

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

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

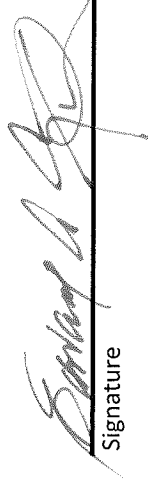
FOR THE PERIOD ENDING

12/31/2016

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

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.

04/28/2017  
(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. Signature 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		Amount 1	Amount 2
MCNA Insurance Company			
For the period ended 12/31/2016			
<b>Quarterly Dental Expense Summary = Income Statement</b>			
Schedule D Incurred Dental Provider Claims = Income Statement Dental Provider Claims (Quarter)	\$	36,687,801	\$ 36,687,801
Schedule D Incurred Other Dental Claims = Income Statement Other Dental Claims (Quarter)	\$	-	\$ -
<b>YTD Dental Expense Summary = YTD Income Statement</b>			
Schedule D Incurred Dental Provider Claims = Income Statement Dental Provider Claims (YTD)	\$	138,766,666	\$ 138,766,666
Schedule D Incurred Other Dental Claims = Income Statement Other Dental Claims (YTD)	\$	-	\$ -
		Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule M TPL Subrogation recoveries = Income Statement, Line 24 for QTR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule N Fraud and Abuse recoveries = Income Statement, Line 25 for QTR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule I Utilization Expenses = Income Statement, Line 20 for QTR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grand Total Net Income (Less) on Total Profitability Statement = QTR Net Income (Loss) on Income Statement?		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain the variance in Schedule R

Please explain the variance in Schedule R

MCNA Insurance Company

Schedule A

Income Statement

Qtr Ended: 12/31/2016

		2016				2016
		1st Qtr 03/31/2016	2nd Qtr 06/30/2016	3rd Qtr 09/30/2016	4th Qtr 12/31/2016	YTD 12/31/2016
Line #	REVENUE & EXPENSES					
1	Member Months	3,345,096.00	3,316,053.00	4,146,635.00	4,393,342.00	15,201,126.00
2	Capitation	\$ 38,820,405	\$ 38,414,184	\$ 40,653,867	\$ 41,634,264	\$ 159,722,700
3	Investment income	\$ -	\$ -	\$ -	\$ -	\$ -
4	Other income	\$ 1,154,296	\$ 1,108,974	\$ 1,024,555	\$ 1,121,986	\$ 4,409,710
5	<b>TOTAL REVENUES</b>	<b>\$ 39,974,701</b>	<b>\$ 39,523,038</b>	<b>\$ 41,678,422</b>	<b>\$ 42,756,249</b>	<b>\$ 164,132,410</b>
	<b>EXPENSES</b>					
6	Dental Provider Compensation	\$ 24,810,177	\$ 23,538,160	\$ 26,781,782	\$ 26,522,172	\$ 101,750,291
7	Primary Dental Provider	\$ -	\$ -	\$ -	\$ -	\$ -
8	Dental visits - outpatient	\$ 1,160,095	\$ 1,127,606	\$ 1,106,179	\$ 1,286,940	\$ 4,680,759
9	Dental visits - oral and Maxillofacial Surgery	\$ 7,030,245	\$ 7,327,265	\$ 9,308,011	\$ 8,230,382	\$ 30,895,903
10	Dental visits - Pediatric Dentistry	\$ 61,478	\$ 59,231	\$ 107,466	\$ 460,506	\$ 628,681
11	Dental Visit - Orthodontics	\$ 162,248	\$ 167,487	\$ 166,164	\$ 209,638	\$ 705,737
12	Dental Visit - Endodontics	\$ 15,454	\$ 14,118	\$ 19,977	\$ 22,762	\$ 72,311
13	Other dental visits - miscellaneous	\$ 2,329	\$ 5,706	\$ 8,746	\$ 5,202	\$ 21,984
14	Change in Dental IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
15	<b>Total Dental Provider Compensation</b>	<b>\$ 33,241,965</b>	<b>\$ 32,337,574</b>	<b>\$ 36,498,325</b>	<b>\$ 36,687,802</b>	<b>\$ 138,765,666</b>
16	Other dental expenses	\$ -	\$ -	\$ -	\$ -	\$ -
17	Other dental services/supplies	\$ -	\$ -	\$ -	\$ -	\$ -
18	Change in Other IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
19	<b>Total Other Dental Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
20	<b>TOTAL DENTAL EXPENSES</b>	<b>\$ 33,241,965</b>	<b>\$ 32,337,574</b>	<b>\$ 36,498,325</b>	<b>\$ 36,687,802</b>	<b>\$ 138,765,666</b>
21	Dental Expense Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -
22	Reinsurance premiums	\$ -	\$ -	\$ -	\$ -	\$ -
23	Reinsurance recoveries (Enter as negative)	\$ -	\$ -	\$ -	\$ -	\$ -
24	Cost of Reinsurance net of recoveries	\$ -	\$ -	\$ -	\$ -	\$ -
25	Third party liability subrogation	\$ -	\$ -	\$ -	\$ -	\$ -
26	Fraud and abuse recoveries	\$ -	\$ -	\$ -	\$ -	\$ -
27	<b>TOTAL NET DENTAL EXPENSES</b>	<b>\$ 33,181,567</b>	<b>\$ 32,298,642</b>	<b>\$ 36,433,102</b>	<b>\$ 36,624,779</b>	<b>\$ 138,538,110</b>
	<b>ADMINISTRATIVE SERVICE EXPENSES</b>					
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	\$ -	\$ -	\$ -	\$ -	\$ -
36	<b>Total Health Care Quality Improvement Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
	<b>Other Administrative Costs</b>					
37	Utilization management and concurrent review	\$ 274,440	\$ 266,731	\$ 257,984	\$ 267,510	\$ 1,066,665
38	Network development and credentialing costs	\$ -	\$ -	\$ -	\$ -	\$ -
39	Member services	\$ 206,502	\$ 195,549	\$ 80,219	\$ 268,244	\$ 750,513
40	General and operational management	\$ -	\$ -	\$ -	\$ -	\$ -
41	Accounting and finance	\$ 3,029,184	\$ 2,998,362	\$ 3,119,393	\$ 3,169,514	\$ 12,313,433
42	Claims and referral/authorization processing	\$ -	\$ 477	\$ -	\$ -	\$ 477
43	Administrative services only (ASO) Cost	\$ 50,683	\$ 38,054	\$ 64,429	\$ 56,339	\$ 209,506
44	Other direct costs	\$ 95,334	\$ 263,489	\$ 297,391	\$ 307,781	\$ 963,984
45	Indirect costs - corporate overhead allocations	\$ 593,544	\$ 592,693	\$ 627,759	\$ 630,512	\$ 2,464,508
46	Sanctions and late payment interest penalties	\$ -	\$ -	\$ -	\$ -	\$ -
47	Other administrative costs	\$ 31,794	\$ 28,912	\$ 93,501	\$ 103,075	\$ 257,272
48	<b>Total Other Administrative Costs</b>	<b>\$ 4,281,471</b>	<b>\$ 4,382,256</b>	<b>\$ 4,539,665</b>	<b>\$ 4,822,976</b>	<b>\$ 18,026,368</b>
49	<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 4,281,471</b>	<b>\$ 4,382,256</b>	<b>\$ 4,539,665</b>	<b>\$ 4,822,976</b>	<b>\$ 18,026,368</b>
50	<b>TOTAL EXPENSES</b>	<b>\$ 37,463,037</b>	<b>\$ 36,680,898</b>	<b>\$ 40,972,768</b>	<b>\$ 41,447,755</b>	<b>\$ 156,564,478</b>
51	<b>Income (loss) from operations</b>	<b>\$ 2,511,643</b>	<b>\$ 2,842,140</b>	<b>\$ 905,654</b>	<b>\$ 1,308,494</b>	<b>\$ 7,567,932</b>
52	Non-operating income (loss)	\$ -	\$ -	\$ -	\$ -	\$ -
53	<b>Income (loss) before taxes/other</b>	<b>\$ 2,511,643</b>	<b>\$ 2,842,140</b>	<b>\$ 905,654</b>	<b>\$ 1,308,494</b>	<b>\$ 7,567,932</b>
54	Income taxes	\$ -	\$ -	\$ -	\$ -	\$ -
55	Premium tax assessments	\$ 890,240	\$ 918,517	\$ 910,756	\$ 975,825	\$ 3,695,338
56	Other (Describe)	\$ 697,194	\$ 669,760	\$ 618,831	\$ 626,711	\$ 2,612,496
57	<b>NET INCOME (LOSS)</b>	<b>\$ 924,209</b>	<b>\$ 1,253,863</b>	<b>\$ (623,833)</b>	<b>\$ (294,041)</b>	<b>\$ 1,280,099</b>

