

CCO NAME:**Allcare CCO****INTRODUCTION:**

This Supplemental Report is to be completed for any sub-capitated entity (SE) that meets the criteria under Group #1 and Group #2 as described in the Minimum Medical Loss Ratio Rebate Calculation Report Instructions for Reporting Sub-Capitation Payments as Incurred Medical Related Costs.

This file contains the required Financial Report for the calendar year ending:
Template version 1, published on 12/21/2020 by OHA (ASU)

12/31/2021**INSTRUCTIONS:**

- 1 Please complete this report for the calendar year.
- 2 Upload the completed Excel workbook to your SFTP site based on the submission deadline below.
- 3 Upload the signed copy of the certification Report L1.
- 4 **Please update formulas as appropriate to consolidate the sub-capitated entity and the total CCO activity.**
- 5 The check figures must all return with "Ok" or "Diff." < \$1.00.

SUBMISSION DEADLINES:

<u>Report</u>	<u>Date Due</u>	<u>Date Submitted</u>	<u>Comments</u>
Sub-Capitation Entity Report	May 31, 2022	6/29/2021	Annual Only

Report L1 -

Allcare CCO

CALENDAR YEAR: **2021**
CALENDAR YEAR START DATE: **1/1/2021**
CALENDAR YEAR ENDING DATE: **12/31/2021**

GENERAL INFORMATION AND CERTIFICATION

I. General Information

A. Contractor **Allcare CCO**

B. Address **1701 NE 7th Street**

Grants Pass, OR 97526

C. Prepared by **Twila M. Farris**

D. Phone Number **541.471.4106**

E. E-Mail Address **twila.farris@allcarehealth.com**

II. Certification: to be signed by an official of the Contractor, scanned, and uploaded to your SFTP Site.

I, the undersigned, hereby attest that I have authority to certify the data and information and I, the undersigned, hereby certify based on best knowledge, information, and belief that the data and information is accurate, complete and truthful.

Signed _____

Name **Twila M. Farris**

Title **CFO**

Date **7/20/2021**

COMPLETE THE FOLLOWING FORM, PRINT, SIGN, SCAN AND UPLOAD TO YOUR SFTP SITE

Report L1 -

Allcare CCO

CALENDAR YEAR: **2021**
CALENDAR YEAR START DATE: **1/1/2021**
CALENDAR YEAR ENDING DATE: **12/31/2021**

GENERAL INFORMATION AND CERTIFICATION

I. General Information

A. Contractor **Allcare CCO**

B. Address 1701 NE 7th Street
Grants Pass, OR 97526

C. Prepared by Twila M. Farris

D. Phone Number 541.471.4106

E. E-Mail Address twila.farris@allcarehealth.com

II. Certification: to be signed by an official of the Contractor, scanned, and uploaded to your SFTP Site.

I, the undersigned, hereby attest that I have authority to certify the data and information and I, the undersigned, hereby certify based on best knowledge, information, and belief that the data and information is accurate, complete and truthful.

Signed *Twila M. Farris*

Name Twila M. Farris

Title CFO

Date 7/20/2021

REPORT L6 -- ANNUAL STATEMENT OF REVENUES & EXPENSES -- GUIDANCE

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2021 - 12/31/2021**

NOTE: Not all lines will apply to every subcapitated entity. If the line does not apply, please leave blank.
This notebook is unprotected. Please do not insert rows. Insert columns as needed if you have more than 10 subcapitated entities.

