

**QUARTERLY STATEMENT
OF THE
AMERIGROUP Tennessee, Inc.**

**of
Nashville
in the state of
Tennessee**

**TO THE
Insurance Department
OF THE STATE OF
Tennessee**

**FOR THE QUARTER ENDED
June 30, 2009**

2009

HEALTH

2009



QUARTERLY STATEMENT
AS OF June 30, 2009
OF THE CONDITION AND AFFAIRS OF THE
AMERIGROUP Tennessee, Inc.

NAIC Group Code 1156 (Current Period) , 1156 (Prior Period) NAIC Company Code 12941 Employer's ID Number 20-4776597

Organized under the Laws of Tennessee , State of Domicile or Port of Entry Tennessee

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[X]
 Other[] Is HMO Federally Qualified? Yes[] No[X] N/A[]

Incorporated/Organized 04/26/2006 Commenced Business 04/01/2007

Statutory Home Office 22 Century Boulevard, Ste 310 , Nashville, TN 37214
 (Street and Number) (City, or Town, State and Zip Code)

Main Administrative Office 4425 Corporation Lane
 (Street and Number)
Virginia Beach, VA (City or Town, State and Zip Code) (757)473-2721 (Area Code) (Telephone Number)

Mail Address 4425 Corporation Lane , Virginia Beach, VA 23462
 (Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records 4425 Corporation Lane
 (Street and Number)
Virginia Beach, VA 23462 (City, or Town, State and Zip Code) (757)473-2721 (Area Code) (Telephone Number)

Internet Web Site Address www.amerigroupcorp.com

Statutory Statement Contact Margaret Mary Roomsburg (Name) (757)473-2721 (Area Code)(Telephone Number)(Extension)
mroomsb@amerigroupcorp.com (E-Mail Address) (757)557-6742 (Fax Number)

OFFICERS

| Name | Title |
|----------------------------|-------------------------------|
| Alvin Brock King | President/CEO |
| William George Runyon | Vice President/CMO |
| Michael Anthony Scarbrough | Vice President/COO |
| Stanley Forrest Baldwin | Vice President/Secretary |
| Nicholas Joseph Pace, II | Vice President/Asst Secretary |
| Richard Charles Zoretic | Vice President/Asst Secretary |
| Scott Wayne Anglin | Vice President/Treasurer |
| James Ward Truess | Vice President/Asst Treasurer |
| Karen Lint Shields | Vice President/Asst Treasurer |

OTHERS

William Gardner Wood, M.D., Vice President
 Linda Kaye Whitley-Taylor, Vice President

Margaret Mary Roomsburg, Vice President

DIRECTORS OR TRUSTEES

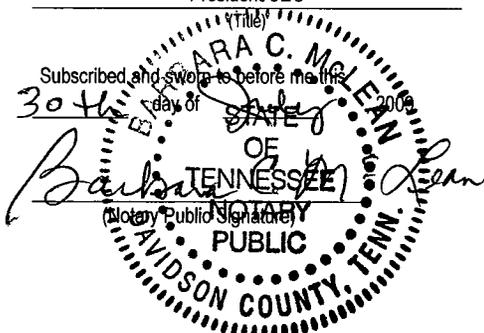
Charles Brian Shipp
 Nicholas Joseph Pace, II

Alvin Brock King

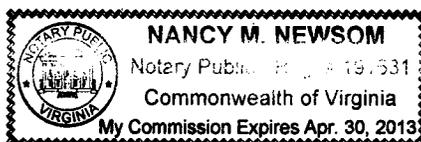
State of Virginia
 County of Virginia Beach ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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 therefrom 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.

| | | |
|------------------|--------------------------|-------------------------|
| | | |
| (Signature) | (Signature) | (Signature) |
| Alvin Brock King | Stanley Forrest Baldwin | Margaret Mary Roomsburg |
| (Printed Name) | (Printed Name) | (Printed Name) |
| 1. | 2. | 3. |
| President/CEO | Vice President/Secretary | Vice President |
| (Title) | (Title) | (Title) |



- a. Is this an original filing? Yes[X] No[]
- b. If no, 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____



My Commission Expires JAN. 23, 2010

ASSETS

| | Current Statement Date | | | 4 December 31, Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 53,799,382 | | 53,799,382 | 46,213,753 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. Cash (\$.....24,643,042), cash equivalents (\$.....0) and short-term investments (\$.....38,002,954) | 62,645,996 | | 62,645,996 | 75,349,688 |
| 6. Contract loans (including \$.....0 premium notes) | | | | |
| 7. Other invested assets | | | | |
| 8. Receivables for securities | | | | |
| 9. Aggregate write-ins for invested assets | | | | |
| 10. Subtotals, cash and invested assets (Lines 1 to 9) | 116,445,378 | | 116,445,378 | 121,563,441 |
| 11. Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 12. Investment income due and accrued | 275,841 | | 275,841 | 362,026 |
| 13. Premiums and considerations: | | | | |
| 13.1 Uncollected premiums and agents' balances in the course of collection | 24,587,941 | | 24,587,941 | 9,816,800 |
| 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) | | | | |
| 13.3 Accrued retrospective premiums | 163,931 | | 163,931 | |
| 14. Reinsurance: | | | | |
| 14.1 Amounts recoverable from reinsurers | 2,073 | | 2,073 | 254 |
| 14.2 Funds held by or deposited with reinsured companies | | | | |
| 14.3 Other amounts receivable under reinsurance contracts | | | | |
| 15. Amounts receivable relating to uninsured plans | 348,960 | | 348,960 | 1,151,466 |
| 16.1 Current federal and foreign income tax recoverable and interest thereon ... | | | | |
| 16.2 Net deferred tax asset | 2,680,389 | | 2,680,389 | |
| 17. Guaranty funds receivable or on deposit | | | | |
| 18. Electronic data processing equipment and software | 985,785 | 603,618 | 382,167 | 638,618 |
| 19. Furniture and equipment, including health care delivery assets (\$.....0) | 1,644,028 | 1,644,028 | | |
| 20. Net adjustments in assets and liabilities due to foreign exchange rates ... | | | | |
| 21. Receivables from parent, subsidiaries and affiliates | | | | |
| 22. Health care (\$.....0) and other amounts receivable | 1,762,466 | 1,762,466 | | |
| 23. Aggregate write-ins for other than invested assets | 84,005 | 84,005 | | |
| 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) | 148,980,797 | 4,094,117 | 144,886,680 | 133,532,605 |
| 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 26. Total (Lines 24 and 25) | 148,980,797 | 4,094,117 | 144,886,680 | 133,532,605 |
| DETAILS OF WRITE-INS | | | | |
| 0901. | | | | |
| 0902. | | | | |
| 0903. | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | |
| 0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) | | | | |
| 2301. Prepaid Expenses - Short-term | 84,005 | 84,005 | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | 84,005 | 84,005 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....0 reinsurance ceded) | 62,897,750 | | 62,897,750 | 75,084,654 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 1,634,662 | | 1,634,662 | 1,899,953 |
| 4. Aggregate health policy reserves | | | | |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | | | | |
| 9. General expenses due or accrued | 524,981 | | 524,981 | 645,090 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | | | | |
| 12. Amounts withheld or retained for the account of others | | | | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 1,402,537 | | 1,402,537 | |
| 16. Payable for securities | | | | |
| 17. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers) | | | | |
| 18. Reinsurance in unauthorized companies | | | | |
| 19. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 20. Liability for amounts held under uninsured plans | | | | |
| 21. Aggregate write-ins for other liabilities (including \$.....0 current) | 3,662,188 | | 3,662,188 | 1,314,610 |
| 22. Total liabilities (Lines 1 to 21) | 70,122,118 | | 70,122,118 | 78,944,307 |
| 23. Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 24. Common capital stock | X X X | X X X | 1,000 | 1,000 |
| 25. Preferred capital stock | X X X | X X X | | |
| 26. Gross paid in and contributed surplus | X X X | X X X | 94,142,437 | 93,939,311 |
| 27. Surplus notes | X X X | X X X | | |
| 28. Aggregate write-ins for other than special surplus funds | X X X | X X X | | |
| 29. Unassigned funds (surplus) | X X X | X X X | (19,378,875) | (39,352,013) |
| 30. Less treasury stock, at cost: | | | | |
| 30.1 ... ..0 shares common (value included in Line 24 \$.....0) | X X X | X X X | | |
| 30.2 ... ..0 shares preferred (value included in Line 25 \$.....0) | X X X | X X X | | |
| 31. Total capital and surplus (Lines 23 to 29 minus Line 30) | X X X | X X X | 74,764,562 | 54,588,298 |
| 32. Total Liabilities, capital and surplus (Lines 22 and 31) | X X X | X X X | 144,886,680 | 133,532,605 |
| DETAILS OF WRITE-INS | | | | |
| 2101. Due to MMCC | | | | 153,532 |
| 2102. Accrued Premium Tax | 3,662,188 | | 3,662,188 | 1,161,078 |
| 2103. | | | | |
| 2198. Summary of remaining write-ins for Line 21 from overflow page | | | | |
| 2199. TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above) | 3,662,188 | | 3,662,188 | 1,314,610 |
| 2301. | X X X | X X X | | |
| 2302. | X X X | X X X | | |
| 2303. | X X X | X X X | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | X X X | X X X | | |
| 2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | X X X | X X X | | |
| 2801. | X X X | X X X | | |
| 2802. | X X X | X X X | | |
| 2803. | X X X | X X X | | |
| 2898. Summary of remaining write-ins for Line 28 from overflow page | X X X | X X X | | |
| 2899. TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | X X X | 1,138,494 | 1,112,146 | 2,224,177 |
| 2. Net premium income (including \$.....0 non-health premium income) | X X X | 295,591,926 | 312,860,060 | 607,095,174 |
| 3. Change in unearned premium reserves and reserves for rate credits | X X X | | | |
| 4. Fee-for-service (net of \$.....0 medical expenses) | X X X | | | |
| 5. Risk revenue | X X X | | | |
| 6. Aggregate write-ins for other health care related revenues | X X X | | | |
| 7. Aggregate write-ins for other non-health revenues | X X X | | | |
| 8. Total revenues (Lines 2 to 7) | X X X | 295,591,926 | 312,860,060 | 607,095,174 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 152,901,228 | 203,373,155 | 344,344,799 |
| 10. Other professional services | | 22,319,437 | 6,110,804 | 28,092,729 |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | 24,825,136 | 27,866,981 | 50,030,095 |
| 13. Prescription drugs | | 729,788 | 372,681 | 903,872 |
| 14. Aggregate write-ins for other hospital and medical | | 42,769,122 | 57,224,353 | 111,891,744 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. Subtotal (Lines 9 to 15) | | 243,544,711 | 294,947,974 | 535,263,239 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | (307,631) | (269,976) | (588,473) |
| 18. Total hospital and medical (Lines 16 minus 17) | | 243,852,342 | 295,217,950 | 535,851,712 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$.....5,155,494 cost containment expenses | | 7,345,803 | 7,854,211 | 15,665,584 |
| 21. General administrative expenses | | 30,749,292 | 38,373,192 | 56,115,828 |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) | | | | |
| 23. Total underwriting deductions (Lines 18 through 22) | | 281,947,437 | 341,445,353 | 607,633,124 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | 13,644,489 | (28,585,293) | (537,950) |
| 25. Net investment income earned | | 903,738 | 1,728,323 | 3,355,672 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0 | | 32,003 | 4,983 | 7,278 |
| 27. Net investment gains or (losses) (Lines 25 plus 26) | | 935,741 | 1,733,306 | 3,362,950 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] | | | | |
| 29. Aggregate write-ins for other income or expenses | | | | |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | 14,580,230 | (26,851,987) | 2,825,000 |
| 31. Federal and foreign income taxes incurred | X X X | | | |
| 32. Net income (loss) (Lines 30 minus 31) | X X X | 14,580,230 | (26,851,987) | 2,825,000 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | X X X | | | |
| 0602. | X X X | | | |
| 0603. | X X X | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | | |
| 0701. | X X X | | | |
| 0702. | X X X | | | |
| 0703. | X X X | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | | |
| 1401. Home Health Care, DME, Transportation, Etc. | | 42,769,122 | 57,224,353 | 111,891,744 |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | 42,769,122 | 57,224,353 | 111,891,744 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 54,588,298 | 24,061,114 | 24,061,114 |
| 34. Net income or (loss) from Line 32 | 14,580,230 | (26,851,987) | 2,825,000 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | 2,680,389 | | |
| 39. Change in nonadmitted assets | 2,712,519 | 6,095,138 | 8,843,644 |
| 40. Change in unauthorized reinsurance | | | |
| 41. Change in treasury stock | | | |
| 42. Change in surplus notes | | | |
| 43. Cumulative effect of changes in accounting principles | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | | |
| 44.2 Transferred from surplus (Stock Dividend) | | | |
| 44.3 Transferred to surplus | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 203,126 | 27,187,556 | 27,325,953 |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | | | (8,467,413) |
| 48. Net change in capital and surplus (Lines 34 to 47) | 20,176,264 | 6,430,707 | 30,527,184 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 74,764,562 | 30,491,821 | 54,588,298 |
| DETAILS OF WRITE-INS | | | |
| 4701. Goodwill | | | (6,544,413) |
| 4702. Intangible Asset | | | (1,923,000) |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | (8,467,413) |

CASH FLOW

| | | 1 Current Year To Date | 2 Prior Year Ended December 31 |
|--|--|---------------------------------|---|
| Cash from Operations | | | |
| 1. | Premiums collected net of reinsurance | 280,656,854 | 605,857,140 |
| 2. | Net investment income | 1,021,926 | 3,648,857 |
| 3. | Miscellaneous income | | |
| 4. | Total (Lines 1 to 3) | 281,678,780 | 609,505,997 |
| 5. | Benefit and loss related payments | 256,101,865 | 532,793,915 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 36,694,551 | 70,390,129 |
| 8. | Dividends paid to policyholders | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | |
| 10. | Total (Lines 5 through 9) | 292,796,416 | 603,184,044 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (11,117,636) | 6,321,953 |
| Cash from Investments | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | |
| 12.1 | Bonds | 24,125,000 | 30,975,000 |
| 12.2 | Stocks | | |
| 12.3 | Mortgage loans | | |
| 12.4 | Real estate | | |
| 12.5 | Other invested assets | | |
| 12.6 | Net gains or (losses) on cash, cash equivalents and short-term investments | | |
| 12.7 | Miscellaneous proceeds | | |
| 12.8 | Total investment proceeds (Lines 12.1 to 12.7) | 24,125,000 | 30,975,000 |
| 13. | Cost of investments acquired (long-term only): | | |
| 13.1 | Bonds | 31,678,626 | 48,352,650 |
| 13.2 | Stocks | | |
| 13.3 | Mortgage loans | | |
| 13.4 | Real estate | | |
| 13.5 | Other invested assets | | |
| 13.6 | Miscellaneous applications | 32,003 | 7,278 |
| 13.7 | Total investments acquired (Lines 13.1 to 13.6) | 31,710,629 | 48,359,928 |
| 14. | Net increase (or decrease) in contract loans and premium notes | | |
| 15. | Net cash from investments (Line 12.8 minus Lines 13.7 and 14) | (7,585,629) | (17,384,928) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | | |
| 16.1 | Surplus notes, capital notes | | |
| 16.2 | Capital and paid in surplus, less treasury stock | | 22,200,000 |
| 16.3 | Borrowed funds | | |
| 16.4 | Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 | Dividends to stockholders | | |
| 16.6 | Other cash provided (applied) | 5,999,573 | (6,601,263) |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 5,999,573 | 15,598,737 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (12,703,692) | 4,535,762 |
| 19. | Cash, cash equivalents and short-term investments: | | |
| 19.1 | Beginning of year | 75,349,688 | 70,813,926 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 62,645,996 | 75,349,688 |

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

| Description | | Amount 1 | Amount 2 |
|-------------|--------------------------------------|-------------|-------------|
| 20.0001 | Depreciation | 780,311 | 1,688,220 |
| 20.0002 | Non-cash Capital Contributions | 203,126 | 392,252 |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|-------------|------------------------------------|------------|---|---|---|---|-----------|-------------|----|---|
| | Total | 2 Individual | 3 Group | | | | | | | | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | 186,887 | | | | | | | 694 | 186,193 | | |
| 2. First Quarter | 188,802 | | | | | | | 788 | 188,014 | | |
| 3. Second Quarter | 195,469 | | | | | | | 878 | 194,591 | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| 6. Current Year Member Months | 1,138,494 | | | | | | | 4,815 | 1,133,679 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | |
| 7. Physician | 608,733 | | | | | | | 5,349 | 603,384 | | |
| 8. Non-Physician | 426,649 | | | | | | | 4,584 | 422,065 | | |
| 9. Total | 1,035,382 | | | | | | | 9,933 | 1,025,449 | | |
| 10. Hospital Patient Days Incurred | 61,124 | | | | | | | 1,320 | 59,804 | | |
| 11. Number of Inpatient Admissions | 10,626 | | | | | | | 158 | 10,468 | | |
| 12. Health Premiums Written (a) | 295,591,926 | | | | | | | 6,174,928 | 289,416,998 | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | 295,591,926 | | | | | | | 6,174,928 | 289,416,998 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 255,792,415 | | | | | | | 4,367,164 | 251,425,251 | | |
| 18. Amount Incurred for Provision of Health Care Services | 243,544,711 | | | | | | | 4,704,109 | 238,840,602 | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....6,174,928.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0199999 Individually Listed Claims Unpaid | | | | | | |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 9,692,851 | 1,542,897 | 296,067 | 154,363 | (836,276) | 10,849,902 |
| 0499999 Subtotals | 9,692,851 | 1,542,897 | 296,067 | 154,363 | (836,276) | 10,849,902 |
| 0599999 Unreported claims and other claim reserves | | | | | | 52,047,848 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 62,897,750 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts | | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1+3) | 6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year |
|---|---|--|---|--|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec.31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital & medical) | | | | | | |
| 2. Medicare Supplement | | | | | | |
| 3. Dental only | | | | | | |
| 4. Vision only | | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | | |
| 6. Title XVIII - Medicare | 1,179,099 | 3,188,205 | 222,055 | 2,145,436 | 1,401,154 | 2,027,057 |
| 7. Title XIX - Medicaid | 55,523,616 | 196,208,872 | 8,805,774 | 51,724,485 | 64,329,390 | 73,057,343 |
| 8. Other health | | | | | | |
| 9. Health subtotal (Lines 1 to 8) | 56,702,715 | 199,397,077 | 9,027,829 | 53,869,921 | 65,730,544 | 75,084,400 |
| 10. Healthcare receivables (a) | | 123,466 | | | | 62,666 |
| 11. Other non-health | | | | | | |
| 12. Medical incentive pools and bonus amounts | | | | | | |
| 13. Totals | 56,702,715 | 199,273,611 | 9,027,829 | 53,869,921 | 65,730,544 | 75,021,734 |

(a) Excludes \$1,639,000 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The Financial Statements of AMERIGROUP Tennessee, Inc. (the Company) is presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 1, 2009 (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee. There are no state permitted practices that differ from the NAIC Accounting Practices and Procedures Manual that impact the financial statements or statutory new worth for AMERIGROUP Tennessee, Inc.

