# Health Insurance, Demographics, and Clinic Activities



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# **Our Mission**

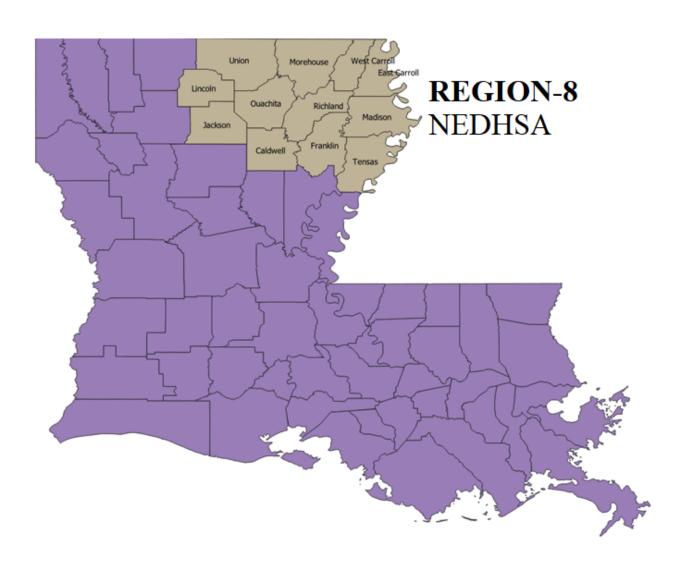
NEDHSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full human potential by offering quality, excellent care, with greater accessibility.

#### **Our Vision**

NEDHSA's vision is to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential.

# **Three Tenets Guiding Our Actions**

- 1) Greater access to services
- 2) Excellent customer service
- 3) Quality competent care



#### **Letter from Executive Director**

As I contemplate the challenges ahead for vulnerable people and communities in the Delta and across Louisiana, I have become more confident and resolved to work even more collaboratively across service sector silos so that system improvements can be made. Vulnerable people and fragile communities deserve solutions to problems from those who lead our state's behavioral and primary healthcare systems.

I am encouraged by how state health leaders are proactively connecting with the tens of thousands of Medicaid recipients across Louisiana for insurance renewal purposes and verifying insurance eligibility so that coverage isn't lost for some of Louisiana's most vulnerable citizens. My team members are currently helping hundreds get connected to Medicaid benefits now in the Delta.



Dr. Monteic A. Sizer, Executive Director

In this report, you will see the distribution of healthcare insurance type, coverage plans, and total billed, adjusted, written off, and collected amounts by gender, race, and diagnosis for each NEDHSA outpatient behavioral health clinic for the fiscal years 2020, 2021, and 2022\* (until March 2022).

Of the many hundreds of mentally ill, addicted, and developmentally disabled patients we serve, most of them rely on Medicaid and Medicare. And without Medicaid, Medicare, and our agency's indigent health care financial coverage options, our patients would be without lifesaving care and treatment. Without our integrated behavioral and primary health systems model, most of our patients would be homeless, in jail, overusing hospital emergency rooms, or dead.

In Louisiana's Delta, we built our integrated service network and community partnerships to help meet the complex needs of our Medicaid and Medicare patients. We expanded our integrated model to provide transitional housing options, community and inpatient mental health services, workforce development programs, peer support centers, and special initiatives targeting marginalized children, seniors, veterans, and members of houses of faith. Without these services and our host of clinicians, care managers, developmental disability staff, prevention and wellness team, and administrative personnel, things would be very dire in Louisiana's Delta.

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#### **Executive Summary**

Northeast Delta Human Services Authority (NEDHSA) provides prevention and treatment services to individuals diagnosed with mental health illnesses, addictive and substance abuse disorders, and developmental disorders. NEDHSA serves twelve parishes in Louisiana, including Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll, working across societal challenges of race, class, poverty, geographic isolation, and social stigma.

This report provides the distribution of healthcare insurance type, coverage plans, and total billed, adjusted, written off, and collected amounts by gender, race, and diagnosis for each NEDHSA outpatient behavioral health clinic<sup>1</sup> for the fiscal years (FYs) 2020, 2021, and 2022<sup>2</sup>. A total of 11,413, 8,216, and 6,980 billable services were provided in FYs 2020, 2021, and 2022, respectively. NEDHSA served 1,773, 1,226, and 1,225 unique clients in the respective fiscal years. This report does not include the agency's prevention and wellness, developmental disabilities, and contracted inpatient addictions services.

In all three fiscal years, the number of female clients was more than 50%. Compared to male clients, the number of female clients was higher in Medicaid and Medicare. However, the female client enrollment was lower in 3<sup>rd</sup> party insurance, indigent<sup>3</sup>, and private insurance. Overall, more than 50% of the NEDHSA clients were under Medicaid.

More than 93% of the clients were Whites and Blacks. The proportions of Black to White clients were 1.07, 1.2, and 1.16 in the FYs, 2020, 2021, and 2022, respectively. Under the 3<sup>rd</sup> party and private insurance, the number of White clients was more than the Black clients. Moreover, the number of Medicaid-insured clients was highest in each race category.

Under the Indigent plan, NEDHSA provided free services to 120, 36, and 29 clients in FYs 2020, 2021, and 2022, respectively. Most of them were diagnosed under the category of substance use and addictive disorder. Healthy Blue, Louisiana Healthcare Connect, and United Healthcare Community Plan were the major insurance types covering a higher number of NEDHSA clients, including all gender and race types. NEDHSA's majority of billing is Medicaid and Medicare. Write-offs/Insurance adjustments significantly decreased

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<sup>&</sup>lt;sup>1</sup> Bastrop Behavioral Health Clinic (BBHC), Columbia Behavioral Health Clinic (CBHC), Monroe Behavioral Health Clinic (MBHC), Ruston Behavioral Health Clinic (RBHC), Tallulah Behavioral Health Clinic (TBHC), and Winnsboro Behavioral Health Clinic (WBHC).

<sup>&</sup>lt;sup>2</sup> LA state fiscal year starts on July 1<sup>st</sup> and ends on June 30<sup>th</sup>. For FY 2022, we have used the data until March 2022. We are still in FY22, and the data is not complete compared to the other fiscal years.

<sup>&</sup>lt;sup>3</sup> NEDHSA provides free services under the Indigent category to uninsured individuals who are below the federal poverty level.

from 24% in 2020 to 19% in 2021. The write-off amount was higher for females, Blacks, and individuals diagnosed with depressive disorders.

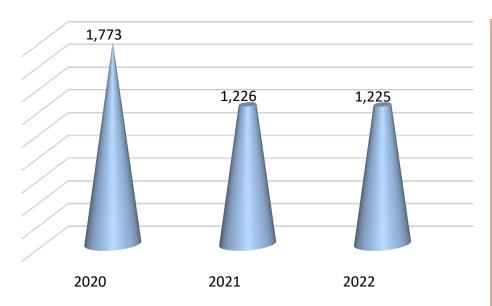
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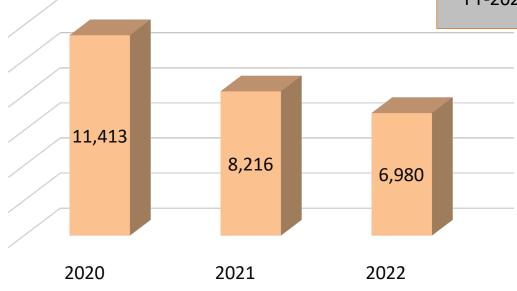
#### **Section A. NEDHSA Client Distribution**

# **NEDHSA Client Distribution by Year**

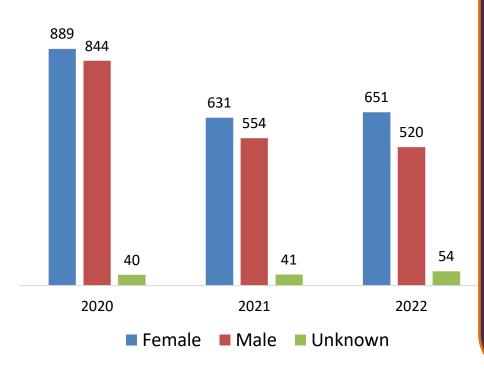


# **NEDHSA Billable Services by Year**

- 2020= July 2019 to June 2020
- **2021**= July 2020 to June 2021
- 2022= July 2021 to March 2022 (Current)
- Due to the COVID-19
   pandemic, the number
   of clients and billable
   services declined in
   FY-2021 compared to
   FY-2020.



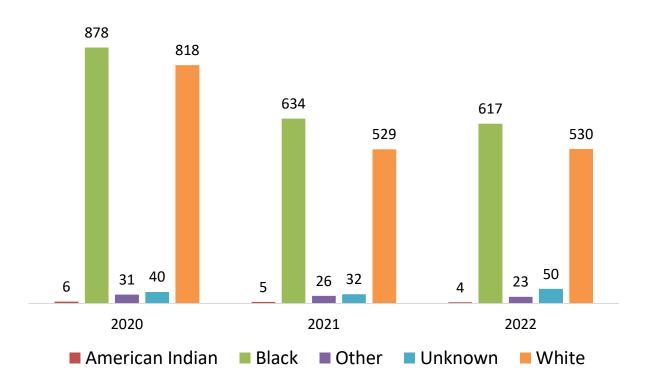
# NEDHSA Client Distribution by Year and Gender



- Enrollment of male clients was higher in 3<sup>rd</sup> party insurance, Indigent, and private insurance than female clients.
- The number of female clients was higher in Medicaid and Medicare.
- More than 50% of the NEDHSA clients were under Medicaid.

NEDI	HSA Clien	t Distribu	tion by <b>Y</b>	ear, Gend	der, and P	lan Pro	vider
Year	Gender	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020							
	Female	40	42	639	161	7	889
	Male	56	78	553	137	20	844
	Unknown	4		24	12		40
	Total	100	120	1,216	310	27	1,773
2021							
	Female	35	17	428	147	4	631
	Male	48	19	368	114	5	554
	Unknown	4		25	12		41
	Total	87	36	821	273	9	1,226
2022							
	Female	38	8	433	169	3	651
	Male	40	21	336	117	6	520
	Unknown	6		32	16		54
	Total	84	29	801	302	9	1,225

# **NEDHSA Client Distribution by Year and Race**



- Under the 3<sup>rd</sup> party and private insurance, the number of White clients was more than the Black clients.
- The number of Medicaid-insured clients was highest in each race category.

	DHSA Client l				<u></u>		
Year	Race	3rd Party	Indigent	Medicaid	Medicare	Private	Tota
2020							
	American Indian		2	4			6
	Black	30	60	605	173	10	878
	Other	3	3	18	7		31
	Unknown	2	2	23	12	1	40
	White	65	53	566	118	16	818
	Total	100	120	1,216	310	27	1,77
2021							
	American Indian		1	4			5
	Black	24	17	432	160	1	634
	Other	2	2	15	6	1	26
	Unknown	1	1	18	12		32
	White	60	15	352	95	7	<b>52</b> 9
	Total	87	36	821	273	9	1,22
2022							
	American Indian	1		3			4
	Black	25	7	397	186	2	617
	Other		2	14	7		23
	Unknown	10	2	28	10		50
	White	48	18	358	99	7	530
	Total	84	29	800	302	9	1,22

	NEDHSA Client Distributi	ion by Y	ear, Diag	nosis, an	d Plan Pi	rovider	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020							
	Anxiety Disorders	9	6	49	4		68
	Bipolar & Related Disorders	13	13	147	40	2	215
	Depressive Disorders	28	37	476	85	6	632
	Disruptive, Impulse-Control, & Conduct Disorders	2	1	17	3		23
	Feeding & Eating Disorders			1			1
	High Expressed Emotion Level Within Family			1			1
	Illness Unspecified/No Diagnosis	13	6	65	36	4	124
	Neurodevelopmental Disorders	8	2	25	1		36
	Obsessive-Compulsive & Related Disorders			1			1
	Other Mental Disorders				1		1
	Other Problems	2	1	2			5
	Personality Disorders			2	2		4
	Schizophrenia Spectrum & Other Psychotic Disorders	9	11	276	126	1	423
	Substance Use & Addictive Disorders	16	39	108	10	14	187
	Trauma & Stressor Related Disorders		4	46	2		52
	Total	100	120	1,216	310	27	1,773
2021							
	Anxiety Disorders	6	2	36	2	1	47
	Bipolar & Related Disorders	6	5	88	30	1	130
	Depressive Disorders	24	10	312	65	2	413
	Disruptive, Impulse-Control, & Conduct Disorders	1		12	2		15
	Illness Unspecified/No Diagnosis	20	1	67	33		121
	Neurodevelopmental Disorders	3		18	1		22
	Other Mental Disorders				1		1
	Other Problems			1			1
	Personality Disorders			1	2		3
	Schizophrenia Spectrum & Other Psychotic Disorders	11	4	192	125	2	334
	Substance Use & Addictive Disorders	14	13	54	9	3	93
	Trauma & Stressor Related Disorders	2	1	40	3		46
	Total	87	36	821	273	9	1,226

	NEDHSA Client Distributi	on by Yo	ear, Diag	nosis, an	d Plan Pi	rovider	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2022							
	Mental Disorder, not Otherwise Specified			1			1
	Anxiety Disorders	3		41	4	1	49
	Bipolar & Related Disorders	10	2	100	42	1	155
	Depressive Disorders	34	8	284	84	3	413
	Disruptive, Impulse-Control, & Conduct Disorders	1	1	11	3		16
	Emotional Disorders with Onset Specific to Childhood			1			1
	Illness Unspecified/No Diagnosis	7	1	43	35		86
	Neurodevelopmental Disorders	4		20	1		25
	Other Mental Disorders				1		1
	Other Problems		3	5			8
	Other Symptoms Involving Cognitive Functions			1			1
	Personality Disorders			2	2		4
	Schizophrenia Spectrum & Other Psychotic Disorders	8	3	187	117		315
	Substance Use & Addictive Disorders	9	7	53	7	3	79
	Trauma & Stressor Related Disorders	8	4	51	6	1	70
	Total	84	29	800	302	9	1,224

Year	Insurance type	Female	Male	Unknown	Tota
2020					
	AARP SUPPL UHC	1			1
	ACT 389 - OA101 INDIGENT		5		5
	AETNA (COMMERCIAL)	2	1		3
	AETNA BETTER HEALTH OF LA	52	66	2	120
	AETNA MEDICARE ADVANTAGE	2	1		3
	AMERIHEALTH CARITAS LA	89	73	6	168
	BCBSLA	22	35	3	60
	BCBSLA HMO MEDICARE ADVANTAGE	4			4
	CHAMPVA	2			2
	CIGNA BEHAVIORAL HEALTH		2		2
	CIGNA OPEN ACCESS PLUS	1	1		2
	HEALTHY BLUE	149	133	6	288
	HUMANA CHOICE	1			1
	HUMANA CLAIMS		1		1
	HUMANA MEDICARE ADVANTAGE PLAN	28	15		43
	LOUISIANA HEALTHCARE CONNECT	174	130	7	313
	MAGELLAN BEHAVIORAL HEALTH	1	2		3
	MEDICARE OF LOUISIANA- NOVITAS	102	106	12	220
	MOLINA MEDICAID	1	2		3
	OBH INDIGENT	42	73		115
	OPTUMHEALTH BH SOLUTIONS	1	3		4
	PALMETTO GBA/RAILROAD MEDICARE	1			1
	PRIVATE NO PROOF OF INCOME	1	11		12
	PRIVATE OUT OF NETWORK	1	1		2
	PRIVATE PAY	5	8		13
	TRICARE EAST REGION	3	2		5
	UMR	3		1	4
	UNITED HEALTH CARE COMMUNITY P	174	149	3	326
	UNITED HEALTHCARE		3		3
	UNITED HEALTHCARE CHOICE PLUS	2	3		5
	UNITED HEALTHCARE MEDICARE AD	2	3		5
	VANTAGE HEALTH PLAN INC	23	15		38
	Total	889	844	40	1,77
2021					
	AETNA (COMMERCIAL)		4		4
	AETNA BETTER HEALTH OF LA	38	41	3	82
	AETNA MEDICARE ADVANTAGE	4	1	1	6
	AMERIHEALTH CARITAS LA	56	58	5	119

NED	HSA Client Distribution by Year,	Insuran	ce Ty	pe, and G	ender
Year	Insurance type	Female	Male	Unknown	Total
	BCBSLA	22	26	3	51
	BCBSLA HMO MEDICARE ADVANTAGE	3	2		5
	CHAMPVA	1	1		2
	CIGNA BEHAVIORAL HEALTH		1		1
	CONNECTICUT GENERAL (CIGNA)	1			1
	FAMILY HEALTH NETWORK	1			1
	GOLDEN RULE INSURANCE COMPANY	1			1
	HEALTHY BLUE	103	91	7	201
	HUMANA CHOICE	1			1
	HUMANA HEALTH PLAN		5		5
	HUMANA MEDICARE ADVANTAGE PLA	31	21	2	54
	LOUISIANA HEALTHCARE CONNECT	131	88	7	226
	MEDICARE OF LOUISIANA- NOVITAS	80	75	9	164
	MOLINA MEDICAID	1			1
	MUTUAL OF OMAHA INSURANCE CO	1			1
	OBH INDIGENT	17	19		36
	OPTUMHEALTH BH SOLUTIONS		2		2
	PALMETTO GBA/RAILROAD MEDICARE	1			1
	PEOPLES HEALTH MEDICARE ADVANT		1		1
	PRIVATE NO PROOF OF INCOME	1			1
	PRIVATE PAY	3	5		8
	TRICARE EAST REGION	1	3		4
	UMR			1	1
	UNITED HEALTH CARE COMMUNITY P	99	90	3	192
	UNITED HEALTHCARE	1			1
	UNITED HEALTHCARE CHOICE PLUS	1	4		5
	UNITED HEALTHCARE MEDICARE AD	7	3		10
	UNITED HEALTHCARE SHARED SERVC	1			1
	VANTAGE HEALTH PLAN INC	3	2		5
	VANTAGE MEDICARE ADVANTAGE PLA	21	11		32
	Total	631	554	41	1,226
2022					
	AETNA (COMMERCIAL)	1			1
	AETNA BETTER HEALTH OF LA	38	35	4	77
	AETNA MEDICARE ADVANTAGE	4	4	1	9
	AMERIHEALTH CARITAS LA	61	59	5	125
	BCBSLA	20	20	4	44
	BCBSLA HMO MEDICARE ADVANTAGE	4	3		7
	СНАМРА	1			1

ear/	Insurance type	Female	Male	Unknown	Total
	CHAMPVA	1	1		2
	CIGNA BEHAVIORAL HEALTH		1		1
	CIGNA OPEN ACCESS PLUS	1	1		2
	CONNECTICUT GENERAL (CIGNA)	1			1
	FAMILY HEALTH NETWORK	1			1
	HEALTHY BLUE	110	83	7	200
	HUMANA HEALTH PLAN	2	1		3
	HUMANA MEDICARE ADVANTAGE PLA	46	25	4	75
	LOUISIANA HEALTHCARE CONNECT	124	84	11	219
	MEDICARE OF LOUISIANA- NOVITAS	73	67	7	147
	OBH INDIGENT	8	21		29
	OPTUMHEALTH BH SOLUTIONS	2	3		5
	PEOPLES HEALTH MEDICARE ADVANT			2	2
	PRIVATE NO PROOF OF INCOME		1		1
	PRIVATE OUT OF NETWORK	1			1
	PRIVATE PAY	2	5		7
	TRICARE EAST REGION	1	1		2
	UMR	1	1	1	3
	UMR/MIDWEST SECURITIES		1		1
	UNITED HEALTH CARE COMMUNITY P	100	75	5	180
	UNITED HEALTHCARE	2	3	1	6
	UNITED HEALTHCARE CHOICE PLUS	2	5		7
	UNITED HEALTHCARE MEDICARE AD	15	8	1	24
	VANTAGE HEALTH PLAN INC	2	2		4
	VANTAGE MEDICARE ADVANTAGE PLA	27	10	1	38
	Total	651	520	54	1,225

Year	Insurance type	American Indian	Black	Other	Unknown	White	Total
2020							
	AARP SUPPL UHC					1	1
	ACT 389 - OA101 INDIGENT		5				5
	AETNA (COMMERCIAL)					3	3
	AETNA BETTER HEALTH OF LA	1	56	2	2	59	120
	AETNA MEDICARE ADVANTAGE					3	3
	AMERIHEALTH CARITAS LA		84	7	3	74	168
	BCBSLA		16	1		43	60
	BCBSLA HMO MEDICARE ADVANTAGE					4	4
	CHAMPVA		1			1	2
	CIGNA BEHAVIORAL HEALTH		1	1			2
	CIGNA OPEN ACCESS PLUS		1			1	2
	HEALTHY BLUE	1	132	3	2	150	288
	HUMANA CHOICE		1				1
	HUMANA CLAIMS		1				1
	HUMANA MEDICARE ADVANTAGE PLAN		20		2	21	43
	LOUISIANA HEALTHCARE CONNECT		168	5	4	134	311
	MAGELLAN BEHAVIORAL HEALTH		1			2	3
	MEDICARE OF LOUISIANA- NOVITAS		125	7	8	80	220
	MOLINA MEDICAID		2			1	3
	OBH INDIGENT	2	55	3	2	53	115
	OPTUMHEALTH BH SOLUTIONS		2			2	4
	PALMETTO GBA/RAILROAD MEDICARE		1				1
	PRIVATE NO PROOF OF INCOME		6		1	5	12
	PRIVATE OUT OF NETWORK		1			1	2
	PRIVATE PAY		3			10	13
	TRICARE EAST REGION					5	5
	UMR		3			1	4
	UNITED HEALTH CARE COMMUNITY P	2	163	1	12	148	326
	UNITED HEALTHCARE		1		1	1	3
	UNITED HEALTHCARE CHOICE PLUS		2	1	1	1	5

Year	Insurance type	American Indian	Black	Other	Unknown	White	Tota
	UNITED HEALTHCARE		2			3	5
	MEDICARE AD				_		
	VANTAGE HEALTH PLAN INC		25		2	11	38
2024	Total	6	878	31	40	818	1,77
2021						_	_
	AETNA (COMMERCIAL)		1	_	_	3	4
	AETNA BETTER HEALTH OF LA	2	34	3	2	41	82
	AETNA MEDICARE ADVANTAGE		3			3	6
	AMERIHEALTH CARITAS LA		63	5	4	47	119
	BCBSLA		13	2		36	51
	BCBSLA HMO MEDICARE ADVANTAGE		2			3	5
	CHAMPVA		1			1	2
	CIGNA BEHAVIORAL HEALTH		1				1
	CONNECTICUT GENERAL (CIGNA)		1				1
	FAMILY HEALTH NETWORK					1	1
	GOLDEN RULE INSURANCE COMPANY					1	1
	HEALTHY BLUE	2	91	3	2	103	201
	HUMANA CHOICE		1				1
	HUMANA HEALTH PLAN		4			1	5
	HUMANA MEDICARE ADVANTAGE PLA		30	1	3	20	54
	LOUISIANA HEALTHCARE CONNECT		130	3	4	89	226
	MEDICARE OF LOUISIANA- NOVITAS		95	4	7	58	164
	MOLINA MEDICAID		1				1
	MUTUAL OF OMAHA INSURANCE CO					1	1
	OBH INDIGENT	1	17	2	1	15	36
	OPTUMHEALTH BH SOLUTIONS					2	2
	PALMETTO GBA/RAILROAD MEDICARE		1				1
	PEOPLES HEALTH MEDICARE ADVANT					1	1
	PRIVATE NO PROOF OF INCOME					1	1
	PRIVATE PAY		1	1		6	8

⁄ear	Insurance type	American Indian	Black	Other	Unknown	White	Tota
	UMR		1				1
	UNITED HEALTH CARE COMMUNITY P		113	1	6	72	192
	UNITED HEALTHCARE					1	1
	UNITED HEALTHCARE CHOICE PLUS				1	4	5
	UNITED HEALTHCARE MEDICARE AD		8			2	10
	UNITED HEALTHCARE SHARED SERVC					1	1
	VANTAGE HEALTH PLAN INC					5	5
	VANTAGE MEDICARE ADVANTAGE PLA		21	1	2	8	32
	Total	5	634	26	32	529	1,22
2022							-
	AETNA (COMMERCIAL)					1	1
	AETNA BETTER HEALTH OF LA	1	36	1	1	38	77
	AETNA MEDICARE ADVANTAGE		5	1		3	9
	AMERIHEALTH CARITAS LA		64	7	5	49	125
	BCBSLA	1	13		5	25	44
	BCBSLA HMO MEDICARE ADVANTAGE		4			3	7
	СНАМРА					1	1
	CHAMPVA		1			1	2
	CIGNA BEHAVIORAL HEALTH		1				1
	CIGNA OPEN ACCESS PLUS					2	2
	CONNECTICUT GENERAL (CIGNA)		1				1
	FAMILY HEALTH NETWORK					1	1
	HEALTHY BLUE	2	87	2	8	101	200
	HUMANA HEALTH PLAN		1			2	3
	HUMANA MEDICARE ADVANTAGE PLA		47	0	3	25	75
	LOUISIANA HEALTHCARE CONNECT		114	4	7	94	219
	MEDICARE OF LOUISIANA- NOVITAS		85	5	5	52	147
	OBH INDIGENT		7	2	2	18	29
	OPTUMHEALTH BH SOLUTIONS				1	4	5

	NEDHSA Client Distril	bution by Ye	ar, Insu	rance T	ype, and	Race	
Year	Insurance type	American Indian	Black	Other	Unknown	White	Total
	PEOPLES HEALTH MEDICARE ADVANT		2				2
	PRIVATE NO PROOF OF INCOME		1				1
	PRIVATE OUT OF NETWORK					1	1
	PRIVATE PAY		1			6	7
	TRICARE EAST REGION					2	2
	UMR		2		1		3
	UMR/MIDWEST SECURITIES				1		1
	UNITED HEALTH CARE COMMUNITY P		96		7	76	179
	UNITED HEALTHCARE		3		1	2	6
	UNITED HEALTHCARE CHOICE PLUS		1		1	5	7
	UNITED HEALTHCARE MEDICARE AD		17		1	6	24
	VANTAGE HEALTH PLAN INC		2			2	4
	VANTAGE MEDICARE ADVANTAGE PLA		26	1	1	10	38
	Total	4	617	23	50	530	1,224

	Tota	al Amoui	nt Billed, Ad	ljusted, Writ	ten off, and (	Collected by Yo	ear and Gend	ler
Year	Gender	Total amount Billed <sup>4</sup> (\$)	Total Copay Charge Amt⁵ (\$)	Total amount collected from Client <sup>6</sup> (\$)	Total amount earned by plan <sup>7</sup> (\$)	Total amount written off/Insurance Adjustments <sup>8</sup> (\$)	Client adjustments- uncollected <sup>9</sup> (\$)	Uncollected (Pending Processing) <sup>10</sup> (\$)
2020		817,442	24,322	-13,048	-546,425	-196,672	-20,325	40,972
	Female	427,535	12,162	-5,163	-291,887	-104,298	-10,297	15,891
	Male	362,808	9,772	-7,216	-238,427	-83,723	-8,656	24,786
	Unknown	27,099	2,388	-668	-16,112	-8,652	-1,371	296
2021		648,719	23,493	-10,167	-469,771	-120,678	-8,008	40,095
	Female	366,856	11,150	-3,912	-270,780	-66,115	-4,315	21,735
	Male	257,242	10,657	-5,590	-181,149	-50,134	-3,553	16,816
	Unknown	24,621	1,685	-665	-17,841	-4,430	-140	1,544
2022		524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953
	Female	299,477	15,200	-2,530	-176,646	-25,966	-528	93,807
	Male	190,079	9,995	-2,161	-111,099	-15,437	-527	60,855
	Unknown	35,163	2,403	-646	-18,614	-3,815	-798	11,291

<sup>&</sup>lt;sup>4</sup> Services billed to Medicare, Medicaid, 3<sup>rd</sup> Party Insurance, and Private Pay which also includes OBH Indigent charges.