Line	Description
1. Gross Premiums (Capitation & Case Rate Revenue)	Enter all premiums received or accrued, include capitation and case rate revenues.
a. Hospital Reimbursement Adjustments	Enter amount paid or accrued for hospital reimbursement adjustment payments.
b. Qualified Directed Payments	Enter amount paid or accrued for Qualified Directed Payments.
c. Minimum MLR Rebate/Risk Corridor Rebate/(Risk Corridor Settlement Revenue)	If CCO's Minimum MLR exceeds the standard MLR, enter zero. Otherwise, enter amount if added to CCO Total Incurred Medical Related Costs would result in a Minimum MLR equal to the Minimum MLR Standard. Also include adjustments for other risk corridor rebates (ENTER AS NEGATIVE IF ADDITIONAL PAYMENT IS DUE TO CCO).
d. Insurer Tax	Enter amount paid or accrued for the CCO/Managed Care Tax paid per HB 2391.
e. Health Insurance Provider Fee	Enter amount paid or accrued for the health insurance provider fee under ACA.
3. Quality Incentive Pool	Enter amount of incentive payment revenues received or accrued for performance on Incentive Measures, as adopted by the Metrics and Scoring Committee; these are in addition to capitated payments and case rate payments reported in Line 1.
4. Other Medicaid Revenue	Enter all other Medicaid related revenue, not reported above and must be detailed in section below.
5. Other Health Care Related Revenues	Enter supplemental health care related revenues received or accrued not listed above and must be detailed in section below.
7. Hospital Services	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of members, include elective (not urgent or emergent) hospital admission, transplant services, do not include inpatient mental health costs (which will be included under mental health inpatient on Line 10.a.)
b. Outpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of an outpatient. Includes physical therapy, occupational therapy, speech therapy, audiology, hearing aids, apnea monitors, home parenteral/enteral therapy, and certain hospital services.
c. Emergency Room	Enter amount incurred for services to provide care for anyone in need of emergency treatment in a licensed hospital facility open 24 hours a day. The cost of urgent care is included on Line 8.
8. Physician/Profession Services	Enter amount incurred for services provided by licensed practitioners or staff for the treatment of member's health.
9. Substance Abuse Disorder	Enter amount incurred for the treatment of Substance Abuse Disorders, including substance dependence and substance abuse. Include substance intoxication, withdrawal, delirium, dementia and substance-induced psychotic or mood disorder as defined in DSM-5 criteria.
10. Mental Health	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for mental health services provided in a hospital as an admitted patient.
b. Residential	Enter amount incurred for residential mental health services provided in licensed community treatment programs.
c. Other Non-Inpatient	Enter all other costs incurred for mental health services not reported on Line 10 a. or 10 b.; include peer services, crisis services, case management, wrap-around services.
11. Dental	Enter amount incurred for dental services, include emergency dental services, dentures, restorative, periodontal, and preventative dental services.
12. Prescription Drugs	Enter costs incurred for pharmaceutical services, medications, and drugs.
13. Transportation	Please provide breakout on Lines a. - b. below.
a. Emergency Medical Transportation	Enter amount incurred for transportation necessary for a client with an emergency medical condition, usually to a hospital, where appropriate emergency medical service is available.
b. Non-emergency Medical Transportation (NEMT)	Enter amount incurred for transportation costs to and from medical services, that does not involve sudden, unexpected occurrence which creates a medical crisis requiring medical services.
14. DME & Supplies	Enter costs incurred for providing Durable Medical Equipment such as wheelchairs, respirators, crutches and custom orthopedic braces and medical supplies such as diapers, syringes, tubing, and gauze bandages to members.
15. Other Member Service Expenses	Enter all other member related costs incurred; must be detailed below.
17. Health-Related Services (Excluding Case Management)	Enter from Report L6.2 Line 17 (OHP LOB): Total Health-Related Services costs; including Flexible Services and Community Benefit Initiative costs.
18. Case Management	Carry forward from Report L6.1 Line 18 (OHP LOB).
19. Fraud Prevention Activities	Enter the amount that is reported on the Minimum Medical Loss Ratio template as defined in the Instructions for that Form.
20. Reinsurance/Stop Loss Premiums	Enter premiums paid or accrued for reinsurance or stop loss insurance; do not include reinsuring all or substantially all of CCO risk.
21. Reinsurance Recoveries	Enter amount received or accrued from reimbursement of claims subject to reinsurance policies. (ENTER AS NEGATIVE NUMBER)
22. Co-payments	Enter amount of client co-payments received or accrued. (ENTER AS NEGATIVE NUMBER)
23. TPR, COB, and Subrogation	Enter amount received or accrued from third party resources, third party liability, subrogation or other third party payment. (ENTER AS NEGATIVE)
24. Premium Deficiency Reserve	Enter amount accrued or (reduced) for Premium Deficiency Reserve.
27. Administrative Services - Compensation	Carry forward from Report L6.1 Line 4 (OHP LOB).
28. Administrative Services - Other	Carry forward from Report L6.1 Line 14 (OHP LOB).
Heading	Add additional columns to match the number of sub-capitation entities (SE) reported. Enter the SE name in Row 6. If abbreviations are used for SE1, SE2, etc. report headings, please provide full sub-capitation entity name in the Scratch Sheet
(GAIN) LOSS ON SUB-CAPITATION	Enter (gain) loss on sub-capitation as Line 15 write-in

