

REPORT L4 -- KEY FINANCIAL INDICATORS

CONTRACTOR: **Columbia-Pacific CCO, LLC**
 CALENDAR YEAR: **1/1/2024 - 12/31/2024**

QTR Ending 6/30/2024	QTR Ending 12/31/2024	YTD 2024
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Note: This report self-populates based on values entered on other reports.

KEY FINANCIAL RATIOS		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
	Current Ratio	1.29	1.32	
	Days Cash on Hand	57.02	52.58	
	Debt to Net Assets Ratio	1.80	1.61	
	Return on Net Assets	3.6%	-10.2%	-1.7%
		OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY
	Adjusted Member Service Ratio	90.8%	88.5%	89.7%
	Administrative Cost Ratio	9.4%	10.0%	9.7%
	Operating Margin Percent	-0.2%	1.5%	0.6%
	Total Margin Percent (Before Income Tax)	0.2%	-0.7%	-0.3%
	Total Margin Percent (After Income Tax)	0.1%	-0.7%	-0.3%

MEMBER SERVICE EXPENSE ANALYSIS PER MEMBER PER MONTH (OHP LINE OF BUSINESS)		OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY
	Member Months (OHP LOB)	217,822	216,329	434,151
	Member Service Expenses (PMPM)			
	Hospital Services	-	-	-
	Inpatient	72.34	73.41	72.88
	Outpatient	105.91	123.74	114.80
	Emergency Room	32.65	36.75	34.69
	Physician/Profession Services	72.93	72.19	72.56
	Substance Use Disorder	-	-	-
	Inpatient	-	-	-
	Residential	2.86	6.34	4.60
	Other Non-Inpatient	9.91	4.18	7.06
	Mental Health	-	-	-
	Inpatient	4.37	10.34	7.34
	Residential	-	-	-
	Other Non-Inpatient	73.51	81.36	77.42
	Dental	23.33	23.09	23.21
	Prescription Drugs	-	-	-
	Gross Prescription Drugs	60.48	66.44	63.45
	Less: Pharmacy Rebates	(1.10)	(2.02)	(1.56)
	Transportation	-	-	-
	Emergency Medical Transportation	3.61	4.27	3.94
	Non-emergency Medical Transportation (NEMT)	12.34	11.99	12.16
	DME & Supplies	6.49	7.03	6.76
	In Lieu of Services	-	-	-
	Other Member Service Expenses	(10.06)	(29.98)	(19.99)
	Health-Related Services (Excluding Case Mgmt)	5.48	11.45	8.46
	Total Member Service Expenses	475.05	500.58	487.77