B. Use of Estimates in the Preparation of the Financial Statements

No Change

C. Accounting Policy

No Change

2. Accounting Changes and Corrections of Errors

A. Disclosure for Insurers Upon Initial Implementation of Codification:

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

No Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Change

7. Investment Income

No Change

8. Derivative Instruments

No Change

9. Income Taxes

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

AMERIGROUP Corporation owns 100% of the outstanding shares of the Company and provides administrative and financial support services to the Company. Inter-company management fees are charged to the Company during 2009 and 2008 for these services were \$16,036,974 and \$33,795,917, respectively, and in accordance with a Management Services Agreement based on generally accepted accounting principles. As of June 30, 2009 the company owed \$1,402,537 to AMERIGROUP Corporation.

11. Debt

No Change

Notes to Financial Statement**12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefits Plans**

No Change

13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations.

No Change

14. Contingencies

None

15. Leases

No Change

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial with Concentrations of Credit Risk.

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**A. Transfers of Receivables Reported as Sales**

None

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

The Company has not engaged in any wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.

A. The Company has Administrative Services Only (ASO) operations in the West Tennessee Grand Region and in the Middle Tennessee Grand Region. In 2009, the ASO's operations were as followed:

| | ASO Uninsured Plan | Uninsured Portion of Partially Insured Plan | Total ASO |
|---|--------------------------|--|----------------|
| a. Net reimbursement for Administrative Expenses (including Administrative Fees) in excess of Actual Expenses | \$ (2,602,079) | \$ 0 | \$ (2,602,079) |
| b. Total Net Other Income or Expenses (Including Interest paid or received from plan | \$ 0 | \$ 0 | \$ 0 |
| c. Net Gain or Loss from Operations | \$ (2,602,079) | \$ 0 | \$ (2,602,079) |
| d. Total Claim Payment Volume | \$15,233,039 | \$ 0 | \$ 15,233,039 |

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

None

20. Other Items

None

21. Events Subsequent

None

22. Reinsurance

No Change

Notes to Financial Statement**23. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

None

24. Change in Incurred Claims and Claim Adjustment Expenses

A summary of the activity for claims unpaid is as follows:

| | 2009 | 2008 |
|------------------------------|---------------------|---------------------|
| Liability balance prior year | \$75,084,654 | \$72,252,049 |
| Plus incurred related to: | | |
| Current year | 252,893,092 | 528,218,428 |
| Prior years | <u>(9,348,381)</u> | <u>7,044,811</u> |
| Total Incurred | 243,544,711 | 535,263,239 |
| Less paid related to: | | |
| Current year | 199,023,171 | 453,855,936 |
| Prior years | <u>56,708,444</u> | <u>78,574,698</u> |
| Total Paid | 255,731,615 | 532,430,634 |
| Balance current year | <u>\$62,897,750</u> | <u>\$75,084,654</u> |

The Company uses actuarial techniques based principally on historical payment patterns to estimate incurred claims. Changes in payment patterns and claims trends can result in adjustments to the claims estimate, which are recorded in current operations. The change in estimate of incurred claims related to the prior year recognized in 2009 was attributable to higher than anticipated utilization and costs of medical services.

25. Intercompany Pooling Arrangements

None

26. Structured Settlements

None

27. Health Care Receivables

Health Care Receivables consist of provider advances and provider overpayments on paid claims.

28. Participating Policies

None

29. Premium Deficiency Reserves.

None

30. Salvage and Subrogation

None

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No N/A

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:

- 3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
If yes, complete the Schedule Y - Part 1 - organizational chart.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No N/A
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 03/31/2008
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 03/31/2008
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
Department of Commerce and Insurance, TennCare Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|---------------------|-----------------------------|---|---|---|---|---|
| | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$..... 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|--|--|---|
| 14.21 Bonds | | |
| 14.22 Preferred Stock | | |
| 14.23 Common Stock | | |
| 14.24 Short-Term Investments | | |
| 14.25 Mortgages Loans on Real Estate | | |
| 14.26 All Other | | |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement. Yes [] No [] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|--|
| U.S. Bank | EX DC-WNWW, 1025 Connecticut Avenue, Suite 517, Washington, DC 20036 |

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No[X]

16.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|------------------------|-------------|
| | | | |

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|---|--------------|--------------|
| | | |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No []

17.2 If no, list exceptions:

General Interrogatories Part 1 Attachments

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Effective July 9, 2009, the State of Tennessee Department of Commerce and Insurance approved a new Administrative Support Services Agreement retroactive to January 1, 2009. Due to the effective date of the agreement, the YTD changes will be adjusted in July 2009.

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Location | 6 Type of Reinsurance Ceded | 7 Is Insurer Authorized? (Yes or No) |
|------------------------------|------------------------------|------------------------|------------------------|---------------|--------------------------------------|---|
| | | | NONE | | | |

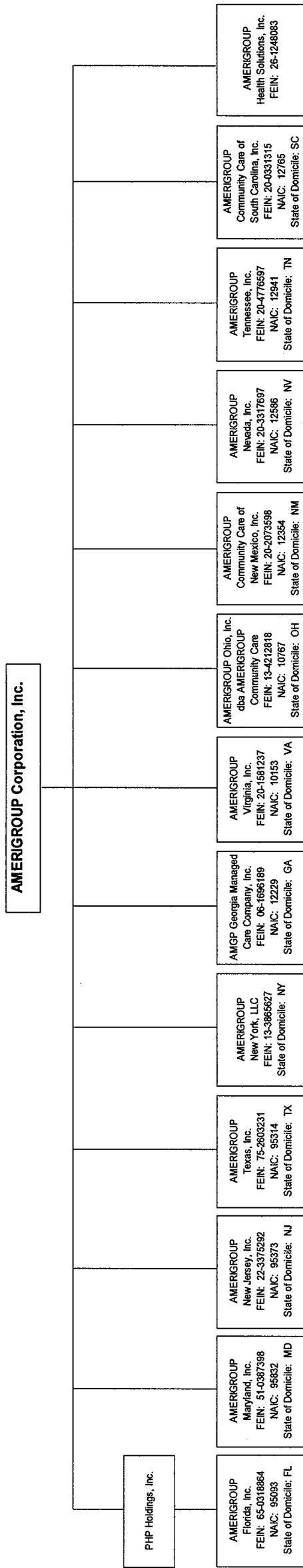
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | 1 Active Status | Direct Business Only | | | | | | | |
|---|--------------------|-----------------------------------|---------------------------|-------------------------|---|---|---------------------------------|--------------------------------|-----------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/Casualty Premiums | 8 Total Columns 2 Through 7 | 9 Deposit-Type Contracts |
| 1. Alabama (AL) | N | | | | | | | | |
| 2. Alaska (AK) | N | | | | | | | | |
| 3. Arizona (AZ) | N | | | | | | | | |
| 4. Arkansas (AR) | N | | | | | | | | |
| 5. California (CA) | N | | | | | | | | |
| 6. Colorado (CO) | N | | | | | | | | |
| 7. Connecticut (CT) | N | | | | | | | | |
| 8. Delaware (DE) | N | | | | | | | | |
| 9. District of Columbia (DC) | N | | | | | | | | |
| 10. Florida (FL) | N | | | | | | | | |
| 11. Georgia (GA) | N | | | | | | | | |
| 12. Hawaii (HI) | N | | | | | | | | |
| 13. Idaho (ID) | N | | | | | | | | |
| 14. Illinois (IL) | N | | | | | | | | |
| 15. Indiana (IN) | N | | | | | | | | |
| 16. Iowa (IA) | N | | | | | | | | |
| 17. Kansas (KS) | N | | | | | | | | |
| 18. Kentucky (KY) | N | | | | | | | | |
| 19. Louisiana (LA) | N | | | | | | | | |
| 20. Maine (ME) | N | | | | | | | | |
| 21. Maryland (MD) | N | | | | | | | | |
| 22. Massachusetts (MA) | N | | | | | | | | |
| 23. Michigan (MI) | N | | | | | | | | |
| 24. Minnesota (MN) | N | | | | | | | | |
| 25. Mississippi (MS) | N | | | | | | | | |
| 26. Missouri (MO) | N | | | | | | | | |
| 27. Montana (MT) | N | | | | | | | | |
| 28. Nebraska (NE) | N | | | | | | | | |
| 29. Nevada (NV) | N | | | | | | | | |
| 30. New Hampshire (NH) | N | | | | | | | | |
| 31. New Jersey (NJ) | N | | | | | | | | |
| 32. New Mexico (NM) | N | | | | | | | | |
| 33. New York (NY) | N | | | | | | | | |
| 34. North Carolina (NC) | N | | | | | | | | |
| 35. North Dakota (ND) | N | | | | | | | | |
| 36. Ohio (OH) | N | | | | | | | | |
| 37. Oklahoma (OK) | N | | | | | | | | |
| 38. Oregon (OR) | N | | | | | | | | |
| 39. Pennsylvania (PA) | N | | | | | | | | |
| 40. Rhode Island (RI) | N | | | | | | | | |
| 41. South Carolina (SC) | N | | | | | | | | |
| 42. South Dakota (SD) | N | | | | | | | | |
| 43. Tennessee (TN) | L | | 6,174,928 | 289,416,998 | | | | 295,591,926 | |
| 44. Texas (TX) | N | | | | | | | | |
| 45. Utah (UT) | N | | | | | | | | |
| 46. Vermont (VT) | N | | | | | | | | |
| 47. Virginia (VA) | N | | | | | | | | |
| 48. Washington (WA) | N | | | | | | | | |
| 49. West Virginia (WV) | N | | | | | | | | |
| 50. Wisconsin (WI) | N | | | | | | | | |
| 51. Wyoming (WY) | N | | | | | | | | |
| 52. American Samoa (AS) | N | | | | | | | | |
| 53. Guam (GU) | N | | | | | | | | |
| 54. Puerto Rico (PR) | N | | | | | | | | |
| 55. U.S. Virgin Islands (VI) | N | | | | | | | | |
| 56. Northern Mariana Islands (MP) | N | | | | | | | | |
| 57. Canada (CN) | N | | | | | | | | |
| 58. Aggregate other alien (OT) | XXX | | | | | | | | |
| 59. Subtotal | XXX | | 6,174,928 | 289,416,998 | | | | 295,591,926 | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | |
| 61. Total (Direct Business) | (a) 1 | | 6,174,928 | 289,416,998 | | | | 295,591,926 | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | XXX | | | | | | | | |
| 5802. | XXX | | | | | | | | |
| 5803. | XXX | | | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | | | |
| 5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) | XXX | | | | | | | | |

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1294120093650002

2009

Document Code: 365

NONE

SCHEDULE A - VERIFICATION**Real Estate**

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition | | |
| 2.2 | Additional investment made after acquisition | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying | | |
| 7. | Deduct current year's other than temporary impairment recognized | | |
| 8. | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | | |

NONE**SCHEDULE B - VERIFICATION****Mortgage Loans**

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition | | |
| 2.2 | Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage interest po | | |
| 9. | Total foreign exchange change in book value/recorded inv | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | | |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | | |

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

| Description | | 1 | 2 |
|-------------|--|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition | | |
| 2.2 | Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and depreciation | | |
| 9. | Total foreign exchange change in book/adjusted carrying value | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | | |

NONE**SCHEDULE D - VERIFICATION****Bonds and Stocks**

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 46,213,753 | 24,095,124 |
| 2. | Cost of bonds and stocks acquired | 31,733,730 | 53,108,523 |
| 3. | Accrual of discount | 1,675 | (17,461) |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | 32,003 | 7,278 |
| 6. | Deduct consideration for bonds and stocks disposed of | 24,125,000 | 30,975,000 |
| 7. | Deduct amortization of premium | 56,779 | 4,711 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 53,799,382 | 46,213,753 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 53,799,382 | 46,213,753 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------------------------|--|---|---|---|--|---|--|--|
| | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 103,251,059 | 384,335,547 | 395,749,252 | (35,018) | 103,251,059 | 91,802,336 | | 104,783,128 |
| 2. Class 2 (a) | | | | | | | | |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 103,251,059 | 384,335,547 | 395,749,252 | (35,018) | 103,251,059 | 91,802,336 | | 104,783,128 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 103,251,059 | 384,335,547 | 395,749,252 | (35,018) | 103,251,059 | 91,802,336 | | 104,783,128 |

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments Owned End of Current Quarter**

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|-----------------------|---|----------------|---------------------|---|---|
| 9199999. Totals | 38,002,954 | X X X | 38,002,954 | 366,929 | |

SCHEDULE DA - Verification**Short-Term Investments**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 58,569,375 | 65,869,993 |
| 2. Cost of short-term investments acquired | 686,884,254 | 906,134,067 |
| 3. Accrual of discount | | 45,003 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 707,450,675 | 913,479,688 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 38,002,954 | 58,569,375 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 38,002,954 | 58,569,375 |

SI04 **Schedule DB Part F Section 1** **NONE**

SI05 **Schedule DB Part F Section 2** **NONE**

SCHEDULE E - Verification
(Cash Equivalents)

| | | 1 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year ..... | ..... | ..... |
| 2. | Cost of cash equivalents acquired ..... | ..... | 1,000,000 |
| 3. | Accrual of discount ..... | ..... | ..... |
| 4. | Unrealized valuation increase (decrease) ..... | ..... | ..... |
| 5. | Total gain (loss) on disposals ..... | ..... | ..... |
| 6. | Deduct consideration received on disposals ..... | ..... | 1,000,000 |
| 7. | Deduct amortization of premium ..... | ..... | ..... |
| 8. | Total foreign exchange change in book/adjusted carrying value ..... | ..... | ..... |
| 9. | Deduct current year's other than temporary impairment recognized ..... | ..... | ..... |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) ..... | ..... | ..... |
| 11. | Deduct total nonadmitted amounts ..... | ..... | ..... |
| 12. | Statement value at end of current period (Line 10 minus Line 11) ..... | ..... | ..... |

