



1 6 7 2 5 2 0 2 2 0 1 0 0 1 0 0

ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE
OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

 NAIC Group Code..... 5035,..... NAIC Company Code..... 16725.... Employer's ID Number..... 84-2285422.....
 (Current) (Prior)

 Organized under the Laws of..... OH..... State of Domicile or Port of Entry..... OH.....
 Country of Domicile..... US.....
 Licensed as business type:.....
 Incorporated/Organized..... 11/10/2018..... Is HMO Federally Qualified?..... YES.....
 Commenced Business..... 02/06/2020.....
 Statutory Home Office..... FOUNTAIN POINT II, 4675 CORNELL RD, SUITE 162..... CINCINNATI, OH, US 45241.....
 Main Administrative Office..... 4700 ASHWOOD DRIVE, SUITE 200..... CINCINNATI, OH, US 45241.....
 Mail Address..... 4700 ASHWOOD DRIVE, SUITE 200..... CINCINNATI, OH, US 45241.....
 Primary Location of Books and
Records..... FOUNTAIN POINT II, 4675 CORNELL RD, SUITE 162.....
 CINCINNATI, OH, US 45241.....
 Internet Website Address..... N/A.....
 Statutory Statement Contact..... JEREMY C HEIMGARTNER..... 513-469-8545.....
 (Telephone)
 JHEIMGARTNER@COMMUNICARE-
ADVANTAGE.COM..... 513-247-0589.....
 (E-Mail) (Fax)

OFFICERS

 ROBERT HAGER#, CEO..... JEREMY HEIMGARTNER, CFO.....
 CHUCK SATTERFIELD, PRESIDENT..... CHARLES STOLTZ, TREASURER AND SECRETARY.....
 DIRECTORS OR TRUSTEES

 VIKAS GUPTA..... RONALD WILHEIM.....
 AMY SEVERINO..... CHARLES STOLTZ#.....
 ISAAC ROSEDALE#..... STEPHEN ROSEDALE#.....

 State of OHIO
 County of HAMILTON ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<hr/> X	<hr/> X	<hr/> X
CHUCK SATTERFIELD PRESIDENT	JEREMY HEIMGARTNER CFO	ROBERT HAGER CEO

Subscribed and sworn to before me
 this _____ day of

 X

a. Is this an original filing? Yes
 b. If no:
 1. State the amendment number: _____
 2. Date filed: _____
 3. Number of pages attached: _____



SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

Report For: 1. Corporation OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE 2. Location: FOUNTAIN POINT II, 4675 CORNELL RD, SUITE 162 CINCINNATI, OH, US 45241

NAIC Group Code: 5035

Business in the State of Ohio

During the Year: 2022

NAIC Company Code: 16725

	Business Subject to MLR										10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14						
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans													
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group														
1. Premium:																						
1.1 Health premiums earned (From Part 2, Line 1.11)												41,525,573	41,525,573	XXX	41,525,573							
1.2 Federal high risk pools														XXX								
1.3 State high risk pools														XXX								
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)													41,525,573	41,525,573	XXX	41,525,573						
1.5 Federal taxes and federal assessments																						
1.6 State insurance, premium and other taxes (Similar local taxes of \$)																						
1.6a Community Benefit Expenditures (informational only)																						
1.7 Regulatory authority licenses and fees													41,525,573	41,525,573	XXX	41,525,573						
1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)																						
1.9 Net assumed less ceded reinsurance premiums earned													(102,028)	(102,028)	XXX	(102,028)						
1.10 Other adjustments due to MLR calculations – Premiums															XXX							
1.11 Risk revenue															XXX							
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)													41,423,545	41,423,545	XXX	41,423,545						
2. Claims:																						
2.1 Incurred claims excluding prescription drugs													23,189,444	23,189,444	XXX	23,189,444						
2.2 Prescription drugs													11,228,982	11,228,982	XXX	11,228,982						
2.3 Pharmaceutical rebates													1,365,722	1,365,722	XXX	1,365,722						
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)															XXX							
3. Incurred medical incentive pools and bonuses													864,720	864,720	XXX	864,720						
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)																						
5. 5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)													33,917,424	33,917,424	XXX	33,917,424						
5.1 Net assumed less ceded reinsurance claims incurred															XXX							
5.2 Other adjustments due to MLR calculations – Claims															XXX							
5.3 Rebates paid													XXX	XXX		XXX						
5.4 Estimated rebates unpaid prior year													XXX	XXX		XXX						
5.5 Estimated rebates unpaid current year													XXX	XXX		XXX						
5.6 Fee for service and co-pay revenue															XXX							
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)													33,917,424	33,917,424	XXX	33,917,424						
6. Improving Health Care Quality Expenses Incurred:																						
6.1 Improve Health Outcomes													144,451	144,451		144,451						
6.2 Activities to prevent hospital readmissions													144,451	144,451		144,451						
6.3 Improve patient safety and reduce medical errors													144,450	144,450		144,450						
6.4 Wellness and health promotion activities																						
6.5 Health Information Technology expenses related to health improvement																						
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)													433,352	433,352		433,352						
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8													XXX	XXX	0.827	XXX	XXX					
8. Claims Adjustment Expenses:																						
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6													623,754	623,754		623,754						
8.2 All other claims adjustment expenses																						
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)													623,754	623,754		623,754						
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													0.015	XXX	XXX	XXX						