REPORT L5 -- SEMI-ANNUAL BALANCE SHEET OF CORPORATE ACTIVITY
CORPORATE TOTAL

CONTRACTOR: **Columbia-Pacific CCO, LLC**
QTRS THROUGH: **12/31/2024**

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		12/31/2023	6/30/2024	12/31/2024
CURRENT ASSETS	1 Cash and Cash Equivalents	\$ 33,434,957	\$ 35,179,355	\$ 20,140,813
	2 Short-term Investments	2,396,006	2,408,539	15,758,692
	3 Receivables from OHA	11,107,375	10,194,060	5,653,172
	4 Investment Income Receivables	55,966	88,941	97,334
	5 Health Care Receivables	6,112,182	7,326,581	8,841,667
	6 Amounts Due from Affiliates	292,876	-	-
	7 Reinsurance Recoverable on Paid Losses	-	-	-
	8 Other Current Assets	-	-	-
	9 TOTAL CURRENT ADMITTED ASSETS	\$ 53,399,363	\$ 55,197,476	\$ 50,491,678
OTHER ASSETS	10 Long-Term Investments	-	-	-
	11 Amounts Due from Affiliates	-	-	-
	12 Restricted Reserves (Cash and Investments)	10,830,889	11,479,738	11,712,136
	13 Other Assets	-	-	-
	14 TOTAL OTHER ADMITTED ASSETS	\$ 10,830,889	\$ 11,479,738	\$ 11,712,136
PP&E	15 Land, Building and Improvements	-	-	-
	16 Furniture and Equipment	-	-	-
	17 Leasehold Improvements	-	-	-
	18 Other Property and Equipment	-	-	-
	19 Less: (Accumulated Depreciation)	-	-	-
	20 NET PROPERTY AND EQUIPMENT	\$ -	\$ -	\$ -
	21 TOTAL ADMITTED ASSETS	\$ 64,230,252	\$ 66,677,214	\$ 62,203,814
CURRENT LIABILITIES	22 Accounts Payable	\$ 1,136,400	\$ 208,981	\$ 111,976
	23 Claims Payable	366,508	656,726	347,438
	24 Estimated Incurred But Not Reported (IBNR)	-	-	-
	25 Accrued Medical Incentive Pool	11,695,175	11,404,295	10,480,795
	26 Accrued SHARE Designation	2,461,400	2,231,400	2,089,400
	27 Unearned Premiums	-	-	-
	28 Loans and Notes Payable	-	-	-
	29 Amounts Due to Affiliates	3,275,357	3,082,740	2,286,000
	30 Premium Deficiency Reserve	-	-	-
	31 Other Current Liabilities	23,092,278	25,277,894	23,060,809
	32 TOTAL CURRENT LIABILITIES	\$ 42,027,118	\$ 42,862,036	\$ 38,376,418
OTHER LIABILITIES	33 Loans and Notes Payable	-	-	-
	34 Amounts Due to Affiliates	-	-	-
	35 Other Liabilities	-	-	-
	36 TOTAL OTHER LIABILITIES	\$ -	\$ -	\$ -
	37 TOTAL LIABILITIES	\$ 42,027,118	\$ 42,862,036	\$ 38,376,418
NET ASSETS	38 Common Stock	-	-	-
	39 Preferred Stock	-	-	-
	40 Paid in Surplus	-	-	-
	41 Contributed Capital	5,350,000	5,350,000	5,350,000
	42 Surplus Notes	-	-	-
	43 Contingency Reserves	-	-	-
	44 Retained Earnings/Fund Balance	16,853,134	18,465,178	18,477,396
	45 Other Net Assets	-	-	-
	46 TOTAL NET ASSETS	\$ 22,203,133	\$ 23,815,178	\$ 23,827,396
	47 TOTAL LIABILITIES AND NET ASSETS	\$ 64,230,252	\$ 66,677,214	\$ 62,203,814

REPORT L6 -- SEMI-ANNUAL STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS

