60	\$ -
	GRANT COMMUNITY HEALTH CENTER	F	2017	4	259	\$ 36,076	\$ 139	\$ 139	\$ 36,076.11	\$ -
	GRANT COMMUNITY HEALTH CENTER	F	2017	1	308	\$ 42,343	\$ 137	\$ 139	\$ 42,901.32	\$ (558)
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	1	1	\$ 135	\$ 135	\$ 135	\$ 135.58	\$ -
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	1	37	\$ 5,009	\$ 135	\$ 135	\$ 5,009.06	\$ -
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	2	3	\$ 406	\$ 135	\$ 135	\$ 406.14	\$ -
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	2	23	\$ 2,843	\$ 124	\$ 124	\$ 2,842.98	\$ -
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	3	14	\$ 1,955	\$ 140	\$ 140	\$ 1,954.68	\$ -
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	3	18	\$ 2,505	\$ 139	\$ 139	\$ 2,504.68	\$ -
	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2017	4	10	\$ 1,396	\$ 140	\$ 140	\$ 1,396.20	\$ -
	SABINE COMPREHENSIVE HEALTH CLINIC	F	2017	1	3	\$ 413	\$ 138	\$ 138	\$ 412.92	\$ -
	SABINE COMPREHENSIVE HEALTH CLINIC	F	2017	2	9	\$ 1,239	\$ 138	\$ 138	\$ 1,238.76	\$ -
	SABINE COMPREHENSIVE HEALTH CLINIC	F	2017	3	16	\$ 2,229	\$ 139	\$ 139	\$ 2,228.64	\$ -
	SABINE COMPREHENSIVE HEALTH CLINIC	F	2017	4	7	\$ 975	\$ 139	\$ 139	\$ 975.03	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	1	5	\$ 688	\$ 138	\$ 138	\$ 688.20	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	1	10	\$ 1,376	\$ 138	\$ 138	\$ 1,376.40	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	2	11	\$ 1,514	\$ 138	\$ 138	\$ 1,514.04	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	3	17	\$ 2,368	\$ 139	\$ 139	\$ 2,367.93	\$ -
	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2017	4	20	\$ 2,786	\$ 139	\$ 139	\$ 2,785.80	\$ -
	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	2	1	\$ 138	\$ 138	\$ 138	\$ 137.64	\$ -
	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2017	3	3	\$ 418	\$ 139	\$ 139	\$ 417.87	\$ -
	DAUGHTERS OF CHARITY HEALTH CENTERS-GENTIL	F	2017	1	84	\$ 11,562	\$ 138	\$ 138	\$ 11,561.76	\$ -
	DAUGHTERS OF CHARITY HEALTH CENTERS-GENTIL	F	2017	2	52	\$ 7,157	\$ 138	\$ 138	\$ 7,157.28	\$ -
	DAUGHTERS OF CHARITY HEALTH CENTERS-GENTIL	F	2017	3	81	\$ 11,271	\$ 139	\$ 139	\$ 11,270.94	\$ -
	DAUGHTERS OF CHARITY HEALTH CENTERS-GENTIL	F	2017	4	72	\$ 10,029	\$ 139	\$ 139	\$ 10,028.88	\$ -
	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2017	1	13	\$ 1,652	\$ 127	\$ 127	\$ 1,651.68	\$ -
	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2017	2	18	\$ 2,478	\$ 138	\$ 138	\$ 2,477.52	\$ -
	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2017	3	8	\$ 1,113	\$ 139	\$ 139	\$ 1,112.67	\$ -
	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2017	4	13	\$ 1,811	\$ 139	\$ 139	\$ 1,810.77	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	1	21	\$ 2,890	\$ 138	\$ 138	\$ 2,890.44	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	2	35	\$ 4,817	\$ 138	\$ 138	\$ 4,817.40	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	3	202	\$ 28,137	\$ 139	\$ 139	\$ 28,136.58	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	4	256	\$ 35,658	\$ 139	\$ 139	\$ 35,658.24	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	1	8	\$ 1,101	\$ 138	\$ 138	\$ 1,101.12	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	2	1	\$ 138	\$ 138	\$ 