BAYOU HEALTH
Shared Savings Health Plan
Certification Statement
Revision date: 12-31-2012

QUARTERLY CERTIFICATION STATEMENT OF

UnitedHealthcare of Louisiana, Inc.

to

Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
BAYOU HEALTH
BAYOU HEALTH - Shared Savings Plan

FOR THE PERIOD ENDING

12/31/2012

Name of Preparer	Howard J. Dellipizzi
Title	Associate Director of Finance
Phone Number	(215) 902-8239

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.

(Date Signed)

Signature Title

Financial Reporting Template Instructions

This template has been created for the Financial Reporting Guide for BAYOU HEALTH - Shared Savings 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 in BLUE INK.
   The Certification Statement should be submitted as a PDF with signature included.
2. **Enter information in red cells only in all worksheets. Each worksheet must be entered separately.**
3. Enter appropriate BAYOU HEALTH - Shared Savings Plan name and quarter ending dates on rows on rows 8 and 18 of the Certification Statement.
4. Each quarter, prior to entering information, zero the region profitability spreadsheets and supplemental schedules (red cells only). Region totals roll into total profitability spreadsheet. 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 W.
6. Submit an electronic copy.

   Send electronic copy to Steve Annison at DHHS: steve.annison@la.gov

   Send electronic copy to Stewart Guerin at DOI: squerin@lsi.state.la.us

   Send hard copy with certification signature to:
   Steve Annison
   Louisiana Department of Health and Hospitals
   Bureau of Health Services Financing
   628 North 4th Street
   Post Office Box 91030
   Baton Rouge, Louisiana 70821- 9030
7. With the exception of the annual audit related Schedules W through AA, all worksheets should be submitted every quarter.
8. Confirm that audit check figures below match. If they do not match, please submit a separate enclosure explaining why the check figures do not match.

Check Figures

UnitedHealthcare of Louisiana, Inc.
FOR THE PERIOD ENDING 12/31/2012

	Amount 1	Amount 2
Balance Sheet Total Assets = Balance Sheet Total Liabilities + Balance Sheet Total Equity	$0	$0
Income Statement Net Income/Loss (YTD) = Balance Sheet Equity/Net Assets Increase/Decrease (YTD)	($8,702,108)	($8,702,108)
Supplemental Schedules agree to Balance Sheet and Revenue, Expense and Equity Statement line items:		
Current Investments	$0	$0
Long Term Investments	$0	$0
Net Risk Pool Receivable/Payable	$0	$0
Other Current Assets	$0	$0
Other Non-Current Assets	$0	$0
Other Current Liabilities	$4,335	$4,335
Other Non-Current Liabilities	$0	$0
Fraud and Abuse Recoveries	$0	$0

	Yes	No
Grand Total Net Income (Loss) on Total Profitability Statement = Net Income (Loss) on Income Statement?	☑	☐

UnitedHealthcare of Louisiana, Inc.
Schedule A
Balance Sheet
12/31/2012

						Year end:	2012
		1st Qtr 3/31/2012	2nd Qtr 6/30/2012	3rd Qtr 09/31/2012	4th Qtr 12/31/2012	YTD 12/31/2012	
Line #	**BALANCE SHEET**						
	ASSETS						
	Current Assets						
1	Cash and cash equivalents	$ -	$ -	$ -	$ -	$ -	
2	Short-term investments	$ -	$ -	$ -	$ -	$ -	
3	PCCM capitation and newborn/deceased member payments receivable	$ -	$ -	$ -	$ -	$ -	
4	Shared Savings payments receivable	$ -	$ -	$ -	$ -	$ -	
5	Investment income receivable	$ -	$ -	$ -	$ -	$ -	
6	Current due from affiliates	$ -	$ -	$ -	$ -	$ -	
7	Provider group receivable	$ -	$ -	$ -	$ -	$ -	
8	Other current assets	$ 467	$ 152	$ 2,001	$ 0	$ 0	
9	**Total Current Assets**	**$ 467**	**$ 152**	**$ 2,001**	**$ 0**	**$ 0**	
	Other Assets						
10	Statutory deposits	$ -	$ -	$ -	$ -	$ -	
11	Restricted cash and other assets	$ -	$ -	$ -	$ -	$ -	
12	Long-term investments	$ -	$ -	$ -	$ -	$ -	
13	Non-current due from affiliates	$ -	$ -	$ -	$ -	$ -	
14	Other non-current assets	$ -	$ -	$ -	$ -	$ -	
15	**Total Other Assets**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	
	Property and Equipment						
16	Land	$ -	$ -	$ -	$ -	$ -	
17	Buildings	$ -	$ -	$ -	$ -	$ -	
18	Leasehold improvements	$ -	$ -	$ -	$ -	$ -	
19	Furniture and equipment	$ -	$ -	$ -	$ -	$ -	
20	Other property and equipment	$ -	$ -	$ -	$ -	$ -	
21	**Total Property and Equipment**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	
22	Accumulated depreciation/amortization	$ -	$ -	$ -	$ -	$ -	
23	**Net Property and Equipment**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	
24	***TOTAL ASSETS***	***$ 467***	***$ 152***	***$ 2,001***	***$ 0***	***$ 0***	
	LIABILITIES						
	Current Liabilities						
25	Accounts payable	$ -	$ -	$ -	$ -	$ -	
26	Accrued administrative expenses	$ 10,058	$ -	$ 8,306	$ 8,960	$ 8,960	
27	Provider group payable	$ -	$ -	$ -	$ -	$ -	
28	Current portion 羊long-term debt	$ -	$ -	$ -	$ -	$ -	
29	Due to affiliates	$ -	$ -	$ -	$ -	$ -	
30	Dividends Payable	$ -	$ -	$ -	$ -	$ -	
31	Other current liabilities	$ 2,202	$ 4,335	$ 4,335	$ 4,335	$ 4,335	
32	**Total Current Liabilities**	**$ 12,260**	**$ 4,335**	**$ 12,641**	**$ 13,295**	**$ 13,295**	
	Other Liabilities						
33	Non-current portion long-term debt	$ -	$ -	$ -	$ -	$ -	
34	Non-current due to affiliates	$ -	$ -	$ -	$ -	$ -	
35	Other non-current liabilities	$ -	$ -	$ -	$ -	$ -	
36	**Total Other Liabilities**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	
37	***TOTAL LIABILITIES***	***$ 12,260***	***$ 4,335***	***$ 12,641***	***$ 13,295***	***$ 13,295***	

UnitedHealthcare of Louisiana, Inc.
Schedule A
Balance Sheet
12/31/2012

						Year end:	2012
		1st Qtr 3/31/2012	2nd Qtr 6/30/2012	3rd Qtr 09/31/2012	4th Qtr 12/31/2012	YTD 12/31/2012
Line #	**BALANCE SHEET**					
	EQUITY/NET ASSETS					
38	Preferred stock	$ -	$ -	$ -	$ -	$ -
39	Common stock	$ -	$ -	$ -	$ -	$ -
40	Treasury stock	$ -	$ -	$ -	$ -	$ -
41	Additional paid-in capital	$ 72,378	$ 951,273	$ 2,512,882	$ 8,688,813	$ **8,688,813**
42	Contributed capital	$ -	$ -	$ -	$ -	$ -
43	Retained earnings - beginning	$ -	$ -	$ -	$ -	$ -
44	Increase (decrease) YTD	$ (84,171)	$ (955,456)	$ (2,523,522)	$ (8,702,108)	$ **(8,702,108)**
45	**Retained earnings/net assets**	**$ (84,171)**	**$ (955,456)**	**$ (2,523,522)**	**$ (8,702,108)**	**$ (8,702,108)**
46	***TOTAL EQUITY/NET ASSETS***	***$ (11,793)***	***$ (4,183)***	***$ (10,640)***	***$ (13,295)***	***$ (13,295)***
47	***TOTAL LIABILITIES & EQUITY/NET ASSETS***	***$ 467***	***$ 152***	***$ 2,001***	***$ 0***	***$ 0***

UnitedHealthcare of Louisiana, Inc.
Schedule B
Income Statement
12/31/2012

					Year end:	2012
		1st Qtr 3/31/2012	2nd Qtr 6/30/2012	3rd Qtr 09/31/2012	4th Qtr 12/31/2012	YTD 12/31/2012
Line #	**REVENUE & EXPENSES**					
1	**Assigned Member Count at end of reporting period**	63,595.00	221,353.00	229,620.00	237,477.00	752,045.00
2	**Member Months**	122,894.00	521,887.00	683,264.00	699,316.00	2,027,361.00
3	**Newborn Count**	139.00	485.00	612.00	537.00	1,773.00
4	**Deceased Member Count**	6.00	53.00	89.00	88.00	236.00
	REVENUES					
5	PCCM Capitation	$ 184,808	$ 778,029	$ -	$ -	$ 962,837
6	Enhanced PCCM Capitation	$ 1,566,250	$ 6,625,562	$ 7,832,348	$ 7,745,921	$ 23,770,081
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 1,751,058***	***$ 7,403,591***	***$ 7,832,348***	***$ 7,745,921***	***$ 24,732,918***
	EXPENSES					
	Provider					
11	PCP care management services	$ 184,808	$ 778,029	$ -	$ -	$ 962,837
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -
13	Provider incentive payments	$ 79,985	$ 284,203	$ 428,048	$ 388,743	$ 1,180,979
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -
15	**Total Provider Payments**	**$ 264,793**	**$ 1,062,232**	**$ 428,048**	**$ 388,743**	**$ 2,143,816**
Less:						
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -
18	**TOTAL NET PROVIDER PAYMENTS**	**$ 264,793**	**$ 1,062,232**	**$ 428,048**	**$ 388,743**	**$ 2,143,816**
	ADMINISTRATIVE SERVICE EXPENSES					
	Health Care Quality Improvement (HCQI)					
19	Case management	$ 9,488	$ 35,250	$ 54,802	$ 193,506	$ 293,046
20	Care coordination	$ 180,197	$ 551,182	$ 316,802	$ 1,190,375	$ 2,238,556
21	Chronic disease management	$ 47,202	$ 773,755	$ 1,347,600	$ 1,375,164	$ 3,543,721
22	Racial disparity prevention efforts	$ -	$ -	$ -	$ -	$ -
23	Quality reporting and documentation	$ -	$ -	$ -	$ -	$ -
24	HIT quality and outcome improvements	$ 120,347	$ 368,114	$ 1,109,922	$ 75,204	$ 1,673,587
25	Patient-centered education and counseling	$ 161,215	$ 493,119	$ 445,941	$ 903,767	$ 2,004,042
26	Clinical practice improvement oversight	$ -	$ -	$ -	$ -	$ -
27	Public health education	$ -	$ -	$ -	$ -	$ -
28	Other HCQI/HIT expenses or adjustments	$ -	$ -	$ -	$ -	$ -
29	**Health Care Quality Improvement Expense subtotal**	$ 518,449	$ 2,221,420	$ 3,275,067	$ 3,738,016	$ 9,752,952
	Other Administrative Costs					
29	Fraud and abuse detection and recovery expenses	$ -	$ -	$ -	$ -	$ -
30	Utilization review	$ 292,409	$ 894,411	$ 515,586	$ 2,636,130	$ 4,338,536
31	Network development and credentialling costs	$ 183,761	$ 562,082	$ 848,390	$ 1,214,749	$ 2,808,982
32	Marketing	$ 33,212	$ 121,645	$ 34,394	$ 230,070	$ 419,321
33	Member / Enrollment Services	$ 88,723	$ 713,030	$ 478,295	$ 606,842	$ 1,886,890
34	General and Operational Management	$ 352,199	$ 1,132,731	$ 668,192	$ 2,373,242	$ 4,526,364
35	Accounting and Finance	$ -	$ -	$ -	$ -	$ -
36	Claims and Referral Processing	$ -	$ -	$ -	$ -	$ -
37	Information Systems	$ 4,259	$ 11,468	$ 23,095	$ 26,872	$ 65,694
38	Administrative Services Only (ASO) Cost	$ -	$ -	$ -	$ -	$ -
39	Other Direct Costs	$ (16,745)	$ 151,285	$ 126,367	$ 56,437	$ 317,344
40	Indirect Costs - Corporate Overhead Allocations	$ 114,169	$ 1,404,572	$ 3,002,980	$ 2,653,406	$ 7,175,127
41	Sanctions and Late Payment Interest Penalties	$ -	$ -	$ -	$ -	$ -
42	Other Costs	$ -	$ -	$ -	$ -	$ -
43	**Total Other Administrative Costs**	$ 1,051,987	$ 4,991,224	$ 5,697,299	$ 9,797,748	$ 21,538,258
44	**TOTAL ADMINISTRATIVE EXPENSES**	**$ 1,570,436**	**$ 7,212,644**	**$ 8,972,366**	**$ 13,535,764**	**$ 31,291,210**
45	***TOTAL EXPENSES***	***$ 1,835,229***	***$ 8,274,876***	***$ 9,400,414***	***$ 13,924,507***	***$ 33,435,026***
46	**Income (Loss) From Operations**	**$ (84,171)**	**$ (871,285)**	**$ (1,568,066)**	**$ (6,178,586)**	**$ (8,702,108)**
47	Non-operating income (loss)	$ -	$ -	$ -	$ -	**$ -**
48	**Income (Loss) Before Taxes**	**$ (84,171)**	**$ (871,285)**	**$ (1,568,066)**	**$ (6,178,586)**	**$ (8,702,108)**
49	Income taxes	$ -	$ -	$ -	$ -	**$ -**
50	Premium taxes	$ -	$ -	$ -	$ -	**$ -**

UnitedHealthcare of Louisiana, Inc.
Schedule B
Income Statement
12/31/2012

					Year end:	2012
		1st Qtr 3/31/2012	2nd Qtr 6/30/2012	3rd Qtr 09/31/2012	4th Qtr 12/31/2012	YTD 12/31/2012
Line #	**REVENUE & EXPENSES**					
51	***NET INCOME (LOSS)***	***$ (84,171)***	***$ (871,285)***	***$ (1,568,066)***	***$ (6,178,586)***	***$ (8,702,108)***

UnitedHealthcare of Louisiana, Inc.
Schedule C
Footnotes Disclosures
12/31/2012

Line #	Quarterly financial footnote disclosures	Indicate as N/A if no reportable items	Footnote Disclosures Notes - Reference and include narrative or analysis in Supplemental Working Area (Schedule AB)
1	Organizational structure	Schedule AB	See Schedule AB (Footnotes Section)
2	Summary of significant accounting policies changes	N/A	Not Applicable
3	Other amounts included in the financial statements > 5% of the reporting category	Schedule AB	See Schedule AB (Footnotes Section)
4	Pledges, assignments and guarantees	N/A	Not Applicable
5	Statutory Deposits or performance bonds	Schedule AB	See Schedule AB (Footnotes Section)
6	Material adjustments	N/A	Not Applicable
7	Contingent liabilities	N/A	Not Applicable
8	Due from/to affiliates (current and non-current)	N/A	Not Applicable
9	Related party transaction activities	N/A	Not Applicable
10	Equity activity	N/A	Not Applicable
11	Non-compliance with financial viability standards and performance guidelines	N/A	Not Applicable
12	Charitable contributions, penalties or sanctions included in the financial statements	N/A	Not Applicable
13	Significant changes in provider reimbursement methodologies	N/A	Not Applicable
14	Non-operating income/loss amounts	N/A	Not Applicable
15	Other Recovery amounts reported on Line 17	N/A	Not Applicable
16	Allocation methodologies used for categorical profitability statements	Schedule AB	See Schedule AB (Footnotes Section)