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation or Market Indicator (a) |
|---------------------------------|--|--------------|--------------------|------------------------|-----------------------------------|------------------|----------------|---|---|
| Bonds - U.S. Governments | | | | | | | | | |
| 3133XTGU4 | Federal Home Loan Bank | | 04/09/2009 | Suntrust | X X X | 2,000,000 | 2,000,000.00 | 133 | 1 |
| 3128X8Y30 | Federal Home Loan Mortgage Corp | | 06/23/2009 | Suntrust | X X X | 2,000,000 | 2,000,000.00 | | 1 |
| 3128X7NF7 | Federal Home Loan Mortgage Corp | | 04/01/2009 | Suntrust | X X X | 1,034,180 | 1,000,000.00 | 13,781 | 1 |
| 0399999 | Subtotal - Bonds - U.S. Governments | | | | X X X | 5,034,180 | 5,000,000.00 | 13,914 | X X X |
| 8399997 | Subtotal - Bonds - Part 3 | | | | X X X | 5,034,180 | 5,000,000.00 | 13,914 | X X X |
| 8399998 | Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | X X X | X X X | X X X | X X X | X X X |
| 8399999 | Subtotal - Bonds | | | | X X X | 5,034,180 | 5,000,000.00 | 13,914 | X X X |
| 8999998 | Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | X X X | X X X | X X X | X X X | X X X |
| 9799998 | Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | X X X | X X X | X X X | X X X | X X X |
| 9899999 | Subtotal - Preferred and Common Stocks | | | | X X X | X X X | X X X | X X X | X X X |
| 9999999 | Total - Bonds, Preferred and Common Stocks | | | | X X X | 5,034,180 | X X X | 13,914 | X X X |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
by the Company During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 F o r e i g n Date | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consideration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/ Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/ Stock Dividends Received During Year | 21 Maturity Date | 22 NAIC Designation or Market Indicator (a) | |
|---------------------------------|--|--|-----------------------|---------------------------|--------------------------------------|--------------------|-------------------|---------------------|--|--|--|---|---|--|---|--|---|---|------------------------|---|--|
| | | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's (Amortization)/ Accretion | 13 Current Year's Other Than Temporary Impairment Recognized | 14 Total Change in B./A.C.V. (11 + 12 - 13) | | | | | | | | 15 Total Foreign Exchange Change in B./A.C.V. |
| Bonds - U.S. Governments | | | | | | | | | | | | | | | | | | | | | |
| 3128XKP6 | Federal Home Loan Mortgage Corp. | 05/18/2009 | 05/18/2009 | CALLED @ 100.0000000 | XXX | 6,000,000 | 6,000,000.00 | 5,999,550 | 4,000,000 | 103 | XXX | XXX | 103 | 5,999,653 | XXX | 347 | 347 | 18,750 | 03/12/2010 | 1 | |
| 3135F9V9 | Federal National Mortgage Assoc. | 04/16/2009 | 04/16/2009 | CALLED @ 100.0000000 | XXX | 4,000,000 | 4,000,000.00 | 4,000,000 | 4,000,000 | 103 | XXX | XXX | 103 | 4,000,000 | XXX | 347 | 347 | 72,500 | 04/16/2012 | 1 | |
| 0399999 | Subtotal - Bonds - U.S. Governments | | | | XXX | 10,000,000 | 10,000,000.00 | 9,999,550 | 4,000,000 | 103 | XXX | XXX | 103 | 9,999,653 | XXX | 347 | 347 | 91,250 | XXX | XXX | |
| 8399997 | Subtotal - Bonds - Part 4 | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8399998 | Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8999998 | Subtotal - Bonds | | | | XXX | 10,000,000 | 10,000,000.00 | 9,999,550 | 4,000,000 | 103 | XXX | XXX | 103 | 9,999,653 | XXX | 347 | 347 | 91,250 | XXX | XXX | |
| 8999999 | Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9799999 | Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9999999 | Subtotal - Preferred and Common Stocks | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9999999 | Total - Bonds, Preferred and Common Stocks | | | | XXX | 10,000,000 | 10,000,000.00 | 9,999,550 | 4,000,000 | 103 | XXX | XXX | 103 | 9,999,653 | XXX | 347 | 347 | 91,250 | XXX | XXX | |

(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E06 Schedule DB Part B Section 1 NONE

E07 Schedule DB Part C Section 1 NONE

E07 Schedule DB Part D Section 1 NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

| 1 | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|--|------------|-------|---------------------|---|---|---|-----------------|----------------|-------|
| | | | | | | 6 | 7 | 8 | |
| Depository | | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| open depositories | | | | | | | | | |
| Wachovia | Cash | | | | | 14,588,910 | 13,444,123 | 24,566,696 | X X X |
| 0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories | | X X X | X X X | | | 35,138 | 57,712 | 76,346 | X X X |
| 0199999 Totals - Open Depositories | | X X X | X X X | | | 14,624,048 | 13,501,835 | 24,643,042 | X X X |
| 0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories | | X X X | X X X | | | | | | X X X |
| 0299999 Totals - Suspended Depositories | | X X X | X X X | | | | | | X X X |
| 0399999 Total Cash On Deposit | | X X X | X X X | | | 14,624,048 | 13,501,835 | 24,643,042 | X X X |
| 0499999 Cash in Company's Office | | X X X | X X X | X X X | X X X | | | | X X X |
| 0599999 Total Cash | | X X X | X X X | | | 14,624,048 | 13,501,835 | 24,643,042 | X X X |

E09 **Schedule E Part 2 Cash Equivalents** **NONE**

Supp1 **Medicare Part D Coverage Supplement** **NONE**

SAO **Statement of Actuarial Opinion** **NONE**

AEP **Amended Explanation** **NONE**

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**QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION
(HEALTH)**

Name of Insurer AMERIGROUP Tennessee, Inc.

Date 08/15/2009 FEIN 20-4776597
 NAIC Group # 1156 NAIC Company # 12941

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

| | QTR. 1 | QTR. 2 | QTR. 3 |
|---|-----------|-----------|-----------|
| A01. Is this the first time you've submitted this filing? (Y/N) | N/A | Yes | N/A |
| A02. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N) | N/A | N/A | N/A |
| A03. Is this being re-filed due to changes to the data originally filed? (Y/N) | N/A | N/A | N/A |
| A04. Other? (Y/N) | N/A | N/A | N/A |
| (If "yes" attach an explanation.) | | | |

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: Margaret Mary Roomsburg

Phone: (757)473-2721-

Address: 4425 Corporation Lane, Virginia Beach, VA 23462

D. Software Vendor: SunGard iWORKS, LLC
 Version: 2009.Q.0

E. Have material validation failures been addressed in the explanation file? Yes[X] No[]

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name): McAfee VirusScan Enterprise

(version number): 8.5.0.781

(Signed) Margaret Mary Roomsburg

Type Name and Title: Margaret Mary Roomsburg, Vice President

AMERIGROUP[®]

C O R P O R A T I O N

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

TO: Ingenix Consulting

FROM: AMERIGROUP Tennessee, Inc.

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of AMERIGROUP Tennessee, Inc. (Company) as of June 30, 2009, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete; and
3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined.
4. At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of AMERIGROUP Tennessee, Inc. as of June 30, 2009, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of June 30, 2009.

Signed Kathleen A Tottle

Name Kathleen Tottle

Title SVP, Corporate Actuarial

Date 8/11/09

Address 4425 Corporation Lane, VA 23462

Phone Number 757-321-3557

Signed Margaret Roomsburg

Name Margaret Roomsburg

Title SVP and Chief Accounting Officer

Date 8/11/09

Address 4425 Corporation Lane, VA 23462

Phone Number 757-473-2721

AMERIGROUP Tennessee, Inc.
MLR Reconciliation to NAIC Filing
June 30, 2009

TOTAL REVENUES

| | Middle Tennessee | AMERIVANTAGE | West Tennessee | NAIC Filing | Page, Col, Line |
|--------------------------|----------------------|------------------|----------------|-------------|-----------------|
| Net premium income 2009 | 289,416,988 | 6,174,928 | | 295,591,926 | Q4, C2, L2 |
| Net premium income 2008 | 598,983,073 | 8,112,101 | | 607,095,174 | Q4, C2, L2 |
| Net premium income 2007 | 382,864,891 | | | 382,864,891 | Q4, C2, L2 |
| TOTAL | 1,271,264,963 | 8,112,101 | | | |
| MLR Report | 1,278,676,373 | | | | |
| Difference | (7,411,410) | | | | |
| Retroactivity accrual | 3,500,000 | | | | |
| Retroactivity settlement | 3,911,410 | | | | |
| Unreconciled difference | 0 | | | | |

UNPAID CLAIMS

| | Middle Tennessee | AMERIVANTAGE | West Tennessee | NAIC Filing | Page, Col, Line |
|--|-------------------|------------------|----------------|-------------------|-----------------|
| Claims unpaid (less reinsurance ceded) | 60,530,259 | 2,367,491 | | 62,897,750 | Q3, C3, L1 |
| Unpaid claims adjustment expenses | 1,572,725 | 61,937 | | 1,634,662 | Q3, C3, L3 |
| TOTAL | 62,102,984 | 2,429,428 | | 64,532,412 | |

Middle Tennessee Unpaid Claims Total
IBNR on MLR report

62,102,984
52,077,601

Difference
Field checks included in paid on MLR report

10,025,383
1,725,570

Difference
IPA Settlement included in claims payment
Vision included in claims payment

8,299,813
(105,653)
(88,033)

Difference
Difference between full margin and change in margin
Unreconciled difference

8,106,127
(8,106,127)

HOSPITAL AND MEDICAL

Total expenses on MLR report for cumulative calendar Year 2009

244,357,201

Total hospital and medical Cur YTD
Total from NAIC filing

243,852,342
243,852,342

Less Medicare expenses

4,704,792

NAIC net of Medicare expenses

239,147,550

Difference
Prior year adjustments in current cumulative calendar year 2009
Unreconciled difference

5,209,651
5,209,651

AMERIGROUP Tennessee, Inc.
STATEMENT OF ACTUARIAL OPINION – JUNE 30, 2009

I, John C. Lloyd, a member of the American Academy of Actuaries, am a Principal with the firm of Ingenix Consulting, which has been retained by AMERIGROUP Tennessee, Inc. (Company) to render this opinion. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the Company, as prepared for filing with state regulatory officials. Tabulated below are those reserves and related actuarial items.

| | |
|--|---------------|
| Claims unpaid (less \$ reinsurance ceded) (Page 3, Line 1) | \$ 62,897,750 |
| Accrued medical incentive pool and bonus payments (Page 3, Line 2) | \$ 0 |
| Unpaid claims adjustment expenses (Page 3, Line 3) | \$ 1,634,662 |
| Aggregate health policy reserves (Page 3, Line 4) | \$ 0 |
| Aggregate health claim reserves (Page 3, Line 7) | \$ 0 |

In forming my opinion on the reserves above, I relied upon data prepared by Margaret Roomsburg, Chief Accounting Officer, as certified in the attached statements. I evaluated that data for reasonableness and consistency. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

My review covered the effect on reserves of incentive contracts with service providers and potential provider insolvencies. My review included consideration of the potential impact on reserves of contractual arrangements between the Company and service providers. Based on that review and the opinion provided by the Company regarding the separate amounts included to cover potential performance default by at-risk providers, I believe the amounts shown above appropriately recognize the financial impact of contracts between service providers and the Company and the financial strength of at-risk providers.

In my opinion the reserves and related actuarial values concerning the statement items identified above:

- (a) Are computed in accordance with presently accepted actuarial standards consistently applied and are fairly stated, in accordance with sound actuarial principles;
- (b) Are based on actuarial assumptions that produce reserves at least as great as those called for in any contract provision as to reserve basis and method, and are in accordance with all other contract provisions;
- (c) Meet the requirements of the Insurance Law and regulation of the state of Tennessee; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;

AMERIGROUP Tennessee, Inc.
STATEMENT OF ACTUARIAL OPINION – JUNE 30, 2009
(Continued)

- (d) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- (e) Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- (f) Include provision for all actuarial reserves and related statement items which ought to be established.

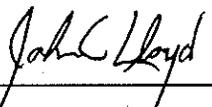
The reserves and related items, when considered in light of the assets held by the company with respect to such reserves and related actuarial items including, but not limited to, the investment earnings on the assets, and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision, according to presently accepted actuarial standards of practice, for the anticipated cash flows required by the contractual obligations and related expenses of the company.

The Underwriting and Investment Exhibit – Part 2B was prepared consistent with "Section 3.6, *Follow-Up Studies*" contained in Actuarial Standard of Practice No. 5, *Incurred Health and Disability Claims* which was adopted by the Actuarial Standards Board in December 2000 (Effective May 1, 2001).

The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

This opinion is updated quarterly as required by statute. To the best of my knowledge, there have been no material changes from the applicable date of the annual statement to the date of the rendering of this opinion which should be considered in reviewing this opinion.

The impact of the unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion.



John C. Lloyd
Principal, Ingenix Consulting – Atlanta
Fellow, Society of Actuaries
Member, American Academy of Actuaries

Ingenix Consulting
2170 Satellite Blvd, Suite 150
Atlanta, GA 30097
(678) 417-4906

August 11, 2009

Statement of Actuarial Opinion

I, A. Kirk Twiss, am associated with the firm of Ingenix Consulting, and am a Member of the American Academy of Actuaries. Ingenix Consulting has been retained by Memphis Managed Care Corp. (MMCC) with regard to claim liabilities and related items. I meet the Academy qualification standards for rendering the opinion and I am familiar with the valuation requirements applicable to MMCC.

I have examined the actuarial assumptions and actuarial methods used in determining claim liabilities listed below, as shown in the quarterly statement of MMCC, as prepared for filing with state regulatory officials as of June 30, 2009:

| | |
|---|-----------|
| Claims Unpaid (restated April 2002) (Page 3, Line 1) | \$0 |
| Remaining IBNR as of 6/30/2009 (MFT report) | \$721,768 |

I have relied on listings and summaries of claims and other relevant data, as prepared by MMCC. I relied on Jim Proctor, CFO for the accuracy of the data as expressed in the attached statement. In other respects, my examination included such review of the actuarial assumptions and actuarial methods used and such tests of the actuarial calculations as I considered necessary.

I have not reviewed the financial position of any party related by contract to MMCC. I have assumed that such parties are in a financial position to meet all liabilities resulting from such contracts.

In my opinion, the amounts carried in the balance sheet on account of items identified above:

1. Are in accordance with presently accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
2. Are based on actuarial assumptions which produce reserves at least as great as those called for in any contract provisions and appropriate to the purpose for which the Statement was prepared;
3. Meet the requirements of the insurance laws and regulations of the state of Tennessee and are at least as great as the minimum aggregate amounts required by Tennessee;
4. Make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements;

5. Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
6. Include provision for all actuarial items which ought to be established.

I have reviewed the Underwriting and Investment Exhibit, Part 2B. The schedule was prepared consistent with *Section 3.6, Follow-Up Studies* contained in Actuarial Standard of Practice No. 5, *Incurred Health Claim Liabilities*.

The reserves and related actuarial items identified above make adequate provision for the anticipated cash flows related to the contractual obligations and expenses of MMCC, when considered in conjunction with the assets held by MMCC with respect to such reserves and related actuarial items, including, but not limited to, the cash flows on such assets and the considerations anticipated to be received under such policies and contracts.

The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.