CORPORATE TOTAL

CONTRACTOR: Columbia-Pacific CCO, LLC
CALENDAR YEAR: 1/1/2024 - 12/31/2024

			CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
			Q1&Q2 - 2024	Q3&Q4 - 2024	YTD 2024
REVENUES	1	Gross Premiums (Capitation & Case Rate Revenue)	\$ 159,751,522	\$ 166,058,833	\$ 325,810,355
	a.	Separate Payment Terms Qualified Directed Payments	33,700,032	40,336,791	74,036,823
	b.	Minimum MLR/Risk Corridor Rebate (Revenue)	2,115,080	1,018,745	3,133,825
	c.	Insurer Tax	3,176,334	3,422,706	6,599,040
	d.	Health Insurance Provider Fee	-	-	-
		Net Premiums	120,760,076	121,280,591	242,040,667
	3	Quality Incentive Pool	(943,782)	4,801,736	3,857,954
	4	Other Medicaid Revenue	-	-	-
	5	Other Health Care Related Revenues	-	1,586,641	1,586,641
	6	TOTAL OPERATING REVENUES	119,816,294	127,668,968	247,485,262
MEMBER SERVICE EXPENSES	7	Hospital Services			
	a.	Inpatient	16,334,644	16,741,920	33,076,564
	b.	Outpatient	23,913,079	28,189,561	52,102,640
	c.	Emergency Room	7,372,329	8,374,177	15,746,506
	8	Physician/Profession Services	16,407,165	16,453,506	32,860,671
	9	Substance Use Disorder			
	a.	Inpatient	-	-	-
	b.	Residential	632,435	1,363,575	1,996,010
	c.	Other Non-Inpatient	2,188,951	990,115	3,179,066
	10	Mental Health			
	a.	Inpatient	1,007,758	2,325,528	3,333,286
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	16,143,304	17,811,754	33,955,058
	11	Dental	5,153,255	5,290,593	10,443,848
	12	Prescription Drugs			
	a.	Gross Prescription Drugs	13,378,073	14,645,413	28,023,486
	b.	Less: Pharmacy Rebates	(239,792)	(437,571)	(677,363)
	13	Transportation			
	a.	Emergency Medical Transportation	815,585	972,587	1,788,172
	b.	Non-emergency Medical Transportation (NEMT)	2,793,820	2,760,463	5,554,273
	14	DME & Supplies	1,465,136	1,601,678	3,066,814
	15	In Lieu of Services	-	-	-
	16	Health Related Social Needs			
	a.	Outreach and Enagement (HRSN Provider Only)	-	320	320
	b.	Climate Services	29,885	54,502	84,387
	c.	Housing Services	-	4,978	4,978
	d.	Nutrition Services	-	-	-
	17	Other Member Service Expenses	(2,517,465)	(5,413,153)	(7,930,618)
	18	MEMBER SERVICE EXPENSES SUBTOTAL	104,878,164	111,729,936	216,608,100
ADJUSTMENTS	19	Health-Related Services (Excluding Case Mgmt)	1,193,232	2,477,732	3,670,964
	20	Case Management	2,621,886	1,473,217	4,095,103
	21	Reinsurance/Stop Loss Premiums	388,438	385,792	774,231
	22	(Reinsurance Recoveries)	22,000	(2,264,197)	(2,242,197)
	23	Fraud, Waste, and Abuse Reduction Expenditures	152,530	117,818	270,348
	24	(Fraud, Waste and Abuse Related Recoveries)	-	-	-
	25	(Co-payments)	-	-	-
	26	(TPR, COB, and Subrogation)	(498,387)	(816,004)	(1,314,391)
	27	Premium Deficiency Reserve	-	-	-
	28	NET ADJUSTMENTS	3,879,700	1,374,359	5,254,059
	29	TOTAL ADJUSTED MEMBER SERVICE EXPENSES	108,757,864	113,104,296	221,862,159
ADMINISTRATIVE	30	Compensation	8,182,086	9,174,306	17,356,393
	31	Other Administrative Expenses	3,029,207	3,342,661	6,371,868
	32	TOTAL ADMINISTRATIVE EXPENSES	11,211,293	12,516,968	23,728,261
	33	TOTAL OPERATING EXPENSES	119,969,157	125,621,263	245,590,420
	34	NET OPERATING INCOME (LOSS)	(152,863)	2,047,705	1,894,842
NON-OPERATING REVENUES AND EXPENSES	35	Net Investment Income (Expenses)	1,076,854	1,168,628	2,245,482
	36	Non-Healthcare-Related Revenues and (Expenses)	-	-	-
	37	Other Non-Operating Revenues and (Expenses)	(609,685)	(3,723,987)	(4,333,672)
	38	TOTAL NON-OPERATING REVENUES AND EXPENSES	467,169	(2,555,359)	(2,088,190)
	39	NET INCOME (LOSS) BEFORE TAXES AND SHARE	314,306	(507,655)	(193,348)
	40	Provision for Income Taxes	-	-	-
	41	Provision for SHARE OBLIGATION	100,000	100,000	200,000
	42	NET INCOME (LOSS)	\$ 214,306	\$ (607,655)	\$ (393,348)
NET ASSETS	43	Net Assets Beginning of Quarter	\$ 22,203,133	\$ 23,815,178	\$ 22,203,133
	44	Increase (Decrease) in Common Stock	-	-	-
	45	Increase (Decrease) in Preferred Stock	-	-	-
	46	Increase (Decrease) in Paid in Surplus	-	-	-
	47	Increase (Decrease) in Contributed Capital	-	-	-
	48	Increase (Decrease) in Surplus Notes	-	-	-
	49	Increase (Decrease) in Contingency Reserves	-	-	-
	50	Increase (Decrease) in Net Assets	-	-	-
	a.	Net Income (Loss)	214,306	(607,655)	(393,348)
	b.	Dividends/Distributions to Owners	-	-	-
	c.	Dividends/Distributions - Tax distributions	-	-	-
	d.	Interest on Surplus Notes	-	-	-
	e.	Changes in Nonadmitted Assets	1,385,286	611,758	1,997,044
	f.	Other Changes in Net Assets	12,452	8,115	20,567
	51	Net Assets	\$ 23,815,178	\$ 23,827,396	\$ 23,827,396

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

OHP LINE OF BUSINESS

CONTRACTOR: Columbia-Pacific CCO, LLC
CALENDAR YEAR: 1/1/2024 - 12/31/2024

Includes Medicaid Program and 1/1/2024 - 6/30/2024 Temporary Medicaid Expansion (Bridge Health Plan)