UnitedHealthcare of Louisiana, Inc.
Schedule D
Total Profitability by Eligibility Category
12/31/2012

Line #	Total Profitability by Eligibility Category	SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
	REVENUE & EXPENSES											
1	**Assigned Member Count at end of reporting period**	4.00	48.00	2,005.00	5,081.00	3,037.00	10,272.00	11,666.00	**32,113.00**	487.00	1,034.00	60,030.00
2	**Member Months**	17.00	147.00	6,002.00	15,213.00	9,093.00	30,762.00	34,935.00	**96,169.00**	1,433.00	3,040.00	176,251.00
3	**Newborn Count**	1.00	-	-	-	2.00	42.00	-	**45.00**	113.00	-	-
4	**Deceased Member Count**	-	-	3.00	1.00	-	14.00	52.00	**70.00**	7.00	1.00	3.00
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 284	$ 2,290	$ 94,338	$ 239,136	$ 142,975	$ 483,750	$ 549,436	**$ 1,512,209**	$ 14,673	$ 31,148	$ 1,805,546
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 284***	***$ 2,290***	***$ 94,338***	***$ 239,136***	***$ 142,975***	***$ 483,750***	***$ 549,436***	***$ 1,512,209***	***$ 14,673***	***$ 31,148***	***$ 1,805,546***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 7	$ 72	$ 3,343	$ 8,652	$ 5,181	$ 16,717	$ 19,337	**$ 53,309**	$ 733	$ 1,477	$ 98,258
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	**Total Provider Payments**	***$ 7***	***$ 72***	***$ 3,343***	***$ 8,652***	***$ 5,181***	***$ 16,717***	***$ 19,337***	***$ 53,309***	***$ 733***	***$ 1,477***	***$ 98,258***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	**TOTAL NET PROVIDER PAYMENTS**	***$ 7***	***$ 72***	***$ 3,343***	***$ 8,652***	***$ 5,181***	***$ 16,717***	***$ 19,337***	***$ 53,309***	***$ 733***	***$ 1,477***	***$ 98,258***
19	**TOTAL ADMINISTRATIVE EXPENSES**	***$ 313***	***$ 2,800***	***$ 115,798***	***$ 294,869***	***$ 176,532***	***$ 593,741***	***$ 676,635***	***$ 1,860,688***	***$ 27,440***	***$ 57,872***	***$ 3,411,598***
20	***TOTAL EXPENSES***	***$ 320***	***$ 2,872***	***$ 119,141***	***$ 303,521***	***$ 181,713***	***$ 610,458***	***$ 695,972***	***$ 1,913,997***	***$ 28,173***	***$ 59,349***	***$ 3,509,856***
21	**Income (Loss) From Operations**	***$ (36)***	***$ (582)***	***$ (24,803)***	***$ (64,385)***	***$ (38,738)***	***$ (126,708)***	***$ (146,536)***	***$ (401,788)***	***$ (13,500)***	***$ (28,201)***	***$ (1,704,310)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	**Income (Loss) Before Taxes**	***$ (36)***	***$ (582)***	***$ (24,803)***	***$ (64,385)***	***$ (38,738)***	***$ (126,708)***	***$ (146,536)***	***$ (401,788)***	***$ (13,500)***	***$ (28,201)***	***$ (1,704,310)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (36)***	***$ (582)***	***$ (24,803)***	***$ (64,385)***	***$ (38,738)***	***$ (126,708)***	***$ (146,536)***	***$ (401,788)***	***$ (13,500)***	***$ (28,201)***	***$ (1,704,310)***

UnitedHealthcare of Louisiana, Inc.
Schedule D
Total Profitability by Eligibility Category
12/31/2012

Line #	Total Profitability by Eligibility Category	Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer
	REVENUE & EXPENSES											
1	**Assigned Member Count at end of reporting period**	78,482.00	19,721.00	18,577.00	20,966.00	1,422.00	1,034.00	287.00	**202,040.00**	3,073.00	-	251.00
2	**Member Months**	230,429.00	57,910.00	54,550.00	61,529.00	4,170.00	3,031.00	839.00	**593,182.00**	9,215.00	-	750.00
3	**Newborn Count**	-	68.00	-	307.00	-	-	-	**488.00**	-	-	4.00
4	**Deceased Member Count**	-	1.00	3.00	1.00	2.00	-	-	**18.00**	-	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 2,360,580	$ 593,318	$ 558,882	$ 630,419	$ 42,735	$ 31,064	$ 8,593	**$ 6,076,958**	$ 144,957	$ -	$ 11,797
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 2,360,580***	***$ 593,318***	***$ 558,882***	***$ 630,419***	***$ 42,735***	***$ 31,064***	***$ 8,593***	***$ 6,076,958***	***$ 144,957***	***$ -***	***$ 11,797***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 127,183	$ 31,655	$ 29,708	$ 35,775	$ 2,493	$ 1,920	$ 542	**$ 329,744**	$ 5,238	$ -	$ 452
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	**Total Provider Payments**	***$ 127,183***	***$ 31,655***	***$ 29,708***	***$ 35,775***	***$ 2,493***	***$ 1,920***	***$ 542***	***$ 329,744***	***$ 5,238***	***$ -***	***$ 452***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	**TOTAL NET PROVIDER PAYMENTS**	***$ 127,183***	***$ 31,655***	***$ 29,708***	***$ 35,775***	***$ 2,493***	***$ 1,920***	***$ 542***	***$ 329,744***	***$ 5,238***	***$ -***	***$ 452***
19	**TOTAL ADMINISTRATIVE EXPENSES**	***$ 4,454,456***	***$ 1,118,492***	***$ 1,052,817***	***$ 1,200,287***	***$ 81,737***	***$ 60,055***	***$ 16,703***	***$ 11,481,457***	***$ 178,915***	***$ -***	***$ 14,704***
20	***TOTAL EXPENSES***	***$ 4,581,639***	***$ 1,150,147***	***$ 1,082,525***	***$ 1,236,062***	***$ 84,230***	***$ 61,975***	***$ 17,245***	***$ 11,811,201***	***$ 184,153***	***$ -***	***$ 15,156***
21	**Income (Loss) From Operations**	***$ (2,221,059)***	***$ (556,829)***	***$ (523,643)***	***$ (605,643)***	***$ (41,495)***	***$ (30,911)***	***$ (8,652)***	***$ (5,734,243)***	***$ (39,196)***	***$ -***	***$ (3,359)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	**Income (Loss) Before Taxes**	***$ (2,221,059)***	***$ (556,829)***	***$ (523,643)***	***$ (605,643)***	***$ (41,495)***	***$ (30,911)***	***$ (8,652)***	***$ (5,734,243)***	***$ (39,196)***	***$ -***	***$ (3,359)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (2,221,059)***	***$ (556,829)***	***$ (523,643)***	***$ (605,643)***	***$ (41,495)***	***$ (30,911)***	***$ (8,652)***	***$ (5,734,243)***	***$ (39,196)***	***$ -***	***$ (3,359)***

UnitedHealthcare of Louisiana, Inc.
Schedule D
Total Profitability by Eligibility Category
12/31/2012

Total Profitability by Eligibility Category		Grand Total
Line #	**REVENUE & EXPENSES**	
1	**Assigned Member Count at end of reporting period**	**237,477.00**
2	**Member Months**	**699,316.00**
3	**Newborn Count**	**537.00**
4	**Deceased Member Count**	**88.00**
	REVENUES	
5	PCCM Capitation	$ -
6	Enhanced PCCM Capitation	$ **7,745,921**
7	Shared Savings Revenue	$ -
8	Investment income	$ -
9	Other income	$ -
10	***TOTAL REVENUES***	***$ 7,745,921***
	EXPENSES	
	Provider	
11	PCP care management services	$ -
12	Enhanced PCCM payments	$ -
13	Provider incentive payments	$ **388,743**
14	Other Provider payments	$ -
15	**Total Provider Payments**	***$ 388,743***
Less:		
16	Fraud and Abuse recoveries	$ -
17	Other Recoveries	$ -
18	**TOTAL NET PROVIDER PAYMENTS**	***$ 388,743***
19	**TOTAL ADMINISTRATIVE EXPENSES**	***$ 13,535,764***
20	***TOTAL EXPENSES***	***$ 13,924,507***
21	**Income (Loss) From Operations**	***$ (6,178,586)***
22	Non-operating income (loss)	$ -
23	**Income (Loss) Before Taxes**	***$ (6,178,586)***
24	Income taxes	$ -
25	Premium taxes	$ -
26	***NET INCOME (LOSS)***	***$ (6,178,586)***

UnitedHealthcare of Louisiana, Inc.
Schedule E
Alexandria Profitability
12/31/2012

Alexandria		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	-	3.00	85.00	245.00	134.00	544.00	634.00	**1,645.00**	43.00	80.00	2,893.00
2	**Member Months**	1.00	10.00	254.00	736.00	404.00	1,636.00	1,907.00	**4,948.00**	128.00	236.00	8,533.00
3	**Newborn Count**	-	-	-	-	-	4.00	-	**4.00**	3.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	1.00	2.00	**3.00**	-	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 17	$ 150	$ 4,013	$ 11,603	$ 6,370	$ 25,797	$ 30,078	**$ 78,028**	$ 1,313	$ 2,424	$ 87,682
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 17***	***$ 150***	***$ 4,013***	***$ 11,603***	***$ 6,370***	***$ 25,797***	***$ 30,078***	***$ 78,028***	***$ 1,313***	***$ 2,424***	***$ 87,682***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ -	$ 2	$ 49	$ 141	$ 77	$ 313	$ 364	**$ 946**	$ 24	$ 45	$ 1,631
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ -***	***$ 2***	***$ 49***	***$ 141***	***$ 77***	***$ 313***	***$ 364***	***$ 946***	***$ 24***	***$ 45***	***$ 1,631***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ -***	***$ 2***	***$ 49***	***$ 141***	***$ 77***	***$ 313***	***$ 364***	***$ 946***	***$ 24***	***$ 45***	***$ 1,631***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 18***	***$ 177***	***$ 4,507***	***$ 13,060***	***$ 7,169***	***$ 29,029***	***$ 33,838***	***$ 87,798***	***$ 2,271***	***$ 4,188***	***$ 151,411***
20	***TOTAL EXPENSES***	***$ 18***	***$ 179***	***$ 4,556***	***$ 13,201***	***$ 7,246***	***$ 29,342***	***$ 34,202***	***$ 88,744***	***$ 2,295***	***$ 4,233***	***$ 153,042***
21	***Income (Loss) From Operations***	***$ (1)***	***$ (29)***	***$ (543)***	***$ (1,598)***	***$ (876)***	***$ (3,545)***	***$ (4,124)***	***$ (10,716)***	***$ (982)***	***$ (1,809)***	***$ (65,360)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (1)***	***$ (29)***	***$ (543)***	***$ (1,598)***	***$ (876)***	***$ (3,545)***	***$ (4,124)***	***$ (10,716)***	***$ (982)***	***$ (1,809)***	***$ (65,360)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (1)***	***$ (29)***	***$ (543)***	***$ (1,598)***	***$ (876)***	***$ (3,545)***	***$ (4,124)***	***$ (10,716)***	***$ (982)***	***$ (1,809)***	***$ (65,360)***

UnitedHealthcare of Louisiana, Inc.
Schedule E
Alexandria Profitability
12/31/2012

Alexandria		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
	Assigned Member Count at end of												
1	**reporting period**	3,964.00	1,108.00	965.00	846.00	72.00	35.00	8.00	**10,014.00**	216.00	-	5.00	**11,880.00**
2	**Member Months**	11,692.00	3,269.00	2,847.00	2,496.00	211.00	102.00	24.00	**29,538.00**	659.00	-	16.00	**35,161.00**
3	**Newborn Count**	-	7.00	-	18.00	-	-	-	**28.00**	-	-	-	**32.00**
4	**Deceased Member Count**	-	-	-	-	-	-	-	**-**	-	-	-	**3.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 120,145	$ 33,595	$ 29,259	$ 25,650	$ 2,168	$ 1,047	$ 246	**$ 303,529**	$ 10,449	$ -	$ 251	**$ 392,257**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 120,145***	***$ 33,595***	***$ 29,259***	***$ 25,650***	***$ 2,168***	***$ 1,047***	***$ 246***	***$ 303,529***	***$ 10,449***	***$ -***	***$ 251***	***$ 392,257***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 2,234	$ 625	$ 544	$ 477	$ 40	$ 19	$ 5	**$ 5,644**	$ 126	$ -	$ 3	**$ 6,719**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 2,234***	***$ 625***	***$ 544***	***$ 477***	***$ 40***	***$ 19***	***$ 5***	***$ 5,644***	***$ 126***	***$ -***	***$ 3***	***$ 6,719***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 2,234***	***$ 625***	***$ 544***	***$ 477***	***$ 40***	***$ 19***	***$ 5***	***$ 5,644***	***$ 126***	***$ -***	***$ 3***	***$ 6,719***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 207,465***	***$ 58,006***	***$ 50,518***	***$ 44,289***	***$ 3,744***	***$ 1,810***	***$ 426***	***$ 524,128***	***$ 11,693***	***$ -***	***$ 284***	***$ 623,903***
20	***TOTAL EXPENSES***	***$ 209,699***	***$ 58,631***	***$ 51,062***	***$ 44,766***	***$ 3,784***	***$ 1,829***	***$ 431***	***$ 529,772***	***$ 11,819***	***$ -***	***$ 287***	***$ 630,622***
21	***Income (Loss) From Operations***	***$ (89,554)***	***$ (25,036)***	***$ (21,803)***	***$ (19,116)***	***$ (1,616)***	***$ (782)***	***$ (185)***	***$ (226,243)***	***$ (1,370)***	***$ -***	***$ (36)***	***$ (238,365)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (89,554)***	***$ (25,036)***	***$ (21,803)***	***$ (19,116)***	***$ (1,616)***	***$ (782)***	***$ (185)***	***$ (226,243)***	***$ (1,370)***	***$ -***	***$ (36)***	***$ (238,365)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (89,554)***	***$ (25,036)***	***$ (21,803)***	***$ (19,116)***	***$ (1,616)***	***$ (782)***	***$ (185)***	***$ (226,243)***	***$ (1,370)***	***$ -***	***$ (36)***	***$ (238,365)***

UnitedHealthcare of Louisiana, Inc.
Schedule F
Baton Rouge Profitability
12/31/2012