<sup>&</sup>lt;sup>5</sup> Clients responsibility per health care plans.

<sup>&</sup>lt;sup>6</sup> Co pays & private pay received from clients.

<sup>&</sup>lt;sup>7</sup> Payments received from Medicare, Medicaid, and Insurance.

<sup>&</sup>lt;sup>8</sup> Write-offs result from no prior approvals, and or non-qualifying certifications, uncollectible accounts less than \$25 and out of network payers. Insurance Adjustments are necessary for contractual adjustments and Qualified Medicare Beneficiary adjustments.

<sup>&</sup>lt;sup>9</sup> Any necessary posting corrections. Uncollected due to no payments received from billing statements and debt is transferred to state office of debt recovery.

<sup>&</sup>lt;sup>10</sup> Indigent client charges and outstanding claims.

In FY 2020, the total billed amount to both insurance types and clients was \$817,442. Out of \$24,322 billed to the client as copay, \$13,048 was collected. The total amount collected from plans was \$546,425. The total amount written off/insurance adjustment was \$196,672.

The total uncollected (pending processing) amount for FY 2022 (until March 2022) was \$165,953. The amount figure will be less after collecting the pending amount at the end of FY 2022.

	Total Amount Written off and	Adjusted by \	/ear
Year	Total amount written off/Insurance Adjustments (\$)	Written off (\$)	Insurance Adjustments (\$)
2020	-196,672	-69,101.25	-127,570.75
2021	-120,678	-32,257	-88,421
2022	-45,219	-3,017.57	-42,200.79

	Total Amou	ınt Bille	d, Adjuste	ed, Written	off, and Colle	ected by Year	and Race	
Year	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
2020		817,442	24,322	-13,048	-546,425	-196,672	-20,325	40,972
	American Indian	2,990	0	0	-1,978	-690	0	322
	Asian	3,142	898	-62	-1,297	-946	-837	0
	Black	419,641	9,163	-3,446	-280,786	-107,095	-7,707	20,606
	Black American Indian	1,173	21	0	-850	-302	0	21
	Black Hispanic	1,313	0	0	-875	-438	0	0
	Hawaiian	76	0	0	-76	0	0	0
	Hawaiian Hispanic	378	0	0	0	-378	0	0
	Hispanic	1,142	0	0	-1,044	0	0	98
	Unknown	16,373	543	-350	-9,071	-5,897	-187	867
	White	364,959	13,486	-9,099	-246,619	-79,238	-11,475	18,528
	White American Indian	913	0	0	-458	0	0	454
	White Black American Indian	238	0	0	-238	0	0	0
	White Black Asian	397	0	0	-397	0	0	0
	White Hispanic	4,708	211	-91	-2,735	-1,686	-120	76
2021		648,719	23,493	-10,167	-469,771	-120,678	-8,008	40,095
	American Indian	2,004	0	0	-1,610	-61	0	333

	Total Amo	unt Bille	d, Adjuste	ed, Written	off, and Colle	ected by Year	and Race	
Year	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
	American Indian Hispanic	2,039	106	0	-1,787	-55	-106	92
	Asian	1,205	271	0	-575	-358	-271	0
	Black	332,294	10,773	-3,013	-240,666	-65,072	-3,642	19,901
	Black Hispanic	1,376	254	0	-792	-464	0	121
	Hawaiian Hispanic	414	0	0	-326	0	0	88
	Hispanic	961	0	0	-961	0	0	0
	Unknown	15,436	1,313	-1,544	-9,675	-3,595	462	1,084
	White	284,836	10,532	-5,455	-207,970	-49,941	-4,175	17,296
	White American Indian	385	0	0	0	0	0	385
	White Black	442	0	0	-387	-55	0	0
	White Black Asian	682	0	0	-682	0	0	0
	White Hispanic	6,645	243	-155	-4,341	-1,078	-276	796
2022		524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953
	American Indian	1,462	25	0	-1,057	-74	0	331
	Asian	1,101	149	0	-367	-175	-25	534
	Black	246,372	14,586	-1,222	-148,359	-22,563	-607	73,621
	Black Hispanic	2,078	129	0	-1,097	-93	0	888

	Total Amo	unt Bille	d, Adjuste	ed, Written	off, and Colle	ected by Year	and Race	
Year	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
	Hawaiian Hispanic	175	0	0	-175	0	0	0
	Hispanic	469	0	0	-469	0	0	0
	Unknown	25,024	1,774	-304	-13,096	-2,873	-137	8,614
	White	241,004	10,673	-3,811	-136,408	-19,103	-1,084	80,598
	White American Indian	116	0	0	0	0	0	116
	White Black	1,017	0	0	-753	0	0	264
	White Black Asian	652	0	0	-652	0	0	0
	White Hispanic	5,250	263	0	-3,926	-337	0	986

	Total Amount B	illed, Ad	justed, Wı	itten off, an	d Collected	l by Year and	Diagnosis	
Year	Diagnosis	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
2020		817,442	24,322	-13,048	-546,425	-196,672	-20,325	40,972
	Anxiety Disorders	28,524	1,038	-173	-20,992	-4,662	-782	1,915
	Bipolar & Related Disorders	101,016	3,431	-1,285	-67,258	-23,069	-3,664	5,740
	Depressive Disorders	280,342	7,349	-4,158	-205,516	-53,978	-7,294	9,396
	Disruptive, Impulse-Control, & Conduct Disorders	12,442	447	0	-9,834	-1,610	-447	551
	Feeding & Eating Disorders	622	0	0	-622	0	0	0
	High Expressed Emotion Level Within Family	184	0	0	-184	0	0	0
	Illness Unspecified/No Diagnosis	55,958	2,212	-986	-28,841	-21,249	-1,585	3,298
	Neurodevelopmental Disorders	21,451	468	-60	-17,388	-3,297	-408	299
	Obsessive-Compulsive & Related Disorders	65	0	0	-65	0	0	0
	Other Mental Disorders	1,543	0	0	-875	-668	0	0
	Other Problems	501	252	-252	-152	-22	0	76
	Personality Disorders	2,450	0	0	-1,751	-699	0	0
	Schizophrenia Spectrum & Other Psychotic Disorders	229,828	5,996	-2,812	-144,547	-74,559	-2,533	5,376
	Substance Use & Addictive Disorders	60,021	3,130	-3,322	-30,874	-10,300	-3,612	11,912
	Trauma & Stressor Related Disorders	22,495	0	0	-17,526	-2,560	0	2,410
2021		648,719	23,493	-10,167	-469,771	-120,678	-8,008	40,095
	Anxiety Disorders	23,255	486	-351	-18,058	-3,073	-204	1,569
	Bipolar & Related Disorders	69,877	3,783	-889	-50,157	-12,203	-1,005	5,623

	Total Amount B	illed, Ad	justed, Wı	ritten off, an	d Collected	l by Year and	Diagnosis	
Year	Diagnosis	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
	Depressive Disorders	235,344	5,980	-3,436	-177,585	-40,531	-3,096	10,697
	Disruptive, Impulse-Control, & Conduct Disorders	8,763	121	0	-6,525	-1,952	-40	247
	Illness Unspecified/No Diagnosis	53,580	3,157	-1,312	-35,205	-12,149	-675	4,239
	Neurodevelopmental Disorders	12,698	77	0	-10,546	-1,809	-55	287
	Other Mental Disorders	1,931	0	0	-1,184	-659	0	88
	Other Problems	349	0	0	-288	-61	0	0
	Personality Disorders	1,708	0	0	-1,291	-417	0	0
	Schizophrenia Spectrum & Other Psychotic Disorders	183,698	5,771	-2,853	-130,259	-38,680	-1,273	10,633
	Substance Use & Addictive Disorders	34,690	3,781	-1,325	-19,072	-6,782	-1,456	6,056
	Trauma & Stressor Related Disorders	22,826	336	0	-19,600	-2,365	-205	657
2022		524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953
	Anxiety Disorders	24,929	841	-172	-14,361	-1,857	-105	8,435
	Bipolar & Related Disorders	65,161	3,298	-600	-39,403	-3,868	0	21,291
	Depressive Disorders	192,207	9,811	-1,506	-115,399	-15,581	-485	59,237
	Disruptive, Impulse-Control, & Conduct Disorders	6,629	408	0	-3,904	-672	-131	1,923
	Emotional Disorders with Onset Specific to Childhood	145	0	0	-145	0	0	0
	Illness Unspecified/No Diagnosis	34,249	2,792	-625	-15,105	-2,101	-111	16,307
	Mental Disorder, not Otherwise Specified	76	0	0	-76	0	0	0

	Total Amount B	illed, Ad	justed, Wı	ritten off, an	d Collected	l by Year and	Diagnosis	
Year	Diagnosis	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
	Neurodevelopmental Disorders	11,351	263	0	-8,522	-1,103	-25	1,700
	Other Mental Disorders	1,173	0	0	-125	-72	0	975
	Other Problems	1,738	0	-64	-950	0	0	724
	Other Symptoms Involving Cognitive Functions	374	0	0	-87	-22	0	266
	Personality Disorders	1,577	68	0	-761	-207	0	609
	Schizophrenia Spectrum & Other Psychotic Disorders	133,383	7,847	-1,468	-78,870	-16,617	-102	36,326
	Substance Use & Addictive Disorders	19,505	714	-903	-9,794	-759	104	8,153
	Trauma & Stressor Related Disorders	32,146	1,557	0	-18,857	-2,360	-998	9,931

# **Section B. Client Distribution by Clinic**

Unique C	lient Distr	ibution b	y Clinic <sup>11</sup>	and Year
		Year		
Clinic	2020	2021	2022	Total
ВВНС	192	145	151	488
СВНС	129	82	95	306
МВНС	1,065	740	724	2,529
RBHC	234	158	155	547
ТВНС	104	77	66	247
WBHC	89	60	62	211
Total	1,813	1,262	1,253	4,328

Billable	Service (	Count by	Clinic a	nd Year
		Year		
Clinic	2020	2021	2022	Total
ввнс	1,571	1,049	903	3,523
СВНС	1,124	493	698	2,315
МВНС	5,993	4,746	3,706	14,445
RBHC	1,333	964	1,114	3,411
TBHC	839	707	266	1,812
WBHC	553	257	293	1,103
Total	11,413	8,216	6,980	26,609

 $<sup>^{11}</sup>$  The summation of the unique client count by clinic is not equal to the NEDHSA's unique client count because some clinets appeared in more than one clinic.

Uni	que C	lient Distributi	ion by C	linic, Yea	r, and Pl	an Prov	ider
				Insurance			
Clinic	Year	3rd Party Insurance	Indigent	Medicaid	Medicare	Private Pay	Total
ввнс							
	2020	14	5	129	44		192
	2021	8	1	108	28		145
	2022	10	1	97	43		151
CBHC							
	2020	9	13	86	14	7	129
	2021	7	3	56	14	2	82
	2022	6	6	70	11	2	95
MBHC							
	2020	39	66	771	178	11	1,065
	2021	39	21	497	177	6	740
	2022	40	17	480	183	4	724
RBHC							
	2020	26	30	134	36	8	234
	2021	27	9	92	29	1	158
	2022	25	5	92	32	1	155
TBHC							
	2020	9	5	66	24		104
	2021	5	1	41	30		77
	2022	2		38	26		66
WBHC							
	2020	4	3	57	23	2	89
	2021	3	1	38	18		60
	2022	4	1	37	18	2	62

Client	Distrib	ution by	Clinic,	Year, and (	Gender
Clinic	Year	Female	Male	Unknown	Total
ВВНС					
	2020	96	85	11	192
	2021	75	58	12	145
	2022	81	58	12	151
СВНС					
	2020	60	67	2	129
	2021	45	35	2	82
	2022	53	40	2	95
MBHC					
	2020	562	484	19	1,065
	2021	401	321	18	740
	2022	391	308	25	724
RBHC					
	2020	78	153	3	234
	2021	56	99	3	158
	2022	73	74	8	155
TBHC					
	2020	55	44	5	104
	2021	42	28	7	77
	2022	36	24	6	66
WBHC					
	2020	58	30	1	89
	2021	30	29	1	60
	2022	33	28	1	62

Client	t Distribution by Ye	ear, Plan Pro	vider, a	ınd Gender	-BBHC
Year	Plan provider	Female	Male	Unknown	Total
2020					
	3rd Party Insurance	8	5	1	14
	Indigent	3	2		5
	Medicaid	67	59	7	133
	Medicare	24	31	4	59
	Private Pay		1		1
	2020-Total	102	98	12	212
2021					
	3rd Party Insurance	4	3	1	8
	Indigent	2			2
	Medicaid	57	45	8	110
	Medicare	21	16	5	42
	2021-Total	84	64	14	162
2022					
	3rd Party Insurance	5	4	1	10
	Indigent		1		1
	Medicaid	58	36	5	99
	Medicare	25	19	6	50
	2022-Total	88	60	12	160

Client	Distribution by Ye	ear, Plan Pro	ovider, a	and Gender	-СВНС
Year	Plan provider	Female	Male	Unknown	Total
2020					
	3rd Party Insurance		9		9
	Indigent	1	12		13
	Medicaid	51	35	2	88
	Medicare	9	7	1	17
	Private Pay	2	10		12
	2020-Total	63	73	3	139
2021					
	3rd Party Insurance	1	6		7
	Indigent		3		3
	Medicaid	35	19	2	56
	Medicare	8	6	1	15
	Private Pay	1	1		2
	2021-Total	45	35	3	83
2022					
	3rd Party Insurance	2	4		6
	Indigent		6		6
	Medicaid	44	24	2	70
	Medicare	8	5		13
	Private Pay		2		2
	2022-Total	54	41	2	97

Client	Distribution by Yo	ear, Plan Pro	ovider, a	and Gender	-мвнс
Year	Plan provider	Female	Male	Unknown	Total
2020					
	3rd Party Insurance	15	22	2	39
	Indigent	28	41		69
	Medicaid	426	358	11	795
	Medicare	127	98	7	232
	Private Pay	12	13		25
	2020-Total	608	532	20	1,160
2021					
	3rd Party Insurance	15	22	2	39
	Indigent	12	9		21
	Medicaid	279	221	11	511
	Medicare	118	90	6	214
	Private Pay	5	5		10
	2021-Total	429	347	19	795
2022					
	3rd Party Insurance	17	21	2	40
	Indigent	7	11		18
	Medicaid	266	209	15	490
	Medicare	115	78	9	202
	Private Pay	4	3		7
	2022-Total	409	322	26	757

Client	Distribution by Ye	ear, Plan Pro	ovider, a	ınd Gender	-RBHC
Year	Plan provider	Female	Male	Unknown	Total
2020					
	3rd Party Insurance	7	18	1	26
	Indigent	7	25		32
	Medicaid	53	84	1	138
	Medicare	17	28	2	47
	Private Pay	2	8		10
	2020-Total	86	163	4	253
2021					
	3rd Party Insurance	10	16	1	27
	Indigent	2	7		9
	Medicaid	36	59	1	96
	Medicare	15	27	2	44
	Private Pay	1			1
	2021-Total	64	109	4	177
2022					
	3rd Party Insurance	12	10	3	25
	Indigent	1	4	1	6
	Medicaid	45	47	5	97
	Medicare	18	19	2	39
	Private Pay	2	1	1	4
	2022-Total	78	81	12	171

Client	Distribution by Y	ear, Plan Pro	vider, a	and Gender	-TBHC
Year	Plan provider	Female	Male	Unknown	Total
2020					
	3rd Party Insurance	7	2		9
	Indigent	2	3		5
	Medicaid	31	34	3	68
	Medicare	23	13	2	38
	Private Pay	1			1
	2020-Total	64	52	5	121
2021					
	3rd Party Insurance	4	1		5
	Indigent	2			2
	Medicaid	19	18	4	41
	Medicare	23	9	3	35
	2021-Total	48	28	7	83
2022					
	3rd Party Insurance	2			2
	Medicaid	16	17	5	38
	Medicare	18	9	2	29
	2022-Total	36	26	7	69

Client	Distribution by Ye	ear, Plan Pro	vider, a	nd Gender	-WBHC
Year	Plan provider	Female	Male	Unknown	Total
2020					
	3rd Party Insurance	4			4
	Indigent	3			3
	Medicaid	40	18	1	59
	Medicare	14	11		25
	Private Pay	2	2		4
	2020-Total	63	31	1	95
2021					
	3rd Party Insurance	1	2		3
	Indigent	1			1
	Medicaid	20	17	1	38
	Medicare	12	11		23
	Private Pay		1		1
	2021-Total	34	31	1	66
2022					
	3rd Party Insurance	1	3		4
	Indigent		1		1
	Medicaid	20	17	1	38
	Medicare	12	9		21
	Private Pay		3		3
	2022-Total	33	33	1	67

Clien	t Distribution b	y Year, Pl	an Pro	vider, and	l Race-	ввнс
Year	Plan provider	Black	Other	Unknown	White	Total
2020						
	3rd Party Insurance	3			11	14
	Indigent	2			3	5
	Medicaid	76	1	2	54	133
	Medicare	43		2	14	59
	Private Pay	1				1
	Total	125	1	4	82	212
2021						
	3rd Party Insurance	1			7	8
	Indigent	1			1	2
	Medicaid	69		2	39	110
	Medicare	31		2	9	42
	Total	102		4	56	162
2022						
	3rd Party Insurance	3			7	10
	Indigent				1	1
	Medicaid	55		2	42	99
	Medicare	36		3	11	50
	Total	94		5	61	160

Client	Distribution by	Year, Plan P	rovider, a	nd Race	-СВНС
Year	Plan provider	Black	Unknown	White	Total
2020					
	3rd Party Insurance			9	9
	Indigent	5		8	13
	Medicaid	14	1	73	88
	Medicare	5		12	17
	Private Pay	3		9	12
	Total	27	1	111	139
2021					
	3rd Party Insurance	1		6	7
	Indigent	1		2	3
	Medicaid	8	3	45	56
	Medicare	4	3	8	15
	Private Pay			2	2
	Total	14	6	63	83
2022					
	3rd Party Insurance	2		4	6
	Indigent	1		5	6
	Medicaid	12		58	70
	Medicare	4		9	13
	Private Pay			2	2
	Total	19		78	97

Clie	nt Distribut	ion by Year,	Plan F	rovid	er, and F	Race-M	IBHC
Year	Plan provider	American Indian	Black	Other	Unknown	White	Total
2020							
	3rd Party Insura	nce	14	1		24	39
	Indigent	2	31	1	2	33	69
	Medicaid	4	401	12	10	368	795
	Medicare	1	126	5	7	93	232
	Private Pay		7		1	17	25
	Total	7	579	19	20	535	1,160
2021							
	3rd Party Insura	nce	10	1		28	39
	Indigent		9	2		10	21
	Medicaid	4	270	8	7	222	511
	Medicare		126	3	4	81	214
	Private Pay		1	1		8	10
	Total	4	416	15	11	349	795
2022							
	3rd Party Insura	nce	11		4	25	40
	Indigent		4	2	1	11	18
	Medicaid	3	260	6	12	208	489
	Medicare	1	111	4	5	81	202
	Private Pay		1			6	7
	Total	4	387	12	22	331	756

Clie	nt Distribution	by Year, Pla	n Pr	ovide	r, and R	ace-R	внс
Year	Plan provider	American Indian	Black	Other	Unknown	White	Total
2020							
	3rd Party Insurance		7	2	2	15	26
	Indigent		18	2		12	32
	Medicaid	1	77	1	7	52	138
	Medicare		24	1	5	17	47
	Private Pay		8			2	10
	Total	1	134	6	14	98	253
2021							
	3rd Party Insurance		8	1	1	17	27
	Indigent	1	4		1	3	9
	Medicaid		53	4	4	35	96
	Medicare		23	1	6	14	44
	Private Pay		1				1
	Total	1	89	6	12	69	177
2022							
	3rd Party Insurance	1	6		6	12	25
	Indigent		2		2	2	6
	Medicaid		39	4	13	41	97
	Medicare		26	2	3	8	39
	Private Pay		2			2	4
	Total	1	75	6	24	65	171

Clien	t Distribution b	y Year, P	lan Pro	vider, and	l Race-	ТВНС
Year	Plan provider	Black	Other	Unknown	White	Total
2020						
	3rd Party Insurance	4			5	9
	Indigent	4			1	5
	Medicaid	42	3	4	19	68
	Medicare	30	1	1	6	38
	Private Pay				1	1
	Total	80	4	5	32	121
2021						
	3rd Party Insurance	2			3	5
	Indigent	1			1	2
	Medicaid	27	2	2	10	41
	Medicare	28	1	1	5	35
	Total	58	3	3	19	83
2022						
	3rd Party Insurance	1			1	2
	Medicaid	24	3	3	8	38
	Medicare	24	1		4	29
	Total	49	4	3	13	69