			OHP LOB ACTIVITY Q1&Q2 - 2024	OHP LOB ACTIVITY Q3&Q4 - 2024	OHP LOB ACTIVITY YTD 2024
REVENUES	1	Gross Premiums (Capitation & Case Rate Revenue)	\$ 154,874,988	\$ 158,488,439	\$ 313,363,427
	a.	Separate Payment Terms Qualified Directed Payments	33,700,032	40,336,791	74,036,823
	b.	Minimum MLR/Risk Corridor Rebate (Revenue)	192,664	120,551	313,215
	c.	Insurer Tax	3,176,334	3,422,706	6,599,040
	d.	Health Insurance Provider Fee	-	-	-
	2	Net Premiums	117,805,958	114,608,390	232,414,349
	3	Quality Incentive Pool	(943,782)	4,801,736	3,857,954
	4	Other Medicaid Revenue	-	-	-
	5	Other Health Care Related Revenues	-	1,586,641	1,586,641
	6	TOTAL OPERATING REVENUES	116,862,176	120,996,767	237,858,943
MEMBER SERVICE EXPENSES	7	Hospital Services	-	-	-
	a.	Inpatient	15,758,308	15,880,864	31,639,173
	b.	Outpatient	23,069,353	26,769,090	49,838,442
	c.	Emergency Room	7,112,211	7,950,008	15,062,218
	8	Physician/Profession Services	15,885,599	15,615,802	31,501,401
	9	Substance Use Disorder	-	-	-
	a.	Inpatient	-	-	-
	b.	Residential	623,735	1,372,275	1,996,010
	c.	Other Non-Inpatient	2,158,839	904,942	3,063,780
	10	Mental Health	-	-	-
	a.	Inpatient	952,323	2,236,110	3,188,433
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	16,011,215	17,600,237	33,611,452
	11	Dental	5,081,313	4,995,523	10,076,836
	12	Prescription Drugs	-	-	-
	a.	Gross Prescription Drugs	13,174,735	14,372,141	27,546,876
	b.	Less: Pharmacy Rebates	(239,792)	(437,571)	(677,363)
	13	Transportation	-	-	-
	a.	Emergency Medical Transportation	786,808	923,656	1,710,464
	b.	Non-emergency Medical Transportation (NEMT)	2,686,850	2,594,296	5,281,146
	14	DME & Supplies	1,413,441	1,520,100	2,933,541
	15	In Lieu of Services	-	-	-
	16	Health Related Social Needs	-	-	-
	a.	Outreach and Enagement (HRSN Provider Only)	-	320	320
	b.	Climate Services	29,885	54,502	84,387
	c.	Housing Services	-	4,978	4,978
	d.	Nutrition Services	-	-	-
	17	Other Member Service Expenses	(2,191,004)	(6,485,692)	(8,676,695)
	18	MEMBER SERVICE EXPENSES SUBTOTAL	102,313,820	105,871,580	208,185,400
ADJUSTMENTS	19	Health-Related Services (Excluding Case Mgmt)	1,193,232	2,477,732	3,670,964
	20	Case Management	2,583,535	1,364,982	3,948,517
	21	Reinsurance/Stop Loss Premiums	372,801	361,124	733,925
	22	(Reinsurance Recoveries)	22,000	(2,264,197)	(2,242,197)
	23	Fraud, Waste, and Abuse Reduction Expenditures	148,185	111,672	259,857
	24	(Fraud, Waste and Abuse Related Recoveries)	-	-	-
	25	(Co-payments)	-	-	-
	26	(TPR, COB, and Subrogation)	(498,387)	(816,004)	(1,314,391)
	27	Premium Deficiency Reserve	-	-	-
	28	NET ADJUSTMENTS	3,821,366	1,235,309	5,056,675
ADMINISTRATIVE	29	TOTAL ADJUSTED MEMBER SERVICE EXPENSES	106,135,186	107,106,889	213,242,075
	30	Compensation	8,035,358	8,899,959	16,935,317
	31	Other Administrative Expenses	2,978,431	3,226,964	6,205,395
	32	TOTAL ADMINISTRATIVE EXPENSES	11,013,788	12,126,924	23,140,712
NON-OPERATING REVENUES AND EXPENSES	33	TOTAL OPERATING EXPENSES	117,148,974	119,233,813	236,382,787
	34	NET OPERATING INCOME (LOSS)	(286,798)	1,762,954	1,476,156
	35	Net Investment Income (Expenses)	1,076,758	1,167,373	2,244,131
	36	Non-Healthcare-Related Revenues and (Expenses)	-	-	-
	37	Other Non-Operating Revenues and (Expenses)	(608,182)	(3,717,619)	(4,325,801)
	38	TOTAL NON-OPERATING REVENUES AND EXPENSES	468,576	(2,550,246)	(2,081,670)
	39	NET INCOME (LOSS) BEFORE TAXES AND SHARE	181,778	(787,292)	(605,514)
	40	Provision for Income Taxes	-	-	-
	41	Provision for SHARE OBLIGATION	100,000	100,000	200,000
	42	NET INCOME (LOSS)	\$ 81,778	\$ (887,292)	\$ (805,514)