Baton Rouge		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	1.00	12.00	517.00	1,055.00	516.00	1,693.00	1,584.00	**5,378.00**	64.00	126.00	11,869.00
2	**Member Months**	3.00	36.00	1,550.00	3,162.00	1,547.00	5,072.00	4,746.00	**16,116.00**	188.00	370.00	34,863.00
3	**Newborn Count**	-	-	-	-	2.00	10.00	-	**12.00**	26.00	-	-
4	**Deceased Member Count**	-	-	3.00	1.00	-	2.00	7.00	**13.00**	1.00	1.00	1.00
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 41	$ 558	$ 24,286	$ 49,543	$ 24,244	$ 79,471	$ 74,365	**$ 252,508**	$ 1,919	$ 3,774	$ 355,895
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 41***	***$ 558***	***$ 24,286***	***$ 49,543***	***$ 24,244***	***$ 79,471***	***$ 74,365***	***$ 252,508***	***$ 1,919***	***$ 3,774***	***$ 355,895***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 2	$ 21	$ 918	$ 1,873	$ 917	$ 3,005	$ 2,812	**$ 9,548**	$ 111	$ 219	$ 20,655
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 2***	***$ 21***	***$ 918***	***$ 1,873***	***$ 917***	***$ 3,005***	***$ 2,812***	***$ 9,548***	***$ 111***	***$ 219***	***$ 20,655***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 2***	***$ 21***	***$ 918***	***$ 1,873***	***$ 917***	***$ 3,005***	***$ 2,812***	***$ 9,548***	***$ 111***	***$ 219***	***$ 20,655***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 57***	***$ 687***	***$ 29,594***	***$ 60,372***	***$ 29,537***	***$ 96,840***	***$ 90,615***	***$ 307,702***	***$ 3,589***	***$ 7,064***	***$ 665,640***
20	***TOTAL EXPENSES***	***$ 59***	***$ 708***	***$ 30,512***	***$ 62,245***	***$ 30,454***	***$ 99,845***	***$ 93,427***	***$ 317,250***	***$ 3,700***	***$ 7,283***	***$ 686,295***
21	***Income (Loss) From Operations***	***$ (18)***	***$ (150)***	***$ (6,226)***	***$ (12,702)***	***$ (6,210)***	***$ (20,374)***	***$ (19,062)***	***$ (64,742)***	***$ (1,781)***	***$ (3,509)***	***$ (330,400)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (18)***	***$ (150)***	***$ (6,226)***	***$ (12,702)***	***$ (6,210)***	***$ (20,374)***	***$ (19,062)***	***$ (64,742)***	***$ (1,781)***	***$ (3,509)***	***$ (330,400)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (18)***	***$ (150)***	***$ (6,226)***	***$ (12,702)***	***$ (6,210)***	***$ (20,374)***	***$ (19,062)***	***$ (64,742)***	***$ (1,781)***	***$ (3,509)***	***$ (330,400)***

UnitedHealthcare of Louisiana, Inc.
Schedule F
Baton Rouge Profitability
12/31/2012

Baton Rouge		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
1	**Assigned Member Count at end of reporting period**	14,719.00	3,293.00	3,226.00	3,558.00	184.00	148.00	35.00	**37,222.00**	451.00	-	61.00	**43,112.00**
2	**Member Months**	43,210.00	9,672.00	9,476.00	10,451.00	539.00	433.00	102.00	**109,304.00**	1,352.00	-	182.00	**126,954.00**
3	**Newborn Count**	-	11.00	-	54.00	-	-	-	**91.00**	-	-	4.00	**107.00**
4	**Deceased Member Count**	-	-	1.00	-	-	-	-	**4.00**	-	-	-	**17.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 441,126	$ 98,732	$ 96,740	$ 106,690	$ 5,504	$ 4,424	$ 1,038	**$ 1,115,842**	$ 21,165	$ -	$ 2,852	**$ 1,392,367**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 441,126***	***$ 98,732***	***$ 96,740***	***$ 106,690***	***$ 5,504***	***$ 4,424***	***$ 1,038***	***$ 1,115,842***	***$ 21,165***	***$ -***	***$ 2,852***	***$ 1,392,367***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 25,605	$ 5,730	$ 5,614	$ 6,192	$ 319	$ 257	$ 60	**$ 64,762**	$ 801	$ -	$ 108	**$ 75,219**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 25,605***	***$ 5,730***	***$ 5,614***	***$ 6,192***	***$ 319***	***$ 257***	***$ 60***	***$ 64,762***	***$ 801***	***$ -***	***$ 108***	***$ 75,219***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 25,605***	***$ 5,730***	***$ 5,614***	***$ 6,192***	***$ 319***	***$ 257***	***$ 60***	***$ 64,762***	***$ 801***	***$ -***	***$ 108***	***$ 75,219***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 825,009***	***$ 184,668***	***$ 180,925***	***$ 199,541***	***$ 10,291***	***$ 8,267***	***$ 1,947***	***$ 2,086,941***	***$ 25,814***	***$ -***	***$ 3,475***	***$ 2,423,932***
20	***TOTAL EXPENSES***	***$ 850,614***	***$ 190,398***	***$ 186,539***	***$ 205,733***	***$ 10,610***	***$ 8,524***	***$ 2,007***	***$ 2,151,703***	***$ 26,615***	***$ -***	***$ 3,583***	***$ 2,499,151***
21	***Income (Loss) From Operations***	***$ (409,488)***	***$ (91,666)***	***$ (89,799)***	***$ (99,043)***	***$ (5,106)***	***$ (4,100)***	***$ (969)***	***$ (1,035,861)***	***$ (5,450)***	***$ -***	***$ (731)***	***$ (1,106,784)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (409,488)***	***$ (91,666)***	***$ (89,799)***	***$ (99,043)***	***$ (5,106)***	***$ (4,100)***	***$ (969)***	***$ (1,035,861)***	***$ (5,450)***	***$ -***	***$ (731)***	***$ (1,106,784)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (409,488)***	***$ (91,666)***	***$ (89,799)***	***$ (99,043)***	***$ (5,106)***	***$ (4,100)***	***$ (969)***	***$ (1,035,861)***	***$ (5,450)***	***$ -***	***$ (731)***	***$ (1,106,784)***

UnitedHealthcare of Louisiana, Inc.
Schedule G
LaFayette Profitability
12/31/2012

LaFayette		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	-	5.00	208.00	536.00	337.00	1,261.00	1,718.00	**4,065.00**	58.00	111.00	7,438.00
2	**Member Months**	1.00	16.00	624.00	1,605.00	1,010.00	3,778.00	5,147.00	**12,181.00**	172.00	327.00	21,848.00
3	**Newborn Count**	1.00	-	-	-	-	6.00	-	**7.00**	16.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	1.00	4.00	**5.00**	1.00	-	1.00
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 21	$ 248	$ 9,776	$ 25,154	$ 15,832	$ 59,195	$ 80,649	**$ 190,875**	$ 1,751	$ 3,334	$ 223,036
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 21***	***$ 248***	***$ 9,776***	***$ 25,154***	***$ 15,832***	***$ 59,195***	***$ 80,649***	***$ 190,875***	***$ 1,751***	***$ 3,334***	***$ 223,036***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 1	$ 9	$ 370	$ 951	$ 598	$ 2,238	$ 3,049	**$ 7,216**	$ 102	$ 194	$ 12,944
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 1***	***$ 9***	***$ 370***	***$ 951***	***$ 598***	***$ 2,238***	***$ 3,049***	***$ 7,216***	***$ 102***	***$ 194***	***$ 12,944***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 1***	***$ 9***	***$ 370***	***$ 951***	***$ 598***	***$ 2,238***	***$ 3,049***	***$ 7,216***	***$ 102***	***$ 194***	***$ 12,944***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 19***	***$ 305***	***$ 11,914***	***$ 30,644***	***$ 19,284***	***$ 72,133***	***$ 98,272***	***$ 232,571***	***$ 3,284***	***$ 6,243***	***$ 417,144***
20	***TOTAL EXPENSES***	***$ 20***	***$ 314***	***$ 12,284***	***$ 31,595***	***$ 19,882***	***$ 74,371***	***$ 101,321***	***$ 239,787***	***$ 3,386***	***$ 6,437***	***$ 430,088***
21	***Income (Loss) From Operations***	***$ 1***	***$ (66)***	***$ (2,508)***	***$ (6,441)***	***$ (4,050)***	***$ (15,176)***	***$ (20,672)***	***$ (48,912)***	***$ (1,635)***	***$ (3,103)***	***$ (207,052)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ 1***	***$ (66)***	***$ (2,508)***	***$ (6,441)***	***$ (4,050)***	***$ (15,176)***	***$ (20,672)***	***$ (48,912)***	***$ (1,635)***	***$ (3,103)***	***$ (207,052)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ 1***	***$ (66)***	***$ (2,508)***	***$ (6,441)***	***$ (4,050)***	***$ (15,176)***	***$ (20,672)***	***$ (48,912)***	***$ (1,635)***	***$ (3,103)***	***$ (207,052)***

UnitedHealthcare of Louisiana, Inc.
Schedule G
LaFayette Profitability
12/31/2012

LaFayette		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
1	**Assigned Member Count at end of reporting period**	9,736.00	2,368.00	2,271.00	2,249.00	172.00	113.00	28.00	**24,544.00**	536.00	-	22.00	**29,167.00**
2	**Member Months**	28,598.00	6,956.00	6,672.00	6,607.00	506.00	331.00	83.00	**72,100.00**	1,613.00	-	66.00	**85,960.00**
3	**Newborn Count**	-	11.00	-	49.00	-	-	-	**76.00**	-	-	-	**83.00**
4	**Deceased Member Count**	-	-	-	1.00	1.00	-	-	**4.00**	-	-	-	**9.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 291,940	$ 71,011	$ 68,107	$ 67,447	$ 5,169	$ 3,376	$ 849	**$ 736,020**	$ 25,278	$ -	$ 1,033	**$ 953,206**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 291,940***	***$ 71,011***	***$ 68,107***	***$ 67,447***	***$ 5,169***	***$ 3,376***	***$ 849***	***$ 736,020***	***$ 25,278***	***$ -***	***$ 1,033***	***$ 953,206***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 16,944	$ 4,121	$ 3,953	$ 3,914	$ 300	$ 196	$ 49	**$ 42,717**	$ 956	$ -	$ 39	**$ 50,928**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 16,944***	***$ 4,121***	***$ 3,953***	***$ 3,914***	***$ 300***	***$ 196***	***$ 49***	***$ 42,717***	***$ 956***	***$ -***	***$ 39***	***$ 50,928***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 16,944***	***$ 4,121***	***$ 3,953***	***$ 3,914***	***$ 300***	***$ 196***	***$ 49***	***$ 42,717***	***$ 956***	***$ -***	***$ 39***	***$ 50,928***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 546,022***	***$ 132,811***	***$ 127,389***	***$ 126,148***	***$ 9,661***	***$ 6,320***	***$ 1,585***	***$ 1,376,607***	***$ 30,797***	***$ -***	***$ 1,260***	***$ 1,641,235***
20	***TOTAL EXPENSES***	***$ 562,966***	***$ 136,932***	***$ 131,342***	***$ 130,062***	***$ 9,961***	***$ 6,516***	***$ 1,634***	***$ 1,419,324***	***$ 31,753***	***$ -***	***$ 1,299***	***$ 1,692,163***
21	***Income (Loss) From Operations***	***$ (271,026)***	***$ (65,921)***	***$ (63,235)***	***$ (62,615)***	***$ (4,792)***	***$ (3,140)***	***$ (785)***	***$ (683,304)***	***$ (6,475)***	***$ -***	***$ (266)***	***$ (738,957)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (271,026)***	***$ (65,921)***	***$ (63,235)***	***$ (62,615)***	***$ (4,792)***	***$ (3,140)***	***$ (785)***	***$ (683,304)***	***$ (6,475)***	***$ -***	***$ (266)***	***$ (738,957)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (271,026)***	***$ (65,921)***	***$ (63,235)***	***$ (62,615)***	***$ (4,792)***	***$ (3,140)***	***$ (785)***	***$ (683,304)***	***$ (6,475)***	***$ -***	***$ (266)***	***$ (738,957)***

UnitedHealthcare of Louisiana, Inc.
Schedule H
Lake Charles Profitability
12/31/2012

Lake Charles		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	-	-	32.00	87.00	68.00	393.00	539.00	**1,119.00**	62.00	121.00	1,474.00
2	**Member Months**	-	1.00	96.00	261.00	205.00	1,182.00	1,622.00	**3,367.00**	183.00	355.00	4,347.00
3	**Newborn Count**	-	-	-	-	-	-	-	**-**	2.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	1.00	1.00	**2.00**	-	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ -	$ 17	$ 1,521	$ 4,113	$ 3,227	$ 18,642	$ 25,580	**$ 53,100**	$ 1,879	$ 3,652	$ 44,669
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ -***	***$ 17***	***$ 1,521***	***$ 4,113***	***$ 3,227***	***$ 18,642***	***$ 25,580***	***$ 53,100***	***$ 1,879***	***$ 3,652***	***$ 44,669***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ -	$ -	$ 18	$ 50	$ 39	$ 226	$ 310	**$ 643**	$ 35	$ 68	$ 831
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ -***	***$ -***	***$ 18***	***$ 50***	***$ 39***	***$ 226***	***$ 310***	***$ 643***	***$ 35***	***$ 68***	***$ 831***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ -***	***$ -***	***$ 18***	***$ 50***	***$ 39***	***$ 226***	***$ 310***	***$ 643***	***$ 35***	***$ 68***	***$ 831***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ -***	***$ 18***	***$ 1,703***	***$ 4,631***	***$ 3,638***	***$ 20,974***	***$ 28,781***	***$ 59,745***	***$ 3,247***	***$ 6,299***	***$ 77,134***
20	***TOTAL EXPENSES***	***$ -***	***$ 18***	***$ 1,721***	***$ 4,681***	***$ 3,677***	***$ 21,200***	***$ 29,091***	***$ 60,388***	***$ 3,282***	***$ 6,367***	***$ 77,965***
21	***Income (Loss) From Operations***	***$ -***	***$ (1)***	***$ (200)***	***$ (568)***	***$ (450)***	***$ (2,558)***	***$ (3,511)***	***$ (7,288)***	***$ (1,403)***	***$ (2,715)***	***$ (33,296)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ -***	***$ (1)***	***$ (200)***	***$ (568)***	***$ (450)***	***$ (2,558)***	***$ (3,511)***	***$ (7,288)***	***$ (1,403)***	***$ (2,715)***	***$ (33,296)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ -***	***$ (1)***	***$ (200)***	***$ (568)***	***$ (450)***	***$ (2,558)***	***$ (3,511)***	***$ (7,288)***	***$ (1,403)***	***$ (2,715)***	***$ (33,296)***

UnitedHealthcare of Louisiana, Inc.
Schedule H
Lake Charles Profitability
12/31/2012