Client	Distribution by Y	ear, Plan Pro	ovider, a	nd Race	-WBHC
Year	Plan provider	Black	Other	White	Total
2020					
	3rd Party Insurance	2		2	4
	Indigent	2		1	3
	Medicaid	26	1	32	59
	Medicare	13	1	11	25
	Private Pay	1		3	4
	Total	44	2	49	95
2021					
	3rd Party Insurance	2		1	3
	Indigent	1			1
	Medicaid	20	1	17	38
	Medicare	13	1	9	23
	Private Pay			1	1
	Total	36	2	28	66
2022					
	3rd Party Insurance	2		2	4
	Indigent			1	1
	Medicaid	17	1	20	38
	Medicare	12	1	8	21
	Private Pay	1		2	3
	Total	32	2	33	67

Billable	Service Co	ount by (	Clinic, Ye	ear, and P	lan Pro	vider
			Plan Prov	/ider		
Clinic Year	3rd party Insurance	Indigent	Medicaid	Medicare	Private Pay	Total
ВВНС						
2020	101	47	939	483	1	1,571
2021	67	10	748	224		1,049
2022	64	7	608	224		903
СВНС						
2020	34	113	843	105	29	1,124
2021	41	19	360	69	4	493
2022	20	38	546	64	30	698
MBHC						
2020	176	288	4,283	1,194	52	5,993
2021	230	119	3,205	1,150	42	4,746
2022	138	59	2,528	956	25	3,706
RBHC						
2020	133	178	752	251	19	1,333
2021	123	32	568	232	9	964
2022	151	44	687	210	22	1,114
TBHC						
2020	54	26	488	269	2	839
2021	48	8	370	281		707
2022	6		148	112		266
WBHC						
2020	23	9	346	168	7	553
2021	10	3	153	89	2	257
2022	13	2	213	62	3	293
Total						
2020	521	661	7,651	2,470	110	11,413
2021	519	191	5,404	2,045	57	8,216
2022	392	150	4,730	1,628	80	6,980
Total	1,432	1,002	17,785	6,143	247	26,609

	Client Distribution by Yea	ar, Diag	gnosis, a	nd Plan F	Provider-E	ВВНС	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020		,					
	Anxiety Disorders		2	4			6
	Bipolar & Related Disorders	1	2	13	7		23
	Depressive Disorders	9	1	61	21	1	93
	Disruptive, Impulse-Control, & Conduct Disorders			1			1
	Neurodevelopmental Disorders	3		8			11
	Schizophrenia Spectrum & Other Psychotic Disorders	1		43	31		75
	Trauma & Stressor Related Disorders			3			3
	Total	14	5	133	59	1	212
2021							
	Anxiety Disorders			3			3
	Bipolar & Related Disorders	1	1	13	5		20
	Depressive Disorders	6	1	48	17		72
	Disruptive, Impulse-Control, & Conduct Disorders			1			1
	Neurodevelopmental Disorders			9			9
	Schizophrenia Spectrum & Other Psychotic Disorders	1		33	20		54
	Trauma & Stressor Related Disorders			3			3
	Total	8	2	110	42		162
2022							
	Anxiety Disorders	1		3			4
	Bipolar & Related Disorders	2		19	5		26
	Depressive Disorders	6	1	39	20		66
	Disruptive, Impulse-Control, & Conduct Disorders			1			1
	Neurodevelopmental Disorders	1		8			9
	Schizophrenia Spectrum & Other Psychotic Disorders			27	23		50
	Trauma & Stressor Related Disorders			2	2		4
	Total	10	1	99	50		160

	Client Distribution by Yea	r, Diag	nosis, an	d Plan Pi	rovider-C	ВНС	
Year	Diagnosis	3rd			Medicare		Total
	3	Party	J				
2020		,					
	Anxiety Disorders	1		1			2
	Bipolar & Related Disorders			5			5
	Depressive Disorders			23	2	1	26
	Disruptive, Impulse-Control, & Conduct Disorders			1			1
	Illness Unspecified/No Diagnosis	2	3	17	11	4	37
	Neurodevelopmental Disorders	1					1
	Other Problems	2	1	2			5
	Personality Disorders			2			2
	Schizophrenia Spectrum & Other Psychotic Disorders		1	3	2		6
	Substance Use & Addictive Disorders	3	8	34	2	7	54
	Total	9	13	88	17	12	139
2021							
	Anxiety Disorders			1			1
	Bipolar & Related Disorders			3			3
	Depressive Disorders	1		13			14
	Illness Unspecified/No Diagnosis	2		20	12		34
	Personality Disorders			1			1
	Schizophrenia Spectrum & Other Psychotic Disorders				1		1
	Substance Use & Addictive Disorders	4	3	18	2	2	29
	Total	7	3	56	15	2	83
2022							
	Anxiety Disorders			1			1
	Bipolar & Related Disorders			4	1		5
	Depressive Disorders	2		18	1		21
	Emotional Disorders with Onset Specific to Childhood			1			1
	Illness Unspecified/No Diagnosis			9	9		18
	Other Problems		1	3			4
	Personality Disorders			1			1
	Schizophrenia Spectrum & Other Psychotic Disorders			4	1		5
	Substance Use & Addictive Disorders	3	5	28	1	2	39
	Trauma & Stressor Related Disorders	1		1			2
	Total	6	6	70	13	2	97

	Client Distribution by Year,	_	osis, and	d Plan Pr	ovider-M	ВНС	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020							
	Anxiety Disorders	5	3	41	5	1	55
	Bipolar & Related Disorders	7	8	112	33	7	167
	Depressive Disorders	9	33	354	75	9	480
	Disruptive, Impulse-Control, & Conduct Disorders	1	1	13	3		18
	Feeding & Eating Disorders			1			1
	High Expressed Emotion Level Within Family			1			1
	Illness Unspecified/No Diagnosis	1	2	10	2	1	16
	Neurodevelopmental Disorders	5	1	21	1		28
	Obsessive-Compulsive & Related Disorders			1			1
	Other Mental Disorders				1		1
	Personality Disorders				1		1
	Schizophrenia Spectrum & Other Psychotic Disorders	5	7	164	99	3	278
	Substance Use & Addictive Disorders	6	11	41	8	4	70
	Trauma & Stressor Related Disorders		3	36	4		43
	Total	<b>3</b> 9	69	795	232	25	1,160
2021							
	Anxiety Disorders	4	2	29	2	1	38
	Bipolar & Related Disorders	2	3	60	33	2	100
	Depressive Disorders	17	7	229	63	5	321
	Disruptive, Impulse-Control, & Conduct Disorders	1		7	2		10
	Illness Unspecified/No Diagnosis	1		3			4
	Neurodevelopmental Disorders	3		11	1		15
	Other Mental Disorders				1		1
	Other Problems			1			1
	Personality Disorders				1		1
	Schizophrenia Spectrum & Other Psychotic Disorders	7	3	116	102	1	229
	Substance Use & Addictive Disorders	3	5	28	5	1	42
	Trauma & Stressor Related Disorders	1	1	27	4		33
	Total	<b>39</b>	21	511	214	10	795
2022							
	Mental Disorder, not Otherwise Specified			1			1
	Anxiety Disorders	1		28	5	1	35
	Bipolar & Related Disorders	4	1	57	34	1	97
	Depressive Disorders	19	8	206	66	3	302

	Client Distribution by Year,	Diagn	osis, and	d Plan Pr	ovider-M	ВНС	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
	Disruptive, Impulse-Control, & Conduct Disorders	1	1	8	2	1	13
	Illness Unspecified/No Diagnosis		1	1	1		3
	Neurodevelopmental Disorders	3		15	1		19
	Other Mental Disorders				1		1
	Other Problems		2	2			4
	Personality Disorders				1		1
	Schizophrenia Spectrum & Other Psychotic Disorders	6	2	117	80		205
	Substance Use & Addictive Disorders	4	1	21	7	1	34
	Trauma & Stressor Related Disorders	2	2	33	4		41
	Total	40	18	489	202	7	756

	Client Distribution by Yea	r, Diagı	nosis, an	d Plan Pr	ovider-R	ВНС	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020		•					
	Anxiety Disorders	1	1	4			6
	Bipolar & Related Disorders		1	13	2		16
	Depressive Disorders	7	3	17	5	1	33
	Illness Unspecified/No Diagnosis	10	4	43	38		95
	Schizophrenia Spectrum & Other Psychotic Disorders	1	2	19	1	1	24
	Substance Use & Addictive Disorders	7	20	39	1	8	75
	Trauma & Stressor Related Disorders		1	3			4
	Total	26	32	138	47	10	253
2021							
	Anxiety Disorders	1		2			3
	Bipolar & Related Disorders		1	5			6
	Depressive Disorders		2	9	2		13
	Disruptive, Impulse-Control, & Conduct Disorders			2			2
	Illness Unspecified/No Diagnosis	17	1	49	37		104
	Schizophrenia Spectrum & Other Psychotic Disorders	1		9	3	1	14
	Substance Use & Addictive Disorders	7	5	12	2		26
	Trauma & Stressor Related Disorders	1		8			9
	Total	27	9	96	44	1	177
2022							
	Anxiety Disorders	1		7			8
	Bipolar & Related Disorders	3	1	11		1	16
	Depressive Disorders	6	1	14	1		22
	Disruptive, Impulse-Control, & Conduct Disorders			1			1
	Illness Unspecified/No Diagnosis	7		33	32		72
	Other Symptoms Involving Cognitive Functions			1			1
	Personality Disorders			1	2		3
	Schizophrenia Spectrum & Other Psychotic Disorders	1	1	12	2	1	17
	Substance Use & Addictive Disorders	2	1	4	1		8
	Trauma & Stressor Related Disorders	5	2	13	1	2	23
	Total	25	6	97	39	4	171

	Client Distribution by Yea	ar, Dia	gnosis, a	nd Plan I	Provider-	ТВНС	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020							
	Anxiety Disorders	2		4	2		8
	Bipolar & Related Disorders	3	1	8	2		14
	Depressive Disorders	2		16	10	1	29
	Disruptive, Impulse-Control, & Conduct Disorders	1		2	1		4
	Neurodevelopmental Disorders		1	1			2
	Schizophrenia Spectrum & Other Psychotic Disorders	1	3	33	21		58
	Substance Use & Addictive Disorders				1		1
	Trauma & Stressor Related Disorders			4	1		5
	Total	9	5	68	38	1	121
2021							
	Anxiety Disorders	1		1	1		3
	Bipolar & Related Disorders	2	1	6	3		12
	Depressive Disorders	1		9	10		20
	Disruptive, Impulse-Control, & Conduct Disorders	1		1	1		3
	Schizophrenia Spectrum & Other Psychotic Disorders		1	21	19		41
	Substance Use & Addictive Disorders				1		1
	Trauma & Stressor Related Disorders			3			3
	Total	5	2	41	35		83
2022							
	Anxiety Disorders			2			2
	Bipolar & Related Disorders	1		4	2		7
	Depressive Disorders	1		10	8		19
	Disruptive, Impulse-Control, & Conduct Disorders			1	1		2
	Schizophrenia Spectrum & Other Psychotic Disorders			17	17		34
	Trauma & Stressor Related Disorders			4	1		5
	Total	2		38	29		69

	Client Distribution by Yea	ır, Diag	gnosis, a	nd Plan P	Provider-1	WBHC	
Year	Diagnosis	3rd Party	Indigent	Medicaid	Medicare	Private	Total
2020							
	Anxiety Disorders			2			2
	Bipolar & Related Disorders	2	2	6	3	1	14
	Depressive Disorders	1	1	24	7	3	36
	Personality Disorders				1		1
	Schizophrenia Spectrum & Other Psychotic Disorders	1		26	14		41
	Trauma & Stressor Related Disorders			1			1
	Total	4	3	59	25	4	95
2021							
	Anxiety Disorders			2			2
	Bipolar & Related Disorders	1	1	6	2		10
	Depressive Disorders			9	6	1	16
	Disruptive, Impulse-Control, & Conduct Disorders			1			1
	Personality Disorders				1		1
	Schizophrenia Spectrum & Other Psychotic Disorders	2		19	14		35
	Trauma & Stressor Related Disorders			1			1
	Total	3	1	38	23	1	66
2022							
	Anxiety Disorders			3			3
	Bipolar & Related Disorders			11	2	1	14
	Depressive Disorders	2	1	10	6	1	20
	Disruptive, Impulse-Control, & Conduct Disorders	1				1	2
	Personality Disorders				1		1
	Schizophrenia Spectrum & Other Psychotic Disorders	1		13	12		26
	Trauma & Stressor Related Disorders			1			1
	Total	4	1	38	21	3	67

	Unique Client Distribution	n by Yea	ar, Insu		Type,	and C	linc	
Year	Insurance type	ввнс	СВНС	МВНС	RBHC	ТВНС	WBHC	Total
2020								
	AARP SUPPL UHC				1			1
	ACT 389 - OA101 INDIGENT				5			5
	AETNA (COMMERCIAL)			2			1	3
	AETNA BETTER HEALTH OF LA	13	8	83	9	7	4	124
	AETNA MEDICARE ADVANTAGE	1		4			1	6
	AMERIHEALTH CARITAS LA	25	16	105	16	9	7	178
	BCBSLA	10	7	20	16	6	1	60
	BCBSLA HMO MEDICARE ADVANTAGE	2	1	3				6
	CHAMPVA				1		1	2
	CIGNA BEHAVIORAL HEALTH			1	1			2
	CIGNA OPEN ACCESS PLUS			2				2
	HEALTHY BLUE	30	16	209	31	15	10	311
	HUMANA CHOICE					1		1
	HUMANA CLAIMS				1			1
	HUMANA MEDICARE ADVANTAGE	6	4	37	15	2	2	66
	PLAN	U	-	37				
	LOUISIANA HEALTHCARE CONNECT	41	21	199	25	21	18	325
	MAGELLAN BEHAVIORAL HEALTH			3				3
	MEDICARE OF LOUISIANA- NOVITAS	47	12	160	27	31	20	297
	MOLINA MEDICAID		1	3				4
	OBH INDIGENT	5	13	69	27	5	3	122
	OPTUMHEALTH BH SOLUTIONS			2	1	1		4
	PALMETTO GBA/RAILROAD MEDICARE			1				1
	PRIVATE NO PROOF OF INCOME		7	4	6		3	20
	PRIVATE OUT OF NETWORK		1	9				10
	PRIVATE PAY	1	4	12	4	1	1	23
	TRICARE EAST REGION	3		2		1		6
	UMR	1		1	1		1	4
	UNITED HEALTH CARE COMMUNITY P	25	26	200	57	16	20	344
	UNITED HEALTHCARE		1		2			3
	UNITED HEALTHCARE CHOICE PLUS			3	2			5
	UNITED HEALTHCARE MEDICARE AD			16				16
	UNITED HEALTHCARE SHARED SERVC			1				1
	VANTAGE HEALTH PLAN INC	8	2	28	6	5	5	54
	2020-TOTAL	218	140	1,179	254	121	98	2,010
2021								
	AETNA (COMMERCIAL)			1	3			4
	AETNA BETTER HEALTH OF LA	9	4	58	2	5	6	84

	Unique Client Distribution	n by Yea	ar, Insu		Type,	and C	linc	
Year	Insurance type	ВВНС	СВНС	МВНС	RBHC	ТВНС	WBHC	Total
	AETNA MEDICARE ADVANTAGE	2		7	1		1	11
	AMERIHEALTH CARITAS LA	20	13	67	15	6	4	125
	BCBSLA	5	3	24	16	2	2	52
	BCBSLA HMO MEDICARE ADVANTAGE	2	1	3	1			7
	CHAMPVA			1			1	2
	CIGNA BEHAVIORAL HEALTH			1				1
	CONNECTICUT GENERAL (CIGNA)					1		1
	FAMILY HEALTH NETWORK				1			1
	GOLDEN RULE INSURANCE COMPANY				1			1
	HEALTHY BLUE	27	12	139	19	7	6	210
	HUMANA CHOICE					1		1
	HUMANA HEALTH PLAN	1	2	2				5
	HUMANA MEDICARE ADVANTAGE PLA	11	4	68	16	9	4	112
	LOUISIANA HEALTHCARE CONNECT	32	14	138	27	18	13	242
	MEDICARE OF LOUISIANA- NOVITAS	25	10	120	28	27	18	228
	MOLINA MEDICAID	1						1
	MUTUAL OF OMAHA INSURANCE CO	1						1
	OBH INDIGENT	2	3	21	9	2	1	38
	OPTUMHEALTH BH SOLUTIONS			1	1			2
	PALMETTO GBA/RAILROAD MEDICARE			1				1
	PEOPLES HEALTH MEDICARE ADVANT	1		2				3
	PRIVATE NO PROOF OF INCOME		1	1			1	3
	PRIVATE PAY		1	9	1			11
	TRICARE EAST REGION	1		1	2	1		5
	UMR			1				1
	UNITED HEALTH CARE COMMUNITY P	23	13	129	34	8	10	217
	UNITED HEALTHCARE				1			1
	UNITED HEALTHCARE CHOICE PLUS		1	2	2			5
	UNITED HEALTHCARE MEDICARE AD			15				15
	UNITED HEALTHCARE SHARED SERVC			1				1
	VANTAGE HEALTH PLAN INC		1	4				5
	VANTAGE MEDICARE ADVANTAGE PLA	12	2	39	9	5	6	73
	2021-TOTAL	175	85	856	189	92	73	1,470
2022								
	AETNA (COMMERCIAL)			1				1
	AETNA BETTER HEALTH OF LA	12	4	44	8	4	7	79
	AETNA MEDICARE ADVANTAGE	2		6			1	9
	AMERIHEALTH CARITAS LA	19	12	73	16	5	5	130
	BCBSLA	9	4	18	13		3	47

Unique Client Distribution by Year, Insurance Type, and Clinc Clinic								
Year	Insurance type	ввнс	СВНС	МВНС	RBHC	ТВНС	WBHC	Total
	BCBSLA HMO MEDICARE ADVANTAGE	2	2	4	1			9
	CHAMPA		1					1
	CHAMPVA		1	1			1	3
	CIGNA BEHAVIORAL HEALTH			1				1
	CIGNA OPEN ACCESS PLUS			2				2
	CONNECTICUT GENERAL (CIGNA)					1		1
	FAMILY HEALTH NETWORK				1			1
	HEALTHY BLUE	24	22	124	21	9	7	207
	HUMANA HEALTH PLAN			3				3
	HUMANA MEDICARE ADVANTAGE PLA	30	4	63	11	6	4	118
	LOUISIANA HEALTHCARE CONNECT	28	21	132	22	14	10	227
	MEDICARE OF LOUISIANA- NOVITAS	18	6	98	25	21	13	181
	OBH INDIGENT	1	6	18	6		1	32
	OPTUMHEALTH BH SOLUTIONS			4	1			5
	PEOPLES HEALTH MEDICARE ADVANT	2		4				6
	PRIVATE NO PROOF OF INCOME			1			2	3
	PRIVATE OUT OF NETWORK			1				1
	PRIVATE PAY		2	5	4		1	12
	TRICARE EAST REGION	1				1		2
	UMR			3				3
	UMR/MIDWEST SECURITIES				1			1
	UNITED HEALTH CARE COMMUNITY P	16	11	121	30	6	9	193
	UNITED HEALTHCARE				6			6
	UNITED HEALTHCARE CHOICE PLUS		1	4	2			7
	UNITED HEALTHCARE MEDICARE AD			28				28
	VANTAGE HEALTH PLAN INC			3	1			4
	VANTAGE MEDICARE ADVANTAGE PLA	16	3	33	5	3	4	64
	2022-TOTAL	180	100	795	174	70	68	1,387

Clier	nt Distribution by Year, Insura	ісе Тур	e, and	Gender-I	ВВНС
Year	Insurance Type	Female	Male	Unknown	Total
2020					
	AETNA BETTER HEALTH OF LA	5	8		13
	AETNA MEDICARE ADVANTAGE		1		1
	AMERIHEALTH CARITAS LA	13	9	3	25
	BCBSLA	5	4	1	10
	BCBSLA HMO MEDICARE ADVANTAGE	1	1		2
	HEALTHY BLUE	15	14	1	30
	HUMANA MEDICARE ADVANTAGE PLAN	4	2		6
	LOUISIANA HEALTHCARE CONNECT	22	17	2	41
	MEDICARE OF LOUISIANA- NOVITAS	16	28	3	47
	OBH INDIGENT	3	2		5
	PRIVATE PAY		1		1
	TRICARE EAST REGION	2	1		3
	UMR	1			1
	UNITED HEALTH CARE COMMUNITY P	12	12	1	25
	VANTAGE MEDICARE ADVANTAGE PLA	7		1	8
	2020-Total	106	100	12	218
2021					
	AETNA BETTER HEALTH OF LA	5	4		9
	AETNA MEDICARE ADVANTAGE		1	1	2
	AMERIHEALTH CARITAS LA	10	7	3	20
	BCBSLA	3	1	1	5
	BCBSLA HMO MEDICARE ADVANTAGE	1	1		2
	HEALTHY BLUE	14	11	2	27
	HUMANA HEALTH PLAN		1		1
	HUMANA MEDICARE ADVANTAGE PLA	7	3	1	11
	LOUISIANA HEALTHCARE CONNECT	17	13	2	32
	MEDICARE OF LOUISIANA- NOVITAS	11	11	3	25
	MOLINA MEDICAID	1			1
	MUTUAL OF OMAHA INSURANCE CO	1			1
	OBH INDIGENT	2			2
	PEOPLES HEALTH MEDICARE ADVANT			1	1
	TRICARE EAST REGION		1		1
	UNITED HEALTH CARE COMMUNITY P	11	11	1	23
	VANTAGE MEDICARE ADVANTAGE PLA	9	1	2	12
	2021-Total	92	66	17	175
2022					
	AETNA BETTER HEALTH OF LA	7	5		12

Clier	nt Distribution by Year, Insuran	ісе Тур	e, and	Gender-I	ВВНС
Year	Insurance Type	Female	Male	Unknown	Total
	AETNA MEDICARE ADVANTAGE		1	1	2
	AMERIHEALTH CARITAS LA	10	6	3	19
	BCBSLA	5	3	1	9
	BCBSLA HMO MEDICARE ADVANTAGE	1	1		2
	HEALTHY BLUE	15	8	1	24
	HUMANA MEDICARE ADVANTAGE PLA	15	12	3	30
	LOUISIANA HEALTHCARE CONNECT	16	11	1	28
	MEDICARE OF LOUISIANA- NOVITAS	7	10	1	18
	OBH INDIGENT		1		1
	PEOPLES HEALTH MEDICARE ADVANT		1	1	2
	TRICARE EAST REGION		1		1
	UNITED HEALTH CARE COMMUNITY P	10	6		16
	VANTAGE MEDICARE ADVANTAGE PLA	12	2	2	16
	2022-Total	98	68	14	180

## Client Distribution by Year, Insurance Type, and Gender-CBHC

	it Distribution by rear, moura				
Year	Insurance Type	Female	Male	Unknown	Total
2020					
	AETNA BETTER HEALTH OF LA	5	3		8
	AMERIHEALTH CARITAS LA	8	6	2	16
	BCBSLA		7		7
	BCBSLA HMO MEDICARE ADVANTAGE	1			1
	HEALTHY BLUE	7	9		16
	HUMANA MEDICARE ADVANTAGE PLAN	3	1		4
	LOUISIANA HEALTHCARE CONNECT	14	7		21
	MEDICARE OF LOUISIANA- NOVITAS	5	6	1	12
	MOLINA MEDICAID		1		1
	OBH INDIGENT	1	12		13
	PRIVATE NO PROOF OF INCOME	1	6		7
	PRIVATE OUT OF NETWORK	1			1
	PRIVATE PAY		4		4
	UNITED HEALTH CARE COMMUNITY P	17	9		26
	UNITED HEALTHCARE		1		1
	VANTAGE HEALTH PLAN INC	1	1		2
	2020-Total	64	73	3	140
2021					
	AETNA BETTER HEALTH OF LA	3	1		4
	AMERIHEALTH CARITAS LA	7	4	2	13
	BCBSLA	1	2		3
	BCBSLA HMO MEDICARE ADVANTAGE	1			1
	HEALTHY BLUE	9	3		12
	HUMANA HEALTH PLAN		2		2
	HUMANA MEDICARE ADVANTAGE PLA	4			4
	LOUISIANA HEALTHCARE CONNECT	10	4		14
	MEDICARE OF LOUISIANA- NOVITAS	3	6	1	10
	OBH INDIGENT		3		3
	PRIVATE NO PROOF OF INCOME	1			1
	PRIVATE PAY		1		1
	UNITED HEALTH CARE COMMUNITY P	6	7		13
	UNITED HEALTHCARE CHOICE PLUS		1		1
	VANTAGE HEALTH PLAN INC		1		1
	VANTAGE MEDICARE ADVANTAGE PLA	2			2
	2021-Total	47	35	3	85
2022					
	AETNA BETTER HEALTH OF LA	3	1		4
	AMERIHEALTH CARITAS LA	7	3	2	12
	BCBSLA	1	3		4