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

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

Basic Health Program (BHP) LINE OF BUSINESS

* Includes Basic Health Plan revenue and expenses only, beginning 7/1/2024

CONTRACTOR:
CALENDAR YEAR:

Columbia-Pacific CCO, LLC
1/1/2024 - 12/31/2024

			BHP LOB ACTIVITY *	BHP LOB ACTIVITY *	BHP LOB ACTIVITY *
			Q1&Q2 - 2024	Q3&Q4 - 2024	YTD 2024
REVENUES	1	Gross Premiums (Capitation & Case Rate Revenue)	\$ -	\$ 2,284,671	\$ 2,284,671
	a.	Separate Payment Terms Qualified Directed Payments	-	-	-
	b.	Minimum MLR/Risk Corridor Rebate (Revenue)	-	600,000	600,000
	c.	Insurer Tax	-	-	-
	d.	Health Insurance Provider Fee	-	-	-
	2	Net Premiums	-	1,684,671	1,684,671
	3	Quality Incentive Pool	-	-	-
	4	Other Medicaid Revenue	-	-	-
	5	Other Health Care Related Revenues	-	-	-
	6	TOTAL OPERATING REVENUES	-	1,684,671	1,684,671
MEMBER SERVICE EXPENSES	7	Hospital Services	-	-	-
	a.	Inpatient	-	75,871	75,871
	b.	Outpatient	-	403,328	403,328
	c.	Emergency Room	-	90,163	90,163
	8	Physician/Profession Services	-	254,039	254,039
	9	Substance Use Disorder	-	-	-
	a.	Inpatient	-	-	-
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	-	271	271
	10	Mental Health	-	-	-
	a.	Inpatient	-	-	-
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	-	94,598	94,598
	11	Dental	-	167,265	167,265
	12	Prescription Drugs	-	-	-
	a.	Gross Prescription Drugs	-	327,700	327,700
	b.	Less: Pharmacy Rebates	-	-	-
	13	Transportation	-	-	-
	a.	Emergency Medical Transportation	-	15,490	15,490
	b.	Non-emergency Medical Transportation (NEMT)	-	46,034	46,034
	14	DME & Supplies	-	26,567	26,567
	15	In Lieu of Services	-	-	-
	16	Health Related Social Needs	-	-	-
	a.	Outreach and Engagement (HRSN Provider Only)	-	-	-
	b.	Climate Services	-	-	-
	c.	Housing Services	-	-	-
	d.	Nutrition Services	-	-	-
	17	Other Member Service Expenses	-	(135,391)	(135,391)
	18	MEMBER SERVICE EXPENSES SUBTOTAL	-	1,365,935	1,365,935
ADJUSTMENTS	19	Health-Related Services (Excluding Case Mgmt)	-	-	-
	20	Case Management	-	81,959	81,959
	21	Reinsurance/Stop Loss Premiums	-	7,134	7,134
	22	(Reinsurance Recoveries)	-	-	-
	23	Fraud, Waste, and Abuse Reduction Expenditures	-	1,910	1,910
	24	(Fraud, Waste and Abuse Related Recoveries)	-	-	-
	25	(Co-payments)	-	-	-
	26	(TPR, COB, and Subrogation)	-	-	-
	27	Premium Deficiency Reserve	-	-	-
	28	NET ADJUSTMENTS	-	91,003	91,003
	29	TOTAL ADJUSTED MEMBER SERVICE EXPENSES	-	1,456,938	1,456,938
ADMINISTRATIVE	30	Compensation	-	106,710	106,710
	31	Other Administrative Expenses	-	53,002	53,002
	32	TOTAL ADMINISTRATIVE EXPENSES	-	159,712	159,712
	33	TOTAL OPERATING EXPENSES	-	1,616,650	1,616,650
	34	NET OPERATING INCOME (LOSS)	-	68,021	68,021
NON-OPERATING REVENUES AND EXPENSES	35	Net Investment Income (Expenses)	-	797	797
	36	Non-Healthcare-Related Revenues and (Expenses)	-	-	-
	37	Other Non-Operating Revenues and (Expenses)	-	(2,506)	(2,506)
	38	TOTAL NON-OPERATING REVENUES AND EXPENSES	-	(1,709)	(1,709)
	39	NET INCOME (LOSS) BEFORE TAXES AND SHARE	-	66,312	66,312
	40	Provision for Income Taxes	-	-	-
	41	Provision for SHARE OBLIGATION	-	-	-
	42	NET INCOME (LOSS)	\$ -	\$ 66,312	\$ 66,312