Lake Charles		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	2,377.00	775.00	795.00	641.00	58.00	29.00	9.00	**6,341.00**	95.00	-	10.00
2	**Member Months**	7,010.00	2,286.00	2,343.00	1,889.00	171.00	86.00	27.00	**18,697.00**	288.00	-	29.00
3	**Newborn Count**	-	-	-	4.00	-	-	-	**6.00**	-	-	-
4	**Deceased Member Count**	-	-	-	-	-	-	-	**-**	-	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 72,027	$ 23,493	$ 24,080	$ 19,414	$ 1,762	$ 886	$ 278	**$ 192,140**	$ 4,564	$ -	$ 451
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 72,027***	***$ 23,493***	***$ 24,080***	***$ 19,414***	***$ 1,762***	***$ 886***	***$ 278***	***$ 192,140***	***$ 4,564***	***$ -***	***$ 451***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 1,340	$ 437	$ 448	$ 361	$ 33	$ 16	$ 5	**$ 3,574**	$ 55	$ -	$ 6
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 1,340***	***$ 437***	***$ 448***	***$ 361***	***$ 33***	***$ 16***	***$ 5***	***$ 3,574***	***$ 55***	***$ -***	***$ 6***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 1,340***	***$ 437***	***$ 448***	***$ 361***	***$ 33***	***$ 16***	***$ 5***	***$ 3,574***	***$ 55***	***$ -***	***$ 6***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 124,387***	***$ 40,563***	***$ 41,575***	***$ 33,519***	***$ 3,034***	***$ 1,526***	***$ 479***	***$ 331,763***	***$ 5,110***	***$ -***	***$ 515***
20	***TOTAL EXPENSES***	***$ 125,727***	***$ 41,000***	***$ 42,023***	***$ 33,880***	***$ 3,067***	***$ 1,542***	***$ 484***	***$ 335,337***	***$ 5,165***	***$ -***	***$ 521***
21	***Income (Loss) From Operations***	***$ (53,700)***	***$ (17,507)***	***$ (17,943)***	***$ (14,466)***	***$ (1,305)***	***$ (656)***	***$ (206)***	***$ (143,197)***	***$ (601)***	***$ -***	***$ (70)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (53,700)***	***$ (17,507)***	***$ (17,943)***	***$ (14,466)***	***$ (1,305)***	***$ (656)***	***$ (206)***	***$ (143,197)***	***$ (601)***	***$ -***	***$ (70)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (53,700)***	***$ (17,507)***	***$ (17,943)***	***$ (14,466)***	***$ (1,305)***	***$ (656)***	***$ (206)***	***$ (143,197)***	***$ (601)***	***$ -***	***$ (70)***

UnitedHealthcare of Louisiana, Inc.
Schedule H
Lake Charles Profitability
12/31/2012

Lake Charles		Grand Total
Line #	**REVENUE & EXPENSES**	
1	**Assigned Member Count at end of reporting period**	**7,565.00**
2	**Member Months**	**22,381.00**
3	**Newborn Count**	**6.00**
4	**Deceased Member Count**	**2.00**
	REVENUES	
5	PCCM Capitation	$ -
6	Enhanced PCCM Capitation	$ 250,255
7	Shared Savings Revenue	$ -
8	Investment income	$ -
9	Other income	$ -
10	***TOTAL REVENUES***	***$ 250,255***
	EXPENSES	
	Provider	
11	PCP care management services	$ -
12	Enhanced PCCM payments	$ -
13	Provider incentive payments	$ 4,278
14	Other Provider payments	$ -
15	***Total Provider Payments***	***$ 4,278***
Less:		
16	Fraud and Abuse recoveries	$ -
17	Other Recoveries	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 4,278***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 397,133***
20	***TOTAL EXPENSES***	***$ 401,411***
21	***Income (Loss) From Operations***	***$ (151,156)***
22	Non-operating income (loss)	$ -
23	***Income (Loss) Before Taxes***	***$ (151,156)***
24	Income taxes	$ -
25	Premium taxes	$ -
26	***NET INCOME (LOSS)***	***$ (151,156)***

UnitedHealthcare of Louisiana, Inc.
Schedule I
Mandeville Profitability
12/31/2012

Mandeville		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	-	2.00	87.00	295.00	165.00	767.00	1,123.00	**2,439.00**	58.00	115.00	4,206.00
2	**Member Months**	1.00	7.00	259.00	879.00	490.00	2,286.00	3,345.00	**7,267.00**	169.00	337.00	12,287.00
3	**Newborn Count**	-	-	-	-	-	-	-	**-**	13.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	2.00	5.00	**7.00**	1.00	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 19	$ 113	$ 4,080	$ 13,846	$ 7,726	$ 36,004	$ 52,684	**$ 114,472**	$ 1,733	$ 3,455	$ 126,108
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 19***	***$ 113***	***$ 4,080***	***$ 13,846***	***$ 7,726***	***$ 36,004***	***$ 52,684***	***$ 114,472***	***$ 1,733***	***$ 3,455***	***$ 126,108***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 1	$ 6	$ 226	$ 766	$ 427	$ 1,992	$ 2,914	**$ 6,332**	$ 147	$ 294	$ 10,705
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 1***	***$ 6***	***$ 226***	***$ 766***	***$ 427***	***$ 1,992***	***$ 2,914***	***$ 6,332***	***$ 147***	***$ 294***	***$ 10,705***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 1***	***$ 6***	***$ 226***	***$ 766***	***$ 427***	***$ 1,992***	***$ 2,914***	***$ 6,332***	***$ 147***	***$ 294***	***$ 10,705***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 21***	***$ 149***	***$ 5,524***	***$ 18,746***	***$ 10,450***	***$ 48,753***	***$ 71,338***	***$ 154,981***	***$ 3,604***	***$ 7,187***	***$ 262,040***
20	***TOTAL EXPENSES***	***$ 22***	***$ 155***	***$ 5,750***	***$ 19,512***	***$ 10,877***	***$ 50,745***	***$ 74,252***	***$ 161,313***	***$ 3,751***	***$ 7,481***	***$ 272,745***
21	***Income (Loss) From Operations***	***$ (3)***	***$ (42)***	***$ (1,670)***	***$ (5,666)***	***$ (3,151)***	***$ (14,741)***	***$ (21,568)***	***$ (46,841)***	***$ (2,018)***	***$ (4,026)***	***$ (146,637)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (3)***	***$ (42)***	***$ (1,670)***	***$ (5,666)***	***$ (3,151)***	***$ (14,741)***	***$ (21,568)***	***$ (46,841)***	***$ (2,018)***	***$ (4,026)***	***$ (146,637)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (3)***	***$ (42)***	***$ (1,670)***	***$ (5,666)***	***$ (3,151)***	***$ (14,741)***	***$ (21,568)***	***$ (46,841)***	***$ (2,018)***	***$ (4,026)***	***$ (146,637)***

UnitedHealthcare of Louisiana, Inc.
Schedule I
Mandeville Profitability
12/31/2012

Mandeville		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
	Assigned Member Count at end of												
1	**reporting period**	5,785.00	1,477.00	1,371.00	1,692.00	209.00	109.00	39.00	**15,061.00**	452.00	-	49.00	**18,001.00**
2	**Member Months**	16,900.00	4,315.00	4,004.00	4,941.00	610.00	318.00	113.00	**43,994.00**	1,347.00	-	145.00	**52,753.00**
3	**Newborn Count**	-	8.00	-	24.00	-	-	-	**45.00**	-	-	-	**45.00**
4	**Deceased Member Count**	-	-	-	-	-	-	-	**1.00**	-	-	-	**8.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 173,452	$ 44,283	$ 41,093	$ 50,715	$ 6,262	$ 3,264	$ 1,159	**$ 451,524**	$ 21,213	$ -	$ 2,286	**$ 589,495**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 173,452***	***$ 44,283***	***$ 41,093***	***$ 50,715***	***$ 6,262***	***$ 3,264***	***$ 1,159***	***$ 451,524***	***$ 21,213***	***$ -***	***$ 2,286***	***$ 589,495***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 14,724	$ 3,760	$ 3,489	$ 4,305	$ 531	$ 277	$ 98	**$ 38,330**	$ 1,174	$ -	$ 126	**$ 45,962**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 14,724***	***$ 3,760***	***$ 3,489***	***$ 4,305***	***$ 531***	***$ 277***	***$ 98***	***$ 38,330***	***$ 1,174***	***$ -***	***$ 126***	***$ 45,962***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 14,724***	***$ 3,760***	***$ 3,489***	***$ 4,305***	***$ 531***	***$ 277***	***$ 98***	***$ 38,330***	***$ 1,174***	***$ -***	***$ 126***	***$ 45,962***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 360,420***	***$ 92,024***	***$ 85,392***	***$ 105,375***	***$ 13,009***	***$ 6,782***	***$ 2,410***	***$ 938,243***	***$ 28,727***	***$ -***	***$ 3,092***	***$ 1,125,043***
20	***TOTAL EXPENSES***	***$ 375,144***	***$ 95,784***	***$ 88,881***	***$ 109,680***	***$ 13,540***	***$ 7,059***	***$ 2,508***	***$ 976,573***	***$ 29,901***	***$ -***	***$ 3,218***	***$ 1,171,005***
21	***Income (Loss) From Operations***	***$ (201,692)***	***$ (51,501)***	***$ (47,788)***	***$ (58,965)***	***$ (7,278)***	***$ (3,795)***	***$ (1,349)***	***$ (525,049)***	***$ (8,688)***	***$ -***	***$ (932)***	***$ (581,510)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (201,692)***	***$ (51,501)***	***$ (47,788)***	***$ (58,965)***	***$ (7,278)***	***$ (3,795)***	***$ (1,349)***	***$ (525,049)***	***$ (8,688)***	***$ -***	***$ (932)***	***$ (581,510)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (201,692)***	***$ (51,501)***	***$ (47,788)***	***$ (58,965)***	***$ (7,278)***	***$ (3,795)***	***$ (1,349)***	***$ (525,049)***	***$ (8,688)***	***$ -***	***$ (932)***	***$ (581,510)***

UnitedHealthcare of Louisiana, Inc.
Schedule J
Monroe Profitability
12/31/2012

Monroe		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	1.00	4.00	114.00	305.00	213.00	905.00	860.00	**2,402.00**	21.00	123.00	4,502.00
2	**Member Months**	4.00	12.00	342.00	917.00	639.00	2,722.00	2,587.00	**7,223.00**	61.00	363.00	13,278.00
3	**Newborn Count**	-	-	-	-	-	6.00	-	**6.00**	20.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	-	4.00	**4.00**	1.00	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 67	$ 184	$ 5,400	$ 14,462	$ 10,082	$ 42,934	$ 40,794	**$ 113,923**	$ 630	$ 3,727	$ 136,440
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 67***	***$ 184***	***$ 5,400***	***$ 14,462***	***$ 10,082***	***$ 42,934***	***$ 40,794***	***$ 113,923***	***$ 630***	***$ 3,727***	***$ 136,440***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 1	$ 2	$ 65	$ 175	$ 122	$ 520	$ 494	**$ 1,379**	$ 12	$ 69	$ 2,537
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 1***	***$ 2***	***$ 65***	***$ 175***	***$ 122***	***$ 520***	***$ 494***	***$ 1,379***	***$ 12***	***$ 69***	***$ 2,537***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 1***	***$ 2***	***$ 65***	***$ 175***	***$ 122***	***$ 520***	***$ 494***	***$ 1,379***	***$ 12***	***$ 69***	***$ 2,537***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 71***	***$ 213***	***$ 6,069***	***$ 16,271***	***$ 11,339***	***$ 48,300***	***$ 45,904***	***$ 128,167***	***$ 1,082***	***$ 6,441***	***$ 235,607***
20	***TOTAL EXPENSES***	***$ 72***	***$ 215***	***$ 6,134***	***$ 16,446***	***$ 11,461***	***$ 48,820***	***$ 46,398***	***$ 129,546***	***$ 1,094***	***$ 6,510***	***$ 238,144***
21	***Income (Loss) From Operations***	***$ (5)***	***$ (31)***	***$ (734)***	***$ (1,984)***	***$ (1,379)***	***$ (5,886)***	***$ (5,604)***	***$ (15,623)***	***$ (464)***	***$ (2,783)***	***$ (101,704)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (5)***	***$ (31)***	***$ (734)***	***$ (1,984)***	***$ (1,379)***	***$ (5,886)***	***$ (5,604)***	***$ (15,623)***	***$ (464)***	***$ (2,783)***	***$ (101,704)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (5)***	***$ (31)***	***$ (734)***	***$ (1,984)***	***$ (1,379)***	***$ (5,886)***	***$ (5,604)***	***$ (15,623)***	***$ (464)***	***$ (2,783)***	***$ (101,704)***

UnitedHealthcare of Louisiana, Inc.
Schedule J
Monroe Profitability
12/31/2012

Monroe		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
1	**Assigned Member Count at end of reporting period**	6,227.00	1,719.00	1,569.00	1,914.00	113.00	64.00	24.00	**16,276.00**	221.00	-	24.00	**18,923.00**
2	**Member Months**	18,366.00	5,071.00	4,627.00	5,645.00	334.00	189.00	70.00	**48,004.00**	661.00	-	71.00	**55,959.00**
3	**Newborn Count**	-	9.00	-	22.00	-	-	-	**51.00**	-	-	-	**57.00**
4	**Deceased Member Count**	-	-	-	-	-	-	-	**1.00**	-	-	-	**5.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 188,723	$ 52,112	$ 47,541	$ 58,006	$ 3,428	$ 1,944	$ 715	**$ 493,266**	$ 10,416	$ -	$ 1,120	**$ 618,725**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 188,723***	***$ 52,112***	***$ 47,541***	***$ 58,006***	***$ 3,428***	***$ 1,944***	***$ 715***	***$ 493,266***	***$ 10,416***	***$ -***	***$ 1,120***	***$ 618,725***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 3,510	$ 969	$ 884	$ 1,079	$ 64	$ 36	$ 13	**$ 9,173**	$ 126	$ -	$ 14	**$ 10,692**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 3,510***	***$ 969***	***$ 884***	***$ 1,079***	***$ 64***	***$ 36***	***$ 13***	***$ 9,173***	***$ 126***	***$ -***	***$ 14***	***$ 10,692***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 3,510***	***$ 969***	***$ 884***	***$ 1,079***	***$ 64***	***$ 36***	***$ 13***	***$ 9,173***	***$ 126***	***$ -***	***$ 14***	***$ 10,692***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 325,889***	***$ 89,981***	***$ 82,102***	***$ 100,166***	***$ 5,927***	***$ 3,354***	***$ 1,242***	***$ 851,791***	***$ 11,729***	***$ -***	***$ 1,260***	***$ 992,947***
20	***TOTAL EXPENSES***	***$ 329,399***	***$ 90,950***	***$ 82,986***	***$ 101,245***	***$ 5,991***	***$ 3,390***	***$ 1,255***	***$ 860,964***	***$ 11,855***	***$ -***	***$ 1,274***	***$ 1,003,639***
21	***Income (Loss) From Operations***	***$ (140,676)***	***$ (38,838)***	***$ (35,445)***	***$ (43,239)***	***$ (2,563)***	***$ (1,446)***	***$ (540)***	***$ (367,698)***	***$ (1,439)***	***$ -***	***$ (154)***	***$ (384,914)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (140,676)***	***$ (38,838)***	***$ (35,445)***	***$ (43,239)***	***$ (2,563)***	***$ (1,446)***	***$ (540)***	***$ (367,698)***	***$ (1,439)***	***$ -***	***$ (154)***	***$ (384,914)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (140,676)***	***$ (38,838)***	***$ (35,445)***	***$ (43,239)***	***$ (2,563)***	***$ (1,446)***	***$ (540)***	***$ (367,698)***	***$ (1,439)***	***$ -***	***$ (154)***	***$ (384,914)***

UnitedHealthcare of Louisiana, Inc.
Schedule K
New Orleans Profitability
12/31/2012