## Client Distribution by Year, Insurance Type, and Gender-CBHC

	-				
Year	Insurance Type	Female	Male	Unknown	Total
	BCBSLA HMO MEDICARE ADVANTAGE	2			2
	СНАМРА	1			1
	CHAMPVA	1			1
	HEALTHY BLUE	13	9		22
	HUMANA MEDICARE ADVANTAGE PLA	4			4
	LOUISIANA HEALTHCARE CONNECT	15	6		21
	MEDICARE OF LOUISIANA- NOVITAS	1	5		6
	OBH INDIGENT		6		6
	PRIVATE PAY		2		2
	UNITED HEALTH CARE COMMUNITY P	6	5		11
	UNITED HEALTHCARE CHOICE PLUS		1		1
	VANTAGE MEDICARE ADVANTAGE PLA	3			3
	2022-Total	57	41	2	100

Clier	nt Distribution by Year, Insura	nce Typ	e, and	Gender-N	мвнс
Year	Insurance Type	Female	Male	Unknown	Total
2020					
	AETNA (COMMERCIAL)	1	1		2
	AETNA BETTER HEALTH OF LA	31	51	1	83
	AETNA MEDICARE ADVANTAGE	4			4
	AMERIHEALTH CARITAS LA	58	46	1	105
	BCBSLA	8	11	1	20
	BCBSLA HMO MEDICARE ADVANTAGE	3			3
	CIGNA BEHAVIORAL HEALTH		1		1
	CIGNA OPEN ACCESS PLUS	1	1		2
	HEALTHY BLUE	116	90	3	209
	HUMANA MEDICARE ADVANTAGE PLAN	22	14	1	37
	LOUISIANA HEALTHCARE CONNECT	112	83	4	199
	MAGELLAN BEHAVIORAL HEALTH	1	2		3
	MEDICARE OF LOUISIANA- NOVITAS	76	78	6	160
	MOLINA MEDICAID	1	2		3
	OBH INDIGENT	28	41		69
	OPTUMHEALTH BH SOLUTIONS		2		2
	PALMETTO GBA/RAILROAD MEDICARE	1			1
	PRIVATE NO PROOF OF INCOME	1	3		4
	PRIVATE OUT OF NETWORK	4	5		9
	PRIVATE PAY	7	5		12
	TRICARE EAST REGION	1	1		2
	UMR			1	1
	UNITED HEALTH CARE COMMUNITY P	110	88	2	200
	UNITED HEALTHCARE CHOICE PLUS	2	1		3
	UNITED HEALTHCARE MEDICARE AD	11	5		16
	UNITED HEALTHCARE SHARED SERVC		1		1
	VANTAGE HEALTH PLAN INC	21	7		28
	2020-Total	620	539	20	1,179
2021					
	AETNA (COMMERCIAL)		1		1
	AETNA BETTER HEALTH OF LA	24	32	2	58
	AETNA MEDICARE ADVANTAGE	6	1		7
	AMERIHEALTH CARITAS LA	36	31		67
	BCBSLA	11	12	1	24
	BCBSLA HMO MEDICARE ADVANTAGE	1	2		3
	CHAMPVA		1		1
	CIGNA BEHAVIORAL HEALTH		1		1
	HEALTHY BLUE	76	60	3	139
	HUMANA HEALTH PLAN		2		2

Clie	nt Distribution by Year, Insura	ance Typ	e, and	Gender-N	мвнс
Year	Insurance Type	Female	Male	Unknown	Total
	HUMANA MEDICARE ADVANTAGE PLA	37	28	3	68
	LOUISIANA HEALTHCARE CONNECT	82	52	4	138
	MEDICARE OF LOUISIANA- NOVITAS	57	59	4	120
	OBH INDIGENT	12	9		21
	OPTUMHEALTH BH SOLUTIONS		1		1
	PALMETTO GBA/RAILROAD MEDICARE	1			1
	PEOPLES HEALTH MEDICARE ADVANT	1	1		2
	PRIVATE NO PROOF OF INCOME	1			1
	PRIVATE PAY	4	5		9
	TRICARE EAST REGION		1		1
	UMR			1	1
	UNITED HEALTH CARE COMMUNITY P	71	56	2	129
	UNITED HEALTHCARE CHOICE PLUS		2		2
	UNITED HEALTHCARE MEDICARE AD	10	5		15
	UNITED HEALTHCARE SHARED SERVC	1			1
	VANTAGE HEALTH PLAN INC	3	1		4
	VANTAGE MEDICARE ADVANTAGE PLA	34	5		39
	2021-Total	468	368	20	856
2022					
	AETNA (COMMERCIAL)	1			1
	AETNA BETTER HEALTH OF LA	21	20	3	44
	AETNA MEDICARE ADVANTAGE	4	2		6
	AMERIHEALTH CARITAS LA	36	37		73
	BCBSLA	8	9	1	18
	BCBSLA HMO MEDICARE ADVANTAGE	1	3		4
	CHAMPVA		1		1
	CIGNA BEHAVIORAL HEALTH		1		1
	CIGNA OPEN ACCESS PLUS	1	1		2
	HEALTHY BLUE	69	53	2	124
	HUMANA HEALTH PLAN	2	1		3
	HUMANA MEDICARE ADVANTAGE PLA	41	19	3	63
	LOUISIANA HEALTHCARE CONNECT	75	51	6	132
	MEDICARE OF LOUISIANA- NOVITAS	48	45	5	98
	OBH INDIGENT	7	11		18
	OPTUMHEALTH BH SOLUTIONS	2	2		4
	PEOPLES HEALTH MEDICARE ADVANT	2	1	1	4
	PRIVATE NO PROOF OF INCOME		1		1
	PRIVATE OUT OF NETWORK	1			1
	PRIVATE PAY	3	2		5
	UMR	1	1	1	3

Client Distribution by Year, Insurance Type, and Gender-MBHC						
Year	Insurance Type	Female	Male	Unknown	Total	
	UNITED HEALTH CARE COMMUNITY P	67	50	4	121	
	UNITED HEALTHCARE CHOICE PLUS	1	3		4	
	UNITED HEALTHCARE MEDICARE AD	18	9	1	28	
	VANTAGE HEALTH PLAN INC	1	2		3	
	VANTAGE MEDICARE ADVANTAGE PLA	26	7	0	33	
	2022-Total	436	332	27	795	

Our electronic health record system identifies the following insurance types as separate, however, they are same. The final count would be the summation of the both types.

- 1. HUMANA MEDICARE ADVANTAGE PLA and HUMANA MEDICARE ADVANTAGE PLAN and
- 2. VANTAGE MEDICARE ADVANTAGE PLA and VANTAGE (MEDICARE ADVANTAGE PLA

Client	Distribution by Year, Insura	ance Ty	pe, an	d Gender	-RBHC
Year	Insurance Type	Female	Male	Unknown	Total
2020					
	AARP SUPPL UHC	1			1
	ACT 389 - OA101 INDIGENT		5		5
	AETNA BETTER HEALTH OF LA	4	5		9
	AMERIHEALTH CARITAS LA	5	11		16
	BCBSLA	4	11	1	16
	CHAMPVA	1			1
	CIGNA BEHAVIORAL HEALTH		1		1
	HEALTHY BLUE	10	21		31
	HUMANA CLAIMS		1		1
	HUMANA MEDICARE ADVANTAGE PLAN	6	9		15
	LOUISIANA HEALTHCARE CONNECT	7	17	1	25
	MEDICARE OF LOUISIANA- NOVITAS	9	16	2	27
	OBH INDIGENT	7	20		27
	OPTUMHEALTH BH SOLUTIONS		1		1
	PRIVATE NO PROOF OF INCOME		6		6
	PRIVATE PAY	2	2		4
	UMR	1			1
	UNITED HEALTH CARE COMMUNITY P	27	30		57
	UNITED HEALTHCARE		2		2
	UNITED HEALTHCARE CHOICE PLUS		2		2
	VANTAGE MEDICARE ADVANTAGE PLA	2	4		6
	2020-Total	86	164	4	254
2021					
	AETNA (COMMERCIAL)		3		3
	AETNA BETTER HEALTH OF LA	1	1		2
	AETNA MEDICARE ADVANTAGE		1		1
	AMERIHEALTH CARITAS LA	3	12		15
	BCBSLA	6	9	1	16
	BCBSLA HMO MEDICARE ADVANTAGE		1		1
	FAMILY HEALTH NETWORK	1			1
	GOLDEN RULE INSURANCE COMPANY	1			1
	HEALTHY BLUE	5	14		19
	HUMANA MEDICARE ADVANTAGE PLA	1	4		5
	HUMANA MEDICARE ADVANTAGE PLAN	4	7		11

Client	Distribution by Year, Insura	ance Ty	pe, an	d Gender	-RBHC
Year	Insurance Type	Female	Male	Unknown	Total
	LOUISIANA HEALTHCARE CONNECT	12	14	1	27
	MEDICARE OF LOUISIANA- NOVITAS	10	16	2	28
	OBH INDIGENT	2	7		9
	OPTUMHEALTH BH SOLUTIONS		1		1
	PRIVATE PAY	1			1
	TRICARE EAST REGION		2		2
	UNITED HEALTH CARE COMMUNITY P	16	18		34
	UNITED HEALTHCARE	1			1
	UNITED HEALTHCARE CHOICE PLUS	1	1		2
	VANTAGE MEDICARE ADVANTAGE PLA	2	2		4
	VANTAGE(MEDICARE ADVANTAGE PLA	2	3		5
	2021-Total	69	116	4	189
2022					
	AETNA BETTER HEALTH OF LA	2	6		8
	AMERIHEALTH CARITAS LA	7	9		16
	BCBSLA	7	4	2	13
	BCBSLA HMO MEDICARE ADVANTAGE		1		1
	FAMILY HEALTH NETWORK	1			1
	HEALTHY BLUE	11	9	1	21
	HUMANA MEDICARE ADVANTAGE PLA	4	1		5
	HUMANA MEDICARE ADVANTAGE PLAN	3	3		6
	LOUISIANA HEALTHCARE CONNECT	10	9	3	22
	MEDICARE OF LOUISIANA- NOVITAS	11	12	2	25
	OBH INDIGENT	1	4	1	6
	OPTUMHEALTH BH SOLUTIONS		1		1
	PRIVATE PAY	2	1	1	4
	UMR/MIDWEST SECURITIES		1		1
	UNITED HEALTH CARE COMMUNITY P	15	14	1	30
	UNITED HEALTHCARE	2	3	1	6
	UNITED HEALTHCARE CHOICE PLUS	1	1		2
	VANTAGE HEALTH PLAN INC	1			1
	VANTAGE MEDICARE ADVANTAGE PLA		1		1
	VANTAGE(MEDICARE ADVANTAGE PLA	2	2		4
	2022-Total	80	82	12	174

Client	Distribution by Year, Insura	nce Ty	pe, and	d Gender-	ТВНС
Year	Insurance Type	Female	Male	Unknown	Total
2020					
	AETNA BETTER HEALTH OF LA	3	3	1	7
	AMERIHEALTH CARITAS LA	4	5		9
	BCBSLA	4	2		6
	HEALTHY BLUE	7	7	1	15
	HUMANA CHOICE	1			1
	HUMANA MEDICARE ADVANTAGE PLAN	2			2
	LOUISIANA HEALTHCARE CONNECT	11	9	1	21
	MEDICARE OF LOUISIANA- NOVITAS	18	11	2	31
	OBH INDIGENT	2	3		5
	OPTUMHEALTH BH SOLUTIONS	1			1
	PRIVATE PAY	1			1
	TRICARE EAST REGION	1	40		1
	UNITED HEALTH CARE COMMUNITY P	6	10		16
	VANTAGE(MEDICARE ADVANTAGE PLA	3	2	_	5
2024	2020-Total	64	52	5	121
2021	ACTNIA DETTER LICALTIL OF LA	3	1	1	5
	AETNA BETTER HEALTH OF LA AMERIHEALTH CARITAS LA	2	4	1	6
	BCBSLA	1	1		2
	CONNECTICUT GENERAL (CIGNA)	1	1		1
	HEALTHY BLUE	1	4	2	7
	HUMANA CHOICE	1	7	_	1
	HUMANA MEDICARE ADVANTAGE PLA	2	1	1	4
	HUMANA MEDICARE ADVANTAGE PLAN	4	_	1	5
	LOUISIANA HEALTHCARE CONNECT	10	7	- 1	18
	MEDICARE OF LOUISIANA- NOVITAS	18	7	2	27
	OBH INDIGENT	2			2
	TRICARE EAST REGION	1			1
	UNITED HEALTH CARE COMMUNITY P	3	5		8
	VANTAGE(MEDICARE ADVANTAGE PLA	3	2		5
	2021-Total	52	32	8	92
2022					
	AETNA BETTER HEALTH OF LA	2	1	1	4
	AMERIHEALTH CARITAS LA	2	3		5
	CONNECTICUT GENERAL (CIGNA)	1			1
	HEALTHY BLUE	2	5	2	9
	HUMANA MEDICARE ADVANTAGE PLA	2	1	1	4
	HUMANA MEDICARE ADVANTAGE PLAN	1		1	2
	LOUISIANA HEALTHCARE CONNECT	7	6	1	14

Client Distribution by Year, Insura	ance Ty	pe, and	Gender	-TBHC
MEDICARE OF LOUISIANA- NOVITAS	13	7	1	21
TRICARE EAST REGION	1			1
UNITED HEALTH CARE COMMUNITY P	3	2	1	6
VANTAGE(MEDICARE ADVANTAGE PLA	2	1		3
2022-Total	36	26	8	70

Clier	nt Distribution by Year, Insura	nce Type	e, and	Gender-V	<b>VBHC</b>
Year	Insurance Type	Female	Male	Unknown	Total
2020					
	AETNA (COMMERCIAL)	1			1
	AETNA BETTER HEALTH OF LA	4			4
	AETNA MEDICARE ADVANTAGE		1		1
	AMERIHEALTH CARITAS LA	4	3		7
	BCBSLA	1			1
	CHAMPVA	1			1
	HEALTHY BLUE	4	5	1	10
	HUMANA MEDICARE ADVANTAGE PLAN	1	1		2
	LOUISIANA HEALTHCARE CONNECT	16	2		18
	MEDICARE OF LOUISIANA- NOVITAS	12	8		20
	OBH INDIGENT	3			3
	PRIVATE NO PROOF OF INCOME	1	2		3
	PRIVATE PAY	1			1
	UMR	1			1
	UNITED HEALTH CARE COMMUNITY P	12	8		20
	VANTAGE(MEDICARE ADVANTAGE PLA	2	3		5
	2020-Total	64	33	1	98
2021					
	AETNA BETTER HEALTH OF LA	4	2		6
	AETNA MEDICARE ADVANTAGE		1		1
	AMERIHEALTH CARITAS LA	1	3		4
	BCBSLA		2		2
	CHAMPVA	1			1
	HEALTHY BLUE	2	3	1	6
	HUMANA MEDICARE ADVANTAGE PLA	2			2
	HUMANA MEDICARE ADVANTAGE PLAN	2			2
	LOUISIANA HEALTHCARE CONNECT	11	2		13
	MEDICARE OF LOUISIANA- NOVITAS	11	7		18
	OBH INDIGENT	1			1
	PRIVATE NO PROOF OF INCOME		1		1
	UNITED HEALTH CARE COMMUNITY P	3	7		10
	VANTAGE MEDICARE ADVANTAGE PLA		2		2
	VANTAGE(MEDICARE ADVANTAGE PLA	1	3		4
	2021-Total	39	33	1	73
2022		_			_
	AETNA BETTER HEALTH OF LA	4	3		7
	AETNA MEDICARE ADVANTAGE	•	1		1
	AMERIHEALTH CARITAS LA	2	3		5
	BCBSLA		3		3

Client Distribution by Year, Insurance Type, and Gender-WBHC						
Year	Insurance Type	Female	Male	Unknown	Total	
	CHAMPVA	1			1	
	HEALTHY BLUE	3	3	1	7	
	HUMANA MEDICARE ADVANTAGE PLA	2			2	
	HUMANA MEDICARE ADVANTAGE PLAN	2			2	
	LOUISIANA HEALTHCARE CONNECT	7	3		10	
	MEDICARE OF LOUISIANA- NOVITAS	7	6		13	
	OBH INDIGENT		1		1	
	PRIVATE NO PROOF OF INCOME		2		2	
	PRIVATE PAY		1		1	
	UNITED HEALTH CARE COMMUNITY P	4	5		9	
	VANTAGE MEDICARE ADVANTAGE PLA	1	1		2	
	VANTAGE(MEDICARE ADVANTAGE PLA		2		2	
	2022-Total	33	34	1	68	

Clients Distribution by Year, Insurance Type, and Race-BBHC								
Year	Insurance type	Black	Unknown	White	Other	Total		
2020								
	AETNA BETTER HEALTH OF LA	8		5		13		
	AETNA MEDICARE ADVANTAGE	1				1		
	AMERIHEALTH CARITAS LA	13		11	1	25		
	BCBSLA	2		8		10		
	BCBSLA HMO MEDICARE ADVANTAGE	1		1		2		
	HEALTHY BLUE	19		11		30		
	HUMANA MEDICARE ADVANTAGE PLAN	5		1		6		
	LOUISIANA HEALTHCARE CONNECT	26		15		41		
	MEDICARE OF LOUISIANA- NOVITAS	37	1	9		47		
	OBH INDIGENT	2		3		5		
	PRIVATE PAY	1				1		
	TRICARE EAST REGION			3		3		
	UMR	1				1		
	UNITED HEALTH CARE COMMUNITY P	11	2	12		25		
	VANTAGE(MEDICARE ADVANTAGE PLA	3	1	4		8		
2004	2020-Total	130	4	83	1	218		
2021	AFTNIA DETTED HEALTH OF LA	_		4		0		
	AETNA BETTER HEALTH OF LA AETNA MEDICARE ADVANTAGE	5 2		4		9		
	AMERIHEALTH CARITAS LA	9		11		2 20		
	BCBSLA	9		5		_		
	BCBSLA HMO MEDICARE ADVANTAGE	1		5 1		5 2		
	HEALTHY BLUE	17		10		27		
	HUMANA HEALTH PLAN	1		10		1		
	HUMANA MEDICARE ADVANTAGE PLA	_		1		1		
	HUMANA MEDICARE ADVANTAGE PLAN	8	1	1		10		
	LOUISIANA HEALTHCARE CONNECT	26	_	6		32		
	MEDICARE OF LOUISIANA- NOVITAS	19	1	5		25		
	MOLINA MEDICAID	1	_			1		
	MUTUAL OF OMAHA INSURANCE CO	_		1		1		
	OBH INDIGENT	1		1		2		
	PEOPLES HEALTH MEDICARE ADVANT	1				1		
	TRICARE EAST REGION			1		1		
	UNITED HEALTH CARE COMMUNITY P	11	2	10		23		
	VANTAGE MEDICARE ADVANTAGE PLA	1	1	2		4		
	VANTAGE(MEDICARE ADVANTAGE PLA	3	1	4		8		
	2021-Total	106	6	63		175		

## Clients Distribution by Year, Insurance Type, and Race-BBHC Year Insurance type Black Unknown White Other Total AETNA BETTER HEALTH OF LA **AETNA MEDICARE ADVANTAGE** AMERIHEALTH CARITAS LA **BCBSLA HMO MEDICARE ADVANTAGE HEALTHY BLUE HUMANA MEDICARE ADVANTAGE PLA HUMANA MEDICARE ADVANTAGE PLAN** LOUISIANA HEALTHCARE CONNECT MEDICARE OF LOUISIANA- NOVITAS **OBH INDIGENT** PEOPLES HEALTH MEDICARE ADVANT TRICARE EAST REGION UNITED HEALTH CARE COMMUNITY P VANTAGE MEDICARE ADVANTAGE PLA VANTAGE (MEDICARE ADVANTAGE PLA 2022-Total

Clien	its Distribution by Year, Insu	rance T	ype, and	Race-0	СВНС
Year	Insurance type	Black	Unknown	White	Total
2020					
	AETNA BETTER HEALTH OF LA			8	8
	AMERIHEALTH CARITAS LA	2		14	16
	BCBSLA			7	7
	BCBSLA HMO MEDICARE ADVANTAGE			1	1
	HEALTHY BLUE	1		15	16
	HUMANA MEDICARE ADVANTAGE PLAN	1		3	4
	LOUISIANA HEALTHCARE CONNECT	5		16	21
	MEDICARE OF LOUISIANA- NOVITAS	3		9	12
	MOLINA MEDICAID	1			1
	OBH INDIGENT	5		8	13
	PRIVATE NO PROOF OF INCOME	2		5	7
	PRIVATE OUT OF NETWORK			1	1
	PRIVATE PAY	1		3	4
	UNITED HEALTH CARE COMMUNITY P	5	1	20	26
	UNITED HEALTHCARE			1	1
	VANTAGE HEALTH PLAN INC			1	1
	VANTAGE(MEDICARE ADVANTAGE PLA	1			1
	2020-Total	27	1	112	140
2021					
	Insurance type			_	_
	AETNA BETTER HEALTH OF LA	2		4	4
	AMERIHEALTH CARITAS LA	2		11	13
	BCBSLA			3	3
	BCBSLA HMO MEDICARE ADVANTAGE	4	4	1	1
	HEALTHY BLUE	1	1	10	12
	HUMANA MERICARE ARVANITA CERLA	1		1	2
	HUMANA MEDICARE ADVANTAGE PLA		1	1 2	1
	HUMANA MEDICARE ADVANTAGE PLAN		1 1	_	3
	LOUISIANA HEALTHCARE CONNECT	3	2	13 5	14 10
	MEDICARE OF LOUISIANA- NOVITAS OBH INDIGENT	3 1	2	2	3
	PRIVATE NO PROOF OF INCOME	1		1	3 1
	PRIVATE NO PROOF OF INCOME  PRIVATE PAY			1	1
	UNITED HEALTH CARE COMMUNITY P	5	1	7	13
	UNITED HEALTH CARE COMMONITY P	J	<b>T</b>	1	13
	VANTAGE HEALTH PLAN INC			1	1
	VANTAGE MEDICARE ADVANTAGE PLA	1		1	1
	VANTAGE MEDICARE ADVANTAGE PLA  VANTAGE(MEDICARE ADVANTAGE PLA	1			1
	2021-Total	15	6	64	85
	2021-10tal	13	U	U <del>-1</del>	05

Clien	ts Distribution by Year, Insu	rance T	ype, and	Race-0	СВНС
Year	Insurance type	Black	Unknown	White	Total
2022					
	Insurance type				
	AETNA BETTER HEALTH OF LA	1		3	4
	AMERIHEALTH CARITAS LA	1		11	12
	BCBSLA	2		2	4
	BCBSLA HMO MEDICARE ADVANTAGE	1		1	2
	СНАМРА			1	1
	CHAMPVA			1	1
	HEALTHY BLUE	4		18	22
	HUMANA MEDICARE ADVANTAGE PLA			1	1
	HUMANA MEDICARE ADVANTAGE PLAN	1		2	3
	LOUISIANA HEALTHCARE CONNECT	1		20	21
	MEDICARE OF LOUISIANA- NOVITAS	1		5	6
	OBH INDIGENT	1		5	6
	PRIVATE PAY			2	2
	UNITED HEALTH CARE COMMUNITY P	5		6	11
	UNITED HEALTHCARE CHOICE PLUS			1	1
	VANTAGE MEDICARE ADVANTAGE PLA	1			1
	VANTAGE(MEDICARE ADVANTAGE PLA	1		1	2
	2022-Total	20		80	100