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

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

HOP LINE OF BUSINESS

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

CONTRACTOR: **Columbia-Pacific CCO, LLC**

CALENDAR YEAR: **1/1/2024 - 12/31/2024**

			HOP LOB ACTIVITY *	HOP LOB ACTIVITY *	HOP LOB ACTIVITY *
			Q1&Q2 - 2024	Q3&Q4 - 2024	YTD 2024
REVENUES	1	Gross Premiums (Capitation & Case Rate Revenue)	\$ 4,876,534	\$ 5,252,956	\$ 10,129,490
	a.	Minimum MLR/Risk Corridor Rebate (Revenue)	1,922,416	298,194	2,220,610
	b.	Insurer Tax	-	-	-
	c.	Health Insurance Provider Fee	-	-	-
	2	Net Premiums	2,954,118	4,954,763	7,908,880
	3	Quality Incentive Pool	-	-	-
	4	Other Medicaid Revenue	-	-	-
	5	Other Health Care Related Revenues	-	-	-
	6	TOTAL OPERATING REVENUES	2,954,118	4,954,763	7,908,880
MEMBER SERVICE EXPENSES	7	Hospital Services	-	-	-
	a.	Inpatient	576,336	(120,259)	456,077
	b.	Outpatient	843,727	2,091,364	2,935,090
	c.	Emergency Room	260,118	276,927	537,045
	8	Physician/Profession Services	521,567	566,746	1,088,313
	9	Substance Use Disorder	-	-	-
	a.	Inpatient	-	-	-
	b.	Residential	8,700	(8,700)	-
	c.	Other Non-Inpatient	30,113	(28,563)	1,550
	10	Mental Health	-	-	-
	a.	Inpatient	55,435	(34,329)	21,106
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	132,089	(104,914)	27,175
	11	Dental	71,942	182,191	254,133
	12	Prescription Drugs	-	-	-
	a.	Gross Prescription Drugs	203,339	255,454	458,793
	b.	Less: Pharmacy Rebates and Administrative Costs (Spread pricing)	-	-	-
	13	Transportation	-	-	-
	a.	Emergency Medical Transportation	28,776	33,441	62,217
	b.	Non-emergency Medical Transportation (NEMT)	106,970	120,123	227,093
	14	DME & Supplies	51,694	55,012	106,706
	15	In Lieu of Services	-	-	-
	16	Health Related Social Needs	-	-	-
	a.	Outreach and Enagement (HRSN Provider Only)	-	-	-
	b.	Climate Services	-	-	-
	c.	Housing Services	-	-	-
	d.	Nutrition Services	-	-	-
	17	Other Member Service Expenses	(326,461)	1,207,929	881,468
	18	MEMBER SERVICE EXPENSES SUBTOTAL	2,564,344	4,492,422	7,056,766
ADJUSTMENTS	19	Health-Related Services (Excluding Case Mgmt)	-	-	-
	20	Case Management	38,351	26,277	64,628
	21	Reinsurance/Stop Loss Premiums	15,638	17,534	33,172
	22	(Reinsurance Recoveries)	-	-	-
	23	Fraud, Waste, and Abuse Reduction Expenditures	4,345	4,236	8,581
	24	(Fraud, Waste and Abuse Related Recoveries)	-	-	-
	25	(Co-payments)	-	-	-
	26	(TPR, COB, and Subrogation)	-	-	-
	27	Premium Deficiency Reserve	-	-	-
	28	NET ADJUSTMENTS	58,334	48,047	106,381
	29	TOTAL ADJUSTED MEMBER SERVICE EXPENSES	2,622,678	4,540,469	7,163,147
	30	Compensation	146,729	167,638	314,366
	31	Other Administrative Expenses	50,776	62,695	113,470
ADMINISTRATIVE	32	TOTAL ADMINISTRATIVE EXPENSES	197,505	230,332	427,837
	33	TOTAL OPERATING EXPENSES	2,820,183	4,770,801	7,590,984
	34	NET OPERATING INCOME (LOSS)	133,935	183,962	317,897
	35	Net Investment Income (Expenses)	97	458	554
	36	Non-Healthcare-Related Revenues and (Expenses)	-	-	-
	37	Other Non-Operating Revenues and (Expenses)	(1,504)	(3,862)	(5,366)
NON-OPERATING REVENUES AND EXPENSES	38	TOTAL NON-OPERATING REVENUES AND EXPENSES	(1,407)	(3,404)	(4,811)
	39	NET INCOME (LOSS) BEFORE TAXES AND SHARE	132,528	180,557	313,085
	40	Provision for Income Taxes	-	-	-
	41	Provision for SHARE OBLIGATION	-	-	-
	42	NET INCOME (LOSS)	132,528	180,557	313,085

