

# Exhibit B-1

Total Points Allowed 3,000

Item 3: State: If State = "Ohio" then 10.0%

Item 4: Line of Business/Population  ABD  Non-ABD Medicaid  Medicare  Commercial

Item 5:	Calendar Year:	CY 2005		CY 2006		CY 2007		CY 2008	
	At least 3 months of experience	Risk	Points	Risk	Points	Risk	Points	Risk	Points
Item 6:	Hospital	N/A	0	N/A	0	N/A	0	N/A	0
		Full	60.0	Full	60.0	Full	180.0	Full	300.0
		Partial	48.0	Partial	48.0	Partial	144.0	Partial	240.0
		No	12.0	No	12.0	No	36.0	No	60.0
	Primary	N/A	0	N/A	0	N/A	0	N/A	0
		Full	60.0	Full	60.0	Full	180.0	Full	300.0
		Partial	48.0	Partial	48.0	Partial	144.0	Partial	240.0
		No	12.0	No	12.0	No	36.0	No	60.0
	Specialist	N/A	0	N/A	0	N/A	0	N/A	0
		Full	60.0	Full	60.0	Full	180.0	Full	300.0
		Partial	48.0	Partial	48.0	Partial	144.0	Partial	240.0
		No	12.0	No	12.0	No	36.0	No	60.0
Home Health	N/A	0	N/A	0	N/A	0	N/A	0	
	Full	15.0	Full	15.0	Full	45.0	Full	75.0	
	Partial	12.0	Partial	12.0	Partial	36.0	Partial	60.0	
	No	3.0	No	3.0	No	9.0	No	15.0	
Pharmacy	N/A	0	N/A	0	N/A	0	N/A	0	
	Full	60.0	Full	60.0	Full	180.0	Full	300.0	
	Partial	48.0	Partial	48.0	Partial	144.0	Partial	240.0	
	No	12.0	No	12.0	No	36.0	No	60.0	
Dental	N/A	0	N/A	0	N/A	0	N/A	0	
	Full	15.0	Full	15.0	Full	45.0	Full	75.0	
	Partial	12.0	Partial	12.0	Partial	36.0	Partial	60.0	
	No	3.0	No	3.0	No	9.0	No	15.0	
Vision	N/A	0	N/A	0	N/A	0	N/A	0	
	Full	15.0	Full	15.0	Full	45.0	Full	75.0	
	Partial	12.0	Partial	12.0	Partial	36.0	Partial	60.0	
	No	3.0	No	3.0	No	9.0	No	15.0	
Behavior Health	N/A	0	N/A	0	N/A	0	N/A	0	
	Full	15.0	Full	15.0	Full	45.0	Full	75.0	
	Partial	12.0	Partial	12.0	Partial	36.0	Partial	60.0	
	No	3.0	No	3.0	No	9.0	No	15.0	

Total for Each Year Total for CY 2005 Total for CY 2006 Total for CY 2007 Total for CY 2008

Item 7:	Member Months			
For Each Calendar Year Score Apply the Factor According to the Member Months Reported for that Year	Less than 1	then	-100.0%	
	1 - 59,999	then	-80.0%	
	60,000 - 119,999	then	-60.0%	
	120,000 - 359,999	then	-40.0%	
	360,000 - 599,999	then	-20.0%	
	600,000 +	then	0.0%	

Total for Each Year Total for CY 2005 Total for CY 2006 Total for CY 2007 Total for CY 2008

Item 8:	Rural Service Area If box is checked for a year then increase applicable calendar year score by 5.0%
<b>Sum of all Calendar Year Scores</b>	

Item 9:	Medical Expense Ratio Less than 85.0% then -10.0% Greater than 95.0% then -10.0%
---------	--

Item 10:	Administrative Expense Ratio Greater than 20.0% then -10.0%
----------	--

Item 11:	Accreditation NO 0.0% YES NCQA Accredited 1.0% Commendable 2.5% Excellent 5.0% URAC Case Mgt 1.0% Claims Proc 1.0% Disease Mgt 1.0% Drug Therapy 1.0% Health Call Cntr 1.0% Health Plan 4.0% Health Provider Credit 1.0% Health Util Mgt 1.0% Medicare Advt Deeming 1.0% Pharmacy Benefit Mgt 1.0%
----------	---

Item 12:	Subject to Official Government Action YES = -30.0%
----------	--

Item 13:	Primary Care Provider Turnover If greater than 18.0% then -10.0%
----------	---

Items 14, 15 and 16:	New Member Freeze; Proposed Contract Termination/Nonrenewal; or Contract Denial/Termination/Nonrenewal YES = -30.0%
----------------------	---

**Final Score for Form**