	Clients Distribution by Year,	Insurance	Туре	, and	Race-MI	ВНС	
Year	Insurance type	American Indian	Black	Other	Unknown	White	Total
2020	· ·						
	AETNA (COMMERCIAL)					2	2
	AETNA BETTER HEALTH OF LA	1	40	2	1	39	83
	AETNA MEDICARE ADVANTAGE		1			3	4
	AMERIHEALTH CARITAS LA		53	4	1	47	105
	BCBSLA		8			12	20
	BCBSLA HMO MEDICARE ADVANTAGE					3	3
	CIGNA BEHAVIORAL HEALTH		1				1
	CIGNA OPEN ACCESS PLUS		1			1	2
	HEALTHY BLUE	2	94	3		110	209
	HUMANA MEDICARE ADVANTAGE PLAN		19	1	1	16	37
	LOUISIANA HEALTHCARE CONNECT		107	2	2	88	199
	MAGELLAN BEHAVIORAL HEALTH		1			2	3
	MEDICARE OF LOUISIANA- NOVITAS		82	5	5	68	160
	MOLINA MEDICAID		2			1	3
	OBH INDIGENT	2	31	1	2	33	69
	OPTUMHEALTH BH SOLUTIONS		1			1	2
	PALMETTO GBA/RAILROAD MEDICARE		1				1
	PRIVATE NO PROOF OF INCOME		1		1	2	4
	PRIVATE OUT OF NETWORK		3			6	9
	PRIVATE PAY		3			9	12
	TRICARE EAST REGION					2	2
	UMR		1				1
	UNITED HEALTH CARE COMMUNITY P	1	107	1	6	85	200
	UNITED HEALTHCARE CHOICE PLUS		1	1		1	3
	UNITED HEALTHCARE MEDICARE AD	1	11			4	16
	UNITED HEALTHCARE SHARED SERVC					1	1
	VANTAGE HEALTH PLAN INC			_		3	3
	VANTAGE(MEDICARE ADVANTAGE PLA	_	18	1	1	5	25
2224	2020-Total	7	587	21	20	544	1,179
2021	A ETNIA /CONANAERCIA!					1	1
	AETNA RETTER HEALTH OF LA	2	24	2	1	1	1
	AETNA MEDICARE ARVANTACE	2	24 4	3	1	28	58 7
	AETNA MEDICARE ADVANTAGE		40	2	2	3 23	7 67
	AMERIHEALTH CARITAS LA		40 6	1	2	23 17	24
	BCBSLA  BCBSLA HMO MEDICARE ADVANTAGE		2	Ţ		17	3
	BCBSLA HMO MEDICARE ADVANTAGE		Z			1	3 1
	CIGNA PEHAVIORAL HEALTH		1			1	1
	CIGNA BEHAVIORAL HEALTH		1				1

	Clients Distribution by Year,	Insurance	Туре	, and	Race-MI	ВНС	
Year	Insurance type	American Indian	Black	Other	Unknown	White	Total
	HEALTHY BLUE	2	61	1		75	139
	HUMANA HEALTH PLAN		2				2
	HUMANA MEDICARE ADVANTAGE PLA		8		1	9	18
	HUMANA MEDICARE ADVANTAGE PLAN		28	1	1	20	50
	LOUISIANA HEALTHCARE CONNECT		79	1	2	56	138
	MEDICARE OF LOUISIANA- NOVITAS		69	1	2	48	120
	OBH INDIGENT		9	2		10	21
	OPTUMHEALTH BH SOLUTIONS					1	1
	PALMETTO GBA/RAILROAD MEDICARE		1				1
	PEOPLES HEALTH MEDICARE ADVANT					2	2
	PRIVATE NO PROOF OF INCOME					1	1
	PRIVATE PAY		1	1		7	9
	TRICARE EAST REGION					1	1
	UMR		1				1
	UNITED HEALTH CARE COMMUNITY P		73	1	3	52	129
	UNITED HEALTHCARE CHOICE PLUS					2	2
	UNITED HEALTHCARE MEDICARE AD		12			3	15
	UNITED HEALTHCARE SHARED SERVC					1	1
	VANTAGE HEALTH PLAN INC					4	4
	VANTAGE MEDICARE ADVANTAGE PLA		9	1	1	2	13
	VANTAGE(MEDICARE ADVANTAGE PLA		16	1	1	8	26
	2021-Total	4	446	16	14	376	856
2022							
	AETNA (COMMERCIAL)					1	1
	AETNA BETTER HEALTH OF LA	1	22	1		20	44
	AETNA MEDICARE ADVANTAGE		3	1		2	6
	AMERIHEALTH CARITAS LA		43	3	2	25	73
	BCBSLA		4		2	12	18
	BCBSLA HMO MEDICARE ADVANTAGE		3			1	4
	CHAMPVA					1	1
	CIGNA BEHAVIORAL HEALTH		1				1
	CIGNA OPEN ACCESS PLUS			_		2	2
	HEALTHY BLUE	2	59	2	3	58	124
	HUMANA HEALTH PLAN		1			2	3
	HUMANA MEDICARE ADVANTAGE PLA		16		1	14	31
	HUMANA MEDICARE ADVANTAGE PLAN		15		1	16	32
	LOUISIANA HEALTHCARE CONNECT		75		3	54	132
	MEDICARE OF LOUISIANA- NOVITAS	1	49	2	3	43	98
	OBH INDIGENT		4	2	1	11	18

	Clients Distribution by Year	, Insurance	Туре	, and	Race-MI	ВНС	
Year	Insurance type	American Indian	Black	Other	Unknown	White	Total
	OPTUMHEALTH BH SOLUTIONS				1	3	4
	PEOPLES HEALTH MEDICARE ADVANT		1			3	4
	PRIVATE NO PROOF OF INCOME					1	1
	PRIVATE OUT OF NETWORK					1	1
	PRIVATE PAY		1			4	5
	UMR		2		1		3
	UNITED HEALTH CARE COMMUNITY P		63		4	53	120
	UNITED HEALTHCARE CHOICE PLUS		1			3	4
	UNITED HEALTHCARE MEDICARE AD		19		1	8	28
	VANTAGE HEALTH PLAN INC		2			1	3
	VANTAGE MEDICARE ADVANTAGE PLA		7	1		5	13
	VANTAGE(MEDICARE ADVANTAGE PLA		14	1		5	20
	2022-Total	4	405	13	23	349	794

	<b>Clients Distribution by Year</b>	r, Insuran	се Туј	pe, an	d Race-l	RBHC	
V	la suma na tama	American	Black	Other	Unknown	White	Total
Year	Insurance type	Indian					
2020	AADD CLIDDI LIIIC					1	1
	AARP SUPPL UHC		5			1	1 5
	ACT 389 - OA101 INDIGENT		3 4			5	9
	AETNA BETTER HEALTH OF LA		4 10	1	1	5 4	9 16
	AMERIHEALTH CARITAS LA			_	1		
	BCBSLA		4	1		11	16
	CHAMPVA			4		1	1
	CIGNA BEHAVIORAL HEALTH		40	1	4	12	1
	HEALTHY BLUE		18		1	12	31
	HUMANA MEDICARE ARWANTACE		1				1
	HUMANA MEDICARE ADVANTAGE PLAN		8		2	5	15
	LOUISIANA HEALTHCARE CONNECT		14		2	9	25
	MEDICARE OF LOUISIANA- NOVITAS		13	1	3	10	27
	OBH INDIGENT		13	2		12	27
	OPTUMHEALTH BH SOLUTIONS		_			1	1
	PRIVATE NO PROOF OF INCOME		6				6
	PRIVATE PAY		2			2	4
	UMR					1	1
	UNITED HEALTH CARE COMMUNITY P	1	31		3	22	57
	UNITED HEALTHCARE		1		1		2
	UNITED HEALTHCARE CHOICE PLUS		1		1		2
	VANTAGE(MEDICARE ADVANTAGE		2		_	•	-
	PLA		3		1	2	6
	2020-Total	1	134	6	15	98	254
2021							
	AETNA (COMMERCIAL)		1			2	3
	AETNA BETTER HEALTH OF LA		1			1	2
	AETNA MEDICARE ADVANTAGE					1	1
	AMERIHEALTH CARITAS LA		9	2	2	2	15
	BCBSLA		6	1		9	16
	BCBSLA HMO MEDICARE ADVANTAGE					1	1
	FAMILY HEALTH NETWORK					1	1
	GOLDEN RULE INSURANCE COMPANY					1	1
	HEALTHY BLUE		7	2	1	9	19
	HUMANA MEDICARE ADVANTAGE PLA		1		1	3	5
	HUMANA MEDICARE ADVANTAGE		5		2	4	11
	PLAN				_		
	LOUISIANA HEALTHCARE CONNECT		15			12	27
	MEDICARE OF LOUISIANA- NOVITAS		15	1	3	9	28

	Clients Distribution by Year	r, Insuran	се Тур	pe, an	d Race-l	RBHC	
Year	Insurance type	American Indian	Black	Other	Unknown	White	Total
ieai	OBH INDIGENT	1	4		1	3	9
	OPTUMHEALTH BH SOLUTIONS	-	•		-	1	1
	PRIVATE PAY		1			_	1
	TRICARE EAST REGION		1			1	2
	UNITED HEALTH CARE COMMUNITY P		21		1	12	34
	UNITED HEALTHCARE					1	1
	UNITED HEALTHCARE CHOICE PLUS				1	1	2
	VANTAGE MEDICARE ADVANTAGE		3			1	4
	PLA		3			1	4
	VANTAGE(MEDICARE ADVANTAGE		3		1	1	5
	PLA	1	02	•	12	76	100
2022	2021-Total	1	93	6	13	76	189
2022	AETNA BETTER HEALTH OF LA		3			5	8
	AMERIHEALTH CARITAS LA		7	3	4	2	16
	BCBSLA	1	3	J	3	6	13
	BCBSLA HMO MEDICARE ADVANTAGE	_	J			1	1
	FAMILY HEALTH NETWORK					1	1
	HEALTHY BLUE		4		3	14	21
	HUMANA MEDICARE ADVANTAGE PLA		3		1	1	5
	HUMANA MEDICARE ADVANTAGE		6				6
	PLAN						U
	LOUISIANA HEALTHCARE CONNECT		9	1	2	10	22
	MEDICARE OF LOUISIANA- NOVITAS		16	2	2	5	25
	OBH INDIGENT		2		2	2	6
	OPTUMHEALTH BH SOLUTIONS		_			1	1
	PRIVATE PAY		2		4	2	4
	UMR/MIDWEST SECURITIES		4.5		1	40	1
	UNITED HEALTH CARE COMMUNITY P		16		4	10	30
	UNITED HEALTHCARE		3		1	2	6
	UNITED HEALTHCARE CHOICE PLUS				1	1 1	2 1
	VANTAGE HEALTH PLAN INC VANTAGE MEDICARE ADVANTAGE					1	1
	PLA		1				1
	VANTAGE(MEDICARE ADVANTAGE		3			1	1
	PLA		3			T	4
	2022-Total	1	78	6	24	65	174

Very   Insurance type	(	Clients Distribution by Year, In	surance	e Type,	and Race	e-TBH	С
AETNA BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  B BCBSLA  B B B B B B B B B B B B B B B B B B B	Year	Insurance type	Black	Other	Unknown	White	Total
AMERIHEALTH CARITAS LA  BCBSLA  BCBSLA  C  CONNECTICUT GENERAL (CIGNA)  BCBSLA  BCBSLA  C  CONNECTICUT GENERAL COMNATAGE PLA  BCBSLA  C  C  C  C  C  C  C  C  C  C  C  C  C	2020						
BCBSLA		AETNA BETTER HEALTH OF LA	5		1	1	7
HEALTHY BLUE		AMERIHEALTH CARITAS LA	6	1	1	1	9
HUMANA CHOICE		BCBSLA	2			4	6
HUMANA MEDICARE ADVANTAGE PLAN   2   2   1   5   21		HEALTHY BLUE	8		1	6	15
LOUISIANA HEALTHCARE CONNECT		HUMANA CHOICE	1				1
MEDICARE OF LOUISIANA- NOVITAS  OBH INDIGENT  OPTUMHEALTH BH SOLUTIONS  1  PRIVATE PAY  TRICARE EAST REGION  UNITED HEALTH CARE COMMUNITY P  ACTION CONTROL CO		HUMANA MEDICARE ADVANTAGE PLAN	2				2
OBH INDIGENT         4         1         5           OPTUMHEALTH BH SOLUTIONS         1         1         1           PRIVATE PAY         1         1         1           TRICARE EAST REGION         1         1         1           UNITED HEALTH CARE COMMUNITY P         10         6         16         16           VANTAGE(MEDICARE ADVANTAGE PLA         5         5         5         5           2020-Total         80         4         5         32         121           2021         AETNA BETTER HEALTH OF LA         3         1         1         5           AMERIHEALTH CARITAS LA         4         1         1         5           AMERIHEALTH CARITAS LA         4         1         1         1           BCBSLA         2         2         2         2         2           CONNECTICUT GENERAL (CIGNA)         1         1         1         1         1         1           HUMANA MEDICARE ADVANTAGE PLA         4         4         4         4         4         4         4         4         4         4         1         1         4         1         1         4         1         1         1		LOUISIANA HEALTHCARE CONNECT	13	2	1	5	21
OPTUMHEALTH BH SOLUTIONS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			23	1	1	6	31
PRIVATE PAY  TRICARE EAST REGION  UNITED HEALTH CARE COMMUNITY P  VANTAGE(MEDICARE ADVANTAGE PLA  2020-Total  AETNA BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  BCBSLA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  AUMANA MEDICARE ADVANTAGE PLA  MEDICARE ADVANTAGE PLA  AUMANA MEDICARE ADVANTAGE PLA  AUMANA MEDICARE ADVANTAGE PLA  AMERIHEALTH CARITAS LA  BCBSLA  CONNECTICUT GENERAL (CIGNA)  TI  TI  TI  TI  TI  TI  TI  TI  TI  T			4			1	5
TRICARE EAST REGION UNITED HEALTH CARE COMMUNITY P 10 06 16 16 VANTAGE(MEDICARE ADVANTAGE PLA 2020-Total  AETNA BETTER HEALTH OF LA AMERIHEALTH CARITAS LA BCBSLA CONNECTICUT GENERAL (CIGNA) HEALTHY BLUE HUMANA MEDICARE ADVANTAGE PLA HUMANA MEDICARE ADVANTAGE PLA AMEDICARE CONNECT  CUISIANA HEALTHCARE CONNECT DB HINDIGENT TRICARE EAST REGION UNITED HEALTH CARE COMMUNITY P VANTAGE (MEDICARE ADVANTAGE PLA AMERIHEALTH CARE COMMUNITY P VANTAGE (MEDICARE ADVANTAGE PLA AMERIHEALTH CARE COMMUNITY P AVANTAGE (MEDICARE ADVANTAGE PLA AMERIHEALTH CARITAS LA CONNECTICUT GENERAL (CIGNA) 1 1 4 4 4 4 4 4 5 6 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7			1				1
UNITED HEALTH CARE COMMUNITY P VANTAGE(MEDICARE ADVANTAGE PLA 2020-Total  AETNA BETTER HEALTH OF LA AMERIHEALTH CARITAS LA BCBSLA CONNECTICUT GENERAL (CIGNA) HEALTHY BLUE HUMANA MEDICARE ADVANTAGE PLA HUMANA MEDICARE ADVANTAGE PLA  MEDICARE AST REGION UNITED HEALTH CARE COMMUNITY P VANTAGE(MEDICARE ADVANTAGE PLA AMERIHEALTH CARE COMMUNITY P AVANTAGE(MEDICARE ADVANTAGE PLA AMERIHEALTH CARITAS LA AMERIHEALTH CARITAS LA CONNECTICUT GENERAL (CIGNA) HEALTHY BLUE AMERIHEALTH CARITAS LA AMERIHEALTH CA							1
VANTAGE(MEDICARE ADVANTAGE PLA)         5         32         121           2020-Total         80         4         5         32         121           2021         AETNA BETTER HEALTH OF LA         3         1         1         5           AMERIHEALTH CARITAS LA         4         1         1         6           BCBSLA         2         4         4         4         4         4         4         4         1 <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>						_	
2020-Total   80						6	
AETNA BETTER HEALTH OF LA   3		•			_		_
AETNA BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  AMERIHEALTH CARITAS LA  AMERIHEALTH CARITAS LA  BCBSLA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA CHOICE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLAN  HUMANA MEDICARE ADVANTAGE PLAN  HUMANA MEDICARE CONNECT  LOUISIANA HEALTHCARE CONNECT  BMEDICARE OF LOUISIANA- NOVITAS  COBH INDIGENT  TI  TRICARE EAST REGION  UNITED HEALTH CARE COMMUNITY P  TRICARE EAST REGION  UNITED HEALTH CARE COMMUNITY P  TO  VANTAGE (MEDICARE ADVANTAGE PLA  ACTUAL BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  A H  A H  A H  A H  A H  A H  A H  A		2020-Total	80	4	5	32	121
AMERIHEALTH CARITAS LA  BCBSLA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA CHOICE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLAN  HUMANA MEDICARE CONNECT  BMEDICARE OF LOUISIANA- NOVITAS  TRICARE EAST REGION  UNITED HEALTH CARE COMMUNITY P  VANTAGE (MEDICARE ADVANTAGE PLA  AMERIHEALTH CARE COMMUNITY P  ACTUAL ADVANTAGE PLA  AMERIHEALTH CARE COMMUNITY P  ACTUAL ADVANTAGE PLA  AMERIHEALTH CARITAS LA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  AMERIHEALTH CARITAS LA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  AH  AH  AH  AH  AH  AH  AH  AH  AH	2021	457NA D5775D U5417U 05 14			_		_
BCBSLA   2   2   2   CONNECTICUT GENERAL (CIGNA)   1					1	_	
CONNECTICUT GENERAL (CIGNA) 1 HEALTHY BLUE 4 3 3 7 HUMANA CHOICE 1 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 4 HUMANA MEDICARE CONNECT 12 1 1 4 18 MEDICARE OF LOUISIANA- NOVITAS 21 1 1 4 27 OBH INDIGENT 1 1 1 4 27 TRICARE EAST REGION 1 1 1 1 2 TRICARE EAST REGION 1 1 8 VANTAGE (MEDICARE ADVANTAGE PLA 4 1 5 2021-Total 66 3 3 20 92  2022  AETNA BETTER HEALTH OF LA 2 1 1 4 4 AMERIHEALTH CARITAS LA 3 1 1 5 CONNECTICUT GENERAL (CIGNA) 1 1 5 HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4			4	1			
HEALTHY BLUE			4			2	
HUMANA CHOICE 1 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 4 HUMANA MEDICARE ADVANTAGE PLAN 4 HUMANA HEALTHCARE CONNECT 12 1 1 4 18 MEDICARE OF LOUISIANA- NOVITAS 21 1 1 4 27 OBH INDIGENT 1 1 1 4 27 TRICARE EAST REGION 1 1 1 1 8 VANTAGE (MEDICARE ADVANTAGE PLA 4 1 5 2021-Total 66 3 3 20 92  2022  AETNA BETTER HEALTH OF LA 2 1 1 1 4 AMERIHEALTH CARITAS LA 3 1 1 5 CONNECTICUT GENERAL (CIGNA) 1 1 1 5 HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 2 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						2	
HUMANA MEDICARE ADVANTAGE PLAN HUMANA MEDICARE ADVANTAGE PLAN HUMANA MEDICARE ADVANTAGE PLAN LOUISIANA HEALTHCARE CONNECT 12 1 1 4 18 MEDICARE OF LOUISIANA- NOVITAS 21 1 1 1 4 27 OBH INDIGENT 1 1 1 1 2 TRICARE EAST REGION 1 1 UNITED HEALTH CARE COMMUNITY P 7 VANTAGE (MEDICARE ADVANTAGE PLA 2021-Total 66 3 3 20 92  2022  AETNA BETTER HEALTH OF LA AMERIHEALTH CARITAS LA CONNECTICUT GENERAL (CIGNA) 1 HEALTHY BLUE 5 1 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						3	
HUMANA MEDICARE ADVANTAGE PLAN LOUISIANA HEALTHCARE CONNECT 12 11 14 18 MEDICARE OF LOUISIANA- NOVITAS 21 11 14 27 OBH INDIGENT 11 11 12 TRICARE EAST REGION 11 UNITED HEALTH CARE COMMUNITY P 7 VANTAGE (MEDICARE ADVANTAGE PLA 2021-Total 66 3 3 20 92  2022  AETNA BETTER HEALTH OF LA AMERIHEALTH CARITAS LA CONNECTICUT GENERAL (CIGNA) 1 HEALTHY BLUE 5 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			_				
LOUISIANA HEALTHCARE CONNECT    12			•			1	·
MEDICARE OF LOUISIANA- NOVITAS       21       1       1       4       27         OBH INDIGENT       1       1       1       2         TRICARE EAST REGION       1       1       1       1         UNITED HEALTH CARE COMMUNITY P       7       1       8         VANTAGE (MEDICARE ADVANTAGE PLA       4       1       5         2021-Total       66       3       3       20       92         2022         AETNA BETTER HEALTH OF LA       2       1       1       4         AMERIHEALTH CARITAS LA       3       1       1       5         CONNECTICUT GENERAL (CIGNA)       1       1       3       9         HUMANA MEDICARE ADVANTAGE PLA       4       4       4         HUMANA MEDICARE ADVANTAGE PLAN       2       2       2			•	1	1		_
OBH INDIGENT 1 1 2 TRICARE EAST REGION 1 1 1 UNITED HEALTH CARE COMMUNITY P 7 1 8 VANTAGE(MEDICARE ADVANTAGE PLA 4 1 5 2021-Total 66 3 3 20 92  AETNA BETTER HEALTH OF LA 2 1 1 1 4 AMERIHEALTH CARITAS LA 3 1 1 1 5 CONNECTICUT GENERAL (CIGNA) 1 1 HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 2 2 2				_	_		_
TRICARE EAST REGION  UNITED HEALTH CARE COMMUNITY P  7  VANTAGE (MEDICARE ADVANTAGE PLA  2021-Total  AETNA BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLA  1  1  1  1  1  1  1  1  1  1  1  1  1				<b>T</b>	1	•	
UNITED HEALTH CARE COMMUNITY P 7 1 8 VANTAGE(MEDICARE ADVANTAGE PLA 4 1 5 2021-Total 66 3 3 20 92  AETNA BETTER HEALTH OF LA 2 1 1 4 AMERIHEALTH CARITAS LA 3 1 1 5 CONNECTICUT GENERAL (CIGNA) 1 1 5 HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 2 2			1				
VANTAGE (MEDICARE ADVANTAGE PLA)       4       1       5         2021-Total       66       3       3       20       92         2022       AETNA BETTER HEALTH OF LA       2       1       1       4         AMERIHEALTH CARITAS LA       3       1       1       5         CONNECTICUT GENERAL (CIGNA)       1       1       1       3       9         HEALTHY BLUE       5       1       3       9         HUMANA MEDICARE ADVANTAGE PLA       4       4       4         HUMANA MEDICARE ADVANTAGE PLAN       2       2			7			_	
2021-Total       66       3       3       20       92         2022       AETNA BETTER HEALTH OF LA       2       1       1       4         AMERIHEALTH CARITAS LA       3       1       1       5         CONNECTICUT GENERAL (CIGNA)       1       1       1       3       9         HEALTHY BLUE       5       1       3       9         HUMANA MEDICARE ADVANTAGE PLA       4       4       4         HUMANA MEDICARE ADVANTAGE PLAN       2       2			-				
2022  AETNA BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLAN  2  1  1  4  4  4  4  4  4  4  4  4  4  4		·	•	3	3	_	
AETNA BETTER HEALTH OF LA  AMERIHEALTH CARITAS LA  CONNECTICUT GENERAL (CIGNA)  HEALTHY BLUE  HUMANA MEDICARE ADVANTAGE PLA  HUMANA MEDICARE ADVANTAGE PLAN	2022						
AMERIHEALTH CARITAS LA 3 1 1 5 CONNECTICUT GENERAL (CIGNA) 1 1 HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 2 2	_022	AETNA BETTER HEALTH OF LA	2		1	1	4
CONNECTICUT GENERAL (CIGNA) 1 1 HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 2 2				1	_		
HEALTHY BLUE 5 1 3 9 HUMANA MEDICARE ADVANTAGE PLA 4 HUMANA MEDICARE ADVANTAGE PLAN 2 2				_		_	
HUMANA MEDICARE ADVANTAGE PLA44HUMANA MEDICARE ADVANTAGE PLAN22			_		1	3	
HUMANA MEDICARE ADVANTAGE PLAN 2 2							
			2				2
LOUISIANA HEALTHCARE CONNECT 9 2 1 2 14				2	1	2	