REPORT L6 -- SEMI-ANNUAL STATEMENT OF REVENUES & EXPENSES
NON-MEDICAID DENTAL LINE OF BUSINESS

CONTRACTOR: **Columbia-Pacific CCO, LLC**
 CALENDAR YEAR: **1/1/2024 - 12/31/2024**

CALENDAR YEAR:		1/1/2024 - 12/31/2024	COFA LOB ACTIVITY *	COFA LOB ACTIVITY *	COFA LOB ACTIVITY *
			Q1&Q2 - 2024	Q3&Q4 - 2024	YTD 2024
REVENUES	1	Gross Premiums (Capitation & Case Rate Revenue)	\$ 14,688	\$ 18,080	\$ 32,767
	a.	Minimum MLR/Risk Corridor Rebate (Revenue)	-	-	-
	b.	Insurer Tax	-	-	-
	c.	Health Insurance Provider Fee	-	-	-
	2	Net Premiums	14,688	18,080	32,767
	3	Quality Incentive Pool	-	-	-
	4	Other Medicaid Revenue	-	-	-
5	Other Health Care Related Revenues	-	-	-	
6		TOTAL OPERATING REVENUES	14,688	18,080	32,767
MEMBER SERVICE EXPENSES	7	Hospital Services	-	-	-
	a.	Inpatient	-	-	-
	b.	Outpatient	-	-	-
	c.	Emergency Room	-	-	-
	8	Physician/Profession Services	-	-	-
	9	Substance Use Disorder	-	-	-
	a.	Inpatient	-	-	-
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	-	-	-
	10	Mental Health	-	-	-
	a.	Inpatient	-	-	-
	b.	Residential	-	-	-
	c.	Other Non-Inpatient	-	-	-
	11	Dental	4,943	17,855	22,798
	12	Prescription Drugs	-	-	-
	a.	Gross Prescription Drugs	-	-	-
	b.	Less: Pharmacy Rebates and Administrative Costs (Spread pricing)	-	-	-
	13	Transportation	-	-	-
	a.	Emergency Medical Transportation	-	-	-
	b.	Non-emergency Medical Transportation (NEMT)	-	-	-
	14	DME & Supplies	-	-	-
	15	In Lieu of Services	-	-	-
	16	Health Related Social Needs	-	-	-
	a.	Outreach and Enagement (HRSN Provider Only)	-	-	-
	b.	Climate Services	-	-	-
	c.	Housing Services	-	-	-
	d.	Nutrition Services	-	-	-
17	Other Member Service Expenses	-	-	-	
18		MEMBER SERVICE EXPENSES SUBTOTAL	4,943	17,855	22,798
ADJUSTMENTS	19	Health-Related Services (Excluding Case Mgmt)	-	-	-
	20	Case Management	263	209	472
	21	Reinsurance/Stop Loss Premiums	-	-	-
	22	(Reinsurance Recoveries)	-	-	-
	23	Fraud, Waste, and Abuse Reduction Expenditures	-	-	-
	24	(Fraud, Waste and Abuse Related Recoveries)	-	-	-
	25	(Co-payments)	-	-	-
	26	(TPR, COB, and Subrogation)	-	-	-
27	Premium Deficiency Reserve	-	-	-	
28		NET ADJUSTMENTS	263	209	472
29		TOTAL ADJUSTED MEMBER SERVICE EXPENSES	5,206	18,064	23,270
ADMINISTRATIVE	30	Compensation	407	775	1,182
	31	Other Administrative Expenses	307	724	1,031
32		TOTAL ADMINISTRATIVE EXPENSES	714	1,499	2,213
33		TOTAL OPERATING EXPENSES	5,920	19,562	25,483
34		NET OPERATING INCOME (LOSS)	8,768	(1,483)	7,285
NON-OPERATING REVENUES AND EXPENSES	35	Net Investment Income (Expenses)	-	72	72
	36	Non-Healthcare-Related Revenues and (Expenses)	-	-	-
	37	Other Non-Operating Revenues and (Expenses)	-	-	-
38		TOTAL NON-OPERATING REVENUES AND EXPENSES	-	72	72
39		NET INCOME (LOSS) BEFORE TAXES AND SHARE	8,768	(1,410)	7,357
	40	Provision for Income Taxes	-	-	-
	41	Provision for SHARE OBLIGATION	-	-	-
42		NET INCOME (LOSS)	\$ 8,768	\$ (1,410)	\$ 7,357