A. Kirk Twiss
Fellow, Society of Actuaries
Member, American Academy of Actuaries

Ingenix Consulting
200 W. Madison Street, Suite 2000
Chicago, IL 60606
(312) 429-3905

AKT:mjz

August 11, 2009

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------|---|-------------|--------------|--------------|--------------|-------------|------------|
| | Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199999 | Total individuals | | | | | | |
| 0299998 | Premium due and unpaid not individually listed | | | | | | |
| 0299999 | Total group | | | | | | |
| 0399999 | Premium due and unpaid from Medicare entities | | | | | | |
| 0499999 | Premium due and unpaid from Medicaid entities | 5,348,531 | 4,872,225 | 4,791,333 | 9,575,852 | | 24,587,941 |
| 0599999 | Accident and health premiums due and unpaid (Page 2, Line 13) | 5,348,531 | 4,872,225 | 4,791,333 | 9,575,852 | | 24,587,941 |

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199998 Pharmaceutical Rebate Receivables - Not Individually Listed | | | | | | |
| 0199999 Subtotal - Pharmaceutical Rebate Receivables | | | | | | |
| 0299998 Claim Overpayment Receivables - Not Individually Listed | 57,775 | 65,318 | | 373 | 123,466 | |
| 0299999 Subtotal - Claim Overpayment Receivables | 57,775 | 65,318 | | 373 | 123,466 | |
| Loans and Advances to Providers | | | | | | |
| Lifecare Family Services, Inc. | | | | 350,000 | 350,000 | |
| Park Center, Inc. | | | | 225,000 | 225,000 | |
| Collaborative Care Corporation | | | | 200,000 | 200,000 | |
| 0399998 Loans and Advances to Providers - Not Individually Listed | | 80,000 | | 784,000 | 864,000 | |
| 0399999 Subtotal - Loans and Advances to Providers | - | 80,000 | - | 1,559,000 | 1,639,000 | |
| 0499998 Capitation Arrangements Receivables - Not Individually Listed | | | | | | |
| 0499999 Subtotal - Capitation Arrangements Receivables | | | | | | |
| 0599998 Risk Sharing Receivables - Not Individually Listed | | | | | | |
| 0599999 Subtotal - Risk Sharing Receivables | | | | | | |
| 0699998 Other Receivables - Not Individually Listed | | | | | | |
| 0699999 Subtotal - Other Receivables | | | | | | |
| 0799999 Gross health care receivables | 57,775 | 145,318 | - | 1,559,373 | 1,762,466 | |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Admitted | |
|---|-------------|------|------|--------------|-------------|--------------|------------------|
| Name of Debtor | 1 - 30 Days | NONE | NONE | Over 90 Days | Nonadmitted | 7 Current | 8 Non-Current |
| 0299999 Receivables not individually listed | | | | | | | |
| 0399999 Total gross amounts receivable | | | | | | | |

AMERIGROUP Tennessee, Inc.
Report 2A - TennCare Income Statement-2Q09
Middle Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

| | Current Period | Year-To-Date Total | Previous Year Total |
|---|--------------------|--------------------|---------------------|
| Member Months | <u>574,808</u> | <u>1,133,679</u> | <u>2,217,753</u> |
| Revenues: | | | |
| TennCare Capitation | 146,423,630 | 289,416,998 | 598,983,073 |
| Investment | 411,750 | 935,741 | 3,363,170 |
| Other Revenues | - | - | - |
| Total Estimated Revenues | <u>146,835,380</u> | <u>290,352,740</u> | <u>602,346,243</u> |
| Expenses: | | | |
| Hospital and Medical (w/o Mental Health) | | | |
| Capitated Physician Services | (809,961) | - | 24,311 |
| Fee-for Service Physician Services | 44,412,290 | 85,778,481 | 205,691,649 |
| Inpatient Hospital Services | 29,649,402 | 60,063,962 | 128,704,477 |
| Outpatient Hospital Services | 13,484,478 | 22,787,898 | 39,210,052 |
| Emergency Room Services | 8,907,096 | 16,513,830 | 29,230,160 |
| Dental Services | - | - | - |
| Vision Services | 412,411 | 927,648 | 1,817,505 |
| Pharmacy Services | - | - | - |
| Home Health Services | - | - | - |
| Chiropractic Services | - | - | - |
| Radiology Services | 3,869,958 | 6,343,301 | 10,266,020 |
| Laboratory Services | 2,569,086 | 4,823,109 | 7,971,404 |
| Durable Medical Equipment Services | 825,074 | 2,051,394 | 4,333,471 |
| Transportation Services | 2,883,208 | 6,893,413 | 17,589,187 |
| Outside Referrals | - | - | - |
| Medical Incentive Pool and Withhold Adj | - | - | - |
| Occupancy, Depreciation and Amortization | - | - | - |
| Other Medical and Hospital Services - Write-Ins | - | - | - |
| Subtotal Medical and Hospital | <u>106,203,041</u> | <u>206,183,036</u> | <u>444,838,236</u> |
| Mental Health and Substance Abuse Services | | | |
| Inpatient Psychiatric Facility Services | 1,196,686 | 3,260,437 | 13,217,971 |
| Inpatient Substance Abuse Treatment and Detox | 133,338 | 783,227 | 2,323,017 |
| Outpatient Mental Health Services | 1,877,483 | 4,068,771 | 10,771,003 |
| Outpatient Substance Abuse Treatment and Detox | 613,821 | 1,681,871 | 8,481,373 |
| Housing/Residential Treatment | 816,626 | 2,445,759 | 7,296,859 |
| Specialized Crisis Services | (159,043) | 233,759 | 215,511 |
| Psychiatric Rehab and Support Services | 7,818,458 | 17,424,276 | 41,312,336 |
| Case Management | 1,792,886 | 2,706,042 | 87,116 |
| Forensics | - | - | - |
| Other Judicial | - | - | - |
| Pharmacy | - | - | - |
| Lab Services | - | - | - |
| Transportation | 38,773 | 53,426 | 149,374 |
| Medical Incentive Pool and Withhold Adjustments | - | - | - |
| Occupancy, Depreciation and Amortization | - | - | - |
| Other Mental Health and Substance Abuse Services | - | - | - |
| PCP and Specialist Services | - | - | - |
| Other Mental Health Services - Write-Ins | - | - | - |
| Subtotal MH&SAS | <u>14,129,028</u> | <u>32,657,566</u> | <u>83,854,559</u> |
| Subtotal Hospital, Medical, MH&SAS | <u>120,332,069</u> | <u>238,840,602</u> | <u>528,692,795</u> |
| LESS: | | | |
| Net Reinsurance Recoveries Incurred | (154,199) | (306,948) | (587,544) |
| Copayments | - | - | - |
| Subrogation and Corrdination of Benefits | - | - | - |
| Subtotal Reinsurance, Copay, Subrogation | <u>(154,199)</u> | <u>(306,948)</u> | <u>(587,544)</u> |
| Total Hospital, Medical, MHS&S | <u>120,486,268</u> | <u>239,147,550</u> | <u>529,280,339</u> |
| Administration: | | | |
| Compensation | 4,751,339 | 8,935,992 | 19,147,149 |
| Marketing | 37,733 | 74,998 | 192,471 |
| Interest Expense | 0 | - | - |
| Premium Tax Expense | 3,006,701 | 5,867,213 | 12,009,017 |
| Occupancy, Depreciation, and Amortization | 355,396 | 714,799 | 1,408,130 |
| Other Administration - Write-Ins | 9,559,078 | 19,122,091 | 40,738,890 |
| Total Administration Expenses | <u>17,710,247</u> | <u>34,715,093</u> | <u>73,495,657</u> |
| Total Expenses | <u>138,196,514</u> | <u>273,862,643</u> | <u>602,775,996</u> |
| Extraordinary Item | - | - | - |
| Provision for Income Tax | - | - | - |
| Net Income (Loss) | <u>8,638,866</u> | <u>16,490,097</u> | <u>(429,753)</u> |
| Write-Ins for Other Expense | | | |
| Detail of Other Medical and Hospital: | | | |
| | - | - | - |
| | - | - | - |
| Total Other Medical and Hospital | <u>-</u> | <u>-</u> | <u>-</u> |
| Detail of Other MH and SAS: | | | |
| | - | - | - |
| | - | - | - |
| Total Other MH and SAS | <u>-</u> | <u>-</u> | <u>-</u> |
| Detail of Other Administration: | | | |
| Purch Svc Accts | 1,078,767 | 1,513,322 | 3,014,467 |
| Telephone Expenses | 85,740 | 175,830 | 484,195 |
| Miscellaneous Expenses | 107,865 | 280,031 | 846,623 |
| Postage and Delivery | 218,361 | 381,803 | 848,571 |
| Printing and Reproduction | 304,493 | 416,992 | 914,991 |
| Management Fee-Ind | 7,302,089 | 15,676,205 | 33,340,844 |
| Other Administration < \$90,000 YTD | 461,764 | 677,909 | 1,289,200 |
| Total Other Administration | <u>9,559,078</u> | <u>19,122,091</u> | <u>40,738,890</u> |

AMERIGROUP Tennessee, Inc.
Report 2A - TennCare Income Statement-2Q09
Grand Region West Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

| | Current Period | Year-To-Date Total | Previous Year Total |
|---|--------------------|--------------------|---------------------|
| Member Months | - | - | 1,987,456 |
| Revenues: | | | |
| TennCare Capitation | 3,713,832 | 19,493,553 | 366,263,416 |
| Investment | 0 | - | (220) |
| Other Revenues | 0 | - | - |
| Total Estimated Revenues | 3,713,832 | 19,493,553 | 366,263,196 |
| Expenses: | | | |
| Hospital and Medical (w/o Mental Health) | | | |
| Capitated Physician Services | - | - | 8,948,747 |
| Fee for Service Physician Services | 122,400 | 1,442,126 | 39,079,363 |
| Inpatient Hospital Services | 444,199 | 2,982,584 | 70,075,232 |
| Outpatient Services | 15,237 | 30,748 | 4,597,229 |
| Emergency Room Services | 6,065 | 172,886 | 21,998,595 |
| Mental Health Services | - | 3,312 | 34,030 |
| Dental Services | 1,123 | 2,206 | 199,514 |
| Vision Services | (2,524) | 22,936 | 2,464,063 |
| Pharmacy Services | - | - | - |
| Home Health Services | 28,240 | 472,736 | 11,472,406 |
| Chiropractic Services | - | - | - |
| Radiology Services | 16,994 | 304,449 | 18,289,010 |
| Laboratory Services | 12,158 | 244,785 | 9,499,723 |
| Durable Medical Equipment Services | 5,380 | 34,154 | 306,671 |
| Transportation Services | 402 | 4,356 | 1,342,083 |
| Outside Referrals | - | - | - |
| Medical incentive Pool and Withhold Adjustments | - | - | - |
| Occupancy Depreciation and Amortization | - | - | - |
| Other Medical and Hospital Services | 743,195 | 9,515,762 | 138,419,284 |
| IBNR | 721,768 | 721,768 | 14,591,930 |
| Subtotal Medical and Hospital | 2,114,639 | 15,954,807 | 341,317,881 |
| LESS: | | | |
| Net Reinsurance Recoveries Incurred | - | - | - |
| Copayments | - | - | - |
| Subrogation and Corrdination of Benefits | - | - | - |
| Subtotal Reinsurance, Copay, Subrogation | - | - | - |
| Total Hospital, Medical, MHS&S | 2,114,639 | 15,954,807 | 341,317,881 |
| Administration: | | | |
| Compensation | 553,723 | 1,359,547 | 9,334,343 |
| Marketing | 7,875 | 8,794 | 30,319 |
| Interest Expense | - | - | - |
| Premium Tax Expense | 1,599,193 | 3,538,745 | 5,623,162 |
| Occupancy, Depreciation, and Amortization | 213,694 | 418,826 | 880,806 |
| Other Administration - Write-Ins | 349,621 | 814,912 | 5,517,714 |
| Total Administration Expenses | 2,724,107 | 6,140,825 | 21,386,344 |
| Total Expenses | 4,838,746 | 22,095,632 | 362,704,225 |
| Extraordinary Item | - | - | - |
| Provision for Income Tax | - | - | - |
| Net Income (Loss) | (1,124,913) | (2,602,079) | 3,558,971 |

AMERIGROUP Tennessee, Inc.-Grand Region Middle
 Cash Reconciliation-Middle Region-Medicaid only
 June 30, 2009

| Month Received | Cash | Recorded | rate cell before accrual | Ten percent | 90% collected | 10% collected | Liquidated | Damages | Premium Taxes | ASO Claims | Refund Checks | ASO fees | Other AIR | Cash difference | Premium receivable |
|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|-------------------------|------------------------|---------------------|----------------------|-------------|--------------------|-------------|------------------|-----------------|-------------------------|
| Beginning Balance (Prem. Rec) | | | | | | | | | | | | | | | |
| January | 42,607,778.03 | 47,267,080.53 | 47,234,836.14 | 4,723,483.61 | 42,511,352.53 | | (1,000.00) | 3,286.12 | 93,709.39 | | | 430.00 | | \$ (0.01) | 9,816,800.26 |
| February | 42,893,043.96 | 47,815,461.62 | 47,815,461.62 | 4,781,546.16 | 43,033,915.46 | | (1,403,71.50) | | | | | | | \$ 0.00 | 4,723,483.62 |
| March | 43,120,238.83 | 47,943,069.81 | 47,943,069.81 | 4,794,306.98 | 43,148,762.83 | | (28,524.00) | | | | | | | \$ 0.00 | 4,781,546.16 |
| April | 48,119,899.94 | 47,913,325.58 | 47,913,325.58 | 4,791,332.56 | 43,121,993.02 | 4,997,906.92 | | | | | | | | \$ (0.00) | 4,794,306.98 |
| May | 48,651,018.80 | 48,722,250.50 | 48,722,250.50 | 4,872,225.05 | 43,850,025.45 | 4,818,893.35 | (17,900.00) | 10,751.67 | 118,074.76 | | | 698.00 | | \$ (0.00) | (206,574.36) |
| June | 49,621,467.13 | 49,788,054.54 | 49,788,054.54 | 4,978,805.45 | 44,809,249.08 | 4,723,483.61 | (40,900.00) | | | | | | 100.00 | \$ 0.01 | 53,331.70 |
| E. Lane Refunds | 100.00 | | | | | | | | | | | | | \$ - | 255,321.83 |
| Retroactivity | | (32,244.40) | | | | | | | | | | | | \$ - | - |
| Total | \$ 275,013,636.69 | \$ 289,416,998.18 | \$ 289,416,998.18 | \$ 28,941,699.82 | \$ 260,475,298.36 | \$ 14,540,283.89 | \$ (229,095.50) | \$ 14,037.79 | \$ 211,784.15 | \$ - | \$ 1,228.00 | \$ - | \$ 100.00 | \$ - | \$ 24,218,216.19 |

Reconciliation

4,781,546.16 February 10% withhold
 4,794,306.98 March 10% withhold
 4,791,332.56 April 10% withhold
 4,872,225.05 May 10% withhold
 4,978,805.45 June 10% withhold
 369,725.06 Ameriventage Premium Receivable
 (369,725.06) Ameriventage Premium Receivable

| Cash that should be included on premium tax return | |
|--|----------------------------|
| Medicaid Premiums | 289,416,998.18 |
| Change in Premium Receivable | (14,401,415.93) |
| Premium Taxes | 14,037.79 |
| ASO Claims | 211,784.15 |
| Refund Checks | |
| ASO fees | 1,128.00 |
| E. Lane Refunds | 100.00 |
| 1009 Cash Collected | 275,242,632.19 |
| | (128,791,466.31) |
| | 146,451,175.88 |
| Total Cash Collected | \$ 275,013,636.69 |
| 1009 Cash Collected | \$ (128,791,466.31) |
| add back liquidated damages | \$ 229,095.50 |
| | 146,451,175.88 |
| | 2,929,023.52 |

AMERIGROUP Tennessee, Inc.-Grand Region West
 Cash Reconciliation
 June 30, 2009

| Date Received | Cash | Recorded | Liquidated Damages | Due to Health Solutions | Weekly Claims Run | Manual Checks | Capitation Payment | Refund Checks | Case Management | Premium Taxes | Voided Checks | Voided Invoices | Other AIR | Accrued Expenses | Interest to state | Cash difference | Premium receivable |
|---------------------------------|------------------|----------|--------------------|-------------------------|-------------------|-----------------|--------------------|-------------------|-----------------|-----------------|----------------|-----------------|-----------|------------------|-------------------|-----------------|--------------------|
| Total for 03/31/2009 Cash Recon | 15,779,459.64 | | | | 11,039,079.07 | 3,604,685.67 | | (782,659.50) | | 1,539,551.84 | (21,055.59) | | | (121.85) | | | |
| April 6, 2009 | 780,716.24 | | | | 456,587.65 | 260.65 | 321,867.94 | | | | | | | | | | |
| April 8, 2009 | 145,087.99 | | | | 145,087.99 | | | | | | | | | | | | |
| April 15, 2009 | 125,000.73 | | | | 125,000.73 | | | | | | | | | | | | |
| April 23, 2009 | 69,004.47 | | | | 333,794.51 | | | (266,545.95) | | 1,384,216.04 | 755.91 | | | | | | |
| April 29, 2009 | 1,742,584.35 | | | | 369,348.91 | | | | | | (109.53) | | | | | | |
| May 6, 2009 | 371,202.48 | | | | 77,314.33 | 293,987.68 | | | | | | | | | | | |
| May 13, 2009 | 130,881.03 | | | | 130,881.03 | | | | | | | | | | | | |
| May 21, 2009 | 78,755.08 | | | | 78,755.08 | | | | | | | | | | | | |
| May 28, 2009 | 46,288.17 | | | | 46,101.37 | | | | | | | | | | | | |
| June 4, 2009 | 59,627.43 | | | | 59,627.43 | | | | | | | | | | | | |
| June 11, 2009 | 377,304.68 | | | | 61,715.69 | | | | | 315,588.19 | | | | | | | |
| June 26, 2009 | 510,139.96 | | | | 510,139.96 | | | | | | | | | | | | |
| Total | \$ 20,215,033.05 | \$ | \$ | \$ | \$ 13,424,423.75 | \$ 3,698,934.00 | \$ 321,867.94 | \$ (1,088,559.13) | \$ | \$ 3,639,357.07 | \$ (20,409.21) | \$ | \$ | \$ 39,418.63 | \$ | \$ | \$ |

Cash that should be included on premium tax return

| | |
|--------------------|------------------|
| Cash collected | \$ 20,215,033.05 |
| add LD's | |
| Interest remitted | 20,215,033.05 |
| 100% Cash included | (15,779,459.64) |
| | \$ 4,435,573.41 |
| | \$ 88,711.47 |

**Medical Loss Ratio Report - Total
Grand Region**

MCO

AMERIGROUP, Tennessee, Inc.