138	\$ 137.64	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	3	11	\$ 1,514	\$ 138	\$ 138	\$ 1,514.04	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	4	2	\$ 275	\$ 138	\$ 138	\$ 275.28	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	1	5	\$ 696	\$ 139	\$ 139	\$ 696.45	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	2	1	\$ 139	\$ 139	\$ 139	\$ 139.29	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	3	97	\$ 13,351	\$ 138	\$ 138	\$ 13,351.08	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	4	47	\$ 6,469	\$ 138	\$ 138	\$ 6,469.08	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	1	38	\$ 5,293	\$ 139	\$ 139	\$ 5,293.02	\$ -
	MOREHOUSE COMMUNITY MEDICAL CENTERS	F	2017	2	115	\$ 16,018	\$ 139	\$ 139	\$ 16,018.35	\$ -
	AVOYELLES PRIMARY HEALTH AND WELLNESS CENTER	F	2017	1	2	\$ 275	\$ 138	\$ 138	\$ 275.28	\$ -
	BIENVILLE COMMUNITY HEALTH CENTER	F	2017	1	92	\$ 12,663	\$ 138	\$ 138	\$ 12,662.88	\$ -
	BIENVILLE COMMUNITY HEALTH CENTER	F	2017	2	115	\$ 15,829	\$ 138	\$ 138	\$ 15,828.60	\$ -
	BIENVILLE COMMUNITY HEALTH CENTER	F	2017	3	1	\$ 139	\$ 139	\$ 139	\$ 139.29	\$ -
	BIENVILLE COMMUNITY HEALTH CENTER	F	2017	4	112	\$ 15,600	\$ 139	\$ 139	\$ 15,600.48	\$ -
	BIENVILLE COMMUNITY HEALTH CENTER	F	2017	1	95	\$ 13,233	\$ 139	\$ 139	\$ 13,232.55	\$ -
	DELHI COMMUNITY HEALTH CENTER DENTAL CLINIC	F	2017	4	5	\$ 696	\$ 139	\$ 139	\$ 696.45	\$ -
	OPEN HEALTH CARE CLINIC	F	2017	3	3	\$ 418	\$ 139	\$ 139	\$ 417.87	\$ -
	OPEN HEALTH CARE CLINIC	F	2017	4	6	\$ 836	\$ 139	\$ 139	\$ 835.74	\$ -
					14,586	\$ 2,054,341	\$ 141		\$ (5,382)	\$

Input Instructions
 1. Complete the areas below on each tab including the check figures on the current tab.
 Populate the "CDT or Encounter Code" columns with the appropriate procedure codes from the Current Dental Terminology (CDT) published by the American Dental Association. For dental services provided on an encounter basis (FGHC/RHC) populate the "CDT or Encounter Code" column with the dental encounter code.
 For each code, indicate whether the unit of service is defined as visit, drv, quantity, or other. Please specify.
 2. Provide Subelemental Information/Notes, if any, on the Subelemental Working Area tab
 ***LAP Affordable Plan rate cell is composed of recipients with type case 134 ONLY.

CDT or Encounter Code	Code Description	Unit of Service (Visits/Days/Quantity)	Member Months Incurred: 01-2017 Paid through: 1/1/2018		Member Months Incurred: 02-2017 Paid through: 1/1/2018		Member Months Incurred: 03-2017 Paid through: 1/1/2018		Member Months Incurred: 04-2017 Paid through: 1/1/2018		Member Months Incurred: 05-2017 Paid through: 1/1/2018		Member Months Incurred: 06-2017 Paid through: 1/1/2018		Member Months Incurred: 07-2017 Paid through: 1/1/2018		Member Months Incurred: 08-2017 Paid through: 1/1/2018		Member Months Incurred: 09-2017 Paid through: 1/1/2018		Member Months Incurred: 10-2017 Paid through: 1/1/2018		Member Months Incurred: 11-2017 Paid through: 1/1/2018		Member Months Incurred: 12-2017 Paid through: 1/1/2018		Member Months Incurred:	Total 2017 Paid through:				
			Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts		
D0000	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	quantity			1	\$ 1,457.00	2	\$ 2,854.00																								