New Orleans		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	-	8.00	410.00	1,160.00	770.00	2,202.00	2,551.00	**7,101.00**	66.00	128.00	13,522.00
2	**Member Months**	1.00	24.00	1,221.00	3,456.00	2,293.00	6,560.00	7,600.00	**21,155.00**	193.00	375.00	39,500.00
3	**Newborn Count**	-	-	-	-	-	7.00	-	**7.00**	23.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	4.00	15.00	**19.00**	1.00	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 19	$ 378	$ 19,230	$ 54,441	$ 36,118	$ 103,328	$ 119,724	**$ 333,238**	$ 1,978	$ 3,849	$ 405,402
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 19***	***$ 378***	***$ 19,230***	***$ 54,441***	***$ 36,118***	***$ 103,328***	***$ 119,724***	***$ 333,238***	***$ 1,978***	***$ 3,849***	***$ 405,402***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 1	$ 21	$ 1,064	$ 3,011	$ 1,998	$ 5,715	$ 6,622	**$ 18,432**	$ 168	$ 327	$ 34,415
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 1***	***$ 21***	***$ 1,064***	***$ 3,011***	***$ 1,998***	***$ 5,715***	***$ 6,622***	***$ 18,432***	***$ 168***	***$ 327***	***$ 34,415***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 1***	***$ 21***	***$ 1,064***	***$ 3,011***	***$ 1,998***	***$ 5,715***	***$ 6,622***	***$ 18,432***	***$ 168***	***$ 327***	***$ 34,415***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 21***	***$ 512***	***$ 26,040***	***$ 73,705***	***$ 48,902***	***$ 139,903***	***$ 162,082***	***$ 451,165***	***$ 4,116***	***$ 7,997***	***$ 842,402***
20	***TOTAL EXPENSES***	***$ 22***	***$ 533***	***$ 27,104***	***$ 76,716***	***$ 50,900***	***$ 145,618***	***$ 168,704***	***$ 469,597***	***$ 4,284***	***$ 8,324***	***$ 876,817***
21	***Income (Loss) From Operations***	***$ (3)***	***$ (155)***	***$ (7,874)***	***$ (22,275)***	***$ (14,782)***	***$ (42,290)***	***$ (48,980)***	***$ (136,359)***	***$ (2,306)***	***$ (4,475)***	***$ (471,415)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (3)***	***$ (155)***	***$ (7,874)***	***$ (22,275)***	***$ (14,782)***	***$ (42,290)***	***$ (48,980)***	***$ (136,359)***	***$ (2,306)***	***$ (4,475)***	***$ (471,415)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (3)***	***$ (155)***	***$ (7,874)***	***$ (22,275)***	***$ (14,782)***	***$ (42,290)***	***$ (48,980)***	***$ (136,359)***	***$ (2,306)***	***$ (4,475)***	***$ (471,415)***

UnitedHealthcare of Louisiana, Inc.
Schedule K
New Orleans Profitability
12/31/2012

New Orleans		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
1	**Assigned Member Count at end of reporting period**	16,986.00	4,261.00	3,927.00	5,647.00	331.00	357.00	101.00	**45,326.00**	512.00	-	44.00	**52,983.00**
2	**Member Months**	49,627.00	12,448.00	11,472.00	16,495.00	967.00	1,043.00	295.00	**132,415.00**	1,519.00	-	132.00	**155,221.00**
3	**Newborn Count**	-	5.00	-	82.00	-	-	-	**110.00**	-	-	-	**117.00**
4	**Deceased Member Count**	-	-	-	-	-	-	-	**1.00**	-	-	-	**20.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 509,333	$ 127,755	$ 117,740	$ 169,295	$ 9,920	$ 10,707	$ 3,030	**$ 1,359,009**	$ 23,952	$ -	$ 2,078	**$ 1,718,277**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 509,333***	***$ 127,755***	***$ 117,740***	***$ 169,295***	***$ 9,920***	***$ 10,707***	***$ 3,030***	***$ 1,359,009***	***$ 23,952***	***$ -***	***$ 2,078***	***$ 1,718,277***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 43,237	$ 10,846	$ 9,995	$ 14,372	$ 843	$ 909	$ 257	**$ 115,369**	$ 1,323	$ -	$ 115	**$ 135,239**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 43,237***	***$ 10,846***	***$ 9,995***	***$ 14,372***	***$ 843***	***$ 909***	***$ 257***	***$ 115,369***	***$ 1,323***	***$ -***	***$ 115***	***$ 135,239***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 43,237***	***$ 10,846***	***$ 9,995***	***$ 14,372***	***$ 843***	***$ 909***	***$ 257***	***$ 115,369***	***$ 1,323***	***$ -***	***$ 115***	***$ 135,239***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 1,058,380***	***$ 265,474***	***$ 244,659***	***$ 351,783***	***$ 20,623***	***$ 22,244***	***$ 6,291***	***$ 2,823,969***	***$ 32,395***	***$ -***	***$ 2,815***	***$ 3,310,344***
20	***TOTAL EXPENSES***	***$ 1,101,617***	***$ 276,320***	***$ 254,654***	***$ 366,155***	***$ 21,466***	***$ 23,153***	***$ 6,548***	***$ 2,939,338***	***$ 33,718***	***$ -***	***$ 2,930***	***$ 3,445,583***
21	***Income (Loss) From Operations***	***$ (592,284)***	***$ (148,565)***	***$ (136,914)***	***$ (196,860)***	***$ (11,546)***	***$ (12,446)***	***$ (3,518)***	***$ (1,580,329)***	***$ (9,766)***	***$ -***	***$ (852)***	***$ (1,727,306)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (592,284)***	***$ (148,565)***	***$ (136,914)***	***$ (196,860)***	***$ (11,546)***	***$ (12,446)***	***$ (3,518)***	***$ (1,580,329)***	***$ (9,766)***	***$ -***	***$ (852)***	***$ (1,727,306)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (592,284)***	***$ (148,565)***	***$ (136,914)***	***$ (196,860)***	***$ (11,546)***	***$ (12,446)***	***$ (3,518)***	***$ (1,580,329)***	***$ (9,766)***	***$ -***	***$ (852)***	***$ (1,727,306)***

UnitedHealthcare of Louisiana, Inc.
Schedule L
Shreveport Profitability
12/31/2012

Shreveport		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	2.00	11.00	289.00	664.00	398.00	1,451.00	1,621.00	**4,436.00**	57.00	119.00	8,535.00
2	**Member Months**	6.00	33.00	868.00	1,997.00	1,198.00	4,363.00	4,876.00	**13,341.00**	167.00	350.00	25,172.00
3	**Newborn Count**	-	-	-	-	-	7.00	-	**7.00**	6.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	2.00	9.00	**11.00**	1.00	-	1.00
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ 100	$ 518	$ 13,693	$ 31,499	$ 18,893	$ 68,816	$ 76,908	**$ 210,427**	$ 1,719	$ 3,599	$ 258,657
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ 100***	***$ 518***	***$ 13,693***	***$ 31,499***	***$ 18,893***	***$ 68,816***	***$ 76,908***	***$ 210,427***	***$ 1,719***	***$ 3,599***	***$ 258,657***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ 1	$ 6	$ 166	$ 382	$ 229	$ 834	$ 932	**$ 2,550**	$ 32	$ 67	$ 4,810
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ 1***	***$ 6***	***$ 166***	***$ 382***	***$ 229***	***$ 834***	***$ 932***	***$ 2,550***	***$ 32***	***$ 67***	***$ 4,810***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 1***	***$ 6***	***$ 166***	***$ 382***	***$ 229***	***$ 834***	***$ 932***	***$ 2,550***	***$ 32***	***$ 67***	***$ 4,810***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 106***	***$ 586***	***$ 15,402***	***$ 35,435***	***$ 21,258***	***$ 77,418***	***$ 86,521***	***$ 236,726***	***$ 2,963***	***$ 6,210***	***$ 446,656***
20	***TOTAL EXPENSES***	***$ 107***	***$ 592***	***$ 15,568***	***$ 35,817***	***$ 21,487***	***$ 78,252***	***$ 87,453***	***$ 239,276***	***$ 2,995***	***$ 6,277***	***$ 451,466***
21	***Income (Loss) From Operations***	***$ (7)***	***$ (74)***	***$ (1,875)***	***$ (4,318)***	***$ (2,594)***	***$ (9,436)***	***$ (10,545)***	***$ (28,849)***	***$ (1,276)***	***$ (2,678)***	***$ (192,809)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ (7)***	***$ (74)***	***$ (1,875)***	***$ (4,318)***	***$ (2,594)***	***$ (9,436)***	***$ (10,545)***	***$ (28,849)***	***$ (1,276)***	***$ (2,678)***	***$ (192,809)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ (7)***	***$ (74)***	***$ (1,875)***	***$ (4,318)***	***$ (2,594)***	***$ (9,436)***	***$ (10,545)***	***$ (28,849)***	***$ (1,276)***	***$ (2,678)***	***$ (192,809)***

UnitedHealthcare of Louisiana, Inc.
Schedule L
Shreveport Profitability
12/31/2012

Shreveport		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
1	**Assigned Member Count at end of reporting period**	10,991.00	2,588.00	2,522.00	2,222.00	110.00	87.00	16.00	**27,247.00**	310.00	-	19.00	**32,012.00**
2	**Member Months**	32,419.00	7,632.00	7,438.00	6,553.00	324.00	258.00	47.00	**80,360.00**	933.00	-	58.00	**94,692.00**
3	**Newborn Count**	-	11.00	-	24.00	-	-	-	**41.00**	-	-	-	**48.00**
4	**Deceased Member Count**	-	-	-	-	1.00	-	-	**3.00**	-	-	-	**14.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 333,050	$ 78,424	$ 76,427	$ 67,339	$ 3,332	$ 2,648	$ 481	**$ 825,676**	$ 14,713	$ -	$ 920	**$ 1,051,736**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 333,050***	***$ 78,424***	***$ 76,427***	***$ 67,339***	***$ 3,332***	***$ 2,648***	***$ 481***	***$ 825,676***	***$ 14,713***	***$ -***	***$ 920***	***$ 1,051,736***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 6,195	$ 1,458	$ 1,421	$ 1,252	$ 62	$ 49	$ 9	**$ 15,355**	$ 178	$ -	$ 11	**$ 18,094**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 6,195***	***$ 1,458***	***$ 1,421***	***$ 1,252***	***$ 62***	***$ 49***	***$ 9***	***$ 15,355***	***$ 178***	***$ -***	***$ 11***	***$ 18,094***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 6,195***	***$ 1,458***	***$ 1,421***	***$ 1,252***	***$ 62***	***$ 49***	***$ 9***	***$ 15,355***	***$ 178***	***$ -***	***$ 11***	***$ 18,094***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 575,248***	***$ 135,424***	***$ 131,981***	***$ 116,278***	***$ 5,749***	***$ 4,578***	***$ 834***	***$ 1,425,921***	***$ 16,555***	***$ -***	***$ 1,029***	***$ 1,680,231***
20	***TOTAL EXPENSES***	***$ 581,443***	***$ 136,882***	***$ 133,402***	***$ 117,530***	***$ 5,811***	***$ 4,627***	***$ 843***	***$ 1,441,276***	***$ 16,733***	***$ -***	***$ 1,040***	***$ 1,698,325***
21	***Income (Loss) From Operations***	***$ (248,393)***	***$ (58,458)***	***$ (56,975)***	***$ (50,191)***	***$ (2,479)***	***$ (1,979)***	***$ (362)***	***$ (615,600)***	***$ (2,020)***	***$ -***	***$ (120)***	***$ (646,589)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (248,393)***	***$ (58,458)***	***$ (56,975)***	***$ (50,191)***	***$ (2,479)***	***$ (1,979)***	***$ (362)***	***$ (615,600)***	***$ (2,020)***	***$ -***	***$ (120)***	***$ (646,589)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (248,393)***	***$ (58,458)***	***$ (56,975)***	***$ (50,191)***	***$ (2,479)***	***$ (1,979)***	***$ (362)***	***$ (615,600)***	***$ (2,020)***	***$ -***	***$ (120)***	***$ (646,589)***

UnitedHealthcare of Louisiana, Inc.
Schedule M
Thibodaux Profitability
12/31/2012

Thibodaux		SSI 0-2 Mos, MF	SSI 3-11Mos, MF	SSI 1-5yrs MF	SSI 6-13yrs MF	SSI 14-18yrs MF	SSI 19-44ys MF	SSI 45+yrs MF	SSI Total	Fam&Children 0-2 Mos, MF	Fam&Children 3-11Mos, MF	Fam&Children 1-5yrs MF
Line #	**REVENUE & EXPENSES**											
1	**Assigned Member Count at end of reporting period**	-	3.00	263.00	734.00	436.00	1,056.00	1,036.00	**3,528.00**	58.00	111.00	5,591.00
2	**Member Months**	-	8.00	788.00	2,200.00	1,307.00	3,163.00	3,105.00	**10,571.00**	172.00	327.00	16,423.00
3	**Newborn Count**	-	-	-	-	-	2.00	-	**2.00**	4.00	-	-
4	**Deceased Member Count**	-	-	-	-	-	1.00	5.00	**6.00**	1.00	-	-
	REVENUES											
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
6	Enhanced PCCM Capitation	$ -	$ 124	$ 12,339	$ 34,475	$ 20,483	$ 49,563	$ 48,654	**$ 165,638**	$ 1,751	$ 3,334	$ 167,657
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
10	***TOTAL REVENUES***	***$ -***	***$ 124***	***$ 12,339***	***$ 34,475***	***$ 20,483***	***$ 49,563***	***$ 48,654***	***$ 165,638***	***$ 1,751***	***$ 3,334***	***$ 167,657***
	EXPENSES											
	Provider											
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
13	Provider incentive payments	$ -	$ 5	$ 467	$ 1,303	$ 774	$ 1,874	$ 1,840	**$ 6,263**	$ 102	$ 194	$ 9,730
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
15	***Total Provider Payments***	***$ -***	***$ 5***	***$ 467***	***$ 1,303***	***$ 774***	***$ 1,874***	***$ 1,840***	***$ 6,263***	***$ 102***	***$ 194***	***$ 9,730***
Less:												
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
18	***TOTAL NET PROVIDER PAYMENTS***	***$ -***	***$ 5***	***$ 467***	***$ 1,303***	***$ 774***	***$ 1,874***	***$ 1,840***	***$ 6,263***	***$ 102***	***$ 194***	***$ 9,730***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ -***	***$ 153***	***$ 15,045***	***$ 42,005***	***$ 24,955***	***$ 60,391***	***$ 59,284***	***$ 201,833***	***$ 3,284***	***$ 6,243***	***$ 313,564***
20	***TOTAL EXPENSES***	***$ -***	***$ 158***	***$ 15,512***	***$ 43,308***	***$ 25,729***	***$ 62,265***	***$ 61,124***	***$ 208,096***	***$ 3,386***	***$ 6,437***	***$ 323,294***
21	***Income (Loss) From Operations***	***$ -***	***$ (34)***	***$ (3,173)***	***$ (8,833)***	***$ (5,246)***	***$ (12,702)***	***$ (12,470)***	***$ (42,458)***	***$ (1,635)***	***$ (3,103)***	***$ (155,637)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
23	***Income (Loss) Before Taxes***	***$ -***	***$ (34)***	***$ (3,173)***	***$ (8,833)***	***$ (5,246)***	***$ (12,702)***	***$ (12,470)***	***$ (42,458)***	***$ (1,635)***	***$ (3,103)***	***$ (155,637)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -
26	***NET INCOME (LOSS)***	***$ -***	***$ (34)***	***$ (3,173)***	***$ (8,833)***	***$ (5,246)***	***$ (12,702)***	***$ (12,470)***	***$ (42,458)***	***$ (1,635)***	***$ (3,103)***	***$ (155,637)***