* This sheet should only include activity relating to the HOP (and CAK) portion of the business.

REPORT L11 -- ANNUAL DISCLOSURE OF COMPENSATION

CONTRACTOR: **Columbia-Pacific CCO, LLC**
 CALENDAR YEAR: **1/1/2024 - 12/31/2024**

Completed annually and submitted with the fourth quarter reporting package.

For the three highest paid individuals providing services to the CCO, report compensation paid by, or charged/allocated to the CCO on row (i) and report compensation paid by, or charged/allocated to a Related Organizations as defined below, on row (ii).

Note: The amount in column (B)(iv) must equal the individual's amount reported in Box 1 or Box 5 (whichever is greater) of IRS Form W-2 and/or Box 7 of IRS Form 1099-MISC.

(A) Name and Title		(B) Breakdown of W-2/1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(iv)–(D)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Total reportable compensation W-2/1099-MISC			
Highest Compensated Executive								
Name: Eric C. Hunter	(i) CCO	58,242.24	10,473.08	95.53	68,810.85	2,339.07	1,434.64	72,584.56
Position: President and CEO	(ii) Related Org.	688,612.76	123,825.92	1,129.47	813,568.15	27,655.41	16,962.10	858,185.66
	Total	746,855.00	134,299.00	1,225.00	882,379.00	29,994.48	18,396.74	930,770.22
2nd Highest Compensated Executive								
Name: Amit R Shah	(i) CCO	44,791.64	6,428.22	706.50	51,926.36	2,509.45	2,735.32	57,171.13
Position: CMO	(ii) Related Org.	501,392.36	71,956.78	7,908.50	581,257.64	28,090.49	30,618.82	639,966.95
	Total	546,184.00	78,385.00	8,615.00	633,184.00	30,599.94	33,354.14	697,138.08
3rd Highest Compensated Executive								
Name: Amy L Dowd	(i) CCO	32,361.45	4,706.37	93.58	37,161.40	2,386.29	3,183.69	42,731.38
Position: COO	(ii) Related Org.	382,617.55	55,644.63	1,106.42	439,368.60	28,213.71	37,641.63	505,223.94
	Total	414,979.00	60,351.00	1,200.00	476,530.00	30,600.00	40,825.32	547,955.32

Related Organizations:

An organization, including a nonprofit organization, a stock corporation, a partnership or limited liability company, a trust, and a governmental unit or other government entity, that has one or more of the following relationships to the CCO at any time during the reporting year.

* Parent: an organization that controls the CCO.

* Subsidiary: an organization controlled by the CCO.

* Brother/Sister: an organization controlled by the same person or persons and/or organization that controls the CCO.

Management Company:

If an executive is employed by a Management Company that provides services to the CCO, and the Management Company is not a Related Organization as defined above, then the amount paid by the CCO to the Management Company is the amount of compensation to be included in this report.

If the executive is employed by a Management Company that is a Related Organization as defined above, then the Management Company must provide the required information to the CCO for inclusion in this report.

Leased Employee:

In some cases, instead of hiring a Management Company, a CCO "leases" one or more "employees" from another company. If the executive providing services to the CCO is leased from another company that is not a Related Organization as defined above, the amount paid by the CCO is the amount of compensation to be included in this report. If the executive is leased from a company that is a Related Organization as defined above, then the leasing company must provide the required information to the CCO for inclusion in this report.

Disregarded Benefits:

Disregarded benefits under Regulations section 53.4958-4(a)(4) need not be reported in column (D).

Disregarded benefits generally include fringe benefits excluded from gross income under section 132. These benefits include the following:

No-additional cost service; Qualified employee discount; Working condition fringe; De minimis fringe; Qualified transportation fringe; Qualified moving expense reimbursement; Qualified retirement planning services; and Qualified military base realignment and closure fringe.