D0220	FIXED APPLIANCE THERAPY	quantity																														
D0110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDUR	quantity																														
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	quantity	93	\$ 3,415.00	94	\$ 3,305.00	134	\$ 4,899.00	98	\$ 3,586.00	107	\$ 3,907.00	116	\$ 4,223.00	101	\$ 3,689.00	128	\$ 4,678.00	95	\$ 3,488.00	94	\$ 3,419	88	\$ 3,158	90	\$ 2,738	1,723	\$ 44,678				
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SBR	quantity	19	\$ 1,817.00	10	\$ 1,019.00	27	\$ 2,349.00	31	\$ 2,528.00	35	\$ 2,724.00	41	\$ 3,491.00	18	\$ 1,369.00	23	\$ 1,948.00	19	\$ 1,617	27	\$ 2,195	29	\$ 2,487	323	\$ 27,374						
D9248	INTRAVENOUS CONSCIOUS SEDATION	quantity	9	\$ 1,995.00	7	\$ 878.00	7	\$ 878.00	5	\$ 902.00	8	\$ 1,179.00	12	\$ 1,204.00	7	\$ 878.00	13	\$ 1,835.00	9	\$ 1,129.00	7	\$ 878	4	\$ 592	8	\$ 1,004	97	\$ 11,917				
D9412	HOSPITAL CALL	quantity	3	\$ 212.00	1	\$ 106.00	7	\$ 743.00	3	\$ 319.00	1	\$ 198.00	5	\$ 531.00	2	\$ 212.00	4	\$ 425.00	4	\$ 425	4	\$ 425	1	\$ 106	1	\$ 106	31	\$ 3,291				
D9917	BEHAVIOR MANAGEMENT, BY REPORT	quantity	1	\$ 70.00	4	\$ 278.00	1	\$ 70.00	3	\$ 210.00	1	\$ 70.00	3	\$ 210.00	4	\$ 278.00	2	\$ 140	4	\$ 278.00	2	\$ 140	1	\$ 70	1	\$ 70	27	\$ 1,884				
D9947	OCCUPATIONAL GUARD, BY REPORT	quantity			1	\$ 285.00												1	\$ 285.00													
D940	IMS	quantity																1	\$ 394													
	Totals		2,959	\$ 114,479.00	2,867	\$ 107,234.00	3,919	\$ 144,407.00	3,691	\$ 123,241.00	2,987	\$ 123,918.00	3,471	\$ 149,670.00	3,110	\$ 138,874.00	3,193	\$ 138,434.00	2,487	\$ 187,548.00	2,114	\$ 125,094.00	2,742	\$ 119,017.00	2,448	\$ 103,017.00	25,584	\$ 1,484,864				

Input Instructions

1. Complete the areas below on each tab, including the check figures on the summary tab:
 Populate the "CDT or Encounter Code" columns with the appropriate procedure codes from the Current Dental Terminology (CDT) maintained by the American Dental Association. For dental services covered on an encounter basis (PDC-RHC), populate the "CDT or Encounter Code" column with the dental encounter code.
 For each code, indicate whether the unit of service is defined as visit, day, quantity, or other. Please specify.

2. Provide Provide supplemental information/notes if any, on the Supplemental Working Area tab

CDT or Encounter Code	Code Description	Unit of Service (Units/Day/Quantity)	Member Months 01-2017		02-2017		03-2017		04-2017		05-2017		06-2017		07-2017		08-2017		09-2017		10-2017		11-2017		12-2017		Member Months	Total 2017		
			Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:		Incurred:			
			Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:	Paid Through:		
D0244	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	monthly																												
D0245	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	monthly	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934	1,259	\$ 142,934
D0248	NONINTRAVENOUS CONSCIOUS SEDATION	monthly	424	\$ 24,908	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684	514	\$ 32,684
D0440	HOSPITAL CALL	monthly	475	\$ 50,112	415	\$ 48,185	563	\$ 59,138	435	\$ 45,772	346	\$ 37,845	347	\$ 37,871	431	\$ 45,781	451	\$ 47,872	492	\$ 52,242	418	\$ 44,485	308	\$ 34,912	215	\$ 24,912	215	\$ 24,912	215	\$ 24,912
