

Exhibit B-1 (Part 1: Scoring Key)

Total Points Allowed 5,000

Item 3:	Calendar Year: At least 3 months of experience	20.0%		30.0%		50.0%		100%
		CY 2009		CY 2010		CY 2011		
		LOB	Points 1,000.0	LOB	Points 1,500.0	LOB	Points 2,500.0	
Item 4:	Hospital Care	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0	5000.0
		Medicare	60.0	Medicare	90.0	Medicare	150.0	
	Primary/Specialt	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0	
		Medicare	60.0	Medicare	90.0	Medicare	150.0	
	Home Health	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0	
		Medicare	60.0	Medicare	90.0	Medicare	150.0	
	Pharmacy	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0	
		Medicare	60.0	Medicare	90.0	Medicare	150.0	
	Dental	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0	
		Medicare	60.0	Medicare	90.0	Medicare	150.0	
	Vision	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0	
Medicare		60.0	Medicare	90.0	Medicare	150.0		
Behavior Health	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0		
	Medicare	60.0	Medicare	90.0	Medicare	150.0		
LTC Inst.	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0		
	Medicare	60.0	Medicare	90.0	Medicare	150.0		
HCBS	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0		
	Medicare	60.0	Medicare	90.0	Medicare	150.0		
DME	Medicaid	40.0	Medicaid	60.0	Medicaid	100.0		
	Medicare	60.0	Medicare	90.0	Medicare	150.0		

	Weight
Medicaid	40.0%
Medicare	60.0%
	100.0%

Total for Each Year		1,000.0	1,500.0	2,500.0
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Item 5:	ABD Medicaid	If checked:	20.0%	If checked:	20.0%	If checked:	20.0%
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Item 6:	For each calendar year: if total Member Months is less than 36,000 then score the calendar year 0 points.					
Total for Each Year	Total for CY 2009	Total for CY 2010	Total for CY 2011			

Sum of All Calendar Years

Item 7:	Administrative Expense Ratio	Either Medicaid or Medicare ratio greater than 15% then	-15.0%
Item 8:	Participant Directed Care (no more than 20%)	More than 12 months = 1 - 12 months =	20.0% 10.0%
Item 9:	Accreditation (only one counts)	NCQA Accredited Commendable Excellent	2.5% 5.0% 10.0%
Item 10:	Subject to Government Action Revoking License	YES =	-30.0%
Items 11, 12, 13, 14:	Not more than 30% in total reduction	YES =	-30.0%

Final Score for Form (maximum of 5,000)

Exhibit B-2

Example 1:

These numbers come from Applicant's individual state scoring sheets

Form	Member Months	Weight	Score	Weighted Score
1	120,000	100.00%	5,000.0	5,000.0
2		0.00%		0.0
3		0.00%		0.0
4		0.00%		0.0
5		0.00%		0.0
	<u>120,000</u>	<u>100.00%</u>		
Total Score for Form				<u>5,000.0</u>

Example 2:

These numbers come from Applicant's individual state scoring sheets

Form	Member Months	Weight	Score	Weighted Score
1	185,000	60.96%	4,000.0	2,438.2
2	80,500	26.52%	5,000.0	1,326.2
3	38,000	12.52%	2,000.0	250.4
4		0.00%		0.0
5		0.00%		0.0
	<u>303,500</u>	<u>100.00%</u>		
Total Score for Form				<u>4,014.8</u>