UnitedHealthcare of Louisiana, Inc.
Schedule M
Thibodaux Profitability
12/31/2012

Thibodaux		Fam&Children 6-13yrs MF	Fam&Children 14-18yrs F	Fam&Children 14-18yrs M	Fam&Children 19-44ys F	Fam&Children 19-44ys M	Fam&Children 45+yrs F	Fam&Children 45+yrs M	Fam&Children Subtotal	Foster Care Children	LaCHIP Affordable Plan	Breast and Cervical Cancer	Grand Total
Line #	**REVENUE & EXPENSES**												
1	**Assigned Member Count at end of reporting period**	7,697.00	2,132.00	1,931.00	2,197.00	173.00	92.00	27.00	**20,009.00**	280.00	-	17.00	**23,834.00**
2	**Member Months**	22,607.00	6,261.00	5,671.00	6,452.00	508.00	271.00	78.00	**58,770.00**	843.00	-	51.00	**70,235.00**
3	**Newborn Count**	-	6.00	-	30.00	-	-	-	**40.00**	-	-	-	**42.00**
4	**Deceased Member Count**	-	1.00	2.00	-	-	-	-	**4.00**	-	-	-	**10.00**
	REVENUES												
5	PCCM Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
6	Enhanced PCCM Capitation	$ 230,784	$ 63,913	$ 57,895	$ 65,863	$ 5,190	$ 2,768	$ 797	**$ 599,952**	$ 13,207	$ -	$ 806	**$ 779,603**
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
8	Investment income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
9	Other income	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
10	***TOTAL REVENUES***	***$ 230,784***	***$ 63,913***	***$ 57,895***	***$ 65,863***	***$ 5,190***	***$ 2,768***	***$ 797***	***$ 599,952***	***$ 13,207***	***$ -***	***$ 806***	***$ 779,603***
	EXPENSES												
	Provider												
11	PCP care management services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
13	Provider incentive payments	$ 13,394	$ 3,709	$ 3,360	$ 3,823	$ 301	$ 161	$ 46	**$ 34,820**	$ 499	$ -	$ 30	**$ 41,612**
14	Other Provider payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
15	***Total Provider Payments***	***$ 13,394***	***$ 3,709***	***$ 3,360***	***$ 3,823***	***$ 301***	***$ 161***	***$ 46***	***$ 34,820***	***$ 499***	***$ -***	***$ 30***	***$ 41,612***
Less:													
16	Fraud and Abuse recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
17	Other Recoveries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
18	***TOTAL NET PROVIDER PAYMENTS***	***$ 13,394***	***$ 3,709***	***$ 3,360***	***$ 3,823***	***$ 301***	***$ 161***	***$ 46***	***$ 34,820***	***$ 499***	***$ -***	***$ 30***	***$ 41,612***
19	***TOTAL ADMINISTRATIVE EXPENSES***	***$ 431,636***	***$ 119,541***	***$ 108,276***	***$ 123,188***	***$ 9,699***	***$ 5,174***	***$ 1,489***	***$ 1,122,094***	***$ 16,095***	***$ -***	***$ 974***	***$ 1,340,996***
20	***TOTAL EXPENSES***	***$ 445,030***	***$ 123,250***	***$ 111,636***	***$ 127,011***	***$ 10,000***	***$ 5,335***	***$ 1,535***	***$ 1,156,914***	***$ 16,594***	***$ -***	***$ 1,004***	***$ 1,382,608***
21	***Income (Loss) From Operations***	***$ (214,246)***	***$ (59,337)***	***$ (53,741)***	***$ (61,148)***	***$ (4,810)***	***$ (2,567)***	***$ (738)***	***$ (556,962)***	***$ (3,387)***	***$ -***	***$ (198)***	***$ (603,005)***
22	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
23	***Income (Loss) Before Taxes***	***$ (214,246)***	***$ (59,337)***	***$ (53,741)***	***$ (61,148)***	***$ (4,810)***	***$ (2,567)***	***$ (738)***	***$ (556,962)***	***$ (3,387)***	***$ -***	***$ (198)***	***$ (603,005)***
24	Income taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
25	Premium taxes	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**
26	***NET INCOME (LOSS)***	***$ (214,246)***	***$ (59,337)***	***$ (53,741)***	***$ (61,148)***	***$ (4,810)***	***$ (2,567)***	***$ (738)***	***$ (556,962)***	***$ (3,387)***	***$ -***	***$ (198)***	***$ (603,005)***

UnitedHealthcare of Louisiana, Inc.
Schedule N
Investments Report
12/31/2012

	Investment description	Type	Amortized cost	Market value	Carrying value
Line #	***Short-term Investments***				
1	Short-term investments	Bond	$ -	$ -	$ -
2	Short-term investments	Stock	$ -	$ -	$ -
3	Short-term investments	Other	$ -	$ -	$ -
4	***Subtotal***		***$ -***	***$ -***	***$ -***
	General Performance Bond				
5	General performance bonds	Bond	$ -	$ -	$ -
6	***Subtotal***		***$ -***	***$ -***	***$ -***
	Long-Term Investments				
7	Long-term investments	Stock	$ -	$ -	$ -
8	Long-term investments	US Gov't Sec	$ -	$ -	$ -
9	***Subtotal***		***$ -***	***$ -***	***$ -***
10	***Total***		***$ -***	***$ -***	***$ -***

UnitedHealthcare of Louisiana, Inc.
Schedule O
Provider Group Receivable/ Payable Report
12/31/2012

	Provider Names	Amount
Line #	***Provider Group Receivable***	
1	Provider Group receivable 1 (list)	$ -
2	Provider Group receivable 2 (list)	$ -
3	Provider Group receivable 3 (list)	$ -
4	Provider Group receivable 4 (list)	$ -
5		**$ -**
	Provider Group Payable	
6	Provider Group payable 1 (list)	$ -
7	Provider Group payable 2 (list)	$ -
8	Provider Group payable 3 (list)	$ -
9	Provider Group payable 4 (list)	$ -
10		**$ -**
15	*Total Net Provider Group Receivable/Payable Balance*	$ -

UnitedHealthcare of Louisiana, Inc.
Schedule P
Other Assets Report
12/31/2012

Line #	Asset description	Amount
	Other Current Assets (list)	
1	Other current assets 1	$ -
2	Other current assets 2	$ -
3	Other current assets 3	$ -
4	***Subtotal***	***$ -***
	Other Non-Current Assets(list)	
5	Other non-current assets 1	$ -
6	Other non-current assets 2	$ -
7	Other non-current assets 3	$ -
8	***Subtotal***	***$ -***
9	***Total***	***$ -***

UnitedHealthcare of Louisiana, Inc.
Schedule Q
Accounts Payable Analysis
12/31/2012

	Payment Aging Analysis								
		Received days prior to end of reporting period							
	Subcontractor/Vendor account	1	30 Days	31	60 Days	61	90 Days	91	120 Days	121 + Days	Total	Late Interest Payments Made
Line #	**Subcontractor Payments**											
1	Subcontractor #1 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2	Subcontractor #2 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	Subcontractor #3 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	Subcontractor #4 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	Subcontractor #5 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6	Subcontractor #6 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	Subcontractor #7 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	Subcontractor #8 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	Subcontractor #9 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	Subcontractor #10 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	Subcontractor #11 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12	Subcontractor #12 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	Subcontractor #13 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14	Subcontractor #14 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15	Subcontractor #15 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
16	Subcontractor #16 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
17	Subcontractor #17 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
18	Subcontractor #18 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
19	Subcontractor #19 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20	Subcontractor #20 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
21	Aggregate accounts not individually listed	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
22	**Total Subcontractor Payments**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Vendor Payments											
23	Vendor #1 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
24	Vendor #2 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
25	Vendor #3 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
26	Vendor #4 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
27	Vendor #5 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
28	Vendor #6 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
29	Vendor #7 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
30	Vendor #8 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
31	Vendor #9 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
32	Vendor #10 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
33	Vendor #11 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
34	Vendor #12 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
35	Vendor #13 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
36	Vendor #14 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
37	Vendor #15 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
38	Vendor #16 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
39	Vendor #17 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
40	Vendor #18 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
41	Vendor #19 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
42	Vendor #20 (list)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
21	Aggregate accounts not individually listed	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
22	**Total Vendor Payments**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
45	***Total***	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Note: Individually listed creditors should include those who largest to smallest total payments payable

UnitedHealthcare of Louisiana, Inc.
Schedule R
Other Liabilities Report
12/31/2012

Line #	Liability description	Amount
	Other Current Liabilities	
1	Excess pass-thru dollars received versus pass-thru dollars paid	$ 4,335
2	Other current liabilities 2 (list)	$ -
3	Other current liabilities 3 (list)	$ -
4	***Subtotal***	***$ 4,335***
	Other Non-Current Liabilities	
5	Other non-current liabilities 1 (list)	$ -
6	Other non-current liabilities 2 (list)	$ -
7	Other non-current liabilities 3 (list)	$ -
8	***Subtotal***	***$ -***
9	***Total***	***$ 4,335***

UnitedHealthcare of Louisiana, Inc.
Schedule S
Long-Term Debt Report
12/31/2012

Line #	Lender name	Amount
	Current Portion of Long-term Debt	
1	Lender 1 (list)	$ -
2	Lender 2 (list)	$ -
3	Lender 3 (list)	$ -
4	***Subtotal***	***$ -***
	Non-current Portion of Long-term Debt	
6	Lender 1 (list)	$ -
7	Lender 2 (list)	$ -
8	Lender 3 (list)	$ -
9	***Subtotal***	***$ -***
10	***Total***	***$ -***

UnitedHealthcare of Louisiana, Inc.
Schedule T
Utilization Report
12/31/2012

	Quarterly total member months for period	699,316				
		Discharges	**Days /visits/ quantity**	**Discharges per 1000**	**ALOS**	**Days/ visits per 1000**
Line #	**Utilization**					
	Hospitalization					
1	Inpatient medical	3,767.00	24,002.00	64.64	6.37	411.87
2	Inpatient surgical	46.00	247.00	0.79	5.37	4.24
3	Inpatient ICU/CCU	736.00	7,770.00	12.63	10.56	133.33
4	Inpatient Maternity	2,817.00	8,014.00	48.34	2.84	137.52
4a	C-section deliveries and nursery	100.00	338.00	1.72	3.38	5.80
4b	Vaginal deliveries and nursery	2,717.00	7,676.00	46.62	2.83	131.72
5	Inpatient NICU	182.00	7,067.00	3.12	38.83	121.27
6	Inpatient rehab	11.00	543.00	0.19	49.36	9.32
7	Inpatient psych/detox	897.00	8,322.00	15.39	9.28	142.80
9	**Total Hospitalization**	**8,456.00**	**55,965.00**	**145.10**	**6.62**	**960.34**
	Outpatient and Physician					
10	• Outpatient Hospital Services		122,458.00			2,101.33
11	• Freestanding Dialysis Center Services		175.00			3.00
12	• Ancillary Medical Services		116,690.00			2,002.36
13	• EPSDT/Well Child Visits		21,865.00			375.20
14	• Emergency Medical Services		46,085.00			790.80
15	• Communicable Disease Services		113.00			1.94
16	• Home Health Services		290.00			4.98
17	• Family Planning Services		-			-
18	• Basic Behavioral Health Services		19,919.00			341.80
19	• School-Based Health Clinic Services		-			-
20	• Physician Services		506,970.00			8,699.41
21	• Maternity Services		3,513.00			60.28
22	• Chiropractic Services		56.00			0.96
23	• Therapy Services (physical, occupational, and speech therapies)		8,277.00			142.03
24	• Women, Infants and Children (WIC) Referrals		-			-
25	• Other Services		-			-
26	**Total Outpatient/Physician Services**		**846,411.00**			**14,524.09**
27	***TOTAL MEDICAL UTILIZATION***		***902,376.00***	**-**	**-**	***15,484.43***

UnitedHealthcare of Louisiana, Inc.
Schedule U
FQHC/RHC Payments
12/31/2012

Line #	FQHC Case Management or Rural Health Clinic/Incentive Fee Payment (list by center or clinic name)	FQHC = F RHC = R	Total
1	Access Health Louisiana	F	$ 5,422
2	Allen Parish Hospital Rural Medical Center	R	$ 3
3	Baton Rouge Primary Care Collaborative	F	$ 5
4	Bienville Family Clinic	R	$ 3
5	Bunkie Gen Hosp-Family Care Clinic	R	$ 5
6	Byrd Medical Clinic	R	$ 13
7	Capitol City Family Health Center, Inc.	F	$ 30
8	Citizens Rural Clinic	R	$ 13
9	Community Medical Clinic	R	$ 12
10	David Raines Community Health Center	F	$ 132
11	Delhi Rural Health Clinic	R	$ 6
12	DeSoto Regional Family Medical	R	$ 3
13	Desoto Regional Family Medicine Mansfield	R	$ 3
14	Elton Rural Health Clinic	R	$ 5
15	EXCELTH	F	$ 2
16	Family Health of St. Helena, LLC	R	$ 55
17	Family Medical Clinic	R	$ 10
18	Franklin Medical Center RHC- St. Joseph	R	$ 12
19	Hackberry Rural Health Clinic	R	$ 2
20	Hardtner Medical Clinic	R	$ 18
21	Healthy Steps Pediatrics	R	$ 33
22	Innis Community Health Center, Inc.	F	$ 111
23	Jackson Parish Hospital Family Care	R	$ 25
24	Jefferson Community Health Care Centers, Inc.	F	$ 13
25	KD Health & Wellness Center LLC	R	$ 6
26	Lady Of The Sea Medical Clinic	R	$ 24
27	Lake Arthur Health Clinic	R	$ 10
28	LaSalle Primary Healthcare Center	R	$ 9
29	Minden Family Care Center	R	$ 3
30	MQVN Community Development Corp.	F	$ 8
31	Multipractice Clinic	F	$ 13
32	North Caddo Medical Center	R	$ 7
33	North Webster Medical Clinic	R	$ 6
34	Northeast LA Health Center	R	$ 3
35	Primary Care Providers For a Healthy Feliciana	F	$ 9
36	Prime Medical Health Center	R	$ 5
37	Riverside Family Medicine	R	$ 5
38	Ruston Clinic Company	R	$ 2
39	Southeast Community Health Systems	F	$ 78
40	Southwest LA Primary Health Care, Inc	F	$ 5