MCNA Insurance Company  
Schedule B  
Footnote Disclosures  
Qtr Ended: 12/31/2016

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)	Y	Anticipated reimbursement for the Company's ACA expense has been included in Other Income (Line 4).
28	Other (list)	Y	The Company's ACA expense has been included in Other Expenses (Line 54)
29	Other (list)	N	

MCNA Insurance Company

Schedule C

Total Profitability

Qtr Ended: 12/31/2016

Line #	REVENUE & EXPENSES	LaCHIP Affordable Plan	Medicaid/CHIP Children	Medicaid Adults	Grand Total
1	Member Months	8,911	2,449,189	1,935,242	4,393,342.00
	<b>REVENUES</b>				
2	Capitation	176,968	38,989,663	2,467,633	\$ 41,634,264
3	Investment income	0	0	0	\$ -
4	Other income	4,769	1,050,717	66,499	\$ 1,121,986
5	<b>TOTAL REVENUES</b>	<b>181,737</b>	<b>40,040,381</b>	<b>2,534,132</b>	<b>\$ 42,756,249</b>
	<b>EXPENSES</b>				
	Dental Provider Compensation				
6	Primary Dental Provider	159,644	24,281,276	2,081,252	\$ 26,522,172
7	Dental visits - outpatient	-	-	-	\$ -
8	Dental visits - oral and Maxillofacial Surgery	21,548	1,275,391	-	\$ 1,296,940
9	Dental visits - Pediatric Dentistry	79,523	8,150,933	225	\$ 8,230,382
10	Dental Visit - Orthodontics	2,915	397,591	-	\$ 400,506
11	Dental Visit - Endodontics	76	209,762	-	\$ 209,838
12	Dental Visit - Periodontics	869	21,893	-	\$ 22,762
13	Other dental visits - miscellaneous	50	140	5,013	\$ 5,202
14	Change in Dental IBNR	-	-	-	\$ -
15	<b>Total Dental Provider</b>	<b>264,626</b>	<b>34,336,686</b>	<b>2,086,489</b>	<b>\$ 36,687,802</b>
	Other Dental Expenses				
16	Other dental services/supplies	-	-	-	\$ -
17	Other dental expenses	-	-	-	\$ -
18	Change in Other IBNR	-	-	-	\$ -
19	<b>Total Other Dental Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
20	<b>TOTAL DENTAL EXPENSES</b>	<b>264,626</b>	<b>34,336,686</b>	<b>2,086,489</b>	<b>\$ 36,687,802</b>
	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	-	55,961	7,061	\$ 63,022
27	<b>TOTAL NET DENTAL EXPENSES</b>	<b>264,626</b>	<b>34,280,724</b>	<b>2,079,428</b>	<b>\$ 36,624,779</b>
28	<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>20,500</b>	<b>4,516,621</b>	<b>285,854</b>	<b>\$ 4,822,976</b>
29	<b>TOTAL EXPENSES</b>	<b>285,127</b>	<b>38,797,346</b>	<b>2,365,283</b>	<b>\$ 41,447,755</b>
30	<b>Income (loss) from operations</b>	<b>(103,390)</b>	<b>1,243,035</b>	<b>168,849</b>	<b>\$ 1,308,494</b>
31	Non-operating income (loss)	-	-	-	\$ -
32	<b>Income (loss) before taxes</b>	<b>(103,390)</b>	<b>1,243,035</b>	<b>168,849</b>	<b>\$ 1,308,494</b>
33	Income taxes	-	-	-	\$ -
34	Premium Tax Assessments	4,148	913,841	57,836	\$ 975,825
35	Other (describe)	2,664	586,902	37,145	\$ 626,711
36	<b>NET INCOME (LOSS)</b>	<b>(110,202)</b>	<b>(257,708)</b>	<b>73,868</b>	<b>\$ (294,041)</b>

MCNA Insurance Company  
 Schedule D  
 Dental Liability Summary  
 Qtr Ended: 12/31/2016

**Quarterly Paid Claims and Liability Report**

Line #	Dental cost grouping	Paid claims	RBUC	IBNR	Current period ending IBNR	Current period beginning IBNR	Total recognized incurred claims
1	Dental Provider	\$ 35,915,780	\$ 2,675,731	\$ 3,637,657	\$ 6,313,389	\$ 5,541,367	\$ 36,687,801
2	Other Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	<b>Total</b>	<b>\$ 35,915,780</b>	<b>\$ 2,675,731</b>	<b>\$ 3,637,657</b>	<b>\$ 6,313,389</b>	<b>\$ 5,541,367</b>	<b>\$ 36,687,801</b>

**Year-to-Date Paid Claims and Liability Report**

Line #	Dental cost grouping	Paid claims	RBUC	IBNR	Current period ending IBNR	Current period beginning IBNR	Total recognized incurred claims
4	Dental Provider	\$ 139,612,549	\$ 2,675,731	\$ 3,637,657	\$ 6,313,389	\$ 7,160,272	\$ 138,765,666
5	Other Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	<b>Total</b>	<b>\$ 139,612,549</b>	<b>\$ 2,675,731</b>	<b>\$ 3,637,657</b>	<b>\$ 6,313,389</b>	<b>\$ 7,160,272</b>	<b>\$ 138,765,666</b>

**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		
	<b>Dental Provider</b>							
1	DEVEREUX AND NGUYEN ORTHODONTICS	\$ 69,904				\$ 69,904	\$ -	
2	DEVEREUX AND NGUYEN ORTHODONTICS	\$ 64,208				\$ 64,208	\$ -	
3	JAMIE W BRIGGS, DDS	\$ 51,525				\$ 51,525	\$ -	
4	SMILE BRIGHT PEDIATRIC DENTAL CARE	\$ 46,399				\$ 46,399	\$ -	
5	LSUHSC SHV ORAL & MAXILLOFACIAL CLINIC	\$ 52,265				\$ 52,265	\$ -	
6	DEVEREUX AND NGUYEN ORTHODONTICS	\$ 73,586				\$ 73,586	\$ -	
7	DEVEREUX AND NGUYEN ORTHODONTICS	\$ 46,127				\$ 46,127	\$ -	
8	LSU - HEALTH SCIENCES CTR LSU FACULTY DE	\$ 52,382				\$ 52,382	\$ -	
9	SMILE BRIGHT PEDIATRIC DENTAL CARE	\$ 56,914			\$ 947	\$ 57,861	\$ -	
10	Aggregate accounts not individually listed	\$ 2,159,474				\$ 2,159,474	\$ -	
11	<b>Total Dental Provider</b>	\$ <b>2,674,784</b>	\$ -	\$ -	\$ -	\$ <b>2,674,784</b>	\$ -	
	<b>Other Dental services</b>							
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	<b>Total Other Dental services</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
23	<b>Total</b>	\$ <b>2,674,784</b>	\$ -	\$ -	\$ -	\$ <b>2,674,784</b>	\$ <b>947</b>	

