APPENDIX I

Financial Certification

TRIPLE-S ADVANTAGE

medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

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

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
24-002

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

Part C BPT

	'MA Req Rev' tab		
(1)	R123	Medicaid Projected Revenue	$20.00
(2)	R124	Medicaid Proj Cost not in bid	$193.82

The Executive Personel Of _____Triple-S_____ Medicare Advantage Organization attested and sign today ____June 7_____ 2023, that the financial information submitted is feal, exactly and correct.

Chief Financial Officer | President or Chief Executive Officer | Chief Compliance Officer

TRIPLE-S ADVANTAGE

medicare PLATINO
Administración de Seguros de Salud
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Contract Year Medicare Platino 2024

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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

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
24-002

Part C BPT

	'MA Req Rev' tab		
(1)	F67	Plan Cost Sharing	$3.29
(2)	G67	Actual Cost Sharing	$0.00
(3)	H98	Net Medical Expenses	$836.14
(4)	H106	Non Benefit Expenses	$209.60
(5)	H107	Gain/Loss Margin	$76.20
	'MA Bnchmk' tab		
(6)	F12	Non-DE# Member Months	433
(7)	G12	DE# Member Months	23,094
(8)	E14	MSP Adjustment	0.07%
(9)	F15	Non-DE# Risk Score	1.8531
(10)	G15	DE# Risk Score	1.8531

Part D BPT

	'Standard Coverage' tab		
(11)	H11	Risk Score	1.7752
(12)	L11	LIS Member Months	0
(13)	L12	Non-LIS Member Months	24,432
(14)	I33	Cost Sharing	$141.62
(15)	M33	Federal Reinsurance	$145.35
(16)	N33	Plan Liability	$106.49
(17)	D40	Non Benefit Expenses	$13.13
(18)	D44	Gain/Loss Margin	$7.02
	'Script Projection' tab		
(19)	sum(F11,F15,F23,F27)	Generic Scripts	54,034
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	11,069

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
(2)	R124	Medicaid Proj Cost not in bid	$169.94

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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

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
24-002

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
(2)	R124	Medicaid Proj Cost not in bid	$160.80

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Contract Year Medicare Platino 2024

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Financial Information

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
24-002

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

	'MA Req Rev' tab		
(1)	F67	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
	'MA Bnchmk' tab		
(6)	F12	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

	'Standard Coverage' tab		
(11)	H11	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
	'Script Projection' tab		
(19)	sum(F11,F15,F23,F27)	Generic Scripts	194,017
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	45,793

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
(2)	R124	Medicaid Proj Cost not in bid	$202.70

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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

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
24-002

Part C BPT

	'MA Req Rev' tab		
(1)	F67	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)
	'MA Bnchmk' tab		
(6)	F12	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

	'Standard Coverage' tab		
(11)	H11	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)
	'Script Projection' tab		
(19)	sum(F11,F15,F23,F27)	Generic Scripts	19,320
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	4,706

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
(2)	R124	Medicaid Proj Cost not in bid	$186.30

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

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
24-002

Part C BPT

	'MA Req Rev' tab		
(1)	F67	Plan Cost Sharing	$0.00
(2)	G67	Actual Cost Sharing	$0.00
(3)	H98	Net Medical Expenses	$811.51
(4)	H106	Non Benefit Expenses	$230.46
(5)	H107	Gain/Loss Margin	$185.81
	'MA Bnchmk' tab		
(6)	F12	Non-DE# Member Months	0
(7)	G12	DE# Member Months	53,455
(8)	E14	MSP Adjustment	0.01%
(9)	F15	Non-DE# Risk Score	2.1910
(10)	G15	DE# Risk Score	2.1910

Part D BPT

	'Standard Coverage' tab		
(11)	H11	Risk Score	2.1058
(12)	L11	LIS Member Months	0
(13)	L12	Non-LIS Member Months	55,332
(14)	I33	Cost Sharing	$148.07
(15)	M33	Federal Reinsurance	$155.69
(16)	N33	Plan Liability	$103.86
(17)	D40	Non Benefit Expenses	$15.14
(18)	D44	Gain/Loss Margin	$19.03
	'Script Projection' tab		
(19)	sum(F11,F15,F23,F27)	Generic Scripts	143,597
(20)	sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	30,495

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
(2)	R124	Medicaid Proj Cost not in bid	$149.32

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