

APPENDIX I

Financial Certification



FINANCIAL CERTIFICATION
Appendix I

Contract Year Medicare Platino 2024

Date: June 5, 2023

Data Request:

Please input the requested information into the shaded areas of each Platino Plan product of the Medicare Advantage Organization, with the number of Platino Members



Company Name: TRIPLE S ADVANTAGE, INC.
Contract Plan Number: H5774-024-000
Company Plan Name: Platino Plus (HMO D-SNP)
Company Plan Number: 024

Part C BPT

'MA Req Rev' tab

(1)	F67	Plan Cost Sharing	\$2.06
(2)	G67	Actual Cost Sharing	\$0.00
(3)	H98	Net Medical Expenses	\$831.10
(4)	H106	Non Benefit Expenses	\$221.97
(5)	H107	Gain/Loss Margin	\$130.48

'MA Bnchmk' tab

(6)	F12	Non-DE# Member Months	2,907
(7)	G12	DE# Member Months	116,426
(8)	E14	MSP Adjustment	0.05%
(9)	F15	Non-DE# Risk Score	2.1639
(10)	G15	DE# Risk Score	2.1639

Part D BPT

'Standard Coverage' tab

(11)	H11	Risk Score	2.0247
(12)	L11	LIS Member Months	0
(13)	L12	Non-LIS Member Months	122,748
(14)	I33	Cost Sharing	\$176.52
(15)	M33	Federal Reinsurance	\$235.14
(16)	N33	Plan Liability	\$137.58
(17)	D40	Non Benefit Expenses	\$19.03
(18)	D44	Gain/Loss Margin	\$16.88

'Script Projection' tab

(19)	sum(F11,F15,F23,F27)	Generic Scripts	319,372
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	76,308

Gain Margin PMPM for Dual Eligibles (if available)

Part C BPT 'MA Req Rev' tab

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Part C BPT

'MA Req Rev' tab

(1)	R123	Medicaid Projected Revenue	\$20.00
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Financial Information

Company Name: TRIPLE S ADVANTAGE, INC.
Contract Plan Number: H5774-026-000
Company Plan Name: Platino Advance (HMO D-SNP)
Company Plan Number: 026



Part C BPT

(1)	F67	'MA Req Rev' tab	\$3.29
(2)	G67		\$0.00
(3)	H98		\$836.14
(4)	H106		\$209.60
(5)	H107		\$76.20

Plan Cost Sharing
Actual Cost Sharing
Net Medical Expenses
Non Benefit Expenses
Gain/Loss Margin

'MA Bnchmk' tab

(6)	F12		433
(7)	G12		23,094
(8)	E14		0.07%
(9)	F15		1.8531
(10)	G15		1.8531

Non-DE# Member Months
DE# Member Months
MSP Adjustment
Non-DE# Risk Score
DE# Risk Score

Part D BPT

(11)	H11	'Standard Coverage' tab	1.7752
(12)	L11		0
(13)	L12		24,432
(14)	I33		\$141.62
(15)	M33		\$145.35
(16)	N33		\$106.49
(17)	D40		\$13.13
(18)	D44		\$7.02

Risk Score
LIS Member Months
Non-LIS Member Months
Cost Sharing
Federal Reinsurance
Plan Liability
Non Benefit Expenses
Gain/Loss Margin

(19)		'Script Projection' tab	54,034
(20)		sum(F11,F15,F23,F27) sum(F12:F14,F16:F18,F24:F26,F28:F30)	11,069

Generic Scripts
Brand Scripts

Gain Margin PMPM for Dual Eligibles (if available)

Part C BPT 'MA Req Rev' tab

Part C BPT

(1)	R123	'MA Req Rev' tab	\$20.00
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Medicaid Projected Revenue



FINANCIAL CERTIFICATION
Appendix I

Contract Year Medicare Platino 2024

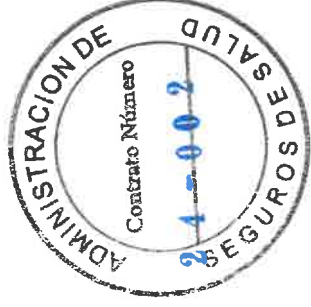
Date: June 5, 2023

Data Request:

Please input the requested information into the shaded areas of each Platino Plan product of the Medicare Advantage Organization, with the number of Platino Members

Financial Information

Company Name: TRIPLE S ADVANTAGE, INC.
Contract Plan Number: H5774-028-000
Company Plan Name: Platino Blindao (HMO D-SNP)
Company Plan Number: 028



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Part C BPT

'MA Req Rev' tab

(1)	F67	Plan Cost Sharing	\$1.52
(2)	G67	Actual Cost Sharing	\$0.00
(3)	H98	Net Medical Expenses	\$743.47
(4)	H106	Non Benefit Expenses	\$178.99
(5)	H107	Gain/Loss Margin	\$32.78

'MA Bnchmk' tab

(6)	F12	Non-DE# Member Months	1,049
(7)	G12	DE# Member Months	49,760
(8)	E14	MSP Adjustment	0.03%
(9)	F15	Non-DE# Risk Score	1.8192
(10)	G15	DE# Risk Score	1.8192

Part D BPT

'Standard Coverage' tab

(11)	H11	Risk Score	1.7840
(12)	L11	LIS Member Months	0
(13)	L12	Non-LIS Member Months	52,884
(14)	I33	Cost Sharing	\$148.21
(15)	M33	Federal Reinsurance	\$172.96
(16)	N33	Plan Liability	\$109.22
(17)	D40	Non Benefit Expenses	\$13.70
(18)	D44	Gain/Loss Margin	\$2.71

'Script Projection' tab

(19)	sum(F11,F15,F23,F27)	Generic Scripts	114,484
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	26,190

Gain Margin PMPM for Dual Eligibles (if available)

Part C BPT 'MA Req Rev' tab

Part C BPT

'MA Req Rev' tab

(1)	R123	Medicaid Projected Revenue	\$20.00
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Contract Year Medicare Platino 2024

Date: June 5, 2023

Data Request:

Please input the requested information into the shaded areas of each Platino Plan product of the Medicare Advantage Organization, with the number of Platino Members

Financial Information

Company Name: TRIPLE S ADVANTAGE, INC.

Contract Plan Number: H5774-036-000

Company Plan Name: Platino Titan (HMO D-SNP)

Company Plan Number: 036



Part C BPT

(1)	F67	'MA Req Rev' tab	Plan Cost Sharing	\$2.16
(2)	G67		Actual Cost Sharing	\$0.00
(3)	H98		Net Medical Expenses	\$837.41
(4)	H106		Non Benefit Expenses	\$217.24
(5)	H107		Gain/Loss Margin	\$101.03

(6)	F12	'MA Bnchmk' tab	Non-DE# Member Months	1,362
(7)	G12		DE# Member Months	66,005
(8)	E14		MSP Adjustment	0.02%
(9)	F15		Non-DE# Risk Score	1.9762
(10)	G15		DE# Risk Score	1.9762

Part D BPT

(11)	H11	'Standard Coverage' tab	Risk Score	2.0982
(12)	L11		LIS Member Months	0
(13)	L12		Non-LIS Member Months	69,132
(14)	I33		Cost Sharing	\$183.52
(15)	M33		Federal Reinsurance	\$253.86
(16)	N33		Plan Liability	\$144.89
(17)	D40		Non Benefit Expenses	\$19.33
(18)	D44		Gain/Loss Margin	\$13.15
(19)		'Script Projection' tab	Generic Scripts	194,017
(20)		sum(F11,F15,F23,F27)	Brand Scripts	45,793
		sum(F12:F14,F16:F18,F24:F26,F28:F30)	Part C BPT 'MA Req Rev' tab	

Gain Margin PMPM for Dual Eligibles (if available)

Part C BPT		'MA Req Rev' tab	Medicaid Projected Revenue	\$20.00
(1)	R123			



FINANCIAL CERTIFICATION
Appendix I

Contract Year Medicare Platino 2024

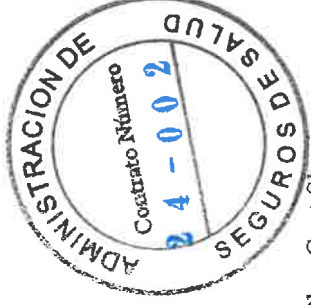
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Data Request:

Please input the requested information into the shaded areas of each Platino Plan product of the Medicare Advantage Organization, with the number of Platino Members

Financial Information

Company Name: TRIPLE S ADVANTAGE, INC.
 Contract Plan Number: H5774-035-000
 Company Plan Name: Platino Enlace (HMO D-SNP)
 Company Plan Number: 035



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Part C BPT

(1)	F67	'MA Req Rev' tab	Plan Cost Sharing	\$1.98
(2)	G67		Actual Cost Sharing	\$0.00
(3)	H98		Net Medical Expenses	\$1,275.79
(4)	H106		Non Benefit Expenses	\$265.44
(5)	H107		Gain/Loss Margin	(\$130.48)

(6)	F12	'MA Bnchmk' tab	Non-DE# Member Months	62
(7)	G12		DE# Member Months	6,091
(8)	E14		MSP Adjustment	0.00%
(9)	F15		Non-DE# Risk Score	2.2984
(10)	G15		DE# Risk Score	2.2984

Part D BPT

(11)	H11	'Standard Coverage' tab	Risk Score	2.0233
(12)	L11		LIS Member Months	0
(13)	L12		Non-LIS Member Months	6,840
(14)	I33		Cost Sharing	\$188.61
(15)	M33		Federal Reinsurance	\$267.53
(16)	N33		Plan Liability	\$145.28
(17)	D40		Non Benefit Expenses	\$18.39
(18)	D44		Gain/Loss Margin	(\$15.35)

(19)		'Script Projection' tab	Generic Scripts	19,320
(20)		sum(F11,F15,F23,F27)	Brand Scripts	4,706
		sum(F12:F14,F16:F18,F24:F26,F28:F30)	Part C BPT 'MA Req Rev' tab	

Gain Margin PMPM for Dual Eligibles (if available)

Part C BPT		'MA Req Rev' tab	Medicaid Protected Revenue	\$20.00
(1)	R123			



FINANCIAL CERTIFICATION
Appendix I

Contract Year Medicare Platino 2024

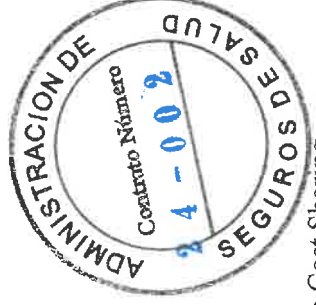
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Please input the requested information into the shaded areas of each Platino Plan product of the Medicare Advantage Organization, with the number of Platino Members

Financial Information

Company Name: TRIPLE S ADVANTAGE, INC.
Contract Plan Number: H5774-040-000
Company Plan Name: Platino Selecto (HMO D-SNP)
Company Plan Number: 040



Part C BPT

		'MA Req Rev' tab
(1)	F67	
(2)	G67	
(3)	H98	
(4)	H106	
(5)	H107	

Plan Cost Sharing	\$0.00
Actual Cost Sharing	\$0.00
Net Medical Expenses	\$811.51
Non Benefit Expenses	\$230.46
Gain/Loss Margin	\$185.81

'MA Bnchmk' tab

(6)	F12	
(7)	G12	
(8)	E14	
(9)	F15	
(10)	G15	

Non-DE# Member Months	0
DE# Member Months	53,455
MSP Adjustment	0.01%
Non-DE# Risk Score	2.1910
DE# Risk Score	2.1910

Part D BPT

		'Standard Coverage' tab
(11)	H11	
(12)	L11	
(13)	L12	
(14)	I33	
(15)	M33	
(16)	N33	
(17)	D40	
(18)	D44	

Risk Score	2.1058
LIS Member Months	0
Non-LIS Member Months	55,332
Cost Sharing	\$148.07
Federal Reinsurance	\$155.69
Plan Liability	\$103.86
Non Benefit Expenses	\$15.14
Gain/Loss Margin	\$19.03

		'Script Projection' tab
(19)	sum(F11,F15,F23,F27)	
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	

Generic Scripts	143,597
Brand Scripts	30,495

Gain Margin PMPM for Dual Eligibles (if available)

Part C BPT 'MA Req Rev' tab

Part C BPT

(1)	R123	'MA Req Rev' tab
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Medicaid Protected Revenue

\$20.00