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: 12/31/2016

		4,393,342					
		Quantity total member months for period					
Line #	Utilization	Days /visits/ quantity	Total expense	Days/ visits per 1000	Average cost per day/visit	PMPM	
<b>1-6 Reserved</b>							
<b>Dental Provider</b>							
7	Primary Dental Provider	170,002	\$ 26,522,172	484.34	\$ 156.01	\$ 6.04	
8	Dental visit - Oral and Maxillofacial Surgery	4,149	\$ 1,296,940	11.33	\$ 312.59	\$ 0.30	
9	Dental visits - pediatric Dentistry	45,147	\$ 8,230,392	123.31	\$ 182.30	\$ 1.87	
10	Dental visits - orthodontics	326	\$ 400,506	0.89	\$ 1,228.55	\$ 0.09	
11	Dental visits - endodontics	907	\$ 209,838	2.48	\$ 231.35	\$ 0.05	
12	Dental visits - periodontics	113	\$ 22,762	0.31	\$ 201.43	\$ 0.01	
13	Dental visits - emergency	0	\$ -	0.00	\$ -	\$ -	
14	Surgical anesthesia	0	\$ -	0.00	\$ -	\$ -	
15	Other dental visits - miscellaneous	16	\$ 5,202	0.04	\$ 325.15	\$ 0.00	
16	Physician - office based procedures	0	\$ -	0.00	\$ -	\$ -	
<b>17</b>	<b>Total Dental Provider</b>	<b>220,660</b>	<b>\$ 36,687,802</b>	<b>602.71</b>	<b>\$ 166.26</b>	<b>\$ 8.35</b>	
<b>Other Dental Expenses</b>							
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	\$ -	\$ -	
<b>22</b>	<b>Total Other Dental Expenses</b>	<b>0</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>23</b>	<b>TOTAL DENTAL UTILIZATION</b>	<b>220,660</b>	<b>\$ 36,687,802</b>	<b>602.71</b>	<b>\$ 166.26</b>	<b>\$ 8.35</b>	

MCNA Insurance Company  
 Schedule I  
 Sub-Capitated Expenses Detail  
 Qtr End: 12/31/2016

Line #	Dental Capitation Provider or Clinic Name	Profitability Line Item	Expense Category	LCHIP Affordable Plan	EPSDT	Adult Denture	Grand Total
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				\$	\$	\$	\$
31				\$	\$	\$	\$
32				\$	\$	\$	\$
33				\$	\$	\$	\$
34				\$	\$	\$	\$
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87				\$	\$	\$	\$
88				\$	\$	\$	\$
89				\$	\$	\$	\$
90			Totals	\$	\$	\$	\$