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (CONTINUED)

(To Be Filed By April 1 – Not for Rebate Purposes)

	Business Subject to MLR									9	10	11	12	13	14	15							
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans																
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group															
10. General and Administrative (G&A) Expenses:																							
10.1 Direct sales salaries and benefits																							
10.2 Agents and brokers fees and commissions																							
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)																							
10.4 Other general and administrative expenses																							
10.4a Community Benefit Expenditures (informational only)																							
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)																							
11. Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)																							
12. Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX														
13. Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX														
14. Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX														
15. Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX														
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)																							
16a ICD-10 Implementation Expenses (informational only: already included in Line 10.4)																							
OTHER INDICATORS:																							
1. Number of Certificates/Policies															1,096	1,096							
2. Number of Covered Lives															1,096	1,096							
3. Number of Groups	XXX			XXX																			
4. Member Months															12,274	12,274							

Is run-off business reported in Columns 1 through 9 or 12?

If yes, show the amount of premiums and claims included: Premiums \$ Claims \$

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

Report For: 1. Corporation OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE 2. Location: FOUNTAIN POINT II, 4675 CORNELL RD, SUITE 162 CINCINNATI, OH, US 45241

NAIC Group Code: 5035

Business in the State of Ohio

During the Year: 2022

NAIC Company Code: 16725

	Business Subject to MLR								9	10	11	12	13					
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans											
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group										
1. Health Premiums Earned:																		
1.1 Direct premiums written.....													41,525,573					
1.2 Unearned premium prior year.....													132,313					
1.3 Unearned premium current year.....													132,313					
1.4 Change in unearned premium (Lines 1.2 – 1.3).....													132,313					
1.5 Paid rate credits.....													132,313					
1.6 Reserve for rate credits current year.....													132,313					
1.7 Reserve for rate credits prior year.....													132,313					
1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....													132,313					
1.9 Premium balances written off.....													132,313					
1.10 Group conversion charges.....													132,313					
1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 1.10).....													41,525,573					
1.12 Assumed premiums earned from non-affiliates.....													41,525,573					
1.13 Net assumed less ceded premiums earned from affiliates.....													41,525,573					
1.14 Ceded premiums earned to non-affiliates.....													102,028					
1.15 Other adjustments due to MLR calculation – Premiums.....													102,028					
1.16 Net premiums earned (Lines 1.11 – 1.5 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15).....													41,291,232					
2. Direct Claims Incurred:																		
2.1 Paid claims during the year.....													33,056,044					
2.2 Direct claim liability current year.....													4,063,915					
2.3 Direct claim liability prior year.....													4,116,458					
2.4 Direct claim reserves current year.....													4,116,458					
2.5 Direct claim reserves prior year.....													4,116,458					
2.6 Direct contract reserves current year.....													4,116,458					
2.7 Direct contract reserves prior year.....													4,116,458					
2.8 Paid rate credits.....													4,116,458					
2.9 Reserve for rate credits current year.....													4,116,458					
2.10 Reserve for rate credits prior year.....													4,116,458					
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c).....													864,720					
2.11a Paid medical incentive pools and bonuses current year.....													2,067,434					
2.11b Accrued medical incentive pools and bonuses current year.....													285,000					
2.11c Accrued medical incentive pools and bonuses prior year.....													1,487,714					
2.12 Net health care receivables (Lines 2.12a – 2.12b).....													(49,204)					
2.12a Health care receivables current year.....													71,880					
2.12b Health care receivables prior year.....													121,084					
2.13 Group conversion charge.....													121,084					
2.14 Multi-option coverage blended rate adjustment.....													121,084					
2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14).....													34,049,738					
2.16 Assumed incurred claims from non-affiliates.....													34,049,738					
2.17 Net assumed less ceded incurred claims from affiliates.....													34,049,738					
2.18 Ceded incurred claims to non-affiliates.....													34,049,738					
2.19 Other adjustments due to MLR calculation – Claims.....													34,049,738					
2.20 Net Incurred Claims (Lines 2.15 – 2.8 – 2.9 + 2.10 + 2.16 + 2.17 – 2.18 + 2.19).....													34,049,738					
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only).....													34,049,738					

(a) Column 13, Line 1.1 includes direct written premium of \$ for stand-alone dental and \$ for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

Report For: 1. Corporation OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE 2. Location: FOUNTAIN POINT II, 4675 CORNELL RD, SUITE 162 CINCINNATI, OH, US 45241