	Clients Distribution by Year, Insurance Type, and Race-TBHC									
Year	Insurance type	Black	Other	Unknown	White	Total				
	MEDICARE OF LOUISIANA- NOVITAS	17	1		3	21				
	TRICARE EAST REGION				1	1				
	UNITED HEALTH CARE COMMUNITY P	5			1	6				
	VANTAGE(MEDICARE ADVANTAGE PLA	2			1	3				
	2022-Total	50	4	3	13	70				

Clie	ents Distribution by Year, Insura	ice Type, a	and Ra	ce-WBF	IC
Year	Insurance type	Black	Other	White	Total
2020					
	AETNA (COMMERCIAL)			1	1
	AETNA BETTER HEALTH OF LA	2		2	4
	AETNA MEDICARE ADVANTAGE			1	1
	AMERIHEALTH CARITAS LA	6		1	7
	BCBSLA			1	1
	CHAMPVA	1			1
	HEALTHY BLUE	2		8	10
	HUMANA MEDICARE ADVANTAGE PLAN	1		1	2
	LOUISIANA HEALTHCARE CONNECT	8	1	9	18
	MEDICARE OF LOUISIANA- NOVITAS	10	1	9	20
	OBH INDIGENT	2		1	3
	PRIVATE NO PROOF OF INCOME	1		2	3
	PRIVATE PAY			1	1
	UMR	1			1
	UNITED HEALTH CARE COMMUNITY P	8		12	20
	VANTAGE(MEDICARE ADVANTAGE PLA	2		3	5
	2020-Total	44	2	52	98
2021				_	
	AETNA BETTER HEALTH OF LA	2		4	6
	AETNA MEDICARE ADVANTAGE			1	1
	AMERIHEALTH CARITAS LA	4		4	4
	BCBSLA	1		1	2
	CHAMPVA	1		2	1
	HEALTHY BLUE	3		3	6
	HUMANA MEDICARE ADVANTAGE PLA	2		1	2
	HUMANA MEDICARE ADVANTAGE PLAN	1	4	1	2
	LOUISIANA HEALTHCARE CONNECT	6	1	6	13
	MEDICARE OF LOUISIANA- NOVITAS	11	1	6	18
	OBH INDIGENT PRIVATE NO PROOF OF INCOME	1		1	1 1
		6			_
	UNITED HEALTH CARE COMMUNITY P	6 1		4 1	10 2
	VANTAGE MEDICARE ADVANTAGE PLA VANTAGE(MEDICARE ADVANTAGE PLA	2		2	4
	2021-Total	41	2	2 30	4 73
2022		41		30	73
2022	AETNA BETTER HEALTH OF LA	2		5	7
	AETNA MEDICARE ADVANTAGE	۷		1	1
	AMERIHEALTH CARITAS LA	3		2	5
	BCBSLA	1		2	3
				_	

Cli	ents Distribution by Year, Insurance	e Type, a	and Rac	ce-WBH	IC
Year	Insurance type	Black	Other	White	Total
	CHAMPVA	1			1
	HEALTHY BLUE	4		3	7
	HUMANA MEDICARE ADVANTAGE PLA	1		1	2
	HUMANA MEDICARE ADVANTAGE PLAN	1		1	2
	LOUISIANA HEALTHCARE CONNECT	4	1	5	10
	MEDICARE OF LOUISIANA- NOVITAS	7	1	5	13
	OBH INDIGENT			1	1
	PRIVATE NO PROOF OF INCOME	1		1	2
	PRIVATE PAY			1	1
	UNITED HEALTH CARE COMMUNITY P	4		5	9
	VANTAGE MEDICARE ADVANTAGE PLA	2			2
	VANTAGE(MEDICARE ADVANTAGE PLA	2			2
	2022-Total	33	2	33	68

Year				Clinic			
Insurance Type	ВВНС	СВНС	МВНС	RBHC	ТВНС	WBHC	Total
2020							
AARP SUPPL UHC				1			1
ACT 389 - OA101 INDIGENT				35			35
AETNA (COMMERCIAL)			3			5	8
AETNA BETTER HEALTH OF LA	72	53	422	62	45	24	678
AETNA MEDICARE ADVANTAGE	3		13			9	25
AMERIHEALTH CARITAS LA	189	202	553	97	78	40	1,159
BCBSLA	76	24	98	78	41	8	325
BCBSLA HMO MEDICARE ADVANTAGE	16	11	11				38
CIGNA BEHAVIORAL HEALTH			1	14			15
CIGNA OPEN ACCESS PLUS			2				2
CHAMPVA				1		8	9
HEALTHY BLUE	200	125	1,110	200	108	57	1,800
HUMANA MEDICARE ADVANTAGE PLAN	20	18	134	83	18	3	276
HUMANA CHOICE					6		6
HUMANA CLAIMS				9			9
LOUISIANA HEALTHCARE CONNECT	272	219	1,078	163	162	77	1,971
MAGELLAN BEHAVIORAL HEALTH			15				15
MEDICARE OF LOUISIANA- NOVITAS	411	68	813	129	199	142	1,762
MOLINA MEDICAID		2	5				7
OBH INDIGENT	47	113	288	143	26	9	626
OPTUMHEALTH BH SOLUTIONS			12	2	1		15
PALMETTO GBA/RAILROAD MEDICARE			4				4
PRIVATE NO PROOF OF INCOME		10	4	12		6	32
PRIVATE OUT OF NETWORK		2	20				22
PRIVATE PAY	1	17	28	7	2	1	56
TRICARE EAST REGION	24		11		6		41
UMR	1		7	9		2	19
UNITED HEALTH CARE COMMUNITY P	206	242	1,115	230	95	148	2,036
UNITED HEALTHCARE CHOICE PLUS			14	11			25
UNITED HEALTHCARE MEDICARE AD			77				77

Billable Servic	e Counts	by Year	, Insur	ance T	ype, ar	nd Clinic	
Year				Clinic			
Insurance Type	ВВНС	СВНС	МВНС	RBHC	ТВНС	WBHC	Total
UNITED HEALTHCARE SHARED			5				5
SERVC			3				
UNITED HEALTHCARE		1		8			9
VANTAGE(MEDICARE	33	8	142	39	52	14	288
ADVANTAGE PLA		•					
VANTAGE HEALTH PLAN INC	4 574	9	8	4 222	020	552	17
TOTAL	1,571	1,124	5,993	1,333	839	553	11,413
2021			12	40			22
AETNA (COMMERCIAL)	0.5	4.4	12	10	60	27	22
AETNA BETTER HEALTH OF LA	86	14	303	73	62	27	565
AETNA MEDICARE ADVANTAGE	4	04	29	6	60	1	40
AMERIHEALTH CARITAS LA	146	81	415	79	60	15	796
BCBSLA	48	21	171	72	20	5	337
BCBSLA HMO MEDICARE ADVANTAGE	9	2	8	2			21
CIGNA BEHAVIORAL HEALTH			1				1
CHAMPVA			1			5	6
CONNECTICUT GENERAL			1				- 0
(CIGNA)					15		15
FAMILY HEALTH NETWORK				6			6
GOLDEN RULE INSURANCE							
COMPANY				6			6
HEALTHY BLUE	181	50	855	103	54	26	1,269
HUMANA MEDICARE	1	1	43	6	6	3	60
ADVANTAGE PLA	_						
HUMANA MEDICARE ADVANTAGE PLAN	32	7	209	55	37	5	345
					8		8
HUMANA CHOICE HUMANA HEALTH PLAN	1	8	4		0		13
LOUISIANA HEALTH PLAN			4				
CONNECT	176	92	843	127	147	47	1,432
MEDICARE OF LOUISIANA-	422	52	626	4.42	224	66	1.351
NOVITAS	129	53	638	142	224	68	1,254
MOLINA MEDICAID	1						1
MUTUAL OF OMAHA	7						7
INSURANCE CO							
OBH INDIGENT	10	19	119	32	8	3	191
OPTUMHEALTH BH SOLUTIONS			4	3			7
PALMETTO GBA/RAILROAD			3				3
MEDICARE							

Billable Service Counts by Year, Insurance Type, and Clinic										
Year				Clinic						
Insurance Type	ВВНС	СВНС	МВНС	RBHC	ТВНС	WBHC	Total			
PEOPLES HEALTH MEDICARE	1						0			
ADVANT	1		8				9			
PRIVATE NO PROOF OF INCOME		1	2			2	5			
PRIVATE PAY		3	40	9			52			
TRICARE EAST REGION	11		1	7	5		24			
UMR			4				4			
UNITED HEALTH CARE	158	123	789	186	47	38	1,341			
COMMUNITY P UNITED HEALTHCARE CHOICE										
PLUS		2	3	17			22			
UNITED HEALTHCARE										
MEDICARE AD			85				85			
UNITED HEALTHCARE SHARED			3				3			
SERVC			3							
UNITED HEALTHCARE				2			2			
VANTAGE MEDICARE	9	2	38	5		3	57			
ADVANTAGE PLA										
VANTAGE(MEDICARE ADVANTAGE PLA	39	4	89	16	14	9	171			
VANTAGE HEALTH PLAN INC		10	26				36			
TOTAL	1,049	493	4,746	964	707	257	8,216			
2022	1,043	+33	7,740	304	707	237	0,210			
AETNA (COMMERCIAL)			1				1			
AETNA (COMMERCIAE)  AETNA BETTER HEALTH OF LA	75	7	252	61	27	31	453			
AETNA MEDICARE ADVANTAGE	9		20	01		3	32			
AMERIHEALTH CARITAS LA	122	63	334	120	15	15	669			
BCBSLA	63	8	71	95	15	10	247			
BCBSLA HMO MEDICARE						10				
ADVANTAGE	5	22	10	20			57			
СНАМРА		3					3			
CIGNA BEHAVIORAL HEALTH			6				6			
CIGNA OPEN ACCESS PLUS			5				5			
CHAMPVA		2	2			3	7			
CONNECTICUT GENERAL					2		2			
(CIGNA)					3		3			
FAMILY HEALTH NETWORK				8			8			
HEALTHY BLUE	156	164	655	162	34	50	1,221			
HUMANA HEALTH PLAN			9				9			
HUMANA MEDICARE	46	1	100	42	11	5	205			
ADVANTAGE PLA	70	_	100	12			203			

Billable Service	e Counts	by Yea	r, Insu	rance T	ype, ar	nd Clinic	
Year				Clinic			
Insurance Type	ВВНС	СВНС	МВНС	RBHC	ТВНС	WBHC	Total
HUMANA MEDICARE ADVANTAGE PLAN	41	18	121	32	9	4	225
LOUISIANA HEALTHCARE CONNECT	146	222	645	206	57	42	1,318
MEDICARE OF LOUISIANA- NOVITAS	69	18	407	92	79	45	710
OBH INDIGENT	7	38	59	44		2	150
OPTUMHEALTH BH SOLUTIONS			16	2			18
PEOPLES HEALTH MEDICARE ADVANT	4		53				57
PRIVATE NO PROOF OF INCOME			1			2	3
PRIVATE OUT OF NETWORK			2				2
PRIVATE PAY		30	22	22		1	75
TRICARE EAST REGION	1				3		4
UMR			8				8
UMR/MIDWEST SECURITIES				4			4
UNITED HEALTH CARE COMMUNITY P	109	90	642	138	15	75	1,069
UNITED HEALTHCARE CHOICE PLUS		7	16	4			27
UNITED HEALTHCARE MEDICARE AD			140				140
UNITED HEALTHCARE				20			20
VANTAGE MEDICARE ADVANTAGE PLA	24	1	44	1		2	72
VANTAGE(MEDICARE ADVANTAGE PLA	26	4	61	23	13	3	130
VANTAGE HEALTH PLAN INC			4	18			22
TOTAL	903	698	3,706	1,114	266	293	6,980

	Total Billed, Adjusted, Written off, and Collected Amount by Year, Clinic, and Providers												
							Total amount						
					Total amount	Total amount	written	Client	Uncollected				
			Total amount	Total Copay	collected from	earned by plan	off/Insurance	adjustments-	(Pending				
		Providers	Billed (\$)	Charge Amt (\$)	Client (\$)	(\$)	Adjustments (\$)	uncollected (\$)	Processing) (\$)				
2020			817,442	24,322	-13,048	-546,425	-196,672	-20,325	40,972				
	ВНС		117,971	4,543	-1,840	-83,559	-26,474	-2,099	3,999				
		3rd Party											
		Insurance	10,492	1,991	-642	-5,652	-2,849	-1,183	165				
		Indigent	3,148	0	0	0	0	0	3,148				
		Medicaid	60,275	0	0	-50,531	-9,641	0	103				
		Medicare	43,925	2,493	-1,198	-27,375	-13,912	-915	525				
		Private Pay	131	58	0	0	-73	0	58				
	СВНС		40,516	1,890	-1,694	-25,113	-8,563	-1,912	3,234				
		3rd Party											
		Insurance	2,497	1,064	-550	-545	-703	-699	0				
		Indigent	3,174	16	-16	0	-4	0	3,154				
		Medicaid	25,423	61	0	-23,284	-2,579	0	-440				
		Medicare	7,209	524	-129	-1,284	-5,264	-12	520				
		Private Pay	2,213	224	-1,000	0	-12	-1,201	0				
	МВНС		472,088	11,191	-6,056	-328,257	-106,735	-10,303	20,736				
		3rd Party											
		Insurance	17,421	4,114	-1,732	-7,917	-5,383	-2,726	-337				
		Indigent	19,440	74	-98	0	-14	0	19,328				
		Medicaid	291,536	250	-30	-259,264	-32,065	0	177				
		Medicare	137,353	6,604	-2,236	-61,077	-69,165	-3,575	1,299				
		Private Pay	6,338	150	-1,960	0	-107	-4,002	269				
	RBHC		87,662	3,813	-1,613	-45,813	-25,971	-3,889	10,377				
		3rd Party Insurance	12,698	2,957	-1,243	-3,710	-6,031	-1,714	0				

	To	tal Billed	, Adjusted,	Written off,	and Collec	ted Amount	by Year, Clinic,	and Provide	ers
		Providers	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
		Indigent	10,413	24	-24	-51	-13	0	10,325
		Medicaid	44,376	0	0	-37,793	-6,777	0	-194
		Medicare	18,186	833	-345	-4,259	-13,150	-186	245
		Private Pay	1,989	0	0	0	0	-1,989	0
	ТВНС		57,495	1,675	-887	-34,879	-19,220	-892	1,618
		3rd Party Insurance	6,037	897	-390	-2,267	-2,874	-507	0
		Indigent	1,798	0	0	0	0	0	1,798
		Medicaid	26,157	0	0	-23,830	-2,523	0	-197
		Medicare	23,383	779	-497	-8,782	-13,822	-265	17
		Private Pay	120	0	0	0	0	-120	0
	WBHC		41,710	1,209	-957	-28,805	-9,709	-1,229	1,010
		3rd Party Insurance	3,045	603	0	-1,065	-1,013	-699	268
		Indigent	667	0	0	0	0	0	667
		Medicaid	21,308	0	0	-20,607	-701	0	0
		Medicare	15,809	606	-149	-7,133	-7,995	-457	75
		Private Pay	881	0	-808	0	0	-73	0
2021			648,719	23,493	-10,167	-469,771	-120,678	-8,008	40,095
	ввнс		72,780	2,724	-797	-54,219	-13,202	-667	3,895
		3rd Party Insurance	6,817	632	-420	-3,619	-2,255	-224	299
		Indigent	614	0	0	0	0	0	614
		Medicaid	44,086	269	0	-39,814	-3,195	0	1,077

Total Billed, Adjusted, Written off, and Collected Amount by Year, Clinic, and Providers												
						Total amount						
				Total amount	Total amount	written	Client	Uncollected				
		Total amount	Total Copay	collected from	earned by plan	off/Insurance	adjustments-	(Pending				
	Providers	Billed (\$)	Charge Amt (\$)	Client (\$)	(\$)	Adjustments (\$)	uncollected (\$)	Processing) (\$)				
	Medicare	21,263	1,823	-376	-10,787	-7,752	-443	1,904				
СВНС		20,715	1,376	-1,229	-13,591	-3,929	-141	1,825				
	3rd Party											
	Insurance	2,011	270	-137	-653	-670	-20	531				
	Indigent	175	0	0	0	0	0	175				
	Medicaid	12,851	61	0	-11,720	-1,075	0	56				
	Medicare	5,244	1,044	-1,092	-1,218	-2,184	313	1,063				
	Private Pay	433	0	0	0	0	-433	0				
МВНС		411,464	11,981	-4,960	-303,229	-74,776	-5,027	23,473				
	3rd Party											
	Insurance	22,946	4,010	-737	-11,043	-6,274	-1,899	2,994				
	Indigent	7,238	0	0	0	0	0	7,238				
	Medicaid	227,488	247	0	-212,717	-13,284	41	1,526				
	Medicare	150,574	7,725	-2,367	-79,468	-55,218	-1,806	11,714				
	Private Pay	3,219	0	-1,856	0	0	-1,363	0				
RBHC		66,502	3,849	-1,342	-41,927	-14,464	-1,767	7,002				
	3rd Party											
	Insurance	11,929	1,986	-612	-3,970	-3,994	-1,330	2,024				
	Indigent	1,994	0	0	0	0	0	1,994				
	Medicaid	33,206	172	-40	-27,303	-5,337	0	526				
	Medicare	18,814	1,690	-691	-10,654	-5,133	-437	1,899				
	Private Pay	559	0	0	0	0	0	559				
твнс		51,594	2,770	-1,286	-39,014	-9,079	-116	2,099				
	3rd Party											
	Insurance	3,938	1,228	-360	-997	-1,633	-52	896				

	To	tal Billed	, Adjusted,	Written off,	and Collec	ted Amount	by Year, Clinic,	and Provide	ers
		Providers	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
		Indigent	361	0	0	0	0	0	361
		Medicaid	20,379	0	0	-20,060	-319	0	0
		Medicare	26,916	1,542	-926	-17,957	-7,127	-64	841
	WBHC		25,664	793	-553	-17,791	-5,228	-290	1,801
		3rd Party Insurance	1,260	207	0	-483	-330	-290	157
		Indigent	155	0	0	0	0	0	155
		Medicaid	12,544	0	0	-11,396	-996	0	152
		Medicare	11,371	586	-219	-5,912	-3,903	0	1,337
		Private Pay	334	0	-334	0	0	0	0
2022			524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953
	ВВНС		62,398	3,463	-595	-31,842	-3,261	-370	26,330
		3rd Party Insurance	6,344	1,237	-514	-2,826	-536	0	2,469
		Indigent	404	0	0	0	0	0	404
		Medicaid	33,957	315	0	-21,885	-317	0	11,755
		Medicare	21,692	1,911	-81	-7,130	-2,408	-370	11,702
	СВНС		27,237	909	-781	-14,095	-997	-101	11,262
		3rd Party Insurance	2,318	293	-74	-115	-160	0	1,970
		Indigent	842	0	-8	0	0	0	834
		Medicaid	17,324	39	0	-12,307	-486	0	4,531
		Medicare	5,816	565	-83	-1,673	-352	-101	3,607
		Private Pay	937	12	-616	0	0	0	321

	Total Billed	, Adjusted,	Written off,	and Collec	ted Amount	by Year, Clinic,	and Provide	ers
	Providers	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
МВН		305,789	15,946	-3,066	-187,027	-30,337	-243	85,115
	3rd Party Insurance	15,232	2,412	-244	-5,311	-2,781	-45	6,851
	Indigent	4,423	0	0	0	0	0	4,423
	Medicaid	170,344	568	-128	-135,714	-2,359	0	32,142
	Medicare	113,130	12,754	-1,493	-46,002	-25,184	-197	40,253
	Private Pay	2,660	212	-1,201	0	-12	-1	1,446
RBH		78,253	3,875	-672	-42,013	-4,874	-1,008	29,686
	3rd Party Insurance	16,138	1,977	-561	-4,587	-2,925	-209	7,857
	Indigent	2,363	0	0	0	0	0	2,363
	Medicaid	40,270	171	0	-32,128	-538	0	7,604
	Medicare	17,415	1,727	-111	-5,299	-1,411	0	10,595
	Private Pay	2,066	0	0	0	0	-799	1,267
ТВНО		26,387	2,155	-205	-16,520	-3,916	1	5,747
	3rd Party Insurance	981	191	0	-163	0	0	819
	Medicaid	11,358	505	0	-9,709	-580	0	1,069
	Medicare	14,048	1,458	-205	-6,649	-3,336	1	3,859
WBH	С	24,655	1,251	-18	-14,861	-1,833	-131	7,812
	3rd Party Insurance	1,533	67	0	-206	-118	0	1,209
	Indigent	130	0	0	0	0	0	130
	Medicaid	14,885	238	0	-11,583	-317	0	2,986
	Medicare	7,642	748	-18	-3,072	-1,399	0	3,154

Total Billed, Adjusted, Written off, and Collected Amount by Year, Clinic, and Providers												
Total amount												
				Total amount	Total amount	written	Client	Uncollected				
		Total amount	Total Copay	collected from	earned by plan	off/Insurance	adjustments-	(Pending				
	Providers	Billed (\$)	Charge Amt (\$)	Client (\$)	(\$)	Adjustments (\$)	uncollected (\$)	Processing) (\$)				
	Private Pay	465	198	0	0	0	-131	334				

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, ar	nd Insurance	Туре	
	Facility	Insurance Type	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
2020	NEDHSA		817,502	24,362	-13,048	-546,440	-196,677	-20,325	41,012
2020	ввнс		117,971	4,543	-1,840	-83,559	-26,474	-2,099	3,999
		AETNA BETTER HEALTH OF LA	4,865	0	0	-3,975	-788	0	103
		AETNA MEDICARE ADVANTAGE	208	0	0	-207	-1	0	0
		AMERIHEALTH CARITAS LA	12,526	0	0	-11,016	-1,510	0	0
		BCBSLA	7,895	1,951	-642	-4,318	-1,626	-1,143	165
		BCBSLA HMO MEDICARE ADVANTAGE	1,522	545	-545	-659	-317	0	0
		HEALTHY BLUE	12,102	0	0	-10,976	-1,126	0	0
		HUMANA MEDICARE ADVANTAGE PLAN	1,803	0	0	-425	-1,273	0	105
		LOUISIANA HEALTHCARE CONNECT	17,999	0	0	-13,874	-4,125	0	0
		MEDICARE OF LOUISIANA- NOVITAS	36,952	1,820	-653	-24,625	-10,603	-915	155

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, ar	nd Insurance	Туре	
	Facility	Insurance Type	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
		OBH INDIGENT	3,148	0	0	0	0	0	3,148
		PRIVATE PAY	131	58	0	0	-73	0	58
		TRICARE EAST REGION	2,461	0	0	-1,262	-1,199	0	0
		UMR	137	40	0	-73	-24	-40	0
		UNITED HEALTH CARE COMMUNITY P	12,782	0	0	-10,690	-2,092	0	0
		VANTAGE(MEDICARE ADVANTAGE PLA	3,441	128	0	-1,459	-1,717	0	265
2020	СВНС		40,516	1,890	-1,694	-25,113	-8,563	-1,912	3,234
		AETNA BETTER HEALTH OF LA	2,563	0	0	-2,484	-211	0	-132
		AMERIHEALTH CARITAS LA	5,356	61	0	-5,073	-416	0	-133
		BCBSLA	2,110	902	-379	-545	-663	-523	0
		BCBSLA HMO MEDICARE ADVANTAGE	1,277	0	0	-124	-1,153	0	0
		HEALTHY BLUE	4,283	0	0	-4,090	-346	0	-154
		HUMANA MEDICARE ADVANTAGE PLAN	1,606	80	-80	0	-1,389	0	137
		LOUISIANA HEALTHCARE CONNECT	5,579	0	0	-4,606	-974	0	0
		MEDICARE OF LOUISIANA- NOVITAS	3,520	143	-29	-1,039	-2,338	-12	102
		MOLINA MEDICAID	141	0	0	0	-141	0	0
		OBH INDIGENT	3,174	16	-16	0	-4	0	3,154
		PRIVATE NO PROOF OF INCOME	1,065	224	-410	0	-12	-643	0
		PRIVATE OUT OF NETWORK	285	0	0	0	0	-285	0
		PRIVATE PAY	863	0	-590	0	0	-273	0