| Reporting Month | 2007 | | | For the Year Ended 6/30/2007 | 2007 | | | | | | | 2008 | | | | | | For the Year Ended 6/30/2008 |
|---|----------------|--------------|--------------|------------------------------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|---------------|------------------------------------|
| | Incurred Month | | | | Incurred Month | | | | | | | Incurred Month | | | | | | |
| | April | May | June | | July | August | September | October | November | December | January | February | March | April | May | June | | |
| Enrollment | 186,009 | 185,607 | 182,482 | 554,098 | 182,775 | 183,849 | 184,860 | 185,516 | 185,665 | 185,597 | 185,258 | 185,724 | 186,342 | 186,071 | 185,080 | 184,624 | 2,221,360 | |
| Capitation Revenue | \$48,293,926 | \$48,101,144 | \$47,206,901 | \$143,601,971 | \$47,215,644 | \$47,360,493 | \$47,575,046 | \$47,849,116 | \$47,643,940 | \$47,670,111 | \$47,551,909 | \$47,568,554 | \$47,568,539 | \$45,596,082 | \$45,346,656 | \$45,172,076 | \$564,118,164 | |
| Payments for Covered Services for the Month | | | | | | | | | | | | | | | | | | |
| Medical Services | | | | | | | | | | | | | | | | | | |
| CMS 1450/UB 92 Payments by the Claims Processing System | | | | | | | | | | | | | | | | | | |
| Inpatient - Maternity | \$1,278,422 | \$1,308,790 | \$1,402,707 | \$3,989,919 | \$1,367,697 | \$1,800,098 | \$1,344,274 | \$1,853,721 | \$1,698,782 | \$1,718,529 | \$1,959,383 | \$1,785,424 | \$1,405,843 | \$1,367,245 | \$1,569,824 | \$1,516,969 | \$19,387,788 | |
| Inpatient - Newborn | \$1,900,776 | \$2,146,479 | \$2,608,817 | \$6,656,072 | \$2,629,769 | \$1,902,921 | \$1,824,856 | \$2,942,446 | \$1,811,615 | \$2,404,246 | \$2,393,191 | \$2,319,654 | \$1,950,073 | \$1,679,610 | \$1,897,071 | \$2,052,957 | \$25,808,409 | |
| Inpatient - Medical | \$5,358,519 | \$4,942,179 | \$4,108,669 | \$14,409,367 | \$4,610,857 | \$4,687,602 | \$5,743,791 | \$4,814,285 | \$4,378,259 | \$5,341,849 | \$6,068,936 | \$4,979,012 | \$5,023,472 | \$5,075,373 | \$4,291,582 | \$4,501,975 | \$59,516,994 | |
| Inpatient - Surgery | \$924,363 | \$972,932 | \$911,872 | \$2,809,167 | \$1,095,571 | \$1,211,201 | \$1,117,604 | \$1,188,169 | \$1,219,795 | \$999,901 | \$1,377,217 | \$1,441,324 | \$1,300,731 | \$1,304,909 | \$1,205,958 | \$1,336,819 | \$14,799,199 | |
| Inpatient - Other | \$201,839 | \$241,389 | \$235,822 | \$679,050 | \$203,787 | \$176,954 | \$153,180 | \$166,708 | \$52,823 | \$113,703 | \$147,665 | \$65,883 | \$94,356 | \$95,722 | \$142,889 | \$130,178 | \$1,543,849 | |
| Outpatient - Emergency Room | \$997,739 | \$1,039,797 | \$1,769,931 | \$3,807,467 | \$1,890,613 | \$2,040,005 | \$2,092,007 | \$2,109,019 | \$2,168,068 | \$2,327,764 | \$2,422,208 | \$2,511,981 | \$2,307,462 | \$2,196,368 | \$2,359,680 | \$2,181,445 | \$26,606,619 | |
| Outpatient - Laboratory | \$397,950 | \$430,278 | \$372,365 | \$1,200,594 | \$358,887 | \$399,723 | \$357,799 | \$409,258 | \$394,194 | \$374,749 | \$477,738 | \$481,988 | \$444,284 | \$427,443 | \$402,609 | \$415,094 | \$4,943,767 | |
| Outpatient - Radiology | \$978,864 | \$1,020,721 | \$1,014,888 | \$3,014,472 | \$935,713 | \$1,142,760 | \$985,606 | \$1,084,459 | \$1,018,912 | \$918,533 | \$1,093,976 | \$997,723 | \$1,139,844 | \$1,158,022 | \$1,031,084 | \$1,076,711 | \$12,583,343 | |
| Outpatient - Surgery | \$1,007,355 | \$1,135,799 | \$1,137,795 | \$3,280,950 | \$1,142,221 | \$1,244,496 | \$1,135,421 | \$1,365,303 | \$1,307,462 | \$1,107,127 | \$1,442,065 | \$1,290,395 | \$1,332,021 | \$1,431,040 | \$1,451,923 | \$1,386,787 | \$15,636,262 | |
| Outpatient - Other | \$248,553 | \$255,329 | \$237,249 | \$741,130 | \$222,786 | \$240,656 | \$238,743 | \$270,935 | \$262,222 | \$243,139 | \$307,528 | \$294,032 | \$316,829 | \$281,833 | \$243,173 | \$209,099 | \$3,130,974 | |
| CMS 1500 Payments by the Claims Processing System | | | | | | | | | | | | | | | | | | |
| Prof - E&M | \$12,391,566 | \$13,648,347 | \$13,162,048 | \$39,201,961 | \$12,668,533 | \$13,938,060 | \$12,591,398 | \$13,995,507 | \$13,427,593 | \$12,942,607 | \$14,176,463 | \$13,369,138 | \$13,418,210 | \$13,720,870 | \$13,606,980 | \$13,188,146 | \$161,043,505 | |
| Prof - Maternity | \$855,779 | \$934,306 | \$959,486 | \$2,749,570 | \$971,428 | \$1,101,657 | \$957,537 | \$1,091,287 | \$964,232 | \$938,955 | \$1,184,611 | \$1,191,144 | \$1,106,969 | \$1,120,634 | \$1,094,179 | \$1,048,615 | \$12,771,249 | |
| Prof - Surgery | \$496,847 | \$611,040 | \$598,877 | \$1,706,764 | \$565,819 | \$637,192 | \$546,256 | \$705,801 | \$574,319 | \$507,097 | \$709,474 | \$591,600 | \$669,680 | \$706,972 | \$685,437 | \$697,479 | \$7,597,126 | |
| Prof - DME | \$274,895 | \$333,638 | \$328,139 | \$936,672 | \$254,250 | \$302,095 | \$322,384 | \$332,726 | \$351,104 | \$371,876 | \$387,191 | \$357,719 | \$353,871 | \$389,400 | \$391,500 | \$381,635 | \$4,195,750 | |
| Prof - Lab | \$602,104 | \$628,010 | \$612,833 | \$1,842,947 | \$508,503 | \$593,575 | \$512,297 | \$573,389 | \$529,344 | \$454,881 | \$628,951 | \$644,054 | \$582,002 | \$713,922 | \$649,057 | \$645,456 | \$7,030,433 | |
| Prof - Radiology | \$881,953 | \$1,000,346 | \$895,711 | \$2,778,011 | \$766,446 | \$878,035 | \$762,879 | \$919,245 | \$764,163 | \$708,678 | \$883,740 | \$787,552 | \$820,984 | \$882,233 | \$839,021 | \$855,431 | \$9,868,407 | |
| Prof - Transportation | \$1,122,362 | \$1,375,054 | \$1,335,724 | \$3,833,140 | \$1,329,144 | \$1,450,732 | \$1,324,779 | \$1,552,157 | \$1,457,143 | \$1,336,314 | \$1,601,437 | \$1,472,732 | \$1,528,002 | \$1,573,574 | \$1,625,336 | \$1,617,438 | \$17,868,787 | |
| Prof - Other | \$1,650,985 | \$1,763,654 | \$1,630,308 | \$5,044,948 | \$1,613,344 | \$1,786,063 | \$1,576,961 | \$1,883,161 | \$1,810,383 | \$1,630,683 | \$1,968,974 | \$1,839,799 | \$1,776,785 | \$1,867,432 | \$1,784,773 | \$1,742,629 | \$21,280,986 | |
| Capitation Payments | \$468,325 | \$483,963 | \$488,183 | \$1,440,471 | \$272,622 | \$271,545 | \$270,149 | \$259,426 | \$250,005 | \$257,129 | \$254,305 | \$272,884 | \$230,680 | \$143,723 | \$139,680 | \$142,094 | \$2,764,241 | |
| Subcontractor Payments for Medical Services | \$71,013 | \$79,728 | \$94,722 | \$245,463 | \$130,029 | \$164,577 | \$128,788 | \$142,096 | \$116,032 | \$96,614 | \$126,806 | \$117,839 | \$125,315 | \$117,177 | \$97,665 | \$94,166 | \$1,457,103 | |
| Other Medical (provide description) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Behavioral Health | | | | | | | | | | | | | | | | | | |
| Inpatient Payments by the Claims Processing System | \$1,070,481 | \$1,069,261 | \$1,183,428 | \$3,323,170 | \$1,233,103 | \$1,204,036 | \$1,312,655 | \$1,146,722 | \$1,057,757 | \$1,192,076 | \$1,195,637 | \$1,141,808 | \$1,028,278 | \$1,124,936 | \$1,211,446 | \$1,031,946 | \$13,880,401 | |
| Outpatient Payments by the Claims Processing System | \$1,956,917 | \$1,963,188 | \$2,080,705 | \$6,000,810 | \$1,771,783 | \$2,130,113 | \$1,892,886 | \$1,574,673 | \$1,452,775 | \$1,445,926 | \$1,505,954 | \$1,544,055 | \$1,579,805 | \$1,657,087 | \$1,646,961 | \$1,602,375 | \$19,804,394 | |
| Supported Housing Payments by the Claims Processing System | \$162,540 | \$163,958 | \$179,229 | \$505,727 | \$174,525 | \$173,490 | \$195,080 | \$222,659 | \$218,538 | \$234,247 | \$228,487 | \$214,871 | \$230,775 | \$225,479 | \$242,760 | \$238,365 | \$2,599,275 | |
| Intensive Outpatient Payments by the Claims Processing System | \$53,173 | \$81,920 | \$79,343 | \$214,436 | \$80,231 | \$89,642 | \$73,599 | \$81,698 | \$70,613 | \$61,424 | \$80,195 | \$59,973 | \$80,554 | \$98,944 | \$92,291 | \$78,609 | \$947,772 | |
| Partial Hospitalization Payments by the Claims Processing System | \$2,750 | \$6,122 | \$4,106 | \$12,978 | \$2,576 | \$5,152 | \$3,722 | \$184 | \$1,368 | \$6,070 | \$13,790 | \$15,098 | \$56,312 | \$62,777 | \$63,963 | \$77,479 | \$308,490 | |
| In Home Payments by the Claims Processing System | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Transportation Payments by the Claims Processing System | \$12,684 | \$15,710 | \$9,713 | \$38,107 | \$13,523 | \$14,330 | \$13,995 | \$11,813 | \$13,048 | \$11,316 | \$13,916 | \$13,178 | \$14,729 | \$11,339 | \$15,201 | \$17,432 | \$163,820 | |
| Twenty-Three Hour Payments by the Claims Processing System | \$0 | \$1,976 | \$11,828 | \$13,804 | \$3,558 | \$6,274 | \$5,679 | \$616 | \$828 | \$3,600 | \$357 | \$951 | \$2,029 | \$3,200 | \$5,774 | \$299 | \$33,165 | |
| CMHA Capitation Payments | \$2,212,298 | \$2,256,941 | \$2,215,028 | \$6,684,268 | \$1,786,284 | \$1,786,585 | \$1,776,147 | \$1,775,690 | \$1,776,946 | \$1,778,020 | \$1,775,958 | \$1,782,766 | \$1,771,958 | \$1,784,663 | \$1,771,196 | \$1,788,627 | \$21,354,841 | |
| Other Capitation Payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Grant Payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Non-FFS Inpatient | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Subcontractor Payments for Mental Health and Substance Abuse Services | \$487,905 | \$553,295 | \$611,384 | \$1,652,584 | \$934,171 | \$900,681 | \$1,018,297 | \$1,648,597 | \$1,732,833 | \$1,696,780 | \$1,766,064 | \$1,718,975 | \$1,828,486 | \$2,015,350 | \$1,977,501 | \$1,859,005 | \$19,096,740 | |
| Crisis Services Team Pass Through | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Less: | | | | | | | | | | | | | | | | | | |
| Recoveries not Reflected in Claims Payments | | | | \$0 | | | | | | | | | | | | | \$0 | |
| Total Payments | \$38,068,957 | \$40,464,149 | \$40,280,911 | \$118,814,018 | \$39,537,776 | \$42,280,249 | \$40,278,769 | \$44,121,747 | \$40,881,156 | \$41,223,831 | \$46,192,218 | \$43,300,550 | \$42,520,340 | \$43,237,279 | \$42,536,513 | \$41,913,261 | \$508,023,688 | |
| Remaining IBNR | \$12,012 | \$13,722 | \$13,964 | \$39,699 | \$19,072 | \$20,384 | \$21,525 | \$67,123 | \$83,804 | \$109,520 | \$148,446 | \$79,152 | \$173,389 | \$303,350 | \$363,475 | \$400,957 | \$1,790,197 | |
| Payments and Remaining IBNR | \$38,080,969 | \$40,477,872 | \$40,294,876 | \$118,853,717 | \$39,556,848 | \$42,300,633 | \$40,300,293 | \$44,188,871 | \$40,964,960 | \$41,333,351 | \$46,340,664 | \$43,379,702 | \$42,693,729 | \$43,540,629 | \$42,899,988 | \$42,314,217 | \$509,813,886 | |
| Medical Loss Ratio | 78.85% | 84.15% | 85.36% | 82.77% | 83.78% | 89.32% | 84.71% | 92.35% | 85.98% | 86.71% | 97.45% | 91.19% | 89.75% | 95.49% | 94.60% | 93.67% | 90.37% | |
| Per Member Expense | \$204.73 | \$218.08 | \$220.82 | \$214.50 | \$216.42 | \$230.08 | \$218.00 | \$238.19 | \$220.64 | \$222.70 | \$250.14 | \$233.57 | \$229.12 | \$234.00 | \$231.79 | \$229.19 | \$229.51 | |

Note:

Vendor Cash Advances as of 2/2009

- TRANSPORTATION PROVIDERS:
- CMHCs/BEHAVIORAL PROVIDERS:
- HOME HEALTH PROVIDERS:
- PRIMARY CARE/OTHER PROVIDERS:

Total Vendor Cash Advances

Medical Loss Ratio Report - Base Capitation Only

Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

| Reporting Month | 2007 | | | For the Year Ended 6/30/2007 | 2007 | | | | | | | 2008 | | | | | | For the Year Ended 6/30/2008 |
|---|----------------|--------------|--------------|------------------------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|---------------|------------------------------|
| | Incurred Month | | | | Incurred Month | | | | | | | Incurred Month | | | | | | |
| | April | May | June | | July | August | September | October | November | December | January | February | March | April | May | June | | |
| Enrollment | 184,679 | 184,325 | 181,292 | 550,295 | 181,611 | 182,688 | 183,648 | 184,324 | 184,456 | 184,361 | 184,001 | 184,411 | 184,938 | 184,626 | 183,590 | 183,140 | 2,205,794 | |
| Capitation Revenue (For base capitation only) | \$41,351,956 | \$41,323,496 | \$40,654,616 | \$123,330,067 | \$40,798,366 | \$41,009,748 | \$41,213,767 | \$41,463,540 | \$41,313,074 | \$41,433,797 | \$41,415,602 | \$41,453,654 | \$41,522,625 | \$41,323,507 | \$41,004,605 | \$40,854,077 | \$494,806,361 | |
| Payments for Covered Services for the Month | | | | | | | | | | | | | | | | | | |
| Medical Services | | | | | | | | | | | | | | | | | | |
| CMS 1450/UB 92 Payments by the Claims Processing System | | | | | | | | | | | | | | | | | | |
| Inpatient - Maternity | \$1,278,422 | \$1,308,790 | \$1,402,707 | \$3,989,919 | \$1,367,697 | \$1,800,098 | \$1,344,274 | \$1,853,721 | \$1,698,782 | \$1,718,529 | \$1,959,383 | \$1,785,424 | \$1,405,843 | \$1,367,245 | \$1,569,824 | \$1,516,969 | \$19,387,788 | |
| Inpatient - Newborn | \$1,900,776 | \$2,146,479 | \$2,608,817 | \$6,656,072 | \$2,629,769 | \$1,902,921 | \$1,824,856 | \$2,942,446 | \$1,811,615 | \$2,404,246 | \$2,393,191 | \$2,319,654 | \$1,950,073 | \$1,679,610 | \$1,897,071 | \$2,052,957 | \$25,808,409 | |
| Inpatient - Medical | \$5,358,519 | \$4,942,179 | \$4,108,669 | \$14,409,367 | \$4,610,857 | \$4,687,602 | \$5,743,791 | \$4,814,285 | \$4,378,259 | \$5,341,849 | \$6,068,936 | \$4,979,012 | \$5,023,472 | \$5,075,373 | \$4,291,582 | \$4,501,975 | \$59,516,994 | |
| Inpatient - Surgery | \$924,363 | \$972,932 | \$911,872 | \$2,809,167 | \$1,095,571 | \$1,211,201 | \$1,117,604 | \$1,188,169 | \$1,219,795 | \$999,901 | \$1,377,217 | \$1,441,324 | \$1,300,731 | \$1,304,909 | \$1,205,958 | \$1,336,819 | \$14,799,199 | |
| Inpatient Other | \$201,839 | \$241,389 | \$235,822 | \$679,050 | \$203,787 | \$176,954 | \$153,180 | \$166,708 | \$52,823 | \$113,703 | \$147,665 | \$65,883 | \$94,356 | \$95,722 | \$142,889 | \$130,178 | \$1,543,849 | |
| Outpatient - Emergency Room | \$997,739 | \$1,039,797 | \$1,769,931 | \$3,807,467 | \$1,890,613 | \$2,040,005 | \$2,092,007 | \$2,109,019 | \$2,168,068 | \$2,327,764 | \$2,422,208 | \$2,511,981 | \$2,307,462 | \$2,196,368 | \$2,359,680 | \$2,181,445 | \$26,606,619 | |
| Outpatient - Laboratory | \$397,950 | \$430,278 | \$372,365 | \$1,200,594 | \$358,887 | \$399,723 | \$357,799 | \$409,258 | \$394,194 | \$374,749 | \$477,738 | \$481,988 | \$444,284 | \$427,443 | \$402,609 | \$415,094 | \$4,943,767 | |
| Outpatient - Radiology | \$978,864 | \$1,020,721 | \$1,014,888 | \$3,014,472 | \$935,713 | \$1,142,760 | \$985,606 | \$1,084,459 | \$1,018,912 | \$918,533 | \$1,093,976 | \$997,723 | \$1,139,844 | \$1,158,022 | \$1,031,084 | \$1,076,711 | \$12,583,343 | |
| Outpatient - Surgery | \$1,007,355 | \$1,135,799 | \$1,137,795 | \$3,280,950 | \$1,142,221 | \$1,244,496 | \$1,135,421 | \$1,365,303 | \$1,307,462 | \$1,107,127 | \$1,442,065 | \$1,290,395 | \$1,332,021 | \$1,431,040 | \$1,451,923 | \$1,386,787 | \$15,636,262 | |
| Outpatient - Other | \$248,553 | \$255,329 | \$237,249 | \$741,130 | \$222,786 | \$240,656 | \$238,743 | \$270,935 | \$262,222 | \$243,139 | \$307,528 | \$294,032 | \$316,829 | \$281,833 | \$243,173 | \$209,099 | \$3,130,974 | |
| CMS 1500 Payments by the Claims Processing System | | | | | | | | | | | | | | | | | | |
| Prof - E&M | \$12,391,566 | \$13,648,347 | \$13,162,048 | \$39,201,961 | \$12,668,533 | \$13,938,060 | \$12,591,398 | \$13,995,507 | \$13,427,593 | \$12,942,607 | \$14,176,463 | \$13,369,138 | \$13,418,210 | \$13,720,870 | \$13,606,980 | \$13,188,146 | \$161,043,505 | |
| Prof - Maternity | \$855,779 | \$934,306 | \$959,486 | \$2,749,570 | \$971,428 | \$1,101,657 | \$957,537 | \$1,091,287 | \$964,232 | \$938,955 | \$1,184,611 | \$1,191,144 | \$1,106,969 | \$1,120,634 | \$1,094,179 | \$1,048,615 | \$12,771,249 | |
| Prof - Surgery | \$496,847 | \$611,040 | \$598,877 | \$1,706,764 | \$565,819 | \$637,192 | \$546,256 | \$705,801 | \$574,319 | \$507,097 | \$709,474 | \$591,600 | \$669,680 | \$706,972 | \$685,437 | \$697,479 | \$7,597,126 | |
| Prof - DME | \$274,895 | \$333,638 | \$328,139 | \$936,672 | \$254,250 | \$302,095 | \$322,384 | \$332,726 | \$351,104 | \$371,876 | \$387,191 | \$357,719 | \$353,871 | \$389,400 | \$391,500 | \$381,635 | \$4,195,750 | |
| Prof - Lab | \$602,104 | \$628,010 | \$612,833 | \$1,842,947 | \$508,503 | \$593,575 | \$512,297 | \$573,389 | \$529,344 | \$454,881 | \$628,951 | \$644,054 | \$582,002 | \$713,922 | \$649,057 | \$643,456 | \$7,030,433 | |
| Prof - Radiology | \$881,953 | \$1,000,346 | \$895,711 | \$2,778,017 | \$766,446 | \$878,035 | \$762,879 | \$919,245 | \$764,163 | \$708,678 | \$883,740 | \$787,552 | \$820,984 | \$882,233 | \$839,021 | \$855,431 | \$9,868,407 | |
| Prof - Transportation | \$1,122,362 | \$1,375,054 | \$1,335,724 | \$3,833,140 | \$1,329,144 | \$1,450,732 | \$1,324,779 | \$1,552,157 | \$1,457,143 | \$1,336,314 | \$1,601,437 | \$1,472,732 | \$1,528,002 | \$1,573,574 | \$1,625,336 | \$1,617,438 | \$17,868,787 | |
| Prof - Other | \$1,650,985 | \$1,763,654 | \$1,630,308 | \$5,044,948 | \$1,613,344 | \$1,786,063 | \$1,576,961 | \$1,883,161 | \$1,810,383 | \$1,630,683 | \$1,968,974 | \$1,839,799 | \$1,776,785 | \$1,867,432 | \$1,784,773 | \$1,742,629 | \$21,280,986 | |
| Capitation Payments | \$468,325 | \$483,963 | \$488,183 | \$1,440,471 | \$272,622 | \$271,545 | \$270,149 | \$259,426 | \$250,005 | \$257,129 | \$254,305 | \$272,884 | \$230,680 | \$143,723 | \$139,680 | \$142,094 | \$2,764,241 | |
| Subcontractor Payments for Medical Services | \$71,013 | \$79,728 | \$94,722 | \$245,463 | \$130,029 | \$164,577 | \$128,788 | \$142,096 | \$116,032 | \$96,614 | \$126,806 | \$117,839 | \$125,315 | \$117,177 | \$97,665 | \$94,166 | \$1,457,103 | |
| Other Medical (provide description) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Behavioral Health (Excluding payments on behalf of priority enrollees) | | | | | | | | | | | | | | | | | | |
| Inpatient Payments by the Claims Processing System | \$153,396 | \$211,705 | \$251,073 | \$616,174 | \$246,944 | \$273,792 | \$306,775 | \$328,455 | \$330,623 | \$347,499 | \$381,781 | \$352,184 | \$364,064 | \$357,518 | \$334,662 | \$307,717 | \$3,932,015 | |
| Outpatient Payments by the Claims Processing System | \$615,348 | \$650,308 | \$617,986 | \$1,883,642 | \$586,831 | \$701,908 | \$667,124 | \$770,219 | \$680,268 | \$628,553 | \$739,376 | \$793,534 | \$839,949 | \$866,658 | \$864,623 | \$760,881 | \$8,899,925 | |
| Supported Housing Payments by the Claims Processing System | \$42,800 | \$39,641 | \$52,254 | \$134,695 | \$54,152 | \$61,341 | \$67,308 | \$69,504 | \$71,195 | \$65,438 | \$65,070 | \$67,373 | \$83,275 | \$80,680 | \$74,088 | \$74,559 | \$833,982 | |
| Intensive Outpatient Payments by the Claims Processing System | \$36,889 | \$53,102 | \$57,573 | \$147,564 | \$46,843 | \$51,435 | \$41,692 | \$46,312 | \$45,265 | \$36,985 | \$52,576 | \$35,324 | \$44,821 | \$65,419 | \$53,778 | \$38,273 | \$558,722 | |
| Partial Hospitalization Payments by the Claims Processing System | \$0 | \$4,500 | \$0 | \$4,500 | \$552 | \$0 | \$0 | \$0 | \$0 | \$3,595 | \$11,000 | \$9,178 | \$30,425 | \$33,226 | \$35,803 | \$39,708 | \$163,487 | |
| In Home Payments by the Claims Processing System | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Transportation Payments by the Claims Processing System | \$2,356 | \$5,727 | \$4,053 | \$12,136 | \$5,999 | \$8,504 | \$7,379 | \$6,531 | \$7,487 | \$5,152 | \$7,177 | \$7,295 | \$6,683 | \$6,531 | \$6,582 | \$6,999 | \$82,318 | |
| Twenty-Three Hour Payments by the Claims Processing System | \$0 | \$1,576 | \$5,768 | \$7,344 | \$735 | \$6,274 | \$2,800 | \$571 | \$434 | \$0 | \$357 | \$337 | \$516 | \$0 | \$528 | \$0 | \$12,552 | |
| CMHC Capitation Payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Other Capitation Payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Grant Payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Non-FFS Inpatient | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Subcontractor Payments for Mental Health and Substance Abuse Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Crisis Services Team Pass Through | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Less: | | | | | | | | | | | | | | | | | | |
| Recoveries not Reflected in Claims Payments | | | | \$0 | | | | | | | | | | | | | \$0 | |
| Total Payments | \$32,960,998 | \$35,318,336 | \$34,894,855 | \$103,174,190 | \$34,480,076 | \$37,073,200 | \$35,079,787 | \$38,880,688 | \$35,691,723 | \$35,881,594 | \$40,869,196 | \$38,074,101 | \$37,297,147 | \$37,663,535 | \$36,879,484 | \$36,447,261 | \$444,317,793 | |
| Remaining IBNR | \$10,888 | \$12,501 | \$12,620 | \$36,009 | \$17,355 | \$18,498 | \$19,495 | \$62,062 | \$77,430 | \$100,866 | \$137,776 | \$73,146 | \$159,934 | \$278,698 | \$332,564 | \$368,837 | \$1,646,661 | |
| Payments and Remaining IBNR | \$32,971,886 | \$35,330,837 | \$34,907,476 | \$103,210,199 | \$34,497,431 | \$37,091,698 | \$35,099,281 | \$38,942,750 | \$35,769,152 | \$35,982,461 | \$41,006,972 | \$38,147,248 | \$37,457,081 | \$37,942,233 | \$37,212,048 | \$36,816,098 | \$445,964,453 | |
| Medical Loss Ratio | 79.73% | 85.50% | 85.86% | 83.69% | 84.56% | 90.45% | 85.16% | 93.92% | 86.58% | 86.84% | 99.01% | 92.02% | 90.21% | 91.82% | 90.75% | 90.12% | 90.13% | |
| Per Member Expense | \$178.54 | \$191.68 | \$192.55 | \$187.55 | \$189.95 | \$203.03 | \$191.12 | \$211.27 | \$193.92 | \$195.17 | \$222.86 | \$206.86 | \$202.54 | \$205.51 | \$202.69 | \$201.03 | \$202.18 | |

**Medical Loss Ratio Report - Priority Add-On & State/Judicial Only
Grand Region**

MCO

AMERIGROUP, Tennessee, Inc.

| Reporting Month | 2007 | | | For the Year Ended 6/30/2007 | 2007 | | | | | | 2008 | | | | | | For the Year Ended 6/30/2008 |
|---|----------------|-------------|-------------|------------------------------------|----------------|-------------|-------------|-------------|-------------|-------------|----------------|-------------|-------------|-------------|-------------|-------------|------------------------------------|
| | Incurred Month | | | | Incurred Month | | | | | | Incurred Month | | | | | | |
| | April | May | June | | July | August | September | October | November | December | January | February | March | April | May | June | |
| Enrollment (For Priority Enrollees Only) | 15,533 | 15,171 | 14,675 | 45,379 | 14,356 | 14,200 | 14,215 | 14,263 | 14,144 | 13,941 | 13,729 | 13,684 | 13,541 | 13,408 | 13,611 | 13,535 | 166,627 |
| Capitation Revenue (Priority add-on payment only) | \$6,941,970 | \$6,777,649 | \$6,552,286 | \$20,271,904 | \$6,417,278 | \$6,350,745 | \$6,361,279 | \$6,385,576 | \$6,330,866 | \$6,236,314 | \$6,136,307 | \$6,114,900 | \$6,045,914 | \$4,272,575 | \$4,342,051 | \$4,317,999 | \$69,311,803 |
| Payments for Covered Services for the Month | | | | | | | | | | | | | | | | | |
| Medical Services | | | | | | | | | | | | | | | | | |
| CMS 1450/UB 92 Payments by the Claims Processing System | | | | | | | | | | | | | | | | | |
| Inpatient - Maternity | | | | | | | | | | | | | | | | | |
| Inpatient - Newborn | | | | | | | | | | | | | | | | | |
| Inpatient -Medical | | | | | | | | | | | | | | | | | |
| Inpatient - Surgery | | | | | | | | | | | | | | | | | |
| Inpatient Other | | | | | | | | | | | | | | | | | |
| Outpatient - Emergency Room | | | | | | | | | | | | | | | | | |
| Outpatient - Laboratory | | | | | | | | | | | | | | | | | |
| Outpatient - Radiology | | | | | | | | | | | | | | | | | |
| Outpatient - Surgery | | | | | | | | | | | | | | | | | |
| Outpatient - Other | | | | | | | | | | | | | | | | | |
| CMS 1500 Payments by the Claims Processing System | | | | | | | | | | | | | | | | | |
| Prof - E&M | | | | | | | | | | | | | | | | | |
| Prof - Maternity | | | | | | | | | | | | | | | | | |
| Prof - Surgery | | | | | | | | | | | | | | | | | |
| Prof - DME | | | | | | | | | | | | | | | | | |
| Prof - Lab | | | | | | | | | | | | | | | | | |
| Prof - Radiology | | | | | | | | | | | | | | | | | |
| Prof - Transportation | | | | | | | | | | | | | | | | | |
| Prof - Other | | | | | | | | | | | | | | | | | |
| Capitation Payments | | | | | | | | | | | | | | | | | |
| Subcontractor Payments for Medical Services | | | | | | | | | | | | | | | | | |
| Other Medical (provide description) | | | | | | | | | | | | | | | | | |
| Behavioral Health (On behalf of Priority enrollees only) | | | | | | | | | | | | | | | | | |
| Inpatient Payments by the Claims Processing System | \$917,085 | \$857,556 | \$932,355 | \$2,706,996 | \$986,159 | \$930,243 | \$1,005,880 | \$818,267 | \$727,134 | \$844,577 | \$813,857 | \$789,624 | \$664,214 | \$767,419 | \$876,784 | \$724,229 | \$9,948,386 |
| Outpatient Payments by the Claims Processing System | \$1,341,569 | \$1,312,880 | \$1,462,719 | \$4,117,168 | \$1,184,953 | \$1,428,205 | \$1,225,762 | \$804,454 | \$772,507 | \$817,373 | \$766,578 | \$750,521 | \$739,856 | \$790,429 | \$782,338 | \$841,493 | \$10,904,469 |
| Supported Housing Payments by the Claims Processing System | \$119,740 | \$124,318 | \$126,975 | \$371,032 | \$120,373 | \$112,149 | \$127,773 | \$153,155 | \$147,343 | \$168,808 | \$163,417 | \$147,498 | \$144,799 | \$168,672 | \$163,806 | \$1,765,293 | |
| Intensive Outpatient Payments by the Claims Processing System | \$16,284 | \$28,818 | \$21,770 | \$66,872 | \$33,388 | \$38,207 | \$31,907 | \$35,386 | \$25,348 | \$24,439 | \$27,619 | \$24,649 | \$35,733 | \$33,525 | \$38,513 | \$40,336 | \$389,050 |
| Partial Hospitalization Payments by the Claims Processing System | \$2,750 | \$1,622 | \$4,106 | \$8,478 | \$2,024 | \$5,152 | \$3,722 | \$184 | \$1,368 | \$2,475 | \$2,790 | \$5,920 | \$25,887 | \$29,550 | \$28,160 | \$37,771 | \$145,003 |
| In Home Payments by the Claims Processing System | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Transportation Payments by the Claims Processing System | \$10,328 | \$9,983 | \$5,659 | \$25,971 | \$7,524 | \$5,826 | \$6,615 | \$5,282 | \$5,561 | \$6,165 | \$6,740 | \$5,883 | \$8,045 | \$4,807 | \$8,619 | \$10,433 | \$81,501 |
| Twenty-Three Hour Payments by the Claims Processing System | \$0 | \$400 | \$6,060 | \$6,460 | \$2,823 | \$0 | \$2,879 | \$45 | \$394 | \$3,600 | \$0 | \$613 | \$1,513 | \$3,200 | \$5,246 | \$299 | \$20,613 |
| CMHC Capitation Payments | \$2,212,298 | \$2,256,941 | \$2,215,028 | \$6,684,268 | \$1,786,284 | \$1,786,585 | \$1,776,147 | \$1,775,690 | \$1,776,946 | \$1,778,020 | \$1,775,958 | \$1,782,766 | \$1,771,958 | \$1,784,663 | \$1,771,196 | \$1,788,627 | \$21,354,841 |
| Other Capitation Payments | | | | \$0 | | | | | | | | | | | | | \$0 |
| Grant Payments | | | | \$0 | | | | | | | | | | | | | \$0 |
| Non-FFS Inpatient | | | | \$0 | | | | | | | | | | | | | \$0 |
| Subcontractor Payments for Mental Health and Substance Abuse Services | \$487,905 | \$553,295 | \$611,384 | \$1,652,584 | \$934,171 | \$900,681 | \$1,018,297 | \$1,648,597 | \$1,732,833 | \$1,696,780 | \$1,766,064 | \$1,718,975 | \$1,828,486 | \$2,015,350 | \$1,977,501 | \$1,859,005 | \$19,096,740 |
| Crisis Services Team Pass Through | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Less: | | | | | | | | | | | | | | | | | |
| Recoveries not Reflected in Claims Payments | | | | \$0 | | | | | | | | | | | | | |
| Total Payments | \$5,107,959 | \$5,145,813 | \$5,386,056 | \$15,639,828 | \$5,057,700 | \$5,207,049 | \$5,198,982 | \$5,241,059 | \$5,189,433 | \$5,342,237 | \$5,323,022 | \$5,226,449 | \$5,223,193 | \$5,573,743 | \$5,657,029 | \$5,465,999 | \$63,705,896 |
| Remaining IBNR | \$1,124 | \$1,222 | \$1,344 | \$3,689 | \$1,718 | \$1,886 | \$2,030 | \$5,061 | \$6,375 | \$8,653 | \$10,670 | \$6,005 | \$13,455 | \$24,652 | \$30,910 | \$32,120 | \$143,537 |
| Payments and Remaining IBNR | \$5,109,083 | \$5,147,035 | \$5,387,400 | \$15,643,517 | \$5,059,417 | \$5,208,935 | \$5,201,012 | \$5,246,121 | \$5,195,808 | \$5,350,890 | \$5,333,692 | \$5,232,454 | \$5,236,647 | \$5,598,396 | \$5,687,940 | \$5,498,120 | \$63,849,432 |
| Medical Loss Ratio | 73.60% | 75.94% | 82.22% | 77.17% | 78.84% | 82.02% | 81.76% | 82.16% | 82.07% | 85.80% | 86.92% | 85.57% | 86.61% | 131.03% | 131.00% | 127.33% | 92.12% |
| Per Member Expense | \$328.92 | \$339.27 | \$367.12 | \$344.73 | \$352.43 | \$366.83 | \$365.88 | \$367.82 | \$367.36 | \$383.82 | \$388.50 | \$382.39 | \$386.72 | \$417.55 | \$417.88 | \$406.20 | \$383.19 |