Line #	FCMC or RHC Name (list by calendar quarter)	QHC = 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 adjustment)
1	TECHE ACTION CLINIC	F	2016	2	230	3,197.6	138	138	\$ 31,674.58	\$ -
2	TECHE ACTION CLINIC	F	2016	3	215	28,954	139	139	\$ 29,934.45	\$ -
3	ST MARTIN PARISH COMMUNITY HEALTH CENTER	F	2016	1	102	13,896	133	133	\$ 13,886.28	\$ (20)
4	OUTPATIENT MEDICAL CENTER AT LEESVILLE	F	2016	2	35	3,628	104	104	\$ 3,628.10	\$ -
5	DAVID RAINES COMMUNITY HEALTH CENTERS INC	F	2016	3	466	466	136	136	\$ 408.42	\$ -
6	EXCELTH FAMILY HEALTH CENTER- NEW ORLEANS	F	2016	2	1	408	136	136	\$ 408.42	\$ -
7	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2016	2	21	2,858	136	136	\$ 2,858.94	\$ -
8	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2016	3	21	2,930	138	132	\$ 2,889.44	\$ -
9	JEFFERSON COMMUNITY HEALTH CARE CENTERS,	F	2016	1	1	136	136	136	\$ 136.14	\$ -
10	DAUGHTERS OF CHARITY HEALTH CENTERS	F	2016	2	84	8,716	136	136	\$ 8,716.98	\$ -
11	OUTPATIENT MEDICAL CENTER INC AT TALLUHAH	F	2016	2	161	22,827	141	141	\$ 22,826.94	\$ -
12	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2016	1	31	4,216	136	136	\$ 4,216.69	\$ -
13	JEFFERSON COMMUNITY HEALTH CARE CENTERS,	F	2016	1	37	5,037	136	136	\$ 5,037.19	\$ -
14	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	1	87	11,844	136	136	\$ 11,844.18	\$ -
15	OUTPATIENT MEDICAL CENTER AT LEESVILLE	F	2016	4	50	5,240	105	102	\$ 5,240.08	\$ -
16	DAVID RAINES COMMUNITY HEALTH CENTER INC	F	2016	2	2	311	185	136	\$ 310.52	\$ -
17	OUTPATIENT MEDICAL CENTER INC AT NATCHITOCH	F	2016	3	71	8,225	116	116	\$ 8,225.35	\$ -
18	MERRYVILLE COMMUNITY HEALTH CENTER	F	2016	2	11	1,498	136	136	\$ 1,497.54	\$ -
19	TENAS DENTAL CLINIC	F	2016	2	148	20,149	136	136	\$ 20,148.72	\$ -
20	PRIMARY HEALTH SERVICES CENTER	F	2016	4	638	60,286	138	138	\$ 60,286.22	\$ -
21	WINN COMMUNITY DENTAL	F	2016	3	516	70,437	137	133	\$ 71,022.24	\$ (686)
22	DAUGHTERS OF CHARITY HEALTH CENTERS-CARR	F	2016	3	202	27,803	138	132	\$ 27,803.28	\$ -
23	DELHI COMMUNITY SCHOOL BASED HEALTH CENTE	F	2016	4	34	4,880	138	132	\$ 4,879.76	\$ -
24	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2016	2	2	254	127	127	\$ 254.46	\$ -
25	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	1	6	240	136	136	\$ 816.84	\$ (677)
26	SWLA CENTER FOR HEALTH SERVICES	F	2016	3	89	9,300	138	138	\$ 9,359.52	\$ -
27	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	2	1	136	136	136	\$ 136.14	\$ -
28	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2016	1	684	90,950	153	154	\$ 105,041.98	\$ (82)
29	GRANT COMMUNITY HEALTH CENTER	F	2016	1	27	3,466	128	128	\$ 3,576.78	\$ (210)
30	TECHE ACTION CLINIC AT HOUMA	F	2016	4	4	651	138	138	\$ 650.65	\$ -
31	ABBEVILLE COMMUNITY HEALTH CENTER	F	2016	3	469	63,122	135	135	\$ 63,126.73	\$ (49)
32	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	2	95	13,069	138	136	\$ 13,069.44	\$ -
33	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2016	1	1	132	138	138	\$ 137.54	\$ -
34	RKM PRIMARY CARE	F	2016	1	116	16,792	138	138	\$ 16,792.24	\$ -
35	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2016	4	95	9,740	115	115	\$ 9,740.15	\$ -
36	SWLA CENTER FOR HEALTH SERVICES	F	2016	4	68	13,165	184	184	\$ 13,185.20	\$ -
37	DAUGHTERS OF CHARITY HEALTH CENTERS-ST GE	F	2016	3	73	10,936	138	138	\$ 10,947.72	\$ -
38	ALBERT CAMMON WELLNESS CENTER	F	2016	1	18	2,491	138	138	\$ 2,490.62	\$ -
39	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	4	33	4,442	138	132	\$ 4,442.12	\$ -
40	RKM PRIMARY CARE LIVINGSTON	F	2016	2	2	272	136	136	\$ 272.28	\$ -
41	INNS COMMUNITY HEALTH CENTER	F	2016	3	293	40,295	137	137	\$ 40,294.57	\$ -
42	ST CHARLES COMMUNITY HEALTH CENTER, LULUIK	F	2016	1	108	17,638	162	162	\$ 17,638.12	\$ -
43	SURREY STREET COMMUNITY HEALTH CENTER	F	2016	3	9	1,200	142	133	\$ 1,238.75	\$ 41
44	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2016	4	389	55,738	155	155	\$ 55,738.34	\$ -
45	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	2	40	5,446	138	138	\$ 5,446.50	\$ -
46	SWLA CENTER FOR HEALTH SERVICES	F	2016	1	81	15,780	195	193	\$ 15,780.14	\$ -
47	CATAHOULA PARISH HOSPITAL, DISTRICT NO 2	F	2016	2	41	5,551	135	135	\$ 5,550.58	\$ -
48	ST GABRIEL HEALTH CLINIC INC	F	2016	1	3	484	161	161	\$ 484.08	\$ -
49	EVANGELINE FAMILY MEDICINE	F	2016	2	2	272	136	136	\$ 272.28	\$ -
50	CASSECHICADDO	F	2016	3	371	50,810	138	133	\$ 51,064.44	\$ (454)
51	WEST CARROLL MEDICAL CLINIC	F	2016	4	10	1,056	166	166	\$ 1,666.30	\$ -
52	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	3	79	10,333	138	132	\$ 10,333.00	\$ -
53	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	4	71	9,910	138	130	\$ 9,910.88	\$ -
54	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	2	10	1,381	138	138	\$ 1,381.40	\$ -
55	EXCELTH FAMILY HEALTH CENTER ALGIERS	F	2016	3	3	413	138	138	\$ 413.22	\$ -
56	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2016	2	529	81,183	153	154	\$ 81,238.53	\$ (85)
57	CASSECHICADDO	F	2016	4	338	46,522	138	133	\$ 46,522.32	\$ -
58	WEST CARROLL MEDICAL CLINIC	F	2016	3	187	30,972	166	166	\$ 30,972.81	\$ -
59	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	4	39	5,388	138	138	\$ 5,387.96	\$ -
60	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	3	55	7,570	138	132	\$ 7,570.25	\$ -
61	GRANT COMMUNITY HEALTH CENTER	F	2016	2	719	20,784	138	138	\$ 20,784.86	\$ (61)
62	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	2	104	14,316	138	138	\$ 14,314.85	\$ -
63	RKM PRIMARY CARE	F	2016	2	128	17,426	136	136	\$ 17,426.92	\$ -
64	INNS COMMUNITY HEALTH CENTER	F	2016	4	332	45,647	137	137	\$ 45,646.88	\$ -
65	PRIMARY CARE PROVIDERS FOR A HEALTHY FELIC	F	2016	1	57	7,790	136	136	\$ 7,789.98	\$ -
66	SURREY STREET COMMUNITY HEALTH CENTER	F	2016	4	3	1,239	138	138	\$ 1,238.76	\$ -
67	DAVID RAINES COMMUNITY HEALTH CENTER, INC	F	2016	3	671	83,568	155	163	\$ 104,179.46	\$ (224)
68	ABBEVILLE COMMUNITY HEALTH CENTER	F	2016	4	397	55,444	135	135	\$ 55,444.14	\$ -
69	CAPITOL CITY FAMILY HEALTH CENTER INC	F	2016	1	136	136	138	138	\$ 137.64	\$ -
70	TENAS DENTAL CLINIC	F	2016	3	144	19,894	138	138	\$ 19,894.16	\$ -
71	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2016	3	237	27,182	115	115	\$ 27,182.83	\$ -
72	ST CHARLES COMMUNITY HEALTH CENTER, LULUIK	F	2016	2	9	1,482	182	162	\$ 1,461.51	\$ -
73	SWLA CENTER FOR HEALTH SERVICES	F	2016	3	95	12,228	132	134	\$ 12,420.50	\$ (192)
74	DAUGHTERS OF CHARITY HEALTH CENTERS-ST GE	F	2016	4	29	3,441	138	138	\$ 3,441.00	\$ -
75	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	1	40	6,311	158	132	\$ 6,446.50	\$ 88
76	DAUGHTERS OF CHARITY HEALTH CENTERS-CARR	F	2016	1	189	25,683	138	136	\$ 25,683.44	\$ -
77	EXCELTH FAMILY HEALTH CENTER - NEW ORLEANS	F	2016	4	3	413	138	138	\$ 413.22	\$ -
78	SWLA CENTER FOR HEALTH SERVICES	F	2016	2	88	11,788	138	138	\$ 11,788.04	\$ -
79	CATAHOULA PARISH HOSPITAL, DISTRICT NO 2	F	2016	1	1	135	135	135	\$ 135.38	\$ -
80	WINN COMMUNITY DENTAL	F	2016	1	684	79,457	136	136	\$ 79,505.76	\$ (48)
81	ST GABRIEL HEALTH CLINIC INC	F	2016	2	20	3,227	161	161	\$ 3,227.20	\$ -
82	SABINE COMPREHENSIVE HEALTH CLINIC	F	2016	4	4	551	138	132	\$ 550.36	\$ -
83	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	3	74	10,105	138	138	\$ 10,105.36	\$ -
84	INNS COMMUNITY HEALTH CENTER	F	2016	1	268	49,772	138	138	\$ 49,772.94	\$ -
85	SWLA CENTER FOR HEALTH SERVICES	F	2016	1	83	9,577	138	138	\$ 9,576.82	\$ -
86	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2016	1	19	2,969	156	156	\$ 2,969.25	\$ -
87	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2016	4	10	1,376	138	132	\$ 1,378.40	\$ -
88	MOOREHOUSE COMMUNITY MEDICAL CENTERS	F	2016	1	19	2,987	138	138	\$ 2,986.66	\$ -
89	TECHE ACTION CLINIC AT HOUMA	F	2016	3	2	273	138	132	\$ 273.28	\$ -
90	Total PPS/RHC Expenses				40,798	\$ 1,574,929	\$ 141		\$ 1,574,929	\$ (1,899)

MCNA Insurance Company  
 Schedule K  
 Third Party Resource Payments  
 Qtr Ended: 12/31/2016

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	229,322	1,813	\$ 218,972	\$ (63,022)	\$ 324,224
3	Totals	229,322	1,813	\$ 218,972	\$ (63,022)	\$ 324,224
<b>Members with active resources at end of quarter</b>						
4	<b>Total Unduplicated Resource Count</b>	1,100				

\* 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: 12/31/2016

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							\$	\$
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24							\$	\$
25							\$	\$
26							\$	\$
27							\$	\$
28							\$	\$
29							\$	\$
30							\$	\$
<b>Total</b>							\$	\$