REPORT L6 -- ANNUAL STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2021 - 12/31/2021

		OHP LOB	OHP LOB	OHP LOB	OHP LOB	OHP LOB
		Advantage Dental Service	Capitol Dental	ODS Dental	Willamette Dental	Ready Ride
		ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
		Annual 2021	Annual 2021	Annual 2021	Annual 2021	Annual 2021
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ 5,847,674	\$ 7,021,267	\$ 809,860	\$ 753,773	\$ 5,608,007
	a. Hospital Reimbursement Adjustments	-	-	-	-	-
	b. Qualified Directed Payments	-	-	-	-	-
	c. Minimum MLR/Risk Corridor Rebate (Revenue)	-	-	-	-	-
	d. Insurer Tax	-	-	-	-	-
	e. Health Insurance Provider Fee	-	-	6,261	-	-
	2. Net Premiums	5,847,674	7,021,267	803,599	753,773	5,608,007
	3. Quality Incentive Pool	(3,110)	135,668	3,655	11,296	-
	4. Other Medicaid Revenue	(4,175)	-	-	-	471,939
	5. Other Health Care Related Revenues	-	-	-	-	236,043
6. TOTAL OPERATING REVENUES		5,840,389	7,156,935	807,254	765,069	6,315,989
MEMBER SERVICE EXPENSES	7. Hospital Services	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Outpatient	-	-	-	-	-
	c. Emergency Room	-	-	-	-	-
	8. Physician/Profession Services	-	-	-	-	-
	9. Substance Abuse Disorder	-	-	-	-	-
	10. Mental Health	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Residential	-	-	-	-	-
	c. Other Non-Inpatient	-	-	-	-	-
	11. Dental	5,146,824	6,383,986	630,334	590,724	-
	12. Prescription Drugs	-	-	-	-	-
	13. Transportation	-	-	-	-	-
	a. Emergency Medical Transportation	-	-	-	-	-
	b. Non-emergency Medical Transportation (NEMT)	-	-	-	-	3,019,198
14. DME & Supplies	-	-	-	-	-	
15. Other Member Service Expenses	103,984	84,733	66,645	68,576	1,375,615	
16. MEMBER SERVICE EXPENSES SUBTOTAL		5,250,808	6,468,719	696,979	659,300	4,394,813
ADJUSTMENTS	17. Health Related Services (Excluding Case Mgmt)	186,124	-	-	-	-
	18. Case Management	53,890	-	8,707	28,566	-
	19. Fraud Prevention Activities	-	-	-	-	-
	20. Reinsurance/Stop Loss Premiums	-	-	-	-	-
	21. (Reinsurance Recoveries)	-	-	-	-	-
	22. (Co-payments)	-	-	-	-	-
	23. (TPR, COB, and Subrogation)	-	-	(789)	-	-
	24. Premium Deficiency Reserve	-	-	-	-	-
25. NET ADJUSTMENTS		240,014	-	7,918	28,566	-
26. TOTAL ADJUSTED MEMBER SERVICE EXPENSES		5,490,822	6,468,719	704,897	687,866	4,394,813
ADMINISTRATIVE	27. Compensation	109,572	192,792	62,427	-	1,118,580
	28. Other Administrative Expenses	240,969	443,988	41,414	74,992	802,596
29. TOTAL ADMINISTRATIVE EXPENSES		350,541	636,780	103,841	74,992	1,921,176
30. TOTAL OPERATING EXPENSES		5,841,363	7,105,499	808,738	762,858	6,315,989
31. NET OPERATING INCOME (LOSS)		(974)	51,436	(1,484)	2,211	-
NON-OPERATING REVENUES AND EXPENSES	32. Net Investment Income	974	-	1,484	-	-
	33. Non-Healthcare-Related (Expenses)	-	-	-	-	-
	34. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
35. TOTAL NON-OPERATING REVENUES AND EXPENSES		974	-	1,484	-	-
36. NET INCOME (LOSS) BEFORE TAXES		-	51,436	-	2,211	-
37. Provision for Income Taxes		-	51,436	-	2,211	-
38. Provision for SHARE OBLIGATION		-	-	-	-	-