Month
Paid
by the
Claims
System

CMS 1500 Payments by the Claims Processing System (All Claims)
MCO: **AMERIGROUP Tennessee, Inc.**

| System | Total | Incurred Month of Service | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--------|---------------------------|--------|--------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|---|--|--|
| | | Prior to Jan-07 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | | | |
| 0 | Jan-07 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Feb-07 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Mar-07 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,082,639 | Apr-07 | 2,082,639 | 8 | 0 | 0 | 2,082,633 | | | | | | | | | | | | | | | | | | | | | |
| 10,744,269 | May-07 | 10,744,269 | (6) | 0 | 0 | 6,605,228 | 4,139,047 | | | | | | | | | | | | | | | | | | | | |
| 19,100,409 | Jun-07 | 19,100,409 | 0 | 0 | 0 | 5,843,506 | 8,564,171 | 4,892,733 | | | | | | | | | | | | | | | | | | | |
| 18,949,423 | Jul-07 | 18,949,423 | 0 | 0 | 396 | 1,705,755 | 4,187,813 | 9,247,871 | 3,807,589 | | | | | | | | | | | | | | | | | | |
| 17,157,568 | Aug-07 | 17,157,568 | 0 | 0 | 1,616 | 1,150,327 | 1,443,429 | 2,857,185 | 7,330,164 | 4,374,868 | | | | | | | | | | | | | | | | | |
| 19,103,437 | Sep-07 | 19,103,437 | 0 | 0 | 0 | (191,311) | 784,118 | 991,741 | 4,165,631 | 8,822,541 | 4,530,717 | | | | | | | | | | | | | | | | |
| 16,343,671 | Oct-07 | 16,343,671 | 0 | 0 | 0 | 438,374 | 112,630 | 369,425 | 918,345 | 3,954,032 | 5,849,443 | 4,701,422 | | | | | | | | | | | | | | | |
| 19,633,944 | Nov-07 | 19,633,944 | 0 | 0 | 0 | 23,974 | 80,035 | 101,759 | 461,703 | 1,069,933 | 4,843,362 | 8,289,058 | 4,764,121 | | | | | | | | | | | | | | |
| 17,959,414 | Dec-07 | 17,959,414 | 0 | 0 | 0 | 81,459 | 86,652 | 125,858 | 119,099 | 509,447 | 1,073,645 | 4,245,781 | 7,147,664 | 4,569,809 | | | | | | | | | | | | | |
| 20,831,939 | Jan-08 | 20,831,939 | 0 | 0 | 0 | 69,532 | 54,812 | 94,033 | 200,791 | 197,752 | 540,658 | 1,284,222 | 4,744,548 | 8,752,344 | 4,893,248 | | | | | | | | | | | | |
| 20,106,664 | Feb-08 | 20,106,664 | 0 | 0 | 0 | 52,505 | 51,217 | 17,225 | 325,069 | 226,165 | 223,807 | 915,806 | 1,291,504 | 2,891,865 | 9,693,657 | 4,417,845 | | | | | | | | | | | |
| 21,727,788 | Mar-08 | 21,727,788 | 0 | 45 | 0 | 92,994 | 120,742 | 234,627 | 228,173 | 129,370 | 253,849 | 239,997 | 478,931 | 973,711 | 3,691,447 | 9,945,772 | 5,338,132 | | | | | | | | | | |
| 23,567,310 | Apr-08 | 23,567,310 | 0 | 0 | 0 | 114,282 | 161,331 | 15,492 | 201,462 | 208,936 | 255,532 | 323,351 | 452,064 | 651,702 | 1,570,733 | 3,895,913 | 9,797,390 | 5,919,123 | | | | | | | | | |
| 21,925,330 | May-08 | 21,925,330 | 0 | 0 | 0 | 52,644 | 103,049 | 70,096 | 222,008 | 247,119 | 240,376 | 263,395 | 261,227 | 312,693 | 724,339 | 969,546 | 3,365,668 | 9,191,520 | 5,901,649 | | | | | | | | |
| 20,402,947 | Jun-08 | 20,402,947 | 0 | 0 | 0 | 93,771 | 76,805 | 44,308 | 69,260 | 100,154 | 81,162 | 131,551 | 152,754 | 158,328 | 195,003 | 413,473 | 718,025 | 3,203,319 | 9,604,075 | 5,360,959 | | | | | | | |
| 21,047,060 | Jul-08 | 21,047,060 | 0 | 0 | 0 | 8,145 | 22,110 | 25,164 | 36,907 | 36,804 | 37,181 | 31,191 | 67,038 | 42,869 | 106,414 | 5,673 | 285,132 | 1,054,681 | 3,095,213 | 10,258,698 | 5,933,839 | | | | | | |
| 23,995,727 | Aug-08 | 23,995,727 | 0 | 0 | 0 | 17,276 | 31,586 | 123,949 | 113,110 | 91,153 | 96,366 | 169,429 | 152,130 | 197,437 | 216,019 | 224,364 | 230,590 | 675,069 | 902,288 | 2,813,376 | ##### | 6,824,224 | | | | | |
| 18,193,114 | Sep-08 | 18,193,114 | 0 | 0 | 0 | 25,619 | 28,748 | 50,421 | 96,713 | 128,342 | 57,953 | 95,477 | 42,226 | (2,144) | 51,332 | 76,983 | 105,494 | 233,223 | 408,552 | 727,256 | 2,313,315 | 6,644,608 | 5,108,995 | | | | |
| 18,845,691 | Oct-08 | 18,845,691 | 0 | 0 | 0 | (3,668) | 2,283 | (2,598) | 31,047 | 122,239 | 137,753 | 64,831 | 26,806 | 24,860 | 80,952 | 70,201 | 86,349 | 159,364 | 211,337 | 393,296 | 776,119 | 2,683,114 | 8,313,353 | 5,668,054 | | | |
| 18,125,512 | Nov-08 | 18,125,512 | 0 | (45) | 0 | 47,676 | 67,545 | 73,124 | 47,670 | 68,281 | 67,859 | 65,781 | 47,133 | 87,154 | 85,336 | 64,022 | 96,726 | 170,442 | 134,369 | 151,112 | 424,233 | 893,945 | 2,030,954 | 7,771,749 | | | |
| 16,314,176 | Dec-08 | 16,314,176 | 0 | 0 | 0 | 24,955 | (630) | 373 | 24,800 | 52,706 | 59,899 | 36,345 | 62,063 | 38,435 | 42,299 | 76,905 | 71,059 | 59,204 | 98,441 | 128,712 | 48,985 | 361,723 | 921,817 | 2,240,296 | | | |
| 17,029,456 | Jan-09 | 17,029,456 | 0 | 0 | (304) | 67,392 | 68,853 | 99,653 | 88,800 | 113,737 | 83,249 | 64,279 | 47,359 | 31,864 | 60,242 | 50,949 | 72,663 | 95,581 | 91,315 | 115,139 | 130,644 | 277,436 | 511,297 | 731,848 | | | |
| 14,491,866 | Feb-09 | 14,491,866 | 0 | 0 | 0 | 20,542 | 25,609 | 4,712 | 35,734 | 54,266 | 52,751 | 36,481 | 42,310 | 43,827 | 33,038 | 21,418 | 7,918 | 44,787 | 59,089 | 56,917 | 53,465 | 102,746 | 196,784 | 333,871 | | | |
| 15,864,194 | Mar-09 | 15,864,194 | 0 | 0 | 0 | 14,947 | 11,504 | 30,975 | 31,822 | 60,138 | 25,795 | 16,277 | 14,416 | 20,261 | 44,288 | 1,906 | 17,326 | 69,727 | 37,845 | 33,998 | 69,020 | 39,127 | 96,184 | 190,642 | | | |
| 18,762,811 | Apr-09 | 18,762,811 | 0 | 0 | (1,600) | 16,333 | (2,562) | 20,822 | 50,737 | 44,781 | 23,693 | 35,938 | 34,167 | 30,263 | 22,587 | 5,514 | 47,246 | 39,053 | 63,691 | 66,535 | 60,095 | 116,683 | 144,951 | 186,441 | | | |
| 19,942,705 | May-09 | 19,942,705 | 0 | 0 | 0 | 21,933 | 55,885 | 940 | 62,386 | 63,827 | 59,862 | 43,568 | 76,718 | 72,701 | 32,059 | 5,944 | 18,323 | 47,347 | 24,124 | 37,609 | 53,097 | 119,617 | 209,785 | 104,812 | | | |
| 19,532,887 | Jun-09 | 19,532,887 | 0 | 0 | 0 | (1,306) | 17,531 | 33,259 | 8,344 | 10,818 | (422) | (1,829) | (26,897) | (7,075) | (2,166) | 4,310 | (1,540) | 12,598 | 44,293 | 31,221 | 42,307 | 93,743 | 82,664 | 107,356 | | | |
| 0 | Jul-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Aug-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Sep-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Oct-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Nov-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Dec-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Jan-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Feb-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Mar-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Apr-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | May-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Jun-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

Totals 491,781,950 0 0 108 18,275,516 20,294,292 19,523,127 18,677,365 20,687,408 18,594,491 21,052,347 19,878,281 18,890,904 21,540,826 20,250,736 ##### ##### ##### 20,174,828 ##### ##### #####

FY 10 0

FY 09 105,623,917 491,781,950 Total for Dates of Service after 1/1/2007

FY 08 245,083,259

FY 07 141,074,773

Page 3

Month
Paid
by the
Claims
System

Behavioral Health Payments by the Claims Processing System (Priority)
MCO: **AMERIGROUP Tennessee, Inc.**

| | Prior to | | Incurred Month of Service | | | | | | | | | | | | | | | | | | | | | |
|-----------|----------|-----------|---------------------------|--------|--------|---------|----------|-----------|----------|----------|----------|----------|---------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | Total | Jan-07 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 |
| 0 | Jan-07 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Feb-07 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Mar-07 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 24,973 | Apr-07 | 24,973 | 0 | 0 | 0 | 24,973 | | | | | | | | | | | | | | | | | | |
| 258,186 | May-07 | 258,186 | 0 | 0 | 3,344 | 209,782 | 45,061 | | | | | | | | | | | | | | | | | |
| 1,235,554 | Jun-07 | 1,235,554 | 0 | 0 | 1,932 | 565,944 | 540,163 | 127,516 | | | | | | | | | | | | | | | | |
| 1,031,152 | Jul-07 | 1,031,152 | 0 | 0 | 0 | 332,032 | 379,884 | 233,124 | 86,112 | | | | | | | | | | | | | | | |
| 2,252,299 | Aug-07 | 2,252,299 | 0 | 0 | 0 | 130,987 | 217,523 | 1,253,035 | 549,667 | 101,087 | | | | | | | | | | | | | | |
| 3,029,652 | Sep-07 | 3,029,652 | 0 | 0 | 0 | 70,456 | 216,218 | 565,272 | 790,438 | 980,980 | 406,289 | | | | | | | | | | | | | |
| 773,019 | Oct-07 | 773,019 | 0 | 0 | 1,366 | 22,291 | 36,121 | (333,048) | 131,601 | 189,006 | 571,032 | 154,650 | | | | | | | | | | | | |
| 1,246,188 | Nov-07 | 1,246,188 | 0 | 0 | 0 | 188,467 | 108,311 | 79,081 | 70,440 | 166,760 | 183,958 | 334,065 | 115,105 | | | | | | | | | | | |
| 989,883 | Dec-07 | 989,883 | 0 | 0 | 0 | 18,126 | 12,241 | 10,058 | 21,330 | 235,797 | 62,873 | 143,960 | 335,998 | 149,499 | | | | | | | | | | |
| 1,102,802 | Jan-08 | 1,102,802 | 0 | 0 | 0 | 8,781 | 19,025 | 27,497 | 9,095 | 18,099 | 251,524 | 107,079 | 112,430 | 444,399 | 104,872 | | | | | | | | | |
| 1,576,383 | Feb-08 | 1,576,383 | 0 | 0 | 992 | 9,345 | 20,983 | 28,759 | 5,690 | 22,384 | 47,771 | 250,948 | 301,884 | 335,077 | 433,864 | 118,688 | | | | | | | | |
| 1,952,891 | Mar-08 | 1,952,891 | 0 | 0 | 0 | 158,140 | 53,278 | 17,943 | 45,857 | 31,411 | 135,658 | 87,260 | 86,960 | 178,024 | 400,765 | 563,088 | 194,506 | | | | | | | |
| 3,818,794 | Apr-08 | 3,818,794 | 0 | 0 | 0 | 295,720 | 258,473 | 277,563 | 266,106 | 403,067 | 322,537 | 263,928 | 312,198 | 388,637 | 133,322 | 365,330 | 327,685 | 204,228 | | | | | | |
| 3,890,100 | May-08 | 3,890,100 | 0 | 0 | 0 | 237,966 | 271,433 | 221,940 | 166,277 | 256,320 | 241,966 | 238,004 | 176,965 | 204,624 | 396,007 | 383,638 | 511,449 | 432,751 | 150,760 | | | | | |
| 1,873,909 | Jun-08 | 1,873,909 | 0 | 0 | 0 | 4,847 | 15,742 | 21,778 | 21,949 | 6,323 | 18,143 | 36,771 | 26,380 | 27,660 | 73,758 | 55,088 | 213,701 | 616,033 | 590,313 | 145,423 | | | | |
| 2,473,908 | Jul-08 | 2,473,908 | 0 | 0 | 0 | 60,902 | 61,112 | 31,593 | 63,182 | 54,830 | 59,081 | 30,221 | 54,047 | 86,760 | 40,712 | 78,596 | 67,112 | 141,551 | 788,939 | 635,231 | 220,038 | | | |
| 1,635,146 | Aug-08 | 1,635,146 | 0 | 0 | 0 | (351) | 63,875 | 27,140 | 37,260 | 27,975 | 17,317 | 29,922 | 22,691 | 30,491 | 66,289 | 26,099 | 54,843 | 40,647 | 90,529 | 474,137 | 448,019 | 178,261 | | |
| 1,607,854 | Sep-08 | 1,607,854 | 0 | 0 | 0 | 4,086 | 1,757 | (8,221) | 16,753 | 6,589 | 6,909 | 8,088 | 25,323 | 8,258 | 21,931 | 16,850 | 8,011 | 5,583 | 74,429 | 147,885 | 634,597 | 526,517 | 102,507 | |
| 2,065,763 | Oct-08 | 2,065,763 | 0 | 0 | 0 | (831) | (5,767) | 6,144 | (1,092) | 12,499 | 2,082 | 19,439 | 4,143 | 9,684 | 11,674 | 25,278 | 59,470 | 155,420 | 65,329 | 53,675 | 162,563 | 712,738 | 604,138 | 169,177 |
| 2,151,767 | Nov-08 | 2,151,767 | 0 | 0 | 0 | 10,973 | 0 | 10 | 19,734 | 272 | 53,856 | 64,645 | 59,957 | 13,917 | 23,959 | 18,048 | 57,019 | 92,888 | 33,718 | 190,760 | 108,205 | 72,387 | 709,930 | 499,140 |
| 1,231,129 | Dec-08 | 1,231,129 | 0 | 0 | (992) | 3,590 | 8,336 | (3,713) | (15,538) | (11,759) | (18,286) | (21,238) | 3,083 | (16,997) | 437 | 501 | 5,907 | 5,651 | 12,956 | 49,983 | 39,489 | 53,555 | 80,099 | 363,301 |
| 1,928,887 | Jan-09 | 1,928,887 | 0 | 0 | 0 | 25,010 | 16,211 | 11,841 | 21,812 | 20,168 | 30,327 | 17,054 | 12,066 | 5,750 | 32,058 | 16,725 | 22,792 | 32,676 | 20,777 | 20,896 | 17,968 | 36,679 | 55,510 | 296,112 |
| 1,091,883 | Feb-09 | 1,091,883 | 0 | 0 | 0 | 9,936 | (6,307) | (594) | 12,022 | 1,596 | 7,136 | 5,955 | 6,165 | 1,026 | 10,230 | 36,911 | 44,774 | 32,522 | 24,300 | (29) | 3,292 | 5,456 | 36,586 | 37,233 |
| 1,948,581 | Mar-09 | 1,948,581 | 0 | 0 | 0 | 7,200 | 2,480 | (174) | 1,934 | 0 | 0 | (1,928) | 534 | (126) | 9,196 | 4,914 | 27,776 | 5,334 | 5,145 | 46,221 | 56,607 | 180,424 | 152,365 | 179,500 |
| 1,764,818 | Apr-09 | 1,764,818 | 0 | 0 | 0 | (369) | (1,691) | (1,046) | 1,975 | 5,347 | (9,300) | 6,311 | 2,977 | 8,253 | 1,519 | 5,488 | 15,933 | 7,206 | 11,339 | 20,853 | 29,811 | 26,335 | 21,071 | 134,045 |
| 2,933,614 | May-09 | 2,933,614 | 0 | 0 | 0 | 2,248 | (10,695) | (42,990) | 2,480 | 223 | 0 | 35,946 | 16,774 | (8,129) | 14,240 | 9,497 | 2,335 | 1,239 | 38,992 | 23,663 | 32,211 | 39,509 | 17,441 | 75,532 |
| 1,990,797 | Jun-09 | 1,990,797 | 0 | 0 | 0 | 7,507 | 11,810 | 9,135 | 12,159 | (9,192) | 13,663 | 5,690 | 3,973 | 630 | 6,166 | (30) | 9,435 | 0 | 808 | 9,667 | 527 | 11,953 | 6,660 | 4,993 |
| 0 | Jul-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Aug-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Sep-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Oct-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Nov-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Dec-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Jan-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Feb-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Mar-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Apr-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | May-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Jun-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|------------|---|---|---|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Totals | 47,879,935 | 0 | 0 | 0 | 6,641 | 2,407,756 | 2,335,577 | 2,559,644 | 2,337,244 | 2,519,783 | 2,404,538 | 1,816,773 | 1,679,654 | 1,867,438 | 1,781,000 | 1,724,708 | 1,622,749 | 1,773,730 | 1,908,333 | 1,818,367 | 1,753,327 | 1,843,813 | 1,786,308 | 1,759,033 |
|---------------|------------|---|---|---|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