NAIC Group Code: 5035

Business in the State of Ohio

During the Year: 2022

NAIC Company Code: 16725

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses		
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$ for affiliated services)										
1.2	Outsourced services										
1.3	EDP equipment and software (incl \$ for affiliated services)										
1.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
1.5	Accreditation and certification (incl \$ for affiliated services)										
1.6	Other expenses (incl \$ for affiliated services)										
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)										
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fees (in total, for tying purposes)										
1.10	Total (1.7 to 1.9)										
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$ for affiliated services)										
2.2	Outsourced Services										
2.3	EDP equipment and software (incl \$ for affiliated services)										
2.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
2.5	Accreditation and certification (incl \$ for affiliated services)										
2.6	Other expenses (incl \$ for affiliated services)										
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)										
2.8	Reimbursements by uninsured plans and fiscal intermediaries										
2.9	Taxes, licenses and fees (in total, for tying purposes)										
2.10	Total (2.7 to 2.9)										
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$ for affiliated services)										
3.2	Outsourced services										
3.3	EDP equipment and software (incl \$ for affiliated services)										
3.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
3.5	Accreditation and certification (incl \$ for affiliated services)										
3.6	Other expenses (incl \$ for affiliated services)										
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)										
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fees (in total, for tying purposes)										
3.10	Total (3.7 to 3.9)										
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (CONTINUED)

(To Be Filed by April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses		
4.	Individual Mini-Med Plans Expenses										
4.1	Salaries (including \$ for affiliated services).....										
4.2	Outsourced services.....										
4.3	EDP equipment and software (incl \$ for affiliated services).....										
4.4	Other equipment (excl. EDP) (incl \$ for affiliated services).....										
4.5	Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX					
4.6	Other expenses (incl \$ for affiliated services).....										
4.7	Subtotal before reimbursements and taxes (4.1 to 4.6).....										
4.8	Reimbursements by uninsured plans and fiscal intermediaries.....										
4.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	Total (4.7 to 4.9).....										
4.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....										
5.	Small Group Mini-Med Plans Expenses										
5.1	Salaries (including \$ for affiliated services).....										
5.2	Outsourced services.....										
5.3	EDP equipment and software (incl \$ for affiliated services).....										
5.4	Other equipment (excl. EDP) (incl \$ for affiliated services).....										
5.5	Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	XXX				
5.6	Other expenses (incl \$ for affiliated services).....										
5.7	Subtotal before reimbursements and taxes (5.1 to 5.6).....										
5.8	Reimbursements by uninsured plans and fiscal intermediaries.....										
5.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	Total (5.7 to 5.9).....										
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....										
6.	Large Group Mini-Med Plans Expenses										
6.1	Salaries (including \$ for affiliated services).....										
6.2	Outsourced services.....										
6.3	EDP equipment and software (incl \$ for affiliated services).....										
6.4	Other equipment (excl. EDP) (incl \$ for affiliated services).....										
6.5	Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX					
6.6	Other expenses (incl \$ for affiliated services).....										
6.7	Subtotal before reimbursements and taxes (6.1 to 6.6).....										
6.8	Reimbursements by uninsured plans and fiscal intermediaries.....										
6.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	Total (6.7 to 6.9).....										
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (CONTINUED)

(To Be Filed by April 1 - Not for Rebate Purposes)

Supp216.6.OH

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses		
7.	Small Group Expatriate Plans Expenses										
7.1	Salaries (including \$ for affiliated services)										
7.2	Outsourced services										
7.3	EDP equipment and software (incl \$ for affiliated services)										
7.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
7.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
7.6	Other expenses (incl \$ for affiliated services)										
7.7	Subtotal before reimbursements and taxes (7.1 to 7.6)										
7.8	Reimbursements by uninsured plans and fiscal intermediaries										
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	Total (7.7 to 7.9)										
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
8.	Large Group Expatriate Plans Expenses										
8.1	Salaries (including \$ for affiliated services)										
8.2	Outsourced services										
8.3	EDP equipment and software (incl \$ for affiliated services)										
8.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
8.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	XXX				
8.6	Other expenses (incl \$ for affiliated services)										
8.7	Subtotal before reimbursements and taxes (8.1 to 8.6)										
8.8	Reimbursements by uninsured plans and fiscal intermediaries										
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	Total (8.7 to 8.9)										
8.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
9.	Student Health Plans Expenses										
9.1	Salaries (including \$ for affiliated services)										
9.2	Outsourced services										
9.3	EDP equipment and software (incl \$ for affiliated services)										
9.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
9.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
9.6	Other expenses (incl \$ for affiliated services)										
9.7	Subtotal before reimbursements and taxes (9.1 to 9.6)										
9.8	Reimbursements by uninsured plans and fiscal intermediaries										
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	Total (9.7 to 9.9)										
9.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

NONE