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
	Facility	Insurance Type	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
		UNITED HEALTH CARE COMMUNITY		, , ,				,	
		Р	7,501	0	0	-7,032	-491	0	-22
		UNITED HEALTHCARE	137	113	-113	0	-24	0	0
		VANTAGE HEALTH PLAN INC	250	50	-59	0	-17	-175	0
		VANTAGE(MEDICARE ADVANTAGE PLA	806	301	-20	-121	-385	0	281
2020	МВНС		472,088	11,191	-6,056	-328,257	-106,735	-10,303	20,736
		AETNA (COMMERCIAL)	351	137	-137	0	-44	-170	0
		AETNA BETTER HEALTH OF LA	29,020	0	0	-26,115	-2,905	0	0
		AETNA MEDICARE ADVANTAGE	1,489	400	-228	-429	-661	-172	0
		AMERIHEALTH CARITAS LA	37,516	30	-30	-32,133	-5,354	0	0
		BCBSLA	10,063	2,781	-1,180	-4,780	-2,576	-1,742	-215
		BCBSLA HMO MEDICARE ADVANTAGE	1,370	678	0	-439	-253	-678	0
		CIGNA BEHAVIORAL HEALTH	137	0	0	-51	-52	-34	0
		CIGNA OPEN ACCESS PLUS	157	93	-60	0	-63	-33	0
		HEALTHY BLUE	77,386	0	0	-66,397	-10,989	0	0
		HUMANA MEDICARE ADVANTAGE PLAN	15,872	20	-20	-1,038	-14,677	0	137
		LOUISIANA HEALTHCARE CONNECT	71,873	0	0	-65,397	-6,476	0	0
		MAGELLAN BEHAVIORAL HEALTH	944	0	0	-880	-65	0	0
		MEDICARE OF LOUISIANA- NOVITAS	95,289	4,845	-1,328	-51,944	-38,272	-2,725	1,019
		MOLINA MEDICAID	511	0	0	-103	-408	0	0
		OBH INDIGENT	19,440	74	-98	0	-14	0	19,328

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, ar	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		OPTUMHEALTH BH SOLUTIONS	1,691	120	-120	-250	-1,321	0	0
		PALMETTO GBA/RAILROAD							
		MEDICARE	729	553	-553	-82	-94	0	0
		PRIVATE NO PROOF OF INCOME	506	0	-137	0	0	-273	97
		PRIVATE OUT OF NETWORK	2,727	150	-991	0	-107	-1,445	184
		PRIVATE PAY	3,105	0	-833	0	0	-2,284	-12
		TRICARE EAST REGION	439	185	-185	0	-254	0	0
		UMR	818	595	0	-193	-30	-595	0
		UNITED HEALTH CARE COMMUNITY							
		P	75,229	220	0	-69,118	-5,934	0	177
		UNITED HEALTHCARE CHOICE PLUS	1,419	127	-50	-1,244	-168	-77	-121
		UNITED HEALTHCARE MEDICARE AD	8,034	0	0	-3,007	-5,021	0	7
		UNITED HEALTHCARE SHARED							
		SERVC	524	75	0	-442	-6	-75	0
		VANTAGE HEALTH PLAN INC	879	0	0	-76	-803	0	0
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	14,569	108	-108	-4,138	-10,187	0	137
2020	RBHC		87,662	3,813	-1,613	-45,813	-25,971	-3,889	10,377
		AARP SUPPL UHC	97	0	0	-95	-2	0	0
		ACT 389 - OA101 INDIGENT	1,949	0	0	0	0	0	1,949
		AETNA BETTER HEALTH OF LA	3,402	0	0	-3,419	-58	0	-76
		AMERIHEALTH CARITAS LA	5,575	0	0	-4,204	-1,195	0	176
		BCBSLA	8,120	1,266	-959	-2,151	-4,703	-307	0
		CHAMPVA	137	0	0	0	-137	0	0

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
				Total	Total amount	Total	Total amount written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		CIGNA BEHAVIORAL HEALTH	982	849	-12	0	-133	-837	0
		HEALTHY BLUE	11,725	0	0	-10,888	-1,131	0	-294
		HUMANA CLAIMS	764	12	-12	0	-752	0	0
		HUMANA MEDICARE ADVANTAGE							
		PLAN	7,784	148	-10	-205	-7,430	0	138
		LOUISIANA HEALTHCARE CONNECT	9,480	0	0	-7,851	-1,629	0	0
		MEDICARE OF LOUISIANA- NOVITAS	7,343	423	-215	-4,007	-3,017	-186	-83
		OBH INDIGENT	8,464	24	-24	-51	-13	0	8,377
		OPTUMHEALTH BH SOLUTIONS	224	20	-20	-193	-11	0	0
		PRIVATE NO PROOF OF INCOME	1,258	0	0	0	0	-1,258	0
		PRIVATE PAY	731	0	0	0	0	-731	0
		UMR	879	360	0	-432	-87	-360	0
		UNITED HEALTH CARE COMMUNITY P	14,194	0	0	-11,431	-2,763	0	0
		UNITED HEALTHCARE	762	210	0	-11,431	-2,763	-210	0
		UNITED HEALTHCARE CHOICE PLUS		240	-240	-472	-127		
		VANTAGE(MEDICARE ADVANTAGE	734	240	-240	-307	-127	0	0
		PLA	3,060	261	-120	-47	-2,703	0	190
2020	ТВНС		57,555	1,715	-887	-34,894	-19,225	-892	1,658
		AETNA BETTER HEALTH OF LA	2,732	0	0	-2,710	-23	0	0
		AMERIHEALTH CARITAS LA	3,619	0	0	-3,571	-267	0	-218
		BCBSLA	4,749	797	-300	-1,929	-2,024	-457	40
		HEALTHY BLUE	5,700	0	0	-4,886	-792	0	22
		HUMANA CHOICE	491	0	0	-219	-272	0	0

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, ar	nd Insurance	Туре	
				Total	Total amount	Total	Total amount written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		HUMANA MEDICARE ADVANTAGE							
		PLAN	2,206	86	0	-842	-1,277	-86	0
		LOUISIANA HEALTHCARE CONNECT	8,422	0	0	-7,847	-575	0	0
		MEDICARE OF LOUISIANA- NOVITAS	18,040	676	-497	-7,448	-9,916	-179	0
		OBH INDIGENT	1,798	0	0	0	0	0	1,798
		OPTUMHEALTH BH SOLUTIONS	131	50	0	-32	-49	-50	0
		PRIVATE PAY	120	0	0	0	0	-120	0
		TRICARE EAST REGION	726	90	-90	-103	-533	0	0
		UNITED HEALTH CARE COMMUNITY							
		P	5,684	0	0	-4,818	-866	0	0
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	3,137	17	0	-491	-2,629	0	17
2020	WBHC		41,710	1,209	-957	-28,805	-9,709	-1,229	1,010
		AETNA (COMMERCIAL)	690	501	0	0	-189	-233	268
		AETNA BETTER HEALTH OF LA	1,247	0	0	-1,172	-75	0	0
		AETNA MEDICARE ADVANTAGE	885	0	0	-563	-322	0	0
		AMERIHEALTH CARITAS LA	2,191	0	0	-2,191	0	0	0
		BCBSLA	1,192	0	0	-496	-496	-200	0
		CHAMPVA	768	22	0	-408	-174	-186	0
		HEALTHY BLUE	3,758	0	0	-3,758	0	0	0
		HUMANA MEDICARE ADVANTAGE							
		PLAN	242	0	0	0	-242	0	0
		LOUISIANA HEALTHCARE CONNECT	5,729	0	0	-5,373	-355	0	0
		MEDICARE OF LOUISIANA- NOVITAS	13,304	343	-149	-6,386	-6,576	-194	0

Total Billed, Adjusted, Written off, and Collected by Year, Clinic, and Insurance Type									
	E Th	Insurance Tune	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client	Total amount earned by	Total amount written off/Insurance Adjustments	Client adjustments- uncollected	Uncollected (Pending Processing)
	Facility	Insurance Type  OBH INDIGENT	667	ΑΠΙ ( <del>\$)</del>	(\$)	plan (\$) 0	(\$)	(\$)	(\$) 667
					-672		0		
		PRIVATE NO PROOF OF INCOME	744	0		0		-73	0
		PRIVATE PAY	137	0	-137	0	0	0	0
		UMR	395	80	0	-161	-154	-80	0
		UNITED HEALTH CARE COMMUNITY P	8,383	0	0	-8,113	-270	0	0
		VANTAGE(MEDICARE ADVANTAGE PLA	1,378	263	0	-184	-855	-263	75
2021	NEDHSA		648,855	23,493	-10,167	-469,885	-120,678	-8,008	40,117
2021	ввнс		72,780	2,724	-797	-54,219	-13,202	-667	3,895
			F 070	0	0	-4,254	-707	_	
		AETNA BETTER HEALTH OF LA	5,076	U	0	-4,254	-707	0	115
		AETNA BETTER HEALTH OF LA AETNA MEDICARE ADVANTAGE	419	160	0	-4,234	-707	0	115
			<u> </u>			-		-	
		AETNA MEDICARE ADVANTAGE	419	160	0	-272	-17	0	130
		AETNA MEDICARE ADVANTAGE AMERIHEALTH CARITAS LA	419 8,697	160	0	-272 -8,173	-17 -524	0	130 0
		AETNA MEDICARE ADVANTAGE  AMERIHEALTH CARITAS LA  BCBSLA  BCBSLA HMO MEDICARE	419 8,697 5,006	160 0 411	0 0 -420	-272 -8,173 -2,939	-17 -524 -1,453	0 0	130 0 195
		AETNA MEDICARE ADVANTAGE  AMERIHEALTH CARITAS LA  BCBSLA  BCBSLA HMO MEDICARE  ADVANTAGE	419 8,697 5,006	160 0 411 80	-80	-272 -8,173 -2,939 -476	-17 -524 -1,453 -362	0 0	130 0 195
		AETNA MEDICARE ADVANTAGE  AMERIHEALTH CARITAS LA  BCBSLA  BCBSLA HMO MEDICARE  ADVANTAGE  HEALTHY BLUE	419 8,697 5,006 918 10,495	160 0 411 80	-80 0	-272 -8,173 -2,939 -476 -9,667	-17 -524 -1,453 -362 -135	0 0 0 0	130 0 195 0 692
		AETNA MEDICARE ADVANTAGE  AMERIHEALTH CARITAS LA  BCBSLA  BCBSLA HMO MEDICARE  ADVANTAGE  HEALTHY BLUE  HUMANA HEALTH PLAN  HUMANA MEDICARE ADVANTAGE	918 10,495 105	160 0 411 80 0	-80 0	-272 -8,173 -2,939 -476 -9,667	-17 -524 -1,453 -362 -135 0	0 0 0 0	130 0 195 0 692 105
		AETNA MEDICARE ADVANTAGE  AMERIHEALTH CARITAS LA  BCBSLA  BCBSLA HMO MEDICARE  ADVANTAGE  HEALTHY BLUE  HUMANA HEALTH PLAN  HUMANA MEDICARE ADVANTAGE  PLA  HUMANA MEDICARE ADVANTAGE	419 8,697 5,006 918 10,495 105	160 0 411 80 0	-80 0 0 -420 -80 0	-272 -8,173 -2,939 -476 -9,667 0	-17 -524 -1,453 -362 -135 0	0 0 0 0 0 0	130 0 195 0 692 105

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		MOLINA MEDICAID	60	0	0	0	-60	0	0
		MUTUAL OF OMAHA INSURANCE CO	687	221	0	-329	-135	-224	0
		OBH INDIGENT	614	0	0	0	0	0	614
		PEOPLES HEALTH MEDICARE							
		ADVANT	137	10	0	-65	0	0	72
		TRICARE EAST REGION	1,018	0	0	-351	-667	0	0
		UNITED HEALTH CARE COMMUNITY							
		P	9,205	0	0	-8,500	-706	0	0
		VANTAGE MEDICARE ADVANTAGE							
		PLA	881	139	0	-339	-101	0	441
		VANTAGE(MEDICARE ADVANTAGE	2.500	504		4 2 4 2	4.574	4.27	607
		PLA	3,560	524	0	-1,242	-1,574	-137	607
2021	СВНС		20,715	1,376	-1,229	-13,591	-3,929	-141	1,825
		AETNA BETTER HEALTH OF LA	1,007	0	0	-939	-134	0	-66
		AMERIHEALTH CARITAS LA	3,211	61	0	-2,693	-374	0	144
		BCBSLA	1,096	0	0	-459	-570	0	67
		BCBSLA HMO MEDICARE							
		ADVANTAGE	154	0	0	-108	-6	-40	0
		HEALTHY BLUE	2,697	0	0	-2,491	-228	0	-22
		HUMANA HEALTH PLAN	450	157	-137	-82	0	-20	211
		HUMANA MEDICARE ADVANTAGE							
		PLA	67	0	0	-55	-12	0	0
		HUMANA MEDICARE ADVANTAGE							
		PLAN	610	81	0	-289	-103	-70	148
		LOUISIANA HEALTHCARE CONNECT	2,332	0	0	-2,212	-119	0	0

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
			Total	Total Copay	Total amount collected	Total amount	Total amount written off/Insurance	Client adjustments-	Uncollected (Pending
	Facility	Insurance Type	amount Billed (\$)	Charge Amt (\$)	from Client (\$)	earned by plan (\$)	Adjustments (\$)	uncollected (\$)	Processing) (\$)
		MEDICARE OF LOUISIANA- NOVITAS	3,690	964	-1,039	-713	-1,997	369	311
		OBH INDIGENT	175	0	0	0	0	0	175
		PRIVATE NO PROOF OF INCOME	137	0	0	0	0	-137	0
		PRIVATE PAY	296	0	0	0	0	-296	0
		UNITED HEALTH CARE COMMUNITY P	3,603	0	0	-3,384	-219	0	0
		UNITED HEALTHCARE CHOICE PLUS	225	113	0	-113	0	0	113
		VANTAGE HEALTH PLAN INC	240	0	0	0	-100	0	141
		VANTAGE MEDICARE ADVANTAGE PLA	204	0	0	0	0	0	204
		VANTAGE(MEDICARE ADVANTAGE PLA	520	0	-54	-54	-66	54	400
2021	МВНС		411,464	11,981	-4,960	-303,229	-74,776	-5,027	23,473
		AETNA (COMMERCIAL)	618	0	0	-219	0	-399	0
		AETNA BETTER HEALTH OF LA	21,273	0	0	-19,642	-1,632	0	0
		AETNA MEDICARE ADVANTAGE	3,750	380	0	-2,122	-1,110	-178	340
		AMERIHEALTH CARITAS LA	28,393	13	0	-27,319	-677	47	443
		BCBSLA	16,640	3,523	-462	-8,956	-3,660	-1,193	2,370
		BCBSLA HMO MEDICARE ADVANTAGE	1,360	248	-248	-402	-376	0	334
		CHAMPVA	198	0	0	-80	-118	0	0
		CIGNA BEHAVIORAL HEALTH	137	0	0	0	0	-137	0
		HEALTHY BLUE	64,111	157	0	-59,548	-3,504	0	1,060
		HUMANA HEALTH PLAN	529	0	0	-422	-107	0	0

	Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
						Total amount		
			Total	Total amount	Total	written	Client	Uncollected
		Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
		amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
	HUMANA MEDICARE ADVANTAGE							
	PLA	7,164	50	0	-4,014	-2,905	0	245
	HUMANA MEDICARE ADVANTAGE							
	PLAN	26,316	248	0	-10,327	-11,470	-261	4,258
	LOUISIANA HEALTHCARE CONNECT	59,564	0	0	-57,133	-2,380	0	52
	MEDICARE OF LOUISIANA- NOVITAS	83,754	4,312	-1,923	-53,441	-25,681	-1,427	1,282
	OBH INDIGENT	7,238	0	0	0	0	0	7,238
	OPTUMHEALTH BH SOLUTIONS	729	177	-275	-79	-474	40	-58
	PALMETTO GBA/RAILROAD							
	MEDICARE	514	0	0	0	0	0	514
	PEOPLES HEALTH MEDICARE							
	ADVANT	1,182	20	0	-394	-768	-20	0
	PRIVATE NO PROOF OF INCOME	67	0	-67	0	0	0	0
	PRIVATE PAY	3,152	0	-1,789	0	0	-1,363	0
	TRICARE EAST REGION	88	0	0	0	0	0	88
	UMR	451	160	0	-185	-106	-160	0
	UNITED HEALTH CARE COMMUNITY							
	P	54,147	77	0	-49,077	-5,092	-6	-28
	UNITED HEALTHCARE CHOICE PLUS	331	100	0	-207	-24	0	100
	UNITED HEALTHCARE MEDICARE AD	9,510	15	0	-3,554	-5,920	-11	26
	UNITED HEALTHCARE SHARED					·		
	SERVC	281	50	0	-134	-97	-50	0
	VANTAGE HEALTH PLAN INC	2,943	0	0	-762	-1,687	0	495
	VANTAGE MEDICARE ADVANTAGE							
	PLA	5,584	1,446	-196	-2,200	-1,635	0	1,553

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
				Total	Total amount	Total	Total amount written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	11,440	1,005	0	-3,015	-5,353	90	3,162
2021	RBHC		66,638	3,849	-1,342	-42,041	-14,464	-1,767	7,025
		AETNA (COMMERCIAL)	870	376	-141	-84	-208	-60	377
		AETNA BETTER HEALTH OF LA	4,161	0	0	-3,988	-195	0	-22
		AETNA MEDICARE ADVANTAGE	519	0	0	-510	-10	0	0
		AMERIHEALTH CARITAS LA	5,169	0	0	-3,475	-1,414	0	279
		BCBSLA	6,846	1,271	-201	-2,485	-2,890	-1,270	0
		BCBSLA HMO MEDICARE							
		ADVANTAGE	134	0	0	0	0	0	134
		FAMILY HEALTH NETWORK	807	0	0	0	-197	0	611
		GOLDEN RULE INSURANCE							
		COMPANY	343	0	0	-343	0	0	0
		HEALTHY BLUE	5,648	0	0	-4,643	-1,005	0	0
		HUMANA MEDICARE ADVANTAGE							
		PLA	750	80	0	-432	-171	0	147
		HUMANA MEDICARE ADVANTAGE							
		PLAN	4,393	88	0	-2,597	-1,571	0	225
		LOUISIANA HEALTHCARE CONNECT	7,367	86	-40	-6,187	-999	0	141
		MEDICARE OF LOUISIANA- NOVITAS	10,998	1,251	-671	-6,982	-2,594	-437	314
		OBH INDIGENT	1,994	0	0	0	0	0	1,994
		OPTUMHEALTH BH SOLUTIONS	316	20	-30	-221	-75	0	-10
		PRIVATE PAY	559	0	0	0	0	0	559
		TRICARE EAST REGION	685	0	0	-69	-204	0	412

Total Billed, Adjusted, Written off, and Collected by Year, Clinic, and Insurance Type									
				Total	Total amount	Total	Total amount written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		UNITED HEALTH CARE COMMUNITY							
		P	10,997	86	0	-9,123	-1,723	0	150
		UNITED HEALTHCARE	225	0	0	0	-225	0	0
		UNITED HEALTHCARE CHOICE PLUS	1,837	320	-240	-768	-196	0	634
		VANTAGE MEDICARE ADVANTAGE							
		PLA	727	138	0	0	-33	0	694
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	1,293	134	-20	-134	-754	0	384
2021	ТВНС		51,594	2,770	-1,286	-39,014	-9,079	-116	2,099
		AETNA BETTER HEALTH OF LA	3,621	0	0	-3,621	0	0	0
		AMERIHEALTH CARITAS LA	3,269	0	0	-3,269	0	0	0
		BCBSLA	1,549	80	0	-434	-1,015	-52	48
		CONNECTICUT GENERAL (CIGNA)	1,208	1,148	-360	0	0	0	848
		HEALTHY BLUE	2,635	0	0	-2,491	-144	0	0
		HUMANA CHOICE	622	0	0	-321	-301	0	0
		HUMANA MEDICARE ADVANTAGE							
		PLA	608	40	0	-166	-26	0	417
		HUMANA MEDICARE ADVANTAGE							
		PLAN	4,005	0	0	-2,884	-1,264	273	131
		LOUISIANA HEALTHCARE CONNECT	7,972	0	0	-7,840	-133	0	0
		MEDICARE OF LOUISIANA- NOVITAS	20,511	1,427	-926	-14,242	-4,787	-337	219
		OBH INDIGENT	361	0	0	0	0	0	361
		TRICARE EAST REGION	558	0	0	-242	-317	0	0
		UNITED HEALTH CARE COMMUNITY							
		P	2,882	0	0	-2,839	-43	0	0

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, ar	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	1,792	75	0	-665	-1,051	0	75
2021	WBHC		25,664	793	-553	-17,791	-5,228	-290	1,801
		AETNA BETTER HEALTH OF LA	1,989	0	0	-1,592	-398	0	0
		AETNA MEDICARE ADVANTAGE	195	30	0	-165	0	0	30
		AMERIHEALTH CARITAS LA	1,101	0	0	-1,029	-73	0	0
		BCBSLA	858	207	0	-252	-292	-156	157
		CHAMPVA	402	0	0	-230	-37	-134	0
		HEALTHY BLUE	2,120	0	0	-1,908	-61	0	152
		HUMANA MEDICARE ADVANTAGE				-			
		PLA	399	0	0	-133	0	0	265
		HUMANA MEDICARE ADVANTAGE							
		PLAN	415	40	-40	-136	-146	0	93
		LOUISIANA HEALTHCARE CONNECT	3,862	0	0	-3,579	-282	0	0
		MEDICARE OF LOUISIANA- NOVITAS	8,653	129	-179	-5,405	-3,119	0	-50
		OBH INDIGENT	155	0	0	0	0	0	155
		PRIVATE NO PROOF OF INCOME	334	0	-334	0	0	0	0
		UNITED HEALTH CARE COMMUNITY							
		P	3,471	0	0	-3,289	-182	0	0
		VANTAGE MEDICARE ADVANTAGE							
		PLA	389	0	0	0	-68	0	320
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	1,321	387	0	-73	-570	0	678
2022	NEDHSA		524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953
2022	ВВНС		62,398	3,463	-595	-31,842	-3,261	-370	26,330

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		AETNA BETTER HEALTH OF LA	4,121	0	0	-3,436	0	0	685
		AETNA MEDICARE ADVANTAGE	965	200	0	-461	0	0	503
		AMERIHEALTH CARITAS LA	6,748	0	0	-5,154	0	0	1,594
		BCBSLA	6,240	1,237	-514	-2,790	-468	0	2,469
		BCBSLA HMO MEDICARE							
		ADVANTAGE	700	40	-40	-87	-102	0	472
		HEALTHY BLUE	9,120	219	0	-3,411	-90	0	5,620
		HUMANA MEDICARE ADVANTAGE							
		PLA	4,509	138	0	-1,017	-802	0	2,690
		HUMANA MEDICARE ADVANTAGE							
		PLAN	3,765	121	-11	-862	-353	-178	2,361
		LOUISIANA HEALTHCARE CONNECT	8,626	96	0	-5,960	-227	0	2,439
		MEDICARE OF LOUISIANA- NOVITAS	6,863	110	-30	-3,772	-752	0	2,309
		OBH INDIGENT	404	0	0	0	0	0	404
		PEOPLES HEALTH MEDICARE			_		_		
		ADVANT	331	10	0	-65	0	0	266
		TRICARE EAST REGION	105	0	0	-37	-68	0	0
		UNITED HEALTH CARE COMMUNITY							
		P	5,342	0	0	-3,924	0	0	1,418
		VANTAGE MEDICARE ADVANTAGE	2 240	240		222	242	103	1 402
		PLA VANTAGE(MEDICARE ADVANTAGE	2,218	340	0	-332	-212	-192	1,483
		PLA	2,341	953	0	-534	-187	0	1,619
2022	СВНС		27,237	909	-781	-14,095	-997	-101	11,262
2022	CDITC	AETNA BETTER HEALTH OF LA	405	12	0	-223	-28	0	154