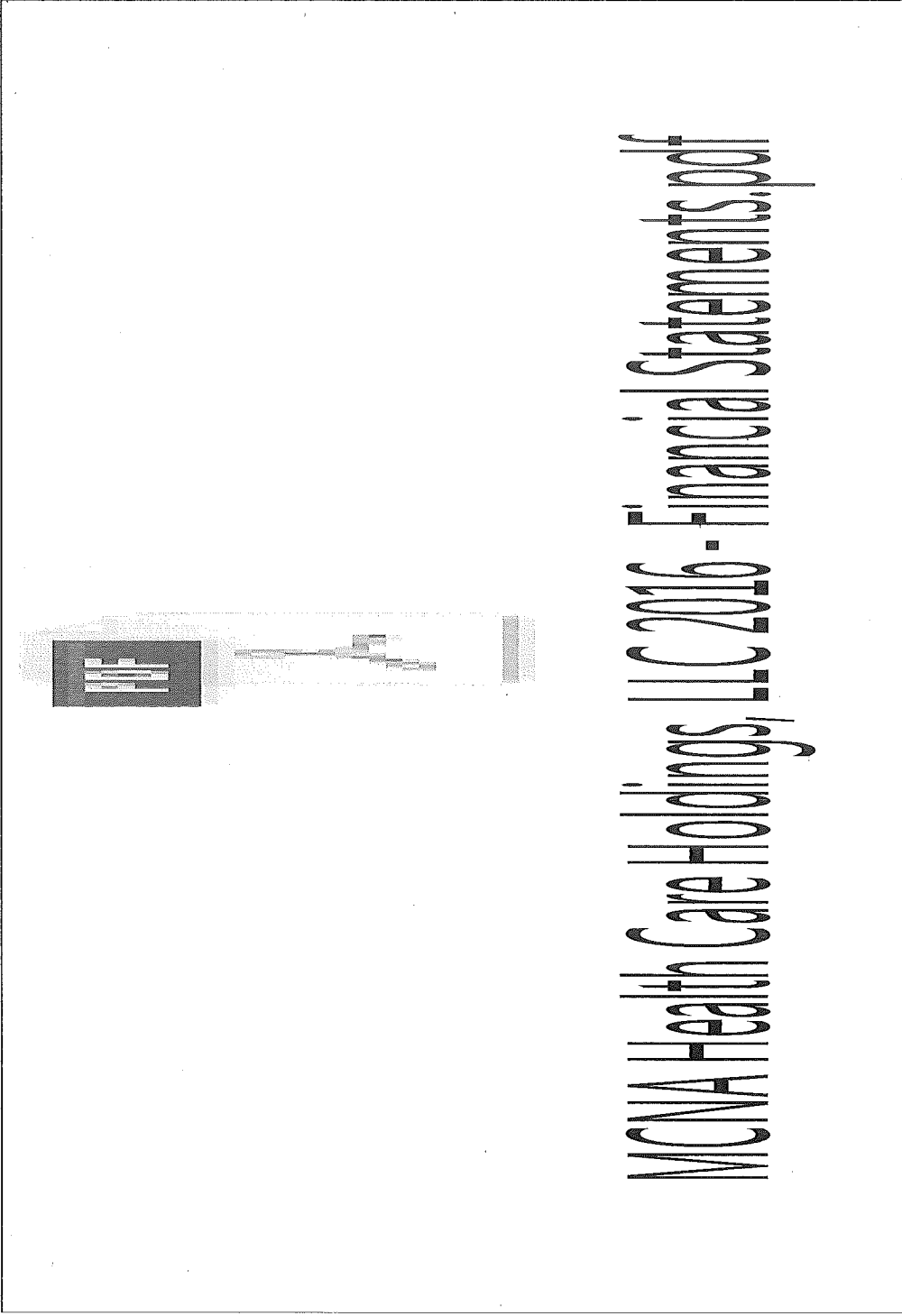
\* Do not include member specific names or ID numbers

MCNA Insurance Company  
 Schedule M  
 Fraud and Abuse  
 Qtr Ended: 12/31/2016

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							\$ -
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23							\$ -
24							\$ -
25							\$ -
26							\$ -
27							\$ -
28							\$ -
29							\$ -
30							\$ -
<b>Total</b>		-	-	-	-	-	\$ -

\* Do not include member specific names or ID numbers

Embed Parent Company Audited Financial Statements in PDF format



MCNA Insurance Company  
Schedule O  
MCO Agreed Upon Procedures  
Year Ended: 2016

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

N/A

MCNA Insurance Company  
Schedule O  
MCO Agreed Upon Procedures  
Year Ended: 2016

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

MCNA Insurance Company  
Schedule P  
Annual Income Statement Reconciliation  
Year Ended: 2016

Line #	REVENUE & EXPENSES	4th Quarter YTD Draft /\$	Draft adjustments	Draft Audit	Final Audit adjustments	Final audit
1	Member Months	15,201,126.00	-	15,201,126.00	-	15,201,126.00
2	REVENUES					
3	Capitation	\$ 159,722,700	\$ -	\$ 159,722,700	\$ -	\$ 159,722,700
4	Investment income	\$ -	\$ -	\$ -	\$ -	\$ -
5	Other income	\$ 4,409,710	\$ -	\$ 4,409,710	\$ -	\$ 4,409,710
5	<b>TOTAL REVENUES</b>	<b>\$ 164,132,410</b>	<b>\$ -</b>	<b>\$ 164,132,410</b>	<b>\$ -</b>	<b>\$ 164,132,410</b>
	<b>EXPENSES</b>					
6	Dental Provider Compensation					
7	Primary Dental Provider	\$ 101,750,291	\$ -	\$ 101,750,291	\$ -	\$ 101,750,291
8	Dental visits - outpatient	\$ -	\$ -	\$ -	\$ -	\$ -
9	Dental visits - oral and Maxillofacial Surgery	\$ 4,690,759	\$ -	\$ 4,690,759	\$ -	\$ 4,690,759
10	Dental visits - Pediatric Dentistry	\$ 30,895,903	\$ -	\$ 30,895,903	\$ -	\$ 30,895,903
11	Dental Visit - Orthodontics	\$ 628,681	\$ -	\$ 628,681	\$ -	\$ 628,681
12	Dental Visit - Endodontics	\$ 705,737	\$ -	\$ 705,737	\$ -	\$ 705,737
13	Dental Visit - Periodontics	\$ 72,311	\$ -	\$ 72,311	\$ -	\$ 72,311
14	Other dental visits - miscellaneous	\$ 21,984	\$ -	\$ 21,984	\$ -	\$ 21,984
14	Change in Dental IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
15	<b>Total Dental Provider Compensation</b>	<b>\$ 138,765,666</b>	<b>\$ -</b>	<b>\$ 138,765,666</b>	<b>\$ -</b>	<b>\$ 138,765,666</b>
	<b>Other Dental Expenses</b>					
16	Other dental services/supplies	\$ -	\$ -	\$ -	\$ -	\$ -
17	Other dental expenses	\$ -	\$ -	\$ -	\$ -	\$ -
18	Change in Other IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
19	<b>Total Other Dental Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
20	<b>TOTAL DENTAL EXPENSES</b>	<b>\$ 138,765,666</b>	<b>\$ -</b>	<b>\$ 138,765,666</b>	<b>\$ -</b>	<b>\$ 138,765,666</b>
	<b>Dental Expense Adjustments</b>					
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	\$ 227,556	\$ -	\$ 227,556	\$ -	\$ 227,556
27	<b>TOTAL NET DENTAL EXPENSES</b>	<b>\$ 138,538,110</b>	<b>\$ -</b>	<b>\$ 138,538,110</b>	<b>\$ -</b>	<b>\$ 138,538,110</b>
	<b>ADMINISTRATIVE SERVICE EXPENSES</b>					
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	\$ -	\$ -	\$ -	\$ -	\$ -
35	<b>Total Health Care Quality Improvement Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
	<b>Other Administrative Costs</b>					
36	Utilization management and concurrent review	\$ 1,066,665	\$ -	\$ 1,066,665	\$ -	\$ 1,066,665
37	Network development and credentialing costs	\$ -	\$ -	\$ -	\$ -	\$ -
38	Member services	\$ 750,513	\$ -	\$ 750,513	\$ -	\$ 750,513
39	General and operational management	\$ -	\$ -	\$ -	\$ -	\$ -
40	Accounting and finance	\$ -	\$ -	\$ -	\$ -	\$ -
41	Claims and referral/authorization processing	\$ 12,313,433	\$ -	\$ 12,313,433	\$ -	\$ 12,313,433
42	Information systems	\$ 477	\$ -	\$ 477	\$ -	\$ 477
43	Administrative services only (ASO) Cost	\$ 209,506	\$ -	\$ 209,506	\$ -	\$ 209,506
44	Other direct costs	\$ 963,994	\$ -	\$ 963,994	\$ -	\$ 963,994
45	Indirect costs - corporate overhead allocations	\$ 2,464,508	\$ -	\$ 2,464,508	\$ -	\$ 2,464,508
46	Sanctions and late payment interest penalties	\$ -	\$ -	\$ -	\$ -	\$ -
47	Other administrative costs	\$ 257,272	\$ -	\$ 257,272	\$ -	\$ 257,272
48	<b>Total Other Administrative Costs</b>	<b>\$ 18,026,368</b>	<b>\$ -</b>	<b>\$ 18,026,368</b>	<b>\$ -</b>	<b>\$ 18,026,368</b>
49	<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 18,026,368</b>	<b>\$ -</b>	<b>\$ 18,026,368</b>	<b>\$ -</b>	<b>\$ 18,026,368</b>
50	<b>TOTAL EXPENSES</b>	<b>\$ 156,564,478</b>	<b>\$ -</b>	<b>\$ 156,564,478</b>	<b>\$ -</b>	<b>\$ 156,564,478</b>
51	<b>Income (loss) from operations</b>	<b>\$ 7,567,931</b>	<b>\$ -</b>	<b>\$ 7,567,931</b>	<b>\$ -</b>	<b>\$ 7,340,376.02</b>
52	Non-operating income (loss)	\$ -	\$ -	\$ -	\$ -	\$ -
53	<b>Income (loss) before taxes/other</b>	<b>\$ 7,567,932</b>	<b>\$ -</b>	<b>\$ 7,567,932</b>	<b>\$ -</b>	<b>\$ 7,567,932</b>
54	Income taxes	\$ -	\$ -	\$ -	\$ -	\$ -
55	Premium tax assessments	\$ 3,695,338	\$ -	\$ 3,695,338	\$ -	\$ 3,695,338
56	Other (Describe)	\$ 2,612,496	\$ -	\$ 2,612,496	\$ -	\$ 2,612,496
57	<b>NET INCOME (LOSS)</b>	<b>\$ 1,260,098</b>	<b>\$ -</b>	<b>\$ 1,260,098</b>	<b>\$ -</b>	<b>\$ 1,260,098</b>