D0448	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	monthly	7	\$ 549	4	\$ 312	3	\$ 235	2	\$ 143	2	\$ 143	2	\$ 143	4	\$ 286	8	\$ 518	8	\$ 518	7	\$ 441	2	\$ 150	2	\$ 150	2	\$ 150	2	\$ 150
D0449	THERAPEUTIC/INTERFERAL DRUGS, SINGLE ADMINISTRATION	monthly																												
D0630	DRUGS OR MEDICATIONS DISPENSED IN THE OFFICE FOR HOME USE	monthly																												
D0639	APPLICATION OF DENTIN BONDING MEDICATION	monthly																												
D0670	BEHAVIOR MANAGEMENT - BY REPORT	monthly	560	\$ 38,915	432	\$ 29,128	545	\$ 37,727	480	\$ 34,205	477	\$ 34,480	465	\$ 34,480	724	\$ 48,728	578	\$ 37,295	458	\$ 31,585	484	\$ 33,585	333	\$ 22,811	243	\$ 16,811	243	\$ 16,811		
D0940	OCCLUSAL GUARD, BY REPORT	monthly	69	\$ 16,669	39	\$ 10,282	51	\$ 14,389	41	\$ 11,665	47	\$ 13,290	34	\$ 9,500	45	\$ 12,444	40	\$ 11,584	48	\$ 13,581	38	\$ 10,584	28	\$ 9,000	28	\$ 9,000	28	\$ 9,000	28	\$ 9,000
D0951	OCCLUSAL ADJUSTMENT - LIMITED	monthly																												
D0952	OCCLUSAL ADJUSTMENT - EXTENSIVE	monthly																												
D0998	PRESCRIBED ADDUCTIVE PROCEDURE, BY REPORT	monthly																												
D940	ENC	monthly																												
		Totals	247,687	\$ 11,899,842	227,967	\$ 10,288,410	287,712	\$ 12,911,507	237,700	\$ 10,788,805	235,872	\$ 10,958,097	258,541	\$ 12,058,511	249,872	\$ 12,114,657	301,874	\$ 13,727,849	301,874	\$ 13,727,849	277,278	\$ 12,558,342	244,784	\$ 11,794,841	203,009	\$ 9,181,159	203,009	\$ 9,181,159	203,009	\$ 9,181,159

Input Instructions
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 For each code, indicate whether the unit of service is defined as visit, day, quantity, or other. Please specify.
 2. Provide Provide supplemental information/notes, if any, on the Supplemental Working Area tab.

CDT or Encounter Code	Code Description	Unit of Service (Visit/Days/Q/Quantity)	Member Months Incurred: 01-2017 Paid through: 1/1/2018		651,735		Member Months Incurred: 02-2017 Paid through: 1/1/2018		687,500		Member Months Incurred: 03-2017 Paid through: 1/1/2018		693,608		Member Months Incurred: 04-2017 Paid through: 1/1/2018		697,507		Member Months Incurred: 05-2017 Paid through: 1/1/2018		696,354		Member Months Incurred: 06-2017 Paid through: 1/1/2018		698,073		Member Months Incurred: 07-2017 Paid through: 1/1/2018		693,503		Member Months Incurred: 08-2017 Paid through: 1/1/2018		691,113		Member Months Incurred: 09-2017 Paid through: 1/1/2018		695,729		Member Months Incurred: 10-2017 Paid through: 1/1/2018		703,940		Member Months Incurred: 11-2017 Paid through: 1/1/2018		705,795		Member Months Incurred: 12-2017 Paid through: 1/1/2018		706,791		Member Months Incurred: 2017 Total 2017		8,311,631	
			Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts	Paid Units	Paid Amounts								
D1110	PROPHYLAXIS - ADULT	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -								
D9999	UNSPECIFIED DIAGNOSTIC PROCEDURE - BY REPORT	quantity	25	\$ 3,619	19	\$ 2,716	35	\$ 5,821	24	\$ 3,720	15	\$ 2,244	22	\$ 3,294	31	\$ 4,290	21	\$ 2,904	20	\$ 2,904	24	\$ 3,645	21	\$ 3,109	6	\$ 959	283	\$ 43,315	21	\$ 2,904	20	\$ 2,904	24	\$ 3,645	21	\$ 3,109	6	\$ 959	283	\$ 43,315	21	\$ 2,904	20	\$ 2,904	24	\$ 3,645	21	\$ 3,109	6	\$ 959				