REPORT L6 -- ANNUAL STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2021 - 12/31/2021

	OHP LOB	OHP LOB	OHP LOB	OHP LOB	OHP LOB
	Advantage Dental Service	Capitol Dental	ODS Dental	Willamette Dental	Ready Ride
	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	Annual 2021	Annual 2021	Annual 2021	Annual 2021	Annual 2021
39. NET INCOME (LOSS)	\$ -	\$ -	\$ -	\$ -	\$ -

* This sheet should only include activity relating to the OHP portion of the business.

Details of Write-Ins Line 5:					
Pharmacy / Flex Rides	-	-	-	-	223,801
Misc. Income	-	-	-	-	10,926
Other/Special Trip Recovery	-	-	-	-	1,316
Total Write-Ins Line 5	\$ -	\$ -	\$ -	\$ -	\$ 236,043
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 15:					
Gain (Loss)	103,984	84,733	62,990	68,576	1,375,615
Quality Incentive Payments 2019	-	-	3,655	-	-
	-	-	-	-	-
Total Write-Ins Line 15	\$ 103,984	\$ 84,733	\$ 66,645	\$ 68,576	\$ 1,375,615
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 34:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 34	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

REPORT L6 -- ANNUAL STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2021 - 12/31/2021

		OHP LOB	OHP LOB	OHP LOB	OHP LOB	OHP LOB	OHP LOB
		SE 7	SE 8	SE 9	SE 10	CONSOLIDATED	
		ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
		Annual 2021	Annual 2021	Annual 2021	Annual 2021	Annual 2021	Annual 2021
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ 24,748,570	\$ -	\$ -	\$ -	\$ -	\$ 44,789,151
	a. Hospital Reimbursement Adjustments	-	-	-	-	-	-
	b. Qualified Directed Payments	-	-	-	-	-	-
	c. Minimum MLR/Risk Corridor Rebate (Revenue)	-	-	-	-	-	-
	d. Insurer Tax	-	-	-	-	-	-
	e. Health Insurance Provider Fee	-	-	-	-	-	6,261
	2. Net Premiums	24,748,570	-	-	-	-	44,782,890
	3. Quality Incentive Pool	504,173	-	-	-	-	651,682
	4. Other Medicaid Revenue	633,062	-	-	-	-	1,100,826
	5. Other Health Care Related Revenues	-	-	-	-	-	236,043
	6. TOTAL OPERATING REVENUES	25,885,805	-	-	-	-	46,771,441
MEMBER SERVICE EXPENSES	7. Hospital Services	-	-	-	-	-	-
	a. Inpatient	-	-	-	-	-	-
	b. Outpatient	-	-	-	-	-	-
	c. Emergency Room	-	-	-	-	-	-
	8. Physician/Profession Services	-	-	-	-	-	-
	9. Substance Abuse Disorder	766,551	-	-	-	-	766,551
	10. Mental Health	-	-	-	-	-	-
	a. Inpatient	-	-	-	-	-	-
	b. Residential	2,511,779	-	-	-	-	2,511,779
	c. Other Non-Inpatient	17,778,556	-	-	-	-	17,778,556
	11. Dental	-	-	-	-	-	12,751,868
	12. Prescription Drugs	-	-	-	-	-	-
	13. Transportation	-	-	-	-	-	-
	a. Emergency Medical Transportation	-	-	-	-	-	-
	b. Non-emergency Medical Transportation (NEMT)	-	-	-	-	-	3,019,198
14. DME & Supplies	-	-	-	-	-	-	
15. Other Member Service Expenses	250,279	-	-	-	-	1,949,832	
	16. MEMBER SERVICE EXPENSES SUBTOTAL	21,307,165	-	-	-	-	38,777,784
ADJUSTMENTS	17. Health Related Services (Excluding Case Mgmt)	124,535	-	-	-	-	310,659
	18. Case Management	-	-	-	-	-	91,163
	19. Fraud Prevention Activities	-	-	-	-	-	-
	20. Reinsurance/Stop Loss Premiums	-	-	-	-	-	-
	21. (Reinsurance Recoveries)	-	-	-	-	-	-
	22. (Co-payments)	-	-	-	-	-	-
	23. (TPR, COB, and Subrogation)	-	-	-	-	-	(789)
	24. Premium Deficiency Reserve	-	-	-	-	-	-
	25. NET ADJUSTMENTS	124,535	-	-	-	-	401,033
	26. TOTAL ADJUSTED MEMBER SERVICE EXPENSES	21,431,700	-	-	-	-	39,178,817
ADMINISTRATIVE	27. Compensation	2,974,157	-	-	-	-	4,457,528
	28. Other Administrative Expenses	1,479,948	-	-	-	-	3,083,907
	29. TOTAL ADMINISTRATIVE EXPENSES	4,454,105	-	-	-	-	7,541,435
	30. TOTAL OPERATING EXPENSES	25,885,805	-	-	-	-	46,720,252
	31. NET OPERATING INCOME (LOSS)	-	-	-	-	-	51,189
NON-OPERATING REVENUES AND EXPENSES	32. Net Investment Income	-	-	-	-	-	2,458
	33. Non-Healthcare-Related (Expenses)	-	-	-	-	-	-
	34. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-	-
	35. TOTAL NON-OPERATING REVENUES AND EXPENSES	-	-	-	-	-	2,458
	36. NET INCOME (LOSS) BEFORE TAXES	-	-	-	-	-	53,647
	37. Provision for Income Taxes	-	-	-	-	-	53,647
	38. Provision for SHARE OBLIGATION	-	-	-	-	-	-