MCNA Insurance Company  
 Schedule Q  
 Agreed Upon Procedures Adjustment Entries  
 Year Ended: 2016

Line #	Line item description	Debit	Credit	Explanation
1		\$ -	\$ -	
2		\$ -	\$ -	
3		\$ -	\$ -	
4		\$ -	\$ -	
5		\$ -	\$ -	
6		\$ -	\$ -	
7		\$ -	\$ -	
8		\$ -	\$ -	
9		\$ -	\$ -	
10		\$ -	\$ -	
11		\$ -	\$ -	
12		\$ -	\$ -	
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23		\$ -	\$ -	
24		\$ -	\$ -	
25		\$ -	\$ -	
Total		\$ -	\$ -	

Line #	FOHC or RHC Name (file by calendar quarter)	FOHC #	Year	Quarter	Encounters (max 1 per day)	Accrued Amounts	Payment Per Encounter (calculated)	PPS Rate	Equivalent PPS Payments (calculated)	Variance (if negative, actual payments use than)
1	ST CHARLES COMMUNITY HEALTH CENTER, NORCO	R	2016	1	89	3,254	136	136	12,092.40	0
2	ST CHARLES COMMUNITY HEALTH CENTER, NORCO	R	2016	2	138	5,024	136	136	18,632.80	0
3	THE HEALTH CENTER, TALLAHASSEE	F	2016	1	202	1,612	136	136	27,561.72	0
4	THE HEALTH CENTER, TALLAHASSEE	F	2016	2	202	1,612	136	136	27,561.72	0
5	WEST CARROLL MEDICAL CLINIC	F	2016	1	4	546	136	136	74,416.56	0
6	WEST CARROLL MEDICAL CLINIC	F	2016	2	326	54,227	166	166	54,226.84	0
7	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2016	1	62	6,427	104	104	6,426.32	0
8	DAUGHTERS OF CHARITY HEALTH CENTERS-CARRIC	F	2016	4	131	10,021	136	136	18,020.84	0
9	EXCEL TH FAMILY HEALTH CENTER - NEW ORLEANS	F	2016	1	4	545	136	136	74,416.56	0
10	ST MARTIN PARISH COMMUNITY HEALTH CENTER	F	2016	2	249	32,369	136	136	33,998.88	0
11	CAPTOL CITY FAMILY HEALTH CENTER INC	F	2016	3	20	2,760	137	137	2,749.80	0
12	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2016	1	34	4,629	136	136	4,628.72	0
13	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2016	2	41	5,353	136	136	5,551.60	0
14	MORHOUSE COMMUNITY HEALTH CENTERS	F	2016	4	7	823	136	136	959.52	0
15	MORHOUSE COMMUNITY HEALTH CENTERS	F	2016	3	44	3,432	137	137	6,054.16	0
16	SWLA CENTERS FOR HEALTH SERVICES	F	2016	3	30	4,129	136	136	4,129.20	0
17	MORHOUSE COMMUNITY HEALTH CENTERS	F	2016	2	32	4,269	136	136	4,266.48	0
18	OUTPATIENT MEDICAL CENTER INC AT TALLAHASSEE	F	2016	1	206	29,232	141	141	29,232.32	0
19	CAPTOL CITY FAMILY HEALTH CENTER INC	F	2016	1	4	546	136	136	74,416.56	0
20	RKIM PRIMARY CARE	F	2016	3	186	25,600	136	136	25,601.04	0
21	OUTPATIENT MEDICAL CENTER INC AT NATCHITOCH	F	2016	2	84	9,526	115	115	9,526.66	0
22	RKIM PRIMARY CARE LIVINGSTON	F	2016	4	24	3,203	136	136	3,202.36	0
23	DAUGHTERS OF CHARITY HEALTH CENTERS	F	2016	1	41	5,382	136	136	5,381.74	0
24	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICH	F	2016	2	32	4,269	136	136	4,266.48	0
25	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	3	442	7,837	178	178	7,837.26	0
26	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	4	262	3,962	136	136	3,961.68	0
27	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2016	1	62	6,427	104	104	6,426.32	0
28	OUTPATIENT MEDICAL CENTER AT NATCHITOCH	F	2016	2	11	1,389	136	136	1,585.00	0
29	TECHAS DENTAL CLINIC	F	2016	1	182	24,777	136	136	24,777.48	0
30	JEFFERSON COMMUNITY HEALTH SERVICES	F	2016	2	22	3,678	136	136	3,675.76	0
31	DAUGHTERS OF CHARITY HEALTH CENTERS-ST GE	F	2016	1	77	10,484	136	136	10,482.76	0
32	MORHOUSE COMMUNITY HEALTH CENTERS	F	2016	4	17	2,240	136	136	2,239.88	0
33	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2016	1	4	540	135	135	540.24	0
34	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	1	1,895	19,373	177	177	19,374.66	0
35	PRIMARY HEALTH SERVICES CENTER	F	2016	3	414	5,693	136	136	5,692.96	0
36	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICH	F	2016	4	30	4,073	136	136	4,072.50	0
37	OUTPATIENT MEDICAL CENTER AT LEEVILLE	F	2016	1	62	6,427	104	104	6,426.32	0
38	OUTPATIENT MEDICAL CENTER AT NATCHITOCH	F	2016	1	98	12,248	136	136	12,247.84	0
39	CAPTOL CITY FAMILY HEALTH CENTER INC	F	2016	2	5	685	136	136	685.20	0
40	WEST CARROLL MEDICAL CLINIC	F	2016	2	2	272	136	136	272.36	0
41	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	1	37	4,937	136	136	4,937.16	0
42	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	2	3	403	136	136	403.54	0
43	RKIM PRIMARY CARE	F	2016	2	620	81,820	177	177	81,820.36	0
44	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	4	85	11,659	136	136	11,659.40	0
45	MORHOUSE COMMUNITY HEALTH CENTERS	F	2016	3	266	42,733	166	166	42,732.54	0
46	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2016	1	4	540	135	135	540.24	0
47	TECHAS DENTAL CLINIC	F	2016	2	212	28,378	136	136	28,376.76	0
48	SWLA CENTERS FOR HEALTH SERVICES	F	2016	3	64	7,433	136	136	7,432.68	0
49	TECHAS DENTAL CLINIC AT HOUMA	F	2016	1	3	403	136	136	403.42	0
50	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2016	1	6	783	136	136	783.38	0
51	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2016	2	4	540	136	136	540.24	0
52	CAPTOL CITY FAMILY HEALTH CENTER INC	F	2016	4	2	272	136	136	272.36	0
53	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	1	48	6,323	164	164	6,322.32	0
54	EXCEL TH FAMILY DENTAL CENTER ALGHERS	F	2016	1	1	136	136	136	136.14	0
55	WEST CARROLL MEDICAL CLINIC	F	2016	2	256	42,733	166	166	42,732.54	0