UnitedHealthcare of Louisiana, Inc.
Schedule U
FQHC/RHC Payments
12/31/2012

Line #	FQHC Case Management or Rural Health Clinic/Incentive Fee Payment (list by center or clinic name)	FQHC = F RHC = R	Total
41	St. Joseph Medical Clinic-A Medical Corp.	R	$ 15
42	St. Martinville-Child Clinic	R	$ 214
43	St. Thomas Community Health Center, Inc.	F	$ 12
44	Stewart Family Medicine and After Hours	R	$ 43
45	Teche Action Board Inc.	F	$ 6
46	Thibodaux Medical Clinic	R	$ 9
47	Union Clinic of Marion	R	$ 2
48	Winn Community Health Center, Inc	F	$ 8
49	Woodworth Family Medicine	R	$ 6
50			$ -
51			$ -
52			$ -
53			$ -
54			$ -
55			$ -
56			$ -
57			$ -
58			$ -
59			$ -
60			$ -
61			$ -
62			$ -
63			$ -
64			$ -
65			$ -
66			$ -
67			$ -
68			$ -
69			$ -
70			$ -
71			$ -
72			$ -
73			$ -
74			$ -
75			$ -
76			$ -
77			$ -
78			$ -
79			$ -
80			$ -
81			$ -
82			$ -
83			$ -
84			$ -

UnitedHealthcare of Louisiana, Inc.
Schedule U
FQHC/RHC Payments
12/31/2012

Line #	FQHC Case Management or Rural Health Clinic/Incentive Fee Payment (list by center or clinic name)	FQHC = F RHC = R	Total
85			$ -
86			$ -
87			$ -
88			$ -
89	**Other (List in Supplemental Schedule)**		$ -
90	***Total Expenses***		***$ 6,444***

UnitedHealthcare of Louisiana, Inc.
Schedule V
Fraud and Abuse
12/31/2012

Line #	Provider / Case ID #	Active Case Y/N	New Case Y/N	Case Closed 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

UnitedHealthcare of Louisiana, Inc.
Schedule W
Parent Company Audited Financial Statements
Year Ended: 2012

Insert Parent Company Audited Financial Statements

UNH 2012 10K Printer FINAL.pdf

UnitedHealthcare of Louisiana, Inc.
Schedule X
BAYOU HEALTH - Shared Savings Plan Annual Financial Statements
Year Ended: 2012

Insert BAYOU HEALTH Annual Financial Statements

Final - UnitedHealthcare of

UHC LA MRL Signed.pdf

SUPPLEMENTAL NOTES FOR THE REPORTING PERIOD ENDING DECEMBER 31, 2012

UnitedHealthcare of Louisiana, Inc.
Schedule Y
Annual Audited Balance Sheet Reconciliation
Year ended: 12/31/2012

Line #		4th Quarter	Draft Adjustments	Draft Audit	Final Audit Adjustments	Final Audit
	BALANCE SHEET					
	ASSETS					
	Current Assets					
1	Cash and cash equivalents	$ -	$ 1,053,477	$ 1,053,477	$ -	$ 1,053,477
2	Short-term investments	$ -	$ 7,320,498	$ 7,320,498	$ -	$ 7,320,498
3	PCCM capitation and newborn/deceased member payments receivable	$ -	$ -	$ -	$ -	$ -
4	Shared Savings payments receivable	$ -	$ -	$ -	$ -	$ -
5	Investment income receivable	$ -	$ 2,308	$ 2,308	$ -	$ 2,308
6	Current due from affiliates	$ -	$ -	$ -	$ -	$ -
7	Provider group receivable	$ -	$ -	$ -	$ -	$ -
8	Other current assets	$ 0	$ 1,962,979	$ 1,962,979	$ -	$ 1,962,979
9	**Total Current Assets**	**$ 0**	**$ 10,339,262**	**$ 10,339,262**	**$ -**	**$ 10,339,262**
	Other Assets					
10	Statutory deposits	$ -	$ -	$ -	$ -	$ -
11	Restricted cash and other assets	$ -	$ -	$ -	$ -	$ -
12	Long-term investments	$ -	$ -	$ -	$ -	$ -
13	Non-current due from affiliates	$ -	$ -	$ -	$ -	$ -
14	Other non-current assets	$ -	$ -	$ -	$ -	$ -
15	**Total Other Assets**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
	Property and Equipment					
16	Land	$ -	$ -	$ -	$ -	$ -
17	Buildings	$ -	$ -	$ -	$ -	$ -
18	Leasehold improvements	$ -	$ -	$ -	$ -	$ -
19	Furniture and equipment	$ -	$ -	$ -	$ -	$ -
20	Other property and equipment	$ -	$ -	$ -	$ -	$ -
21	**Total Property and Equipment**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
22	Accumulated depreciation/amortization	$ -	$ -	$ -	$ -	$ -
23	**Net Property and Equipment**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
24	***TOTAL ASSETS***	***$ 0***	***$ 10,339,262***	***$ 10,339,262***	***$ -***	***$ 10,339,262***
	LIABILITIES					
	Current Liabilities					
25	Accounts payable	$ -	$ -	$ -	$ -	$ -
26	Accrued administrative expenses	$ 8,960	$ 10,399	$ 19,359	$ -	$ 19,359
27	Provider group payable	$ -	$ -	$ -	$ -	$ -
28	Current portion 羊 long-term debt	$ -	$ -	$ -	$ -	$ -
29	Due to affiliates	$ -	$ 4,522,332	$ 4,522,332	$ -	$ 4,522,332
30	Dividends Payable	$ -	$ -	$ -	$ -	$ -
31	Other current liabilities	$ 4,335	$ 682,737	$ 687,072	$ -	$ 687,072
32	**Total Current Liabilities**	**$ 13,295**	**$ 5,215,468**	**$ 5,209,404**	**$ -**	**$ 13,295**
	Other Liabilities			$ -		$ -
33	Non-current portion long-term debt	$ -	$ -	$ 5,228,763	$ -	$ 5,228,763
34	Non-current due to affiliates	$ -	$ -	$ -	$ -	$ -
35	Other non-current liabilities	$ -	$ -	$ -	$ -	$ -
36	**Total Other Liabilities**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
				$ -		$ -
37	***TOTAL LIABILITIES***	***$ 13,295***	***$ 5,215,468***	***$ 5,209,404***	***$ -***	***$ 13,295***
	EQUITY/NET ASSETS					
38	Preferred stock	$ -	$ -	$ -	$ -	$ -
39	Common stock	$ -	$ 1,800,000	$ 1,800,000	$ -	$ 1,800,000
40	Treasury stock	$ -	$ -	$ -	$ -	$ -
41	Additional paid-in capital	$ 8,688,813	$ 9,449,627	$ 18,138,440	$ -	$ 18,138,440
42	Contributed capital	$ -	$ -	$ -	$ -	$ -
43	Retained earnings - beginning	$ -	$ (10,103,529)	$ (10,103,529)	$ -	$ (10,103,529)
44	Increase (decrease) YTD	$ (8,702,108)	$ 3,977,696	$ (4,724,412)	$ -	$ (4,724,412)
45	**Retained earnings/net assets**	***$ (8,702,108)***	***$ (6,125,833)***	***$ (14,827,941)***	***$ -***	***$ (14,827,941)***
46	***TOTAL EQUITY/NET ASSETS***	**$ (13,295)**	**$ 5,123,794**	**$ 5,110,499**	**$ -**	**$ 5,110,499**
47	***TOTAL LIABILITIES & EQUITY/NET ASSETS***	**$ 0**	**$ 10,339,262**	**$ 10,319,903**	**$ -**	**$ 5,123,794**

UnitedHealthcare of Louisiana, Inc.
Schedule Y
Annual Audited Balance Sheet Reconciliation
Year ended: 12/31/2012

Line #		4th Quarter	Draft Adjustments
	BALANCE SHEET		
	ASSETS		
	Current Assets		
1	Cash and cash equivalents	$ -	$ 1,053,477
2	Short-term investments	$ -	$ 7,320,498
3	PCCM capitation and newborn/deceased member payments receivable	$ -	$ -
4	Shared Savings payments receivable	$ -	$ -
5	Investment income receivable	$ -	$ 2,308
6	Current due from affiliates	$ -	$ -
7	Provider group receivable	$ -	$ -
8	Other current assets	$ 0	$ 1,962,979
9	**Total Current Assets**	**$ 0**	**$ 10,339,262**
	Other Assets		
10	Statutory deposits	$ -	$ -
11	Restricted cash and other assets	$ -	$ -
12	Long-term investments	$ -	$ -
13	Non-current due from affiliates	$ -	$ -
14	Other non-current assets	$ -	$ -
15	**Total Other Assets**	**$ -**	**$ -**
	Property and Equipment		
16	Land	$ -	$ -
17	Buildings	$ -	$ -
18	Leasehold improvements	$ -	$ -
19	Furniture and equipment	$ -	$ -
20	Other property and equipment	$ -	$ -
21	**Total Property and Equipment**	**$ -**	**$ -**
22	Accumulated depreciation/amortization	$ -	$ -
23	**Net Property and Equipment**	**$ -**	**$ -**
24	***TOTAL ASSETS***	***$ 0***	***$ 10,339,262***
	LIABILITIES		
	Current Liabilities		
25	Accounts payable	$ -	$ -
26	Accrued administrative expenses	$ 8,960	$ 10,399
27	Provider group payable	$ -	$ -
28	Current portion 羊long-term debt	$ -	$ -
29	Due to affiliates	$ -	$ 4,522,332
30	Dividends Payable	$ -	$ -
31	Other current liabilities	$ 4,335	$ 682,737
32	**Total Current Liabilities**	**$ 13,295**	**$ 5,215,468**
	Other Liabilities		
33	Non-current portion long-term debt	$ -	$ -
34	Non-current due to affiliates	$ -	$ -
35	Other non-current liabilities	$ -	$ -
36	**Total Other Liabilities**	**$ -**	**$ -**

37	***TOTAL LIABILITIES***	***$ 13,295***	***$ 5,215,468***
	EQUITY/NET ASSETS		
38	Preferred stock	$ -	$ -
39	Common stock	$ -	$ 1,800,000
40	Treasury stock	$ -	$ -
41	Additional paid-in capital	$ 8,688,813	$ 9,449,627
42	Contributed capital	$ -	$ -
43	Retained earnings - beginning	$ -	$ (10,103,529)
44	Increase (decrease) YTD	$ (8,702,108)	$ 3,977,696
45	**Retained earnings/net assets**	***$ (8,702,108)***	***$ (6,125,833)***
46	***TOTAL EQUITY/NET ASSETS***	**$ (13,295)**	**$ 5,123,794**
47	***TOTAL LIABILITIES & EQUITY/NET ASSETS***	**$ 0**	**$ 10,339,262**

Draft Audit	Final Audit Adjustments	Final Audit
$ 1,053,477	$ -	$ 1,053,477
$ 7,320,498	$ -	$ 7,320,498
$ -	$ -	$ -
$ -	$ -	$ -
$ 2,308	$ -	$ 2,308
$ -	$ -	$ -
$ -	$ -	$ -
$ 1,962,979	$ -	$ 1,962,979
$ 10,339,262	**$ -**	**$ 10,339,262**
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	**$ -**	**$ -**
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	**$ -**	**$ -**
$ -	$ -	$ -
$ -	**$ -**	**$ -**
$ 10,339,262	***$ -***	***$ 10,339,262***
$ -	$ -	$ -
$ 19,359	$ -	$ 19,359
$ -	$ -	$ -
$ -	$ -	$ -
$ 4,522,332	$ -	$ 4,522,332
$ -	$ -	$ -
$ 687,072	$ -	$ 687,072
$ 5,228,763	**$ -**	**$ 5,228,763**
		$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	**$ -**	**$ -**

$ -		$ -
$ 5,228,763	***$ -***	***$ 5,228,763***
$ -	$ -	$ -
$ 1,800,000	$ -	$ 1,800,000
$ -	$ -	$ -
$ 18,138,440	$ -	$ 18,138,440
$ -	$ -	$ -
$ (10,103,529)	$ -	$ (10,103,529)
$ (4,724,412)	$ -	$ (4,724,412)
$ (14,827,941)	***$ -***	***$ (14,827,941)***
$ 5,110,499	**$ -**	**$ 5,110,499**
$ 10,339,262	**$ -**	**$ 10,339,262**

UnitedHealthcare of Louisiana, Inc.
Schedule Z
Annual Audited Income Statement Reconciliation
12/31/2012

Line #		4th quarter	Draft adjustments	Draft Audit	Final Audit adjustments	Final audit
	REVENUE & EXPENSES					
1	**Assigned Member Count at end of reporting period**	234,161.00	676.00	234,837	-	234,837
2	**Member Months**	2,027,361.00	8,661.00	2,036,022	-	2,036,022
3	**Newborn Count**	1,773.00	-	1,773	-	1,773
4	**Deceased Member Count**	236.00	-	236	-	236
	REVENUES					
5	PCCM Capitation	$ 962,837	$ -	$ 962,837	$ -	$ 962,837
6	Enhanced PCCM Capitation	$ 23,770,081	$ -	$ 23,770,081	$ -	$ 23,770,081
7	Shared Savings Revenue	$ -	$ -	$ -	$ -	$ -
8	Investment income	$ -	$ 6,850	$ 6,850	$ -	$ 6,850
9	Other income	$ -	$ 3,704,582	$ 3,704,582	$ -	$ 3,704,582
10	***TOTAL REVENUES***	***$ 24,732,918***	***$ 3,711,432***	***$ 28,444,350***	***$ -***	***$ 28,444,350***
	EXPENSES					
	Provider					
11	PCP care management services	$ 962,837	$ -	$ 962,837	$ -	$ 962,837
12	Enhanced PCCM payments	$ -	$ -	$ -	$ -	$ -
13	Provider incentive payments	$ 1,180,979	$ (22,210)	$ 1,158,769	$ -	$ 1,158,769
14	Other Provider payments	$ -	$ 2,914,041	$ 2,914,041	$ -	$ 2,914,041
15	**Total Provider Payments**	**$ 2,143,816**	**$ 2,891,831**	**$ 5,035,647**	**$ -**	**$ 5,035,647**
Less:						
16	Fraud and Abuse recoveries	$ -	$ 36,048	$ 36,048	$ -	$ 36,048
17	Other Recoveries	$ -	$ 155	$ 155	$ -	$ 155
18	**TOTAL NET PROVIDER PAYMENTS**	**$ 2,143,816**	**$ 2,855,628**	**$ 4,999,444**	**$ -**	**$ 4,999,444**
	ADMINISTRATIVE SERVICE EXPENSES					
	Health Care Quality Improvement		$ -	$ -	$ -	$ -
19	Case management	$ 293,046	$ -	$ 293,046	$ -	$ 293,046
20	Care coordination	$ 2,238,556	$ -	$ 2,238,556	$ -	$ 2,238,556
21	Chronic disease management	$ 3,543,721	$ -	$ 3,543,721	$ -	$ 3,543,721
22	Racial disparity prevention efforts	$ -	$ -	$ -	$ -	$ -
23	Quality reporting and documentation	$ -	$ -	$ -	$ -	$ -
24	HIT quality and outcome improvements	$ 1,673,587	$ -	$ 1,673,587	$ -	$ 1,673,587
25	Patient-centered education and counseling	$ 2,004,042	$ -	$ 2,004,042	$ -	$ 2,004,042
26	Clinical practice improvement oversight	$ -	$ -	$ -	$ -	$ -
27	Public health education	$ -	$ -	$ -	$ -	$ -
28	**Health Care Quality Improvement Expense subtotal**	$ 9,752,952	$ -	$ 9,752,952	$ -	$ 9,752,952
	Other Administrative Costs					
29	Fraud and abuse detection and recovery expenses	$ -	$ 330	$ 330	$ -	$ 330
30	Utilization review	$ 4,338,536	$ -	$ 4,338,536	$ -	$ 4,338,536
31	Network development/PCP contracting costs	$ 2,808,982	$ -	$ 2,808,982	$ -	$ 2,808,982
32	Marketing	$ 419,321	$ -	$ 419,321	$ -	$ 419,321
33	Member / Enrollment Services	$ 1,886,890	$ -	$ 1,886,890	$ -	$ 1,886,890
34	General and Operational Management	$ 4,526,364	$ -	$ 4,526,364	$ -	$ 4,526,364
35	Accounting and Finance	$ -	$ 591	$ 591	$ -	$ 591
36	Claims Processing	$ -	$ -	$ -	$ -	$ -
37	Information Systems	$ 65,694	$ -	$ 65,694	$ -	$ 65,694
38	Administrative Services Only (ASO) Cost	$ -	$ -	$ -	$ -	$ -
39	Other Direct Costs	$ 317,344	$ 16,784	$ 334,128	$ -	$ 334,128
40	Indirect Costs - Corporate Overhead Allocations	$ 7,175,127	$ (577,828)	$ 6,597,299	$ -	$ 6,597,299
41	Sanctions and Late Payment Interest Penalties	$ -	$ -	$ -	$ -	$ -
42	Other Costs	$ -	$ 3,748	$ 3,748	$ -	$ 3,748
43	**Total Other Administrative Costs subtotal**	**$ 21,538,258**	**$ (556,375)**	**$ 9,756,700**	**$ -**	**$ 9,756,700**
44	**TOTAL ADMINISTRATIVE EXPENSES**	**$ 31,291,210**	**$ (556,375)**	**$ 19,509,652**	**$ -**	**$ 19,509,652**
45	***TOTAL EXPENSES***	***$ 33,435,026***	***$ 2,299,253***	***$ 24,509,096***	***$ -***	***$ 24,509,096***
46	**Income (Loss) From Operations**	**$ (8,702,108)**	**$ 1,412,179**	**$ 3,935,254**	**$ -**	**$ 3,935,254**
47	Non-operating income (loss)	$ -	$ -	$ -	$ -	$ -
48	**Income (Loss) Before Taxes**	**$ (8,702,108)**	**$ 1,412,179**	**$ 3,935,254**	**$ -**	**$ 3,935,254**
49	Income taxes	$ -	$ (2,565,517)	$ (2,565,517)	$ -	$ (2,565,517)
50	Other	$ -	$ -	$ -	$ -	$ -
51	***NET INCOME (LOSS)***	***$ (8,702,108)***	***$ 3,977,696***	***$ 6,500,771***	***$ -***	***$ 6,500,771***