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		AMERIHEALTH CARITAS LA	2,935	27	0	-2,374	-3	0	558
		BCBSLA	694	155	-74	-115	-160	0	345
		BCBSLA HMO MEDICARE							
		ADVANTAGE	2,341	240	0	-558	-101	-40	1,641
		СНАМРА	431	0	0	0	0	0	431
		CHAMPVA	157	0	0	0	0	0	157
		HEALTHY BLUE	5,072	0	0	-3,538	-177	0	1,358
		HUMANA MEDICARE ADVANTAGE							
		PLA	67	35	0	-24	-8	-35	0
		HUMANA MEDICARE ADVANTAGE							
		PLAN	1,484	224	-70	-438	-101	0	875
		LOUISIANA HEALTHCARE CONNECT	6,672	0	0	-5,099	-278	0	1,295
		MEDICARE OF LOUISIANA- NOVITAS	1,268	52	-13	-600	-140	-26	488
		OBH INDIGENT	842	0	-8	0	0	0	834
		PRIVATE PAY	937	12	-616	0	0	0	321
		UNITED HEALTH CARE COMMUNITY							
		P	2,240	0	0	-1,074	0	0	1,166
		UNITED HEALTHCARE CHOICE PLUS	1,036	138	0	0	0	0	1,036
		VANTAGE MEDICARE ADVANTAGE							
		PLA	137	0	0	0	0	0	137
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	520	13	0	-52	-2	0	466
2022	МВНС		305,789	15,946	-3,066	-187,027	-30,337	-243	85,115
		AETNA (COMMERCIAL)	137	0	0	0	0	0	137
		AETNA BETTER HEALTH OF LA	16,368	0	0	-14,346	0	0	2,023

	Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
			Total	Total amount	Total	Total amount written	Client	Uncollected
		Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
		amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
	AETNA MEDICARE ADVANTAGE	2,521	237	0	-378	-247	0	1,896
	AMERIHEALTH CARITAS LA	22,971	0	-64	-17,021	-333	0	5,553
	BCBSLA	7,387	1,390	-179	-3,522	-1,679	-85	1,922
	BCBSLA HMO MEDICARE							
	ADVANTAGE	1,382	80	0	-246	-5	0	1,130
	CHAMPVA	204	0	0	0	0	0	204
	CIGNA BEHAVIORAL HEALTH	737	297	0	0	0	0	737
	CIGNA OPEN ACCESS PLUS	476	0	0	0	0	0	476
	HEALTHY BLUE	42,525	155	0	-30,661	-332	0	11,532
	HUMANA HEALTH PLAN	1,152	0	0	0	0	0	1,152
	HUMANA MEDICARE ADVANTAGE							
	PLA	11,990	328	0	-1,965	-1,905	-198	7,923
	HUMANA MEDICARE ADVANTAGE	40.040						
	PLAN	13,919	324	0	-5,359	-1,877	0	6,683
	LOUISIANA HEALTHCARE CONNECT	44,245	182	0	-35,835	-580	0	7,830
	MEDICARE OF LOUISIANA- NOVITAS	52,496	6,619	-1,243	-29,697	-12,023	0	9,533
	OBH INDIGENT	4,423	0	0	0	0	0	4,423
	OPTUMHEALTH BH SOLUTIONS	1,826	40	-40	-444	-578	40	804
	PEOPLES HEALTH MEDICARE							
	ADVANT	4,957	128	0	-484	-1,274	0	3,199
	PRIVATE NO PROOF OF INCOME	137	137	0	0	0	0	137
	PRIVATE OUT OF NETWORK	254	0	-104	0	0	104	254
	PRIVATE PAY	2,269	76	-1,097	0	-12	-105	1,055
	UMR	894	170	0	-356	-166	0	371

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		UNITED HEALTH CARE COMMUNITY							
		Р	44,234	231	-64	-37,851	-1,115	0	5,205
		UNITED HEALTHCARE CHOICE PLUS	1,818	425	0	-720	-252	0	847
		UNITED HEALTHCARE MEDICARE AD	12,094	200	0	-4,054	-4,838	0	3,201
		VANTAGE HEALTH PLAN INC	602	90	-25	-269	-107	0	202
		VANTAGE MEDICARE ADVANTAGE							
		PLA	5,496	2,002	0	-545	-778	0	4,173
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	8,276	2,836	-250	-3,274	-2,237	0	2,515
2022	RBHC		78,253	3,875	-672	-42,013	-4,874	-1,008	29,686
		AETNA BETTER HEALTH OF LA	3,533	0	0	-3,006	-2	0	525
		AMERIHEALTH CARITAS LA	6,982	66	0	-5,303	-63	0	1,616
		BCBSLA	10,163	1,687	-311	-2,914	-2,062	-209	4,667
		BCBSLA HMO MEDICARE							
		ADVANTAGE	1,493	0	0	0	0	0	1,493
		FAMILY HEALTH NETWORK	1,054	0	0	0	0	0	1,054
		HEALTHY BLUE	10,115	0	0	-6,256	-284	0	3,574
		HUMANA MEDICARE ADVANTAGE							
		PLA	3,921	150	0	-1,414	-455	0	2,052
		HUMANA MEDICARE ADVANTAGE							
		PLAN	3,238	329	0	-999	-572	0	1,667
		LOUISIANA HEALTHCARE CONNECT	11,951	91	0	-11,021	-28	0	902
		MEDICARE OF LOUISIANA- NOVITAS	7,122	842	-111	-2,798	-161	0	4,053
		OBH INDIGENT	2,363	0	0	0	0	0	2,363
		OPTUMHEALTH BH SOLUTIONS	175	10	-10	-77	0	0	88

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
							Total amount		
				Total	Total amount	Total	written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		PRIVATE PAY	2,066	0	0	0	0	-799	1,267
		UMR/MIDWEST SECURITIES	349	120	-120	-194	-35	0	0
		UNITED HEALTH CARE COMMUNITY							
		P	7,690	13	0	-6,542	-161	0	987
		UNITED HEALTHCARE	2,137	0	0	-1,072	-729	0	337
		UNITED HEALTHCARE CHOICE PLUS	589	160	-120	-330	-99	0	40
		VANTAGE HEALTH PLAN INC	1,672	0	0	0	0	0	1,672
		VANTAGE MEDICARE ADVANTAGE							
		PLA	39	0	0	0	0	0	39
		VANTAGE(MEDICARE ADVANTAGE							
		PLA	1,602	405	0	-88	-223	0	1,292
2022	ТВНС		26,387	2,155	-205	-16,520	-3,916	1	5,747
		AETNA BETTER HEALTH OF LA	1,669	0	0	-1,383	0	0	286
		AMERIHEALTH CARITAS LA	1,005	0	0	-1,005	0	0	0
		CONNECTICUT GENERAL (CIGNA)	389	191	0	0	0	0	389
		HEALTHY BLUE	3,154	365	0	-2,143	-560	0	451
		HUMANA MEDICARE ADVANTAGE							
		PLA	1,485	0	0	-169	-99	0	1,217
		HUMANA MEDICARE ADVANTAGE							
		PLAN	982	137	0	-392	-217	0	374
		LOUISIANA HEALTHCARE CONNECT	4,408	131	0	-4,128	-5	0	274
		MEDICARE OF LOUISIANA- NOVITAS	10,227	847	-205	-5,815	-2,647	1	1,562
		TRICARE EAST REGION	593	0	0	-163	0	0	430
		UNITED HEALTH CARE COMMUNITY							
		Р	1,123	9	0	-1,050	-15	0	58

		Total Billed, Adjusted, Writ	ten off, a	nd Collec	ted by Year	, Clinic, aı	nd Insurance	Туре	
				Total	Total amount	Total	Total amount written	Client	Uncollected
			Total	Copay	collected	amount	off/Insurance	adjustments-	(Pending
			amount	Charge	from Client	earned by	Adjustments	uncollected	Processing)
	Facility	Insurance Type	Billed (\$)	Amt (\$)	(\$)	plan (\$)	(\$)	(\$)	(\$)
		VANTAGE(MEDICARE ADVANTAGE	( . ,	,	( )			( )	
		PLA	1,354	474	0	-273	-373	0	707
2022	WBHC		24,655	1,251	-18	-14,861	-1,833	-131	7,812
		AETNA BETTER HEALTH OF LA	2,035	0	0	-2,084	0	0	-49
		AETNA MEDICARE ADVANTAGE	268	30	0	-64	0	0	204
		AMERIHEALTH CARITAS LA	1,194	0	0	-1,122	0	0	73
		BCBSLA	1,203	5	0	-98	-94	0	1,011
		CHAMPVA	330	62	0	-108	-24	0	198
		HEALTHY BLUE	3,047	27	0	-1,243	-4	0	1,800
		HUMANA MEDICARE ADVANTAGE							
		PLA	794	0	0	0	0	0	794
		HUMANA MEDICARE ADVANTAGE							
		PLAN	453	128	0	-136	-129	0	188
		LOUISIANA HEALTHCARE CONNECT	3,770	212	0	-2,623	-256	0	890
		MEDICARE OF LOUISIANA- NOVITAS	5,342	279	-18	-2,769	-1,161	0	1,395
		OBH INDIGENT	130	0	0	0	0	0	130
		PRIVATE NO PROOF OF INCOME	268	0	0	0	0	-131	137
		PRIVATE PAY	198	198	0	0	0	0	198
		UNITED HEALTH CARE COMMUNITY							
		P	4,839	0	0	-4,511	-56	0	272
		VANTAGE MEDICARE ADVANTAGE							
		PLA	262	0	0	0	0	0	262
		VANTAGE(MEDICARE ADVANTAGE PLA	524	312	0	-104	-108	0	312

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Gender												
Year	Facility	Gender	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)				
2020	NEDHSA		817,442	24,322	-13,048	-546,425	-196,672	-20,325	40,972				
	ввнс		117,971	4,543	-1,840	-83,559	-26,474	-2,099	3,999				
		Female	56,071	2,394	-847	-40,456	-11,078	-1,419	2,272				
		Male	52,109	1,525	-621	-36,978	-12,354	-680	1,475				
		Unknown	9,791	624	-373	-6,125	-3,042	0	252				
	СВНС		40,516	1,890	-1,694	-25,113	-8,563	-1,912	3,234				
		Female	22,551	525	-20	-16,715	-4,873	-510	432				
		Male	17,288	1,292	-1,671	-7,927	-3,493	-1,402	2,795				
		Unknown	677	72	-3	-471	-196	0	7				
	МВНС		472,088	11,191	-6,056	-328,257	-106,735	-10,303	20,736				
		Female	260,728	6,345	-3,009	-182,599	-60,141	-5,996	8,982				
		Male	199,395	3,310	-2,842	-138,374	-43,459	-3,003	11,716				
		Unknown	11,965	1,536	-205	-7,284	-3,135	-1,304	38				
	RBHC		87,662	3,813	-1,613	-45,813	-25,971	-3,889	10,377				
		Female	30,649	825	-179	-16,918	-10,149	-998	2,405				
		Male	55,645	2,982	-1,427	-28,603	-14,752	-2,891	7,972				
		Unknown	1,369	6	-6	-292	-1,070	0	0				
	ТВНС		57,495	1,675	-887	-34,879	-19,220	-892	1,618				
		Female	32,578	1,140	-775	-17,887	-12,582	-469	864				
		Male	21,766	387	-31	-15,196	-5,429	-356	753				
		Unknown	3,152	148	-81	-1,795	-1,208	-67	0				
	WBHC		41,710	1,209	-957	-28,805	-9,709	-1,229	1,010				
		Female	24,958	934	-333	-17,311	-5,474	-906	935				
		Male	16,606	276	-624	-11,348	-4,235	-324	75				

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Gender												
Year	Facility	Gender	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)				
		Unknown	146	0	0	-146	0	0	0				
2021	NEDHSA		648,719	23,493	-10,167	-469,771	-120,678	-8,008	40,095				
	ВВНС	ВВНС	72,780	2,724	-797	-54,219	-13,202	-667	3,895				
		Female	38,664	1,414	-391	-29,210	-6,296	-491	2,276				
		Male	27,990	648	-100	-21,175	-5,536	-176	1,003				
		Unknown	6,126	661	-306	-3,834	-1,370	0	616				
	СВНС		20,715	1,376	-1,229	-13,591	-3,929	-141	1,825				
		Female	11,515	222	-54	-8,815	-1,636	-334	676				
		Male	8,642	1,031	-1,175	-4,447	-2,313	193	900				
		Unknown	558	123	0	-329	20	0	249				
	МВНС		411,464	11,981	-4,960	-303,229	-74,776	-5,027	23,473				
		Female	243,648	5,982	-2,057	-181,562	-44,230	-2,820	12,979				
		Male	155,682	5,578	-2,878	-112,543	-28,282	-1,855	10,124				
		Unknown	12,134	421	-25	-9,123	-2,263	-353	370				
	RBHC		66,502	3,849	-1,342	-41,927	-14,464	-1,767	7,002				
		Female	25,462	887	-271	-16,508	-5,161	-247	3,275				
		Male	39,494	2,729	-924	-24,537	-8,871	-1,520	3,642				
		Unknown	1,546	233	-147	-882	-432	0	85				
	ТВНС		51,594	2,770	-1,286	-39,014	-9,079	-116	2,099				
		Female	33,231	2,414	-1,099	-24,045	-6,050	-289	1,749				
		Male	14,424	108	0	-11,553	-2,706	-40	126				
		Unknown	3,939	248	-188	-3,416	-323	213	224				
	WBHC		25,664	793	-553	-17,791	-5,228	-290	1,801				
		Female	14,337	231	-40	-10,640	-2,742	-134	780				

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Gender												
Year	Facility	Gender	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)				
		Male	11,009	562	-513	-6,894	-2,425	-156	1,021				
		Unknown	318	0	0	-257	-61	0	0				
2022	NEDHSA		524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953				
	ввнс		62,398	3,463	-595	-31,842	-3,261	-370	26,330				
		Female	36,137	2,108	-198	-18,788	-1,660	-178	15,313				
		Male	21,106	485	-111	-10,925	-1,268	-192	8,608				
		Unknown	5,155	870	-286	-2,128	-333	0	2,409				
	СВНС		27,237	909	-781	-14,095	-997	-101	11,262				
		Female	16,691	537	-83	-9,661	-401	-75	6,471				
		Male	10,238	344	-698	-4,242	-593	-26	4,679				
		Unknown	308	27	0	-193	-3	0	113				
	МВНС		305,789	15,946	-3,066	-187,027	-30,337	-243	85,115				
		Female	177,199	8,527	-2,083	-108,476	-18,033	-128	48,479				
		Male	115,286	6,470	-983	-70,284	-10,136	-115	33,768				
		Unknown	13,304	949	0	-8,268	-2,168	0	2,868				
	RBHC		78,253	3,875	-672	-42,013	-4,874	-1,008	29,686				
		Female	37,823	2,022	-13	-20,754	-2,407	-146	14,501				
		Male	26,615	1,353	-352	-14,865	-1,248	-62	10,088				
		Unknown	13,815	500	-307	-6,394	-1,218	-799	5,096				
	ТВНС		26,387	2,155	-205	-16,520	-3,916	1	5,747				
		Female	16,456	1,471	-152	-9,295	-2,585	0	4,423				
		Male	7,571	627	0	-5,666	-1,238	0	667				
		Unknown	2,360	57	-52	-1,559	-93	1	657				
	WBHC		24,655	1,251	-18	-14,861	-1,833	-131	7,812				

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Gender													
٠	Year	Facility	Gender	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)				
			Female	15,171	535	0	-9,672	-879	0	4,620				
			Male	9,262	716	-18	-5,116	-954	-131	3,044				
			Unknown	221	0	0	-73	0	0	149				

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Race										
Year	Facility	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)		
2020	NEDHSA		817,442	24,322	-13,048	-546,425	-196,672	-20,325	40,972		
	ввнс		117,971	4,543	-1,840	-83,559	-26,474	-2,099	3,999		
		Black	70,369	2,133	-610	-49,170	-17,078	-920	2,591		
		Unknown	2,923	0	0	-1,836	-1,087	0	0		
		White	44,442	2,410	-1,230	-32,315	-8,310	-1,179	1,408		
		White Black American Indian	238	0	0	-238	0	0	0		
	СВНС		40,516	1,890	-1,694	-25,113	-8,563	-1,912	3,234		
		Black	8,706	381	-237	-5,114	-1,550	-391	1,415		
		Unknown	33	0	0	-33	0	0	0		
'		White	31,776	1,509	-1,457	-19,966	-7,013	-1,522	1,818		
,	МВНС		472,088	11,191	-6,056	-328,257	-106,735	-10,303	20,736		
-		American Indian	2,490	0	0	-1,538	-630	0	322		
		Asian	2,160	50	-50	-1,297	-813	0	0		
	_	Black	239,676	4,785	-1,490	-167,393	-58,033	-3,820	8,941		

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Race										
Year	Facility	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)		
		Black American Indian	1,173	21	0	-850	-302	0	21		
		Black Hispanic	588	0	0	-223	-365	0	0		
		Hawaiian	76	0	0	-76	0	0	0		
		Hawaiian Hispanic	378	0	0	0	-378	0	0		
		Hispanic	294	0	0	-294	0	0	0		
		Unknown	7,358	0	-137	-4,449	-2,213	0	560		
		White	214,488	6,335	-4,380	-149,994	-43,192	-6,484	10,437		
		White American Indian	913	0	0	-458	0	0	454		
		White Black Asian	397	0	0	-397	0	0	0		
		White Hispanic	2,097	0	0	-1,288	-809	0	0		
	RBHC		87,662	3,813	-1,613	-45,813	-25,971	-3,889	10,377		
		American Indian	500	0	0	-440	-61	0	0		
		Asian	982	849	-12	0	-133	-837	0		
		Black	42,127	679	-386	-22,393	-11,938	-1,896	5,514		
		Black Hispanic	543	0	0	-470	-73	0	0		
		Hispanic	98	0	0	0	0	0	98		
		Unknown	4,021	476	-214	-1,361	-2,019	-120	307		
		White	38,916	1,690	-1,001	-20,989	-11,627	-917	4,382		
		White Hispanic	475	120	0	-160	-119	-120	76		
	ТВНС		57,495	1,675	-887	-34,879	-19,220	-892	1,618		
		Black	40,350	847	-502	-24,079	-13,826	-328	1,615		
		Hispanic	750	0	0	-750	0	0	0		

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Race											
Year	Facility	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)			
		Unknown	2,037	67	0	-1,392	-578	-67	0			
		White	12,484	670	-294	-7,513	-4,177	-497	3			
		White Hispanic	1,873	91	-91	-1,144	-638	0	0			
	WBHC		41,710	1,209	-957	-28,805	-9,709	-1,229	1,010			
		Black	18,412	338	-222	-12,638	-4,670	-353	530			
		Black Hispanic	183	0	0	-183	0	0	0			
		White	22,853	872	-735	-15,841	-4,920	-877	480			
•		White Hispanic	262	0	0	-143	-119	0	0			
2021			648,719	23,493	-10,167	-469,771	-120,678	-8,008	40,095			
	ВВНС		72,780	2,724	-797	-54,219	-13,202	-667	3,895			
		Black	41,643	1,387	-261	-30,953	-7,637	-443	2,349			
		Unknown	1,904	176	0	-1,018	-652	0	234			
•		White	29,233	1,161	-535	-22,248	-4,913	-224	1,313			
	СВНС		20,715	1,376	-1,229	-13,591	-3,929	-141	1,825			
		Black	4,606	214	-190	-2,890	-648	54	932			
		Unknown	2,224	527	-1,039	-628	-1,069	522	11			
		White	13,884	635	0	-10,073	-2,212	-717	883			
	МВНС		411,464	11,981	-4,960	-303,229	-74,776	-5,027	23,473			
		American Indian	1,671	0	0	-1,610	-61	0	0			
		American Indian Hispanic	2,039	106	0	-1,787	-55	-106	92			
		Asian	1,205	271	0	-575	-358	-271	0			
		Black	204,834	4,916	-1,103	-150,040	-41,172	-1,953	10,566			
		Black Hispanic	927	254	0	-492	-314	0	121			

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Race										
Year	Facility	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)		
		Hawaiian Hispanic	414	0	0	-326	0	0	88		
		Hispanic	629	0	0	-629	0	0	0		
		Unknown	6,282	0	0	-5,214	-1,016	0	53		
		White	191,048	6,434	-3,857	-141,364	-31,695	-2,621	11,510		
		White American Indian	385	0	0	0	0	0	385		
•		White Black Asian	682	0	0	-682	0	0	0		
		White Hispanic	1,348	0	0	-509	-105	-76	659		
•	RBHC		66,502	3,849	-1,342	-41,927	-14,464	-1,767	7,002		
		American Indian	333	0	0	0	0	0	333		
		Black	29,921	1,656	-296	-18,747	-6,262	-1,112	3,504		
		Black Hispanic	167	0	0	-82	-85	0	0		
•		Unknown	3,385	550	-505	-1,381	-712	0	787		
		White	29,409	1,643	-541	-19,262	-6,821	-455	2,329		
		White Black	442	0	0	-387	-55	0	0		
		White Hispanic	2,845	0	0	-2,068	-528	-200	49		
	ТВНС		51,594	2,770	-1,286	-39,014	-9,079	-116	2,099		
		Black	38,237	2,124	-944	-29,098	-6,460	-3	1,732		
		Hispanic	331	0	0	-331	0	0	0		
		Unknown	1,640	60	0	-1,434	-147	-60	0		
		White	9,396	343	-187	-6,632	-2,246	-52	278		
		White Hispanic	1,990	243	-155	-1,520	-227	0	89		
	WBHC		25,664	793	-553	-17,791	-5,228	-290	1,801		
		Black	13,053	477	-219	-8,938	-2,893	-184	819		

Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Race									
Year	Facility	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)
		Black Hispanic	282	0	0	-218	-65	0	0
		White	11,866	317	-334	-8,390	-2,053	-106	983
		White Hispanic	463	0	0	-245	-218	0	0
2022			524,719	27,598	-5,337	-306,358	-45,219	-1,853	165,953
	ВВНС		62,398	3,463	-595	-31,842	-3,261	-370	26,330
		Black	32,690	1,456	-30	-16,191	-1,827	-370	14,272
		Unknown	1,776	388	-11	-806	-147	0	812
		White	27,932	1,618	-554	-14,845	-1,286	0	11,247
	СВНС		27,237	909	-781	-14,095	-997	-101	11,262
		Black	6,395	437	-18	-2,432	-178	0	3,767
•		White	20,842	472	-763	-11,663	-819	-101	7,495
	МВНС		305,789	15,946	-3,066	-187,027	-30,337	-243	85,115
		American Indian	1,265	25	0	-1,057	-74	0	134
		Asian	592	107	0	-200	-148	-25	219
		Black	154,116	8,507	-896	-100,146	-14,885	-238	37,952
		Black Hispanic	1,461	63	0	-626	-72	0	763
		Hawaiian Hispanic	175	0	0	-175	0	0	0
		Unknown	11,019	476	-12	-6,135	-1,306	0	3,566
		White	135,889	6,767	-2,158	-77,920	-13,853	19	41,977
		White American Indian	116	0	0	0	0	0	116
		White Black	76	0	0	0	0	0	76
		White Black Asian	652	0	0	-652	0	0	0
		White Hispanic	429	0	0	-116	0	0	312

	Total Amount Billed, Adjusted, Written off, and Collected by Year, Clinic, and Race									
Year	Facility	Race	Total amount Billed (\$)	Total Copay Charge Amt (\$)	Total amount collected from Client (\$)	Total amount earned by plan (\$)	Total amount written off/Insurance Adjustments (\$)	Client adjustments- uncollected (\$)	Uncollected (Pending Processing) (\$)	
	RBHC		78,253	3,875	-672	-42,013	-4,874	-1,008	29,686	
		American Indian	197	0	0	0	0	0	197	
		Asian	509	42	0	-167	-27	0	315	
		Black	25,957	2,154	-73	-12,918	-2,036	0	10,930	
		Black Hispanic	360	66	0	-214	-21	0	125	
		Unknown	11,286	909	-280	-5,287	-1,421	-137	4,161	
		White	36,464	691	-318	-20,416	-1,368	-871	13,490	
		White Black	941	0	0	-753	0	0	188	
		White Hispanic	2,541	13	0	-2,258	-2	0	281	
	ТВНС		26,387	2,155	-205	-16,520	-3,916	1	5,747	
		Black	18,553	1,473	-187	-11,419	-2,873	1	4,074	
		Hispanic	469	0	0	-469	0	0	0	
		Unknown	943	0	0	-867	0	0	76	
		White	4,602	520	-18	-2,514	-867	0	1,204	
'		White Hispanic	1,821	162	0	-1,251	-176	0	393	
	WBHC		24,655	1,251	-18	-14,861	-1,833	-131	7,812	
		Black	8,662	559	-18	-5,254	-764	0	2,626	
		Black Hispanic	257	0	0	-257	0	0	0	
-		White	15,276	605	0	-9,049	-910	-131	5,186	
-		White Hispanic	460	88	0	-301	-159	0	0	