FY 10 0
FY 09 11,658,581
FY 08 25,380,448
FY 07 10,840,906

47,879,935 Total for Dates of Service after 1/1/2007

Page 4

Month
Paid
by the
Claims
System

Behavioral Health Payments by the Claims Processing System (Non-Priority)
MCO: **AMERIGROUP Tennessee, Inc.**

| | Incurred Month of Service | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------------------|-----------------|--------|--------|--------|---------|---------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---|--|--|
| | Total | Prior to Jan-07 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | | | |
| 0 | Jan-07 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Feb-07 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Mar-07 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29,526 | Apr-07 | 29,526 | 0 | 0 | 0 | 29,526 | | | | | | | | | | | | | | | | | | | | | |
| 210,322 | May-07 | 210,322 | 0 | 0 | 0 | 137,187 | 73,134 | | | | | | | | | | | | | | | | | | | | |
| 598,068 | Jun-07 | 598,068 | 0 | 0 | 540 | 198,148 | 275,227 | 124,153 | | | | | | | | | | | | | | | | | | | |
| 1,007,327 | Jul-07 | 1,007,327 | 0 | 0 | 0 | 242,950 | 278,744 | 394,669 | 90,963 | | | | | | | | | | | | | | | | | | |
| 840,275 | Aug-07 | 840,275 | 0 | 0 | 0 | 31,926 | 90,147 | 269,693 | 302,177 | 146,332 | | | | | | | | | | | | | | | | | |
| 1,080,968 | Sep-07 | 1,080,968 | 0 | 0 | 0 | 43,418 | 99,565 | 72,945 | 267,191 | 401,300 | 196,548 | | | | | | | | | | | | | | | | |
| 815,054 | Oct-07 | 815,054 | 0 | 0 | 0 | 21,318 | 4,109 | (16,388) | 59,500 | 242,218 | 292,499 | 211,799 | | | | | | | | | | | | | | | |
| 1,021,380 | Nov-07 | 1,021,380 | 0 | 0 | 0 | 40,647 | 21,601 | 43,392 | 29,278 | 67,795 | 247,771 | 391,496 | 179,400 | | | | | | | | | | | | | | |
| 979,450 | Dec-07 | 979,450 | 0 | 0 | 0 | 3,307 | 127 | 10,732 | 24,609 | 69,862 | 46,059 | 198,135 | 438,754 | 187,865 | | | | | | | | | | | | | |
| 1,019,861 | Jan-08 | 1,019,861 | 0 | 0 | 0 | 78 | 6,630 | 40 | 25,839 | 11,234 | 58,558 | 92,279 | 190,652 | 463,747 | 170,804 | | | | | | | | | | | | |
| 1,191,806 | Feb-08 | 1,191,806 | 0 | 0 | 0 | 746 | 6,871 | 2,042 | 2,857 | 26,761 | 88,156 | 104,512 | 134,137 | 169,424 | 494,603 | 161,695 | | | | | | | | | | | |
| 1,309,719 | Mar-08 | 1,309,719 | 0 | 0 | 0 | 3,486 | 342 | 7,018 | 7,013 | 6,099 | 1,845 | 36,611 | 17,699 | 66,036 | 325,195 | 610,412 | 227,963 | | | | | | | | | | |
| 1,557,617 | Apr-08 | 1,557,617 | 0 | 0 | 0 | 10,762 | 15,929 | 35,214 | 74,658 | 45,864 | 37,031 | 89,177 | 69,957 | 61,974 | 68,303 | 263,288 | 550,548 | 234,912 | | | | | | | | | |
| 1,555,855 | May-08 | 1,555,855 | 0 | 0 | 0 | 20,859 | 19,966 | 24,320 | 29,463 | 27,569 | 36,074 | 15,576 | 11,044 | 40,129 | 78,464 | 105,127 | 293,413 | 611,656 | 242,196 | | | | | | | | |
| 1,289,980 | Jun-08 | 1,289,980 | 0 | 0 | 0 | 16,507 | 1,929 | 5,881 | 2,319 | 4,422 | 7,777 | 10,629 | 6,900 | 10,643 | 24,988 | 66,121 | 66,630 | 305,421 | 573,486 | 186,329 | | | | | | | |
| 1,518,204 | Jul-08 | 1,518,204 | 0 | 0 | 0 | 5,073 | 8,446 | 5,161 | 186 | 414 | 2,273 | 6,928 | 17,414 | 19,492 | 20,441 | 1,580 | 58,391 | 90,198 | 378,609 | 663,043 | 240,555 | | | | | | |
| 1,286,383 | Aug-08 | 1,286,383 | 0 | 0 | 0 | 10,859 | 24,167 | 7,400 | 15,112 | 7,907 | 13,656 | 10,014 | 6,082 | 6,142 | 2,786 | 1,768 | 21,510 | 25,945 | 57,312 | 201,625 | 667,337 | 206,760 | | | | | |
| 1,220,462 | Sep-08 | 1,220,462 | 0 | 0 | 0 | (904) | 7,215 | 3,248 | 333 | (276) | 2,312 | 91 | 9,363 | 8,938 | 8,811 | 9,717 | 37,254 | 41,762 | 40,536 | 59,128 | 270,193 | 574,554 | 148,188 | | | | |
| 1,384,154 | Oct-08 | 1,384,154 | 0 | 0 | 0 | (6,535) | 4,704 | 123 | (250) | (134) | 4,856 | (783) | 14,162 | 4,429 | 8,166 | 6,674 | 48,376 | 15,201 | 13,020 | 8,875 | 27,944 | 346,453 | 650,053 | 238,818 | | | |
| 1,729,703 | Nov-08 | 1,729,703 | 0 | 0 | 0 | 2,522 | 938 | 856 | 698 | 10,559 | 21,538 | 17,628 | 18,921 | 9,953 | 18,456 | 14,735 | 39,044 | 40,857 | 18,427 | 79,164 | 88,411 | 171,876 | 323,820 | 652,201 | | | |
| 1,174,417 | Dec-08 | 1,174,417 | 0 | 0 | 0 | (403) | 3,209 | 1,209 | 4,992 | 4,075 | 454 | 4,649 | 525 | 324 | 1,646 | (381) | 123 | 4,817 | 10,810 | 6,825 | 15,350 | 44,697 | 54,551 | 155,859 | | | |
| 1,413,650 | Jan-09 | 1,413,650 | 0 | 0 | 0 | 10,545 | 4,657 | 3,160 | 7,080 | 23,921 | 28,782 | 16,481 | 3,711 | 5,435 | 1,733 | 1,286 | 1,436 | 4,810 | 6,881 | 1,499 | (1,423) | 21,355 | 19,048 | 155,901 | | | |
| 917,840 | Feb-09 | 917,840 | 0 | 0 | 0 | 1,215 | 9,240 | 6,405 | (1,204) | 8,491 | 8,513 | 5,370 | 10,541 | 11,532 | 11,388 | 13,718 | 11,462 | 27,081 | 12,954 | 1,375 | 3,023 | 6,411 | 14,764 | 16,007 | | | |
| 1,396,036 | Mar-09 | 1,396,036 | 0 | 0 | 0 | 7,772 | 912 | 663 | (37) | 0 | 0 | 4,271 | 6,895 | 17,418 | 2,629 | 8,544 | 13,328 | 10,198 | 12,960 | 16,352 | 16,400 | 34,764 | 51,499 | 59,335 | | | |
| 1,209,733 | Apr-09 | 1,209,733 | 0 | 0 | 0 | (824) | (1,527) | (3,444) | (92) | (682) | (2,207) | (1,638) | (686) | 2,439 | 510 | (17) | 1,483 | (536) | 1,802 | 609 | 12,552 | 6,601 | 8,383 | 31,736 | | | |
| 1,761,051 | May-09 | 1,761,051 | 0 | 0 | 0 | 0 | 2,019 | (9,740) | 37 | (145) | 512 | 6,996 | (115) | 784 | 14,682 | 1,416 | (949) | 2,361 | (761) | 3,360 | 3,350 | 4,580 | 12,052 | 21,266 | | | |
| 1,514,219 | Jun-09 | 1,514,219 | 0 | 0 | 0 | (78) | 8,258 | (42) | (668) | (332) | 70 | 1,372 | (84) | 517 | 3,731 | (456) | (279) | (4,652) | 1,731 | (48) | 3,931 | 3,610 | (753) | 1,480 | | | |
| 0 | Jul-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Aug-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Sep-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Oct-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Nov-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Dec-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Jan-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Feb-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Mar-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Apr-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | May-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Jun-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|------------|---|---|---|-----|---------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Totals | 31,033,058 | 0 | 0 | 0 | 540 | 830,108 | 966,558 | 988,708 | 942,055 | 1,103,254 | 1,093,077 | 1,221,592 | 1,135,272 | 1,087,222 | 1,257,337 | 1,265,226 | 1,369,733 | 1,410,033 | 1,370,063 | 1,228,138 | 1,347,623 | 1,421,663 | 1,281,605 | 1,332,603 |
|---------------|------------|---|---|---|-----|---------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

FY 10 0
 FY 09 8,212,529
 FY 08 16,238,161
 FY 07 6,582,368

31,033,058 Total for Dates of Service after 1/1/2007

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Month
Paid
by the
Claims
System

ASO Payments by the Claims Processing System (All Claims)
MCO: AMERIGROUP Tennessee, Inc.

| | Total | Prior to | | Incurred Month of Service | | | | | | | | | | | | | | | | | | | | | |
|---------|--------|----------|--------|---------------------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| | | Jan-07 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | |
| 0 | Jan-07 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | |
| 0 | Feb-07 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | |
| 0 | Mar-07 | 0 | | 0 | 0 | | | | | | | | | | | | | | | | | | | | |
| 0 | Apr-07 | 0 | | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | |
| 0 | May-07 | 0 | | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | |
| 146,687 | Jun-07 | 187,917 | 41,230 | 1,202 | 41,437 | 103,638 | 411 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 100,393 | Jul-07 | 111,155 | 10,762 | 0 | 20,158 | 80,235 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 43,084 | Aug-07 | 59,919 | 16,836 | 939 | 10,783 | 30,894 | 467 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9,610 | Sep-07 | 28,883 | 19,273 | 1,064 | 3,025 | 4,964 | 556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3,139 | Oct-07 | 4,551 | 1,413 | 77 | 7,217 | 3,062 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 67,503 | Nov-07 | 87,659 | 20,156 | 600 | 7,217 | 59,686 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| -854 | Dec-07 | 8,886 | 9,740 | 0 | (4,754) | 3,900 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5,405 | Jan-08 | 60,716 | 55,311 | 17 | 1,758 | 2,339 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,291 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3,217 | Feb-08 | 18,629 | 15,412 | 0 | 0 | 3,217 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12,930 | Mar-08 | 12,968 | 39 | 430 | 363 | 9,410 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,713 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 842 | Apr-08 | 872 | 30 | 471 | 0 | 371 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1,783 | May-08 | 16,455 | 14,672 | 45 | 927 | 811 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9,610 | Jun-08 | 18,127 | 8,517 | 41 | 3,859 | 5,710 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 609 | Jul-08 | 20,829 | 20,219 | 0 | 75 | 534 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2,493 | Aug-08 | 24,382 | 21,888 | 527 | 731 | 1,235 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8,398 | Sep-08 | 22,167 | 13,769 | 1,769 | 6,536 | 93 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,504 | Oct-08 | 21,088 | 16,584 | 217 | 247 | 3,924 | 0 | 58 | 0 | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 371 | Nov-08 | 6,783 | 6,412 | 78 | 157 | 48 | 0 | 44 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 457 | Dec-08 | 1,638 | 1,181 | 194 | 106 | 158 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1,115 | Jan-09 | 5,476 | 4,361 | 853 | 152 | 110 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1,828 | Feb-09 | 5,882 | 4,054 | 52 | 965 | 812 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 140 | Mar-09 | 2,368 | 2,228 | 27 | 53 | 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12,979 | Apr-09 | 25,620 | 12,642 | 4,528 | 1,419 | 7,031 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13,556 | May-09 | 54,291 | 40,735 | 1,282 | 7,293 | 4,981 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7,363 | Jun-09 | 22,123 | 14,760 | 1,983 | 357 | 5,023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Jul-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Aug-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Sep-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Oct-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Nov-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Dec-09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Jan-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Feb-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Mar-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Apr-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | May-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Jun-10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Totals 829,384 372,225 16,393 102,865 332,244 1,434 102 0 102 0 0 1,291 0 2,713 14 0 0 0 0 0 0 0 0 0 0 0

FY 10 0
 FY 09 36,980
 FY 08 50,619
 FY 07 369,560
 457,160 Total for Dates of Service after 1/1/2007
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