REPORT L6 -- ANNUAL STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2021 - 12/31/2021

	OHP LOB	OHP LOB	OHP LOB	OHP LOB	OHP LOB	OHP LOB
Advans	ons of Southern Ore	SE 7	SE 8	SE 9	SE 10	CONSOLIDATED
	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	Annual 2021	Annual 2021	Annual 2021	Annual 2021	Annual 2021	Annual 2021
39. NET INCOME (LOSS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* This sheet should only include activity relating to the OHP portion of the busine

Details of Write-Ins Line 5:						
Pharmacy / Flex Rides	-	-	-	-	-	223,801
Misc. Income	-	-	-	-	-	10,926
Other/Special Trip Recovery	-	-	-	-	-	1,316
Total Write-Ins Line 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 236,043
Check	Ok	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 15:						
Gain (Loss)	250,279	-	-	-	-	1,946,177
Quality Incentive Payments 2019	-	-	-	-	-	3,655
	-	-	-	-	-	-
Total Write-Ins Line 15	\$ 250,279	\$ -	\$ -	\$ -	\$ -	\$ 1,949,832
Check	Ok	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 34:						
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
Total Write-Ins Line 34	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok	Ok

REPORT L8 --SUMMARY OF FINANCIAL TRANSACTIONS BY CATEGORY OF SERVICE

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2021 - 12/31/2021**

If you have more than 10 subcapitated entities add rows and adjust formulas as needed. When you add new rows, please update check figure formulas to the appropriate cell L6.

Column	Description
A. Salary Payments	Enter amount incurred for all salary, benefit packages, and bonuses for any provider that is employed and paid through a staff model organization.
B. Fee-For Service Payments	Enter amounts accrued / paid to provider or provider organizations under a fee for service contractual arrangement.
C. Pre-paid Sub-capitation Arrangements	Enter amounts accrued / paid to provider or provider organizations that are made on a pre-paid basis in which the financial risk of providing care to the members assigned is transferred to the provider or provider organization. Also include amounts accrued / paid representing monetary incentive arrangements that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives <u>if paid</u> within the next quarter following receipt of the payment from OHA.
D. Other Retrospective Payment Arrangements	Enter amounts accrued / paid to provider or provider organizations that are made on a retrospective basis. This may include retrospective payments of withholds, bonus pools, or any other type of settlement. Also include amounts accrued / paid representing monetary incentive arrangements that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives <u>if not paid</u> within the next quarter following receipt of the payment from OHA.