D0248	INTRACRAL - OCCLUSAL FILM	quantity	27	\$ 551	16	\$ 317	20	\$ 409	12	\$ 249	18	\$ 377	26	\$ 531	12	\$ 245	14	\$ 286	7	\$ 143	7	\$ 143	2	\$ 41	-	\$ -	161	\$ 3,287	7	\$ 143	7	\$ 143	2	\$ 41	-	\$ -	161	\$ 3,287	7	\$ 143	7	\$ 143	2	\$ 41	-	\$ -	161	\$ 3,287						
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	quantity	21	\$ 4,833	21	\$ 4,484	33	\$ 7,452	36	\$ 8,195	27	\$ 5,685	33	\$ 7,374	44	\$ 9,660	30	\$ 6,631	44	\$ 9,631	43	\$ 9,631	33	\$ 6,649	31	\$ 6,820	389	\$ 84,964	33	\$ 6,649	44	\$ 9,631	44	\$ 9,631	33	\$ 6,649	31	\$ 6,820	389	\$ 84,964	33	\$ 6,649	44	\$ 9,631	44	\$ 9,631	33	\$ 6,649	31	\$ 6,820	389	\$ 84,964		
D5140	IMMEDIATE DENTURE - MANDIBULAR	quantity	51	\$ 24,500	47	\$ 22,936	57	\$ 27,003	64	\$ 31,258	53	\$ 28,210	72	\$ 34,710	45	\$ 22,220	49	\$ 21,027	43	\$ 21,143	44	\$ 21,049	24	\$ 11,500	596	\$ 288,605	43	\$ 21,143	44	\$ 21,049	24	\$ 11,500	596	\$ 288,605	43	\$ 21,143	44	\$ 21,049	24	\$ 11,500	596	\$ 288,605	43	\$ 21,143	44	\$ 21,049	24	\$ 11,500	596	\$ 288,605				
D5312	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY C	quantity	100	\$ 41,440	107	\$ 47,160	145	\$ 85,825	195	\$ 81,645	140	\$ 81,947	140	\$ 80,149	138	\$ 59,910	152	\$ 89,339	120	\$ 54,280	105	\$ 45,246	123	\$ 66,925	96	\$ 43,930	1,501	\$ 668,248	123	\$ 66,925	105	\$ 45,246	123	\$ 66,925	96	\$ 43,930	1,501	\$ 668,248	123	\$ 66,925	105	\$ 45,246	123	\$ 66,925	96	\$ 43,930	1,501	\$ 668,248						
ADJ	ADJUSTMENT	quantity	2	\$ 105	2	\$ 109	4	\$ 1,200	2	\$ 592	4	\$ 1,071	4	\$ 1,460	2	\$ 1,031	3	\$ 293	-	\$ -	-	\$ -	-	\$ -	-	\$ -	22	\$ 1,319	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -						
D5110	COMPLETE DENTURE - MAXILLARY	quantity	584	\$ 276,943	508	\$ 266,573	734	\$ 354,417	651	\$ 311,045	665	\$ 328,876	668	\$ 328,374	658	\$ 312,417	735	\$ 349,585	599	\$ 283,207	611	\$ 293,206	597	\$ 292,039	434	\$ 211,483	7,526	\$ 3,608,495	611	\$ 293,206	597	\$ 292,039	434	\$ 211,483	7,526	\$ 3,608,495	611	\$ 293,206	597	\$ 292,039	434	\$ 211,483	7,526	\$ 3,608,495										
D0730	PANORAMIC FILM	quantity	567	\$ 31,430	548	\$ 30,691	648	\$ 35,632	520	\$ 28,860	563	\$ 31,619	572	\$ 31,630	490	\$ 27,401	570	\$ 31,076	496	\$ 24,501	622	\$ 29,094	231	\$ 12,567	6,094	\$ 339,568	622	\$ 29,094	231	\$ 12,567	6,094	\$ 339,568	622	\$ 29,094	231	\$ 12,567	6,094	\$ 339,568	622	\$ 29,094	231	\$ 12,567	6,094	\$ 339,568										
D5130	IMMEDIATE DENTURE - MAXILLARY	quantity	89	\$ 33,856	87	\$ 32,836	104	\$ 50,333	96	\$ 45,829	111	\$ 54,305	104	\$ 50,584	83	\$ 33,847	79	\$ 35,579	85	\$ 29,673	82	\$ 40,581	76	\$ 37,286	50	\$ 24,433	972	\$ 471,838	82	\$ 40,581	76	\$ 37,286	50	\$ 24,433	972	\$ 471,838	82	\$ 40,581	76	\$ 37,286	50	\$ 24,433	972	\$ 471,838	82	\$ 40,581	76	\$ 37,286	50	\$ 24,433	972	\$ 471,838		
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	3	\$ 824	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -								
D0120	PERIODIC ORAL EVALUATION	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -										