UnitedHealthcare of Louisiana, Inc.
Schedule Z
Annual Audited Income Statement Reconciliation
12/31/2012

		4th quarter	Draft adjustments
Line #	**REVENUE & EXPENSES**		
1	**Assigned Member Count at end of reporting period**	234,161.00	676.00
2	**Member Months**	2,027,361.00	8,661.00
3	**Newborn Count**	1,773.00	-
4	**Deceased Member Count**	236.00	-
	REVENUES		
5	PCCM Capitation	$ 962,837	$ -
6	Enhanced PCCM Capitation	$ 23,770,081	$ -
7	Shared Savings Revenue	$ -	$ -
8	Investment income	$ -	$ 6,850
9	Other income	$ -	$ 3,704,582
10	***TOTAL REVENUES***	***$ 24,732,918***	***$ 3,711,432***
	EXPENSES		
	Provider		
11	PCP care management services	$ 962,837	$ -
12	Enhanced PCCM payments	$ -	$ -
13	Provider incentive payments	$ 1,180,979	$ (22,210)
14	Other Provider payments	$ -	$ 2,914,041
15	**Total Provider Payments**	**$ 2,143,816**	**$ 2,891,831**
Less:			
16	Fraud and Abuse recoveries	$ -	$ 36,048
17	Other Recoveries	$ -	$ 155
18	**TOTAL NET PROVIDER PAYMENTS**	**$ 2,143,816**	**$ 2,855,628**
	ADMINISTRATIVE SERVICE EXPENSES		
	Health Care Quality Improvement		
19	Case management	$ 293,046	$ -
20	Care coordination	$ 2,238,556	$ -
21	Chronic disease management	$ 3,543,721	$ -
22	Racial disparity prevention efforts	$ -	$ -
23	Quality reporting and documentation	$ -	$ -
24	HIT quality and outcome improvements	$ 1,673,587	$ -
25	Patient-centered education and counseling	$ 2,004,042	$ -
26	Clinical practice improvement oversight	$ -	$ -
27	Public health education	$ -	$ -
28	**Health Care Quality Improvement Expense subtotal**	$ 9,752,952	$ -
	Other Administrative Costs		
29	Fraud and abuse detection and recovery expenses	$ -	$ 330
30	Utilization review	$ 4,338,536	$ -
31	Network development/PCP contracting costs	$ 2,808,982	$ -
32	Marketing	$ 419,321	$ -
33	Member / Enrollment Services	$ 1,886,890	$ -
34	General and Operational Management	$ 4,526,364	$ -
35	Accounting and Finance	$ -	$ 591
36	Claims Processing	$ -	$ -

37	Information Systems	$ 65,694	$ -
38	Administrative Services Only (ASO) Cost	$ -	$ -
39	Other Direct Costs	$ 317,344	$ 16,784
40	Indirect Costs - Corporate Overhead Allocations	$ 7,175,127	$ (577,828)
41	Sanctions and Late Payment Interest Penalties	$ -	$ -
42	Other Costs	$ -	$ 3,748
43	**Total Other Administrative Costs subtotal**	**$ 21,538,258**	**$ (556,375)**
44	**TOTAL ADMINISTRATIVE EXPENSES**	**$ 31,291,210**	**$ (556,375)**
45	***TOTAL EXPENSES***	***$ 33,435,026***	***$ 2,299,253***
46	**Income (Loss) From Operations**	**$ (8,702,108)**	**$ 1,412,179**
47	Non-operating income (loss)	$ -	$ -
48	**Income (Loss) Before Taxes**	**$ (8,702,108)**	**$ 1,412,179**
49	Income taxes	$ -	$ (2,565,517)
50	Other	$ -	$ -
51	***NET INCOME (LOSS)***	***$ (8,702,108)***	***$ 3,977,696***

Draft Audit	Final Audit adjustments	Final audit
234,837	-	234,837
2,036,022	-	2,036,022
1,773	-	1,773
236	-	236
$ 962,837	$ -	$ 962,837
$ 23,770,081	$ -	$ 23,770,081
$ -	$ -	$ -
$ 6,850	$ -	$ 6,850
$ 3,704,582	$ -	$ 3,704,582
$ 28,444,350	***$ -***	***$ 28,444,350***
$ 962,837	$ -	$ 962,837
$ -	$ -	$ -
$ 1,158,769	$ -	$ 1,158,769
$ 2,914,041	$ -	$ 2,914,041
$ 5,035,647	**$ -**	**$ 5,035,647**
$ 36,048	$ -	$ 36,048
$ 155	$ -	$ 155
$ 4,999,444	**$ -**	**$ 4,999,444**
$ 293,046	$ -	$ 293,046
$ 2,238,556	$ -	$ 2,238,556
$ 3,543,721	$ -	$ 3,543,721
$ -	$ -	$ -
$ -	$ -	$ -
$ 1,673,587	$ -	$ 1,673,587
$ 2,004,042	$ -	$ 2,004,042
$ -	$ -	$ -
$ -	$ -	$ -
$ 9,752,952	$ -	$ 9,752,952
$ 330	$ -	$ 330
$ 4,338,536	$ -	$ 4,338,536
$ 2,808,982	$ -	$ 2,808,982
$ 419,321	$ -	$ 419,321
$ 1,886,890	$ -	$ 1,886,890
$ 4,526,364	$ -	$ 4,526,364
$ 591	$ -	$ 591
$ -	$ -	$ -

$ 65,694	$ -	$ 65,694
$ -	$ -	$ -
$ 334,128	$ -	$ 334,128
$ 6,597,299	$ -	$ 6,597,299
$ -	$ -	$ -
$ 3,748	$ -	$ 3,748
$ 20,981,883	**$ -**	**$ 20,981,883**
$ 30,734,835	**$ -**	**$ 30,734,835**
$ 35,734,279	***$ -***	***$ 35,734,279***
$ (7,289,929)	**$ -**	**$ (7,289,929)**
$ -	$ -	$ -
$ (7,289,929)	**$ -**	**$ (7,289,929)**
$ (2,565,517)	$ -	$ (2,565,517)
$ -	$ -	$ -
$ (4,724,412)	***$ -***	***$ (4,724,412)***

UnitedHealthcare of Louisiana, Inc.
Schedule AA
Audit Adjustment Entries
Year ended: 12/31/2012

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	$ -	$ -	

FOOTNOTES (SCHEDULE C) FOR THE REPORTING PERIOD ENDING DECEMBER 31, 2012

FN1 Organizational Structure

Organization and Operation

The accompanying financial statements and associated footnotes are for the period covering January 1, 2012 through December 31, 2012.

The purpose of these footnote requirements will be to supplement the Louisiana Department of Health and Hospitals, Bayou Health Division's knowledge and understanding of the financial statements and supplemental schedules. Footnotes will cover the Bayou Health medical plan which is licensed under the business name of UnitedHealthcare of Louisiana, Inc. d/b/a UnitedHealthcare Community Plan (the "Plan").

The consolidated statement data reported within this filing relates directly to the Plan's parent company, which is UnitedHealthcare of Louisiana, Inc. (the "Company"). The Company is a subsidiary of UnitedHealthcare Services, Inc. and its ultimate parent company is UnitedHealth Group Incorporated (UnitedHealth Group). UnitedHealth Group ("UHG") is a publicly held company trading on the New York Stock Exchange.

Basis of Presentation

The Company prepares its statutory based financial statements on the basis of accounting practices prescribed or permitted by the State of Louisiana Department of Insurance. An independent certified public accountant provides an opinion on these statutory based financial statements based on a calendar year (January 1 through December 31) audit of the Company. This calendar year audit of the Company is in alignment with the Plan's state fiscal year.

FN3 Other Amounts Included in Financial Statements > 5% of Reporting Category

Balance Sheet (Schedule A)

1. Other Current Liabilities in the amount of $4,335 represents 32.6% of Total Current Liabilities. This amount is related to excess PCP pass-through dollars received but not yet paid to providers as of December 31, 2012. This amount is expected to be recognized in the subsequent quarter.

FN5 Statutory Deposits or Performance Bonds

On March 16, 2012 the Plan delivered a copy of [(180,000 X $12.94)*12]*0.5 = $13,975,200 Surety Bond per Section 3.2.5 of the RFP to the LA DHH. This amount was estimated per an email from Steve Annison dated January 6, 2012.

On August 28, 2012 the Plan received an email from Steve Annison stating the new Surety Bond amount would be $15,131,141.76. The delay on updating the Surety Bond was due to the changes relating to the rate cuts of 13.7% issued by LA DHH in Amendment #2. Amendment #2 updates the Plan's Care Enhancement (ePCCM) Fee. On 09/13/2012, the Plan executed an update to its Surety Bond with an effective date of 08/01/2012 (email from Steve Annison on 09/13/2012 stating the effective dates).

There have been no changes to the Plan's Surety Bond during the current quarter.

FN16 Allocation Methodologies Used for Categorical Profitability Statements

Allocation of Expenses in Income Statements

The majority of administrative expenses are charged to the Plan per a single "management fee" from the Plan's management company based on a fixed percentage of revenue. In order to calculate

applicable costs, the percentage for each administrative expense pool of actual total administrative expenses was applied to the charged management fee. Case Management and Chronic Disease Management expenses were charged directly to the Plan and not included in the management fee.

In Geographical Income Statements, expenses were allocated based on membership.

Revenue Issues

Membership was extracted based on the 834 data in the Plan's administration system by age, geographic area, and gender and applied where applicable to 820 reporting.

On 820 reports, the Plan is given only cap codes of CCNS1 or CCNS2. As such, the Plan was unable to identify which demographic category / rate cell the member belongs to. Therefore, the Plan used the distribution from the 834 file to allocate revenue and membership.

Issues Created:

1. Pregnant Women are designated a cap code of CCNS2. The Plan was instructed to categorize pregnant women within the SSI demographics since the receive a higher cap payment (per email from Destiny Rohmfield to Philip Leblanc dated May 8, 2012).

2. Most TANF members pay at the lower cap rate (CCNS1), but a few pay at the higher rate (example COA 03 Type Cases 055 & 148). For allocation purposes, the Plan used the lower cap rate for all of these members.

ADDITIONAL NOTES:

1. **Balance Sheet (Schedule A)**

The Balance Sheet (Schedule A) only includes balances related specifically to the BAYOU HEALTH Shared Savings Program, and are based upon general ledger accounts specifically identified for this program.

UnitedHealthcare of Louisiana does not have a separate legal entity and general ledger system specifically for the BAYOU HEALTH Shared Savings Program. As such, the amount of $8,688,813 depicted as Additional Paid-In Capital represents a balance sheet adjustment to reconcile Assets to Liability/Net Equity.

As UnitedHealthcare of Louisiana is a multi-product legal entity, there is not a controllable balance sheet related specifically to the BAYOU HEALTH Shared Savings Program. Per the updated reporting guidelines, UnitedHealthcare of Louisiana is providing its 2012 annual statutory filing as filed with the Louisiana Department of Insurance. Please see embedded file below.

UHC 2012 Annual Filing.pdf

2. **Income Statement (Schedule B)**

a. Effective July 1, 2012 the Plan received a 3.7% Plan's Care Enhacement (ePCCM) fee reduction. Subsequently, effective August 1, 2012 the Plan received an additional 10% ePCCM fee reduction. The fee reductions were attributed to LA DHH's Amendment #2.

b. End of Period Assigned Member Count includes 3,316 retro adjusted members.

c. The Newborn Count is being revised for CY2012 based on new criterion and will be restated as of 2013_Q1. The current numbers reported are thought to be understated.

d. Total Administrative Expenses increased by $4,563,398 (73.2%) in 2012-Q4 as compared to 2012-Q3. The primary driver of this increase is attributed to a true-up entry for management fees and a true-up entry to realign some of the administrative cost allocations.

Management Fee Disclosure:

In preparing for the Plan's 2012 budget, the Plan calculated its mangagement fee percentage at 96.6% of revenue with the assumption of recognizing $15M in the 2012 fiscal year. Due to the inability to support an accrual for the gain share prior to 2012 year end, the Plan needed to adjust its management fee percentage to reflect expenses more accurately and determined that the appropriate management fee for year-to-date 2012 was 115.5% of revenue. In order to achieve this YTD 2012 calculation, an entry was made to the Plan's general ledger in December to record its management fee at 267.2% of revenue in order to achieve a YTD ratio of 115.5%.

3. **Schedule T - Utilization**

During the first quarter, there was a known issue in that UHC was not receiving from Molina the line item control number for Inpatient (IP) claims on the claims history file. Therefore, the Plan was not capable of reporting accurate IP claims utilization.

UHC is now receiving the line item control number from Molina. Although this helps significantly, the Plan continues to experience both claims payment challenges, as well as data integrity issues, which may cause the Plan's medical dollars spent to be understated.