56	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICH	F	2016	3	9	1,203	135	135	1,202.76	0
57	CATAHOULA PARISH HOSPITAL DISTRICT NO 2	F	2016	4	21	2,843	135	135	2,842.88	0
58	MORHOUSE COMMUNITY MEDICAL CENTERS	F	2016	1	112	15,248	136	136	15,247.84	0
59	OUTPATIENT MEDICAL CENTER INC AT NATCHITOCH	F	2016	1	98	12,248	136	136	12,247.84	0
60	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICH	F	2016	2	5	685	136	136	685.20	0
61	CAPTOL CITY FAMILY HEALTH CENTER INC	F	2016	2	2	272	136	136	272.36	0
62	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	1	37	4,937	136	136	4,937.16	0
63	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2016	2	3	403	136	136	403.54	0
64	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	2	620	81,820	177	177	81,820.36	0
65	RKIM PRIMARY CARE	F	2016	4	85	11,659	136	136	11,659.40	0
66	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	4	266	42,733	166	166	42,732.54	0
67	MORHOUSE COMMUNITY MEDICAL CENTERS	F	2016	3	47	6,321	135	135	6,468.08	0
68	SURREY STREET COMMUNITY HEALTH CENTER	F	2016	2	49	6,807	136	136	6,879.88	0
69	RAPIDES PRIMARY HEALTH CARE CENTER INC	F	2016	2	127	14,862	115	115	14,852.84	0
70	SOUTHEAST COMMUNITY HEALTH SYSTEMS	F	2016	3	47	5,200	156	156	7,320.28	0
71	CASSECHICADDO	F	2016	2	319	42,429	136	136	42,428.64	0
72	EVANGELINE FAMILY MEDICINE	F	2016	3	1	136	136	136	137.84	0
73	MORHOUSE COMMUNITY MEDICAL CENTERS	F	2016	2	2	272	136	136	272.36	0
74	MORHOUSE COMMUNITY MEDICAL CENTERS	F	2016	3	6	808	136	136	808.20	0
75	TECHAS DENTAL CLINIC AT HOUMA	F	2016	1	13	1,720	136	136	1,719.82	0
76	SOUTHWEST LA PRIMARY HEALTHCARE, INC	F	2016	4	240	30,430	160	160	30,428.00	0
77	SOUTHWEST COMMUNITY HEALTH SYSTEMS	F	2016	1	29	4,244	164	164	4,243.68	0
78	GRANT COMMUNITY HEALTH CENTER	F	2016	4	275	37,851	136	136	37,851.00	0
79	AVOUELLES PRIMARY HEALTH AND WELLNESS CEN	F	2016	3	2	275	136	136	275.28	0
80	PRIMARY CARE PROVIDERS FOR A HEALTHY FELICH	F	2016	2	22	2,968	136	136	2,968.08	0
81	DAVID BAINES COMMUNITY HEALTH CENTERS INC	F	2016	3	5	705	141	141	705.00	0
82	EXCEL TH FAMILY HEALTH CENTER - NEW ORLEANS	F	2016	3	4	561	136	136	560.20	0
83	SABINE COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	3	1	136	136	136	137.84	0
84	CAPTOL CITY FAMILY HEALTH CENTER INC	F	2016	2	10	1,361	136	136	1,361.48	0
85	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	4	10	1,320	136	136	1,319.84	0
86	SWLA CENTERS FOR HEALTH SERVICES	F	2016	4	107	13,500	136	136	13,499.84	0
87	DELHI COMMUNITY SCHOOL BASED HEALTH CENTE	F	2016	1	37	5,037	136	136	5,037.18	0
88	SOUTHWEST LA PRIMARY HEALTHCARE, INC	F	2016	2	468	64,117	157	157	64,117.20	0
89	SOUTHWEST COMMUNITY HEALTH SYSTEMS	F	2016	3	33	4,442	136	136	4,442.12	0
90	DAUGHTERS OF CHARITY HEALTH CENTERS	F	2016	3	65	8,947	136	136	8,946.80	0
91	TENSA'S DENTAL CLINIC	F	2016	4	129	17,452	135	135	17,682.08	0
92	PRIMARY HEALTH SERVICES CENTER	F	2016	1	445	59,592	136	136	60,892.30	0
93	ABBEVILLE COMMUNITY HEALTH CENTER	F	2016	1	127	16,748	132	132	16,811.32	0
94	JEFFERSON COMMUNITY HEALTH CARE CENTERS, I	F	2016	4	24	3,203	136	136	3,202.36	0
95	SWLA CENTERS FOR HEALTH SERVICES	F	2016	1	165	21,129	129	129	20,107.88	0
96	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	4	126	17,108	141	141	17,108.04	0
97	MORHOUSE COMMUNITY MEDICAL CENTERS	F	2016	3	9	1,203	136	136	1,202.76	0
98	MORHOUSE COMMUNITY MEDICAL CENTERS	F	2016	4	2	272	136	136	272.36	0
99	ST MARTIN PARISH COMMUNITY HEALTH CENTER	F	2016	4	324	44,536	136	136	44,536.36	0
100	DAUGHTERS OF CHARITY HEALTH CENTERS-CARRIC	F	2016	2	245	20,270	136	136	20,270.10	0
101	BIENVILLE COMMUNITY HEALTH CENTER	F	2016	4	99	13,526	136	136	13,526.36	0
102	WINLA COMMUNITY DENTAL	F	2016	2	871	77,742	136	136	77,736.94	0
103	INNS COMMUNITY HEALTH CENTER	F	2016	2	265	36,097	136	136	36,097.36	0
104	SWLA CENTERS FOR HEALTH SERVICES	F	2016	2	53	7,215	136	136	7,214.36	0
105	CRESCENT CARE HEALTH & WELLNESS CENTER	F	2016	3	2	275	136	136	275.28	0
106	ST CHARLES COMMUNITY HEALTH CENTER, NORCO	F	2016	3	489	23,195	137	137	23,281.16	0
107	ST MARTIN PARISH COMMUNITY HEALTH CENTER	F	2016	3	41	5,438	136	136	5,437.24	0
108	IBERIA COMPREHENSIVE COMMUNITY HEALTH CENT	F	2016	3	4	540	136	136	540.24	0
109	CITY OF NEW ORLEANS HEALTH DEPARTMENT	F	2016	2	94	12,737	136	136	12,737.16	0
110	SWLA CENTERS FOR HEALTH SERVICES	F								



**Input Instructions**  
 1. Complete the areas below on each tab, entering the check figures on the current tab.  
 Populate the CDT or Encounter Code columns with the appropriate procedure codes from the Current Central Terminology (CCT) published by the American Dental Association. For dental services provided on an encounter basis (C/C/H/R/H/O), populate the CDT or Encounter Code columns with the dental encounter code.  
 For each code, indicate whether the unit of service is defined as visit, quantity, or other. Please specify.  
 2. Provide supplemental information/notes, if any, on the Supplemental Working Area tab.  
 \*LAP Florida Plan cell is composed of recipients with type case 134 ONLY.