D5120	COMPLETE DENTURE - MANDIBULAR	quantity	397	\$ 189,787	362	\$ 187,845	494	\$ 238,681	414	\$ 188,994	481	\$ 222,348	460	\$ 221,235	411	\$ 188,113	459	\$ 216,296	389	\$ 186,221	392	\$ 187,623	388	\$ 179,927	200	\$ 138,178	4,923	\$ 2,367,253	392	\$ 187,623	388	\$ 179,927	200	\$ 138,178	4,923	\$ 2,367,253	392	\$ 187,623	388	\$ 179,927	200	\$ 138,178	4,923	\$ 2,367,253	392	\$ 187,623	388	\$ 179,927	200	\$ 138,178	4,923	\$ 2,367,253		
D5510	REPAIR BROKEN COMPLETE DENTURE (BASE)	quantity	21	\$ 1,325	19	\$ 1,251	11	\$ 1,271	9	\$ 1,125	6	\$ 750	7	\$ 1,125	6	\$ 750	7	\$ 675	6	\$ 750	10	\$ 1,125	8	\$ 1,000	6	\$ 1,000	100	\$ 12,375	10	\$ 1,125	8	\$ 1,000	6	\$ 1,000	100	\$ 12,375	10	\$ 1,125	8	\$ 1,000	6	\$ 1,000	100	\$ 12,375										
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (RE	quantity	16	\$ 841	19	\$ 1,255	12	\$ 716	13	\$ 781	12	\$ 716	21	\$ 1,237	10	\$ 618	8	\$ 520	17	\$ 1,073	14	\$ 750	12	\$ 716	21	\$ 1,141	175	\$ 10,184	14	\$ 750	12	\$ 716	21	\$ 1,141	175	\$ 10,184	14	\$ 750	12	\$ 716	21	\$ 1,141	175	\$ 10,184										
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CO	quantity	1	\$ 478	-	\$ -	6	\$ 2,200	4	\$ 1,680	-	\$ -	3	\$ 1,410	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	45	\$ 18,755	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -								
D5560	ADD CLASS TO EXISTING PARTIAL DENTURE - PER TOOTH	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	45	\$ 18,755	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -										
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PAT	quantity	690	\$ 28,629	652	\$ 25,536	784	\$ 29,954	632	\$ 24,748	685	\$ 26,715	666	\$ 26,183	606	\$ 25,700	513	\$ 19,997	593	\$ 22,792	470	\$ 18,119	274	\$ 10,489	7,253	\$ 279,780	513	\$ 19,997	593	\$ 22,792	470	\$ 18,119	274	\$ 10,489	7,253	\$ 279,780	513	\$ 19,997	593	\$ 22,792	470	\$ 18,119	274	\$ 10,489	7,253	\$ 279,780								
D0372	BITEWINGS - TWO FILMS	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	1	\$ 119	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -										
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	quantity	5	\$ 293	3	\$ 195	8	\$ 620	7	\$ 520	6	\$ 325	1	\$ 65	8	\$ 261	3	\$ 163	8	\$ 260	2	\$ 130	6	\$ 284	61	\$ 2,737	8	\$ 260	2	\$ 130	6	\$ 284	61	\$ 2,737	8	\$ 260	2	\$ 130	6	\$ 284	61	\$ 2,737												
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	1	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -												
D5514	REPAIR BROKEN COMPLETE DENTURE BASE - MANDIBULAR	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -														
D5540	REPLACE BROKEN TEETH - PER TOOTH	quantity	4	\$ 154	2	\$ 120	8	\$ 380	3	\$ 195	4	\$ 228	6	\$ 328	1	\$ 85	1	\$ 85	2	\$ 130	18	\$ 596	2	\$ 130	5	\$ 320	54	\$ 2,719	2	\$ 130	18	\$ 596	2	\$ 130	5	\$ 320	54	\$ 2,719																
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	quantity	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	2	\$ 119	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -												
D5610	REPAIR RESIN DENTURE BASE	quantity	3	\$ 315	3	\$ 315	2	\$ 250	5	\$ 625	-	\$ -	4	\$ 500	1	\$ 125	6	\$ 750	0	\$ 730	5	\$ 625	4	\$ 500	48	\$ 5,720	6	\$ 750	0	\$ 730	5	\$ 625	4	\$ 500	48	\$ 5,720																		
D5211	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	quantity	2	\$ 416	1	\$ 259	6	\$ 1,167	1	\$ 259	2	\$ 416	1	\$ 259	2	\$ 416	1	\$ 259	3	\$ 617	6	\$ 1,167	2	\$ 416	35	\$ 6,373	1	\$ 259	2	\$ 416	1	\$ 259	35	\$ 6,373	1	\$ 259	2	\$ 416	1	\$ 259</														