REPORT L8 --SUMMARY OF FINANCIAL TRANSACTIONS BY CATEGORY OF SERVICE

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2021 - 12/31/2021**

Provide the total aggregate amount of Member service expenses incurred by Contractor for each category of service by type of service payment arrangement for the OHP line of business during the calendar year.

Category of Service	Advantage Dental Services, LLC - Annual 2021				Capitol Dental - Annual 2021			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	-	-	-	-
Dental	-	768,611	4,378,213	-	-	2,741,206	3,642,780	-
Prescription Drugs	-	-	-	-	-	-	-	-
All Other	-	-	103,984	-	-	-	84,733	-
Total All Services	-	768,611	4,482,197	-	-	2,741,206	3,727,513	-

Grand Total All Services	5,250,808	6,468,719
Total Member Service Expenses (Report L6 OHP Line 16)	5,250,808	6,468,719
Check	Ok	Ok

Category of Service	ODS Dental - Annual 2021				Willamette Dental - Annual 2021			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	-	-	-	-
Dental	-	630,334	-	-	590,723	-	-	-
Prescription Drugs	-	-	-	-	-	-	-	-
All Other	-	-	62,990	3,655	-	-	68,577	-
Total All Services	-	630,334	62,990	3,655	590,723	-	68,577	-

Grand Total All Services	696,979	659,300
Total Member Service Expenses (Report L6 OHP Line 16)	696,979	659,300
Check	Ok	Ok

REPORT L8 --SUMMARY OF FINANCIAL TRANSACTIONS BY CATEGORY OF SERVICE

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2021 - 12/31/2021**

Provide the total aggregate amount of Member service expenses incurred by Contractor for each category of service by type of service payment arrangement for the OHP line of business during the calendar year.

Category of Service	Ready Ride - Annual 2021				Options of Southern Oregon - Annual 2021			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	14,501,529	2,413,201	157,272	-
Dental	-	-	-	-	-	-	-	-
Prescription Drugs	-	-	-	-	-	-	-	-
All Other	1,328,442	1,690,756	1,375,615	-	3,984,884	-	250,279	-
Total All Services	1,328,442	1,690,756	1,375,615	-	18,486,413	2,413,201	407,551	-

Grand Total All Services	4,394,813	21,307,165
Total Member Service Expenses (Report L6 OHP Line 16)	4,394,813	21,307,165
Check	Ok	Ok

Category of Service	SE 7 - Annual 2021				SE 8 - Annual 2021			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-
Prescription Drugs	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-
Total All Services	-	-	-	-	-	-	-	-

Grand Total All Services	-	-
Total Member Service Expenses (Report L6 OHP Line 16)	-	-
Check	Ok	Ok

REPORT L8 --SUMMARY OF FINANCIAL TRANSACTIONS BY CATEGORY OF SERVICE

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2021 - 12/31/2021**

Provide the total aggregate amount of Member service expenses incurred by Contractor for each category of service by type of service payment arrangement for the OHP line of business during the calendar year.

Category of Service	SE 9 - Annual 2021				SE 10 - Annual 2021			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	-	-	-	-	-	-	-
A&B Hospital IP and OP	-	-	-	-	-	-	-	-
Physician	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-
Mental Health Inpatient	-	-	-	-	-	-	-	-
Mental Health Non-Inpatient	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-
Prescription Drugs	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-
Total All Services	-	-	-	-	-	-	-	-

Grand Total All Services	-	-
Total Member Service Expenses (Report L6 OHP Line 16)	-	-
Check	Ok	Ok

	Column A	Column B	Column C	Column D
CONSOLIDATED	20,405,578	8,244,108	10,124,443	3,655

Please provide any text, tables, numbers, etc. that you would like to communicate but were not able to include within the preceding reports. (i.e. expenses broken out by rate group, etc.)