CDT or Encounter Code	Code Description	Unit of Service (Frequency)	Member Months	Incurred	Paid	Member Months	Incurred	Paid
D9200	DENTITION	quantity	01-2016	11/2017	-	01-2016	11/2017	-
D9220	FIXED APPLIANCE THERAPY TREATMENT OF DENTAL PAIN - MINOR	quantity	01-2016	11/2017	1	01-2016	11/2017	1
D9230	PALLIATIVE (PARAGENERY) TREATMENT OF DENTAL PAIN - MINOR	quantity	01-2016	11/2017	1	01-2016	11/2017	1
D9230	ALAGDEXIA AMOXICILIN INHALATION OF NITROUS OXIDE	quantity	01-2016	11/2017	64	01-2016	11/2017	2,497
D9230	NON-INTRAVENTOUS CONSCIOUS SEDATION	quantity	01-2016	11/2017	12	01-2016	11/2017	893
D9240	NON-INTRAVENTOUS CONSCIOUS SEDATION	quantity	01-2016	11/2017	8	01-2016	11/2017	1,004
D9430	HOSPITAL CALL	quantity	01-2016	11/2017	2	01-2016	11/2017	212
D9940	BEHAVIOR MANAGEMENT, BY REPORT	quantity	01-2016	11/2017	2	01-2016	11/2017	93,504
D9940	OCCUPATIONAL GUARD, BY REPORT	quantity	01-2016	11/2017	2	01-2016	11/2017	93,504
			02-2016	11/2017	2,181	02-2016	11/2017	90,027
			03-2016	11/2017	2,535	03-2016	11/2017	102,929
			04-2016	11/2017	2,034	04-2016	11/2017	85,313
			05-2016	11/2017	3,054	05-2016	11/2017	105,847
			06-2016	11/2017	2,990	06-2016	11/2017	98,218
			07-2016	11/2017	2,559	07-2016	11/2017	82,722
			08-2016	11/2017	2,880	08-2016	11/2017	99,022
			09-2016	11/2017	2,854	09-2016	11/2017	92,173
			10-2016	11/2017	2,680	10-2016	11/2017	87,118
			11-2016	11/2017	2,090	11-2016	11/2017	50,637
			12-2016	11/2017	1,157	12-2016	11/2017	42,433
			Member Months	Incurred	3,031	Member Months	Incurred	24,956
			Paid Through	10/1/2016	24,956	Paid Through	10/1/2016	24,956
					2			2,854
					3			1,504
					3			128
					661			21,456
					234			19,745
					34			3,618
					30			2,099
					8			2,271
					25,874			1,082,318

**Important Information**

1. Complete the data on each tab, including the check figures on the current tab.  
 2. Provide supplemental information, if any, on the Supplemental Working Area tab.  
 For each code, patient is either a visit, day, quantity, or other. Please specify.  
 3. Provide the CDT or Encounter Code columns with the dental encounter code.  
 4. Print 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 (P/D/C/R/H).

CDT or Encounter Code	Unit of Service (Quantity)	Code Description	Member Months	791 956	791 957	791 958	791 959	791 960	791 961	791 962	791 963	791 964	791 965	791 966	791 967	791 968	791 969	791 970	791 971	791 972	791 973	791 974	791 975	791 976	791 977	791 978	791 979	791 980	791 981	791 982	791 983	791 984	791 985	791 986	791 987	791 988	791 989	791 990	791 991	791 992	791 993	791 994	791 995	791 996	791 997	791 998	791 999	792 000	792 001	792 002	792 003	792 004	792 005	792 006	792 007	792 008	792 009	792 010	792 011	792 012	792 013	792 014	792 015	792 016	792 017	792 018	792 019	792 020	792 021	792 022	792 023	792 024	792 025	792 026	792 027	792 028	792 029	792 030	792 031	792 032	792 033	792 034	792 035	792 036	792 037	792 038	792 039	792 040	792 041	792 042	792 043	792 044	792 045	792 046	792 047	792 048	792 049	792 050	792 051	792 052	792 053	792 054	792 055	792 056	792 057	792 058	792 059	792 060	792 061	792 062	792 063	792 064	792 065	792 066	792 067	792 068	792 069	792 070	792 071	792 072	792 073	792 074	792 075	792 076	792 077	792 078	792 079	792 080	792 081	792 082	792 083	792 084	792 085	792 086	792 087	792 088	792 089	792 090	792 091	792 092	792 093	792 094	792 095	792 096	792 097	792 098	792 099	792 100	792 101	792 102	792 103	792 104	792 105	792 106	792 107	792 108	792 109	792 110	792 111	792 112	792 113	792 114	792 115	792 116	792 117	792 118	792 119	792 120	792 121	792 122	792 123	792 124	792 125	792 126	792 127	792 128	792 129	792 130	792 131	792 132	792 133	792 134	792 135	792 136	792 137	792 138	792 139	792 140	792 141	792 142	792 143	792 144	792 145	792 146	792 147	792 148	792 149	792 150	792 151	792 152	792 153	792 154	792 155	792 156	792 157	792 158	792 159	792 160	792 161	792 162	792 163	792 164	792 165	792 166	792 167	792 168	792 169	792 170	792 171	792 172	792 173	792 174	792 175	792 176	792 177	792 178	792 179	792 180	792 181	792 182	792 183	792 184	792 185	792 186	792 187	792 188	792 189	792 190	792 191	792 192	792 193	792 194	792 195	792 196	792 197	792 198	792 199	792 200
791 956	1	ADULT	Member Months	791 956	791 957	791 958	791 959	791 960	791 961	791 962	791 963	791 964	791 965	791 966	791 967	791 968	791 969	791 970	791 971	791 972	791 973	791 974	791 975	791 976	791 977	791 978	791 979	791 980	791 981	791 982	791 983	791 984	791 985	791 986	791 987	791 988	791 989	791 990	791 991	791 992	791 993	791 994	791 995	791 996	791 997	791 998	791 999	792 000	792 001	792 002	792 003	792 004	792 005	792 006	792 007	792 008	792 009	792 010	792 011	792 012	792 013	792 014	792 015	792 016	792 017	792 018	792 019	792 020	792 021	792 022	792 023	792 024	792 025	792 026	792 027	792 028	792 029	792 030	792 031	792 032	792 033	792 034	792 035	792 036	792 037	792 038	792 039	792 040	792 041	792 042	792 043	792 044	792 045	792 046	792 047	792 048	792 049	792 050	792 051	792 052	792 053	792 054	792 055	792 056	792 057	792 058	792 059	792 060	792 061	792 062	792 063	792 064	792 065	792 066	792 067	792 068	792 069	792 070	792 071	792 072	792 073	792 074	792 075	792 076	792 077	792 078	792 079	792 080	792 081	792 082	792 083	792 084	792 085	792 086	792 087	792 088	792 089	792 090	792 091	792 092	792 093	792 094	792 095	792 096	792 097	792 098	792 099	792 100	792 101	792 102	792 103	792 104	792 105	792 106	792 107	792 108	792 109	792 110	792 111	792 112	792 113	792 114	792 115	792 116	792 117	792 118	792 119	792 120	792 121	792 122	792 123	792 124	792 125	792 126	792 127	792 128	792 129	792 130	792 131	792 132	792 133	792 134	792 135	792 136	792 137	792 138	792 139	792 140	792 141	792 142	792 143	792 144	792 145	792 146	792 147	792 148	792 149	792 150	792 151	792 152	792 153	792 154	792 155	792 156	792 157	792 158	792 159	792 160	792 161	792 162	792 163	792 164	792 165	792 166	792 167	792 168	792 169	792 170	792 171	792 172	792 173	792 174	792 175	792 176	792 177	792 178	792 179	792 180	792 181	792 182	792 183	792 184	792 185	792 186	792 187	792 188	792 189	792 190	792 191	792 192	792 193	792 194	792 195	792 196	792 197	792 198	792 199	792 200





